A COMMISSIONING SUCCESS STORY Michael Speight

10th May 2023

The challenge

The MDT workforce was stretched

 There was no designated individual to see potential live kidney donors

The live donor assessment process was fragmented

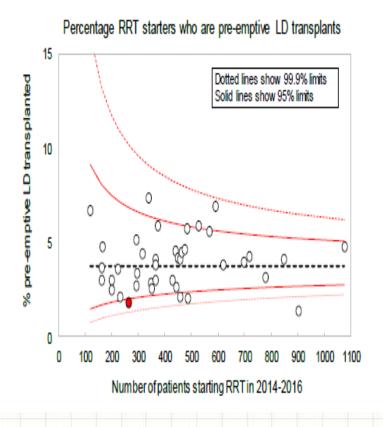


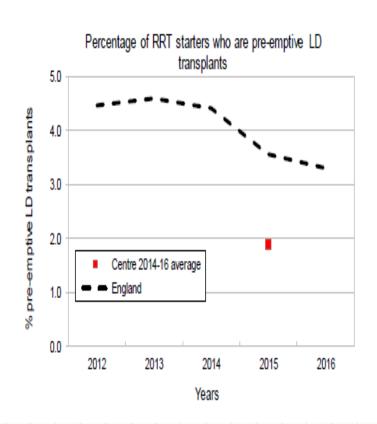
The case for a dedicated live donor coordinator – building a coalition

- Calling in the cavalry
 - Collating local, regional and national activity metrics
 - NHSBT/BTS
 - Nation BAME Transplant Alliance/ NKF
 - UK Living Donor Network
 - Regional centre MDT colleagues
 - Bradford Renal GIRFT
 - Kidney Care UK
- Live donor workforce planning calculator
 - Lisa Burnapp
- Business Case
 - Metrics 'top down' and 'bottom up'
 - A grand coalition collating the messages of support
 - 'Invest to save' emphasis (ICHD activity)
 - Lobbying the final arbiters (Executive, CMO, Finance)
- 'A good case, but there is no available funding at present!'
 - Perseverance (not taking 'no' for an answer!)

Key Metrics

ltem	Metric	Source and year of current report	Provider	England	Position	Variation chart	
6.2.4	RRT starters who are pre-emptive LD transplants (%)	UKRR 2014 - 2016	1.9%	3.8%	39 of 40		





Key Metrics

Figure 2.6 Adult living donor pre-emptive transplant rates by renal unit, 1 April 2014 - 31 March 2017 70 60 53 40 Percent 20 10 Renal unit

ATTOM

- The Access To Transplantation and Transplant Outcome Measures (ATTOM) study has highlighted the inequity of access to living donor transplantation for adults in the UK.
- Regional and socioeconomic differences are observed, and there is an apparent advantage associated with being married and/or white and/or an educated homeowner.
- Of particular note is that Black, Asian and minority ethnic (BAME) groups are overrepresented on the national transplant waiting list, so there needs to be a reduction in the inequity of access to transplantation for this cohort.

Living Donor Kidney Transplantation 2020:

A UK Strategy

2. NHSBT, commissioners and clinicians will ensure that appropriate infrastructure, systems and processes are in place to maximise the number of transplants achieved from all suitable living kidney donors.

National Kidney Federation –All Party Parliamentary Kidney Group Transplantation Manifesto 2017

Recommendation 3

- 3(a) That NHSE establishes a benchmark for completing the "work up" process for all potential living donors and includes a financial incentive for hospitals in the new tariff, for every case completed within 16 weeks.
- 3(b) That NHSE, working in partnership with the Renal Services Clinical Reference Group, reviews the current specification for living donation with a view to highlighting the importance of employing sufficient LDCs by hospitals.
- 3(c) That NHSBT and NHSE publish information about hospitals which do not employ sufficient LDCs so that patient groups and others can support renal managers in hospitals in submitting their requests to Trust management.

NHSBT Living Donor Coordination Workforce Calculator Tools and resources - ODT Clinical - NHS Blood and Transplant

Bradford and Airedale					
Complexity of Site					
Size of Programme					
Number of Standard Living Donations per year (adult and paediatric recipients)					
Number of Complex Living Donations per year (adult and paediatric recipients)					
Number of Referring Nephrology Centres (for transplanting centres only)					

Resul	ts
Site WTE Required	0.00
Clinical WTE Required	0.00
Clinical Coordination WTE	0.00
Clinical Support WTE	0.00
Administration WTE	0.00
Organisational WTE Required	0.00

For each of the following tasks carried out at your centre, identify the time spent in direct clinical contact with the donor or recipient- exclude clinical support tasks which you can input in line 38

Livin	Frequency per Month	Average mins per case	
Clinical - donor	Donor initial education and choice discussion (direct LDC contact)		
Clinical - donor	Donor medical evaluation (direct LDC contact during hospital visits)		

Bradford Renal GIRFT 2019

Live donor (LD) transplantation

- All patients starting dialysis in Bradford with a timely presentation have a recorded decision on transplant listing, this is a good achievement. The proportion of patients pre-emptively listed on the national waiting list sits at the national average, whereas the percentage of patients starting RRT with a LD transplant at BTH is below the 95th confidence interval, half the national average. The incident LD transplant rates PMP are also low (9.7 vs 14.1 PMP) despite the higher than average dialysis take-on rate.
- BTH do not employ a coordinator to facilitate LD transplantation.
 This compares with 1.2 LD coordinators PMP across units nationally. It is accepted that the live donation rates are adversely impacted upon by deprivation and high ethnic diversity. However, this mandates even greater energies are directed to the challenge.
- GIRFT recommend that BTH appoint a LD coordinator dedicated to working with the advanced kidney care clinic and working in close collaboration with the transplant centre in Leeds.

We appoint our first Living Donor Coordinator

I'M DELIGHTED to announce that Renal Transplant Nurse Michael Speight has become Bradford's first ever Living Donor Coordinator.

Michael, a senior renal transplant nurse here for the past 10 years, will help to raise awareness of living kidney

"Living donation also increases the overall donor pool in the UK, which means that other patients have a shorter wait for a deceased donor kidney transplant."



donation across Bradford and Airedale.

He said: "I've always been interested in renal transplantation, but now I have the opportunity

to focus my efforts on promoting living donation and supporting potential living kidney donors who come forward for assessment

We appoint our first Living Donor Coordinator

- Lisa Burnapp, Clinical Lead for Living Donation at NHS Blood and Transplant (NHSBT), said she was delighted that a Living Donor Coordinator had been appointed. She added: "The Bradford team are champions of living donor kidney transplantation and valued members of the UK Living Kidney Donation Network since its inception in October 2016.
- "We know from UK-wide experience that these posts are critical in raising the local profile of living donor kidney transplantation and increasing opportunities for patients and their families who wish to access this 'gold standard' treatment for end-stage kidney disease.
- "During the COVID-19 era it has become even more evident that multi-disciplinary support for living donation in every renal centre is critical to establishing and expanding activity. It is particularly encouraging to hear this news in these difficult times and I wish the whole team every success."
- John added: I am proud to say that this is a first for Bradford, and in winning Trust approval for the post there has been excellent support from regional and national colleagues including representatives from NHSBT and the National BAME Transplant Alliance (NBTA). Michael's appointment is a major step forward for living donor transplantation in Bradford and Airedale. As always, the success of the Living Donor Coordinator post will depend on strong team engagement and our continuing involvement with the UK Living Kidney Donation Network."

Developing the LDC role

- Catching up on case load
- Developing an effective pathway
- Promoting live donation
- Support from colleagues

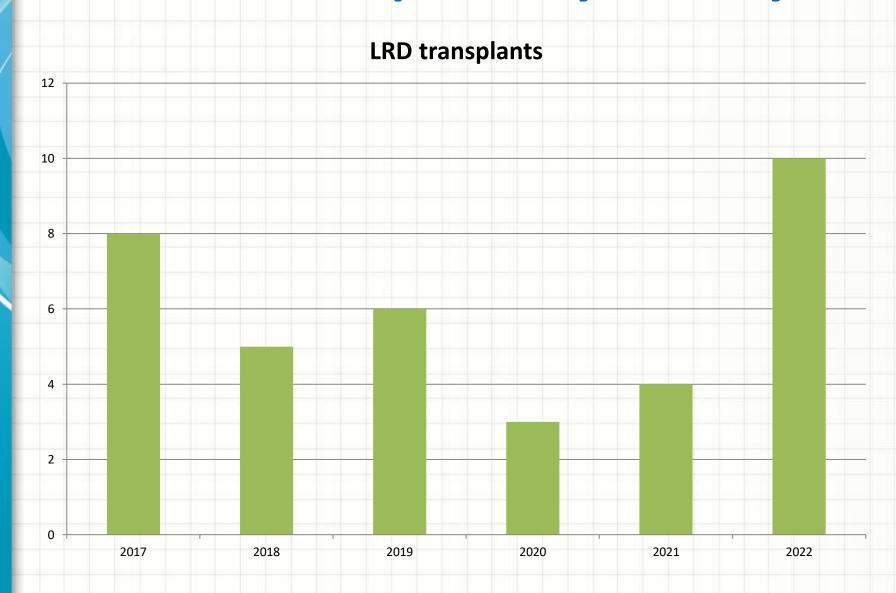


Michael Speight Live Kidney Donor Coordinator

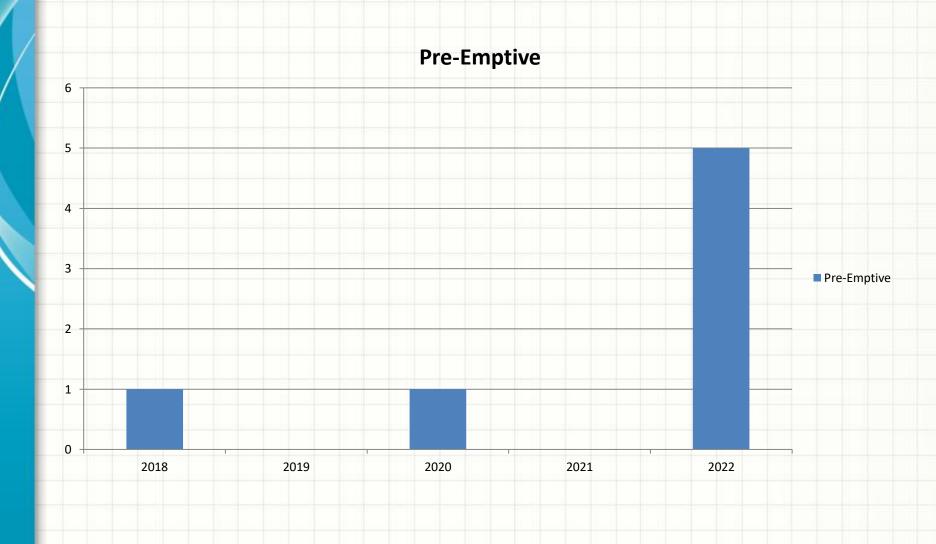
> Renal Ambulatory Care Unit Level 0 St Luke's Hospital Little Horton Lane Bradford, BDS ONA

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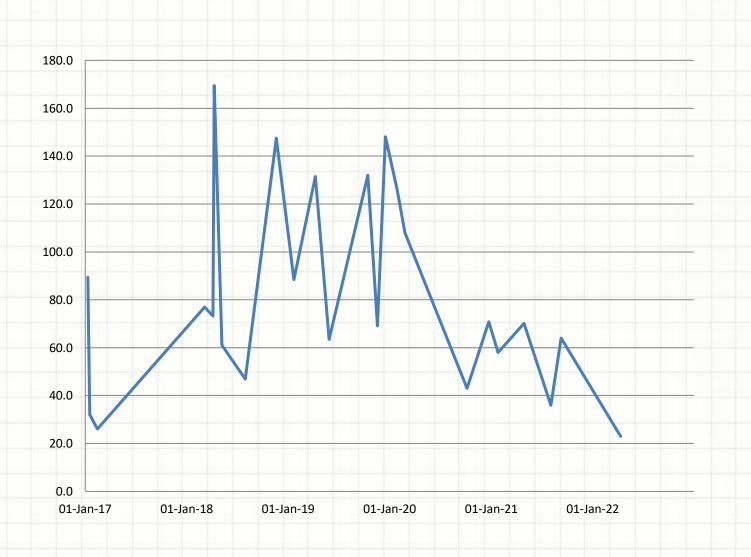
Live donor pathway activity



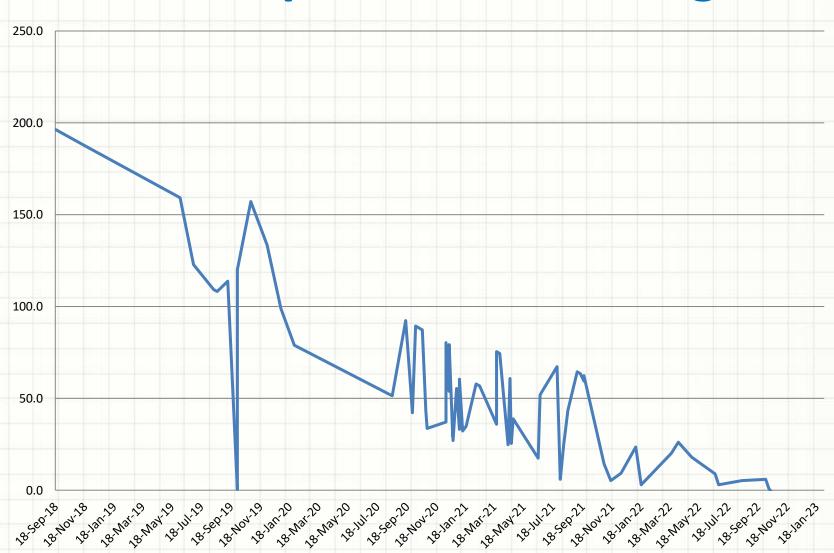
Pre-emptive LRD transplants



Work up time to donation



Work up time to discharge



UKLKSS participation



What next.....

- Live donor website development
- DREM and DROM, patient satisfaction survey
- Collaborative research to support LD decision making
- Ongoing involvement of our cultural and health improvement officer



