

NHS BLOOD AND TRANSPLANT

**MINUTES OF THE TWENTY-THIRD MEETING OF THE
TRANSPLANT POLICY REVIEW COMMITTEE (TPRC)
HELD AT 1:00 PM ON WEDNESDAY 2 OCTOBER 2019 AT
WEST END DONOR CENTRE, 26 MARGARET STREET, LONDON, W1W 8NB**

PRESENT:

Mr Jeremy Monroe (JM), Chair	Non-Executive Director, NHSBT
Ms Millie Banerjee (MB)	Chair, NHSBT
Mr Marius Berman (MBer)	Associate Clinical Lead for Organ Retrieval
Mr John Casey (JC)	Chair, Pancreas Advisory Group
Mr Anthony Clarkson (AC)	Director - ODT, NHSBT
Mr Ian Currie (IC)	National Clinical Lead for Organ Retrieval
Professor John Forsythe (JF)	Medical Director – ODT, NHSBT
Professor Peter Friend (PF)	Chair, Multi-visceral & Composite Tissue Advisory Group
Ms Victoria Gauden (VG)	National Quality Manager, ODT, NHSBT
Professor Derek Manas (DM)	National Clinical Lead, Governance, NHSBT
Ms Lisa Mumford (LMu)	Head of ODT Studies
Dr Jayan Parameshwar (JP)	Chair, Cardiothoracic and Lung Advisory Groups
Mr John Richardson (JR)	Acting Assistant Director - Transplantation Support Services, NHSBT
Professor David Roberts (DR)	Associate Medical Director, Blood Donation
Professor Doug Thorburn (DT)	Chair, Liver Advisory Group
Dr Andre Vercueil (AV)	Regional CLOD, King's College, London
Professor Chris Watson (CW)	Chair, Kidney Advisory Group
Professor Stephen Wigmore (SW)	Chair, British Transplantation Society

IN ATTENDANCE:

Ms Caroline Robinson (CR)	Clinical and Support Services Manager, NHSBT (Minutes)
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		ACTION
1	APOLOGIES	
1.1	Apologies were received from: Mr Richard Baker, Joint Lead, Clinical Governance, NHSBT Dr Dale Gardiner, National Clinical Lead for Organ Donation, NHSBT Dr Gail Mifflin, Medical and Research Director, NHSBT Mr Gabriel Oniscu, Chair, Research, Innovation & Novel Technologies Advisory Group Mr Paresh Vyas, Non-Executive Director, NHSBT	
2	DECLARATIONS OF INTEREST – TPRC(18)1 There were no declarations of interest.	
3	MINUTES OF THE PREVIOUS MEETING & MATTERS ARISING	
3.1	Minutes of the previous meeting – 27 February 2019 TPRC(M)(19)1 The Minutes were approved as a correct record.	

3.2	Minutes of the previous meeting – 9 July 2019 TPRC(M)(19)2 The Minutes of this additional meeting held to approve changes to policies for the Kidney and Pancreas Offering Schemes were approved as a correct record	
3.3	Action Points from previous meetings of 27 February 2019 and 9 July 2019 – TPRC(AP)(19)2	
3.3.1	1. AP1 (5.2.17): POL188/8 – Clinical Contraindications to approaching families for possible organ donation - New SaBTO guidance to be added to the Clinical Contraindications policy is in hand.	CLOSED
3.3.2	2. AP4 (11.9.18 and 27.2.19): POL187/2.1 – Assessment of allocation policies for organs from deceased donors - Discussed in 4.1.1 below	CLOSED
3.3.3	3. AP7 (11.9.18 and 27.2.19): POL231/4 – Lung: Patient Selection Policy - It was previously agreed at TPRC to change the word recipient to patient throughout the policy. However as this would involve changing the words in other controlled documents and forms it was agreed that the wording would be changed only where this would not involve controlled document changes. The action has now been taken and the policy became effective in Q-Pulse in May 2019. Further changes have now been made – see Item 4.2.8 below.	Ongoing
3.3.4	4. (27.2.19) – POL191/3 – Joint NHS Blood and Transplant (NHSBT) and British Transplantation Society (BTS) Guidelines – See Item 4.1.2 below	Ongoing
3.3.5	5. (27.2.19) – POL198/3 - Non-Compliance with Selection and Allocation Policies – While incidents of non-compliance are infrequent, it was agreed that any issues arising would be put on the agenda of all forthcoming Advisory Group meetings.	CLOSED
3.3.6	6. (27.2.19) – POL198/3 - Non-Compliance with Selection and Allocation Policies – It was agreed that Advisory Group Chairs would ask transplant centres to confirm whether local audits are completing on non-compliance	CLOSED
3.3.7	7. (27.2.10) - POL198/3 - Non-Compliance with Selection and Allocation Policies – It was agreed that the Medical Director would confirm the way in which non-compliance incidents should be reported to TPRC when they occur to ensure NHSBT Board is kept up-to-date.	CLOSED
3.3.8	8. (27.9.19) – POL186/10 - Review of Kidney Offering Scheme – A telecon for TPRC to discuss both the Liver and Pancreas Offering Schemes took place in July as planned.	CLOSED
3.3.9	9. (9.7.19) – POL186/10 – Kidney Transplantation Scheme - It was confirmed that centre kidney patients do get the same points in the scheme as regional patients. The policy has now been clarified and has been actioned in Q-Pulse. See also Item 4.1.3 below	CLOSED
3.4	Matters Arising In the absence of Dr Gail Mifflin, Professor David Roberts was welcomed to the meeting via telecon. Dr Andre Vercueil attended the meeting as Dr Dale Gardiner was unable to attend. At the outset of the meeting it was noted that Ms Millie Banerjee would need to leave during TPRC to attend an appointment on NHSBT's behalf with a government minister. It was agreed that any policy updates or changes would be sent for her agreement prior to finalising any details. ACTION: CR to send any relevant policies to MB post meeting for approval or comment	CR
4.	POLICIES FOR INFORMATION /APPROVAL	
4.1	Policies for Information	
4.1.1	POL187/2.1 – Assessment of Allocation Policies for Organs from Deceased Donors (See Action Point AP2 from previous meeting) – TPRC(AP)(19)2 See Item 4.2.3 below	
4.1.2	POL191/3 – Joint NHS Blood and Transplant (NHSBT) and British Transplantation Society (BTS) Guidelines (See Action Point AP4 from previous	

	<p>meeting) – TPRC(AP)(19)2</p> <p>At the meeting of TPRC on 27 February 2019 members agreed that while changes made at the meeting were good interim measures, the policy needs review to bring it up to date and to emphasise tougher guidelines regarding risk and consent early in the document. At the BTS Council in June 2019 it was agreed that their guidance should be removed from the website as it is no longer concordant with NHSBT policy. Any re-writing of the policy will wait until BTS/ODT risk and consent work is completed. TPRC approved this course of action.</p>	
4.1.3	<p>POL186/10 – Kidney Transplantation: Deceased Donor Organ Allocation (See Action Point AP8 from previous meeting – TPRC(AP)(19)2</p> <p>A query was raised at the TPRC meeting of 9 July 2019 as it appeared centre kidney patients do not get points in the way that regional patients do in the scheme. It was confirmed that centre patients do get the same points as regional patients and it was agreed that this would be clarified within the policy.</p> <p>The issue of what changes will be necessary after 31 October regarding patients on a waiting list in one EU country coming to the UK. Previously they could join the UK waiting list and keep the time from starting dialysis as their waiting time subject to assessment of fitness. This issue was discussed. As there is no clarity currently about what changes need to be made should the UK exit the European Union at this time, it was agreed that there would be no change to any policy until there is more guidance available.</p>	
4.2	POLICIES FOR APPROVAL	
4.2.1	<p>POL184/2.3 – Kidney Selection Policy - TPRC(19)16</p> <p>TPRC approved the updates apart from a change of wording from ‘with Type 1 diabetes’ to ‘and insulin dependent diabetes’. In order to be consistent with wording changed in ‘POL185 Pancreas Transplantation: Patient Selection’, TPRC agreed that the words ‘insulin treated diabetes’ should be used instead of ‘insulin dependent diabetes’ in any relevant policy.</p> <p>Action: CR to change the wording in POL184/2.3 prior to validation</p>	CR
4.2.2	<p>POL185/6 – Pancreas Selection Policy – TPRC(19)17</p> <p>Significant changes listed were approved at TPRC. In addition, wording at Section 4.2.4 regarding the Exemption request process’ was clarified to read <i>‘There should be a majority decision and a minimum of five of the voting centres must respond in order for a decision to be valid. If the initial decision is not a majority, the Chair will have a casting vote’</i>.</p> <p>The wording in the penultimate paragraph in Section 6 was changed to read <i>‘In particular, they should notify ODT Information Services if a patient’s dialysis status changes, their waiting time appears inappropriate or if the patient has moved between transplant centres’</i></p> <p>Action: CR to change the wording as agreed in POL185/6 prior to validation</p>	CR
4.2.3	<p>POL187/2.1 – Assessment of Allocation Policies for Organs from Deceased Donors – TPRC(19)18</p> <p>Following a meeting with the Transplant Commissioners, it was agreed that the following wording will be added to the policy in Section 3.8: <i>‘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</i></p>	

	<p><i>regarding the organ decline.'</i></p> <p>TPRC approved the above change along with minor word changes in Sections 3.7 and 3.8</p> <p>TPRC discussed the issue of NHSBT's responsibilities towards the patient in the event of a donated organ being declined. It was noted that any declines are being monitored so that those affected can be informed along with the CEO of hospital trusts. It was agreed that NHSBT should be part of any follow up discussion with the trusts concerned so that there is awareness of what patients are told.</p>	
4.2.4	<p>POL196/6 – Deceased Donor Liver Distribution and Allocation – TPRC(19)19</p> <p>Changes have been made in Section 2.9.1.2 to reflect what should happen if a paediatric centre decides their recipient needs more than a left lateral.</p> <p>TPRC approved the changes made to the policy.</p>	
4.2.5	<p>POL228/11 – Heart: Organ Allocation Policy – TPRC(19)20</p> <p>Some queries were raised regarding Section 8.2 and it was agreed that Section 8.2 should read Figure 2 and not Figure 1 in the description that centres should internally prioritise blood group O and B recipients above blood group A and AB recipients for blood group O donors. This will be clarified with the Stats team before finalisation of the policy.</p> <p>Action: CR to clarify information with Stats team</p> <p>It was also noted that the policy cannot go to Q-Pulse for circulation until digital changes are actioned. This applies to all the heart and lung policies listed in items 4.2.5, 4.2.6, 4.2.7 and 4.2.8 of the agenda.</p> <p>Action: J Richardson to take digital changes forward and to report back when action has been taken.</p> <p>Other significant changes to the policy listed in the summary were approved by TPRC.</p>	<p>CR</p> <p>JR</p>
4.2.6	<p>POL229/7 – Heart: Patient Selection Policy – TPRC(19)21</p> <p>Changes in the policy were approved by TPRC subject to digital changes being actioned as stated in Item 4.2.5</p>	JR
4.2.7	<p>POL230/11 – Lung: Organ Allocation Policy – TPRC(19)22</p> <p>Some queries were raised regarding figures listed in Appendix 1 of the policy and PaO₂ and this will go back to CTAG for discussion. At present, Figure 1 does not reproduce accurately when printed so this will be checked with Stats.</p> <p>Action: C Robinson to check these issues with Stats</p> <p>As stated in item 4.2.5 above, digital changes will be actioned before the policy is finalised.</p>	<p>CR</p> <p>JR</p>
4.2.8	<p>POL231/4 – Lung: Patient Selection Policy – TPRC(19)23</p> <p>Significant changes as listed in the summary of the policy were accepted by TPRC.</p> <p>As stated in item 4.2.5 above, digital changes will be actioned before the policy is finalised.</p>	JR
4.2.9	<p>POL247/1 – Patient Registration for Transplantation – TPRC(19)24</p> <p>Minor changes made to this document were approved by TPRC</p>	
4.2.10	<p>POL274/2 – Living Donor Kidney Transplantation – TPRC(19)25</p> <p>Changes listed in the summary reflect the new scheme and alterations to HTA requirements and these were accepted by TPRC. It was noted that there are likely to</p>	

	be further changes when sharing weeks are disbanded.	
4.2.11	<p>MPD948/1.2 – Patient Selection and Organ Allocation Policies Review and Approval (Organs) – TPRC(19)26</p> <p>Changes have been made to clarify references to the Advisory Groups and Statistical Leads. The words ‘Duty Office’ have been changed to ‘Hub Ops’ throughout the document.</p> <p>TPRC approved the changes made.</p>	
5	DECEASED DONOR TRANSPLANT PROJECTIONS FOR 2019/20 TO 2023/24 IN THE UK	
	LMu presented this paper to the meeting for information. Those present were asked to forward any comments or queries to her for consideration.	
6.	REVIEW OF TERMS OF REFERENCE OF TRANSPLANT POLICY REVIEW COMMITTEE	
6.1	<p>The Terms of Reference for TPRC were last reviewed in 2018. At present, a quorum for the meeting is five members of which 4 should be Accountable members (ie voting members of NHSBT Board). Of these, two should be Non-Executive Board Directors. All quorum members need to be present when a final decision is made. In practice, it can be hard scheduling meetings and ensuring there is a quorum, particularly if last minute, unavoidable commitments arise. TPRC agreed that the non-executive contribution to the meeting is vital and it was agreed that providing this lay contribution is represented at future meetings, this would be appropriate. Any Non-Executive Board members not attending would be asked to read the papers for the meeting and to comment.</p> <p>Action: JM to draft alternative wording for the Terms for Reference for approval at NHSBT Board</p>	JM
7	DATE OF NEXT MEETING:	
7.1	<p>At a recent meeting to look at the structure and processes involved in Advisory Group meetings, it was suggested that the TPRC meetings should be held after the Spring and Autumn advisory group meetings. This would allow any changes to policies to be actioned so that they can be approved at TPRC and circulated in a timely fashion. This proposal was approved at TPRC and it was agreed that the dates of the meetings for 2020 would be June/July and December. Details of the next meeting will be forwarded to all members of the group in due course.</p> <p>Action: CR to schedule dates for 2020 and to forward these to members</p>	CR