



Sent by email only

Ashley Dalton MP, Under-Secretary of State for Public Health and Prevention;

Dr. Amanda Doyle, National Director for Primary Care and Community Services;

Helen Williams (National Clinical Director for CVD Prevention in England at NHSE);

Dr Rani Khatib (National Specialty Advisor for CVD Prevention at NHSE)

21 August 2025

Dear All,

Re: Kidney disease prevention under the Ten-Year Plan.

On Tuesday 13th May, Kidney Care UK held their parliamentary roundtable on the prevention of chronic kidney disease (CKD). As medical colleagues, you will know and appreciate the importance of this issue, with kidney disease set to become the fifth biggest cause of premature deaths globally by 2040. By 2033, CKD will be costing the NHS alone £10.3 billion, and the total cost to the UK economy will hit £14 billion annually – over 2.5% of this year's total government expenditure. All of us feel strongly that this event and the discussion it facilitated cannot be simply left alone, and requires significant action. We are a group of activists and volunteers, charities, medical and clinical professionals, and members of parliament, many of whom have backgrounds in health. All of us care passionately about the NHS, about ensuring access to it, and about protecting the health of our peers, patients, and constituents. Our positions come with a responsibility to use our voices to champion positive change.

With this in mind, we are writing to you to raise significant concerns around the effective removal of chronic kidney disease (CKD) from the Quality and Outcomes Framework (QOF) for 2025-26. Research has shown financially incentivised care is a key enabler of effective CKD management. In 2015, annual albuminuria testing for patients with a CKD diagnosis was removed from QOF and annual testing fell from 80% in 2015/16 to 40% one year later, and it has only recently reached 49%. The recent retirement of CKD005 indicator further removes incentive for practices to monitor chronic kidney disease. We must be encouraging primary care to monitor more closely for early signs of kidney disease and carefully manage diagnosed patients.

We are therefore asking you to:

1. Include CKD identification and management within future primary care incentivisation schemes
2. Consider the kidney community's unified call for the development of a CKD Modern Service Framework



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These steps will make a huge difference to the diagnosis, prevention, and treatment of CKD. By diagnosing early, we can intervene early to prevent progression of the disease. A new project in Wales outlines a cost-efficient, credible, and effective way to reduce kidney disease by focusing on at risk people. This will make it much easier to prevent or delay progression of CKD. This will not only save the health service money, but a healthier population is better for the country, better for the economy, and most importantly, better for the people themselves. We believe this approach could be extremely useful in informing future development of the organisation of good CKD management within primary care in England.

The Ten-Year plan, in which many of us were involved, outlines several key shifts and detailed proposals for improving healthcare. Our suggestions would support the plan by shifting focus towards prevention, enabling it to demonstrate some key early successes. We are also aware that the WHO has adopted CKD as a priority, in a motion supported by the UK government. We welcome this move, and believe that our proposals would help ensure that we are fulfilling these obligations.

Finally, a focus on kidney disease is essential to the government's aim to reduce premature deaths from cardiovascular disease (CVD) by 25% within a decade. The National Audit Office (NAO) report on progress in preventing cardiovascular disease cited data showed CKD accounts for 7% of the CVD burden in the UK (National Audit Office analysis of the Global Burden of Disease, Institute for Health Metrics and Evaluation). Kidney disease is both a symptom and a cause of many cardiovascular issues, and the two are inextricably linked. To exclude kidney disease from this work would be a critical mistake.

In our view, this situation is approaching crisis point, and immediate action is necessary. We would like to meet with you to discuss how best to tackle the issues and costs associated with CKD raised in this letter, and we look forward to hearing from you soon.

Yours Sincerely,

Dr. Simon Opher MP (Stroud), Chair, All Party Parliamentary Group on Health

Jo White MP (Bassetlaw), Chair, All Party Parliamentary Kidney Group

Beccy Cooper MP (Worthing West)

Daisy Cooper MP (St Albans)

Cat Eccles MP (Stourbridge)

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Baroness Richie of Downpatrick

Professor Mumtaz Patel, President, Royal College of Physicians

Dr. Katie Vinen, Consultant Nephrologist, King's College Hospital; President, UK Kidney Association

Clare Morlidge, Consultant Renal Pharmacist; President, UK Kidney Association

Professor Liz Lightstone, Professor of Renal Medicine, Imperial College London; President-elect, International Society of Nephrology

Professor Paul Cockwell, Consultant Nephrologist, University Hospital Birmingham; Former president, UKKA

Professor Dr. Sharlene Greenwood, Consultant renal physiotherapist, King's College Hospital; Former President, UKKA

Paul Clarke, Senior Specialist Renal Pharmacist, Oxford University Hospitals Trust; Chair, Renal Pharmacy Group

Professor Stephen Marks, Professor of Paediatric Nephrology and Transplantation, President of the British Association for Paediatric Nephrology

Dr. Sarah Brand PhD, President, Association of Nephrology Nurses

Dr. Pauline Swift, Chair, Blood Pressure UK

Professor Nicki Thomas, Professor of Kidney Care, London South Bank University

Pritti Agarwal, GP Partner and Director of Primary Care Placements for medical students, University of Southampton

Dr. Kristin Veighey, GP Registrar and Nephrologist, UKKA Integrated Care Lead

Dr Stuart Stewart, GP, Kidney Research UK and Donal O'Donoghue Renal Research Centre Doctoral Research Fellow

Professor Sunil Bhandari, Professor of Nephrology, Clinical Vice president, Royal College of Physicians

Professor Rupert Major, Integrated CKD lead, UKKA

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Roger Graham, on behalf of Gloucestershire Kidney Patients Association

Richard Goldring, Chair, South East Kidney Patients Association

David Kerby, Chair, North Staffs and South Cheshire Kidney Patients Association

David Price, Chair, Northamptonshire Kidney Patients Association

Brian Child, Chair, North East Kidney Patients Association

David Spensley, Chair, St. Helier and Surrey Kidney Patients Association

Sarita Khurana, Chair, West London Kidney Patients Association

Vicky Gardner, Chair, Bristol Area Kidney Patients Association

Nii Plange, Chair, Royal Free Hospital Kidney Patients Association

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