



National Renal Advisory Board

Middlemore Hospital, Staff Centre, Rm 7

Zoom Meeting ID: 99147693703

Held Wednesday, 13 May 2020






9:00 am – 2:00 pm

Chairperson:	Catherine Tracy
Committee Members:	Ashik Hayat, Balaji Jagannathan, Brett Butterworth, Chris Hood, Ian Dittmer, Jane Ronaldson, Jennifer Walker, Jon Hosking, Nick Cross, Suetonia Palmer, Michael Campbell, Erica Fairbanks
Guests:	Terry O'Donnell
Apologies:	Mark Hodge

MINUTES

ACTION ITEMS	
Michael	Circulate a one-pager on the next part of operational plan for 2020/2021 (has been re-written due to COVID). <i>(see 1b)</i>
Suetonia	<ul style="list-style-type: none"> Think about a succession plan for the NZ Nephrology Report before 2022. <i>(see 2b)</i> Draft communication to go out to CEO and HODs with key findings from NRAB – send to Dahlia. <i>(see 2b)</i>
Suetonia/Nick	<ul style="list-style-type: none"> Draft some comments for Catherine around transplant/project and how we could produce and provide that data; send to Catherine so she can get back to MoH; can include what we would propose additionally to report to address at least measurement and reporting to DHBs. <i>(see 3b)</i>
Catherine	<ul style="list-style-type: none"> Ask for nominations to replace Dee Hackett Ask Phil to review Tier 2 specs <i>(see 2b)</i> Send information on Fresenius last outage around communications/IT to Terry O'Donnell (PHARMAC). <i>(see 2c)</i> Mark Hodge has not attended last couple of meetings; Board agreed for Catherine to contact him to see if he wants to step down; ask for replacement. <i>(see 8.0)</i>
Catherine/Sue Walaa Walaa/Catherine	<p>Improved IT Funding (PD Registry)</p> <ul style="list-style-type: none"> Catherine and Sue to have more conversations around resources. <i>(see 2d)</i> Walaa to get some direction from IT team regarding funding on a larger aspect to take back to Catherine and Sue in terms of options that can be looked at. <i>(see 2d)</i> Walaa and Catherine to discuss Middlemore re data related issues; <i>(see 2d)</i>
Jenny	Forward the hospital policy that was created initially by Mental Health team but was adapted for dialysis to put in to Tier 2. <i>(see 7f)</i>



Wednesday, 13 May 2020		
Ref	Topic	Ref
1.0	General Business	
1a	Welcome & Apologies	
1b	New or Exiting Members <ul style="list-style-type: none"> Dee Hackett has now resigned; currently seeking a replacement 	
1b.	Previous Meeting Minutes <ul style="list-style-type: none"> No corrections to previous minutes Open Action: <ul style="list-style-type: none"> Michael Campbell: Kidney Health New Zealand – next part of operational plan for 2020/2021 has been re-written due to COVID; will do a one-pager and circulate it back. 	
2.0	On-going Business	
2a	NRAB appointment to ANZDATA <ul style="list-style-type: none"> Letter from Michael Collins seeking ANZDATA representation at NRAB Until the formal process of appointing a second NZ member and filling the vacant working group Convenor position has been completed – Michael Collins seeking to be endorsed to fill the new ANZDATA ex officio position on NRAB as an interim measure Discussed and endorsed by Professor Stephen McDonald (Exec Officer ANZDATA) with Prof Suetonia Palmer as a key member. ANZDATA Advisory committee will be asked to confirm this appointment at next meeting. 	 Email_Michael Collins_ANZDATA Req
2b	2020 NZ Nephrology Report <ul style="list-style-type: none"> Annual report to monitor and report on the practices and outcomes of dialysis and kidney transplantation services in accordance with the tier 2 specialist medical services specifications for renal services available. Specifications are currently undergoing review by the NRAB in partnership with national renal units Annual report, funded by MoH is to support best practice renal care by all DHBs through public reporting of current activities. Intended to support renal units across NZ to identify practice improvements and for these clinical improvement activities to be supported by DHB leadership and the NRAB. Going to be presenting the report to the Kidney Health NZ Consumer council via zoom later in the month Suetonia was quite keen to hand report over but to provide a good succession process would be happy to hand it over in the next 2-3 years; happy to continue doing report until 2022; interested in hearing from Board on who would be interested on doing this work <ul style="list-style-type: none"> Board seeking nominations for who might want to take over the report from Suetonia; Jenny – Statistics should be done professionally; a more senior person should be guiding how the report looks; 	Suetonia  ANZDATA-2018-Summary.pdf  ANZSN report to NRAB videoconferenc  2018 Aotearoa New Zealand Nephrology r  NZ Nephrology report to NRAB May 2




	<ul style="list-style-type: none"> ○ A lot of the stats are now being pushed out automatically by ANZDATA; has made a huge difference ○ NRAB can make recommendations on key findings ○ Nick - Is there a way of making this into a training exercise for advance trainees in terms of producing the report, would be an excellent project to do although might take a couple of years; good idea but would need someone who is towards the end of their career, would need good supervision and a bit of up-skilling; might need a report writer of a 3-year type cycle ○ Suetonia to take on thinking about a succession plan for the report before 2022 ● Suetonia suggested report should go directly to CEOs and HODs with a one page recommendation or 1 pager on Key Findings; also included will be a letter to CEO & HOD. <ul style="list-style-type: none"> ○ Could include in the letter to CEOs suggesting they may want their local renal unit to present their findings to the DHB Board; gives that opportunity to talk directly to the Board ○ With our key findings - question as to how bold do we want to be; Chris encouraged board to be more aggressive ○ An up to date Tier 2 specifications can be helpful; we have a benchmark that's been agreed upon. ○ Review Tier 2 specs – needs to be a clinical lead person; Catherine to ask Phil ○ Suetonia to draft communication to go out to CEO and HODs with key findings from NRAB – send to Dahlia 	
<p>2c</p>	<p>PHARMAC</p> <ul style="list-style-type: none"> ● Consultation for the HD PPT closed in late March; received good feedback mainly around PPT Tool that came out with it ● Prices we've agreed with Baxter for the contract have already been offered by Baxter - even though it's not on the scheduled as yet it shouldn't be effecting your pricing options ; when the contract comes there will be a few more conditional clauses and requirements for Baxter that PHARMAC will handle in terms of things like reporting, stock levels, etc. ● Other suppliers on the contract progressing well ● Looking at having all of the contracting done by end of the year; will be some consultation coming out from other suppliers in the next 2-3 months however that is slightly conditional on how quickly can get through negotiations ● Once HD is done will look at progressing the PD contracts next year ● Other body of work is COVID related work; had initial feedback from suppliers particularly Fresenius and Baxter that they were struggling to supply some of the devices; after further discussion with the CD's group that did not see to be what was reflected by the CD group; the concern was more around the consumables; ● Still having on-going problems with Fresenius; there was a big outage with their communications/IT side of things; lots of issues with logistics and suppliers not meeting their contractual obligations; we are having to spend a lot of time chasing things up; don't seem to be performing particularly well; Catherine to send information of outage to Terry. 	<p>Terry O'Donnell</p>



2d	IT FTE support for eNZPDR to NRAB <ul style="list-style-type: none">● PD Registry – majority of units have captured their data and are doing so using PD nurses● Had some data related issues for 2 units: Middlemore and Christchurch; both related to a combination of nursing time and their own IT systems (systems don't have all the PD data within them)● Have linked with ANZDATA; not as responsive in terms of PD stuff and that is reliant on individual PD units● PD Registry is primary database for the Binational Teach PD Study; it is the way to put in data for NZ for tracking dialysis; because of the enormity of that study the planned quarterly reports were delayed● Annual report has been sent to Suetonia● Funding:<ul style="list-style-type: none">○ NZPDR is funded to the current tune of \$50,289 which is a top slice from each DHB which goes through to Auckland as the centre to then pay out the funds○ Current expense: staff salaries .3 FTE of CNS (\$26,256) and IT \$16,121; mostly because IT is solid and has 1 individual who is a full-time nephrologist in Waikato (doing it for extra pocket money but working more hours than those suggested)● Data Collection:<ul style="list-style-type: none">○ Middlemore and Christchurch have their own IT systems; main issues for both is can we do data dumps from those 2 PD registry and tidy up with nursing staff – linkage, time and what is exactly required is the issue.○ Have done a fair amount to get NZPD registry ready for Teach PD which has used a lot of resource.○ The PD CNS employed by PD Registry supports all 11 units; previously that CNS had been helping Middlemore enter data.○ Not a good move to have data entry by non-clinical individual; PD Registry is a clinical database and requires a little bit of clinical know how as to what the mean is for each data quant.○ Will sit down as a PD Registry lead team without IT team to see what we need to do; In terms of moving forward with Middlemore and Christchurch – will take a while● Can NRAB suggest a way forward in terms of improved IT funding; can MoH help with funding; Ian was previously going to look into that;<ul style="list-style-type: none">○ Walaas has already asked Fresenius and Baxter hit a brick wall○ Sue - currently part of a larger conversation at MoH in recognition that we have loads of different clinically based registers around the country of which this is a great example; there is an interest from MoH point of view as being an enabler for a more responsive health service but there are a few key milestones coming up that need to happen prior to being able to forward the motion on these individual efforts; MoH wants to be able to make sure they can tell individual stories which are important for long-term conditions and also in terms of MoH response to those vulnerable populations under threat and emergency; there are many questions; really interested in getting to a point where MoH can tell much more coherent	Walaas Saweirs
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	<p>stories; timing not quite right; advocates having a more robust approach from MoH but may be a bit of a journey</p> <ul style="list-style-type: none"> ○ Suetonia – with regards to data for the ministry to support ministry activity and action, we do have a lot of specific data related to ethnicities and other long-term conditions that are also a part of kidney disease activity and treatment if MoH wants specific data related to the registries that we could provide please let us know. ○ Walaa – without actual decent data in you are going to get inaccurate data out (rubbish in rubbish out); entirely dependent on the unit - (1) IT support and finance (2) units actually willing or wanting to make use of the data which is growing; appreciate timing is not right but isn't first time this issue or discussion has been had with MoH ○ Catherine – if MoH wants decent data they do need to support how we get the data going forward <ul style="list-style-type: none"> ● Has there been progress with the new person doing IT around being able to export data, etc? Walaa – because this involves a single unit will need to have offline discussion; relying on David to do a little of more background work because it is more than just the data entry. ● Catherine & Sue to have more conversations around resources; ● Walaa and Catherine to discuss Middlemore regarding data related issue, etc; ● Walaa to get some direction from IT team regarding funding on a larger aspect to take back to Catherine and Sue in terms of options that can be looked at. ● Renal IT System Update <ul style="list-style-type: none"> ○ Primary sticking point has been local healthAlliance which have not in any way been helpful in terms of moving projects forward; ○ Have been met with many barriers; now 5 years down the track and still seeing the same problems; in the last year have been inundated with paperwork and healthAlliance have not been participating in the project ○ Chris – hoping eventually will be allowed to use it; plan is if it works for Walaa and works for Taranaki then will encourage other DHBs to partake and potentially add a national system which will have lots of advantages; will have to wait longer for report and first 3 months of experiences. 	
<p>2e</p>	<p>Letter & Statement for the NRAB</p> <ul style="list-style-type: none"> ● Joint statement around PPE and community dialysis units 	<p>Catherine</p>  <p>29 April 2020 - Letter and Statement for th</p>
<p>3.0 National Transplant Services</p>		
<p>3a</p>	<ul style="list-style-type: none"> ● COVID19 – brief period where there were no transplants appearing in Wellington because clinicians in Wellington decided it wasn't safe to proceed ● National Renal Transplant Leadership Team met and felt that the most appropriate thing was the individual transplant units to judge as time went on when it would be safe for them to continue with transplants; Auckland and Christchurch stayed open stayed open through entire lockdown period; Wellington closed for 2 weeks; transplants back to normal status now; number of deceased has been dramatically effected by COVID19 main reason due to ICU doctors and clinicians have been distracted with planning reorganising services, 	<p>Nick Cross</p>









	<p>etc.</p> <ul style="list-style-type: none"> • Have been meeting and providing advices required with the Australians; have shut their transplant programs down but are reactivating them now – this is been having an effect on kidney exchange; we able to continue with exchanges in NZ now and Australians are happy to support on-going matching and exchange program for just NZ exchanges. • Overall will have a big impact on transplant numbers this year • Transplant programs encourage units to continue with what they can do • Most will be back to normal at Level 2 • Some DHBs have been making decisions on things that can be deferrable; many people see donation of transplantation as deferrable • National Renal Transplant Leadership Team’s view is that donation of kidney transplantation is not deferrable in the sense that people are on dialysis and that’s harmful so should be considered non-deferrable • MoH has provided some advice to DHBs; unsure if it has been sent. 	
<p>3b</p>	<p>Equity Focus</p> <ul style="list-style-type: none"> • Question to NRAB – think that it’s important that we try to increase access to transplantation across geography and across groups that are currently underserved which includes ethnicities and people with different comorbidities; Does the group have any input or points about systemic changes that the transplantation services should make? Next 12 months key focus for team will be getting information on what are the drivers of inequities but also making changes to try and reduce disparity without effecting growth and transplantation which we’ve observed across all ethnicities and across all DHBs; still a significant disparity between groups but there has been growth in the groups • Email from Annette Pack to Catherine Tracy regarding NRAB Equity Work Programme: <ul style="list-style-type: none"> ○ Before Jane Potiki left MoH in mid Feb her advice was that the National Renal Transplant Service (NRTS) have more of a focus on improving equity for Maori to transplant; MoH provides funding for the NRTS (clinical leadership, administration and business analytical services) and wonder whether it would be possible for NRAB and the NRTS to collaborate on a transplant-related equity project over the next couple of years. ○ Was raised formally with Nick Cross who was open to the idea depending on the nature of the project while noting that research is not necessarily his key area of expertise. ○ Unsure if feasible; would expect that the first 6 months or more would involve scoping a project that both parties agreed to. ○ Nick’s current position is unfunded to provide MoH with advice about what to do; also on NRAB as ex officio, Chair the leadership team (conflict of interest); ○ Leadership team’s broad view is that we are heading in the right direction and that there are improvements being made and it is helping underserved groups yet not to the degree that we wish; somewhat 	




	<p>reluctant for them to commission or direct anyone to do a specific project at this time; happy to consider any projects that anyone wants the leadership team to undertake; there is value in highlighting and generating discussion around inequity; very important that inequity is highlighted between DHBs, between groups, etc.</p> <ul style="list-style-type: none"> ○ Chris concerned about equity for some time now; Northern Region recently receive email stating that effective immediately all inpatient and outpatient waiting lists Maaori and Pacific patients would automatically have a plus 1 reprioritisation so that all P3's automatically became P2 and all P2's automatically became P1; issues around racial discrimination; would be impossible for us to do what has been asked; <ul style="list-style-type: none"> ○ Jenny – agree that it is a pretty blunt tool that is being suggested but people don't arrive equal to the hospital, don't represent themselves equally; the inequities are partly through the grading system that we use. ○ These projects need to be done within our existing structures and systems; if there is a priority project that the NRAB wants to look at Sue have connected a cost with the University of Otago in terms of statistical support <ul style="list-style-type: none"> ● Suetonia and Nick to draft some comments for Catherine around transplant/project and how we could produce and provide that data; send to Catherine so she can get back to MoH; can include what we would propose additionally to report to address at least measurement and reporting to DHBs 	
4.0	Ministry of Health	
	<p>Ministry of Health Update</p> <ul style="list-style-type: none"> ● Has restructured priority to COVID response; Sue Gordon has been running MoH in that time ● Biggest concern has been moving down the levels; running and monitoring COVID response ● Real focus now on what will go into moving from Level 2 to Level 1 ● COVID – a new normal that will continue for quite some time; about responding and redesigning; lots of learnings; new ways of working ● Working across ministry teams has been a big benefit of the COVID experience as have working from home; ministry is looking to do a mix model where people can balance going into their office and working at home ● Using Zoom – now possible to meet virtually; reduce travel ● Lots of interest at MoH about the budget 	Sue Riddle
5.0	Kidney Health New Zealand	
	<p>Kidney Health NZ</p> <ul style="list-style-type: none"> ● COVID Level 2 – patients that have liver transplant told that they can go back to work; need to check with regards to compromised patients should our advice be that they are ok to go back into the general population? Yes ● There is guidance around alert level 2 and people at risk and there is guidance around work; found on the COVID site ● Huge increase in Telehealth – concerned that there could be some patients that will have issues and how this will go forward; ● In some areas there is inequity of access because people don't have access to data, etc and could be an issues 	Michael Campbell



	<ul style="list-style-type: none"> • Need more information – would be good to have a watching brief; • Ministry of Education put a large investment into a learn from home projects which included 17,000 devices delivered to children who didn't have either internet access or device; Debra shared that they want to piggy back those devices into homes that wouldn't necessarily have health access 	
6.0	Australian & NZ Dialysis Board	
	<ul style="list-style-type: none"> • Had meeting with Renal Physiology Dialysis Board meeting in early March – working on a few projects; working with Otago University on the proposal for post graduate diploma program (plan was to start the program this year from March) due to COVID proposal has been delayed; hoping to start next year • Australian University – working on a similar program with them for renal physiology but COVID has delayed; deferred to next year – is a 12 month programme 	Balaji Jagannathan
7.0	Regional Roundup Auckland	
7a	For many years the NRAB has a regional news round-up as an agenda item. Many/some DHBs do not have membership on NRAB so each Clinical Lead / Manager to send in a summary prior to meeting.	
7b	Waitemata – Jon Hoskins	 Waitemata DHB Update - May 2020.p
7c	Paediatric Renal Services – Jane Ronaldson	 2020-05 DHB Update-Paeds.pptx
7d	Counties Manukau Health – Chris Hood	 DHB Update - Around the Regions F
7e	Waikato	 DHB Update - Waikato.pptx
7f	Northland – Jenny Walker <ul style="list-style-type: none"> • Issues with difficult patient behaviour and effects of drug misuse – need for a strong National Consensus Statement regarding staff safety & patient's ability to continue dialysis; would be helpful if it was considered within Tier 2 work that's been put forward <ul style="list-style-type: none"> ○ Jenny to forward general hospital policy that was mainly created by Mental Health team but was adapted for dialysis to put in to Tier 2 	 NDHB NRAB news May 2020.pptx
7g	Canterbury – Nick Cross	 My DocumentsDHB Update - Around the



7h	NZPDR – Walaa Sawiers	 NZPDR NRAB news May 2020.pptx
8.0	Other Business	
	Other Business <ul style="list-style-type: none">• Mark Hodge – has not attended last couple of meetings; Board agreed for Catherine to contact to see if he wants to step down; ask for replacement• Next NRAB Meeting – next meeting (12 Aug) to be held via zoom<ul style="list-style-type: none">○ Consider having 1 face-to-face per year and the rest of the meetings via zoom	

Next Meeting: Wednesday, 12 August