

**Summary of  
DCD HEART OVERSIGHT GROUP MEETING  
Wednesday 16<sup>th</sup> April 2025 1400 - 1600 hrs**

**Finance –**

After 10 years, and several business cases, substantive funding was awarded by the UK Health Departments in April 2025 to support delivery of DCD Heart retrieval using perfusion technology. There was acknowledgement and thanks for the collaboration and consistency by stakeholders over the years.

NHSBT Finance are working through the details of the funding allocation.

Reimbursement for OCS consumables and workforce payments are up to date and Q4 (24/25) payments are currently being processed.

**DCD Heart Donor data application –**

There was a request for additional DCD adult data for a research study being undertaken. CTAG had previously approved the use of registry data, and the request was for additional data collected on the DCD heart passport at retrieval. The request was discussed and various points considered and agreed regarding authorship and timing of paper submission.

**DCD Heart Attendance –**

Following on from the JIF 3 of the 6 cardiothoracic teams have been supporting the national DCD Heart retrieval rota. Since the launch in September 2020 27% of hearts from this pool have contributed to heart transplants in the UK. The number of hearts transplanted in 2023/24 was 65 and in 2024/25 was 57. Analysis outlined that the key reason was a higher prevalence of coronary artery disease in 2024/25 at 24, compared with 3 in 2023/24. These were all identified once the retrieval team has arrived at the donor hospital.

A working group has been set up look at the implementation of imaging. This would support a reduction in the use of resources deployed where a heart is not transplanted.

**DCD Heart Service Stabilisation Group (FTWG) –**

The objective of the DCD Heart Stabilisation Group is to identify and implement short and medium term initiatives to stabilise the delivery of the DCD heart retrieval service as fast as possible. One of the initiatives was to recruit and engage with the centres who are not currently carrying out DCD heart retrieval on the rota.

11-hour rest – 11-hour rest period for DCD Heart teams was implemented in December 2024. Data from the 16 December 2024 to 2 February 2025 there was a total of 34 DCD heart mobilisations, 3 occasions the team stood down prior to mobilisation and 6 occasions the team attended but stood down with an average time away from base of 12 hour 15 minutes. After reviewing the data, it showed most teams are having the allocated rest period of 11 hours. However, there has been 2 occasions where the rest period did not complete before mobilisation due to DBD activity.

DCD Heart retrieval Training – a 3 phased training plan has been developed with support from colleagues in the DCD Heart Retrieval centres to support other cardio thoracic NROS teams undertake training in DCD Heart retrieval. The training will be supported by a team of proctors and competency completion with oversight from NHSBT. A Webinar has been held with good attendance from across the cardiothoracic community to support the training. To

date Newcastle have been out on numerous occasions and progressing well through the phased training plan.

**Activity report –**

Activity report presented which consists of data from February 2015 to December 2024. There has been a total of 597 attendances for DCD Heart retrieval of which 384 proceeded to donation and successfully transplanted. Discussion around including the XVIVO HOPE cases in the data which was confirmed will be included in the next report, there has been 1 XVIVO case to date.

**Paediatric –**

Newcastle are progressing the use of XVIVO for DCD donors <50kg that cannot be facilitated with the existing OCS technology. GOSH are almost ready to start using XVIVO as a perfusion for either DCD or extended travel time.

Separate groups have been set up to support operational implementation of the charity funded initial retrieval and development of a business case to seek substantive national funding.

**TA – ANRP –**

There have been two cases which were successful, there have been some logistical challenges around radiographers' availability. Data has been reviewed and agreed one more successful case is required before moving to the next steps of implementation.

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