

NHS BLOOD AND TRANSPLANT
OTAG Audit & Clinical Research sub-group

MINUTES

Meeting held at 2:00pm on Wednesday 11th December 2024
via Microsoft Teams

Present: Frank Larkin (FL, chair), Stephen Kaye (SK), Laura de Benito Llopis (LdB), Parwez Hossain (PH), Madhavan Rajan (MR), David Lockington (DL), Cathy Hopkinson (CH), Lisa Mumford (LM), Mark Jones (MJ), Konstantina Soumilas (KS)

1. ***Apologies:*** None.
2. ***Minutes of the OTAG ACR 13th June 2024 (FL)***
Action points were reviewed and agreed an accurate record.
3. ***Matters arising, not separately identified.***
None.
4. ***Membership of OTAG ACR Sub-Committee (FL)***
Agreed no change
5. ***Clinical representation for research at NHSBT (LM)***
LM explained need for a clinical representative for OTAG on the NHSBT Research Committee. Rommel Ravanah is the Clinical R&D lead. A call for applications for up to £500,000 per financial year for projects lasting between 1 and 4 years will close of 16th December; subgroup was unaware of this call.
Action: LM is liaising with PH to identify an ophthalmology clinical representative
6. ***Reporting corneas and sclera grafts in ethanol (CH)***
These are used in glaucoma surgery. There is a large backlog of known unreported grafts. The group agreed that it was probably necessary to continue registering grafts at surgery with details sufficient to enable traceability. No further data need be collected. This will continue to be required of glaucoma surgeons, or where feasible provided on their behalf by eye banks (as in Moorfields).
Action: Letter to be sent to glaucoma surgeons who order sclera grafts.
7. ***Audit & Clinical Research sub-group website and terms of reference***
Outline webpage was shown by CH. Home page and other content was agreed. Would include subgroup member list, list of publications, downloadable project proposal forms, but not list of accepted projects in pipeline.
It was agreed not to make the data dictionary available on the website in order that project proposers would have to work out for their research question from the yellow forms.
Action: FL to finalise ToR for CH
CH to present new web landing page and MJ to present on form return rates at Bowman Club meeting in April
8. ***Statistics and Clinical Studies (CH)***
8.1 General update
Annual Organ Donation and Transplantation Activity report published in July.
The annual surgeon reports will be circulated once the amended NHSBT Divergent Outcomes policy goes live (currently waiting on approval from QA).
An infographic of national data is being designed to accompany reports.
Backlog of data entry not cleared. There have been some updates to forms, the transplant record form includes additional

ethnic minority codes and an electronic version of the SAEARs form is in development. OTAG papers were written on 'Issued and not returned forms' and 'Donation and Transplantation equity'.

8.2 NHSBT Divergent Outcomes policy

The Audit and Research subgroup will continue to be responsible for data analysis. OTAG had decided that execution of this policy will in future be the responsibility of OTAG Patient Safety and Governance subgroup and not the Audit and Research subgroup.

9. Imported corneas (CH, MJ, SK)

Many transplant centres, some non-NHS, are now importing directly.

(i) *Graft registration*: as this was not being done in many of these centres, tracking transplant activity not possible.

(ii) *Follow-up*: donor cornea quality and outcomes could not be monitored by the subgroup - or anybody.

On basis of available HTA information CH estimated ~600 grafts unreported in this year. Most concern about those donor corneas imported and sold by Joint Operations Ltd., as it was not known where and how many transplants resulted.

Some centres were known to be unaware that imported grafts should and could be reported, such as OCL Vision, London (LdeB).

The bodies which could help are HTA, NHS England, which pays Joint Operations for corneas, and the RCOphth Professional Standards committee led by Bill Newman (SK). The latter had already stated that return of registration forms was a mandatory requirement. HTA already requires that outcomes be reported. Joining up of the requirements already agreed by these bodies would be helpful. SK is in contact already with HTA and RCOphth Professional Standards committee.

Action: SK to write to NHSE recommending that all funded grafts be registered

SK, PH and FL to write a communication to all surgeons

10. Form return rates (MJ)

Record form return rates down from 93% in 2019 to 88% in 2024.

Two-year follow-up forms down from 76% in 2019 to 49% in 2024.

A general concern as we need return rates of at least 75%, ideally 85% for research projects.

Action: LdeB will contact East Grinstead, where record form returns continue to be 0%.

11. Audit and Research projects (CH)

List was reviewed.

Grafts for infection analysis: LdeB + SK + CH will meet.

FL recommended that projects relating to EK grafts would be placed on hold due to poor form returns impacting the results. This included EK for failed PK in the approved projects, EK donor factors analysis which was close to completion, EK graft size, and the impact of rebubble procedures on EK. Graft outcome prediction project proposed by Dan Gore is held up by delay in publication of standard models paper. Please see register of projects for further details.

Action: CH to update co-authors about projects placed on hold.

12. Any other business

FL showed a histogram and data table showing influences on graft survival generated by machine learning analysis of the NHSBT database UCL Health Data Science masters project of Sandrine Westcott. These had been reviewed earlier with CH. The hierarchy of influences was a univariate analysis and would not on its own have value or be publishable.

13. Date of next meeting: Wednesday 16 July 2025 1400-1630