

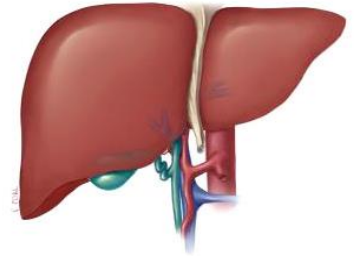
# LDLT Project Overview and Aims

Lisa Burnapp

Associate Medical Director

Living Donation and Transplantation, NHSBT

# Aims – April 2022



Increase opportunity and choice for patients waiting for a liver transplant by

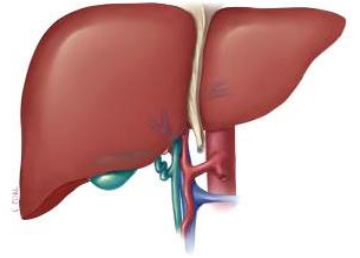
- Expanding the adult-to-adult LDLT programme UK-wide
- Supporting existing paediatric LDLT programmes
- Developing educational resources for living donors, recipients and healthcare professionals

# Project Board –Past and Present



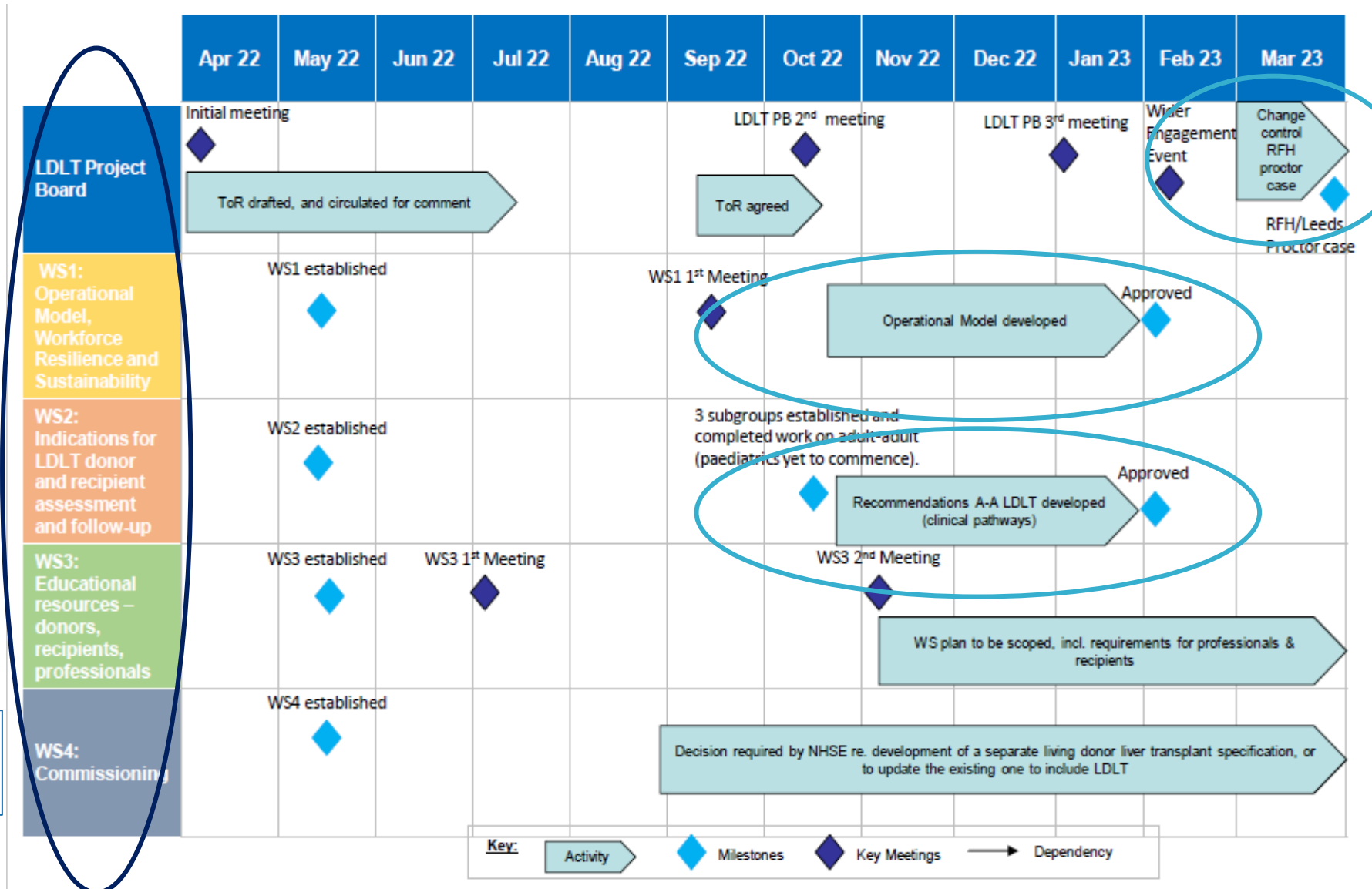
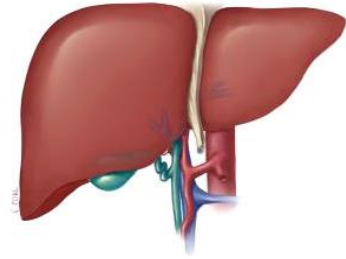
Lisa Burnapp (Chair)	Associate Medical Director, Living Donation and Transplantation
Derek Manas	Medical Director, OTDT NHSBT
Varuna Aluvihare	Consultant Hepatologist, King's College Hospital
Joshua Bell	Consultant Radiologist, Leeds
Sarah Matthew	Lay Representative
Katie McGoohan	Advanced Nurse Practitioner, Liver Transplant Services, Leeds
Raj Prasad	Consultant HPB Surgeon, Leeds
Karen Quinn/Emma Billingham	UK Commissioning and Service Development, NHSBT
Douglas Thorburn	Consultant Hepatologist, Chair of LAG, Royal Free Hospital
Sarah Watson	Specialised Commissioning, NHSE
Julie Whitney	Head of Service Delivery - ODT Hub
Vivek Upasani	Consultant HPB Surgeon, Leeds
Peter Lodge	Consultant HPB Surgeon, Leeds
Abdul Hakeem	Consultant HPB Surgeon, King's College Hospital
Andrew Madden	Lay Representative

# Workstreams- April 2022



1. Operational model, workforce resilience and sustainability
  - Adult and paediatric LDLT
2. Indications for LDLT, assessment and follow-up
  - Recipient and donor
3. Educational resources
  - Recipient, donor, professional
4. Commissioning
  - Service specification to be drafted once workstreams 1 & 2 report

# 2022/2023- Adult-Adult LDLT



The Board

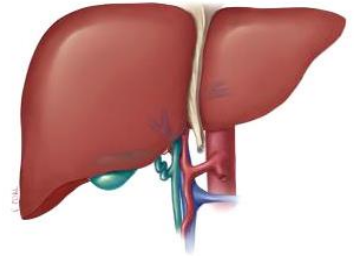
Operational Model

Clinical Indications

Educational Resources

Commissioning Aspects

Critical to Success



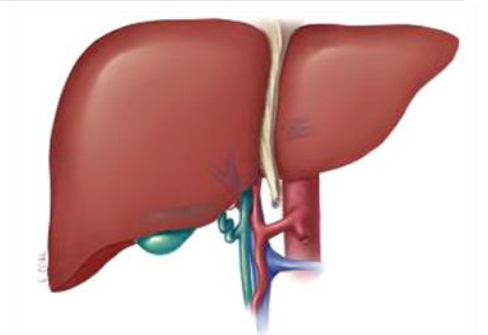
Engagement from clinical teams and key stakeholders

# Engagement Event- February 2023



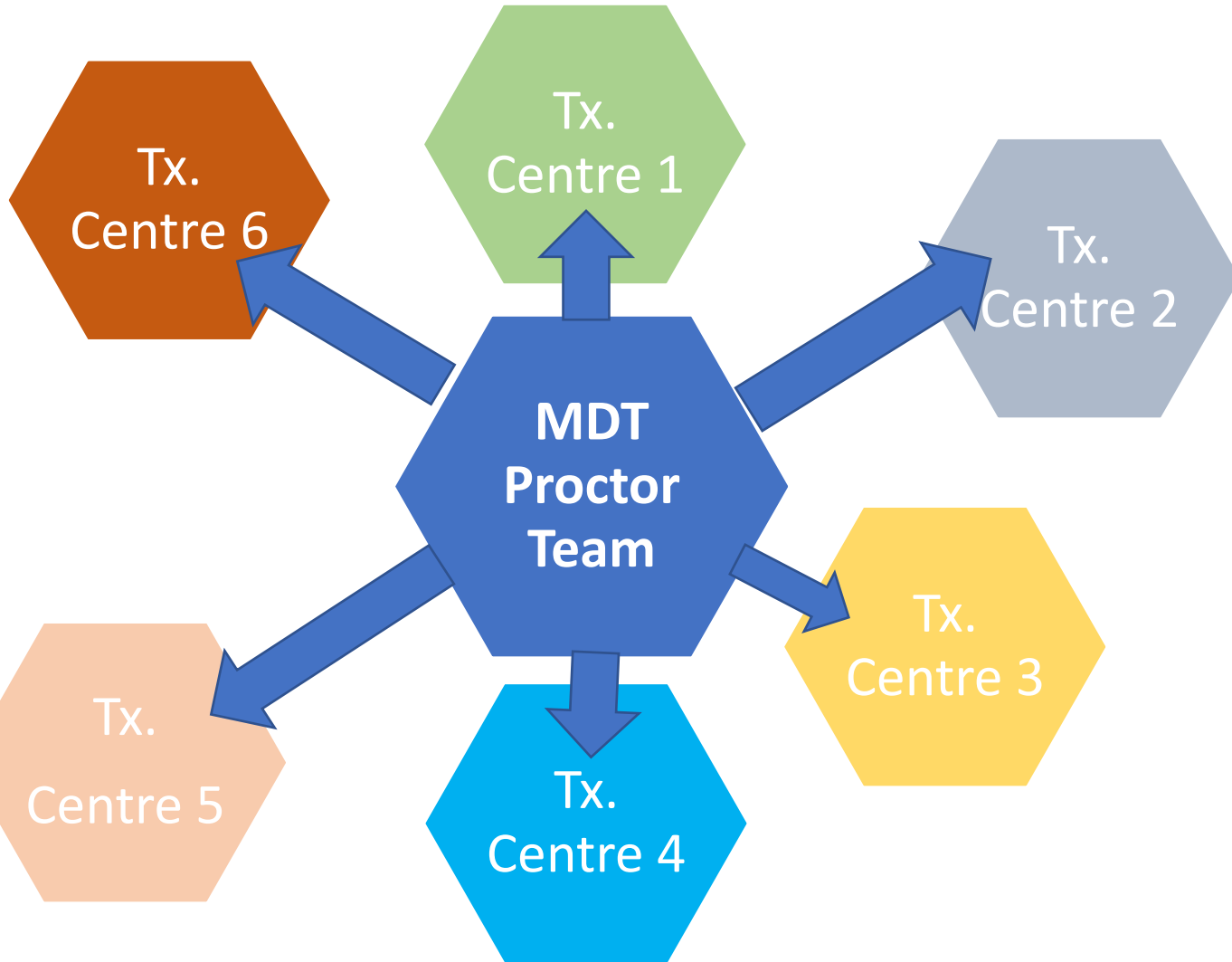
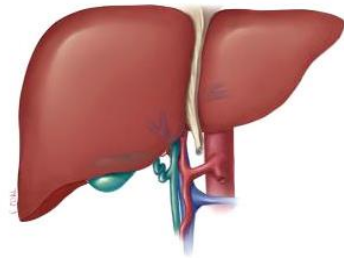
1. Is this the right model?
2. Is this the right time?
3. Will this improve equity of access to LDLT?
4. Will this help meet the shortfall in donor numbers?
5. Will it support or detract from the overall LT programme?
6. Is this feasible in your local team?
7. Is there appetite to do this in your local team?
8. Should the minimal listing criteria be the same for DD and LD?

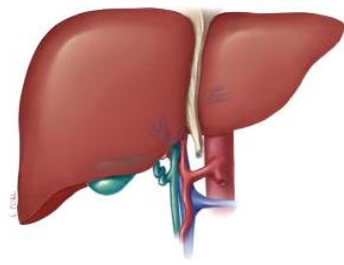
# Agreed Operational Model Adult-to-Adult LDLT





# Proctoring Scheme





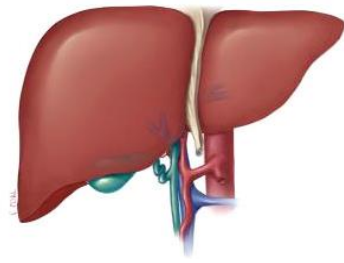
# MDT Proctor Team

## WHO?

- Senior donor surgeon
- Senior recipient surgeon
- Donor advocate physician
- Living donor coordinator
- Consultant radiologist
- **Consultant anaesthetist**
- Alternates for flexibility

## WHAT?

- Oversight for donor and recipient clinical pathways
- Mentor donor and recipient surgery
- Share best practice/transfer knowledge and expertise to create local Tx. Centre self-sufficiency
- Has 'go/no go' responsibility



# MDT Proctor Team

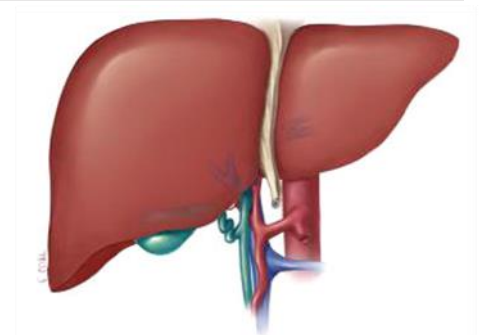
## HOW?

- Work to standard protocols
- Work with centres who want to engage to identify and meet their needs
- Perform surgery in-centre with local surgeons

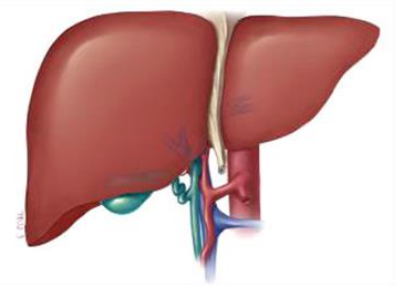
## CONSIDERATIONS

- **Expected engagement** from all centres
- **Staffing and remuneration** for proctor team and back fill
- **Timeframes for delivery** in all centres that wish to engage and have the infrastructure
- **Clinical Governance**  
Monitoring outcomes and experience i.e.; donors, recipients, clinical teams, proctoring team)

# Indications and Clinical Pathways for Adult-to-Adult LDLT



# Clinical Recommendations



- **Donor selection**

- Increase donor age for consideration- up to 60 years, case-by-case
- Right lobe for non-directed altruistic donors
- Exclude extended criteria donors (e.g.; size of graft GRWR<0.8, BMI > 30, anatomical complexity)
- Access to radiology is key; volumetry has a learning curve

- **Recipient selection**

- Start with chronic liver disease (CLD)
- Include new cancer indications (but clear that they are service evaluations) and re-transplantation
- Exclude acute liver failure and acute on chronic liver failure (ACLF) initially

- **Education**

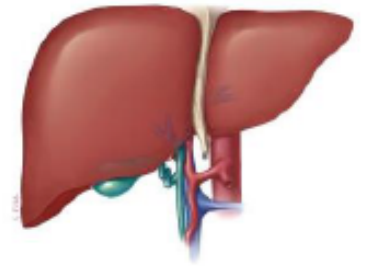
- Patients and families informed that the A-A LDLT programme is essential to bridge the gap between supply and demand

# Engagement Event- February 2023



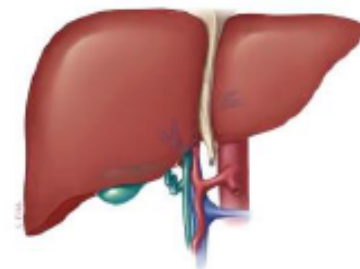
1. Is this the right model? **Yes**
2. Is this the right time? **Yes**
3. Will this improve equity of access to LDLT? **Yes**
4. Will this help meet the shortfall in donor numbers? **Yes**
5. Will it support or detract from the overall LT programme? **No**
6. Is this feasible in your local team? **Yes**
7. Is there appetite to do this in your local team? **Yes**
8. Should the minimal listing criteria be the same for DD and LD? **Yes**

# Patient Engagement: Survey (n=201)\*



1. Do you support the development of a living donor living transplant programme in the UK?
  - 99% Yes
2. Would the option of receiving a living donor liver transplant be something that you personally would want to consider if you needed a transplant?
  - 95% Yes
3. If you were to think about the option of living donor liver transplant what would be the most important considerations for you?
  - Outcomes- donor, recipient and transplant
  - Education, opportunity to discuss
4. Any other comments you wish to make?

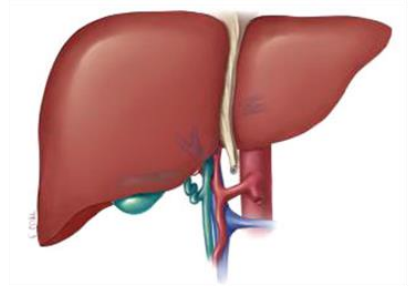
# Patient Engagement: Focus Groups \*\*



- ***All patients and family members were pro living donation***
- ***All patients had considered or would consider living donation***
  - *None willing to allow their family member to donate to them*
  - *Easier to go through the operation knowing it was a stranger, already deceased*
  - *Biggest barrier was concern over the risks to the donor*
- *One person assessed for LDLT but withdrew at a late stage*
  - *'Couldn't live with themselves post-transplant if their family member didn't make it'*
- ***Everyone: if their child needed a transplant, they would donate in a heartbeat***



# Business Case – April 2023



- NHS England

**£150K (bid £3.9K over 3 years)\***

- Scotland

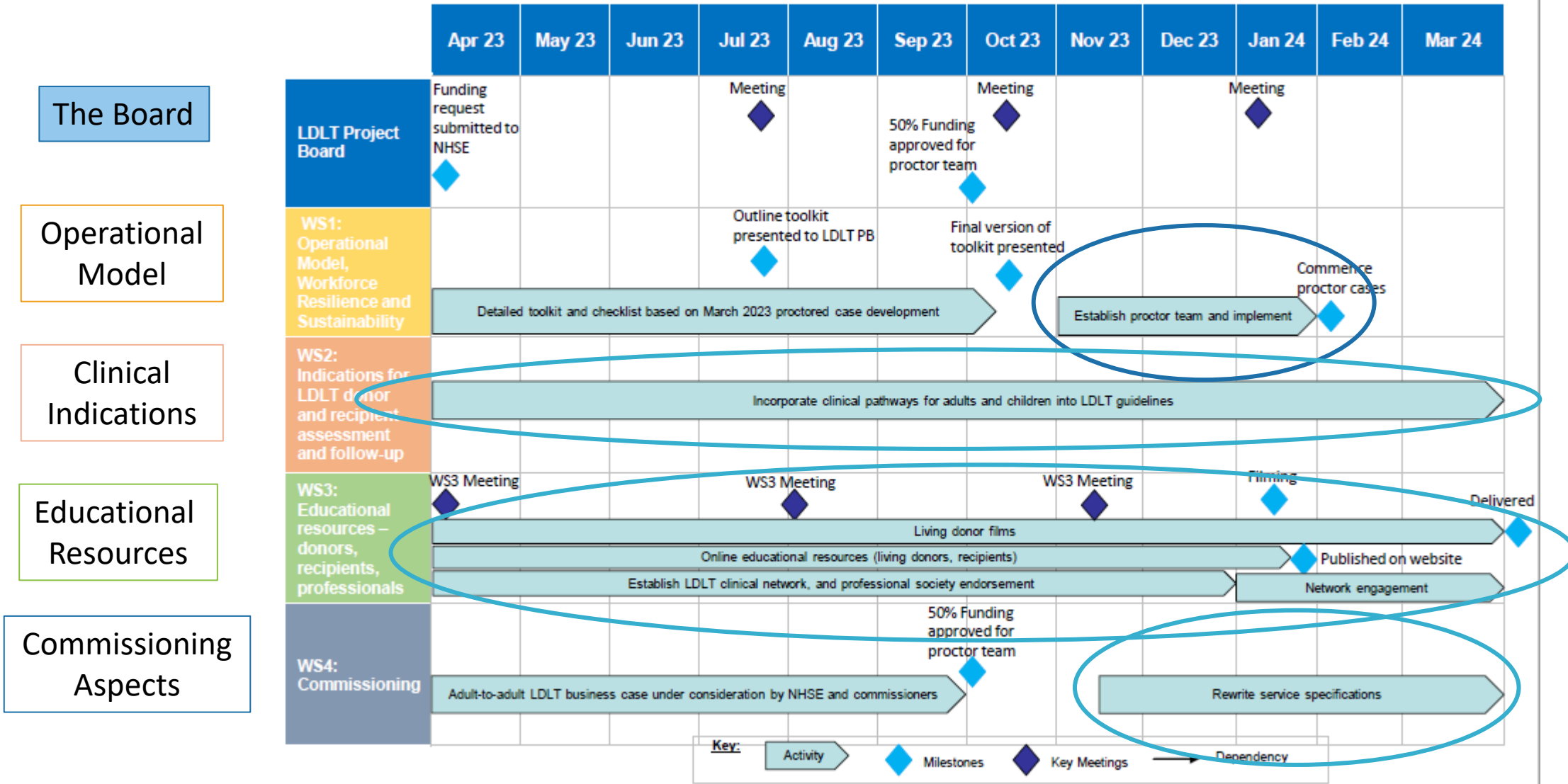
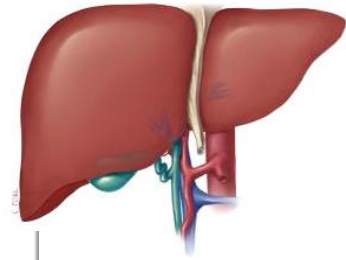
**£10.3K p.a. (for 3 years- total £30.9K)\***

Financial Model	Deliverable	2023/24	2024/25	2025/26	
	Proctored Cases				
<b>£103K/yr. for 3 years</b>	No. of A-A LDLT Txs.*	12	24	30	<b>Total 66</b>
<b>£150k/yr. for 1 year</b>	No. of A-A LDLT Txs.*	7	14	20	<b>Total 41</b>

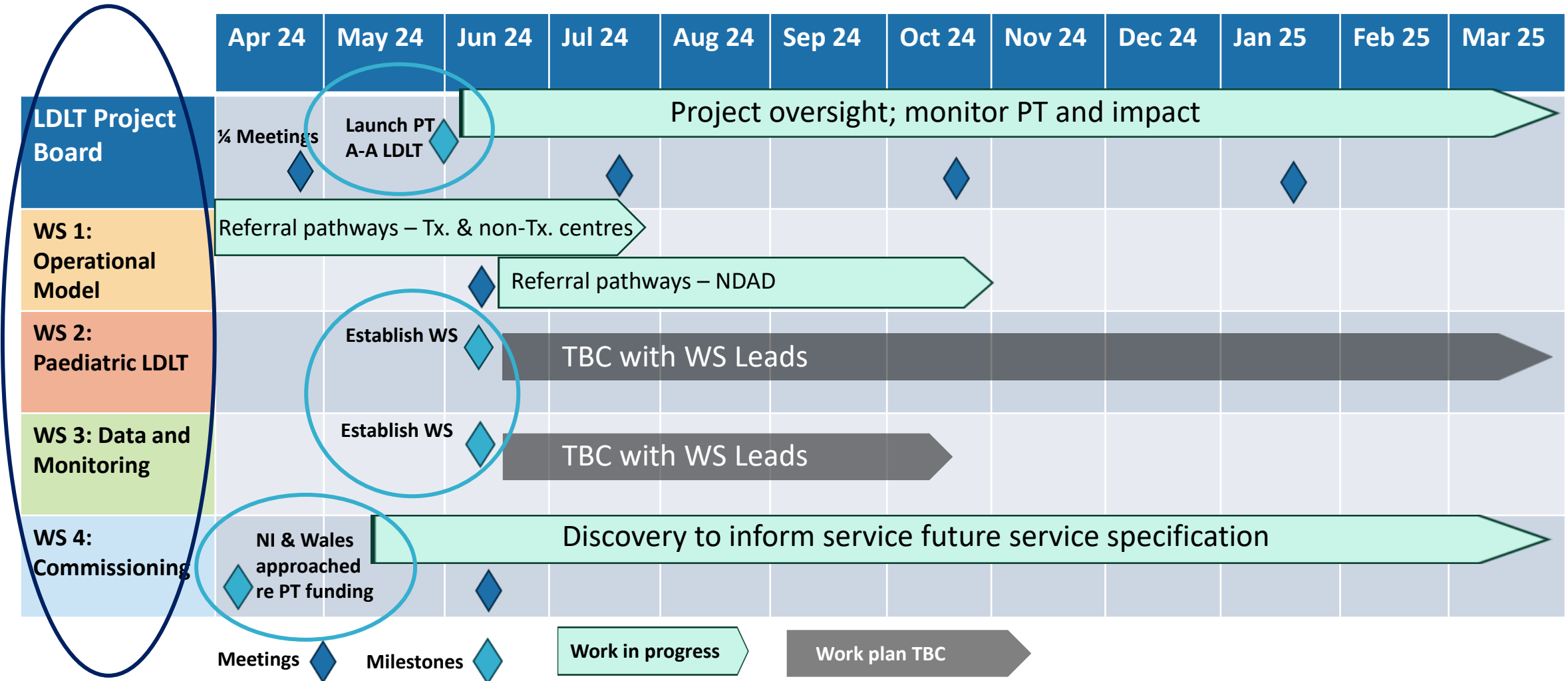
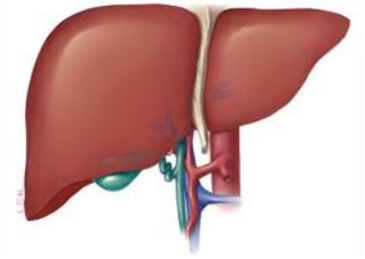
\*Baseline 2022/23 = 8 (Group 1) Txs.

\*awarded November 2023; NI & Wales approached April 2024

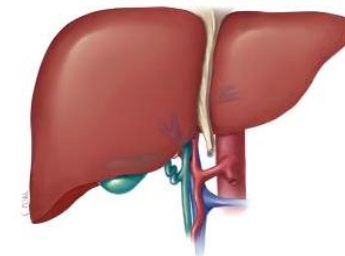
# 2023/2024- Adult-to Adult LDLT



# 2024/25- The Next Era

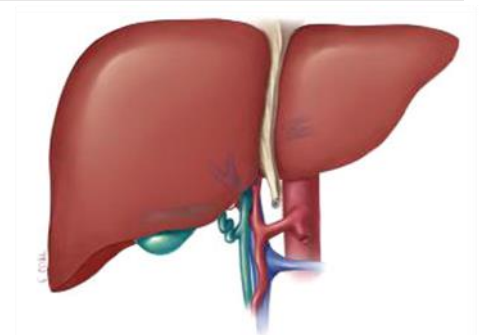


# Proctor Team- May 2024



Name	Role and Affiliation
Peter Lodge	Consultant Surgeon, Leeds
Vivek Upasani	Consultant Surgeon, Leeds
Dhakshina Vijayanand	Consultant Surgeon, Leeds
Parthi Srinivasan	Consultant Surgeon, King's
Ramu Chimakurthi	Consultant Hepatologist, Leeds
Jayne Dillon	Consultant Hepatologist, Leeds
Katie McGoohan	Advanced Nurse Practitioner, Leeds
Julie Jeffery	Advanced Clinical Practitioner, Leeds
Joshua Bell	Consultant Radiologist
Krishna Rao-Prasad	Consultant Anaesthetist

# Resources



Home Deceased donation Living donation Retrieval Transplantation

Home / Living donation

**Living donation**  
Guidance and resources

- Living donor kidney transplantation
- UK Living Kidney Sharing Scheme
- UK Living Kidney Donation Network**
- UK Living Donor Liver Transplantation Network**
- Living donor liver transplantation
- Critical incident reporting
- Tools and resources

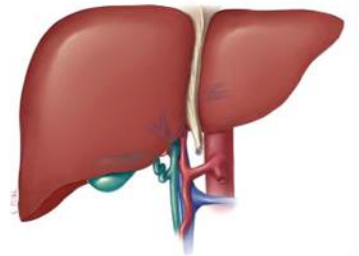




Living Donor Liver Transplantation

July 2015

United Kingdom Guidelines



Update  
Coming Soon

<https://bts.org.uk/guidelines-standards/>

## UK Living Donor Liver Transplantation Network

The UK Living Donor Liver Transplantation (LDLT) Network was established to support the expansion of the UK programme and equity of access to living donor liver transplantation for both adults and children, across all four UK countries.

The Network aims to engage all members of the multi-disciplinary teams, in transplant and non-transplant (referring) centres, to promote best practice in living donor liver transplantation.

[You can access the Terms of Reference \(ToR\) here \(PDF 242KB\)](#)

### Network meetings

May 2024

#### Papers

- [UK LDLT network meeting programme 21 May 2024 \(PDF 365KB\)](#)

## Living Donor Liver Transplantation (LDLT) Proctor Team

This multi-disciplinary Proctor Team has been established under the auspices of the LDLT Project to facilitate the expansion of adult-to-adult living donor liver transplantation across the UK. This is a time-limited initiative, endorsed by the clinical community and patient representatives. It is funded by commissioners, to improve access to LDLT for suitable recipients and their living donors.

The Proctor Team will work with any existing liver transplant centre that wishes to expand their adult-to-adult LDLT programme, providing individualised 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.

The following resources have been developed to support the Proctor Team and local transplant teams to deliver this initiative. Latest versions and additional documents will be added to this concertina as they become available.

- [LDLT Proctor Team - Terms of Reference \(ToR\) \(PDF 120KB\)](#)
- [LDLT Proctor Team Responsibilities \(PDF 409KB\)](#)

# Donating part of your liver

[Donating your kidney](#)[Donating part of your liver](#)[Bone and amniotic membrane donation](#)[Cael gwybodaeth yn y Gymraeg](#)

Living donor liver transplantation has been successfully performed in the UK since 1995.

A liver transplant operation is life saving surgery for patients with end stage liver disease. It is also performed for some patients with primary liver cancer and children with metabolic diseases (affecting the chemical processes within the body).



## How living organ donors change lives

Read about people like Anaya, whose young life was saved when a stranger came forward as a living donor.

» See how you could help



What is living liver donation?



Donating a liver lobe to a child

# Acknowledgements

- Project Board and workstream leads
- Working group members
- Liver Advisory Group
- Professional societies
- Patient organisations
  - British Liver Trust; UK Liver Patient Alliance
- NHSBT Clinical, Commissioning and Hub Ops.
- NHS England and Scottish Commissioners
  - Sarah Watson; Roseanne McDonald

