

OTDT HUB OPERATIONS & Renal and Pancreas RTC CATCH-UP
Wednesday 28th June 2023, 14:00-15:00
Microsoft Teams meeting

Present:

Laura Stamp, Lean Nurse Recipient Coordinator, NHSBT
Julie Whitney, Head of Operations, HO
Rhiannon Taylor, Lead Liver Statistician, NHSBT
Raynie Thomson – Product Owner TransplantPath, NHSBT
Bethan Pezzack, Service Manager, Hub Operations
Shirley Phillips, Transplant Contracts Manager, NHSBT
Grace Palmer, Transplant Coordinator, King's
Kate Jones, Lead Transplant Coordinator, Leeds
Karl Pratt-O'Brien, HPB and Transplant Service Manager, St Vincent's Dublin

NHSBT Hub operations update

Review of the SU liver appeals process (Bethan)

HO are considering reducing the response time for a SU registration via the appeals panel which is currently a maximum of 12 hours. There have been some incidents where this time has been exceeded and no action has been taken for the potential SU registration.
Would like to take some proposals to LAG as the current process does not feel robust enough.

- Need to consider what is the appropriate consideration time for an appeal
- Would like all Centres to register a response
- Within the Hub, there perhaps need to be one person dedicated to the ownership of that registration (this will be the vision once SU registration management move to Information Services when they are a 24 hour service)
- Should perhaps consider parameters for a timeframe within any given day for submitting a SU appeal
- In some Centres, all parties within an MDT are asked to determine eligibility of the appeal
- JW will look at the data from previous cases before putting together a proposal

Managing Patients via NTxD

All SU registrations are to move to IS from HO
Centres will be expected to manage their own list and suspend and remove SU liver patients on their own lists via NTxD, as opposed to contacting HO to make changes to patent listing status. Confirmatory testing has been completed to ensure all Centres have these capabilities to remove and suspend SU recipient, and communications regarding the go-live date will be sent nearer the time

Fast track proforma

In order to support centres decision making when a liver is fast tracked - Basic details regarding KTS, WIT timings, XClamp etc could shared around the other centres at the time the FT offer is made.

Onus would be on the Centre to communicate the details, but HO would be able to support dissemination of the details to all Centres

There may be variation between the Centres in how WIT is calculated but **LS can work up a template and circulate for comment to all Centres**

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Liver Statistician Update	Rhiannon Taylor
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<p>RTCs will soon receive an email requesting the latest PaO2 on air for HPS patients as per a recommendation from LAG, to monitor the trajectory of these patients.</p> <p>There will potentially be a new ACLF form with additional parameters on it</p> <p>A paediatric sub group of LAG has been established and will meet for the first time in September.</p>	
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Lead Nurse Recipient Co-ordination update	Laura Stamp
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Closure to Newcastle airport overnight	
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<p>For your awareness, IMT have just communicated that Newcastle airport will have a FULL RUNWAY closure overnight on 29th June from 0240-0600 for urgent runway repairs, no flights will be allowed between these times.</p> <p>If you require overnight flights in and around that area, please contact IMT in the usual way to discuss alternative options.</p> <p>Hub Operations have also been informed of this</p>	
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SCORE:	
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<p>The Sustainability and Certainty in Organ Retrieval (SCORE) Programme has been set up following a detailed review of the donation and retrieval pathway in order to provide more certainty and predictability in the organ donation process.</p> <p>This has come about due to there being more DCD donors than ever before, a fragile NORS service post Covid, more technologies being available to facilitate organ donation, and the frequent occurrence of day time retrieval and night time transplant, alongside the well known funding constraints of the NHS, needing to deliver more with less money.</p> <p>The project has 7 work streams, with one of them looking at offering and allocation, as well as donor assessment.</p> <p>There aims to be a specific period for planned elective retrieval surgery time for donors to give predictability to transplant teams and NORS team members when planning their retrievals and transplants.</p> <p>There will be specific nurse led positions to look at prolonged time to asystole, as well as developing and improving screening tools, just soe of the measures planned to align capacity f our services to the greatest donor potential.</p> <p>The project will take 18-24 months from planning to delivery and you may be asked to be involved with certain aspects.</p> <p>Please join one of the remaining webinars to learn more –</p> <p>4th July 8-9am</p> <p>12th July 11-12pm</p>	
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SCORE Webinar - 4th July - Join Here.



SCORE Webinar - 12th July - Join Here

TransplantPath Update:



EOS Replacement
Demo (1).pptx

Key points to date–

1. CDDF and MaSH data will be available as before in a more user-friendly format
2. Available for use on any device
3. Updates will be easily identifiable and easier to acknowledge
4. Images will be shared on this platform
5. Some timings will be shared eg KTS
6. PDF generation will only be possible once the SNOD has set the donor record to 'complete' which is usually when the donor has finished in theatre
7. No availability to view the 'national activity', only the records you have most recently searched

TransplantPathTeam@nhsbt.nhs.uk for any queries or offers to be part of the testing and roll out groups.

We also have monthly virtual engagement meetings, if you would like to be added to the invite to these - please email and we can add you. **The next one is 5th July 1500-1600**

It was raised that teams would have to change their practices given that the option to print PDFs will not be available until donation has completed. Teams may need to consider the equipment / devices they have to ensure organ offers can be given to Surgeons / Clinicians in all scenarios, eg when scrubbed in theatre.

LS to liaise with all teams about this

Surgeons will be required to log on and view the CDDF and MaSH as opposed to having it emailed to them in PDF form for review. Login will be much easier on TransplantPath platform so there will hopefully be less resistance.

Concerns were also expressed about the inability to see the national view. This will impact centres knowing about potential donor vessel availability in advance for instance.

A solution can be built into the SCORE project, whereby Centres can be provided with some data they need to plan staffing levels and manage the time of on call personnel.

This may be a daily or twice daily email to centres regarding donor activity for example. Centres need to have a think about what information they would require to satisfy any needs they have to see the national activity picture.

LS to liaise with all teams about this

Salient Points from LAG

These will be captured in every meeting and circulated shortly after to avoid long waits for official meeting minutes, and aid better communication to clinical teams

Raynie
Thomson



LAG meeting
summary May 2023 I

AOB

All

Flights are incredibly short over the summer
You may be asked to consider rationalising the use of flights, you may be asked to share charter flights
HO and IMT are managing the allocation as efficiently as possible to make best use of the scarce resource.

JW

Big thank you to HO staff for their hard work in the recent busy periods, always very helpful and supportive

KJ and
GP