

**NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION
MINUTES OF THE FORTY NINTH MEETING OF THE KIDNEY ADVISORY GROUP
ON FRIDAY 18th OCTOBER 2024
09:00 - 13:00 via MS TEAMS**

ATTENDEES:

Rommel Ravanan	KAG Chair
Raymond Braid	Programme Manager, Specialist Services (NSD)
Christian Brix	Manchester Paediatric Representative
Tim Brown	Belfast Representative
Joanna Chalker	Regional Manager & SNOD Representative
Martin Christian	Nottingham Paediatric Representative
Andrew Connor	Plymouth Representative
Hatty Douthwaite	Nephrology Trainee Representative
Anusha Edwards	Bristol Paediatric Representative
Giuseppe Giuffrida	Manchester Representative
Paul Harden	Oxford Representative
William Hensher	Honorary Graduate Management Trainee, NHSBT
Nick Inston	Birmingham Representative and CLU lead
Maria Jacobs	Statistics & Clinical Research, NHSBT
Gareth Jones	London Collaborative Clinical Lead
Helen Jones	KAGPSG Chair
Katrin Jones	Newcastle Representative
Nicos Kessar	Guys Representative
Avneesh Kumar	Sheffield Representative
Jen Lumsdaine	Lead Nurse - Living Donation, NHSBT
Derek Manas	Medical Director OTDT, NHSBT
Stephen Marks	GOSH Paediatric Representative
Grace McCall	Belfast Paediatric Representative
Sanjay Mehra	Liverpool Representative
Lisa Mumford	Statistics & Clinical Research, NHSBT
Mordi Muorah	Birmingham Paediatric Representative
Pramod Nagaraja	Cardiff Representative
Laura Pairman	Portsmouth Representative
Ben Reynolds	Glasgow Paediatric Representative
Matthew Robb	Statistics & Clinical Research, NHSBT
Debabrata Roy	Coventry & Warwickshire Representative
Jelena Stojanovic	GOSH Paediatric Representative
Rachel Summers	Leeds Representative
Rupesh Sutaria	Portsmouth Representative
Yincent Tse	Newcastle Paediatric Representative
Samuel Turner	Bristol Representative
Julie Whitney	Head of Service Delivery - Hub Operations, NHSBT
Michelle Willicombe	WLRTC/Hammersmith Representative
James Yates	Nottingham Representative

IN ATTENDANCE

Cherrelle Francis Smith - Clinical & Support Services, NHSBT

Alicia Jakeman - Clinical & Support Services, NHSBT

APOLOGIES:

Richard Baker, Lydia Ball, Kate Brady, Lisa Burnapp, Dela Idowu, Madeleine Vernon,
Steve White, Anthony Wrigley

ITEM		ACTION
1.	<p>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></p>	
	There were no declarations of interest.	
2.	Minutes of the meeting held on 3rd July 2024 - KAG(M)(24)02	
2.1	Accuracy	
	The minutes were agreed as an accurate record.	
2.2	Action points - KAG(AP)(24)02	
	<p>R Ravanan reviewed the Action points from the last meeting. Some action points remain open:</p> <p>AP2 – Unit Waiting Time Analysis Ongoing</p> <p>AP3 - Revised CUSUM Response Requirements Approved by KAG. To be agreed by all Advisory Groups before policy is operationalised - Ongoing</p> <p>AP4 - HTA Duty to Report Complete - L Burnapp confirmed that in cases where you are asked to provide a second opinion for children who have been transplanted outside the UK you would not be required to report to the HTA if:</p> <ul style="list-style-type: none"> • The child is not a normal resident in the UK • If the child is a normal resident in the UK but the transplant happened before 1st April 2024 as the new regulations are not applied retrospectively <p>The duty to report applies if you see a child who is a normal UK resident and was transplanted outside the UK after 1st Apr 2024 and/or you have a reasonable suspicion that an offence may have occurred within or outside the UK for any of the reasons specified within the legislation.</p> <p>AP7 - Feedback from Non-Transplanting Reps Survey to be distributed with minutes – Complete</p>	<p>R Ravanan/ G Jones/ M Robb</p> <p>M Robb</p> <p>A Jakeman</p>
2.3	Matters arising, not separately identified	
	<p>P Harden discussed the clinical advantages of using imlifidase in a planned setting and hence prioritising such recipients via UKLKSS/NDADs. Brief discussion with consensus that commissioners need to first support principle of using imlifidase outside current commissioning +/- NICE guidance. If commissioner support is confirmed, then KAG needs pros/cons of proposal to be debated and agreed. RR to connect with commissioners outside the meeting and inform PH.</p> <p>Post meeting note: RR passed on guidance from NHS Eng commissioner for route to seek review of current commissioning guidance to PH/Oxford team.</p>	<p>RR (done)</p>

3.	Medical Director's Report	
	<p>D Manas confirmed that Lorna Marson is a now on the NHSBT as NED. Laura Barton has been appointed as the Programme Manager for the Organ Utilisation Group (OUG.)</p> <p>An Environmental Sustainability in Transplantation (ESIT) Group has been created, chaired by Matt Wellberry-Smith, D Manas asked members to contact him if they have any suggestions for discussion. There has been no change with Finances, hopefully DCD hearts and NRP will be part of baseline funding in the next financial year. NRP has had a big impact on liver transplantation, for kidney transplants there has been some improvement in Glomerular Filtration Rate (GFR).</p> <p>The OUG recommendations are on track to be delivered by OTDT. SCORE is progressing, to be discussed under the agenda item 3.3. The aim to reduce flights continues, although less relevant for kidney transplants.</p> <p>The Assessment and Recovery Centres (ARC) business case has been submitted and decision from DHSC awaited.</p> <p>The consent rate is approx. 60% for DBD, 50% for DCD which is a worldwide problem.</p> <p>D Manas passed his thanks and appreciation to R Ramanan for his commitment as KAG Chair over the last 5 years.</p>	All
3.1	ODT Hub Update	
3.2	HTA B Forms/Dashboard	
	<p>J Whitney confirmed that there are over 50 three-month follow-up forms outstanding from some centres, this impacts on CUSUM reporting. She will contact centres who have forms outstanding.</p>	
3.3	SCORE	
	<p>J Whitney shared a SCORE presentation, with the NORS workstream due to make recommendations soon, with a proposal to move to daytime offering of organs. A planned arrival window for the NORS team will be introduced.</p> <p>J Whitney asked members to consider the impact this will have on units. J Whitney will share the slides with members, confirming that the SCORE Team will engage with centres until the end of March 2025.</p>	All J Whitney
4.	Fast-track 12-month Review - KAG(24)11	
	<p>M Robb presented the paper detailing the 12-month review after most recent changes introduced to Fast Track (FT) scheme. This follows changes to the FT Scheme implemented on 25th October 2022 and again, on 16th August 2023.</p> <p>In light of the review findings, KAG members were asked to consider the following options:</p> <ol style="list-style-type: none"> 1. To remain with the current FT trigger points or 2. To revise the number of declines for quality to 5 for all donors (i.e. not just for kidney only donors). <p>Unanimous vote for Option 1.</p>	

	MR will take forward as necessary.	
5.	Paediatric Dialysis Capacity – Mitigation Options with KOS - KAG(24)12	
	<p>R Ravanan and Helen Jones introduced the paper describing paediatric dialysis capacity constraints and options to influence via KOS. After discussion, KAG members voted on options of:</p> <p>Option 1) Do nothing. Option 2) Alter HLA*age points in kidney offering scheme to give more prioritisation to paediatric patients for a fixed term of 18-24 months (no extension beyond 24 months without OTDT SMT involvement).</p> <p>Unanimous support for Option 2 was given. An IT change will be required. L Mumford will take this back to NHSBT and feedback to KAG.</p>	L Mumford
6.	KAG Approval for Minimum Dataset - KAG(24)13	
	<p>M Robb presented the paper and after discussion KAG members were asked to consider whether any of the variables identified with high proportions of missing data should be made mandatory, in order to increase the level of data completeness. Members approved that the onset of graft function (immediate, delayed or primary non-function) field to be mandatory and the number of rejection episodes field should be amended to yes/no. This will require an IT change.</p> <p>Separately J Whitney will speak with centres to discuss electronic data collection.</p>	<p>M Robb</p> <p>G Jones/ J Whitney</p>
7.	CUSUM Reference Period Update - KAG(24)14	
	<p>M Jacobs presented the paper on CUSUM monitoring on expected 30-day mortality and 30-day graft failure rates, advising members that current expected rates are based on centre-specific performance between 1st January 2012 and 31st December 2021. Revised rates will be based on performance between 1st January 2017 and 31st December 2021. Expected mortality and graft failure rates will be updated to ensure CUSUM monitoring is relevant to current practice. This will be implemented ahead of the next run of quarterly CUSUMs, with the new monitoring period starting from 1st January 2022.</p> <p>This report will be presented at the next KAGPSG meeting.</p>	M Jacobs
8.	Living Donation Update	
	<p>J Lumsdaine shared a presentation with members, detailing results from a survey on transplant centres. There was a variety of results across centres. The centres were asked what the barriers to increasing the numbers of living donation were, with the theatre access and living donor coordinator workload data analysed.</p> <p>She asked centre representatives to consider if NHSBT could do anything to support the living donation cases on:</p> <ul style="list-style-type: none"> • Number of donor visits to hospital • Workload (workforce calculator available) • Theatre negotiation – both directed and sharing scheme (10 weeks) • 	

	Members were asked to share their current processes. T Brown detailed the process at Belfast centre which requires only 2 donor visits to hospital, with a high degree of patient satisfaction of their model. S Turner advised that following a survey reporting 7 visits over 7 months, Bristol have been able to schedule an GFR and CT on the same day and now offer 3 visits model.	
9.	Governance update - KAG(24)15	
	Paper from R Baker shared.	
10.	KAG Paediatric Sub-Group update	
	This was covered under agenda item 5.	
11.	Recipient Coordinator Update	
	L Pairman confirmed that she had no issues to raise on behalf of the recipient co-ordinators.	
12.	Lay Member Update	
	There was no Lay member representation at the meeting.	
13.	PAG Update	
	S White, PAG chair not available and PAG meeting due in few weeks – minutes will be shared.	
14.	CLU Update - KAG(24)16	
	N Inston presented the interim report, confirming that it is noticeable that recipient reasons for decline remain high across the UK. This will be reported further at the next KAG meeting. All members offered supported for completion of a survey on practice in individual units in terms of consent and decline relating to kidney transplant offers via local CLUs. The national framework for organ decline meetings has been distributed to all CLUs for comments. N Inston and H Jones will discuss the paediatric declines offline.	All N Inston/ H Jones
15.	Feedback from Non-Transplanting Reps	
	There was no representation from the non-transplanting centres.	
16.	Feedback from trainee reps	
	H Douthwaite had no issues to raise.	
17.	Any Other Business	
	M Robb asked if centres were happy to share their matching data with M Willicombe for pilot project on providing HLA matched red cells for transplant recipients who require a blood transfusion. No objections from centre reps. When the current feasibility study is rolled out in Royal	

	Free, both Imperial and Royal Free will feedback to KAG. Any centre who would like to be involved to contact M Willicombe.	All