**Minutes**

**National Renal Transplant Leadership Team**

**Operations Group Meeting Christchurch**

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| **Date:** | 23 September 2022 | | | |
| **Time:** | 9.45am to 3.30pm | | | |
| **Location:** | Sudima Airport Hotel, Christchurch | | | |
| **Attended:** | |  |  |  | |
|  | | Claire Beckett | Transplant coordinator | CCDHB | |
|  | | Denise Beechey | Renal CNS | CMDHB | |
|  | | Paul Manley | Renal physician | ADHB | |
|  | | John Irvine | Renal physician | CDHB | |
|  | | Julia Catsburgh | Service Manager | CCDHB | |
|  | | John Schollum | Renal physician | SDHB | |
|  | | Kristin Wilson | Business manager LTU | ADHB | |
|  | | Nick Cross (Chair) | Renal physician (chair) | CDHB | |
|  | | Philip Matheson | Renal physician | CCDHB | |
|  | | Ralph La Salle | Team Leader, Planning and Funding | CDHB | |
|  | | Richard Evans | Transplant surgeon | CCDHB | |
|  | | Merryn Jones | Transplant coordinator | HBDHB | |
| **Minutes:** | | Reshma Shettigar | Renal physician | CDHB | |
| **Apologies:** | | Justin Roake | Transplant surgeon | CCDHB | |
|  | | Carl Muthu | Transplant surgeon | ADHB | |
|  | | Adam Simpson | Ministry of Health representative | MOH | |

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|  | **Agenda Item** | **Notes and actions** |
| 1. | Welcome  Membership changes  Apologies | None  Three members as noted above. |
| 2. | Conflicts of Interest | None |
| 3. | NRTS/NRTLT and Te Whatu Ora - Health New Zealand (includes Morning tea) | Need identified for a unifying donation/transplantation peak body, an ‘Authority’ analogous to Australia’s OTA, in line with NZ’s strategy, released in 2017. Discussion re related bodies (e.g. NZBS, NRTLT, ANZDATA, ODTOC, Transplant Board, NRAB).  Ideas to improve flow of work between transplanting centres and referring centres, preventing duplication of assessment between centres.  Action: NC to work on paper to summarise recommendations for Te Whatu Ora’s process to define National Services, including NRTLT/NRTS. |
| 4. | Actions Updates:   * Strongyloidiasis testing in donors | **Strongyloides:**  No current problems identified with testing at individual transplanting and referring centres. All live donors being tested for Strongyloides. |
| 5. | Increasing Access to Kidney Transplants at Different DHBs (post funders discussion) | **Increasing Access to kidney transplantation across DHB:**  Data document prepared by Nick Cross. Given to Andrew Little.  Overall comment: Very useful document.   * Action: Individual teams to look at the document and provide feedback to NC * NC to check document has been sent to all CDs (DONE) |
| 6. | Retention of Waiting Time Following Early Graft Loss Within 12 months | **Retention of waiting time points following early graft loss:**   * Everyone happy with the application of this. * Graft loss within 12 months. Will have their waiting time points reinstated. An early loss of kidney under this clause doesn’t automatically guarantees reinstatement. * All potential recipients need to be eligible fir transplantation to be reinstated. * These potential recipients need not be discussed at the NRTLT. * Expectation is one additional person eligible for prioritisation under this per year. * Potential negative impacts:   Might generate small inequity (small number of previously transplanted patients increasingly likely to be retransplanted).  Previous live donor kidney recipients with early failure get prioritisation on DD list  Actions:   * Ian Dittmer and Reshma Shettigar – how many/what proportion of currently waitlist will be prioritisied (i.e. prior transplant with failure < 1 year who are currently on WL, including suspended) * To discuss at the Nov coordinators meeting * Discuss at Dec Strategy meeting and finalise this with data |
| 7. | ABOI DD Kidneys | **ABOI/DD Kidneys:**   * All transplanting centres in agreement * Adopt Auckland protocol * Final Anti A titres to be less than 1:8, these need to exact cut off measured within a pre-specified time. Confirmation with blood service   Action points:   * Ian Dittmer - to discuss this with Melbourne units (NC reminded) * Paul Manley to discuss this and finalise the protocol. |
| 8. | Evusheld Availability and Use | **Evusheld Availability and use:**   * Data and unit specific responses reviewed. * Data felt to be insufficiently supportive to warrant national recommendation/consistent approach   Outcome: Centre specific approach with ongoing sharing of experiences |
| 8. | Ensuring NZTIL is aware of completed transplants | .  **Ensuring NZTIL is aware of completed transplants:**   * NZTIL have identified patients who have been transplanted and not notified NZTIL * Investigation reveals range of human errors in feeding back to NZTIL (typically LD transplants occurring in people previously on DD WL). * No issues with allocation etc – data quality issue   Action: NC to request each transplanting unit review processes for notification of NZTIL after all completed transplants (DONE) |
| 9. | Pancreas Allocation Error | **Pancreas allocation error:**   * Summary of case: Donor O group pancreas was allocated to B group recipient (compatible but not identical), due to no active O patients on pancreas list at that point. Intended approach would be to discard pancreas and allocate kidney only. * Support for current settings confirmed. * Discussion with allocating physician completed within ARTG.   Action: Add to allocation error register and discuss at Strategic group. |
| 10. | Other business | None |

**Next Meeting:**

**Operations Group**

**2 December 2022 9.45am – 3.30pm**

**Ko Awatea, Middlemore Hospital**