

National Renal Advisory Board

Held on Wednesday, 4 May 2022

9:30am – 2:00pm

Rydges Wellington Airport

ZOOM ID: 99584537780



National Renal
Advisory Board

Chairperson	Catherine Tracy
Board Members	Balaji Jagannathan, Blair Donkin, Caroline Chembo, David Semple, Drew Henderson, Michael Campbell, Nick Cross, Robin Erickson, Tina Sun, Helen Hoffman (MoH)
Apologies	Nick Cross, Blair Donkin

ACTION ITEMS

Action Items - 11 Aug 2021 (CLOSED)	
Topic	Ref
<ul style="list-style-type: none"> Drew Henderson to send Catherine a draft/letter expressing concerns around Taranaki DHB not meeting some of the standards they're expected to meet; Catherine will review and send on behalf of NRAB to CEO <i>Outcome:</i> Things have improved at Taranaki; also have a new consultant 	Drew Catherine
<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 <i>Outcome:</i> This has now been included in the document that has been forwarded to Health NZ with regards to what the governance structure could be going forward Tier 2 Specifications: should have content around national expectation; Drew to draft something and send to Caroline <i>Outcome:</i> Will be looked at nationally by Health NZ 	Drew
Action Items – 21 Nov 2021 (CLOSED)	
Topic	Ref
<p>Replacement for Jennifer Walker & Ashik Hayat (establish process)</p> <ul style="list-style-type: none"> David to check with Prue (previous Board Secretary) to see if she has a copy of an EOI that may have been used in previous years that could be circulated and report back <i>Outcome:</i> Generally, each society represented on the board runs its own EOI process to find its representative; the exception is the renal manager rep which the board advertises for and then appoints itself; Board agreed that Drew Henderson could circulate EOI <i>Outcome:</i> EOI has been drafted and will be circulated on behalf of the ANZSN 	David Drew
<p>Consumer Rep Position</p> <ul style="list-style-type: none"> M Campbell to re-advertised the Consumer Rep position amongst renal units and various networks/groups using information submitted by Brett previously; <i>Outcome:</i> Completed 	M Campbell
<p>COVID-19 Resilience Planning</p> <p>Drew advised would be good to go back to the ANZSN COVID-19 Dialysis Preparedness Checklist, 3 April 2020 and check to ensure we are doing what would be seen to be "good practice"</p> <ul style="list-style-type: none"> David to review document with Jamie Kendrick-Jones and feedback to Board <i>Outcome:</i> Document was reviewed; some points lacking relating to PPE use and some to do with vaccinations; David added some comments; document was re-circulated to the board. 	David



<p>Application to Pharmac for potassium binders as part of COVID response</p> <p>Drew started an application but wondering if support from NRAB as an emergency COVID application would be better;</p> <ul style="list-style-type: none"> Drew to draft a quick indication paper for when potassium binders would be used and send to Catherine for review and circulation to NRAB for support Outcome: No further work required at this time. Invite Terry O'Donnell to next NRAB (issues with Fresenius) <u>Outcome:</u> Terry O'Donnell has left PHARMAC; new contact person will be Andrew Davies, Manager and Gillian Anderson who leads the Procurement and Contracts teams at PHARMAC. Will attend Aug meeting. 	Drew Dahlia
<p>Tier 2 Specification Document</p> <ul style="list-style-type: none"> Caroline to re-circulate the document for board members to review, add any changes or comments and send back to Caroline <u>Outcome:</u> No further progress made. 	Caroline
<p>Enquiry from ANZDATA Stephen McDonald</p> <p>Historically, in the model underlying the case mix adjustment for individual hospital reports (for both dialysis and transplanting centres) we have included a term for "New Zealand"; this has generally been around a RR/HR of 1.2 and assumes outcomes are poorer in NZ than Australia for reasons beyond the control of the treating centre; it effectively compares NZ centres with each other, but does not allow comparison with Australian results. This has been applied to improve the accuracy. This will be in place for the 2020 report.</p> <ul style="list-style-type: none"> Michael and Tina to discuss at the ANZDATA Advisory Committee whether the statistical modelling remains valid and feedback to NRAB <u>Outcome:</u> The current reports (2020) has been analysed with existing modelling. ANZDATA will review the modelling for 2021 report. 	Tina
<p>Dave Galler / Health NZ</p> <p>Touch base with Dave Galler, who is leading some work now within the Transition Unit, and the future operating model. This would be to discuss the role of NRAB in the new system, alignment with HNZ (or other entities) and the Tier 2 Document (Andrew Connolly to send an introductory email to David Galler).</p> <p><u>Outcome:</u> further discussion to be had about aligning the Tier 2 document with the over-arching plan we hope to put together;</p>	Catherine

Action Items – 4 May 2022		
Ref	Topic	Ref
--	Check in with Andrew Phillips (in place of Dave Galler who is on leave for 6 months) Andy.Phillips@health.govt.nz so see how things are progressing.	Catherine
1b	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)	David
1b	Follow up with Blair Donkin regarding replacement for Jon Hoskin	Helen
1b	Contact candidates that applied for Consumer Rep position to discuss the role and how long of a term they'd like to take on	Catherine
1b	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	Catherine



1f	Contact NRA to see how they can support NRAB effort around planning	Catherine
2a	Send an outline of concerns around PUC's to Catherine	Drew
2b	Adam Mullan from Northland to give an update at the next NRAB meeting	Tina
2h	Helen to send out a slightly revised National Consensus Statement on management of CKD and primary care.	Helen

MINUTES

1.0	General Business	
1a.	Previous Minutes accepted.	
1b.	<p>NRAB Board Membership</p> <ul style="list-style-type: none"> • Replacement for Jennifer Walker, Ashik Hayat (EOI has been drafted and will be circulated on behalf of the ANZSN) • Need to also replace Alex Gordon from a management perspective; good to put out an advertisement around the different DHB's <ul style="list-style-type: none"> ○ Would be good to look at the South Island Region for a replacement for Alex Gordon; ○ David to 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's replacement) • Helen to follow up with Blair regarding the replacement for Jon Hoskin • Received 2 CV's for the Consumer Rep Position; <ul style="list-style-type: none"> ○ Discussion around whether or not the board wants to have 1 or 2 consumer reps and how many terms (2yrs to 2.5 yrs) they'd be appointed to ○ Board agreed to have both candidates ○ Some discussion around not having any nominations come through that were ethnically diverse; would be good to come up with an active invitation to encourage ethnically diverse people to apply ○ Catherine to contact both candidates to discuss further • NRAB has been looking at having a Maori Rep on the board <ul style="list-style-type: none"> ○ Some discussion around how we would recruit specifically for the Maori Rep position ○ PD for the role had been submitted by Suetonia previously ○ There may be people already in each unit that are able to do the job ○ Could be circulated within individual units; ○ Need confirmation from MoH that it would be funded or paid for; Helen to raise with Carmela; once confirmed Catherine will advise the board and board members can then go out and shoulder tap people and bring to next meeting ○ Discussion around having representation from Maori and Pasifika ○ 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 	ALL
1c.	<p>Update on Creatinine Assay Standardisation in Aotearoa</p> <ul style="list-style-type: none"> • Went to IANZ to see what we could do to get labs to be more standardised in how they were doing the creatinine assay's around the country • Had a good response from IANZ 	Robin



	<ul style="list-style-type: none"> • A number of labs have already made the change over to the enzymatic assay since initial meeting; whole South Island is now enzymatic • When IANZ has their annual lab review, the section around creatinine assay will have an observation if the lab is not using the enzymatic assay; IANZ Observation statement that will be there: “The Jaffe (alkaline picrate) method of serum creatinine measurement results in greater measurement variability and relative bias on standardised sampling. It is inferior to the enzymatic-based methods of serum creatinine measurement. The Australasian Creatinine Consensus Working Group recommends that enzymatic assays be used for all paediatric serum creatinine measurements (MJA 197(4):1-65, 2012). In recognition of the serious clinical decisions based upon creatinine results, the National Renal Advisory Board advocates for laboratories to shift to an enzymatic platform to allow for better standardisation of creatinine measurements across the laboratory catchment areas in Aotearoa/New Zealand.” 	
1d.	<p>Specific Priorities the NRAB would favour addressing within the next 2 years and what over the longer term (Dave Galler discussion)</p> <ul style="list-style-type: none"> • A response form the NRAB was submitted to the Health NZ Transition Unit to illustrate the scope of the issues currently facing renal patients and their services in Aotearoa. • Catherine to start conversations with Andrew Phillips who is standing in for Dave Galler about where to go from here. • Discussion around how it would be good to know how Health NZ will want to receive information or be advised; what model will we follow 	Catherine
1e.	<p>COVID-19 Preparedness (Regionally/Nationally)</p> <ul style="list-style-type: none"> • Drew set up national meeting for people to dial into; Northland and Hawks Bay dialled in a few times • Most people now have their plans in place; back to business as usual • Services were maintained really well • Will wait for next big surge to bring this back onto the agenda. 	David
1f.	<p>Regional Planning for Renal Services (post July)</p> <ul style="list-style-type: none"> • CMH is looking at building another unit in Highbrook which is at the moment on the border of ADHB; 30 station unit or potentially 60 station unit • Board agreed that as a region we need to start doing more thinking/planning around where the next units go for the whole region rather than just the DHB's; some of these conversations have already started • People need to start thinking about how as a region you will be planning your services, utilising resources across the region and how you are going to form, if not already there, the regional groups, etc • Catherine to contact NRA to see how they can support this effort • Other key issues are around facilities and how we mitigate the pressure from localities who are very vocal about the need for local dialysis facility; need to clearly articulate why we can't have dialysis units everywhere; NRAB need to be very clear and have some kind of standard around what actually is required to have a unit – might need to include in the Tier 2 document 	Catherine
2.0	On-going Business	
2a.	<p>Tier 2 Specification Document</p> <ul style="list-style-type: none"> • Should come up with some principles/standards as well as what the quantum numbers would be in terms of patients needed, to have a viable dialysis unit to include in the document • Caroline to review document again to try to modify the language a bit <ul style="list-style-type: none"> ○ Some discussion around the need for IT support • Tina to work on IT section of the document (IT support) • Balaji to work on the facilities and sustainability side of things 	Caroline



	<ul style="list-style-type: none"> • Catherine can assist with PUC codes, talk to funders, etc. <ul style="list-style-type: none"> ○ Drew to send Catherine an outline of concerns around PUC's (need to think about what PUC's we have) 	
2b	<p>Update on IT Systems in Whangarei</p> <ul style="list-style-type: none"> • 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 	Tina
2c	<p>NZ Chapter of the ANZSN</p> <ul style="list-style-type: none"> • Have not held a council meeting for quite some time • ANZSN has commissioned a project officer to help develop a set of guidelines for green dialysis units and how we implement best practice into our new dialysis unit; project officer will start very soon 	Drew
2d	<p>ANZDATA</p> <ul style="list-style-type: none"> • The 2020 Aotearoa NZ and Maori chapter reports are being finalised. The finalised version will be circulated with NRAB. • Some of the key highlights are that we are having an increase number of dialysis patients with in-centre haemodialysis (rate is going up across the country); inequity in transplant and dialysis for our Maori and Pacific population • 2021 data – most of the units have finished submitting their data. There will be changes in the ANZDATA reporting sites with different governance tiers which will align well with Health NZ changes in unit structure. ETA changes to occur end of 2022. • Discussed the relevant of using New Zealand as an independent adjustment factor for ANZDATA modelling - Tina to organise a meeting with Stephen McDonald and Drew Henderson 	Tina
2e	<p>NAG / RSA Nursing Advisory Group</p> <ul style="list-style-type: none"> • Transplant numbers are down slightly to 21-22 compared to 19 which is our record year • Major changes to the allocation system which will see a change in who gets offered kidneys 	-
2f	<p>Australian & NZ Dialysis Board</p> <ul style="list-style-type: none"> • AUT course is likely to be offered in 2nd semester 2022 depending on number of students enrol for the programme. • We continue to recruit qualified renal physiologist from overseas. • Physiologist training pathway Hui on 3rd May 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. 	Drew
2g	<p>Kidney Health New Zealand</p> <ul style="list-style-type: none"> • No update 	Michael
2h	<p>Ministry of Health</p> <ul style="list-style-type: none"> • Update from Helen in her CKD advisor role – • Diabetes Action Plan was developed by Helen's team; on-going piece of work; all happening in a climate of change • Team wants Helen to look at the renal component of improving outcomes for people with diabetes; her role is under the umbrella of diabetes not general chronic kidney disease; 	Helen



	<ul style="list-style-type: none">• Would like to set up a small working group to get input from the renal community on what they might see is the way forward in trying improve the outcomes of people particularly with diabetes;• Have been given some funding to have a one day meeting with people who are interested in this area to look at CKD going forward within the context of the Diabetes Action Plan while also bringing in the national consensus statement and some of the goals that were seen as the way forward to try to improve the management of CKD and primary care;• Would like the support of the NRAB as to anyone who might be interested to attend a day meeting to look at that specifically and look at some concrete things that can be taken back to the Diabetes team• There are changes happening under HNZ already identifying their 7 pilot groups; they are going to propose and access funds to start some projects• Helen to send out a slightly revised national consensus statement on management of CKD and primary care; hasn't changed hugely; comments on the statement are welcomed• If anyone is interested in attending a day meeting to look at CKD focus please contact Helen; suggestion made that all heads of units should be invited to put in their thoughts; Helen to send something out.	
2i	<p>National Survey (Drew H)</p> <ul style="list-style-type: none">• Health Infrastructure survey to feedback to Health NZ about the future rather than being Bay of Plenty specific• Seems to be focused on problems rather than solutions• Drew to discuss further with Scott Crawford	Drew

Meeting Closed: 2pm

Next Meeting: 10 August 2022