

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

**MINUTES OF THE FORTY THIRD MEETING OF THE
KIDNEY ADVISORY GROUP
ON 3rd JULY 2023 10:00AM
VIA MICROSOFT TEAMS & AT FRIENDS HOUSE, LONDON, NW1 2BJ**

ATTENDEES:

Rommel Ravanan	Chair, Kidney Group Advisory / Southmead Hospital
Atul Bagul	Leicester Representative
Richard Baker	AMD - Governance, NHSBT
Lydia Ball	Lead renal Commissioner, NHS England
Victoria Banwell	Surgical Trainee Representative
Adam Barlow	Leeds Representative
Richard Battle	BHSI Representative and National H & I Manager
Kathryn Brady	Recipient Coordinator Representative
Lisa Burnapp	AMD - Living Donation and Transplantation, NHSBT
Joanna Chalker	Regional Manager & SNOD Representative
Aisling Courtney	Northern Ireland Representative
Sarah Cross	QUOD Representative
Frank Dor	WLRTC Representative
Abbas Ghazanfar	St George's Representative
Heidy Hendra	Nephrology Trainee Representative
Rebecca Herbert	Plymouth Representative
Dela Idowu	Patient Representative
Nick Inston	National CLU & Birmingham Representative
Maria Jacobs	Statistics & Clinical Research, NHSBT
Rebeka Jenkins	Clinical Research Fellow, NHSBT
Gareth Jones	London Collaborative Clinical Lead & BTS Representative
Katrin Jones	Newcastle Representative
Lazarus Karamadoukis	Dorchester Representative
Derek Manas	Medical Director – OTDT, NHSBT
Phil Mason	Oxford & UK Kidney Association Representative
Sanjay Mehra	Liverpool Representative
Pramod Nagaraja	Cardiff Representative
Jonathan Olsburgh	Guys Representative
Laura Pairman	NHS Lothian/Recipient Coordinator Representative
Ravi Pararajasingam	Sheffield Representative
Paul Phelan	Edinburgh Representative
Tracey Rees	Chief Scientific Officer - OTDT
Matthew Robb	Statistics & Clinical Research, NHSBT
Debabrata Roy	Coventry Representative
Cinzia Sammartino	Royal London Representative
Shaminie Shanmugaranjan	Statistics & Clinical Research, NHSBT
John Stoves	Bradford Representative
Rupesh Sutaria	Portsmouth Representative
Raynie Thomson	Product Owner, NHSBT
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:

Ayesha Ali, John Asher, Marius Berman, Helen Bullock, Stephen Bond, Chris Callaghan,

Andrew Connor, Phil Mason, Sanjay Mehra, Karen Preece, Smeeta Sinha, David van Dellen, Anthony Wrigley

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 4th January 2023 - KAG(M)(23)01</p>	
2.1	<p>Accuracy The minutes were confirmed as an accurate representation of the last meeting.</p>	
2.2	<p>Action points - KAG(AP)(23)01</p>	
	<p>AP1 Suspended patients - deep-dive M Robb provided a list of patients suspended for more than one year to Centre Leads to use as a master list to review. M Robb asked Centres if an updated list was required, to make requests by the end of July 2023. M Robb advised that the IT request has been picked up with two options for the pre-emptive patients and max pre-dialysis wait time points; Options were (1) wait for IT change (2) rely on centres to inform of dialysis start. KAG members unanimously agreed to await the IT change.</p> <p>AP2 HTA B Forms/Dashboard On Agenda.</p> <p>AP3 Demonstration of living path This was marked as Complete.</p> <p>AP4 Renal screening calls J Chalker updated the group on meetings held, advising members that the new system should start potentially 1st October 2023. This action will remain open.</p> <p>AP5 Timing of cross-match results M Robb advised that Information Services are no longer recording the timing of cross-match.</p> <p>AP6 Kidney anatomy calls and impact on NORS/CIT On Agenda.</p> <p>AP7 PAG update This was marked as complete.</p>	<p>J Chalker</p>
2.3	<p>Matters arising, not separately identified</p>	
	<p>R Ramanan advised that the BMA balloted Consultant members, with industrial action planned for 20th and 21st July 2023 (NHS Eng territory only), with likely impact on elective activity due to availability of Christmas Day service only. Centres asked to review likely impact on deceased and live donor kidney transplantation. All centres responded that there will be no impact on deceased donor transplants, with some potential impact on living donation.</p> <p>Manchester and Oxford unable to update. did not provide an update. Consultants are not striking in Scotland, however, P Phelan advised that Scotland have Junior Doctor strikes planned for next week.</p> <p>**Post-meeting note** The strikes were cancelled.</p>	
3	<p>Medical Director's Report</p>	
	<p>D Manas reported that the Lead liver CLU post was advertised with a new appointee. CLU funding was confirmed for the financial year 2023/24 during the meeting.</p>	

	<p>D Manas advised that there are minimal funds again this year. The DCD heart program will be funded for 2023/24, with the Department of Health providing £3.2 million. NHSBT has lost Project Management support for future projects.</p> <p>There is no funding for NRP, Machine perfusion, ARCs, or local CLUs. He advised that for the past 2.5 years, NHSBT have been trying to get a National Histopathology service up and running. NHSE have agreed to fund the Histopathology service based on a digital system.</p> <p>The OUG report came out earlier in the year with six themes. A Steering Committee chaired by the Department of Health; Will Vineal and co-chaired by John Forsythe, have met twice. The AMD Team have also met to look at the recommendations, there is no funding attached to this. NHSBT have started looking into three themes that they could impact on; PREMs and PROMs, patient engagement and improvements for patients. The CLUs have the responsibility for ensuring that all Trusts have an Organ Utilisation Committee. The Terms of Reference have not yet been written.</p> <p>NHSBT can impact on driving and supporting innovation with the Assessment and Recovery Centres (ARC) project.</p> <p>One recommendation on the Collaboratives is being developed by G Jones, who advised that there will be eight collaboratives with the Terms of Reference being developed. There will be two representatives from each Unit within the collaboratives who will set up a steering group in partnership with NHS England and NHSBT.</p> <p>The Digital Infrastructure will be developed in the future alongside NHS Digital. There is due to be a change in commissioning, a meeting is scheduled for September with NHSE, to look at implementing the change.</p> <p>NORS is being looked at following lots of feedback from the community on the timing of retrieval with donor families spending a lot of time waiting. The Sustainability and Certainty in Organ Retrieval (SCORE) Programme is looking at moving retrieval into the evening, details of the Webinars will be distributed by A Jakeman to KAG members. R Ravanan requested centre clinical leads to engage with process as it provides opportunities (eg: staff resilience due to day time activity) and challenges (eg: theatre access if more transplants in day time) and will cause a change in ways of working. R Ravanan also asked K Brady if co-ordinators have attended the SCORE webinars and for her to speak with recipient co-ordinators to ask what they see as opportunities and challenges with potentially more daytime activity.</p> <p>The Lung Summit recommendations have been published, with a cardiac review by NHS England due to happen.</p> <p>RINTAG is due to be dis-banded and replaced by a Research & Development Steering Committee. RINTAG will become a sub-committee of that.</p> <p>The UW contamination problem continues.</p>	<p>A Jakeman</p> <p>K Brady</p>
3.1	ODT Hub update	
3.2	HTA B Forms/Dashboard	
	<p>The dashboard was sent to members via email. J Whitney advised that the HTA-B form returns are great, with centres having worked through their backlog. She is focussing on the three-month follow-up data for CUSUM triggers.</p> <p>She advised that the workshops for co-ordinators and data clerks to look at how to improve the pathway have been cancelled due to low attendance. A survey will be sent out to Units, for them to also record what data is recorded on paper.</p>	
3.3	Allocation of left versus right kidney	
	<p>Julie Whitney presented an options appraisal to KAG members on placement of right vs left kidney to bring alignment between previous</p>	

	KAG approval and wording in POL186 on kidney offering. After good discussion, there was unanimous agreement for the new wording. J Whitney will progress to implement this after appropriate training within the hub.	J Whitney
4	Live donor activity report - KAG(23)11	
	<p>L Burnapp reported that activity is back at 90% pre-pandemic. Data on UK Living Sharing Scheme was shared.</p> <p>L Burnapp highlighted the small number of cases of late declines where centres could possibly have been able to take action to avoid the exchange falling down.</p> <p>L Burnapp asked for KAG to approve if it is appropriate to extend the period for unmatched NDADs to be allocated to paediatric recipients given the minimal impact on the adult patients - Centres unanimously agreed to extend for 2 years and then review.</p> <p>NHSBT are writing to PACS managers in Trusts to request direct access to images to support the decision making and the Kidney sharing scheme.</p> <p>Travel for transplantation was discussed with members. D Idowu asked what message she can take back to the black population on live donation due to the recent case with a Nigerian politician as they feel disadvantaged. L Burnapp advised that NHSBT will continue to support to the clinical and patient communities. The HTA (and not NHSBT) should be first point of contact in case of concerns related to Travel for Transplantation. She confirmed that she has written a paper detailing the request for extended visas for those people coming into the country to be assessed as a living donor. D Idowu will advise the patient population that conversations are being held. R Ravanan and L Burnapp will consider positive messages that can be given to the patient community as balance against recent negative only media coverage.</p>	R Ravanan/ L Burnapp
4.1	Kidney sharing scheme with Europe update - KAG(23)12	
	<p>L Burnapp presented the paper on this item. A number of models were considered; with 3 options for transnational exchange presented for decision. Simulation work to evaluate these options with UK and another EU country was difficult due to information governance challenges.</p> <p>L Burnapp asked members if they approved entering in to international collaborations, detailing potential options for an ENCKEP.</p> <p>There was unanimous support to Option 3 as presented in the paper.</p> <p>L Burnapp asked for volunteers for a fixed term working group to contact her directly.</p>	All centres
5	Revised fast track scheme - six month review - KAG(23)13	
	M Robb presented the paper on this item. Considering the review findings and to mitigate the unintended consequences, R Ravanan asked members to support one of three recommendations, all members were happy to support all 3 recommendations in the paper.	
6	Review of matchability point banding review - KAG(23)14	
	<p>S Shanmugaranjan presented the paper, which described the impact of reviewing the bandings and calculating the matchability scores using the most recent donor pool and recipient cohort.</p> <p>This change was unanimously agreed by members to support implementation in September/October 2023 and then review every 2 years.</p>	S Shanmugaaranjan
7	Digital Infrastructure for Utilisation Project - KAG(23)15	
	R Thomson shared a presentation with the group on TransplantPath, providing an update on the EOS replacement. Monthly engagement sessions are being held.	
8	Governance update - KAG(23)16	

	R Baker was not present at the meeting. The Governance report was circulated to Members prior to the meeting.	
9	KAG Paediatric Sub-Group update	
	A Williams provided an update from the last KAGPSG meeting. He advised paediatric teams were reviewing offer declines as part of a KQuIP project will be looking into the declines. There are still more children on dialysis than five years ago but is under control. There are number of academic pursuits going through KAGPSG. D Manas confirmed that the paediatric units need to also be involved with the OUG and adult collaborative groups.	
10	Patient Representative/Lay Member update	
	A Safdar and A Wrigley were not present at the meeting.	
11	PAG Update	
	S White was not present, however the minutes from the last PAG meeting were included in the papers circulated to members.	
12	CLU Update	
	N Inston provided an update on the CLU scheme, he advised that local CLUs have continued to be active in some centres. He advised that the scrutiny scheme appears to be working, with less letters sent for logistical reasons. D Manas advised that a business case has been submitted to cover the CLUs for the next twelve months.	
13	Feedback from non-transplanting reps	
	L Karamadoukis advised that the workforce survey for non-transplanting centres was sent out in May 2023, with responses currently being collected.	
14	Feedback from trainee reps	
	H Hendra and V Banwell advised members that the workforce survey analysis data will be shared with the group soon. The data was sent back to centres for them to review, the deadline for them to confirm that they are happy with this data was set for 31 st July 2023. L Burnapp asked if the data could be used to input into the BTS document. R Battle advised that with reference to the British Renal Society Workforce Planning Survey, it was highlighted that H&I data was not included, this is now available. L Burnapp will provide contact details of the British Renal Society to R Battle. The final work force analysis due to be signed off at the October 2023 KAG meeting. R Ravanan asked of centres were happy to share their data. D Manas advised that the group could confirm that the work has been done as part of the wider OUG recommendations on workforce planning.	All centres L Burnapp V Banwell/ H Hendra
15	Recipient coordinator update	
	L Pairman advised that she had received only two responses from co-ordinators, for items to be raised at KAG. These were covered during the meeting.	
16	Any Other Business	
	R Jenkins advised members that she is an NHSBT Clinical Research Fellow, working with Newcastle University on the development and integration of patient-reported outcome and experience measures in the UK Transplant Registry. KAG Members have been invited to complete the online survey. She advised members of her intention to use a kidney recipient cohort as a pilot group. Centres confirmed that in most centres all recipients (and live donors) are	

	still being tested for COVID pre-operatively. L Ball advised on the development of the RSTP NHS England tool-kit for kidney service providers - available on the RSTP Futures webpage. A dashboard is available, with a selection of key metrics, the link to this is on the webpage: RSTP toolkit and national dashboard can be located on the main homepage of the RSTP futures site: Renal Service Transformation Programme - FutureNHS Collaboration Platform	
16.1	Exemption panel approval in April 2023 - KAG(23)17	
	There has been one exemption panel request made, with unanimous approval from the panel. The patient is currently active with appropriate prioritisation.	
16.2	Clinician awareness of KAG decisions, especially major policy change or learning from incidents	
	R Ravanan asked centres how they disseminate decisions made in KAG and important points made to their centre colleagues. All centres confirmed that they have an internal process to provide a summary/discuss in internal meetings/share the papers & minutes. There is inter-centre variability in robustness of such process. Dissemination is also variable to other members of the MDT. A recent safety incident with another organ transplant discussed and request made to centre representatives to ensure robust process to ensure dissemination of key info/decisions from KAG all relevant MDT members involved with kidney transplantation. R Ravanan will produce the salient points from this meeting, including the recommendations made and a volunteer will be sought to do this at the next KAG meeting in October.	R Ravanan
16.3	Imlifidase national panel details	
	L Ball updated members on Imlifidase implementation in NHS Eng territory. A national multi-disciplinary team chaired by Phil Mason has been working will be the panel. Relevant info is now available on the Renal Services transformation program webpage; Link to Imlifidase section of RSTP Futures webpages: Imlifidase - Renal Service Transformation Programme - FutureNHS Collaboration Platform A Jakeman will disseminate this information to all 23 centres via email.	A Jakeman
16.4	KAG representatives with tenure completion in 2023	
	R Ravanan asked those members who are nearing completion of their four-year tenure to identify a new representative, he will email those members directly.	R Ravanan
17	FOR INFORMATION	
17.1	QUOD Report - KAG(23)18	
17.2	PAG minutes - KAG(23)19	
17.3	Imlifidase 30-day data return form - KAG(23)20	
17.4	PSG presentation on KOS 2019 review for CYP - KAG(23)21	
Organ and Tissue Donation and Transplantation Directorate		July 2023