

**ENHANCED RECOVERY AFTER SURGERY (ERAS UK)
TRANSPLANT RECIPIENTS AND LIVING DONORS
STEERING GROUP**

TERMS OF REFERENCE

1. BACKGROUND

Enhanced Recovery After Surgery (ERAS) is a multi-disciplinary, multi-modal programme of care that has been implemented across a range of surgical specialities demonstrating improved patient outcomes and experience, reduced length of stay and cost-effectiveness.

Several UK transplant centres have implemented ERAS programmes in kidney transplantation, mainly focusing on transplant recipients but also on living kidney donors. More recently, ERAS programmes have started to emerge in liver transplantation and colleagues working in other areas of transplantation have also expressed interest in ERAS for their specialities.

Different models have been used to introduce ERAS programmes according to local knowledge and prior experience, availability of funding, resources and capacity within the workforce.

Given the excellent safety profile and outcomes from existing programmes, the NHS Blood and Transplant (NHSBT), under the auspices of the Organ and Tissue Donation and Transplantation (OTDT) Directorate, has undertaken to facilitate a UK wide roll-out of ERAS.

2. WHY DO WE NEED AN ERAS STEERING GROUP?

- To facilitate a consistent roll-out across UK transplant centres and to ensure that all transplant centres have some form of ERAS in place to:
 - A. Learn from and consolidate best practice from pioneering/existing programmes
 - B. Drive best transplant recipient and living donor outcomes and experience
 - C. Improve sustainability (net zero)
 - D. Improve efficiency, including cost effectiveness and utilisation of resources
 - E. Consolidate learning from early implementation to update resources, inform future roll-out and include all organ groups

3. WHAT DOES IT NEED TO ACCOMPLISH?

- Provide the tools for implementation:
 - A. Rationale and evidence base
 - B. Blueprint for delivering a multi-modal programme; proof of concept
 - C. Dedicated on-line, printable resources/website
 - D. Tailored resource packages (e.g. Core and desirable elements)
- Leadership; MDT subject matter experts; ERAS clinical network; collaboration with organ advisory groups, clinical networks and transplant collaboratives (all 4 nations)

- Patient engagement; representation from organ specific recipient +/- living donors on steering group; experts by experience panel specific to each workstream
- Publication and dissemination; conference and meeting presentations; programme publications
- Key milestones (Years 0-2)
 - A. Launch dedicated ERAS web page on OTDT clinical page
 - B. Deliver adult kidney transplant recipient package
 - C. Collaboration with renal networks and Transplant collaboratives (all 4 nations)
- Key milestones (Year 3)
 - A. Evaluation of Adult kidney transplant recipient (at 1 year post launch)
 - B. Collaboration with organ advisory groups, clinical networks and Transplant collaboratives (all 4 nations)
 - C. Deliver adult liver transplant recipient package
 - D. Deliver living kidney donor package
 - E. Start development of pancreas transplant recipient +/- paediatric kidney transplant recipient packages.
 - F. Consideration of roll-out to cardiothoracic organs and living liver donors
 - G. Submit manuscript for publication on programme to date
 - H. Develop ERAS business case template for centres
- Key milestones (Year 4)
 - A. Evaluate, review and update previously published packages (at 1 year post launch and on-going)
 - B. Collaboration with organ advisory groups, networks and Transplant collaboratives (all 4 nations)
 - C. Deliver adult pancreas transplant recipient package
 - D. Deliver living liver donor package
 - E. Deliver adult lung recipient package
 - F. Consideration of roll-out to adult heart recipient +/- relevant paediatric packages
 - G. Start to develop an evaluation, research and continuity plan (new workstream)
- Key milestones (Year 5+)
 - A. Evaluate, review and update previously published packages (at 1 year post launch and on-going)
 - B. Collaboration with organ advisory groups, networks and Transplant collaboratives (all 4 nations)
 - C. Implement output from evaluation and research workstream

4. HOW WILL SUCCESS OF THIS PROJECT BE MEASURED?

- Dedicated, up to date website resources available to all centres
- At 1 year, post launch/roll out to evaluate success of each package
 - A. Tangible evidence of take up by centres across the elements (core and desirable) e.g. number of centres engaged, recruitment of local champion/development of a business case, start of a multi-modal programme
 - B. Proportion of recipients and living donors recruited to organ specific pathways
 - C. Recipient and living donor feedback (e.g. PREM/DROM/DREM; local surveys)
 - D. Reduction in length of stay (by number of days)
 - E. Carbon footprint analysis, if feasible (towards net zero)
 - F. Centre-specific analyses
 - G. ERAS into commissioning service specifications

¹UK Organ Donation and Transplantation Strategy 2030: Meeting the Need
<https://www.odt.nhs.uk/odt-structures-and-standards/key-strategies/meeting-the-need-2030/>

- H. Publication in peer-reviewed journal
- I. ERAS research programmes in-flight

5. HOW WILL IT BE APPROACHED AND WHO WILL BE INVOLVED?

The Steering Group will agree the project plan, high-level timeframes for delivery and workstreams. The membership will include:

- Lisa Burnapp – Chair and Programme Lead, Associate Medical Director, Living Donation and Transplantation, OTDT, NHSBT
- Derek Manas – Medical Director, Organ and Tissue Donation and Transplantation (OTDT)
- Carrie Scuffell – Subject-matter expert, Organ and Tissue Donation and Transplantation OTDT, NHSBT
- Past and present Co-Leads for each organ specific workstream
- Multi-centre, multi-disciplinary representation
- Representation from Experts by Experience-(i.e. adult recipient/living donor/paediatric family member)
- Clinical observer roles on request

The membership will be reviewed regularly to ensure that it reflects the aims of the overall project as it evolves

‘Task and finish’ workstreams Co-led by Steering Group members to include multi-disciplinary, multi-centre representation will be established to develop and deliver the organ specific packages in phased releases across the lifetime of the project.

ERAS pathways, tools and resources will be produced by the workstream in collaboration with a panel of experts by experience relevant to the organ/recipient/living donor pathway under development, Chaired by Carrie Scuffell.

6. WHAT RESOURCES WILL BE REQUIRED TO DELIVER THE PROJECT?

- Funding for meetings/conferences to disseminate the programme
 - A. The Steering Group will meet quarterly (on-line)
 - B. Workstreams will meet as often as required- (on-line)
 - C. Experts by experience panel will meet as often as required (on-line)
- Resources content development – includes written content; short film/video TV
- NHSBT Digital and branding teams support - critical to on-line releases and assistance with formatting of resources (such as shared care plans).
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- Human resources- NHSBT (e.g. Programme Lead; SME; admin support (SG and WS meetings); clinical WS leadership
- Bespoke ERAS branding (in place year 1)
- NHSBT media/marketing and comms and stakeholder engagement

These Terms of Reference to be updated annually or as required.