Foreword

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Medical director, The Renal Association

It is a pleasure to again write a foreword for the UK Renal Registry (UKRR) Annual Report. It has been a difficult year with COVID-19, but it is a great credit to the renal centres and the staff at the UKRR that this year's report is ready at about the same time as last year.

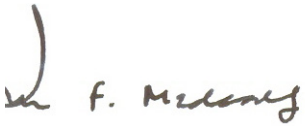
Report highlights include the inclusion of many of the measures developed in collaboration with Getting It Right First Time (GIRFT) and made possible by the now routine linkage of UKRR data with Hospital Episode Statistics (HES) and Patient Episode Database for Wales (PEDW). Analyses include hospitalisation rates amongst people who are receiving renal replacement therapy (RRT) and the now routine comorbidity-adjusted patient survival. Many more analyses are possible and it is only the cost of HES that precludes more frequent linkage than once a year.

As promised, we have put together a chapter that reports a basic analysis of the chronic kidney disease (CKD) stage 4–5 data from those renal centres that submit usable data. A significant amount of the activity stimulated by GIRFT and the Renal Services Transformation Programme (RSTP) is likely to be in the pre-RRT part of the patient journey. We encourage other centres to start providing these data, because they will be essential to future analyses of the 'conservative management' of people with advanced CKD, in particular.

Over the next few months we will publish an updated dataset that will significantly reduce the number of items that renal centres are asked to send to the UKRR. This reduction is possible because we now routinely link with HES, PEDW and the Public Health England infections databases for some key information. We have also looked critically at what is still routinely required and have consequently removed several items.

The trade-off is that we are again encouraging centres to submit data via the UK Renal Data Collaboration (UKRDC) feed. This is the only practical means to fulfil the frequently voiced phrase 'we want to see timely comparisons of our data'. Two centres are using this routinely and we are currently working with several other system suppliers to design feeds. This change, along with routinely receiving data on any patient with CKD stage 4 or lower under renal centre follow-up, and at the UKRR a commitment to visualise the initial analysis in a slick and largely automated process, will stimulate continued quality improvement.

The annual report of the UKRR provides the opportunity to thank all the renal centres again this year. This is likely to be an important year for us to work together to change our data collection processes to get even more value from the information they share.



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Medical director, The Renal Association, July 2021