**KIDNEY ADVISORY GROUP**

**17TH JUNE 2020**

**PAPER FOR DISCUSSION**

# LIVING DONOR KIDNEY TRANSPLANTATION: OPTIONS TO RESTART/ EXPAND PROGRAMMES

## PURPOSE

This paper sets out possible options to support the restart/expansion of living donor kidney transplantation (LDKT) across the UK following a pause to the programme during the COVID-19 pandemic.

KAG members are asked to consider these options and to contribute any additional ideas to the discussion so that a preferred option can be identified and progressed.

## CONTEXT

Table 1 shows LDKT activity since 1st January 2020 by month and transplant type. Two living donor transplants (LDTx) were performed between 14th-31st March, at the start of the COVID-19 pandemic but, there was no LDKT activity in April or May.

Two LDTx took place in the first week of June: one in Oxford (adult) and one in Belfast (paediatric). Both were direct transplants, performed in centres that had remained open to deceased donation during the COVID-19 pandemic. Leicester has also opened to LDKT, performing 2 LDKTs since 28th May which have yet to be reported.

When the LDKT programme paused in March, there were 4 transplants from the October 2019 and 81 from the February 2020 UK living kidney sharing scheme (UKLKSS) matching runs that had yet to proceed, including 'end of chain' transplants to a recipient on the transplant list. None of these transplants have proceeded to date.

**Table 1: UK LDKT reported activity since 1st January 2020 by month and transplant type**

| Month | **Direct LDKT** | **Paired/Pooled** | **Non-directed (altruistic) donors** | **Domino** | **Total activity** |
|---|---|---|---|---|---|
| January | 72 | 29 | 11 | 0 | 112 |
| February | 68 | 2 | 1 | 2 | 73 |
| March | 22 | 1 | 2 | 0 | 25* |
| April | 0 | 0 | 0 | 0 | 0 |
| May | 0 | 0 | 0 | 0 | 0 |
| June | 2 | 0 | 0 | 0 | 2** |

* 2/25 LDKT between 14th-31st March 2020 ** 1st- 8th June 2020

Although most centres plan to restart/expand LDKT during June and July, issues are emerging that may inhibit the ability of individual centres to resume activity. If programmes cannot restart/expand, local patients, donors and recipients previously matched in the UKLKSS (yet to be transplanted) and the feasibility of the October matching run will all be affected.

Factors impacting on restarting/expanding individual programmes, include:

a) **Regional variation** in prevalence of COVID-19 and hospital bed occupancy due infected patients

b) **Increased risk to donors** if a COVID minimised pathway cannot be put in place in separate/suitable premises

c) **Access to theatre** due to competing priorities for elective surgery (i.e. cancer/cardiac surgery), which are often prioritised in individual Trusts above donor nephrectomy surgery. This includes ability to schedule confirmed lists several weeks in advance, which is preferable for all LDKT but essential to facilitate UKLKSS exchanges

d) **Access to diagnostic testing and specialist services** to facilitate recipient and donor assessment for LDKT across regional networks

e) **Willingness of recipients and donors to proceed with LDTx** in the current era. Anecdotal evidence suggests that they would wish to proceed. LD survey in progress until end of June

**OPTION APPRAISAL**

The following options could be considered to support restarting/expansion of LDKT UK-wide:

1. **Do nothing and allow the programme to naturally evolve in each centre.**
   - **Benefit/s:** consistent with policy to date to let individual centres decide according to the local impact of COVID-19 and restrictions

   - **Risk/s:**
   - Recovery will be slow and variable across the UK because the profile and prioritisation of LDKT is dependent upon individual Trusts
   - Clinically unwarranted inequity of access to LDKT and long-term issues related to access to essential services (see b) and d) above)
   - Patients will miss out on transplants that have already been identified for them (directly or via the UKLKSS)
   - Donors will withdraw from the process
   - The October matching run will be threatened if previous exchanges have not completed by first week in October

2. **Create collaborations between regional transplant centres with option for donors, recipients +/- staff to travel.**
    - **Benefit/s:**
    - Examples of effective collaboratives already exist e.g. CoxNet, London PLC, Northern Collaborative
    - Opportunity to develop common protocols, separate COVID minimised pathways and shared learning
    - Provides a sustainable solution to increase flexibility, address access issues (as above) and resume normal activity as quickly as possible, in or outside a pandemic situation
    - Reduces distance for donors and recipients to travel
    - Creates opportunities for shared staffing
    - Facilitate all LDTx but especially UKLKSS exchanges

    - **Risk/s:**
    - Clinical teams 'buy-in'
    - Trust buy in due to competing local pressures such as cancer surgery targets
    - Donor and recipient 'buy-in' to move to another centre/team
    - Complex to establish
    - Issues around staff passporting between hospital sites
    - Lack of commissioner (NHS E only) support to fund activity in host centre under FY 20/21 block funding framework

3. **Identify separate Independent sector premises within a regional network/collaborative to support LDKT – including donor, +/- recipient surgery and staff travel.**
    - **Benefit/s:**
    - Examples in London PLC of using independent hospitals to provide this
    - Opportunity to develop common protocols, separate COVID minimised pathways and shared learning
    - Provides a short-term solution to resume normal activity as quickly as possible for a transition period
    - Reduces distance for donors and recipients to travel and they remain with the clinical team whom they know
    - Reduces governance concerns
    - HTA approved approach
    - Facilitate all LDTx and UKLKSS exchanges

    - **Risk/s:**
    - Clinical teams 'buy-in'
    - Complex to establish
    - Governance arrangements
    - Short-term fix (time-limited contracts with independent hospitals)
    - Commissioner support to fund activity

4. **Hybrid of 2 and 3 - using a collaborative approach, agree a protocol within the group of cooperating centres that one or more centre within a group becomes the COVID minimal site for LDKT as the need arises (i.e. during a pandemic and during recovery)**
    - **Benefit/s:**
    - Builds on existing collaborative models and benefits (as above)
    - Sustainable and responsive option
    - Strong 'business continuity' model to keep LDKT active during pandemic
    - Reduces distance for donors and recipients to travel
    - Reduces governance concerns as donors and recipients travel
    - Facilitate all LDTx and UKLKSS exchanges

    - **Risk/s:**
    - Clinical teams 'buy-in'
    - Donor/recipient 'buy-in'
    - All Trusts 'buy-in'
    - Complex to establish

**5. Designated regional living donor explanting centres (in independent or NHS sectors) in a COVID minimal site with recipient implantation continuing in host transplant centres. Living donor surgical teams travel to explanting centres – living donor equivalent of NORS team**

- **Benefit/s:**
- Builds on existing collaborative models and benefits of collaboration (as above)
- Sustainable and responsive option
- Best 'business continuity' model to keep LDKT active during pandemic
- Reduces distance for donors and recipients to travel
- Reduces need for recipient's travel
- Facilitate all LDTx and UKLKSS exchanges

- **Risk/s:**
- Clinical teams 'buy-in'
- Donor/recipient 'buy-in'
- Complex to establish
- Commissioner support
- Kit availability

**RECOMMENDATION**

KAG members are asked to consider these options, together with any additional ideas, so that a preferred option can be progressed by a fixed time working group, to include KAG representatives, key stakeholders and NHSBT clinical governance leads.

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***June 2020***