

10 October 2013

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Ministry of Health

By email: [Alisa.Jacobson@moh.govt.nz](mailto:Alisa.Jacobson@moh.govt.nz)

### **Draft National Chronic Kidney Disease (CKD) Management Consensus Statement**

Dear Alisa

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the draft national Chronic Kidney Disease (CKD) management consensus statement.

The NZMA is the country's largest voluntary pan-professional medical organisation with over 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, specialists, doctors-in-training, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of all New Zealanders

The NZMA welcomes the development of a national consensus statement on CKD that seeks to provide more effective management of CKD in primary care. We note that this draft has been developed with the assistance of a specialist nephrologist and a renal nurse practitioner, and is being circulated for comments by 11 October, before a revised draft is to be presented at a CKD symposium on 17 October. Given the very short timeframes, the NZMA has had to expedite its normal process for responding to consultations.

We note that that the draft consensus statement identifies two complementary strategies to improvement the management of CKD in primary care: i) an electronic desktop tool for CKD management, and ii) nurse-led clinics to manage high risk patients. We are broadly supportive of both these strategies. However, we believe that the implementation of both of these strategies is

likely to entail significant challenges. To be successfully used, such an electronic system needs to fit seamlessly into the point of care and be embedded within existing practice management software. Nurse-led clinics will need adequate resourcing and support to be able to integrate with the rest of the primary care team. These challenges notwithstanding, we welcome the proposed measures to improve the care of patients with CKD in primary care.

We are encouraged by the statement's specific call for DHB funding and planning teams to support the development of better management of CKD in primary care practices via their PHOs and development of their secondary nephrology and diabetes services. We look forward to learning the outcome of the CKD symposium and would be happy to assist the Ministry with the dissemination of the final document.

Yours sincerely

A handwritten signature in black ink, appearing to be 'M. Peterson', written in a cursive style.

Dr Mark Peterson  
NZMA Chair