

NHS BLOOD AND TRANSPLANT
NATIONAL ORGAN DONATION COMMITTEE
Specialist Requester Review

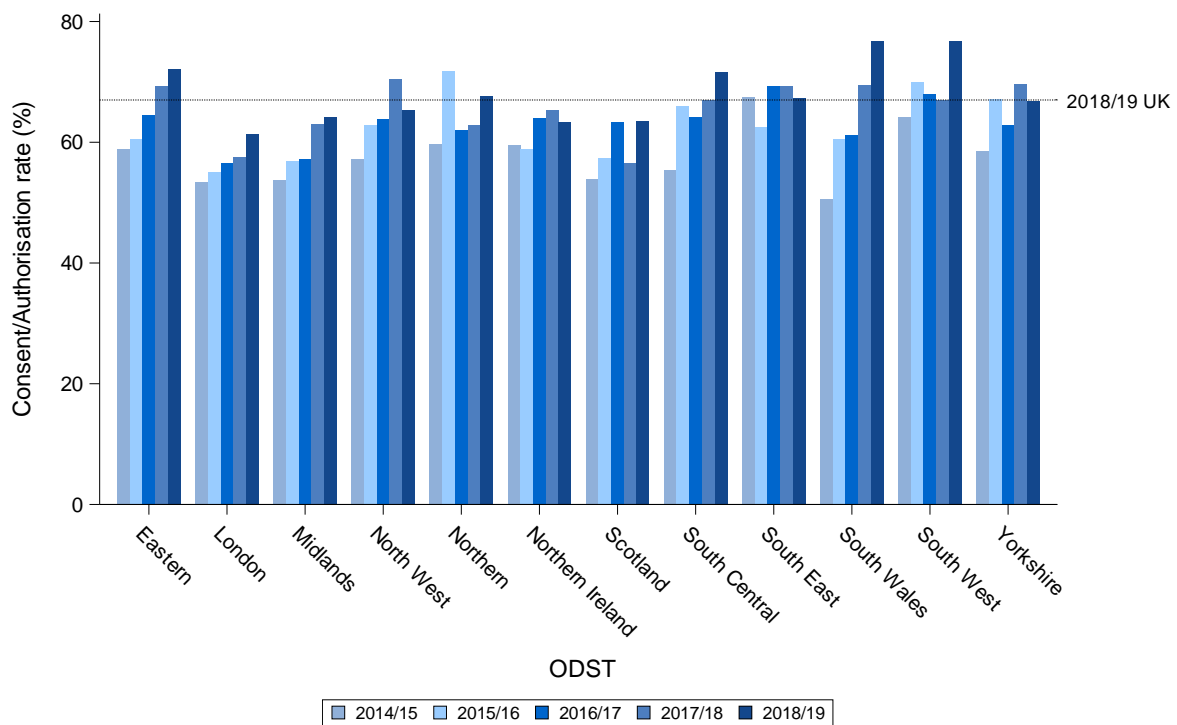
Background

1. The Specialist Requester (SR) role was officially introduced in four Organ Donation Services Teams (ODST) throughout the autumn of 2016 as an output of the Workforce Design Project. The aim of the new role was to deliver an improved donor and family experience of the donation pathway, increase consent / authorisation rates and positively impact on 24 hour working. Following the success of the role in eliminating 24 hour working in the ODST workforce a national roll out of the SR role is underway. This paper reports on all SR activity in the eight current SR teams.
2. Two of the first four teams to introduce SRs, were initially involved in a pilot of the SR role between April and December 2015. The SR role was then officially introduced in four teams in the autumn of 2016 and rolled out to a further four teams in September 2018 and January 2019. The remaining teams are expected to introduce SRs by the end of the financial year. The SR start dates for the eight SR teams are:
 - 1) North West – 13 April 2015 (pilot), 19 September 2016
 - 2) Yorkshire – 13 April 2015 (pilot), 5 December 2016
 - 3) London – 3 October 2016
 - 4) Midlands – 17 October 2016
 - 5) South Wales – 3 September 2018
 - 6) South West – 3 September 2018
 - 7) South East - 7 January 2019
 - 8) Eastern - 21 January 2019
3. Data on all formal organ donation discussions where a SNOD or SR was present and the associated overall consent/authorisation rates have been obtained, for all ODSTs, from the Potential Donor Audit (PDA) as at 9 May 2019. All patients who met the PDA criteria have been included.
4. SR activity presented in this report includes all formal organ donation discussions where a SR was present for the period where each team formally introduced the new role. SR activity recorded during the pilot period is not included in this report. The SR consent rate has been defined as the percentage of families where consent for organ donation was ascertained and the SR was present for the formal discussion.
5. SNOD activity and consent/authorisation rates, reported in this paper, include all remaining formal organ donation discussions where a SNOD was present but not a SR.

Trends in national consent rates

6. Deceased donor consent/authorisation rates, for the last five financial years, are presented in **Figure 1**, by ODS. Consent/authorisation rates have increased in all teams since 2014/15 and the UK consent rate has increased from 58% in 2014/15 to 67% in 2018/19. However, recent consent/authorisation rates still vary amongst the different regions ranging from 61% in London to 78% in the South Wales and the South West.

Figure 1: Consent/Authorisation rates in the UK by ODS and year, 1 April 2014 to 31 March 2019



Specialist Requester consent rates

7. Consent/authorisation rates and the associated 95% confidence intervals (CI) for SRs and SNODs are presented in **Figure 2** for activity from 19 September 2016 to 31 March 2019. Unadjusted SR consent rates are the same or higher than the SNOD consent rates in five of the eight teams which have incorporated the SR role but the SR consent rate is only significantly higher in the North West. It is notable that the North West team have the most SR experience as the lead site in the pilot of the SR role and the first to officially introduce the new role.

8. The SR consent rate for all teams, between 19 September 2016 and 31 March 2019, is the same as the national SNOD consent/authorisation rate, 70% (95%CI: 68 - 72) compared to 71% (95%CI: 70 - 72). The overall combined SR/SNOD consent/authorisation rate is 70% (95%CI: 69 – 71).

9. Quarterly consent rates for the eight SR teams are presented in **Figure 3**. There are no notable trends in the quarterly consent rates since the introduction of the SRs in each team.

Figure 2: Specialist Requester and SNOD consent/authorisation rates (and 95%CI) in the UK by ODST, 19 September 2016 – 31 March 2019

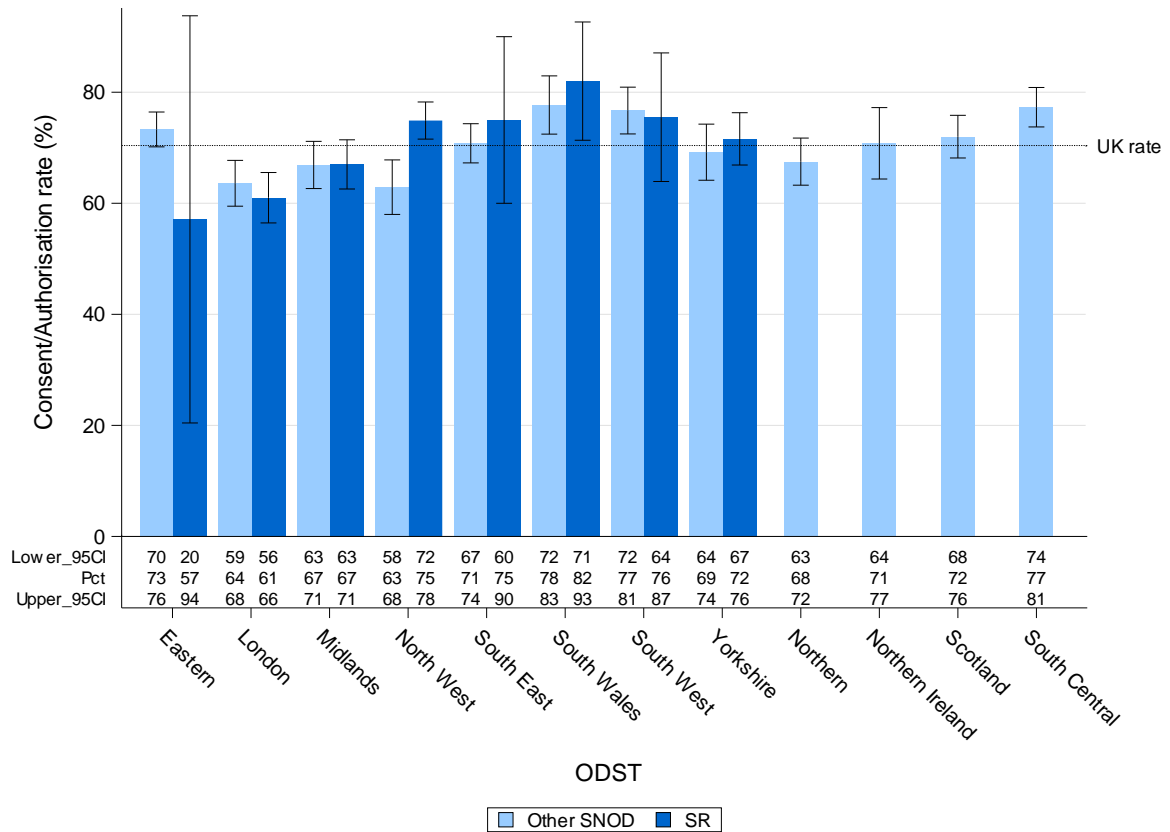
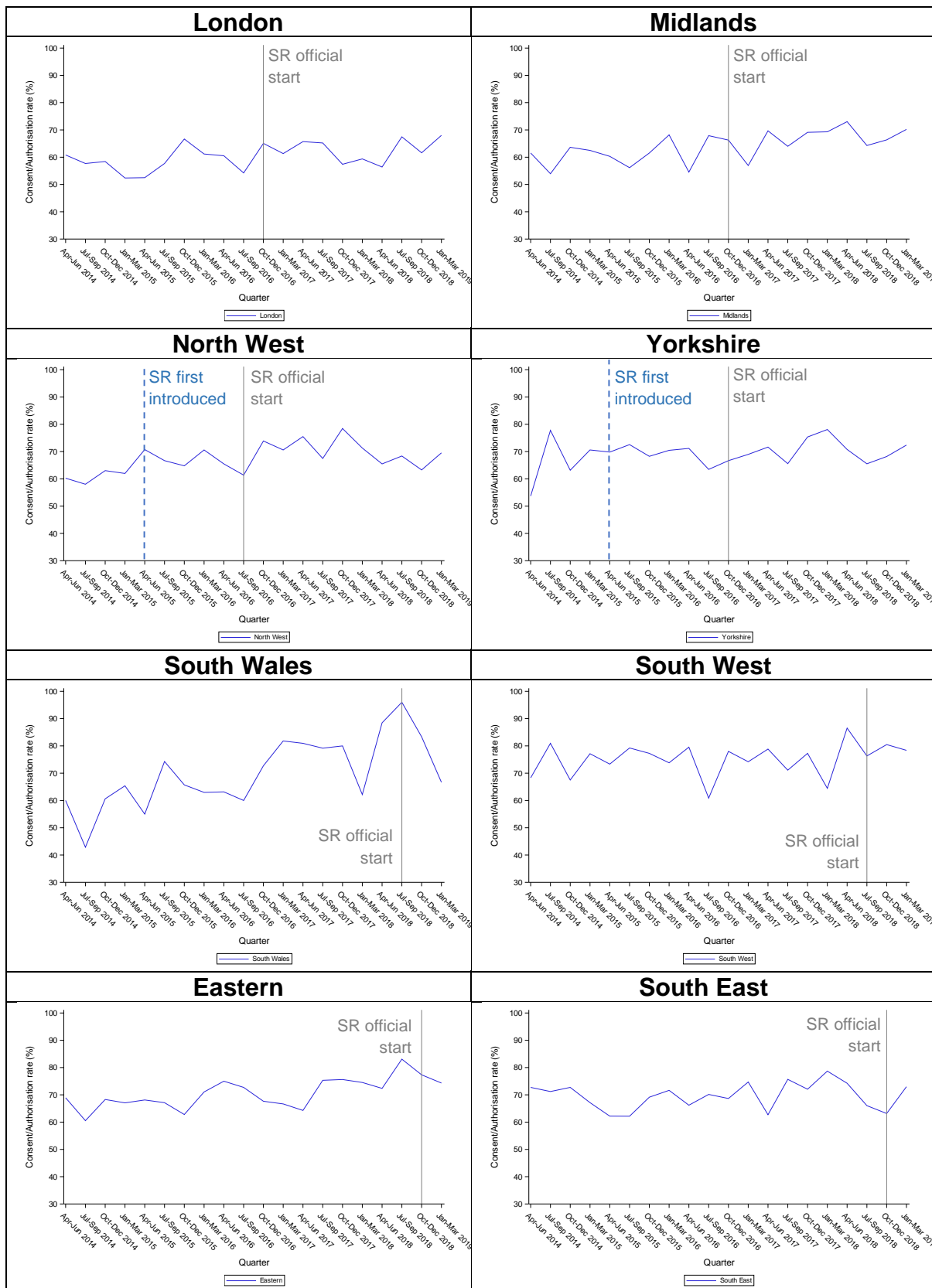


Figure 3: Quarterly consent rates for the four Specialist Requester teams, 1 January 2014 – 31 March 2019



Specialist request team activity

10. Specialist Requester activity in the eight SR teams is presented in **Table 1**. Activity for all SR teams have been included for the period each team has incorporated the new SR role.
11. The North West team, which was part of the pilot and the first team to officially introduce the SR role, made 646 SR approaches, since 19 September 2016, and utilised SRs for 64% of their family approaches. Of the established SR teams, Yorkshire has the lowest number of SR approaches, 352, but the proportion of SR approaches is above average, 57%. Midlands and London teams involve SRs in less than half of their approaches.
12. Of the newer SR teams, South Wales and South West employ SRs in 69% and 58% of their approaches, respectively. These two teams also have the highest SR consent rates, 82% and 76%, respectively. The Eastern team, which was the last to introduce the new role, has the lowest proportion of SR approaches, 12%.
13. Although the SR role was introduced in the South East and Eastern teams at the start of the year, both teams have been operating at less than half SR capacity. Furthermore, the Midlands and London teams have struggled to maintain a complete SR rota which may account for the lower proportion of SR approaches in these teams.

ODST	Approaches where SNOD/SR present	Approaches where SR present	Consents where SR present	Consent rate where SR present (%)	Proportion of SR approaches (%)
London	956	444	271	61.0	46.4
Midlands	878	433	290	67.0	49.3
North West	1018	646	484	74.9	63.5
Yorkshire	614	352	252	71.6	57.3
Eastern	60	7	4	57.1	11.7
South East	70	32	24	75.0	45.7
South Wales	72	50	41	82.0	69.4
South West	91	53	40	75.5	58.2
All SR teams	3759	2017	1406	69.7	53.7

Figure 4: Number of BAME approaches made by Specialist Requesters and SNODs, SR start date to 31 March 2019

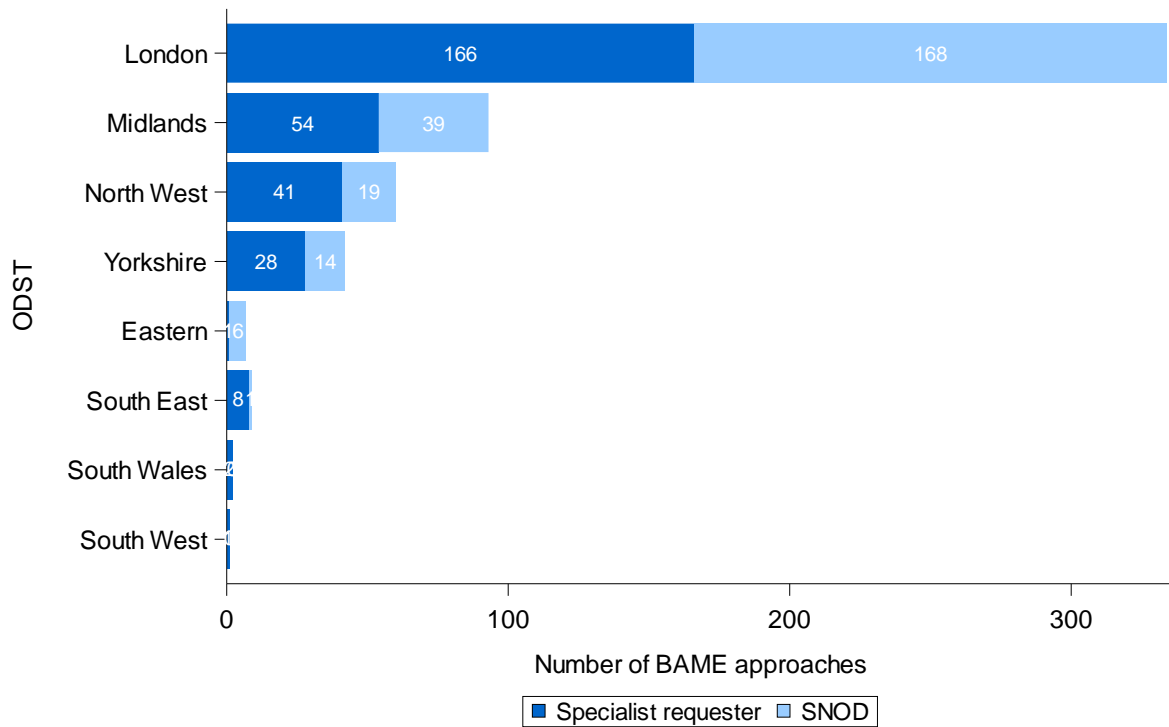
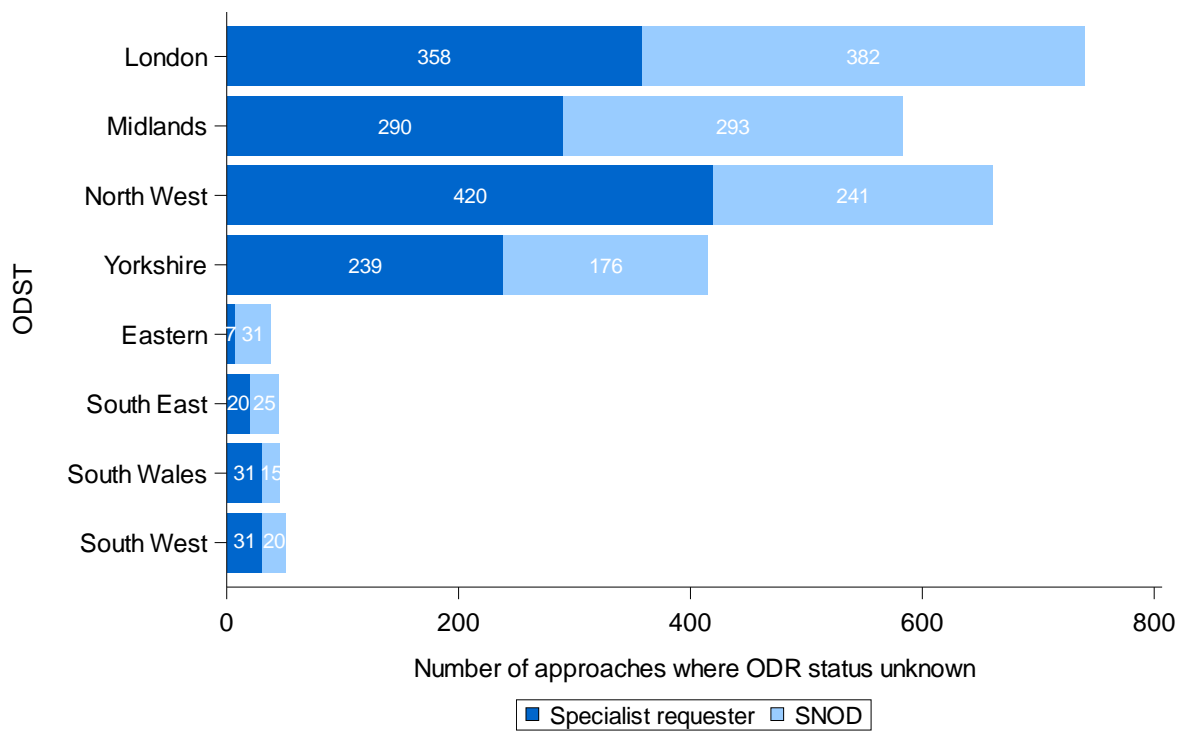


Figure 5: Number of approaches where ODR unknown made by Specialist Requesters and SNODs, SR start date to 31 March 2019



Specialist request team activity - patient demographics

15. All data in this section compares SR and SNOD activity for the period each team has incorporated the new SR role.
16. **Figure 4** presents the number of Black, Asian and Minority Ethnic (BAME) approaches made by SRs compared to SNODs in the eight SR teams. SRs and SNODs have made a similar number of BAME approaches in the eight team teams, 55% vs 45%, respectively.
17. For all SR teams, the SR BAME consent rate is comparable to the SNOD BAME consent rate, 42%(95%CI: 37 - 48) and 40%(95%CI: 34 - 46), respectively (**Figure 6a**). In the London team, where there were 334 BAME approaches the SR BAME consent rate is higher than the SNOD BAME consent/authorisation rate, 47%(95%CI: 39 - 55), compared with 42%(95%CI: 34 - 49), but the difference is also non-significant (Chi-square p-value=0.328).
18. Furthermore, SR team consent rates where the patient had not expressed a decision to donate or the ODR status was not known at the time of approach, were higher for SRs, 57%(95%CI: 54 - 59) compared with SNODs, 51%(95%CI: 48 - 54) (**Figure 6b**). This difference was significant, Chi-squared p-value=0.005
19. The number of SR and SNOD approaches by donor type are presented in **Figure 7**. SR and SNOD consent rates across the eight SR teams are similar for DBD patients (70%(95%CI: 68 - 74) vs 71%(95%CI: 68 - 74)) whilst DCD consent rates are significantly higher for DCD patients (69%(95%CI: 66 - 72) and 64%(95%CI: 61 - 67)), Chi-squared p-value=0.013.

Figure 6: Consent rates for BAME patients and patients with no know decision to donate, SR start date to 31 March 2019

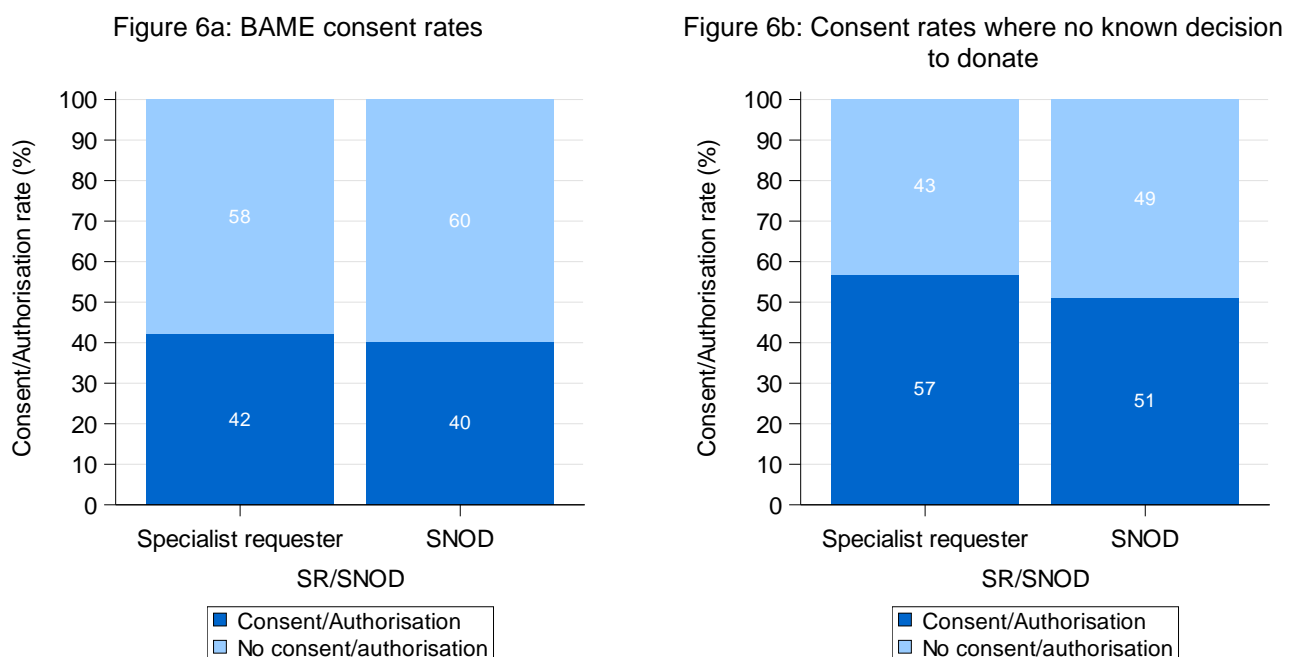
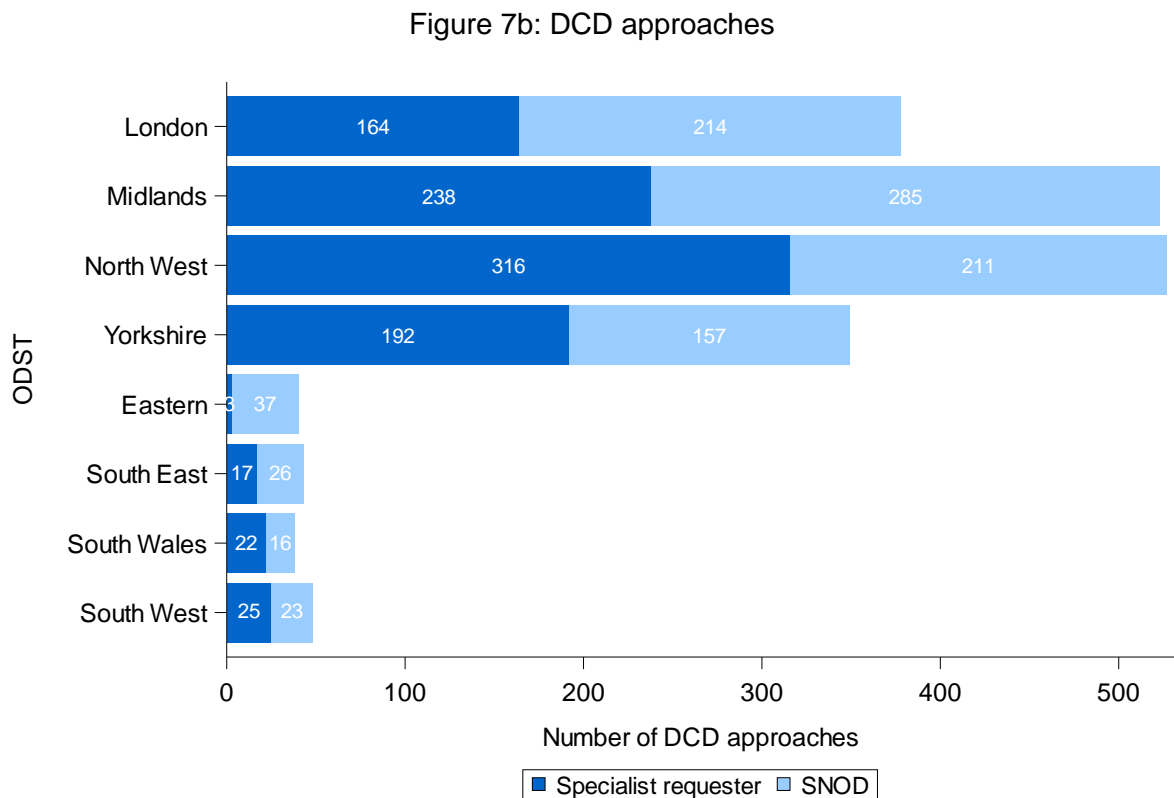
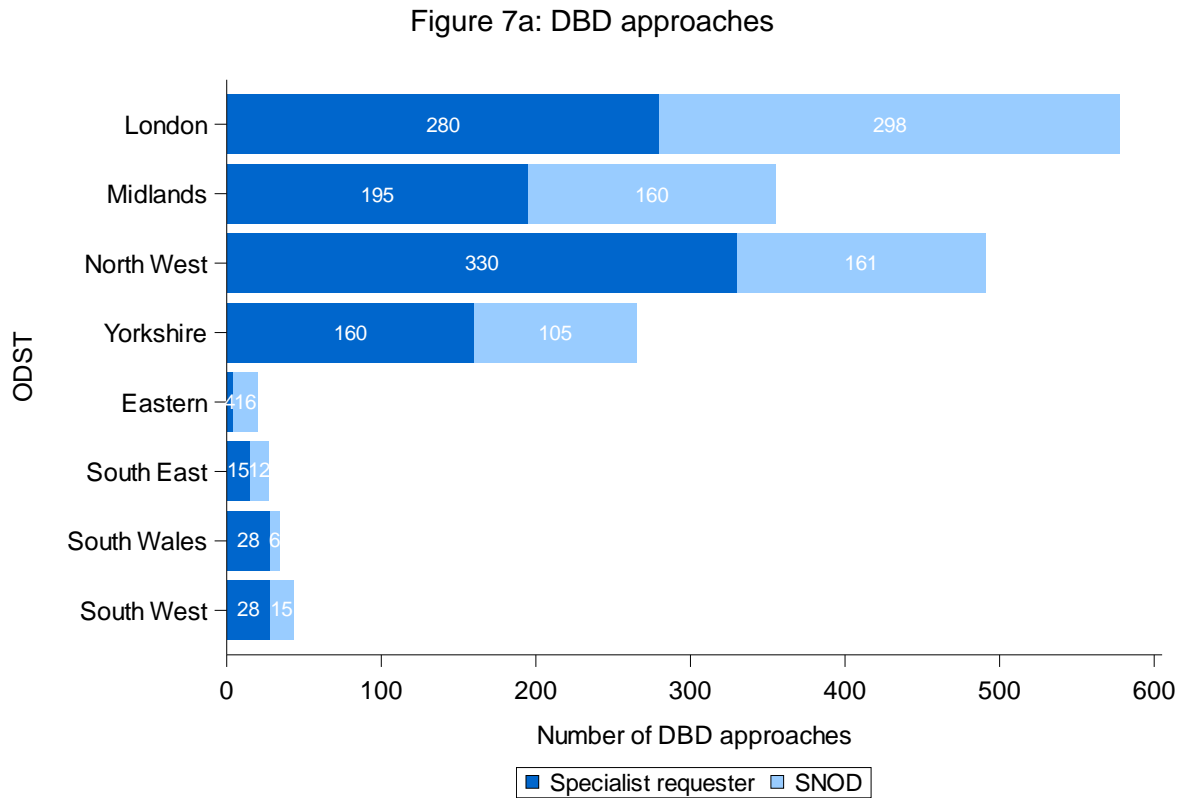


Figure 7: Number of approaches made by Specialist Requesters and SNODs, by donor type, SR start date to 31 March 2019



Length of donation process

20. When SR activity data was presented at the recent joint British Transplant Society / NHSBT congress there was a suggestion that the new role may have lengthened the donation process. A report of the length of donation process by team was presented at last NODC meeting in February (NODC(19)3). In the most recent reporting period (April to September 2018), of the established SR teams, London and Midlands teams had longer than average median times from approach to retrieval in DBD donation and only the Midlands team had a longer than average median time from approach to WLST in DCD donation. The North West team, who have one of the highest proportions of SR approaches, have some of the shortest median times from approach to both retrieval and WLST.

Summary

21. The SR role was formally introduced in the North West, London, Midlands and Yorkshire teams in the autumn of 2016, and subsequently rolled out to South Wales and South West in September 2018 and South East and Eastern at the beginning of 2019. Since the official introduction in September 2016, the combined SR consent rate was identical to the national SNOD consent/authorisation rate in the same period, 70% (95%CI: 68 - 72) and 71% (95%CI: 70 - 72), respectively.
22. For the period since the SRs were first introduced in the North West, 19 September 2016 to 31 March 2019, SR consent rates were the same or higher than SNOD consent/authorisation rates in five of the eight SR teams. However, only the SRs in the North West team had a significantly higher consent rate than their SNOD counterparts.
23. Comparing activity between SRs and SNODs within the eight SR teams for the period each team has incorporated the new role, SR consent rates were significantly higher than SNOD consent/authorisation rates for DCD donors and patients with no known decision to donate at the time of approach. There was no evidence of a difference in consent rates for BAME and DBD approaches.
24. An initial comparison of the length of the donation process in each of the SR teams indicates that the North West, who have one of the highest proportions of SR approaches, have some of the shortest donation processes for both DBD and DCD donation.