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Update on selected organ utilisation projects

Chris Callaghan, National Clinical Lead for Abdominal Organ Utilisation

RTSM 27th January 2021

Caring Expert Quality

Background – existing kidney utilisation projects

Identifying barriers and increasing awareness of OU issues

- NHSBT monthly offer decline data to units
- Lack of resources offer declines
- Higher quality donor organ declines / discards
- *Death on waiting list after declined offers
- Improved metrics to track quarterly organ utilisation rates
- Database of papers on kidney utilisation
(<https://www.odt.nhs.uk/transplantation/organ-utilisation-evidence/>)

Increasing availability of organs

- *National deceased donor 24/7 histopathology service
- *Organ assessment & recovery centres (ARCs)
- *Abdominal NRP development

Clinical Leads in Utilisation

Organ acceptance

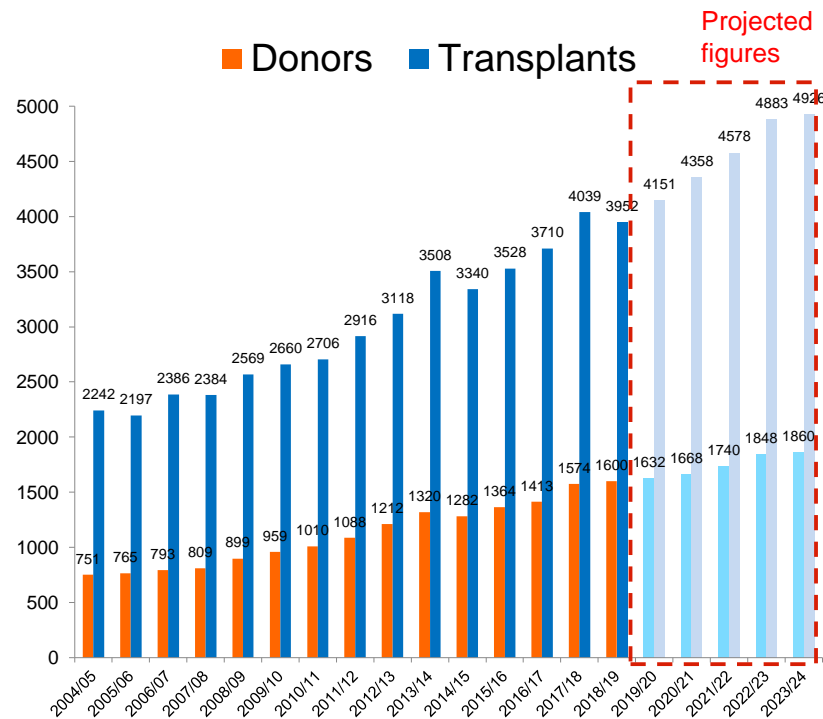
- *Transplant information website and outcome prediction tools
- *Aide memoire to assist clinical decision making for donor-transmitted diseases and SaBTO guidelines
- Photos of kidneys at retrieval
- *Supporting transplants from HCV positive deceased donors

Research / evaluation of outcomes

- *Outcomes of deceased donor kidneys declined for donor- or organ-related reasons
- *Outcomes and utilisation of deceased donor kidneys with proteinuria
- *Decision analysis of accepting higher risk deceased donor kidneys versus waiting for a 'better' offer
- *Updated analysis of donor-transmitted cancers using registry linkages
- *Outcomes and utilisation of deceased organ donors with infective endocarditis

CLU scheme – why the need?

- Max and Keira's Law; anticipated increase in organs available for transplantation
- Major part of new NHSBT ten-year national strategy
- Changing donor demographics (age, hypertension, other co-morbidities) mean further challenges
- More work needed to overcome local and national barriers to utilisation



CLU scheme – key responsibilities

- Assess local barriers to utilisation
- Share lessons learned during COVID-19 in their centre and unit
- Evaluate the effectiveness and benefits of existing organ utilisation projects
- Develop and implement interventions to address all the above at both the local and national levels

Please note:

No commitment to funding from NHSBT beyond first 4 months

Maximum total funding per post of 1 P.A. per week for 4 months

Scope is deceased donor from the point of consent onwards

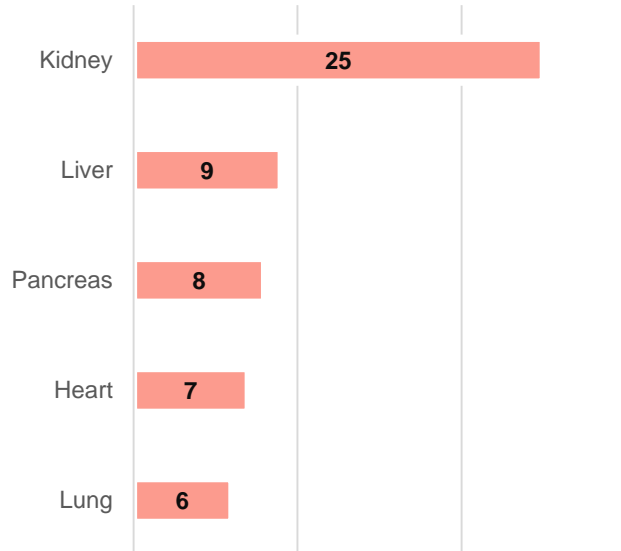
CLU scheme – expected benefits

- ✓ Increased grassroots engagement with organ utilisation issues
- ✓ Greater visibility of organ utilisation performance and challenges at executive level within Trusts/Boards
- ✓ Improved identification and dissemination of best practice in organ utilisation to improve equity of access
- ✓ Identification of “quick win” interventions with near-term benefits
- ✓ Identification of transplant clinicians committed to improving organ utilisation in the UK, supporting development of future clinical leaders within NHSBT
- ✓ Coordination of research efforts into common challenges experienced across multiple units/regions – including a method to prioritise utilisation research efforts on a national level
- ✓ Evaluation and promotion of adherence to existing NHSBT guidelines, and assessment/improvement of NHSBT data that are being made available
- ✓ Organ-specific utilisation plans, in alignment with the draft OTDT Strategy

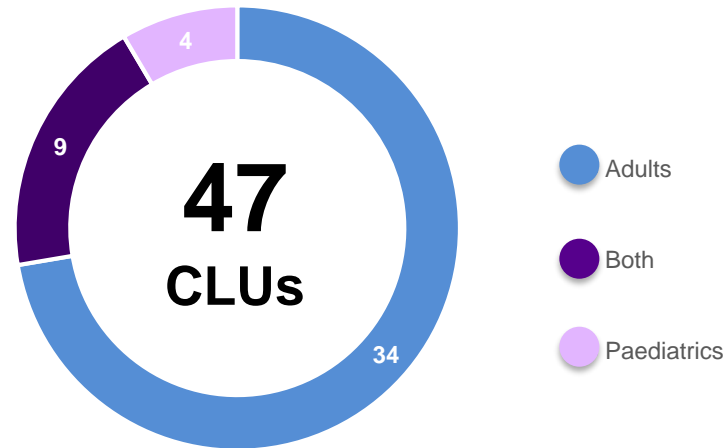
CLU scheme – appointments

NHSBT has appointed **47 CLUs** to **54 posts** covering the vast majority of the UK’s **lung, heart, liver, solid-organ pancreas** and **kidney** transplant units, for both **adult** and **paediatric** patients.

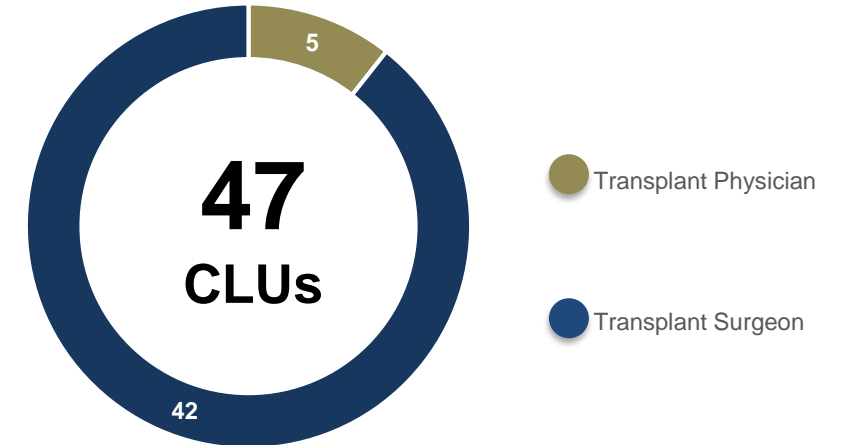
CLU Posts Filled



Adults & Paediatrics Coverage



CLU Roles

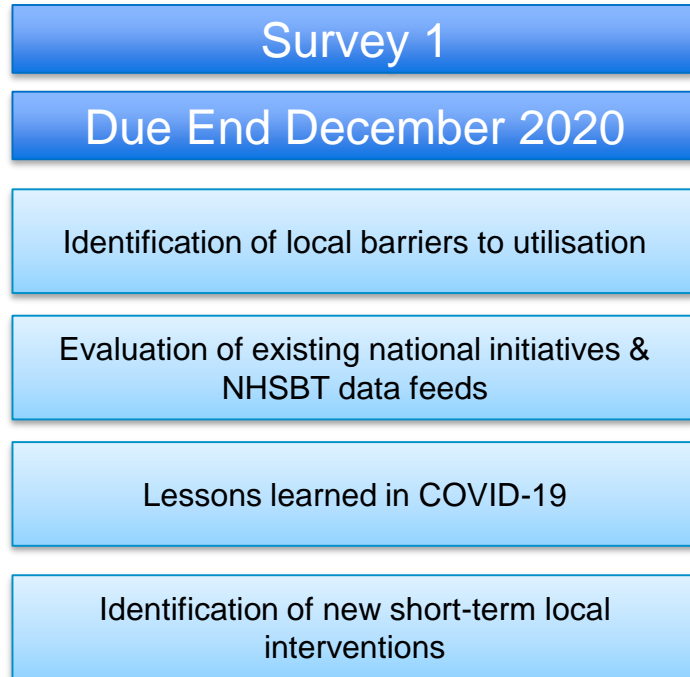


CLU scheme – appointments (kidneys)

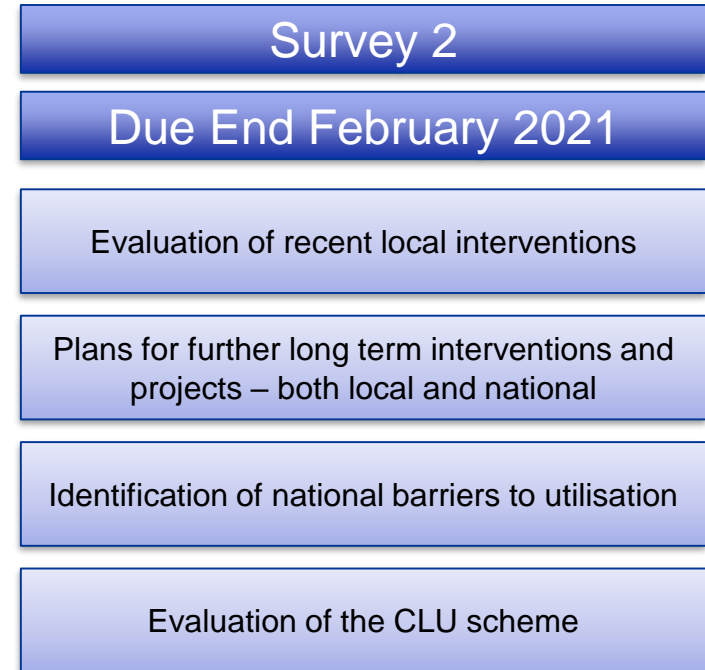
Kidney	
Neil Russell	Addenbrooke's Hospital, Cambridge
Tim Brown	Belfast City Hospital, Belfast
Liam McCarthy	Birmingham Children's Hospital, Birmingham
Laszlo Szabo	University Hospital of Wales, Cardiff
Rhana Zakri	Guy's Hospital, London
Refik Gökmen	Guy's Hospital, London
Stuart Falconer	St James's Hospital, Leeds
Sanjay Mehra	Royal Liverpool Hospital, Liverpool
Zia Moinuddin	Manchester Royal Infirmary, Manchester
Hussein Khambalia	Manchester Royal Infirmary, Manchester
Andrew Jackson	Queen Elizabeth University Hospital, Glasgow
Aimen Amer	Freeman Hospital, Newcastle
Anusha Edwards	Southmead Hospital, Bristol
Amanda Knight	Nottingham City Hospital, Nottingham
Sorina Cornateanu	Royal Infirmary, Edinburgh
Rupesh Sutaria	Queen Alexandra Hospital, Portsmouth
Nicholas Inston	Queen Elizabeth Hospital, Birmingham
Reza Motallebzadeh	Royal Free Hospital, London
Ravi Pararajasingam	Northern General Hospital, Sheffield
Abbas Ghazanfar	St George's Hospital, London
Sanjay Sinha	Churchill Hospital, Oxford
Shafi Malik	University Hospital, Coventry
Somaiah Aroori	Derriford Hospital, Plymouth
Rowland Storey	WLRTC, London
Anna Rizzello	Leicester General Hospital, Leicester

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CLU scheme – outputs



To be presented at BTS Annual Congress



Collecting data on theatre access	Planned prospective study on timings and access to theatre
Supporting business cases	Develop a 'toolkit' to facilitate improved access to theatres (e.g. business cases from other units, NHSE contracts)
Supporting offer decline meetings	Refining offer decline data provided by NHSBT

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Clinical Leads in Utilisation

Transplant information website and outcome tools

- **Project 'A'**

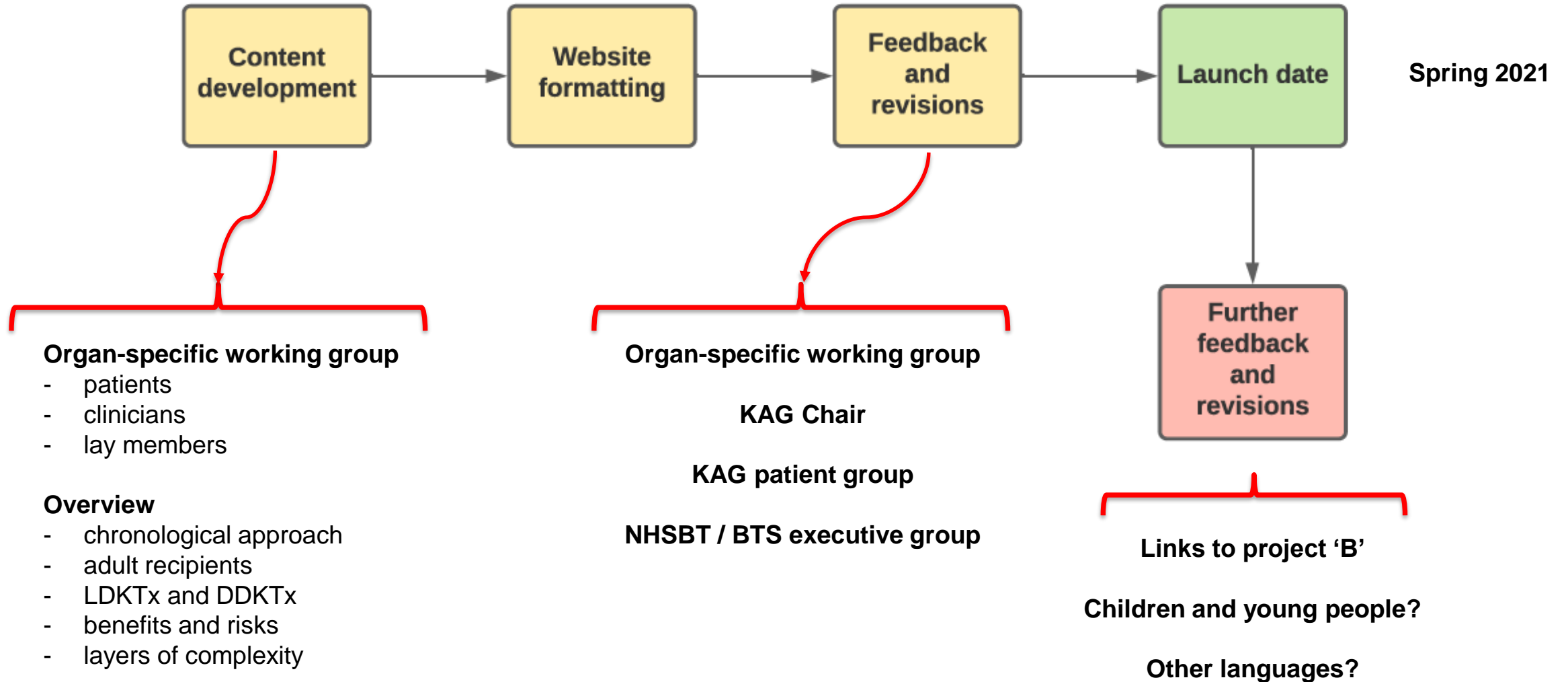
- Patient-facing information on transplant options
- Joint NHSBT / BTS project, hosted by NHSBT (kidney, heart, lung, liver, pancreas, small bowel)
- Linked to other relevant national online resources (ODT, KRUK, Kidney Care UK, etc...)
- Includes patient stories, patient educational resources, advice on post-transplant care
- Reduce duplicated efforts between units, and enhance sharing of experience



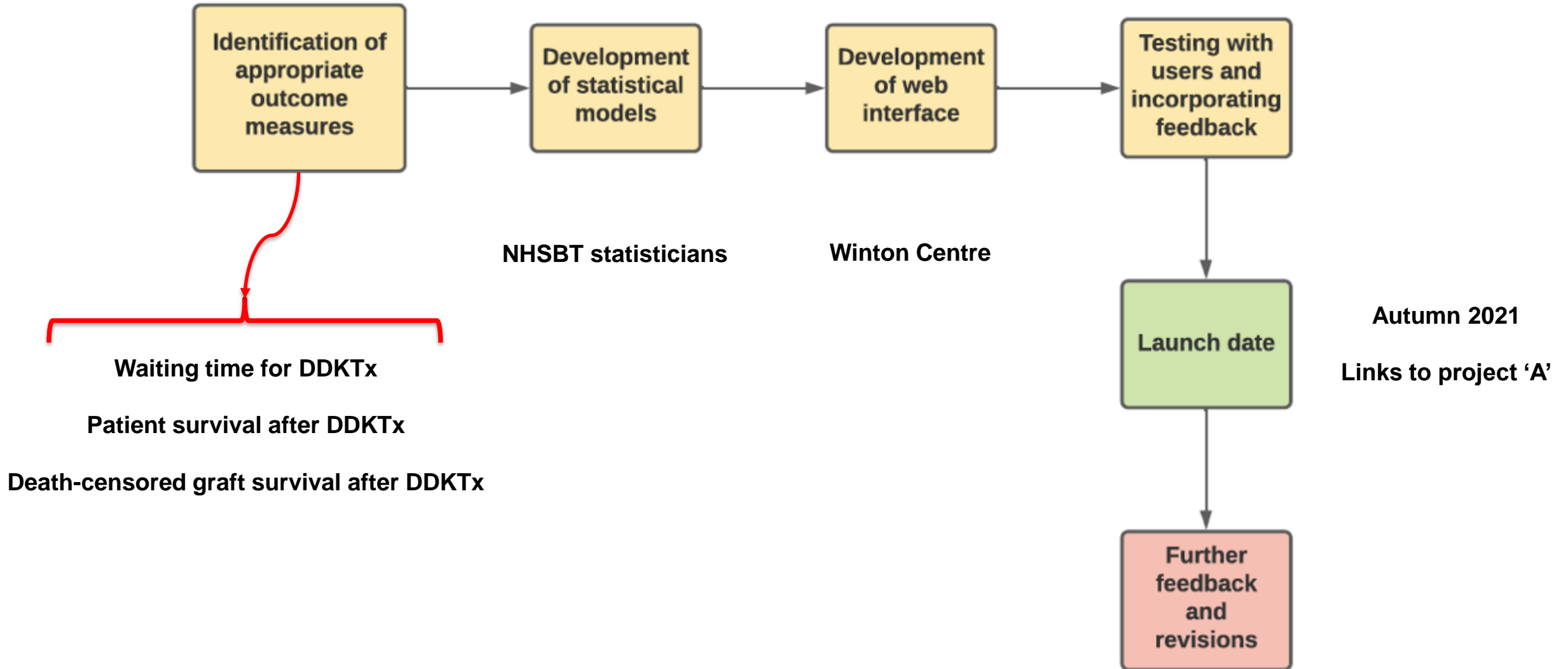
- **Project 'B'**

- Provide estimated outcomes to patients and clinicians to support informed decisions around transplantation
- Joint NHSBT / Winton Centre for Risk and Evidence Communication (University of Cambridge)
- Using national transplant registry data with input on data presentation by Winton colleagues
- Kidney and lung, initially
- Estimated waiting time, patient survival, graft survival after deceased donor kidney transplantation

Transplant information website (Project 'A')



Outcome tools (Project 'B')



London - Guy's Hospital

For more information that will be helpful to patients, follow the link to background guidance.

Waiting times

Patient survival

Graft survival

Background Guidance

Waiting times – for possible outcomes

Reset all

Sex

Male

Female

Age (years)

18 - 29

30 - 39

40 - 49

50 - 59

60 - 69

70 or over

Ethnicity

Asian

Black

Chinese

Mixed

White

Other

Blood group

O

A

B

AB

Matchability group

easy (score 1-3)

moderate (4-6)

difficult (score 7-10)

Graft history

No previous graft

Replacing previous graft

Dialysis at registration?

Yes

No

Highly sensitised?

cRF less than 85%

These are the outcomes we would expect for people who entered the same information as you, based on patients who joined the waiting list between 2004 and 2014.

Bar Chart

Area Chart

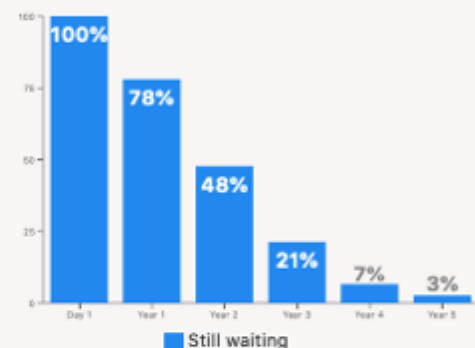
Icon Array

Table

Test

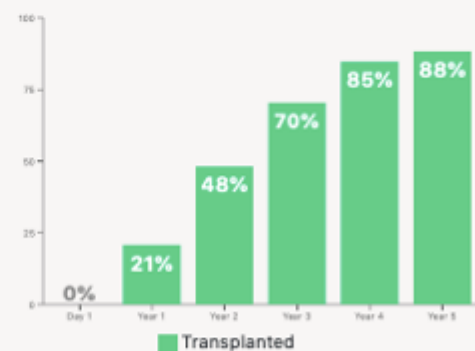
About how long do these people stay on the list?

People will leave the list if they get a transplant, die, or are removed for some other reason.



When are these people likely to receive a transplant?

By way of example, the 'Year 2' value tells you how many people are likely to get a transplant in year 2 after already having waited one year.



Some of these people may die or be removed from the list

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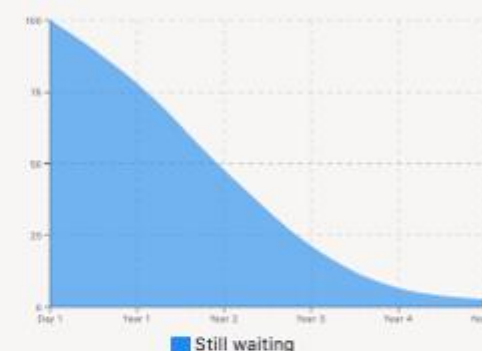
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- Patient survival
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Patient survival – over time

Reset all

Recipient Age (years)

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30 - 39

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50 - 59

60 - 69

70 or over

Ethnicity

Asian

Black

Chinese

Mixed

White

Other

Recipient waiting time (years)

1 or less

3 or less

5 or less

7 or less

over 7

Recipient primary renal disease - Diabetes

No

Yes

Donor Age (years)

0-29

30+

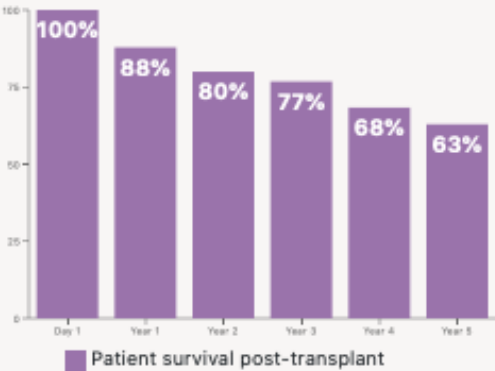
40+

50+

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- Icon Array
- Table
- Test

About how long do these people survive after a transplant?



London - Guy's Hospital

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Patient survival – over time

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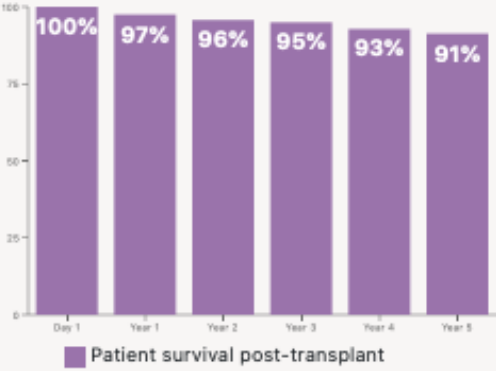
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Patient survival

Graft survival

Background Guidance

Graft survival – over time

Reset all

Recipient age (years)

Recipient waiting time (years)

Graft history

Recipient primary renal disease - Diabetes

Donor Age (years)

Underweight (BMI)

These are the outcomes we would expect for people who entered the same information as you, based on patients who joined the waiting list between 2004 and 2014.

Bar Chart

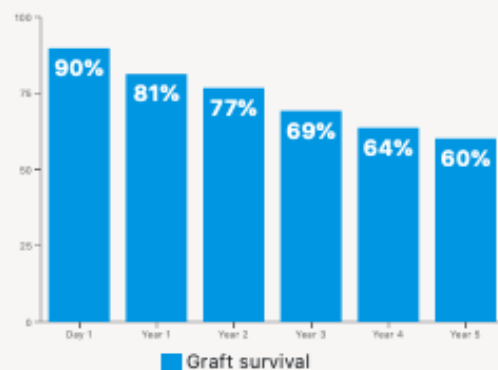
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About how long does the graft survive?



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Graft survival – over time

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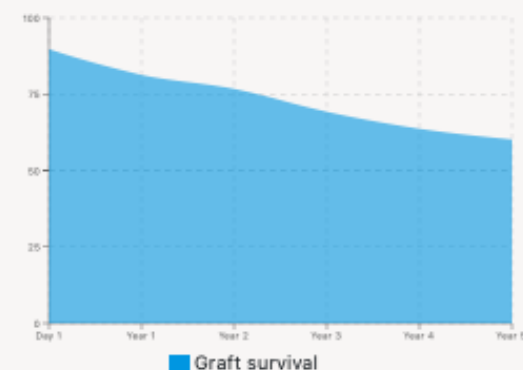
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About how long does the graft survive?



Summary

- **A variety of ongoing kidney utilisation projects**
- **CLU scheme**
 - Short-term, outputs expected soon
- **National patient information website**
 - Launch date Spring 2021
- **Outcome tools website (deceased donor kidney transplantation)**
 - Launch date Autumn 2021

CLU Project Team



John Forsythe

Medical Director, OTDT



Chris Callaghan

National Clinical Lead, Abdominal Organ Utilisation



Claire Williment

NHSBT Lead – Clinical Leads for Utilisation



Diana Garcia Saez

Clinical Lead for Cardio Thoracic Transplant Development



Dale Gardiner

National Clinical Lead, Organ Donation



Tom Nicholson

NHSBT Project Manager – Clinical Leads for Utilisation

Transplant Information and Outcome Tool Teams

- **Project 'A'**

- John Forsythe
- Liz Armstrong
- Matt Welberry Smith
- Kam Rai
- Clare Giltrow
- Steve Wigmore
- Rachel Hilton
- Lorna Marson
- And all those who have provided input and feedback thus far

- **Project 'B'**

- John Forsythe
- Jas Parmar
- Lisa Mumford
- Jenny Mehew
- Rachel Hogg
- Maria Ibrahim
- David Spiegelhalter
- Alex Freeman
- Leila Finikarides
- Mike Pearson
- Joel McGrath
- Matt Thorogood