National Renal Advisory Board

Middlemore Hospital, Staff Centre, Rm 7

Zoom Meeting ID: 94393189042

Held Tuesday, 15 September 2020

9:30am – 1pm

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

MINUTES

ACTION ITEMS		Ref
Catherine	Previous Meeting Minutes (13 May) - Catherine unable to follow-up on additional IT resource with Sue Riddle due to her leaving the Ministry; will discuss with Ailsa	1b
Catherine	Nominations to the NRAB: TOR is not clear on process for nominations; Catherine to discuss with Ian what was done in previous years and update TOR accordingly	1c
Suetonia	Draft email to send out to HODs asking for nominations to NRAB ; email should mention that 3 nominations have been made	1c
Suetonia	Maaori Representation on the NRAB: Suetonia to put together something around scope, purpose, expertise, etc and bring back to Nov meeting	2e
Terry	PHARMAC agreements – send KPI's to NRAB for review and feedback	2b
Chris	PHARMAC Gliptin Consultation - Chris to send Rinky Murphy's submission around to the group to review and edit as necessary; final draft to be used as submission from NRAB	2c
Michael Campbell	Michael to send Ailsa the concerns flagged regarding NTA; Ailsa will follow-up (Ian to include some of the current problems from transplant point of view – send to Ailsa)	3a
Dahlia	Ask Robin to present at next NRAB meeting on lack of creatinine assay standardization across labs leading to inability to reliably monitor transplant patients for acute rejection.	5a

Wednesday, 12 August 2020		
Ref	**Topic**	**Ref**
1.0	**General Business**	
1a	**Welcome & Apologies** • Alex Gordon (New Member) has replaced Dee Hackett • Blair Donkin (New Member) has temporarily replaced Mark Hodge • Ailsa Jacobson (MoH) has replaced Sue Riddle	Catherine

1b	**Previous Meeting Minutes**
	• Meeting Minutes Accepted
	<u>Additional follow-up from action items:</u>
	• Ref 2b – Catherine spoke with Phil Matheson about leading the review for the Tier 2 specs; he had a few queries but has not come back to say if he will lead
	  ○ Group was asked if anyone else would like to participate in this piece of work
	  ○ Ian, Chris, Suetonia, Jenny to be in working group; should also have a patient representative, charge person from dialysis units; Brett advised he's happy to help; Catherine to ask around if others might be interested if not Jon happy to assist
	  ○ Timeframe: 1st Meeting of 2021 to have draft ready, working group to meet in the next month, start program of work to work towards March meeting 2021
	• Ref 2d – Improved IT Funding (PD Registry): Catherine unable to follow-up on additional IT resource with Sue Riddle due to her leaving the Ministry; Catherine to discuss with Ailsa
	• Ref – 3b - Catherine to touch base with Ailsa offline with regards to equity focus
		Catherine
		2 - Minutes_NRAB_13 05

1c.	**Nominations to join NRAB** • Final year on NRAB for - Chris Hood, Ian Dittmer and Jane Ronaldson • 3 nominations have been made (2 by Suetonia, 1 by Ashik) • TOR unclear as to process for nominating people to NRAB • Suetonia to draft email to send out to HODs asking for nominations to be considered by the board; email should mention that 3 nominations have been made • Mark Hodge has resigned as Chair for NAG ○ Blair Donkin, Nurse Manager at Southern DHB has taken on a temporary role as Chair until the next NAG meeting • Paediatrics can make their own appointment; Jane Ronaldson has nominated Robin Erickson • Michael Collins will be new representative for ANZDATA • Need to make TOR more clear; Catherine to review and discuss what was done historically with Ian	Catherine
2.0	**On-going Business**	
2a	NZ Chapter of ANZSN • ANZSN is a professional body that supports renal physicians and people who are interested in renal science (non-clinical science) • Suetonia is the Chapter Chair and sits on the Board • The council has just had elections – 4 new members and 1 new appointed non-	Suetonia

	member to council
	• Drew Henderson has been elected as the second NZ member of a 12-person ANZSN Council for 3 yrs; will take over Aotearoa NZ Chapter Chair in 12 months and most likely join NRAB
	• Interventional nephrology is a committee with increased access to strategic input and funding
	• Clinical Policy & Advisory Committee has been redesigned; has more of a focus now on clinical quality
	• Annual Scientific Meeting 2020 was due to happen around Oct 2020 virtually
	• NZ Chapter in person annual meeting for 2020 has been cancelled
	  ○ Aiming for same location and similar dates in 2021; some uncertainty due to COVID
	  ○ 2020 online business meeting of ANZSN Aotearoa NZ chapter to be confirmed
	• The college is heavily revising the advanced trainee curriculum more towards a competency-based rather than a time based process;
	  ○ Rob Walker is leading this work
	  ○ ANZSN has developed a position statement on curriculum and will be developing implementation plan including increased communication with RACP; Suetonia can provide position statement to NRAB
	• COVID-19 has impacted on income substantially although still have an income of $230k in 2019
	  ○ Stepped reinvestment in managed funds over next 2 years
	  ○ Great financial stewardship by Girish Talaulikar which has enabled committee to keep funding projects per the 2019-2021 strategic plan
	  ○ Currently on a back to basics budget this year with tier 1 funding of website and Indigenous health position statement and action plan
	  ○ Green Nephrology Action Team – developing strategic plan to support reduction in dialysis waste for consultation soon
	• There is a working group rebuilding ANZSN website
	  ○ Tina Sun is involved from NZ
	  ○ Aiming to increase usability and access for craft groups including research communications, green nephrology, interventional nephrology
	  ○ Substantial overshoot of budget	

2b	**PHARMAC**
	• Currently working on the national contracting – about half way through process;
	• There are about 120,000 products now on schedule, 80-90 suppliers and about $3M annual spend
	• In the next couple of years the list will be closed off and will then ask DHB's to use the products on the list; new products/devices would be added through a similar mechanism as with medicines (process still being decided)
	• Haemodialysis – Baxter now on the schedule; products now listed under standard terms & conditions; now a process where you can enter your PPT numbers calculate what it would cost to be on the PPT depending on the devices you want, which consumables you want; this went live 1 Aug; others coming out soon
	• Releasing a "Registration of Interest" (ROI) for 4 categories:
	  ○ Peritoneal dialysis is one of them(previously contracted by NZ Health Partnerships;
	  ○ Those national agreements are coming up for renewal 2021;
	  ○ Currently in the process of transferring those contracts over to PHARMAC;
		Terry

	○ A Registration of Interest (ROI) is the mechanism for doing that; idea is to Try and push them on to PHARMAC contact as soon as possible; ○ Comes out today will be open for a month; • Procurement managers will be notified if PHARMAC gets agreements/suppliers • PHARMAC agreements have a few more controls around stock holdings, out of supplies, failure to supplies, a few more KPI's that the suppliers have to meet; Terry to send KPI's to group for feedback • Performance level is one of the KPI's built in to PHARMAC contracts; suppliers need to meet delivery targets if not PHARMAC will be heavily involved; there are consequences for suppliers who don't meet KPI's; need to be strong consequences • Fresenius Contract – in final stages of negotiations; possibly 1 Dec • Point of contact for the DHB's is the procurement managers; if any issues feed in to them as they have direct line with PHARMAC contract managers	
2c	**PHARMAC – Gliptin Consultation** • PHARMAC issued a patient document about access to third generation oral hypoglycaemic agents • There are a number of emails about what this means with respects to insulin and as to whether or not limitations to only people who have renal or cardiac diseases is appropriate or not • Ian asked the group if NRAB wants to make a submission • Chris advised that he has been a part of a conversation that is being had with an Auckland group set up by Rinky Murphy ○ Group has put in a submission making various recommendations ○ There has been a discussion on what the response should be now that the formal submission has gone; ○ There is some division as some think we should be demanding universal access and others think it should be more evidenced based than that; • Chris asked the group if NRAB feel that there is good evidence that it should be given to non-diabetic renal disease; • No real concern from NRAB • Chris/Ian prefer to stick to evidence • NRAB to make a submission ○ Chris to send Rinky's submission around to the group to review and edit as necessary; final to be used as submission from NRAB	Ian
2d	**Australian & NZ Dialysis Board** • Had a recent clinical physiologists registration board meeting; 6 professions (cardiac, respiratory, sleep, renal, neurology, exercise physiologist) • Have around 500-600 members in the group • The Clinical Physiologists Registration Board (CPRB) submitted Health Practitioners Competence Assurance Act (HPCAA) application in 2006 • The New Zealand and Australia Society of Renal Dialysis Practice (NZASRDP) joined CPRB in 2012 and resubmitted HPCAA application to include Renal as a fourth profession • MoH came back last month – there is a project team looking at application; have discussed timeline and asked CPRB to consider moving forward with the application and indicated that processing time will be another 2 yrs to get regulated under HPCAA • There are two regulations – some professions are self-regulated and some	Balaji

	professions regulated and comes under HPCAA
	• Over the last 2-3 yrs MoH have started recognising self-regulated groups
	• If accepted as requiring HPCAA regulation CPRB will be replaced by a separate board administered by an existing regulation authority – likely the Medical Sciences Council (anaesthetic techs recently regulated under this council).
	• There are some heavy financial implications; had to run a survey that went out to all members – finishes 1 Oct;
	  ○ Some implications are due to the number of members
	  ○ APC cost will be at least $1,000 - $2,000 and will need to provide 1 term registration initially which will cost around $200k - $250k
	• All professional societies are advised to get collective feedback from members
	• CPRB will make its decision based on members feedback
	• Renal Qualification – considering various options to get qualifications; also considering trainee model
	• Otago University – run other qualifications for cardiac, respiratory and sleep; renal is accepted in principle but still work in progress
	• Recently met with Regional Director of Workforce NZ, Cecilia Lynch about funding for trainee model; very positive meeting; she has met with someone at MoH to raise issues at ministry level
	• Working with James Cook University for Renal qualification in Australia; program shaping well and starting in Feb; will have a few doing it in Melbourne
	• There are some challenges to recruit qualified people from overseas due to COVID and opening registration for overseas members.	

2e	**Maaori Representation on the NRAB**
	• Suetonia suggested the NRAB consider Maaori representation on the board
	• Maaori health expertise on the NRAB would help the board increase responsiveness and skillset to achieve NRAB purpose
	• Simpson Report (review of the health disability services) has just been released which will shape policy and service delivery after the election and through the coming years
	  ○ Still being decided how that is going to be implemented
	  ○ Review has references to Maaori health authority;
	  ○ Report includes increasing services at Tier 1 and how they connect across to Tier 2 services and increasing community based care
	• NRAB has potential to play important role in how it advises MoH and supports renal units as things change in response to the review and how we advocate on behalf of our units, clinicians and patients
	• Will probably have a significant change in DHB configuration; currently have 11 main Renal Units but that is likely to change
	• Other expert groups in the MoH do have structural Maaori representation; cancer working groups, COVID 19 technical advisory group, some expert groups don't (long-term condition groups do not)
	• TOR don't specify it; we do have the opportunity to co-op expertise including primary care but no mention of Maaori representation in TOR
	• Question posed to Board – how do we best support and partner with Maaori expertise in light of the recent service review and increasing our expertise; would board consider including Maaori health representative
	• Chris - asked for clarification on type of representation being suggested
	• Suetonia - someone who is in the Maaori leadership within in the DHB potentially,
		Suetonia

	someone with expertise in Maaori Health and Maaori Health services and implementation rather than a clinician; not suggesting a research position but something that is similar to the roles of NRAB members • Chris concerned that direction we are going in nationally is wrong; most Maaori health expertise align with one particular approach; may end up getting one particular view that is not scientific but perhaps a way that some choose to view things; does not support and feels the mainstream view could cause harm ○ If looking for someone to represent interests on the NRAB - feels it would make more sense to bring in a patient; need to be clear if asking for expertise or someone to represent uniquely Maaori interests • Ailsa – there is data that supports that Maaori are disproportionately affected by Diabetes & CKD; Maaori Health Team recently put out a Maaori Health Plan – Ailsa to send to group; agrees with Suetonia; don't have equitable outcomes for Maaori they are disproportionately affected both in their representation with renal disease but also in those outcomes; doesn't have to be a patient or any one in particular; would be good to have someone who can give a voice to what perhaps collectively may be missing from the Maaori narrative • Ian expressed that he would feel more comfortable doing this than not doing it • Suetonia – if NRAB thinks it's worth exploring than could put forth something more detailed around what the scope, purpose, expertise might be could be next step • Suetonia to bring something back to the Nov meeting	
3.0	**Kidney Health New Zealand**	
3a	• Sent paper to NRAB previously on how Kidney Health NZ is going to operationalize strategic plan • At Feb board meeting – paper was presented and board was supportive of paper and plan • In the past KHNZ has been very responsive and reactive to requests for services; this has meant it has been difficult to apply for grants, funding and sponsorships • As a charity KHNZ is dependent on donations and grants • Advice from other charities has been that KHNZ should know what they are fundraising for (applying for grants for); this is an opportunity to proactively seek funding for all or most activities • KHNZ has scheduled all work throughout the country for the foreseeable future • Taking a "roadshow" approach; key focus will be a screening activity (prevention) and to facilitate this will use local volunteers • First trip was Whangarei • Trying to get grants has been difficult under COVID • Have managed to do 3 trips to various parts of the country despite COVID and restrictions • Meeting up with various DHB's/teams • NTA – working on it and finding a lot of issues around the country both with the criteria; money available for various things doesn't meet the requirements and is putting a lot of patients out of pocket to the point where they are unable to go and get treatment; hotel/travel is expensive • A lot of work being done by clinicians in some of the DHB's just to get patients to become eligible for NTA • KHNZ working with a range of people to put together a series of papers (some from MoH and DHB's) will put it to NRAB when completed; definitely an equity issue	Michael

	• There was an update to the NTA website on 9 July; don't know what the change was and cannot find anyone at MoH who will comment; Michael spoke with Sue Riddle and sent a series of emails to various people at MoH trying to establish who is looking after the review but received no response; still needs to be addressed • Have a range of examples/stories about where this is happening; will put it together and then will go to MoH, DHB's – will wait until elections are over; will also be a part of a briefing to incoming Minister from BIM from KHNZ; • Michael to send Ailsa the concerns flagged regarding NTA; Ailsa will follow-up • Ian to include some of the current problems from transplant point of view – send to Ailsa	
4.0	**Ministry of Health Update**	
4a	• MoH big focus at the moment is COVID response; taking up a fair amount of resource • A proposal for looking at reducing the burden of chronic kidney disease was sent to MoH at the end of 2019; it is a primary health care focus; unsure if will make it over the line but would certainly set it up with clinical advisory group and would be looking to have people contributions as part of that group from both renal and diabetes areas and then look at how it rolls out from there	Ailsa
5.0	**Regional Roundup**	
5a	Auckland DHB (*David Semple)* Counties Manukau Health *(Jamie Kendrick-Jones)* Starship Renal Services *(Robin Erickson)* • Ask Robin to present at next NRAB meeting on lack of creatinine assay standardization across labs leading to inability to reliably monitor transplant patients for acute rejection. Waitemata DHB *(Janak De Zoysa)* Taranaki DHB *(Ashik Hayat)* MidCentral DHB *(Norman Panlilio)* Canterbury DHB *(David McGregor)*	Catherine Combined _DHB Updates_Aug 2020.p
5b	**New Zealand Peritoneal Dialysis Registry** • Bid to host Asia-Pacific ISPD in NZ in 2023: not going forward because don't have ANZSN support • ANZDATA MOU still in process • TEACH PD – 3 units are live; eNZPDR remains the core • Funding – finally getting greater clarity in terms of where the money is coming from, where it's going to and how it's accounted for • Main risks • IT Support still remains with one individual who is a full-time nephrologist • Don't need a developer in terms of IT – looking for someone who is IT literate enough and can support the system, sort out account issues, etc which would free up Gerald for more time to do the on-going development, etc • Looking for potential 0.1-0.2 FTE; isn't a big role so unsure how this could potentially fit in with IT support for data/registries in other areas that we could combine to one whole FTE • Renal Reality is now Live in Northland; went live to entire department on 14 September; • Will give Northland 6 months to feedback; Walaa to present at first NRAB meeting	Walaa NZPDR NRAB news Aug 2020.pptx

	next year • Ian suggested that a second meeting be set up for all of the clinical leads & managers to receive Northland's feedback as well; Walaa to let group know prior to first meeting for NRAB that if Northland likes it we will then proceed to set up meetings for clinical leads/managers	
6.0	**Other Business**	
6a	RSA • Face-to-face meetings have been cancelled this year • Conference has been deferred to Melbourne next year; also to be a virtual event • Had an online first ever meeting; new board • Will run the first ever online virtual event over 2 weeks where each branch is hosting an event every night • Have over 2,000 RSA members; many cannot attend face-to-face; this new online virtual opportunity allows for more potential members to join RSA • Key part of where board is going is looking at developing relationships and collaborating more with other organisations • Hugely challenged by the financial impact of COVID-19 but has been mitigated by a lot of the work being done with office management	Jon