

BRS Conference Programme 2007

MONDAY 11th JUNE 2007	
10.00	REGISTRATION OPENS
10.00	BRS Council Meeting
12.00-13.00	LUNCH
13.00-17.00	<p>Satellite Sessions</p> <ul style="list-style-type: none"> • Baxter - Management of late presenting ERF patients • Roche - Stability in renal anaemia: a NICE time to create a step forward • Shire - Concordance - the Missing Link in Renal Medicine
18.00-19.30	<p style="text-align: right;">AUDITORIUM HALL 1</p> <p>Conference Opening - Paul Stevens, President of the British Renal Society</p> <p>Research Initiatives Update - Ken Farrington, Chair of the BRS Research Committee</p> <p>BRS Awards</p> <p>Keynote Speaker: Dr Frank Dick OBE, President, European Athletics Coaches Association</p>
19.30-21.30	<p>Exhibition Opening & Welcome Reception & Posters</p> <p style="text-align: right;">HALL 3</p>

BRS Conference Programme 2007

TUESDAY 12th JUNE 2007

8.00 REGISTRATION				
				HALL 1
9.00-10.00	Implementing the NSF - a State of the Union Chair: Paul Stevens Guest Speakers Donal O'Donoghue, National Clinical Director for Kidney Care, Consultant Nephrologist, Hope Hospital, Salford David Colin-Thomé, National Primary Care Clinical Director			
10.00-11.00 COFFEE BREAK				
11.00-11.30 POSTERS & EXHIBITION				
11.00-12.30	HALL 1	HALL 9 (285)	HALL 10	
	CKD FORUM Chair: Nichola Thomas Involving patients and carers in improving renal services G Smith, Modernisation Initiative Renal dysfunction in an ethnically diverse cohort population - a study of prevalence, risk and awareness N Jain, Kidney Research UK How a one-stop nurse-led CKD clinic can support the management of CKD in primary care A. Mahon, Barts and the London The prevalence of CKD in UK Residential homes GL Eaglestone, East Kent Hospitals NHS Trust Management of patients in General Nephrology Clinics- The Pan-Thames picture Guest Speaker: Ian John, Consultant Nephrologist, Kent & Canterbury Hospitals NHS Trust	VASCULAR ACCESS and DIALYSIS Chair: Eric Will Haemodialysis Antimicrobial catheter locking solutions in the prevention of catheter related bacteraemia: a meta-analysis (Scholarship) Y Jaffer, Derby Hospitals NHS Foundation Trust Vascular calcification and its cardiovascular consequences are relentless and progressive over 2 years in CKD 4 and 5 patients (Scholarship) M Sigrist, Derby Hospitals NHS Foundation Trust A streamlined model of vascular access provision S Powers, Heart of England Foundation Trust Routine pre-operative ultrasound improves patency and adequacy of arteriovenous fistulae for haemodialysis: a randomised study M Ferring, Birmingham Heartlands Hospital Cerebral injury in haemodialysis patients: the role of paradoxical embolisation (Scholarship) V Sekar, University of Manchester The perils of parathyroidectomy in maintenance dialysis patients: an audit of outcomes and postoperative complications (Scholarship) G Nevitt, Lister Hospital, Stevenage	IMPROVING PATIENT CARE THROUGH CHANGES IN SERVICE DELIVERY Chair: Natasha McIntyre Using postcode mapping to provide more accessible HD services in SE London N Gitsham, Modernisation Initiative A study of the efficiency of transport services for haemodialysis patients S Griffiths, Derby Hospitals NHS Foundation Trust Dependence to Independence and Beyond Guest Speaker: Grainne Walsh, Paediatric Transplant Sister, Guy's & St. Thomas' NHS Foundation Trust Improving entry into adult care Guest Speaker: Alan Watson, Professor of Paediatric Nephrology, Nottingham University Hospitals Trust	
12.30-14.00 LUNCH				
EXHIBITION & POSTERS				
14.00-15.30				HALL 1
	Introducing Method in Service Improvement You need to register separately in advance for this Session/Project. To Download the Registration Form click here Chair: Jane Macdonald, Lead Nurse for Renal, Hope Hospital, Salford; Vice-President, BRS Guest Speaker: Service Improvement: Charlie Tomson, Renal Registry Chair, Consultant Nephrologist, Southmead Hospital, Bristol Guest Speaker: How to improve practice: Hugh Rogers, Consultant Urologist, Coventry & NHS Institute for Innovation and Improvement			
15.30-16.30 EXHIBITION & POSTERS				
COFFEE				
16.30-18.00	HALL 1	HALL 9	HALL 10	
	TRANSPLANTATION FORUM Chair: Lisa Burnapp	SERVICE IMPROVEMENT WORKSHOP A Nutrition and phosphate control	SERVICE IMPROVEMENT WORKSHOP B	

A simple tool to assess concordance with immunosuppressive therapy
P Rowe, Derriford Hospital, Plymouth

Design of the Renal Symptom Rating Questionnaire (RSRQ) for Patients with Kidney Transplants and Patients Using Dialysis Treatments
C Bradley, Royal Holloway, University of London, S Carr John Walls Renal Unit, Leicester and STEPP Research Group

Does transplantation improve survival for end stage renal disease patients in the UK? (Scholarship)
D Ansell, UK Renal Registry, Bristol

Association of post transplant hypercalcaemia with change in estimated GFR
E Long, Cork University Hospital

Human Tissue Act
Guest Speaker: Keith Rigg, Consultant Surgeon, Nottingham University Hospitals Trust

Chair: Louise Wells, York

Representatives from 3 best performing renal units identified by the Renal Registry

Hugh Cairns, Consultant Nephrologist, Kings College Hospital

CHANGE PACKAGE
PRESENTATIONS

Anaemia control
Chair: Cathy Johnson

Representatives from 3 best performing renal units identified by the Renal Registry

Russell Roberts, Consultant Nephrologist, Bradford Teaching Hospitals NHS Trust

CHANGE PACKAGE
PRESENTATIONS

19.15-
20.00

RECEPTION

HALL 3

20.00-
01.00

GALA DINNER

HALL 4

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WEDNESDAY 13th JUNE 2007

9.00 REGISTRATION & COFFEE HALL 1

9.30-10.45 Infection in the Renal Service
 Chair: Richard Fluck

Guest Speakers:
 DH view of Infection Control
 Janice Stevens, Director, MRSA/Cleaner Hospitals Programme, DH

Current issues in infection in the Renal Services
 Mercia Spare, Audit & Quality Improvement Project Leader in Renal Services, U. Hospital Birmingham NHS Foundation Trust

Post Transplant infection
 Paul Sweny, Consultant Transplant Surgeon, Royal Free Hospital, London

10.45-11.15 COFFEE
 EXHIBITION & POSTERS HALL 3

	HALL 1	HALL 9	HALL 10
11.15-12.45 WELL BEING IN THE KIDNEY PATIENT Chair: Mhairi Sigrist Assessment of nutritional status in CKD patients-Practical applications Guest Speaker: Barbara Engel, Senior Lecturer in Nutrition, University of Surrey, Guildford Variability in muscle cross-sectional area over 2 years indicates sub clinical change in nutrition amongst CKD patients: effects of dialysis initiation SG John, Derby Hospitals NHS Foundation Trust No time to do nutritional assessment? Get a grip! L Wells, York Hospital Exercise in the dialysis unit Guest Speaker: Naomi Clyne, Associate Professor, Lund, Sweden	RESEARCH FORUM (KF) Chair: Simon Ball Can an innovative patient-centred education programme control the parameters that delay the progression of diabetic nephropathy? N Thomas, Senior Lecturer, St. Bartholomew School of Nursing & Midwifery, London Prospective comparison of quality of life assessments in patients with end-stage renal failure treated conservatively and those on renal replacement therapy M Da Silva Gane, Renal Counsellor, Lister Hospital, Stevenage An exploratory study to review the nutritional status of patients with encapsulating peritoneal sclerosis (EPS) prior to and following diagnosis A Summers, Post Doctorate Scientist, Manchester Royal Infirmary Efficacy of light chain removal in myeloma and acute renal failure by continuous haemodiafiltration: a pilot study C Hutchison, Research Registrar, Queen Elizabeth Hospital, Birmingham Study to investigate the effects of cool dialysate on systemic haemodynamics and myocardial stunning C McIntyre, Consultant Nephrologist, Derby Hospitals NHS Foundation Trust	PREPARATION AND CHOICE Chair: Julie Daniels Patient Choice & Decision making in Nephrology - in reality what does this mean? Guest Speaker: John Sedgewick, Programme Director, University of Teeside Renal palliative service development - a baseline structured evaluation of symptoms in patients with CKD stage 4-5 managed without dialysis E Murphy, Modernisation Initiative Attitudes towards advance care planning, co-morbidity and symptom burden and expectations for the future in dialysis patients not suitable for renal transplantation (Scholarship) S Osborne, Birmingham Heartlands Hospital Update on Renal Patient View Guest Speaker: Keith Simpson, Consultant Physician. Glasgow Royal Infirmary	

12.45-13.45 LUNCH
 EXHIBITION & POSTERS HALL 3

13.45-14.45 DEBATE ON CKD CLASSIFICATION AND eGFR HALL 1
 Chair: Robert Lewis

"This house believes that the current classification of CKD and the implementation of eGFR have resulted in unnecessary work and anxiety"

For:
 Chris Winearls, Consultant Nephrologist, Churchill Hospital, Oxford
 Karen Jenkins, Consultant Nurse, Kent & Canterbury Hospitals NHS Trust

Against:
 Kathryn Griffith, GP, Dr Price & Partners, University Health Centre, York University
 Maarten Taal, Consultant Nephrologist, Derby Hospitals NHS Foundation Trust

14.45-15.15	COFFEE EXHIBITION & POSTERS (Exhibition closes at 15.30)		HALL 3 HALL 9
15.15-16.30	HALL 1		
	<p>HD PALLIATIVE CARE DEBATE Chair: Paul Stevens</p> <p>"This house believes that haemodialysis is essentially a palliative treatment for the majority of patients"</p> <p>Guest Speakers:</p> <p>For: Roger Greenwood, Consultant Nephrologist, Lister Hospital, Stevenage</p> <p>Against: Chris McIntyre, Consultant Nephrologist/Associate Professor, Derby Hospitals NHS Trust; University of Nottingham</p>	<p>DIALYSIS THERAPIES Chair: Steve Smith</p> <p>Increased ratio of extra cellular to total body water is related to co-morbidity and fluid overload rather loss of lean body mass in HD patients C Chan, University Hospital of North Staffordshire, Stoke on Trent</p> <p>The prevalence and variability of haemodialysis induced acute myocardial stunning J Burton, Derby City General Hospital</p> <p>Serum aluminium monitoring in 16,530 dialysis patients in England and Wales; compliance with national guidelines U Udayaraj, Renal Registry, Southmead Hospital, Bristol</p> <p>Blood pressure correction in haemodialysis patients can be improved with a multidisciplinary approach J Nicholas, New Cross Hospital, Wolverhampton</p> <p>Intradialytic electrolyte changes do not explain why haemodialysis patients develop cramps E Lindley, Leeds Teaching Hospitals NHS Trust</p>	