

SPRUN

SCOTTISH PAEDIATRIC RENAL AND UROLOGY NETWORK

Guidance for Joint Renal Clinics in Scotland

NOTE

This guidance is not intended to be construed or to serve as a standard of care. Standards of care are determined based on all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.

This guidance has been prepared by NHS National Services Scotland (NSS) National Networks. Accountable to Scottish Government, NSS works at the heart of the health service providing national strategic services to the rest of NHS Scotland and other public sector organisations to help them deliver their services more efficiently and effectively. Working across professional and organisational boundaries, National Networks support the delivery of safe, effective healthcare that's designed around patients, carers and families.

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Stakeholders involved	Consultant Paediatric Nephrologists, Paediatricians with renal interest, Renal Nurse Specialists, Renal Dietitians; Renal Pharmacist and Members of MDT looking after renal patients throughout Scotland.
Others consulted	R Oswald, Consultant Paediatrician, NHS Tayside R Ardill, Consultant Paediatrician, NHS Lothian J Vederajan, Paediatrician with renal interest, NHS Highland Claire Cowe, Renal Nurse Specialist
Methodology used	Review of previous joint clinic guidance in SPRUN and updated.
Rationale	<p>The network was established to support and develop paediatric renal services throughout Scotland in improving standards of clinical care for patients. The network supports the delivery of evidence based, patient centred care through the development and implementation of clinical guidelines, care pathways and information resources utilising a once for Scotland approach.</p> <p>Original guidance was produced when network clinics were being established. With time, with establishment and successful running of network clinics, but with differing models of care, it was important to review and revise guidelines to ensure up to date information; models of care were being reviewed, and implementation and needs being met in the developing and evolving delivery of clinical care throughout network.</p>
Scope	This guideline will support all renal paediatric patients throughout Scotland. It is aimed to support all professionals involved in providing care to renal patients, from clinical staff – medical, nursing and MDT to administrative staff involved in care delivery in NHS Scotland.
Approval process	The guideline was approved by the SPRUN Steering Group on 11 June 2025. Membership available in Appendix A.

This guidance has been developed to support colleagues in the establishment and delivery of local Joint Renal Clinics across Scotland.

Joint renal clinics have been established with the primary aim of delivering high-quality, equitable, and patient and family centred care to renal patients across the Scottish health boards. While each health board may adopt a specific model tailored to their service, the following requirements are recommended as a standard to ensure the effectiveness of these clinics.

Core components of Joint Renal Clinics

- MDT involvement and support
- Administrative support (scheduling, set up)
- Accessible local facilities
- Sharing and management of patient information (eg clinic lists, letters, test results, follow up, imaging)
- Updating of appropriate local renal database
- Use of resources such as Renal Medication Information Book (RMIB) and Patients Know Best (PKB)
- Access to local and regional support services and specialist expertise
- Opportunities for education and knowledge sharing with local healthcare colleagues

MDT considerations include:

Link paediatrician

The number of renal PAs allocated will depend on health board and service needs. While nephrology experience is desirable, it is not essential.

For new appointments, training needs and potential impact on service delivery (both locally and for the Glasgow renal team) must be assessed and addressed in advance.

Renal Nurse

The level of nursing input will vary. Options include:

- Renal Nurse Specialist
- Renal Nurse with renal PAs
- Community nursing team

Refer to specific guidance regarding required experience and responsibilities to ensure appropriate renal nursing support is in place.

Dietetics

This will differ across health boards.

Local dietetic input for renal clinic is recommended, with additional renal dietetic support available from renal dietitians in Glasgow as needed.

Pharmacy

Local pharmacy support is recommended.

Additional renal specific pharmacy support should be sought from Glasgow team when required.

Psychology

Access to local psychology is recommended.

Renal-specific psychological support, particularly for transplant patients, should be co-ordinated with Glasgow.

Social Work

Access to social work services is advised for patients who may benefit from additional support.

Implementation

The proposals outlined in this guideline are recommended to support efficient Joint Renal Clinics. However, local adaptation may be necessary to align with individual health board structures and service models.

The illustration below provides details of:

- joint clinic requirements
- post clinic requirements
- required resources

Requirements

Establish local MDT (or pathway to access): paediatrician, urology, nursing, dietetics, pharmacy, psychology and social work.

Establish clinic frequency, timing and dates.
Establish pathway to local renal or general clinic

Clinical space and clarification on control of local outpatient clinical access

Running of clinic: local access to include as a minimum - height, weight, blood pressure, urine sampling and phlebotomy

Access required to lab results: 24 ABPM, PACS, pharmacy and joint urology clinics review as appropriate

Ensure clinic lists shared with RHC
Glasgow renal admin team, database manager (renal secretaries email id)

Admin and secretarial support for collation of results and letters

Establish adolescent transition process including adult link clinician and transition clinic

Agree process for referring patients back to local renal clinics or discharge

Post Clinic

Local post clinic MDT meeting
Local review of results and plan

Agreed investigations in action plan to be organised locally by local MDT

Clinic letters copied to Nephrology, patient / family, GP and other MDT members

Update SERPR or local database

Appropriate resources shared with patients

Referral to RHC where appropriate

Glasgow renal team input follow-up as required

Resources

Ward 3C RCH
renal information leaflet

Provide Renal Medication Information booklet (RMIB) or update existing booklet

Confirm Patients Know Best access and consent

Professionals' education programme

Clinical guidelines and SOP's on SPRUN website

Key

Local Team

Administration

Combined Local & Glasgow Teams

Glasgow Renal Team

Patient & Professional Resources

SPRUN Steering Group Membership

Name	Designation	Role	Area representing
Deepa Athavale	Consultant Paediatric Nephrologist	Lead Clinician/Chair	NHS Greater Glasgow & Clyde
Rozi Ardill	Consultant Paediatrician	Member	NHS Lothian
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