Foreword

I am delighted to present the 21st UK Renal Registry (UKRR) Annual Report – data to 31/12/2017. The analyses are based on 8,001 incident and 64,887 prevalent patients with end-stage kidney disease in the UK who were on a renal replacement therapy, during or at the end of 2017, respectively.

As ever, I am very grateful to patients for the inclusion of their data, the renal centres that submit the data and the staff at the UKRR who clean, validate, process and analyse the data.

Changes to the UKRR Annual Report

This year’s report marks a significant departure from the format of previous years. In consultation with the wider renal community, we have devised a simpler, greener, predominantly online report, where the audit measures presented are directly linked to The Renal Association’s guidelines. The chapters have been re-designed to reflect treatment types (haemodialysis, peritoneal dialysis and transplantation) or stage (incidence and prevalence), rather than the biomedical parameters.

Most significantly, we decided to reduce substantially the amount of clinical commentary on the data to bring us more in line with other registries’ reports and to allow us to focus our energy on speeding up the reporting of the data. This will also free up UKRR resources, enabling us to conduct a wider range of audit and research analyses. Any novel analyses will in future be published outside the report to increase their impact – forthcoming publications include diabetes and ethnicity. We also plan survival analyses for patients in England and Wales that are adjusted for comorbidity, using the linkage between the UKRR database and the Hospital Episode Statistics database.

To increase accessibility and impact of the UKRR’s audit work to patients and carers, we have developed in partnership with The Renal Association Patient Council, a summary of the annual report for patients, in plain English and with infographics.

Two clinical summaries of the report – one for adult data and one for paediatric data – will be published in Nephron, enabling citation of the annual report findings.

New work and developments at the UKRR

Work is underway to develop a data portal which will enable more timely access to UKRR data. The Renal Association’s websites, including the UKRR’s, are being redeveloped to simplify their structure and improve their functionality, making it easier both to find information about the work undertaken by the UKRR and to understand how data are being used. Audit/research ready datasets for both adult and paediatric data are being assembled to help clinicians and researchers to understand data completeness for key data items held in the wider UKRR dataset.
The UK Research Data Collaboration (UKRDC) continues to progress, with King’s College Hospital expected to be the first renal centre to submit their 2018 data through the UKRDC.

The acute kidney injury (AKI) master patient index currently receives files from 93% of hospital laboratories in England and these data will form the basis of an AKI specific annual report later this year. This report will begin to enable the medical community to better understand the frequency and variation in AKI episodes between hospitals. Data on patients with chronic kidney disease (CKD) are beginning to be returned by some renal centres. The AKI and CKD datasets will eventually provide a much more complete picture of the development and progression of kidney disease in the UK.

As always, we very much welcome feedback from the renal community to make our annual report, data and other outputs as usable and useful as possible.

Ron Cullen
Chief executive officer, The Renal Association, May 2019