

NHS BLOOD AND TRANSPLANT
MULTI-VISCERAL AND COMPOSITE TISSUE ADVISORY GROUP

Digital HTA forms

Introduction

For some time, we have aspired to replace HTA A & B forms with a digital alternative and therefore offer a safer and quicker process to transplant colleagues.

The ODT Hub programme has taken up this work in its 2018/19 plan – and we have been successful with our work on the HTA B form.

However, work on the HTA A form has been delayed following a Government directive to integrate the Organ Donor Register into the NHS App as this decision has diverted resources from the HTA A work.

I would like to reaffirm our commitment to this project and explain that we are delaying and not derailing HTA A work.

HTA B forms

A digital HTA B form will be available to kidney and pancreas transplant centres from December 2018.

A like-for-like form has been developed on a new IT platform (the same as the forthcoming new digital Transplant List). This will enable transplant centres to enter data about organs received and transplanted.

It will be a simpler process as centres transplanting multiple organs (such as multi visceral) will only need to fill in one HTA B form per transplant recipient, as they can add extra organs to one transplant recipient.

HTA A forms

This digital form will be developed and placed in DonorPath, which is used as an iPad-based app by Specialist Nurses – but is also available on desktops.

The new digital HTA A form will be part of the SN-OD data collection process. Once submitted, this form will be visible to transplant colleagues on the CRM platform which they will be familiar as this platform stores the HTA B forms (and Transplant List).

We have already tested connectivity for the SN-OD iPads that will be used to submit data in theatres. This has proven to be effective, leading us to believe that forms can be uploaded and viewed very quickly after submission by SN-ODs.

In all cases there will be shared data such as demographics, timings and findings at surgery – then the form will offer individual data sets for liver, kidney, pancreas, bowel, heart and lung.

Over the remainder of the financial year, we will be working with stakeholders – especially NORS surgeons – to agree a process for using the form as it is likely that 3 separate groups will enter data into each form; SNODs, OPP and surgeon.

Stakeholder input has been gained from Advisory Groups, who have fed back what new fields they would like to see on the new forms. We have also received input from other stakeholders such as the HTA, who want data such as pooled blood used during retrieval to be recorded. Statistics colleagues have also requested several fields on NRP and machine perfusion and we recently held a workshop with retrieval surgeons, SNODs and RPOCs who have also made requests for additional fields.

We aim to accommodate the requests for extra data fields, where practical.

However, we will need to balance delivering a simple digital HTA A form sooner with what is likely to be a more complex form, delivered later. It may be beneficial to introduce the forms in 2 stages: a like-for-like form with some essential additions, and an upgrade of the form on the second phase to accommodate additional fields.

Next Steps

HTA B will go live with kidney and pancreas transplant centres from December 2018. Over the following year, we expect all transplant centres will be trained and will go live with the new process. We will continue to review and upgrade the forms as required.

HTA A design work is progressing and we aim to share (demo) an early version of the form to Advisory Groups in the spring. Subject to Department of Health funding discussions and finishing the NHS App work, we are planning to begin development of HTA A on DonorPath as soon as possible in the 2019/20 year.

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