

**ENHANCED RECOVERY AFTER SURGERY (ERAS UK)
TRANSPLANT RECIPIENTS AND LIVING DONORS
STEERING GROUP**

TERMS OF REFERENCE

1. BACKGROUND

Enhanced Recovery After Surgery (ERAS) is a multi-disciplinary, multi-modal programme of care that has been implemented across a range of surgical specialities demonstrating improved patient outcomes and experience, reduced length of stay and cost-effectiveness.

A number of UK transplant centres have implemented ERAS programmes in kidney transplantation, mainly focusing on transplant recipients but also on living kidney donors. Colleagues working in other areas of transplantation (liver and pancreas) have also expressed interest in implementing an ERAS programme.

Different models have been used to introduce ERAS programmes according to local knowledge and prior experience, availability of funding, resources and capacity within the workforce.

Given the excellent safety profile and outcomes from existing programmes, the NHS Blood and Transplant (NHSBT), under the auspices of the Organ and Tissue Donation and Transplantation (OTDT) Directorate, has undertaken to facilitate a UK wide roll-out of ERAS.

2. WHY DO WE NEED AN ERAS STEERING GROUP?

- To facilitate a consistent roll-out across all UK transplant centres and to ensure that all 23 adult kidney transplant centres have some form of ERAS in place to:
 - A. Learn from and consolidate best practice from pioneering/existing programmes
 - B. Drive best transplant recipient and living donor outcomes and experience
 - C. Improve sustainability (net zero)
 - D. Improve efficiency, including cost effectiveness
- Facilitate roll-out to liver and pancreas transplant centres
- Consolidate learning and then consider other organs (i.e. heart, lung) for future roll-out

3. WHAT DOES IT NEED TO ACCOMPLISH?

- Provide the tools for implementation:
 - A. Rationale and evidence base
 - B. Blueprint for delivering a multi-modal programme; proof of concept
 - C. Dedicated resources/website area/Transplant TV (on-line and printed)
 - D. Tailored resource packages (e.g. Core and desirable elements)
- Leadership; MDT subject matter experts; ERAS clinical network; collaboration with renal networks and transplant collaboratives (all 4 nations)
- Key milestones (within 2 Years)
 - A. Launch dedicated ERAS web page on OTDT clinical page

- B. Deliver adult kidney transplant recipient package
- C. Collaboration with renal networks and Transplant collaboratives (all 4 nations)
- Key milestones (Year 2 +)
 - D. Evaluation of Adult kidney transplant recipient (at 1 year post launch)
 - E. Collaboration with renal networks and Transplant collaboratives (all 4 nations)
 - F. Deliver adult liver transplant recipient package
 - G. Deliver living kidney donor package
 - H. Start development of pancreas transplant recipient +/- paediatric kidney transplant recipient packages.
 - I. Consideration of roll-out to cardiothoracic organs

4. HOW WILL SUCCESS OF THIS PROJECT BE MEASURED?

- Dedicated website resources available to all centres
- At 1 year, post launch/roll out to evaluate success
 - A. Tangible evidence of take up by centres across the elements (core and desirable) e.g. recruitment of local champion/development of a business case, start of a multi-modal programme
 - B. Proportion of recipients and living donors recruited
 - C. Reduction in length of stay (by number of days)
 - D. Carbon footprint analysis, if feasible (towards net zero)
 - E. Centre-specific analyses
- Getting ERAS into commissioning service specifications
- **Year 1-2**
 - A. Tools for kidney transplant recipients
 - B. Encourage roll-out to all kidney centres (in some form)
- **Year 2-3**
 - A. Tools for liver transplant, pancreas transplant, living kidney donor
 - B. Encourage roll-out to all liver transplant centres and living donor kidney programmes
- **Year 3+**
 - A. Encourage roll-out to all pancreas transplant centres
 - B. Tools for living liver donor
 - C. Consolidation and consider roll-out to other organs (e.g heart, lung)
 - D. Sustainability (working towards net zero)

5. HOW WILL IT BE APPROACHED AND WHO WILL BE INVOLVED?

The Steering Group, membership as follows, will agree the project plan, high-level timeframes for delivery and workstreams. At least one Co-Lead for each Workstream will be represented on the Steering Group and the membership will be kept under review to ensure that it reflects the aims of the overall project as it evolves.

- Lisa Burnapp – Chair, Associate Medical Director, Living Donation and Transplantation, OTDT, NHSBT
- Derek Manas – Medical Director, Organ and Tissue Donation and Transplantation (OTDT)
- Carrie Scuffell – Subject-matter expert, Organ and Tissue Donation and Transplantation OTDT, NHSBT
- Aimen Amer – Consultant Surgeon, Freeman Hospital, Newcastle
- Stephen Bond – Consultant Nurse Addenbrooke’s Hospital Cambridge
- Emily Bonner – Consultant Anaesthetist, Freeman Hospital, Newcastle
- Ciaran Campbell, Belfast – Transplant recipient with direct ERAS experience

- Aisling Courtney – Consultant Nephrologist, Belfast Health and Social Care Trust
- Sapna Marwaha – Lay Member, NHSBT
- Kiran Sran – Consultant Transplant Surgeon, Guy's and St Thomas' NHS Trust
- Ben Stutchfield – Consultant Surgeon, Edinburgh Transplant Centre
- Michael Spiro – Consultant in Anaesthesia and Intensive Care Medicine, Perioperative Research Co-Lead, The Royal Free Hospital

From April 2024, the agreed workstreams are as follows and will each be Co-Led by at least one member of the Steering Group. Additional workstreams can be added as the project develops into other areas (e.g. different organ groups)

WS 1: Living kidney donor- Tools and educational resources

- Developing on-line content with core and desirable elements for the following phases;
 - Pre-operative
 - Intra-operative
 - Post-operative
- For HCPs, living donors, families. What's needed and how to deliver (E.g. On-line, printed, TTV film etc.)

WS 2:) Paediatric kidney recipient (TBC)

WS 3: Evaluation (kidney and liver tx recipients)

- Outcome and measures of success in individual programmes
 - Agree outcome measures for centre-specific analysis
 - Focus on evaluation of individual programmes, ? Include UK-wide donor and recipient self-reporting

WS 4: Liver Transplantation

- Using the template from the kidney workstreams, develop similar approach to roll-out ERAS programme for liver transplant recipients and living donors (next phase)
- Developing on-line content with core and desirable elements for the following phases;
 - Pre-operative
 - Intra-operative
 - Post-operative
- For HCPs, liver recipients, families. What's needed and how to deliver (E.g. On-line, printed, TTV film etc.)

WS 5: Pancreas Transplantation (TBC)

6. WHAT RESOURCES WILL BE REQUIRED TO DELIVER THE PROJECT?

- Funding for meetings 1f2f/year (including steering group and launch/evaluation)
 - A. The Steering Group will meet quarterly (Feb, May, August/Sept, Nov/Dec)-on-line/f2f
 - B. Workstream will meet as often as required- on-line
- Digital support
- Resources content development – includes written content; short film/video TV
- Human resources
- Direct support - SG and WS membership, admin and project support

¹UK Organ Donation and Transplantation Strategy 2030: Meeting the Need
<https://www.odt.nhs.uk/odt-structures-and-standards/key-strategies/meeting-the-need-2030/>

- Bespoke ERAS branding
- NHSBT media/marketing and comms and stakeholder engagement