

**MINUTES OF THE
DCD HEARTS WORKING GROUP MEETING**

Held on Wednesday 22 May 2019

at The Fielding Room, Coram Campus, 41 Brunswick Square, London WC1N 1AZ

Attendees

Jayan Parameshwar (JP)	Co-Chair
Elizabeth Murphy (EM)	Co-Chair
Nawwar Al-Attar (NAA)	Golden Jubilee Hospital
Liz Armstrong (LA)	Head of Transplant Development NHSBT
Marius Berman (MB)	Associate UK Retrieval Lead, NHSBT
Chris Bowles (CB)	Harefield Hospital
Pedro Catarino (PC)	Royal Papworth Hospital
Ben Davies (BD)	Great Ormond Street Hospital
Jeanette Foley (JFo)	Head of Clinical Governance, NHSBT
Dale Gardiner (DG)	National Clinical Lead Organ Donation
Diana Garcia-Saez (DGS)	Harefield Hospital
Debbie Macklam (DM)	Senior Commissioning Manager - ODT
Jorge Mascaro (JM)	University Hospital Birmingham
Simon Messer (SM)	Royal Papworth Hospital (by invitation)
Lisa Mumford (LM)	Head of ODT Studies, Statistics and Clinical Studies, NHSBT
Gavin Pettigrew (GP)	Addenbrookes Hospital - Abdominal Representative
Karen Quinn (KQ)	Assistant Director UK Commissioning, NHSBT
B.C. Ramesh (BCR)	Freeman Hospital
Marian Ryan (MR)	Regional Manager NHSBT
Rajamiyer Venkateswaren (RV)	Wythenshawe Hospital
Angus Vincent (AV)	Northern Regional Clinical Lead Organ Donation
Sarah Watson (SW)	NHS England

Apologies

Tanveer Butt (TB)	Freeman Hospital
John Forsythe (JF)	Associate Medical Director NHSBT
Gabriel Oniscu (GO)	Chair, RINTAG
Sally Rushton (SR)	Statistics & Clinical Studies, NHSBT
Jacob Simmonds (JS)	Great Ormond Street Hospital
Michelle Willicombe (MW)	BTS Representative

In attendance

Heather Crocombe (HC)	Clinical & Support Services, NHSBT
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		Action
1.	Welcome and Introductions EM welcomed everyone to the meeting and round the table introductions were made.	
2.	Minutes of last Meeting and matters arising It was agreed that the Minutes of the last meeting were a true and accurate representation of that meeting – no amendment needed	

<p>3.</p>	<p>Assistant Director UK Commissioning update (KQ) (SW) KQ set out the details regarding the recently agreed Joint Innovation Fund.</p> <ul style="list-style-type: none"> • The Joint Innovation Fund can be used to reimburse charitably-funded consumables costs for DCD heart retrievals incurred from 1 July 2019 until decisions on the use of the fund are agreed • NHSE/NHSBT will circulate details of funding proposal bidding process and requirements by 1 July 2019 • As part of this process, the principles of the use of the fund will be set out and funding will only be released to proposals that meet these principles • The initial proposals will be for 12 months, but any agreement will be monitored and can be amended if required • Papworth agreed to co-ordinate a proposal for a consortium with other NORS centres which will cover as much of the UK as possible • Harefield will submit an individual proposal which will need to include how they can contribute to a UK service • Proposals will be presented to the Transplant Commissioners Meeting in the first instance. It may be that this reporting mechanism needs to be amended to allow for timely sign off, recognising that some proposals may require broader discussion than others. • Scotland will go live on the transplant side with appropriate mentoring from 1 July 2019 or earlier if possible following completion of SNOD/CLOD training • There was agreement that UK wide SNOD/CLOD training should be undertaken by November 2019 • The protocol will be amended to allow retrieval from donors over 30kg. There will also be parallel work to develop a paediatric programme lead by GOSH, Papworth and Newcastle. <p>This is a really exciting opportunity for us to all work together towards a sustainable service and is hugely good news.</p>	
<p>4.</p>	<p>Governance Feedback (JFo) DG advised that Alex Manara's TA-NRP Report should be available shortly. A statement of a point of view is being written rather than giving instruction. The wording to be verified is "no cerebral perfusion". We are very keen to get this published as soon as possible. There should be no further expansion of TA-NRP until this report comes back from AM.</p> <p>There has been a hold for the last 6 weeks on using DCD heart direct procurement with A-NRP. DGS to update the direct procurement section of the Protocol to make it clearer exactly what surgeons need to do. This was initially for hearts; however, this hold has also subsequently included DCD lungs. This has resulted in lost opportunities for DCD heart and lung retrieval. A further telecom is being planned to discuss the situation in more detail to ensure future DPP and A – NRP can be performed safely. JF made the point to JP that this will not be an optional Protocol, every centre will have to sign up to it. This will be circulated widely once it has been agreed by JF and uploaded onto the ODT Clinical Site.</p>	

	<i>Side note:</i> JP asked that we use the terms TA-NRP and A-NRP so that everyone knows the type of perfusion which is being discussed	
5.	<p>Update on National DCD Heart Activity (LM)</p> <p>This paper looked at activity and patient outcomes from 1 February 2018 to 31 March 2019, to provide a national picture on DCD heart activity. This paper was an update of the paper presented at the RINTAG Meeting on 7 May 2019. Please see paper for specifics.</p> <p><u>Summary/Key Points:</u></p> <ul style="list-style-type: none"> • In the time period, 157 DCD heart retrieval attendances took place, 101 proceeded to retrieval and 90 hearts were successfully transplanted. 64 transplants performed by Papworth, 17 by Harefield, 7 by Manchester and 2 by Newcastle. • Retrieved but untransplanted rate for DCD hearts was 11%, significantly higher than retrieved but untransplanted rate for hearts from DBD's aged 16-50, which was 4% • Of the 90 recipients, survival information was available for 89. 15 recorded deaths post-transplant, 3 within 30 days, 10 between 30 days and one year, and two after the first year. 1-year post-transplant survival rate of 82.3% which is comparable with the DBD survival rate. 33% of DCD heart recipients needed some form of circulatory support within the first 30 days and one patient required re-transplantation within 30 days. • Between 1 April 2017 and 31 March 2019, offering information recorded by ODT Hub Operations suggests that 265 DCD hearts had been offered from 11 out of 12 SNOD regions. Of the 265 hearts offered, 186 were from potential DCDs aged 16-50, proportionally 32% of all potential DCDs in this age range where at least one organ was offered. • Participating centres are asked to ensure that they return a DCD Heart Supplementary Record form for all proceeding and non-proceeding DCD heart retrieval attendances. 	
6.	<p>Updates since last Meeting</p> <p><u>Papworth</u></p> <ul style="list-style-type: none"> • Have an active DCD Programme at the hospital • 65 DCD hearts so far in total. 19 potential donors in March 2019. 26 NRP retrievals. 30-day survival rate was 100% up until recently when unfortunately, one patient died. DCD hearts accounted for about 40% of activity in last financial year. <p><u>Harefield</u></p> <ul style="list-style-type: none"> • 9 retrievals in the last year, one involving abdominal NRP. • One patient died within the first 30 days. • Harefield has the lowest retrieval rate as a percentage of donors attended. The reasons for this are unclear but may be due to differences in protocol. <p><u>Wythenshawe</u></p> <ul style="list-style-type: none"> • Eight DCD transplants in the last year. 	

	<ul style="list-style-type: none"> Always two perfusionists on call, with one of those always able to do DCD runs in a “one week on, one week off” pattern. On the off week there is not always a scrub nurse available. 	
7.	<p>Developing Programmes Update</p> <p><u>Freeman</u></p> <ul style="list-style-type: none"> Two DCD retrievals so far in the last quarter. No issues with funding. Full complement of staff, four surgeons, five perfusionists. Three Trusts in the same zone as the Freeman who participate in DCD hearts donation. BCR and TB are the two surgeons being trained to perform DCD retrieval at Freeman and work on a double scrub method. <p><u>Glasgow</u></p> <ul style="list-style-type: none"> Mentored DCD retrieval performed Scotland will go live on the transplant side with appropriate mentoring from 1 July 2019 or earlier if possible <p><u>Queen Elizabeth Hospital, Birmingham</u></p> <ul style="list-style-type: none"> 2DBD retrievals using OCS. Hope to submit protocol to progress to DCD retrieval. 	
8.	Lunch	
9.	N/A	
10.	<p>Any Other Business</p> <p>DCD Hearts Meeting has been a sub-group of RINTAG for past 2 years. This group will no longer meet in this format in view of the Joint Innovation Fund. IC and MB are in the process of formatting a Novel Technologies/ Innovation advisory group with abdominal and cardiothoracic representation that will report to a Retrieval Advisory Group (RAG replacing NRG) and provide updates to RINTAG. If required NHSBT will support DCD heart clinicians to meet for specific purposes as and when required.</p>	
	Date of next meeting: N/A	
	Meeting Close	