

**Minutes of the National Administrations Sub Committee  
of the NHS Blood and Transplant Board held on Tuesday 27<sup>th</sup> March 2018,  
via Telecon**

**Present:** Millie Banerjee (**MB**) (Chair)  
Léonie Austin (**LA**)  
Ian Bateman (**IB**)  
Louise Fullwood (**LF**)  
Sally Johnson (**SJ**)  
Jeremy Monroe (**JM**)  
Keith Rigg (**KR**)

**In attendance:** Cathy Allen (**CA**) (Minutes)

**Apologies:** John Forsythe (**JF**)  
Wayne Lawley (**WL**) (Observing)

## **1. For review and recommendation to the Board**

### **1.1. Minutes of the previous meeting**

The minutes were approved.

### **1.2. Review of actions from the last meeting**

Actions from the previous meeting were completed.

## **2. Brexit**

IB updated on our continued engagement with DHSC and the EU Exit team.

DHSC has established a Senior Programme Board to oversee a number of focussed workstreams, each led by a Deputy Director. One of the workstreams is focussed on Operational Readiness for both pre and post exit day. IB attended an initial scoping meeting to discuss how ALB's might feed into the Board and other workstreams.

There is particular interest in the transportation of organs and the documentation required to ensure the process goes smoothly. We have provided significant information to DHSC on Agreements and MOU's that we have with both the EU and Third Countries; plus, information to assist with border planning discussions.

The Health and Social Care Select Committee inquiry report into "Brexit – medicines, medical devices and substances of human origin" was published on the 21<sup>st</sup> March. There was nothing controversial in the report from an NHSBT perspective, but there were a couple of points noted around importing plasma components from Austria and how this will be able to continue post exit.

IB highlighted the DHSC have chosen the Quality and Safety of Organs for Transplantation Regulations as an illustrative example of how the powers in the European Union (Withdrawal) Bill might be used to amend the current legislation during the House of Lords Committee stage of the Bill's passage.

SJ updated that NHSBT is in talks with the Republic of Ireland Government on creating a Memorandum of Understanding that could be used as a baseline agreement between countries. The potential of exploring this process with France and/or Euro Transplant is also being considered.

IB is in the process of finalising a paper for the Executive Team that will provide an update on progress.

**ACTION** – IB to share the paper with the Committee once finalised.

MB asked that the Committee provide a regular report to the NHSBT Board on progress on Brexit in relation to NHSBT.

**ACTION** – IB to provide a draft for the next meeting with a view to submitting to the July Board.

### **3. Activity Reports**

Each Non-Executive national lead introduced the activity report for their Administration.

#### **3.1 Northern Ireland**

LA highlighted positive conversations with the policy team in relation to collaborative working on promoting organ donation which LA will continue to follow up.

SJ raised concern about the lack of representation on the Sustainable Funding Group from Northern Ireland. LF has raised this and will ask again if they can join via telephone-conference if finding the time to attend in person is a barrier. LF will also suggest the potential for less senior colleagues to join if finding availability is challenging. The Committee agreed to make the most of the next visit to Belfast to continue to build relationships.

#### **3.2 Scotland**

SJ updated from the Scottish Donation and Transplant Group meeting. The Scottish Government is still planning to publish a deemed consent bill by the end of June 2018.

Discussions around the 'Specialist Requestors' role continue; the Scottish Government is seeking clarification on whether this will be rolled out throughout the UK and funded by NHSBT. If not, it will be included in the cost of opt out implementation.

SJ to discuss further with Rob Bradburn how the cost of this role and the new pay award will be funded and take a proposal to the next Sustainable Funding Group meeting.

SJ highlighted that although progress was made in relation to Scottish GP registrations there remains an issue with the final stages of the upload to the ODR. The ODR Team are working to resolve this and are keeping Sam Baker from Scottish Government updated.

#### **3.3 Wales**

JM highlighted the decision not to include NHSBT in the Welsh Language Standards for the health sector Regulations at this time.

SJ also highlighted that NHS Digital have made changes to the forms used by GPs in England and Wales that could result in problems with this registration route. We are currently looking into the issue further before deciding on next steps.

## **4. Current Issues**

### **Organ Donation and Transplantation**

#### **4.1 Sustainable Funding Group (SFG):**

SJ advised she shared the NHSBT 5 year plan with the SFG and highlighted that we have scope to deliver some of the activity but not all.

Our three top priorities are, to manage the implications of the new NHS pay award, further expand the work of the ODT Hub and to end 24 hour working for SNODs. We will however struggle to find the ongoing funding for the perfusion of DCD livers.

MB suggested further discussion is needed on the DCD liver issue. It should be discussed again at the next SFG, with the NHSBT Executive team and then brought to the NHSBT Board if a resolution can't be reached.

**ACTION** – SJ to raise at SFG and Executive Team meeting.

SJ shared the outline for the strategy to follow 'Taking Organ Transplantation to 2020' and encouraged other countries to consider the cost implications of the opt-out legislation including the cost of follow up care to allow for the appropriate financial planning.

#### **4.2 Transplant Sustainability Summit;**

SJ advised that the focus of the British Transplantation Society (BTS) Summit on 12 June 2018 is to look at the impact of opt-out. The change in legislation should increase the number of donors, leading to more transplants and therefore greater follow up care. There is a need to fully assess what steps need to be taken to ensure that we do not miss the opportunity to transplant any viable organ.

## **5. Developments in England which may have an impact:**

### **5.1 Opt out**

The Department of Health and Social Care (DHSC) is currently analysing the 17k+ responses they received to the consultation.

SJ and LA are keen that DHSC gets the necessary clinical expert support during the development of the legislation.

**ACTION:** SJ and LA to discuss how NHSBT can support the legislative process with Jeremy Mean from DHSC in the margins of the March 2018 NHSBT Board meeting.

In addition to the need to provide further clinical support, Claire Williment's role to support the consultation process has now been extended to December 2019.

SJ raised that NHSBT is already feeling the impact in terms of the large rise in people wanting to opt-out from donating. This has led to a backlog in the manual checks that need to take place prior to the Organ Donor Register being updated.

MB would like to raise the issue of resourcing the impact of opt-out and how it is funded at NHSBT's annual accountability meeting with DHSC on 8 May 2018.

**ACTION** – SJ to pull together the necessary information to inform the discussion.

**6. Any Other Business**

Date for next meeting: 05 July 2018, 4:00-5:00pm

Via Telecon – 0808 100 5145 - Participant code: 1777 5430 then #