

Equity of Access to LDLT: How do we do it?

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Collaboratives: Where are we nationally

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Collaborative aims and goals

- Aims

- Collaboration
- Resilience
- Standardisation



- Goals

- Improve access to transplantation
- Enhance “end to end transplant journey”
- Deliver the recommendations of the OUG

How will collaboratives help? - Clinical

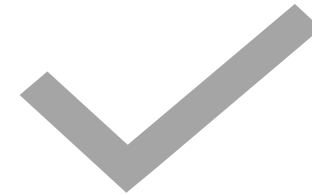
- Exploring boundaries – change utilisation culture
- Having better information transfer
 - To share patients
 - Online ‘patient passport’
- Open more Options – patients
 - Give more patient choice (Living and Deceased)
- Sustain the workforce - clinicians, teams working more collaboratively
- Developing regional collaborations
 - Sharing best practice
 - Common protocols
 - Exploring other unit ‘turn-downs’
 - Emergency contingency
 - Infrastructure support
- Improving Recipient outcome and patient experience
 - IMMUNOSUPPRESSION
 - ERAS
 - PROMS/PREMS
- Research collaborations

How will collaboratives help? – Commissioning



Engage with:

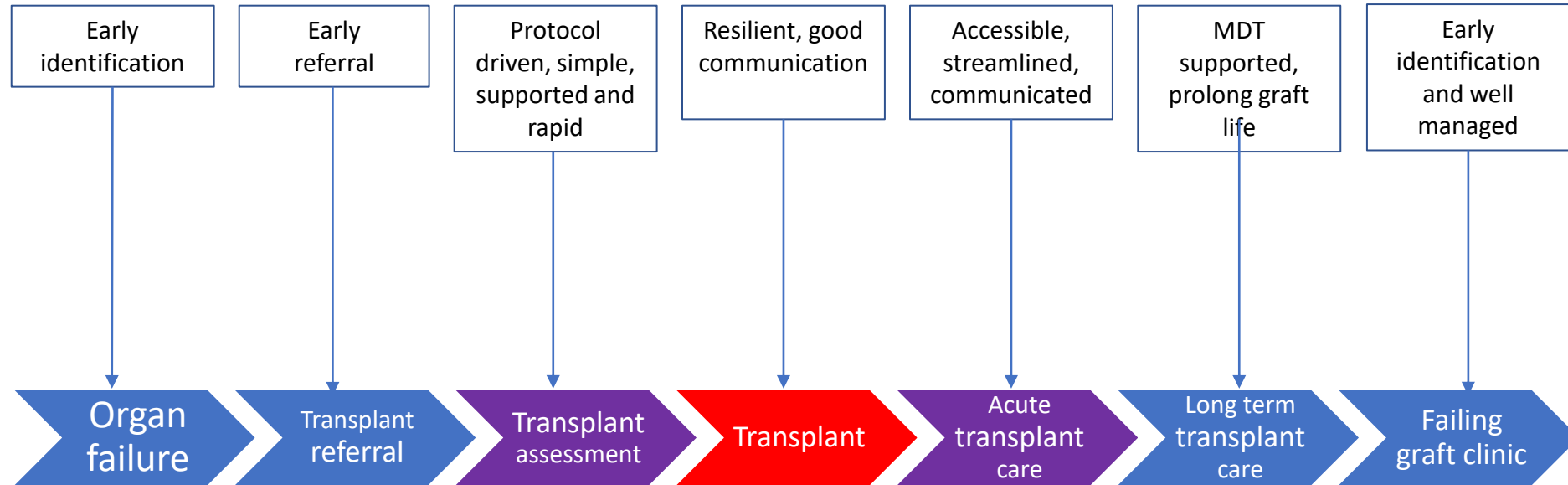
Highly specialised commissioners
Transplanting Trusts management
ISOU
Networks (when established)



Understand the commissioning framework

For OTDT to have oversight
Support Transplant Units

End to end transplant care



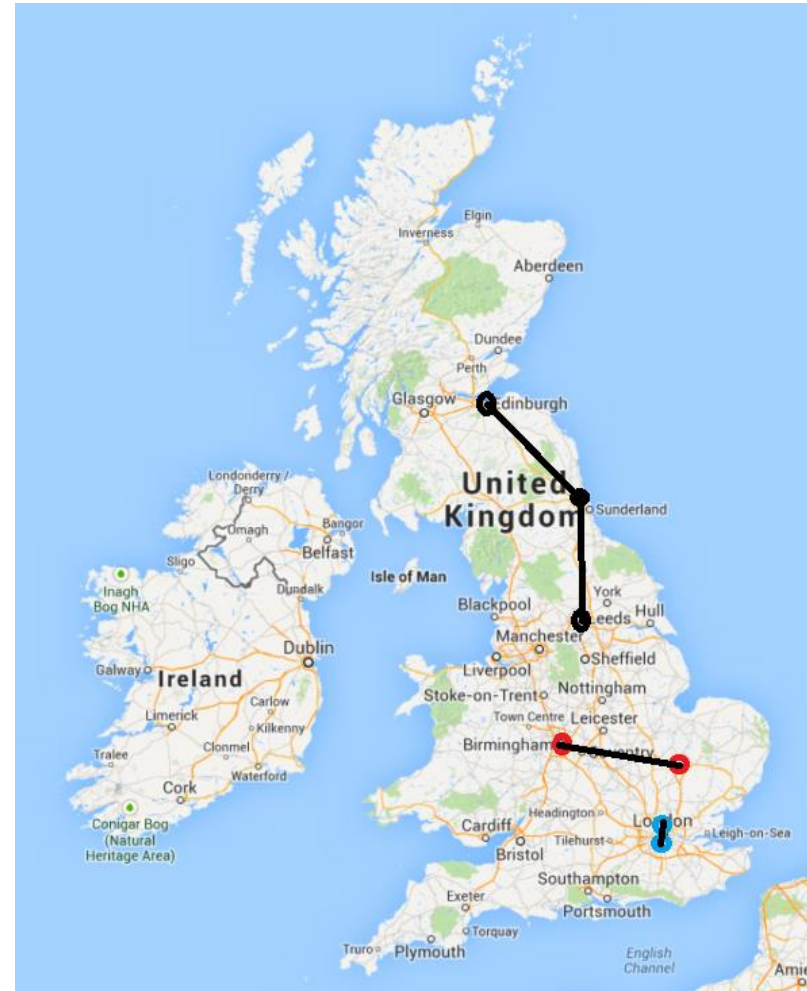
- Referring healthcare professional
- Shared responsibility
- Transplant centre

Liver and kidney collaboratives

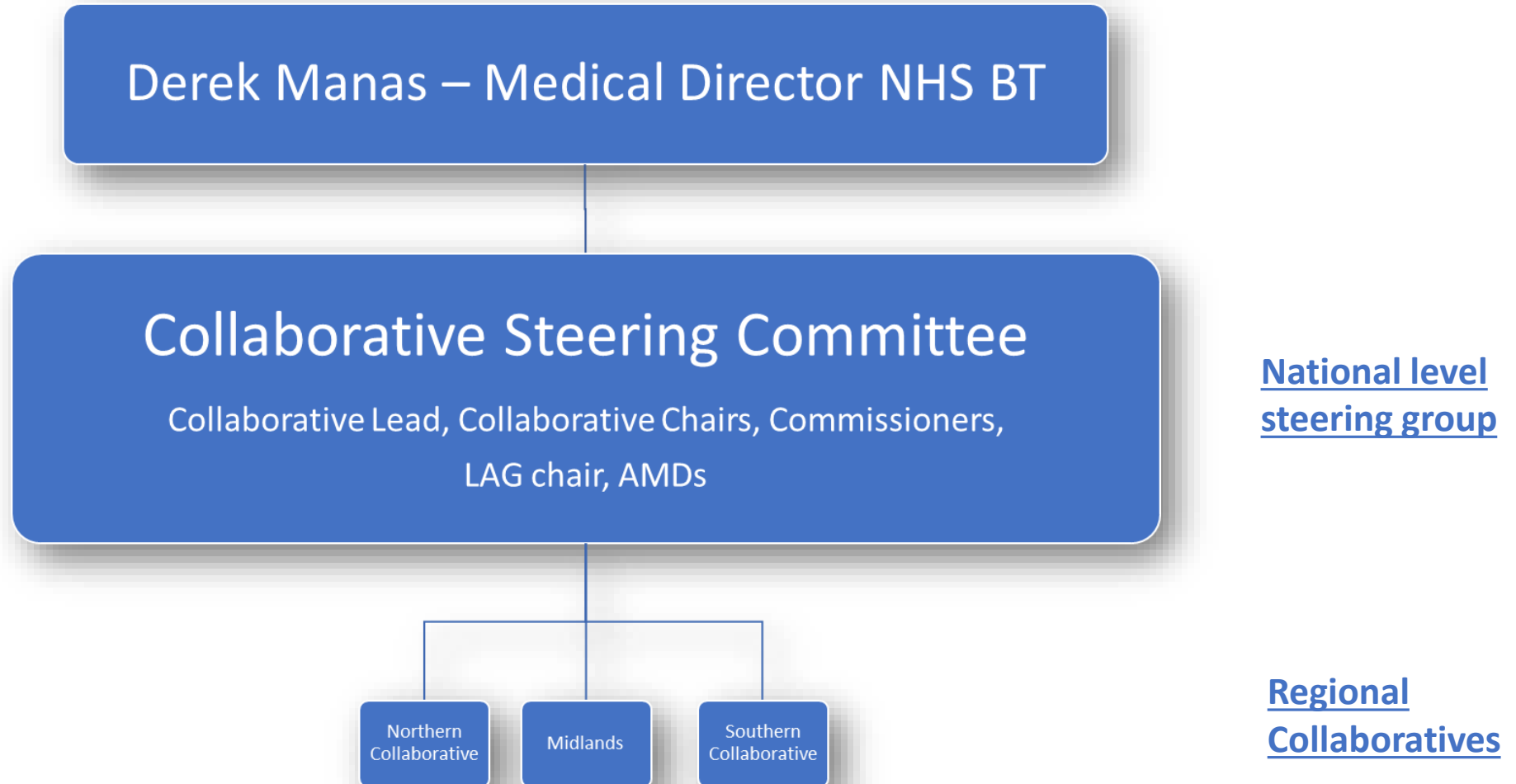
Kidney collaboratives



Liver collaboratives



National structure and reporting



Regional Structure of collaboratives

- Regional
 - Chair - transplanting centre
 - Steering group
 - Small group of varied multidisciplinary professionals
 - Network leads
 - Experts by experience (patients)
 - Working groups
 - Task and finish
 - Varied membership
 - Single SMART objective
 - Schedule
 - Meet every 1-2 months to manage work programs
 - Quarterly national meeting of chairs

What are we asking of Transplant LLC ?

- Forming a transplant collaborative
 - Appointing a chair and deputy
 - Establishing a steering committee
 - Reaching out to network and referring centres
 - Finding common issues
 - Establishing working groups

Collaboration to build bridges



Equity of access and ensuring opportunity

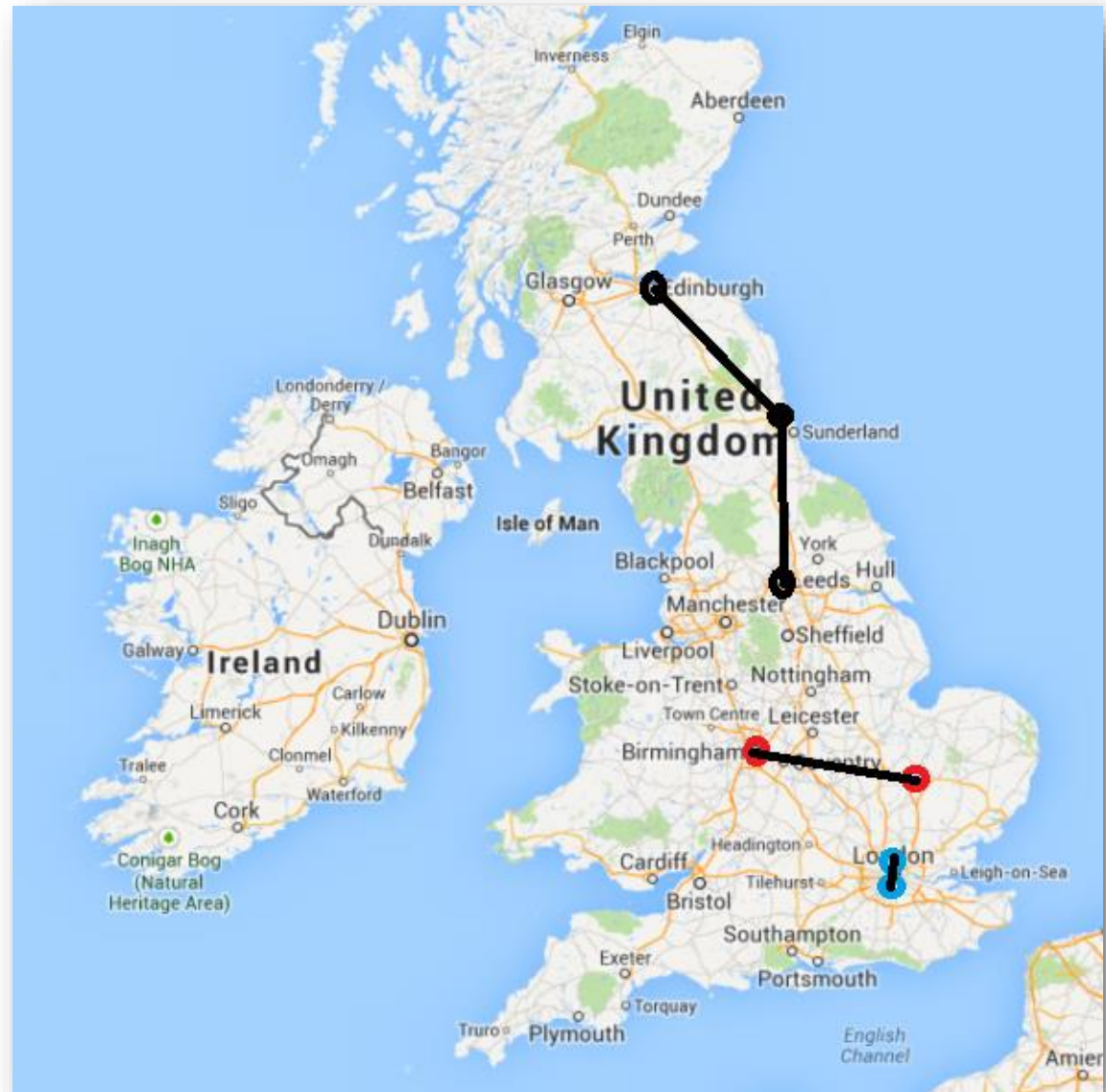
- Messaging:
 - Community and patients
 - Hepatologists (especially in non-transplanting centres)
 - Transplant centres
- Patient flow and pathways
 - Transplant centres not undertaking the surgery
 - Large 'Non- transplanting liver units'

Liver Pathways

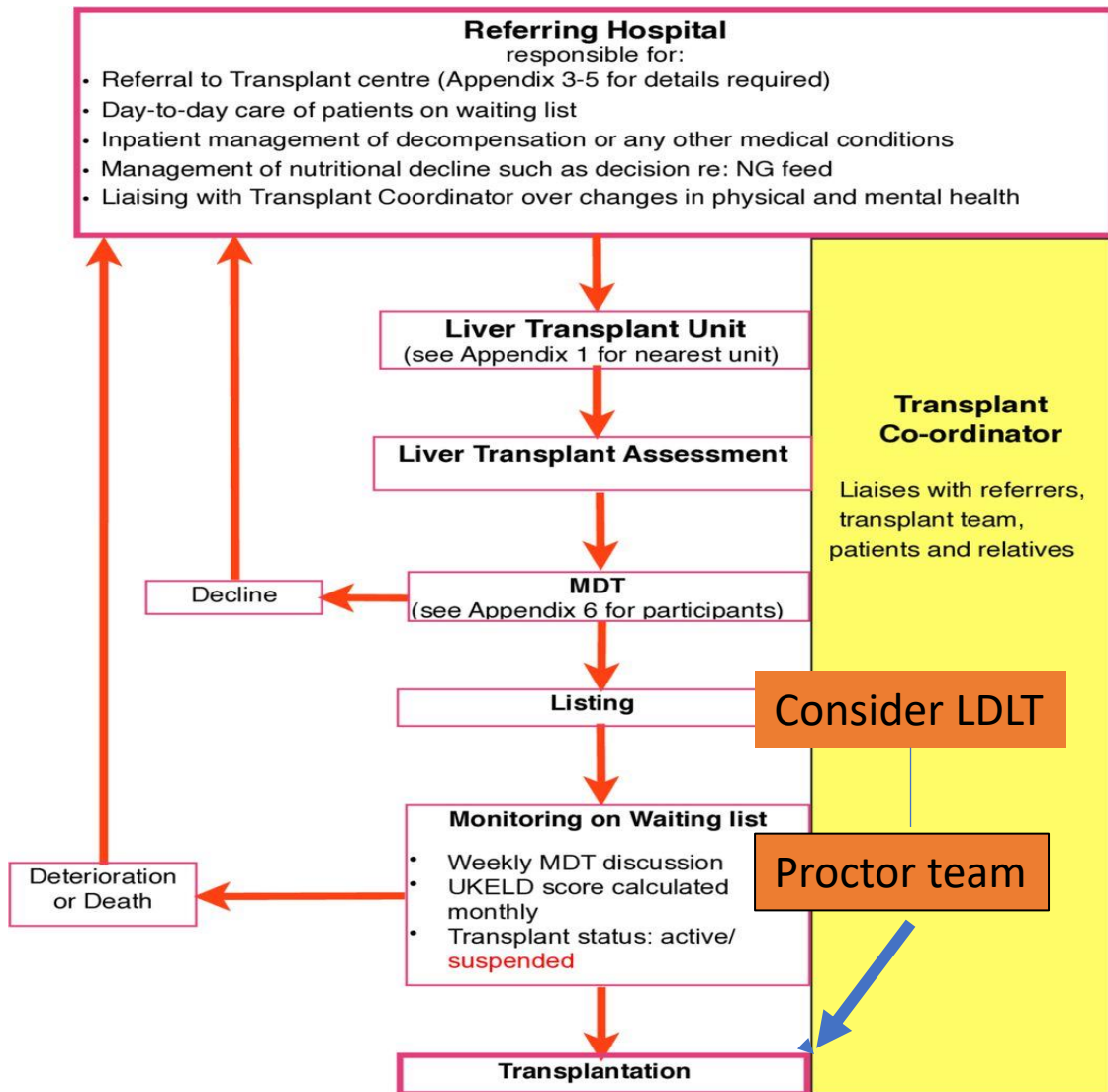
Edinburgh, Newcastle, Leeds,
Birmingham, Cambridge, RFH, Kings

- Glasgow
- Manchester
- Liverpool
- Sheffield
- Nottingham
- Leicester
- Oxford
- Cardiff
- Bristol
- Southampton
- Portsmouth
- Plymouth
- Belfast

- Aberdeen
- Dundee
- Sunderland
- Gateshead
- North Tees
- South Tees
- York
- Hull
- Blackpool
- Stoke on Trent
- Coventry
- Bath
- Exeter
- Truro



Flow diagram displaying the process of LT assessment from initial referral through workup and listing meeting, to monitoring on the list and either transplant/ death or suspension from the list.



Appendix 6: The Liver Transplant Multi-disciplinary Assessment (Co-ordinated and overseen by Transplant Co-ordinator)

The Medical Assessment:		
Hepatologist	General health	Past medical history, current (non hepatological) medical issues, medication etc (see Table 3)
	Liver disease	Confirm history of liver disease, diagnosis, management and current treatment. Disease-specific evaluations (see Table 4) (If hepatocellular cancer present, oncology input)
	Drug History	To include allergies
	Urine tests	Glucose, protein, drug-screen (if relevant)
	Blood tests	Liver tests (non-invasive liver screen, synthetic function), renal function, viral screen blood-typing
	Cardio-pulmonary	ECG, PFTs and echocardiography (if not recently performed). Further testing, such as stress testing etc with advice from cardiologist (see Tables 3)
	Radiology	CXR, USS liver and CT/MRI depending on indication etc (see Tables 3)
	Cancer risk	Breast/Colon/Cervix where appropriate
	Latent infection	CMV status pre-transplant and post transplant prophylaxis HBV etc HIV status and treatment related issues
	Explanation	Explanation of process, all outcomes etc
The Surgical Assessment:		
Surgical team	Confirm liver transplant is indicated. Surgical issues: previous abdominal surgery, obesity, portal vein compromise, anatomical variants Discussion of procedure, risks, complications and organ issues.	
The Dietetic Assessment		
Dietician	Assess nutritional status, including anthropometry Assess patient (and family) understanding of nutritional advice. Co-ordinate with dietetic service at referring hospital	
The Anaesthetic Assessment		
Anaesthetist	Previous anaesthetic issues. Standard tests include Pulmonary function tests and Oxygen saturation. Risk assessment including specific cardiopulmonary issues. May request CPEX or DSE etc Discussion with patient/family over ICU, surgery process etc	
The Psychosocial Assessment		
Social Worker	Psychosocial issues, family/support mechanisms, effect on dependants etc	
Addiction specialist	Tobacco, alcohol and illicit drug dependencies	
Psychologist	Mental health issues, addiction support etc	

End to end pathway

