

NHS BLOOD AND TRANSPLANT

LIVER ADVISORY GROUP

LAG WORKPLAN FOR 2014-5

Highest Priority:

Liver allocation system. A considerable amount of preparatory work has been undertaken directed at designing an allocation system that:

- prioritises patient welfare,
- delivers equity of access to transplantation from a comparable pool of donor organs across all centres,
- reduces waiting list mortality,
- is sufficiently transparent to retain the confidence of all stakeholders,
- understands the logistical issues that impact on key outcome measures.

The system will need to address the 5 pieces of the clinical 'jig-saw':

- a. bulk of patients with chronic liver disease whose disease severity is reflected by a scoring system (currently UKELD)
- b. minority of patients with chronic liver disease whose disease severity is not appropriately reflected by a scoring system e.g. younger patients with cholestatic disease (7% of patients in US)
- c. patients with hepatocellular carcinoma
- d. patients with 'exceptional indications'
- e. emergency liver transplantation.

Work: Jig-saw piece

- a. Current LSAWP activity to transform to FTWU and report by end of April 2014.
- b. Core group to consider options and report by February 2014.

- c. FTWU to pick up on outcomes of January Consensus Conference. Report by end of April 2014.
- d. Core group to consider options and report by February 2014.
- e. Core group to consider options and report by February 2014.

Core group will define default positions for any element of the work-stream not meeting deadlines.

Present proposal to LAG meeting in May 2014 and address any outstanding concerns.

Engage IT services in July 2014.

Sign-off at LAG November 2014?

Go live January 2015?

Increasing Organ Utilisation. The number of organ donors has increased significantly but until recently the conversion rate for livers has been disappointing. In keeping with the objectives of NHSBT TOT2020 Strategy, the utilisation of donor organs needs to be maximised with an understanding of issues that lead to organs being discarded and a process to test the boundaries of potential utilisation.

Work:

TFWU to consider:

- the potential 'wastage' in current system and advise on potential improvements,
- a definition of a set of organs that could be used in willing patients who otherwise would not have access to liver transplantation.

Report by end of April 2014.

Intermediate priority**Indications for Listing for Acute Liver Failure**

Liver transplantation has made an enormous contribution to the improved survival in ALF with over 60% of afflicted patients now expected to survive the illness but the application of liver transplantation has not changed significantly over the past 15-20 years despite significantly improved survival with medical management in some aetiologies, notably paracetamol. In these patients, the gap between transplant-free and post-transplant survival has narrowed dramatically and to the point that a fundamental review of the role of liver transplantation is needed. Sub-acute liver failure is a cohort that is sub-optimally served by current liver transplant services, principally because of lack of progress in recognising the poor prognosis at an early stage. This subgroup is worthy of focus to define prognostic and management milestones that accurately reflect the optimal time for intervention with liver transplantation.

Work. FTWU in conjunction with BASL

Preliminary report on literature review and review of UK outcomes – April 2014

Recommendation on policy October 2014

New and evolving indications

SAAH: As defined by protocol with oversight committee during conduct of trial.

Lead: Dr. A. Gimson.

Others: core group on an ad hoc basis initially.

Trust and Transparency

Core group to consider initiatives to enhance trust between centres e.g. annual visitations.

Define relationships with professional bodies. LAG has become the default option for some issues that would be more appropriately dealt with by professional bodies.

Core group will work with representatives of BASL Liver Transplant Chapter and BTS to define roles and mechanisms for interaction. Report September 2014.