

COVID - 19 Bulletin Number 33

Organ and Tissue Donation and Transplantation Directorate

30 June 2021

Message from OTDT Medical Director Professor John Forsythe

Dear Colleagues

As we approach the end of another month, I wanted to provide another bulletin giving a few updates on some of the new projects and tools that were announced in the last version, alongside other key information.

Thank you all again for your ongoing work to help our donors, their families and our transplant recipients.

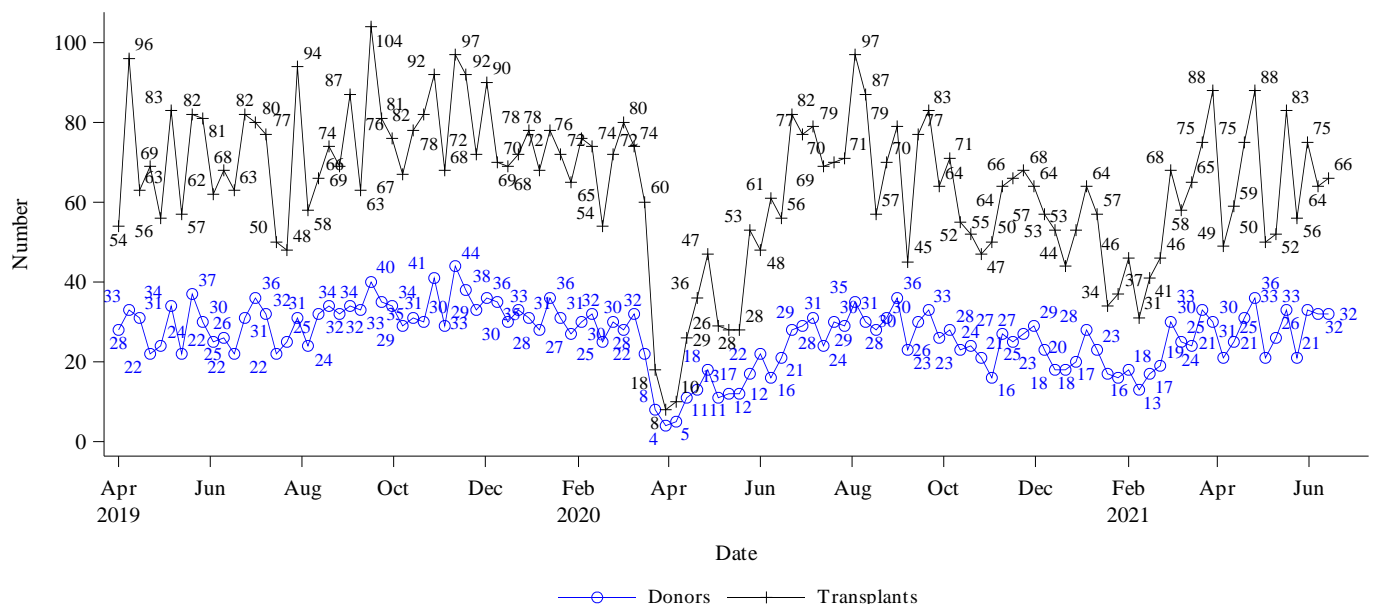
With kind regards,

John Forsythe

COVID – 19 Activity Summary

Here is the usual activity summary data – as you can see, after a brief drop, numbers are rising again. Thanks again to the stats team who continue to provide us with this data and to monitor it to help inform the Clinical Team for any actions that need to be undertaken.

Figure 1 Effect CoVID-19 has on Deceased Donation and Transplantation
Number of deceased donors and transplants by week since 1 April 2019



CLU 2.0 Update

I am delighted to announce that we have now begun recruitment for the second iteration of the CLU scheme.

Local CLUs

As we enter 'CLU Phase 2.0', we have invited transplant unit Clinical Leads and Clinical Directors to nominate colleagues for the local unit CLU posts. We are happy to receive repeat nominations of your previous CLUs. As with the first CLU phase, nominees should be senior surgeons or senior physicians providing care to transplant patients, who are also involved in utilisation decisions in their unit. Colleagues from the donation aspect of the service clearly do not fulfil that definition and their nominations cannot be accepted.

Nominations should be made via the web form here: [Clinical Leads for Utilisation: Nomination form \(June 2021\) \(Page 1 of 3\) \(office.com\)](#). Nominations for the local CLUs will close on **Friday 2nd July**.

Organ Lead CLUs

Applications are now open for the Organ Lead CLUs. NHSBT invites candidates from UK NHS Transplant Units to apply to five Organ Lead CLU roles – one for each of Heart, Lungs, Liver, Kidney, and Pancreas. The Organ Lead CLUs will take on a wide variety of responsibilities, working with Local CLUs, as well as liaising with NHSBT colleagues to coordinate and collaborate on potential improvements whilst championing and promoting the values of organ utilisation. Organ Lead CLUs will not be able to simultaneously hold a local CLU post within their own unit (centres will be asked to nominate a replacement for anyone appointed to a local CLU post who is subsequently appointed to an Organ Lead CLU post).

The closing date for applications is midnight on **Friday 9th July**. Please follow the links to the NHS Jobs website provided below for further details

Organ Lead (**Heart**) – Clinical Lead for Organ Utilisation – 918-RX7488 <https://www.jobs.nhs.uk/xi/vacancy/916583195>

Organ Lead (**Lungs**) – Clinical Lead for Organ Utilisation – 918-RX7487 <https://www.jobs.nhs.uk/xi/vacancy/916583132>

Organ Lead (**Liver**) – Clinical Lead for Organ Utilisation – 918-RX7383 <https://www.jobs.nhs.uk/xi/vacancy/916583298>

Organ Lead (**Kidney**) – Clinical Lead for Organ Utilisation – 918-RX7489 <https://www.jobs.nhs.uk/xi/vacancy/916583251>

Organ Lead (**Pancreas**) – Clinical Lead for Organ Utilisation – 918-RX7490 <https://www.jobs.nhs.uk/xi/vacancy/916583291>

If you have any questions regarding either the local CLUs or the Organ Lead CLUs please contact: OrganUtilisationProgramme@nhsbt.nhs.uk

Assessment and Recovery Centre – Update

We are grateful to everyone who took part in workshops or attended meetings to develop a business case for establishing Assessment and Recovery Centres (ARCs). The engagement has involved meetings with a range of stakeholders to identify potential routes and priorities for action. The proposed approach is to establish a 'virtual' ARC to bring teams together to agree protocols, share data etc, as well as a 'physical' ARC where organs can undergo machine perfusion and assessment. For the physical ARC, the advice received was to give priority to liver and lung and then proceed to kidney. The business case has been shared with NHS Blood and Transplant Change Portfolio Board for comment and we are in the process of agreeing next steps for the business case. In the meantime, we are establishing a clinical steering group to discuss and prioritise the ARC "virtual" aspects regarding processes and governance that will be delivered in FY21/22.

Cautionary Tales

May 2021's edition of 'Cautionary Tales' can be found here: <https://nhsbtdeb.blob.core.windows.net/umbraco-assets-corp/23044/cautionary-tales-may-2021.pdf> Previous editions, including September's which includes the impact of learning from positive outcomes, can be found here: <https://www.odt.nhs.uk/odt-structures-and-standards/governance-and-quality/shared-learning/>

PITHIA Trial – national histopathology service

The PITHIA trial will re-start at midnight on 1st July, after a long pause due to COVID-19. There are 18 kidney transplant centres who will regain access to the PITHIA service from this date (Belfast, Birmingham, Coventry, Edinburgh, Glasgow, Guy's, Hammersmith, Leeds, Liverpool, Manchester, Newcastle, Nottingham, Oxford, Portsmouth, Royal Free, Royal London, St George's). These centres will be able to request pre-implantation kidney biopsies to assess organ quality, for any deceased donor aged ≥ 60 years. Please inform the Hub at the time of offering that you would like a biopsy performed. We will try to accommodate all requests made up to the point of retrieval.

The PITHIA biopsy is a 4mm punch, taken by the retrieval team and sent to one of six laboratories across the UK for urgent processing. Each biopsy is reviewed by a specialist renal histopathologist and a report is sent to the relevant transplant centre, to help guide the decision on transplantation. The PITHIA histopathology service is not to be used to exclude malignancy in a potential donor.

For more information, please visit www.pithia.org.uk or contact PITHIA@nhsbt.nhs.uk.

HTA B and RTI changes

Changes to the organ damage scales for the Retrieval Team Information (RTI) forms and the HTA B forms are due to be implemented in early July. These changes will allow us to monitor damage rates more accurately and effectively, with the introduction of CUSUM reporting for NORS teams in the future.

New damage scale

No Effect – Surgical damage was absent or had no clinical effect

Mild Effect – Damage was present, but organ was repaired for transplant

Moderate Effect – damage contributed along with other serious concerns, to the decision not to use the organ

Severe Effect – Damage was the primary factor in the decision to decline for transplantation. The organ would have been used if no damage was present

Not Performed – organ not inspected for damage

Full details of the changes have been circulated in emails to the NORs leads, Clinical Directors, Peri-operative leads and recipient coordinators – if anyone has not received these communications or requires more information please contact Julie Whitney – Julie.whitney@nhsbt.nhs.uk . Further information will be available when we have a confirmed go live date.