

**NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION**

**THE MINUTES OF THE FORTY FOURTH MEETING OF
THE PANCREAS ADVISORY GROUP
AT 10:30AM ON 16 NOVEMBER 2023
AT 20 CAVENDISH SQUARE, LONDON, W1G 0RN**

ATTENDEES

Steve White	PAG Chair/Newcastle Representative
Yee Cheah	King's Representative
Claire Counter	Statistics and Clinical Research, NHSBT
Frank Dor	WLRTC & Hammersmith Hospital Representative
Martin Drage	Guys Transplant Unit
Doruk Elker	Cardiff Transplant Centre
Derek Manas	Medical Director, OTDT
Adam McLean	WLRTC & Hammersmith Hospital Representative
Joseph Parsons	Statistics and Clinical Research, NHSBT
Sarah Jane Robinson	Patient Representative
Neil Russell	Cambridge Representative
Stephanie Russell	SNOD, NHSBT
Ed Sharples	Oxford Representative
Lewis Simmonds	Statistics and Clinical Research
Andrew Sutherland	Edinburgh Representative
Raynie Thomson	NHSBT Product Owner - OTDT
Sarah Watson	Commissioning Manager, Highly Specialised Services, NHSE
Colin Wilson	BTS & Newcastle Representative
Julie Whitney	Head of Service Delivery, OTDT Hub, NHSBT

IN ATTENDANCE

Alicia Jakeman	Medical Director & Group support, NHSBT (minutes)
Cherrelle Francis-Smith	Medical Director & Group support, NHSBT (minutes)

APOLOGIES

Arthi Anand, John Casey, Ian Currie, James Dack, Raman Dhanda, Kirsty Duncan, Lora Irvine Paul Johnson, Sapna Marwaha, Anand Muthusamy, Rommel Ramanan, Tracey Rees, Jim Shaw Sanjay Sinha, Laura Stamp, David Van Dellen

ITEM		ACTION
1	Declarations of interest in relation to agenda	
	There were no declarations of interest.	
2	Minutes of the meeting held on 16th March 2023 - PAG(M)(23)01	
2.1	2.1 Accuracy	
	The minutes of the last meeting were agreed as an accurate record and ratified.	
2.2	Action points - PAG(AP)(23)01	
	AP6 Referral Patterns S White provided an update, that centres have not provided their data but he is trying to identify where referrals are coming from	

	<p>across the UK into the various pancreas and islet transplant units. He confirmed that it is difficult for Clinicians to get the information from each Trust. A Mclean advised members that he had previously looked at this in 2014 using Registry data.</p> <p>A Mclean will join the next meeting.</p> <p>S Watson will look at the NHSE data and feedback to S White.</p>	<p>A McLean S Watson</p>
2.3	Matters arising, not separately identified	
	There were no matters arising.	
3	Associate Medical Director's report	
	<p>D Manas provided an update to members:</p> <p>New appointments:</p> <p>Anya Adair has been appointed as Lead Liver CLU. D Thorburn is due to be replaced by V Aluvihare as LAG Chair with S Masson as Deputy Chair and A Adair as Surgical Lead.</p> <p>T Rees has retired as Chief Scientific Officer, there may be an interim replacement until she has been replaced, as an NHSBT H&I Representative is required.</p> <p>L Burnapp will retire and return to work three days a week from March 2024.</p> <p>A Transplant Support Development Manager has been appointed and will start in 3 months.</p> <p>A Liver Donor Support Post and short-term project lead for OUG will be advertised externally.</p> <p>Finances:</p> <p>Transformation cannot progress without funding.</p> <p>DCD Heart funding may not cover the entire financial year.</p> <p>NHSBT are still awaiting the decision on NRP funding from DOH.</p> <p>The Lead CLUs are funded until next year.</p> <p>NHSE have funded the proctorship for the Living Donor Programme.</p> <p>OUG:</p> <p>Sub-Groups of the OUG Steering Group have been set-up.</p> <p>The Trust Engagement Sub-Group will develop a committee to include Chris Callaghan to re-look at job plans, particularly for Transplant Surgeons. The ARC Sub-Group are progressing and met recently. There is no Workforce Sub-Group yet.</p> <p>Nottingham and Birmingham Paediatric Transplant Centres are struggling to deliver; Nottingham is temporarily suspended. A meeting will be held with NHSE.</p> <p>The BTS ARC meeting last week went well, a consensus meeting will be held next.</p> <p>The UW issue remains with no alternative current provider, with centres using SPK currently. However, Trusts can source UW.</p> <p>The NET Zero Working Group, led by John O'Callaghan, are looking at how Trusts can create green wards and theatres.</p> <p>S White will contact D Manas to advance ERAS for pancreas transplant, this has started for liver transplants.</p> <p>The Histopathology group within NHSE have not yet provided the £80,000 required for a national solution. The interim solution will start next year with the machines used for the PITHIA Study being upgraded. S Watson will ask for further information at NHSE.</p>	<p>S Watson</p>

	<p>The Collaboratives run by Gareth Jones have started for renal and liver, the pancreas collaboratives have not yet been set up. G Jones will contact S White to progress this and come to the next PAG meeting.</p> <p>A McLean advised that the London collaborative group is very busy, with kidney sharing the subject of the collaborative. Alongside Mutual Aid, D Manas would like more buddying up between centres.</p>	
3.1	ODT Hub update	
	J Whitney advised members that the offering changes to the kidney anatomy pathway have gone live, the paper was previously disseminated to members.	
3.2	Pancreas dispatch from donor hospital	
	J Whitney confirmed that following the changes to the kidney anatomy pathway, there were questions around the pancreas dispatch. A meeting was previously held to discuss these with PAG members. The change will be that if there is damage, an abnormality or abnormal pathology the SNOD will call the Transplant Surgeon from Theatre with the NORS Surgeon there so that there can be a direct conversation.	
3.3	Changes to kidney anatomy pathway - PAG(23)19	
	This was discussed under Agenda Item 3.1	
4	Governance	
4.1	Incidents for review: PAG Clinical Governance Report - PAG(23)20	
	<p>D Manas advised that clinical incidents are increasing.</p> <p>C Counter provided an update on behalf of Sanjay Sinha who was not present: Two themes persist: capsular damage often cited as a cause for organ decline being a recurring theme and issues with the Y-graft in terms of damage. The Organ Utilisation Group are working on an idea to decrease declines on this.</p> <p>D Manas advised that if there is minor capsular damage the organ can still be used, with variation across centres. S White will contact S Sinha as there is currently no grading of capsular damage.</p> <p>C Wilson suggested that a working group could produce a paper to present to D Van Dellen and the Pancreas Forum for consensus to be agreed. S White will contact D Van Dellen.</p>	<p>S White</p> <p>S White</p>
4.2	Summary of CUSUM monitoring following pancreas transplantation - PAG(23)21	
	Covered under Agenda item 4.1	
4.3	Pancreas damage	
	Covered under Agenda item 4.1	
4.4	Solid Organ Pancreas Clinical Leads in Utilisation	
	<p>C Counter provided an update on behalf of D Van Dellen who was not present:</p> <p>High Quality Donor (HQD) scheme:</p> <ul style="list-style-type: none"> . We are continuing to do this work . Since restarting the HQD decline scheme (Dec 21) – we have looked at 206 offers (100 this calendar year) . 22 letters have gone out (about 10% of HQD offers reviewed) . Thanks to all the centres for being so engaging . Themes coming through pretty consistent <ul style="list-style-type: none"> o lack of critical care beds 	

	<ul style="list-style-type: none"> ○ Centre already transplanting (another pancreas or competing theatre for liver) ○ Recipient decline – this probably needs a deeper dive <p>CLU scheme:</p> <ul style="list-style-type: none"> · For the 1st time in over a year, we have full CLU representation from each unit (we were lacking from Edinburgh for a period) · Current themes of work <ul style="list-style-type: none"> ○ 3 hrs wait for progression pilot for DCD – being led by Gavin Pettigrew – some encouraging retrospective results ○ Discussion around communication from hub on anatomy etc to minimise delays (you were involved in some of these discussions) ○ Application from the group for a Delphi process on donor characteristics – initial iteration declined by NIHR – more engagement from PPI being instituted and rewritten – in conjunction with most CLU's ○ Attempts to standardise approach and processes around turn-down meetings to aid with data collection/comparison and specifically comparison around risk appetite across various units. <p>D Manas advised that turn-down meetings across centres vary and need to be structured for them to be audited.</p>	
4.5	High quality organ offer declines	
	S White will contact D Van Dellen regarding the centres that have received letters, for discussion at the next PAG meeting.	S White
4.6	Contraindications to pancreas donation - POL 188 - PAG(23)22	
	S White asked members for their view if an offer came through from a patient with a history of acute pancreatitis. There are currently no absolute contraindications for this. POL 188 will be changed to include a contraindication of necrotising pancreatitis and portal vein thrombosis. The absolute contraindication of donor weight will be removed.	J Whitney
4.7	Use of HTK	
	C Counter reported on data that is due to go to RAG. There is currently no reason to think that HTK is causing more failures than last year, with a lot of outstanding 3-month follow-up forms. N Russell advised members that Cambridge are still using HTK. DCD livers with NRP and Organox are doing worse with HTK. Members have concerns of the use of HTK in terms of inferior pancreas preservation. S White asked all centres to complete their 3-month follow-up forms to collect more data. S White will hold a Teams meeting to reach a consensus view with D Manas to take this forward, as not all centres were presented at this meeting. He asked for all centres to identify cases where they think that HTK caused complications since December 2022 and email the numbers to him.	All All
4.8	SABTO guidance update	
	S White asked each centre to review their Consent forms and Patient Information sheets to incorporate the most up to date SABTO guidance.	All
5	Pump Trial	
	J Hunter was not present at the meeting.	
6	Pancreas Transplant Activity	

6.1	Fast Track Scheme - PAG(23)23	
	L Simmonds provided an update on the fast track scheme. The proportion of donors that were fast tracked in the latest 12 month period was 38% of DBD, a reduction from 44% in 2018/19 but an increase on 35% in 2021/22, and 55% of DCD, an increase from 39% in 2018/19 and an increase from 40% in 2021/22. Of the 532 pancreas donors offered through the scheme, 200 (38%) were subsequently accepted for transplantation and 91 (17%) were transplanted, 72 whole organs and 19 as islets.	
6.2	Transplant list and transplant activity - PAG(23)24	
	C Counter presented the paper, detailing 290 patients active on the waiting list at 31 March 2023, a 16% increase from March 2019. The total number of pancreas donors was 356 for 2022/23, a 20% decrease from 2019/20. The split was almost 70/30% in terms of DBD and DCD donors. In the last financial year there were 147 transplants, still 28% down on pre-COVID time periods; 129 whole pancreas and 18 islet transplants.	
6.2.1	Group 2 reports	
	There were no Group 1 or non-UK Group 2 patients transplanted.	
6.3	Transplant outcome - PAG(23)25	
	L Simmonds updated members on graft and patient survival following pancreas transplant, over two periods; 2018 to 2020 and 2020 to 2022. He informed members that for SPK transplants from DBD donors there was no significant difference in pancreas graft or kidney graft survival at one year. However, in DCD SPK transplants there was a significant difference in one year patient survival.	
7	National Pancreas Offering Scheme (NPOS) 48-month review - PAG(23)26	
	C Counter provided an overview from the four-year review of the scheme. There were 590 transplants, 87% were whole pancreases and 13% were islet. The split between DBD and DCD was 70/30%. Oxford performed the greatest proportion of whole pancreas transplants at 31% with Edinburgh performing the most islet transplants at 47%. Of those patients transplanted during the latest year of 2022/23, 30% waited 24 months or longer, down from 40% in 2021/22, but in the first year of the scheme, it was 10%. Changes are likely due to COVID era of less donors and less transplants being performed. For those 307 people on the active transplant list, as at 1st September, the median waiting time was 310 days. In the latest year from DBD donors, 44% of pancreases were accepted and retrieved and transplanted, compared to 56% in 2021/22. For DCD donors, of those accepted and retrieved 56% were transplanted, compared to 48% in 2021/22. For pancreases accepted for islets, the utilisation rates were 37% for DBD and 31% for DCD donors in 2022/23.	
8	Recipient coordinator update	
	K Duncan sent her apologies for the meeting. C Counter advised members of an issue highlighted by Oxford centre, with the NTN configurable waiting lists as there is only one column for waiting time which is causing confusion. For SPK and SIK patients it details the kidney waiting time, either from start of dialysis or time of kidney registration. It is time from pancreas registration that is used in the pancreas offering scheme. This will	

	<p>require an IT change to include columns for pancreas, islet and kidney waiting times. NHSBT therefore issues a word of caution when reviewing the NTN configurable waiting list times.</p> <p>C Counter confirmed that STATs could look at providing a report to centres with pancreas and islet waiting times as used in the pancreas offering scheme, for those SPK and SIK patients not in the kidney offering scheme. Ed Sharples will speak with S Northover and feedback to C Counter as to whether this report will be useful.</p>	E Sharples
9	Pancreas Islet Transplantation	
9.1	Report from the PAG Islet Steering Group	
	<p>J Casey was not present at the meeting. S White advised that an ISG meeting was held recently, but the minutes have not yet been finalised, with a lot of the focus on the King's Islet Lab. closure. D Manas advised that NHSBT have written to centres so far, but not patients. The anticipated date for re-opening is not until the New Year. There may be weekends that are not covered by other Islet Labs, with declines possibly due to the outage. Members felt that patients should be contacted if this issue persists as long as 3-6 months. This will be discussed at the next ISG meeting.</p>	
9.2	Islet isolation outcomes - PAG(23)27	
	<p>L Simmonds provided a summary of the outcome of pancreases retrieved with the intention to transplant as islets. Between 1st April 2022 to 31 March 2023, there were 54 pancreases taken and accepted for islet transplantation and isolation commenced, of these, 89% had the isolation completed. Of those 48 isolations completed 69% met the release criteria of which 19 (58%) were transplanted. The overall conversion rates of those where isolation was started was 35% for the most recent financial year, 33% in 2021/22 and 37% in 2020/21.</p>	
9.3	Islet transplant activity and outcome - PAG(23)28	
	<p>C Counter presented key points from the paper; there were 18 islet transplants in the last financial year, of which five were SIK. There were 25 patients on the waiting list at 31 March 2023, 13 were SIK. One-year graft survival for first routine islet alone grafts is 83% for transplants performed between 1 April 2016 to 31 March 2022. There is a significant difference in five-year graft survival for those receiving a routine and priority top-up graft compared with those receiving a routine only graft, 63% and 39%, respectively, for the whole time period. The time from first to second graft is 0-3 months for 29% of patients and 3-6 months for 35% of patients.</p>	
9.4	Referral patterns	
	This was discussed under Agenda item 2.2.	
10	Standard Listing Criteria	
	<p>C Counter advised that NHSBT had return rates for whole pancreas centres ranging from 51% to 100% with 83% of supplementary forms returned overall. She reminded centres to return their supplementary registration forms.</p> <p>S-J Robinson asked if the standard listing criteria may be increased to include Type I Diabetics with complications other than Hypos.</p> <p>S White advised that there is no current plan to expand the current criteria.</p>	All
10.1	Summary data - PAG(23)29	

10.2	Pancreas transplant listing exemption requests and outcome of previous applications to appeals panel	
	<p>C Counter advised that the exemption process within the Patient Selection Policy is being updated due to Bristol islet centre closing, to reduce the number of islet centres who must respond to an islet exemption request from five to three. S White asked all centres to hold discussions within their centre before responding to a request, so there was one response per centre.</p> <p>S White will contact P Johnson for clarification regarding Royal Free patients going to Oxford and where their assessments are being done. Although it's been formalised, members are unsure whether they are still funded. C Counter advised that she currently still presents Royal Free data separately in reports.</p>	S White
11	European Pancreas and Islet Transplant Registry (EPITR)	
	C Counter confirmed that NHSBT anonymised information will be sent to the European Pancreas and Islet Transplant Registry. The data sharing agreement is currently under review.	
12	Any Other Business	
	<p>A Sutherland asked if an SPK offer could be accepted as an SIK transplant to widen an offer for a patient.</p> <p>D Manas provided an update on SCORE. The group working on timings is complete for the transplant process. To identify donors and start offering to change the transplant time. This will take 18 months to implementation.</p> <p>S White advised members that The Pancreas Forum for 2024 will be held in Manchester.</p> <p>D Manas asked for all members to ensure that a Deputy represents each centre at PAG, should the PAG representative be unavailable.</p>	All
	TransplantPath	
	R Thomson provided an update on the EOS replacement, TransplantPath. The demo is going through the user acceptance testing stage. A Jakeman will circulate a form to members to request a login.	A Jakeman
13	<p>FOR INFORMATION ONLY</p> <p>13.1 Summary from Statistics & Clinical Research - PAG(23)30</p> <p>13.2 Transplant activity report - PAG(23)31</p> <p>13.3 Current and Proposed Clinical Research Items - PAG(23)32</p> <p>13.4 QUOD report - PAG(23)33</p>	
14	<p>Future meeting dates:</p> <p>Pancreas Forum - TBC 2024 - Manchester</p> <p>EPITA - 28th to 31st January 2024 – Igls, Austria</p> <p>PAG ISG - Spring 2024 - London</p> <p>PAG Spring 2024 - 23rd May 2024, The Wesley Hotel & Conference Venue, 81-103 Euston Street, London, NW1 2EZ</p>	