

SCORE workstreams update - spring 2024

Business case

The senior leadership in Organ and Tissue Donation and Transplantation (OTDT) offered continued support for the SCORE programme through approval of a business case in December 2023. Approval demonstrates continued sponsorship for the aims of the programme, releasing additional resources to allow activity to move from scoping to a design phase.

The purpose of this next phase is to ultimately prove the concept of a Planned Arrival Window (PAW) for retrieval. This will be achieved through the development of workstream recommendations, which assess the challenges involved with a PAW and make suggestions to overcome them. Collectively, these recommendations will form a service model proposal.

Analysis for the design phase is anticipated to continue into summer 2024. A further business case will be required to allow for more detailed service design.

National Organ Retrieval Service model

The primary focus of the National Organ Retrieval Service (NORS) model workstream is to develop a dedicated window of time where organ retrieval operations can be expected to take place.

In the last 6 months we have been engaging with colleagues across the donation, retrieval and transplant pathway to take feedback on the proposed PAW of 10pm to 3am.

Based on that feedback, we will be actioning the following:

- The NORS PAW was initially proposed to be 10pm to 3am. Following feedback from the donation community, it is being remodelled on 8pm to 3am. This remodelling is not yet complete.
- The PAW Plus will allow for those donors registered with ODT Hub after 8am to be considered in that evening's PAW if there is capacity.
- For special cases, retrieval will be available outside of the PAW (24/7) e.g., paediatrics, super urgent liver recipients.
- Modelling to ensure we have enough NORS teams to attend all donors, and fair distribution of attendance amongst all teams.

NORS Workforce

The Workforce workstream is a time limited group which comprises of key stakeholders from the NORS community and sits under the SCORE programme. The focus of the workstream is future sustainability of the NORS Workforce.

Through a series of meetings, the group has identified 4 key objectives:

1. Understand the impact of a PAW to improve workforce planning by NORS Trusts and Health Boards.

2. Identify factors to improve NORS Trusts and Health Board's ability to attract and retain NORS staff to ensure a sustainable service.
3. Empower teams to raise the profile of NORS within their Trusts / Health Boards to highlight the vital work the teams undertake.
4. Strengthen the NORS Workforce network through the facilitation of a Community of Practice where learnings can be shared.

In order to achieve these objectives a series of recommendations have been developed. These recommendations are designed to support sustainability and prepare Trusts and Health Boards for future ways of working within the PAW. A staged implementation plan is in development and will be shared upon completion.

Donation

The Donation workstream is focused on 4 key areas:

1. Offering – to ensure the model for offering organs adapts effectively and efficiently to the proposed changes.
2. Advanced Multi-Organ Screening (AMOS) – to improve the systems in place to screen organs and ensure it is undertaken both safely and efficiently.
3. Advanced Donor Optimisation – to scope the systems and tools available to maximise the utilisation of consented / authorised organs for transplant.
4. Donation after Circulatory Death (DCD) assessment – to introduce a national standardised DCD assessment tool to assist in decisions regarding suitability. Review current practices and compile data to support the development of a reliable death 'probability' tool.

Progress in each of these 4 key areas is summarised below:

Offering

Engagement activities with all organ groups are concluding and intelligence obtained has supported the design of a new offering model:

- Stress testing of the cardiothoracic and liver offering models has begun and will continue during May 2024, with specific centres involved to provide feedback.
- High level model options designed and presented to the renal community in April 2024. Further engagement to define an agreed model are upcoming.
- Work has begun to review the logistics of organ offers and organ arrivals at donor hospitals.

Advanced Multi-Organ Screening (AMOS)

Following successful collaboration with stakeholders from both the donation and transplant communities, three components have been identified within organ specific working groups:

1. Ensure that Specialist Nurses have collated a minimum core data set of information for each organ group to aid decision making during assessment with transplanting centres.
2. Create a guide outlining recommended past medical history, including organ function status, to aid Specialist Nurses in identifying factors warranting further assessment with transplant centres.
3. Establish a formal procedure specifying the individuals responsible and the appropriate timing for contacting a transplant centre once the above factors have been considered.

The above three components are currently in the process of being reviewed and agreed with organ specific transplanting centres.

Advanced Donor Optimisation

3 workshops involving key stakeholders have been held and there is consensus that systems are already in place. To complement the existing systems, there will be focused efforts to raise awareness and improve knowledge about existing Donor Management and Optimisation (DMO) tools such as the donor optimisation bundle, Mohan App, and that clinicians and operational leads are available for escalation of queries or advice. To strengthen DMO, the following has been recommended:

- Remind teams and refresh pathways already in place for gaining DMO advice.
- Audit use of donor optimisation bundle and relaunch if required.
- Review feedback from DMO level 2 survey to assess need for level 3 or advanced role such as advanced practitioner – organ donation.
- Review the value of linking these educational initiatives with the Academy project moving forward.

DCD Assessment:

3 workshops with key stakeholders have been held and taken feedback from the 12 Regional Autumn Collaboratives (2023), the outcome being the creation of a Suitability Assessment Tool for DCD donation. To implement this, the following is required:

- Seek approval from SCORE Programme Board (May 2024) to pilot the Suitability Assessment Tool for DCD donation in 4 regional organ donation teams.
- Collect data during the pilot period to monitor uptake and efficacy of the Suitability Assessment Tool.
- On completion of the 3-month pilot, comparison of data will be conducted looking at the same 3-month period in 2023 to measure the impact of the tool.
- Create a data collection tool on identified common factors associated with imminent death for probability calculations to further enhance future DCD suitability assessments.

Following the SCORE programme board on 20 May 2024, the DCD Assessment, Advanced Donor Optimisation and Advanced Multi-Organ Screening sections of the Donation workstream will transfer to business as usual functions. The delivery of these activities will fall under the responsibility of the OTDT leadership and will no longer be under the scope of the SCORE programme.

Support Services

Work on the Support Services workstream will begin in earnest once the model for NORS (the Planned Arrival Window) is confirmed. To date, the workstream has been identifying stakeholders across transport providers and laboratory services to examine the impact of the changes on their services.

Novel Technology

In April 2024, Ben Cole was appointed to the position of Service Development Manager, Novel Technology. The focus will be to co-ordinate and align perfusion technologies with the PAW, subject

to obtaining substantive funding. This will allow us to reshape NORS, creating a new retrieval service that includes perfusion technology.

Communications and Engagement

In these early stages of the SCORE programme, the purpose of engagement activities has been to understand from stakeholders whether the proposed PAW model is feasible across the pathway. While we know most areas will have to make changes to the way they work, our priority has been to discover if the PAW would be incompatible for any specific group to implement.

To date the SCORE team has engaged with:

- All organ-specific groups in transplantation (including NORS representatives)
- Recipient co-ordinators
- The Organ Donation community via
 - Regional collaboratives
 - National Organ Donation Committee meeting
 - National Organ Donation Paediatric sub-group
 - Individual regional teams
- Public and Patient sub-group
- Donor Family Advisory Group

We have taken feedback from all specialities and refined the PAW model accordingly. So far, there has been nothing raised to indicate the model could not be implemented in practice.