

PE2081/E: Make chronic kidney disease a key clinical priority

Petitioner written submission, 24 April 2025

Since our last correspondence in July 2024, Kidney Research UK in Scotland and I have been working alongside clinicians, external stakeholders and patients, trying to encourage improvements in chronic kidney disease (CKD) awareness, prevention, early detection, treatment and monitoring and establishing accurate data on CKD incidence and prevalence in Scotland.

These areas are the focus of our coproduced [Chronic Kidney Disease: An Action Plan for Scotland](#) which was launched last November alongside the Minister for Public Health and Women's Health. Despite assurances from the minister that government will support this work, our experiences following the launch event have left us with concerns around the policy priority being given to CKD and the growing number of people affected by it.

This contrasts with positive engagement with Public Health Scotland, one of the government's Deputy Chief Medical Officers and members of its Realistic Medicine team, NHS Inform, MSPs from across the chamber and representative groups of nurses, pharmacists and kidney doctors: all of whom are supportive of our action plan and its recommendations for change.

Despite our attempts to work constructively with NHS and government bodies to improve the lives of people with CKD, we continue to come up against barriers. This is largely down to the fact that there is still no named civil service team member responsible for CKD who can oversee and support the changes we all agree are needed.

We have not had the assurances we have sought from the Scottish Government that specific actions to improve the prevention, early diagnosis and treatment of CKD will be included in the upcoming long term conditions strategy. Recent announcements as part of NHS renewal, most notably the launch of a new GP enhanced service in cardiovascular disease (CVD), also do not currently appreciate that CKD is a leading cause of CVD, and with growing numbers of CKD patients in Scotland, CVD cannot be addressed without acting on CKD. We believe this is because CKD is still not considered a clinical priority area in Scotland.

We noted with interest [the recent letter sent by the Public Health Minister to the Health, Social Care and Sport Committee](#) which says audiology is now being considered a clinical priority area, with improvement work being progressed under the National Planning and Delivery Board and the Strategic Planning Board which sit under the NHS Chief Operating Officer. We take this to confirm our assertion that there is a list of named priority conditions, from which CKD – a condition thought to affect more than 600,000 people in Scotland – is excluded.

My colleagues and I have invited the Health Secretary to intervene directly, by taking part in a Scotland-first summit on CKD we plan to convene, to bring everyone into the same room to discuss what concrete steps we can take forward. At the time of writing, we have not yet heard back from the Cabinet Secretary's office.

We believe now more than ever that there is both a demonstrable need for government to actively support strategic and innovative policy on CKD, and both parliamentary and patient interest in taking such work forward.