

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

**THE FORTY THIRD MEETING OF THE PANCREAS ADVISORY GROUP
AT 10:30am on 16 MARCH 2023
VIA MICROSOFT TEAMS**

PRESENT:**Prof. Steven White**

Dr Arthi Anand
Ms Helen Bullock
Mr John Casey
Mr Yee Cheah
Mrs Claire Counter
Mr Martin Drage
Mr Doruk Elker
Mrs Aileen Feeney
Mrs Susan Hannah
Mrs Lora Irvine
Prof. Derek Manas
Dr Adam Mclean
Mr Anand Muthusamy
Mr Simon Northover
Mr Joseph Parsons
Dr Rommel Ravanan
Ms Sarah-Jane Robinson
Prof James Shaw
Mr Lewis Simmonds
Mr Sanjay Sinha
Ms Rachel Thomas
Ms Sarah Watson
Mrs Julie Whitney
Mr Colin Wilson

Chair

BSHI Representative
NHSBT Product Owner - OTDT
PAG Islet Steering Group Chair
King's College Hospital
Statistics and Clinical Research, NHSBT
Guys Transplant Unit
Cardiff Transplant Centre
Lay Member
SNOD Representative
Isolation Laboratory Manager, Edinburgh
Medical Director, OTDT, NHSBT
WLRTC & Hammersmith Hospital Representative
WLRTC & Hammersmith Hospital Representative
Recipient Coordinator Representative
Statistics and Clinical Research, NHSBT
KAG Chair, AMD Transplant Medicine, NHSBT
Patient Representative
Diabetes UK & UK Islet Transplant Consortium Representative
Statistics and Clinical Research, NHSBT
Oxford Transplant Centre & Clinical Governance, NHSBT
Edinburgh Transplant Centre
Commissioning Manager, Highly Specialised Services, NHSE
Head of Service Delivery, OTDT Hub, NHSBT
Newcastle Transplant Centre & BTS Representative

IN ATTENDANCE:

Ms Alicia Jakeman Medical Director & Group support, NHSBT
Dr Rebeka Jenkins Clinical Research Fellow, NHSBT

APOLOGIES:

David Van Dellen, Kirsty Duncan, Paul Johnson, Tracey Rees, Neil Russell
Andrew Sutherland

1. **Declarations of interest in relation to the agenda**
 There were no new declarations of interest in relation to the agenda.

2. **Minutes of the meeting held on 22 November 2022 - PAG(M)(22)02**
- 2.1 **Accuracy**
 The minutes of the meeting held on 22 November 2022 were confirmed to be a true and accurate record.

2.3 Matters arising, not separately identified

The impact of the Junior Doctor Industrial Action on service at centres was raised, J Whitney advised that donation referrals remained at the same rate, only one NORS team was affected and unable to muster a team for the first two days. She confirmed that the Hub utilised a process for screening to reduce the burden on transplant centres and saw minimal impact in terms of donation and transplant overall. D Manas advised that there may be another Junior Doctor strike over the Easter weekend.

2.4 Future Pancreas meetings and additional Centre leads meeting

S White advised that the Pancreas Forum was well attended at Newcastle and asked if the location and date for 2024 was confirmed. Members implied that a Manchester venue has been suggested.

The Centre Leads meeting is scheduled for 14th June 2023, a PAG Face to face meeting is scheduled for 2nd November 2023.

3 Medical Director's report**3.1 OUG update**

D Manas provided an update to the group:

- There have been no new appointments since the last PAG meeting.
- Following the OUG report, he is waiting for further information on funding for DCD, Hearts, NRP and CLUs. The Steering Group will meet on April 18th 2023, looking at prioritising and implementing some of the OUG's recommendations.
- There have been three engagement meetings/summits; Firstly, one on Organ retrieval, with agreement reached that this will ideally be done between 6pm and 8am, with complex transplant surgery completed during the day. The second was a lung summit, looking at different commissioning models, workforce and job-planning, due to lung transplantation being at an all-time low. Thirdly, an engagement event for Living Donor Liver Transplant.
- The consent rate continues to be the lowest seen; with DBD at 61% and DCD 60%. NHSBT have created a Lifesaver Marketing campaign starting in Manchester. S-J Robinson confirmed that NHSBT have asked her to be a part of this with her voicing the Radio campaign. This will also appear on LinkedIn, Facebook, Instagram.
- There have been no Pancreas CUSUMs.
- The EOS replacement is underway, for further discussion under Agenda item 5.
- The Imlifidase guidelines are now live, with a national MDT set up. R Ravanan confirmed that following publication of NICE guidance, Commissioners, NHSBT, BTS, Clinicians and kidney colleagues have worked to establish a process for adult kidney transplants. This will extend to highly sensitised paediatric patients, should this be required. He suggested that there may be a need for a Sub-Group to consider patients who have an early SPK failure or matchability score of 10 and 100% CRF.
- A Bridge to Life have found the source of UW contamination which is being dealt with. There has been some contamination in one Islet Lab, a variance by MHRA will allow Islet Labs to use an alternative: Servator B.
- Work is underway to increase the Corneal transplant rate, with a summit in

ACTION

June.

- The AMDs are working hard with the Sustainability Agenda progressing well, particularly Green Theatres. A toolkit is available on the website for centres to use.

Action: A Jakeman will co-ordinate a meeting to include R Ramanan, S Watson, S White, J Casey and C Counter as members of the Pancreas Sub-Group on Imlifidase.

A Jakeman

3.2 ODT Hub update

3.2.1 HTA B return rates/HTA B Completion - PAG(23)01

The KAG anatomy call paper was shared with the group. The Performance dashboard was shared with members prior to the meeting. J Whitney advised that Pancreas colleagues are very good at returning HTA B forms and follow-up forms. She encouraged the return of all follow-up forms in order for the data to be included in the NHSBT end-of-year report.

3.2.2 HbA1c blood tests

J Whitney provided an update on the HBA1C blood tests, advising that 23% of offers only have this result. An interactive presentation will go to Specialist nurses next week acknowledging that Jim Shaw created a video highlighting the clinical importance of this result. This will be monitored and feedback to PAG.

4. Governance

4.1 Incidents for review: PAG Clinical Governance Report - PAG(23)02

S Sinha provided a verbal update to the group, discussing the common bile duct CBD incidents, previously discussed with I Currie at NORS masterclass due to the loss of a graft due to the bile duct not being ligated. The first patient is doing well after a 10-day hospital admission, the first patient is still an inpatient at 10 days. S White advocates oversewing the suture. All members support using the pancreas where a potentially sterile bile duct has not been ligated.

Action: R Baker and S Sinha will write back to NORS retrieval teams again reiterating that the bile duct should be ligated and to write this up as a paper with I Currie.

**R Baker/
S Sinha**

An incident where there was prolonged offering of a DCD pancreas (for islets) due to difficulties was discussed. J Casey advised that this relates to differential ischemia times at the labs. There is no outcome as yet.

4.2 Summary of CUSUM monitoring following pancreas transplantation

C Counter reported that over the time period since the last Pancreas Advisory Group meeting there have been no signals in pancreas transplantation CUSUM reporting and no signals in kidney outcome following SPK CUSUM reporting. She asked for the three-month follow-up forms to be returned in a timely fashion from centres in order to include these data in the CUSUM monitoring report.

A McLean asked if there are any missing data from Imperial.

Action: C Counter will check this with Information Services and email A McLean and A Muthusamy.

C Counter

- 4.3 Pancreas damage - PAG(23)04** **ACTION**
- 4.3.1 Pancreas quality damage paper**
 The paper reported 255 donor pancreases accepted for a whole organ patient between 1 January and 31 December 2022. 29 had a grade of surgical damage reported on the HTA B form, 21 (72%) were not utilised due to surgical damage being the primary or contributing factor.
 J Whitney confirmed the process of completing HTAB forms correctly as fatty damage is being recorded as a reason for decline in the comments box. Surgical damage by the retrieval team should be recorded. Declined due to anatomical reasons is being recorded despite the pancreas not being inspected and currently transplant surgeons state this information as reason an organ is not being used, not NORS Teams. NHSBT are writing to transplant centres to ask them to review their forms, where appropriate.
- 4.4 Solid Organ Pancreas Clinical Leads in Utilisation**
 David Van Dellen sent his apologies for the meeting.
- 5. Digital Infrastructure for Utilisation Project (EOS Replacement)**
 H Bullock shared a presentation with the Group on the replacement of EOS to TransplantPath, having produced a prototype. It will be usable on any device with a single Trust login. She confirmed that there were 30 workshops with a lot of engagement. TransplantPath will include the images taken by the SNODs. National access to PACS would make sharing easier but the technology is not in place to integrate with PACS currently.
 D Manas advised that Advisory Groups should be represented in the working groups as this will be a big change for some centres.
Action: H Bullock to email S White for dissemination to centres to progress this. **H Bullock**
- 6. Pancreas Transplant Activity**
- 6.1 Fast Track Scheme - PAG(23)05**
 J Parsons presented the paper to the group on both pancreas donors after brain death (DBD) and donors after circulatory death (DCD) between 1 April 2019 and 31 December 2022. Of 1261 pancreas donors, 39% were offered through the fast-track scheme compared with 43% in 2018/19.
 Of the 498 pancreas donors offered through the scheme, 187 were subsequently accepted for transplantation and 86 were transplanted: 68 as whole organs and 18 as islets.
 Of these 86 transplanted organs, (56 DBD and 30 DCD), 44 (51%) were fast-tracked due to centre declines for organ or donor reasons.
- 6.2 Transplant list and transplant activity - PAG(23)06**
 C Counter reported there were 145 transplants in 2022, equivalent to 2021, although there was an increase in donors from 312 to 347. There were 289 patients active on the waiting list at the end of 2022 and the paper highlights that the waiting list varies over centres. There was an increase in those waiting for a kidney and pancreas graft compared to the previous year. D Manas confirmed that this is highlighted in the OUG Report.

- 6.2.1 Group 2 patients report** **ACTION**
C Counter confirmed that as at 31st March 2023 there are no Group 1 or 2 non-UK patients listed for pancreas transplant.
- 6.3 Transplant outcome - PAG(23)07**
L Simmonds presented the paper, detailing simultaneous pancreas and kidney (SPK) graft survival from transplants performed in the UK between 1 January 2018 and 31 December 2021. There was no significant difference in one year pancreas graft survival but there was a significant difference in one year patient survival between the time periods presented for both DBD and DCD SPK grafts.
- 7 Pancreas Islet Transplantation**
- 7.1 Report from the PAG Islet Steering Group**
J Casey updated the group, confirming that PAGISG did not meet in February and will meet in April. He reported that a recent UKITC meeting was held to discuss moving towards insulin independence in the UK. Patients that achieve insulin independence have a much better outcome.
Action: J Shaw and J Casey will create a FTWG to look at moving forward with this in the UK and present a paper at PAG and PAGISG. The FTWG will include S-J Robinson as patient representative. **J Shaw/
J Casey**
- 7.2 Islet isolation outcomes - PAG(23)08**
C Counter reported on the outcome of pancreases retrieved with the intention to transplant as pancreas islets as reported to the UK Transplant Registry. Data on 164 donors between 1 January 2020 and 31 December 2022 was analysed with 55 donors in 2022. Of the 54 used for isolation, 47 had isolation completed and 31 met the release criteria. Seventeen of those were transplanted, five as SIKs. This gives an overall conversion rate from isolation started to islets transplanted as 31%. Only 5 of the 55 were classified as Grade A donors and 2 were transplanted.
- 7.3 Islet transplant activity and outcome - PAG(23)09**
C Counter reported a reduction in transplants from 23 in 2021 to 17 in 2022. There were 22 patients on the islet transplant list at 31 December 2022, 21 routine (11 SIK) and one priority patient. One year graft survival was discussed and a significant difference in five-year graft survival for those receiving a routine and priority top-up graft compared with those receiving a routine only graft, 62% and 38%, respectively, was noted.
J Casey confirmed a reduction in islet-only referrals, the group endorsed this. He highlighted that the huge publicity drive by commercial companies for pump technology is creating the impression for patients that this is the best for them and suggested a renewed public relations campaign with Diabetologists.
- 7.4 Referral patterns**
S White previously requested information on referrals from centres and advised that he has not received any information.
Action: S White will re-write to centres. **S White**
- Equity of access was discussed as part of the OUG report.
Action: R Ramanan and S White will create a FTWG with kidney and liver. **R Ramanan/
S White**

ACTION

8. Standard Listing Criteria

8.1 Summary data - PAG(23)10

C Counter reiterated the need for the return of the supplementary registration form, where return rates range between 60% and 100%

8.2 Pancreas transplant listing exemption requests and outcome of previous applications to appeals panel

There had been no requests for whole pancreas patients since the last meeting.

9. Any other business

S White reminded members of the 14th June 2023 Centre Leads meeting and the 2nd November 2023 PAG Face to face Meeting.