

NHSBT Board Meeting
July 2020

Organ Donation & Transplantation Strategy – Update

- 1. Status – Official**
- 2. Executive Summary**
 - 2.1 The first draft of the new Organ Donation and Transplantation (ODT) strategy was presented to the Board in January 2020 following extensive stakeholder engagement.
 - 2.2 To address inequalities and meet transplant need, the strategy proposes evolution of existing initiatives together with an ambitious step change across the UK's health systems. It sees NHS Blood & Transplant becoming a proactive system leader in the donation and transplant pathway. However, development of the strategy was suspended in March 2020 to enable full operational focus on the COVID-19 pandemic.
 - 2.3 An analysis in the attached Appendix indicates that COVID-19 has impacted the transplant waiting list, donation and transplantation. Without bold action, the transplant list may remain at a level last seen in 2015/16. We therefore believe that it is right to re-examine the strategy now and to consider our more ambitious initiatives.
 - 2.4 We have established a Recovery Programme for Organ and Tissue Donation & Transplantation to manage our recovery from the pandemic and future transformation. Concluding work on the strategy is essential to inform the future activities of the Recovery Programme.
 - 2.5 We propose to examine the impact of COVID-19 for donors, patients and the UK's health systems in more detail. The UK's system has shown great adaptability during the pandemic and we will also look to reflect this in plans for delivering the strategy.
 - 2.6 We acknowledge that the path to recovery remains uncertain. This paper summarises what would need to be in place to achieve presentation of the ODT strategy to the Board for endorsement in September. The paper also describes how we will assess the impacts of COVID-19 in more detail, the outputs and a suggested timetable towards publication.

3. Action Requested

3.1 The Board is asked to:

- **Note the approach to delivery of the ODT Strategy and the proposed timeline towards publication**

4. Progress on the Strategy to date

- 4.1 The ODT strategy is being developed on behalf of the UK and the NHS, to succeed *Taking Organ Transplantation to 2020*. The Board received updates throughout 2019 and a first draft was presented at the Board's meeting in January 2020.
- 4.2 This identifies that while substantial progress has been made in meeting transplant need in recent years, progress has been uneven and that there remains unmet need for solid organ transplantation.
- 4.3 Looking ahead 10 years, it proposes both evolution of existing initiatives, notably, donation consent / authorisation as well as an ambitious step change to address inequalities and improve organ utilisation.
- 4.5 World-leading action is proposed to tackle inequalities, address challenges in each organ group and to maximise the benefits of innovative clinical technologies and techniques. A demanding vision for a programme of organ assessment and recovery is set out. This would be delivered alongside research evaluation. Further proposals for digital delivery will support the sustainability of the UK's donation and transplantation system.
- 4.6 Given the impact of the pandemic, we are now ready to re-examine our more ambitious initiatives.
- 4.7 Some of the most impactful actions required by the strategy will be taken by our partners. The role of NHS Blood & Transplant will therefore be to commend the strategy to our UK and NHS partners. We expect to become a proactive system leader in the donation and transplant pathway, acting either directly or as a convenor.

5. COVID-19 pandemic and our Recovery Programme

- 5.1 The Board was briefed on the impacts of the pandemic at its May 2020 meeting. The operational response to the pandemic and transformation of Organ and Tissue Donation & Transplantation are being managed through our Recovery Programme.
- 5.2 An analysis in the Appendix summarises the key activity and impacts during the period since the start of the pandemic in March 2020. This suggests that positive progress towards recovery is being made, but that the pandemic will already have had a lasting negative on transplantation.

- 5.3 Deceased donation and transplantation appear to be recovering positively at present, but slower recovery is evident in living donation and demand has already grown. Given the potential for a second wave and the impact of local surges, we recognise that the path to recovery is uncertain. The recovery period could therefore last up to 18 months. Furthermore, without bold action, early analysis suggests it is possible that the transplant list will remain at a level of demand last seen in 2015/16.
- 5.4 We believe that this situation is unacceptable. We are therefore proposing to re-examine high-impact initiatives to restore the UK system and deliver more transplants. This may result in us making a request to procure additional capabilities which will require significant investment in each of the 5 years from April 2021. In addition to the humane benefits, we aim to demonstrate that these costs could be offset against savings to the NHS system. When last calculated, the savings to the NHS of solid organ transplantation were of the order of £1 per £3 (33%) spent on the alternatives.
- 5.5 In the next 2 months, we will therefore re-assess our strategy and our plans. The steps are described in Section 6. In the meantime, our Recovery Programme's first milestone will be in October 2020. This will see the full restoration of services within our control, ready to enable the wider UK health system's recovery.
- 5.6 From October 2020, the Recovery Programme will focus on delivering high-impact initiatives that contribute towards fulfilment of our strategy and mitigating the impacts of the pandemic. These will be a combination of existing initiatives and new proposals for investment.
- 5.7 The development of this programme of work will be informed by the new ODT strategy as well as the Tissue & Eye Services strategy. It is therefore important to conclude work on these strategies.

6. Resuming work on the Strategy

- 6.1 Key outputs by the end of September 2020 will include:
1. A detailed assessment of the impact of the pandemic on demand, donors, patients and the strategy.
 2. Dedicated examination of the BAME aspects, guided by our partners.
 3. ODT Strategy Steering Group reconvened, to review our assessment.
 4. High level plans for delivering the revised strategy, key initiatives and indicative costs.
- 6.2 We will begin with a COVID-19 pandemic impact assessment. This will include considering impacts on BAME and diversity issues, living and

deceased donation, transplant demand and emerging developments in the wider NHS.

6.3 A range of activity scenarios, assumptions and risks will be reviewed. These will explore the impact of three scenarios, in which demand, donation and transplantation:

- 1) recover quickly – by the end of March 2021
- 2) recover more slowly – by the end of March 2022, or
- 3) recover to a lower level than pre-pandemic.

Analysis will account for existing trends and potential scenarios for transplant demand (i.e. the waiting list) and the possible number of living and deceased donors.

- 6.4 This assessment is being guided by the ODT Strategy Steering Group, which is representative of the organ donation and transplantation communities and our stakeholders. We will ask the Steering Group to consider whether the COVID-19 impact assessment indicates that change is needed to our strategy, our delivery plans or both. The Steering Group will undertake a dedicated review of BAME issues and systemic racism in the NHS organ donation and transplantation system.
- 6.5 We propose to present the changes to the strategy to the Board at its September meeting. We will make clear the impacts of the pandemic on our strategy and our proposals to address these.
- 6.6 Over the course of the next 2 months we will develop more detailed and ambitious plans to support the implementation of the ODT strategy. We will identify key initiatives and investment cases, high level financial estimates and associated risks and benefits. Those that have the highest impact will be developed through our Recovery Programme.
- 6.7 We will seek guidance from the four UK Health Departments about the most suitable way to make the case for investment. We will work with relevant colleagues to undertake this activity, including delivery partners such as NHS England & Improvement, through the ODT Sustainable Funding Group and discussions with individual organisations.
- 6.8 We will also work closely with and seek advice from the four Health Departments and NHS delivery bodies to develop a plan for the launch of the strategy. This will consider the dates of key related events and other factors including communications and handling aspects.
- 6.9 We propose that the updated version of the strategy should be presented at the September Board meeting, for endorsement and commendation to Health Departments and NHS delivery partners. This timescale will depend on the recommendations of the ODT Strategy Steering Group, Health Departments and delivery partners. The preferred timelines for its development and publication are set out below.

Our assessment of key risks, assumptions and the impact of COVID-19 will accompany the strategy as a companion document.

7. Timescales

7.1 The indicative timetable for continued development of the strategy and its publication are set out below:

<i>July 2020:</i>	ODT Strategy Steering Group, Health Departments, NHS delivery bodies and other key stakeholders guide COVID-19 impact assessment.
<i>August 2020:</i>	Respond to impact assessment and re-examine ambitious initiatives to offset the impact of COVID-19, including more detailed plans and finances. Support sought from key stakeholders in the strategy, including Health Departments and NHS / other partners.
<i>September 2020:</i>	A final draft will be prepared for endorsement by the Board and for commendation to Health Departments and NHS delivery partners.
<i>October 2020:</i>	Indicative date for publication of the ODT strategy.

7.2 The above timeline will adapt to feedback from key stakeholders, including the four UK Health Departments and our delivery partners.

Author

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Responsible Director

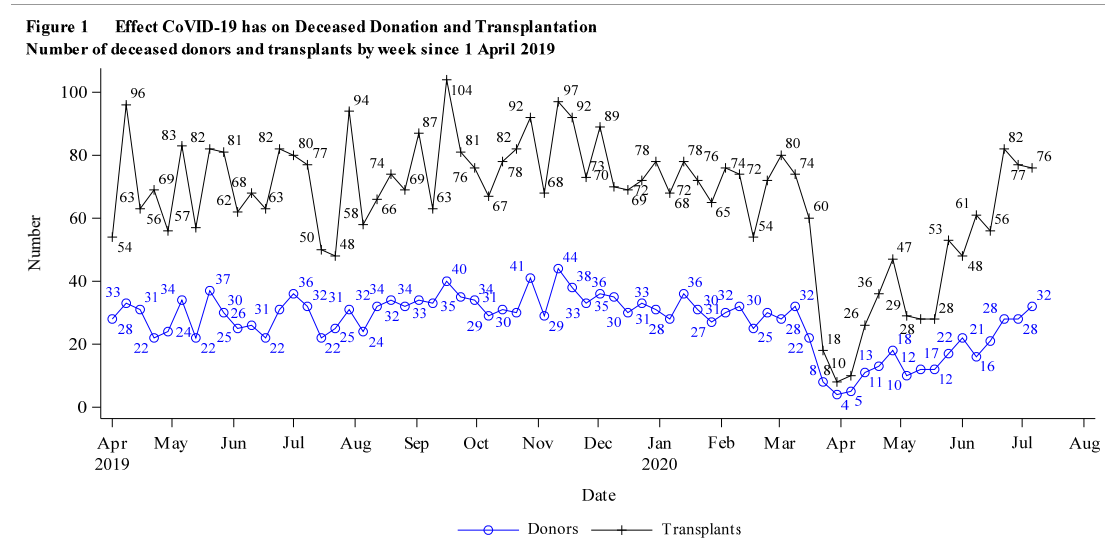
Anthony Clarkson - Director of Organ and Tissue Donation & Transplantation

Non-Executive Director Scrutiny

Piers White

Appendix – COVID-19: Initial impact assessment

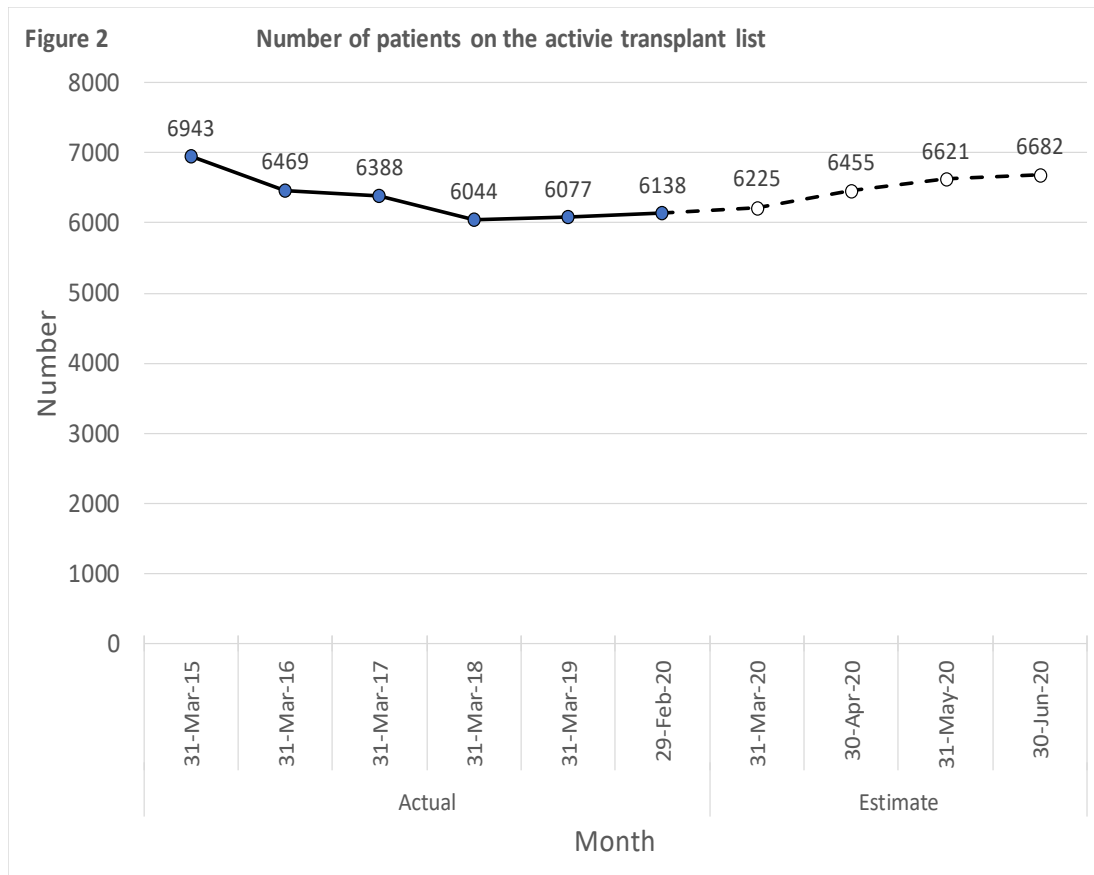
Figure 1 shows the number of deceased donors and transplant each week since 1 April 2019. On average 74 transplants are performed each week from 32 donors. During the beginning of the COVID-19 pandemic, transplant numbers dropped to a low of just 10 performed in one week from 4 donors but have since recovered back to numbers seen pre-pandemic.



Summary of the transplant waiting list

On average the waiting list sees 420 patients joining the active transplant list each month with 60 patients being removed, either due to condition deteriorated or no longer requiring a transplant and a further 30 patients sadly dying. Current waiting list figures do not accurately reflect the need for an organ transplant due to the COVID-19 pandemic. Different practices have been established across the UK and across organ groups with regards to waiting list management. Some transplant centres have closed whilst keeping all patients active on their waiting lists, with other centres suspending all patients that they would not consider for a transplant. On 9 July 2020, 2,973 patients were active on the transplant list and able to receive an offer of an organ transplant.

In order to look at the impact that COVID-19 has had on the waiting list we look at the averages of those joining the list, removed from the list and dying on the list in conjunction with the number of transplants performed in each month. **Figure 2** shows the size of the waiting list by financial year and then the estimated number of patients that may require a transplant in the months since the 1 April 2020. We expect that there are currently just under 6,700 patients requiring a transplant – now a similar figure to that last seen in the 2015/16 financial year.



Death on the waiting list

On average we see 30 deaths on the transplant list each month. During the COVID-19 pandemic this increased to 54 deaths in March 2020 and 73 deaths in April 2020. This has now reduced back to the numbers we would see pre-pandemic, with 29 deaths during May 2020. Most of the excess deaths on the waiting list are attributable to COVID-19 rather than a longer wait for a transplant. Further analysis is to be undertaken to further investigate deaths on the transplant waiting list as more data become available.

Living donor transplants

Living donor transplantation has not seen the same recovery as those from deceased donors. On average 120 living donor transplants are performed each month. Due to the COVID-19 pandemic, all transplant centres closed to living donation and transplant numbers fell to 28 in March 2020. Since then very few living donor transplants have been performed; 1 in April 2020, 2 in May 2020, and 9 in June 2020.