National Renal Advisory Board

Held on Wednesday, 2 August 2023
9:30am – 2:00pm
ZOOM ID: 957 9357 0577

Chairperson	Catherine Tracy
Board Members	Adam Mullan, Andrew Henderson, Balaji Jagannathan, Blair Donkin, Bruce Henderson, Caroline Chembo, David Semple, Helen Eddington, Mary Mallon, Robin Erickson, Tina Sun, Andrew Baker
Guests	Mary Cleary-Lyons, Eric Matthews, Conal Edwards
Apologies	Tina Sun, Caroline Chembo

ACTION ITEMS

From 10 May 2023 Meeting Minutes		
Ref	**Item**	**Owner**
2c.	Pharmac: Contact Pharmac to find out who is leading and guiding healthsource; who is the lead agency; invite them to next NRAB meeting in November	Catherine
2e.	Board members asked to email Helen De Vere directly after the board meeting with any additional comments/feedback about where focus for investment and plans going forward should include ✓ *Outcome:* Mary to talk to Lisa Smith to see what Helen De Vere submitted and whether or not she used the Dialysis Capacity Report.	Mary Cleary-Lyons
3d.	Concern around chargeable patients: Blair to draft email addressed to all heads of units asking them to provide information on what each unit charges their patients for dialysis. Dahlia to send email out on behalf of NRAB.	Blair / Dahlia
3d.	Blair and Adam to work on an email to circulate to heads of department about the interpretation application of LPS and what is actually being done.	Blair / Adam

DRAFT MINUTES

Ref	**Topic**	**Time**
1.0	**Information Items**	
	• Previous Meeting Minutes • KHNZ Welcomes Andrew Baker • NRAB Letter to Fionnagh Dougan • District Updates	
2.0	**General Business**	
2a.	Previous Meeting Minutes	Catherine
2b.	Welcome Andrew Baker (new member) • Has been in the role less than a month • Been in health sector for 30 years but not in the nephrology space; primarily in the private sector for pharmaceutical companies both here and aboard; • Keen to listen and learn see how to be help and support NZ in this space.	Catherine
2c.	Pharmac Update • Had two new listings in December	Eric & Conal

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Tolvaptan for autosomal dominant polycystic kidney disease and Cinacalcet widening of access for primary, secondary and tertiary hyperparathyroidism.

Held a Nephrology Committee meeting in March

This was the first meeting since 2018.
In the meeting we covered three applications, one for non-calcium non aluminum phosphate binders for hyperphosphatemia in chronic kidney disease, eculizumab for atypical hemolytic uremic syndrome and rituximab for lupus nephritis induction therapy, along with various matters arising in the nephrology space and a therapeutic group review
Pharmac noted aim to have more frequent meetings with the committee moving forward
Pharmac noted they would provide the record for the Nephrology Committee meeting

In June we received an application for Empagliflozin for non-diabetic renal disease and removal of the HBa1c threshold from the current special authority criteria, this application is going to the next PTAC meeting on the 17th and 18th of August.
Belimumab application received for lupus nephritis as an add on to standard of care. At this stage we awaiting additional supportive information for the application before taking for clinical advice. Noting that the nephrology advisory committee in March provided their view on the unmet health need for lupus nephritis and on an appropriate access criteria for belimumab.
On the 11th of July, we released the RFP for continuous glucose monitors for type 1 diabetics.
Meeting noted need for potassium citrate tablets and need for review of the Special Authority criteria for potassium citrate liquid. Pharmac noted there is a lack of a Medsafe approved potassium citrate tablet which presents the largest barrier for this work at this stage.
Pharmac noted there is work ongoing to review the Special Authority criteria for tacrolimus and the requirement to trial ciclosporin for non-transplant indications, in particularly for lupus nephritis.
Question raised as to who is leading the medical devices side of things; who is leading procurement? Catherine to find out from Pharmac who is leading and guiding healthsource, who is the lead agency; invite them to next NRAB meeting in November

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<tr><td>2d.</td><td>IT Systems Update

Tina on leave

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<tr><td>2e.</td><td>Te Whatu Ora Health NZ

Had a good response from EOI's to the applications to be co-lead of networks; we are progressing as fast as we can with that
Have been at the receiving end of lots of communication from across the system about the process; lots of questions as to which networks we are going with why and how
Have been given assurance that Renal is a priority and is proceeding as normal
One issue is that everyone on the team is involved with all of the restructure that is happening; it is somewhat challenging knowing that there are staff ready to work on things but cannot because they are in other roles;
Have put in for 3 fixed term Programme Manager (PM) roles; proposal is to have PMs who will be responsible for portfolios; I am pleased with response to that ad; managerial and clinical staff are interested; intention is to have one of those people working on Renal 100% of time

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	• Programme governance group being held for national networks tomorrow;; hoping that by the end of Oct there is a team of 13 people there to support an initial of up to 10 networks • Concerns raised by the board around NRTS and when there has been a lead in that role - NRTS has functioned really well as a governance group and at the present time we don't have that structure in place to allow the governance structure to continue; Mary advised hoping to advertise this one in the next week or two and that if there is a need to hold an interim meeting of the group to facilitate some of the issues we can support putting that together • Business analysist support will not be directly in Mary's team but a team is being established as part of Rachel Haggarty's team (responsible for strategy and purchasing); one of their jobs is providing support to the networks; if there is urgent need let Mary know; where there is urgent need to do something immediately let Mary know • Had a meeting with Andy Salmon a week or two ago to consider how we can use the dialysis capacity report in terms of planning; Rachel's team is really interested in that piece of work because in particular they are looking at the clinical services plan for 2024-2027 so are really keen to capture that data around what exactly needs to be plugged into the clinical services plan in terms of planning for dialysis and renal care so that it is reflected in those plans • Mary to talk to Lisa Smith to check on what Helen De Vere submitted and whether or not she used the Dialysis Capacity Report (see action item 2e above) • The clinical services plan that they are doing at the moment is going to align with the next plan of budgeting; will be moving into 3 year budget cycle; the clinical services plan they are building is to inform the business cycle from July 2024 – June 2027; important that we feed the right information into that • Don't have all of the answers but rural is definitely at the top (Dan's comments) just at the beginning of this; • Point made that its interesting that we are being made a priority but no one has come to ask us anything (SEE recording to put in minutes)	
3.0	**On-Going Business**	
3a.	Tier 2 Specification Document	Caroline
3b.	NZ Chapter of the ANZSN • Nephrology & Transplantation Update Course Program to be held 2-3 Sept 2023 • DNT meeting in March • Planning to have a separate meeting early next year for the NZ Chapter; will start organising and will put out EOI for who might want to host it • In terms of position statements - would like to do something about behaviour/challenging behaviours in dialysis units, both physical and verbal abuse towards staff which is on the increase	Drew
3c.	Australian & NZ Dialysis Board • First Cohort of AUT renal physiology students graduated last month, got their registration and APC. Our 2nd Cohort started on 19th July and are going well. There are some discussion around increasing student numbers for this programme with current dialysis staff shortage around New Zealand. Society and AUT marketing team is promoting this programme through many avenues through their network. • Clinical Physiologies Sector reference group meeting is ongoing with Martin Chadwick CAHPO along with all physiology profession leaders, training providers and educators. We discussed ongoing challenges of each professional groups such as equity, funding challenges, and HR issues such as recruitment, retention and ageing workforces. We also discussed education pathways and the lack of New Zealand based solutions for some specialities-Ongoing	Balaji

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Ministry is establishing accredited register to provide oversight to non-regulated professions. This is based on UK model which provides oversight to all regulated and non-regulated professions. There are some discussion held around this pathway.
Society AGM and symposium is going to be held in Auckland on 18th Nov. We are expecting around 100-120 members attending this event NZ and Australia.
There are some discussion around overseas registration and supervision requirements. Society will support and provide ongoing supervision for the members and ensure they are safe and well supported. The supervision information will be made available on the website.
Society continue to roadshow the profession across New Zealand and promoting the profession to the services to include this workforce into the model of care.

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<tr><td>3d.</td><td>NZ Nursing Advisory Group (NAG)

Significant impact on progressing matters due to

Substantial vacancies in services (30% vacancy at present 3.6 / 11.98)
Significant levels of sick leave; Senior nursing staff pulled into clinical roles.

Smaller subgroup met virtually to try to progress with the following.

Follow-up meeting scheduled with President of RSA and others has been deferred twice now due to illness.
Away dialysis There is a group of 4-5 people working on trying to get a better process for home from
Standing orders - there is significant variation amongst all the units particularly with use of; there is a group of 4-5 people looking at that.

There is some work going on in different areas in terms of collaborating and sharing of information with regards to peritonitis, CLABSI risk reduction ANTT / Locking Solutions / risks benefits of such temporary and tunnelled lines, HD anticoagulation protocols and practice, frailty scores – not progressed but will be
RSA membership survey outcomes – still to be discussed in further detail

Significant disparities amongst Te Whatu Ora regions as to how this is viewed and support for this. Many regions do support membership, and a minority don’t. level of support amongst those that do is variable.

NNK&SF review – new Pae Ora Health Stds,, review of EN scope of practice along with the already significantly increased number of NPs and CNS in renal the review work done to date and approach previously agreed on is redundant.

An entirely new approach has to be taken that takes into account a vastly changed health landscape from when the review was identified as needing to be completed.
To be d/w RSA leadership with the view that this work is beyond the capacity of the NAG group to undertake. NAG members can contribute but it needs leadership and resources that is beyond capacity of this group. The need for a meeting has been agreed to but for reasons previously outlined has not yet occurred.

Variation across regions in chargeable patients – who and how much.

GP asking that there be a directive from Te Whatu Ora to services on this rather than leaving to the interpretation of local management teams
Some concerns raised about who is in charge of reciprocity
Two issues: eligible patients and patients who just turn up and you treat them whether you have space or not; needs to be some consistency
Blair to draft email to all heads of units asking to provide information on what each unit charges their paitents for dialysis; Dahlia to send email on behalf of NRAB

Nursing strike: question asked if there was a statement made with regards to an agreement about looking at reducing hours for patients – has there been some agreement that we should not be doing that; some discussion had by board members; LPS is always put through, have not reduced hours

Some discussion had around the interpretation application of LPS and what is actually done; group is seeking clarity

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	○ Blair and Adam to work on an email to circulate to heads of department about the interpterion application of LPS and what is actually being done;	
3e.	RSA Nursing Advisory Group • We are meeting some of the special interest groups such as the NAG; there is a new vascular access one and also revitalizing what use to be the nephrology educators network into the RSA educators special interests group • Local NZ branch has some committee changes with the symposium being in Auckland next year; it has been proposed that it is appropriate for some Auckland based members to be involved in the committee which largely has been made up of members from around the country • Slow growth in membership but growing higher in NZ than it is in Australia	Mary
3f.	Kidney Health New Zealand • Currently short on board members and are actively recruiting; also trying to tie in the clinical perspective as that is something that is missing on the board; group asked to send any recommendations they may have to Andrew; • Have gaps within current team; fundraising manager resigned but do now have a full clinical team • We had some good media that came from the Dialysis Capacity Report; some further discussion had by board members around feedback received	Andrew