

NEW ZEALAND BLOOD SERVICE

Minutes – NZBS Board Teleconference

Minutes of the NZBS Board

Teleconference held at: New Zealand Blood Service
71 Great South Road, Epsom, Auckland

In attendance by phone: Mr David Chamberlain (Chairman)
Dr Jackie Blue (Deputy Chair)
Dr Bart Baker
Ms Cathryn Lancaster
Dr Paula Martin
Mr Ray Lind

Apologies: Ms Fiona Pimm

Management: Ms Sam Cliffe (CEO)
Mr John Harrison (Director Finance)
Mrs C Van Tilburg (Director Business Improvement & Partnerships)

Board Secretariat: Ms Vanessa Siddins (Board Secretary)

Date: Thursday, 2 May 2019

The teleconference commenced at 9.30am with no conflicts of interest acknowledged for any items on the agenda.

ITEM 1.0 APOLOGIES

F Pimm gave her apologies for this meeting and B Baker noted he was only able to attend for 30-45 minutes.

ITEM 2.0 Redevelopment Matters

2.1 Banking

There were no questions or concerns from the Board.

Motion: The Board approved the increase in MOCL facility arrangements as offered by Westpac in its 17 April Offer letter and authorised the Chairman to formally execute acceptance of the Offer letter on behalf of the New Zealand Blood Service.

Motion by: R Lind

Seconded by: J Blue

Carried: All present in favour

ITEM 3.0 DISCUSSION PAPER

3.1 Establishment of a national organ donation and transplantation agency – initial Issues paper

S Cliffe noted that P Martin's paper set the context for the discussion. As a Board and management, we need to position ourselves appropriately with what form and function the national agency may take. We have concerns around the lack of detail in the Bill, and it's unclear how we can work through that detail. The Ministry of Health's focus has been on ODNZ

and their future. We need to understand the implications for the organ donation sector. This paper lays out the issues and implications. We need to determine if we make a submission to the Health Select Committee by the close off date of 16 May 2019.

D Chamberlain advised that today, we only needed to decide if we want to make a submission and if so, what do we want to say. Then, management can work on a draft submission. Some of the difficulties lie in the fact that we have yet to receive the Cabinet and policy papers.

D Chamberlain thanked P Martin for writing an excellent paper.

P Martin explained she had given background information on:

- Where the idea of a national agency came from and some information about organ transplant and donation.
- The crux of the problem that the Government is trying to fix.

The headline figures in the graphs are those that any country would use with rates per million population being the headline numbers. Relative to other countries we are still lagging, our numbers are increasing but not our rates. Australia has made a lot of progress in the last few years. It's an unusual situation we find ourselves in and quite challenging. It's more than transferring ODNZ over. We do not have any clarity and neither do the wider sector and other stakeholders. There is confusion and angst in the sector, therefore getting that clarity for everyone is going to be important.

There was discussion around stakeholder reaction. P Martin noted that this is why the EY report was written to give stakeholders the time to speak up. We don't need to enter into a policy debate. Policy has been set, and they want to implement the strategy, with clear benefits. What we are trying to do is get clarity as implementers, how do we make this work, what do we need from legislation/funding to achieve the goals. We are very supportive and we are willing to take it on, but need more clarity on what they want us to be doing. C Lancaster felt that current wording in the draft Bill exposed us to risk.

J Blue commented that if we don't do something it will be status quo, she agrees with everything that has been discussed. We need to be positive, we can't say nothing and we have no other option but to say something.

B Baker agreed with what had been said and commented that this could expand to other tissues and rationalise and reduce waiting times.

There was discussion around funding, with numbers given thought to be inadequate. There should not be cross subsidisation between blood products and organs. There could be some difficulties in resolving the budget as there is a lot that is not mentioned anywhere. P Martin noted that a couple of MPs had said they were concerned about the level of funding. S Cliffe recalled that during a meeting with the Ministry (separate from ODNZ), they asked us what we thought it would cost to transition ODNZ. We have never had a conversation with the Ministry around how much it would cost to implement the strategy.

The national agency needs a mandate to lead, coordinate and plan. The Australians have been through this process and now have more donations. It was noted that the benefit of transplantation is that it gets people out of hospital and back to work. B Baker noted that kidney transplants are more widespread with renal transplants in Auckland Christchurch and Wellington and heart/lung transplants only in Auckland. This puts immense pressure on transplant units, especially if this is extended out beyond solid organs. P Martin commented that the issue will not be with the DHBs, it will be around the funding model. More resources for deceased organ donation are needed, which means more ICU resources. There has been research that showed that the saving from renal dialysis are enough to pay for all transplants.

S Cliffe noted that we already do skin and bone with the Medical School looking after corneas and heart valves managed by LabPLUS. B Baker commented that those tissues don't need matching, the organs require appropriate matching and immune suppression after transplantation. There was further discussion on the bone marrow registry who we support by acquiring donors. Would this be part of our scope as the national agency? We could make a comment on what we think the scope should be. There are often tensions within the health sector relating to inter-district flows and having a national approach could simplify funding and the transfer of cost problem. P Martin noted that the National Renal Transplant Service governed by the Ministry that Nick Cross chairs, are looking at a lot of those issues, including working across district boundaries. It would be odd to leave that outside the national service.

D Chamberlain noted that there seemed to be overwhelming support for submission which F Pimm (apology) also supported. Are we saying the national service should include tissue? S Cliffe responded that if we scope it right for organs, it could fall within the remit. We are probably the only agency in country that are currently compliant with regulations to bank tissue. We are also strategically able to increase our tissue banking facility. There was further discussion on if we are only concentrating on deceased and living organs or expand to other tissues. At a practical level, that part of the service is different, but strategically they sit together and it's irrelevant to patients. There was a discussion around increasing the rates of deceased and living donations and it was noted that these are managed in quite different ways. Nick Cross heads a group called the National Renal Transplant group who are focussed on getting more renal transplants, both deceased and living. NZBS already do all the matching for kidney tissue typing and we have a role in all organ transplants.

S Cliffe would like to make contact with our counterparts in Australia if the Board are in agreement, to find out more about their funding models etc, although it is difficult to know what questions to ask without knowing what we are going to be doing. It was noted that the current ODNZ funding is buried in ADHB services directorate. For the types of activity we'd be doing, it needs a Ministry funding stream. It would need money to run, potentially including a register, centre of excellence, public awareness etc, these are not generally front line services.

B Baker left the meeting 10.40am.

P Martin raised that the purpose, national profile and focus, should be reflected in name of the organisation. The name change is also an outstanding issue. S Cliffe feels that a name change is necessary.

S Cliffe queried how explicit about scope do the Board want to be? Are we going to be more opaque than the Australian Organ and Tissue Authority (OTA) document? S Cliffe has some views, but we need to make sure we are aligned. There was further discussion around the OTA material and it was noted that it covers it reasonably well and could be tweaked to New Zealand. P Martin asked if the Board were thinking we go quite broad on the scope, with living and deceased organ donation and potentially other tissues further down the track?

S Cliffe noted that the service specifications in the agreement are very light. ODNZ coordinate the process to go to the unit and bring back the organ. Our tissue typing team work together with transplant surgeons and we have a jointly maintained matching system. We receive samples to match and help them identify matches. We do same with bone marrow donations. P Martin noted that with kidneys there is an algorithm. C Van Tilburg advised that NZBS jointly maintains the matching system and gives the most likely matches. We also test donor recipients on a monthly basis to make sure they haven't developed antibodies; we are intimately involved in the process already.

If the Board is comfortable with everything written in the issues paper, then S Cliffe thinks we have enough to craft it into a draft submission.

P Martin asked where we have landed on function as the OTA functions are different from what the Strategy proposed. We need to form a point of view before 16 May. Could say we need clearer objectives of functions, this is the type of thing we propose and work this through. The question is how far do we fill in the blanks.

This doesn't need to be a massive submission. There was agreement that the Board felt comfortable to delegate authority to S Cliffe and engage P Martin to do the work on the submission if she has time.

There was a discussion around the purpose of our submission and the need to remove ambiguity and define our role. This is an unusual situation, after two years of talks with the Ministry, if we don't do this we will continue with complete ambiguity and we will fail. It would be very usual to have those Cabinet papers now. D Chamberlain agreed that he will contact the Minister, and felt that he should be aware we are putting in a submission and he should know the general form of it.

S Cliffe felt it was a really good discussion and thanked P Martin for all her work.

D Chamberlain thanked everyone for attending and to P Martin for the excellent paper

ITEM 5.0 NEXT MEETING

The next Board meeting will be on 30 May 2019 at National Office, 71 Great South Road, Epsom

Close of Meeting: The meeting closed at 11.10am

Certified as a true and correct record:

A handwritten signature in black ink, consisting of a stylized 'D' followed by a cursive 'C' and a period.

David Chamberlain – Board Chairman