

Organ Utilisation Group

Terms of Reference

Remit

The Group will provide evidence-based recommendations on a 5-year improvement plan to deliver changes to the current donation and transplantation infrastructure, which will:

- i. deliver improvements in the number of organs that are accepted and successfully transplanted for adult and paediatric patients
- ii. optimise the use of the existing skilled workforce, investment and infrastructure
- iii. provide equity of access and patient outcomes
- iv. reduce unwarranted variations in practice
- v. support innovation

and provide minimum service standards against which all transplant units would be commissioned by the relevant commissioning group. Some standards will be generic, and some will be organ specific, having consideration of:

- The root cause of barriers to utilisation at every stage of the donation and transplantation pathway and how these could be addressed
- Future workforce capacity and profile requirements
- How the current funding could be re-purposed to deliver improvements
- Capital investment requirements
- The respective roles and inter-play of living and deceased donation and transplantation acknowledging that these services co-use resources (workforce; facilities etc)
- Equity of access to transplantation – particularly addressing current BAME, sociodemographic and geographic variations
- Equity of transplant outcomes from listing to transplant
- Resilience of the transplantation service
- Comparison of UK data against international benchmarks

The Group will focus on services in England, but acknowledge that, as organs are allocated on a UK basis and transplant patients from other UK countries may rely on English services, any changes may impact on Wales, Scotland and N. Ireland.

Outcome

The Chair of the Group will provide a report including evidence-based recommendations for delivering improvements to organ utilisation and transplantation. The final recommendations will be provided to the Secretary of State for Health and Social Care for consideration and copied to the Ministers of Health for Devolved Administrations.

Reporting structure

The Chair of the Group will report to the Secretary of State for Health and Social Care, maintaining engagement with DA Ministers. The Chair will also report to the

Chief Executive of NHS England and Improvement for actions requiring commissioning activity.

The Chair should share draft recommendations to the key stakeholders for comment and agreement for the recommendations.

The Chair will also provide updates for information/ comment as appropriate to:

- UK Commissioning Boards
- NHS Blood and Transplant Board
- National Organ Donation Committee
- NHSBT Solid Organ Advisory Groups
- British Transplantation Society
- Royal Colleges of Surgeons
- Academy of the Royal Colleges
- Faculty of Intensive Care Medicine

Timing

The work to establish the Organ Utilisation Implementation Group should be undertaken whilst the implementation of the new UK strategy is being developed.

The first UK report should be 6 months after the first meeting.

Scope

In scope:

- Adult and paediatric services
- Transplants from living and deceased donors

Out of scope:

- Tissues
- New funding – recommendations should be based on assumptions of steady level funding and making the best use of funding already available

Membership

Please note – it is possible that a single delegate could cover more than one area of expertise.

- Trust Chief Executive
- Critical Care Manager
- Organ Utilisation:
 - Abdominal
 - Cardiothoracic
- Recipient Transplant coordinator
- Transplant Unit Manager representative
- Theatre Manager representative
- British Transplantation Society representative
- Non-transplant centre
- Lay representative
- Patient representative
- Department of Health and Social Care

- NHS Blood and Transplant OTDT Medical Director
- Workforce planning

Observers

- DA Health Departments Policy Leads
- Commissioners
 - NHSBT
 - NHS England & Improvement – Specialised Commissioning
 - NHS England & Improvement – Highly Specialised Commissioning
 - National Services Scotland
 - Wales
 - N. Ireland

Observers will be encouraged to participate in discussion as appropriate, to provide advice and inform the work of the Group, but will not have a voting role.

Sub-Groups

The Chair may establish sub-groups, to bring in specific additional expertise and focus on particular issues, if required. There should be no more than two sub-groups at any one time. Sub-Groups must be Chaired by a full member of the group. The following sub-groups are proposed:

Standards	<ul style="list-style-type: none"> • Best practice: Abdominal; Cardiothoracic; Paediatric • Minimum service standards • Capacity: Transplantation; Critical care • Equity • Innovation
Workforce	<ul style="list-style-type: none"> • Sustainability • Futureproofing • Diversity • Succession planning • Training • Education • End to end, across the patient pathway • Culture
Commissioning	<ul style="list-style-type: none"> • Transplantation services commissioning framework
Infrastructure & Systems Architecture	<ul style="list-style-type: none"> • Digital infrastructure • Data collation • Data access

Potential additional expertise to draw on in a sub-group may include:

- Nuffield Centre for Bioethics
- Health Economist
- Diversity and Inclusion – Patient; Donor family

Minutes

The notes from meetings will follow Chatham House rules, where the content of discussion, including any points of particular consensus or dissention is covered, but discussion will not be attributed to any particular person.

Notes will be circulated to attendees, but as they are policy in development, they will not be made publicly available.

Secretariat

NHSBT / NHS England & Improvement will provide the Secretariat and admin support for the group, including the following activities:

- Secretariat:
 - Working with the Chair, collate the agenda and papers
 - Draft papers, to be cleared by Members/ Chair as appropriate
 - Drafting and/ or compiling reports to Ministers and others, but the responsibility for the content lies with the members and ultimately the Chair of the Group.
 - Working under the instruction of the Chair, drive activity and progress between meetings
- Admin:
 - Setting dates and issuing invites
 - Hosting virtual meetings
 - Taking notes, clearing notes with the Chair, circulating notes to delegates