TO BE RATIFIED **TPRC(M)(19)1**

NHS BLOOD AND TRANSPLANT

MINUTES OF THE TWENTY-FIRST MEETING OF THE TRANSPLANT POLICY REVIEW COMMITTEE (TPRC) HELD AT 10.30 AM ON WEDNESDAY 27 FEBRUARY 2019 AT CORAM CAMPUS, 41 BRUNSWICK SQUARE, LONDON, WC1N 1AZ

PRESENT:

Mr Jeremy Monroe (JM), Chair	Non-Executive Director, NHSBT
Ms Millie Banerjee (MB)	Chair, NHSBT
Mr John Casey (JC)	Chair, Pancreas Advisory Group
Professor John Dark(JD)	NORS Clinical Governance Lead
Professor John Forsythe (JF)	Medical Director – ODT, NHSBT
Professor Peter Friend (PF)	Chair, Multi-visceral and Composite Tissue Advisory Group
Ms Vicky Gauden (VG)	National Quality Manager, ODT, NHSBT
Mr Ben Hume (BH)	Assistant Director, Transplantation Support Services
Ms Lorna Marson (LM)	Deputy Chair, Kidney Advisory Group
Dr Gail Miflin (GM)	Medical and Research Director, NHSBT
Ms Lisa Mumford (LMu)	Head of ODT Studies
Mr Gabriel Oniscu (GO)	Chair, Research, Innovation and Novel Technologies Advisory Group
Professor Rutger Ploeg (RP)	Chair, National Retrieval Group
Dr Douglas Thorburn (DT)	Chair, Liver Advisory Group
Dr Andre Vercueil (AV)	Regional CLOD, London

IN ATTENDANCE:

Ms Caroline Robinson (CR)	Clinical and Support Services Manager, NHSBT (Minutes)
Ms Hannah Westoby (HW)	PA/Secretary, Clinical and Support Services

		ACTION
1	**APOLOGIES**	
1.1	Apologies were received from: Mr Anthony Clarkson, Director of Organ Donation and Transplantation, NHSBT Dr Dale Gardiner, National Clinical Lead for Organ Donation Ms Rachel Johnson, Assistant Director of Statistics and Clinical Studies, NHSBT Dr Jayan Parameshwar, Chair, Cardiothoracic Advisory Heart and Lung Groups Professor Chris Watson, Chair Kidney Advisory Group	
2	**DECLARATIONS OF INTEREST** – **TPRC(18)1** There were no declarations of interest.	
3	**MINUTES OF PREVIOUS MEETING & MATTERS ARISING**	
3.1	**Minutes of the meeting held on 11 September 2018 – TPRC(M)(18)2** The minutes of the previous meeting were agreed as a correct record.	
3.2	**Action points from the meeting of 11 September 2018 – TPRC(AP)(18)2** AP1: New SaBTO guidance to be added to the Clinical Contraindications policy	Clinical and Support

	when released remains in hand **Action: remains open**	Services
	AP2: Introduction to Patient Selection and Organ Allocation Policies document (POL200/4) - (See Item 4.1.1 below)	CLOSED
	AP3:It was previously agreed that the default position around automatic filing of the transplant list is an ongoing issue along with the list of IT modifications and that the issue would be taken to ODT CARE by J O'Grady and J Forsythe. This has now been actioned	CLOSED
	AP4: Duty of Candour (See Item 7 below)	
	AP5: POL193/9 – Intestinal Transplantation Organ Allocation (TPRC18(3) P Friend was previously asked to verify and report back that the policy is line with practice, logistics have been improved, that units are blood matching and the blood group is being added and that the algorithms are working to ensure the organs are going to the right recipients. P Friend reported that a small change needs to be ratified in the policy and it was agreed that this does not have to be returned to TPRC for final approval.	CLOSED.
	AP6:POL230/9 – Lung: Organ Allocation Policy (TPRC18(8) – (See Item 4.2.9 below)	
	AP7: POL231/9 – Lung: Patient Selection Policy (TPRC(18)9 – (See Item 4.2.10 below)	
	AP8: Revised ToR TPRC(18)11 – Following discussion at the September 2018 TPRC regarding frequency and membership of the meetings, it has been agreed by J Monroe and M Banerjee that the current quorum arrangements will continue to include two Non- Executive Board members.	CLOSED
3.3	**Matters arising not separately identified:** There were no matters arising.	
4	**POLICIES FOR CONSIDERATION**:	
4.1	**Policies for Information/Retrospective approval:**	
4.1.1	**POL200/4.1 Introduction to Patient Selection and Organ Allocation Policies - TPRC (19)1** As agreed at the last TPRC meeting, a point change has been made to the policy to add the word 'UK' where it states that a second opinion can be requested from 'another designated transplant centre' to read 'another UK transplant centre'. This change has been made and the policy was activated in November 2018 **Approved at TPRC**	
4.2	**Approval for Policies needed:**	
4.2.1	**POL186/10 Kidney Transplantation: Deceased Donor Organ Allocation – TPRC (19)2** <u>Section 1.1.2.1 – DCD Donor Age Criteria</u> **Agreed:** additional information here will read *'If the donor is aged between 2 and 5 years or greater than 65 years, kidneys will be retained locally'* <u>Section 2.2.3 - Offering via the Kidney Fast Track Scheme</u>. Additional information has been added to the policy to describe new arrangements for the retrieval of organs from Gibraltar for DBD organs only (and will also apply to several other policies). Costs of retrieval are being borne by Gibraltar rather than the UK and	

	will be managed by staff there with the service being facilitated by UK staff initially. The likelihood is that retrieval will be for a small volume of organs only and these will probably be for fast track only due to issues around timings and travel for retrieval. At TPRC it was suggested that it may be sensible for one single transplant centre to take overall charge of the process. **Agreed:** the words 'donor characterisation' will be inserted into this additional information regarding Gibraltar to read: *'Organs from deceased donors in Gibraltar will be facilitated using the same donor characterisation process as a UK donor.'* <u>Section 3.2 – Allocation of En bloc Kidneys</u> – A correction to the age criteria was made to read *'Kidneys from donors aged 4 years 365 days and under (before their 5th birthday) will be retrieved and offered en bloc'* Changes in the policy to the offering process for kidney donors aged more than 1 month but less than 2 years were approved at the meeting.	CR
4.2.2	**POL191/3 Joint NHS Blood and Transplant (NHSBT) and British Transplantation Society (BTS) Guidelines – TPRC (19)3** This policy has been reviewed by Mr Chris Callaghan to reflect GMC guidance and recent Supreme Court rulings on consent and the primacy of SaBTO guidance on decisions about safety. TPRC noted the ongoing work regarding risk and communication for consent taking place at present and varying practices across different transplant centres for written consent. It was agreed that patients must have be given a copy of their written consent that outlines the risks involved as their personal record, but this needs to be kept up-to-date as circumstances change. It was agreed that while NHSBT does not have control on consent issues for patients, it does have some influence to encourage consistent practice across transplant centres and to ensure that patients are aware of the risks and written consent given at any point in their care. TPRC also noted that some of the information given in the appendices is now out of date and needs to be reviewed to bring the policy up-to-date. **Agreed:** • The policy dates from 2015 and the new changes made are good interim measures, but the policy overall needs to be reviewed to bring it up-to-date and to emphasise tougher guidelines regarding risk and consent early in the document. • Page numbers will be added to the policy **Action: L Marson will take the policy to BTS to review due to the age of the document and to discuss editorial changes. This will be put back on the agenda for the next TPRC meeting.**	LM CR
4.2.3	**POL 192/2 Responsibilities of clinicians for the acceptance of organs from deceased donors – TPRC(19)4** TPRC approved the updates made following review of the policy by the governance team	
4.2.4	**POL 195/10 Liver Transplantation: Selection Criteria and Recipient Registration – TPRC (19)5** Change have been made in this policy to ensure that transplants centres respond to Hub Operations within 12 hours for super urgent cases in section 4.3.2. The need for 12 hours to elapse and for approval from 3 centres for super urgent	

	cases has been removed. Following discussion, TPRC approved the changes made. **Agreed:** • the words *'on the Super Urgent Liver Recipient Registration form'* would be added at the form 'Appendix' outlined in bullet point 2 of section 4.3.2 • The word *'either'* will be removed from bullet point 5	
4.2.5	**POL 196/6 Deceased Donor Liver Distribution and Allocation – TPRC (19)6** Changes to this policy in section 2.9 have arisen following issues between two centres where the recipient was changed after a liver was split at one centre disadvantaging the other centre. It was explained that as the left lobe is the index case for the organ and the recipient, the centre accepting this should have primacy. If the centre for the right lobe does not accept it, the right lobe would need to be fast tracked. It was noted that not all livers fit liver splitting criteria, but centres that then split the liver will own both parts and the right lobe may be fast tracked if it is not required. TPRC approved these changes with an alteration to the sentence in section 2.9.1 to read:' *It should be noted that the centre that accepts the left lobe of a split liver allograft for a paediatric or small adult patient is deemed to be the index centre and will have the right to decide which liver segments they would like to accept'.* TPRC also approved the changes made including addition of information and use of the words 'donor characterisation' regarding retrieval from Gibraltar in section 4.2 of the policy as outlined in Item 4.2.1 above.	
4.2.6	**POL 198/3 Non-Compliance with Selection and Allocation Policies – TPRC (19)7** TPRC approved changes made. The meeting discussed whether there were often incidents of non-compliance and it was agreed that these are infrequent. **Action:** • **Advisory Group Chairs will ask transplant centres to indicate whether local audits are completed.** • **Incidents of non-compliance on the agenda of advisory group meetings.** • **The Medical Director will confirm the way in which non-compliance incidents should be reported to TPRC when they occur to ensure NHSBT Board is kept informed of these.**	AG Chairs AG Chairs JF
4.2.7	**POL 199/9 Pancreas Transplantation: Organ Allocation – TPRC (19)8** Minor changes were approved at TPRC and it was noted that the policy will re-written following introduction of the Pancreas Offering Scheme this year. TPRC also approved the changes made including addition of information and use of the words 'donor characterisation' regarding retrieval from Gibraltar in section 2.1.2 as outlined in Item 4.2.1 above.	
4.2.8	**POL 228/10 Heart Transplantation: Organ Allocation – TPRC (19)9**	

	TPRC approved the changes made including addition of information and use of the words 'donor characterisation' regarding retrieval from Gibraltar in section 11 as outlined in Item 4.2.1 above.	
4.2.9	**POL 230/10 Donor Lung Distribution and Allocation – TPRC(19)10** TPRC approved the changes made including addition of information and use of the words 'donor characterisation' regarding retrieval from Gibraltar in section 9 as outlined in Item 4.2.1 above.	
4.2.10	**POL231/3.1 Lung Candidate Selection Criteria – TPRC (19)11** At the last TPRC meeting in September 2018 it was agreed that all references to "recipient" would be changed to "patient" throughout the policy. However, it has been noted that this would involve changing information in the titles of controlled documents and potentially within those documents which may involve further investigation and work. In principle, TPRC agreed this change. **Action: CR will discuss this with QA at NHSBT to assess the full implications of this change.**	CR
5	**Update on Pancreas Offering Scheme** L Mumford explained the proposals for the new Pancreas Offering Scheme which is aimed at those who are highly sensitised and vulnerable. Changes are being made to Tier A which aims to help difficult to match patients. Exclusion criteria will apply to those under 25 or who have a BMI greater than 31. The new changes are being developed currently by IT for release in late June/early July. Both the Kidney and Pancreas policies will be changed to reflect the way in which the new offering schemes work and will be presented for approval at the next TPRC meeting. **Action: A telecon for TPRC to discuss both the Kidney and Pancreas Offering Schemes pre-launch will be arranged for late June**	CR
6	**Review of Liver Offering Scheme** A full review of the Liver Offering Scheme will be presented at the BTS Congress in March 2019. The scheme started on 20 March 2018 and covers DBD organs only at present. Alterations to the registration of patients following the start of scheme has led to a 20% increase in those in the chronic liver pathway and 10% in the variant group. In the first few months of operation of the scheme, there was no major change and a 5% change in mortality. Concerns have been raised in the Liver Advisory Group regarding HCC patients with primary liver cancer and bad tumour virology being removed from the list. Overall, transplantation activity has gone up slightly and there has been an increased rate of fast tracking (30-31%). A monitoring group meeting to take place every 3 months has been established. It was noted that there is an increased amount of offering to do the same number of transplants and the scheme has not yet bottomed out offers for 1st named offers acceptance as this is much lower than anticipated. It has been recognised that a lot of clinical decision making is required to decide who gets a liver and it will take some time to determine whether the scheme is working. TPRC queried whether fast-tracking is detrimental to named patients receiving offers and this will be discussed at the next Liver Advisory Group meeting.	

7	**Duty of Candour Update** This issue had been discussed at the last meeting of TPRC and was then taken to the Transplant commissioners and it provoked a lot of thought and views from some. Initially the words 'duty of candour' were replaced in the policy. Then the word 'requirement' in a draft was considered difficult. **A final version was agreed and will be communicated to the transplant Commissioners to read:** '*NHS Blood and Transplant expects that a transplant centre will inform patients in circumstances where a donated organ, allocated to them by the national scheme, has been declined by the clinical team at their transplant centre solely for reasons of resource (eg theatre access, key staff availability, critical care beds). We will therefore be providing information to transplant units on every occasion when this occurs, with the expectation that they will use this to inform their discussions with the patient regarding the organ decline.'*	
8	**Group 1 and 2 Recipients – NHSBT's Directions and Brexit** The issues around what will happen to the status of Group 1 and Group 2 recipients should the UK leave the EU without a deal were discussed. At present, EU patients are classified as Group 1 recipients alongside British nationals. If the UK settles on a 'no deal' exit from the EU, it is thought that this will result in any EU national becoming a Group 2 recipient and therefore ineligible for transplantation in the UK unless no Group 1 recipient is suitable. There is no guidance currently concerning the status of EU nationals who have permanent residency status in the UK and there is also no means to identify those EU patients currently classified as Group 1 recipients who will change to Group 2 in the event of a no deal situation on our present waiting lists. TPRC agreed that DHSC should be asked to assist in the planning needed to resolve this situation.	
9	**Any Other Business**	
9.1	**Revised Terms of Reference – TPRC(19)12** Terms of Reference reviewed at 8 October 2018 were presented at the meeting.	
10	**DATE OF NEXT MEETING:** The date for the next full meeting of TPRC will be arranged in September/October 2019. Further details of the venue and confirmation of the date will be circulated in due course. A telecon to discuss the Kidney and Pancreas Offering Schemes will be arranged for late June/early July.	CR