

National Renal Advisory Board

Held on Wednesday, 10 May 2023

9:30am – 2:00pm

ZOOM ID: 921 6580 8921



National Renal
Advisory Board

Chairperson	Catherine Tracy
Board Members	Adam Mullan, Andrew Henderson, Balaji Jagannathan, Blair Donkin, Bruce Henderson, Caroline Chembo, David Semple, Helen Eddington, Mary Mallon, Robin Erickson, Tina Sun, Traci Stanbury, Helen Hoffman (MoH), Sara Chester (MoH)
Guests	Helen De Vere, Mary Cleary-Lyons
Apologies	Sara Chester

ACTION ITEMS

Wednesday, 10 May 2023 Meeting Minutes		
Ref	Item	Owner
2b.	Draft a letter to support pathologists which outlines the impacts on renal patients and advocate for something to be done; national impact, not a local one.	David & Robin
2e.	Board members asked to email Helen De Vere directly after the board meeting with any additional comments/feedback about where focus for investment and plans going forward should include	All
3a.	Tier 2 Document Mary Cleary-Lyons to connect with Carolyn to discuss what further help is needed to progress the document	Mary
3d.	Management of chargeable dialysis and where reciprocity sits: Send Dahlia the 2 documents on UK and Australasian legislation for circulation to the board	Blair

MINUTES

Ref	Topic	Time
1.0	Information Items	
	<ul style="list-style-type: none">• Previous Meeting Minutes• Understanding Outcome Variation in Aotearoa NZ• KHNZ Notes re public release of Dialysis Capacity Report• Regional Round-up (District Updates)	
2.0	General Business	
2a.	Previous Meeting Minutes	Catherine
2b.	Te Toka Tumai Renal Pathology Service <ul style="list-style-type: none">• Te Toka Tumai renal pathology losing ¾ SMOs (can also see 1:42 rec #2)• Significant impact on Northern Region transplant and nephrology• May have a regional crises for renal pathologists• Not a new problem• Pathology service stops mid-July	David



	<ul style="list-style-type: none"> Some discussion around action areas that we need to be involved with from a stakeholder point of view; what is the capacity around the country and how is Te Whatu Ora going to organise the capacity; should NRAB advocate into the Royal Australasian College of Pathologists to see how they look at who does what to ensure that NZ has the right people David and Robin to work on putting together a letter to support pathologists; outline the impacts on renal patients and advocate for something to be done; national impact, not a local one. 	
2c.	<p>Exploring Variation in Outcome NZ</p> <ul style="list-style-type: none"> Board reviewed/discussed presentation from Drew around closing the loop and understanding the outcome variation in NZ; key point is that across Aotearoa NZ we have worse outcomes than that of Australia 	Drew
2d.	<p>KHNZ Advocacy (Electoral/Te Whatu Ora)</p> <ul style="list-style-type: none"> Some discussion around Aotearoa NZ Haemodialysis Infrastructure Survey Memo; board asked to clarify that this is something that the NRAB members are happy with Discussion around new builds/chairs coming on board anything new apart from what was in the dialysis capacity report Feedback from when dialysis capacity report was circulated around the country – not much received; people quite happy with it Challenge to renal services is how do we manage to support primary care better Transformation of renal care in NZ would be aided by formally recognising CKD as a chronic condition 	Traci
2e.	<p>National Dialysis Capacity</p> <ul style="list-style-type: none"> Helen currently works in the service planning team for the infrastructure investment group for Te Whatu Ora; she is currently liaising with Lisa Smith who is the national lead for capacity planning work for Hospital & Specialised Services for Te Whatu Ora <ul style="list-style-type: none"> Currently looking at the national capacity plans for a number of services; renal at the top of the list where need to consider additional investment Have been tasked with putting together a paper on what the capacity needs are now and future with a view ensuring that some of that input goes into an infrastructure investment plan that will be ready by June; will set the intent for the next 3 years of investment into capital and infrastructure At the moment there are a series of workshops happening through May-June with executive leadership to start mapping out where they want to focus their investment plans going forward; have been asked to put together some slides for a few areas; first one is this Friday; would like to ask NRAB to assist to get a sense of what is needed; start of 3 workshops no decisions to be made just a discussion <ul style="list-style-type: none"> Would be good to share/discuss the issues around capacity, home dialysis not a solution to the capacity issues, model of care may not be the one needed and may need to switch to an in-centre based approach Concerns shared that we have yet to sit down as a region to flush out what the real capacity issues are Home therapies not a solution; home haemodialysis also a concern Travel and distance – the impact that has 	Helen De Vere



	<ul style="list-style-type: none"> Board asked to email Helen directly today with any additional comments; Traci's slide on long-term conditions would be good to use; Drew to provide some data from ANZDATA that could be useful 	
2f.	<p>IT System Update</p> <ul style="list-style-type: none"> Major data and digital restructure happening ICT or IT capital investments – individual districts no longer able to make decisions; from a funding perspective all IT capitals now done regionally and there has been a push along regional alignment to review capital investment The proposed structure is that the region would have to come up with a regional business case and then would need to go through the appropriate procurement channel; the product or solution would need to fit in with all other aspects Further discussion around serious concerns with Renal Reality; key thing is that it is not a prescribing platform and doesn't have that tiered access; need to think about who else should be apart of the conversation (ie pharmacy) Got to get basics working right; medication lists that are valid as actual prescriptions, HD scripts that meet regulatory requirements 	Tina
3.0	On-going Business	
3a.	<p>Tier 2 Specification Document</p> <ul style="list-style-type: none"> Waiting on feedback from Mary Mary advised best to continue on working on things; will take time for new structures to take place; Mary to connect with Carolyn separately to see what help is needed 	Caroline
3b.	<p>NZ Chapter of the ANZSN</p> <ul style="list-style-type: none"> The 58th Annual Scientific ANZSN meeting coming up in Christchurch 2-6 Sept; hope people will start to register soon; abstract submissions and registrations will open mid January 2023, and we will be announcing keynote speakers and symposia in the coming months Be good to have representation from not just doctors but nurses, dieticians, etc from around NZ; 	Drew
3c.	<p>Australian & NZ Dialysis Board</p> <ul style="list-style-type: none"> AUT Renal physiology students clinical placement is going well. No issues and they are expected to complete the placement by end of June. We likely to start a 2nd Cohort in July 2023. Clinical Physiologies Sector reference group meeting is ongoing 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. Ministry is considering establishing accredited register to provide oversight to non-regulated professions. This is based on UK model which provides oversight to all regulated and non-regulated professions. 	Balaji
3d.	<p>NZ Nursing Advisory Group (NAG)</p> <ul style="list-style-type: none"> Had meeting on 27 April and group is growing; hope to get Taranaki on board haven't had anyone from there for a while; There is a group of 4-5 people working on trying to get a better process for home from away dialysis 	Blair



	<ul style="list-style-type: none">• There is significant variation amongst all the units particularly with use of standing orders; there is a group of 4-5 people looking at that• At the last meeting Jon Hosking's raised questions around frailty, schools and health literacy and also patient outcome measures; want to follow-up with him about that• Still trying to pull together the nephrology nursing skills framework• Units collaborating more trying to get greater awareness and consistency around how we manage PD peritonitis amongst our patients• Discussion around the role of HCA's in units; been a change to health care assistance roles and PD's in some areas, some units have HCA's some don't• Inconsistency around the management of chargeable dialysis and where reciprocity sits; have circulated both the UK and the Australian legislation that indicates that there is reciprocity for both groups because some units will charge UK people some don't; there are massive discrepancies between what units charge let alone who they charge• November will be Blair's last meeting; there will be a new secretary and a new chair for NAG in Nov• Blair to send Dahlia the 2 papers on legislation for circulation to group	
3e.	<p>RSA NZ</p> <ul style="list-style-type: none">• Had a really successful symposium in March in Wellington• Australasian conference is on at the end of May in Sydney; quite of NZ attendees are going which is great; lots of opportunities to help people with learning• NZ RSA membership has increased compared to Australia; very positive• New strategic plan will be put out for the next couple of years with 4 key areas which are member focused, influence and impact, knowledge and education and organisational capability; ; some of the key priorities for RSA is around branding;• Question around the RSA membership survey that was done and when will the results be circulated; Mary advised it is still to come, will discuss at next committee meeting	Mary
3f.	<p>Kidney Health New Zealand</p> <ul style="list-style-type: none">• Lived Experience Stories are up on website• Over March/April did a lot of face to face testing• Have done some Otago and Auckland University Nurse training;• GP webinar was really well attended by 140 rural GPs• Consumer Needs Research – winding up focus groups in the next month; last group will be specialists• Have had 2 consumer council meetings specifically around advocacy to make sure that what we thought was coming out of the dialysis capacity report was aligned with what patients around the country were dealing with; got a decent group of people organising the ANZSN consumer day which is the day before the ANZSN Christchurch meeting	Traci



<p>3g.</p>	<p>Te Whatu Ora Health NZ</p> <p>Update from Mary Cleary-Lyons</p> <ul style="list-style-type: none">• Have not had a chance to look at Tier 2 doc Currently working on building a team to be able to provide the right support; that is tied up in some of the consultations that are going on presently; waiting for the Hospital Specialists & Services consultation to start and within that have developed a team that will support clinical networks so that there is a national team that is providing program and project management support• It has been approved by executive leadership branch and prime minister that Clinical Networks is to go ahead and that Renal is one of the first to be looked at• Developing a team that sits in Jo Gibbs directorate; for clinical networks but also looking at national specialists services; will be made up of senior program management lead type people; have also established an overarching program governance, first meeting held 2 weeks ago, at the stage of agreeing on their terms of reference• Discussion around what was shared at last governance group meeting• Challenge at the moment is making sure sufficient resource is received to keep everything going• Question around what happens to NRAB and how does it transition into the new structure;<ul style="list-style-type: none">○ First step will be to get on with recruitment of clinical co-lead; intention is that each group has a co-lead arrangement where there is a clinician appointed by Te Whatu Ora and/or by Te Aka Whai Ora; working on job descriptions for that○ Outline plan at the moment which still needs to be signed off is that there will be an 'all systems' online meeting hopefully towards the end of May beginning of June, essentially to officially launch that we are stepping into this space and starting to do this work with some timelines when we will start seeking expression of interests from clinical people who are interested in taking a leadership role in these networks○ Would intend to initially seek some expression of interest for renal, cardiac, stroke, trauma and renal transplant throughout June; depending on the level of interest will think about what the process should be about taking that forward○ Will look at doing a managed transition into the network; while leadership is being appointed would like to use NRAB for their expertise to start working together to develop what the work plan looks like and what the process would be; would like for NRAB to continue○ Question asked about timelines and how soon this will happen; Mary coming to Middlemore in a few weeks and will meet with Catherine and discuss further.• Networks sit within the Hospital & Specialists Services team; reason is to ensure that the clinical leaders of those networks have that direct line of accountability into the national hospital system;• Would like to put in a plug about pathology and the serious issues happening around the country; Mary to follow-up with David on this• When a clinical network is established it will be a long term plan• Minister has requested that she wants to do some kind of launch on 31 May; things are being prioritised• The program governance group that has been established for networks is joint chaired by Pete Watson and Rawiri Jansen	<p>Mary</p>
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	<p>Update from Helen Hoffman</p> <ul style="list-style-type: none">• Long term team is almost disbanded people gone into other teams; all contracts are ending in June• This meeting will be Helen's last meeting• Team trying to complete piece of work around amputations, CKD and blindness – focus is not about setting up guidelines more about focussing on how it might be implemented; something that will carry on• Helen thanked the board for letting her be part of NRAB as the Te Whatu Ora CKD rep; has enjoyed being an observer; has been an interesting contract that took place in the middle of many changes and at times has been a very frustrating role but pleased that the networks are now going to be something that NRAB can be a part of; have always felt that the long-terms condition team was not the appropriate place for NRAB to sit.	<p>Helen</p>
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