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| MEETING DETAILS | |
| **Date and time:** | 9.30am to 2.30pm Friday 21 November 2014 |
| **Venue:** | Conference Room 3, Manukau Super Clinic, 901 Great South Road, Manurewa |

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| Committee Members | |
| Murray Leikis (Chairperson), David McGregor, Michael Papesch, Rachael Walker, Tonya Kara, Kay McLaughlin, Kelvin Lynn, Fredric Doss, Jo-Anne Deane, Nick Polaschek, Janine Cochrane, John Schollum, Ian Dittmer, Chris Hood, Nick Cross | | | |
| **Apologies** | | Jo-Anne Deane, David McGregor, Michael Papesch, Fredric Doss, Nick Polaschek | |
| **By Invitation** | |  | |
| **Minutes Taken By** | | Prue Fieldes | |

| **No.** | Item | Discussion/Action | | **Responsibility** |
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| Minutes | | | | | |
|  |  | The previous NRAB minutes were taken as true and correct by Rachael seconded by Tonya. |  | |
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| 1 | Review of the Board minutes recorded at the previous meeting held on **15 August 2014,** and subsequent correspondence – **Open Discussion** | The previous NRAB minutes (attached) were taken as true and correct by Rachael and seconded by Tonya. | **Murray** | |
| 2 | Review of the action points recorded on **15 August 2014 – Open Discussion** | Item 23 “Letter to be written to Southern DHB”. Murray has checked with Janine Cochrane and letter no longer required to Southern DHB as internal matter has resolved. | **Murray** | |
| **3** | Review of the public version of NRAB minutes from the meeting held on **15th August 2014** | The public minutes from the meetings of 9 May and 15 August were discussed and agreed with one minor change. Nick Polaschek is to put public minutes on website. The public minutes will to be sent by Murray to heads of departments for distribution. Thank you to Michael Papesch for preparing them.  General discussion :- Do we need separate Public Minutes.? Agreement from all that from now on minutes from meetings to also be used as public version with anything not wanted to be highlighted and then redacted. | **Nick P** | |

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| Regional Roundup | | | | | | |
| 4 | Northern  Waikato  Central  Southern | Auckland are planning a new Dialysis Unit at Greenlane Hospital as well as a unit in Glen Innes. The Greenlane Dialysis Unit will also have out-patient clinics.  Middlemore are 150 patients over capacity and continue to outsource to the Nephrocare unit. They are planning a further unit to be built in June/July in partnership with a Commercial Dialysis Company. It will be a 30 chair unit but may still need to use Nephrocare. The community houses are full and they may need another one. This is in progress. They need more FTE’s and are hopeful of gaining approval in the next 12 months for this.  The new Waikato Unit is well set up and they have self-care as part of it. The building has been well received by staff and patients and also has facility for out-patient clinics and video conferencing. They have enough capacity now and enough nephrologists.  Wellington has a new nephrologist replacing Alastair Macdonald who has retired.  Hawkes Bay and Palmerston North have taken up the new Donor Liaison Coordinator roles offered by the NHB. Wellington is still working on establishing a role description to work with existing transplant coordinator roles before recruiting. There has been a regional meeting with Hawkes Bay, Palmerston North and Wellington Service and Clinical Leaders to establish a collegial meeting to help individual services and to work more closely as a region. The regional meeting is planned for twice yearly.  Palmerston North is facing significant challenges providing appropriate dialysis facilities due to growth in patient numbers. This is affecting the in-centre unit with issues related to infection control and patient space/privacy. Murray to write to Midcentral DHB expressing concerns and noting the service specification documents.  Kidney Health NZ are planning an education programme in the Palmerston North region along the lines of the very successful 3 day kidney awareness programme run by the Hawkes Bay service in conjunction with KHNZ in 2014.  Christchurch home training unit continues to function well although there are a number of patients who are permanently dialysing in the training unit. The community support model continues to function well. Ongoing earthquake repairs are required. A new nephrologist (retirement replacement) has been appointed for end of 2015.  Dunedin has had a big run of new dialysis patients since May. They have established an assisted home care programme for 8 patients which is going well. They have capacity issues which are evident when there are a number of acute dialysis treatments as it interrupts the home training programme. | | | **Murray** |
| New Business | | | | | | |
| General | | | | | | |
| **5** | NRAB Structure, Composition, and Function | Kelvin Lynn is retiring as Medical Director of KHNZ and this is his last meeting. Kelvin has been around in many guises over 20 years, contributing greatly to the improvement in care for patients with kidney disease. The NRAB farewelled him at this meeting. Murray to write a formal letter of thanks. Kelvin recommended Jenny Walker as representative for KHNZ however Murray Leikis talked to Michael Papesch re Kidney Health and Michael said that it could be a board member on the NRAB. In the interim Murray to invite Jenny to next NRAB meeting.  Nick Polaschek is also retiring next month from MOH – last day 17 December. He will also be a significant loss to NRAB and Murray will write to Nick to thank him. Nick will advise Murray of his replacement. Ian will also mention the importance of the ongoing relationship with the MOH and NRAB when he and Nick Cross meet the Minister in March 2015  It is the end of the term for David McGregor and he is coming off committee. We normally have 3 nephrologists from larger centres on committee and we currently have Murray, David, Ian and Chris. Committee agreed a replacement does not need to be sought at this time.  Other renal group representation – allied health. Ian re-checked with dieticians and they don’t feel represented on the NRAB. Questions were asked, “Do we need to have dieticians as part of NRAB? Where do we start and stop with representative groups?” Dieticians can be members of the RSA with nurses and can also be members of the ANZSN. Having a generic Allied Health person was discussed (social workers, dieticians, etc) and it was decided that for now the RSA is their voice and Kay McLaughlin fills this roll. The RSA may need to look at how the allied health groups are engaged with them. | | | **Murray/Ian**  **Murray**  **Ian** |
| 6 | NZ Chapter of the ANZSN | The New Zealand Chapter had their annual meeting in Christchurch 16-17 October. Surgeons were invited but none attended. It was a successful meeting with 31 attendees. Talks were of a high calibre. It was poorly attended by physicians from the Auckland Region which has been fed back to those doctors. Murray to send Ian a reminder regarding the dates for the 2015 meeting so that people can put it in their diaries. It will be in Wellington and is seen as a very good meeting for the advanced trainees as they meet others from other Units. The generally poor attendance of registrars needs to be addressed for next year’s meeting. In terms of ANZSN we are recognised as a separate chapter and should be able to put minutes of National meetings on the ANZSN website. | | | **Murray** |
| 7 | Nephrology Advanced Training | The College is slow in progressing the merger of the New Zealand and Australian SAC. The College recognises the challenges of open numbers for training versus limited job opportunities. Currently New Zealand has a lot of trainees and not a lot of jobs in the short term future. Work continues with developing a national training scheme led by Jo Dunlop. | | | **Murray** |
| 8 | Tier 2 document update – **Nick P** | There has been an initial teleconference to review the old standards document and will be revisited in February. Nick P has sent information to Ian. Ian to do a draft. There is not enough mention of Paediatrics in it. Once the working group has revised the document it will be sent out for consultation to HODs.  The Ministry has a group of people whom deal with the Tier documents. Nick P has sent Ian some instructions and contacts regarding this. | | | **Ian/Tonya/**  **Kelvin/Kay/** |
| 9 | PTAC Nephrology subcommittee - **Murray** | There is nothing new coming through this system. The renal Vitamin Pill is still in progress. The Tacrolimus change went through smoothly. Neorecormon change to Eprex is currently occurring. Murray to write to Units supporting ongoing subcutaneous use of Eprex. Murray also to write to Janssen-Cilag/Medsafe to see if they have information re IV over Subcut. | | | **Murray** |
| CKD | | | | | | |
| 10 | CKD pilots / Symposium / National Strategy – **Nick P/Kelvin** | The final version of the CKD consensus document has been endorsed.  Implementation will need to be through primary care. Use of KCAT modules from KHA for education. KHNZ is the group to promote this material and develop for NZ setting. Can also link in with the PHO educators for education of primary care. Consider links with the NZ College of General Practice. Rachel to talk to Nick Polaschek about who will be involved from the ministry and what role the ministry can play with dissemination and funding although it will largely be through the PHOs.  For a future workstream for NRAB, Nick P, John and Rachel will look at development of a National CKD Group. Also consideration to be given to adding data to an international registry(~ 50 countries)s for CKD utilising data from the Primary Care BPAC tool. Rachael to draft a letter for Murray to ask Ministry if they will support funding for ongoing use of data. Murray supports joining in on an international consortium if it can help our local practice. Will need to identify renal issues and get feedback from GPs especially after a year of use | | | **Murray/ Nick P/Rachael** |
| 11 | RRT Access in NZ | The 2009 statement, drafted mainly by John Collins, is due to be updated. There are a number of areas to revised:-   * Item 8: NRAB referral guidelines. Where are these guidelines? Those developed by Rob Walker are the most recent and are the starting point. * Item 12: needs updating to include other dialysis treatment options at home and the different ways of supporting it. * Item 20: needs revising and updating with regard to the wording. What happens if we say no to treatment and patient says yes to treatment? It was decided that if it is not medically appropriate to give treatment then we should not give treatment. Decision making is a shared process. If it stays in it may give false hope to patients and family if patient backs decision to have dialysis, therefore should remove sentence. * Screening tools… need to update references. * Paediatric dialysis: may need to change age of child to under 16. * Overall the document needs more about supportive care.   Murray to make changes and send to people to comment on it. | | | **Murray** |
| Dialysis | | | | | | |
| 12 | Electrical Standards - | Minutes from May 9 state Australian Standards. This needs to be corrected to reflect Standards Australia and New Zealand. The process has stalled for now after a teleconference 6 weeks ago re this and it is in the hands of Standards Australia and New Zealand and out of our control. | | |  |
| 13 | Management of ineligible patients within NZ –  **Jo-Anne Deane** | Janine sent around document to Unit Managers this week regarding eligibility for dialysis. There was a discussion around what things cost. Janine to add Auckland to this list and send around updated document to everyone and then have a discussion. Ongoing burden to units to be looked at. | | | **Janine** |
| 14 | PD Registry Update / PDOPPS update | Murray forwarded the latest PD registry report to everyone. Report was focused on Northern units PD to be looked at comprehensively over time. Numbers have increased. Murray brought up key points from NZPD Registry Report 2014. This report needs to be abbreviated and Murray to feedback to John re this and say that we look forward to this being an annual event and thank him for his input.  Abbreviated document then to be appended to Standards and Audit Report. Questions raised over there the PD registry report is stored. Note that Maha Yehia will need replacing on PD registry as she is heading overseas. Murray to write to Registry and ask who will be the designated lead.  Lodging and space to be looked into for PD Registry Research person and equipment also requires appropriate funding. | | | **Murray** |
| 15 | Disaster Planning, patient and service preparedness – | Nick P not present and this was not discussed at this meeting | | | **Nick P** |
| 16 | Health Alliance Contracts | Health Alliance has recently negotiated the renal dialysis contracts for the 3 Auckland DHBs and Whangarei resulting in substantive savings. They have now been tasked with negotiating the rest of the country’s DHBs renal contracts as they are due. It is not clear at this stage how this fits with the PHARMAC medical devices decisions. Currently Health Alliance is surveying all units for confidential price details to help with national procurement deals. Murray has spoken with Health Alliance and asked if we could be updated with details. Wilfrid Rodrigues is willing to talk at next NRAB meeting. Murray to write to Wilfrid and invite to the next meeting. There may be a risk with less money for sponsorship, education expenses, guest speakers etc although these could be added to contracts. Health Alliance may also be reluctant for us to sample things such as new technologies). | | | **Murray** |
| Transplant | | | | | | |
| 17. | National Tx activity | Ian Dittmer gave a presentation, see embedded document.  There are not many waiting on AB list. Kidneys are not going to Australia any more. Ian gives both numbers on waiting list including suspended people. Most of them go back on list although Auckland region re-examine all waiting on list each year through a formal process in Northern group. Counties Manukau have added many more on list but Auckland have transplanted some of these this year. It would be good to see waiting list numbers as a percentage of dialysis patients although demographics of centres vary significantly across the country. This is for the standards and audits to look at. Forty-five patients waiting longer than 6 years.  Ian to send 2014 summary report early next year. | | | **Ian** |
| 18. | Kidney Exchange | Ian presented on Review of Cross Match Results 2010 to 2012.  Not all units do things in the same order with regards to work up and this is an opportunity to standardise to give all patients equity in the system. Ian happy to advice on kidney exchange matters. There will be monitoring of cross matching as part of national transplant service work. It continues to be difficult to meet with the Australians to get agreement on kidney exchange between the two countries. Challenges still exist with some potential donors not willing to give kidneys to people they don’t know. This raises the question of the appropriateness of anonymity as patients have told their stories publically. We won’t be able to join the Australian group if we do not continue with anonymity. | | | **Ian** |
| 19 | National Renal Transplant Service. | This has now formally started and there was a meeting 17 September with another meeting this Friday in Christchurch. A National structure will be in place by then. There were 9 applicants for the public members on the committee and the Ministry was impressed with numbers. There will be a meeting twice a year and this to be communicated by minutes. Living transplants to be included in National booking system. Travel funding discussed. People outside of committee to be involved and there is a meeting with the Minister in March 2015.  Nick C spoke with Organ Donation New Zealand to understand the issues. They have funded some nurses within ICUs to work to facilitate organ donation. Rachael has data that can be sent to co-ordinators. | | | **Nick C**  **Rachael** |
| **Standard Report Updates** | | | | | |
| 20 | Report on Kidney Health New Zealand | .  See embedded document.  KHNZ is restructuring with a new CEO to be appointed and need for a new Medical Director with Kelvin retiring. KHNZ needs to look at where it physically exists and continues on a limited budget. The Ministry is funding further printing of Kidney Disease Booklet.  The Ministry website says there is reciprocal Australian agreement for treatment but this needs to be changed. Ian Dittmer to talk to Nora (Auckland Kidney Society) re this. Kelvin has asked Nick P to change it. Murray to follow up at next meeting to see this has been changed.  KHNZ has been producing a number of video modules around ESRF treatments. A module was shown and was of a high calibre. There were some questions around the level of language used although it was pointed out this is only one of a suite of modules and is a further aid for staff and patients in the area. They could also be done in different languages with educators writing the programme rather than pre-dialysis nurse specialists in order to get the right level of language). Some patient stories could be added to a module. Pacific person whom is dialysing could interpret for a module. | | | **Ian**  **Murray** |
| 21 | Subcommittee reports  1. Standards & Audits  2. RSA / Nursing Interest Group  3. NZ Board of Dialysis  Practice | There are delays in getting data from ANZDATA so don’t have anything yet.  The RSA NAG (Nursing Advisory Group) met in September, they are going to do 2 surveys next year. The next RSA (NZ Branch) conference is 6 and 7 November 2015 in Wellington.    There is an NZBDP meeting once a month (see embedded document). The Graduate Diploma in Health Science and Technology (Dialysis) course is progressing well although 2 students are struggling. There are expectations of employment at end of the course however this is not guaranteed. Rachael to investigate if this is in line with the thoughts of the NZQA chairperson. It remains unclear how many units will use this staff workforce in the future as costs of employment were similar to a registered nurse. There is interest from Australia to run the course over there. Future courses will be decided on workforce need in 2016. | | | **Tonya**  **Kay**  **Rachael/Ian** |
| 22 | Renal Service Improvement Project | As Nick P is retiring, Murray will contact him regarding contacts in the ministry for long term conditions and Tier 2 reviews. | | | **Murray** |
| 23 | Update for National Strategy for Pacific Renal Service Development | There is no current agenda from this with the ANZSN council but there is a planning day before the next DNT meeting where the council will be examining future directions. Locally we had a very good presentation at the NZ Nephrolgoy Group meeting from Amrish Krishnan who has been working as a Registrar in New Plymouth and is heading back to permanent work in Fiji. He is happy to be contacted about advice for pacific dialysis. Murray to drop him an email to say this NRAB would be grateful for his input if requested. Murray to raise with ANZSN the option of a membership category for Pacifica staff to engage with them more as a society. | | | **Murray** |
| **Other Business** | | | | | |
| 24 | New Work Streams for 2014/15 | The NRAB discussed the following possible priorities for 2014/15:   * Tier 2 documents and access to dialysis need completing in 2015. * Health Alliance issues to be kept abreast of. * Workforce issues could be examined. * Home Dialysis numbers going down to be looked at. Needs to look at barriers to home dialysis and changes over time. . This can be done at staff and service level. Water and power to be looked at. This should be standardised. Should accept that Centre Dialysis is a reality and facilitate people to become independent. | | | **ALL** |
| 23 | Future NRAB Meetings | It was suggested that could have one of the meetings in Christchurch and one in Wellington and the other two in Auckland next year to share the burden of costs. Chris said that he was happy to book Manukau Super Clinic meeting room for all of the meetings for next year.  It was suggested that one of the meetings be a teleconference/video conference, however, for a meeting of this magnitude it was decided it needed to be face to face. Prue noted it was much more difficult to do minutes for teleconference/video conference. Tonya noted it would be difficult to book video units and facilities for more than 2 hours at a time so the meeting would need to be divided up into several 2 hour slots. Agreed to have next meeting at same venue in February. | | | **Murray** |
| Next Meeting:- Manukau Super Clinic, 901 Great South Road, Manurewa | | | | | | |
| Date: Friday 20 February 2015 | | | Time: 9.30am | **Venue:** Conference Room,Manukau Super Clinic, 901 Great South Road, Manurewa | |