

Board Meeting in Public

Tuesday, 26 November 2024

Title of Paper	Organ Utilisation Update Report	Agenda No.	3.5
Nature of Paper	<input checked="" type="checkbox"/> Official	<input type="checkbox"/> Official Sensitive	
Author(s)	Professor Derek Manas, OTDT Medical Director Laura Barton, Programme Manager, OTDT		
Lead Executive	Anthony Clarkson, Director OTDT		
Non-Executive Director Sponsor	Professor Lorna Marson		
Presenter(s) at Meeting	Anthony Clarkson, Director OTDT Professor Derek Manas, OTDT Medical Director Laura Barton, Programme Manager, OTDT		
Presented for	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Information <input checked="" type="checkbox"/> Update	
Executive Summary			
<p>Following the publication of the governmental report, Honouring the gift of donation: utilising organs for transplant (available in the reading room) in February 2023, the Organ and Tissue Donation and Transplantation (OTDT) team have been working closely with the Department of Health and Social Care-led Implementation Steering Group for Organ Utilisation (ISOU) to implement the report recommendations (Organ Utilisation Group recommendations).</p> <p>This paper provides a brief update regarding OTDT's progress in implementing the Organ Utilisation Group (OUG) recommendations on which it is leading, as well as a wider overview update on OTDT's organ utilisation improvement initiatives. The OUG recommendations are expected to be fully implemented by 2028, and the Board are asked to find assurance in delivery progress to date.</p>			
Previously Considered by			
Executive Team meeting, March 2024 – Organ Utilisation Deep Dive			
Recommendation	The Board is requested to find assurance in OTDT's progress in implementing the OUG Recommendations, and wider organ utilisation improvement activity.		
Risk(s) identified (Link to Board Assurance Framework Risks)			
Principal Risk - 04 Donor Numbers and Diversity Principal Risk - 07 Staff capacity and capability			
Strategic Objective(s) this paper relates to:			
<input checked="" type="checkbox"/> Collaborate with partners <input checked="" type="checkbox"/> Invest in people and culture <input checked="" type="checkbox"/> Drive innovation <input checked="" type="checkbox"/> Modernise our operations <input type="checkbox"/> Grow and diversify our donor base			
Appendices:	Available in Reading Room: <ul style="list-style-type: none"> Organ Utilisation Group Recommendations Report - Honouring the gift of donation: utilising organs for transplant. OUG Recommendations - Breakdown with detail of organisation leads. Report on UK Heart and Lung Transplantation Services. 		

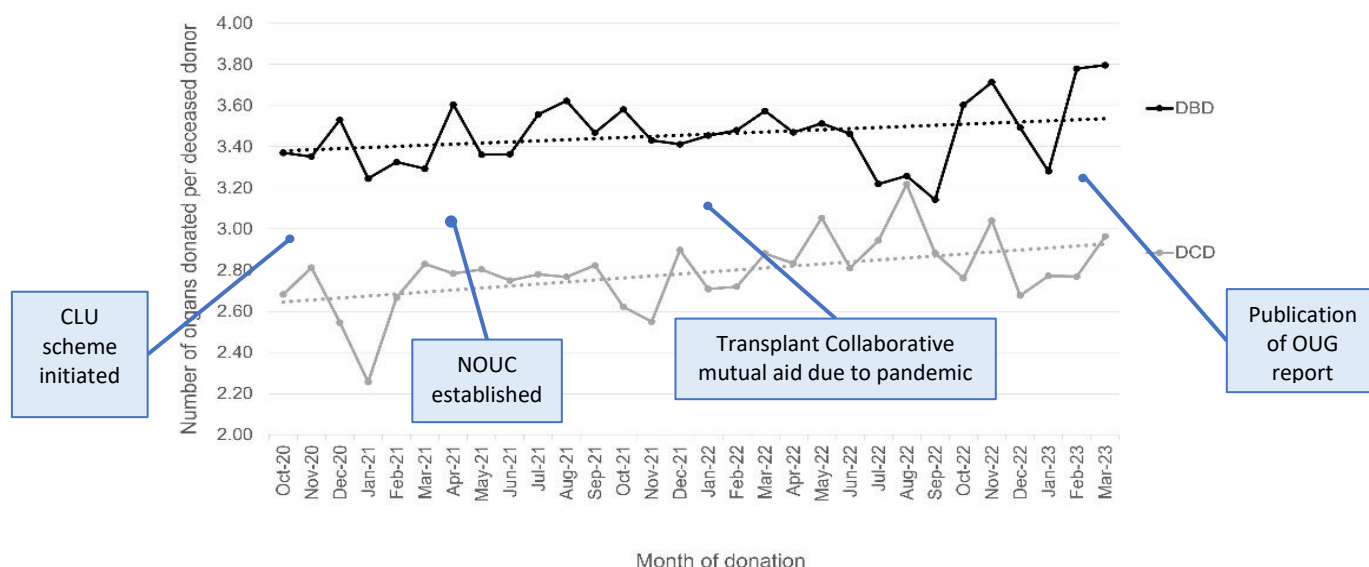
Introduction

Improving deceased donor organ utilisation, alongside deceased and living organ donation promotion, is crucial to meeting future transplant needs and sustaining services and remains a core focus of NHSBT. Our key drivers include:

- Reducing inequity of access to transplantation for patients.
- Improving organ utilisation to reduce transplant waitlists and reduce inequity in access.
- Collaborating to change clinical practice, to increase the number of transplantable organs per donor in real terms.

We have seen a steady improvement in organ utilisation rates over the past five years, complemented by programmes that OTDT have led, as illustrated below. Highlights of OTDT’s improvement work within Organ Utilisation form the basis of this paper.

Figure 11: Number of organs per donor by month and donor type with trendlines, 1 October 2020 – 31 March 2023



Clinical Leads for Utilisation (CLUs)

The CLU scheme was initiated in 2020 and is fully established with 50 Local CLUs and 5 Lead CLUs. This, in effect, meets OUG recommendation 3.6, however sustainable funding is required to further realised the benefits. The CLUs self-report improvements in local centre attitude to organ utilisation, and the benefits of the CLU community in sharing best practice.

Some of the key achievements of the CLU scheme are as follows:

- The Offer Review Scheme, a near real-time review of all declined higher-quality donor offers, led by the five Lead CLUs. This provides an opportunity for centres to self-reflect, share learning and best practice, identify missed opportunities, and reduce barriers to transplantation.
- Through the CLU scheme, OUG recommendation 3.1 has been fully delivered with full rollout of local organ offer decline meetings in every UK transplant centre.
- The CLU Community has been the backbone of success for delivering quality improvements for centres at a local level through collaboration, as well as acting as a key conduit for teaching and training, such as 2023’s first Cardiothoracic Utilisation Course.

Transplant Collaboratives

Transplant Collaboratives relate to OUG Recommendation 4. The London Transplant Collaborative (renal) led on developing mutual aid pathways in 2018. Since then, renal collaboratives have been fully established

nationally, and collaboratives for other organ types are currently being established. Their focuses include regional collaboration, shared learning, reducing unwarranted variation, and quality improvement projects.

Some key achievements from Transplant Collaboratives include:

- The London Transplant Collaborative for kidneys have enabled 16 patients with named offers to receive a kidney transplant using mutual aid pathways.
- COxNeT, an award-winning research, training, and clinical service programme run by teams from both Oxford University Hospital and University Hospitals Coventry and Warwickshire NHS Trust, has facilitated 185 transplant surgeries to proceed.
- The pre-existing collaborative relationships demonstrated value during the recent London cyber-attack, with 2 transplant surgeries proceeding through the use of mutual aid, which could not have occurred otherwise (including one paediatric case).

Living Donation

This well-established workstream continues to deliver innovative and impactful programmes, based on a foundation of collaboration.

Some key achievements in Living Donation include:

- UK Living Kidney sharing scheme: Transition State One of the digital transformations for living donation (LivingPath) replaces all manual processes with digital systems and was fully implemented by April 2024. Following the January 2024 matching run we saw 80% of identified transplants proceed, against a target of 75%.
- The Adult to Adult Living Donor Liver Transplantation (LDLT) Proctor Team Initiative was launched in June 2024. The team works with transplant centres to enable them to develop into independent centres offering living donor transplantation. There has been excellent clinical engagement and endorsement from patient groups, and to date five cases have been referred into the Proctor Team. The initiative was intended to be for three years, with an increase of 74 LDLTs, but will now be time-limited due to funding constraints.

NOUC (National Organ Utilisation Conference)

An impactful annual conference, established in 2021, which brings clinicians together to discuss opportunities and challenges within the organ utilisation landscape. Benefitting from NHSBT CEO attendance in 2024, this year's theme was 'Striving for Synergy'.

Performance & Data Monitoring

The dedicated Organ Utilisation Statistics Group contribute heavily to improving organ utilisation:

- Monthly delivery of organ utilisation data to all organ transplant centres, with detailed information on offers declined and transplanted elsewhere and lack of resources notifications.
- The first Organ Utilisation Annual Report was launched in September 2024, providing comparisons across organs and centres across a number of metrics for the first time.
- Further, in part completion of OUG recommendation 1.1, OTDT (in collaboration with the Winton Centre), developed online tools in 2021 to help clinicians communicate the risks and benefits of transplantation to patients. There is a plan to refresh the data and tools, which will also enable improved monitoring and evaluation capability.

Additional NHSBT Contributions & Collaboration

OTDT aspire to collaborate with system partners to drive improvements within organ utilisation. Some additional areas of contribution to be highlighted include:

- OTDT Organ Utilisation Leads are working with leading national organ donation and transplant organisations across the world to develop key metrics for organ utilisation through the International Organ Utilisation Collaborative (IOUC).

- Since July 2022 NHSBT have been leading on rollout of ERAS (Enhanced Recovery After Surgery) in transplantation, a multi-modal programme with resources for use by transplant centres. This will equip them to develop and evaluate their own ERAS in transplantation programmes, with clinically proven outcomes.

The ISOU established fixed term subgroups and working groups in response to a number of the OUG recommendations, in order to examine the recommendation further with appropriate experts, with a view towards implementation. Members of the OTDT team are represented on all of these groups, with several members acting as co-chairs as per the following:

Subgroup	Description	Timeframe
Histocompatibility and Immunogenetics	Co-chaired by Rommel Ravanan – OTDT Associate Medical Director, this group expects to make final recommendations to ISOU by early December, focused on technology to map compatibility assessments to a higher resolution, the role of Artificial Intelligence in decision making and review of cell-free DNA technology.	January 2025
Trust Engagement	Co-chaired by Chris Callaghan – OTDT Associate Medical Director, this group are focused in developing guidance in relation to Trust Organ Utilisation Strategies. The group are in consultation and expect the Transplant Oversight Group to take their work forward once recommendations have been made.	January 2025
Assessment and Recovery Centres (ARCs)	Co-chaired by John Casey – OTDT Chair of the Islet Transplant Subgroup of the Pancreas Advisory Group, this group will make recommendations to ISOU by mid-December in relation to the strategic components required by a national ARC service, including sustainability and equity.	January 2025
Xeno-transplantation	Co-chaired by Anthony Clarkson – Director of OTDT, this group is due to meet one final time in December with recommendations in January focused on legislation, ethics, regulation and animal welfare.	January 2025
Joint Commissioning	NHSBT is keen to support improvements in transplantation commissioning and is working closely with NHSE on this. This was demonstrated by active involvement in the DHSC Commissioning Symposium in November 2024 at which our CEO, Director of OTDT and OTDT Medical Director presented.	Ongoing

To drive closer collaboration with NHSE, the Transplant Oversight Group has been established as a committee in parallel, and will be co-chaired by Anthony Clarkson and Matt Day (NHSE Director, Clinical Commissioning). The group will provide oversight for the implementation of the OUG recommendations, collaborative commissioning and quality monitoring and improvements. Further, we are also committed to delivering cardiothoracic transformation, working in partnership with NHSE following the publication of the Cardiothoracic Transplantation Information Collation Exercise (CT ICE) report (available in the reading room).

Impact and Benefits

There are significant economic benefits derived from increasing organ utilisation rates. In October 2024, OTDT established a working group, in partnership with DHSC Economists, to accurately quantify the financial and economic impact of transplantation. Furthermore, each strand of OTDT's organ utilisation workstreams deliver significant quantifiable and non-quantifiable benefits across the system, as per the following:

Benefits derived from improvements within Organ Utilisation		
To patients	To NHS	To economy
<ul style="list-style-type: none"> Development of mutual aid pathways has ensured patients receive transplant surgeries as soon as possible, improving access, reducing waiting times and improving patient journeys. Focus on Organ Utilisation delivers increases in organ acceptance rates, meaning shorter times for patients on the waitlist. Driving UK-wide improvements delivers equity of access for all patients to benefit from, and reduces disparities across population groups, to reduce health inequalities. 	<ul style="list-style-type: none"> Focusing on collaboration builds resilience into transplant services, and drives quality improvement and standardisation, for better outcomes. There is a focus on leadership roles, attracting workforce to transplantation and NHSBT. Through raising awareness of organ utilisation, we deliver quality improvements. NHS colleagues benefit from shared learning and networking, which in turn drives up quality. 	<ul style="list-style-type: none"> Improved Organ Utilisation delivers economic benefit through avoided medical management costs and QALYs. NHSBT is delivering value for money schemes that raise awareness and increase organ utilisation. Consistent and high-quality outcomes, deliver patient benefit realised by the economy, but also support to attract and retain workforce to transplantation, which is currently facing urgent and serious workforce shortages.

OTDT’s Current Future Plans

We are building on the work outlined above to drive further improvements within organ utilisation. Our plans include, but are not limited to:

<p>Extending Transplant Collaboratives to more organ types (OUG R4)</p>	<p>Delivery of a 5-year CLU strategy</p>	<p>Continued rollout of the ERAS programme, to additional organ types.</p>	<p>Aspiration to continue the LDLT Proctor Team, unlocking equity of access across the UK</p>
<p>Refresh patient information and tools, to support patient decision-making</p>	<p>Integrate the Environmental Sustainability Group with OU activity.</p>	<p>Work with DHSC economists to quantify the economic impact of transplantation</p>	<p>A suite of Executive-level metrics will be launched, to improve local centre engagement.</p>

Specific areas of work that support implementation of the OUG recommendation 3 also include:

- Standardisation of the offer decline meeting framework, to drive further learning and to reduce future missed opportunities.
- A deep dive into the widely supported Offer Review Scheme, with outputs to include trend analysis and identification of further improvement opportunities.
- To build upon the Lack of Resources notifications pathway. This will raise awareness of missed opportunities to Senior Management and Hospital Trusts / Boards.

Further Aspirations

Our ambition to deliver improvements goes further than what we have outlined above. There is potential to do more for patients, their loved ones, and for our NHS family. We want to bring further programmes online in the future to deliver transformation and drive positive impact:

Initiative	Progress	Anticipated benefit
Assessment and Recovery Centres (OUG R8)	With strategic direction from the ISOU ARCs subgroup, a bid has been submitted to DHSC for consideration of establishing a centralised service. The success of ARCs is also based on the delivery of a national NRP and DCD Hearts service.	At full rollout, ARCs can deliver up to 750 additional transplants per year and has the potential to realise £2.6bn in economic benefits over 10 years.
Patient Reported Outcome Measures and Patient Reported Experience Measures (PROMS and PREMS) (OUG R2)	A cross-organisational working group is to be set up to assess the current landscape and to identify the resource required to bring PREMS and PROMS to market. This will need to be costed and subject to further discussion within ISOU.	Insight and understanding into patient journeys will be gained, with initiatives tailored to deliver quality improvements.
CLUs (OUG R3)	CLUs have a strong track record and widespread recognition of their positive impact but lack sustainable funding. This year's spending review bid includes CLU activity to be included as baseline, to secure the scheme's future.	Continue to drive collaboration and support organ utilisation improvements at a local level, through delivery of the Lead CLUs' five-year strategy.
LivingPath Transition States 2 and 3	Design and discovery for transition state 2 has been identified within a roadmap, but a funding source for delivering is to be identified. This would deliver real transformation, with all donor registration in digitally capturing data at point of referral on a UK-wide level, enabling us to understand what happens to people when they enter the pathway and why they might leave it.	This would maximise the number of transplants initiated by a non-directed donor or to maximise opportunities of overall transplant numbers.

Conclusion

We have made significant progress within organ utilisation, working in collaboration with ISOU and system partners to realise benefits for patients and for the economy. Our work has enabled organ utilisation rates to bolster transplantation, at a time when the deceased donor pool is static. We are committed to delivering future improvements, aligned with the OUG Report.

Collaborating will remain the key vehicle for driving improvement. Together, we can and will save lives. Yet, we could deliver further meaningful and significant transformations if equipped with the funding resources to do so and we await the outcome of our SR24 submission.