

National Renal Advisory Board

Held on Wednesday, 2 Nov 2022

9:30am – 2:00pm

Rydges Wellington Airport Hotel

ZOOM ID: 967 3223 8359



National Renal
Advisory Board

Chairperson	Catherine Tracy
Board Members	Adam Mullan, Balaji Jagannathan, Blair Donkin, Bruce Henderson, Caroline Chembo, David Semple, Andrew Henderson, Helen Eddington, Mary Mallon, Nick Cross, Robin Erickson, Tina Sun Traci Stanbury, Helen Hoffman and Sara Chester
Apologies	Nick Cross, Balaji Jagannathan, David Semple
Guests	Nerissa Ramlall and Conal Edwards - PHARMAC Mary Cleary-Lyons, Engagement & Operations Lead (Te Whatu Ora-Health NZ)

ACTION ITEMS

Action Items - 10 Aug 2022 (Closed)		
Ref	Topic	Ref
**	Update on IT Systems in Whangarei (action item deferred from 10 Aug meeting) <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 <p><i>Outcome: completed</i></p>	Tina ✓
2c	PHARMAC <ul style="list-style-type: none"> 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 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 Andrew to invite someone from the medicine team at PHARMAC to attend NRAB meetings. <p><i>Outcome: both to be available in 3 weeks; first in person meeting in March</i></p>	Andrew Davies ✓
2d.	Strategy of Engagement with Te Whatu Ora & Maori Health Authority <ul style="list-style-type: none"> 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 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 <p><i>Outcome: Met with Jo Gibbs and Tess Ahern and Mary</i></p>	Drew ✓
Action Items – 2 Nov 2022		
Ref	Topic	Ref
2e	PHARMAC <ul style="list-style-type: none"> Applications for Funding need to be submitted before March 2023: Catherine and Drew to discuss how best to notify renal community; letter could be sent out via ANZSN 	Catherine/ Drew



	<ul style="list-style-type: none"> Drew to discuss potentially having a small working group to look at medication access in NZ with Suetonia and report back to NRAB 	
	<p>Te Whatu Ora Update</p> <ul style="list-style-type: none"> Send slides around the options and recommendations for the operating model for the hospitals and specialty services within Te Whatu Ora; 5 system shifts that are expected from the new system NRAB to send Mary a copy of the Tier 2 document 	<p>Mary Cleary-Lyons</p> <p>Caroline</p>

MINUTES

Information Items		
Ref		
1.0	<ul style="list-style-type: none"> Previous Meeting Minutes (10 Nov 2021) Tier 2 Document Other Correspondence 	
2.0	General Business	
2a.	<p>Previous Minutes & Action Items</p> <ul style="list-style-type: none"> Accepted 	
2b.	<p>2023 NRAB Meeting Dates</p> <ul style="list-style-type: none"> 8 March 2023 10 May 2023 9 Aug 2023 8 Nov 2023 	
2c.	<p>Update on IT Systems in Whangarei / Renal Reality Software NDHB Rollout</p> <ul style="list-style-type: none"> Lots of positives; nurses love it; database functionality of it works really well; has massively reduced paperwork; trialling the dialysis flow sheets now Concerns: biggest issue is it is not a prescribing platform; doesn't have tiered access or second validation for prescribing; unclear if consultation with Pharmacists at design stage; Dialysis and PD prescriptions that are imbedded in Renal Reality - like Heparin and other drugs and things included- pharmacy team are saying are not a valid prescription so have to go back to paperwork copies for dialysis prescription Issues with exporting information out of RR into letters. Information has to be copy and pasted by staff (no way to safely transfer onto letters) Not linked to GP systems; links from regional clinical portal but non-renal staff unable to see; Problems with it being very slow at times; in a busy clinic you may need to login and out multiple times [likely to be local IT issue] No framework provided for training staff; renal staff are getting access to it without training which is concerning A system we may be able to improve over time but huge resource has already been invested in this and difficult to commit further given the problems with it Any solution needs to be a national solution 	Adam / Tina
2d.	<p>ANZDATA</p> <ul style="list-style-type: none"> Kelly Marshall, stepped into the role as Acting GM 	Tina / Stephen



	<ul style="list-style-type: none">• Has been a feeling that ANZDATA and Nephrology community could be linked strategically; want to make sure that the direction being taken and priorities fit with the various key stakeholders and vice versa, understand what NRAB's aims and wishes are particularly around the area where ANZDATA is involved• Discussion around data from Health Quality Safety Commission Data Digital Team review and ANZDATA linking in• Discussion around some work looking at what the variation is and why there is variation in outcome;• ANZDATA have had a 2 level system of considering where treatment centres are; moving now to a 3 level facility; essentially it allows a satellite facility to be nestled in a hospital; have already started looking at the facility and the new changes and it fits very well with Te Whatu Ora reform in terms of governance and service reporting; not many facilities will need to change• There has been a long and tortuous process of getting a data exchange agreement with NZ Blood service; being held up at the moment	
2e.	<p>PHARMAC</p> <ul style="list-style-type: none">• Haven't had a meeting with nephrology advisory committee for years; with covid all advisory things were pushed back; trying now to have more meetings going forward; one meeting scheduled for March 2023• In a position now where some funding applications can be progressed<ul style="list-style-type: none">○ Further discussion around funding applications○ Need to make these applications before March; further discussion on how this could be done from a national perspective; the more information that comes through with the application the better;○ Catherine to discuss further with Drew how we could best get that message out to everyone that now would be a good time to submit applications for funding; could go out to the rest of NZ via the ANZSN○ Drew discussed with Suetonia should potentially have a small working group to look at medication access in NZ; will go back to Suetonia and chat might get a small group of nephrologist (will take off line)• Tolvaptan in funding stage of approval• Supply Related Concerns: there have been some improvements with experience• Group mentioned supply is always an on-going issue• Key areas/standing Items: PHARMAC to come to NRAB meetings for general updates• Pharmac representatives to start attending NRAB meeting regularly.	Nerissa / Conal
2f.	<p>Renal Dietitian & Social Workers within the Nephrology MDT:</p> <ul style="list-style-type: none">• Some discussion around renal dietitians; skills perhaps undervalued and under-utilised;• Discussion around what's happened at Northland with dietic care• Threats to the stability of governance• FTE and recognition of the unique renal model of care in delivering tailored renal nutrition therapy• Social work support	Adam



2g.	Te Whatu Ora Update <ul style="list-style-type: none">• By Dec hope to create some options and recommendations for the operating model for the hospitals and specialty services within Te Whatu Ora; looking to create an accountability framework and thinking alongside that looking at what clinical leadership looks like in the system; also looking to have costed management structure put together; also need to make recommendations about an implementation timeline; key bit is keeping an eye on the 5 system shifts that are expected from the new system – Mary can circulate slides around it; really important in centring the treaty and equity; another important element is ensuring consistency of clinical standards and pathways around the country;• Currently looking at the functions that were within those hospitals and specialty services (within 20 DHBs) how many of those can be consolidated and just delivered once nationally and how many of them need to be consolidated at a regional level within the 4 regions that are proposed; how many need to be retained locally.• Renal has been identified as an area that we really want to look at for a number of reasons; have collected a number of specialties to look at particularly in relation to developing what clinical networks might look like; renal was identified as a good one to look at because of that span that it has across the whole pathway from primary to coronary care and the fact that it does have some major issues in terms of equity outcomes• Question asked how do you see NRAB and Te Whatu Ora fitting together:<ul style="list-style-type: none">○ Need more time to consider what the issues are, need clear problem definition across everyone and what we think a network is going to solve and then how we see that network working in ways that will support better access for patients and support those more joined up services and delivery of more services at community level;○ Another huge driver is that element about the variations of outcome; where will decision making lie; what would the accountability of networks be in terms of what recommendations would be made in terms of how to address that variation, what role they might play in monitoring and overseeing what's happening in terms of variation around the country and being a part of problem solving and driving solutions to that; also driving the conversation about how services need to be developed going forward and future investment decisions;○ None of this is entirely clear yet but it's about recognising there's a number of people like NRAB who are working that we need to engage with to see what is the best mechanism for doing that; not wanting to reinvent the wheel if something is working really well○ Need input from NRAB• Currently developing a template seeking your thoughts on what you think a network can support and how you think it should be framed and linked in with a new way of operating across the country; will be drafting an initial paper for the executive leadership team of Te Whatu Ora with recommendations about what we think the starting points for networks are and where we think we need to focus our efforts at least to test ideas and also try to identify what initial steps look like in implementation and who and how that's being supported; networks can't function without support;• Feedback from board members:<ul style="list-style-type: none">○ Some discussion around consolidating things regionally and the need to make sure that the smaller centres are involved and have equal footing;○ On-going discussions are going to be important before decisions about networks are made; needs more input; important to have small centre input; clinical and doctors are often the link made but it's much broader – nursing, social work, dietitians, etc should be involved○ NRAB members currently working on Tier 2 document that has taken all of the 6 priorities of Te Whatu Ora into account looking at what a renal service looks like,	Mary
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	<p>standards, patient outcomes, underprivileged or disadvantaged population; what the NRAB has been doing in writing this document should be taken into consideration;</p> <ul style="list-style-type: none"> ○ Mary Cleary-Lyons is the lead on a number of specialties and is the direct contact for NRAB if anyone would like to discuss anything further ○ Template to come out later this week; requested it be sent to Dahlia to circulate to group ○ NRAB to send Mary the Tier 2 document draft; <ul style="list-style-type: none"> ● Discussion around variation and how it needs to be a priority; nationally need the equity piece about how we ensure not only equitable access to treatment but also to facilities ● Renal is being used as an exemplar of a network that would really make a difference in equity 	
3.0	On-going Business	
3a.	<p>Tier 2 Specification Document</p> <ul style="list-style-type: none"> ● Document has been around since 2009 ● In the last few months a small group has been meeting to review and discuss the document; ● May need to speed up and work on this quickly so that a draft can be sent to Mary Cleary-Lyons ● Additional comments have been sent for Paeds; to be discussed further with small working group ● Group to read asap and send input by end of the week; working group to meet; 	Caroline
3b.	<p>NZ Chapter of the ANZSN</p> <ul style="list-style-type: none"> ● First in person meeting was held in SYD a few weeks ago; went well and was also well attended which was great and well attended; held in SYD ● DNT planned for March 2023; invites to heads of units has gone out; ● Focus of meeting is about improving equity of access and improving kidney care for all; will be sessions focused on things such as improving transplantation for indigenous Australians and New Zealanders, session on difficult patients (ethical issues surrounding different patients); will be a good meeting overall ● Sept 2023 ANZSN is coming to Otatahi Christchurch; will launch the KHNZ/KHA guidelines of treatment of Maori with kidney disease and have a specific launch event for that ● For the next year there is a focus on getting more advocacy work done at ANSNZ 	Drew
3c.	<p>NAG</p> <ul style="list-style-type: none"> ● Received feedback from different services around the Nephrology nursing skills framework and we now have a working group; getting some good traction, progressing well ● Significant variation for nursing and renal physiologists in terms of medication management and administration and documentation of that from being almost entirely nurse initiated and led; variation and discrepancies will be looked at ● Group has been approached regarding the huge difficulty for the away from home dialysis particularly for HD patients, whether there can be greater coordination, planning and communication amongst services for those who want to do it on a planned approach right down to can we organise swaps and exchanges ● Question posed to the board - with the NAG chair being on the RSA there was a question raised that whether NRAB needed 2 RSA reps or whether it could come 	Blair



	<p>through one person; could be a part of the wider discussion on where NRAB sits and what representation should be on the NRAB; nursing representative definitely important to have on NRAB; will leave as it for now</p>	
	<p>RSA Nursing Advisory Group</p> <ul style="list-style-type: none">• Group is regularly meeting now; really dynamic team moving RSA forward; last meeting was Oct• Working on a strategic plan; how to get more members, how to appeal to younger members and how to boost interest in the RSA from educational perspective and branding of RSA; educational opportunities and what the priorities are for RSA going forward• NZ branch committee looking at rescheduling the symposium that was put off last year due to Covid – looking at March 2023 in Wellington• RSA conference in Sydney in 2023	Mary
3d.	<p>Kidney Health New Zealand</p> <ul style="list-style-type: none">• 2 more units to get back for dialysis capacity project• Received a lot of request for updated covid 19 therapies sheet; getting a lot of feedback from pharmacists around what they should be doing and asking their primary care physicians• Funding received to do some research on patient journey which is about what matters to the patients and how services can be improved to better support them in the community and throughout their health journey; entails 17 focus groups – each area will have 1 Maori, 1 Pacifica and 1 Other and there will also be a health care professional group; will be recruiting for those Dec/Jan with research to be completed in April• CKD and CVD risk assessments – have a KHNZ version to put out• KHNZ is preparing a draft letter to send to the MoH about including CKD in CVD risk assessment algorithms; discussion around NRAB support; Traci to forward word doc to Dahlia to add NRAB logo	Traci
3e.	<p>Te Whatu Ora Health NZ</p> <ul style="list-style-type: none">• Working on guidance around management of diabetic clinical disease• Looking at clinical guidance• How to implement that guidance - Pilots that have happened around the country, a sense of what is important to people, better management of diabetic disease	Helen H/Sara