

Sustainability and Certainty in Organ Retrieval (SCORE)

Cardiothoracic Advisory Group - Lungs

26th July 2023

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Challenges across the Pathway

- Changing Donor Population: Older, increased obesity, increase in DCDs
- Maintaining Improved Utilisation: Increased complexity as practice and technology advances
- Donation Process: Increased complexity leading to lengthening of process
- Recipient Complexity: Complex patients having high risk procedures during nighttime
- Workforce Fragility: Impacts from COVID-19, understaffing and fatigue leading to less resilience
- Funding: There will be no additional funding we have less money to do more



Current Situation

- Retrieval operations are now more often during the day, impacting on emergency and elective operating lists
- NORS Team deployment much later in the 24 hours duty period
 - Teams leave at 4 am and are often out 4-12 hours after shift end
- Transplants increasingly performed overnight (paediatric liver tx enormous challenge across multiple teams)
- Current model; 'as fast as possible' = zero predictability

Service Improvement Opportunities Identified



Blood and Transplant

Engagement with clinical colleagues through PIG and a NORS Future stakeholder event in January 23 has identified a number of service issues and opportunities for improvement.

Clinical leaders tell us that:

- The NORS service model could be re balanced in team composition and activity to better align with donation potential
- Novel technology needs to be standard practice across all retrieval teams to improve organ quality and utilisation
- The service is fragile and fatigued. Planned elective retrievals would provide certainty for activity along the pathway, enabling better workforce planning.
- Improvements in donor assessment and testing would reduce the number of occasions cardiothoracic teams are mobilised to nonproceeding activity or delayed.
- There is an opportunity to review streamlining NORS mobilisation to level out team activity



SCORE Programme

SCORE Programme has been set up to plan, design and deliver the changes

Initial focus:

- Reduce operational pressure on the system stemming from inefficiencies and uncertainty in the donation pathway
- Provide certainty through planned elective windows for retrieval, without restricting super urgent cases, allowing better workforce planning along the deceased donation pathway.
- Re-design the retrieval service model to optimise capacity against donation potential
- · Identify areas where recruitment, retention and development can be improved
- Ensure service sustainability for NRP and DCD Hearts, then support future innovation, new techniques and technologies to increase organ quality and preservation.

Our mission is to provide a safe, certain, and sustainable retrieval service across the UK to honour our donors' decisions and maximise organ utilisation to increase the number of recipients receiving life-saving transplants.



5 Key pillars have been identified

NHS

Blood and Transplant

Increase the certainty of donor potential

Increase certainty of donor potential and alleviate pressures on clinicians and hospital resources

Support donation colleagues to explore options for enhanced specialist screening of potential donors prior to NORS mobilisation, reducing the occurrences of unnecessary NORS mobilisation alleviating pressures on clinicians and hospital resources



• Explore potential to relieve pressure on out of hour laboratory services through predictable elective retrieval

Achieve financial sustainability

Increase productivity to maximise system efficiencies

- Deliver a plan that realigns operating costs within affordability, ensuring stability for future growth
- Deliver system efficiencies achieve more for less



Develop a future model for NORS delivery

Modernise our operations to improve resilience and sustainability

- Provide a foundation for sustainability through planned elective surgery periods for retrieval
- Review alignment of retrieval capacity to the greatest donation potential
 - Selective service re design to address variations in team activity



Commission a sustainable framework for perfusion technology

Collaborate with partners to develop and scale new services for the NHS

- Secure sustained investment to maintain and scale capabilities for ANRP and DCD Heart and protect current levels organ donation and utilisation
- Develop a joint commissioning approach to all new novel technologies as part of the UK retrieval service



Enable a sustainable NORS workforce and community of

practice

Invest in people and culture to ensure a high performing, inclusive National Organ Retrieval Service

- Improve the attractiveness of NORS through certainty of working hours to support recruitment and retention
- Enhance existing clinical forums to share experiences and learning to further develop a community of practice



NHS Blood and Transplant

What this means for Donation

- Formation of a donation workstream to review:
 - DCD PTA assessment
 - DBD cardiothoracic screening
 - Advanced donor characterisation and optimisation
- Funding for 2 x band 7 fixed-term service delivery posts to support this
- Aim to reduce the number of NORS mobilisations to DCD PTA, remove non-essential offering and to reduce the length of time taken for CT offering
- Review of donation pathway to identify other areas in support of increased predictability of retrieval timings

What this means for NORS



Formation of a NORS Service Model Workstream

- Move to certainty of surgery timeframe for retrieval
- Align retrieval capacity to the greatest donation potential
- Selective service re design to address variations in team activity

Formation of a NORS Workforce Workstream

- Provide more predictable working patterns to reduce workforce planning pressures
- Identify best practice models for NORS staffing
- Increase local Trust awareness and acknowledgement through formal service recognition
- Further strengthen the network through facilitation of community shared learning



What this means for the Transplant Community

- More predictable transplant activity in day-time hours (complex and paediatric surgery)
- Better utilisation as more of the MDT present during day-time hours
- More predictable working hours

SCORE Programme

SCORE Programme Board:

Programme Director: Karen Quinn

Accountable Executives: John Richardson/Debbie Macklam

Programme Manager: Jonathan Green

Donation

Workstream Leads:
Liz Middlehurst/Ian Thomas

Increase certainty of donor potential



NORS Service Model

Workstream Leads: Ian Currie/Sarah Beale

Increase pathway
efficiency and
certainty of retrieval



Support Services

Workstream Leads: Mark Roberts/Chris Johnston

Review support services and contracts to ensure operational alignment



NORS Workforce

Workstream Lead:
Marius Berman/Cecelia McIntyre

Support Trusts/Health Boards to attract, develop and retain an expert NORS workforce



Engagement

Workstream Lead: Phil Walton (Interim)

Define and manage the communication and stakeholder engagement plans



Business Case

Workstream Lead: Jonathan Green

Deliver a business case including strategic, economic, financial and management appraisal



Commissioning

Workstream Lead: Emma Billingham

Ensure that the NORS contract is fit for purpose in light of approved SCORE recommendations



Performance & Analytics: Lisa Mumford and Jo Allen - data analytics to simulate and evaluate service model options and impact Finance NHSBT Finance Lead: Sharon Gibson - Financial modelling of service options to demonstrate efficiency gains and affordability

Next Steps



- Sustainability and Certainty in Organ Retrieval (SCORE) Programme Board has been set up under NHSBT governance with a wide range of Stakeholders
- Programme Board have approved the structure of Workstreams
- Workstreams are being formed to lead on each element of development
- Initial scope and definition planning phase this year
- Detailed design planning phase next year

Contact the SCORE Programme Team via: SCORE@nhsbt.nhs.uk