

Introduction: The UK Renal Registry's 23rd Annual Report

The UK Renal Registry (UKRR) collects and reports data annually on approximately 70,000 kidney patients on renal replacement therapy (RRT) in the UK. The annual report is an audit of the care provided to these patients at each of the 70 adult and 13 paediatric centres against national standards, in particular, the Renal Association's guidelines – renal.org/health-professionals/guidelines/guidelines-commentaries.

The 23rd Annual Report includes the 8,000 patients who started RRT in 2019, as well as all 68,000 patients who were on RRT at the end of 2019. The chapters are split by treatment modality (transplant, in-centre haemodialysis, peritoneal dialysis and home haemodialysis), as well as by adults and children. The online appendices cover the methodologies, including how data are collected and coded (appendix A) and include basic analyses at clinical commissioning group and health board level (appendix B) – renal.org/audit-research/annual-report. Plain English summaries of the annual report have been developed in partnership with the Renal Association's Patient Council and all graphs used in the report are available for use in presentations – renal.org/audit-research/annual-report.

What's new?

The UKRR Annual Report now routinely describes the demographic and clinical features of patients with CKD treated at renal centres who are not on RRT, either because they do not yet require RRT or because they receive conservative care.

Metrics for renal services that were developed by the UKRR in collaboration with the Getting It Right First Time (GIRFT) programme are presented to investigate equity of access to services, outcomes and pathways in nephrology, dialysis and transplantation, and measures of resource use and costs.

This year two renal centres submitted their data via the UK Renal Data Collaboration (UKRDC) daily feed – St Bartholomew's Hospital and The Royal London Hospital, and King's College Hospital. The UKRR is in discussion with one of the big renal IT suppliers to develop a data feed that could be used by other renal IT systems too, which will accelerate the adoption of the UKRDC.

Increasing amounts of data are now available via the data portal – renal.org/audit-research/data-portal. This year 15 measures, including three patient measures, are reported by renal centres grouped by region.

How to interpret centre analyses and outlying centres

The UKRR advises caution when comparing centre-specific attainment of clinical audit measures, because for many of these analyses no adjustment can be made for the range of factors known to influence the measured variable. The UKRR does not test for significant differences between centres – arbitrary 95% and 99% confidence intervals are created from the data to illustrate variability between centres and highlight outlying centres. Centre comparisons will become more meaningful when more comorbidity data (via linkages) and advanced CKD data are included to understand differences in the transition of patients onto both RRT and conservative non-dialysis pathways. Despite these shortcomings, identifiable centre-specific analyses on the survival of RRT patients are published in the annual report. Although the UKRR has no statutory powers, the UKRR senior management team communicates survival outlier status with renal centres prior to publication. Centres are asked to report their outlying status internally at trust level and to follow-up with robust mortality and morbidity meetings. They are also asked to provide evidence that the clinical governance department and chief executive of the trust housing the service have been informed. In the event that no such evidence is provided, the chief executive officer or medical director of the UKRR informs the president of the Renal Association, who then takes action to ensure that the findings are properly investigated.