

<b>CARDIOTHORACIC ADVISORY GROUP - WORKPLAN 2017/18</b>	
<b>Priorities identified</b>	
<b>Priority 1:</b> Implementation of urgent/super-urgent allocation schemes for hearts and lungs	<p><b>a) Hearts.</b> Implementation of national super-urgent allocation scheme which is automated without the need for a whiteboard.</p> <p><b>b) Lungs.</b> Introduction of a national super-urgent and urgent lung allocation scheme</p> <p><b>c) Heart-lung blocks.</b> Introduction of a national urgent heart-lung scheme initially for ACHD patients, then evolve to other patient groups.</p>
<b>Priority 2:</b> Increase utilisation of donor organs	<p>a) Donor optimisation</p> <p>i. implementation of Scout service as BAU</p> <p>b) Encourage greater acceptance of standard donor organs</p> <p>c) Encourage greater acceptance of extended criteria donor organs</p>
<b>Priority 3:</b> Implementation of fair and equitable cardiothoracic donor organ allocation	<p>a) Splitting of cardiothoracic allocation zones into separate heart and lung zones</p> <p>b) Ensure larger recipients registered at GOSH to have equitable access to donor organs</p>
<b>Priority 4:</b> Agree and implement cardiothoracic organ perfusion protocol	
<b>Priority 5:</b> Data collection by CT NORS and Transplant Teams to include donor data and ischaemic time components	

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Priorities identified	Priority rating	Justification for priority rating	Plan to achieve completion	Anticipated start date	Anticipated completion date	Measure of success	Key deliverables
<b>Priority 1: Implementation of urgent/super-urgent allocation schemes for hearts and lungs</b>	****	Current allocation schemes are out-dated and do not cater for the patients who would benefit most from transplantation.	NHSBT HUB project has commenced. First meeting was held on 17 February 2016. Introduce new super-urgent/urgent heart and lung schemes and urgent heart-lung scheme.	17 February 2016	Mostly completed by Spring 2017	Reduced waiting times for super-urgently listed patients compared with urgently listed patients.	Super-urgent/urgent heart schemes implemented October 2016, Super-urgent/urgent lung schemes due to go-live May 2017. Urgent heart-lung scheme needs to be formalised.
<b>Priority 2: Increase utilisation of donor organs</b>	***	Increase the number of organs for transplantation and the chances of listed patients receiving a transplant	Presented Phase 2 Scout Project interim analysis to SMT on 19 January 16. Confirmed at Scout Steering Group meeting on 22 February 16 to cost up various options for scout implementation. Report from External Review published March 2017.	Spring 2016	Ongoing	Increase the percentage of donor hearts retrieved and transplanted.	
<b>Priority 3: Implementation of fair and equitable cardiothoracic donor allocation</b>	****	To ensure fair and equitable access to transplantation irrespective of which centre a patient is listed.	Splitting of heart/lung zones to be achieved when NHSBT is able to support and implement schemes that have been agreed at CTAG. CTAG Paediatric Allocation Working Group set up in Nov 2016 to suggest improvements to non-urgent paediatric allocation schemes.	Autumn 2016	Zone split completed by Spring 2017 (but on-going monitoring required).	Matching demand (as measured by percentage of patients listed per centre) and supply (as measured by percentage of donor organs within zone). Comparable registration outcomes for paediatrics at GOSH and Newcastle.	Separate heart/lung zones due to be implemented May 2017.
<b>Priority 4: Agree and implement cardiothoracic organ perfusion protocol</b>	***	To ensure consistent approach by all NORS teams	Joint CTAG/NRG cardiothoracic organ perfusion meeting held on 10 Dec 2015. Proposal from meeting ratified by NRG on 9 March 2016. Agreed approach to be incorporated into NORS standards.	Spring 2016	After ratification by TPRC in Summer 2017	NA (No monitoring required)	
<b>Priority 5: Data collection by CT NORS and Transplant Teams to include donor data and ischaemic time components</b>	***	To ensure key dataset required are collected.	Revise data collection tools to make them more user friendly. Transplant Unit Clinical Leads and NORS Leads need to support this process and nominate local champions.	Spring 2017	Unknown	When there is an effective process in place to collect these data which can drive improvement.	