NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE
CTAG CENTRE DIRECTORS TELECON
ON TUESDAY 8TH JANUARY 2019 AT 0900 – 1100

UK FREEPHONE DIAL IN: **0808 100 5145**
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PARTICIPANT CODE: **44 50 79 08 #**

PRESENT

Jayan Parameshwar (JyP)	Chair, Royal Papworth Hospital
Nawwar Al-Attar (NAA)	Golden Jubilee National Hospital
Pedro Catarino (PC)	Royal Papworth Hospital
Jorge Mascaro (JM)	Queen Elizabeth Hospital
Jacki Newby (JN)	Hub Operations, NHSBT
Andre Simon (AS)	Harefield Hospital
Sally Rushton (SR)	Statistics and Clinical Studies, NHSBT

IN ATTENDANCE

Lucy Newman (LN)	Clinical and Support Services, NHSBT

APOLOGIES

Asif Hasan (AH)	Freeman Hospital

MINUTES

Item **Action**

1 Minutes of the CTAG Core Group Teleconference: 3rd July 2018

The minutes of the last Centre Directors Telecon on 3rd July 2018 were approved.

2 Matters Arising

There were no matters arising that were not addressed at the CTAG meetings in October.

The CTAG Terms of Reference state that there should be two Centre Directors telecons between the CTAG Meetings, the group agreed that one meeting between each CTAG Meeting would probably be sufficient.

3 Split Meetings: ensuring adequate surgical representation

Centre Directors are asked to ensure that there is adequate representation from their Centres at the CTAG Lung Meeting which had poor surgical representation at the meeting in October. It is hoped now that the meetings have been formally split into CTAGH Hearts and CTAGL Lungs and acceptable representation has been clarified, that the meetings will be better attended in future.

4 Lung Allocation Sub-Group:

4.1 Small Adult Allocation

CTAGL agreed that Group Offering for lungs needs to be resolved as it has been unpopular since its introduction in 2017.

Removing the small adult offering sequence, which currently incorporates six additional steps into the offering process, would be a way of getting rid of Group Offering. A review of data showed that between May 2017 and May 2018, 33% of small adult patients on the waiting list received lung transplants within 6 months of listing compared to 29% of small adult patients prior to

May 2017. This was not a significant improvement; however numbers are very small.

Stipulating an acceptable donor height for individual small adult patients would enable more efficient offering but requires a more complex IT change. It has also been found that the range specified is very wide making this difficult to implement. If the small adult sequence was removed, adult donor lungs would be offered firstly to the zonal centre, then to GOSH, then to the remaining adult centres in rotation, similarly to the way that the Non-Urgent Heart Allocation Scheme works.

This change was supported by all Centre Directors present. JN is meeting with IT colleagues to discuss prioritisation of this change and will feedback to JyP. JN is also meeting with Olive McGowan and others to discuss a manual work around in the meantime. **JN will report back after her meetings.** **J Newby**

4.2 Review of Current Allocation Policy

The current ULAS and SULAS will be reviewed by Mo Al-Aloul (MAA) and team to ensure that the criteria for urgent and super-urgent listing of patients are appropriate.

5 Use of Sherpa-Pak

The Sherpa-Pak is a cold storage box which retains a steady temperature of between 4-8°C, and costs between £3.5 and £5k to buy. Papworth and Glasgow have already purchased up to five of the boxes each to use in specific circumstances for cardiothoracic transplants. Using ice can sometimes freeze the heart, and it was felt that if this could be prevented, incidences of PGD could be reduced. The group will attempt to align their indications for use of the Sherpa-Pak in order to make any evaluation more meaningful. It is recognised that this is a pilot and with small numbers there will be limitations to any evaluation.

PC suggested that the criteria for the use of the boxes at Papworth would be:

- when travel time between retrieval and transplanting centre is expected to take longer than two and a half hours
- when the transplant involves explanation of a LVAD. This technology would not, of course, be of use if the OCS is being used to transport the donor heart.

NAA has completed some work around the use of preservation and storage solutions which will be discussed further at CTAGH. PC said that it may be an opportune time to discuss whether we should change the fluid used to transport the donor heart and cardioplegia solutions. This will be discussed further by email and a paper brought to CTAGH for decision at the March 2019 meeting.

Sherpa-Pak to be added to the CTAGH agenda under 'Perfusion and Transportation'. **L Newman**

6 Scouting

John Stirling (JS) headed the NORS Work Force Transformation Board and put together the Cardiothoracic Scouting Proposal following two pilot schemes. The Scouting proposal was not uniformly supported by all cardiothoracic transplant units and was declined by SMT at NHSBT.

Centre Directors agreed to work collaboratively to create a set of statements to go back to NHSBT; Scouting is beneficial and increases the yield of all organs, not just cardiothoracic. **PC will write a statement to be circulated to Centre Directors for comment. Centres will then consider approaching NHSBT to revisit its stance on Cardiothoracic Scouting.** **P Catarino**

7 Use of Hepatitis C Positive Donors

John Forsythe has written to centres on behalf of NHSBT about the use of organs from donors who are Hepatitis C Positive. The use of Hep C positive donor organs is likely to have a significant cost burden in the treatments of post-transplant patients, and we are awaiting agreement from NHS England about funding the treatment – it is anticipated this may be available from April 2019 . Patients receiving organs from Hep C donors will need to have access to a Hepatologist to provide aftercare. A paper was presented at ISHLT in 2018 which found that there were no major side effects to treatment for Hep C in patients who received Hep C positive donor organs and were treated for Hep C; these patients were followed up for six months to one year after transplant.

Once the Hepatologist and aftercare Hep C treatment funding for patients receiving Hep C donor organs has been confirmed, centres will be able to decide individually whether they wish to use organs from Hep C positive donors or not and seek consent from their patients accordingly.

8 Lung Utilisation Lead

John Dark (JD) will be stepping down as Lung Utilisation Lead when he retires in March, making this an appropriate time to decide on the future of the Lung (and Heart) Utilisation Group(s). JyP thanked JD and SR for their continued commitment and hard work on this scheme.

The Centre Directors discussed the work of the LU Group and concluded that investigating situations where ideal lungs are identified but not used in transplantation was not proving as useful as it was initially thought it would be. Initially it was thought that risk averse or inexperienced surgeons would be more likely to use ideal lungs, but in discussion, ideal organs were declined for a variety of reasons; logistics, lack of beds, lack of suitable recipients. Organ Utilisation leads should be given the mandate to influence and achieve change in transplantation behaviour by learning from other Centres/Surgeons. Aaron Ranasinghe (AR) was appointed as the Heart Utilisation lead at CTAGH. **JyP will write to AR to establish whether there has been any progress with defining an ideal donor heart.** **J Parameshwar**

JyP will speak to JF to find out whether Lung Utilisation work should be continued and whether a similar Heart Utilisation Group should be convened. **J Parameshwar**

9 Any Other Business

NHS England (NHSE) are currently considering a change in the way transplants and LVADs are funded. The proposal is for no block payments but a Tariff that reflects current transplant and LVAD payments. There is a risk for centres in that there will be no payment for LVADs (other than device cost) and the total reimbursement will depend on the number of transplants done. This could be viewed as an opportunity but only if transplant numbers can be increased. The final formula that NHSE will implement is still unclear and further discussion between centres may be required once this is known.

Nine applications were received for the Cardiothoracic Clinical Audit Fellow Vacancy (Newcastle), interviews are scheduled for Thursday 24th January 2019.

Four applications were received for the CTAGL Lungs Deputy, interviews are scheduled for Friday 22nd February 2019.

PC will email Centre Directors to invite them to a team building evening during ISHLT. **P Catarino**

TAH: AS wanted a discussion about use of the Total Artificial Heart at CTAG as he felt the current arrangement (vetting of each potential implant by the Urgent Heart Adjudication Panel) is unsatisfactory. **JP asked AS to submit a brief paper outlining his concerns and with suggestions, this will be added as a paper at CTAGH.** **A Simon**

10 **Date of next Meeting** – to be confirmed

Organ Donation and Transplantation Directorate **January 2019**