

LIVING DONOR LIVER TRANSPLANTATION

PROCTOR TEAM

TERMS OF REFERENCE

1. BACKGROUND

The living donor liver transplantation (LDLT) project was set up in April 2022 to deliver a UK-wide programme that improves access to LDLT as one of a range of transplant options for adults and children with end-stage liver disease.

This initiative is consistent with the ambitions of the *UK Organ Donation and Transplantation Strategy 2030: Meeting the Need*¹ to ensure that, if appropriate, suitable patients are given the opportunity to be referred to an experienced, capable centre for consideration of LDLT. If this can be achieved within a coherent, UK-wide approach, it will help to address the growing waiting list in the aftermath of the SARS CoV 2 pandemic and increase access to liver transplantation for patients who are eligible to be considered within the new expanded indications that have now been agreed.

There are four primary aims of the project, to:

- a. Ensure that all suitable patients (adults and children) are offered the opportunity to consider LDLT as an option for them
- b. Address barriers leading to unwarranted variation in access to and referral for LDLT (e.g., geographical, financial, ethnicity/culture, socio-economic circumstances)
- c. Ensure that outcomes and experience for both living liver donors and transplant recipients are considered
- d. Embed a safe and sustainable LDLT service across the UK alongside the ongoing initiatives to improve organ utilisation including NRP for DCD donation and machine perfusion

2. WHY DO WE NEED A LDLT PROCTOR TEAM?

The operational model involving a multi-disciplinary Proctor Team to support the expansion of adult-to-adult LDLT was approved by the LDLT Project Board² and endorsed as the preferred delivery model through wide stakeholder engagement in February 2023. This is a time-limited initiative, funded by commissioners, to upskill existing liver transplant centres who wish to participate in LDLT surgery and to provide improved access to LDLT for suitable recipients.

The Proctor Team will work with any centre that wishes to expand their adult-to-adult LDLT programme on an individual basis, providing support for the local team to become self-sufficient in all aspects of the LDLT pathway, including donor and recipient selection, preparation, surgery and follow-up.

¹UK Organ Donation and Transplantation Strategy 2030: Meeting the Need

<https://www.odt.nhs.uk/odt-structures-and-standards/key-strategies/meeting-the-need-2030/>

²<https://nhsbtdeb.blob.core.windows.net/umbraco-assets-corp/29252/ldlt-project-board-tor-august-2022.pdf>

3. WHAT DOES IT NEED TO ACCOMPLISH?

The aim is to increase UK-wide availability of and access to adult-to-adult LDLT for suitable recipients by

- Using standardised best practice protocols
- Creating self-sufficiency in adult-to-adult LDLT in participating liver transplant centres

Success is dependent upon the

- Number of centres with capacity and/or willingness to perform LDLT surgery and engage with the Proctor Team programme
- Number of donor-recipient referrals/self-referrals
- Duration of the project (designed as a 3-year initiative but funding dependent)

4. HOW WILL IT BE APPROACHED AND WHO WILL BE INVOLVED?

The Proctor Team has been set up under the auspices of the LDLT Project Board, endorsed by Liver Advisory Group and through wider stakeholder engagement, including patient groups and clinical representatives from all existing UK liver transplant centres (n=7).

The Proctor Team will be established as a single multi-disciplinary team (MDT), staffed by clinicians with expertise in the field, who may be from one or more existing liver transplant centres, including:

- Consultant surgeons (donor and recipient)
- Consultant hepatologist/s
- Consultant radiologist
- Consultant anaesthetist
- Living donor coordinator/s

The local team will engage with the Proctor Team to agree the level of support required to develop their programme. The local MDT will provide expertise from within their centre to manage all aspects (physical and psychological) of the proctored LDLT pathway, for whom the Proctor Team will provide mentorship and support.

The launch of the initiative will be managed through a NHSBT Change Control process to ensure that appropriate governance and safety controls are in place. The credentials of all Proctor Team members will be reviewed and approved by the NHSBT OTDT Medical Director, who will seek permission from their Trusts for participation in the team. Remuneration will be to individuals via their Trusts from the funding allocated to NHSBT by commissioners for this purpose. The continuation of the initiative is dependent upon availability of funding from commissioners to support the Proctor Team activities.

All Medical Directors, Clinical Directors and Clinical Leads in existing liver transplant centres will be notified about the start of the programme (April 2024) and will be invited to participate. Local teams and Proctor Team will work to agreed standardised pathways, protocols and

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policies endorsed by the LDLT Project Board and, where necessary, by NHSBT internal governance processes. The Proctor Team will meet with NHSBT monthly to monitor clinical and financial progress to plan.

The local Trust will be responsible for compliance with their local Human Tissue Authority (HTA) licencing requirements and local governance arrangements. Resources to support local and Proctor Team activities, including NHSBT controlled documents, will be made available here <https://www.odt.nhs.uk/living-donation/living-donor-liver-transplantation/>

5. HOW WILL SUCCESS BE MEASURED?

The Proctor Team will be launched in April 2024 and aims to deliver an increase in adult-to-adult LDLT activity during financial years 2024/25-2025/26. Depending upon future funding, the aim is to continue the programme for up to 3 years to facilitate maximum engagement from existing liver transplant centres and their referring units, consolidate learning and embed expertise- ultimately, leading to improved access to LDLT for suitable recipients and willing donors.

Success will be measured by:

- Increased numbers of transplants from living donors for adult recipients
- Increased referral rates for LDLT from transplant and non-transplant centres
- Number of centres engaged with the Proctor Team
- Number of centres proctored to self-sufficiency, according to agreed criteria
- Safe policies and procedures to support best clinical practice in LDLT

Each sub-workstream will report into the Education workstream and contribute to an annualised project plan with key milestones and outcomes against which progress will be mapped and reported to the LDLT Project Board.

6. WHAT RESOURCES WILL BE REQUIRED TO DELIVER THE OUTPUTS?

The cost of establishing a multi-disciplinary Proctor Team is calculated at circa. £103K p.a. (£309K /3 years). NHS England has provided £150K (50% funding) and Scotland a further £30K. It is anticipated that this funding will provide 18-24 months support for the roll-out of the project and will be used solely to support remuneration of Proctor Team members. Subject to further funding agreement, the team will continue or be stood down. The Proctor team will be staffed from one or more existing transplant centres as described in section 4.

Apart from the above staffing costs, the other resources will be provided by NHSBT, including:

- Oversight and coordination of the initiative
- People to support the delivery both strategically and operationally
- Digital support to upload on-line resources to dedicated website areas

These terms of reference will be reviewed annually or as required.

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