

**NHS BLOOD AND TRANSPLANT**

**LIVER ADVISORY GROUP**

**Report from the National Retrieval Group – 3 November 2014**

1. The work plan was outlined which included developing the scout project for CT organs only but with the hope that this 'good practice would impact on all organs'.
2. The retrieval dispatch project is ongoing – to allow duty office to have a more accurate picture of where donors and teams are at any one time.
3. Advisory Group priorities for LAG: Utilization, DCD CIT, revisit the splitting rules and allocation.
4. NTOT: Outlined by Gabi Oniscu – NRP was to be developed nationally and all units interested attended a separate meeting after the NRG to standardize the protocols. This will be published soon. We were told that £75K was being made available by NHSBT for this.
5. Histopathology audit: we were informed that only about 42/150 biopsies taken during the audit were for potential cancer and the rest for function. The audit was relatively incomplete and further decisions would need to be made.
6. Damage: very few livers have been damaged or not used for damage
7. We discussed at length – retrieval delays and especially DCD delays in
8. getting the liver 'on the road'. We agreed that this had to be a priority but not at the expense of other organs and that QUOD was not a delay. We agreed that waiting for the surgeon to unscrub to sign forms before the organ left had to be changed and that the DCD livers had to leave within 1 hour of perfusion.
9. NORS review – still in progress – will report by April 2015.
10. Non proceeding DCD times – an audit was done but there seemed to be confusion as to how the data was collected – it will be looked at again.
11. Procurement: we were informed that ice boxes would be procured by NHSBT to the agreed standard.
12. Training competencies are in progress and 50 retrieval surgeons will be signed off as well as the experienced retrievers (grand-father clause). The RCS will under-rite.

Professor D M Manas