Changes in this version

New

Policy

Introduction

Organ Utilisation meetings are an essential part of improving utilisation of organs, education, collaboration, and shared decision-making to improve access to organs for wait-listed patients throughout the country. Local meetings allow centres to develop a unified approach to acceptance of organs, particularly marginal organs. By discussing individual cases, centres can promote team discussions, with the aim that this will lead to less variability in acceptance rates, a better understanding of the outcome of organs that were declined, and ultimately ensure that more organs that can be transplanted safely are utilised. A national standardised approach to organ utilisation meetings is a recommendation of the Organ Utilisation Group (Organ Utilisation Group - GOV.UK)

These recommendations have been formulated following extensive discussions, initially with Liver, Heart and Lung Clinical Leads for Utilisation (CLUs) and then with Kidney and Pancreas CLUs, and eventually with other transplant clinical colleagues in the 2024 National Organ Utilisation Conference held in Birmingham. The evidence base to support this document is based on the consensus of opinions during wide consultation. Once ratified, this document should be available online for reference.

The tone of local organ utilisation meetings should be of supportive discussion, not confrontational, with a no-blame culture to promote shared learning.

Once approved, these recommendations would form best practice guidelines that could be audited locally.

Recommendations

We recommend that:

1. Each organ group within each transplant centre should hold meetings at least once per month, with a target best practice of weekly meetings.
2. The title of such meetings is '*Organ* Utilisation Meeting', with the title reflecting the organ to be discussed (e.g., Liver Utilisation Meeting).
3. Attendance at each meeting is logged, and invitees should include:
    a. Consultant Transplant Surgeons
    b. Consultant Transplant Physicians relevant to the organ type
    c. Consultant Transplant Anaesthetists / Intensivists
    d. Recipient Transplant Co-ordinators
    e. Trainees (medical and surgical)
    f. Theatre Co-ordinators
    g. Local Clinical Lead for Organ Donation
    h. Other groups might also be invited, depending on local practices and views, e.g.:

   i. An invitation to local referring centres if they are involved in organ offer decision-making (this is common with deceased donor kidney offers)
   ii. An invitation to Specialist Nurses in Organ Donations can be considered
   iii. An invitation to Histopathologists can be considered

4. For a meeting to be quorate, a minimum of two consultant transplant surgeons and two consultant transplant physicians, and one recipient transplant co-ordinator is required, although a larger number of participants would be desirable. The meeting should be chaired by the Local CLU or a nominated deputy.
5. An additional monthly or quarterly analysis should be performed to present overall data such as the total number of offers, number of deceased donor transplants, declines that were transplanted successfully elsewhere, organs declined by all centres, and implant rate referenced to national average if available for the time period being presented, such that trends can be identified.
6. All organs declined by each centre that are subsequently transplanted elsewhere should be discussed in detail.
   a. Named offers to be discussed in the context of suitability for that potential recipient
   b. Short-term outcomes of those transplanted organs should be determined and discussed
7. The basic minimum dataset required for discussion of each case to be tailored to each organ by national CLU teams. As a guide, this should include:
   a. Donor demographics (age, sex, location, BMI, blood group)
   b. Donor type (DBD/DCD)
   c. Donor social factors (e.g., alcohol history, other drug history) and past medical history (relevant to organ)
   d. Organ function in donor and/or inspection findings or radiological imaging (tailored to organ type)
   e. Recorded reason for decline
   f. Organ outcome
   g. Specific identification during the discussion of any organs that meet NHSBT definitions of a 'higher quality donors'
   h. Relevant potential recipient factors (background disease, waiting time, risk factors tailored to organ type)
8. NHSBT will aim to provide the data to each unit and centre recipient transplant co-coordinators and Local CLUs are encouraged to communicate nationally with counterparts in other centres to facilitate meaningful discussion of cases by sharing outcome data when requested.
9. Any deaths on the waiting list should be discussed (although the setting of this discussion does not necessarily need to be in organ utilisation meetings). Discussions regarding any deaths on waiting list should include a review of any suitable offers the recipient had whilst listed.
10. An annual review meeting should be held to analyse unit and national utilisation trends over time and discussed appropriately (e.g., utilisation rate, waiting list mortality).
11. Surgeons and physicians involved in utilisation decisions should be informed ahead of the meeting that their case will be discussed, to allow an opportunity to add further information and value to the discussion.
12. Learning points and themes should be minuted and individualised feedback provided where

discussion concluded that a different decision regarding organ utilisation should have been made. Minutes should be stored locally in accordance with local protocols.

13. Individual Trusts/Boards should provide administrative time and support to allow for meaningful data collection and presentation. Individuals involved in attending utilisation meetings should be job planned appropriately.
14. Decisions on whether to anonymise clinicians' utilisation decisions should be discussed locally, to ensure accountability of decisions without compromising open discussion.
15. Trainees should be encouraged to play an active role in the utilisation discussion process.
16. Patients and patient representatives are not expected to be involved in local organ utilisation meetings because of the need to discuss confidential details of other patients and donors.
17. Education and Shared learning will be encouraged via the collaboratives and CLU meetings
18. The above recommendations will be reviewed by Local and Lead CLUs at least every two years, or sooner if the need arises.