

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

**MINUTES OF THE FORTY SIXTH MEETING OF THE
KIDNEY ADVISORY GROUP**

3rd JULY 2024 10:00AM

AT FRIENDS HOUSE, LONDON, NW1 2BJ

ATTENDEES:

Rommel Ravanan	Chair, Kidney Group Advisory
Richard Battle	BHSI Representative and National H & I Manager
Kathryn Brady	Recipient Coordinator Representative
David Briggs	Consultant Clinical Scientist & CSO NHSBT
Lisa Burnapp	AMD - Living Donation and Transplantation, NHSBT
Joanna Chalker	Regional Manager & SNOD Representative
Andrew Connor	Plymouth Representative
Ian Currie	AMD Retrieval, NHSBT
Hatty Douthwaite	Trainee representative
Jonathan Ellis	Birmingham Representative
Jack Galliford	Bristol Representative
Paul Harden	Oxford Representative
Gareth Jones	London Collaborative Clinical Lead
Helen Jones	Paediatric KAG Chair & Evelina Childrens Hospital
Katy Jones	Newcastle Representative
Lazarus Karamadoukis	Non-surgical unit Representative
Pramod Nagaraja	Cardiff Representative
Jonathan Olsburgh	Guys Representative
Laura Pairman	NHS Lothian/Recipient Coordinator Representative
Paul Phelan	Edinburgh Representative
Sam Richards	Statistics & Clinical Research, NHSBT
Matthew Robb	Statistics & Clinical Research, NHSBT
Aamer Safdar	Lay Member
Shaminie Shanmugaranjan	Statistics & Clinical Research, NHSBT
Rupesh Sutaria	Portsmouth Representative
Madeleine Vernon	Leeds Representative
Julie Whitney	Head of Service Delivery - Hub Operations, NHSBT

IN ATTENDANCE:

Tanya MacHale	Clinical Support Services, NHSBT
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APOLOGIES:

Ayesha Ali, John Asher, Atul Bagul, Richard Baker, Lydia Ball, Chloe Brown, Chris Callaghan, Nick Inston, Nicola Johnson, Avneesh Kumar, Sian Lewis, Derek Manas, Sanjay Mehra, Zia Moinuddin, Karen Preece, Cinzia Sammartino, Smeeta Sinha, Susan Spence, Laura Stamp, John Stoves, Moira Straiton, Michelle Willicombe, Antony Wrigley, James Yates

ITEM		ACTION
1	Declarations of interest in relation to agenda <i>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.</i>	
2	Minutes of the meeting held on 18th January 2024 - KAG(M)(24)01	
2.1	Accuracy The minutes were confirmed as an accurate representation of the last	

	meeting.	
2.2	Action points - KAG(AP)(24)08	
	Items on the agenda, information to note: All centres emailed centre-specific list to help remove patients suspended for >7 years. Further centre specific updates can be provided at request.	
2.3	Matters arising, not separately identified	
	R Ramanan highlighted UKHSA measles guidance, rising number of cases in the UK and hot spots across country. Joint BTS/UKKA guidance sign posted to KAG and this guidance recommends risk stratification for the SOT population based on prior immunity. Basiliximab – On-going supply issues with limited international supply chain resilience. Shortage episodes managed centrally by DHSC with mutual aid etc. If centres have critically low stock they should contact their regional DHSC pharmacist contact (or equivalent in the DAs). Future F2F only vs virtual only KAG meetings Guys IT outage – opportunity to link with renal/Transplant team for any lessons learned. Possible NHS Eng may also share generic/trust level learning for resilience planning. J Olsburgh thanked regional and national colleagues for support provided during the outage.	
3	Medical Director's Report	
	L Burnapp deputised on behalf of D Manas as he was on annual leave. Planning for advisory group meetings for 2025 and beyond will be centrally coordinated to avoid clashes and all AGs will plan for one F2F and reminder as virtual meetings. New appointments: Lorna Marson has demitted AMD role after appointment as NED. Laura Barton has been appointed as project manager to the Implementation Steering Group for Organ Utilisation (ISOU) work, initially focussing on the ARC business case (with support from Deloitte). A new OTDT R&D steering group is being established with RR (as clinical co-chair) and Sapna Marwha (as lay co-chair). ROFG (RINTAG's successor) will report into this steering group. Finance is still tight, DCD hearts and Clinical Leads for Utilisation (CLU), £1M for Normothermic Regional Perfusion (NRP) is secured for this year. Histopathology £80,000 committed to a temporary solution until permanent process in place. Organs still being lost due to lack of histopathology service. Review of National Living Offer Scheme (NLOS) happening in July 2024. ISOU Cardiothoracic (CT) review being taken forward by NHS E. Flights for organ transport continues to be an issue, alternatives should be considered as far as practicable. Consent rate remains at 60%, options include the relaunch of deemed consent due to its launch in COVID. Dale Gardiner presented a revised donation code of practice at the Clinical Team meeting. J Whitney thanked/acknowledged for the extraordinary effort involved with managing the hub side of things related to IT outage at Guys. Retrieval masterclass 9 th January 2025, save the date circulated shortly one for the virtual day then one for the face-to-face day.	

	<p>National Organ Utilisation Conference (NOUC) is on 16th September 2024.</p> <p>HHV8 raised as a concern in the transplant community, 1000 donors tested 3% positive, 4 cases of transmission. R Ravanan discussed importance of including HHV8 risk in consent. BTS guidance on this subject expected later in the year. No current plans to extend testing to LDs.</p> <p>G Jones provided an update on collaboratives – the focus will continue to be quality improvement and providing support.</p>	
3.1	ODT Hub update	
	J Whitney - Kidney anatomy process live, HTA-B forms only one form missing from last year – chase process working. 30 day data returns approx. 70 outstanding – centres asked to prioritise effort to return as it impacts on CUSUM monitoring.	
3.2	HTA B Forms/Dashboard	
	Covered under Agenda item 3.1	
3.3	DCD SLK D4 offers	
	<p>5 transplants since November 2021 from kidneys held back.</p> <p>R Ravanan will formally write in policy as no objections raised. Review in 2 years.</p>	R Ravanan
3.4	HTK/UW solution	
	<p>I Curie presented on the outcome of the HDK/UW audit.</p> <p>9 months of data, donors in 2022, 1st Jan – 30th Sept 2022 period 1 and 1st Jan – 30th Sept 23 period 2.</p> <p>1930 donors, half UW, half HTK Higher DCD, higher NRP 88% UW, 86% HTW No significant difference</p> <p>2260 Kidney transplants 1212 UW Post transplant survival UW 97% HTK 96% Patient survival, Delayed graft function - No difference</p> <p>In Summary:</p> <ul style="list-style-type: none"> • Slight drop in kidney and liver utilisation <ul style="list-style-type: none"> ○ Unadjusted analysis so there may be other factors influencing this finding • No significant difference in 90-day survival for any organ • Significant increase in kidney unadjusted DGF rate <ul style="list-style-type: none"> ○ Not significant when adjusted – potentially caused by increased DCD and longer cold ischaemia times • No significant difference in any pancreas outcomes • No significant difference in any liver outcomes <p>Cost comparison between the two fluids discussed.</p>	
4	Unit waiting time analysis – KAG(24)04	
	<p>S Shanmugaranjan discussed the paper circulated. After detailed discussion, voting members then voted on the proposals in the paper.</p> <p>Recommendations: Paragraph 22: majority support (including online votes) for new definition</p>	S

	<p>of 'on dialysis' as patient already on dialysis prior to first registration on waiting list and unanimous support for removing PRD.</p> <p>Paragraph 23: majority support (including online votes) for changing methodology from using active waiting time only to earliest of start date of dialysis or active registration and include periods of suspension. Consensus view that annual reports for the next 2 years should include both new and old methodology (old methodology as Appendix) to give the audience opportunity to compare old vs new during the transition. Also discuss with patient advisory group and incorporate preference.</p> <p>Paragraph 24: majority support (including online votes) for presenting only centre un-adjusted analysis.</p> <p>Paragraph 25: Centre reps to let RR know if they have a preference for any particular way of sign-posting patients to the above analyses on ODT website.</p> <p>Paragraph 26: Centre reps to discuss within units and let R Ravanan know on steps that may well address un-warranted variation duration of dialysis prior to WL, periods of suspension or waiting time for transplantation.</p>	<p>Shanmugaranjan/ M Robb</p> <p>S Shanmugaranjan/ M Robb</p> <p>S Shanmugaranjan/ M Robb</p> <p>All to Note</p> <p>All to Note</p>
5	Revised CUSUM response requirements – KAG(24)03	
	<p>M Robb discussed paper circulated.</p> <p>Unanimous support for option 2 - Highlight only the failures or deaths for review that have taken place since the tabular CUSUM chart was last at zero.</p>	M Robb
6	Live donor update – KAG(24)10	
	L Burnapp presented the paper – discussion on activity levels, improved data returns, phase 1 and future of Living Path, support from Jen Lumsdaine and on-going project to explore international kidney exchange program. Since last report, there have been no further cases of un-matched NDADs on UKLKSS donating to paediatric recipients (this priority is due for review in Autumn 2025).	
6.1	HTA duty to report	
	<p>Presentation by L Burnapp on travel for transplantation. Presentation below:</p> <p></p> <p>Duty to Report -Changes in legislat</p> <p>Asks of Kidney Advisory Group:</p> <ul style="list-style-type: none"> ▪ Familiarise yourself with the changes ▪ Cascade this information to your teams ▪ Register all non-resident living donors with NHSBT with country of resident addresses (not UK temporary addresses) ▪ Consult with HTA early about matters of concern ▪ Engage with your safeguarding and information governance teams ▪ Let us know how we can best support you <p>Question asked – if referred a case of a child from outside UK that has already had a transplant and then arrives in the UK – does this require</p>	L Burnapp

	reporting? L Burnapp to confirm if reportable.	
7	SCORE follow-up	
	J Whitney shared a SCORE presentation. Following discussion, unanimous support for option 2 presented. This option will now be taken forward to the SCORE steering group.	J Whitney
7.1	AMOS recommendations KAG(24)06	
	AMOS paper discussed. Unanimous support to extend previously agreed screening process for DCDs to DBDs as well.	
8	Governance update - KAG(24)06	
	Governance paper from R Baker circulated.	
9	QUOD incidents KAG(24)07	
	Nil official report from QUOD for this meeting	
10	Deceased donor offering time for decision making	
	Raised by unit rep who was not able to attend this meeting – agreed to roll to next/future meeting.	R Ravanan
11	KAG Paediatric Sub-Group update – Paediatric offer review paper – for information	
	H Jones discussed the recent impact of cyber-attack and extended thanks to GOSH colleagues for mutual aid during this time. 1 st living donor happening, units flagged not able to take on any more patients, mutual aid happening, surgical resilience, kidney offering scheme not receiving enough offers, to bring agenda item for next meeting, children having longer dialysis times, QI project on declines, looking locally and nationally as decline remain around 50%. Paediatric offer review paper which had been presented & discussed at KAG-PSG was circulated to KAG members.	
12	Recipient coordinator update	
	Feedback from using transplant path positive, would like to see outcomes of transplants should be within 10 days but not happening. J Whitney stated there had been admin issues, not that it's not received.	
13	Lay Member update	
	Nil for this meeting	
14	PAG update	
	Nil for this meeting	
15	CLU update KAG(24)09	
	Paper prepared by Nick Inston shared with group	
16	Feedback from non-transplanting reps	
	L Karamadoukis fed back the non-surgical renal unit workforce survey had been completed. Not all units completed the survey. Wide variation noticed. Presentation of the findings being prepared and can be circulated with meeting minutes.	L Karamadoukis
17	Feedback from trainee reps	
	Nil specific at this meeting	
18	Any Other Business	
	D Briggs highlighted discrepancy between the calculated reaction frequency online calculator on OTDT clinical website and value calculated for transplant listing, due to HLA-DP. Following discussion, it was agreed that these differences should be highlighted to centres and	R Ravanan/ D Briggs

	labs. R Ravanan to discuss with D Briggs to disseminate. N Torpey gave a commissioning update on behalf of L Ball, reminded centres about renal networks in NHS England territory and likely commissioner conversations/communications coming via such networks/network leads and the CRG is writing a service specification for renal services. He highlighted that the CRG does not currently have representation from a transplant surgeon.	
18	FOR INFORMATION	
18.1	QUOD Report - KAG(23)07	
18.2	PAG minutes – To follow	
18.3	Clinically urgent paediatric patients – RR presented info on one patient	
Organ and Tissue Donation and Transplantation Directorate		July 2024