

## NHS BLOOD AND TRANSPLANT

### MINUTES OF THE SEVENTEENTH MEETING OF THE TRANSPLANT POLICY REVIEW COMMITTEE HELD AT 2.00 PM ON TUESDAY 12<sup>TH</sup> JULY 2016 AT CORAM CHILDREN'S CHARITY, CORAM CAMPUS, 41 BRUNSWICK SQUARE, LONDON WC1N 1AZ

#### PRESENT:

Mr Jeremy Monroe, Non-Executive Director, NHSBT (**Chair**)  
 Mr John Casey, Pancreas Advisory Group Chair  
 Prof Peter Friend, Bowel Advisory Group Chair  
 Prof John Forsythe, Associate Medical Director, ODT  
 Ms Victoria Gauden, National Quality Manager - ODT  
 Ms Sally Johnson, Director of ODT, NHSBT  
 Ms Lorna Marson, Kidney Advisory Group Deputy Chair  
 Dr Gail Mifflin, Medical & Research Director, NHSBT  
 Dr Paul Murphy, National Organ Donation Committee Chair  
 Mr Gabriel Oniscu, Research, Innovation & Novel Technologies Advisory Group Chair  
 Prof Rutger Ploeg, National Retrieval Group Chair  
 Mr Steven Tsui, Cardiothoracic Advisory Group Chair

#### IN ATTENDANCE:

Mrs Lucy Newman, Clinical & Support Services, ODT (Observer)  
 Mrs Kathy Zalewska, Clinical & Support Services, ODT (Secretary)

#### ACTION

#### 1 APOLOGIES

- 1.1 Apologies were received from:  
 Prof John Dark, National Clinical Lead for Governance, ODT  
 Prof John O'Grady, Liver Advisory Group Chair  
 Mr Derek Tole, Ocular Tissue Advisory Group Chair  
 Prof Paresh Vyas, Non-Executive Director, NHSBT  
 Prof Chris Watson, Kidney Advisory Group Chair

#### 2 DECLARATIONS OF INTEREST – TPRC(16)3

There were no declarations of interest.

#### 3 MINUTES OF PREVIOUS MEETING & MATTERS ARISING

- 3.1 **Minutes of the meeting held on 5<sup>th</sup> January 2016 – TPRC(M)(16)1(Am)**  
 The minutes of the previous meeting were agreed as a correct record.

#### 3.2a Action points – TPRC(AP)(16)2

**AP1** – Terms of Reference circulated.  
**AP2** – Clinical contraindications policy: In hand – changes to be made at next revision.  
**AP3** – Lung selection policy: Changes made and Cardiothoracic Transplant Directors informed.

#### 3.3 Matters arising not separately identified

There were no other matters arising.

## To be Ratified

## ACTION

### 4 FOR CONSIDERATION

#### 4.1 POL 185 Pancreas selection policy – TPRC(16)4

Changes to the policy re the inclusion of simultaneous islet and kidney transplants were approved.

#### 4.2 POL 199 Pancreas allocation policy – TPRC(16)5

Changes to the policy re the inclusion of simultaneous islet and kidney transplants were approved.

#### 4.3 POL 186 Kidney allocation policy – TPRC(16)6

Changes to the policy re the inclusion of simultaneous islet and kidney transplants were approved.

#### 4.4 Proposed allocation scheme for urgent heart-lung patients - TPRC(16)7

S Tsui explained updates to the existing heart allocation scheme to allow allocation of donor hearts to patients on the super-urgent, urgent and non-urgent lists in that priority order. In addition, a new lung allocation scheme will be implemented imminently which features a similar three-tier hierarchy. Members considered and approved a proposal for the allocation of cardiothoracic donor organs to patients who urgently require a heart-lung block. It was queried whether this work was already included within the work on heart and lungs on the new platform. If not, it was unlikely it could be added at this stage.

#### 4.4.1 & POL 230 Lung: Organ allocation policy – TPRC(16)8 and 4.4.2 POL 228 Heart: Organ allocation policy – TRPC(16)9

The following changes to the policies were considered:

- Changes re organ sharing between the UK and the ROI
- Clarification over organ offering for urgent heart patients who also require lungs

The changes were approved subject to checking the definition of 'EU' changing 'EC' to 'EU'.

Concern was raised around the definition contained within these policies of both a paediatric donor and a paediatric recipient using age criteria as the use of age criteria needs to be justified in the light of age discrimination legislation. Currently the overarching policy states that "a person is considered a child for the purposes of these policies until he/she has reached the age of 18 years (unless specified otherwise) as the potential for growth may remain until he/she has reached this age". S Tsui agreed to refer this back to CTAG to consider whether age or height/weight is the most appropriate marker. If age is deemed more appropriate then justification on the grounds of medical benefit would need to be defined in order to fall into the category of 'unless specified otherwise'.

**S Tsui**

In light of this discussion members acknowledged that, in order to ensure consistency, all organ selection and allocation policies should be revisited to review:

- a) The definition of EU in relation to allocating organs; and
- b) The definitions of paediatric and adult donors/recipients using age.

**J Forsythe**

## To be Ratified

**ACTION**

**5 FOR INFORMATION**

**5.1 POL 193 Intestinal allocation policy – TPRC(16)10**

Members endorsed changes to the policy which was previously approved by the Chair off line in order to incorporate an update to donor and recipient age match points. This change was made to ensure that organs from paediatric donors are prioritised for paediatric recipients. It was acknowledged that, as in the item above, work needs to take place on all selection and allocation policies in relation to justification for age criteria.

**6 Revised TPRC Terms of Reference – TPRC(16)11**

Minor changes were approved to the TPRC Terms of Reference to accommodate the fact that the Research, Innovation and Novel Technologies Advisory Group (RINTAG) will be drawing up policies which will need to be submitted to TPRC for approval.

**7 ANY OTHER BUSINESS**

There were no other items of business.

**8 DATE OF NEXT MEETING:**

The next meeting, scheduled to take place on Tuesday, 23<sup>rd</sup> September 2016, will need to be rescheduled. Further details will be emailed to members.

**JULY 2016**