

National Renal Advisory Board
Wellington Airport Rydges Hotel
Held on Wednesday, 11 Aug 2021
9:30am – 2:00pm
ZOOM ID: 91549190107



Chairperson	Catherine Tracy
Board Members	Alex Gordon, Ashik Hayat, Balaji Jagannathan, Blair Donkin, Caroline Chembo, David Semple, Jennifer Walker, Michael Campbell, Michael Collins, Nick Cross, Robin Erickson
Guests	Tina Sun, Drew Henderson, Walaa Saweirs
Apologies	Nick Cross, Suetonia Palmer

MINUTES

Wednesday, 11 Aug 2021		
Ref	Topic	Ref
1.0	Open Action Items - Previous Meeting (19 May 2021)	
	<p>Issues at Taranaki:</p> <ul style="list-style-type: none"> A response from Dr Allister Williams, Clinical Lead, Renal Services, Taranaki DHB stating he was glad to report the issues (within the dept) raised by NRAB earlier this year had been looked at, investigated and no concerns remaining. Discussion was had around Taranaki not meeting some of the standards they're expected to meet; concerns need to be escalated to CEO Drew Henderson to send Catherine a draft/letter expressing concerns; Catherine will review and send on behalf of NRAB 	Drew Catherine
2.0	Action Items	
2a.	<ul style="list-style-type: none"> Send letter (to be drafted by Drew Henderson) regarding concerns around DHB not meeting the standards as per Tier 2 requirements to Taranaki DHB CEO 	Catherine
3c.	<ul style="list-style-type: none"> Speak with Carmella about NRAB helping to scope out the Renal Clinical Leader Role 	
3e.	<ul style="list-style-type: none"> Discuss where NRAB is headed and find out what the Ministry's commitment is to NRAB going forward 	
3f.	<ul style="list-style-type: none"> Raise PD funding issue with Carmella 	
3d.	<ul style="list-style-type: none"> Drew to prepare a one-pager showing the relationship with MoH/Maori Health Authority could look like going forward and what the structure within the NRAB might look like from that point of view 	Drew
4a.	<ul style="list-style-type: none"> Tier 2 Specifications: should have content around national expectation; Drew to draft something and send to Caroline 	
3g.	<ul style="list-style-type: none"> David to send Dahlia unit data information that was circulated previously; Dahlia to re-circulate to the board 	David Dahlia
3e.	<ul style="list-style-type: none"> Re-circulate Brett's previous papers from the last NRAB meeting Michael Campbell to take on looking for a Consumer Rep replacement and will liaise with group; will also look amongst all renal units for replacement Blair to circulate EOI for Jon Hoskins replacement 	Dahlia M. Campbell Blair



3f.	<ul style="list-style-type: none"> • Walaa to follow-up with CIO on whether or not there is a developers manual for NAPDR NAPDR 	Walaa
4a.	<ul style="list-style-type: none"> • Discussion had around what could be added; board members encouraged to feedback by adding their comments to the document and Caroline can then update accordingly 	All
Ref	Topic	Ref
3.0 General Business		
3a.	Previous meeting minutes accepted.	ALL
3b.	<p>Lack of Creatinine Assay Standardisation Across Labs</p> <ul style="list-style-type: none"> • At the previous NRAB meeting it was discussed that Robin and Suetonia would present to IANZ advisory board in July; information was submitted around lack of standardisation; • It's been recommended that moving forward during their lab assessments the creatinine assay will now be on their agenda - laboratory assessors are going to ask how they are managing this variability; if it is not being addressed then it would become an assessment issue. • Canterbury DHB lab is shifting to the enzymatic assay this month; this is an important change as they are one of the largest labs that have still been using the Jaffe assay • Robin to follow up with IANZ after they've sat down with assessors and will go from there 	Robin
3c.	<p>Renal Clinical Leader Role (MoH)</p> <ul style="list-style-type: none"> • MoH advertised for a Clinical Renal Lead (DHB) secondment 0.2 FTE within Long Term Conditions; EOI cut-off date was extended through lack of circulation among the renal community • Role scope was CKD prevention and the interface between primary and secondary care with the aim of reducing the incidence of early stage progressive CKD in the community • Clinical Renal Lead was to be accountable and responsible to the Manager, Long Term Conditions to work within the Long Term Conditions team; fixed term 1 July 2021 to 30 June 2022; Senior DHB clinician • Core Issues • No governance process for the NRAB within to address/mandate responses core issues of strategy, safety and quality in renal care in primary and secondary care in Aotearoa New Zealand • Loss of connection between MoH, NRAB and DHBs • Upcoming changes in Health NZ and the Maori Health Authority • Repeated evidence of well below acceptable care in our NRAB regional reports and Standards and Audit reporting • Disconnection between NRAB, NRTLTL and primary care and Kaupapa Maori services • No resourced whole-of-system renal lead • Could consider whole-of-systems focus on the continuum of kidney care with a clear governance approach that includes MoH and DHBs • Catherine spoke with Camilla about letter that was sent out about the role; she advised Catherine that there has been a change in circumstances , they will no longer be looking to fill the role and may look at the role again in the future; • Further discussion was had around the role not being what is needed as a clinical role for CKD as it seems to be focused on primary care and the development of different models 	Catherine



	<p>in primary care to lead to improvement/outcomes</p> <ul style="list-style-type: none"> • Going forward need a different role which looks at how we plan and inform the strategy behind the delivery of renal services going forward; • Catherine to go back to Carmella to see if NRAB can work with MoH to scope out what the role could look like; role could be the linkage needed between NRAB and MoH as NRAB currently has no representative from MoH attending NRAB meetings 	
3d.	<p>Proposal for NRAB Maori Rep</p> <ul style="list-style-type: none"> • A position description for a Maori health member for NRAB was submitted by Suetonia • The group agrees having Maori representation on the board would be good • Some concern was expressed around where the board could look to find someone with capabilities to do the work due to the limited number of senior Maori health professionals available • Some discussion around perhaps lobbying the new Maori Health Authority for assistance; could ask Maori Health Authority to provide the person for the role; • Drew to prepare a one-pager showing the relationship with MoH/Maori Health Authority could look like going forward and what the structure within the NRAB might look like from that point of view 	All
3e.	<p>NRAB Board Membership</p> <ul style="list-style-type: none"> • Suetonia Palmer will step down from NRAB Board <ul style="list-style-type: none"> ○ NRAB Board members acknowledged her hard work and expressed thanks for her contribution to the NRAB ○ Drew Henderson will replace Suetonia • Jon Hoskins also stepping down from NRAB <ul style="list-style-type: none"> ○ Board members also expressed thanks for Jon’s contribution to NRAB ○ Blair to circulate EOI for Jon’s replacement • Board members were sad to hear of the passing of one of its members: Brett Butterworth who was the Consumer Rep on the NRAB. <ul style="list-style-type: none"> ○ Letter of condolences was sent by the board chair to Brett’s family on behalf of NRAB; ○ Need to think about how group would bring them on-board; could possibly have 2 consumer reps – one Maori/Pacific rep and one European ○ Michael Campbell to take on and will liaise with group; will look amongst all renal units for replacement ○ Some discussion around creating some type of orientation to help with on-boarding new members into NRAB; keep in mind Tier 2 document is still being finalised ○ Dahlia to re-circulate Brett’s previous papers from the last NRAB meeting • There’s a possibility that Jenny may have to step away from NRAB as she is being seconded out of Clinical Renal for a period of time; currently on second term with NRAB <ul style="list-style-type: none"> ○ Catherine advised it would be useful for Jenny to continue to attend to give some continuity while the board continues to work around some of the restructure happening within • Catherine will also speak with Camilla about where NRAB is headed and find out what MoH’s commitment to NRAB will be. 	All



3f.	NZ Peritoneal Dialysis Registry <ul style="list-style-type: none">• Majority of units are capturing data• CMH are looking to subcontract a PD nurse to help with their data entry; some issues there• Active API with ANZDATA which is functioning and agreement finalised• Annual Quality Improvement planned for Nov 2021• Issues: Funding - there is uncertainty of future funding given recent announcement, although this is already a national register;• eNZPDR IT Support – trying to make due with the funds we have• Catherine to raise funding issue with Carmella• Quarterly Reports – have a group who will be undertaking the quarterly reports from a clinical perspective; small group who produces the reports; the reports go to each of the PD units; Drew asked that it goes to the heads of units – will allow visibility and clarity about reporting lines;• Walaa advised it has been clear from PD Registry that it would go to the PD Lead of each unit – was recognised and made clear for each unit; Walaa to circulate who those leads are and happy to send out to the heads of units as well• Blair acknowledge the huge amount of work that has been achieved by Walaa and team• NAPDR is cloud based; some discussion around who the back-up for Gerald (IT Developer) is; would be good to have a developer’s manual; Walaa to follow-up• Walaa asked the board advise their teams that anything PD related goes on NZPD registry ; please do not try to put PD Registry information on to ANZDATA	Walaa
3g.	NRAB Workforce Standards <ul style="list-style-type: none">• Original document came from NRAB 2004; would be good to have a specific group to review to see if it is useful• Discussion around what the focus should be; not the number of staff but care that is delivered and ensuring the care is safe• Might be useful to benchmark how we provide access to services to ensure that we have standard intervention rates for populations which are appropriate and that we are not a significant outlier from the standard invention rates for seeing people in clinics• Suggestion made that it would be good to do a benchmarking exercise – survey to each of the units;• David to send Dahlia the previous unit data that was circulated previously; Dahlia to re-circulate• Some discussion around how the final standards doc could possibly be an appendix to the Tier 2 Specifications document; Tier 2 doc still a work in progress• KHNZ are doing a workforce survey/study; if bench numbers aren’t covered in that survey the lead group should work to find that data, use it as a baseline benchmark and then go back to heads of units and heads of nursing for commentary on why there might be variations• Group to lead this work: Blair, David and Michael Campbell as lead.	All
3h.	Potential Plan/Work Strategy for NRAB <ul style="list-style-type: none">• Catherine pulled together some of the comments made during the last NRAB meeting on areas we could be focusing on or work on, etc in terms of a work plan• Group to review and send in comments/feedback on document; thoughts on things	All



	<p>NRAB should be looking at</p> <ul style="list-style-type: none"> • Add LIVE data – referring to ANZDATA data coming out live (real time) to document 	
4.0	On-going Business	
4a.	<p>Tier 2 Specification Document</p> <ul style="list-style-type: none"> • Caroline sent Tier 2 Specification doc to board members for their review/feedback; received some responses • Document is a work in progress and is being updated as feedback is received; trying to consolidate and refine as people see fit; was last written 2007 • Need everyone to feedback as only received feedback from 4 people; • Correction to be made to URL for KHNZ; all links in doc should have some context • Discussion had around what could be added; board members encouraged to feedback by adding their comments to the document and Caroline can then update accordingly • Also need to reference meeting Waitangi obligations with regards to design, planning, etc • Should have something around national expectation; Drew to draft something and send to Caroline • Acknowledged that NRAB doesn't have a Kaumatua • Caroline will resend to the board after receiving all comments and corrections 	Caroline
4b.	<p>ANZDATA</p> <p>ANZDATA Data collection</p> <ul style="list-style-type: none"> • Progress towards datalock for 2020 data: expected to be finalised August 2021. This bodes well for having data available for the ANZDATA report chapters and also perhaps for data for the NRAB by the end of the year • Cancer survey data collection - this is being reviewed at present and the extent of this may be reduced. <p>Linkage of waiting list data between NZBS and ANZDATA</p> <ul style="list-style-type: none"> • A data exchange agreement had been progressed on this to enable automatic data transfer and was nearly at the point of signing recently. However NZBS have raised further concerns with regards to the Privacy Act 2020 and whether the agreement complies with the new provisions of the law. This is now subject to a privacy act assessment and further legal review between ANZDATA and NZBS. <p>ANZDATA website</p> <ul style="list-style-type: none"> • Access to the approved NZ specific privacy forms and patient information sheets through the website is hoped to be soon. I had hoped this would already be implemented but there have been multiple delays with this process. I have raised it again with the Registry staff last week and it will be followed up internally. • All members are encouraged to review the published report for 2020 (data up to 2019) which is available on the website in PDF, with powerpoints and Excel spreadsheets for the aggregate data <p>Research</p> <ul style="list-style-type: none"> • The ANZDATA NZ working group continue to support a number of projects, and review data requests from researchers for use of NZ-specific ANZDATA data. Several of these projects will be presented to the ANZSN chapter meeting in October 2021. • There is an collaboration initiative between NZ Renal Advanced Trainee and Otago 	Tina



	<p>University Biostatistics Student on research project</p> <ul style="list-style-type: none"> We are always interested in new project ideas - please contact any member of the working group <p>ANZDATA NZ representation</p> <ul style="list-style-type: none"> Michael Collins is relocating to Adelaide in January 2022, thus no longer eligible to be NZ representative to ANZDATA and the Convenor of the NZ working group, but remain as a member to support transition and ongoing projects. Subject to an EOI process to confirm her to the role, a succession plan will be implemented and Tina Sun will be acting in this role from 2022 onwards. Tina will be taking over the role of ANZDATA rep to the NRAB at that time. There will be an EOI call for a new NZ member of the ANZDATA Advisory committee in 2022, and NRAB members are asked to encourage appropriate people to consider applying (medical and non-medical working in Nephrology in NZ are welcome and eligible). 	
4c.	<p>NZ Chapter of the ANZSN</p> <ul style="list-style-type: none"> Suetonia has resigned as President Elect of ANZSN; Professor David Johnson is appointed President Elect and will co-ordinate President ANZSN for 2 years in Aug Conferences for ANZSN in Sept 2021 will be virtual in 2021 The Aotearoa New Zealand group of the ANZSN will be holding the 2021 annual meeting of the group in Auckland 29/30 Oct 2021 with an environmental and sustainability theme A consumer engagement framework is completed – consumers will be funded by ANZSN as attendees at the ANZSN annual scientific meeting in Sept 2021 (30 consumers) 2023-2025 Strategic Plan is underway – consultant recruited Indigenous advancement – a planned framework with the Equity Inclusion and Diversity committee Chair position for Aotearoa NZ Group – new process; will be one of the two Councilors or Aotearoa NZ member outside Council. Suetonia was acknowledged and thanked by the board for all of her hard work and for her contribution to the NRAB 	Drew
4d.	<p>Kidney Health New Zealand</p> <ul style="list-style-type: none"> Currently looking for a permanent Medical Adviser after the retirement of Dr John Collins; Dr Andy Salmon has been operating in the role in an interim capacity KHNZ concerned that after much engagement between KHNZ and Ailsa Jacobson regarding a CKD lead in the Ministry of Health that this role has been knocked on the head; expressed concern that CKD is seen as a subset of diabetes within the long-term conditions unit and this has only reinforced that view Also concerned at the situation of renal units at or above capacity and the real risk of having to ration dialysis Proposes that renal units begin to provide live data so that we are not using 18 months+ old data Kidney Kids have appointed a youth navigator role May also look at other initiatives with Mobile Health in the near future 	M Campbell
4e.	<p>RSA Nursing Advisory Group</p> <ul style="list-style-type: none"> There is no RSA formal update as we have not met again and NNK&SF and workforce survey work is stalled due to a lack of resource and committee member capacity – LT 	Blair



	<p>issue for NAG and needs to be addressed if NAG is to remain effective.</p> <ul style="list-style-type: none">• Acknowledgement and thanks given to Jon Hoskins for his contribution to NRAB	
4f.	<p>Australian & New Zealand Renal Dialysis Society</p> <ul style="list-style-type: none">• AUT board of studies approved proposed renal physiology qualification and the new courses will be offered from 2022.• Continue to have challenges recruiting renal physiologist –locally or overseas.• NRA funded workforce related project completed and report is endorsed by the Directors of Allied Health. The report will be discussed on 22nd July at northern region Executive Forum (CEs and CMOs)• The recommendations from the report as follows<ul style="list-style-type: none">○ The metro DHB Chief Health Profession Officers (CHPOs) nominate a lead CHPO to work with the regions’ Renal Physiology Professional Leaders and AUT University to ensure the renal papers and systems / mechanisms for clinical placements are in place for the 2022 calendar year;○ The lead CHPO determine whether there is sufficient dedicated Educator FTE to support students / new graduates, particularly at Counties Manukau Health who may need an additional FTE;○ Renal Physiology Professional Leaders link with DHB Māori and Pasifika workforce teams to ensure the Health Science Academies across the region, Kia ora Hauora, and the Rangitahi programme (ADHB) are aware of this new qualification so that it can be built into the marketing of health careers for Māori and Pasifika students; and○ The lead CHPO and Renal Physiology Professional Leaders work with AUT University regarding the marketing of Renal Physiology as a profession, targeting current third-year students of BHsc, BSc and BBiomedSci degree programmes in particular• Society AGM and education day is on 26th Nov.	Balaji

Next Meeting: 10 November 2021