

National Renal Advisory Board

Held on Wednesday, 10 Nov 2021

9:30am – 2:30pm

ZOOM ID: 97902532323



National Renal
Advisory Board

Chairperson	Catherine Tracy
Board Members	Alex Gordon, Ashik Hayat, Balaji Jagannathan, Blair Donkin, Caroline Chembo, David Semple, Drew Henderson, Jennifer Walker, Michael Campbell, Michael Collins, Nick Cross, Robin Erickson
Guests	Tina Sun, Carmela Petagna, Andrew Connolly, Helen Hoffman, Sue Tutty
Apologies	Alex Gordon, Nick Cross, Michael Collins, Ashik Hayat, Balaji Jagannathan

MINUTES

Wednesday, 10 Nov 2021		
1.0	Open Action Items - Previous Meeting (11 Aug 2021)	
Ref	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 	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 Tier 2 Specifications: should have content around national expectation; Drew to draft something and send to Caroline 	Drew
2.0	Action Items	
Ref	Topic	Ref
3b.	Replacement for Jennifer Walker & Ashik Hayat (establish process) <ul style="list-style-type: none"> Board agreed that Drew Henderson could circulate EOI 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 ✓ 	Drew David
3b.	Consumer Rep Position <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; Dahlia to re-circulate Brett's previous papers (position description) ✓ Submission to be discussed at next NRAB meeting 	M Campbell Dahlia
3c.	COVID-19 Resilience Planning 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" <ul style="list-style-type: none"> David to review document with Jamie Kendrick-Jones and feedback to Board 	David
3d.	Application to Pharmac for potassium binders as part of COVID response Drew started an application but wondering if support from NRAB as an emergency COVID application would be better; <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 	Drew



	<ul style="list-style-type: none"> Invite Terry O'Donnell to next NRAB (issues with Fresenius) 	Dahlia
4a.	<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 	Caroline
4c.	<p>Enquiry from ANZDATA Stephen McDonald</p> <p>Historically, in the model underlying the casemix 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 	M Collins Tina
4f.	<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>	Catherine
	<p>NRAB Meeting Dates for 2022</p> <ul style="list-style-type: none"> Circulate dates to the board ✓ 	Dahlia
3.0	General Business	
Ref	Topic	Ref
3a.	Previous meeting minutes accepted.	ALL
3b.	<p>NRAB Board Membership</p> <ul style="list-style-type: none"> Jennifer Walker & Ashik Hayat have advised they will need to stand down from NRAB due to other commitments; Board acknowledge their support and gave thanks Discussion around determining what the process would be for seeking new appointments/replacement Board agreed that Drew Henderson could circulate EOI 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 <p>Replacement for Jon Hoskin</p> <ul style="list-style-type: none"> Still in process of looking for a replacement. <p>Consumer Rep Position</p> <ul style="list-style-type: none"> Discussion around the Consumer Rep role and the possibility of having 2 representatives, one with more experience, possibly be a nominee from KHNZ, and a second from a wider network; 2 applicants were discussed Position initially advertised through support groups; Board agreed that the position needs to be widely advertised; M Campbell to re-advertised the position amongst renal units and various networks/groups using information submitted by Brett previously; Dahlia to re-circulate Brett's previous papers (position description) Submission to be discussed at next NRAB meeting Concern also raised that non DHB reps may not get any remuneration or have costs covered; need to consider what the implications for KHNZ or any patient rep in terms of covering their costs may be 	ALL



3c.	<p>COVID-19 Resilience Planning & Booster Shot (3rd Dose)</p> <ul style="list-style-type: none"> • Discussion around 3rd dose for patients which was released 2-3 weeks ago with no guidance as to how it would be done • Reports received of renal patients going for their 3rd dose and were told by their GP they knew nothing of it; patients were confused and stressed • Need better communication to go out to GP's • Discussion also around consent form and queries being raised as to why patients are being asked to sign a consent form now when they did not have to for the 1st or 2nd dose • Some confusion around the language used in the consent form and that it could potentially cause patients to not want to be vaccinated; it was clarified that there is a new consent form that it more in line with current process • Discussion around preparedness and resilience • Some views shared around receiving very little support, initiative and momentum for COVID preparedness; several issues around staffing, facility capacity • Should be thinking about dialysis units – staffing there is irreplaceable • Majority of dialysis units are not up to standard infection control; many legacy units are not at standard • Suggestion made about possibly sharing staff; can staff be shared if some areas are overwhelmed and others are business as usual • Some challenges around staff – what happens when we don't have enough staff because staff are sick • There was a Toolkit that had been circulated about how your dialysis unit should be prepared; might be work having that revised; add some common principles that all units should be striving toward • 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 as "good practice" • David to review document with Jamie Kendrick-Jones and feedback to the board 	ALL
3d.	<p>Application to Pharmac for potassium binders as part of COVID response</p> <ul style="list-style-type: none"> • Drew started an application but wondering if support from NRAB as an emergency COVID application would be better; • 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 • Brief discussion around issues with Fresenius; Dahlia to invite Terry O'Donnell to next meeting. 	Drew
4.0 On-going Business		
4a.	<p>Tier 2 Specification Document</p> <ul style="list-style-type: none"> • Discussion around whether or not this document should continue to be updated now or if it would be better to wait until after the new structure is in place • Format does not seem robust enough • Document is to be reviewed every 5 years; NRAB has been going through it to see what might need to be removed or added to the document • Needs to be a more systematic review of the document and what it provides; think about how it will fit in the new structure • Would be good to find who in the MoH can help with the document; need to be clear with what sits with whom • Board agreed there are still parts of the document that could be worked on; standard items that could be added, etc • Caroline to re-circulate the document for board to review, add any changes or 	Caroline



	comments and send back to Caroline	
4b.	<p>NZ Chapter of ANZSN</p> <ul style="list-style-type: none"> • The ANZSN has funded the development of a position statement on renal care for Aboriginal and Torres Strait Islanders and Maori (ANZSN position statement on Indigenous Health) • E-learning Hub is going to go live; there is a medicine educator person who will assist • Environmental Society Committee is looking at a set of standards for what could be seen as a “green dialysis unit” • Quality Indicator Sub-Committee – KPI’s have been sent out; that data is 2019, 2020 data from ANZDATA will happen soon; HoD’s encouraged to add some wording around the report to ensure it makes sense; report should also be distributed 	Drew
4c.	<p>ANZDATA</p> <ul style="list-style-type: none"> • Michael Collins will be resigning his ex officio position on the NRAB. Tina Sun, as the on-going ANZDATA NZ representative will take over in this role formally from the next meeting; • Enquiry from ANZDATA Stephen McDonald <ul style="list-style-type: none"> ○ Historically, in the model underlying the casemix 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. Assumes outcomes are poorer in NZ than Australia for reasons beyond the control of the treating centre. 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. ○ Michael and Tina to discuss at the ANZDATA Advisory Committee to discuss whether the statistical modelling remains valid. • Data exchange agreement between NZ Blood and Organ Service and ANZDATA <ul style="list-style-type: none"> ○ The last correspondence received from the CMO of NZBS was in September, at which point the Privacy Impact Assessment was still not completed due to a need to have further review by Organ Donation NZ staff. I have followed up with the CMO NZBS Dr Sarah Morley and her response today was <i>“I think we are almost there, Heather [Dunckley, lead at NZBS] has just been waiting for confirmation from Kylie [Hurst] that ANZDATA is happy with the plans we have made, so any day now.”</i> • COVID-19 reporting <ul style="list-style-type: none"> ○ ANZDATA will now provide regular updates on the case numbers reported in New Zealand in its email correspondence with users including units. If any units wish to ensure they receive these updates, please email ANZDATA at anzdata@anzdata.org.au to request this ○ Please report all cases of COVID-19 in dialysis or transplant patients to covid-19@anzdata.org.au • Data collection <ul style="list-style-type: none"> ○ No new updates. Preparation is underway for the 2021 survey to commence in late December • Quality Indicator reports <ul style="list-style-type: none"> ○ Units should have received their QI reports for 2019 data. If not already received, the 2020 data should be forthcoming shortly. As noted previously, there is no data on NZ waiting list access due to the lack of a signed data exchange agreement with NZBS, which is still under review. Any feedback on these reports is welcome • Use of NZ as a statistical adjustment factor in centre reports <ul style="list-style-type: none"> ○ See attached correspondence from Professor Stephen McDonald for comment 	Tina



	from the NRAB. This will also be discussed next week at the Aotearoa New Zealand working group	
4d.	<p>RSA Nursing Advisory Group</p> <ul style="list-style-type: none"> • Terms of Reference (ToR) have been finalised to allow for the new structure; final versions have gone out • The Nephrology Nursing Skills Framework review continues • RSA young symposia in Dec to look at strategies to grow RSA membership within Australia/NZ • Some discussion at NAG around health quality and shared goals; as a group would like NRAB to look closely to all of that group to really help nurses in renal setting 	Blair
4e.	<p>Kidney Health New Zealand</p> <ul style="list-style-type: none"> • Currently developing some new support groups in areas where there haven't been any; Kidney Donor Whanau, a new group PKD collective; don't have a lot of resource to get these set up • Looking to do some regional ones where support groups are struggling • These are online support groups • Working with Otago and Wellington as they haven't had support groups for years 	M Campbell
4f.	<p>Ministry of Health</p> <ul style="list-style-type: none"> • Discussion led by Carmela Petagna, Manager Long-term Health Conditions (MoH) who outlined the focus for their programmes of work. • Helen Hoffman is a new appointment to the team contracted for .2 FTE and will be working on CKD in primary care, aligned with the diabetes programme • Currently refreshing a diabetes action plan with a view for the future; small expert advisory group that's been formed; hoping to have something out to the sector if not end of this year beginning of next year • Helen looking forward to seeing how her role could utilise NRAB going forward • Looking to see who can work with MoH / LTC team in the CKD space (as part of the broader diabetes programme); maybe 2 members from NRAB <p>Andrew Connolly, Chief Medical Officer, Ministry of Health</p> <ul style="list-style-type: none"> • Discussion around where the NRAB fits in with MoH going forward • Difficult to answer; enormous amount of work going on around what functions sit where; are expecting that operationally (where services should be sited, etc) will sit very firmly with Health NZ • Would see NRAB as similar to a clinical network • There will be many more opportunities for advisory groups under the new regime <ul style="list-style-type: none"> ○ Board encouraged to get in contact with David Galler; can also assist with questions around the Tier 2 Document; Andrew to send contact details to Catherine so she can set up a meeting • Some concerns were shared around when the move to the new structure occurs and we have some functions move over to Health NZ and others that stay at MoH, that there won't be a designated rep or go-to person with a comprehensive kidney or renal clinical background at MoH for NRAB; • Board was advised that it is difficult to know what the model is going to be under the new structure, it makes sense that the preventative issues around diabetes sits with the experts; happy to take concern back to Robyn Shearer, Deputy Director General DHB Performance and Support; in the meantime Andrew Connolly is happy to support • Carmela advised that there are some interim steps for maintaining engagement with the LTC team at MoH, pending clarity on the alignment of NRAB in the new system. She will nominate MoH member representatives on NRAB, and this will reflect the current focus 	Carmela



	<p>of their work. Carmela happy to engage with NRAB as go to person for the time being, but did emphasise that her team does not have the responsibility for a comprehensive renal programme.</p>	
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Next Meeting: Date to be determined.