CTAG 14TH OCTOBER 2016

Update on the ODT Hub CTAG(16)S20

What has been happening?

The trouble with the Scaled Agile method of working being used in the development of the Hub is that for a long time it can seem like nothing is happening, and transplant clinicians could be forgiven for having formed this impression. The reality, which only becomes apparent with the broad overview of progress at the "Big Room Planning" events, is that the four teams of developers have been hard at work building the systems within the new IT architecture.

The first clinical benefit made possible by the new architecture is the urgent and super-urgent heart allocation schemes due to go live on the 26th October.

What happens next?

Exact timings are difficult to predict as the development teams have a schedule, but the plans are subject to change depending on the interdependencies of the various modules.

Based on the Big Room Planning event held in Bristol this week, the development of the IT systems to allow the urgent and super-urgent lung pathways is expected to take place start in sprint 4 between the 17th and 29th October, and work on the facility to separate the heart and lung allocation zones is expected in sprint 5 between 30th October and 14th November. These are the dates for the software development – actual clinical implementation can only follow once these modules have gone to the transition team for testing.

I had an opportunity this week to see the prototype waiting list management system, which is adapted from a cloud-based commercial customer relationship manager application. This works really well with a clear and intuitive interface, which can be used on a variety of different computers, tablets and even smartphones. Ultimately this is intended not simply to replace the paper forms used currently, but to replace some of the data validation carried out in ODT Information Services with real time validation performed by algorithms as the online registration form is completed, so that simple errors are picked up and corrected immediately and the patient registered on the waiting list quickly, compared to the delays in the current system where forms with queries are returned by post for correction.

The current plan is for the customer relationship manager application to act as a portal to other services such as details of organ offers and real time listing of patients on the super-urgent list.

What do we need to change?

There has been a lot of focus on the Hub as an IT systems upgrade, and less on the physical Hub which will be the 24/7/365 operations centre replacing and extending the role of the duty office. However, the least focus has been on the various transformations in working that the IT upgrade and operations centre can facilitate: these should make transplantation safer, better supported and more sustainable in the context of the inexorable rise in pressures from all directions that transplant centres face.

The challenge for the clinical transplantation community is to achieve our own transformations to capitalise on the potential gains from the Hub programme. The forthcoming web applications for registering patients on transplant waiting lists and managing their registration subsequently bring new opportunities for more intelligent

matching of donor to recipient, which will be critical in the context of named patient organ offers.

To guide the development of the Hub programme so that it meets our needs as clinicians and is realistic in its expectations of the changes transplant centres can make, a stakeholder network is being developed. The cardiothoracic stakeholder group was constituted in February and held its inaugural meeting in London; since then the Hub team have not yet needed to avail themselves of the multidisciplinary expertise in that group, but we will be making increasing use of that knowledge as the heart and lung systems are developed.

John Asher

Clinical Lead for Health Informatics, ODT

Consultant Transplant Surgeon, QEUH, Glasgow