**Minutes**

**National Renal Transplant Leadership Team**

**Strategic Group Meeting**

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| **Date:** | | 27 May 2022 | | | | |
| **Time:** | | 9.45am – 3.30pm | | | | |
| **Location:** | | Ko Awatea, Middlemore Hospital, South Auckland | | | | |
| **Chair:** | | | Nick Cross | | CD National Renal Transplant Service | CDHB | |
| **Attended:** | | |  | |  |  | |
|  | | | Andy McNally | | Nephrologist, | HBDHB | |
| **Zoom** | | | Chanel Prestidge | | Paediatric Nephrologist | ADHB  Starship Hospital | |
|  | | | Denise Beechey | | Renal CNS | CMDHB | |
|  | | | Drew Henderson | | Nephrologist, | WDHB | |
|  | | | Heather Dunckley | | Clinical Scientist,  New Zealand Blood Service | Auckland | |
| **Zoom p.m.** | | | Jo Brown | | Funding and Development Manager  Hospitals | ADHB and Waitemata DHB | |
|  | | | John Irvine | | Renal physician | CDHB | |
|  | | | John Kearns | | Consumer representative | Auckland | |
| **Zoom** | | | John Schollum | | Renal physician | SDHB | |
|  | | | Justin Roake | | Transplant surgeon | CDHB | |
| **Zoom** | | | Karen Macleod | | Consumer representative | Dunedin | |
|  | | | Kristin Wilson | | Business manager LTU | ADHB | |
|  | | | Merryn Jones | | Transplant Coordinator | HBDHB | |
|  | | | Paul Manley | | Transplant Physician, | ADHB | |
|  | | | Philip Matheson | | Renal physician | CCDHB | |
|  | | | Ralph La Salle | | Team Leader, Planning and Funding | CDHB | |
|  | | | Colette Meehan | | Administrator (minutes) | CDHB | |
| **Guests:** | | | Helen Pilmore | | TSANZ President | ADHB | |
|  | | | Ian Dittmer | | Medical Director of Allocation, and Kidney Exchange | ADHB | |
|  | | | Jo Burton | | Transplant Coordinator, ANZKX | ADHB | |
|  | | | Reshma Shettigar | | Renal physician | CDHB | |
| **Apologies:** | | | Carl Muthu | | Transplant surgeon | ADHB | |
|  | | | Claire Beckett | | Transplant coordinator | CCDHB | |
|  | Adam Simpson | | | Manager for System Flow MOH / HNZ | | Wellington |
|  | Jane Presto | | | Operations manager | | CCDHB |
|  | Richard Evans | | | Transplant surgeon | | CCDHB |

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|  | **Agenda Item** | **Notes and actions** |
| 1. | Welcome  Change of membership  Conflicts of Interest  Guests | New member: Merryn Jones, Transplant Coordinator, Hawkes Bay.  Retired: Janice Langlands, Donor Coordinator, ODNZ  Resigned: Karen Lovelock, Transplant Coordinator, Auckland  Guests:  Jo Burton, Transplant Coordinator, ANZKX (Auckland)  Reshma Shettigar, Nephrologist, CDHB  Helen Pilmore, TSANZ President  Ian Dittmer, Medical Director of Allocation, and Kidney Exchange  Conflict of interest form and guidelines are available for any member who needs to submit conflict of interest information. |
| 2. | Previous minutes | * NRTLT strategic group minutes for 3 December 2021   Passed: Kristen Wilson  Seconded: Denise Beechey   * NRTLT Operations group minutes for 25 March 2022   Passed: John Irvine  Seconded: Philip Matheson |
| 3. | Actions Update | NDD donor chain orphan kidney policy:  Ongoing correspondence with Peter Hughes (Australia) |
| 4. | CD Update | **Presentation of data from the Kidney Transplant Activity Annual Report 2021**. Find the document at:   * <https://www.health.govt.nz/system/files/documents/pages/kidney_transplant_activity_-_nz_-_2021_final.docx> * (Google: “NRTS transplant”)   **ASSET study update**  Establish linked data platform to investigate issues of inequity in delivery of health services for kidney transplantation. |
| 5. | TSANZ Items | **Current activity**:  Clinical guidelines. v1.9 has been published recently.  **Current focus**:  Find an effective method of managing the Guidelines on an ongoing basis (routine updates rather than ad hoc changes). |
| 6. | Retention of waiting list points after failed transplant policy  **Document**:  Waiting time reinstatement following failed kidney transplant review | Agreement to extend the wating time reinstatement from the current one week.  Discussion: 3 months versus 12 months.  Agreement for 12 months.  Next step: Calculate the number of retrospective patients who will now qualify.  **Action: Ian** will draft a paper about findings on retrospective cases. |
| 7. | Document:  Increasing Access to Kidney Transplantation at different DHBs | This paper was written for Paper for GMs’ Planning Funding for 10th of June 2022 meeting. Health New Zealand (HNZ) will be attending.  **Key points**  **Goals:**  Present a structure for GMs to consider funding.  **Messages:**  Staff – coordinators and leadership.   * Coordinators numbers per ESKD patient starts, not per transplant. * Consider additional staffing where there is a high proportion of Maaori/PI in population. * Coordinators be applied/organised as units see fit. (Suggests DLC be retired as concept). * Responsibility at referring units AND transplanting units.   Measurement within units and discussion with local managers about barriers.  **Strategy:**  Document to go to GMs planning/funding meeting on the June 10 (deferred subsequently to 17 June); a copy to go to HNZ for noting. |
| 8. | Document:  Roles, Responsibilities and Communication During Allocation and Retrieval of Deceased Donor Kidneys  V2.1 | This document has been finalised and is awaiting upload on to the Ministry of Health (migration to Health New Zealand) website.  The key focus is to encourage communication. |
| 9. | Trans-Tasman Kidney Exchange | Presentation by Jo Burton, Transplant Coordinator, ANZKX.  Update on processes, documents, recent pairs activity, and progress following limitations with air travel in the closed border / covid era. |
| 10. | Long Suspended Patients on the waiting list | Presentation by Reshma Shettigar, renal physician, Christchurch.   * One third of patients on list are suspended at any one point in time * Long suspended patients: definition more than 2 years * It is difficult to track long suspensions because of the method they are recorded, and the time-consuming manual process used for tracking.   Discussion on various ideas that may improve the process; clinical, administrative, and technological.  Consideration of automatic delisting at 2 years post suspension with notification.  Project to improve aspects of the tracking process is ongoing.  Agreement: Heather Dunkley Clinical Scientist, New Zealand Blood Service, has agreed to put suspended time on the list. |
| 11. | NKAS report 2022 | Presentation by Ian Dittmer, Medical Director, NKAS.  Data:  Waiting list December 2021.  Deceased donor transplants.  Discarded / unused kidneys  **Action: Nick** will talk to Sarah Morely of NZBOS about the two kidneys categorised as ‘the coroner did not give permission’ (done) |
| 12. | Strongyloidiasis testing in donors | Discussion:  Should living donors be tested for the infection?  Deceased donors are; (by Organ Donation NZ).  All donors are tested in Australia.  Current guidelines indicate presence of the infection does not preclude anyone being a donor – treatment of recipient is required.  Agreed units would commence testing all live donors (already occurring at Auckland)  **Action**: Philip (Wellington) and John I (Christchurch) to action. |
| 13. | Probable Hepatitis B transmission by deceased donor kidney transplant | There has been one case.  Outcome:   * Local management/investigation has occurred * NRTLT does not consider inclusion in Allocation Issues register is correct place. The case was not an allocation issue.   Suggestions for management of future cases:   * Develop a process to disseminate important information about transmissions/near misses * Ensure learnings disseminated * Ensure the process does not require too much work * Accurate and timely without being exhaustive (because there are other processes for exhaustive e.g., SAC1/2 incident processes within hospitals)   Issues:   * Unclear if information disseminated to recipients of other organs from same donor * Advice received pre and post-transplant will need integration.   Based on suggestions of a way forward Nick and Philip will draft guidance to send to all units.  **Action Nick, Philip** (draft is with Philip) |
| 14. | Allocation issues register | The document is on the public NRTS website. A recent entry was made “Violation of rank” (Item 5).  This updated version will be uploaded to the site.  **Action: Colette** |
| 15. | VSEAC Updates | Document: Feb 2021 VSEAC Hep C communique  Brief discussion on the purpose and content of this document. |
| **16.** | NRTLT from June 2022 | There has been no information sent to the National Renal Transplant Service (NRTS) from the Ministry of Health or the new Health New Zealand about the post 30 June 2022 existence or configuration of NRTS. Uncertainty about the future of the NRTS remains. |
| **17.** | Other business:  ABOI DD Kidneys:  ABO-Incompatible DDRTX draft guidelines is still in progress. | Actions:  **Nick** will send the latest document to NRTLT.  **Ian** will talk with “ Melbourne”.  **Heather** will check if NZTIL can coordinate the titres  **Philip** and **John I/John S** will work out a process to identify and blood group patients in their regions. |

**Remaining meetings for NRTLT for 2022**

Friday 8th of July (Ops) - Zoom

Friday 23rd September (Ops) - Christchurch

Friday 2nd December (Strategic) – Ko Awatea, Middlemore, South Auckland