

NHS BLOOD AND TRANSPLANT

**MINUTES OF THE TWENTY-THIRD MEETING OF THE
ADVISORY GROUP CHAIRS COMMITTEE
HELD AT 10.30 AM ON TUESDAY, 29TH NOVEMBER 2016
AT WEST END DONOR CENTRE, MARGARET STREET,
LONDON W1W 8NB**

PRESENT:

Prof John Forsythe, Associate Medical Director ODT, NHSBT (**Chair**)
 Dr Nick Banner, Cardiothoracic Advisory Group Deputy Chair
 Mr John Casey, Pancreas Advisory Group Chair
 Prof Peter Friend, Bowel Advisory Group Chair
 Mr Ben Hume, Assistant Director, Transplantation Support Services, ODT
 Prof John O'Grady, Liver Advisory Group Chair
 Mr Gabriel Oniscu, Research, Innovation & Novel technologies Advisory Group Chair
 Prof Rutger Ploeg, National Retrieval Group Chair
 Ms Helen Tincknell, Lead Nurse Recipient Co-ordination, ODT
 Prof Chris Watson, Kidney Advisory Group Chair
 Mrs Claire Williment, Head of Transplant Development, ODT, NHSBT

IN ATTENDANCE:

Ms Olivia Jones, Content Designer, ODT Clinical Website Research
 Mr Mark Roberts, Head of Commissioning Development, ODT
 Mrs Kathy Zalewska, Clinical & Support Services, ODT (Secretary)

ACTION**1 WELCOME & APOLOGIES**

J Forsythe welcomed everyone to the meeting and apologies were reported from:

Mr John Asher, Medical Health Informatics Lead, ODT
 Mr Roberto Cacciola, Assoc. National Clinical Lead for Organ Retrieval
 Mr Chris Callaghan, National Clinical Lead for Organ Utilisation
 (Abdominal)

Prof John Dark, National Clinical Lead for Governance, ODT
 Mrs Rachel Johnson, Head of Organ Donation & Transplantation
 Studies, NHSBT

Ms Sally Johnson, Director of ODT, NHSBT
 Prof Derek Manas, BTS Representative
 Dr Gail Mifflin, Medical & Research Director, NHSBT
 Mr Jeremy Monroe, TPRC Chair & Non-Executive Director, NHSBT
 Dr Paul Murphy, National Organ Donation Committee Chair
 Mr Aaron Powell, Chief Digital Officer, NHSBT
 Mr Anthony Snape, Head of Service Management, ICT, NHSBT
 Mr Derek Tole, Ocular Tissue Advisory Group Chair
 Mr Steven Tsui, Cardiothoracic Advisory Group Chair

1.1 Declarations of Interest – AGChC(16)26

There were no declarations of interest.

2 **MINUTES OF THE MEETING HELD ON 12TH JULY 2016 – AGChC(M)(16)3**

2.1 The minutes of the previous meeting were agreed as a correct record.

3 **ACTION POINTS & MATTERS ARISING – AGChC(AP)(16)4**

3.1 **Action points:**

Item 1: In hand

Item 2: Completed

Item 3: Completed

Matters arising not separately identified:

There were no other matters arising not separately identified.

4 **ALLOCATION POLICIES**

4.1 **Report from Chairs**

Heart/Lung: The new system of electronic offering of hearts for urgent and super-urgent recipients went live on 26th October 2016. The next step will be to introduce electronic offering of lungs for urgent and super-urgent recipients.

Liver: Detailed discussions are starting to take place on six headline issues. In mid-spring 2017 a national meeting will be held to disseminate details to centres and to make a decision as to whether centre specific events will be required. The aim is to work to a launch in June 2017.

Kidney: Work is taking place on developing the next allocation scheme. The suggestions from three wider groups have been considered by the core group in order to synthesise recommendations. A meeting will take place in December to agree on a series of simulations.

Pancreas: An allocation working group is looking at the pancreas allocation scheme which is now 5 yrs old. The group is looking at issues such as wait times longer than 2 years for a pancreas, highly sensitised patients, and organs from high/low BMI donors being allocated to laboratories. Work is ongoing to define data to take this forward. In addition, PAG will need to consider any changes which may arise from the review of the kidney allocation scheme.

Research, Innovation & Novel Technologies: There is an agreed allocation scheme for organs for research which have been retrieved for transplantation purposes. The Duty Office will allocate using agreed ranking criteria for prioritising organs according to the impact on transplantation. The allocation scheme will be piloted and reviewed every 3 months. All research studies in the UK will be ranked on priority.

4.2 **ODT National Hub: Progress update – AGChC(16)27**

B Hume gave an update on the Hub ten months into the programme. ODT is the first part of the organisation to take on the new IT framework as the operations centre relies heavily on IT to ensure it is fit for purpose. From July to March the plan is to deliver digital waiting lists with a prototype based on one organ group and replacing the use of

ACTION

faxes for liver offering. A central referral and assessment model has been tested which enables early assessment by SNODs away from the bedside, potentially reducing wastage of resources.

Work on delivering offering schemes for urgent and super-urgent lungs is planned to complete by the end of March 2017. Preparation is also beginning on the liver offering scheme, development of which should be completed by the end of June 2017.

R Ploeg queried whether there was a plan to provide a permanent backup system with clinicians advising the Duty Office on various issues. If so, then the criteria for triggering this backup service and how it is provided would need to be defined. It was acknowledged that an informal system is currently in place and a method of formalising this was recommended.

Work on collecting the variables for the electronic quality form is being undertaken. However, this is not included within the Hub pathway currently and it was acknowledged that, if included, then this would delay other areas of work.

5 ODT CLINICAL WEBSITE RESEARCH

5.1 Olivia Jones gave a presentation on the user research survey looking at how the content of the ODT website is currently arranged and how to optimise it. The following comments were received:

- There needs to be an appropriate level of engagement with the survey.
- The ODT website needs to have a defined professional element as well as public facing pages.
- Consider the use of a pop-up box for those entering the website to access the survey.
- Ensure that guidance contained on the site is kept up to date.

Members were asked to:

- Consider those websites that they use frequently and find helpful from a clinical perspective.
- Complete the survey and encourage colleagues to do the same; disseminate the survey to colleagues where necessary.
- Consider how old the information on the website should be, ie retain annual reports going back 20 years.

6 UPDATE ON DONOR CHARACTERISATION WORKING GROUP

6.1 Members received an update from the donor characterisation group looking into the processes for donor characterisation, especially for microbiology and tissue typing. The review does not include any testing of recipient samples such as donor/recipient cross matching. This work involves cross-learning from the H & I, virology and microbiology communities on areas such as oversight, results checking, reporting of disparate results. Information from the working groups and the stakeholder event is being consolidated and a report with recommendations will be produced for the NHSBT Board meeting.

ACTION

7 GOVERNANCE UPDATE**7.1 Governance report**

All governance issues were previously reported at the individual Advisory Groups.

7.2 QUOD and repeat testing

Members discussed the question of what information should be given to those patients who receive an organ from which a QUOD biopsy has been taken. One view is that they should be made aware of the fact that a biopsy is being taken as part of a research programme. At a meeting of the Liver Advisory Group members were supportive of the biopsy but felt that patients should be informed and made aware of the very small risk involved.

R Ploeg reported on the preparation of a general leaflet on QUOD in order to inform patients. This will be sent to lay members on the QUOD Steering Committee for comment. N Banner highlighted a specific issue in undertaking biopsies of hearts as some surgeons are not happy with this procedure on hearts which are to be transplanted and this would need to be discussed at CTAG.

7.3 Learning from incidents: Communication of disparate results – AGChC(16)28

Arising from a serious incident where donor samples were mixed up, all transplant centre leads were written to asking for vigilance in reporting disparate results back to ODT. Although some centres re-check virology this is not consistent across all centres. In addition, not all centres which do re-check virology then report any disparate results to ODT resulting in a lost opportunity for intervention. It was acknowledged that protocols for feeding back to ODT exist within H & I laboratories but not necessarily within virology. Many laboratories do not re-check virology due to cost implications.

8 MSHOTC GUIDELINES – AGChC(16)29

8.1 Revised SaBTO guidelines were received for comment. Members commented on aspects of the document including risk taking. It was felt that the document, whilst comprehensive, was unwieldy and that an aide memoire would be helpful for organ donation and transplantation.

J Forsythe agreed to feed back comments to Jim Powell.

J Forsythe

9 EXTERNAL REPORT ON SCOUT PROJECT – AGChC(16)30

9.1 A draft of the confidential report on the scout project was tabled for information. J Forsythe agreed to email S Tsui with the report as he was not in attendance. The final report will be considered by CTAG and NRG in the first instance.

J Forsythe

10 RETRIEVAL DESPATCH

10.1 In order to increase flexibility, as an outcome of the NORS review, it was recommended that retrieval zones be adjusted from being based on mileage to being based on geographical location. The NHSBT Duty Office will have oversight of the travel times and the process of adjustment has started.

ACTION

11 ORGAN UTILISATION: DRAFT REPORT – AGChC(16)31

11.1 The report is awaited.

12 COMBINED LIVER/KIDNEY ALLOCATION – AGChC(16)32a & b

12.1 J O’Grady reported on a paper which was recently endorsed by LAG and would now be submitted to KAG. A Fixed Term Working Unit, led by Mark Hudson looked at appropriate indications for simultaneous liver and kidney; how these organs should be allocated to patients; and what principles should guide care plans after transplantation across the two specialties. In terms of allocation within the new system, liver would be the index organ and the kidney would be allocated with the liver as required. This would need to be agreed by KAG. C Watson agreed to liaise with N Torpey who had taken part in the FTWU and submit the proposal to KAG in December.

C Watson

13 ANY OTHER BUSINESS

There were no other items of business.

14 PAPERS FOR INFORMATION:

14.1 TOT2020 Strategic Performance Update: ODT Performance Report – AGChC(16)33

The ODT Performance Report was noted for information.

15 DATE OF NEXT MEETING:

15.1 To be advised

December 2016