

Research Organ Allocation Scheme – RINTAG Recommendations
RINTAG 9th October 2017

1. EXECUTIVE SUMMARY

On 20th February 2017 the Organ Donation and Transplantation (ODT) Directorate of NHS Blood and Transplant introduced a new research organ allocation scheme. The pilot scheme was trialled for six-months until 20th August, to monitor impact.

This paper reviews the impact of the new allocation scheme and makes recommendations based upon data collected during the pilot.

2. DECISION

RINTAG is asked to approve the recommendations that:

- i. The new allocation scheme is fully adopted into ODT standard practice;**
- ii. The ODT Research Project Team continues with work to improve the openness and transparency of the research allocation process and policy (e.g. website content)**

The final recommendations from RINTAG will be presented to ODT Senior Management Team (ODT SMT) for a final decision.

3. KEY FINDINGS

3.1.2 The ODT Hub feedback

Feedback on the new research allocation scheme demonstrates that:

- The Hub has found that the scheme working well from an operational point of view, including:
 - a) Reduction in offering-time spent by the Hub coordinator
 - b) Reduction in Hub resources as a result of simultaneous texting system
- Issues arose with Page one and the text offering system, which have now been rectified¹.

3.1.3 User survey feedback

An online survey was circulated to seek user feedback. Users were largely supportive of the new research allocation scheme. The majority of respondents believe the new scheme:

- Effectively facilitates the use of research organs
- Supports research to be prioritised against wider UK organ donation and transplantation strategies.
- Has a fair and transparent process

“I am grateful to RINTAG for their support in our studies and would welcome further improvements in allocation. At the end of the day this is really critical for us to drive improvements in patient care and outcomes patients.”

4. AREAS FOR FURTHER IMPROVEMENT

The respondents also included some suggestions for further improvement, that should be considered by RINTAG. A summary of these is provided at Annex A, together with the RINTAG Secretariat’s advice for next steps.

¹ More detail outlined in Annex A, page 5

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Annex A

Survey Highlights - RINTAG October 2017 -

1. BACKGROUND

The survey was circulated on 11th August via the online platform Survey Monkey. Reminders were sent on 30th August, 11th and 25th September, respectively.

1.1 Audience

The survey audience included approximately 180 individuals in the following categories:

- SNOD research representatives
- Regional Managers
- Active researchers
- Inactive researchers
- Prospective researchers
- Researchers in contact with NHSBT
- Clinical RINTAG members
- Clinical Trial Unit staff

Users were encouraged to cascade the survey link to relevant colleagues. The Allocation policy summary was enclosed with the survey, for reference.

1.2 Response rate

A total of 31 users (~ 17%) responded to the survey. Skip logic were applied to screen relevant respondents to appropriate questions. A maximum of 16 respondents (~ 9%) completed questions about the allocation pilot.

1.3 Respondents

Respondents included members of the NHS, academia and the commercial sector. The majority of respondents were identified as Chief Investigator/ Principle Investigator/ Co-investigator or Research Fellow.

The survey did not generate a sufficiently high response rate to analyse answers by variables such as profession.

2. Recommendations in response to feedback received

Scoring	Feedback	Issue	Action taken/ planned	DECISION
<u>Scientific Merit</u>	A proposal was put forth, to consider scoring research proposals upon their scientific merit, regardless of research focus.	There are a range of scoring criteria, including the current criteria to prioritise projects upon their alignment with <i>Taking Organ Transplantation to 2020: A UK strategy</i> , which stands in opposition to the above proposal. Non-ODT related studies are currently disadvantaged gaining lower scores.	None.	RINTAG is asked to consider if ODT- related research should remain one of the priorities in the allocation scheme.

"I believe applications should be considered on their scientific merit and even if that means that a non-transplantation project is prioritised over a transplantation project, so be it. Also, organs should be issued to requesters on a "your next" basis. However there will always be a higher demand that material available and a system should be developed whereby organs can be retrieved from non-organ donors."

Offering	Feedback	Issue	Action taken/ planned	DECISION
<u>Texting System</u>	Nine respondents experienced issues with the new text message offering system.	<ul style="list-style-type: none"> - Respondents not receiving texts, on occasion - Respondents not hearing texts arrive 	<ul style="list-style-type: none"> - The same texting system is used as for clinical offerings. - All researchers' contact numbers have been re-confirmed and a complete 	None required

			<p>list is maintained.</p> <ul style="list-style-type: none"> - The service provider has been provided with snapshot data and confirms that 99% of all texts go to the destination. Analysis show that all but one case was categorised as per the traffic light Green – sent or Yellow – pending (factors due to text recipient). - The Research Project Team will notify all researchers of the findings. - The Hub is exploring an additional approach whereby email alerts are simultaneously sent with the offering texts. 	
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<u>Offering Details</u>	The majority of respondents were usually or rarely content with the information provided in the offering text.	The information in the offering texts could be improved to aid decision making	- The Hub and the ODT Research Project Team to explore whether communication to researchers can include: Cause of death/ Reason for decline/ DBD and DCD category	None required
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			- Encourage researchers to apply for EOS Access as part of the RINTAG application process	
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Transparency	Feedback	Issue	Action planned/ undertaken	DECISION
<u>Allocation Information</u>	Several respondents suggested improvements to the transparency of the new system. This included the introduction of regular allocation statistics reports and the provision of ranking rationale	Lack of information dissemination (Statistics; Ranking rationale)	- Data on the ODT website will be updated at least every 6 months, including ranking list and number of organs received per study.	RINTAG, is asked to advise if research allocation statistics should be introduced into the annual Activity report. Please note this would be subject to Stats. resources and data completeness.

“That clear visibility of ranking and rationale of all research ranking decisions is circulated”

Policy Amendments	Feedback	Issue	Action planned/ undertaken	DECISION
<u>Prioritisation matrix</u>	Changes made in the prioritisation matrix to Scoring criterion 1 <i>Feasibility</i> (number of organs required each month)	RINTAG reviews proposals against annual figures, not monthly	Amended to per <i>year</i>	None required.

<u>Prioritisation matrix</u>	Changes made in the prioritisation matrix to Scoring criteria 4 and 5 <i>Impact</i> (Beneficial impact on donation, retrieval and transplantation processes 5. Adverse impact on donation, retrieval and transplantation processes)	No studies eligible for the allocation scheme would impact on the donation, retrieval or transplantation process.	Both criteria removed	None required.
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