NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE
CTAG CENTRE DIRECTORS TELECON
ON FRIDAY 26th JULY 2019 AT 1200 – 1330

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
Stephen Clark (SC)	Freeman Hospital
Matthew Fenton (MF)	Great Ormond Street Hospital
Jorge Mascaro (JM)	Queen Elizabeth Hospital
Andre Simon (AS)	Harefield Hospital
Sally Rushton (SR)	Statistics and Clinical Studies, NHSBT
Rajamiyer Venkateswaran (RV)	Wythenshawe Hospital

IN ATTENDANCE

Lucy Newman (LN)	Clinical and Support Services, NHSBT

APOLOGIES

Helen Spencer (HS)	Great Ormond Street Hospital
Julie Whitney (JW)	Hub Operations, NHSBT

MINUTES

Item **Discussion** **Action**

1 CTCD(M)(19)01 – Minutes of the CTAG Core Group Teleconference 8th January 2019

1.1 Accuracy

The minutes of the last meeting were approved as an accurate record of the meeting

1.2 Actions

The actions raised at the last meeting were discussed at the full CTAG meetings

2 Matters arising from the last meeting

There were no matters arising

3 Standing item:

3.1 CTCD(19)03 – Centre Representative List

There are two updates to the centre representative list:

Freeman Hospital: CTAGL Lungs Surgical Representative is now Stephen Clark

Harefield Hospital: CTAG VAD Audit Link is now Prashant Mohite

ACTION: LN to update Centre Reps List (post meeting note: completed 01/08/19) **LN**

4 Sensitisation in Heart Allocation

A further telecon relating to sensitisation is required, JyP will circulate dates in due course. Sensitisation in Heart Allocation can ultimately be addressed in one of the following three ways:

1. Ignore sensitisation and leave the allocation policy as it stands

2. Change allocation policies to include sensitisation in patients when the new allocation policy comes in but using an arbitrary cut-off level to qualify for priority (e.g. cRF of 80%). Priority could be by moving up one tier in the tier Allocation system.
3. A more complex algorithm could be created; this may take longer to implement and may also be difficult to administer and regulate.

5 CTCD(19)04 – Transplant Registry Form Return Rates

Transplant Registry Return Form Rate requirements are not being properly met, with two centres failing to get their Transplant Registry Return Forms back to NHSBT within the allotted timeframe despite requests that the deadlines for returns are met. A target return rate may be set at 70% for inclusion in funnel plot analysis, apart from the two outliers most centres are averaging at least 95% form return rates.

5.1 Centre Champions

It had previously been suggested at CTAG that each centre would have a dedicated "form completion champion", and these people would have oversight of the completion and return of the forms.

It is a requirement of NHSBT to report to NHSE so it was agreed that sanctions may be required to persuade the centres to provide the required information. There was discussion around funding of data clerks and the antiquated system used to complete the data. The system will not be updated in the short term and it is a requirement for centres to keep up with forms to facilitate accurate reporting regardless of he system. It is also a fact that some centres are managing to return the forms in a timely manner.

6 VV ECMO for Super Urgent Lung Patients

The application for VV ECMO funding for Super Urgent Lung Patients has been underway for some time, with no further progress made in the last six months. NHS England have emailed in the past two weeks to say that the funding bids will go to public consultation for approval. The group feel that the application should get positive feedback as lots of work has been done in this area, an update is planned for Autumn 2019 CTAG Meetings

7 Super Urgent Heart-Lung

A recent super urgent heart-lung appeal has raised the question of whether CTAG should introduce a category for such registrations.

ACTION: Heart Allocation Sub-Group (HASG) and Lung Allocation Sub-Group (LASG) to meet via telecon to discuss and consider questions posed by JyP. **JyP/MAA**

JyP to circulate a simple set of questions to these groups. **JyP**

Following the separate HASG and LASG telecons a further discussion will be held at CTAG to decide whether super-urgent heart-lung registration should be allowed.

8 CTCD(19)05 – Heart and Lung Utilisation

There is general concern that not all ideal organs are being utilised in transplantation; this is the same with all solid organs. Compared to the same period last year, the numbers of heart transplantations are slightly decreased, while lung transplantations are slightly increased.

A Lung Utilisation Group was convened and led by John Dark, to establish criteria for the Ideal Donor Lung (based on the French criteria). However many of the reasons for non-utilisation of ideal donor lungs were due to circumstances outside the remit of NHSBT NORS and Transplanting teams, such as no space in ICU, no patients listed for a single lung transplant at the specific time of offering, patients being sicker and higher risk etc…

One of the reasons for declining more hearts, is due to the presence of Coronary Artery Disease which is not always clear at the time of offering/accepting and in some cases is only discovered at the point of retrieval. The Heart Utilisation Group led by Aaron Ranasinghe will identify ideal donor heart characteristics and discuss further testing (e.g. coronary angiogram at same time as CT scan) which could be done at an earlier stage to reduce the number of hearts accepted then later declined for Coronary Artery Disease. The Heart Utilisation Group is scheduled to meet in advance of CTAG, an update will be available at CTAG.

9 Updates from other working group meetings

9.1 NHSBT/NHS England Joint innovation Fund/National DCD Heart Retrieval Service Bid(s) and DCD retrieval.

PC is putting together a bid with support from all centres. Following the loss of some organs when A-NRP is utilised during cardiothoracic retrievals, protocols surrounding DCD Heart and Lung Retrievals in the presence of A-NRP have been agreed. Use of A-NRP is expected to increase in frequency and so this situation will arise more frequently.

Centres will need to ensure that retrieval teams are confident and experienced in retrieving CT organs while abdominal teams use A-NRP.

PC wrote to centres regarding the Joint Innovation Bid; the deadline for response was 1700 on Monday 29/07/19 – Harefield and GOS who had not responded prior to this meeting were due to respond before the deadline.

JM confirmed that Birmingham is now ready to embark on DCD retrieval training; JM was advised that his team may be called to more DBD retrievals while other teams covered the DCD retrievals. JyP advised JM that he would need to liaise with Debbie Macklam about the steps required before Birmingham can start DCD retrievals.

9.2 NORS – Workforce Planning and Sustainability Working Group

NORS Workforce Planning and Sustainability Working Group meetings will be overseen and arranged via RAG (Retrieval Advisory Group, previously known as NRG). Participants will be invited to attend in due course.

10 Annual Transplant Report – Single Lung Transplants

Discussion took place within the group about how to report single lung transplant activity. Most of this activity occurs in two centres; the outcome after single lung transplantation is different from bilateral lung transplantation and combining the two may not be appropriate. SR confirmed that type of transplant was risk-adjusted for in the survival rates by centre, and that it wouldn't be possible to do separate risk-adjustment on the single lung transplants due to small numbers. It might be that single lung transplants continue to be reported with double lungs, but a separate report of activity and outcome can be published in the future (unadjusted).

ACTION: CTCAG will decide on how best to report this data **NAA**

11 Notifying centres of Urgent/Super-Urgent heart and lung registrations

As the result of a recent incident, JW is reviewing the process required in Hub Operations for listing a patient on the urgent or super urgent heart or lung waiting lists. Unnecessary steps will be removed to simplify the process. Hub Operations send a list of all Super-Urgent and Urgently listed patients, but the error wasn't picked up on these check lists.

ACTION: JW will clarify the process for Super-Urgent and Urgent registrations. **JW**
JyP will circulate to CTAG for feedback **JyP**

12 Lung-Liver/Heart-Liver

A Lung-Liver forum consisting of specialists sharing Lung-Liver knowledge and expertise from Freeman, Royal Papworth and QEH has been running for 5/6 years, but NHSBT and NHSE were unaware of this and not all centres are represented in this panel. There has been previous discussion about listing patients requiring multi-organ transplants with a proposal for automatic urgent listing being agreed at a previous CTAG meeting. The group discussed whether an Adjudication Panel decision was necessary prior to listing a patient requiring a lung-liver transplant, it was decided that as the heart-liver/heart-kidney patients are added to the waiting list without Adjudication Panel decisions, lung-liver patients would continue to be listed without panel decision. This discussion will come back to CTAG Lung.

13 National Study on Heart Transplant Patients on Redaction of PGD

Harefield is involved in a national study to look at using a device to absorb potentially toxic molecules and reduce the incidence of PGD; AS has requested that other centres should contact him directly if they would like to be involved in this project. He was asked to circulate a protocol.

ACTION: AS will circulate the protocol **AS**

14 Any Other Business

NHSBT has been collecting data on cardiothoracic organ grading forms under the instruction of Steven Tsui since January 2017, two forms per organ are required, one from the retrieving surgeon and one from the transplanting surgeon. The information collected on these forms will be incorporated into the HTA-A forms when they are redeveloped, but NHSBT has halted this work at present.

JyP agreed that NHSBT would not request any further forms to be completed but that the data should be continue to be stored by NHSBT.

ACTION: SR will email centres to confirm that organ grading forms are no longer required to be completed and returned to NHSBT **SR**

The final report will be presented to CTAG. Members should email SR with any suggestions of what they would like to see in the final report.

Date of Next Meeting

CTAG Clinical Audit Group Telecon: Friday 15/08/19: 1100-1330
CTAG Sensitisation Telecon: Friday 30/08/19: 1500-1630
CTAG Heart Utilisation Sub Group Telecon: Thursday 05/09/19: 0930-1130

CTAGH Hearts Meeting: Wednesday 11/09/19: 1100-1600 @ CiARB, 12 Bloomsbury Sq, WC1A 2LP
CTAGL Lungs Meeting: Thursday 26/09/19: 1100-1600 @ CiARB, 12 Bloomsbury Sq, WC1A2LP
CTPG Patient Meeting: Wednesday 13th November: 1200-1600 @ Coram, 41 Brunswick Square, London,

Organ Donation and Transplantation Directorate **August 2019**