**Minutes**

**National Renal Transplant Leadership Team**

**Operations Group Meeting**

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| **Date:** | 19 March 2021 |
| **Time:** | 9.45am – 3.15pm |
| **Location:** | Airport Gateway Hotel,45 Roydvale Ave, Burnside, Christchurch |
| **Attended:** | Claire Beckett | Transplant coordinator | CCDHB |
|  | Paul Manley | Renal physician | ADHB |
|  | John Irvine | Renal physician | CDHB |
|  | John Schollum | Renal physician | SDHB |
|  | Justin Roake | Transplant surgeon | CDHB |
|  | Kristin Wilson | Business manager LTU | ADHB |
|  | Nick Cross (Chair) | Renal physician (chair) | CDHB |
|  | Philip Matheson | Renal physician | CCDHB |
|  | Richard Evans | Transplant surgeon | CCDHB |
| **Guest:** | Susie Rich | Transplant coordinator | CDHB |
| **Zoom:** | Alex Burton | Principal Advisor, National Services | MOH |
| **Zoom** | Denise Beechey | Renal CNS | CMDHB |
| **Apologies:** | Dilip Naik,  | Transplant surgeon | CCDHB |
|  | Carl Muthu, | Transplant surgeon | ADHB |
|  | Karen Lovelock | Transplant coordinator | ADHB |
|  | Ralph La Salle |  Acting Executive Director Planning, Funding and Decision Support | CDHB |
|  | Jane Presto | Operations manager  | CCDHB |
| **Minutes:** | Colette Meehan | Administrator  | CDHB |

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| **Time** |  | **Agenda Item** | **Discussion and actions** |
| 9.45 | 1. | Welcome | Richard Evans (for Dilip Naik) for discussion on Capital Coast Transplant Service Live Donor Program.Susie Rich for additional Transplant Coordinator input. |
| 9.46 | 2. | Conflicts of Interest | Reminder to advise any conflicts of interest. |
| 9.47 | 3. | Minutes of previous Operations Group meeting (5 February 2021) | Passed: Philip MathesonSeconded: Claire BeckettApproved as true and correct record for upload to NRTS website. |
| 9.50 | 4. | Actions update | Cardiac testing – awaiting development of guidelines for cardiologists to agree to.Incorporating travel history question in Live Donor Questionnaire. ‘Parked’ because of prevalence of Covid-19 in context of world travel.Communication from Donor Surgeons to Transplant Team. Advised no progress because of possible changes to Allocation Scheme. **Action:** Waiting for Carl to report.LKDA books - advised there is no update for this project. Suggestion is that a different system to fund books is needed.Long Suspended Patients Process – volunteer Registrar or Advanced Nursing degree candidates have been sought to take on a project to improve accuracy and usefulness of this list and create an optimum review system. No progress.NDD donor chain orphan kidney policy – still to be finalised with Australia (RTAC). |
| 10.10 | 5 | NZ Transplant Activity Draft Report 2020 | Draft report presented for discussion.**Action:** Nick will ask Jo Burton for last two years figures for Kidney Exchange for further analysis (reasons for exchange).**Action:** Nick will ask the three transplant units/Jo for reasons NDD entered KE or not – for analysis.It was suggested there be a ‘highlights’ page incorporated into the report showing key targets and achievements. Nick advised that he uses the cover letter to draw attention to highlights. Distribution for final version will be:

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| CoordinatorsNRTLT MOHDHBs (CEs, CDs)NRABTSANZ/ANZSN | KHNZODNZANZKX,ANZDATA, NZBOS |

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| 10.40 | 6 | Impact of transplants stopped by emergency in other parts of the health system. | This request that imminent kidney transplants should not be stopped in the event of a national emergency (e.g. Covid lockdown, eruptions, earthquakes etc) will be incorporated into the cover letter with the Activity Report. This method should give visibility to the impact of cancelling transplants. **Action:** Nick will write a cover letter for the report and refer it to Jo Brown for further advice. |
| 11.15 | 7 | **Equity project to date**Kidney allocation algorithm* DCD – ARTG agreement
* NDD
* Waiting list
* Consumers
 | Updates advised in these areas:1. TOR Change to include equity (completed Dec 2020).2. Policy review with equity focus (Allocation Algorithm still in progress). Two additional possible changes discussed (NDDs to whole list rather than restricted by unit; waiting time backdating to start of dialysis). Discussion about two possible changes to support equity considerations for other policies as business as usual (inclusion of equity expert or representative on NRTLT; annual equity progress report to consumer group).3. ASSET study – wait for data from this study before changing the opening allocation statement of the policy.4. Advice to DHBs – being developed, data sought from coordinators about FTE on donors and recipients.**Action:** Nick will talk to Jo Burton/Ian Dittmer then Sarah Morley about the possibility of more kidney shipments if NDD allocation changed. He will check if there are any problems.**Nick/Colette** complete report and develop proposals for change to allocation algorithm for June meeting.**Nick** to include discussion about changes to NRTLT/NRTS work going forward at June meeting.This will be an agenda item for 4 June meeting. |
| 11.30 | 8 | Capital Coast Transplant Service Live Donor Program | Recent events at Wellington Transplant Unit were discussed. No issues were identified by NRTLT.No actions for NRTLT at this stage. |
| 11.45 | 9 | IDFs for Live Donors including KE | Two proposals compared:1) Co registered donor paid for by DHB of recipient (KE) and status quo for other live donors2) Removal of different IDF rules for donors (i.e. all donor care paid for in DHB of domicile of donor).Option 2 supported including by Jo Brown and Ralph Le Salle (prior to meeting)Additional data available from MOH about cost implications of different models. **Actions:** Alex to share information with Nick.Nick to assist Alex progressing paper for GMs Planning & Funding meeting. |
| 12.15 | 10 | Directed Deceased Donation Protocol (NZBOS feedback) | Two points discussed:Privacy of additional recipients/donor family where any second operation done at one centreTiming of second transplant ?delay to ensure maximal opportunity for directed transplantation (ie by direction of second kidney to directed recipient if first is lost intra operatively etc) Advised today that it is unlikely that ‘the other’ kidney (deceased’s second directed kidney donation) would be transplanted into the patient in the event of an unsuccessful first kidney transplant. Therefore the timing issue not felt to be relevant.**Action:** Nick will continue correspondence with Janice L from NZBOS |
| 13.15 | 11 | Replacement metrics  | Developing an accurate, reliable and timely source of data has been a longstanding issue.The way forward seems to be:1. Identify and use available mechanisms where possible; Receive reports from outside sources (e.g. ANZdata) rather than generate reports from inside NRTS.
2. Use consultation and expert input
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| 13.45 | 12. | Pancreas allocation document | NRTS redrafts v2.2 on 19 March 2021.Pancreas will be allocated in waiting list order Tier 2 unless clinician thinks it should be prioritised to a particular patient; then it will be Tier 1**Action: Nick** to progress with ADHB Transplant Board Physicians |
| 14.00 | 13. | Other businessFrom ANZSN re. New model of care for people with kidney disease | **Action:** Nick will write a reply letter with Catherine Tracy to the author of the letter from ANZSN re: New model of care for people with kidney disease. |

**Next Meeting: Strategic Group Auckland 4 June 9.45 am – 3.15pm**

**Ko Awatea, Middlemore Hospital, Auckland**

**(face-to-face)**