

Back Up Liver agreements

Due to some of the pressures that have been seen liver centres, and to try and prevent increased use of the fast track scheme along with ensuring the successful use of all potential liver grafts.

This was discussed at the Clinical Director call with the liver centres and the following has been agreed:

- To support all centres and recipients to have access to named patient offers whilst limiting the number of fast -track offers due to late declines and the rush arrangements for the second centre, HO have agreed to back-up liver offers up for any centre who are experiencing concerns with logistics – theatre and ICU capacity.
- When the liver is offered and accepted the Hub team will have a conversation with the primary accepting centre to identify if the centre would like the liver to be backed-up – this approach will allow each centre to assess their own capacity and the risk of having to decline the liver due to logistic reasons at a later point.
- The Hub will then offer via the offering sequence to the next centres named patient as a backup liver, each centre will be required to consider the back-up offer and accept or decline – there will need to be clear and direct communication with the primary accepting centre to coordinate the logistics and plan times etc for this approach to be successful.
- The expectation is that the back-up centre will bring their recipient into the hospital, therefore not causing delays if the offer becomes a full offer but this should be coordinated with the primary accepting centre.
- The primary accepting centre needs to make a firm decision by the knife to skin point in the donor process, if this can not be achieved the full offer will be given to the back-up centre.
- The liver centre directors will monitor this approach on the weekly call to ensure that it is effective, and not leading to significant delays, cost or any loss of grafts.
- Any centre who has requested a back-up be arranged should NOT accept any further offers until that initial case is resolved.
- Where the offer being backed up is a DCD organ, this will be offered to the link centre and if not accepted then fast tracked. If the primary accepting centre is not able to confirm their ability to transplant the liver at the point of NORS mobilisation the full offer should be made to the back-up centre.

N.B. Updated to include the change to Cross clamp.