

Mr Gareth Brown
Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG

Head Office
Oak House
Reeds Crescent
Watford
Hertfordshire
WD24 4QN

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Tel: 01923 366804
www.nhsbt.nhs.uk

Dear Gareth

I am writing in response to the Scottish Government's consultation on the Review of the Income Generation Agreement with NHSBT.

We have gathered views from a range of stakeholders, mostly clinicians in either the donation or transplant field. The Review report was discussed by

- National Retrieval Group (13 members*)
- The National Organ Donation Committee (30+ members*)
- Chairs of the Advisory Groups (18 members*)

**Some people are members of more than one committee.*

We also sought comment from the Heads of UK Transplant Units, from our own Scottish Organ Donation Team, the Commissioning Team and the Organ Donation & Transplantation Senior Management Team. The proposals were also discussed by the NHSBT Board at its July meeting.

The consensus of opinion was that whilst there was support for the management of the Specialist Nursing Teams to remain with NHSBT, there was **not** support for the recommendation to transfer commissioning of the Scottish Organ Retrieval Team from NHSBT to the National Services Division, Scotland.

The principle concerns about the proposed change to commissioning were as follows:

- A general perception that the current system works well and that the possible benefits of a change did not outweigh the risks.
- Given the extensive organ sharing across the UK and the reciprocal retrieval arrangements and the benefits these bring in terms of organ availability and organ matching, there was a concern about anything which might endanger this system.
- A strong concern about how clinical governance would work in the proposed system. This had a number of elements to it. Most prominently it was thought that a different commissioner would lead to a divergence of clinical standards or a perception of divergence which may over time erode confidence in the organs retrieved by SORT. There were also concerns about accountability for clinical governance and about duplication and complexity, given that incidents will need to continue to be reported to NHSBT as part of our assisted function under the EUODD.
- The review had not considered how DCD lung retrieval would be addressed. These organs are currently retrieved by the Newcastle team.
- There were concerns that the estimate of required funding as stated in the review was £626,916 greater than Scotland's current contribution for retrieval. The source of funding for this shortfall was unclear.

- The proposal reversed a recommendation of the Organ Donor Taskforce and it was noted that the NORS review had not identified a need to change the current commissioning arrangements.

On the basis of the advice received from the clinical community, NHSBT's Board felt unable to support the recommendation to transfer commissioning of the SORT team to NSD and expressed the hope that these concerns would be carefully considered before a final decision was reached.

Yours sincerely



Ian Trenholm
Chief Executive