

# National Renal Advisory Board

Held on Wednesday, 10 Aug 2022

9:30am – 2:00pm

Rydges Wellington Airport Hotel

ZOOM ID: 969 8854 0669



National Renal  
Advisory Board

<b>Chairperson</b>	Catherine Tracy
<b>Board Members</b>	Adam Mullan, Balaji Jagannathan, Blair Donkin, Bruce Henderson, Caroline Chembo, David Semple, Drew Henderson, Helen Eddington, Mary Mallon, Nick Cross, Robin Erickson, Tina Sun Traci Stanbury, Helen Hoffman and Sara Chester
<b>Apologies</b>	Tina Sun, Adam Mullan, David Semple, Nick Cross
<b>Guests</b>	Andrew Davies, Gillian Anderson

## ACTION ITEMS

Action Items - 4 May 2022 (Closed)		
Ref	Topic	Ref
--	<p>Check in with Andrew Phillips (in place of Dave Galler who is on leave for 6 months)</p> <ul style="list-style-type: none"> <li><a href="mailto:Andy.Phillips@health.govt.nz">Andy.Phillips@health.govt.nz</a> so see how things are progressing.</li> </ul> <p><i>Outcome:</i> Completed. New contact person is now Rachel Haggerty Director of Transformation &amp; Enabling Commissioning</p>	Catherine
1b	<ul style="list-style-type: none"> <li>Send notification of needed replacement to Clinical Head's and then they can put forward those whom they think might be appropriate to fill the role (Alex Gordon's replacement)</li> <li><i>Outcome:</i> Need to send something out on Alex's replacement as a management representative on the board.</li> </ul>	David
1b	<ul style="list-style-type: none"> <li>Follow up with Blair Donkin regarding replacement for Jon Hoskin</li> </ul> <p><i>Outcome:</i> Completed</p>	Helen
1b	<ul style="list-style-type: none"> <li>Contact candidates that applied for Consumer Rep position to discuss the role and how long of a term they'd like to take on</li> </ul> <p><i>Outcome:</i> Completed</p>	Catherine
1b	<ul style="list-style-type: none"> <li>NRAB as the local subject matter expert group wishes to have representation from Maori and Pasifika groups as they are a major part of our population demographic, but also need funding; Catherine to write to Margie Apa and head of Maori Health Authority</li> </ul> <p><i>Outcome:</i> Catherine not able to meet with Margie; waiting to also find out what's happening with paying/representation; can't expect people to come on into the board and not be compensated for their time, airfares, etc.</p>	Catherine
1f	<ul style="list-style-type: none"> <li>Contact NRA to see how they can support NRAB effort around planning</li> <li><i>Outcome:</i> Tried to contact NRA; still waiting to hear back and will continue to follow that up.</li> </ul>	Catherine
2a	<ul style="list-style-type: none"> <li>Send an outline of concerns around PUC's to Catherine</li> </ul> <p><i>Outcome:</i> Not actioned.</p>	Drew
2b	<ul style="list-style-type: none"> <li>Adam Mullan from Northland to give an update at the next NRAB meeting</li> </ul> <p><i>Outcome:</i> Deferred to Nov meeting.</p>	Tina
2h	<ul style="list-style-type: none"> <li>Helen to send out a slightly revised National Consensus Statement on management of CKD and primary care.</li> </ul>	Helen



	<i>Outcome:</i> Completed. Send any additional comments/feedback to Helen	
<b>Action Items – 10 Aug 2022</b>		
Ref	Topic	Ref
**	Update on IT Systems in Whangarei (action item deferred from 10 Aug meeting) <ul style="list-style-type: none"> <li>Tina has been in touch with Northland – still trying to get an integration with our regional clinical portal; there is a delay in upgrading system; Tina to contact Adam Mullan from Northland to give an update at the next NRAB meeting</li> </ul>	Tina
2c	PHARMAC <ul style="list-style-type: none"> <li>Board members advised to send concerns and issues to PHARMAC; generic email address to be used for contacting PHARMAC will be sent to Dahlia for distribution</li> <li>Andrew to speak with Conal Edwards for an update on the current status of the application for the funding of the agent Tolvaptan for the treatment of Autosomal Dominant Polycystic Kidney Disease and also get some context around PHARMAC’s nephrology advisory committee which have not met in 4 years</li> <li>Andrew to invite someone from the medicine team at PHARMAC to attend NRAB meetings.</li> </ul>	Andrew Davies
2d.	Strategy of Engagement with Te Whatu Ora & Maori Health Authority <ul style="list-style-type: none"> <li>Drew to write Jenny Grant who sits on the Clinical Forums, on behalf of NRAB and advise that the board is keen to be included in any discussions about renal care going forward</li> <li>Send a letter from NRAB to all Clinical Heads and advise them to look at setting up regional groups to discuss their needs and then report to NRAB; NRAB will likewise send out what’s happening in the NRAB and advise that we are working to come up with regional plans to help inform the national plan</li> </ul>	Drew

## MINUTES

Information Items		
Ref		
1.0	<ul style="list-style-type: none"> <li>Previous Meeting Minutes (10 Nov 2021)</li> <li>Tier 2 Document</li> <li>Renal Services for Aotearoa NZ</li> <li>Managing Chronic Kidney Disease in Primary Care (Draft)</li> </ul>	
2.0	<b>General Business</b>	
2a.	Previous Meeting Minutes accepted	
2b.	<b>Welcome new board members:</b> <ul style="list-style-type: none"> <li>Helen Eddington (Bay of Plenty)</li> <li>Adam Mullan (Northland)</li> <li>Mary Mallon, RSA</li> <li>Bruce Henderson, Consumer Rep</li> <li>Traci Stanbury, Acting GM for KHNZ</li> </ul>	Catherine



<b>2c.</b>	<b>PHARMAC</b> <ul style="list-style-type: none"><li>• Andrew Davies, Manager of Device Funding at PHARMAC in attendance.</li><li>• Nerissa Ramlall taking over from Terry O'Donnell (previous Rep)<ul style="list-style-type: none"><li>○ Contracting for haemodialysis has been completed; In the process for national contracting for Perinatal Dialysis; remaining agreement is with Fresenius Medical Care of which there have been some delays but have seen some movement in this space with the movement of the new NZ based business manager</li></ul></li><li>• Gillian Anderson, Manager of Procurement and Contracting joined the meeting<ul style="list-style-type: none"><li>○ Have been working with Fresenius trying to get them to build up their inventory; have had a lot of staff changes; now do have an NZ employee here on the ground; have changed their distribution; have more warehousing available</li></ul></li><li>• Some discussion had around current suppliers; have not had as many backorder items; also some discussion around a patient who possibly died as a result of them not receiving supplies for dialysis and internal re-distribution of stock due to lack of supplies.</li><li>• Similar issues concerning Baxter's in Wellington</li><li>• Eastern Bay 3 weeks no deliveries</li><li>• Historically these companies have not had things in place; been an ongoing problem</li><li>• Other comments were that Fresenius thoroughly disengaged provider; poor communication; Paediatrics have had good experience Fresenius stating things have improved in the last 6 months</li><li>• For Paeds they've had good experience the last 6 months</li><li>• Board members advised to send concerns and issues to PHARMAC; generic email address to be used for contacting PHARMAC will be sent to Dahlia for distribution</li><li>• There was a PHARMAC review recently and some recommendations made around PHARMAC's work around a range of things:<ul style="list-style-type: none"><li>○ Focus more on equity; treaty partnership &amp; responsibilities, needs to work more in the system as a whole; government very supportive of those changes</li><li>○ some recommendations around some function changes around vaccines, appropriate uses of medical devices – government has not accepted those recommendations</li><li>○ A lot of interaction with the procurement supply chain that is being set up in Te Whatu Ora</li></ul></li><li>• Discussion around the Nephrology Advisory committee to PHARMAC which has not met in 4 years; Andrew to follow up on what is happening there;<ul style="list-style-type: none"><li>○ Some discussion around article in the NZ Association Medical Journal regarding the decision being made for approval/disapproval of Tolvaptan; Andrew to follow up with the team regarding the current status of the application for the funding of the agent Tolvaptan and for the treatment of Autosomal Dominant Polycystic Kidney Disease; Andrew to speak with Conal Edwards for an update and some context around the nephrology committee</li></ul></li><li>• Suggestion made that might be appropriate for one of the medicine team members to see if one of them can attend with them to this meeting as well; Andrew to action</li></ul>	Andrew Davies
<b>2d.</b>	<b>Strategy of Engagement with Te Whatu Ora &amp; Maori Health Authority</b> <ul style="list-style-type: none"><li>• Discussion around concerns about new structures coming into place and new ways of consulting with Te Whatu Ora; an EOI was sent out for senior clinicians to join clinical forums; document didn't have any reference to the groups that are already up and running; other concern around timeframes between when EOI went out and meeting date set was to short notice making it difficult for clinicians to attend;</li></ul>	Drew



	<ul style="list-style-type: none"> <li>NRAB wrote a document (Renal Services for Aotearoa New Zealand – Response from the National Renal Advisory Board to Health NZ Transition Unit); it would be useful to have some feedback about what NRAB’s role is going forward and how that role will be considered; concerned that there has been no response to NRAB and where we sit going forward;</li> <li>Board chair advised that she did have conversations with Andrew Phillip wanting to get an update but have been told that we are to wait for the Health NZ Plan to come out; also told Renal is a top priority but have not heard or received any other information</li> <li>Drew to write Jenny Grant who sits on the Clinical Forums on behalf of NRAB and advise that the board is keen to be included in any discussions about renal care going forward</li> <li>Discussion around NRA – different regions probably need to form their own regional groups and come up with what they need from their perspective</li> <li>Send a letter from NRAB to all Clinical Heads and advise them to look at setting up regional groups to discuss their needs and then report to NRAB; NRAB will likewise send out what’s happening in the NRAB and advise that we are working to come up with regional plans to help inform the national plan</li> </ul>	
<b>3.0</b>	<b>On-going Business</b>	
<b>3a.</b>	<b>Tier 2 Specification Document</b> <ul style="list-style-type: none"> <li>Still a work in progress; document contains a lot of very good information</li> <li>Things we need to focus on is the workforce and dialysis facilities;</li> <li>Suggestion made to the group that perhaps Mary and Caroline can work on this together and then get feedback from group; once we get regional groups up and running would be good to send to them for their input</li> <li>Suggestion to group to read document again and feedback to Caroline</li> <li>Might be good to set up a sub-committee to discuss document (Balaji, Blair, Mary, Helen, Catherine, Caroline); Caroline to organise.</li> </ul>	Caroline
<b>3b.</b>	<b>NZ Chapter of the ANZSN</b> <ul style="list-style-type: none"> <li>There will be an in person DNT (Dialysis Nephrology Transplant) meeting next year March; invite will go to Heads of Unit or their delegate; meeting kept quite small so each person send 1 person</li> <li>ANZSN annual meeting in Sydney this year; next year in Christchurch and Suetonia Palmer will be the chair of the local organising committee; there will be free places for consumer representatives – have funding for 30 consumer reps, keen to engage consumers</li> <li>Recently approached by ISN to do joint letter to NZ Health to discuss the inequities and outcome for Maori and Pacifica patients; have written letters to Andrew Little and others suggesting would like to meet to discuss the plight of patients; have not received any notice of receipt or acknowledgement</li> <li>Working group set up to look at education for transplantation to make sure that there’s a standard for any patient that has transplantation across Australasia; quality indicators subcommittee are working on looking at how we can get the applicable data in an automated format</li> <li>There has been a new strategic plan set up for ANZSN</li> </ul>	Drew
<b>3c.</b>	<b>National Renal Transplant Service</b> <ul style="list-style-type: none"> <li>Transplant numbers are down slightly to 21-22 compared to 19 which is our record year</li> <li>Major changes to the allocation system which will see a change in who gets offered kidneys</li> </ul>	Nick
<b>3d.</b>	<b>NAG / RSA Nursing Advisory Group</b>	Blair



	<ul style="list-style-type: none"><li>• Group was updated on NRAB May meeting</li><li>• Round units update – similar themes across the country; nothing new capacity and staffing issues having a significant impact</li><li>• Capacity issues – unrelenting demand for dialysis capacity outstripping supply</li><li>• Staffing issues – COVID and non-COVID as the borders open up</li><li>• Feedback given to Helen Hoffman’s questions with regards to her role in Long Term Conditions Team (LTC), Population Health and Prevention, Ministry of Health as Clinical Advisor-CKD</li><li>• Some discussion around some medication availability to units; managed to clarify that through one of the pharmacist</li></ul>	
<b>3e.</b>	<b>Australian &amp; NZ Dialysis Board</b> <ul style="list-style-type: none"><li>• AUT Grad dip in Health Science –Renal physiology course commenced on 11th July with 8 students enrolled for the course. Four papers are offered this semester including 2 renal papers. Counties Manukau Health is offering some scholarship for students.</li><li>• Southern Health employed a renal physiologist for the first time in renal service.</li><li>• Road show to continue for renal physiologist to be included in other renal services.</li><li>• We are invited to provide update on renal course at National DAH meeting on 11th Aug</li><li>• We continue to recruit qualified renal physiologist from overseas.</li><li>• Physiologist training pathway Hui meetings 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.</li></ul>	Balaji
<b>3f.</b>	<b>Kidney Health New Zealand</b> <ul style="list-style-type: none"><li>• Traci Stanbury, Acting GM for KHNZ in attendance</li><li>• \$11M put in by government for organ donation. Over 4 years:<ul style="list-style-type: none"><li>○ Year 1 – purely \$750k for link nurses</li><li>○ Year 2 - \$750k for link nurses plus \$2M to go to blood service for IT and the infrastructure around that</li><li>○ Year 3 - \$750k + 3M</li><li>○ Year 4 - \$750k + 3M</li><li>○ Have an official information request that was made about defining what the money was for; that was extended and due back yesterday but did not come;</li></ul></li><li>• KHNZ received donation that is very specific for a transplant project;<ul style="list-style-type: none"><li>○ Focus would be on living donor and recipient experience videos and some trained mentors;</li><li>○ Would also like to know if each of the renal units would be willing to share an email with people who have had transplants or been donors or recipients to try and recruit people to help educate; also if the renal units and liaison coordinators would refer people if they wanted a mentor or had questions to ask</li><li>○ The board was asked to feedback re donation; Board members agreed it would be useful</li><li>○ Board asked if it would be logical to store all of the material at KHNZ; board agreed; also conveyed that it needs to be clear to the patients that this is being done privately not through health system; make sure that focus is on hard to reach population</li></ul></li></ul>	Traci



	<ul style="list-style-type: none"><li>• Dialysis capacity project still on-going;</li><li>• Some discussion around national position on Trans-Tasmin dialysis;</li><li>• Roadshow done in Ashburton at a marae, had 60% people referred</li></ul>	
<b>3g.</b>	<b>Te Whatu Ora Health NZ</b> <ul style="list-style-type: none"><li>• Held meeting a couple of weeks ago (largely primary, consumer and people from secondary renal services); based on the document that was sent out (National Consensus Statement); looking at the interface between primary and secondary care – what are the needs around early CKD management;<ul style="list-style-type: none"><li>○ Number of presentations were given largely by Wellington based primary care providers; discussion day</li><li>○ Key things are around engagement with people; some challenges always with some of the people that we do see; having access to resources</li><li>○ Next steps – develop a bit of an outline of what an implementation roadmap might look like</li></ul></li><li>• Discussion around managing primary care/community, would be good to have some signals about how we are going to increase resources; GP's, funding</li><li>• Questions were passed onto the NAG group by Helen H to look at whether secondary care felt it had any responsibility in the area of early CKD, particularly focused on nursing models – good feedback/responses received; secondary care is becoming overwhelm; board was asked if they have any responsibility to work in the preventative space</li></ul>	Helen H Sara

**Next Meeting:** Wednesday, 2 November 2022