

**NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION**

**THE FORTY FIRST MEETING OF THE KIDNEY ADVISORY GROUP
ON 4th OCTOBER 2022 09:00AM
MICROSOFT TEAMS**

ATTENDEES:

Rommel Ravanan	RR	Chair, Kidney Group Advisory / Southmead Hospital
John Asher	JA	Glasgow Representative
Richard Baker	RBa	AMD - Governance, NHSBT
Lydia Ball	LB	Specialise Commissioning NHSE
Victoria Banwell	VB	Surgical Trainee Representative
Adam Barlow	AB	Leeds Representative
Richard Battle	RB	BHSI Rep and National H & I Manager
Stephen Bond	SB	Recipient Co-ordinator Representative
Kathryn Brady	KB	Recipient Coordinator Representative
Lisa Burnapp	LB	AMD - Living Donation and Transplantation, NHSBT
Chris Callaghan	CC	AMD - Organ Utilisation, NHSBT
Joanna Chalker	JC	Clinical Lead for Transplantation West London Renal and Transplant Care
Andrew Connor	AC	Plymouth Representative
Aisling Courtney	ACY	Northern Ireland Representative
Frank Dor	FD	Deputy Chair and Imperial & Oxford Representative
Jack Galliford	JG	Bristol Representative
Anushka Govias-Smith	AGS	Programme Manager for NSD Scotland
Abbas Ghazanfar	AG	St Georges Representative
David Game	DG	Consultant Nephrologist, GUYS
George Greenhall	GG	Observer, NHSBT
Heidy Hendra	HH	Nephrology Trainee Representative
Katrin Jones	KJ	Newcastle Representative
Lazarus Karamadoukis	LK	Non-Transplanting Renal Representative
Derek Manas	DM	Medical Director - OTDT
Phil Mason	PM	Renal Association Representative
Sanjay Mehra	SM	Liverpool Representative
Pramod Nagaraja	PN	Cardiff Representative
Ravi Pararajasingam	RP	Sheffield Representative
Gavin Pettigrew	GP	RINTAG Chair
Laftsidis Prodromos	LP	Portsmouth Representative
Paul Phelan	PP	Edinburgh Representative
Tracey Rees	TR	Chief Scientific Officer - OTDT
Matthew Robb	MR	Statistics & Clinical Research, NHSBT
John Stoves	JS	Bradford Representative
Cinzia Sammartino	CS	Royal London Representative
Susan Spence	SS	CTM UHB - Welsh Health Specialised Services Committee
Nick Torpey	NT	Renal Services Transformation Programme
Ines Ushiro-Lumb	IUL	Lead Clinical Microbiologist - NHSBT
Steven White	SW	Chair of Pancreas Advisory Group

IN ATTENDANCE

Alicia Jakeman AJ Clinical Support Services, NHSBT

APOLOGIES

David Van Dellen, Dela Idowu, Gareth Jones, Debabrata Roy, Amer Safdar

ITEM		ACTION
1	<p>Declarations of interest in relation to agenda <i>Please note that it is the policy of NHSBT to publish all papers on the website unless the papers include patient identifiable information, preliminary or unconfirmed data, confidential and commercial information or will preclude publication in a peer-reviewed professional journal. Authors of such papers should indicate whether their paper falls into these categories.</i></p>	
2	<p>Minutes of the meeting held on 7th July 2022 - KAG(M)(22)02</p>	
	<p>2.1 Accuracy The minutes were agreed as a true and accurate record and ratified.</p>	
	<p>2.2 Action points - KAG(AP)(22)02 AP1. Transplant MDT workforce survey All 23 centres have responded, looking at the raw data, with a discussion paper planned for January 2023 KAG meeting.</p> <p>R Battle to present analysis on BHSI data in this meeting.</p> <p>AP2. Medical Director's Report All 4 UK Commissioners and R Ramanan have met to discuss Imlifidase implementation and made a plan for experts to write a clinical guidance policy, the first meeting is scheduled this week.</p> <p>Commissioners are aiming for a national clinical panel to authorise individual requests during the first year to help optimise learning on best way to use this drug. NHSBT have been facilitating creation and running of national expert group to write guidance document. L Ball advised that NHSE have agreed the national MDT approach and all 4 commissioners working towards facilitating options keeping with NICE 90-day implementation deadline. S Spence (for Wales), A Govias-Smith (for Scotland) and A Courtney (on behalf of NI commissioners) advised on plans within respective jurisdictions, including practicalities such as transport and CIT (eg; flights to Belfast). Further comments from attendees on issues such as transport and agreed to wait for draft recommendations to be produced by expert group</p> <p>AP4. Review of fast-track trigger thresholds J Whitney informed the Group that these are not live yet due to staffing issues in Hub. J Whitney advised that they are aiming for 24th October 2022 for go-live.</p>	
	<p>2.3 Matters arising, not separately identified There were no matters brought forward for discussion.</p>	
3	<p>Medical Director's Report</p>	
	<p>D Manas advised that Alex Manara has retired and replacements are being appointed. OTAG Chair vacancy is being advertised currently. Funding has been difficult this year and that all AG Chairs are aware of funding issue. Only one meeting per year should be face-to-face. OUG update - will go to the new Secretary of State soon, with no further news expected until November 2022. All recommendations have now been completed with NHSBT being involved in a lot of the implementation. The AMDs will be heading up some workstreams with Clinician support. CLU update - local funding has been lost and won't be reinstated. A lot of CLUs have agreed to continue on a voluntary basis as this is an important role. Utilisation has increased by 9.8%. The Lead CLU will continue to be funded by NHSBT. ARCs – Pending OUG sign-off plans continue for developing ARCs; prioritising lung and liver in the first instance. The use of OrganOx will feed into decision</p>	

	<p>making around ARCs + also being reviewed by NICE. CUSUMs - There are none open currently. Retrieval - The Retrieval service is experiencing issues workforce and logistics (flights availability) and the service will be undergo review soon. Consent - The consent rate is low, not where we'd like to be with opt out and actually lower than expected. Opt out in Northern Ireland has been put on hold, largely because absence of power sharing agreement.</p> <p>R Ravanan confirmed that the vaccine efficacy data up to 31 March 2022 shows more vaccines equals more protection. He has asked all centres to recommend the Autumn booster to their patients. RC to present on this topic later in the meeting.</p>	
	<p>3.1 ODT Hub update J Whitney advised that they have lost a third of the Hub workforce. J Whitney shared the dashboard data for August for information, data shows breakdown of those centres who meet guidance and respond to an offer from Hub within 45 minutes. The national average is 60%.</p>	
	<p>3.2 HTA B Forms J Whitney shared August's offer time compliance and form completion data, with JW confirming that this will be shared monthly. Follow-up forms must be completed at 3 and 12 months, form completion aids completion of the annual reports.</p>	
4	BSHI workforce survey & draft recommendations for antibody assessment	
	<p>R Battle gave a verbal summary of slides previously shared with the group. The survey looked at the whole H&I workforce. 18 out of 24 labs contacted, responded and included all grades of staff working in H&I. On average there was one WTE per 13 patients active on the list, across centres. 5 out of 18 labs raised concerns that their on-call service had resilience concerns. There are on average 1.3 consultant scientists in each lab across the UK, with some labs having only one. R Battle confirmed when a centre can't provide an on-call service there is a contingency arrangement that an adjacent centre will cover this.</p> <p>R Battle advised that the draft antibody guidelines are currently under clinical review, after this, the process will be to compile all the solid organ transplant guideline types into one report, which will go out on full consultation via the BTS website. The ambition is to have those available for consultation by the end of the year.</p>	
5	Suspended patients – deep-dive - KAG(22)18	
	<p>M Robb presented the data on the active and suspended patients, with suspended numbers increased to 3440 at the end of the last financial year. M Robb reminded members of the Policy, with waiting time determined as start of dialysis or first date of active listing, whichever came first. 24% of suspended recipients in 2022 have been suspended for more than two years and 5% been suspended for more than five years, an increase on the data from 2017. The outcomes of those patients suspended in the first wave of the pandemic and not yet re-activated, was opened up for discussion, with recommendations being made in the paper. Members agreed with R Baker's comments regarding long-term suspended patients, that patients shouldn't be suspended immediately after being activated.</p> <p>There was also agreement that Units need to look at their lists regularly and that pre-dialysis patients who are activated and then suspended soon after should have a ceiling of 180 days waiting time points. M Robb will provide a list of patients suspended for more than one year as on 31st of August to Centre Leads to use as a master list to review.</p> <p>M Robb to request this as an IT change to help enforce the 180-day rule as</p>	M Robb

	above, and once this is ready to go live, the policy will be reviewed accordingly. Guidance will be published on the NHSBT website.	M Robb
6	Vaccine effectiveness update	
	R Curtis shared her slides, highlighting promising results for vaccine efficacy with more doses = more protection.	
7	Live donor update	
	<p>L Burnapp provided a verbal update and thanked Centres for returning data and shared the successful news of the UKLKSS conversion rate to transplantation was over 80% in the last 2 matching runs.</p> <p>Digital transformation that will underpin the kidney sharing scheme, will be released in two phases over the next few months. By July 2023, the digital system should be in place.</p> <p>National focal point data collection for travel for transplantation is now due. Process to identify and communicate illicit activity information for health professionals is being developed. She asked if any further information is required to contact her or M Robb.</p> <p>The LDLT project is still going ahead and a new enhanced recovery after surgery for kidney recipients and living donors project has just started.</p> <p>A memorandum of understanding that outlines how the UK might join with kidney exchange programmes from other countries will be developed, to be presented as a proposal for consideration at summer 2023 KAG meeting.</p>	
8	eGFR calculation amendment - KAG(22)19	
	<p>This paper was shared in advance of the meeting. eGFR is used in the kidney donor risk calculation. RC advised of two new options that don't include an ethnicity adjustment, with a different approach for paediatrics. NICE Guidance recommends option 2, CKD-EPI, there are other studies that compare the different calculations, asking the group to consider her recommendations to remove the ethnicity adjustments.</p> <p>The group agree to remove ethnicity adjustment from eGFR calculation and consider the CKD EPI formula when it is reviewed. This IT change will be requested, acknowledging that it may take time to put in place</p> <p><i>Post-meeting note; NHSBT will remove ethnicity as soon as is possible with IT. The equation will remain as MDRD, removing the ethnicity adjustment. There will then be a larger piece of work to change to CKD-EPI in future and assess whether eGFR is still a relative risk-factor in the KDRI calculation.</i></p> <p>For recipient reporting, Stats will facilitate this from April 2023 onwards.</p>	R Curtis
9	Governance update - KAG(22)20	
	<p>R Baker gave a verbal update following the report being circulated to members. He highlighted a case donor transmitted cancer, with fatal consequences.</p> <p>There is a serious incident under review currently, where an organ donor was incorrectly typed due to a massive blood transfusion. R Ravanan highlighted to use this as a learning exercise for donors having had a massive blood transfusion.</p>	
10	KAG Paediatric Sub-Group update	
	A Williams updated paediatric dialysis capacity issue seems to be improving slightly. Dialysis capacity data is being monitored monthly. There were 20% more live donor transplants in 2021-2022. A Williams commented on concerns within the paediatric clinical teams on the offering scheme, despite there being no statistical evidence of CYP being disadvantaged. Further discussion will take place at KAGPSG next week.	

	RR updated that discussions are being held by Commissioners for CYP to access Imlifidase and at least in NHS E territory governance process for allowing access to post-pubescent CYP will be enabled.	
11	Patient Representative/Lay Member update	
	There was no patient/lay member representation at the meeting, having received apologies. R Ramanan asked for feedback from A Wrigley as Lay Member for KAG. A Wrigley advised the Group that he has only attended two meetings but is very impressed by the level of detail, knowledge, insight and discussion.	
12	PAG Update	
	S White gave an overview of SPK waiting lists, currently 278 patients on the waiting list, was 250 pre-pandemic. Manchester's waiting listed has increased from 50-60 to 100. The pancreas risk communication tool is up and running and he encourages everyone to use it. There are no open CUSUM triggers. One year graft survival for both DCD and DBD is excellent. The fast track offering scheme has now changed with the CIT time trigger reduced to four hours. N Torpey queried that for SPK patients their waiting list start time is not put back to the start of dialysis. SW to review off-line with stats teams. <i>Post meeting feedback- Modelling work undertaken by PAG confirmed significant dis-advantage for PTA patients if back dating to start date for dialysis is used for SPK recipients. Based on this, PAG had concluded not to have same protocol for SPK recipients.</i>	
13	CLU Update	
	Nick Inston was not present at the meeting to provide an update.	
14	Feedback from non-transplanting reps.	
	J Stoves discussed the workforce survey for non-transplanting centres. It was agreed to identify membership of the working group, including MDT members, and this working group will produce a survey that we can be deployed to the non-transplanting centres, after testing. JS confirmed the non-transplanting unit network will be communicated re the possible offer of SARS-CoV-2 positive donors (as per item 16 below) FAO of centres involved in organ acceptance decisions.	
15	Feedback from trainee reps.	
	V Banwell & H Hendra updated that they will be meeting with R Ramanan, to plan the data analysis on the workforce survey data to be presented in the next KAG meeting, in January 2023.	
16	Organ offers from SARS-CoV-2 positive donors	
	I Ushiro-Lumb provided a verbal update to the members on the offering of organs from SARS-CoV-2 positive donors which will be formally updated in version 5 of POL304 for publication soon. The current policy states that there will be virological efforts to try and interpret the point of infection through the risk assessment form. Many of the donors are presenting with an incidental positive result, these organs will continue to be offered. Of the 145 recipients, 79 kidneys, 11 SPK and 35 livers, follow-up showed no flags and the recipients have not tested positive for SARS-CoV-2 within 14 days of transplantation. The outcomes of the recipients will be published shortly. L Burnapp asked for information on living donors, I Ushiro-Lumb confirmed that the new policy will allow flexibility on a case by case basis.	
17	Any Other Business	

	R Curtis has worked in the kidney Stats team for 3 years and has been seconded to another role within NHSBT for a fixed-term one-year period, leaving Stats in December 2022. RR acknowledged and thanked RC for all her help/support on behalf of KAG.	
18	FOR INFORMATION	
	18.1 QUOD Report - KAG(22)21	
	18.2 PAG minutes - KAG(22)22	
	18.3 UKLKSS Quarterly Performance Figures - KAG(22)23	
	18.4 BSHI PAG WFP summary slides - KAG(22)24	