



## ANNUAL GENERAL MEETING

Minutes of Meeting  
10<sup>th</sup> October 2023

*via Zoom, James Cook University Hospital*

**Present:**

Brian Child	Chairman
Phil Pugh	Vice Chairman
Terry Oldfield	Secretary
Annie Oldfield	Treasurer & Membership
Catherine MacKenzie	Committee Member
Alastair MacKenzie	Committee Member
Nasim Ahktar	Committee Member

**Apologies:**

Sarah Eales  
Lyndsey Hoare  
Dr D Reaich

### 1. APOLIGIES FOR ABSENCE

Apologies were received from SE, LH and Dr David Reaich,

### 2. MINUTES OF PREVIOUS MEETING

There were no questions or comments and consequently the previous Minutes were agreed and will be signed at a later date.

### 3. MATTERS ARISING

There were no matters arising for this meeting.

### 1. CHAIRMAN'S UPDATE

(see Appendix 2)

### 2. PRESIDENT'S REPORT

(See Appendix 1)

### 3. TREASURER'S UPDATE

(See Appendix 3)



# North East Kidney Patients' Association

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## 4. ELECTION OF COMMITTEE AND OFFICERS

DESIGNATION	NAME	PROPOSER	SECONDER
President	Dr David Reaich	B. Child	P. Pugh
Chairman	Brian Child	M. Jackson	A. Oldfield
Vice Chairman	Phil Pugh	M. Jackson	A. MacKenzie
Treasurer	Annie Oldfield	B. Child	C. MacKenzie
Secretary	Terry Oldfield	A. Oldfield	P. Pugh
Committee Member	Margaret Jackson	T. Oldfield	B. Child
Committee Member	Nasim Ahktar	A. Oldfield	B. Child
Committee Member	Catherine MacKenzie	T. Oldfield	B. Child
Committee Member	Alastair MacKenzie	T. Oldfield	B. Child
Committee Member	Lyndsey Hoare	B. Child	T. Oldfield
Committee Member	Sarah Eales	B. Child	T. Oldfield

## 5. ANY OTHER BUSINESS

There was no further business to discuss.

## 6. DATE OF NEXT AGM

The next AGM will be held on 29<sup>th</sup> October 2024 (tbc).

There being no further business, the meeting closed at 8:30pm.



## Appendix 1

### PRESIDENT'S REPORT

It hardly seems possible that it is a year since I last prepared a report for the NEKPA AGM. But it is! Needless to say it has been another busy year for the renal team.

When I arrived as a new consultant in Middlesbrough in March 1996 the unit was looking after 171 dialysis patients and 204 patients with transplants. At the time of me preparing this report, in late August, we have 400 dialysis patients and 599 transplant patients under our care. I have no doubt that very soon we will have over 1000 patients either on dialysis or with a transplant.

Some years ago it was thought likely that the number of patients being treated for renal failure in the UK would eventually reach a plateau with the expectation being that this would be around 2015. This has proved to be incorrect and at the moment I see no likelihood of the increase in patient numbers ending for some years.

Obviously this puts pressure on our resources. Our dialysis units are looking after more patients and our clinics are full. The specialist nurses are very busy with the treatments and advice that they provide. We are trying hard to increase the number of patients that dialyse at home and have seen an increase in the number of home haemodialysis patients. We are happy to discuss this option with any dialysis patient that is interested. We have recruited some additional nurses for the Friarage Hospital dialysis unit which means that we can now dialyse 30 patients there. We also have a number of patients dialysing overnight at Stockton dialysis centre. We hope to be able to offer this treatment in Darlington as well as Stockton and would certainly try to open a night shift in Darlington if there were enough patients interested in this.

The number of patients receiving a transplant dropped considerably during the COVID crisis. I am pleased to say that the transplant programme has now largely recovered with transplant rates now being very similar to pre COVID levels. COVID is now much less of an issue. A few months ago all restrictions were lifted on the dialysis unit and the renal ward at James Cook. We still screen all patients who are admitted to the ward for COVID but we no longer ask anyone to wear a mask although they are welcome to do so if they wish. This does not mean that COVID has gone away and we would still advise all patients to keep their vaccination for both COVID and flu up-to-date.

One piece of very encouraging news is that the treatment options for patients with chronic kidney disease continues to improve. We have recently seen evidence



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from research studies that shows that many patients with chronic kidney disease benefit from treatment with tablets from a group of drugs called SGLT2 inhibitors. These include dapagliflozin and empagliflozin.

These are tablets which were originally used to treat people with diabetes. It was noticed that patients with diabetic kidney disease on these tablets sometimes had stabilisation of their kidney function. Research was then done to investigate whether drugs helped people with other types of kidney disease. The research shows that patients who have deteriorating kidney function and have protein in their urine often benefit from treatment with these tablets, with the deterioration of kidney function being slowed down. These drugs will therefore be used increasingly over the next few years.

The other new treatment that we are using is a tablet which can be used to help patients with anaemia caused by their kidney failure. For many years we have used injections to treat anaemia, with Aranesp being the injection that we have used for the past 15 years or so. Aranesp is still a very important treatment but for some patients it may be preferable to use a tablet. We now have this option available and I expect to see more patients being treated with the tablet rather than injections over the next few years.

Finally I would like to mention research. Without doing research studies it is impossible to find new treatments or improve on current treatments. We are very keen to participate in research studies and over the past few years have seen an increase in the amount of research that the kidney team is involved in. A large number of our patients are currently recruited to studies including some patients on dialysis, and some of our chronic kidney disease and transplant patients. Many of our patients have been involved in COVID related studies which has contributed to the rapid improvement in understanding of this disease and the treatment options for it. You may well find that you are asked to participate in research by our nurses, dietitians or doctors. If you are approached about research I would encourage you to consider it carefully and help if you can.

Dr David Reaich

Consultant Nephrologist and Deputy Chief Medical Officer



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### Appendix 2

#### CHAIRMAN'S REPORT

I usually start my Yearly Report remembering those members that have passed away in the last 12 months. This year we must also include HM The Queen in that tribute.

It has been a strange year in many ways. We keep telling ourselves that Covid is over and things are getting back to normal but in reality it is not and never will be. Only last night on the news they were saying that over a million people in the UK currently have Covid. That certainly is not "normal" in my view.

Renal care in our region is undergoing change. A new organisation, the North East and North Cumbria Renal Network has been set up as part of NHS England to oversee renal care in our region and covers hospitals in Carlisle, Middlesbrough, Newcastle, and Sunderland. North East KPA is represented on the board of this new organisation so we will have much greater insight and influence, and can ensure patient needs are properly represented. As part of this new order NEKPA committee members are helping with this year's PREM survey (see later in this Newsletter) helping to ensure that a greater spread of patients are involved.

We had hoped that 2022 would have seen the end of restrictions to our involvement with events taking place at James Cook UH and the satellite units but it was not to be until the very end of our year. Finally on 29th September we were able to have a stall publicising World Organ Donation Week. I am pleased to report it went very well. Let's hope that it's just the start.

Brian Child  
Chairman



## Appendix 3

### TREASURER'S REPORT

The NEKPA financial year runs from Aug 01 – July 31 each year. The accounts for 2021-22 have been audited by GP Laws in September 2022 and have now been posted with the Charities Commission. The audited accounts show that there was a large loss for the year due to the sale of the NEKPA Caravan.

This figure is notated as large because audited accounts show the purchase price of the caravan as a figure that reduces in value via a set depreciation rate (10% per year). This creates an asset figure that is greater than market value. The caravan was sold at slightly less than market value to the site operator to compensate not having to sell privately with associated problems of time, distance and manpower. The fact that we would have had to remove it from site with nowhere to store was also a deciding factor. This decision was made by all Committee members and appears in our recorded Minutes.

The purchase of the caravan proved to be a costly decision for NEKPA as the anticipated demand by renal patients was negligible. The costs of the loan, maintenance and administration was far greater than income and was therefore operating at a loss for the 5 yrs of ownership. One year did prove financially viable due to high demand for COVID related 'staycations' but this was not sustainable once foreign travel was reinstated. Maintenance and administration became extremely difficult at a 65 mile distance.

No printing expenses have been incurred due to continuing digital format.

Due to Covid 19 restrictions and lockdowns, the year has been financially 'quiet' due to cancellation of events/activities. Under these conditions Darlington, North Tees and North Ormesby Renal Units still managed to separately raise funds through Xmas activities (£772) for which we are extremely grateful.

Applications for grants approved this financial year:

<i>Dialysis Chair Overlays(North Ormesby Renal Unit)</i>	<i>£700</i>
<i>Peritoneal Dialysis Table and accessories</i>	<i>£107</i>
<i>Washing Machine, delivery and installation</i>	<i>£310</i>

Annie Oldfield  
Treasurer