

## NHS BLOOD AND TRANSPLANT

## CTAG HEART ADVISORY GROUP

**MINUTES OF THE HEART ALLOCATION WORKING GROUP TELECON MEETING  
THURSDAY 2 APRIL 2015, 3PM TO 4PM**

**PRESENT:** Guy MacGowan (Chair)  
 Nick Banner  
 Steve Shaw  
 Matthew Knight  
 Jayan Parameshwar  
 Matthew Fenton  
 David Crossland  
 Sern Lim  
 Neil Howell  
 Sarah Bowater  
 Joan McVittie (Lay Member)  
 Jenny Lannon

**APOLOGIES:** Mike Burch  
 Mo Al-Aloul  
 Paul Corris  
 Richard Kirk  
 Jas Parmar  
 Andre Simon  
 John Dark  
 Nawwar Al-Attar  
 Martin Carby  
 Roy Gardner  
 Jorge Mascaro  
 Mark Petrie  
 Steven Tsui

**ACTION****1 Introduction (Guy MacGowan)**

G MacGowan welcomed everyone to the telecon.

**2 Background**

The purpose of the telecon is to agree on criteria for urgent listing of Adult Congenital Heart Disease (ACHD) patients. G MacGowan explained that the short notice of the telecon was due to the potential for including the agreed listing criteria as part of the Super Urgent Heart project implementation.

D Crossland had previously sent a proposed set of ACHD urgent listing criteria to the HAWG for discussion. Comments have since been received (including a revised proposed set of listing criteria from N Banner) and the aim of this telecon is to amend and finalise these ACHD criteria, irrespective of other disease groups.

**3 Discussion**

N Banner felt that the proposed criteria were too broad for some patients in which case there would be too many patients urgently listed. In particular the criteria relating to patients on intravenous diuretics >1 week was considered too broad.

The group generally agreed with the proposed changes suggested by N Banner which includes that if the patient is on diuretics, and has no other urgent listing criterion, they should go to the Adjudication Panel.

It was highlighted that once these criteria are implemented and the results are audited/reviewed, they may need to be amended at a later date.

It was noted that there is a lot of crossover between the agreed listing criteria for adults for paediatric patients. It was therefore agreed that this issue should be discussed at CTAG.

J McVittie highlighted that these agreed criteria could cause a large increase in the number of patients being referred to the Adjudication Panel and that the group may wish to set a review period now. G MacGowan suggested that the scheme should therefore be reviewed after 12 months.

J Lannon agreed to circulate the final agreed criteria for urgent and super-urgent listing (for non-ACHD patients) so that the group can see where ACHD patients fit within these.

JL

#### 4 Agreed Criteria

The following criteria apply to both adult and paediatric patients

- 1) **Arrhythmia.** Arrhythmia refractory to interventional/medical management, which have necessitated more than 1 admission during the previous 3 months with haemodynamic instability that was potentially life threatening or associated with a deterioration in kidney or liver function . Also, intractable arrhythmia that is refractory to interventional/ medical management and causing haemodynamic instability such that the patient cannot be discharged.
- 2) **Patients with no option for conventional escalation of therapy.**  
Inpatients unsuitable for inotropes and mechanical circulatory support who have worsening heart failure manifest by any of:
  - ☐ Deteriorating liver function with bilirubin and transaminases persistently more than twice normal, not responding to conventional management during that admission
  - ☐ Deteriorating renal function (20% deterioration from base line in eGFR) and a measured creatinine clearance below 50mls/min/1.73m<sup>2</sup>, not responding to conventional management during that admission
  - ☐ On-going requirement for dialysis/ CVVH for fluid balance or electrolyte management
  - ☐ Recurrent admissions (> 3 in preceding 3 months) with episodes of right heart failure or protein losing enteropathy either of which has required ascites drainage
- 3) **Meet current urgent listing criteria**
  - ☐ Including discussion at adjudication panel

#### 5 The agreed criteria should be taken to CTAG on 30 April for ratification

April 2015