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**LAG
ANRP Update
November 2021**

Background

- Original business case for substantive funding for UK wide use of ANRP submitted to UK Health Departments in 2018/19. Support from devolved nations but no full commitment to fund.
- Steering Group set up by NHSBT in November 2020 (chaired by Chris Watson) to provide oversight, structure and governance around development and use of ANRP, with an additional remit to revise and resubmit the business case.
- Key outcomes of Steering Group
 - Revised business case submitted to the UK Health Departments current spending review – awaiting outcome
 - National NHSBT SNOD/Hub Operations operating procedures
 - National clinical protocols, including ANRP with cardio team (see attached/ODT microsite)
 - Draft organ passport to travel with all abdominal organs when ANRP is used (see attached/ODT microsite)
 - ANRP Structure, Training and Competency Guide (see attached/ODT microsite)
 - Framework to provide support for new centres wanting to start using ANRP (see attached/ODT microsite)

[ODT microsite location Policies and NORS reports - ODT Clinical - NHS Blood and Transplant](#)

ANRP Business Case 2021



Blood and Transplant


- Based on service evaluation undertaken by Edinburgh/Cambridge
 - Statistical data collected and analysed to inform the business case spans 8 years
 - Recommended approach is to bolt on to exiting NORS team - 1 additional staff member to support the technology
 - Supports UK wide access to improved quality abdominal organs
 - Provides a robust mechanism to deliver ANRP
 - Removes health inequalities that are driven by centres progressing independent ANRP programme
 - Predicted to increase the number of liver transplants by 158 per year
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- ANRP perfuses all of the abdominal organs at the same time, differs from Machine Perfusion which treats one organ at a time
- Initially thought to only benefit the liver but there is also improved kidney function – expected to extend dialysis free life post transplant by 3.2 years
- Reduces the urgency of retrieving DCD abdominal organs and lowers organ damage
- Increases the confidence to accept DCD organs (including from more marginal/older donors) which leads to increased organs utilisation from existing donors. Under the service evaluation Transplants increased:
 - From 34% to 63% of offered livers
 - From 84% to 91% of offered kidneys
 - From 21% to 34% of offered pancreases

Outcomes



Blood and Transplant

- Improves DCD organs ability to tolerate cold storage for transport leading to improved transplant outcomes (Graft Survival at 1 year from 88% to 95%)
 - Reduces post transplant complications (biliary complications from 40% to 7%)
 - Reduces re-transplants (relisted recipients from 10% to 2%)
 - Wider positive impact on the NHS freeing up ICU beds
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- Current use of ANRP is not UK wide and is not sustainable without full funding
 - Centres starting an independent ANRP programme is leading to greater health inequalities
 - There is currently no identified funding past Mar 2022 but included in the Spending Review Submission
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