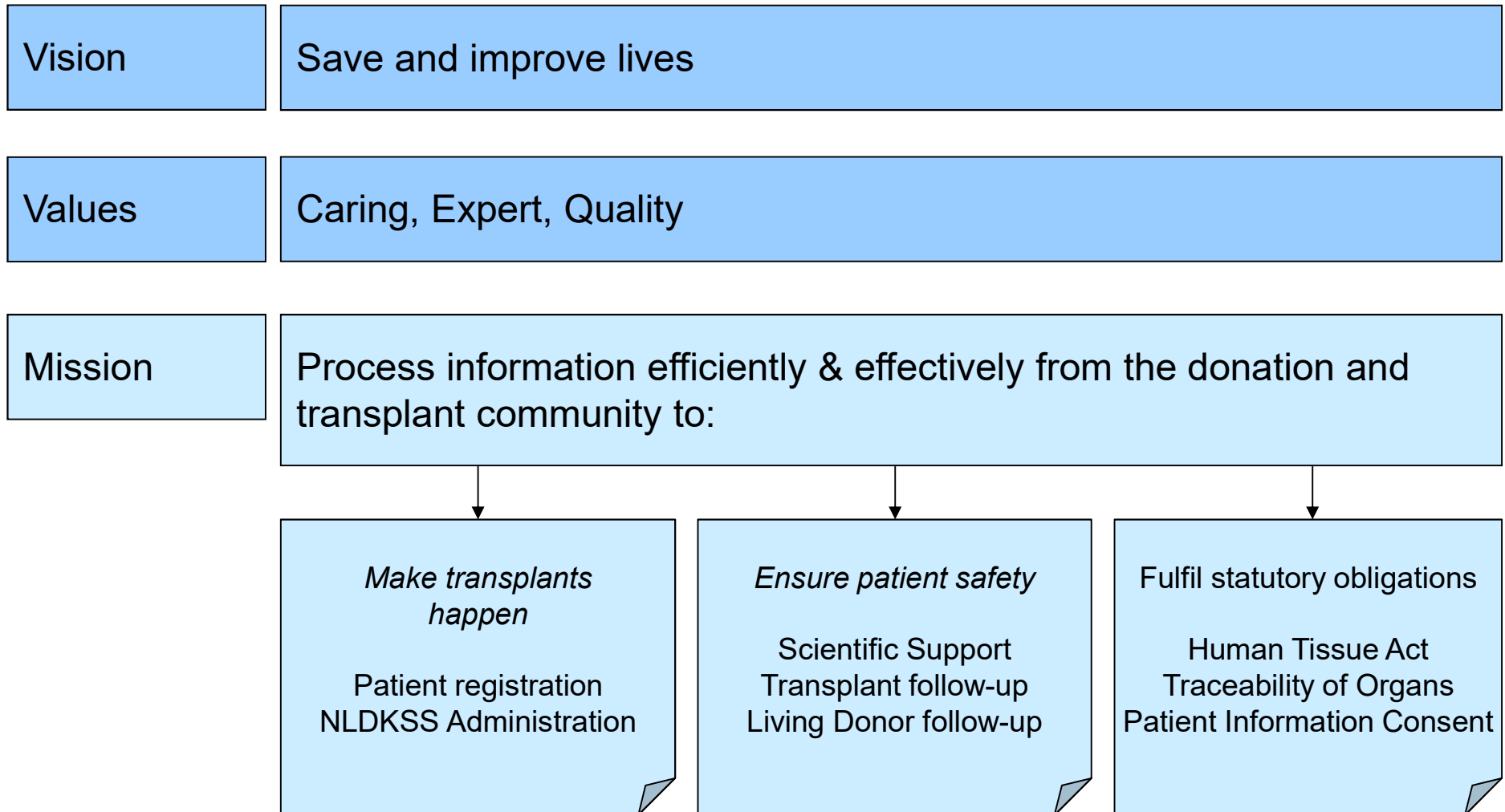


Organ Donation & Transplantation

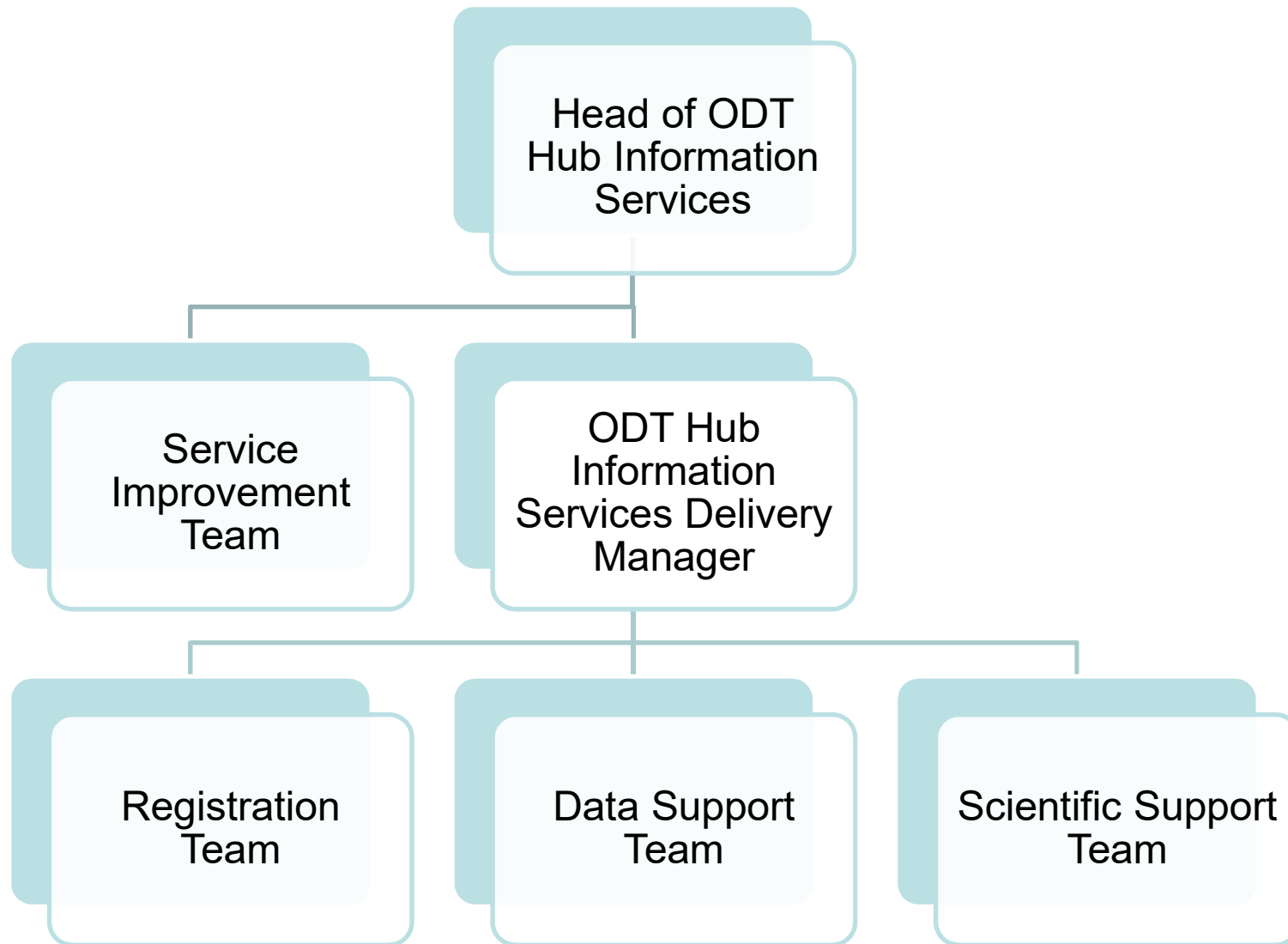
Information Services



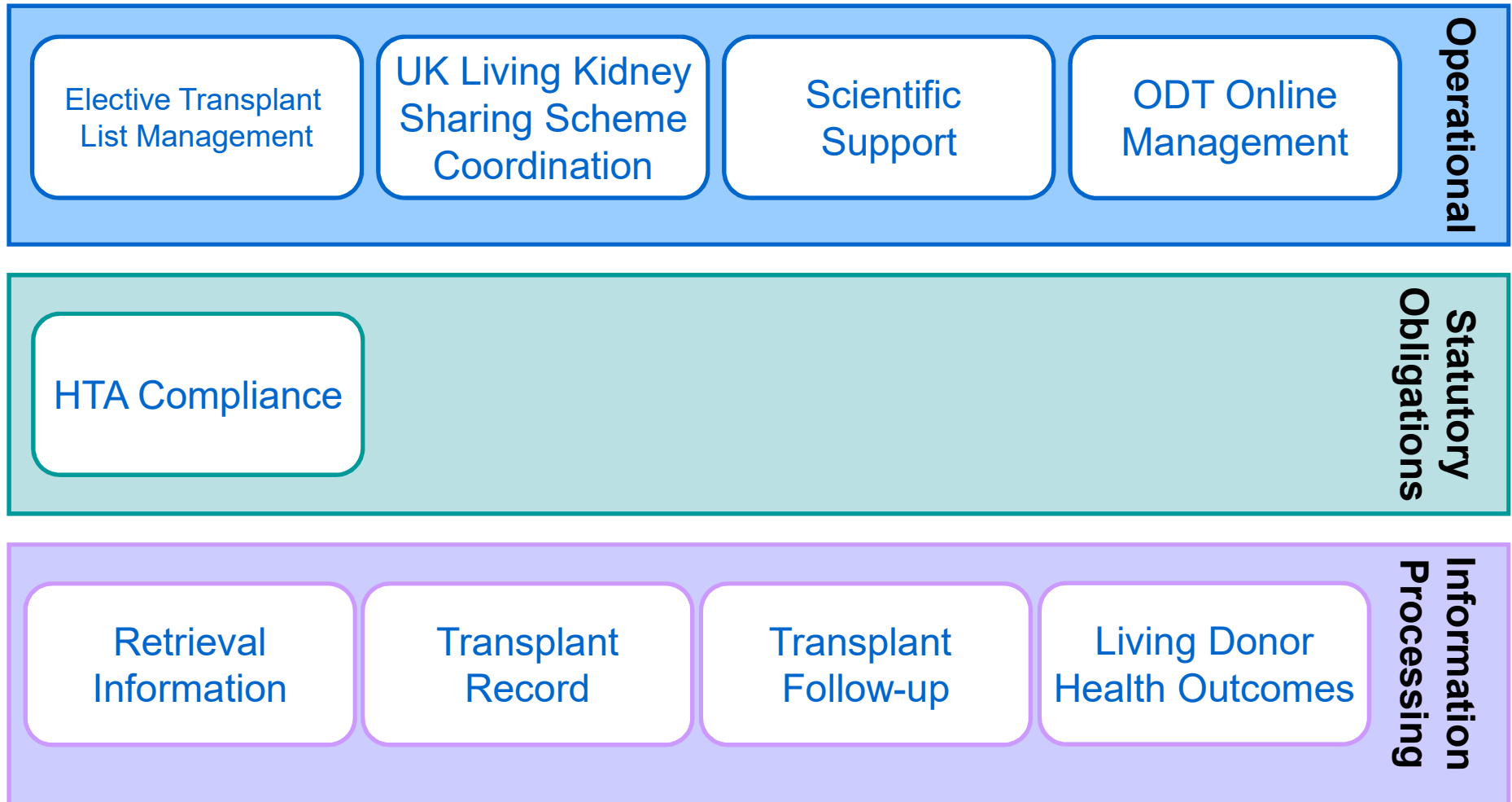
Vision, Values & Mission



Department Structure



Our Services



Statutory Obligations

The quality & safety of organs intended for transplant



Human Tissue Act 2004

“The Quality and Safety of Organs Intended for Transplantation:
A documentary framework” [www.hta.gov.uk]

NHSBT assisted functions include (but not limited to)

- Supervise the exchange of organs between the UK and other countries
- Record traceability at all stages from donation to implantation or disposal
- Record activities of procurement organisations and transplantation centres
 - including aggregated numbers of living and deceased donors
 - the types and quantities of organs procured and transplanted
 - publish an annual report on activities of procurement and transplant centres
- Register all living donors *endeavouring* to ensure the follow-up of living donors
- Manage a reporting system for serious adverse events and serious adverse reactions (SAEARs)

HTA Traceability of Organs

‘Every time, in good time’

- Responsibility to record the origin & final destination of all retrieved solid organs

Donor Hospital
Nottingham



HTA-A

Abdominal Retrieval Team
Cardiothoracic Retrieval Team

(also applies to living donors)

Edinburgh

London

Birmingham

Newcastle

Cardiff

Manchester

Papworth

Harefield

Oxford

Left kidney

Right kidney

Left Liver Lobe

Right Liver Lobe

Pancreas

Heart

Left Lung

Right Lung

Bowel

Completed by Recipient Coordinators

‘Every time, in good time’

HUMAN TISSUE AUTHORITY – FORM B		ENTER FORM A NUMBER:	
NHSBT-ODT Donor ID (if known):			
This form is to be used to provide information required by regulations made under the Human Tissue Act 2004 and Human Tissue (Scotland) Act 2006. This form is to be completed by the Registered Medical Practitioner who transplanted the organ or who received the organ that was proposed to be transplanted.			
IMPORTANT - COMPLETE IN BALLPOINT PEN AND BLOCK CAPITALS. TICK BOXES AS NECESSARY AND RETURN TO ODT DATA SERVICES, NHS BLOOD AND TRANSPLANT, FOX DEN ROAD, STOKE GIFFORD, BRISTOL BS34 8RR WITHIN 2 DAYS OF RECEIPT OF ORGAN			
Registered Medical Practitioner		Grade of surgical damage to this organ	
Full Name:		Name = 0 Moderate = 2 Severe = 3	
Appointment:		Mild = no surgical repair required Moderate = surgical repair required to make organ usable Severe = organ not used due to damage	
Appointment held at: (Establishment)		If code 2 - Moderate, has the damage had a significant impact on the recipient's health? (eg very likely to result in prolonged hospital stay) Note: this response is important for defining a SAEAR. Recipient impact may not be immediately apparent - if recipient subsequently develops a significant problem attributed to the damage then an incident report should be sent to OOT Clinical Governance Yes = 1 No = 2	
Organ		If code 1, 2 or 3, please describe organ damage	
Name and address of hospital or other place at which transplantable material received			
Donor:		Was Organ Perfused After Receipt? If Yes, Perfusion Fluid Batch No(s) (see codes below)	
<input type="checkbox"/> Deceased <input type="checkbox"/> Live HTA reference number		EuroCollins = 10 PBS = 40 Low potassium dextrose = 70 UW, eg ViscoSpon, UW = 1, Belzer UW = 20 St Thomas' = 50 Celsion® = 80 HDC/Marshallwash Solman = 30 Papworth solution = 60 HTK/Bretschneider = 90 Other = 99	
Independent Assessor ID		If Organ Transplanted Date / time of reperfusion in recipient: at (24hr): Recipient Full Name: Case Number: Resident NHS eligibility (if transplanted in NHS hospital) Group 1 Group 2	
Organ Removal: <input type="checkbox"/> UK Removal Address where removed: <input type="checkbox"/> Imported NHSBT Import No. Country of Origin		If Organ NOT Transplanted Date received: Record Reason and Method of Disposal Destination (if known) or NHSBT Export No. or Reason and Method of Disposal	
Indicate organ/material transplanted or proposed to be transplanted - circle ONE number only: Note: for split liver, please circle EACH component part transplanted into this recipient, or propose to be (eg 42 right liver lobe AND 47 liver segment IV)			
11 Left kidney	20 Heart	90 Other	
12 Right kidney	310 Heart blood vessels		
50 Pancreas	70 Heart lung block		
51 Pancreas Islets	61 Left lung		
40 Whole liver	62 Right lung		
41 Left liver lobe	63 Lung pair		
42 Right liver lobe	80 Bowel (or part thereof)		
43 Left lateral liver segment			
47 Liver segment IV			
If Organ Divided Description of EACH organ part created			
Print Name:			
Position:			
Signed:			
Date:			

FRMA195/2/1 (Previous document reference HTAB)

Effective: 01/02/14

PatientPath – HTA-B

Completion Online

NHS

Blood and Transplant

PatientPath

Training

Dashboards

ODT Hub Dashboard

SANDBOX

+

Apps for Dynamics 365

View Dynamics 365 information on the go with apps for your phone, tablet, Outlook, and more!

Get Apps for Dynamics 365

+ START REGISTRATION

+ NEW HTA-B FORM

REPORTS

SET AS DEFAULT

REFRESH ALL

ODT Hub Information Services Das...

All Organ Registrations

+

Search for records

Name	NTxD Registration I...	Created On	Created By	Organ Registration Type...	Transplant Centre...	Recipient ID (R...	Last Name
Elective Live...		29/03/2019...	Michael Gumn	Elective Liver Registr...	CAMBRIDGE, ...		davidson
Elective Live...		14/03/2019...	Carol Walker	Elective Liver Registr...	CAMBRIDGE, ...		Smith
Elective Live...		11/03/2019...	Carol Walker	Elective Liver Registr...	LEEDS, ST JA...		Bloggs
Elective Live...		20/02/2019...	Michael Gumn	Elective Liver Registr...	CAMBRIDGE, ...		testtest
Elective Live...		11/02/2019...	James Hyett	Elective Liver Registr...	CAMBRIDGE, ...		Pop

1 - 8 of 9

Page 1

All Outstanding Tasks

+

Search for records

Subject	Due Date	Created On	Regarding
Log Return of HTA-B...	20/12/2018 ...	18/12/2018 ...	HTA-E
Log Return of HTA-B...	17/01/2019 ...	15/01/2019 ...	HTA-E
Log Return of HTA-B...	18/02/2019 ...	14/02/2019 ...	HTA-E
Log Return of HTA-B...	18/02/2019 ...	14/02/2019 ...	HTA-E
Log Return of HTA-B...	01/03/2019 ...	27/02/2019 ...	HTA-E

1 - 8 of 143

Page 1

Submitted HTA-B Forms

+

Search for records

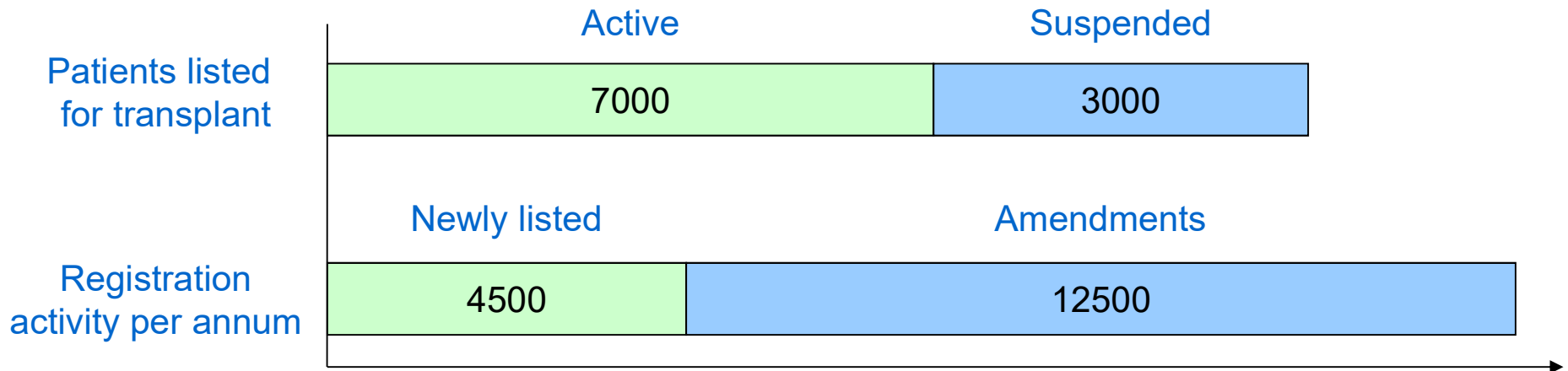
Name	Created On	NHSBT - ODT ...	Type of Donor	Status Reason	Date Organ/M...	Time Organ/M...	Recipient NHS/...	Recipient First ...	Recipient Last ..
HTA-B for Donor 76594 at LEEDS, ST JAMES...	27/02/2019 13:51	76594	Deceased	Submitted	24/02/2019	14:00		SDFGHJKL;	POIU
HTA-B for Donor 999888777 at LONDON, GR...	05/03/2019 12:26	999888777	Deceased	Submitted	01/03/2019	13:00	4444444444	asdfg	wert
HTA-B for Donor 345231 at BRISTOL, SOUT...	07/03/2019 11:23	345231	Deceased	Submitted	07/03/2019	09:00	4444444444	Michael	Gumn

Operational Services

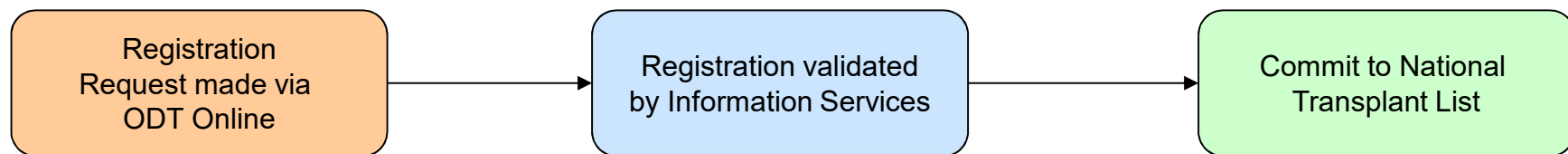
Patient Registration
Living Donor Kidney Sharing Schemes
Scientific Support



Elective Patient Registrations

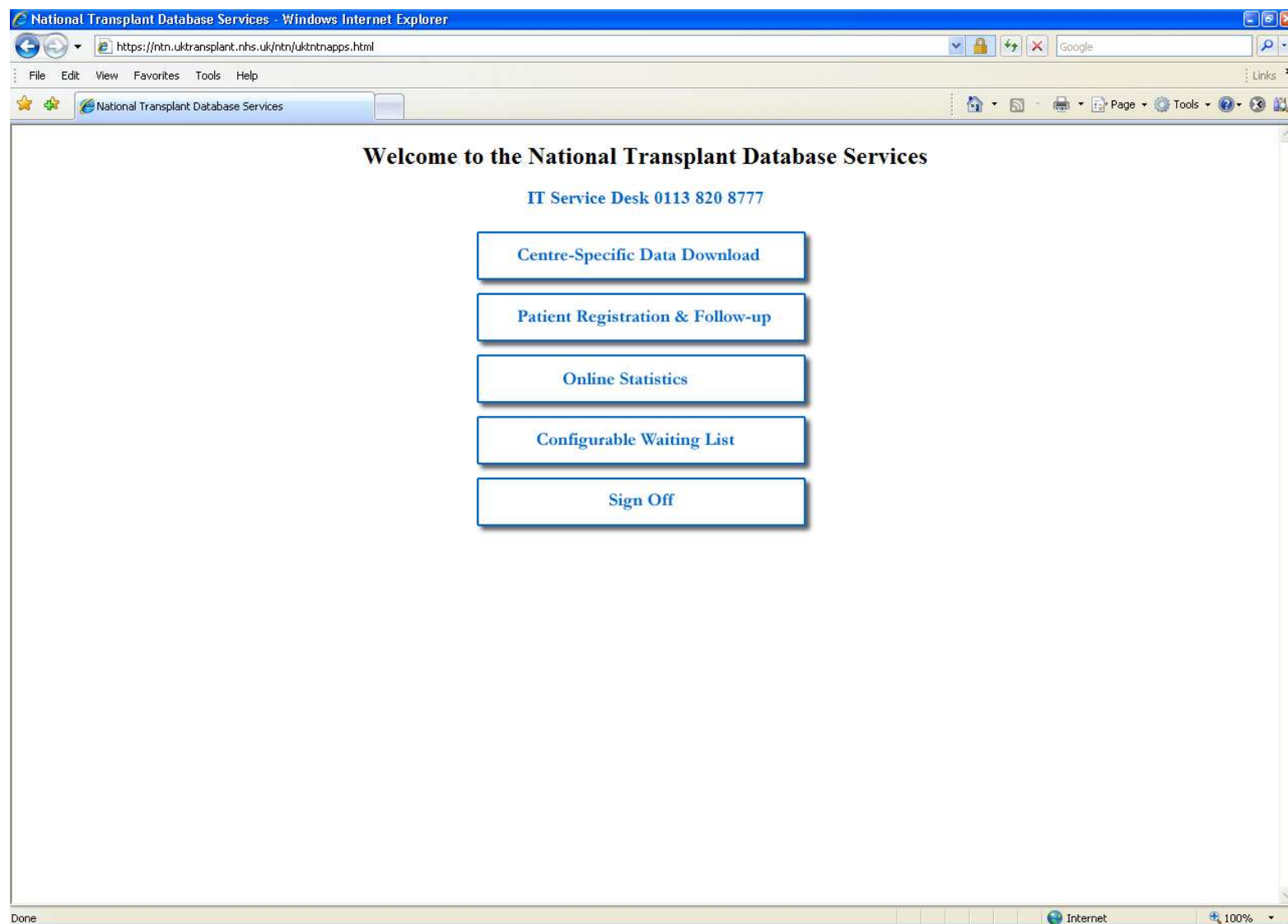


- IS responsible for the elective patients registrations
 - Urgent registrations processed by the Duty Office (24/7 service)
- Elective registration 'requests' are made via ODT Online (web-based facility)



- ODT Online used to record transplant outcomes 24/7 (e.g. removals, deaths)
- Elective patients can only be activated during standard office hours

Registration using ODT Online



ODT Online Management

Account Management

- Around 530 active ODT Online account holders
Each year: 100 new accounts, 20 accounts closed

Training

- MS Teams
- New starter and refresher training available
- Currently reviewing training offered with an aim to increase ODT Online use

Benefits of ODT Online

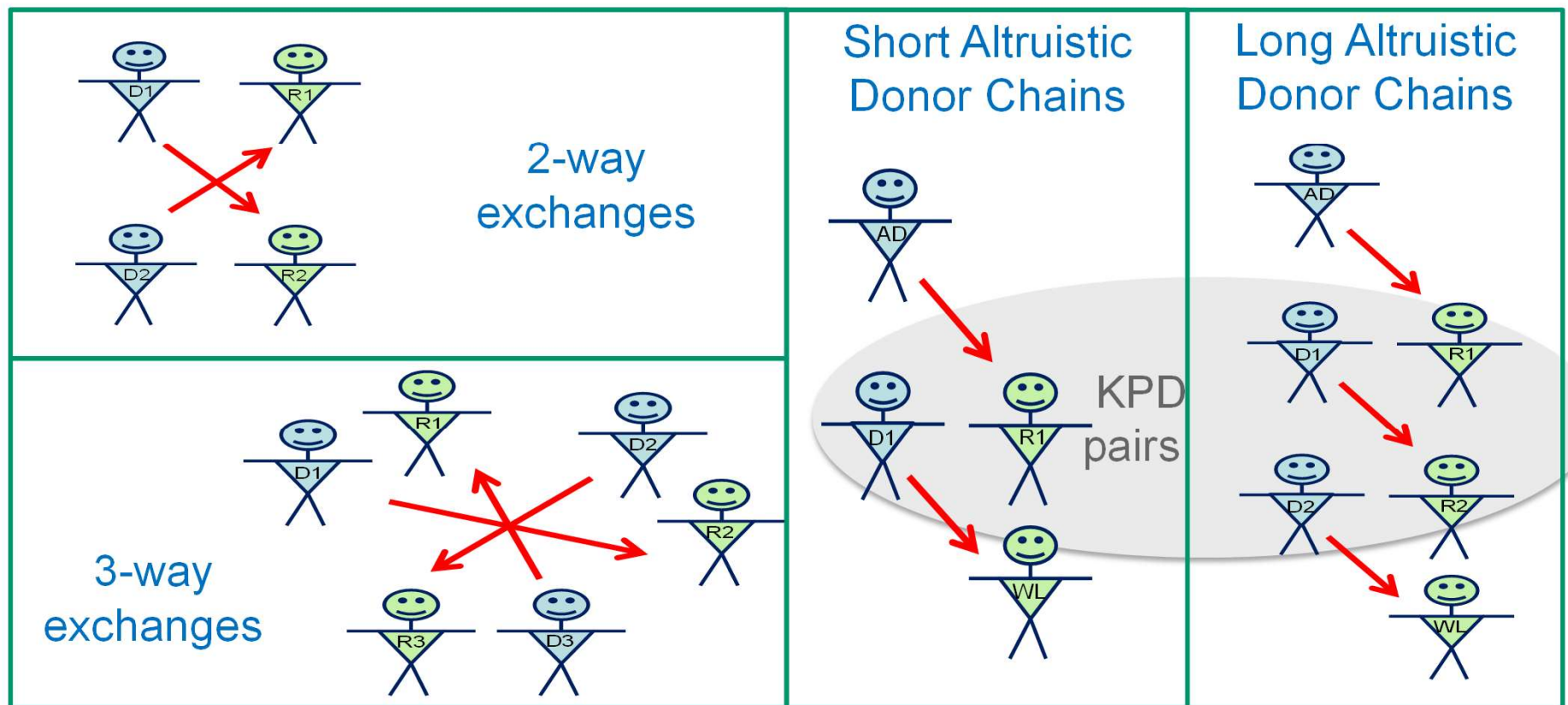
- Good option for 'one time new events' e.g. registration & transplant recording
- Less PID moving around in the post

Live Donor Kidney Sharing Scheme *Blood and Transplant*

- Offers living donor transplants to pairs with incompatible but willing live donors
- IS are responsible for the administration of the sharing scheme
- Process run quarterly
- Lisa will talk about this later

Matching runs identify....

 *Blood and Transplant*



Live Donor Pins

Send out ~ 1000 per year

NHS
Blood and Transplant



Scientific Support Service

Ensuring patient safety through science

The safety and efficacy of solid organ transplants is highly dependant on the accuracy of the scientific data used in the organ allocation process

Donor & Recipient Tissue Typing (HLA)

- Validate HLA to national standards
- Identify & resolve discrepancies

Patient Disadvantage Investigation

Patient listed incorrectly (rare)

- Initiate investigation into 'error'
- Identify likelihood of missed offers
- May award special prioritisation

Recipient HLA Antibodies

- Avoid predictable graft rejection
- Validate antibody profiles
- Provide listing advice (risk vs chance)

Patient Based Allocation Advice

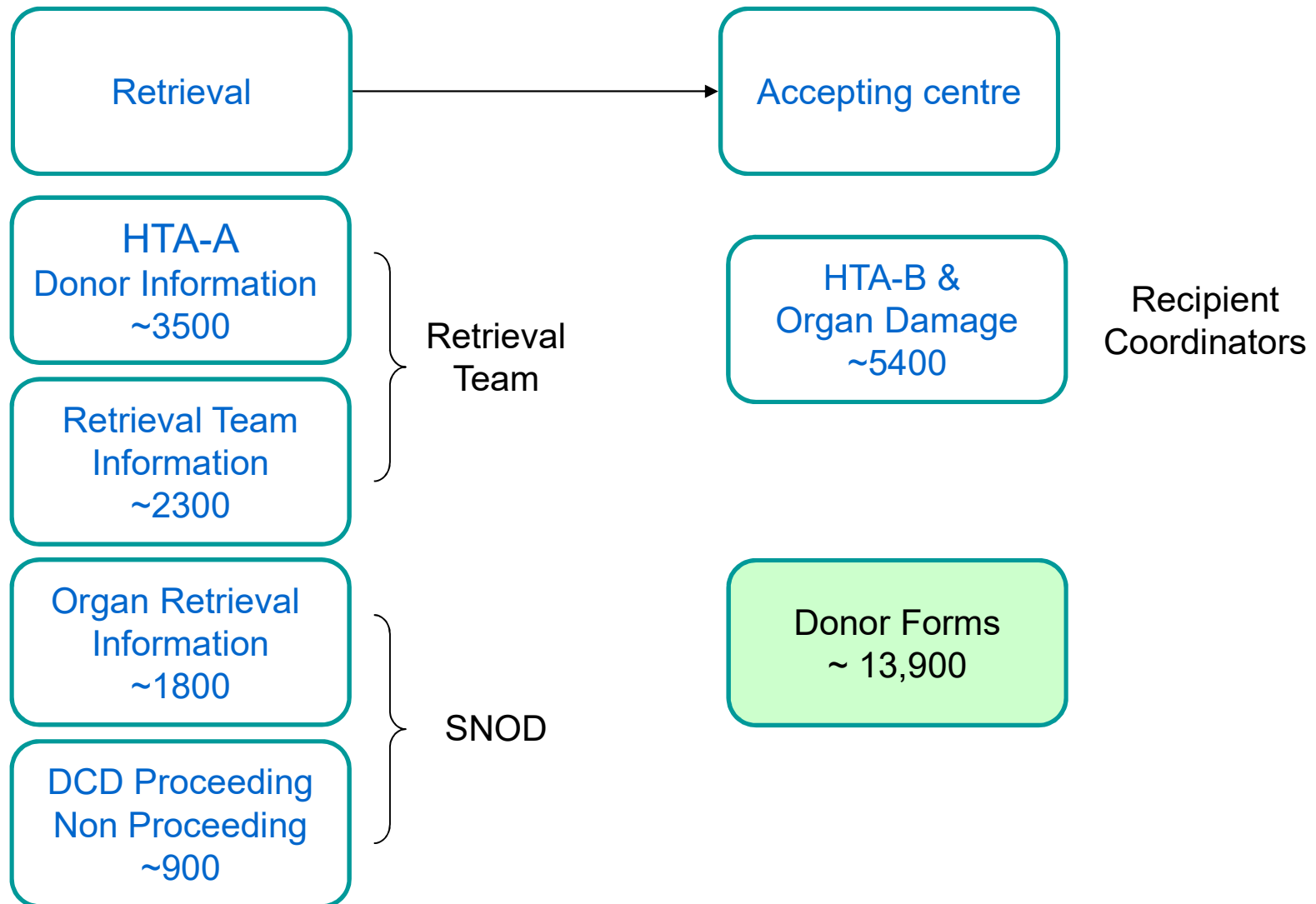
- Advice on chance of transplant
- Advice on options available

Information Processing

Retrieval
Transplant Record
Transplant Follow-up
Live Donor Health Outcomes



Retrieved Organ Information Pathway

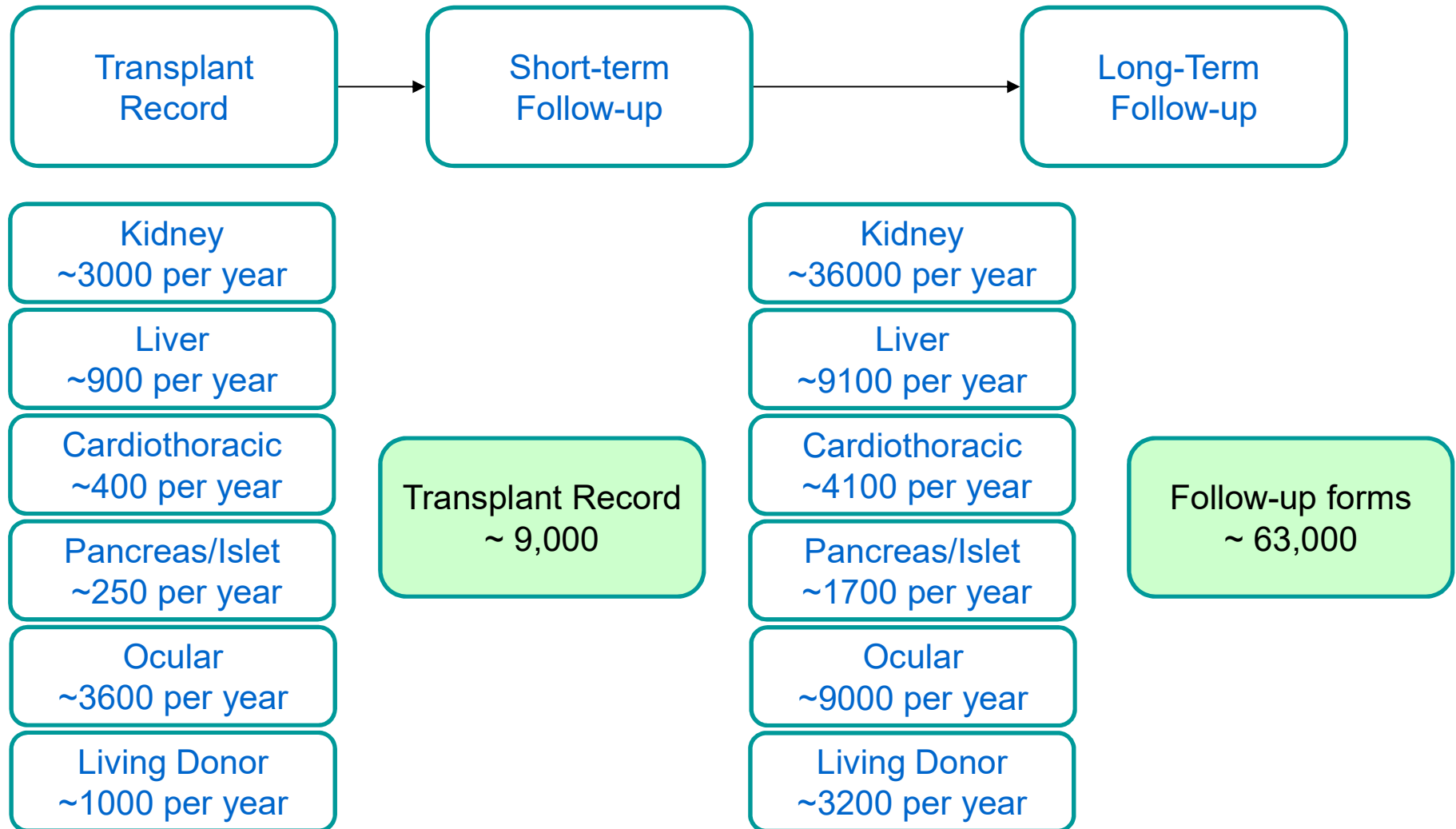


Transplant Information Pathway

Service Specification - DoH



Blood and Transplant



Information Return Rates

HTA-A	99%
HTA-B	98%

Transplant Record	99%
Three-Month Follow-Up	98%
12 Month Follow-Up	>90%

Lifetime Follow-Up	85% to 90%
--------------------	------------

Living Donor Follow-Up	85% (Short term)
	80% (Longer term)

Summary

- Information Services are primarily responsible for:

Overseeing the registration process

Coordinating the National Living Donor Kidney Sharing Scheme

Traceability of Organs (HTA-A & B)

Populate the UK Transplant Registry

- The way in which we deliver our services requires significant modernisation
- We remain grateful & continue to enjoy the excellent working relationships we share with colleagues within ODT & the wider donation and transplant community