

**NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE
TELECONFERENCE MEETING OF CTAG CORE GROUP
ON MONDAY 20TH NOVEMBER 2017, 14:15 – 15.45**

MINUTES

PRESENT

S Tsui	Chair
N Al Attar	Glasgow
N Banner	Harefield
M Burch	Great Ormond Street
P Catarino	Papworth (left at 15.38)
J Newby	ODT Hub Offering (NHSBT)
A Simon	Harefield

IN ATTENDANCE

L Newman	Secretary (NHSBT)
S Rushton	Statistics and Clinical Studies (NHSBT)
E Wong	Statistics and Clinical Studies (NHSBT)

NOT PRESENT

A Hasan	Newcastle
J Mascaro	Birmingham
R Venkateswaran	Manchester

1	Minutes of the CTAG Core Group teleconference: 27th July 2017		CTAG CG(M)(17)2
	S Tsui thanked members for their time and attendance. The minutes of the meeting dated 27 th July were agreed as an accurate record of the last meeting.		
2	Matters arising from previous minutes		
2a	Reasons for declining donor organs	CTCG(17)1	CTCG(17)1a
	<p>The list of reasons for declining donor organs was agreed in early 2017 in parallel with CTAG Wider Group. Following review, John Asher and NHSBT made revisions from four to five categories in line with other SOAGs. The amended version of the form was circulated prior to the meeting today.</p> <p>The five categories are:</p> <ol style="list-style-type: none"> 1. Donor Unsuitable 2. Organ Unsuitable 3. Organ Unsuitable for Named Recipient 4. Recipient Unsuitable 5. Logistical Issue <p>The CTAG Declined Organs Audit Tool (CTCG(17)1a) is for centres to record up to three reasons for declining each donor organ. Organ offers are identified with the unique donor ID number, with three columns to select a primary, secondary and tertiary reason for decline. If the reason for decline is 'other' (category A98, B98, C98, D98 or E98) there is space to add free text for clarification. DBD/DCD donors could later be identified from the donor ID number.</p> <p>Atelectasis will be added to the list of reasons for declining an organ under the category heading of Organ Unsuitable. It will be inserted under the Lung heading as number 12,</p>		

	<p>moving Bullous Disease/Emphysema to 13. When the form has been amended, it will be piloted nationwide.</p> <p>Centres are required to use one worksheet of the workbook per month to record their reasons for declining donor organs and to return the page to NHSBT at the end of each month. S Rushton will update Reasons for Declining Cardiothoracic Donor Organs, and circulate to centres by Friday 24th November ready for trial from 01/12/17.</p> <p>Hub Operations will be unable to fully record these reasons until early next year; this time will afford teams the opportunity to embed the forms into their processes.</p>	S Rushton Completed
2b	<p>Grading of retrieved cardiothoracic organs CTCG(17)2</p> <p>Retrieved cardiothoracic organs require grading on quality and suitability; using the two grading forms FRM5721 (Lungs) and FRM5722 (Hearts) which went live on 18/01/17.</p> <p>Return rates since implementation have remained too low to enable useful analysis of graded retrieved cardiothoracic organs. A return rate of 60% of all completed forms is required before analysis can take place. For retrieved hearts between 18/01/17 and 17/10/17 only 39% of forms were returned by the retrieval teams, and 19% of the forms were returned by the transplanting teams. For lungs, 39% of forms were received from retrieval teams and 33% from the transplanting teams.</p> <p>It is hoped that the reason for the lack of returns is due to the majority of retrieved organs being in a good condition ready for transplantation. Grading the quality and condition of cardiothoracic organs is a KPI, and teams need to improve form return rates in order to measure this KPI.</p> <p>The forms are quick and easy to complete and submit, but may look daunting. Completion and return should be compulsory among NORS Teams. Unit reps will re-visit internal processes for grading organs and establish a method to improve return rates for grading forms. Centre Leads should email their strategy for increasing the numbers of forms returned to NHSBT to Steven Tsui.</p>	Centre Leads
2c	<p>Pro-forma for SUHAS application for IABP patients CTCG(17)3</p> <p>Patients in receipt of an Intra-Aortic Balloon Pump (IABP) were initially all registered on the Super Urgent Heart Allocation Scheme. However, it was agreed at the previous Core Group that patients on IABP would only be automatically eligible for the UHAS. Approval by the Adjudication Panel is required for these patients to go on the SUHAS.</p> <p>Once a patient has been accepted onto the SUHAS, their consultant then has to reapply for the registration after seven days to remain active. If the renewal registration form hasn't been completed and sent in within 10 days, the patient would be demoted to the UHAS. The 10 days is to give additional time for the adjudication panel over a weekend or bank holiday for example without putting patients at risk.</p> <p>The Adjudication Panel application form for IABP patients is currently in PDF format and has to be printed, scanned and emailed. The form will be made available in Word and circulated as soon as possible. S Rushton will amend the current registration form and circulate to centres.</p>	Centre Leads S Rushton
2d	<p>Retrieval Team bringing their own defibrillator</p> <p>All units have now confirmed that their retrieval teams have access to a portable defibrillator and paddles to take with them to retrievals. This issue is considered closed and will be removed from the agenda for future meetings.</p>	
2e	<p>Scouting – NORS Workforce Transformation Board: Scout Subgroup</p> <p>The NORS Workforce Transformation Board Scouting Sub Group Meeting took place in September with a follow up telecon about three weeks before this meeting.</p>	

	<p>The scouting function could be carried out by a surgical fellow, SNOD, ICU Member from donor hospital, NORS Team Member or a Nurse Practitioner. The consensus was that a NORS Team member is the best person to perform the scout function.</p> <p>Once the Scout Subgroup has completed the options appraisal, the NORS Workforce Transformation Board will work through the options and costs to establish the preferred option. The next Workforce Transformation Board meeting is next week; following this a business case will be submitted to the Change Program Board in December to facilitate Scouting starting from 01/04/18.</p>	
2f	<p>Destination VAD Policy Proposal</p> <p>The proposal for LVAD as Destination Therapy has been unsuccessful. This issue will be closed and removed from the agenda for future meetings</p>	
3	Standing items	
3a	Centre representative list	CTCG(17)4
3b	<p>CTAG VAD Audit Link</p> <p>The Centre Representative List circulated prior to the meeting needs minor amendment to NORS Leads and the VAD link for each centre. L Newman to make these amendments. Harefield to identify their NORS lead to S Tsui, L Newman to update the list.</p>	Harefield L Newman
4	Super Urgent and Urgent registration forms: CTCG(17)5 CTCG(17)5a	
	<p>Minor updates have been made to the registration forms in-line with decisions made regarding IABP patients and further clarification on a number of other registration categories. The attached forms have been highlighted to indicate the changes that will be made and the group was in agreement over the alterations required. Any comments should be emailed to S Rushton who will alter the forms and then forward to centres once amended and approved.</p>	
5	Allocation Zones CTCG(17)6	
	<p>The paper presented proposes phase 2 changes to the allocation zones. This proposal includes the latest registration activity between 1 October 2015 and 30 September 2017. The changes constitute increases or decreases in the heart and lung zone sizes for individual centres. A note was made about patients less than 16 years transferred from Great Ormond Street Hospital to Harefield and that these have not been included but would be taken into account in future. The changes were agreed by all present as reasonable and therefore will be taken forward and implemented in the New Year.</p>	
6	Ice Machine SOP CTCG(17)7	
	<p>Ice machines used for packing cardiothoracic organs for transplant do not have to produce sterile ice, but it should still be as clean as possible. Newcastle recently replaced their ice machine and devised a new SOP to suggest good practice for the ice machines used in retrieval.</p> <p>The SOP has been sent to NRG for approval, and will be implemented by retrieval teams for non-sterile ice only. Centre Leads to let S Tsui know if they will be implementing the Newcastle devised SOP or whether they will generate their own versions to maintain the cleanliness of the ice machines used to produce ice for retrieval.</p>	Centre Leads
7	Any other business	
	<p>The use of the heater cooler was discussed at NRG; centres using NRP need to meet the same standards as the heater cooler requirements for use in cardiothoracic surgery. S Tsui will extract and circulate the appropriate section from the NRG Minutes.</p>	S Tsui

	<p>The presence of HLA antibodies could affect the likelihood of a patient receiving suitable organ offers, although this is not one of the factors used in the SUHAS or UHAS. The Allocation Zones may further impact the chances of suitable organ offers to these types of patients. This will be covered by the CTAG Heart Allocation Working Group which is due to meet in January 2018.</p> <p>NHS England has asked the CTAG Heart Adjudication panel to decide whether individual patients should be treated with the Total Artificial Heart. A Simon is concerned that this might cause a delay of 24 to 48 hours. A Simon has written to NHS England to ask them to consider a formal commissioning process for the using the Total Artificial.</p>	<p>A Simon</p>
8	<p>Date of next Core Group Teleconference</p> <p style="text-align: center;">To Be Confirmed</p>	