

# NHS BLOOD AND TRANSPLANT ORGAN DONATION AND TRANSPLANTATION DIRECTORATE

## LIVER ADVISORY GROUP

October 2013

### **TAKING ORGAN TRANSPLANTATION TO 2020: PLANS FOR IMPLEMENTATION**

#### **Executive Summary**

The strategy for increasing the UK organ donation and transplantation rates, *Taking Organ Transplantation to 2020*, was published on the 11<sup>th</sup> July. The strategy sets the aim of matching world class performance in organ donation and transplantation, together with a series of actions that would help that aim to be achieved.

Many actions contained within the new strategy will fall to NHSBT to lead. This paper provides the proposals for the implementation process for the Board's consideration.

#### **Recommendation**

The Group is asked to:

- Note that the implementation of the strategy will be a phased process, focussing in the first instance on those actions within the strategy with the greatest potential for increasing the UK transplant rate, or with a long lead-in time.
- Comment on the proposed timescales for implementation as outlined in Annex A.
- Note that we will continue to work with the SOAG, NODC and CRG, as well as our partners and stakeholders to implement those sections of the strategy that fall to NHSBT to lead.
- Note the progress with establishing a formal Group to oversee the implementation process.

#### **Implementation plans**

##### **1. General**

The outline strategy contains 43 actions. The detailed strategy document contains 53 actions. The success of the strategy relies on all those with a role in organ donation and transplantation taking a positive active role in implementation.

There are also a number of issues which have been considered when developing the plan for implementing the actions within the strategy which fall to NHSBT to lead. These include:

- Limited resources
- Existing programme of work
- Co-dependencies between the various actions

## 2. Implementation oversight

An 'Implementation Oversight Group', which would be responsible for bringing together all those with a role in implementing the new strategy and steering the work. Elisabeth Buggins (Chair of the Organ Donation Taskforce) has agreed to Chair the Group.

In addition, Professor Gurch Randhawa has agreed to Chair a Stakeholder Group, which will have particular responsibility for overseeing the role of the voluntary and faith sectors in plans to change society's attitudes and behaviours towards donation.

## 3. NHSBT implementation plans

The draft implementation plan is provided at Annex A and has been previously circulated to SOAG/ NODC/ CRG Chairs and members.

Many of the actions contained within the strategy will fall to NHSBT to lead. We do not have the resources necessary to undertake all the actions at once, nor would this be appropriate in many instances. The Organ Donation and Transplantation Senior Management Team within NHSBT have therefore undertaken work to develop a phased approach to implementation, focussing first on those areas that have the greatest potential to increase the transplant rate, or will require a long lead-in time.

The plans have been shared with the Chairs and members of NHSBT's Solid Organ Advisory Groups, National Organ Donation Committee, National Organ Retrieval Service leaders and the Heads of Transplant Units for comment.

NHSBT plans to continue to engage with partners/ stakeholders through:

- Update/ advice requested through existing channels (e.g. SOAG/ NODC; Regional Collaboratives; The Gift; NHSBT public meeting; National conferences)
- Members of NHSBT project working groups as appropriate
- Representatives on 2020 Oversight Group
- Ad-hoc advice sought

## 4. Government implementation plans

The UK Health Departments are in the process of developing plans for the implementation of those sections of the strategy which they will lead, outlining how these will align with their own policies. Plans for the implementation of these plans varies between countries.

### **Financial implications**

As noted in the strategy, as far as possible implementation will be taken forward within existing resource allocations. However, there may be some work, such as technological developments, pilot initiatives and other programmes capable of bringing improvements.

Further detailed, costed implementation plans for all such changes will be produced and funding sought from the four UK Health Departments as appropriate.

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