

CARDIOTHORACIC ADVISORY GROU

Recommendations
1: All Cardio Thoracic Transplant Centres (CTTC's) must adopt the principle that no single clinician can decline an organ.
2: All CTTC's must explore the possibility of purchasing a the 10-degree fridge.
3: All clinicians involved in CTTC's must have a job plan review and have improved incentives to facilitate a greater focus on transplantation.
4: Every CTTC's must conduct regular unit/clinician donor declines and engage in a national utilisation review meeting, once a year.
5: All CTTC's are encouraged to raise the profile within each unit for the early donor management including Scouting and virtual optimisation.
6: All CTTC's must use the available risk calculators to better inform clinicians and patients.
7: All trusts with a CTTC programme must have a Board member identified with responsibility for the production and regular (at least bi-annual) production of a transplant utilisation strategy to maximise organ utilisation.
8: All Trusts with a CTTC must ensure that at least 2 surgeons and 2 physicians who have protected time in their job plans (3PAs) to dedicate to the transplant program.
9: NHSE/NHSBT must review and support the development of modern surgical transplant job plans.

10. Commissioners should consider the future model of separating adult heart and lung transplant units.
11: Commissioners and NHSBT must consider options going forward to develop a UK-wide EVLP program and facilitate organ recovery and assessment centres.
12: CTAG must re-examine the offering sequence of hearts and lungs to try and remove any inequities and group offering.
13: TANRP must be re-considered and re-established
14: The national lung transplant specifications must be revised to reflect the needs of a modern service.
15: Clinicians should be given information about contract funding for the transplant and retrieval services in an open and transparent manner to maximise the use of resources for direct patient care.
16: All CTTC's must facilitate the changes that the NORS review will recommend (move to fixed hours night-time retrievals) to improve the predictability for donor families and improve quality of life of the retrieval teams.
17: All CTTC's need to develop strategies to enable more risk taking in a supportive and collaborative manner.
18: CTAG lung must ensure that units examine the opportunities to "buddy up" with other units in line with the OUG recommendations.

P Lung - WORKPLAN 2021/24

Priority rating	Justification for priority rating
****	To ensure that each donor organ is fully considered for transplantation
****	Improve logistics and increase opportunity of lung transplantaiton
***	Improve staff retention and increase transplant focus
***	CLU workstreams review of regular meetings and outputs
***	Improve marginal donor utilisation
***	Better inform patients and allow more informed patient decisions
***	Ensure visibility of transplant issues are presented to trust boards.
***	Increased surgical engagement with transplant programmes. Impove succession planning

***	Very low DCD lung utilisation. Help to establish ARC's
***	Dated lung allocation policy requires revision with changes in referral patterns and
***	Low utilisation of DCD organs from TANRP/NRP
***	Last completed in 2014, due for update
***	Lack of clarity over how trust are allocating resources for transplantation
***	Improve logistics and increase opportunity of lung transplantation
***	Improve mentoring and collaborative working within and between units
***	Improve collaborative working, shared expertise and service development

Plan to achieve completion	Anticipated start date
Regular review via the local donor review meetings with a record of which clinicians are involved in the discussion. Work with CLUs and CTAG Clinical Fellow to identify <u>hurdles to utilisation and methods of</u>	Summer 2024
Review centres position at CTAG L and Centre directors meeting. Collect data via HTA B form	
OUG ISOU trust engagement stream	Summer 2024
	Autumn 2024
Part of SCORE	Summer 2024
Include in MDT assessment- considered to be good practice	Autumn 2024
ISOU trust engagement work stream	Autumn 2024
ISOU trust engagement work stream	Autumn 2024
Part of OUG recommendations will be discussed at TOG	Autumn 2024

Transplant oversight group (TOG)- NHSE and NHSBT.	Autumn 2025
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	Ongoing
Being discussed as part in engagement with NODC. Trial of CT perfusion in next 6 months	Ongoing
Short term working group with representation from the centers and patients. Over sight of NHSE	Autumn 2024
Centre directors and lead clinicians discuss with trust about funding arrangements	Ongoing
Score workstream	Ongoing
Centre directors and lead clinicians discuss to disucss with transplant teams	Ongoing
Centres asked to pair up and hold regular meetings for discussion on broad range of topics	Ongoing

Anticipated completion date	Measure of success
	Decreased waiting list mortality and good post-transplant outcomes.
	Increase the percentage of donor lungs retrieved and transplanted.
	Improved staff retention
	Regular update from CLU network
	Increased donor utilisation from offer
	NHSBT will provide summary data, in a standardised template, to support the trust board to review progress against their own strategy.
	Improved staff retention and workforce resilience
	Improved surgical engagement with transplantation

	Build resilience and remove disadvantages of competing priorities.
	Improve utilisation of DCD lung in particular NRP and TANRP
Autumn 2025	Improved transparency and equity of access for recipients
Autumn 2025	Increased donor utilisation from offer for DCD donors
Autumn 2025	Updated service specification
Autumn 2025	
Autumn 2025	Reduction in night time transplant activity
Ongoing	Improve utilisation of donor organs
Ongoing	

Key deliverables
Increase in donor acceptance
Improve marginal organ usage
Improved resilience and stability of CTTC

[illegible]