



National Renal Advisory Board
Middlemore Hospital, Staff Centre, Rm 2
Zoom Meeting ID: 96578513072
Held Wednesday, 11 November 2020
9:00 am – 3:00 pm

Chairperson:	Catherine Tracy
Committee Members:	Alex Gordon, Ashik Hayat, Balaji Jagannathan, Blair Donkin, Brett Butterworth, Chris Hood, Ian Dittmer, Jennifer Walker, Jon Hosking, Nick Cross, Michael Campbell, Michael Collins, Robin Erickson
Guests:	Terry O'Donnell
Apologies:	Suetonia Palmer, Ailsa Jacobson

MINUTES

OPEN ACTION ITEMS from previous meeting held 15 September 2020		
Suetonia	Deferred to next NRAB meeting (March 2021): Maori Representation on the NRAB	
Catherine	Follow-up discussion with Ailsa regarding additional IT resource/funding from MoH	
Catherine	Have a discussion with Ailsa around PHARMAC and shortage of supplies/critical products	
Ian	Write a letter to Jo Brown that supports continued use of taxi service and travel for dialysis. Once finalised the letter will go out from the NRAB.	
Robin	Draft a letter expressing concern around the clinical impact around lack of creatinine assay standardisation across labs. Once finalised the letter will go out from the NRAB.	
ACTION ITEMS – 11 November 2020		
Catherine	<u>Terms of Reference</u> Draft some wording about the MoH representative on the NRAB and expectations around reporting and contribution. Include in TOR that members of the NRAB could also include invitees.	1c
Brett	<u>Terms of Reference</u> Draft some wording around what could be expected from a consumer representative in terms of participation on the board.	1c
Catherine	<u>Strategic Plan for 2021</u> <ul style="list-style-type: none"> Review the reports on NRAB website to see if there is anything there that would be good to put into the regular agenda for the NRAB Have discussion with Suetonia around looking at the data 	1d
Dahlia	<u>NRAB Work Programme</u> Send out email reminder on what things need to be on the work programme for next year and who is going to do it.	1d
Dahlia	<u>Tier 2 Working Group</u> Send out meeting request for the first meeting; Board Chair to attend first meeting as lead; during the meeting the group can decide who will lead the working group.	1f



Catherine	<u>NZ Chapter of the ANZSN</u> Touch base with Suetonia to provide more context around ANZSN position statement on Indigenous Health at the next meeting	2a
Catherine	Speak to Suetonia about requirements or what is needed for NZ Nephrology report going forward	2b
Michael Collins	-Send the draft chapters for the 43 rd annual ANZDATA report that relates to NZ to the board. -Get further information on Privacy Legislation	2b
Ian	-Write a letter to ANZDATA (copying MoH) raising concerns around publishing the number of NZ patients with COVID despite it being clearly expressed that this should not happen due to the number being less than 6 (Michael Collins to provide context). Once finalised the letter will go out from the NRAB -During the discussion around ANZDATA, Ian was asked to forward what information he has on new privacy legislation to the board	2b
Balaji	<u>Australian & NZ Dialysis Board – (physiologists)</u> -Balaji to send Catherine information around issues and what may have been written previously (letter from Ian sent to Annie Clarke, Deputy Director of General for Health Workforce NZ) -NRAB can send a follow-up letter to Annie Clarke to ask if there has been any progress. -Catherine to write a letter and ask the National CEO group to endorse it being sent to Health Workforce NZ;	6.0

Wednesday, 13 May 2020

Ref	Topic	Ref
1.0	General Business	
1a	Welcome & Apologies	
1b	Previous Meeting Minutes	ALL
	<ul style="list-style-type: none"> No corrections to previous minutes. Meeting minutes accepted by the Board. <i>Open Action Items:</i> <ul style="list-style-type: none"> Catherine to have follow-up discussion with Ailsa regarding additional IT resource/funding from MoH; CMDHB has an IT person (Eric Cueva) who does a lot of work and may have capacity to provide some support particularly around PD registry Deferred to next NRAB meeting (March 2021): Maori Representation on the NRAB – Suetonia to put together something around scope, purpose, expertise, etc and bring back to Nov meeting Catherine to have discussion with Ailsa around PHARMAC and shortage of supplies/critical products Discussion around Waitemata/ADHB funder wanting to move to a no travel funder (travel not being funded) and using the money for clinical reasons; Ian is happy to contribute by writing a letter to Jo Brown that supports continued use of taxi service and travel for dialysis; letter to go out from NRAB Suggestion made to have discussion with IANZ to find out if they are aware of issues around the lack of creatinine assay standardisation across labs; Robin to draft a letter expressing concern around the clinical impact this has – send letter to Catherine; letter to go out from NRAB 	
1c	Terms of Reference (TOR)	All
	<ul style="list-style-type: none"> TOR was circulated to the board for review prior to the meeting Several suggestions/edits made by board; all changes accepted by the Board Suggestion made that TOR may need something more explicit around MoH representative and expectations around reporting and contributing; Catherine to draft verbiage around that 	



- Suggestion was made to have some guidelines around expectations or support needed from consumer representative in terms of his participation on the board; need clear expectations around his role; Brett to bring something back for further discussion to the next NRAB meeting
- Board was asked if there was a need to have a representative from primary care;
 - It had been discussed before and the board agreed not to have one
 - Suggestion made that the board could have an ex-officio member that could be called upon if needed; others felt one is not needed
- NRAB Board Chair received a letter from Lyn Lloyd, Senior Renal Dietitian at ADHB about having a dietitian on the NRAB
 - The request is supported by some members; others felt it may not be suitable
 - Discussion was had around why the board would consider a dietitian specifically and not Allied Health in general;
 - It was mentioned that health psychologists was another area that should be considered as there are significant differences on access; it was also suggested that what is possibly needed is a Renal workforce group looking at the different parts of the workforce and development of that
 - Suggestion made that rather than having a dietitian or other representatives on the board it could be that if there are specific issues that they write to the board and then the Board invites them as a guest attendee to discuss further; that way the Board has the option to bring in anybody that is relevant to the discussion they are anticipating to have; can be included in the TOR that members would include specific invitees

1d	Review Work Programme (NRAB website)	Catherine
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- Several old publications are listed on the NRAB website
 - Example: there is a strategic plan based on a piece of work that was done on Demand for Renal Replacement Therapy 2005-2019
 - New Zealand's Renal Services Strategic Plan – 14 Sept 2006
- Board members are encouraged to upload any current or relevant publications and advised that work needs to be done to look at what the demand and forecast is around the country going forward; other things could be around workforce availability and future workforce
- Discussion was had around the collection of information that goes into the reports; most of that is now collected by the data that Suetonia presents to board each year and/or Nick from point of view of Transplantation
- Catherine to go through report to see if there is anything there that would be good to put into the regular agenda for the NRAB; have a discussion with Suetonia around looking at the data, etc.
- Board needs a work programme plan and strategic plan that's newer than 2006; strategic plan would also inform our priorities around what work streams are needed
- The board agreed to look at the strategic plan and programme of work for 2021; workforce should be looked at going forward and different areas where we might have gaps
- Some discussion was had around a previous renal workforce survey and whether or not the information was still needed; board members were advised that during the last 2 meetings of 2019 the NRAB went through the information of that survey; made it very clear to Mark Hodge what data the board felt should be collected and which bits felt weren't relevant.
 - Board was asked if it would be useful for units to discover how they benchmark with other units; benefits and risks were discussed
 - Dahlia to send out email reminder to the board on what things need to be on the work programme for next year and who is going to do it.



1e	Nominations to join NRAB	Catherine
	<ul style="list-style-type: none"> Nominations have closed for the 2 vacant positions for the NRAB for large centre nephrologists on the completion of terms for Dr Chris Hood and Dr Ian Dittmer. Four nominations were received: <ul style="list-style-type: none"> David Semple – ADHB Tina Sun – CMDHB Janak de Souza – WDHB Caroline Chembo – CCDHB Members of the NZ Chapter will complete online voting on Friday, 13 Nov 2020; the two highest ranked nominations will be forwarded to the NRAB Chair for approval. 	
1f	Nominations to join Tier 2 Specifications Working Group	Catherine
	<ul style="list-style-type: none"> Tier 2 specifications for renal services are to be reviewed Nominations for working group participants: <ul style="list-style-type: none"> Drew Henderson Dorelle Sturmer Nicky Hagan Joy Tomlinson Caroline Chembo Brett Butterworth Chris Hood Ian Dittmer Suetonia Palmer Blair Donkin Jenny Walker nominated as portfolio lead; she is happy to be a part of the group but unable to lead. Ian to consult with his colleague and will come back to the board to advise if he is able to lead. Board Chair to attend first meeting as lead; during the meeting the working group can then decide on who will lead the group. Dahlia to send out meeting request for first meeting. 	
1g	Review NRAB Meeting Dates for 2021	Catherine
	<ul style="list-style-type: none"> Board agreed that the NRAB meetings for 2021 be held on the following dates: <ul style="list-style-type: none"> Wednesday, 3 March Wednesday, 12 May Wednesday, 11 August Wednesday, 10 November 	
1h	PLA2 R (Phospholipase A2 Receptor) IgG antibody Testing – New Service	Ian
	<ul style="list-style-type: none"> LabPlus have decided that they are providing an assay which is now available 	
2.0	On-going Business	
2a	NZ Chapter of the ANZSN	ALL
	<ul style="list-style-type: none"> Report was circulated to the board prior to the meeting. Catherine to touch base with Suetonia to provide more context around ANZSN position statement on Indigenous Health at the next meeting. 	



2b	ANZDATA	Michael Collins
<ul style="list-style-type: none"> • ANZDATA is the registry that collects data and then publishes a series of reports on end stage kidney disease; is wanting the relationship with NRAB as the lead body for NZ nephrology to be strengthened. • Michael Collins was nominated as a general member but is now the NZ representative and Tina Sun has recently been appointed as the general member for NZ.; Michael and Tina both hope to be the person who on occasion will be able to come to NRAB as representative from ANZDATA to report to NRAB meetings; the board can feedback to them about priorities that are relevant for NZ Nephrology from an NRAB perspective; • Discussion around NZ Nephrology Report - Suetonia has over the years evolved the way the NZ Nephrology report is presented to make it more useful; ANZDATA hopes to improve that; report utilises ANZDATA but sits under NRAB and there has been a lot of overlap; need to think about succession plan. <ul style="list-style-type: none"> ○ Catherine to touch base with Suetonia on what resource might be required to do the report going forward. • If you have a particular priority for what you want in a chapter direct it to Michael and he can put it in there; any incremental changes, specific requests can go to Michael. • Michael to send to the board the draft chapters for the 43rd annual ANZDATA report that relates to NZ. • There was a letter sent out a few months ago around publishing the numbers of NZ patients with COVID and NRAB was asked to provide their feedback; despite it being clearly expressed that this should not happen due to the number being less than 6 there was a breach of what had been agreed; Ian to write a letter to raise concern around publishing and potential breach of privacy; seek a formal response from MoH; Michael can provide the context. • Privacy Impact – Ian wondered what the impact of new privacy legislation would be; Michael to get further information on what impact of that is; Ian to forward what he has to Board; 		
2c	PHARMAC	Terry
<ul style="list-style-type: none"> • Have put out for consultation an agreement with Nepro for full range of products both equipment and consumables; doesn't include a PPT ; if there is an interest of PPT with Nepro in the future more than happy to make that happen; currently there at the moment as a list price. • Board encouraged to look at their products and compare whether they are clinically useful or comparable in terms of price. • Three other agreements still outstanding in the Haemodialysis category – Fresenius, B Braun and Medtronic; struggling to get them over the final line. • Fresenius are having a few stock issues which PHARMAC thinks is delaying their process; expecting it to be a bit slower than B Braun. • Peritoneal Contract – started process and have 2 bids from Fresenius and Baxter; have requested for peritoneal listings. • Discussion around on-going concern about some of the agreement terms; one major concern is the stock levels in NZ rather than Australasia or globally; major issues at the port of Auckland making things critical in some areas; Need to be clear in the contracts around contingencies; the suppliers need to be held more accountable for doing we've they agreed to do. • Terry advised that this is something they are heavily involved with at the moment. • PHARMAC has a "failure to supply" clause which requires the supplier to find an alternative and pay for it. If they fail to do that PHARMAC will get involved to find an alternative; agrees focus does need to be on the supplier to find those alternatives • Terry advised that there is a critical list of suppliers that has to be maintained in NZ and that list has been circulated and Renal has been added to that list; that's in combination with MoH and a few other agencies 		



who are building this critical supply of devices and supplies in NZ;

- Board members encouraged to contact Terry directly to discuss any other concerns.

3.0 National Transplant Services

Nick

- Overall aim is to try to bring equity into Kidney Transplant practices.
- Have settle on 4 actions
 - Terms of reference to include equity focus (for decision in Dec)
 - Research project – there is a group from around NZ that is working to get a better understanding of the level of inequity after adjustment for comorbidity – 2021
 - National Policy Equity Review – looking at some of our existing national policies (things that can or could change if there are deficits)
 - Advice to DHBs from NRTS (next year based on what’s listed above)
- Hopefully next year will be able to provide very specific recommendations about things that we think could improve access to transplantation for groups that currently have poor access.
- Transplants vary by ethnicity and geography.
- We have people getting different levels of access; some of that is avoidable or unfair/unjust – transplant Inequity was discussed:
 - People having differing transplant access/outcomes, etc
 - Avoidable, unfair or unjust
 - Leads to different approaches for different populations to redress
- Reviewing the National Kidney Allocation Scheme to look at how the determination is made as to where the kidney goes to in NZ; rules set out how deceased and non-directed donors are allocated.
- Have taken the policy and tried to explain it to a range of groups; NRTS has devised a process with engagement from MoH/CDHB/Otago Uni academics, including a matrix
- Direct engagement with groups is to consider policy within matrix to provide feedback
 - NRTLTL
 - Clinical groups
 - Equity experts
 - Patient groups (to be confirmed)
- Feedback will then go to NRTLTL for consideration of change
- Should also think about subsequent design of a more streamlined process.
- If members of the board are interested in engaging with this, could arrange additional workshops to look at the way it’s done; contact Nick directly.

4.0 Ministry of Health

No representative in attendance.

5.0 Kidney Health New Zealand

Michael Campbell

- Regional Road Shows – have been around the country (Whangarei, Palmerston North, Waikato, Hawkes Bay, Wellington); in Christchurch this week.
- Types of things we are doing are around public screening, liaising with DHBs, working with PHOs and GP practices around care of patients and primary practice; has been really great; having good conversations about how patients are going; really valuable conversations.
- NTA for Waitemata and Auckland DHBs are considering redirecting NTA funding to clinical services; KHNZ currently working with a number of other patient groups to go to the Ministry and government to have



this fund increased; it is a concern hearing these views expressed by DHBs; to remove the NTA could add to the inequities in health we're already seeing;

- There is a significant discussion in the Simpson report about access to services and the support NTA offers for patients is a way to alleviate the barriers to health care for some people.
- World Kidney Day – next March 2021: have a volunteer student who will give us a hand to coordinate what needs to be done; will be in touch with the units on what can be done together.
- Would like to acknowledge the work of John Collins who has been medical advisor for last number of years and is now retiring; board will meet on 22 Nov to discuss succession plan and what's next from medical advisor point of view.
 - Was asked if KHNZ will canvas the senior doctors to see what they think that role might be; Michael advised it will be discussed at the next board meeting for KHNZ.

6.0	Australian & NZ Dialysis Board	Balaji
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- Continuing to engage with university to run the renal physiology qualification but not making much progress.
- Met with union to see if there any funding options for trainee model within DHBs
- Society is considering outsourcing workforce related projects.
- James Cook University renal physiology qualification program on track and will be starting next semester.
- Continue to have discussion about benefits of going under HPCAA or self-regulation.
- Workforce training and qualification challenges are on-going; discussion was had around whether issues should be escalated to National CEO level; Balaji to send Catherine information around issues and what may have been written previously (letter from Ian);
 - Ian Dittmer sent a letter in Sept 2019 to Annie Clarke, Deputy Director General for Health Workforce NZ; NRAB can send a follow-up letter to ask if there has been any progress.
- Catherine to write a letter and ask the CEO group to endorse it being sent to Health Workforce NZ;
- Board asked to think about how can we try to motivate Health Workforce NZ to prioritise and do this

7.0	RSA	Jon/Blair
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Renal Society of Australasia – Update (Jon)

- Presently mid-way through a live educational event (RSA Branch Symposia Series): all 7 RSA branches presenting via Zoom over the fortnight.
- Planning underway for a hybrid RSA Annual Conference in 2021 (cancelled this year due to COVID-19 restrictions) scheduled for Melbourne in June; quite a few challenges.
- Society is launching 2 new membership representation groups this month – the Advisory Forum to the RSA Board, and RSA Young – a new group targeting the under-40s - our future leaders.


RSA Nursing Advisory Group - Update (Blair)

- Currently reviewing RSA-NAG TOR
- Discussion around scope and value of workforce survey
- Lots of discussion and hope to make some progress on reviewing the nephrology nursing knowledge and skills framework released on 2012; want to review that in terms of content and currency and how to better implement it; good document but needs refreshing.
- Talk about succession planning and considering having a deputy chair
- Looking at expanding the membership of the NAG as it currently stands using zoom as potential to get more reps from all DHB renal services.

8.0	Regional Roundup Auckland	
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8a	Auckland DHB (<i>David Semple</i>) Counties Manukau Health (<i>Jamie Kendrick-Jones</i>) Starship Renal Services (<i>Robin Erickson</i>)	
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<p>Waitemata DHB (<i>Janak De Zoysa</i>) MidCentral DHB (<i>Norman Panlilio</i>) Canterbury DHB (<i>David McGregor</i>) Waikato (<i>Andrew Henderson</i>) Capital Coast DHB (<i>Philip Matheson</i>) Southern DHB (<i>Blair Donkin</i>)</p>	<p> NRAB Updates_DHB_Nov20</p>
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