

**Pancreas and Islet
Transplant Coordinator Network
18th January 2022**

In Attendance	
<p>Simon Northover Oxford solid pancreas and islet pre transplant team Terri Morgan Oxford solid pancreas and islet pre transplant team Kirsty Duncan Islet/SIK Tx Coordinator Edinburgh Victoria Prior SPK Tx Coordinator Edinburgh Gail Defries SPK Coordinator Cambridge Sarah Cottee SPK Coordinator Cambridge Cerys Johns Pre and Post SPK Coordinator Cardiff Linda Birtles Islet and SIK coordinator Manchester Amy Cunningham Islet Coordinator Kings Laura Stamp LN Recipient Coordinator NHSBT</p>	LS
<p>Ideas for topics:</p> <ul style="list-style-type: none"> • Work up pathway for SIK and SPK - Interested to hear about different centres pathways for the next meetings • Use of key note speakers • Compare and contrast individual roles, working patterns • Stresses and strains for on call • Technologies in use • Share tips and ideas of good practice • Blood group B patients waiting longer for second transplant (being disadvantaged) • Pregnancy post transplant - best educational advice. Lack of protocols online. Would be good to work on as a collaborative • DCD pancreas – vital timings and signs for individual centres <p>Plan to select individuals to lead on relevant topics</p>	<p>SN</p> <p>GD</p> <p>KD</p>
<p>Covid-19</p> <p>How has it affected our working lives? Can we offer each other any support?</p> <p>Edinburgh were seconded out back to parent units, ITU / HDU. Workload still remains for cradle to grave patients. Not just those that we assess. Plus there was still on call (priority listed islet patients).</p> <p>March to July 2020 stopped transplanting, but back to normal since then. Reduced number of transplant beds. Only brand newly transplanted patients on the ward. On call back to normal Back in normal roles but impact of isolation of work colleagues and greater</p>	<p>KD</p> <p>LB</p> <p>VP</p>

<p>workload, risk/benefit conversations with patients has lead to difficult decisions but it is impacting us on a daily basis Did not stop transplanting over covid as still had to take liver offers. 50% of the team was redeployed in first wave particularly, but also the second, Only 1 islet patient transplanted in last 2 years Patients not wanting to come in face to face for assessment or to leave the house.</p>	AC
<p>Seconded in first wave to dialysis unit to enable those nurses to go to ITU. 2 person jobs were done by one person creating a huge backlog in our own workload All SPK patients were given option of being listed for kidney only as this was less risky. Most opted to be suspended but one accepted and was transplanted for kidney and now he has had pancreas after kidney and is doing very well. Lots of offsite peripheral clinics which involve travel to referral centres, done virtually. Not ideal but team are very used to it and have merged into hybrid clinics facilitating those who have difficulty travelling</p>	SN
<p>Staff on transplant unit are being moved to medicine for their short staffing . Leaves transplant team with a skeleton workforce Challenges keeping everyone safe with Covid Clinics seem to be the same Did a run of SPK patients</p>	CJ
<p>Nurses feeling demoralised by never knowing where they may be sent to work, and often feel out of their depth</p>	KD
<p>Hardly any SPK transplants recently. ? this was because other transplant programmes were paused. Current W/L approx. 55 which is large for Edinburgh</p>	VP
<p>Patients who refuse vaccine, counselled on the phone by consultant as to the risks. Is any team suspending patients refusing vaccines?</p>	SN
<p>Yes have suspended one but a rigorous risk assessment was conducted to reach that conclusion. Education seems to be helping but it is tricky.</p>	VP
<p>All our patients are vaccinated, those on the list are educated and they will be brought in to proceed but are counselled about the risks</p>	GD
<p>PAG</p> <p>Pertinent points, are they useful? Virtual element of meeting is good Very informative meeting Miss the networking of face to face but cover a lot of material Very happy to take things to the meeting and want to know the best way to feedback Reaching out to the appropriate teams (Kings, Wales)</p>	KD

On call pressures.

Different centres experiences. Differing workload.

Cambridge and Kings need to pay back compensatory rest post on call. Oxford and Cardiff now have a system where the co-ordinators are on call Mon-Friday 8-5 then band 6 nurses take over on call and work in the ward if not arranging a transplant.

Discussions on how we can support other centres. Is this something we can help to change?

Discussion around next meeting

May 3rd 2022-01-25
13.30-15.30