

# Transplant PLC

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On behalf of the transplant units of:

Barts Health NHS Trust

Imperial College Healthcare NHS Trust

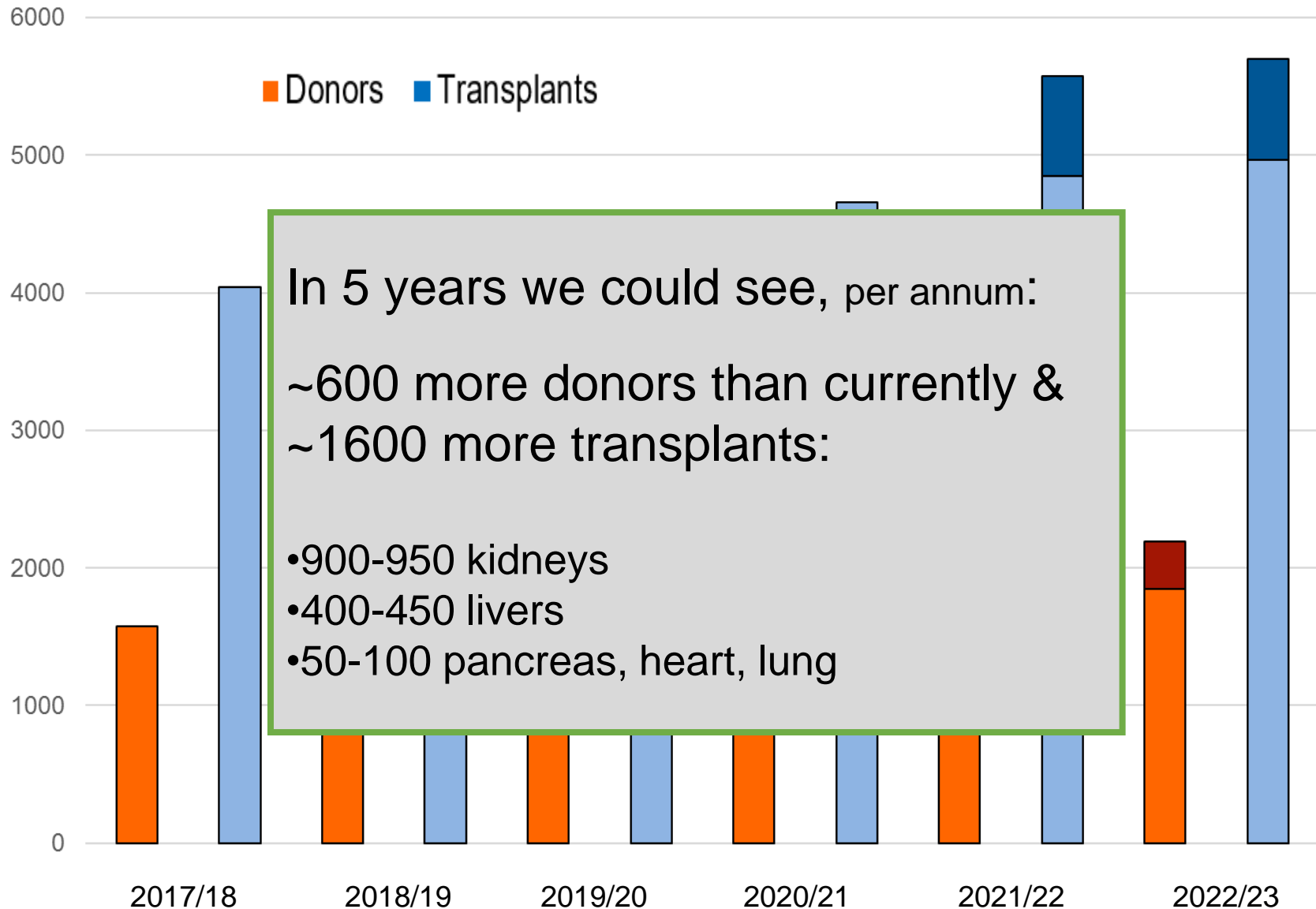
Royal Free London NHS Foundation Trust

Guy's and St Thomas' NHS Foundation Trust

St Georges NHS Foundation Trust

Great Ormond Street Hospital for Children NHS Foundation Trust

# What is the issue ?



# Sustainability and Resilience Summit

12<sup>th</sup> June 2018



# Outcome

- Common Challenges

- The unpredictable nature of transplantation
- IT infrastructure
- Infrastructure supporting Transplant centres
- Competing priorities in hospitals busy with other work
  - especially immediate care or specialities with performance indicators

- Suggested Solutions

- Improved collaboration between units and services - make the best use of resources
- Increasing the numbers of people who want to work within the service
- Provide models and minimum standards for staffing and clear career pathways
- Changing the culture in transplantation – long working hours leading to burnout
- Improved triage systems - to manage increase in offered organs
- Improved relationship with NHS Boards



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# Pan London Renal Transplant Collaborative

- 28<sup>th</sup> November 2018
- Representatives from adult and paediatric renal transplant units
  - Individual presentations
  - Set out local challenges and solutions
- The formation of “Transplant PLC”
  - Pan London Collaborative
- Three key work strands
  - Organ Sharing
  - Organ declines
  - Staffing

# Transplant PLC

# Transplant PLC & work streams

- Aims
  - Collaborate and cooperate across London
  - Improve patient care and experience
- Steering group
  - Representation from 5 adult and 2 paediatric units
  - One nephrologist and one surgeon
- Organise a meeting – 4<sup>th</sup> December 2019
  - Understand variation in centre data
  - Feed back on work streams 2019
  - Understand how commissioning is changing



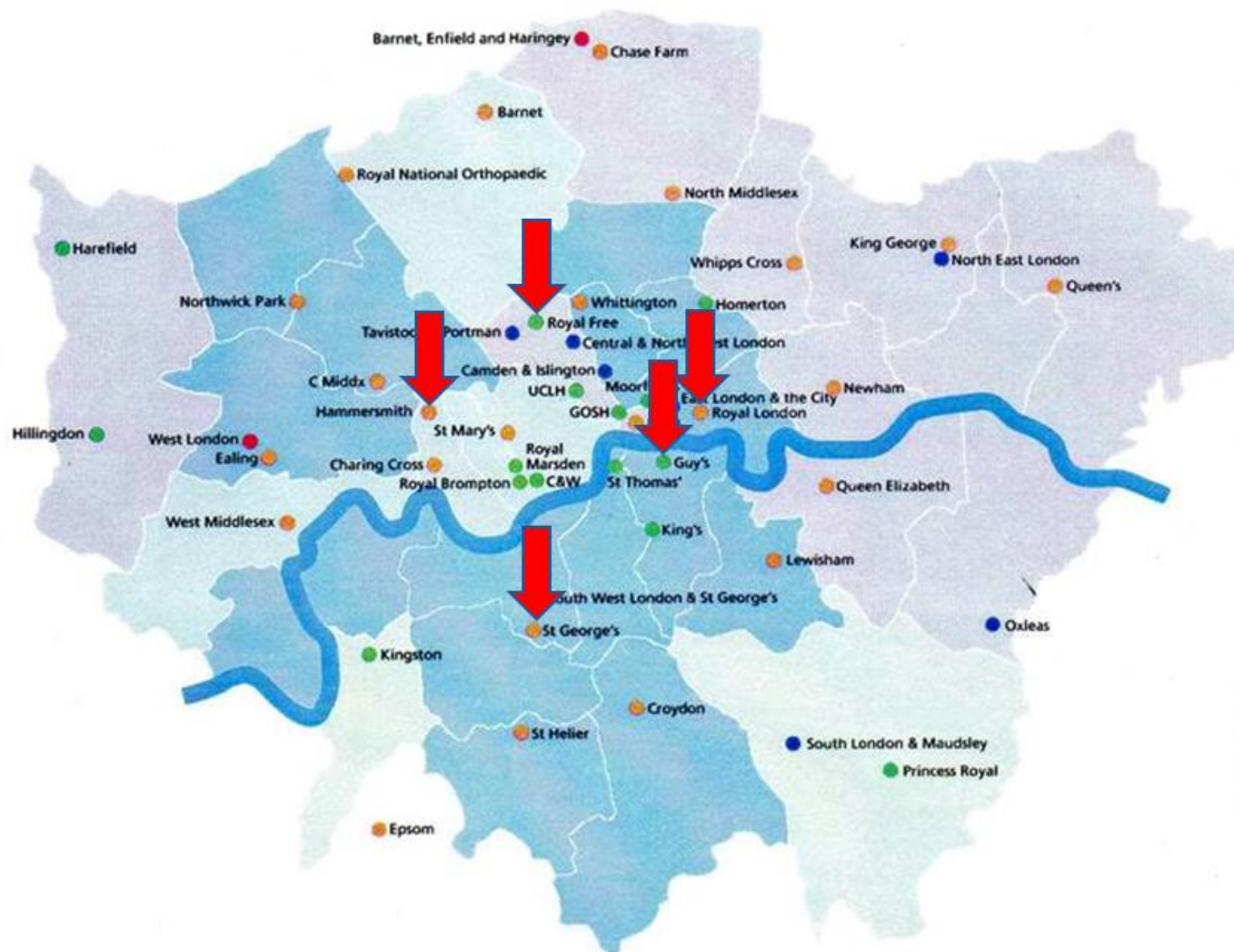
Organ sharing

# Transplant organ offers

- Can come at ANY time
- Often multiple offers at one time
  - Exceed the resources of a single unit
  - Other competing priorities – trauma, vascular, major incident
  - Long term outcomes reduce if not implanted within 12-18 hours
- May lead to organ offer decline
  - Inequality for patients
  - Longer waiting time

Can patients travel to another unit for their transplant ?

# The geography for sharing



# Precedent





Wanna Decrypt 2.0

Ooops, your files have been encrypted!

**What Happened to My Computer?**  
Your important files are encrypted.  
Many of your documents, photos, videos, databases and other files are no longer accessible because they have been encrypted. Maybe you are busy looking for a way to recover your files, but do not waste your time. Nobody can recover your files without our decryption service.

**Can I Recover My Files?**  
Sure. We guarantee that you can recover all your files safely and easily. But you have not so enough time.  
You can decrypt some of your files for free. Try now by clicking <Decrypt>.  
But if you want to decrypt all your files, you need to pay.  
You only have 3 days to submit the payment. After that the price will be doubled.  
Also, if you don't pay in 7 days, you won't be able to recover your files forever.  
We will have free events for users who are so poor that they couldn't pay in 6 months.

**How Do I Pay?**  
Payment is accepted in Bitcoin only. For more information, click <About bitcoin>.  
Please check the current price of Bitcoin and buy some Bitcoin. For more information, click <How to buy bitcoin>.  
And send the correct amount to the address specified in this window.  
After your payment, click <Check Payment>. Best time to check: 9:00am - 11:00am

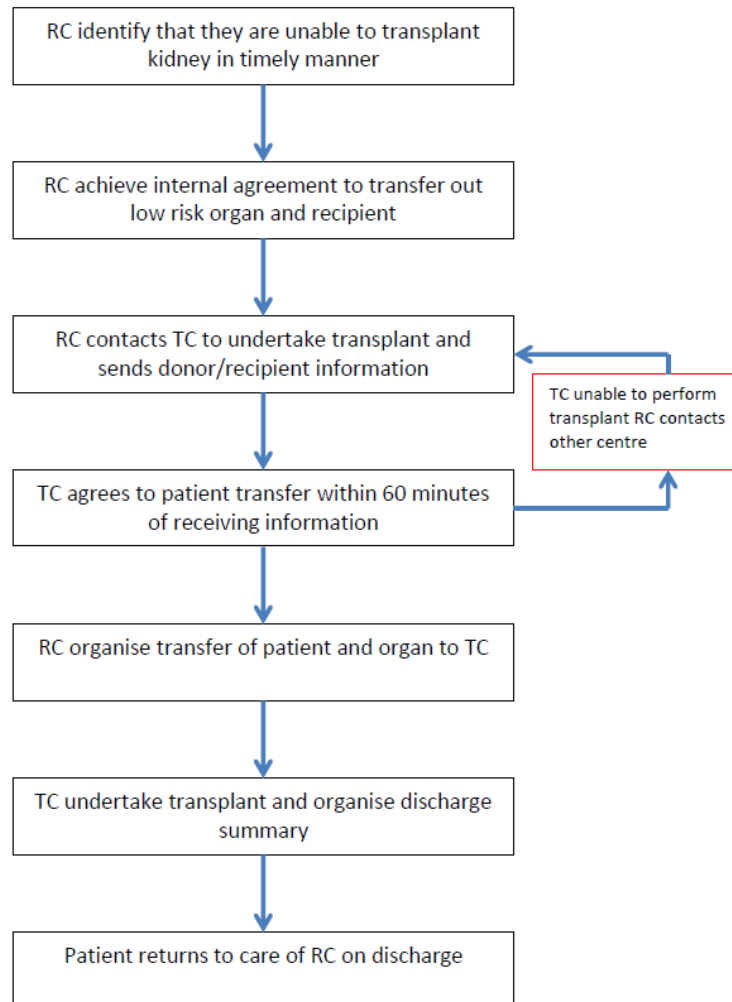
Send \$600 worth of bitcoin to this address:  
13AM4W2dhuYgLeQepohKH5Ouy8NgaE8H4

Check Payment Decrypt

## Wanna Cry Ransomware Worldwide Attack

# Organ sharing

## Flow chart



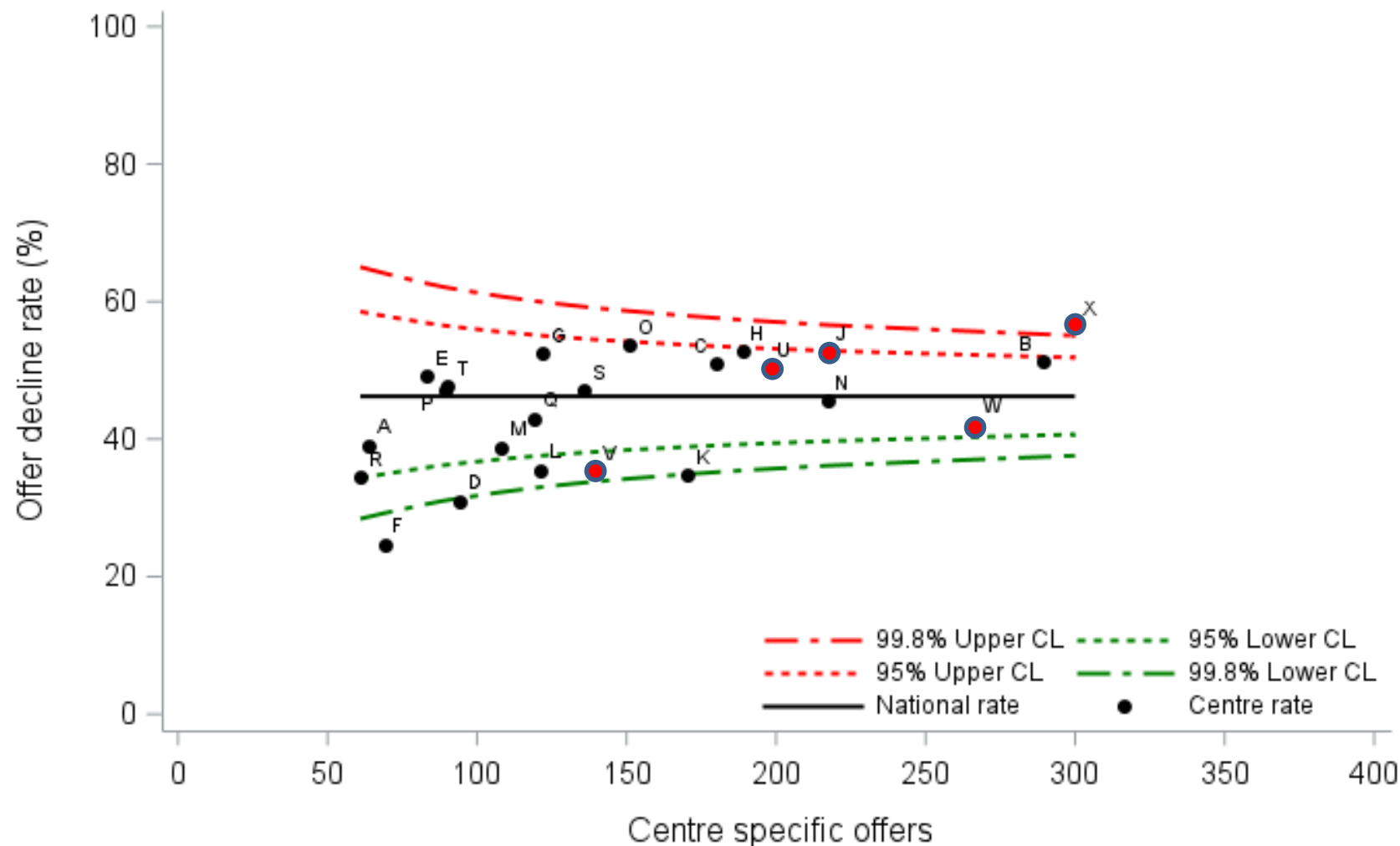
# Gentle-persons agreement

- Only low risk donor/recipient to travel
- Agreed information sharing
- Immunosuppression at discretion of TC
- Once accepted, should not decline
- Activity/data recording
  - Activity allocated to TC
  - Outcomes allocated to RC
- Recorded in an SOP

Organ offer decline

Figure 4.1

Adult standard criteria DBD donor kidney offer decline rates for kidneys that resulted in a transplant, 1 April 2016 and 31 March 2019

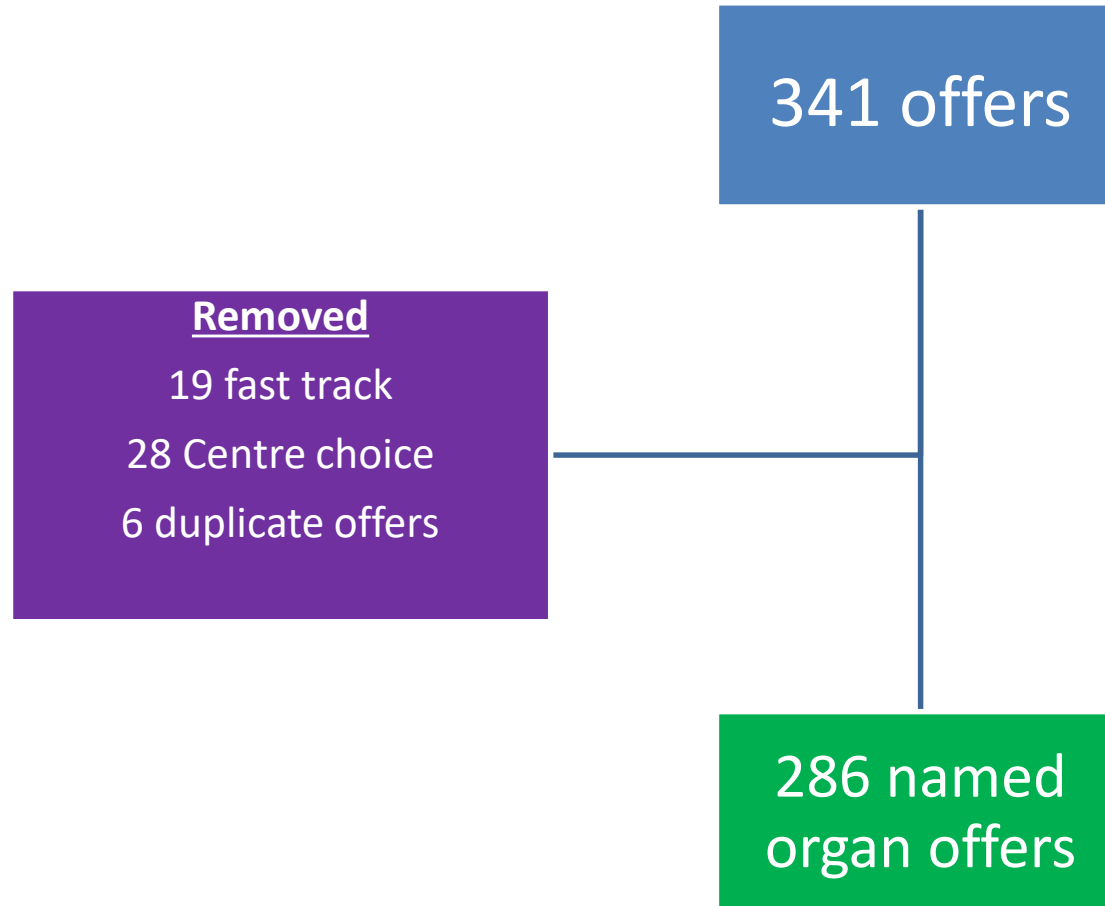




# Review of organ offer declines across London

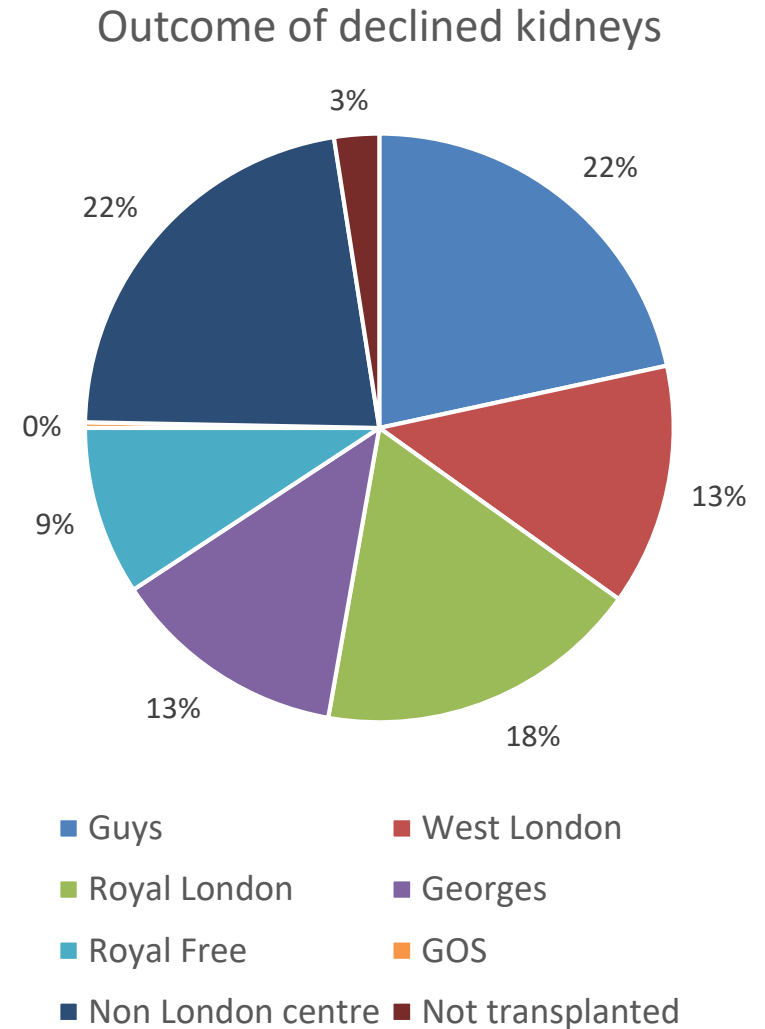
- NHS BT data
  - Over a 1 year period (August 2018 to July 2019)
  - All organ offer declines to London units
    - Where one kidney was transplanted by a London unit
- Analyse declines
  - Demographics
  - Reasons for decline
- Data reviewed at December meeting and then bi-annually
- Compare declines –
  - One centre declined but another London centre transplanted
  - Organ decline but patient died or removed from waiting list

# Number of declined offers



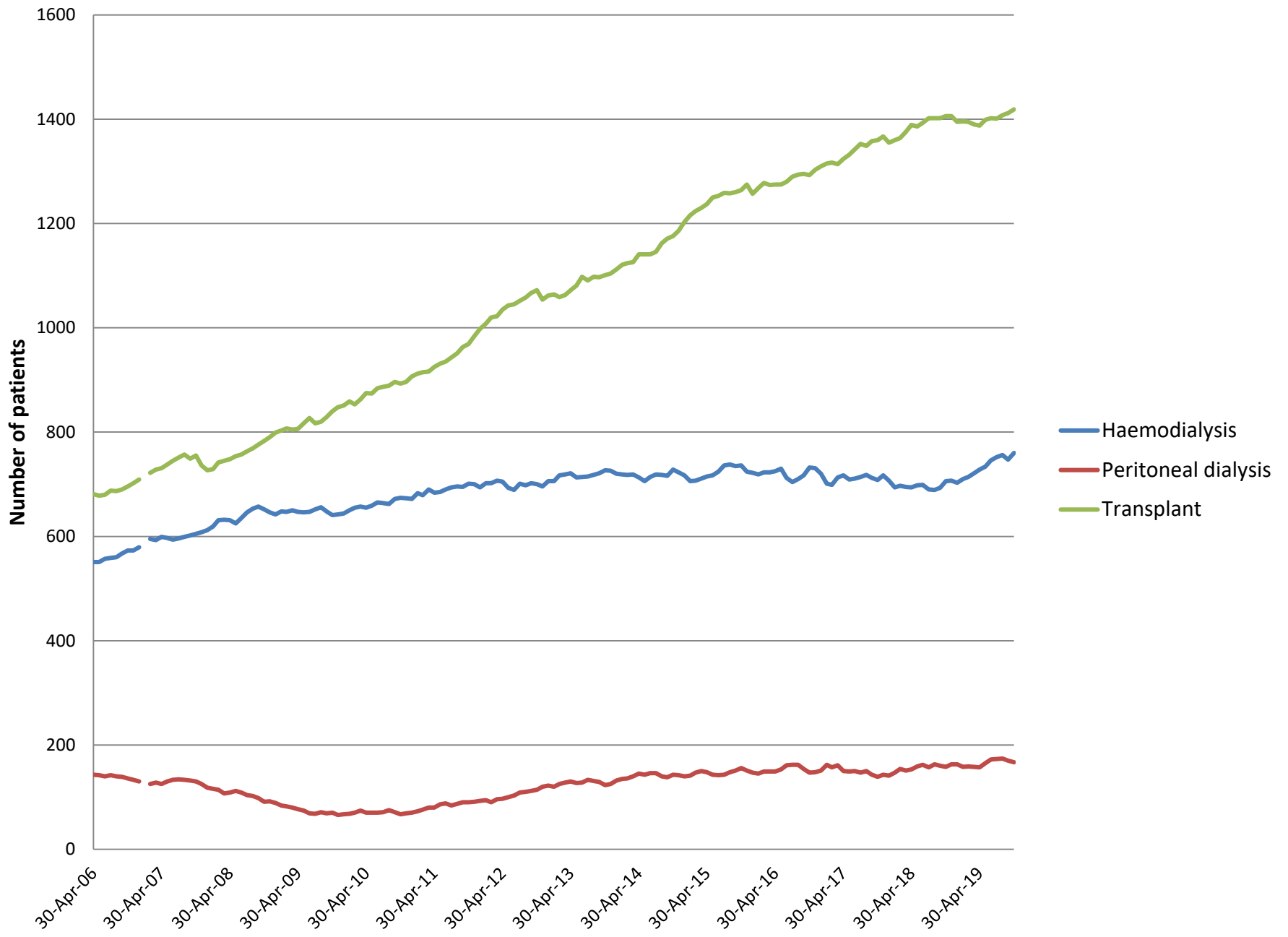
# Donor and kidney outcome

- 162 donors
  - 324 kidneys
- Median age
  - 56 years (IQR 47 – 63)
- Donor type
  - 72% DBD
- Follow up for 233 kidneys
  - 98% functioning
  - eGFR 45ml/min (IQR 32 – 59)



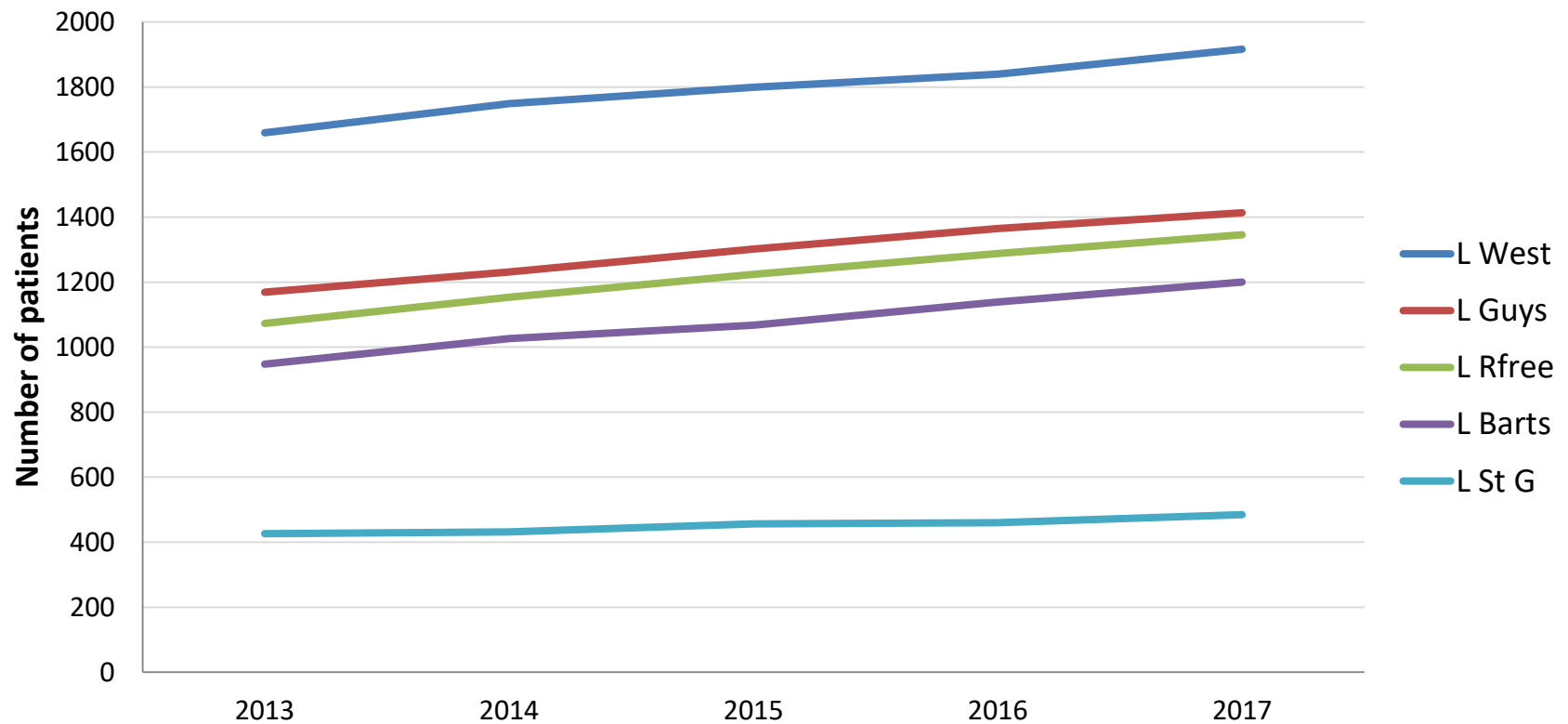
Staffing

# ESRF patients at the Royal Free



# 5 year change in long term transplant follow up

## Growth in long term transplant follow up patients



Average annual growth of 4.8%

By 2025, the 5 acute transplanting centres in London will be looking after an additional 2200 patients

# Staffing review of long term follow up

- Survey monkey questionnaire
- 5 acute kidney transplant units across London
- Questions relating to:
  - Service design
  - Clinic staffing
  - Actual clinics
  - Ideal clinics

# About the long term transplant clinic

	Guys	St Georges	Royal Free	Royal London	West London
Dedicated transplant clinics	Yes	Yes	Yes	Yes	Yes
Dedicated acute clinics	No	Yes	Yes	Yes	No
Failing transplant clinic	Yes	Yes	Yes	Yes	Yes
Named consultants	No	No	Yes	Yes	No
Off site follow up	Yes	Yes	Yes	No	Yes



# About the clinic staff

	Guys	St Georges	Royal Free	Royal London	West London
Separate nursing lists	Yes	Yes	Yes	Yes	No
Registrars	Yes	Yes	Yes	Yes	Yes
Do regs have their own list	No	No	No	No	No
Pharmacist in clinic	Yes	Yes	Yes	No	Yes
Emergency transplant review clinic	No	No	No	No	No
Virtual clinics	No	Yes	No	No	No

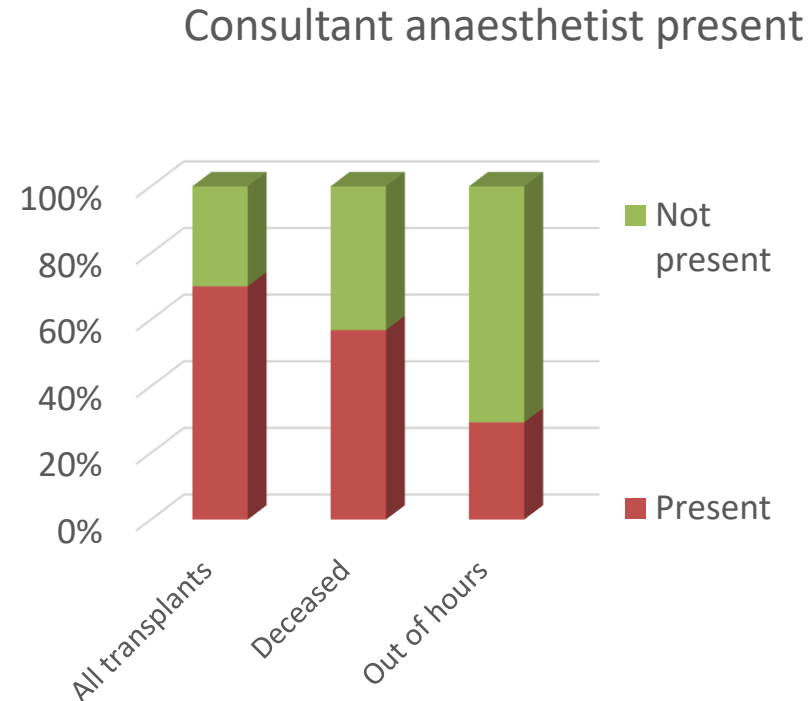
# Modelling of capacity across London:

## No. patients per consultant

		Guys	Barts	St Georges	Royal Free	West London	Average
Lone consultant	Total number of clinic slots per year	560	504	588	504	588	<b>549</b>
	Number of patients per consultant (no FGC)	115	100	116	108	122	<b>112</b>
	Number of patients per consultant (FGC)	127	109	127	121	135	<b>124</b>
Plus a clinic nurse	Additional clinic slots per year	189	92	92	223	0	<b>119</b>
	Number of patients per consultant (FGC)	170	129	147	174	135	<b>151</b>
Plus a registrar (no nurse)	Additional clinic slots per year	56	76	88	61	147	<b>86</b>
	Number of patients per consultant (FGC)	140	125	146	136	169	<b>143</b>
Plus a registrar and a nurse	Additional clinic slots per year	245	168	181	284	147	<b>205</b>
	Number of patients per consultant (FGC)	182	145	166	189	169	<b>170</b>

# Where next for PLC

- Anaesthetic provision
  - working with GRAIL to standardise
- H&I across London
- Workforce development
  - nursing and allied professionals
- Streamline assessment
  - standardise pathways
- Consent and patient information
- Audit and research
- Virtual clinic assessment
- Information technology
  - Easy data transfer between primary and secondary care



# Thanks

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- Transplant PLC
  - Sharing
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    - Cinzia Sammartino,
    - Bimbi Fernando
    - Iain MacPhee
  - Organ Declines
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  - Staffing
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