

Update on Transplant Collaboratives and organ utilisation

Dr Gareth Jones

NHS BT National Collaborative Lead

Consultant Nephrologist– Royal Free

Overview

- What is a collaborative?
- Where did they come from?
- What is their purpose?
- How far have we got?
- What are the future plans
- How collaboratives can contribute to organ utilisation

What is a collaborative ?

A regional collective of healthcare professionals who wish to drive quality improvement in transplant care through shared practice and learning.

Where did collaboratives come from?

Sustainability and Resilience Summit

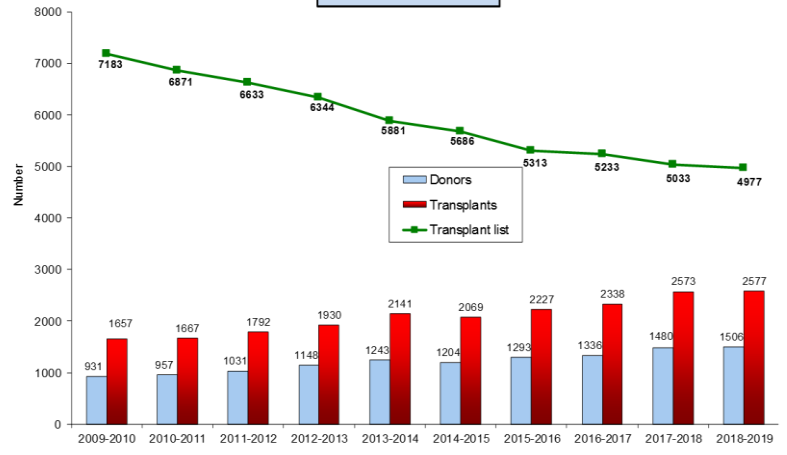
12th June 2018



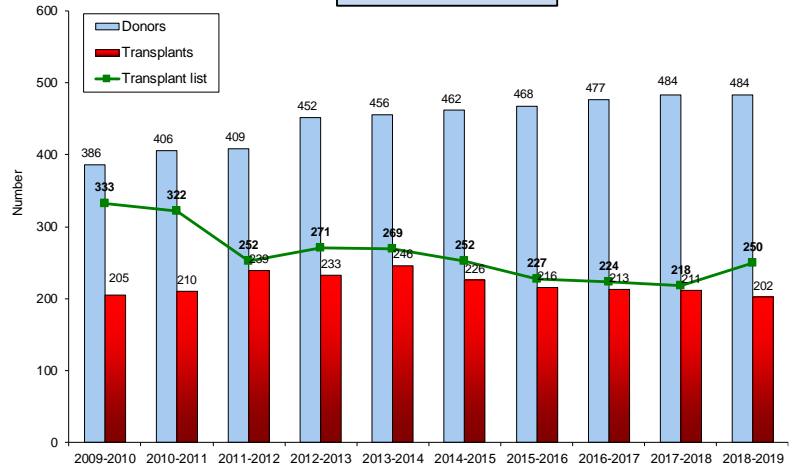
The Voice of Transplantation in the UK

Deceased donors, transplants and transplant lists

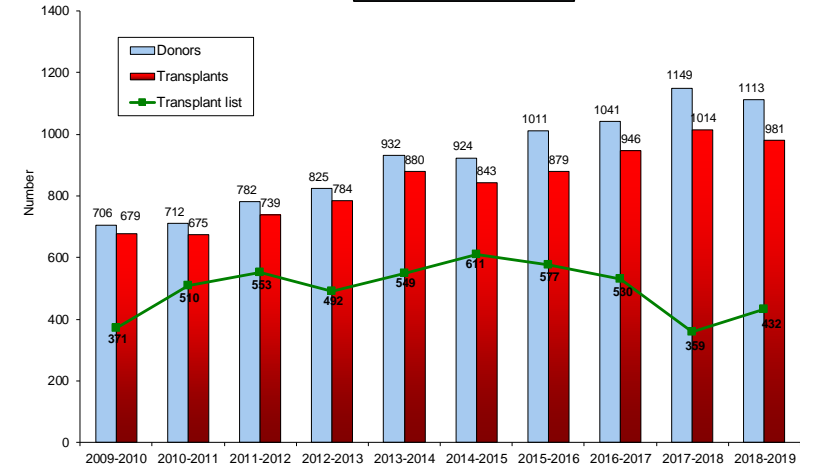
KIDNEY



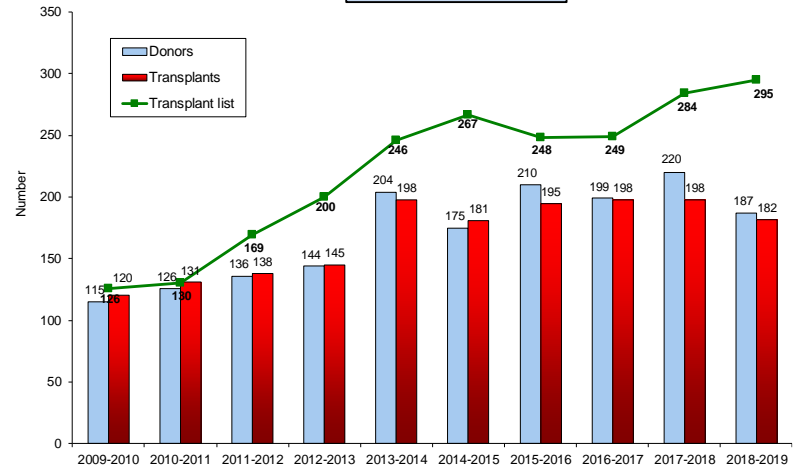
PANCREAS



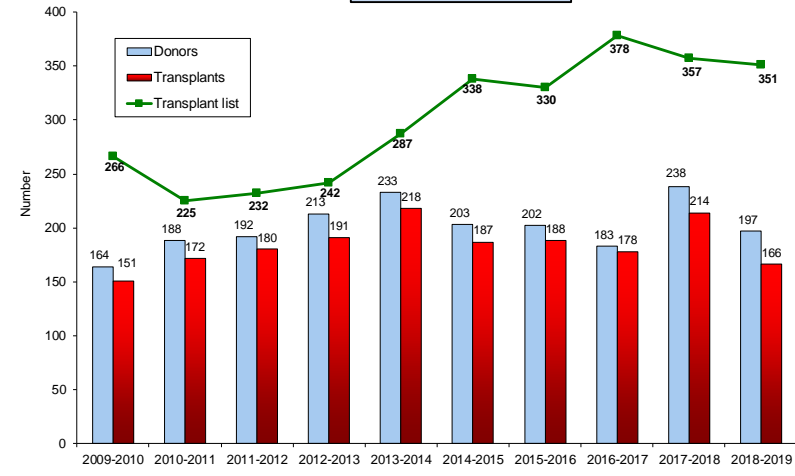
LIVER

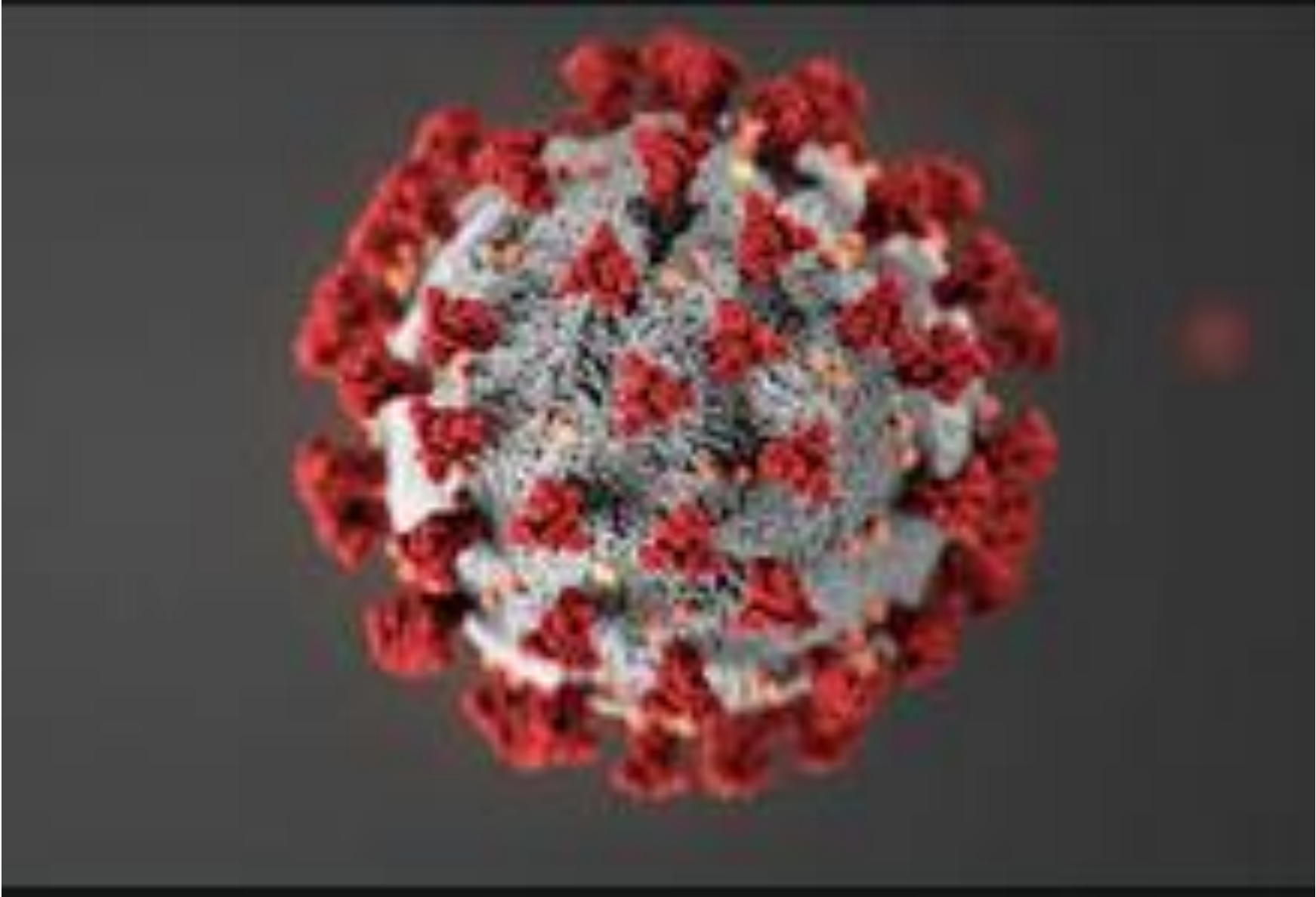


HEART



LUNG







Department
of Health &
Social Care

Honouring the gift of donation: utilising organs for transplant

Report of the Organ Utilisation Group

February 2023

CP 793

Recommendation 4:

Transplant units must build on the lessons learned during the coronavirus (COVID-19) pandemic and increase further the collaborative effort across units.

Collaboration

Collaboratives

- Transplant PLC
- Northern Transplant Collaborative

Other collaborative working

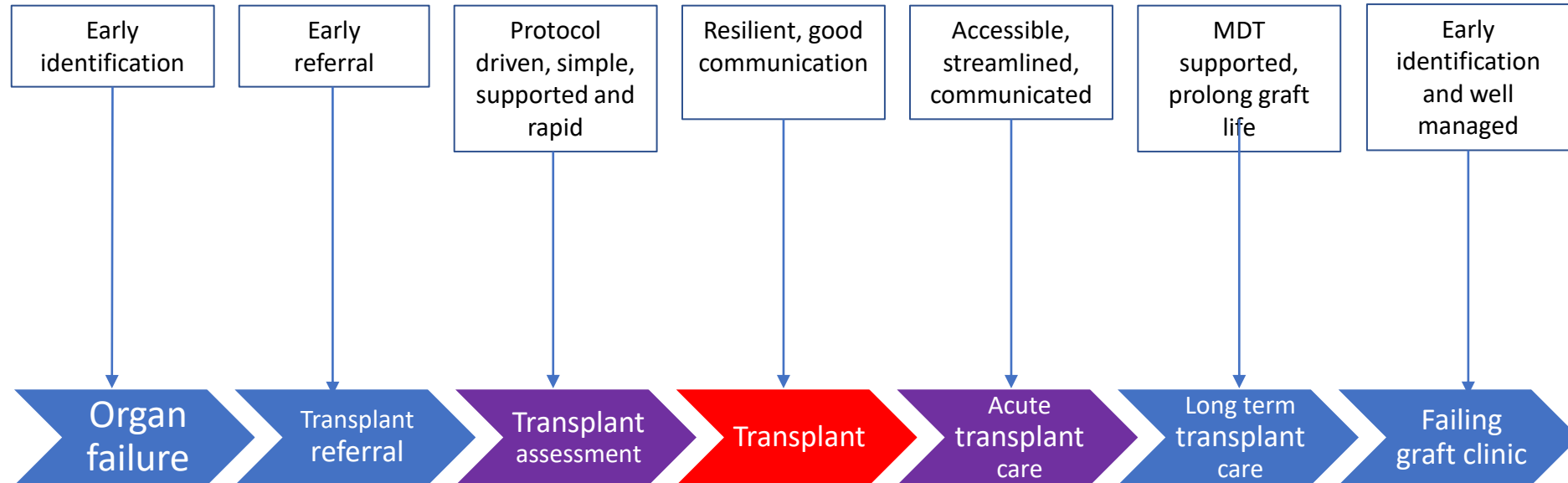
- COXNET
- Transplant Improvement group
- Northern Liver Alliance
- Edinburgh-Glasgow
- Many others....

What is their purpose ?

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

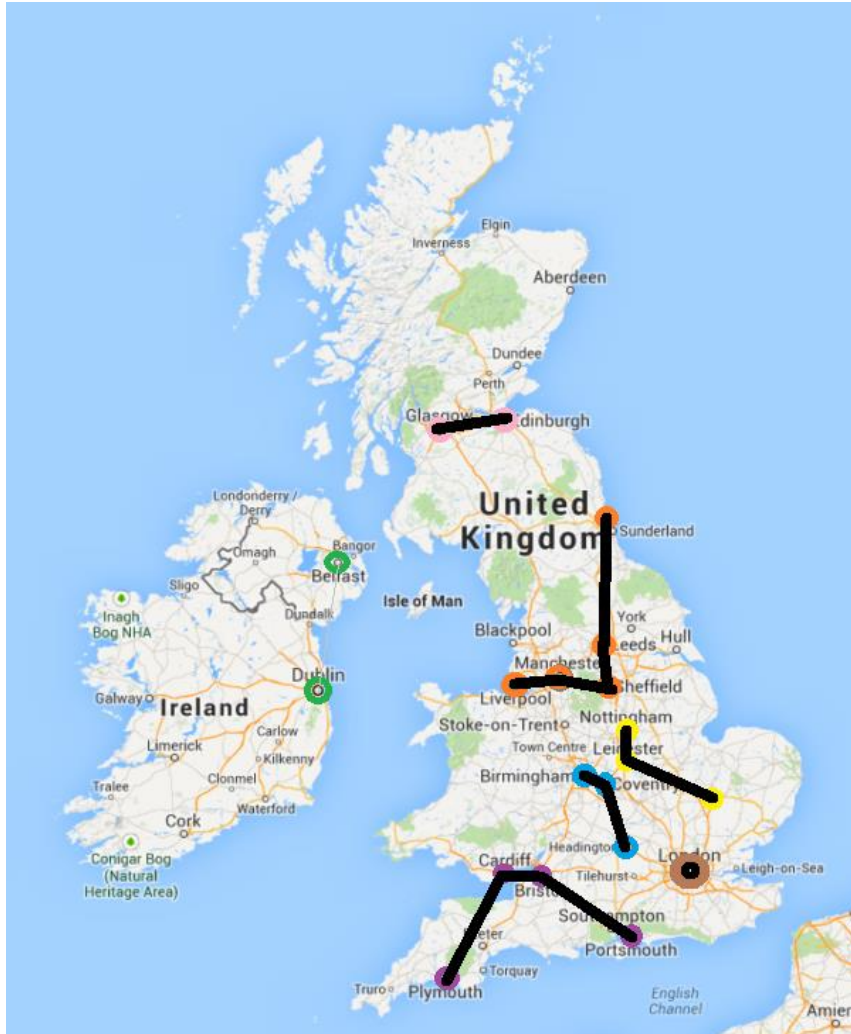
End to end transplant care



- Referring healthcare professional
- Shared responsibility
- Transplant centre

Where have we got to?

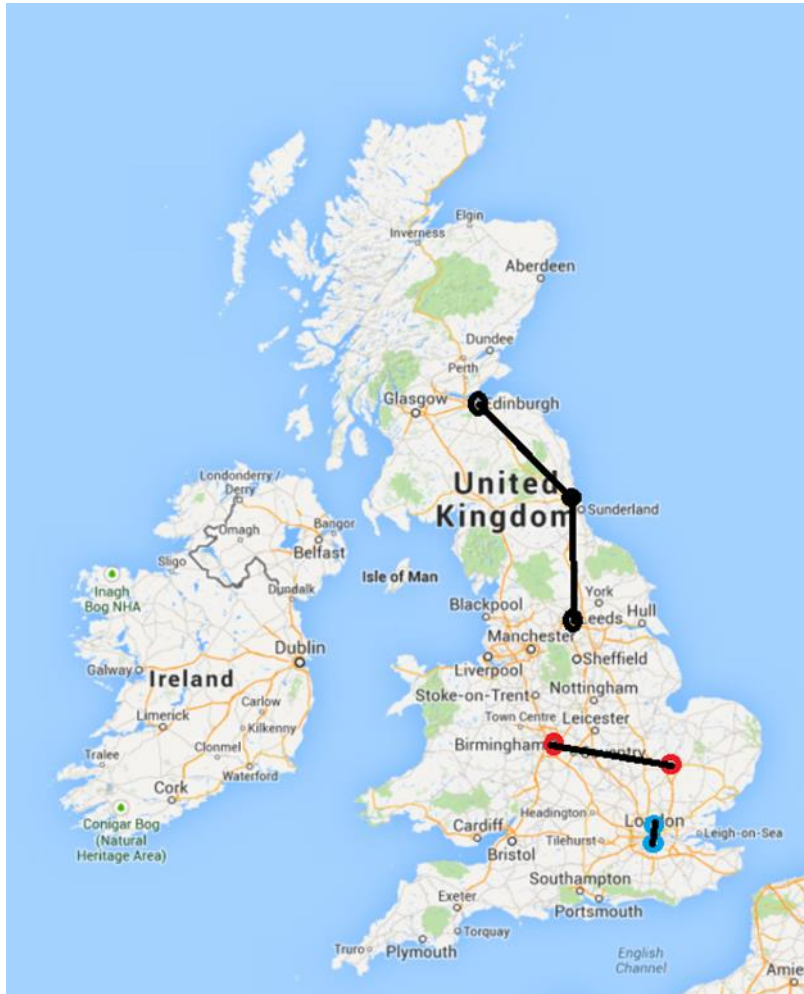
Kidney collaboratives



Progress

- Engagement with commissioners – 4 nation
- Conversation with networks – local and national
- Advisory group integration
- Reached out to all 7 collaboratives
- Set Terms of Reference and structure
- Appointed chairs and deputies
- Collaborative chair meeting 3rd June
- National steering group 9th December

Liver collaboratives

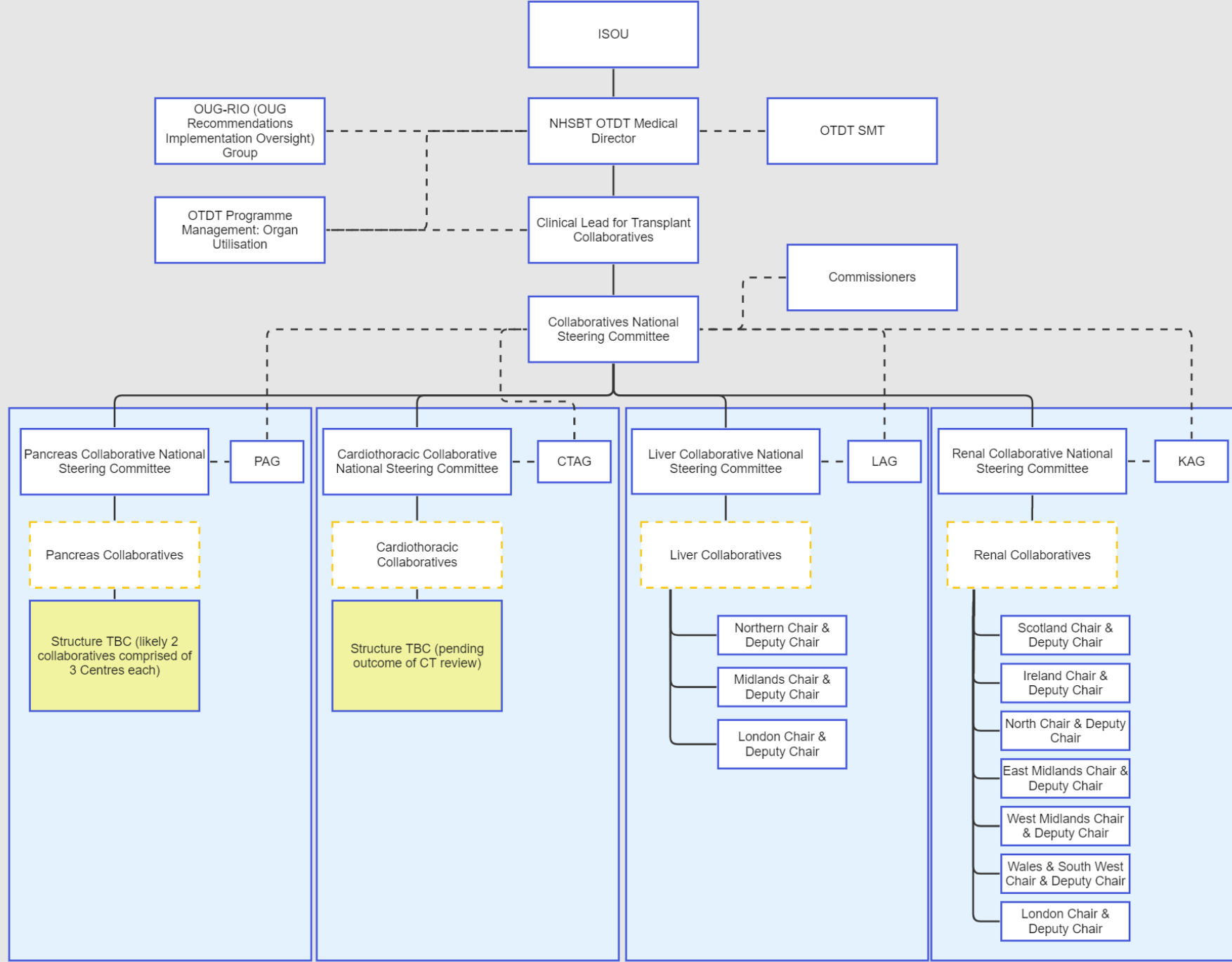


Progress

- Engagement with commissioning
- Discussion at Advisory group and directors meeting
- Set Terms of Reference and structure
- London Liver collaborative:
 - Meeting 7th May
 - Appointing chair and deputy
- Northern Liver Collaborative
 - Initial meeting
 - Appointing chair and deputy
- Midlands Liver Collaborative

Collaboratives Governance Model

August 2024



How can collaboratives
improve organ utilisation



Honouring the gift of donation: utilising organs for transplant

Report of the Organ Utilisation Group

February 2023

CP 793

Recommendation 4

All units must regularly meet and discuss organ acceptance and decline activity to share learning, best practice and data as follows:

- kidney transplant units – at a neighbouring or regional level
- liver transplant units – at a neighbouring level
- cardiothoracic transplant units – with at least one other ‘buddy’ unit

Refined and improved outcome data from NHSBT on organs declined must be developed and disseminated to provide better data-driven prediction on the possible performance of a particular donor organ.

The above decline detail must form part of the regular commissioning review.

Variation in organ acceptance

Figure 4.1 Adult standard criteria DBD donor kidney offer decline rates for kidneys that resulted in a transplant, 1 April 2021 and 31 March 2024

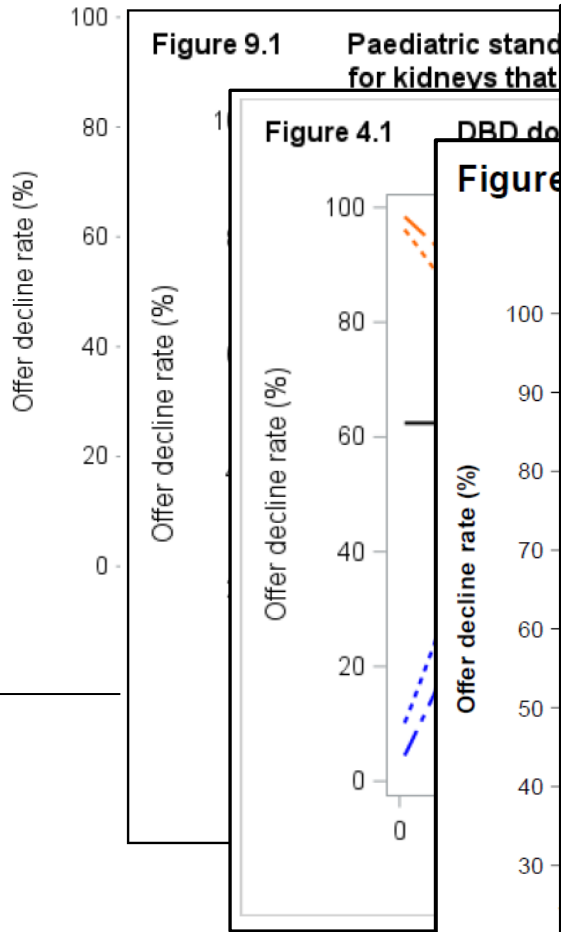


Figure 9.1 Paediatric standard criteria DBD donor kidney offer decline rates for kidneys that resulted in a transplant, 1 April 2021 and 31 March 2024

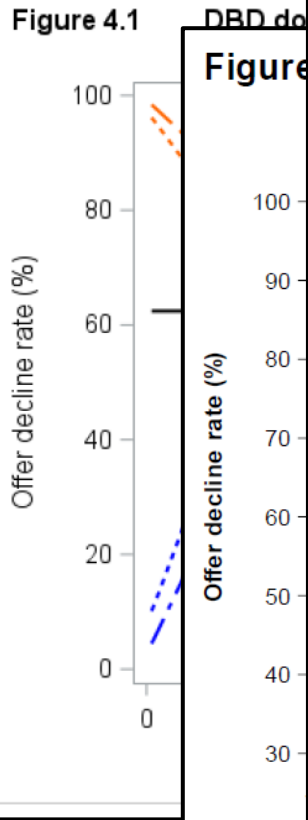
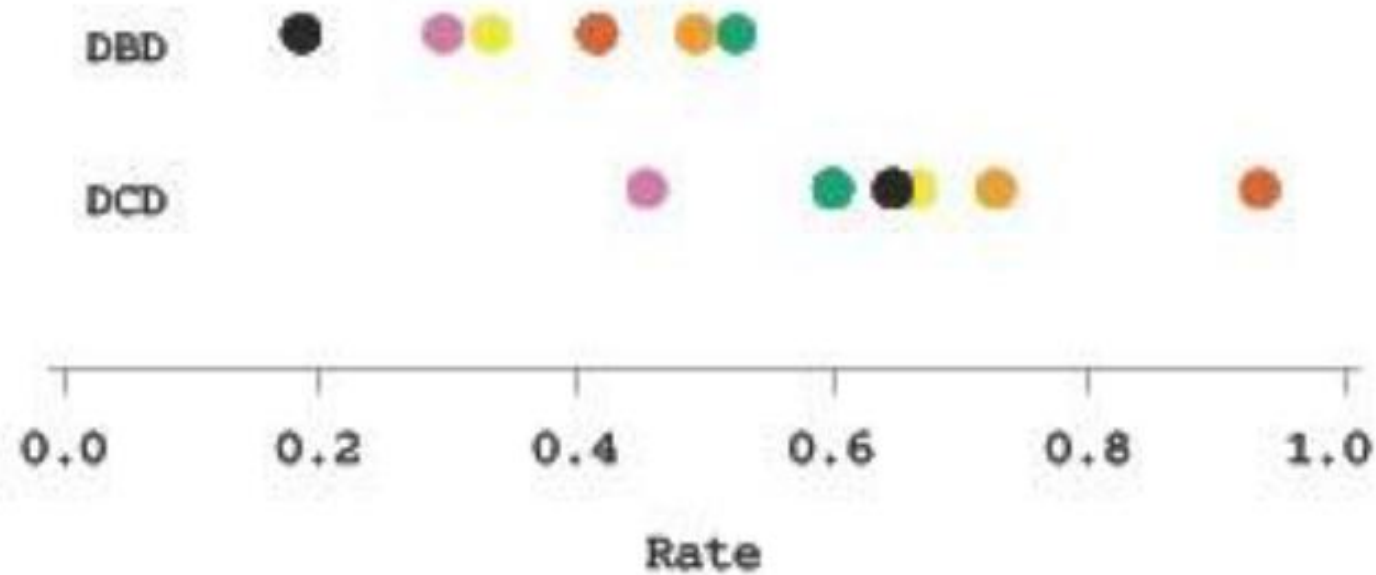


Figure 5. Primary offer acceptance rate of used whole organs



Number of offers

67% of DBD lungs

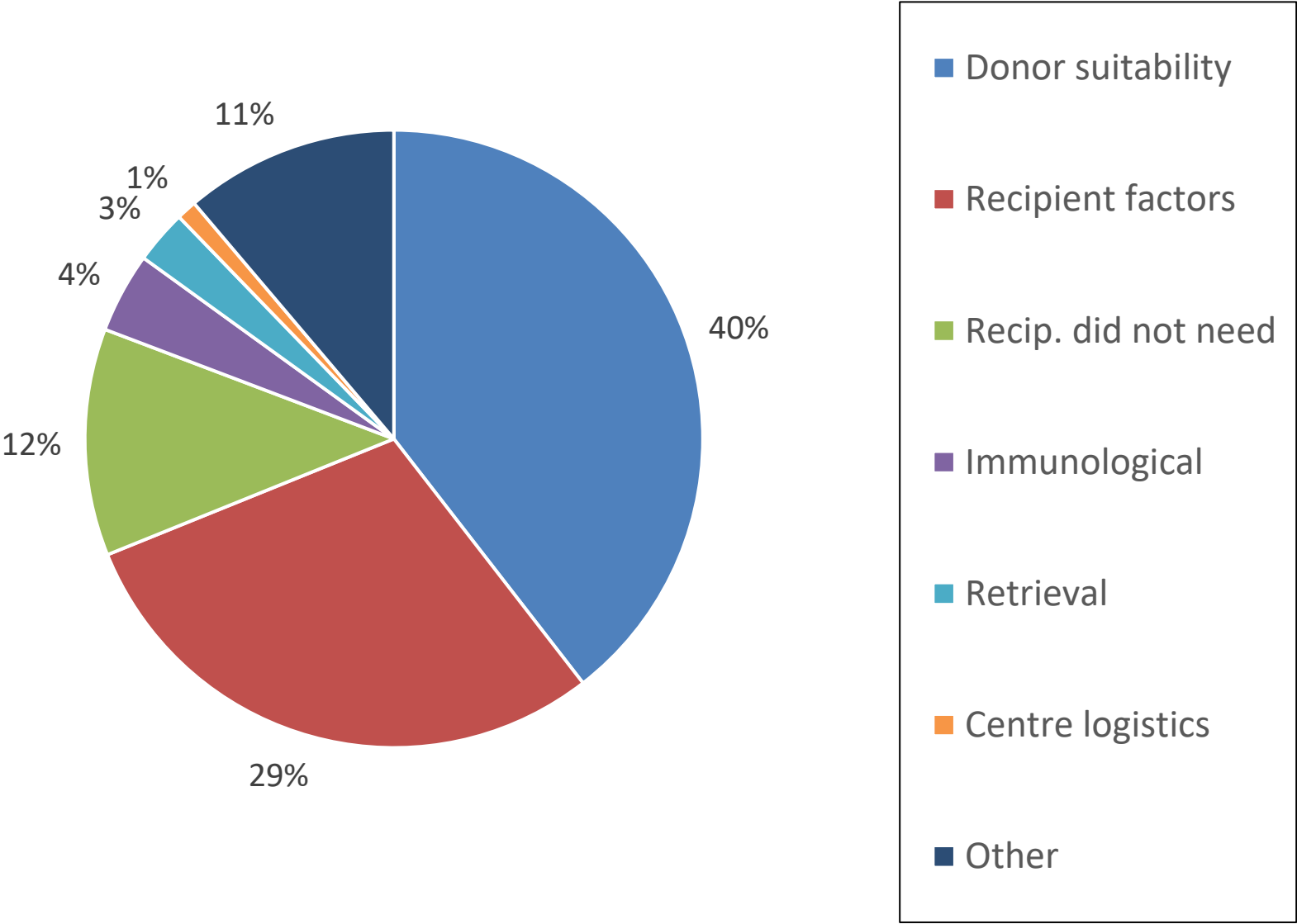
Organ offer decline meetings

- Regular local (single centre) meetings
 - Weekly/Monthly
 - Non confrontational
 - Follow up data on organs
 - Key learning points
 - Outside attendees
 - Recorded declines, although probably not minuted ?
- Regional collaborative meetings
 - Regional benchmarking
 - Outcome follow up
 - Comparative – centre x declined but centre y transplanted ...

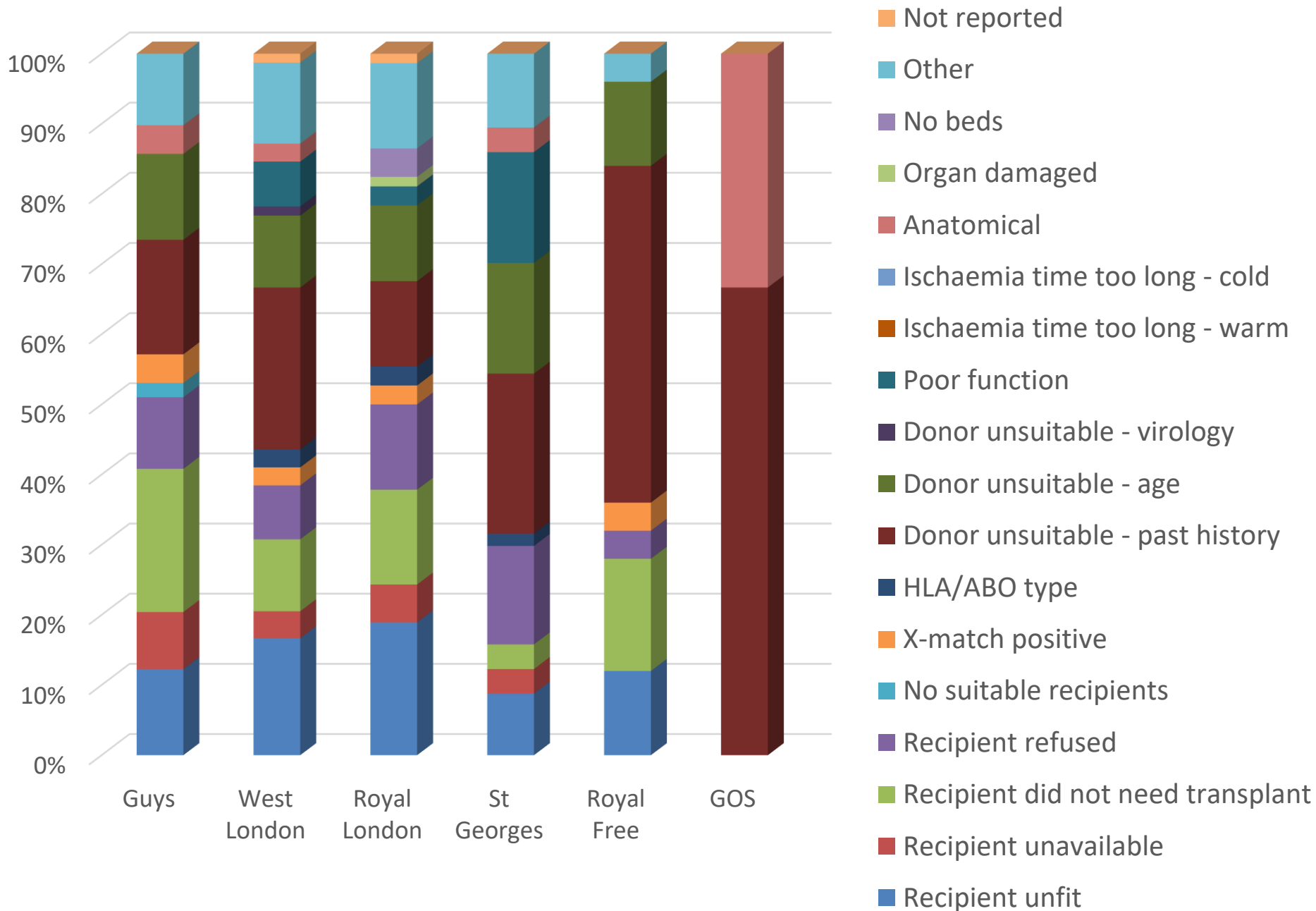
PLC organ offer review

- NHS BT data
 - All organ offer declines to London units
 - Over a 1 year period (August 2018 to July 2019)
- Analyse declines
 - Demographics
 - Reasons for decline
- Compare declines
 - One centre declined but another London centre transplanted

Categories of organ offer decline

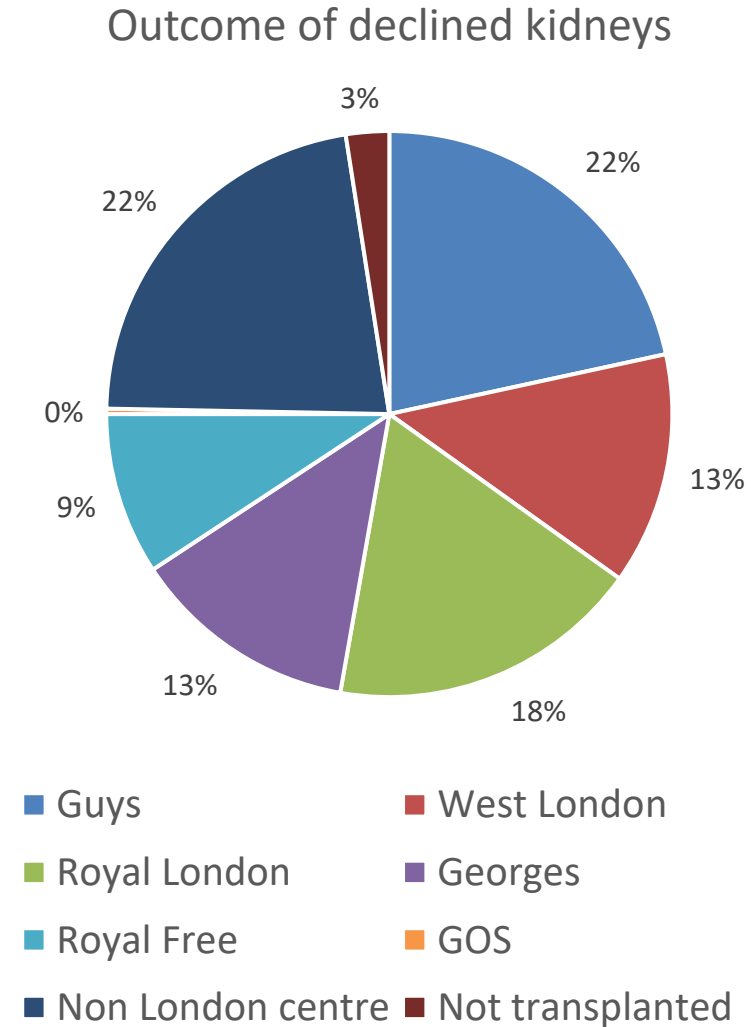


Reason for organ offer decline by centre



Donor and kidney outcome

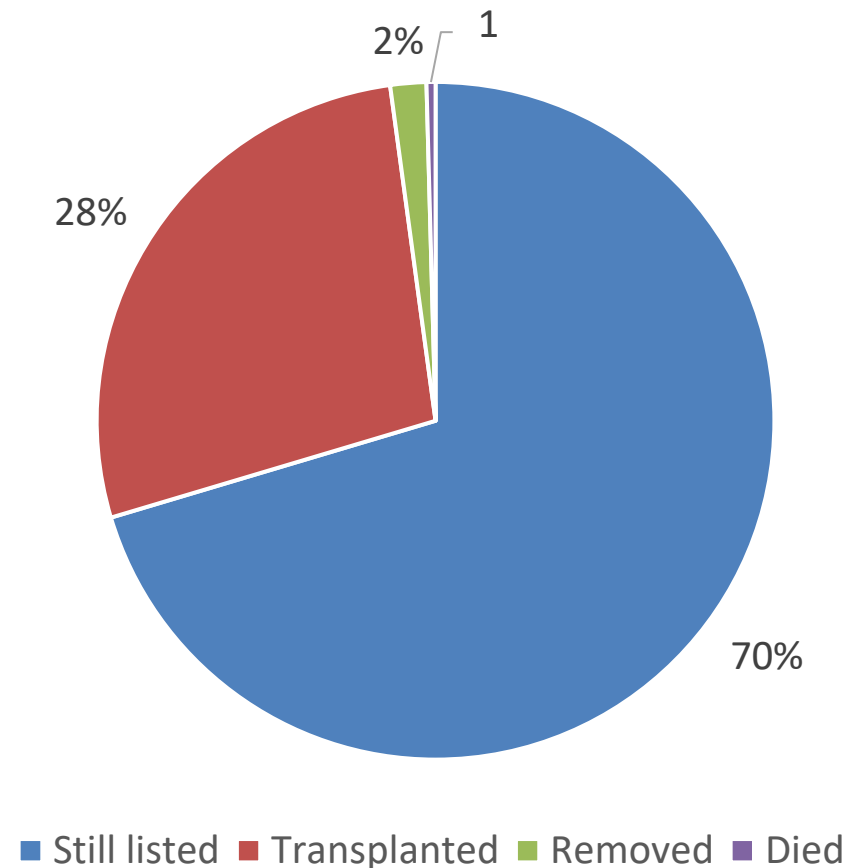
- 162 donors
 - 324 kidneys
- Median age
 - 56 years (IQR 47 – 63)
- Donor type
 - 72% DBD
- Follow up for 233 kidneys
 - 98% functioning
 - eGFR 45ml/min (IQR 32 – 59)



Recipient outcome

- 233 potential recipients
- Median age
 - 51 years (IQR 42 – 59)
- HSP/LW
 - 19 (8.1%)

Outcome of potential recipients at 90 days



Resilience and innovative thinking

I am looking for...



Home > News > National award success for Coventry-Oxford Network for Transplantation



NATIONAL AWARD SUCCESS FOR COVENTRY-OXFORD NETWORK FOR TRANSPLANTATION

The collaborative partnership between University Hospitals Coventry and Warwickshire (UHCW) NHS Trust and Oxford University Hospitals NHS Foundation Trust (OUH) has been honoured at a national awards ceremony.

The success of the Coventry-Oxford Network for Transplantation (COxNeT) was recognised at the NHS Blood and Transplant (NHSBT) and British Transplantation Society (BTS) UK Awards for Excellence in Organ and Tissue Donation and Transplantation.

UHCW and OUH were joint-winners in the Excellence in Delivering Patient Care category.

COxNeT allows patients from both sites to receive transplants at the other when resources have not permitted surgery at their primary site.

OUH and OHCW allowed more than 150 patients to have a kidney transplant who might otherwise have missed out.

Resilience – critical incidents



London NHS trust cancels operations as IT system fails in heatwave

Guy's and St Thomas' trust cancels appointments, with doctors



ST THOMAS' HOSPITAL, LONDON. IMAGE: GUY'S AND ST THOMAS' NHS FOUNDATION TRUST / FACEBOOK

Alexander Martin
June 4th, 2024

Critical incident declared as ransomware attack disrupts multiple London hospitals

Transplant PLC Sharing scheme

Recipient Characteristics	
Mean age	55 years
Pre tx modality	11 on Haemodialysis 3 on Peritoneal dialysis 2 pre-emptive
1 st transplant	12
2 nd transplant	4
Highly sensitised	3

Donor Characteristics	
Mean age	52 years (Max 73)
DCD	10 cases (62.5%)
DBD	6 cases (37.5%)
Mean KDPI	65 %
Mean KDRI	1.26
Standard criteria	8 (50%)
Extended criteria	8 (50%)
AKI	4 cases (1 donor on RRT)

16 recipients transplanted over 21 months (Nov 2020 – July 2022)

Reasons for referral

- 5 IT Failure
- 11 Capacity issues (SPK in 5 cases)

Intra op

2 cases required >1 consultant to scrub
3 cases required arterial reconstruction (1 planned)

Post op

4 patients required HDU/ICU
No PNF

Length of stay

Median 7.5 days (minimum 5 days, maximum 75 days)

Death within 1 year: 3 patients

2 from COVID
1 from Ischaemic heart disease

Graft loss in 1 year: 2 patients

1 from rejection
1 from poor function

Collaboration to maximise opportunity

