

Framework for new centres to start/restart ANRP

Background

The use of Abdominal ANRP has developed over several years, beginning as a service evaluation in Cambridge and Edinburgh in 2015. At this time funding was made available by NHSBT and passed to Edinburgh to fund consumables utilised as part of the service evaluation.

Following the service evaluation, and the positive outcomes on livers and other abdominal organs that had been observed, a Business Case was developed in 2018. This work was led by NHSBT in conjunction with clinicians from Cambridge and Edinburgh and DH Health Economists, with a view to securing substantive funding for a UK wide roll out. Unfortunately, the long-term funding was not agreed.

NHSBT has continued to provide limited funding to enable the Cambridge and Edinburgh service evaluation to continue, to support continued development of an evidence base. In parallel there has been continued discussion regarding substantive financial support. Wales, Scotland and Northern Ireland have agreed to provide their share to support ANRP but without the DHSC element of funding a UK wide roll out cannot be realised. As at 2021/22 there is no commitment of substantive funding to support ANRP, but a revised business case has been submitted to the UK Health Departments

In 2020 an ANRP Steering Group was established, chaired by Chris Watson. The group identified the following purpose and scope as part of its terms of reference:

- Review, refresh and enhance the 2018 business case to support continued funding discussions.
- Provide management and oversight for the safe and effective delivery of A-NRP services in line with available funding commitment.
- Monitor the financial governance of funds allocated to support A-NRP.

Funding

As there is no nationally agreed substantive funding at this time centres must agree funding to support the additional staff required, including training of the staff and any mentoring support required, as well as any capital expenditure from within their own trust.

NHSBT will continue to fund one vehicle to transport a NORS team, outside of the COVID restrictions.

Support for consumables is available from the remaining service evaluation fund held by Edinburgh. This is available until the fund has been fully utilised. It can be used to cover the following:

- Disposable perfusion circuit
- Arterial and venous cannulas
- Piccolo biochemistry cartridges (5 per case)

It is accepted that the perfusion circuit will be opened before withdrawal of treatment and will thus be used even if the potential DCD donor fails to become an actual donor. Cannulas and biochemistry cartridges cannot be claimed in this case.

Invoices from centres will be claimed monthly from Edinburgh and once that source of funding has been fully utilised it will fall to the individual Trust to fund the ongoing consumables.

At the start of a new programme mentoring will be required from an experienced centre. The cost of supporting this mentoring **must be borne by the new centre**, and would be expected to include:

- Provision of transport of the mentor to and from the donor hospital
- Reimbursement of time spent mentoring, assuming the mentor is not on call. A typical rate, used previously for mentors in the DCD heart programme, was £87/hour

An agreement to support the provision of mentoring in this way is a condition for being reimbursed for the cost of consumables used in undertaking A-NRP.

Procedure for centres wishing to start or restart ANRP

In order to ensure there is consistency of process and adequate governance regarding the use of ANRP across the UK the following framework should be followed.

Centres wishing to start/restart the use of ANRP will have an initial telcon with members of the Steering Group to discuss and agree the steps to be taken by the centre regarding:

- Equipment to be used
- The training required for a surgeon to reach levels of agreed competence - what training is required, for whom, by whom
- Provision of any proctoring support that may be required to support the training of surgeons
- The governance around safe use of ANRP, including surgeon and perfusion practitioner competence sign off and any initial restrictions for teams (e.g., kidney only donors)
- The familiarisation and use of agreed national protocols for ANRP procedures, including the ongoing evaluation of the liver during ANRP
- The familiarisation and use of agreed protocols where DCD heart/lungs are also involved
- The familiarisation and use of the agreed national passport to capture relevant and necessary data to accompany the organs that have been perfused during the ANRP procedure
- Consent guidelines for recipients where organs have been perfused using ANRP

- NHSBT operational support regarding HUB/SNOD region training and transport
- A start date will be agreed between the centre and the steering group representatives

Chris Watson

Chair, A-NRP implementation group

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