NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE
THE TWENTY-FIRST MEETING OF THE NHSBT CTAG HEARTS ADVISORY GROUP
ON WEDNESDAY 10 MAY 2023
AT WESLEY HOTEL, 81-103 EUSTON STREET, LONDON, NW1 2EZ

MINUTES

Attendees:

Rajamiyer Venkateswaran	**CTAG Hearts Chair;** Centre Director, Wythenshawe Hospital
Lynne Ayton	Transplant Managers Forum Representative
Marius Berman	Chair, Retrieval Advisory Group; Papworth Hospital
Helen Bullock	Product Owner, OTDT, NHSBT
Robert Burns	Co-Chair, CTAG Patient Group
Paul Callan	Consultant Cardiologist, Manchester University NHS Foundation Trust
Ian Currie	Associate Medical Director – Retrieval, NHSBT
Philip Curry	Consultant Cardiac Transplant Surgeon. Golden Jubilee National Hospital
Sudeep Das De	CCT Cardiothoracic Transplant Fellow, Wythenshawe Hospital
Jonathan Dalzell	Centre Director, Cardiologist, Golden Jubilee National Hospital
John Dunning	Centre Director, Royal Brompton and Harefield Hospital
Dale Gardiner	Associate Medical Director – Deceased Organ Donation, NHSBT
Shamik Ghosh	CTAG Lay Member Representative
Margaret Harrison	CTAG Lay Member Representative
Rachel Hogg	Statistics and Clinical Research, NHSBT
Delordson Kallan	CTAG BHSI Representative
Sern Lim	Cardiologist, Queen Elizabeth Hospital, Birmingham
Guy Macgowan	Cardiologist, Freeman Hospital, Newcastle
Jorge Mascaro	Centre Director, Queen Elizabeth Hospital, Birmingham
Aaron Ranasinghe	Lead CLU Hearts; Cardiac Consultant Surgeon, Queen Elizabeth Hospital, Birmingham
Zdenka Reinhardt	Cardiologist, Freeman Hospital, Newcastle
Fernando Riesgo-Gil	Consultant Cardiologist, Royal Brompton and Harefield Hospital
Marian Ryan	Specialist Nurse Organ Donation
Asif Shah	Consultant Cardiologist, Freeman Hospital, Newcastle
Jacob Simmonds	Consultant Cardiologist, Great Ormond Street Hospital
Lewis Simmonds	Statistics and Clinical Research, NHSBT
Raynie Thomson	Product Owner, OTDT, NHSBT
Daniel White	Recipient Transplant Co-ordinator
Sarah Watson	NHS England
Julie Whitney	Head of Service Delivery, OTDT Hub, NHSBT

In attendance:

Rebeka Jenkins	Clinical Research Fellow, NHSBT
Caroline Robinson (Minutes)	Advisory Group Support, NHSBT

Apologies received:
Ayesha Ali, Richard Baker, Stephen Clark, Catherine Coyle, Diana Garcia Saez, Debbie Macklam, Derek Manas, Simon Messer, Andrew Morley-Smith, Jas Parmar, Stephen Pettit, Tracey Rees, Philip Seeley, Laura Stamp, Steven Shaw, Craig Wheelans

No.	Item	Action
	Welcome and Apologies	
	R Venkateswaran welcomed everyone to this first face-to-face meeting of CTAG Hearts since 2019 and details of apologies were given (see above).	
1.	**Declarations of Interest in relation to the Agenda CTAGH(20)22**	
	There were no declarations of interest in relation to today's Agenda.	
	Please note that it is the policy of NHSBT to publish all papers on the website unless the papers include patient identifiable information, preliminary or unconfirmed data, confidential and commercial information	

	or will preclude publication in a peer-reviewed professional journal. Authors of such papers should indicate whether their paper falls into these categories	
2.	**Minutes and Action Points of the CTAGH Meeting held on 9 November 2022 CTAGH(M)(22)02 and CTAGH(AP)(22)02**	
2.1	The Minutes of the CTAG Hearts Meeting held on 9 November 2022 were accepted.	
2.2	The following Action Points were discussed:	
2.2.1	AP1 – Inclusion in CUSUM – An analysis plan on how the outcome of re-transplantation can be included in CUSUM reporting will be presented at the autumn CTAG Hearts meeting.	**ONGOING**
2.2.2	AP2: Adjudication for Early Transplant – • Following discussion at the CT Centre Directors' meeting, it was agreed that while re-transplantation should not be a way of avoiding CUSUM, it is important to understand why it is needed. Numbers are small, and adjudication ensures there is an opportunity for good information sharing, education and transparency. • It was also agreed this would apply to all re-transplantation and the policy will be re-worded to reflect this (ie, the word 'early' will be removed). If SU/Urgent re-transplantation is needed there will be discussion and adjudication.	**COMPLETE**
2.2.3	AP3 - Long Waiting Urgent Patients	*See Item 6*
2.2.4	AP4 - CLU Update – **CTAGH(47)** – At the last meeting all were asked to engage with any request for data regarding donors or patients who may have had coronary artery problems that would benefit from a CT angiogram. R Venkateswaran gave a short presentation circulated with these Minutes, demonstrating what has happened with hearts declined after KTS between Jan-Dec 2020 at Wythenshawe (including gender, age group 28-63, smoking history and whether patients had diabetes or hypertension). The data suggests that with the move away from OCS and problems currently with transferring CT echo information across the UK, more needs to be done for patients with coronary artery disease, particularly what advice they should be given if they are offered a heart that is not ideal. This will be discussed in a forthcoming meeting with CLUs The meeting expressed enthusiasm to set up a pilot for CT angiogram and the link to the Donations Action Framework is given here - https://www.odt.nhs.uk/deceased-donation/best-practice-guidance/donation-actions-framework/	*See also Item 8.1*
2.2.5	AP5 – Outcomes of SU Heart Transplantation -	*See Item 9.2*
2.2.6	AP6: LVAD Complications Project - Results will be reviewed as an ongoing exercise to increase numbers of patients in the cohort, expanding the scope to include non-urgent patients where survival is better, particularly as LVAD is being used as a bridge to transplant; An updated report will come to the autumn CTAG Hearts meeting.	**ONGOING**
2.2.7	AP7: Conditional Survival – Reporting is on long term adult only survival post-heart transplant both nationally and on a centre specific basis as well as survival conditional on surviving the first-year post-transplant between April 1995 and March 2015. It was agreed that European data would be checked for comparison with UK results and will be discussed further at autumn CTAG Hearts.	**ONGOING**
2.2.8	AP8: Cardiac Allograft Vasculopathy (CAV) – This is the leading cause of morbidity and mortality in heart transplant patients beyond the first post-transplant year. This is being discussed further at Heart Allocation and Centre Director meetings and will come to CTAG Hearts in the autumn	**ONGOING**
2.2.9	AP9 Use of Sherpapak **CTAGH(23)43** – An abstract from Manchester University on the use of Sherpapak is circulated with these Minutes.	**COMPLETE**
2.2.10	AP10: Workplan	*See Item 12.3*
2.2.11	AP11: SIGNET – John Dark will report on progress at the autumn CTAG Hearts meeting	**ONGOING**
2.2.12	AP12: Increased costs of Impella – Centres were previously advised to buy ahead of a price increase.	**COMPLETE**

3.	**Medical Director's Report**	
3.1	Developments in NHSBT	
	In D Manas' absence, I Currie gave the following update: • Funding/Finances – Although DCD funding has been secured for 2023-24, there is no long-term funding confirmed which makes sustainability of the service difficult. There were 213 heart transplants last year – the highest since 2013 - and DCD accounts for 70% of this because it has been funded and is successful. Overall finances remain very tight, with some project management support/CLODs funding either lost or reduced. • CLUs – There is no funding for local CLUs, but OTDT is funding lead CLUs • Machine Perfusion/Histology/NRP – There is no funding for machine perfusion or histology and information is awaited from DHSE regarding NRP • Review of NORS/SCORE – Work is ongoing to change the timings of retrieval and the workforce/resource implications involved. • Flights – As stated previously, use of flights for retrieval are attracting more scrutiny due to costs involved. Centres are again asked to be aware of 'by road' comparisons. • Lung Transplantation – The Lung Summit was held in February and publication of the report is expected shortly. The 3 outcomes are to enable risk, to improve commissioning and to enable workforce changes to encourage lung transplantation. • Consent – Organ donation consent was down to 61% last year, the lowest for 7 years. However last month, consent was reported as 69%. • RINTAG – this group is to be re-formed to become an R&D committee. • CUSUM for Organ Injury at Retrieval – this will be discussed at retrieval but will not involve CT retrieval. • UW Contamination – this is being investigated, but it is not possible yet to see the effects this is having on patients. *(See 4.1 below)* • OTAG Eye Summit – this is now planned for 5 July to find ways to improve corneal donation. • Retrieval Masterclass – this will be virtual, but a live dissection will be included in the next Masterclass in December.	
3.2	New Appointments	
	There are no new appointments to highlight.	
3.3	Recommendations from OUG - The implementation group has met to review the recommendations for which no funding is attached. The expectation is NHSBT/NHSE will work together to prioritise these. It is anticipated that various sub-groups will be needed to work on implementation.	
4.	**Governance Issues**	
4.1	Non-Compliance with Heart Allocation	
	In R Baker's absence, S Sinha sent the following report: • Transport issues – NORS and recipient teams are asked to refer to the guidance circulated regarding use of blue lights which should be for emergency use only. Exemptions include graft of patient deterioration. It is suggested that all units have a policy on the use of blue lights **ACTION: R Venkateswaran to discuss at CT Centre Directors' meeting** • NRP in Lung & Liver retrieval and organ loss. I Currie & M Berman are leading on this to ensure optimum organ utilisation for both lungs & livers. • UW/HTK - Several NORS teams have noted discolouration of the solution and/or leaking within the solution bag overwrap when using Bridge of Life UW Perfusion fluid initiating an investigation by ODT Commissioning and key stakeholders. Relevant regulators are also involved in this. In the interim all NORS teams are advised to switch to HTK as an alternative perfusion fluid and amend volumes as required. The perfusion protocol	**R Venkateswaran**

	has been updated and circulated and is also available on the ODT website.	
4.2	Clinical Governance Report - **CTAGH(23)01**	
	This paper was circulated for information.	
4.3	Super-Urgent Listing of Long-term LVAD patients	
	Some incidents (including 3 incidents in one unit) have been reported of patients being moved from an LVAD to a temporary RVAD to facilitate early transplant. It was highlighted that this should not happen without appropriate adjudication. **ACTION: The heart allocation policy will be updated to reflect this**	**R Hogg**
4.4	CUSUM Monitoring of 30-day outcomes following heart transplantation - **CTAGH(23)02**	
	In the 6 months since the last CTAG Hearts meeting, there has been one signal reported at Newcastle in November 2022. The final response was reported in April 2023 and further information will be provided by the centre after an internal review prior to closure of the signal.	
4.4	Group 2 Transplants	
	There were no recent transplants to discuss.	
5.	**OTDT Hub Update**	
5.1	Performance Dashboard – **CTAGH(23)44**	
	The latest performance dashboard was presented at the meeting. The following issues were highlighted: • Some centres continue to breach the 45-60 minutes compliance period. Those falling outside this period are coded amber or red on the time compliance period. • The dashboard also provides a snapshot of compliance for return of the HTA-A and HTA-B forms. Centres are asked to ensure that follow up forms have been submitted for the end of the financial year period as this helps to ensure complete data collection.	
5.2	Super Urgent Liver Pathway – **CTAGH(23)38**	
	This paper was circulated for information. On 1 November 2021 a pilot was instigated to implement this pathway for all super-urgent liver acceptances where CT offering occurs, and this has been reviewed with key stakeholders since then to identify areas for development and any positive practice. Note: the pathway was not used where group offering had already commenced at the time of super-urgent acceptance or there had been a request from a liver centre to not use the pathway. The results for the period 1 November 2021 to 31 October 2022 are indicated in the paper circulated. Key points to consider discussed at the meeting are: • CT surgeons are asked to accept or decline an organ at the group offer stage rather than 'express an interest' as this delays the process and puts the liver recipient at greater risk. A quick decision is needed. • Centres are again asked to comply with the 45-60 minutes offer period which continues to be breached in some cases. • Requesting past medical history is not a valid reason to delay offer acceptances. If a delay is needed it is essential there are timeframes agreed to avoid non-utilisation of either liver or CT organs • Good communication between CT and liver surgeons is essential so there should be no delay waking up surgeons. Co-ordinators need to be enabled to ensure this happens.	
5.3	Transplant Path – **CTAGH(23)42**	
	H Bullock gave a presentation of Transplant Path and explained the process that is being undertaken for this to replace EOS in December/January. • 18 workshops took place during the 'Discovery' phase. A key concern expressed was not being able to take the device into surgery. • The 'Development' phase based on user requirements is ongoing and is due to finish in the summer. • For the 'Testing' phase users from each organ group will be required.	**ALL**

	ACTION: Centres are invited to contact H Bullock to take part in the Testing Phase • Transplant Path will be rolled out during the Training phase and accounts created for all users. There will be single sign in. Timings of all parts of the pathway will be recorded • Go Live is planned for December/January after which EOS will be decommissioned. • Other systems will integrate with Transplant Path. In the future it is hoped donor identifiable information and digitalised HTA forms will be included. H Bullock offered to demonstrate the system to attendees during the break.	
6.	**Long Waiting Urgent Patients CTAGH(23)45**	
	This paper circulated with these Minutes was developed to update the 2013 guidelines *'HLA specific antibodies in cardiothoracic transplantation: Standardisation of testing, reporting and crossmatching protocols in the UK'* and was approved at the meeting.	
7.	**DCD Hearts**	
7.1	DCD Hearts Oversight Meeting (18.04.23)	
	A meeting was held on 18 April 2023 and monthly clinical review meetings are ongoing and are well attended. • DHSC has agreed to DCD funding for this financial year and formal confirmation is awaited as part of NHSBT's financial statement. • The allocation of DCD hearts is being brought to CTAG as an agenda item following queries raised at DCD HOG - *See Item 7.3* • A set of draft principles for mobilisation of an ad hoc hybrid retrieval team were discussed and feedback is being collated to inform the final version. • A Ali and D Manas are formally following up progress on the mOrgan with Papworth directly.	
7.2	DCD Hearts Regular Report - **CTAGH(23)03**	
	The report circulated shows DCD heart activity from 1 February 2015 to 28 February 2023 was presented in the meeting. • There were 427 DCD heart retrieval attendances leading to 263 heart retrievals and 229 transplants • Of 229 transplants, 104 were performed since the start of the JIF pilot. The conversion rate of retrieval to transplant increased to 91% from 84% pre-JIF • 66% of these were retrieved and transplanted by a different team since the start of the JIF compared with 6% pre-JIF. • The highest number of transplants were performed between Jan-March 2022, July to September 2022 and October-December 2022 (15 in each). Survival rates for DCD hearts is very good and are being analysed currently and teams are reminded to return DCD heart passport forms promptly. Implanting protocols will be explored across centres.	
7.3	DCD Heart Allocation – **CTAGH(23)04**	
	This report of the DCD Heart Oversight Group (HOG) from December 2022 was circulated prior to the meeting. The Allocation Rota Working Group met initially in August to amend the allocation mechanism for DCD hearts from a centre-based offer to a named patient offer. Key impacts of this change are listed in the paper and the recommendation is that currently it would not be appropriate to make the changes required as sustainable funding is not yet agreed. It was agreed that the retrieval team network is fragile currently and there is only a limited workforce who can do complex work. Any funding increase needed would have to go to DCD HOG and SMT. Fragmented funding also means patients who are already in hospital are costing money and therefore the wider context of any change needs to be considered. Elective patients who are the majority on the list are also disadvantaged as they get less opportunities for transplant. **ACTION: R Venkateswaran to convene a fixed term working group to look into these issues in the next 4 weeks.**	**R Venkateswaran**

8.	**Heart Utilisation**	
8.1	CLU Update – **CTAGH(23)40**	
	A Ranasinghe reported: • Local CLUs remain unfunded but have all agreed to continue in their roles. • An engagement call will take place in June combining Heart and Lung CLUs. • At present, there are few requests to review donors • The letters being returned are very detailed and usually organs are turned down for reasons outside the centre's control (eg flight availability). Letters sent out are only as good as the data returned and centres are asked to be as accurate as possible. • Reasons for decline are likely to be incorrectly coded, so centres are reminded that it is important to code correctly. Centre Directors will be informed of any incidences. • CT scanning for donors is planned as a wider project of the CLU initiative to improve information available for centres • There are plans for a Heart Utilisation course based on optimising Kidney Utilisation on 29 September and participation is welcomed from centres. It was confirmed there is no Heart Utilisation Improvement Plan which is suggested in NHSBT Strategy. **ACTION: R Venkateswaran, I Currie and D Gardiner will discuss this with D Manas**	**R Venkateswaran / I Currie / D Gardiner / D Manas**
9.	**Heart Allocation**	
9.1	Heart Allocation Sub-Group (24/10/22) – **CTAGH(23)05**	
	S Lim reported that the last meeting of the group was in October 2022 and the Minutes of that meeting were circulated prior to CTAG Hearts. • At that meeting it was agreed that S Pettit would write a first draft of new guidelines to update the version from 2011 • 5 out of 6 centres agreed that a criterion for urgent allocation should be cardiac index <2.0L/min/m² prior to initiation of inotropes • There was consensus that category 21 should be divided into 3 sub-categories a) cardiogenic shock, b) cardiorenal/hepatic and c) high TPG/PVR • For cardiogenic shock, it was agreed there was no need to include filling pressure as a criterion. The group will re-convene prior to the autumn CTAG Hearts meeting.	
9.2	Outcomes of super-urgent heart transplantation – **CTAGH(23)06**	
	The paper circulated compares the number of patients transplanted, demographic characteristics, median waiting time and post-transplant survival between short-term ventricular assist devices (ST VAD) and veno-arterial extra-corporeal membrane oxygenation (VA-ECMO) support devices. The results indicate that patients on VA-ECMO support at the time of super-urgent transplant have significantly worse short term survival outcomes than patient on ST VAD only. • The meeting agreed that granularity in data is required for outcomes for those patients who don't move to transplant, (although it is acknowledged this requires a lot of work). • While there has been enthusiasm for VA-ECMO, patients on this support will not leave hospital. • Engagement is needed with cardiogenic services, so hospital transplant centres are not driven by what other services have put in place.	
9.3	Zonal review – **CTAGH(23)07**	
	This report circulated prior to the meeting gives figures on each centre's percentage share of registrations onto the national heart transplant list and heart donors that arose in their zone between 1 March 2020-28 February 2023 (registrations) and 1 March 2019-28 February 2023 (donors). The period 1 April 2020-31 March 2021 is excluded from the analysis.	**R Hogg**

	• There were significantly more registrations than donors at Glasgow indicating that a change of heart zone boundaries is needed • The national utilisation rate (transplanted out of offered) of adult DBD (29%) and DCD donor hearts (30%) was similar • Although zonal allocation is prioritised in all heart allocation schemes (SU, urgent and non-urgent), more transplants are performed from non-zonal donors (59%) than zonal donors (41%) Most centres are using donors within their own zones. However, in Scotland, most hearts come from England. Proposed changes to the heart allocation zones are shown in Appendices 1 and 2 of the paper circulated and these were agreed by CTAG Hearts. Z Reinhardt suggested looking into paediatric allocation zones to see if they need It was agreed R Hogg would investigate if used and if so, if it need to be reviewed. **ACTION: R Hogg to look at paediatric zonal results**	
9.4	GOS 20 cm heart allocation change	
	The 20 cm rule change is proposed to ensure equity of access for paediatric patients at GOS to receive adult donor hearts. As GOS does not have its own zone, paediatric recipients are currently penalised with patients often removed from the list if they deteriorate as they are unlikely to receive a heart and increased morbidity as a result. GOS is therefore joining Harefield's adult zone. Donations to SU and urgent patients will go to named patients and by default elective patients will belong to GOS resulting in an estimated 5-6 additional hearts over a 12-month period. The results will be reviewed 6 months after the start date of 4 May 2023 and will be discussed further at the CT Centre Directors' meetings.	
9.5	Adjudication Referrals – **CTAGH(23)37**	
	The report circulated prior to the meeting covers Heart Adjudication Panel referrals between 1 March 2020-28 February 2023. Urgent Heart-Lung adjudication referrals which may be referred to the Lung Adjudication Panel, may also be referred to the Heart Adjudication Panel if standard urgent heart listing criteria are not met. CTAG Hearts agreed that the process would be changed to exempt paediatric patients from the adjudication panel process. **ACTION: Patients on temporary mechanical support will not be required to go through the adjudication process.**	**R Hogg**
10.	**Statistics and Clinical Research reports**	
10.1	Summary from Statistics and Clinical Research - **CTAGH(23)08**	
	This report circulated prior to the meeting provides an update of recent presentations, publications and current and future work in CT transplantation by the Statistics and Clinical Research team.	
11.	**Reports and Discussion Points from the Chair**	
11.1	RAG Update	
	M Berman gave an update from the last Retrieval Advisory Group (RAG) meeting held in February. • A meeting has been held to focus on how NORS should develop in future. • Machine perfusion has come in since NORS started 12 years ago and there are currently problems with funding and staffing. A key aim is to have night-time retrieval and continuing donor characterisation throughout the day • Concerns were raised that CT teams are refusing to stay on site to retrieve organs for research and this is being investigated further. • A working group has found that using CUSUM monitoring to record organ loss due to retrieval damage is possible for abdominal teams but not for CT. • The Masterclass had excellent feedback in January. The next Masterclass will take place in January and will include a live cadaveric dissection. The next RAG meeting will be on 8 June via Microsoft Teams.	

11.2	CTAG Lungs Summit	
	The CTAG Lungs Summit was held on 22 February. Publication of its 18 recommendations is expected shortly and will be discussed at CTAG Lungs (which is now on 26 July). This will be a face-to-face meeting and the venue is currently being confirmed.	
11.3	CTAG Hearts Workplan – **CTAGH(23)10**	
	The Workplan was circulated but not discussed in the meeting.	
12.	**Reports from sub-groups**	
12.1	CTAG Patient Group (CTPG) report (07/12/22) – **CTAGH(23)10 & CTAGH(23)39**	
	The report and appendix were circulated prior to the meeting. The group has been engaged in several projects including psychological support for patients, treatments for COVID and improvements to routine blood monitoring for post-transplant patients. Details of this work are given in the report and in the papers circulated for this meeting. At present, no date has been set for the 2023 Patient Group meeting.	
12.1.1	CTPG Psychology and Social Work Update – CTAGH(23)11	
	This update was circulated prior to the meeting	
12.1.2	CTPG COVID therapies and treatment update – **CTAGH(23)12**, **CTAGH(23)13, CTAGH(23)14, CTAGH(23)15**	
	The Patient Group remains keen to ensure post-transplant recipients (and eligible pre-transplant patients) are informed of optimal COVID prevention and treatments available and has engaged with NICE to ensure relevant information is disseminated. CTPG are formal stakeholders in the NICE Appraisal process and a final recommendation from NICE is expected in May 2023. A summary was circulated prior to the meeting. There is some disappointment in the lack of engagement in COVID related issues from the clinical transplant and cardiac communities compared with other clinical communities. • It is requested that NHSBT nominates a lead clinician to support COVID related issues for the patient population and includes engagement with patient groups. • The CTPG Chair would also appreciate time limited support from a lung physician and advanced heart failure cardiologist in the development of a CTPG submission for the Partial Rapid Review of TA878 (ID6262).	**WHO?** **Not sure** **Is it Rommel who deals with this** **Need Ian or Derek to advise**
12.1.3	CTPG Routine Bloods Working Group Recommendations – **CTAGH(23)16, CTAGH(23)41**	
	R Burns and T Courtney (retired GP and wife of R Burns) gave a summary of the work of the CTPG Routine Bloods Working Group. This short-term working group examined the challenges facing post-transplant patients when attending routine blood monitoring appointments, including getting blood tests done, receiving results and returning them to transplant centres and the differing expectations of centres in how this will be achieved. A number of recommendations were presented at CTAG Hearts which are outlined in **CTAGH(23)41.** CTAG Hearts is asked to do the following: • Write to NHSE + other commissioners to state the long-term clinical need for a national pathology requesting and reporting system • Transplant centres should supply packaging compliant with UN3373 for return and posting of blood samples and appropriate postage and packing • Centres are asked to arrange blood test appointments close to the patient's home following agreement with local providers (such as GPs who are not routinely commissioned to provide this service) • Centres to conduct audits to ensure patients attend blood test monitoring appointments. • Patients would like centres to enable self-administered capillary immunosuppressant blood tests • Centres to explore ways to ensure tools are available to find out blood test results • Centres to look at ways in which positive reporting processes are implemented	**CT Centre Directors**

	ACTION: CT Centre Directors will discuss the recommendations in their next meeting in June.	
12.1.3a	CTPG Routine Bloods Working Group Minutes (Sept, Oct, Nov, Dec 2022) - **CTAGH(23)17, CTAGH(23)18, CTAGH(23)19, CTAGH(23)20,**	
	The Minutes from the Routine Bloods Working Group were circulated for information.	
12.1.3b	Presentations from CTPG Routine Bloods Working Group **- CTAGH(23)21, CTAGH(23)22, CTAGH(23)23, CTAGH(23)24**	
	Presentations from the Routine Bloods Working Group meetings were circulated for information	
12.1.3c	Terms of Reference for CTPG Routine Bloods Working Group – **CTAG(23)25**	
	These were circulated for information	
12.1.3d	Survey of CTPG Routine Bloods Working Group – **CTAGH(23)26**	
	This survey of patients' experiences of routine blood monitoring was circulated for information.	
12.1.3e	Additional Appendices – **CTAGH(23)27, CTAGH(23)28, CTAGH(23)29, CTAGH(23)30, CTAGH(23)31, CTAGH(23)32, CTAGH(23)33, CTAGH(23)34**	
	These papers covering what happens at different transplant centres for blood test monitoring were circulated for information	
12.1.3f	Retrieval Tools to assist with Routine Blood Monitoring – **CTAGH(23)35**	
	Different tools to help with routine blood monitoring were circulated for information.	
12.2	CT Centre Directors' meeting	
	In J Parmar's absence, R Venkateswaran reported • Centre Directors from each transplant centre meet with NHSBT and NHSE every 6-8 weeks, most recently on 28 April. In recent meetings, the group has focused on changes to the NHS Payment Scheme, the Cardiothoracic review, donor lung allocation changes and the VAD IT Database Project. The next meeting is scheduled for 9 June. • It was also reported that there has been no data submission to ISHLT since 2018-19. However, the USA has now signed up to this and multi-centres have signed up to submit data from Euro-Transplant. A new agreement is due in September, so UK data is now needed for heart and lung patients. **ACTION: I Currie and D Gardiner will take this information back to D Manas for support.** • IMACS are also looking to re-establish data sharing links again. Data sharing agreements have been sent to NHSBT Stats Team. There is enthusiasm to ensure there can be benchmarking of what is done in the UK with what is happening internationally. There needs to be assurance that all GDPR requirements are followed, and the new VAD database is up and running first.	**I Currie / D Gardiner**
12.3	Report from Recipient Co-ordinators	
	In the absence of L Stamp and P Seeley, there was no report at the meeting.	
13.	**For Information**	
13.1	Transplant Activity Report	
	The latest information can be found at https://www.odt.nhs.uk/statistics-and-reports/annual-activity-report/	
13.2	NHSBT ICT Update for Advisory Groups	
	There was no update at this meeting	
13.3	QUOD Update – **CTAGH(23)36**	
	The latest report was circulated for information	
14.	**Any Other Business**	
15.1	Date of next meeting	
	The next meeting is scheduled for ***Weds 18 October 2023 via Microsoft Teams*** Future dates of CTAG meetings for 2023 are shown below	

Dates of future CTAG meetings

CTAG Lungs Meeting – Weds 26 July 2023 – 10:30-14:30 – Montague on the Gardens, London
CTAG Patient Group – via Microsoft Teams - date to be confirmed
CTAG Hearts Meeting – Weds 18 October 2023 – via Microsoft Teams
CTAG Lungs Meeting – Weds 8 November 2023 – 10:30-14:30 - via Microsoft Teams