



Minutes

Public session

Meeting of the Combined Statutory Advisory Committee

held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday 13 October 2017, commencing at 9.30am

Combined Statutory Advisory Committee members in attendance

Mr Stuart Hylton, Committee chair
Ms Dot McKinnon, Board chair
Mr Graham Adams
Mr Charlie Anderson
Mr Frank Bristol
Ms Maraea Bellamy
Dr Andrew Brown
Ms Jenny Duncan
Mr Leslie Gilsenan
Ms Grace Taiaroa
Mrs Judith MacDonald (lateness, arrived at 10.58am)
Ms Annette Main
Mr Matthew Rayner

In attendance

Ms Tracey Schiebli, General Manager, Service and Business Planning
Mrs Rowena Kui, Director Māori Health
Mrs Andrea Bunn, Senior Portfolio Manager, Mental Health and Health of Older People
Ms Katherine Fraser-Chapple, Business Manager, Medical, Community and Allied Health
Mrs Sandy Blake, Director of Nursing
Mrs Wendy Standbrook Mason, Nurse Manager, Medical Services
Mr Kilian O’Gorman, Business Support Manager
Mr Hentie Cilliers, General Manager, Human Resources
Dr Frank Rawlinson, Chief Medical Officer
Mrs Julie Patterson, Chief Executive Officer
Ms Rihi Karena, Kaitakitaki, Clinical Services Manager
Dr Tom Thompson, HOD Medicine, WDHB
Ms Bronwyn Anderson, Renal Nurse Specialist, Whanganui DHB
Ms Sharon Bevins, Project Lead, Renal Services, WDHB and Midcentral
Mr Albert Robertson, Renal Nurse Practitioner, Whanganui Regional Health Network
Ms Julie Nitschke, Nursing Clinical Director, Whanganui Regional Health Network
Mr Craig Johnston, General Manager Planning and Support, MidCentral DHB
Ms Lyn Horgan, Operations Director, MidCentral DHB
Dr Norman Panlilio, Renal Physician, MidCentral DHB
Ms Shonelle Fergusson, EA to General Manager, Service and Business Planning (*minutes*)

Media

One media representative attended the meeting.

Public

There were members of the public in attendance, including members of the Whanganui Kidney Support Group, and consumer representatives of the Whanganui DHB Renal Project Steering Group.

Karakia/reflection

Mr Matt Rayner offered a karakia and acknowledgement to Frank Bristol and his whānau/family.

1 Welcome and apologies

Apologies were received and accepted from Mr Darren Hull and Mrs Philippa Baker-Hogan.

No apology was received from Hon Dame Tariana Turia.

Welcome

The committee chair welcomed members to the meeting and acknowledged the newly renovated meeting room. He also offered aroha/love and thoughts to Frank Bristol.

2 Conflict and register of interests update

2.1 Updates to the register of interests

There were no amendments to the register of interest. The committee chair reminded members at any time they can provide new or amended conflicts of interest via email.

2.2 Declaration of conflicts in relation to business at this meeting

Nil

3 Late items

No late items were advised.

4 Minutes of the previous meeting

It was resolved that:

The minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 1 September 2017 be approved as a true and correct record.

All agreed

5 Matters arising

1 September 2017 meeting:

That the WDHB Statutory Advisory Committee progresses a formal request via the Whanganui Mayor that the Safer Whanganui Council Committee takes the lead on healthy homes in the broader content.

This action has been completed. All committee members were copied into the letter sent via email to the Whanganui Mayor.

Other items of note:

Health literacy presentation

The board chair noted that she attended the 'How we talk with patients: health literacy presentation' given by Susan Reid, NZ Health Literacy Director and that she found her presentation interesting and motivating.

Tukutuku panel

Ms Rowena Kui, Director Māori Health spoke to the recently mounted tukutuku panel in the board room created for us by Trina Taurua, Māori traditional weaver and tutor at Te Wananga o Aotearoa in Whanganui. The panel has been traditionally made with local flax. The yellow colouring of the flax has been made with moss from boulders and the brown colour is from mud collected locally from our awa (river) and the cream colour is the natural colour of the dried flax.

Each panel is aligned to our Te Waka values which support our organisational values. The panels have a reference to Whanganui DHB, Iwi, and also have a traditional meaning. The description of the tukutuku panels will be added to the board room wall, once it has been printed and framed.

6 Committee Chair's report (verbal report)

The committee chair acknowledged the great turnout of staff, family/whānau members and friends recognising and celebrating success, excellence and innovation at the Te Tohu Rangatira WDHB Health Awards in which he had a pleasure being part of.

He noted that a special award was given the 'Te Rangatira' award (leadership, visionary, passionate, caring and commitment) to our chief executive Julie Patterson. He acknowledged Julie's nine years of leadership and that she has woven us together as a board and leaves us in good stead.

Recognition was also given to Kate Joblin at the health awards. Kate has recently stepped down from Risk and Audit Committee (RAC) and it was nice to recognise her significant contribution to WDHB, together with Julie they formed a great team.

The 'Supreme' award (judged from category winners and supreme award nominees) was given for the cancer follow-up booklets.

The 'Emerging leaders' award (Recognising WDHB staff who have shown leadership in areas like equity, quality improvement, patient safety and improving the experience of care for our patients) was given to Shane Brown.

The Chair noted that the focus for today's meeting is renal services, and that the general manager, service and business planning Tracey Schiebli would commence by introducing the team that has been involved. He asked members to really think about what the need is for Whanganui, not only for today but into the future. He thanked everyone that has been involved in the work.

7. Whanganui DHB Renal Service Planning – Project findings and recommendations

Whanganui and MidCentral DHBs have been working together on planning for the renal service for the last 12 months.

The general manager service and business planning, Tracey Schiebli advised committee members that she would lead presentation of the report to members. A copy of the presentation is **attached** to the minutes.



Renal Slides for
Combined Committee

Introductions and welcomes were given to the following people who were in attendance to support the conversation:

- Sharon Bevins, Project Leader
- Craig Johnston, General Manager Planning and Support, MidCentral DHB
- Lyn Horgan, Operations Director, MidCentral DHB
- Dr Norman Panlilio, Renal Physician, MidCentral DHB

Special thanks were given to Tony Davis and Greg Ratana, who have provided essential oversight to the project as consumer representatives.

The general manager advised that the detailed plan was being presented in its' entirety, and that management were seeking advice from members on the recommendations for future work.

It was noted that the background section of the plan explains what renal services encompass, including a description of how the disease progresses. Renal Replacement Therapy (RRT) is to sustain life, which is dialysis and/or transplant, however only a small percentage of our population end up with a transplant. Whanganui has low rates for kidney transplants which is mostly linked to people's health status at presentation.

Most of the management of patients with Chronic Kidney Disease (CKD) occurs in primary care, but it can be a silent disease and the majority of people are not aware they have it. CKD is the main focus of renal services in New Zealand. CKD is staged 1 to 5, stage 5 is the end where RRT (dialysis or transplant) is required.

Equity issues are evident across the system, which is a reflection of poor health in our community, and peoples' ability to engage with the system we have created. The lack of early engagement in primary care has a direct impact on the outcomes for people as they move through the whole system.

New Zealand has one of the highest home dialysis rates in the world and RRT continues to grow each year primarily driven by Type 2 diabetes and the aging population.

Home Dialysis (HD)

A discussion was held around home dialysis and the following was noted:

- 55% of Whanganui dialysis patients are dialysing at home
- Increasing education and decreasing barriers are important in lifting rates of home dialysis
- Helping people to gain the confidence in making best choice
- Providing the best clinical option for the patient
- Some people find it difficult to make decisions decision due to language and literacy issues, and not having had the opportunity to talk to others who have been through similar experiences

- Some people choose hospital dialysis, as they feel safer in a hospital environment. Some do not want to associate their home with their illness, feel isolated at home, and therefore prefer to receive treatment in another setting
- Ultimately, people have the final choice in their treatment options, and opting for no treatment (supportive care) is a valid choice.

It was acknowledged that CKD detection and management has not had the same priority as other long term conditions in terms of effort and investment across the system. The consequence is late presentation, and less likelihood of suitability for transplant or other less invasive modalities of RRT, like Peritoneal Dialysis (PD).

Whanganui has lower rates of PD than the national average, due to the presentation of the person at the time, dependent of their health (multiple illnesses) and previous surgeries. Patients being elderly or having a higher body mass index also contribute to patient outcomes.

Having a kidney transplant requires the recipient (and donor if a live transplant) to be in good general health, all people considering having a kidney transplant need to have an assessment and meet criteria. The majority require multiple tests. People with comorbidities such as heart problems, active cancer or obesity will not meet criteria.

Currently Whanganui has four suitable people on the waiting list and eight people are being 'worked up' (having tests).

Mr Albert Robertson, Renal Nurse Practitioner, Whanganui Regional Health Network and Ms Julie Nitschke, Nursing Clinical Director, Whanganui Regional Health Network joined the table and presented to members.

An overview of the work done locally was provided to committee members.

CKD detection and management has been a key issue, and this has been the beginning of our early work in primary care and developing a clinical pathway to manage the community the best we can. Advice was sought from both MidCentral and Horowhenua around general practice, and this was greatly received.

General Practice's (GP's) within Whanganui have busy practices, so two tools were developed on the patient dashboard that the GPs use at appointments. The first tool is the new CKD prompt and the second tool is the new Best Practice CKD module. The CKD prompt is to tell if the patient needs to be screened for CKD and will use the Best Practice CKD module accordingly. This system uses the data contained in Medtech.

Whanganui DHB made an investment in the renal nurse practitioner role. Albert has been instrumental in delivering workshops, education sessions in the prevention, detection and management of CKD, and increasing provider and community awareness about renal disease and services available.

Greg Ratana, consumer representative spoke to the meeting:

Greg spoke to his patient journey, how he became isolated and out of touch with his whānau. This is when he realised if he came home he could be in control of his life a bit more. This decision removed travelling time to and from Palmerston North and the uneasy feeling of travelling in the shuttle bus after dialysis.

He felt his literacy issues and learning skills were a barrier, but once this decision was made, whānau and clinicians supported him to achieve the necessary skills to be able to operate the machine. The knowledge of the machine and dialysis has since been shared with other members of the whānau. Greg is not missing any sessions like he used to, this is easier at home and he is well looked after. Our nurses regularly check on him at home and this is working for him.

Tony Davis, consumer representative spoke to the meeting:

Tony said that it took him a long time to come to terms with his illness, and that if he does not use the machine he is gone, noting that he is very grateful for the machine and what it does for him. Travelling to Palmerston North was also an agitation that he could not do any longer. He wanted to do things in his own time not others timeframes.

Points noted and comments made included:

- We should be doing everything we can to support people to receive treatment at home
- The closer to home services are provided, the more options people have for attending to activities of daily life, for example, spending more time with whānau
- Education is required before you can choose home dialysis
- The machine needs to be maintained by a qualified technician
- Nurse home visits are there when needed
- Good water pressure is required for the machine and a large amount of water is needed
- Some rural areas have water issues, and this can be a barrier for rural areas for all aspect of health. We should work closely with our councils on this.
- Portable machines could be a helpful addition to the range of options in future
- A national working group has been established to look at 'holiday' dialysis options for people who need to leave the district but still need to access dialysis.

Ms Lyn Horgan, Operations Director, MidCentral DHB and Dr Norman Panlilio, Renal Physician, MidCentral DHB spoke to the meeting.

The team acknowledged everyone who has been involved in this work. It was noted that Dr Norman Panlilio will be commencing outpatient clinics at Whanganui starting in November 2017. The goal for our clients will be to get them home and supported across both districts.

We aim to have one specialist renal service across the combined sub-region, which is connected to secondary and primary care in all locations. In the New Year, the two boards will come together to discuss how this work is progressing.

A summary of the options, evaluation and preferred model was given by the general manager, service and business planning.

Four options for evaluation:

- Home support service (stable haemodialysis patients)
- Satellite in Whanganui (stable haemodialysis patients)
- A renal team to provide more support locally for renal patients across the continuum
- Community house (independent haemodialysis patients).

Evaluation criteria: Based on triple AIM framework

- Patient experience: Sustain or enhance
- Quality and safety
- Health outcomes
- Equity of access
- Affordability
- Deliverability: Support from consumers, stakeholders and support staffing models
- Sustainability: Model into the future.

Summary of evaluation:

- The options are not mutually exclusive
- Renal team scored highest and performed best against the criteria
- The community house model rates second and could be implemented through a DHB - community partnership
- A satellite dialysis unit in Whanganui scored the lowest due to financial diseconomy and likely decrease in home dialysis rates.

Conclusions and recommendations

The committee supported the recommendations contained in the Renal Service Project Plan, as follows:

Key recommendations

1. That the Roadmap for Whanganui Renal Services is implemented.
A project approach should be used. Establishing the Renal Team should be the first activity.
2. That establishing governance arrangements for the sub-regional service is give priority in order to progress sub-regional activities.
A decision on in-centre facilities and a business case is particularly urgent.

Recommendations to further develop services in the community

The following set of recommendations further the aims of the Model of Care including appropriate detection and management of kidney function including timely referral, kidney transplant as the preferred option and home dialysis where possible.

3. That community awareness of CKD is increased including causes, prevention and management.
4. That funding for psychology services for transplant recipients is explored for the whole MidCentral service.
A contract is in place with the Massey Psychology service for donor assessments but not for recipient assessments.
5. That patients receiving home haemodialysis are reimbursed for additional electricity costs. Other financial barriers to home dialysis should be identified to explore assistance.
Electricity reimbursement is in place in a number of other DHBs including Auckland, Counties Manukau and Hawkes Bay. \$105 per quarter per patient has been incorporated within the Renal Team budget.
6. That peer support models of care are more actively pursued in order to improve support, health literacy, compliance with treatment and engagement with services.
7. That more research occurs into the barriers of access in primary care. A set of agreed information should be kept on all late referrals so this can be used to better understand the issues and make improvements. Patients should be involved in this discussion.

Other recommendations

8. That the system of transport be re-reviewed including schedules, claiming processes and communication/issue resolution to see if further improvements are required.
9. That hospital staff receive more education about the requirements of patients on dialysis in order to incorporate into patient care plans and better meet patient's needs.
Renal patients have specific requirements and may be too unwell to self-care when in hospital.

All agreed

8 Date of next meeting

Friday, 1 December 2017.

9 Glossary and terms of reference

Taken as read.

10 Exclusion of public

It was resolved that:

The public be excluded from the remainder of this meeting under clause 32, Schedule 3 of the New Zealand Public Health and Disability Act 2000 on the grounds that the conduct of the following agenda items in public would be likely to result in the disclosure of information for which good reason for withholding exists under sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

Agenda item	Reason	OIA reference
Minutes of meeting held on 1 September 2017 (public excluded session)	For the reasons set out in the committee's agenda of 1 September 2017	As per the committee's agenda of 1 September 2017

Persons permitted to remain during the public excluded session

The following person(s) may be permitted to remain after the public has been excluded because the board considers that they have knowledge that will help it. The knowledge possessed by the following persons and relevance of that knowledge to the matters to be discussed follows.

Person(s)	Knowledge possessed	Relevance to discussion
Chief executive, senior managers and clinicians	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Executive assistant	Minute taking	Recording minutes of meeting

The public session of the meeting ended at 12.42pm.