

Organ Donation and Transplantation *Meeting the Need*

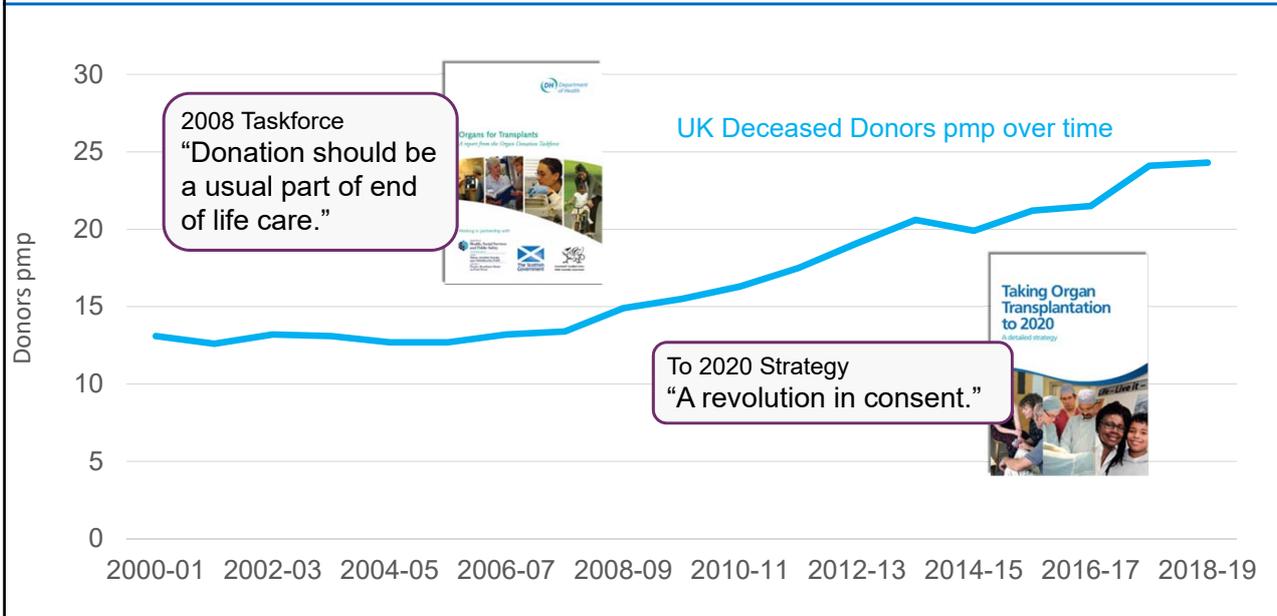
Summary for Board meeting 30th January 2020

27/01/2020

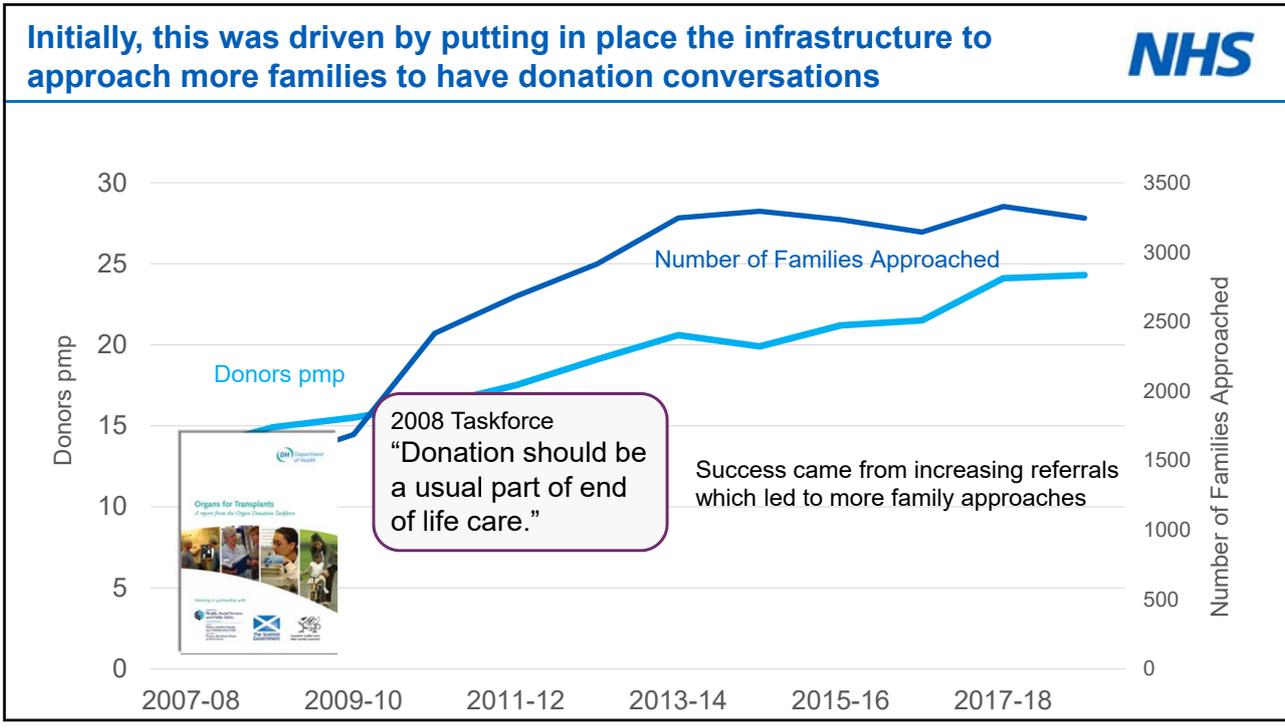
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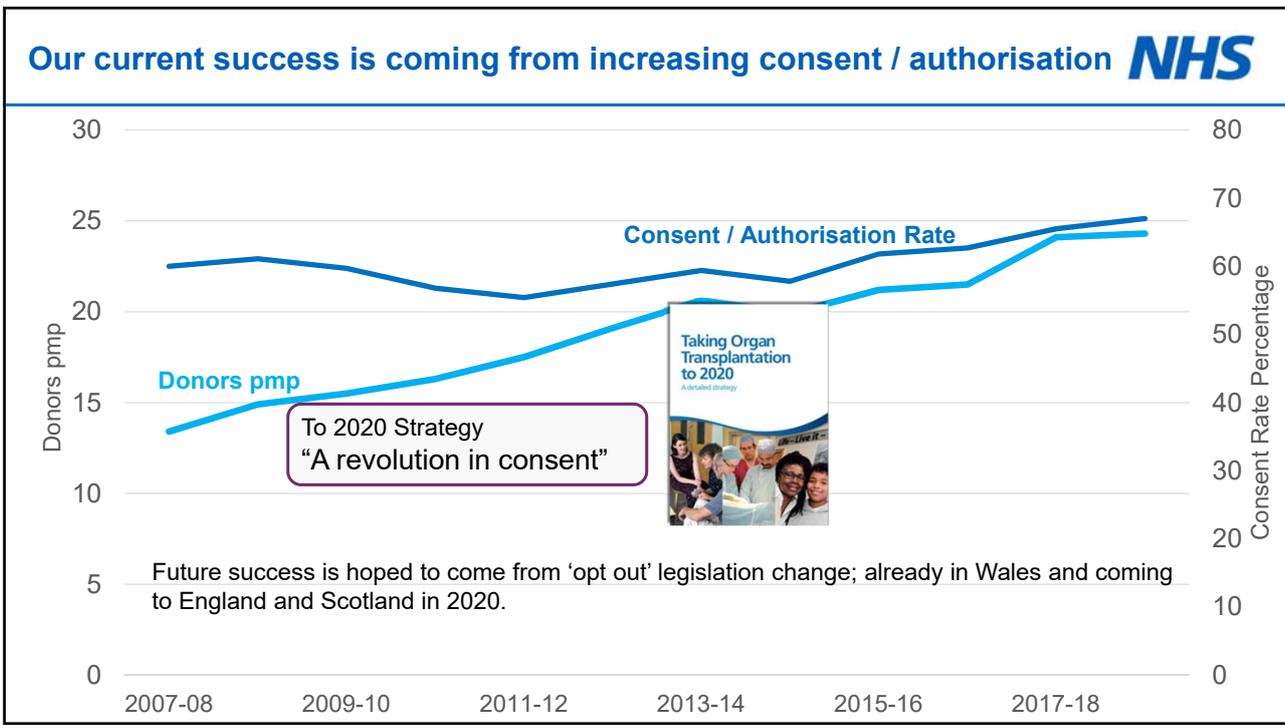
The UK has achieved a doubling of deceased donors since 2008



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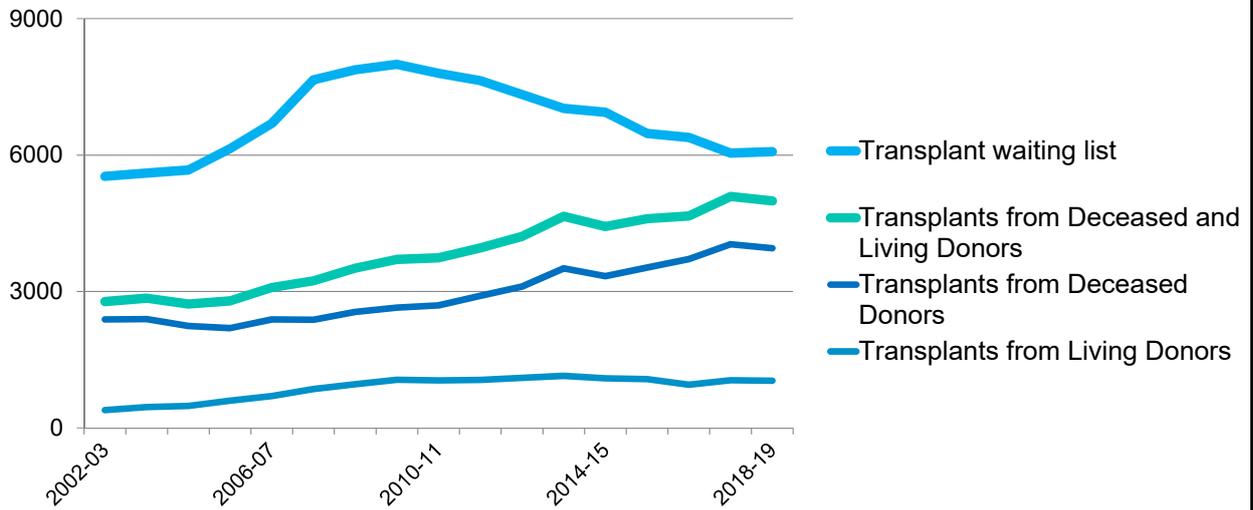


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The transplant waiting list has fallen, but not as much as we had hoped. **NHS**
 More progress is evident from deceased than living donors.



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Our *Taking Organ Transplantation to 2020* strategy was published in 2013 with the aim of matching world class performance **NHS**

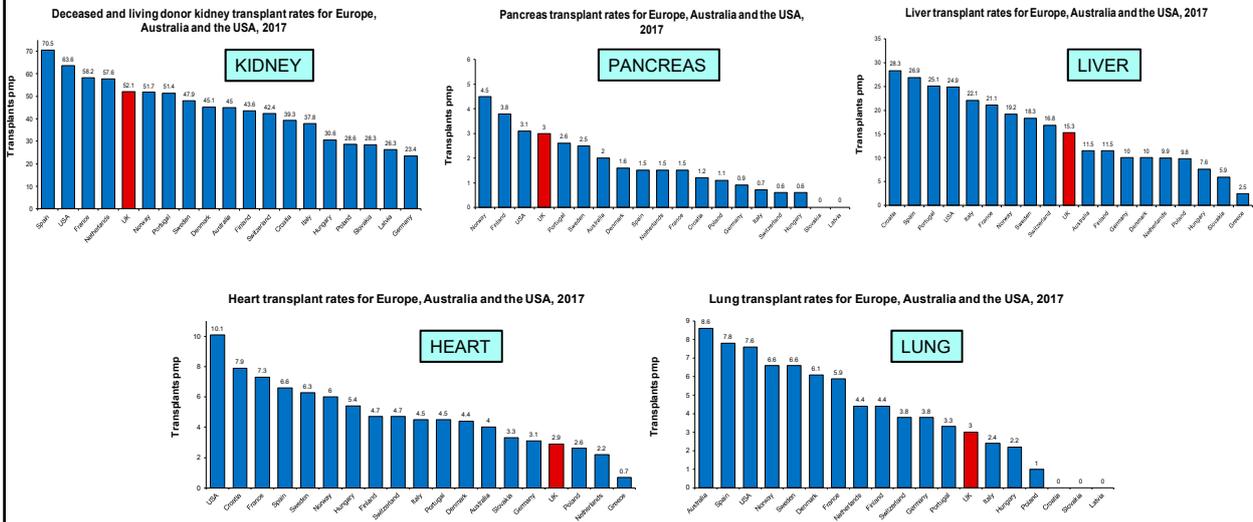
The UK has achieved clear progress since 2013, but the above indicates that continued action is needed on [consent / authorisation](#) and [organ utilisation](#).

Who	Outcome	Achieved?
Society and Individuals	Attitudes to organ donation will change and people will be proud to donate, when and if they can.	Consent / authorisation rate 80% (was 57%) Currently 68%
NHS hospitals and staff (donation)	Excellent care in support of organ donation will be routinely available and every effort made to ensure that each donor can give as many organs as possible.	26 deceased donors per million population (was 19 pmp) Currently c.25 pmp
NHS hospitals and staff (transplantation)	More organs will be usable and surgeons will be better supported to transplant organs safely into the most appropriate recipient.	Transplant 5% more of organs offered from consented, actual donors Not achieved (varies by organ group)
NHSBT and commissioners	Better support systems and processes will be in place to enable more donations and transplant operations to happen.	Deceased donor transplant rate of 74 pmp (was 49 pmp) Currently 64 pmp

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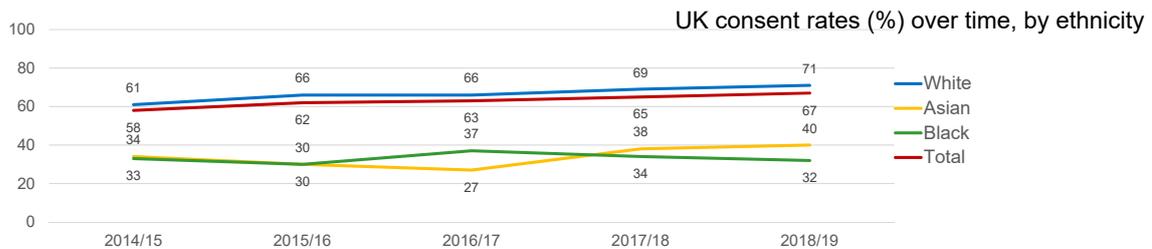
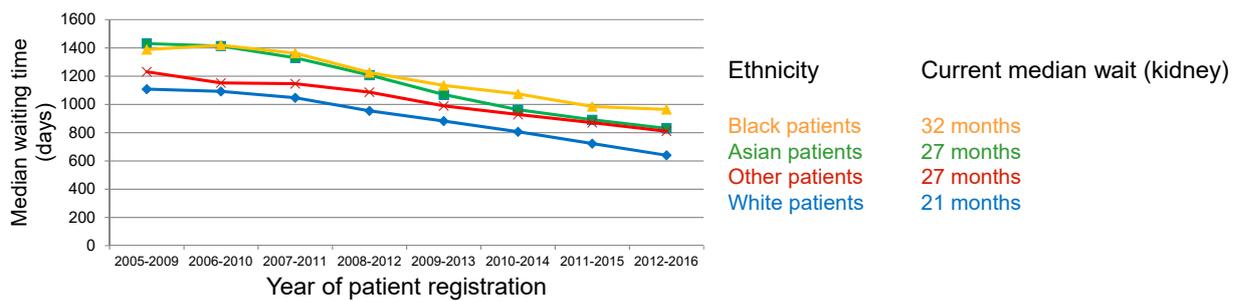
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In addition, our progress has been uneven. A reduction in people waiting for a kidney, pancreas or liver masks an increase in heart and lung... **NHS**



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...and, despite progress, people who are BAME are more affected by shortfalls and longer waits – partly due to lower rates of donation **NHS**

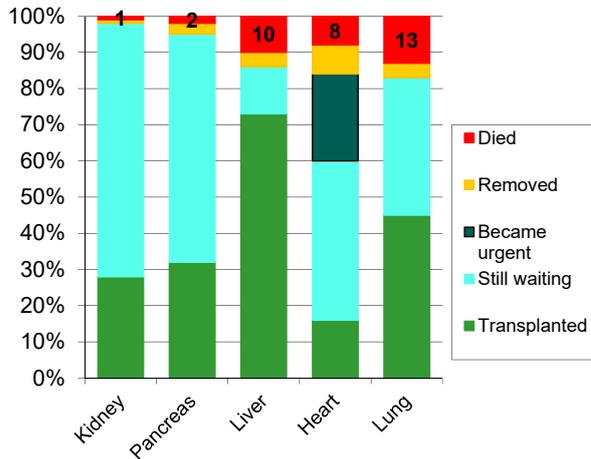


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There remains unmet need – and many patients still die waiting. We must achieve a 50% a increase in transplants to close the gap.



Outcomes (%) over 1 year, for patients on UK transplant list



To close the gap and meet *registered* transplant need of c.2,200 additional transplants per year, we would need to see:

- 700 (50%) more deceased donors per annum
- c.1,500 (150%) more living kidney donors
- Further breakthroughs – and scale – in organ utilisation, preservation and regeneration
- Developments to revive currently untransplantable organs

We believe that action is required in each of these areas of potential

To address these challenges and meet transplant need, we believe that action is needed in 6 key areas in the years to 2030



We aim to be ***the best organ donation and transplantation system in the world.*** We will achieve this through action to achieve 6 objectives:

Organ Donation

Objective 1: *Living and deceased donation will become an expected part of care for all those in need across the UK.*

Transplantation

Objective 2: *We will achieve world class organ utilisation in every organ group, harnessing new technologies and techniques to help achieve this.*

Recipient and Transplant Outcomes

Objective 3: *For the most effective use of a precious donor organ, we will ensure that recipient outcomes are be amongst the best in the world.*

Diversity and Inclusion

Objective 4: *We aim to ensure that people of all races and genders have access to the organ they need, at the time they need it.*

Sustainable, Responsive UK Services

Objective 5: *As donation numbers increase due to new legislation, we will secure a sustainable service across the UK, making the most of every opportunity for a donation or a transplant.*

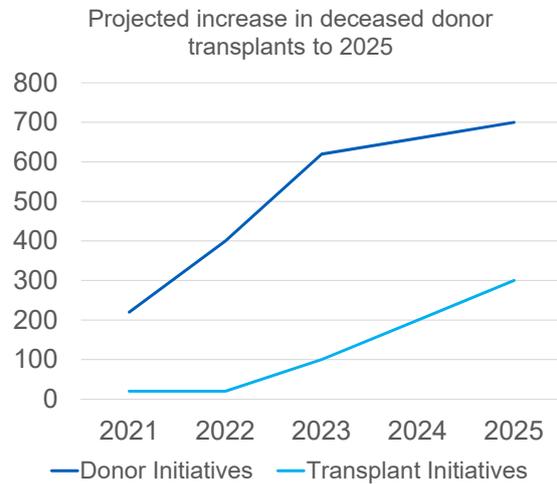
Research and Innovation

Objective 6: *We will build further support for the world-leading, pioneering culture of research and innovation for the UK.*

Because of action already taken, donor initiatives will have the most impact in the next 5 years – but our focus is switching to transplant



- Our focus on living and deceased donation will bring about further increases in transplants in the next 3-5 years
- We now see the potential for a shift in transplantation – where the UK achieves world-class utilisation for all organ groups
- Focus on plans for each organ groups and establishing a UK model of organ recovery, where organs can be assessed and treated with precision medicine (including outside of the donor’s body) prior to transplantation



We will also need to transform across the UK’s organ donation and transplantation pathway

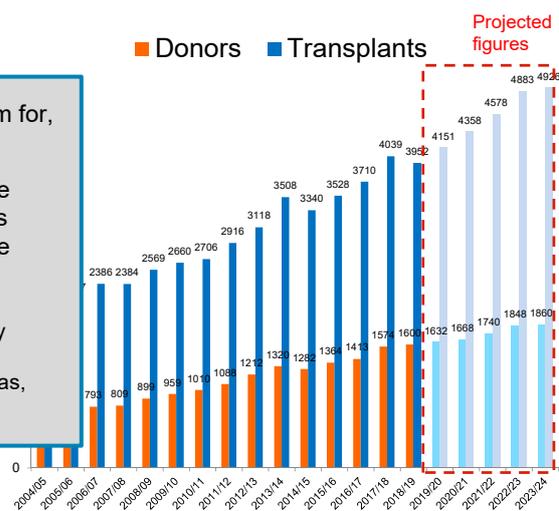


- A focus on diversity and inclusion, to achieve the best possible outcomes for all
- Transforming donation and transplantation in the UK to achieve a sustainable, responsive service
- Support for the world-leading, pioneering culture of research and innovation in the UK

In 5 years we aim for, per annum:

- ~260 (16%) more deceased donors
- ~990 (25%) more transplants:

 - 500-600 kidney
 - 200 liver
 - 50-100 pancreas, heart, lung

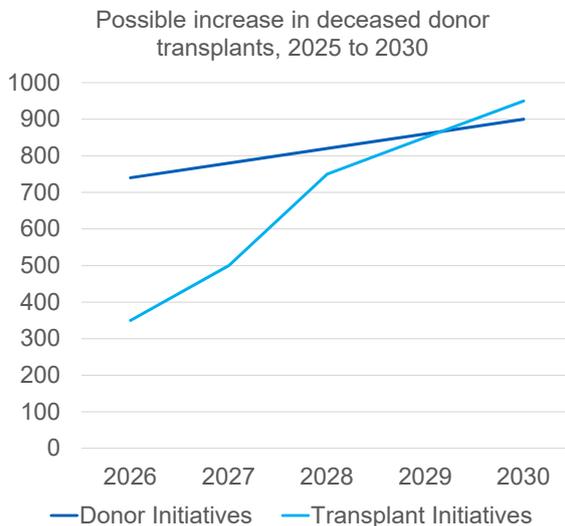


By focusing on the constraints to organ utilisation in the UK, we believe transplant initiatives will be more productive from 2025-2030



In the years from 2025 to 2030:

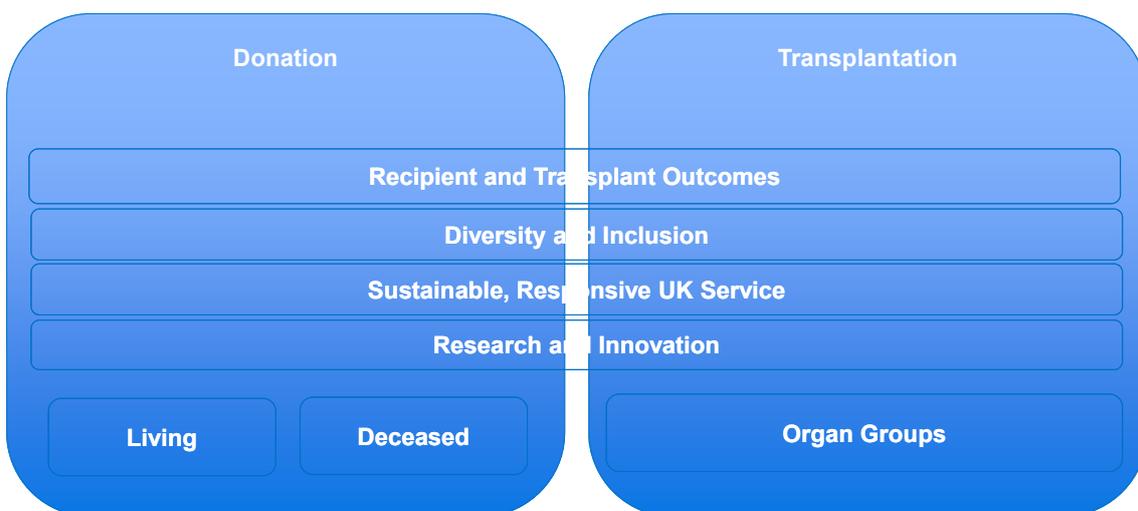
- Focusing on organ utilisation and transplant developments - new technology and techniques - has the potential to overtake donor initiatives
- If we deliver on ambitious utilisation plans and the early promise of new technologies developments is consolidated, then we can see how we can make further advances towards *meeting transplant need*
- This will be a challenging strategy because there limited precedent for a utilisation-led approach, but we believe it is the right one



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We will take action across the organ donation and transplantation pathway and some actions will be specific to organ groups



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Our focus on deceased donor consent is still right, but we will look for more deceased donors and increasingly develop living donation **NHS**

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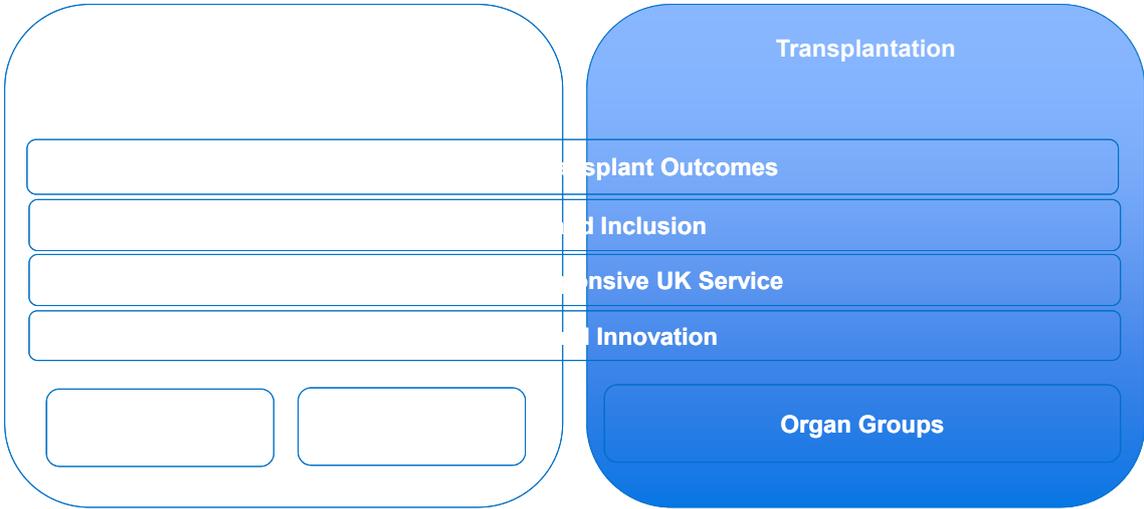
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Donation - Objective 1: *Living and deceased donation will become an expected part of care for all those in need across the UK*

Action	Impact
Support implementation of changes to the law around organ donation	Public are informed of changes and make a decision about organ donation, recorded via the NHS Organ Donor Register. NHS staff are trained to support donation.
Public visibility and promoting the benefits of living and deceased organ donation	Donation is consolidated as an expected part of end-of-life and transplant care. There will be high rates of visibility of living and deceased donation.
Expand the deceased donor pool by identifying the potential for donation outside ICU and hospitals	Potential donor pool is enlarged, as possibilities for donation in new settings is defined and supported
Maximising transplant opportunities through the living kidney sharing scheme	Innovative sharing scheme, to maximise transplant opportunities (new IT platform to support best clinical practice)
Ensuring that “transplant first” is encouraged and that living donation is part of the transplant conversation	Pre-emptive transplant will avoid unnecessary or extended time on kidney dialysis, saving NHS resources. Higher uptake of living donation results in reduced demand for deceased donation and high quality transplants.

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We will focus on the constraints to organ utilisation across the pathway, as well as by each organ group

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We will focus on the constraints to organ utilisation across the pathway, as well as by each organ group



Transplant - Objective 2: *We will achieve world class organ utilisation in every organ group, harnessing new technologies and techniques to help achieve this*

Action	Impact
Work with NHS delivery bodies to set out organ utilisation improvement plans	Specifically tackles barriers to improved organ utilisation and addresses challenges by organ group and country / region
N.B. Strategy will identify approach for specific organ groups, notably heart and lung	
Agree regulation, policy and custodianship for extended-criteria organs, which could be subject to ex-situ perfusion	Defines the role of perfusion in overcoming logistical issues that would otherwise prevent transplant
Pilot / trial models of Assessment & Recovery by providing services	Achieves early clarity on which models provide greater utilisation and ensures that previously discarded organs are transplanted. More, safe organs; with predictable timings
Alongside this, we will run service evaluation of models of Assessment & Recovery	High quality outcome-based data, to assess service and progress further developments for each organ group
Maintain close scrutiny of emerging technologies and techniques	Early identification of potential for new methods, through research monitoring groups and other methods

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We will also need to take action in areas that cross donation and transplantation **NHS**

Recipient and Transplant Outcomes
Diversity and Inclusion
Sustainable, Responsive UK Service
Research and Innovation

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We will work with NHS colleagues to achieve the best possible outcomes for patients in the UK and improve our data co-ordination **NHS**

Recipient and Transplant Outcomes - Objective 3: *For the most effective use of a precious donor organ, recipient outcomes will be among the best in the world*

Action	Impact
Deliver new outcomes measures, focused on quality of life	New data used to develop best practice in living donation and deceased donor transplantation
Focus research on access to transplantation and re-transplantation	Improved access to transplantation, as measured by ethnicity and social class and an action plan to improve rates of re-transplantation
Continued focus in organ offering schemes on disadvantaged populations	Further improved access to transplantation, especially for BAME and hard-to-match people – including named-patient offering for hearts and lungs
Transform data collection to a digital model	Safeguard data collection and reduce burden to NHS colleagues
Enable easy access and effective use of data	Benefits of easier access to data, sharing and linkage to partners

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We will lead the tackling of disadvantage and variation in care, by focusing on diversity and inclusion



Diversity and Inclusion - Objective 4: *People of all races and genders have access to the organ they need, at the time they need it*

Action	Impact
Improve insight on ethnicity and religion	Targeted promotion and action planning, based on higher quality data and insights
Empowering BAME communities to lead on promoting organ donation	Increased consent/authorisation rates for BAME and other groups
Tackle disadvantage in listing and outcomes	Improved outcomes for BAME recipients
Increase the diversity of ODT's workforce	Representative (c.14% BAME) patient-facing workforce within 3-5 years
Develop and sustain long term Diversity action plans	Confidence that action plans for delivering priorities are effective, through a multi-year approach
Improve partnerships between NHSBT and external supporters	Productive partnerships, leading to measurable benefits to patients

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We must address the challenges facing the UK's service, to ensure that we are ready to support the delivery of additional activity



Sustainable, Responsive UK Service - Objective 5: *As donation numbers increase due to new legislation, we will secure a sustainable service across the UK, making the most of every opportunity for a donation or a transplant*

Action	Impact
Strengthen the role of NHSBT in the transplant commissioning and delivery monitoring process	More detailed transplant system planning, leading to improved sustainability and tackling of unwarranted variation
Ensure that we are easy to work with by transforming our digital and IT-enabled support to NHS	Safe, simple and supportive experience for NHS colleagues. Maximised use of NHS resources and cost avoidance
Increase organ retrieval capacity as donation activity grows: through selective service re-design	Best use of NHS resources via collaboration and, where needed, additional capacity – to ensure no missed opportunities
Focus on length and timing of the ODT process	Reduced length and / or more predictable timing of process, including reduced night-time transplantation
Further development of ODT operating model	New target operating model ensuring that more clinicians' time is spent on clinical activities and safer, responsive co-ordination of NHS resources

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To support our ambitions and address research gaps, we must facilitate and deliver research and innovation across the UK



Research and Innovation - Objective 6: *We will build further support for the world-leading, pioneering culture of research and innovation for the UK*

Action	Impact
Initiate and support behavioural research	Provides evidence on high-impact interventions that increase consent / authorisation levels for BAME donors in both deceased and living donation
Continued support for essential infrastructure	Underpins high-quality research and innovation to advance clinical practice and improve outcomes
Stimulate increased investment in the highest priority research and innovations	Improve patient care and more lives saved by transplanting more organs that last for longer
Enable enhanced data sharing and automated data capture	Fosters an environment of transparent and convenient data sharing, to maximise the opportunities of advances in healthcare data science and big data
Support for emerging service developments	Increased translation of research and service developments to quantify organ quality prior to transplantation (e.g. Assessment & Recovery)

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What we will achieve: our high-level measures for 2030 (all TBC)



Action by	Measure	2018/19	2025	2030
<i>Individuals and donor hospitals</i>	• Total, deceased & living donors PMP	• 40	• 48	• 51
<i>Transplant centres, commissioners and NHSBT</i>	• Utilisation rate (organs per donor)	• 2.6	• 2.8	• 3.1
<i>Transplant centres, commissioners and NHSBT</i>	• Total, deceased & living transplants PMP	• 79	• 93	• 102

For patients, this means:

	Today	2025	2030
All solid organ transplants	c.4,900	c.5,900*	c.6,800-7,100
Waiting time (kidney)	24 months (median)	TBC	TBC

*Source: Deceased Donor Transplant Projections for the UK, 2019. Figures to be updated, re-phased to 2024/5 and to incorporate living donation. Health Departments and NHS delivery bodies are familiar with deceased donor projections.

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How we will achieve this: measuring the effectiveness of our 6 main objectives



Objective	Measure	2018/19	2025	2030
<i>Living and deceased donation are an expected part of care</i>	<ul style="list-style-type: none"> Consent / authorisation rate Living donors per million population 	<ul style="list-style-type: none"> 67% 15.6 	<ul style="list-style-type: none"> 80% 20 	<ul style="list-style-type: none"> 80% 23
<i>A step change in organ utilisation</i>	<ul style="list-style-type: none"> An increase in organs utilised from actual, donating deceased organ donors in each organ group 	<ul style="list-style-type: none"> - 	<ul style="list-style-type: none"> 5% 	<ul style="list-style-type: none"> >5%
<i>Recipient outcomes among the in the world</i>	<ul style="list-style-type: none"> Recipient outcome measure TBC 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC
<i>People of all backgrounds have access to the organ they need, at the time they need it</i>	<ul style="list-style-type: none"> A reduction in the median kidney waiting time (including a greater reduction for black patients) 	<ul style="list-style-type: none"> 24 (32) mth 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC
<i>Making the most of every opportunity for a donation or a transplant</i>	<ul style="list-style-type: none"> Organ declines due to capacity % organ offers accepted 	<ul style="list-style-type: none"> 110 TBC 	<ul style="list-style-type: none"> Nil TBC 	<ul style="list-style-type: none"> Nil TBC
<i>Pioneering culture of research and innovation for the UK</i>	<ul style="list-style-type: none"> Organs provided for research 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC