

Minutes

National Renal Transplant Leadership Team Meeting Operational Group - Teleconference

Date: 4 October 2019

Time: 2.00 – 2.45pm

Present:	Nick Cross (chair)	Renal physician	CDHB
	Ian Dittmer	Renal physician	ADHB
	Jane Presto	Operations manager representative	CCDHB
	John Irvine	Renal physician	CDHB
	Karen Lovelock	Transplant coordinator	ADHB
	Kristin Wilson	Business manager LTU	ADHB
	Ralph La salle	Team leader Planning & Funding	CDHB
	Stephen Munn	Transplant surgeon	ADHB

Apologies: Denise Beechey, Philip Matheson, Claire Beckett, Justin Roake, Jane Potiki, Dilip Naik, John Schollum
Stephen Munn – departure from meeting 2.23 pm

Item	Discussion
1. NZKS waiting list error checking	<ul style="list-style-type: none"> Blood Service reports to referring centres re their wait listed patients –coordinators check the accuracy of the information and return the reports to TT lab. Some concerns initially at transplant centres that they should check all patients data for referring centres addressed (referring DHB should be accountable for the accuracy of its waiting list). Please contact Nick with any questions or feedback on the process. ACTION POINT: Heather will report back to the December meeting.
2. ANZKX	<ul style="list-style-type: none"> A dry run has been held starting from Australia – this went from Melbourne and Sydney to Auckland Hospital theatres and used Startrack couriers (not real kidneys). Feedback from the Australian team indicated they were very happy with the reception they received and the enthusiasm of the Auckland team. On the reverse leg of the trip there were some issues at the point of departure from Auckland Airport – with input from Jane Potiki these were resolved. Australian team met with Janice Langlands and another coordinator from ODNZ – they would prefer ODNZ to be in charge of transportation of kidneys to airport, agreed. Courier needs to bechecked in 90 minutes before flight – this is an invariable requirement. ODNZcoordinator can hand kidney to courier after this time (will need to not less than 60 min till flight though). It is important that all parties are completely ready when in exchange now. Match run matrix – some donors appear not to be particularly valuable eg only match

	<p>to 1-2 recipients per 100 (on first match run). If a recipient is in the exchange for more than a year then they may be hugely sensitised or their donor is not useful to other recipients.</p> <ul style="list-style-type: none"> • Plan for ongoing weekly conferences between OTA and MoH to iron out issues. • Big thanks to Ian, Jo and Jane for the considerable amount of work they have invested in making the exchange feasible. • Due to a change in the agreement GST will have to be paid, which will add quite a bit of cost. Planning and Funding need to devise a way to get this back - further negotiations with MoH and Australia will be happening.
3. LKDA books	<ul style="list-style-type: none"> • Kristin has been sourcing quotes for printing. If books are printed as they are ordered they will be more expensive per book, but ordering stock would require an initial outlay. • Agreement that it would be worthwhile seeking sponsorship - Kristin will progress this. Possibly Kidney Health New Zealand? • It may be appropriate for the new national authority to produce books at some stage. This would await MoH decision, but must be done by ADHB in the meantime. • ACTION POINT: Kristin to identify potential sponsors for book production.
4. Transplant probability tool (NHS)	<ul style="list-style-type: none"> • John I came across an NHS scoring tool while in the UK – this calculates the relative chance of an individual recipient undergoing deceased donor transplant within the next 5 years. • This is valuable because it provides a basis for discussion with potential recipients re their chances of receiving a kidney. In addition, with increasing numbers of transplants using this tool may influence how much effort is put into end stage patients re training for home dialysis etc. • To be useful here in New Zealand a New Zealand equivalent would need to be developed based on NZ sourced data. This could possibly be done by the new authority. • Question raised about how NZ allocation scheme would be incorporated? Ian queried whether the UK tool incorporates the UK allocation system, and pointed out that the tool would need to be linked to live data or at least updated regularly. • ACTION POINT: Leadership team members to give consideration to the idea of an NZ scoring tool – send any feedback or ideas to John I and discuss at the next meeting.
Hep C donor protocol	<ul style="list-style-type: none"> • This is up to the stage of being submitted for ethics approval. • Feedback will be sent to DHBs when any of their patients enrolled on the protocol.
Live donor compensation	<ul style="list-style-type: none"> • Regarding the Australian donor who experienced complications – it was intended that NRTLTL would write to the Director General of Health to request compensation. Has been reconsidered and after discussion today decided against proceeding with this. • Nick was to send out an email about donor compensation but requires back up information from MoH – he will therefore send out a brief email after this meeting. • ACTION POINT: Nick to send a preliminary email re live donor compensation
8. QIM 3-5 reporting	<ul style="list-style-type: none"> • MoH have provided the services of an analyst, who has made some good progress. • Nick will have a face to face meeting with him next time he is in Wellington (for the New Zealand Nephrology meeting). • ACTION POINT: Nick to progress the development of a robust QIM reporting system.
Meeting closed:	<ul style="list-style-type: none"> • 2.45 pm
Next meeting:	<ul style="list-style-type: none"> • Strategic group – Friday 6 December 2019 • Agenda items: <ul style="list-style-type: none"> ○ Waiting list error checking – Heather to report ○ Transplant probability scoring tool – John I to report ○ Minutes from August meeting for review