

NHS BLOOD AND TRANSPLANT

LIVER ADVISORY GROUP

ODT Hub Development Programme

DCD Liver Donor Screening

Purpose of the Paper

The purpose of this paper is to:

- Introduce the requirement for DCD Liver Donor screening
- Describe the concept of formal DCD Liver Donor screening
- Outline a proposal for development and delivery of a screening process.
- Provide an overview of the benefits of screening.

Background

In the UK during 2016 a record number of patients (6182) were referred to the Organ Donation Services (ODS) teams as potential DCD donors. These patients undergo high level suitability assessment (including screening calls to Liver and Kidney centres) before the majority proceed to formal characterisation and offering. This results in approximately 550 proceeding DCD donors each year (less than 10% conversion rate).

The DCD Assessment pathway introduced on 1st December 2015 has enabled ODS teams to assess patients against the absolute contraindications and agreed DCD exclusions before undertaking formal DCD kidney donor screening if suitability is still in question.

The current process for Kidney Screening involves the collation of an agreed basic data set before contacting two transplant centres for an opinion on patient suitability.

The first centre is always the local transplant centre.

The second centre will be one of four designated regional centres (Cardiff, Guys, Cambridge and Leeds).

There is no formal process in place for further organ screening.

Evidence collated from the ODS teams demonstrates that DCD Liver screening is already standard practice across the UK with estimates suggestive of 30-60 calls being undertaken each week. (See Appendix 1)

In addition, the approach to screening is not consistent and is normally undertaken concurrent with Kidney screening.

Liver screening activities are not formally recorded or captured by ODT which results in considerable variance in practice throughout the UK. The extent of these differences remains unknown.

The screening can involve multiple calls to centres and often requires decisions to be made without all the information that would be relevant.

Benefits of Formal Organ Screening

The DCD Kidney screening process has been highly successful in improving decision making regarding whether a patient has any potential to donate kidneys.

This process has had a positive impact on the donor referral process:

- by enabling the specialist nurses to quickly assess a patients potential to donate
- reducing the number of families that are approached for donation when donation is not an option
- reducing the number of unnecessary attendances by NORS teams
- enabling the collation and analysis of screening data
- increasing referring hospitals satisfaction with the donation service and thereby increasing referral rates

Evidence suggests that the introduction of formal suitability assessments and organ screening has supported the increase in donor referrals and increased the consent rate.

The ODS teams have welcomed the kidney screening process formality and the clear guidance which has transformed practice in DCD donor assessment.

In 2015-16 16 patients became DCD Liver only donors. It is possible that this number could be increased through the introduction of formalised DCD Liver donor screening. The ODS teams would support this initiative to further improve the effectiveness and efficiency of the suitability assessment process.

Proposal

1. To utilise the current DCD Donor Assessment Form to undertake formal Liver Screening
2. Undertake screening by contacting two centres (if both required)
 - First call to zonal centre for the hospital
 - Second call to a pre-agreed second centre or regional centre.
3. Agree an implementation proposal and review period

Proposed DCD Donor Suitability Assessment and Screening Method

1. SN-OD receives referral, completes suitability assessment against ACI's and Exclusion criteria.
2. If concerns over suitability remain the SN-OD will discuss concerns with a senior colleague.
3. If concern still remains then Kidney screening will be undertaken
4. If kidneys are acceptable then SNOD will attend and donor characterisation and organ offering will be undertaken as usual.
5. If kidneys are NOT acceptable Liver screening will be undertaken.
6. DCD Liver Screening will be undertaken by telephone using an agreed process detailing which centres should be contacted to undertake screening dependent on donor location.
This would end the current practice of ad-hoc liver screening and ensure that ODS teams follow an agreed process for assessing liver donor suitability.
7. Patient data and outcome of screening to be captured and stored to allow data analysis and review.

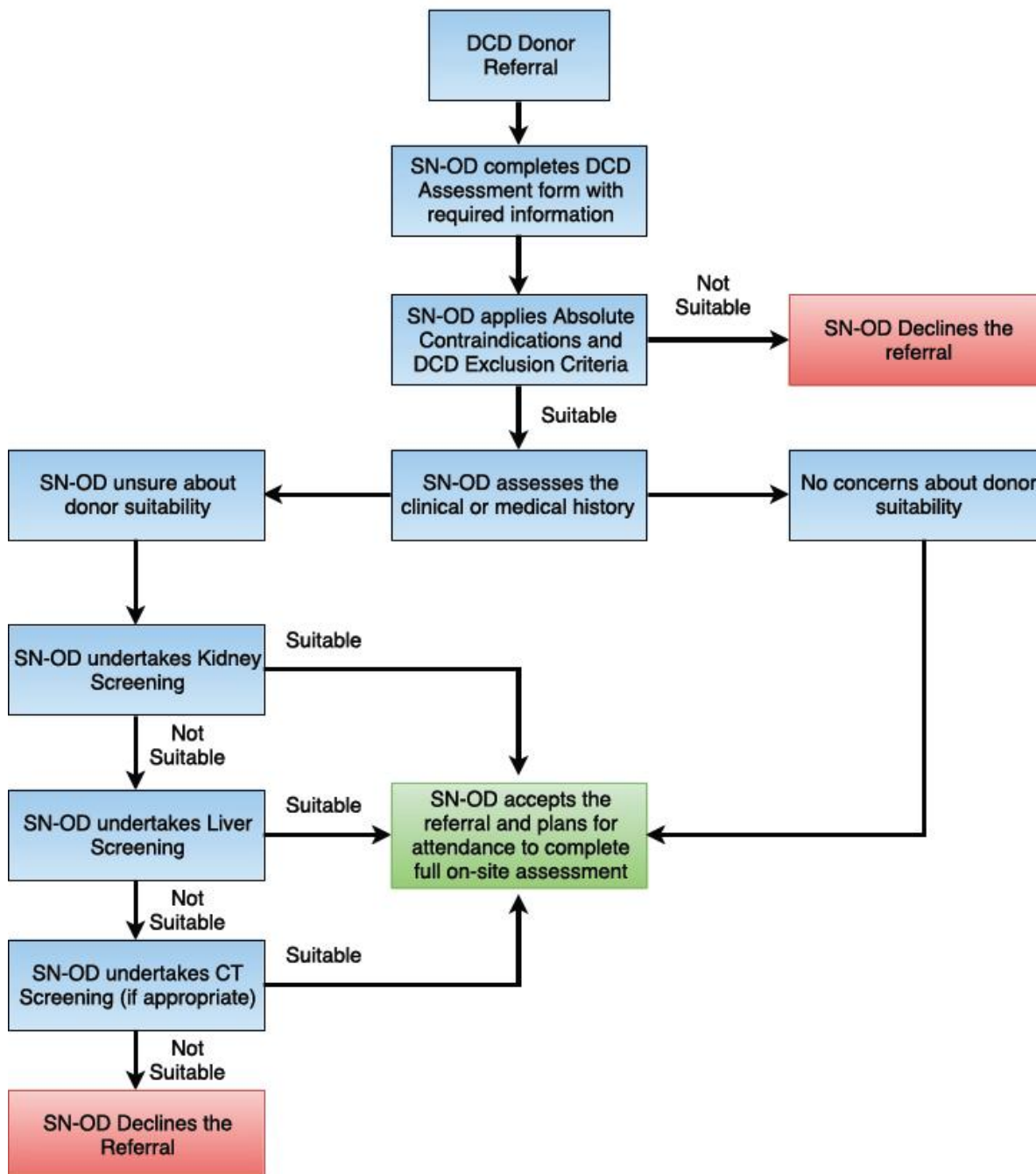
Suggested Screening Centres

North	
Newcastle	Edinburgh
Leeds	
National Centre	Birmingham

South	
Cambridge	
Royal Free	
National Centre	Kings

Approach to Screening

DCD Donor Assessment and Screening Proposed Process



Appendix 1

ODT DCD Liver Screening

Current Practice

Team	Estimated Number of calls per week	Centres contacted	Simultaneous with Kidney screening or Sequential
South East	2-4	Kings	Sequential
London	3-5	Kings, Royal Free and Birmingham	Simultaneous
South Central	4-8	Two centres from Royal Free, Kings and Birmingham	Simultaneous
South West	3-5	Birmingham and Kings	Simultaneous
South Wales	3-5	Birmingham	Simultaneous
Midlands	7-10	Birmingham and Cambridge	Simultaneous
Eastern	2-4	Cambridge, Birmingham, Kings	Simultaneous
Yorkshire	2-4	Leeds, Birmingham and Kings	Simultaneous
North West	3-6	Leeds, Birmingham, Kings, Addenbrookes	Simultaneous
Northern	2-4	Newcastle, Leeds, Edinburgh, Birmingham, Cambridge	Simultaneous
Scotland	2-4	All centres	Sequential
N. Ireland	2-4	Birmingham, Kings and Cambridge	Sequential
TOTALS	35 - 63	Edinburgh = 2 Newcastle = 2 Leeds = 4 Birmingham = 10 Cambridge = 6 Royal Free = 3 Kings = 9	Seq = 3 Sim = 9