

CARDIOTHORACIC WORKPLAN - 2018 – 2019

PRIORITIES

CARDIOTHORACIC ADVISORY GROUP - WORKPLAN 2018/19	
Priorities identified	
Priority 1: Implementation of fair and equitable cardiothoracic donor organ allocation	<p>a) Hearts. Implementation of 2018 Heart Allocation Scheme.</p> <p>b) Lungs. Monitor all tiers of 2017 Lung Allocation Scheme.</p> <p>c) Heart-lung blocks. Formalise selection and allocation for this group.</p> <p>e) Paediatrics. Implement paediatric allocation zones</p>
Priority 2: Increase utilisation of donor organs	<p>a) Donor optimisation. Implementation of Scout service as BAU.</p> <p>b) Encourage greater acceptance of standard donor organs</p> <p>c) Encourage greater acceptance of extended criteria donor organs</p>
Priority 3: Agree and implement cardiothoracic organ perfusion protocol	
Priority 4: Data collection by CT NORS and Transplant Teams	<p>Including:</p> <p>a) Donor and retrieval data</p> <p>b) Ischaemia time components</p> <p>c) Reasons for offer decline</p>

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Priorities identified	Priority rating	Justification for priority rating	Plan to achieve completion	Anticipated start date	Anticipated completion date	Measure of success	Key deliverables
Priority 1: Implementation of fair and equitable cardiothoracic donor allocation	****	To ensure fair and equitable access to transplantation irrespective of which centre a patient is listed at or the age of the patient.	Heart Allocation Sub-Group designing 2018 Heart Allocation Scheme. Scheme will then have to have stakeholder review. NHSBT to implement paediatric zones in place of current paediatric rota. Monitor 2017 Lung Allocation Scheme to detect any disadvantage. Formalise urgent heart-lung allocation.	2017	Zone split completed Jan 2018, with other improvements made before hand. On-going improvements needed.	Low waiting list mortality and good post-transplant outcomes. Equity between similar patient group across centres.	Implement the 2018 Heart Allocation Scheme. Implement paediatric allocation zones.
Priority 2: Increase utilisation of donor organs	***	Increase the number of organs for transplantation and the chances of listed patients receiving a transplant	Scout service made BAU. "Ideal lung donor" and "Ideal heart donor" initiatives. Funding for DCD heart retrieval.	Spring 2016	Await outcome of NORS Workforce Transformation Board with respect to future of Scout service.	Increase the percentage of donor hearts and lungs retrieved and transplanted.	Implementing Scout service.
Priority 3: Agree and implement cardiothoracic organ perfusion protocol	***	To ensure consistent approach by all NORS teams	Joint CTAG/NRG cardiothoracic organ perfusion meeting held on 10 Dec 2015. Proposal from meeting ratified by NRG on 9 March 2016. Agreed approach to be incorporated into NORS standards.	Spring 2016	After ratification by TPRC in Summer 2017	NA (No monitoring required)	
Priority 4: Data collection by CT NORS and Transplant Teams	***	To ensure key dataset required are collected.	Revise data collection tools to make them more user friendly. Transplant Unit Clinical Leads and NORS Leads need to support this process and nominate local champions. Donor Heart and Donor Lung grading form completion by retrieval and implanting surgeons	Spring 2017	Unknown	When there is an effective process in place to collect these data which can drive improvement.	