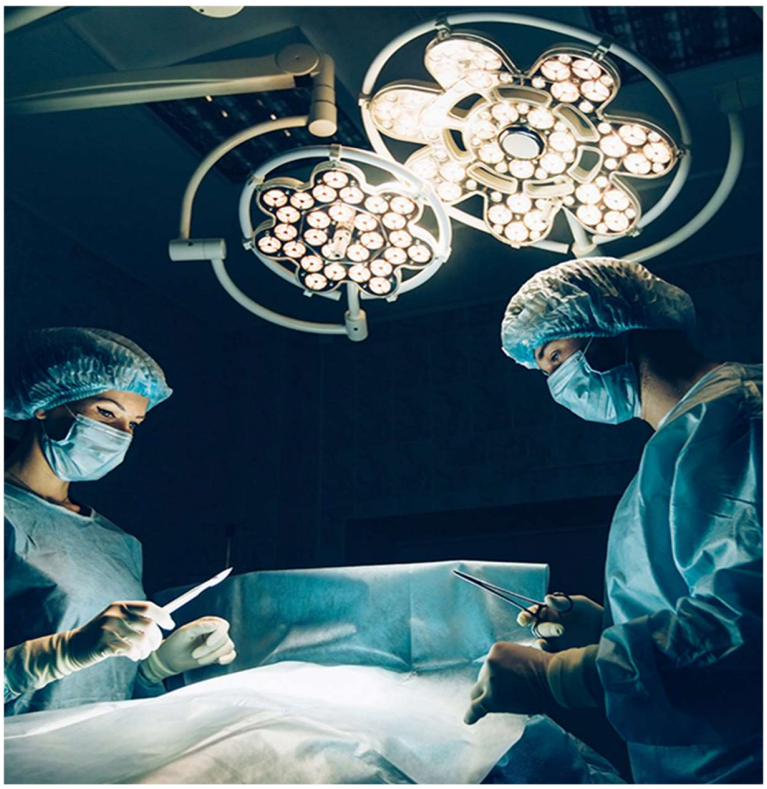
NHS
Blood and Transplant

Sustainability and Certainty in Organ Retrieval (SCORE) Programme Overview

---

Autumn 2024 Update



Webpage: [Sustainability and Certainty in Organ Retrieval (SCORE) - ODT Clinical - NHS Blood and Transplant]

NHS
Blood and Transplant

What is the SCORE programme?

by Karen Quinn (Karen.quinn@nhsbt.nhs.uk)

As you will have experienced, the climate in the NHS relating to recruitment and retention, finances and sustainability is challenging. Over the years, NHSBT have been reviewing the model for service delivery across the organ donation, retrieval, and transplantation pathway. The current model works on the premise that from referral to transplantation, activities should be done as fast as possible. The SCORE programme aims to increase certainty and sustainability across the pathway by proposing to create a dedicated window for organ retrieval which consequently will provide certainty across the rest of the pathway.

The key change is the implementation of a Planned Arrival Window (PAW) between 20:00 and 03:00 where the National Organ Retrieval Service (NORS) teams will arrive in donor hospitals to undertake organ retrieval. There are multiple benefits to this:

- Certainty around timings for donation, retrieval and transplantation staff
- Better utilisation and mobilisation of NORS teams
- Planned and efficient use of transport
- Efficient and co-ordinated organ offering systems.
- Daytime transplantation associated with improved recipient outcome
- Predictability and certainty for donor families

There will also be provision in this model for specific exempted cases where ‘daytime’ retrieval can take place. Specific exempted cases may include (but not limited to) super-urgent liver recipients, paediatrics and uterine or limb retrieval.

During the past 12 months, NHSBT has engaged widely and specifically with stakeholders across the pathway to understand the impact of the proposed changes. The implementation phase of the programme is contingent on business case approval, however planning for an implementation has begun.

Webpage: Sustainability and Certainty in Organ Retrieval (SCORE) - ODT Clinical - NHS Blood and Transplant



The NORS Model

by Sarah Beale (sarah.beale@nhsbt.nhs.uk)

The NORS model relates specifically to addressing the challenges outlined above in that the NORS service lacks resilience during periods of peak activity coupled with retrieval and transplant timings drifting to a point that puts pressure on donor hospitals and could disadvantage recipients.

Over the last decade retrieval has moved from a predominantly nighttime activity to a daytime activity. This impacts donor hospitals as planned surgical activity is changed or cancelled and can also incur delays for the retrieval teams and donor families. As a consequence of daytime retrieval, transplantation is frequently conducted 'out of hours' when there is less multi-disciplinary support available and can be associated with poorer recipient outcomes[1][2][3].

For this key issue, frequent and detailed engagement has taken place with donation, retrieval and transplantation colleagues (across all organ groups) to ascertain how improvements to the delivery model can be made. After reviewing multiple options, the consensus from this stakeholder group was to establish a Planned Arrival Window between 2000-0300 where organ retrieval takes place. There are considerable benefits to this:

- Reduced impact on donor hospitals and planned surgery
- Certainty for donor families around timings
- Forward planning for NORS teams regarding location of retrieval
- Efficient deployment of NORS teams
- Organ arrival at transplant centre in the morning
- Daytime implantation opportunities

Further engagement activities have taken place following the proposal of the Planned Arrival Window to understand if it is a realistic option for future service provision. The SCORE team met virtually and in-person with donation teams, donor families and recipients, retrieval teams, transplant co-ordinators, representative groups for each organ (e.g. advisory groups, centre directors, individual transplant centres). While it is generally accepted that each area of the pathway will have to make changes to accommodate the Planned Arrival Window, the overall benefits of a sustainable service with positive outcomes for recipients are worth pursuing.

[1] 1 year adult split liver survival rates, by reperfusion time, 1 January 2016 – 31 December 2020 (unpublished data by NHSBT 2023).

[2] Cunningham PS, et al. Thorax 2019,**74**:413-416.doi:10.1136/thorazjnl-2018-212021

[3] J.Clin.Med.**2021**,10,2322. https://doi.org/10.3390/jcm10112322

Webpage: Sustainability and Certainty in Organ Retrieval (SCORE) - ODT Clinical - NHS Blood and Transplant

Offering

by Donna Harkess
(Donna.Harkess@nhsbt.nhs.uk)

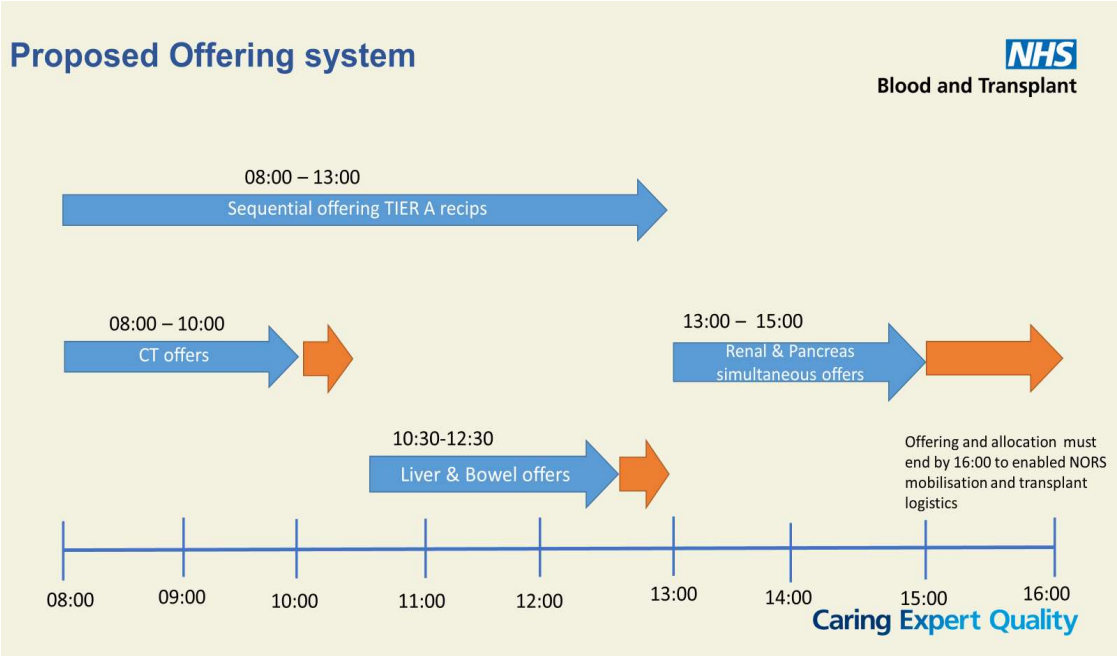
The current model for offering would be incompatible with the Planned Arrival Window due to the time taken with current offering. As such, a new offering model is being proposed to accommodate the Planned Arrival Window.

The model assumes that potential organ donors will be registered with the Hub by 0800, offering will be conducted in set organ windows between 0800 and 1600 which will culminate in allocation being confirmed and NORS teams mobilised from 1600 onwards, to arrive in the donor hospital during the Planned Arrival Window.

There are multiple benefits to adopting the proposed model:

- Dedicated offering windows, providing a predictable time of day when offers will be received.
- Oversight for centres of daily national picture.
- Availability of the MDT to consider offers and accept/decline
- Ability for Hub and clinical teams to plan their time around offering activity.
- Ability for centres to plan logistics and theatre usage.
- The recipient's surgery can be scheduled in advance, allowing them to be admitted to the hospital with reduced time pressures.

In preparation for the implementation of this model, transplant centres will need to make changes to their ways of working to accommodate the offering window, receipt of organs and daytime implantation.



[illegible] ansplant

NORS Workforce

By Cecelia McIntyre (Cecelia.McIntyre@nhsbt.nhs.uk)

In the last month, NORS surgical leads have received a communication from the SCORE programme leadership with feedback from the NORS workforce stakeholder group, with an invitation to establish a Local NORS Collaborative Forum (LNCF).

The forums will be a key driver of change, maintaining an internal focused spotlight on the essential elements of a sustainable NORS workforce. The formation of this forum will empower leads, providing a platform for open discussion with clear responsibilities and governance in place.

The LNCF will also provide the Trusts and Health Boards with a planning mechanism for the workforce transition and implementation of the Planned Arrival Window. In addition, an established forum will also play a vital role in the preparation of NORS teams in any future service developments or transformation such as: perfusion technologies in multi organ retrieval and possible developments around Assessment and Recovery Centres (ARCs).

Support Services

by Mark Roberts (Mark.roberts@nhsbt.nhs.uk)

The Support Services workstream has 4 main focus areas:

- Histocompatibility and Immunogenetics (H&I) support
- Microbiological support
- Histopathological support
- Transport services

Engagement activities with these specialities is in its infancy while the delivery model related to the Planned Arrival Window and associated changes was developed. The aims for this workstream are to review transport and laboratory services (H&I, Microbiology and Histopathology) to ensure operational alignment to the Planned Arrival Window. Also to understand the transport and laboratory pathway and determine the benefits and impact of the Planned Arrival Window on these services.

To date, there have been 4 meetings which have established pathways for transport and laboratory services, provided an initial assessment through a SWOT analysis of the benefits and impacts of the Planned Arrival Window, data gathering undertaken and modelling of the impacts on transport and laboratory services.

Perfusion Technology

by Ben Cole (Ben.cole@nhsbt.nhs.uk)

Work is ongoing to secure funding for the provision of ANRP and DCD hearts. If this funding is provided, the roll out of technologies will be managed under the auspices of the SCORE programme. It is recognised that the utilisation of these technologies are the foundations for future transformation in relation to ARC.