NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION

MINUTES OF THE FORTY SECOND MEETING OF THE KIDNEY ADVISORY GROUP ON 4th JANUARY 2023 09:00AM VIA MICROSOFT TEAMS

ATTENDEES:

Rommel Ravanan	Chair, Kidney Group Advisory
John Asher	Glasgow Representative
Atul Bagul	Leicester Representative
Richard Baker	AMD - Governance, NHSBT
Adam Barlow	Leeds Representative
Richard Battle	BSHI Representative
Kathryn Brady	Recipient Coordinator Representative
Lisa Burnapp	AMD - Living Donation and Transplantation, NHSBT
Francis Calder	Guys Representative
Joanna Chalker	Regional Manager & SNOD Representative
Andrew Connor	Plymouth Representative
Aisling Courtney	Belfast Representative
Michael Gumn	Product Owner, NHSBT
Nick Inston	National CLU & Birmingham Representative
Maria Jacobs	Statistics & Clinical Research, NHSBT
Gareth Jones	London Collaborative Clinical Lead & BTS Representative
Katrin Jones	Newcastle Representative
Lazarus Karamadoukis	Dorchester Representative
Amanda Knight	Nottingham Representative
Derek Manas	Medical Director - OTDT
Phil Mason	Oxford & UK Kidney Association Representative
Sanjay Mehra	Liverpool Representative
Pramod Nagaraja	Cardiff Representative
Jonathan Olsburgh	Guys Representative
Gavin Pettigrew	RINTAG Chair
Paul Phelan	Edinburgh Representative
Tracey Rees	Chief Scientific Officer - OTDT
Matthew Robb	Statistics & Clinical Research, NHSBT
Debabrata Roy	Coventry Representative
Angie Scales	Lead Nurse: Paediatric & Neonatal Donation &Transplantation
Shaminie Shanmugaranjan	Statistics & Clinical Research, NHSBT
Laura Stamp	Lead Nurse Recipient Coordinator, NHSBT
John Stoves	Bradford Representative
Julie Whitney	Head of Service Delivery - Hub Operations, NHSBT

IN ATTENDANCE:

Alicia Jakeman	Clinical Support Services, NHSBT
Cherelle Francis-Smith	Clinical Support Services, NHSBT

APOLOGIES:

Lydia Ball, Victoria Banwell, Stephen Bond, Ian Currie, Anushka Govias-Smith, Heidi Hendra, Dela Iduwo, Cinzia Sammartino, Steve White, Nick Torpey, Alun Williams, Ian Wren, Anthony Wrigley

ITEM		ACTION
1	**Declarations of interest in relation to agenda** *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.*	
2	**Minutes of the meeting held on 4th October 2022 - KAG(M)(22)03**	
2.1	**Accuracy** The minutes were confirmed as an accurate representation of the meeting.	
2.2	**Action points - KAG(AP)(22)03**	
	AP1 Suspended patients – deep-dive M Robb has been providing a list of patients suspended for more than one year, as at 31st of August, to Centre Leads to use as a master list to review. Centres will use this to identify patients suspended for more than one year, who should be re-activated or removed. Analysis will be re-run for 2023 November's KAG meeting. **AP2 eGFR calculation amendment** M Robb confirmed that that IT change had been logged. This IT change will take place this year with M Robb testing this soon.	**M Robb**
2.3	**Matters arising, not separately identified**	
	R Ravanan asked centres if current pressures are impacting on services, either deceased donor or living donor transplantation, asking if any support from NHSBT is required. P Mason confirmed that Oxford/Coventry have had to turn down offers due to lack of beds. J Asher advised that although transplants are prioritised there is significant pressure on beds from medical patients. F Calder advised of workforce pressure in London due to colleagues testing positive for COVID. G Jones stated that the Royal Free has had to cancel elective procedures and they were unable to redirect the kidneys due to bed pressures at other centres. A Courtney and P Nagaraja confirmed Belfast and Cardiff are okay, with some daily pressures at Cardiff.	
3	**Medical Director's Report**	
	D Manas reported that there have been a few new appointments, with Tom Billyard appointed as the Lead for national donation development and Parwes Hussein appointed as Chair of OTAG. There is a tight financial situation this year; The DCD heart funding application has not yet been approved; the Department of Health used to provide £3.2 million each year. NHSBT has lost Project Management support for future projects. There is no funding for NRP, Machine perfusion, ARCs, local CLUs and Histopathology. Lead CLUs are funded. The OUG report was well received by the Secretary of State, no launch date confirmed. The next phase of this transformation programme is to implement it, which will be led by AMDs. Flight availability and costs for organ transport are still a big problem. A lung summit is scheduled for 22 February 2023 delivering lung transplantation, looking at how its commissioned and workforce. There is one renal CUSUM at Cambridge, three cardio-thoracic reviews are ongoing. The Imlifidase guidelines are completed. The vaccine effectiveness paper has been accepted for publication by Transplantation. Due to the problem with UW solution, centres have been advised to switch to HTK. HTK for kidney transplantation provides excellent outcomes. A new working group exploring HLA matched blood transfusion in kidney WL pts will be set up jointly with Blood colleagues in NHSBT.	

3.1	**ODT Hub update**	
3.2	**HTA B Forms/Dashboard**	
	J Whitney presented the dashboard for deceased kidney donors, focussing on 3-month follow-up data for end of year reports. She advised that the process is working well to chase new HTA B Forms but there are gaps in the historical data. She asked centres to work with the Hub to get this information and reminded centres that the forms are a regulatory requirement as part of their HTA licence. She reported that some centres have a significant number of outstanding 3-month follow-up forms and that there is a need to identify why there is such a low return rate and work to try and resolve the issue. Some centres have over a year's worth of data missing which results in CUSUMs not identifying potential signals in a timely fashion. R Baker suggested that NHSBT could write to Medical Directors advising that this is an essential regulatory requirement to support centres to help them engage with their trust management. G Jones advised that paper outcome forms are delayed due to postal processes. J Whitney will identify Royal Free as the next centre to move to the electronic system. J Whitney confirmed that the data is sent electronically to co-ordinators monthly but she will distribute to Clinical Leads also. L Burnapp asked Colleagues to remind private hospitals doing live transplants to send the data and to be vigilant for the data being returned.	**J Whitney** **J Whitney**
4	**Live donor update - KAG(23)01**	
	L Burnapp reported that activity is back at 80% of pre-pandemic baseline and acknowledged everyone's efforts, particularly in the current climate. She stressed the importance of data submission and asked how best to support centres to complete the paperwork. The survey from the delay reports is incomplete and asked for this to be reiterated to co-ordinator colleagues. She thanked members for continuing to report travel for transplantation and organ trafficking. She reported the outcome of a working group looking at POL186 Section 6 where a Clinician can put in an exemption request on behalf of a patient they feel is disadvantaged by the offering scheme. The expert group agreed that this request will be granted for the January matching run.	
4.1	**Demonstration of living path**	
	M Gumn demonstrated the project to digitise the UK living Kidney sharing scheme process, to replace all paper-based processes. Incidents in 2019/20 showed that UKLKSS was under pressure as the paper-based processes put a huge burden on a living donor coordinators (LDC.) and OTDT Hub. The pair inclusion will be done online, complex donor consideration, then the matching run will be online by the end of the year. R Ravanan asked if there has been any feedback from coordinator colleagues to send this to M Gumn. M Gumn advised that the UKLKSS going digital is divided into two phases, the first phase due to be released in February ready for April matching run, second phase in time for October matching run. He advised that training sessions are now open for both H&I and living donor coordinator colleagues and asked members to check that LDC colleagues have booked their sessions. He confirmed that he has contacted the H&I Lead in each centre, he will forward this communication.	**All** **M Gumn**
5	**Renal screening calls - options appraisal - KAG(23)02**	
	J Whitney provided the background and introduced the paper on this item. Members provided feedback and sought clarification. RR asked each centre representative for their vote on preferred option. Unanimous agreement was made for Option 3a; A regional buddy scheme, with every centre having a buddy, including Belfast (buddied with Glasgow).	

	The clinician in the first centre will be asked during the screening call – is it a hard no or a maybe? If it's a maybe, a second opinion will be sought from buddy centre. This will be trialled for three-six months. J Whitney will ascertain if it requires an IT change and will liaise with J Chalker to look at the piece of work buddying centres up. JW will link with RR off-line to complete practicalities.	**J Whitney**
6	**Timing of cross-match results - KAG(23)03**	
	T Rees provided the background and introduced M Jacobs who presented the paper. M Jacobs highlighted that only 48% complete data was available in part due to not all centres using paper forms. The paper reported that for 73% of the transplants, the crossmatch result arrived prior to the kidney arriving at the transplanting centre. The median time to the crossmatch result arrival is 225 minutes. The action from this paper is to consider whether data should continue to be collected for this analysis for a further six-month period. Unanimous agreement that data collection and analysis is not prioritised as no evidence of avoidable poor outcomes. It was agreed to take the timing of crossmatch off the paper version of the transplant record form.	**M Robb**
7	**Kidney anatomy calls and impact on NORS/CIT - KAG(23)04**	
	R Ravanan introduced the paper, highlighting that KAG approval is required for policy and process change. J Whitney confirmed NORS teams' and SNOD Teams' concerns of verbal transmission of information to ODT Hub on a number of touch points. The paper highlights differences in dispatch times using the transport database and information from donor path and the delays in NORS teams leaving the donor hospital. The four options included in the paper were discussed and the anatomy call for kidney retrieval only, no other solid organ. The decision was made that in a week's time if no are objections received, unanimous consensus from KAG is to move with Option 4 operationally. However, J Asher requested a caveat that there would be an anatomy call if one recipient was Tier A and one was Tier B and there was aberrant anatomy or organ damage. JW will link with RR off-line to complete practicalities.	J Whitney
8	**Governance update - KAG(23)05**	
	R Baker presented the Governance report previously circulated to Members. He summarised the findings and learning from the report, raising the issues on blood typing, where donors have received multiple transfusions and the quality of chest X-ray reporting. NHSBT are trying to look at building more robust processes with KAG.	
9	**KAG Paediatric Sub-Group update**	
	R Ravanan provided an update on behalf of A Williams, activity continues to be monitored under 2019 kidney offering scheme. The next KAGPSG meeting is scheduled for 26th January 2023.	
10	**Patient Representative/Lay Member update**	
	A Safdar was present at the meeting and advised that there were no concerns from the wider community to raise.	
11	**PAG Update**	
	R Ravanan provided an update of behalf of S White. PAG now aware of reasons for not having waiting time credit back-dated to dialysis start date and therefore continue with status-quo. D Manas asked if requesting HbA1C has been operationalised so that specialist nurses know to request in every case where they're offering the	

	pancreas and to follow the blood test result up. J Whitney advised that this hasn't been operationalised, but NHSBT will take this up and will ensure all the specialist nurses are aware that that test needs to be done and followed up appropriately.	**J Whitney**
12	**CLU Update**	
	N Inston provided an update on the CLU scheme, whose purpose is to ensure that organs offered through the Kidney Allocation Scheme (KAS) are being appropriately utilised and to better understand the reasons and circumstances for decline. He shared a presentation with members, highlighting the reason for declines were predominantly recipient related, with 33% of offers of HQ organs and 47% of offers to High priority recipients being declined due to recipient factors. COVID did not seem to be a major reason for recipients not getting kidneys and kidneys being declined. Logistic factors for decline were relatively low at 9.5% and 6% for HQ and SCD-HP respectively. In terms of letters sent out to the Clinical lead for the transplant centres and the Local CLU; 52 letters were sent out. The reasons were mainly for incomplete data, donor unsuitable past history/function, and already transplanting and logistics.	
13	**Feedback from non-transplanting reps**	
	L Karamadoukis advised that work has started on the workforce survey, the questionnaire has been completed and should be signed-off next week. This should be rolled out by March 2023, the results will be feedback in the next KAG meeting in July.	
14	**Feedback from trainee reps**	
	R Ravanan provided an update on behalf of H Hendra and V Banwell, advising members that the workforce survey analysis data will be shared with the group soon.	
15	**Any Other Business**	
	R Ravanan confirmed that the Imlifidase guidance document will soon be published. The expert group is meeting tomorrow, to sign-off the final version. The Pharmacy colleagues on the group have ben speaking to centres to manage the practical aspects. The data collection form is also being created. R Ravanan and M Robb invited questions and comments on the Annual review of offering scheme paper, Item 16.3. This includes graft outcomes on the new Kidney offering scheme (KOS), a good news story that they are improved from the old KOS. This will be discussed further in the July KAG Meeting. The paper on the protective effect of a 3rd and 4th vaccine will be an Open Access publication and it will be in Transplantation. The important finding is more vaccines equals more protection. Four or more vaccine doses associated with <1% mortality risk after testing positive for SARS-CoV-2.	
16	**FOR INFORMATION**	
	16.1 QUOD Report **- KAG(23)06**	
	16.2 PAG minutes **- KAG(23)07** - To follow	
	16.3 Annual review of offering scheme **- KAG(23)08**	
	16.4 Review of CUSUMS **- KAG(23)09**	