NHS BLOOD AND TRANSPLANT

MINUTES OF THE NINETEENTH MEETING OF THE TRANSPLANT POLICY REVIEW COMMITTEE (TPRC) HELD AT 2.00 PM ON TUESDAY 5TH DECEMBER 2017 AT MSE MEETING ROOMS, 103A OXFORD STREET, LONDON W1D 2HG

PRESENT:

Mr Jeremy Monroe, Non-Executive Director, NHSBT (Chair)
Mr John Casey, Pancreas Advisory Group Chair
Prof John Dark, National Clinical Lead for Governance, ODT
Prof John Forsythe, Associate Medical Director, ODT
Ms Sally Johnson, Director of ODT, NHSBT
Mr Gabriel Oniscu, Research, Innovation & Novel Technologies Advisory Group Chair
Prof Rutger Ploeg, National Retrieval Group Chair
Mr Steven Tsui, Cardiothoracic Advisory Group Chair
Prof Chris Watson, Kidney Advisory Group Chair

IN ATTENDANCE:

Ms Millie Banerjee, Chair, NHSBT
Mrs Kathy Zalewska, Clinical & Support Services, ODT (Secretary)

ACTION

1 **APOLOGIES**

1.1 Apologies were received from:
Prof Peter Friend, Multivisceral and Composite Tissue Advisory Group Chair
Ms Victoria Gauden, National Quality Manager - ODT
Mrs Rachel Johnson, Assistant Director, Statistics & Clinical Studies, NHSBT
Dr Gail Miflin, Medical & Research Director, NHSBT
Dr Paul Murphy, National Organ Donation Committee Chair
Prof John O'Grady, Liver Advisory Group Chair
Prof Paresh Vyas, Non-Executive Director, NHSBT

2 **DECLARATIONS OF INTEREST - TPRC(17)11**

There were no declarations of interest.

3 **MINUTES OF PREVIOUS MEETING & MATTERS ARISING**

3.1 **Minutes of the meeting held on 11th April 2017 – TPRC(M)(17)1**
The minutes of the previous meeting were agreed as a correct record.

3.2 **Action points – TPRC(AP)(17)2**
AP1: Refer to minute 5.
AP2: New SaBTO guidance completed and awaiting release. Once released the link will be added to the Clinical Contraindications policy. **C & SS**

3.3 **Matters arising not separately identified:**
J Dark reported that CTAG had reconsidered the age limits for lung donors and agreed to accept donors up to the age of 75 with the proviso they have not smoked in the last 10 years. It is planned to bring this change into effect from 8th January 2018 and to change the Contraindications policy accordingly. Additionally, a piece of work is in hand looking at protecting the use of adolescent donor lungs for paediatric recipients. Two recipient teams will provide explicit wording on the justification for age related prioritisation for inclusion in the relevant policies.

4 **POLICIES FOR CONSIDERATION**:

4.1 **POL185/5 - Pancreas selection policy – TPRC(17)12**
Members considered and approved the changes to this policy which related to pre-transplant assessment for listing.

4.2 **POL 186/9 Kidney allocation policy - TPRC(17)13**
Members considered and approved the addition of a section on blood-borne positive donor virology and a change of name from the Duty Office to Hub Operations. It was noted that references to 'we' within the additional section should be reworded to 'NHSBT'. **C & SS**

4.3 **POL 193/8 Intestinal allocation policy – TPRC(17)14**
Members considered and approved the addition of a section on blood-borne positive donor virology subject to the rewording of 'we' to 'NHSBT' as above. **C & SS**

4.4 **POL 196/5 Deceased donor liver distribution and allocation policy - TPRC(17)15**
Members considered the addition of a section on blood-borne positive donor virology and a change of name from the Duty Office to Hub Operations. The policy was approved in principle subject to the rewording of 'we' to 'NHSBT' as above and subject to rewording of paragraph 2.5.3 relating to preferential allocation of a kidney with a liver. C Watson agreed to draft the rewording which would be incorporated once agreed with J O'Grady, J Forsythe and J Monroe. **CJEW/ C & SS**

It was noted that the principles of forthcoming changes to the liver offering scheme were endorsed previously by the Committee and these changes would come into effect in spring 2018. The final policy would be submitted to the next meeting for information. **C & SS**

4.5 **POL 199/8 Pancreas allocation policy - TPRC(17)16**
Members considered and approved the addition of a section on blood-borne positive donor virology subject to the rewording of 'we' to 'NHSBT' as above, together with the removal of 'and islet' from paragraph 2.3.2. **C & SS**

4.6 **POL 228/8 Heart: Organ allocation policy – TPRC(17)17**
Members considered the addition of a section on blood-borne positive donor virology and a change of name from the Duty Office to Hub Operations. The policy was approved in principle subject to the rewording of 'we' to 'NHSBT' as above. **C & SS**

4.7 **POL230/7 Lung: Organ allocation policy - TPRC(17)18**
Members considered the addition of a section on blood-borne positive donor virology and a change of name from the Duty Office to Hub Operations. The policy was approved in principle subject to the rewording of 'we' to 'NHSBT' as above. **C & SS**

4.8 **POL 229/5 Heart transplantation: Selection criteria and recipient registration policy – TPRC(17)19**
Following implementation of the new heart selection policy in 2016 further modifications have been made to minimise the impact of over-subscription to the super urgent heart allocation scheme. Additionally, the process for listing patients under the urgent allocation scheme has been clarified. Members endorsed the modifications together with updates relating to the change of name from Duty Office to Hub Operations.

4.9 **New Policy: Living Donor Kidney Transplantation – TPRC(17)20**
Members received a new policy on living donor kidney transplantation which was the result of an amalgamation of information from various documents reflecting current practice on living donation. The policy is undergoing a short consultation within the renal transplantation community and is currently with KAG members for comment. TPRC members approved the policy subject to resubmission if significant changes needed to be made following consultation.
Post meeting note: Following consultation no changes were identified.

5 **ANY OTHER BUSINESS**

Paediatric lung allocation zones – TPRC(17)21

S Tsui introduced a proposal developed by the CTAG Paediatric Organ Allocation Working Group to correct inequity in the paediatric heart allocation scheme. The proposal is to split the UK into two geographical allocation zones, one for each paediatric centre with donors arising in each centre's zone being preferentially offered to that centre before the other centre. The size of each allocation zone would be based on the transplant centre's percentage share of registrations onto the national non-urgent paediatric transplant list and the geographical spread of paediatric donors according to the donating hospital.

Arising out of discussion on the above the question was raised as to whether the fairness implicit within the selection and allocation policies was actually being delivered. It was agreed that at the next meeting of TPRC a presentation could be given to demonstrate the depth of the investigation into the old kidney allocation policy and how the fairness of those metrics was assessed and addressed where appropriate. This could then be followed up with a review of other policies which have changed significantly over a period of time, such as heart or lung. **C & SS**

It was also noted that where, in the overarching Introduction to Patient Selection and Organ Allocation Policies document, it states that a second opinion can be requested from '*another designated transplant* **C & SS**

centre', this should read '*another designated UK transplant centre'*. This would be updated at the next review.

6 **DATE OF NEXT MEETING:**
The next meeting will take place during February 2018. A confirmed date will be circulated following the meeting.

Organ Donation & Transplantation Directorate **December 2017**