

Renal Services Transformation Programme

Kidney Transplantation

Dr Nicholas Torpey

National Clinical Advisor – Transplantation

Consultant Nephrologist – Addenbrooke's Hospital, Cambridge

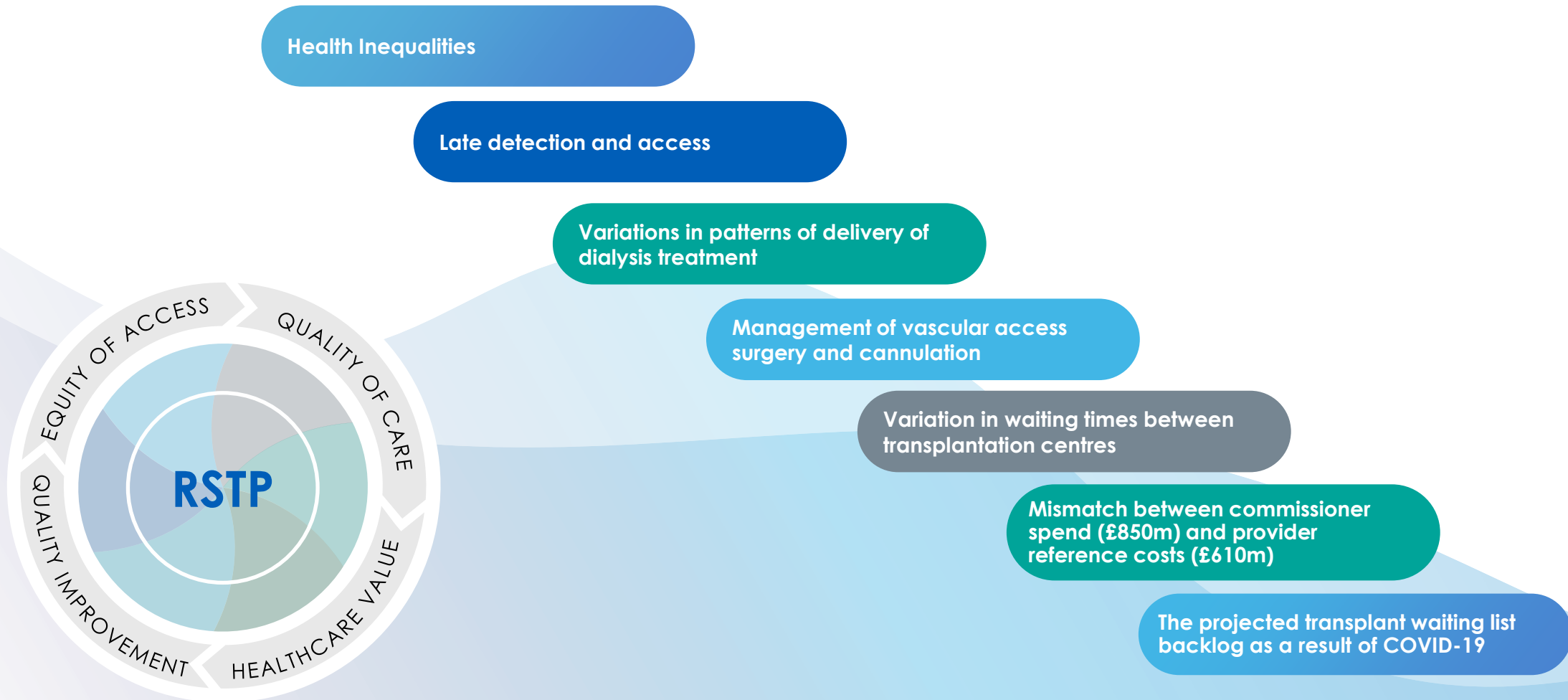
NHS England and NHS Improvement



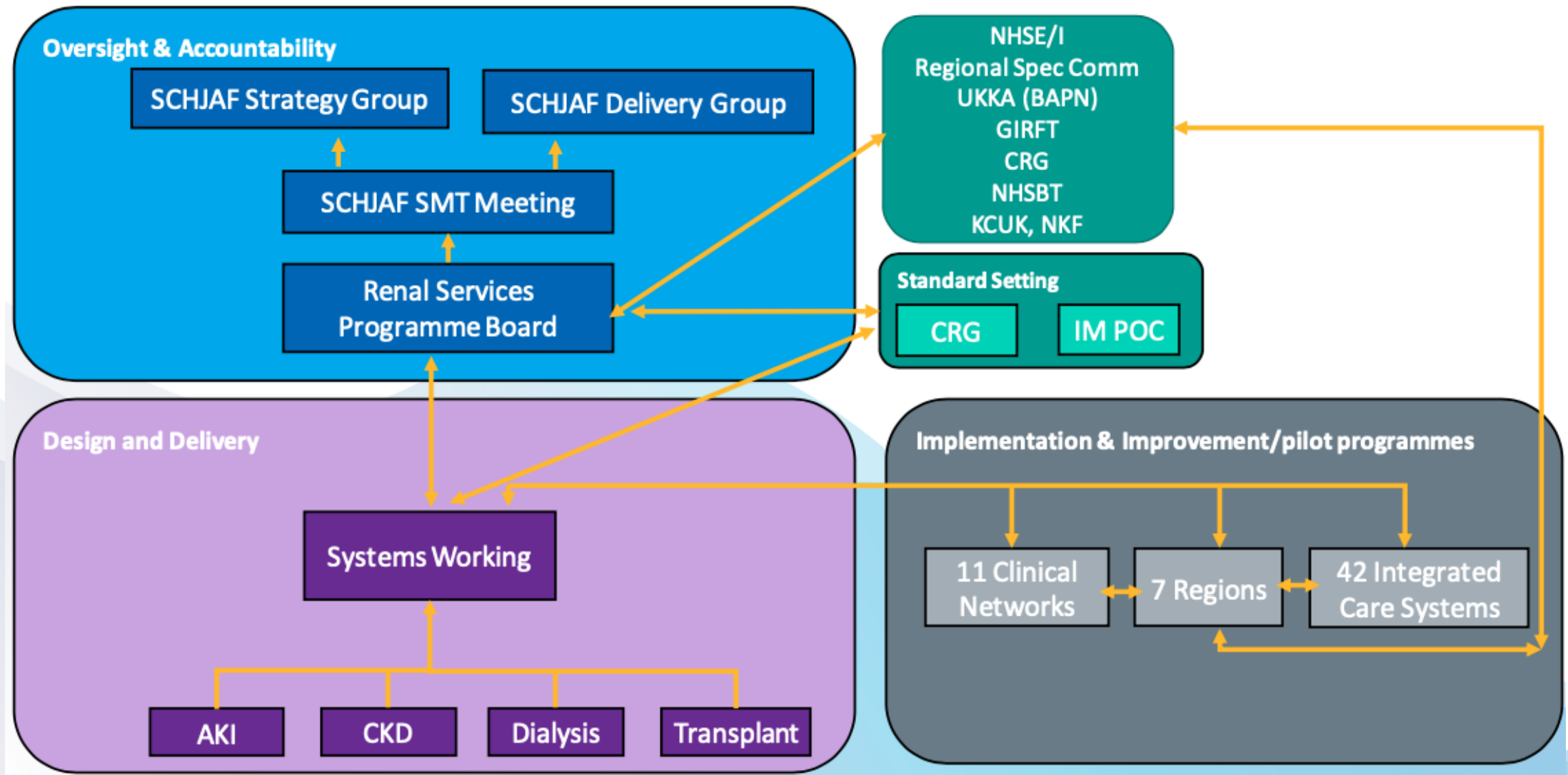
The case for change

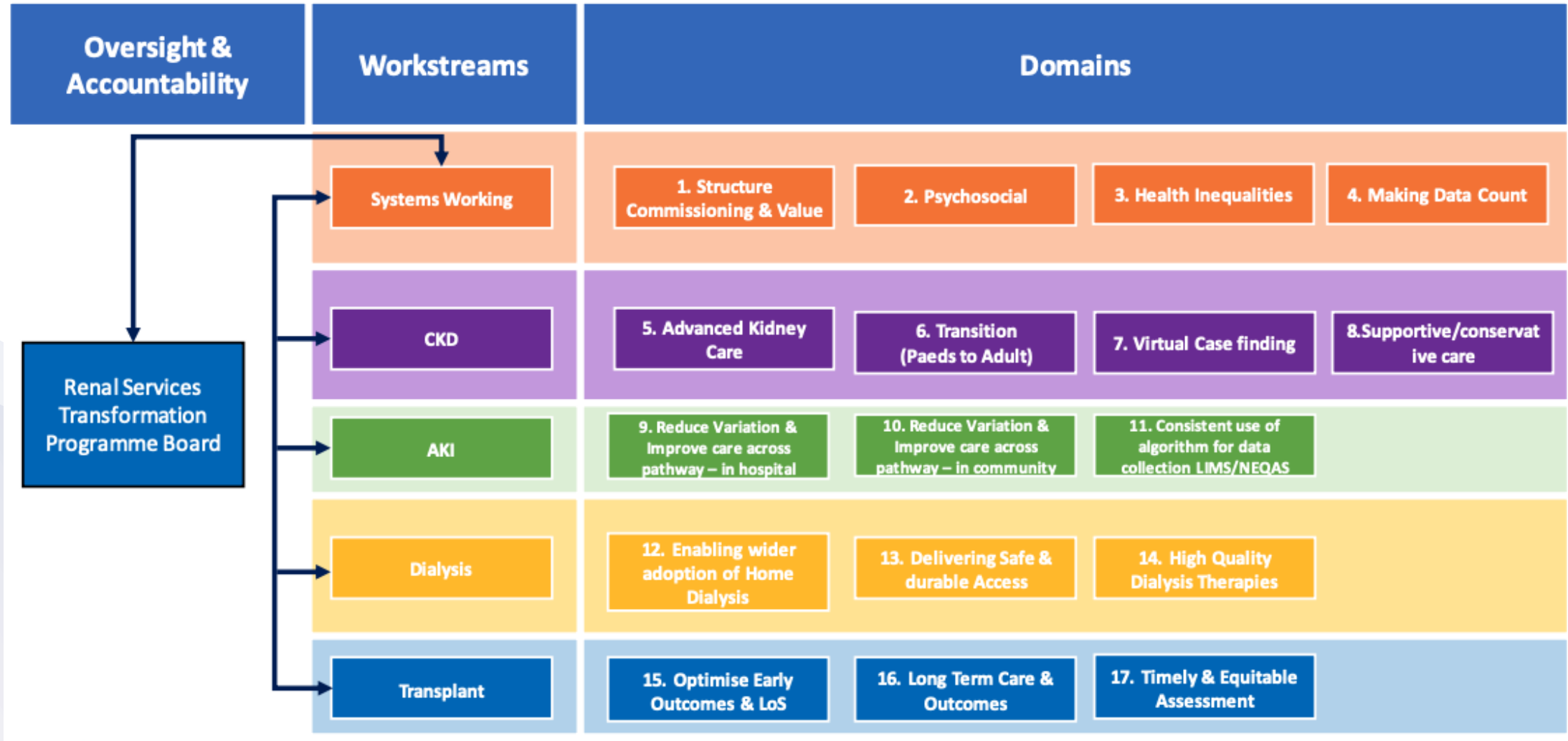


Transforming renal services will mean addressing longstanding and complex problems at many levels of the NHS, cutting across many patient pathways and NHS bodies.



Rena Services Transformation Programme - Structure





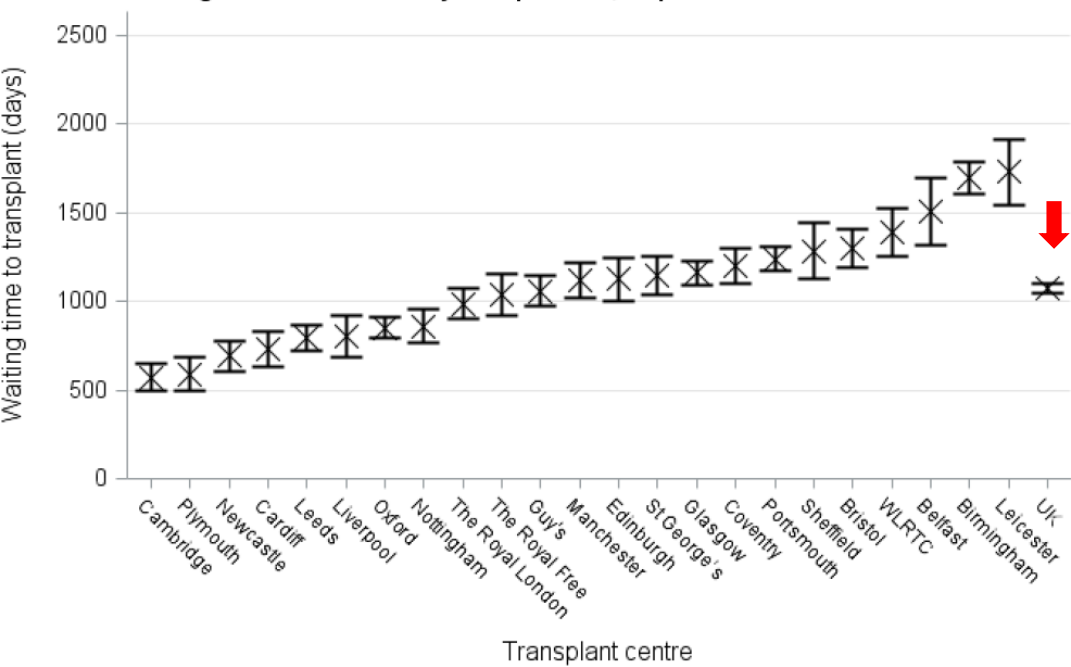
RSTP's 10 High Impact changes and opportunities identified in Renal Medicine GIRFT report

High Impact Changes	System Working	Dialysis	Transplantation	CKD	AKI
1. Address health inequalities	✓				
2. Improve access to transplantation			✓		
3. Improve access to effective and timely vascular access		✓			
4. Reduce patient infection rates		✓			
5. Establish a new national standard for AKI				✓	✓
6. Establish revised national standards	✓	✓	✓	✓	✓
7. Establish the optimum pathway		✓	✓	✓	✓
8. Improve psycho-social health		✓	✓	✓	
9. Establish new commissioning models	✓		✓		
10. Implementation of procurement and sustainability initiatives	✓	✓	✓		

Reduced Waiting Time And Variation Between Centres

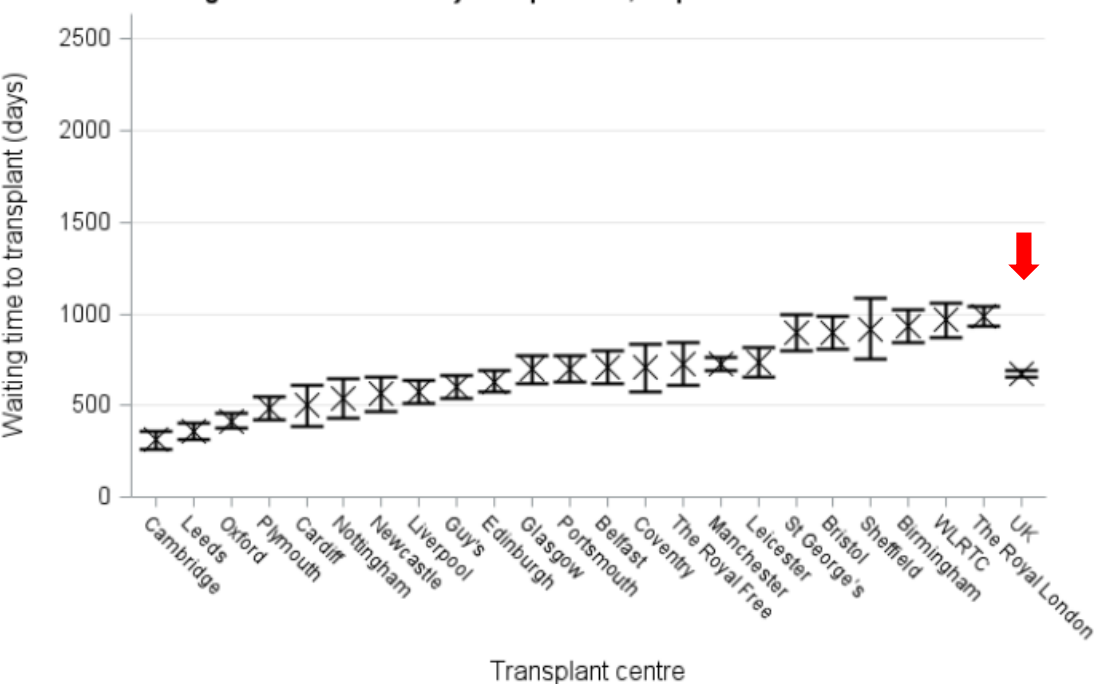


Figure 3.10 Median waiting time to deceased donor transplant for adult patients registered on the kidney transplant list, 1 April 2008 - 31 March 2011



2013-14 Kidney Report

Figure 3.10 Median waiting time to deceased donor transplant for adult patients registered on the kidney transplant list, 1 April 2013 - 31 March 2016



2018-19 Kidney Report

Adult Kidney Only Transplants, 1 April 2011 – 31 March 2021



Taking Organ Transplantation to 2020
A detailed strategy



Living Donor Kidney Transplantation 2020:
A UK Strategy



PSL 58123 - Kidney Transplantation: Consensus
Donor Organ Allocation
Changes to this section
Approved for publication on 11/11/2019

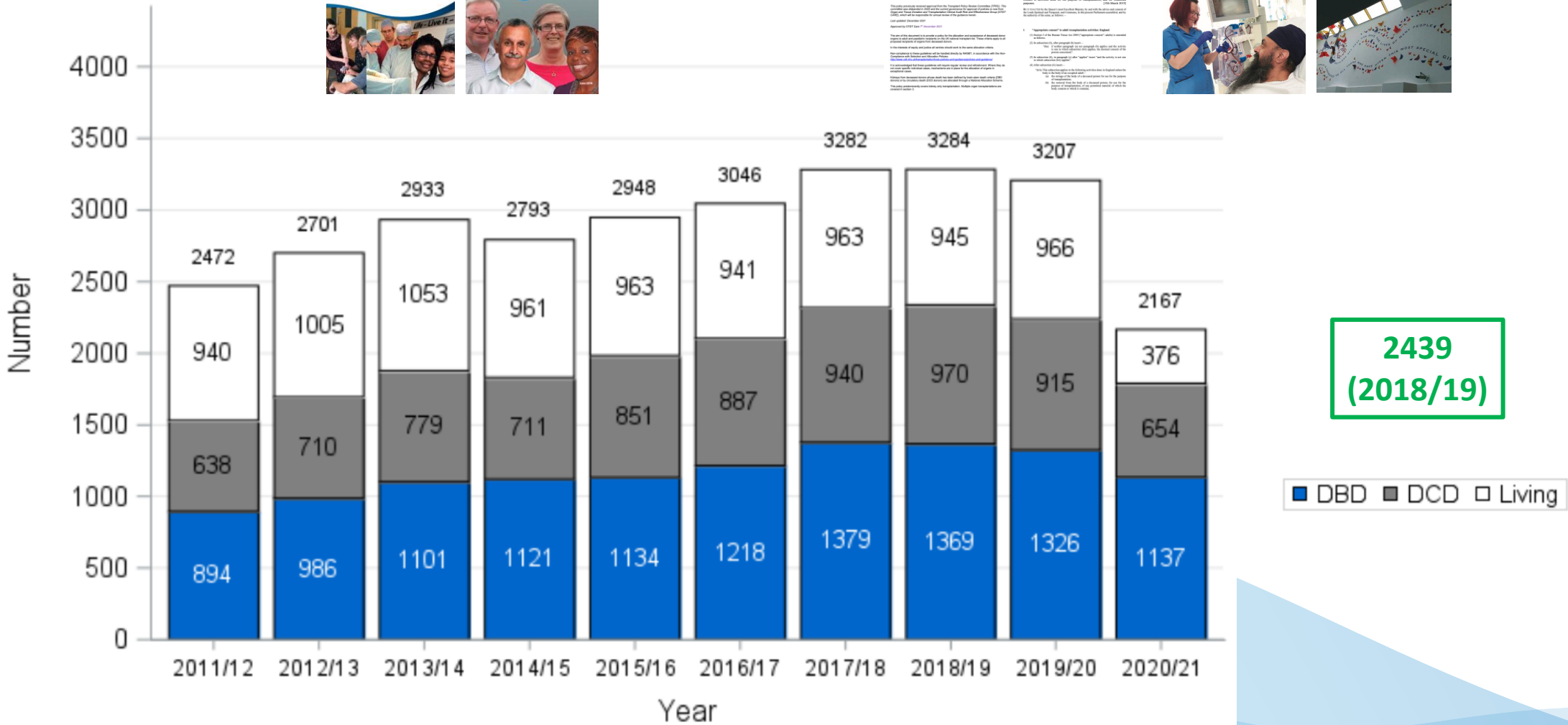
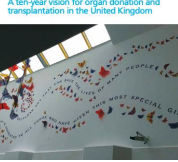


Organ Donation (Deemed
Consent) Act 2019

Renal Medicine
GRTF Programme National Specialty Report

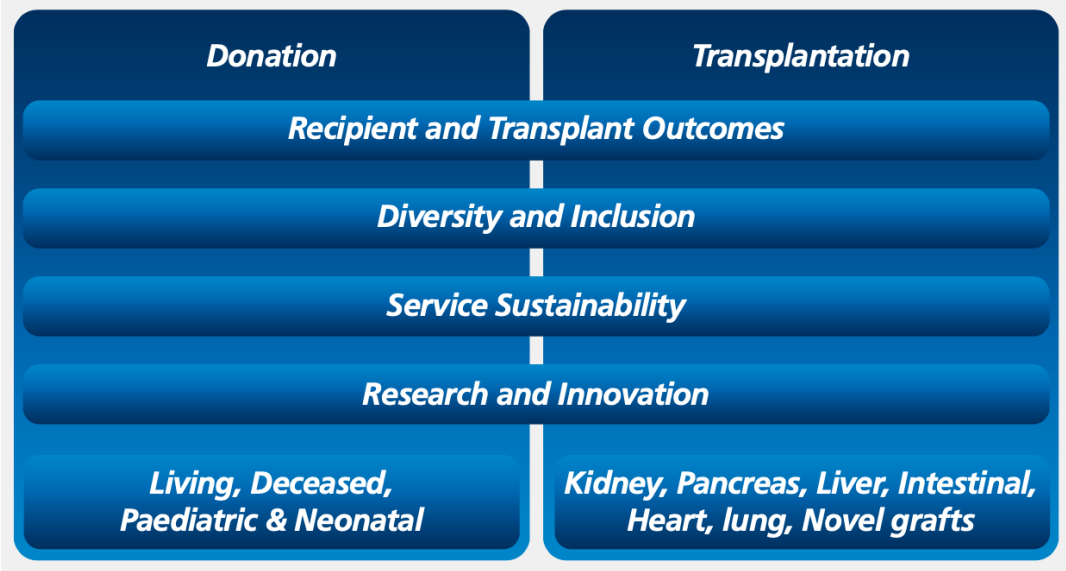


Organ Donation and
Transplantation 2030:
Meeting the Need



Organ Donation and Transplantation 2030: Meeting the Need

A ten-year vision for organ donation and transplantation in the United Kingdom



- 01

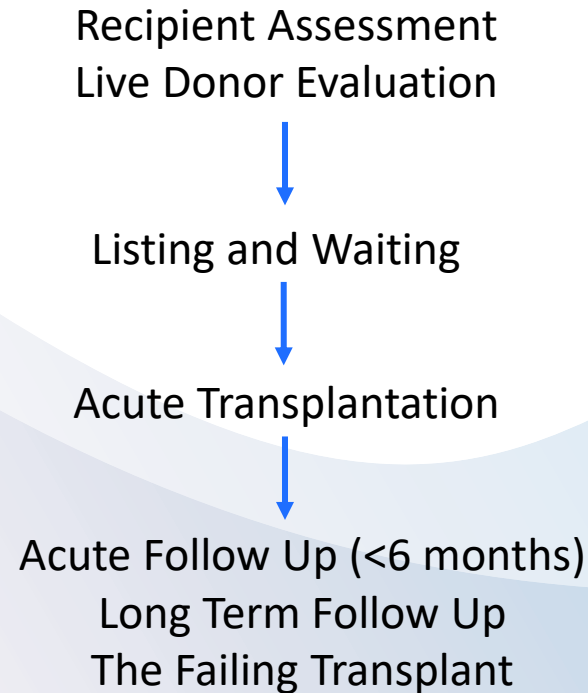
▶ **Address health inequalities** through helping systems and local teams to identify those most at risk of CKD and improving access to care for risk groups.
- 02

▶ **Improve access to transplantation** along with identifying the optimum configuration for renal transplantation and ensures providers (both transplant centres and non transplant centres) operate in collaboration to support mutual aid.
- 06

▶ **Establish revised national quality and performance standards** for renal services to support and strengthen local system working.
- 07

▶ **Establish the optimum pathway** (what good looks like) to understand the effectiveness of renal interventions along the pathway (referral – triage) to ensure every step adds health value and to adopt new innovative ways for o/p appointments, which support shared decision making, and personalised care.

Important Challenges Remain - GIRFT



Renal Medicine

GIRFT Programme National Speciality Report

By Dr Graham Lipkin and Dr William McKane
GIRFT Clinical Leads for Renal Medicine

March 2021



Recommendation	Actions	Owners	Timescale
4. Streamline renal transplant pathways to increase access and reduce unwarranted variation in deceased and living donor (DD and LD) transplantation.	<p>a Discussions to be held in relation to options to improve the renal transplant commissioning pathway, as part of improved system-working. This should include equitable allocation of adequate resource for all steps in the recipient and LD pathways (assessment, surgery, follow-up) to all centres.</p> <p>b Renal National Service Specification (NSS) to require all providers to track patients with progressive CKD 4-5 using the Transplant First tool or local equivalent, to monitor timely work up of transplant candidates and their donors.</p> <p>c Renal centres to have a dedicated specialist nurse transplant workforce.</p> <p>d Renal centres to ensure timely access to diagnostics and specialist opinions needed for transplant assessment.</p> <p>e Work up pathways of recipients and donors to the point of listing to be tracked using an 18-week timeline, which will require clinically appropriate 'clock rules'.</p> <p>f Renal transplant NSS to require effective partnership within transplant networks, including local surgical assessment and representation of the referring team on the listing and LD MDTs.</p> <p>g NICE to develop a national guideline for suitability for transplant listing to be developed which is patient-centred and adopted in a consistent manner across all networks.</p> <p>h Access to transplant listing, organ allocation and LD transplants needs to be equal for patients of all ethnicities and socio-economic groups.</p>	<p>GIRFT/NHSE/I, NHSBT, RSTP, DHSC</p> <p>NHS England Specialised Commissioning</p> <p>Renal trusts</p> <p>Renal trusts</p> <p>NHS England Specialised Commissioning and renal trusts</p> <p>NHS England Specialised Commissioning, RSTP and renal trusts</p> <p>NICE, RA, British Transplantation Society (BTS), NHSBT, renal trusts, kidney patient groups</p> <p>NHS England and NHS Improvement, RSTP, NHSBT</p>	<p>Within 24 months of report publication</p> <p>Within 24 months of report publication</p> <p>Within 12 months of report publication</p> <p>Within 12 months of report publication</p> <p>Within 12 months of report publication</p> <p>Within 12 months of report publication</p> <p>Approach NICE before April 2021</p> <p>Ongoing</p>

Streamline Pathways to Improve Access & Reduce Unwarranted Variation in Deceased & Living Donor Transplantation

Recipient Assessment
Live Donor Evaluation



Listing and Waiting

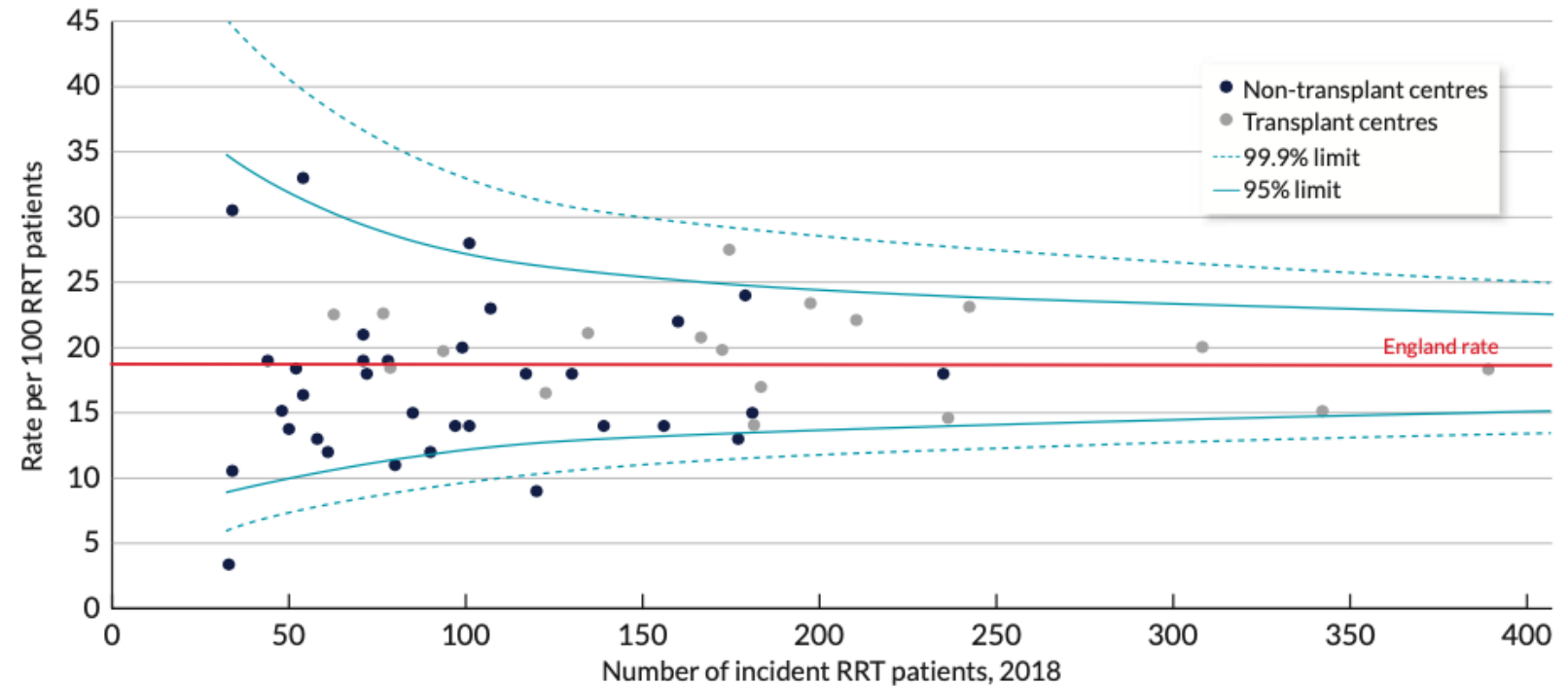


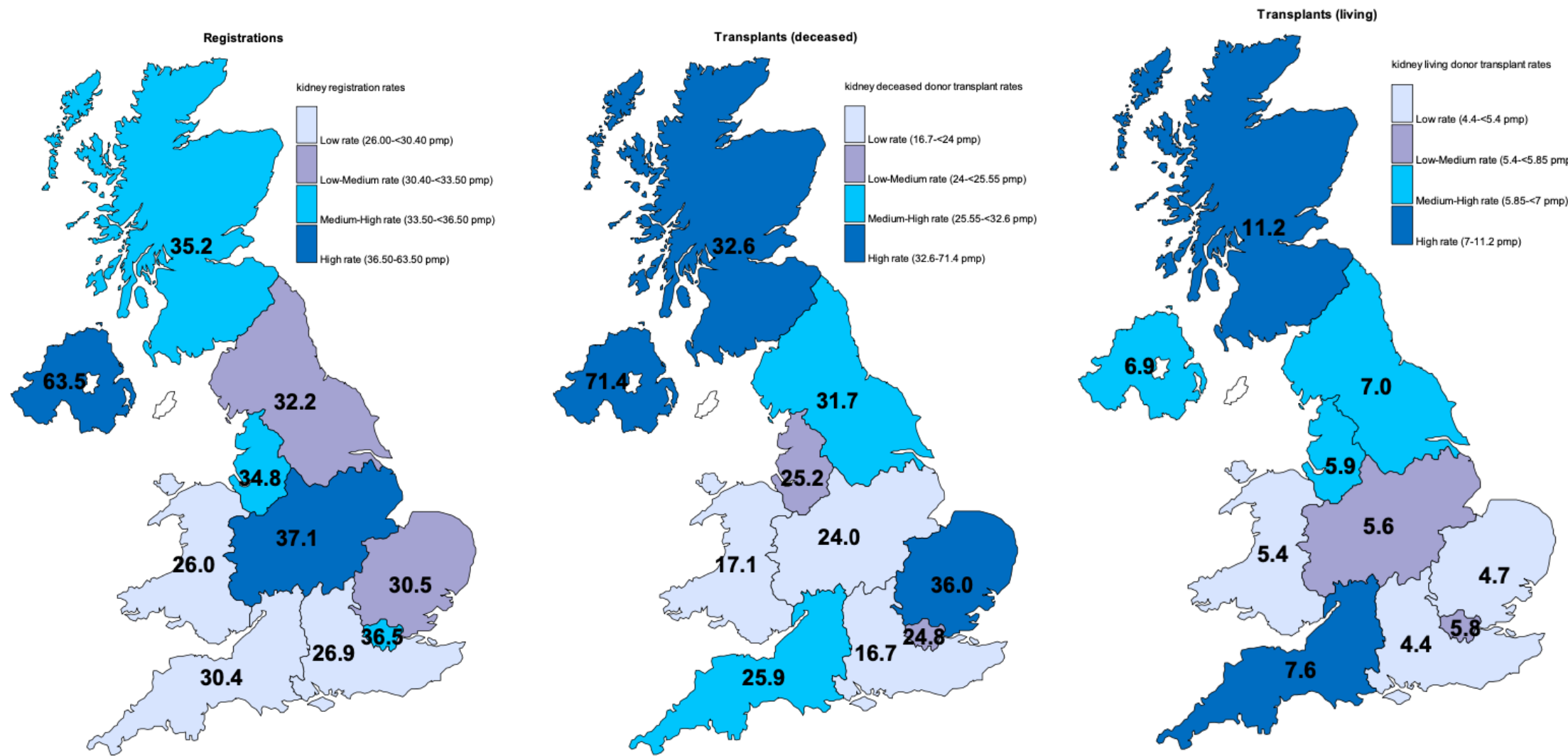
Acute Transplantation



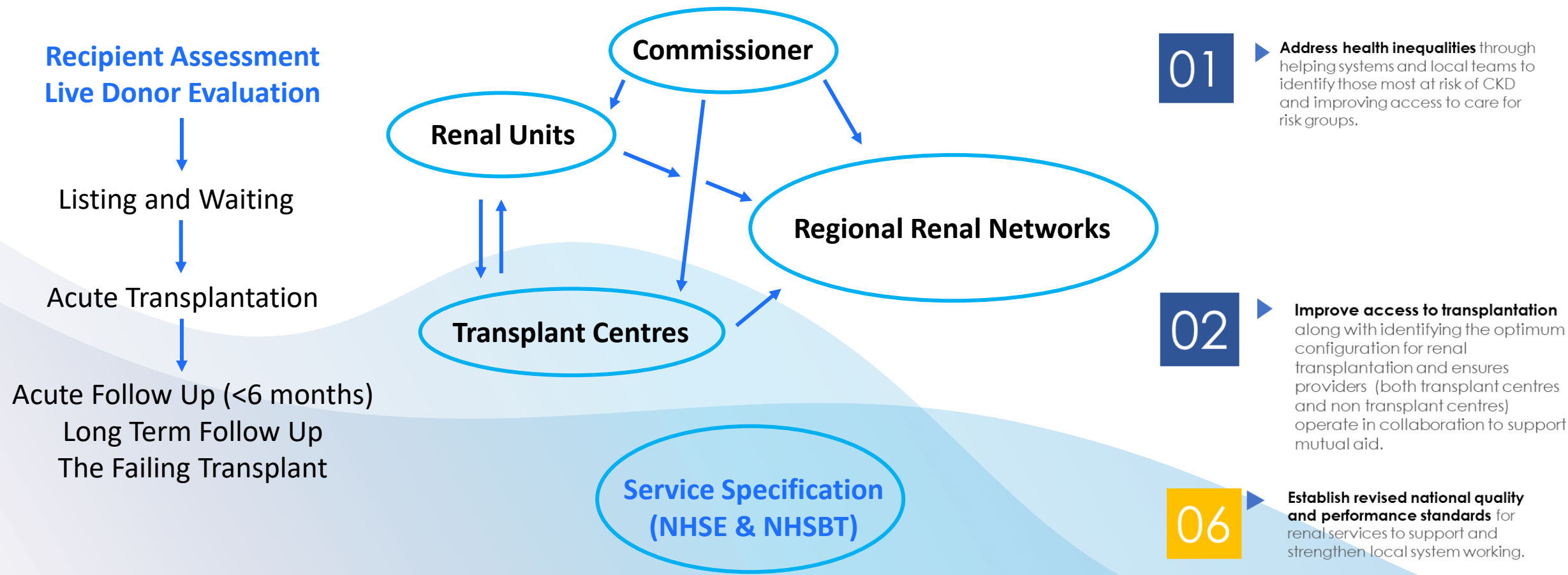
Acute Follow Up (<6 months)
Long Term Follow Up
The Failing Transplant

Figure 8: Adjusted rate of pre-emptive deceased donor listing or living donor transplant





Implementing GIRFT Recommendations



Implementing GIRFT Recommendations



**Recipient Assessment
Live Donor Evaluation**



Listing and Waiting

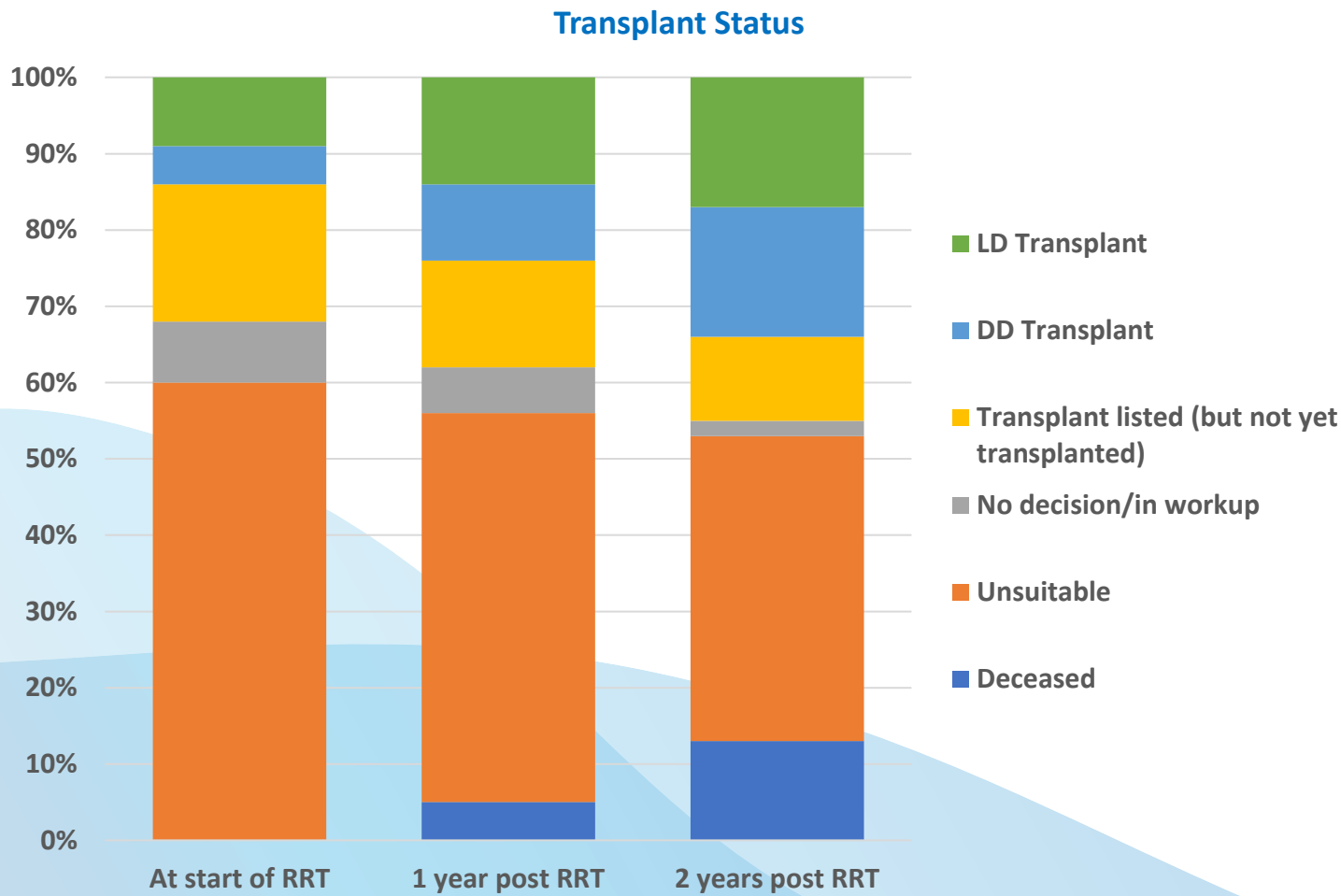
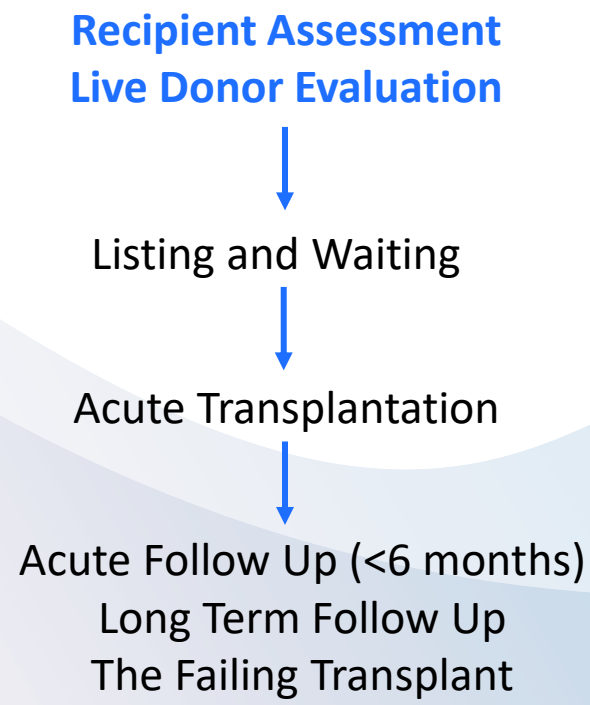


Acute Transplantation



**Acute Follow Up (<6 months)
Long Term Follow Up
The Failing Transplant**

Recommendation	Actions	Owners
1. Establish NHS-funded, regional renal networks to ensure quality and efficiency of care, monitor service effectiveness, embed sustainable kidney care and accountability for service delivery.	a Renal network priorities to reflect the needs of the region and be guided by the RSTP and GIRFT recommendations.	NHS England Specialised Commissioning and accountable commissioners, professional societies and GIRFT
2. Ensure that patients predicted to reach ESKD within 18 months are fully assessed in advanced kidney care services and are offered all possible care options.	a A multiprofessional outpatient tariff or alternative effective commissioning approach to be developed to resource optimal advanced kidney care, encompassing comprehensive multiprofessional input that includes psychosocial care and SDM for all patients.	Accountable commissioners
4. Streamline renal transplant pathways to increase access and reduce unwarranted variation in deceased and living donor (DD and LD) transplantation.	a Discussions to be held in relation to options to improve the renal transplant commissioning pathway, as part of improved system-working. This should include equitable allocation of adequate resource for all steps in the recipient and LD pathways (assessment, surgery, follow-up) to all centres.	GIRFT/NHSE/I, NHSBT, RSTP, DHSC



Domain 2 – Acute Transplantation

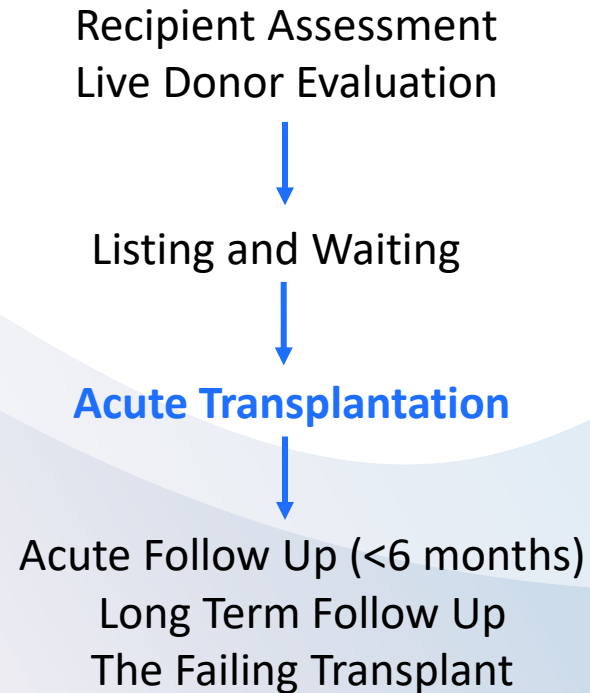


Figure 4.1 Adult standard criteria DBD donor kidney offer decline rates for kidneys that resulted in a transplant, 1 April 2017 and 31 March 2020

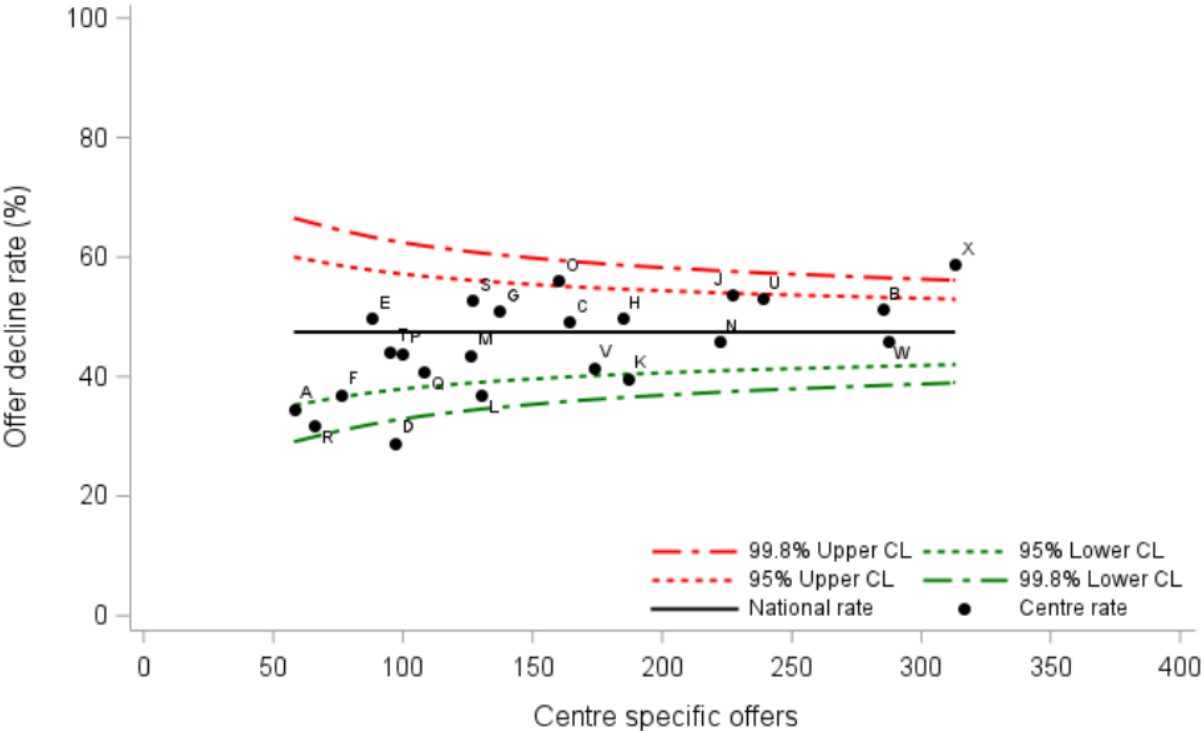
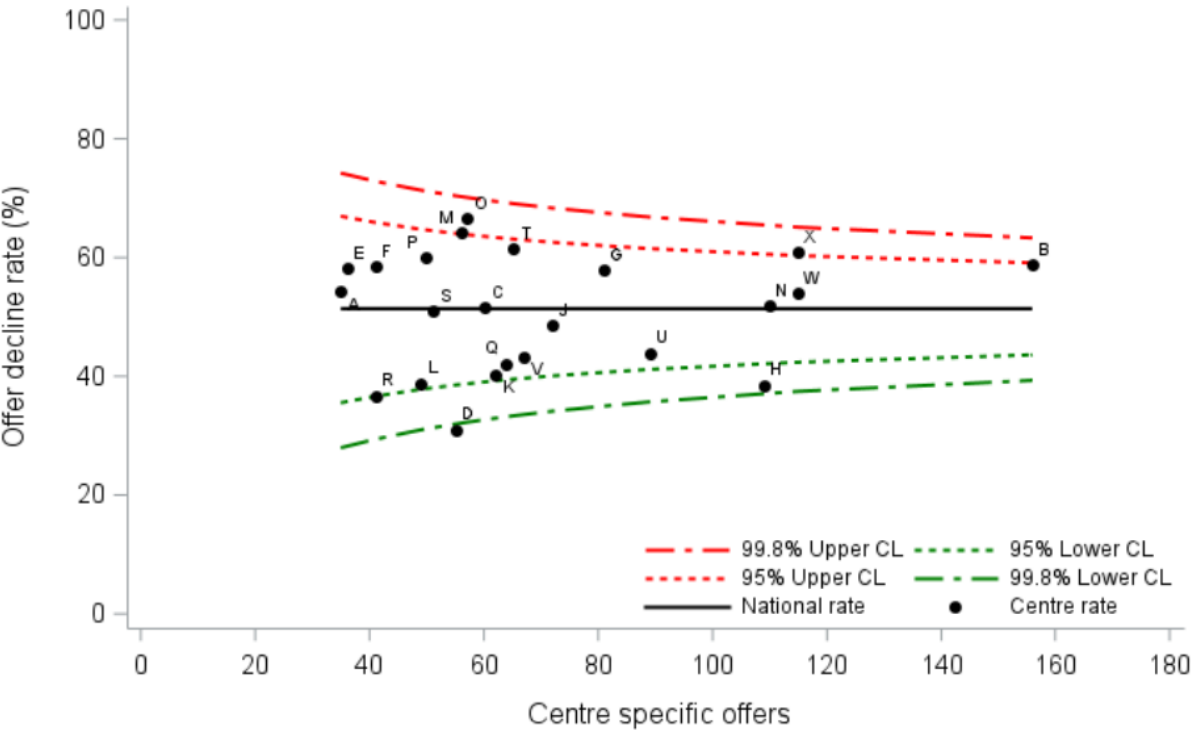
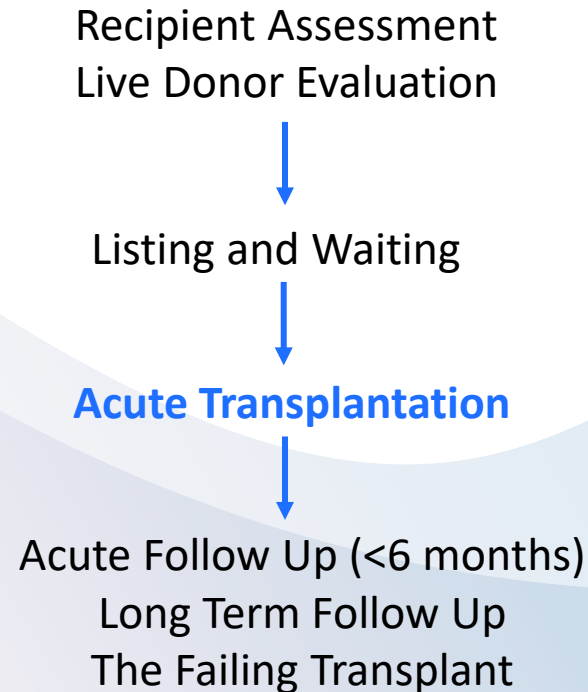


Figure 4.3 Adult standard criteria DCD donor kidney offer decline rates for kidneys that resulted in a transplant, 1 April 2017 and 31 March 2020



Domain 2 – Acute Transplantation: Centre Variation



- **Workforce**
- **Infrastructure - Theatres**
- **Infrastructure – In Patient Facilities**
- **Infrastructure – HDU and ITU Capacity**
- **Resources - Commissioning**
- **Resources – Innovation (perfusion)**
- **Resources - Technology**

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:

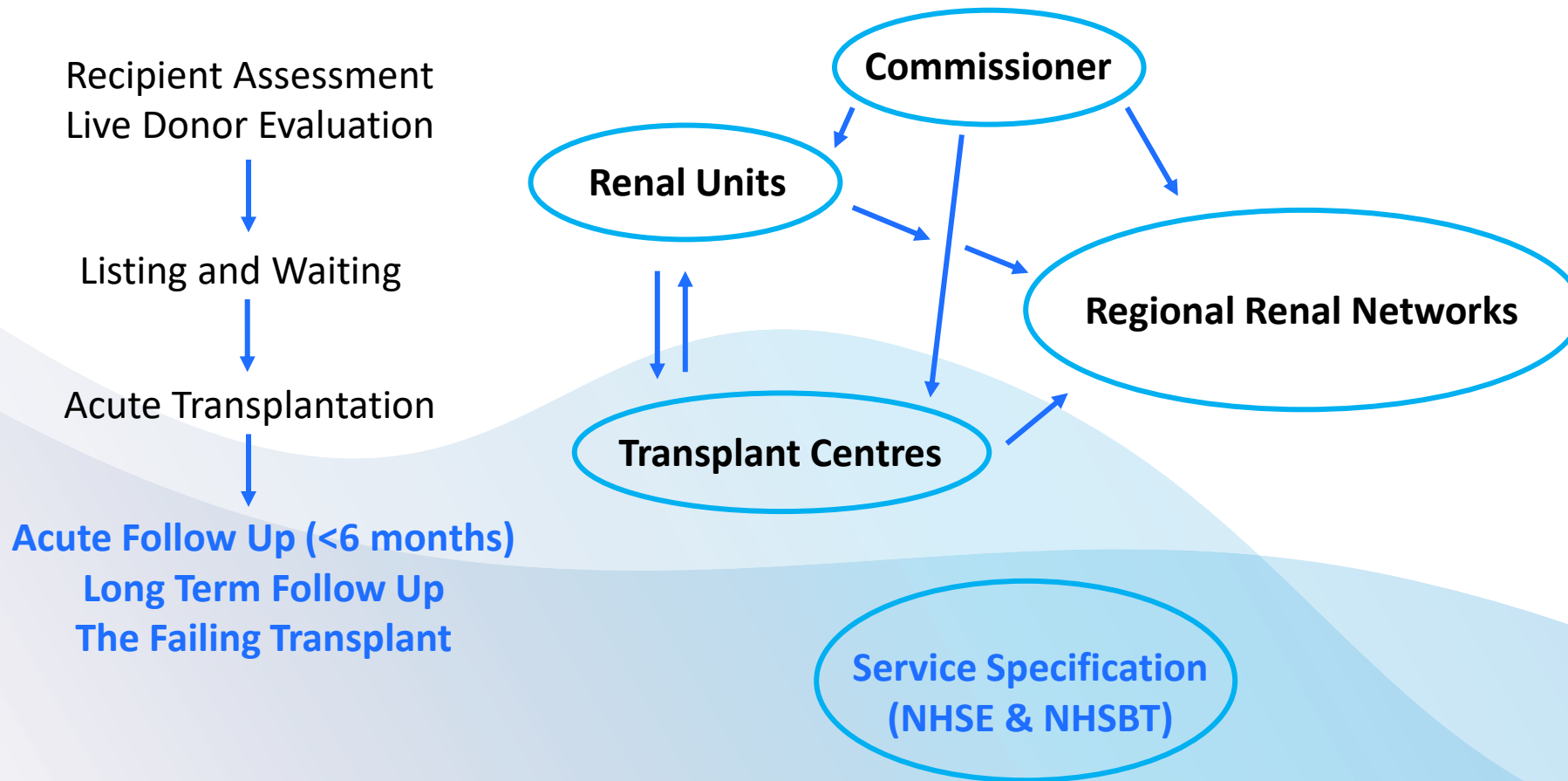
- deliver improvements in the number of organs that are accepted and successfully transplanted for adult and paediatric patients
- optimise the use of the existing skilled workforce, investment and infrastructure
- provide equity of access and patient outcomes
- reduce unwarranted variations in practice
- 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:

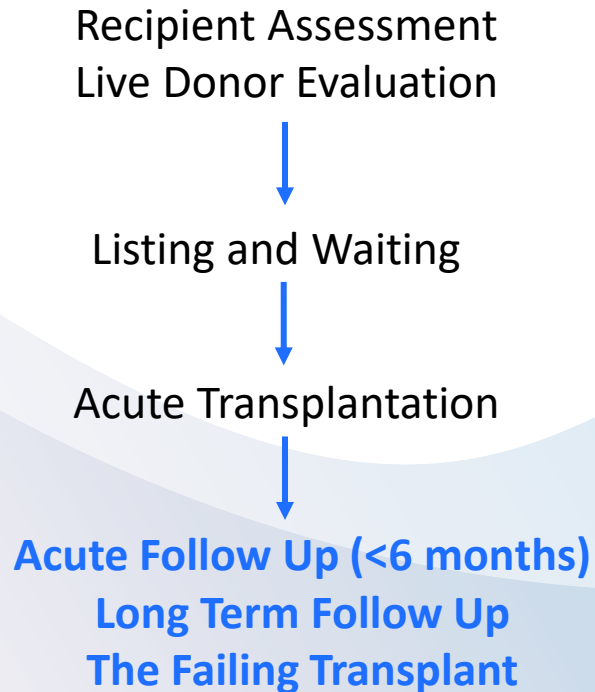
- The root cause of barriers to utilisation at every stage of the donation and transplantation pathway and how these could be addressed
- Future workforce capacity and profile requirements
- How the current funding could be re-purposed to deliver improvements
- Capital investment requirements
- The respective 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.

Domain 3 – Out Patient Follow Up and The Failing Transplant



Domain 3 – Out Patient Follow Up and The Failing Transplant



- **Local Follow Up**
- **Patient – Centered**
- **Outpatient Transformation**
- **Commissioning - Clinics**
- **Commissioning - Medications**
- **Management of Failing Transplants**
- **Data Metrics**

01

- ▶ **Address health inequalities** through helping systems and local teams to identify those most at risk of CKD and improving access to care for risk groups.

06

- ▶ **Establish revised national quality and performance standards** for renal services to support and strengthen local system working.

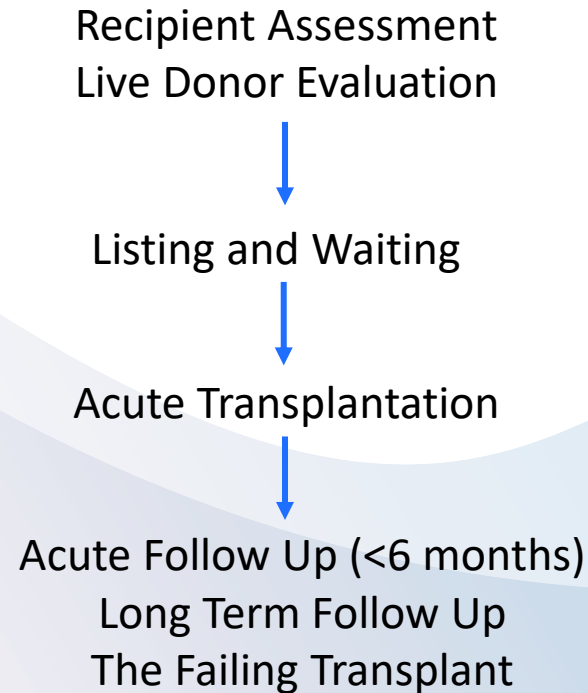
07

- ▶ **Establish the optimum pathway** (what good looks like) to understand the effectiveness of renal interventions along the pathway (referral – triage) to ensure every step adds health value and to adopt new innovative ways for o/p appointments, which support shared decision making, and personalised care.

08

- ▶ **Improve the psycho-social health** (PH) of patients through establishing co-located PH support and strengthening social support. Help enable patients to travel out of their local area through the commissioning of away from home dialysis.

How Are We Going to Achieve Transformation ?



- **National Service Specification – WHOLE pathway**
- **Nationally Applicable Commissioning**
 - Transplant Assessment
 - Acute Transplantation
 - Follow Up
 - Innovation
 - Psychosocial and supportive care
- **Relevant and Useful Data and Dashboards**
- **Toolkits**
- **Coordination Across Transplantation**
 - NHSBT / OUG / NHSE / Networks / Patient Groups
 - BTS / UKKA / NICE Guidelines

How Are We Going to Achieve Transformation ?

Transplant Workstream

- Adam Barlow
- Sandra Cruikshank
- Deborah Duval
- Reza Motallebzadeh
- Sarah Perkins
- John Roberts
- Kerry Tomlinson
- Nick Torpey
- Suzanne Whitehead
- Alun Williams

