

**Minutes of the National Administrations Sub Committee
of the NHS Blood and Transplant Board held on
Wednesday 26th September 2018 at 17:00 at the Radisson Blu, Edinburgh**

Present: Millie Banerjee (**MB**) (Chair)
Anthony Clarkson (**AC**)
Jeremy Monroe (**JM**)
Fidelma Murphy (**FM**) – Deputising for Ian Bateman
Keith Rigg (**KR**)
Ceri Rose (**CR**)

In attendance: Kathy Zalewska (**KZ**) (Minutes)

Apologies: Ian Bateman (**IB**)
John Forsythe (**JF**)
Louise Fullwood (**LF**)
Wayne Lawley (**WL**)
Steve Park (**SP**)

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

FM reported that since early July discussions had taken place with the new Minister with instructions to develop a planning process for a possible no-deal situation. The plan had been submitted to ET for discussion at the next meeting and would now have project management support. There had been some commentary that some plans were being developed quite late, the difficulty being working against the unknown. This had been reported as a risk and would be discussed at the forthcoming Board. The detailed risk register was now on Pentana and this was linked into each operational Directorate's list. MB asked what the risks would be if there were to be a no-deal situation and what mitigations were in place. FM stated that the main risk would be obtaining consumables and the top 3 or 4 risks would be included in the next report. CR added that NHSBT was represented on the Comms sub-group within the DHSC Brexit team keeping track of risks to the broader NHS.

3. Activity Reports

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

3.1 Northern Ireland

There was no update to give at this time.

3.2 Scotland

KR commented on the likely timetable for the Scottish Opt-Out Bill with an optimistic timeline for Royal assent. Four dates had been blocked out and a confirmed date was awaited. A meeting was held at lunchtime with Joe FitzPatrick MSP, the Scottish Minister for Public Health, Sport and Wellbeing. The meeting was positive and covered some of the areas causing concern around the pre-death issues, cross border issues, funding for new technology and future funding if donor numbers were to rise.

3.3 Wales

JM reported on the Welsh Government's public awareness campaign with videos highlighting the message 'someone will speak for you if you don't'. Consent figures for Wales were better than expected, particularly in the last quarter, although this may have been a result of the Comms campaign rather than deemed consent. A meeting had also taken place with Vaughan Gething, Welsh Assembly Member.

4. Current Issues

Organ Donation and Transplantation

4.1 Sustainable Funding Group (SFG):

AC advised that the provision of NRP for livers, at a cost of around £1.7m, would be funded from the operational funding budget for Cambridge and Edinburgh for 2018/19, with agreement to take forward a business case with the four DHSCs for 2019/20 onwards. The key would be the strength of the business case which would need to be completed in time for the spending review.

Constraints had been removed from the treatment of Hep C patients and NHS England was now funding the new direct acting antiviral treatments, making a real difference for patients with liver disease. However, due to the high numbers involved this might not have an immediate impact on the numbers waiting for a liver transplant.

N Ireland DHSC was not engaging with ODT or joining into meetings. This would be picked up via LF if any issues arose.

The Barnett funding formula for transplants in Wales was proving to be an issue and was likely to become more of an issue within other devolved administrations.

All devolved administrations had agreed to engage with the TOT2020 strategy and to ensure their companion strategies complemented it.

Arising from the sustainability summit an employee from NHS England employee would be working within the ODT Directorate to devise, develop and pilot a Transplant Collaborative meeting within the London Kidney/ Pancreas units.

NHS England would be looking to provide funding to commission testing on donor characterisation. A decision was awaited.

5. Developments in England which may have an impact:

5.1 Opt out

DHSC had published a response to the consultation in England. The option to allow people to download a faith declaration on the Organ Donor Register would be implemented in December whilst donor cards would be a longer-term development. The English Bill was through Committee stage and now at report stage, with a third reading in late October.

The new NHS App integration was on plan with full app integration delivery in April.

Comms was developing a plan for the implementation of legislation based on a range of different options to achieve the objectives of the policy and using lessons learned from the implementation in Wales. Any implementation plan would need to be discussed with policy teams and comms teams at DHSC and would be subject to Ministerial approval. MB asked what the DHSC expectations were on governance of the £18m campaign budget for this work. **ACTION: CR and AC would liaise on the question of governance and whether this should be the responsibility of GAC or the Board. AC to report back to the Board on the question of funding for all aspects of opt-out in England including comms, the NHS App, and the governance of the £18m budget.**

MB attended a meeting of Ministers with 90 representatives of the Hindu, Jain and Sikh communities comprising surgeons, general medics, scientists and people working in these communities. All were very optimistic regarding opt-out and a pledge form was circulated for signing. MB added that the recording of more data on ethnicity had been requested and there was a need to understand why. AC would be liaising with two BAME transplant surgeons who could explain the way that organs are offered and give assurances that BAME patients are not discriminated against in the offering process.

6. Any Other Business

The Terms of Reference were agreed. It was agreed that NAC should continue to meet due to ongoing items for discussion.

Date for next meeting: To be advised.