

Foreword



Professor James Medcalf
Medical director, The UK Kidney Association

When writing this years' UK Renal Registry (UKRR) annual report - and despite all the disruption from COVID-19 - we were keen to maintain our focus on the measures we have refined over many years and most recently co-produced with Renal Getting it Right First Time (GIRFT), and the Renal Services Transformation Programme (RSTP). These measures are all presented here, but in fact the unifying theme (described in every chapter) is the major impact that the first 9 months of COVID-19 had on kidney care, and therefore kidney patients themselves.

In this report we describe a significant drop in the incidence of kidney replacement therapy (KRT) – driven in large part by a reduction in the number of people > 65yrs of age starting KRT. Whether this was people 'putting off' KRT or dying before they were established on KRT will be clearer in later years.

We also report fewer people having a kidney transplant, and in contrast a greater proportion (if not actually more people) started KRT by performing their own peritoneal dialysis. Whilst we all hope for an increase in the number of people transplanted, this increase in proportion of those starting with a home dialysis (for those suitable and who want it) would be welcome if it continued. These two goals remain a key aspiration of many renal networks.

By the publication of the next annual report there will have been a significant change in the way renal services are commissioned – with a devolution of responsibility to regional integrated care systems. Collecting comparative information on renal services and presenting it in a usable format and in a timely manner will remain essential to highlight any variation and inequality. Some high-level measures have been agreed and will be co-presented with RSTP. However, the UKRR also remain committed to producing a wider range of measures reflecting the broadest possible kidney pathway to allow clinicians to guide good planning decisions.

Thank you to all the renal centres again for your support in providing the data which makes up this report. I hope you feel able to challenge us too if you think we are getting things wrong. I look forward to continuing to work together as we move to 'timely data' (with more centres now adopting the UKRDC), and the wider pathway (focusing on advanced CKD care, KRT preparation and choice).

A handwritten signature in black ink that reads "J. F. Medcalf".

Professor James Medcalf
Medical director, The UK Kidney Association, July 2022