Specialised Commissioning Response to ‘Opt Out’ Legislation

Demand and capacity scoping
to assess impact of the
changes in the law.

Background

- Max and Keira's Law
  - from spring 2020, all adults in England will be considered an organ donor when they die unless they had recorded a decision not to donate or are in one of the excluded groups.
  - The exact date of when the new system will be implemented has not yet been confirmed by Government.
  - Funding through usual hub mechanisms to fund service growth

- Excluded Groups
  - Those under the age of 18
  - People who lack the mental capacity to understand the new arrangements and take the necessary action
  - Visitors to England, and those not living here voluntarily
  - People who have lived in England for less than 12 months before their death

Key Steps

- Review the activity projections.
- Regions to review activity projections with Trusts to:
  - Assess capacity to deliver projected activity increases, particularly with regard to:
    - Workforce
    - Infrastructure and support services, e.g. theatre capacity, capacity for short and long-term follow-up
    - Outcomes
    - Organ refusal rates
- Feedback of collated results February
- Local teams work with providers on the gap analysis and key constraints highlighted.

Assumptions & Calculations

Modelling completed by NHS BT to support Opt Out

Donor projections:

1. Annual donor numbers will increase as a result of opt-out legislation with more of an impact towards the end of the 5 year period, reaching an 80% consent rate by 2022/23.
2. 86% of UK donors will come from hospitals in England and this will remain constant over the 5 years, with 6% coming from Scotland, 5% from Wales and 3% from Northern Ireland hospitals (as observed in 2017/18 and 2018/19).
3. 60% of donors will be Donation after Brain Death (DBD) which is the average observed over the last 5 financial years and there is no strong evidence that this would change under opt-out.

Living Donor transplant activity needs to be factored into capacity planning – these figures are not included in the NHS modelling which is for deceased donations only

Impact of NHS England's commissioning responsibility needs to be factored in.

Assumptions & Calculations #2

Transplant projections:

4. The conversion from projected donors to transplants is based on the utilisation rates observed during the last 3 financial years, 2016/17-2018/19, with weighting towards the more recent years.

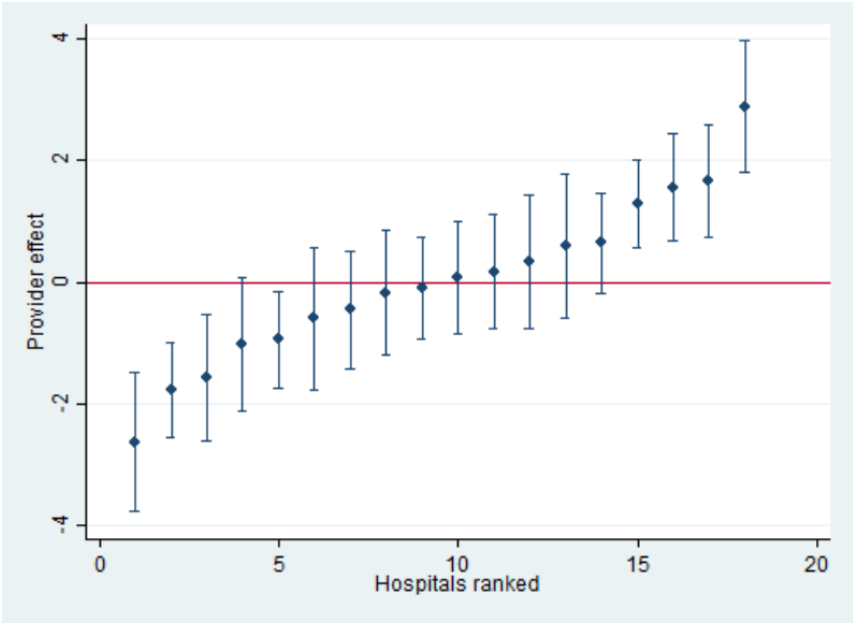
5. We expect the following organ utilisation initiatives to have an impact on the number of transplants.
    a) Liver NRP (Normothermic Regional Perfusion): based on observed data NRPP leads to a 1.27 increase in liver transplant rate. Assume that the impact will be phased in across Specialist Nurse for Organ Donation (SNOD) regions not currently using NRP from 1 April 2019 (regions already using NRP assume no change) based on the current distribution of DCD liver donors across regions. There is also expected to be a small impact on DBD liver transplant numbers and DCD kidney transplant numbers.
    b) Hepatitis C virus donors: assumed 50% usage of organs from HCV donors projected in 2019/20, increased thereafter.
    c) EVNP (Ex-Vivo Normothermic Perfusion) trial: minimal impact on DCD kidney utilisation.
    d) Scouting: no effect of scouting was taken into consideration as there is currently no guarantee that scouting will be performed more widely than at present.
    e) New allocation schemes: new schemes that are in development (kidney and pancreas) are not expected to increase utilisation.

Results so far

- NCBPS11T Adult specialist renal services: renal transplantation (inpatient)
- NCBPS11T Adult specialist renal services: renal transplantation (outpatient)
- NCBPS 23S Specialist renal services for children (inpatient)
- NCBPS23S Specialist renal services for children (outpatient)
- 16 returns
- Non compliance units continue to be chased

Work up and continuing care…..

- RQ8 MID ESSEX HOSPITAL SERVICES NHS TRUST
- RDE EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST
- RM1 NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
- SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST
- RJZ KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST
- RTG UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST
- RXW SHREWSBURY AND TELFORD HOSPITAL NHS TRUST
- RNL NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST
- REM AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST
- RM3 SALFORD ROYAL NHS FOUNDATION TRUST
- RXH BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST
- RTE GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST



Next Step: Local dialogue to understand the numbers

- Understand the operational context

	18/19	19/20	20/21	21/22	22/23	23/24	Trend	Net Increase
Trust A	101	95	100	105	112	113		12

Consultant	2.1
Scientists	1
Admin	1.75
Secretary	1
Dietician	0.5
Clinic coordinator	1
Tx Coordinator	1
Total	8.35

Topic	Issue
Theatre Capacity	50 all day sessions
Disputing numbers	Base line assumptions
Loss of activity if no additional resources	
Bed capacity	

Next Step: Local dialogue to understand the numbers

- Understand the operational context

	18/19	19/20	20/21	21/22	22/23	23/24	Trend	Net Increase
Trust B	66	75	79	83	88	89		23

Topic	Issue
Nursing capacity	
Nursing time that does not result in transplant	
Psychology support	
Surgical consultant time	A challenge

Next Steps

- Local dialogue between Providers and Local Commissioning
- Feed challenges in to the Renal Transformation Programme
  - Access variance
  - Transplant work up
- Possible recommendation to NHSBT to review capacity modelling
- Agree the resource plans locally