

NHS Blood and Transplant

Living Donation Futures- What are the Priorities for LDLT?



Lisa Burnapp

AMD Living Donation and Transplantation

UK LDLT Network Meeting, 2026

Caring Expert Quality

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Lisa Burnapp

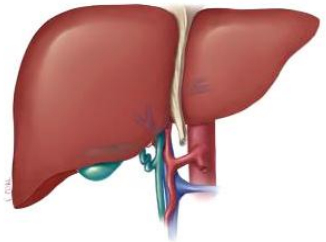
AMD Living Donation and Transplantation

Project Closure Board Meeting, 2026

LDLT Project Closure Board, May 2026

NHS Blood and Transplant

Item no:	Title	Papers	Lead
1	**Welcome and Apologies**		LB
2	**Retrospective: Stumbling Blocks to Stepping Stones**	Presentation	DMM
3	**Insights from the Board: Looking in the Mirror**	Presentations	All
4	**Prospective: Looking to the Future**	Presentation	LB
5	**Any Other Business (AOB)**		All



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Living Donor Liver Transplantation Project:

from stumbling blocks to stepping stones



Derek Manas

Medical Director OTDT, NHSBT

LDLT ‘takes-off’

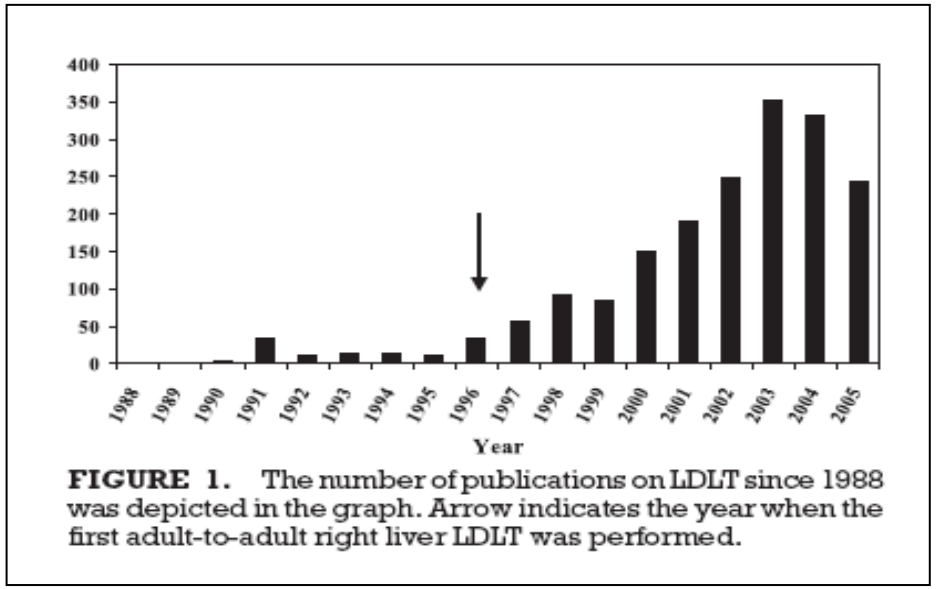
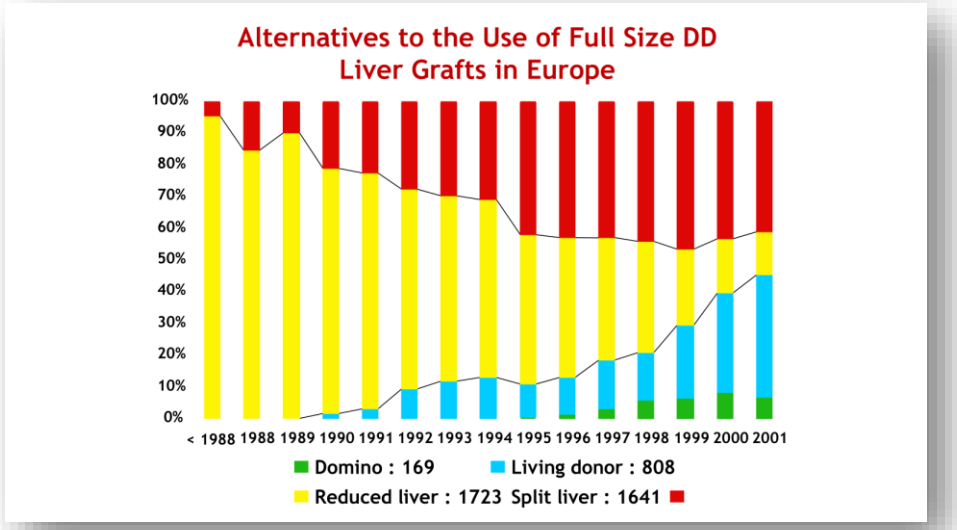


FIGURE 1. The number of publications on LDLT since 1988 was depicted in the graph. Arrow indicates the year when the first adult-to-adult right liver LDLT was performed.



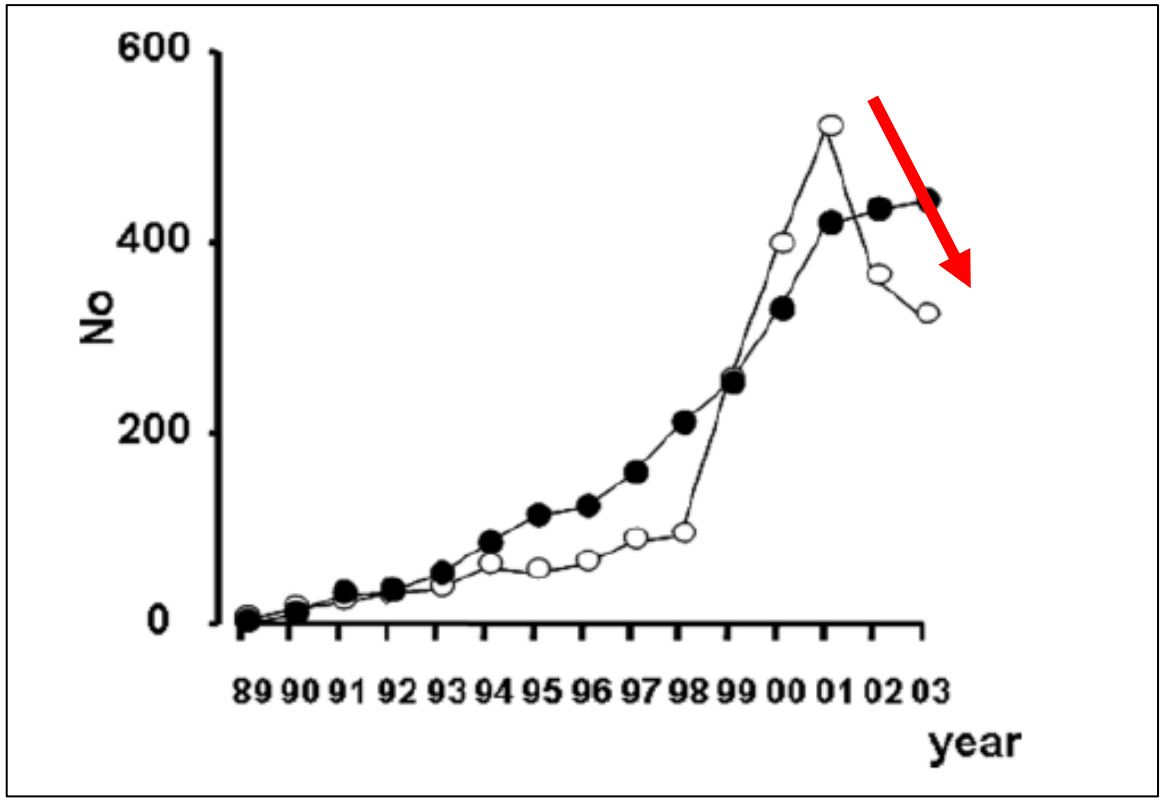


Fig. 2 Number of the changes of LDLT patients in Japan (closed circles) and the USA (open). LDLT, living donor liver transplantation.

2002 Charlie Miller – UK&ILTG

Do we have the will?



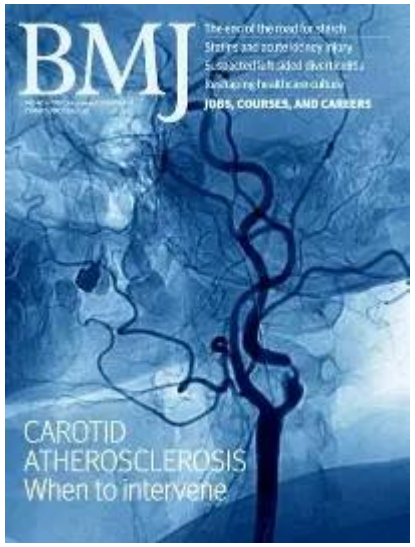
- UK: A survey of 2000 adults showed that nearly <u>three quarters of the public supported living liver donation.</u>
  - 74% supported donors being reimbursed for costs incurred in donation
  - ***About half of respondents thought that a risk of death of 1 in 200 was acceptable for donation to a family member, and 14% thought this was acceptable for donation to a friend.***

***Neuberger** J, et al, Living liver donation: a survey of the attitudes of the public in Great Britain. Transplantation , 2003*

- USA: a survey of 100 LT surgeons – 72% believed that transplant programs *<u>"have a duty"</u>* to offer LDLT

***Cotlar et al**; Liver Transplantation 2003*

Making living liver donation available in the NHS will have a small but important effect on the number of people able to receive a graft. **It is time for a full public debate on the risks and benefits**

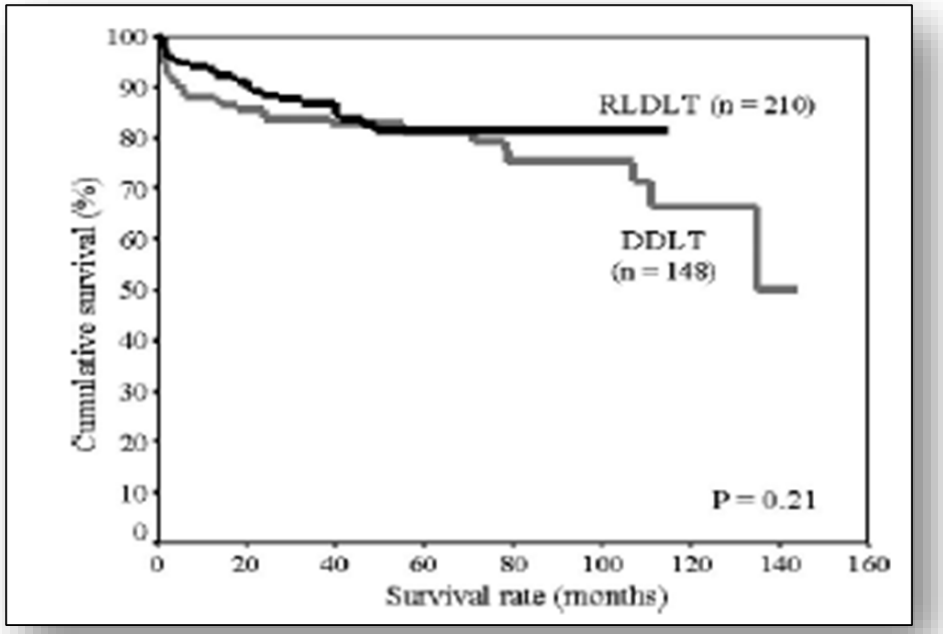


James Neuberger and David Price, BMJ, 2003

2005: FTWG in LAG

5 questions UK surgeons must ask themselves before they embark on LDLT

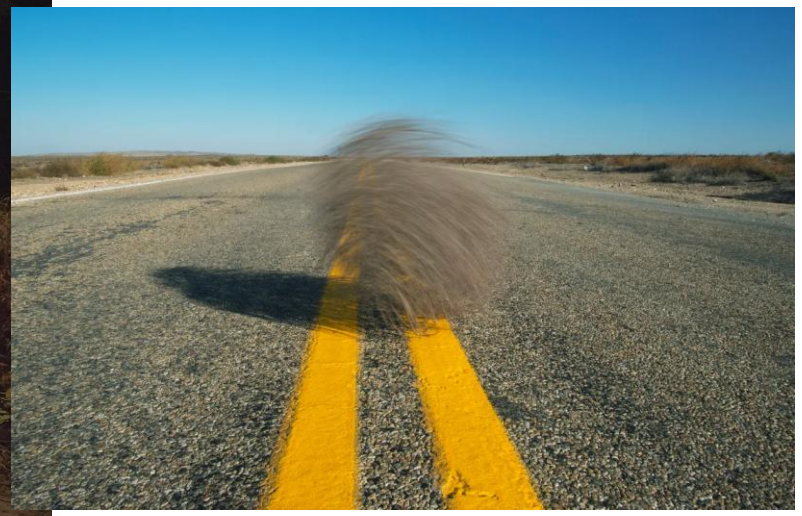
- Do we have the will to do it
- Do we feel there's a need
- Do we have the expertise
- Do we have the logistics in place
- Do we have support
  - Colleagues
  - Services
  - Community



Comparison of long-term survival rate of right liver LDLT with DDLT for adults at Queen Mary Hospital, the University of Hong Kong in the period 1991–2005

2004 – 2006


Nothing happened, and
nothing kept happening.
Chuck Palahniuk
quotefancy

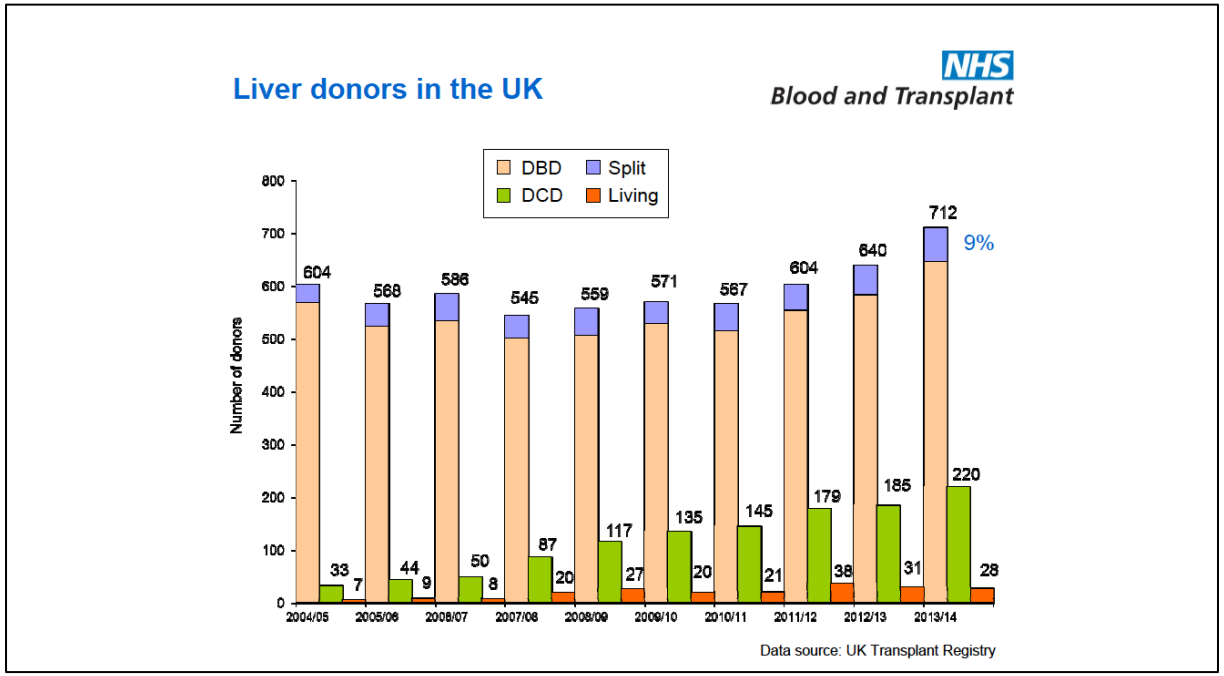


LDLT UK: 2006 – 2013 there was some activity

Table 8.1 Deceased and living liver donors and transplants, 1 April 2013 - 31 March 2014 (2012-2013) and transplant list patients at 31 March 2014 (2013) in the UK, by age group and centre

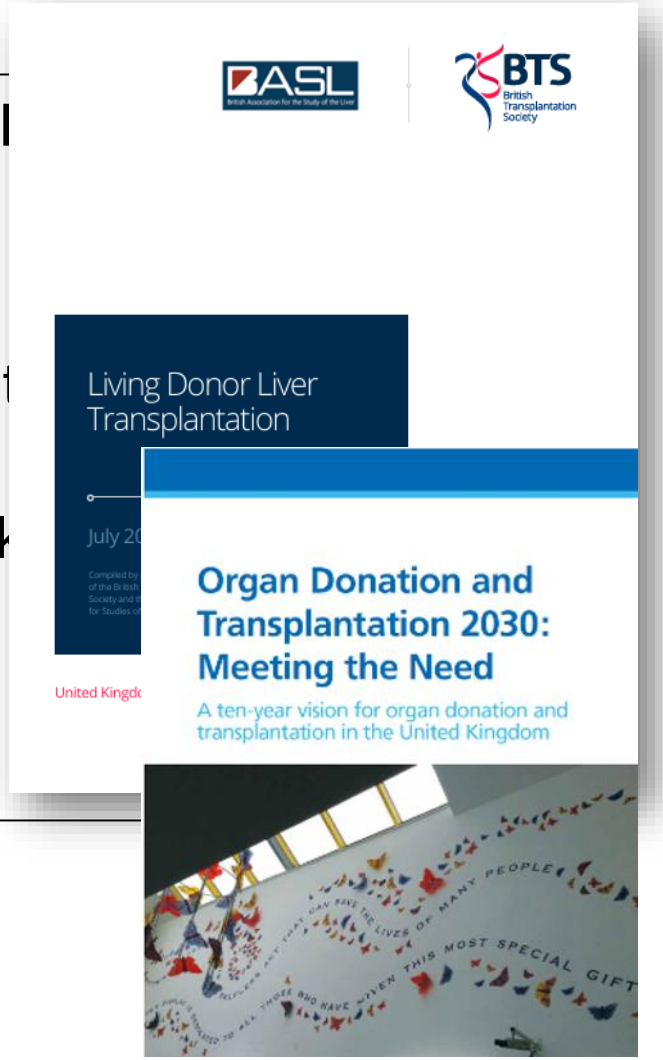
Allocation zone/ transplant centre	Deceased donors[1]						Deceased donor transplants						Living donor transplants		Active transplant list	
	DBD		DCD		TOTAL		DBD		DCD		TOTAL					
Adult																
Birmingham	153	(139)	50	(53)	203	(192)	138	(124)	44	(49)	182	(173)	7	(2)	110	(76)
Cambridge	64	(87)	26	(24)	90	(111)	58	(72)	19	(13)	77	(85)	2	(0)	51	(45)
Edinburgh	92	(79)	18	(15)	110	(94)	84	(79)	11	(9)	95	(88)	0	(0)	53	(47)
King's College	152	(150)	55	(44)	207	(194)	138	(124)	36	(25)	174	(149)	5	(6)	139	(108)
Leeds	112	(79)	29	(27)	141	(106)	100	(73)	21	(22)	121	(95)	2	(1)	81	(88)
Newcastle	41	(45)	17	(5)	58	(50)	42	(40)	6	(1)	48	(41)	0	(0)	19	(22)
Royal Free	78	(45)	17	(13)	95	(58)	80	(61)	14	(13)	94	(74)	2	(2)	68	(75)
TOTAL	692	(624)	212	(181)	904	(805)	640	(573)	151	(132)	791	(705)	18[2]	(11)[3]	521	(461)
Paediatric																
Birmingham	4	(6)	1	(2)	5	(8)	29	(28)	1	(1)	30	(29)	2	(2)	13	(8)
Cambridge	2	(2)	0	(0)	2	(2)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Edinburgh	1	(2)	0	(0)	1	(2)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
King's College	3	(3)	3	(1)	6	(4)	44	(35)	1	(3)	45	(38)	7	(14)	14	(18)
Leeds	7	(1)	1	(1)	8	(2)	12	(12)	0	(0)	12	(12)	5	(6)	1	(4)
Newcastle	0	(1)	2	(0)	2	(1)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Royal Free	3	(1)	1	(0)	4	(1)	2	(0)	0	(0)	2	(0)	0	(0)	0	(1)
TOTAL	20	(16)	8	(4)	28	(20)	87	(75)	2	(4)	89	(79)	14[4]	(22)[5]	28	(31)

[1] Includes donors whose livers were retrieved by other teams
[2] Includes 10 and 4 living liver lobe transplants, and 4 and 0 domino transplants in NHS Group 1 and Group 2 recipients, respectively
[3] Includes 4 and 5 living liver lobe transplants, and 2 and 0 domino transplants in NHS Group 1 and Group 2 recipients, respectively
[4] Includes 13 and 0 living liver lobe transplants, 1 and 0 altruistic donor transplants in NHS Group 1 and Group 2 recipients, respectively
[5] Includes 12 and 9 living liver lobe transplants, 1 and 0 altruistic donor transplants in NHS Group 1 and Group 2 recipients, respectively



Started work on a UK wide program . .

- **2012** **LAG FTWG (meeting at Guy's) – soon after A2ALL**
- **2014** **BLTG meeting in Newcastle**
- 2016 National Strategy meeting (WEDC)
- 2017 Strategy Working Group developed a document using t template and sent to NHSE
- 2018 HPB PoC approved version, presented at BLTG in York
- 2019 LDLT WG regrouped to agree a way forward
- 2021 LDLT included in 2030 Strategy: Meeting the Need



NHS England

HPB CRG

Title: Living Donor Liver Transplantation
Author: Sarah Watson
Date: 21st May 2018
Purpose of paper: • To seek advice from the CRG on the draft strategy document as requested by the IM PoC • To note agreed areas for action • Identify other work needed
Key issues and recommendations: The meeting is asked to consider the contents of this report and note: • The NHS adult-to-adult living donor programme has not fulfilled its original planning assumption that by now ALDL would account for 10% of transplants. The reasons for this are complex and a working party has set out a strategy and a comprehensive set of recommendations to improve the rate of ALDL. • Agree any further action that might be taken in support of the strategy • Consider the potential resource implications of any action
Communications • Feedback will be given to the IM PoC
Actions required by Members: • Discussion of the draft strategy • Agree any further action that might be taken

LDLT national strategy review

19th March 2019: 12pm
Venue: NHSBT offices Tooting, 75 Crammer Terrace, London, SW17 0RB, meeting room 1
TC: 0808 1005145 / passcode: 60893149#

AGENDA:
Welcome
Aim of the meeting:
- *Is there still a need for LDLT*
- *Is there still a need for a national strategy*
- *Are the current guidelines on indications for LDLT applicable*
- *What should we change in light of NMP and the 'opt-out' legislation*
- *What would expanding the indications look like*
- *How many centres should be designated*
- *What would be an appropriate a patient pathway*

Review of the current national strategy
Lisa Burnapp

How could the current strategy be modified to fit in with advances in MP, NRP and 'opt-out'
Chris Watson (Lisa Burnapp)

Identifying the ideal patient groups that would be best served by LDLT
Varuna Aluvihare

Developing 'new' indications
Ahmed Elsharkaway

Safety and training - national oversight group, appropriate centres
Krish Menon

Patient pathways
Julie Jeffery

Patient information
Moira Perrin

Engaging with LAG and NHS England and Next steps

BTS British Transplantation Society

NHS Blood and Transplant

LTG

Adult Living Donor Liver Transplantation Strategy Working Party

Thursday 13th April 2017

Meeting Room 4b, West End Donor Centre
26, Margaret Street, London, W1

11:00-16:00

Agenda

1. Welcome and Introductions — LB
2. Background and purpose of meeting — LB
3. Scope of the adult LDLT strategy — All
   - Purpose- why do we want to do adult LDLT?
   - Aims and objectives- what to do we want to do?
   - Activity- how many do we want to do?
4. Outcomes — All
   - How will we do it?
   - How will we measure success?
   - Work plan
5. Appendices
6. Work plan and close of meeting

[BRAND: BTS, BLTG, NHSBT]

ADULT LIVING DONOR LIVER TRANSPLANTATION 2023
A UK STRATEGY

DECEMBER 2017

DRAFT FOR CC

EXECUTIVE SUMMARY

Living donation plays a vital role in saving and improving lives. It makes a unique contribution to the organ donor pool, offering more patients with end stage liver disease (ESLD) the possibility of a successful transplant whilst adding to the overall supply of available organs for all those who are waiting. Living donor transplantation (LDT) contributes 35% of overall transplant activity in the UK, of which 97% of living donors donate a kidney and 3% a lobe of their liver[1].

Since 2010, significant progress has been made in living donor kidney transplantation (LDKT) by implementing strategies to develop the safety and sustainability of the UK-wide programme through the collective effort of the wider transplant community - healthcare professionals, health departments, commissioners, other authorities, NHS Blood and Transplant and patient associations[2]. To date, there has been no equivalent strategy for living donor liver transplantation (LDLT).

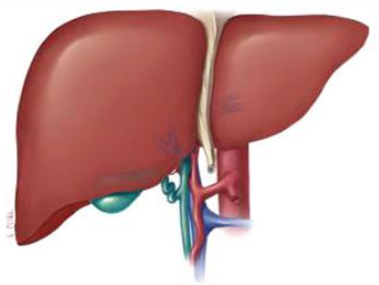
Although the numbers remain modest, LDLT for paediatric recipients is a well-accepted option for children with ESLD and is performed in the three paediatric liver transplant centres in the UK. In comparison, the adult-to-adult LDLT (A-A LDLT) procedure is still gaining acceptance.

This is the first document to set out a strategy to establish a UK programme for A-A LDLT. The aim is **to match best practice in adult living donor liver transplantation in the UK to countries with comparable philosophy and infrastructure,** acknowledging that there is a decline in the practice of A-A LDLT in the Western world due to concerns about donor safety

Therefore, the objectives of this strategy are to maximise patient benefit by:

1. Increasing transplant opportunities for selected patients and improving equity of access to transplantation
2. Ensuring state of the art donor care
3. Improving timeliness of transplantation
4. Increasing the number of good quality organs available for transplant

April 2022



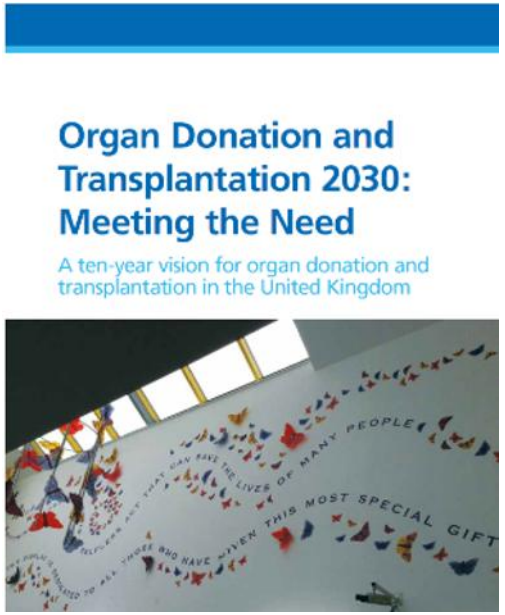
Living Donor Liver Transplantation Project

Derek Manas

Medical Director OTDT, NHSBT

Lisa Burnapp

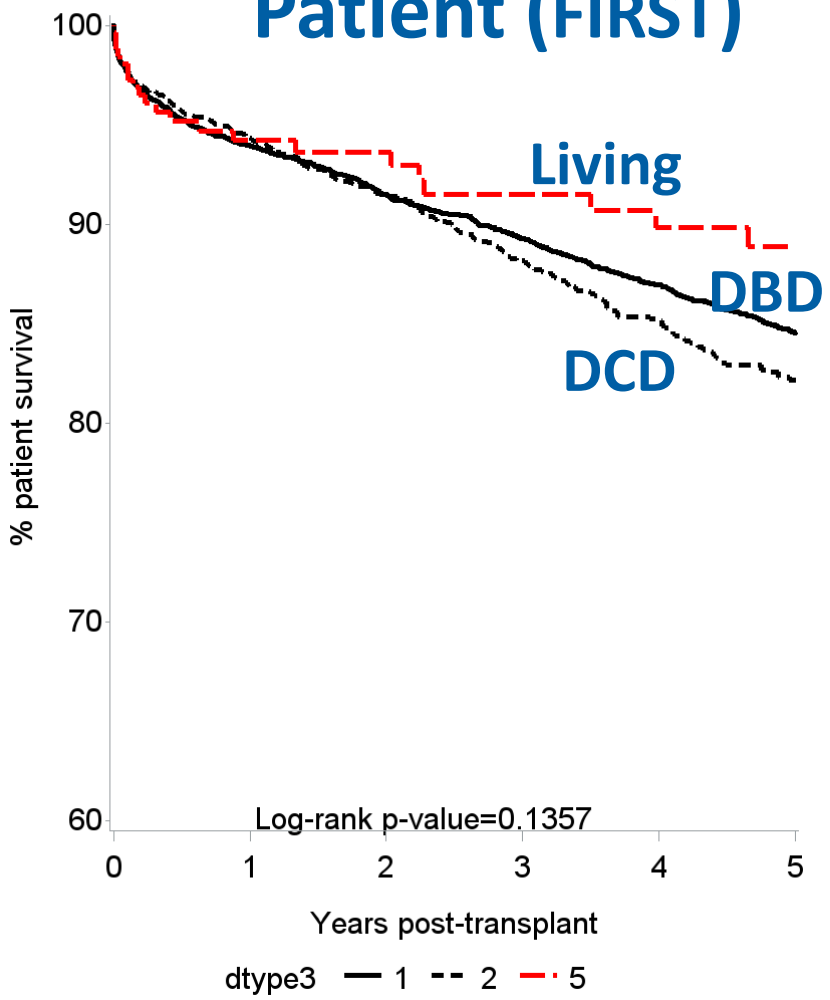
Associate Medical Director- Living Donation and Transplantation



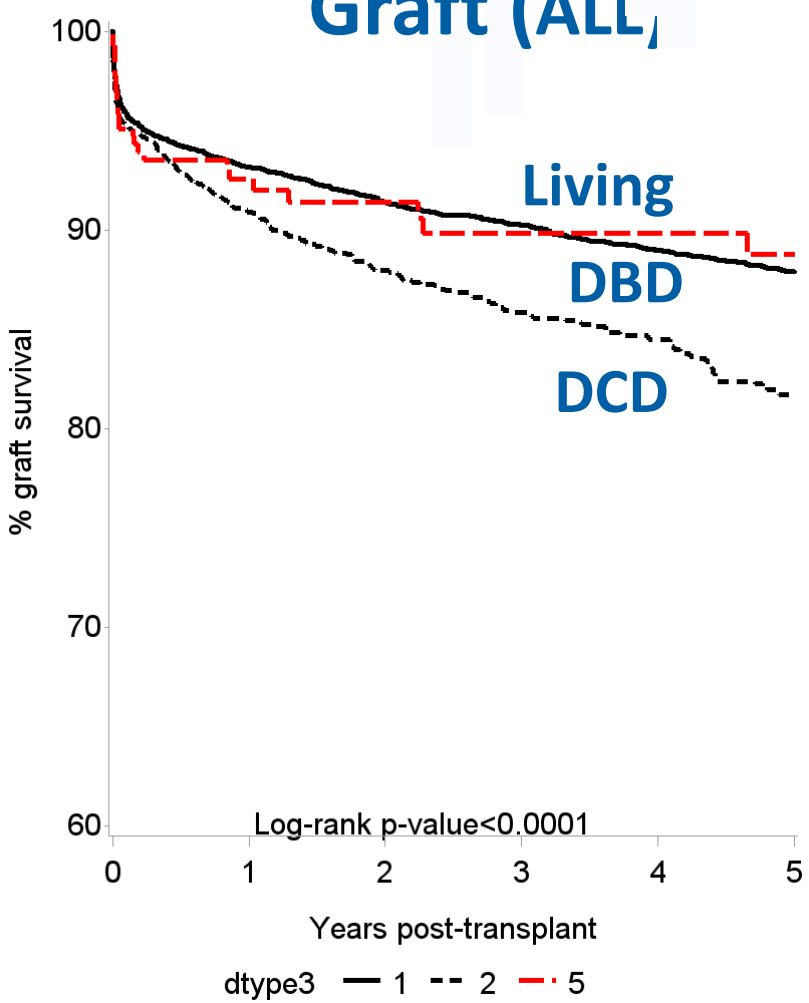
5-year survival post-transplant

NHS Blood and Transplant

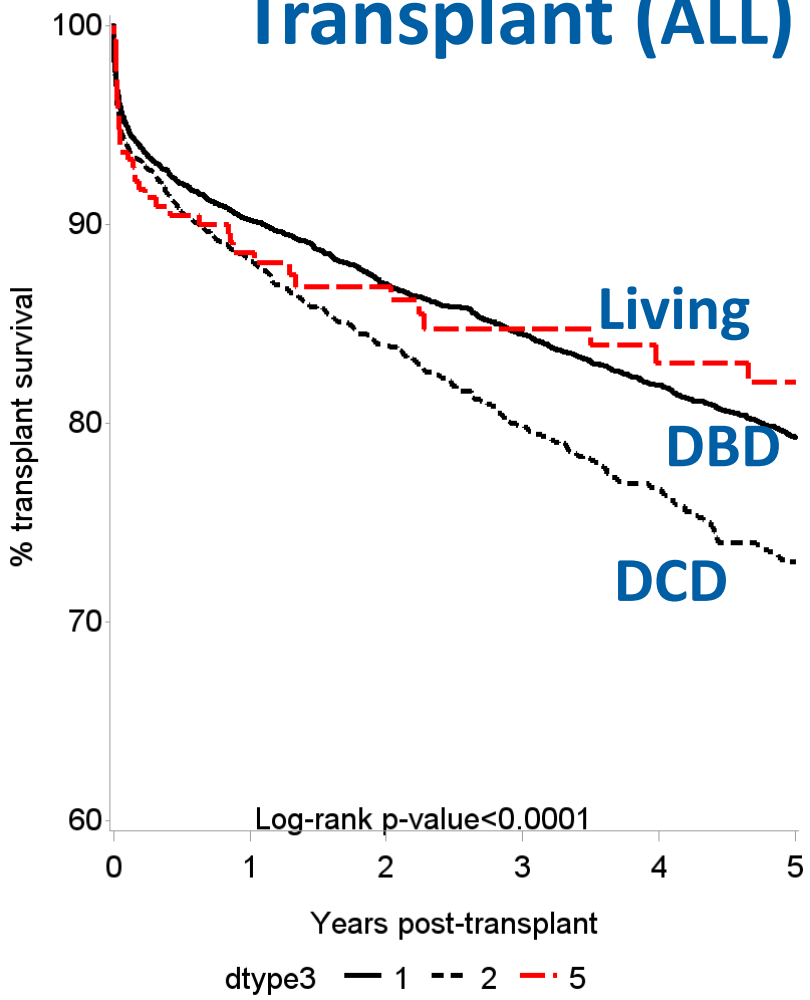
Patient (FIRST)



Graft (ALL)



Transplant (ALL)

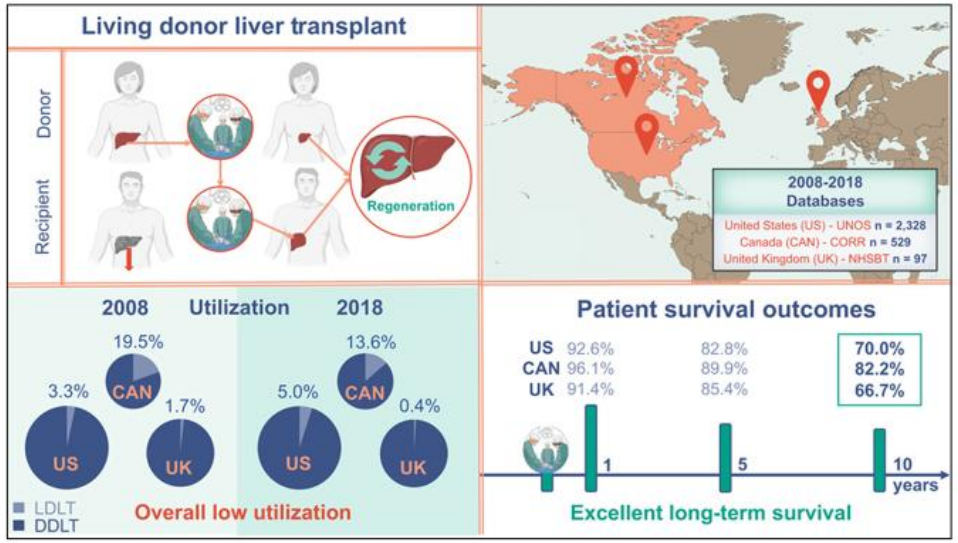


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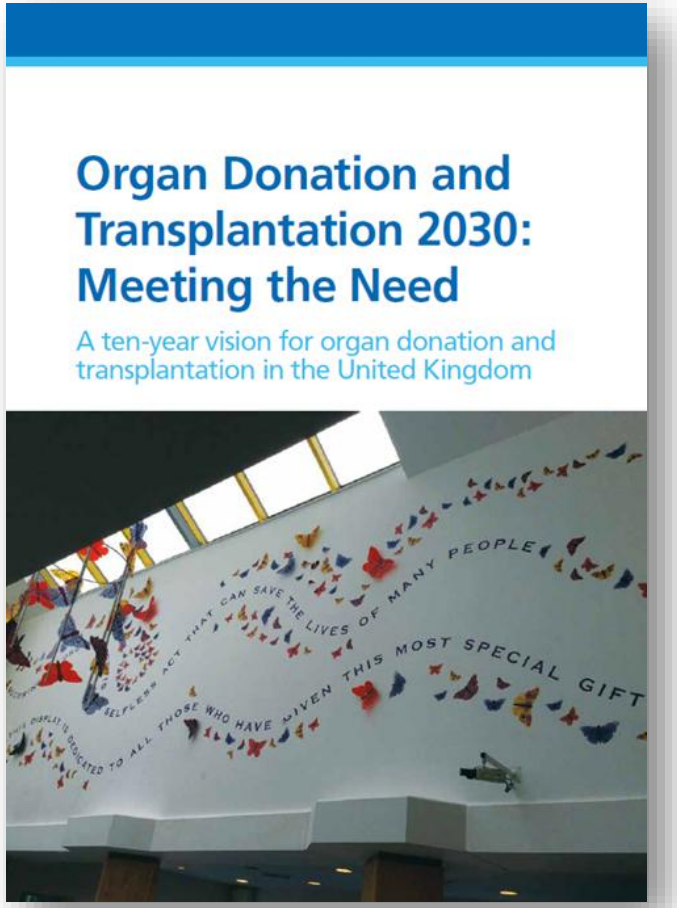
J Hepatol. 2022 Aug 17;S0168-8278(22)03001-X. doi: 10.1016/j.jhep.2022.07.035.
Online ahead of print.

Low utilization of adult-to-adult LDLT in Western countries despite excellent outcomes: international multicenter analysis of the US, UK, and Canada

Tommy Ivanics [1], David Wallace [2], Marco P A W Claasen [3], Madhukar S Patel [4], Rushin Brahmbhatt [5], Chaya Shwaartz [5], Andreas Prachalias [6], Parthi Srinivasan [6], Wayel Jassem [6], Nigel Heaton [6], Mark S Cattral [7], Nazia Selzner [7], Anand Ghanekar [7], Gabriela Morgenshtern [8], Neil Mehta [9], Allan B Massie [10], Jan H P van der Meulen [11], Dorry L Segev [10], Gonzalo Sapisochin [12]



- This multicentre international comparative analysis of living donor liver transplantation in the United States, the United Kingdom, and Canada demonstrates that despite low use of the procedure, the long-term outcomes are excellent.
- In addition, the mortality risk is not statistically significantly different between the evaluated countries.
- However, the incidence and risk of re-transplantation differs between the countries, being the highest in the United Kingdom and lowest in the United States.



Project board:

Considerations . . . .

- Need
- Ensuring safety
- Restrictions
- Professional and patient ‘buy-in’
- Equity
- Indications
- Advantages
- Capacity
- Complementary



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Lisa Burnapp

AMD Living Donation and Transplantation

Project Closure Board Meeting, 2026

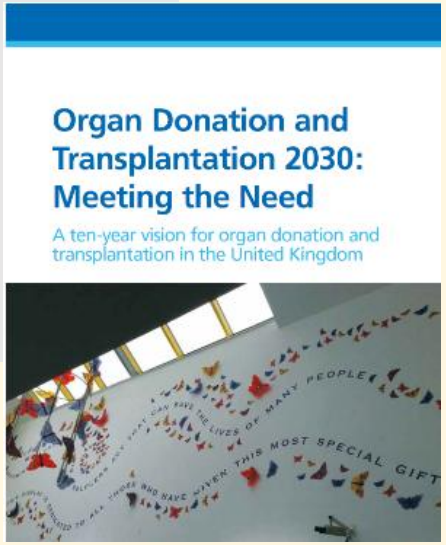
LDLT Project Aims – April 2022

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Increase opportunity and choice for patients waiting for a liver transplant by

- Expanding the adult-to-adult (A-A) LDLT programme UK-wide
- Supporting existing paediatric LDLT programmes
- Developing educational resources- living donors, recipients and healthcare professionals



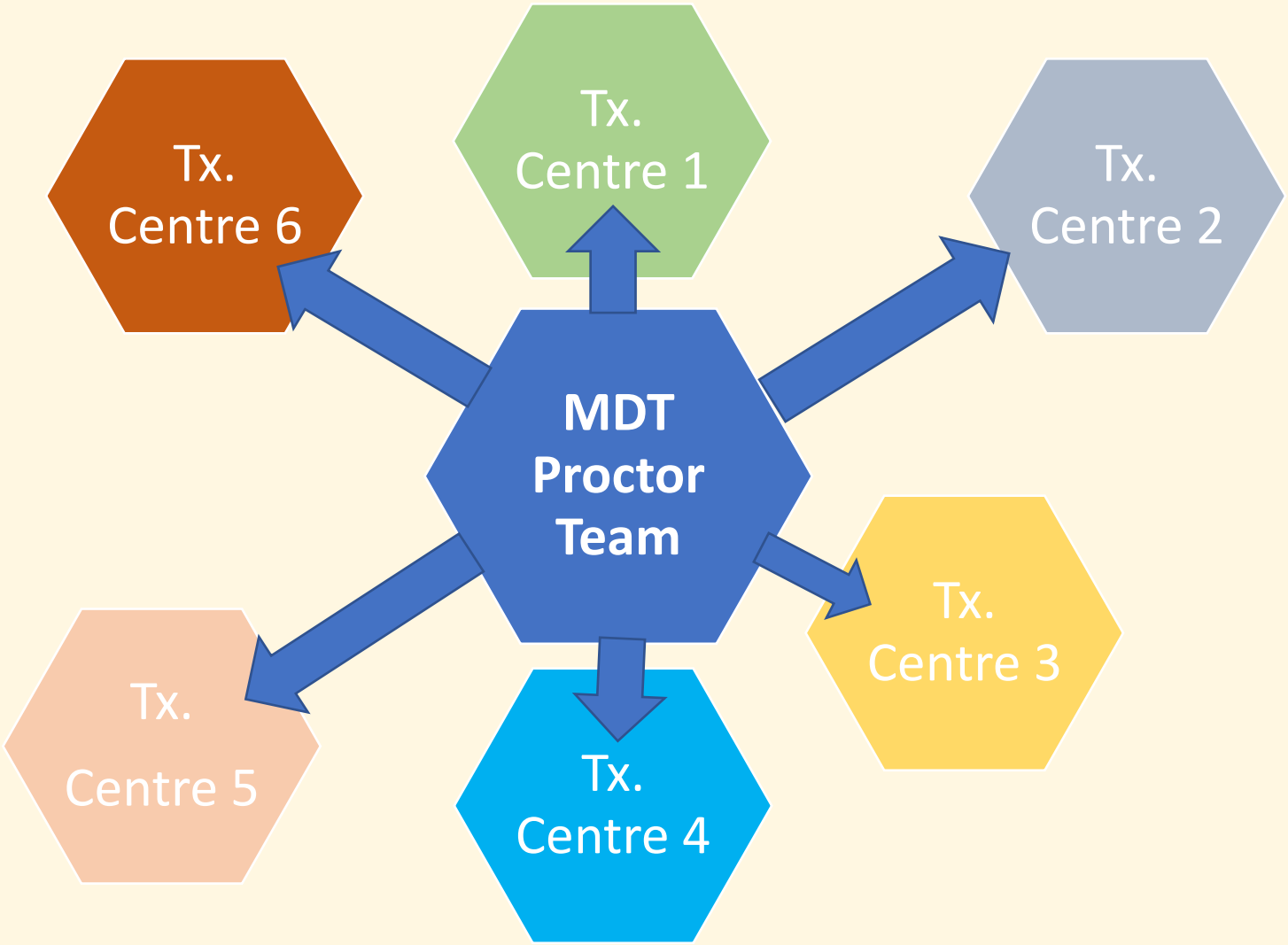
https://www.organdonation.nhs.uk/get-involved/news/new-uk-strategy-sets-out-ambition-to-be-world-leaders-in-organ-donation-and-transplantation/

Workstreams- April 2022

1. Operational model, workforce resilience and sustainability — Delivered
   - Adult and paediatric LDLT
2. Indications for LDLT, assessment and follow-up — Delivered
   - Recipient and donor
3. Educational resources — Delivered
   - Recipient, donor, professional
4. Commissioning — Discontinued
   - Service specification to be drafted once workstreams 1 & 2 report

Proctoring Scheme



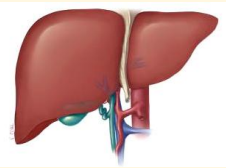






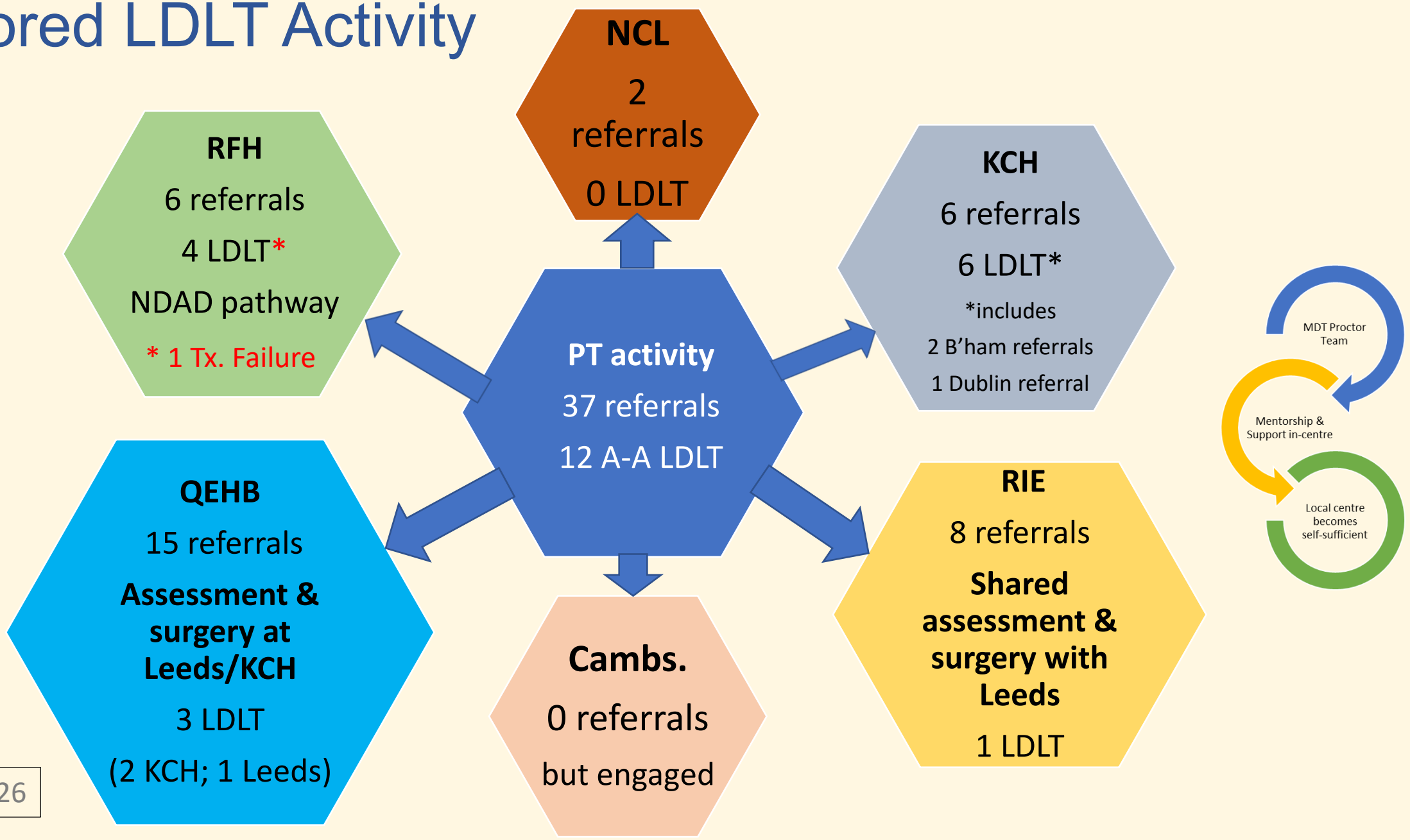
- Program launched June 2024
- First transplant was successfully proctored on 29th October 2024

Proctor Team- June 2024 to Date



Name	Role and Affiliation
Peter Lodge (Retired December 2024)	Consultant Surgeon, Leeds
Vivek Upasani	Consultant Surgeon, Leeds
Dhakshina Vijayanand	Consultant Surgeon, Leeds
Parthi Srinivasan	Consultant Surgeon, King's
Ramu Chimakurthi (left UK October 2025)	Consultant Hepatologist, Leeds
Jayne Dillon	Consultant Hepatologist, Leeds
Joanna Moore (from January 2026)	Consultant Hepatologist, Leeds
Katie McGoohan	Advanced Nurse Practitioner, Leeds
Julie Jeffery	Advanced Clinical Practitioner, Leeds
Joshua Bell	Consultant Radiologist
Krishna Rao-Prasad	Consultant Anaesthetist

Proctored LDLT Activity



At 20-09-26

Activity Summary (to date)

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- 37 referrals received from 5 out of 6 eligible centres
- 12 transplants performed in 3 centres

Enables

- Surgical safety and flexibility
- Confidence across the clinical community
- Collaboration and knowledge-sharing
- Centre engagement
- Equity of access



Latest Statistics (13th September 2026)

NHS Blood and Transplant

Living donor (LD) - 1 mth in arrears[4]	Current yr. 01.04.26-13.09.26	Previous yr. 01.04.25-13.09.25	% change	Pre-COVID yr. 01.04.19-13.09.19	% change	Previous full yr. 2025/26
Kidney	360	367	-1.9	396	- 9.1	991
Liver*	18	14	28.6	8		33
Lung	0	0		0		0
Intestinal	0	0		0		0
Total LD transplants	378	911	-0.1	1016	-10.4	994

*Aiming for 60/year by 2030

Reflections from the Board

NHS Blood and Transplant





Focus on

- Their experience
- Their learning
- Impact on their professional relationships and practice
- Impact on the wider transplant community
- What we could do better/differently in future

Positive Feedback



- Leadership
- Governance
- Project management
- Collaboration and engagement
- Consistency of approach

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What About the Future?

- Adult to adult LDLT becomes ‘business as usual’ in all UK liver transplant centres
- Maximise the potential of LDLT
- Equity of access to LDLT for all suitable recipients
- Timely access to assessment and liver transplantation
- Development of new/innovative indications for access to LDLT and DDLT
- Consider opportunities using the proctor scheme approach to support other areas of practice

Yes I donate
LIVING DONATION

NHS
Blood and Transplant

Living Donation Futures Programme



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What are the drivers for Living Donation Futures?

ACTIVE TRANSPLANT LIST					
	Current at 17.09.26		*Previous year*		*End of last year*
	Total	*(Paediatric <18yrs)*	*at 30.09.25*	*% Change*	*31.03.26*
Kidney	7151	(121)	6605	8.3	6814
Pancreas					
Kidney/pancreas[7]					
Pancreas islets					
Heart					
Lung					
Heart/lung					
Liver					
Intestinal					
Other (multi-organ)					
TOTAL					

ODT TARGETS FOR CURRENT YEAR			
	Actual number	*Target number*	*Difference*
Organ donors - deceased			
Organ donors - living[1]			
Organ transplants - deceased donors			
Organ transplants - living donors[1]			
ODR - new opt-in registrants			
ODR - total opt-in registrants			

[1] Living organ donor figures one mor

DONOR AND TRANSPLANT ACTIVITY						
	Current year (01.04.26 - 13.09.26)	***Previous year*** (01.04.25 - 13.09.25)	*% Change*[2]	***Pre-COVID year*** (01.04.19 - 13.09.19)	*% Change*[2]	***Previous full financial year*** (2025/2026)
ORGAN DONORS						
Donors after brain death (DBD)	251	297	-15.5	401	-37.4	636
Donors after circulatory death (DCD)	340	367	-7.4	291	16.8	792
Total deceased donors (DD)	591	664	-11	692	-14.6	1428
Non-proceeding deceased donors (DD)[3]	169	191	-11.5	326	-48.2	400
Living donors (LD) - 1 mth in arrears[4]	378	381	-0.8	404	-6.4	1024

Informing our Direction of Travel

‘Think tank’ style meeting

- What does NHSBT do to support living donation now? (As is)
- What more can NHSBT do to support living donation? (To Be)
- Representation across the transplant community

Scope

- Liver and kidney expansion/development
- Benefit to adults and children
- Think ‘where we would like to be’ rather than ‘where we are’ and what it would take



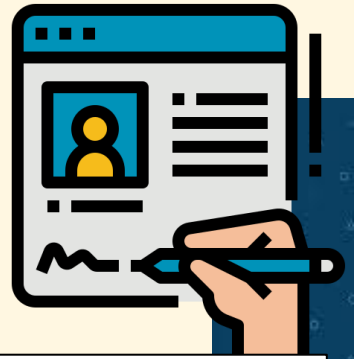
- What is our vision and mission?
- Phase 1: 12-month programme (July 2026 – July 2027)
- Kidney and liver
- Adults and children
- Force field analysis: quick wins, big impact, long-term effort/gains



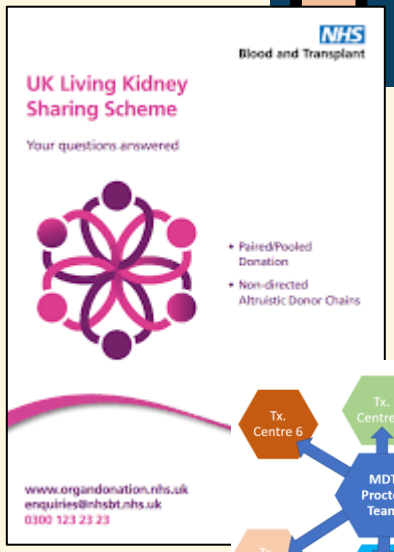
What does NHSBT do for living donation now?

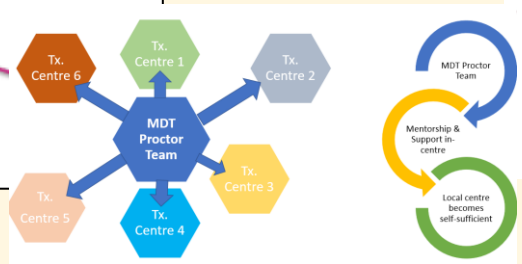
NHS Blood and Transplant

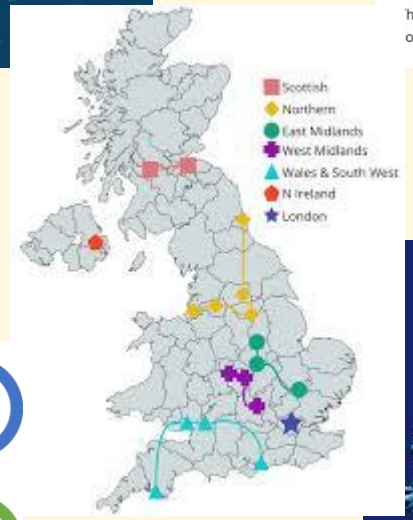
Clinical Registries
Donor self-reported outcome and experience measures

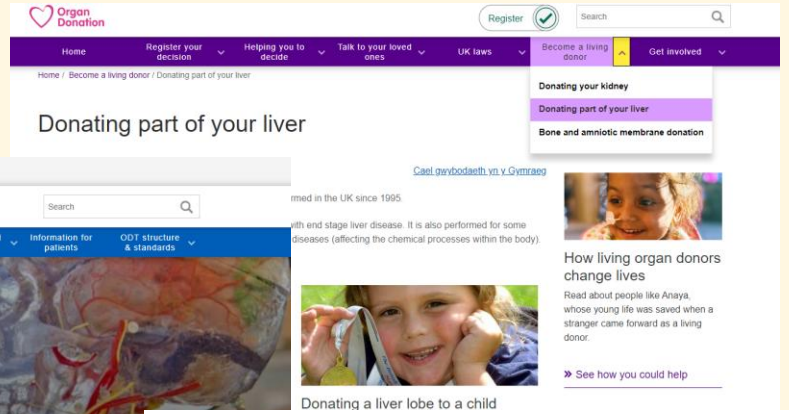


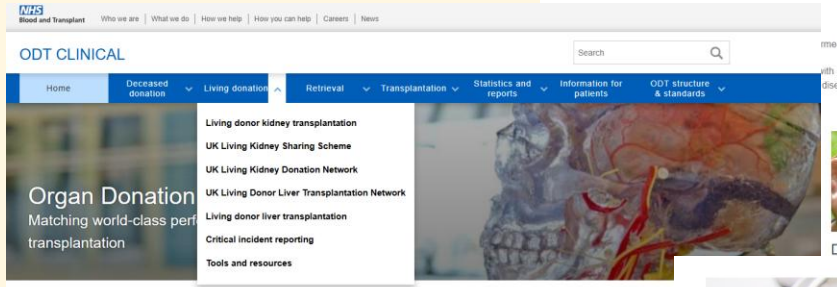




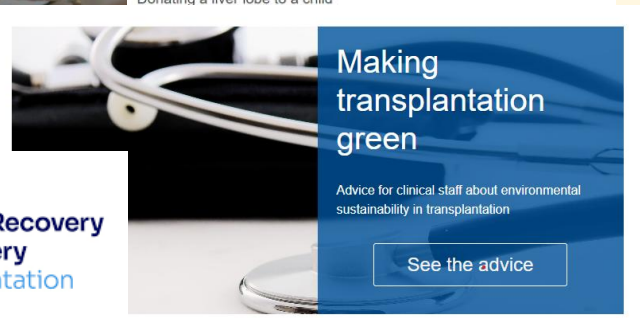
















NHSBT ERAS Project

NHSBT
Derek Manas, Medical Director
Lisa Burnapp, ERAS Programme lead
Carrie Scuffell, ERAS Subject Matter Expert

Multidisciplinary Steering group

Expert by expe…panels

Released June 2024
Adult kidney transplant

Released Dec. 2025
Adult liver transplant

Released March 2026
Living kidney donor

2026
Pancreas transplant

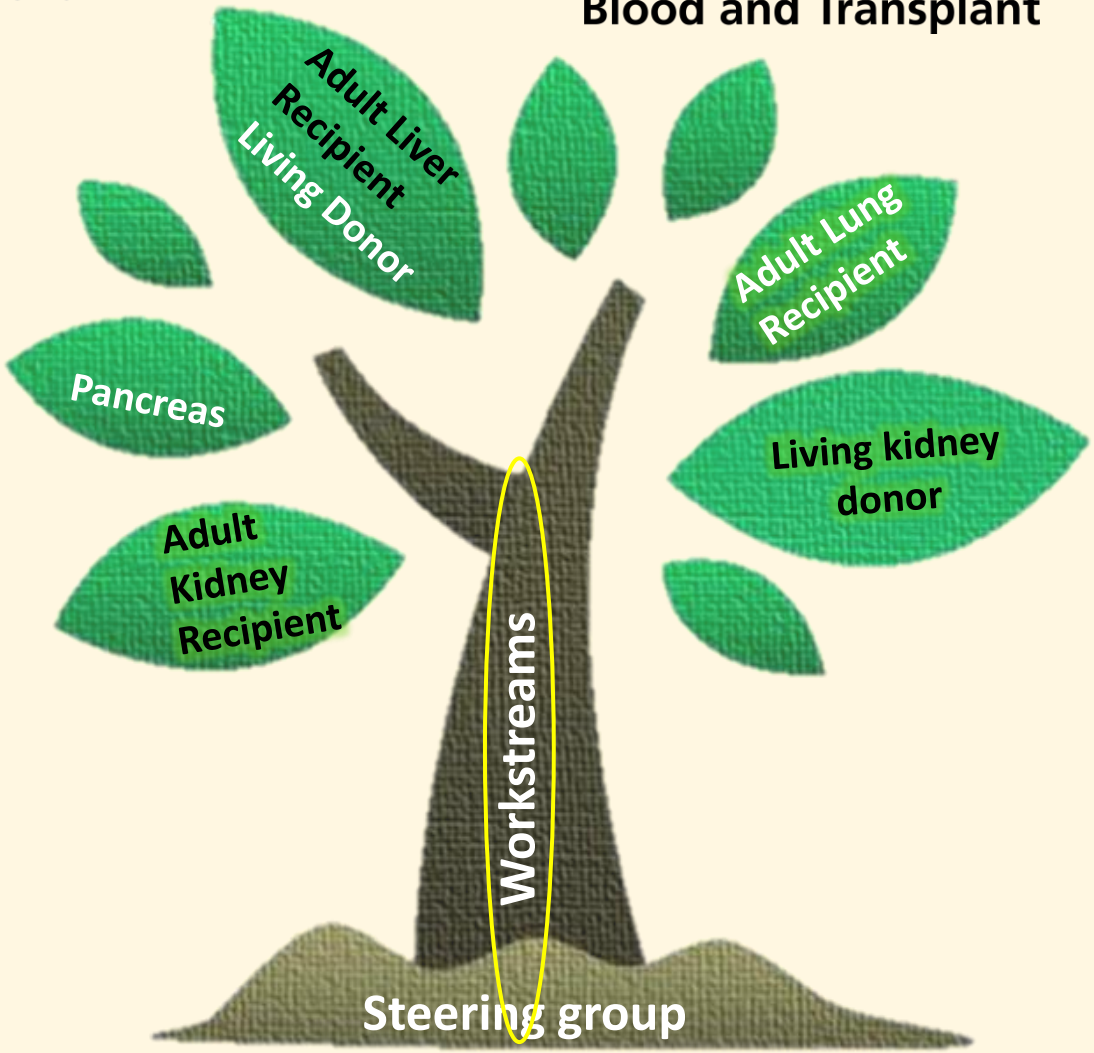
2026
Lung transplant

2027
Living liver donor

? Paediatric kidney

Heart transplant

Evaluation and Research



https://www.odt.nhs.uk/transplantation/enhanced-recovery-after-surgery/

Living Donor Postcard*

NHS Blood and Transplant



Introduces

- The concept of living donation
- Recipient need for a transplant
- Signposts to relevant website information & contact details
- Can be tailored/centre-specific

*Courtesy of Olivia Chapman

Think as if there is no box….



Warren Buffett ‘no box thinking’
Adopted by Derek Manas,
OTDT Medical Director

Thinking Outside the Box in Living Donation

- **From Individual Acts to a Networked System**
  - Treat living donation as a system optimisation platform, not a one-to-one transaction
  - “a single act of generosity” becomes the engine for growing transplantation
- **Pre-emptive Transplantation**
  - Shift from reactive transplantation → proactive intervention
- **Expand matching pools (Kidney)**
  - highly sensitised patients and rare blood groups
  - “international kidney exchange” platforms

Thinking Outside the Box in Living Donation

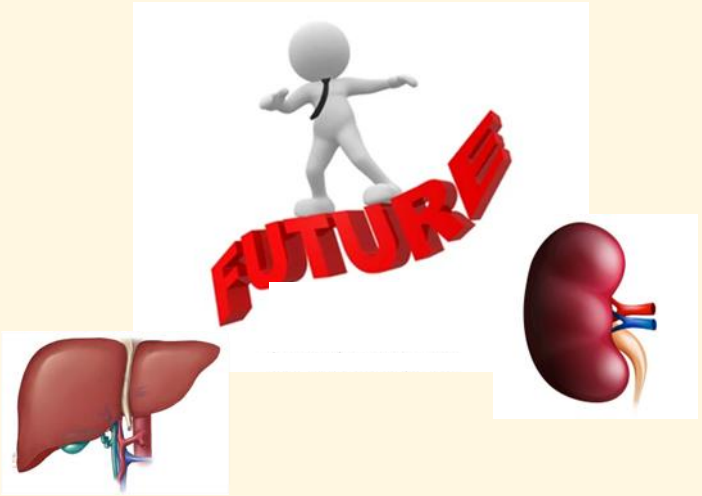
- **Use AI to:**
  - optimise chain length, increase match success, reduce cold ischaemia
- **Align donation with equity goals, not just compatibility**
  - paediatric recipients, difficult-to-match populations, long-wait patients
- **Broaden criteria safely:**
  - Older donors, Controlled comorbidities
- **Living Donation as Chronic Disease Strategy**
  - Living donation becomes part of prevention, not acute rescue
- **Move beyond awareness campaigns:**
  - “Default discussion” at Chronic diagnosis, Use of patient ambassadors
  - ***Behavioural nudges*** to unlock latent donor willingness

Thinking Outside the Box in Living Donation

- **Financial Neutrality Models**
  - Remove disincentives:
    - travel costs, loss of earnings, NOT payment → but no financial harm
    - Ethical imperative so that donation does not cost the donor
- **Encourage employer support for donors**
  - paid leave for donation
  - Make living donation a societal norm, not just medical act
- **Societal culture change**
  - From ‘information’ to ‘consideration’

Futures Programme Board

Blood and Transplant



Derek Manas
OTDT Medical Director

Lisa Burnapp
Programme Lead

Medical Director
Group Support

Workstream 1	Workstream 2	Workstream 3	Workstream 4	Workstream 5	Lay Representative
Holly Mason	Jorge Jesus-Silva	Gareth Jones	Lisa Mumford	Nick Earl	Tim Court
Jen Lumsdaine	Bob Wiggins	Varuna Aluvihare	Matthew Robb	Teresa Magirr	

Workstreams established September 2026

First Programme Board- July 2026

NHS Blood and Transplant

- Consolidated the Board
- Agreed scope and purpose of individual workstreams
- Agreed representation for each workstream, identified invitees
- Defined Terms of Reference for the programme


SUCCESS
ACTION
PLAN
GOAL
VISION

Twelve Priorities

Priorities 1-6	Priorities 7-12
Marketing and communications	Financial reimbursement
Maximising non-directed donation	Donor support; ODR for living donors
Capacity and capability	Disease prevention
National (UK) Living Donation Development Team	Other types of financial compensation
‘Spend to Save’ commissioning	Differential indications (LDT v DDT)
Digital transformation and data collection	UK-wide waiting list for liver



Five Workstreams

Workstream	Purpose	Co-Leads
1. Public Awareness, Engagement and Culture Change	• Increase understanding, trust and acceptance of living donation • Reduce stigma, misinformation and inequity	Holly Mason Jen Lumsdaine
2. Donor Experience, Support and Fairness	• Ensure living donors are fully supported, protected and treated equitably throughout the pathway	Jorge Jesus-Silva Bob Wiggins
3. Clinical Pathways, Capacity and Capability	• Deliver living donation safely and consistently at scale across the UK	Gareth Jones Varuna Aluvihare
4. Data, Digital and System Intelligence	• Use data and digital tools to enable transparency, improvement and confidence in living donation	Lisa Mumford Matthew Robb
5. Commissioning, Investment and System Alignment	• Create the financial and policy conditions that sustain and grow living donation	Nick Earl Teresa Magirr

Each Workstream

Scope	• What is in? • What is out?
Representation	• What do we need? • Who do we want? • How many people?
Deliverables	• What can we deliver? • How do we measure success?
Timeframes	• 12 Months (July 2027)



Workstream 1:
Public Awareness, Engagement and Culture Change

Purpose	In Scope?	Deliverables at 12 months (TBC)
• Increase understanding, trust and acceptance of living donation so that more patients benefit from a living donor transplant • Reduce stigma, misinformation and inequity	• Marketing and communications • Maximising non-directed donations • Donor support awareness elements- (buddies/tailored information) • Early engagement with patients and public to clarify messaging about living donor transplantation • Donor support and ODR for living donors	• National messaging and PR • Community engagement (schools, faith groups, employers) • Cultural competence and tackling misinformation • Positioning living donation alongside prevention (“prevention and transplant, not either/or”) • Clear, visible articulation of donor support and reimbursement

Workstream 2:
Donor Welfare, Support and Fairness

Purpose	In Scope?	Deliverables at 12 months (TBC)
• Ensure living donors are fully supported, protected and treated equitably throughout the pathway	• Financial reimbursement • Other types of financial compensation • Psychological, advocacy and lifetime follow-up	• Reimbursement simplification and visibility • Non-financial support (travel, employment protection, aftercare) • Emotional and peer support models • Use of ODR as an information and engagement tool • Recognition and donor identity (without coercion)

Workstream 3:
Clinical Pathways, Capacity and Capability

Purpose	In Scope?	Deliverables at 12 months (TBC)
• Deliver living donation safely and consistently at scale across the UK • Offer equal opportunity for access to living donor transplantation for suitable patients	• Capacity and capability • UK Living Donation Development Team • Differential indications • Pre-emptive transplantation (kidney) • Elements of UK-wide waiting list (pathway consistency)	• Workforce and service capacity planning • Proctoring, mentoring and collaboratives (especially for liver) • Reducing unwarranted centre variation • Clarity and consistency in indications and pathways • Support for centres to adopt “transplant first” approaches

Workstream 4:
Data, Digital and System Intelligence

Purpose	In Scope?	Deliverables at 12 months (TBC)
• Use data and digital tools to enable transparency, improvement and confidence in living donation	• Digital transformation and data collection • UK-wide waiting list for liver (data and visibility aspects) • Follow-up and registry development • Trend overview across centres	• End-to-end digital donor pathways • Interoperability between NHSBT and Trusts • Standardised donor follow-up data (especially liver) • Transparency on waiting times and outcomes • Analytics to support equity, quality and improvement

Workstream 5:
Commissioning, Investment and System Alignment

Purpose	In Scope?	Deliverables at 12 months (TBC)
• Create the financial and policy conditions that sustain and grow living donation	• Spend-to-save commissioning • Financial reimbursement (system-level aspects) • Funding and private/innovative investment mechanisms	• Business cases demonstrating long-term value • Alignment of incentives across silos (Trusts, ICSs, national) • Pilots and invest-to-save models • Engagement with regulators and commissioners

Workstream Representation

What?	Who?	How Many?
Experts by experience Living donors Transplant recipients/patients waiting Kidney and liver	Advisory Groups 'Patient' organisations	
Clinical Kidney Liver Adult Paediatrics Geographical diversity	Physicians Surgeons Co-ordinators/Specialist Nurses AHPs H&I Transplant collaborative leads Clinical network leads	
Commissioning Specialised/highly specialised Health Boards/Networks Renal Clinical Networks	4 nations	

Workstream Representation

What?	Who?	How Many?
Organ Donation Committees Transplant centres Non-transplant (referring) centres	Leads/nominated representatives	
Marketing and Communications NHSBT Community Investment Schemes Equality, Diversity & Inclusion	Key stakeholder organisations UK wide	
Anyone else? NHSBT Human Tissue Authority Depts. of Health	Relevant representatives	

Progress to Plan

- Terms of reference drafted and circulated to Programme Board
- Quarterly programme Boards scheduled
- Workstreams established and monthly meetings scheduled
- Current focus for workstreams on deliverables
- October Programme Board
  - Ratify Terms of Reference and initial workstream recommendations
  - Agree timeframes for delivery/project plan

Acknowledgements

- Derek Manas
  - Medical Director- OTDT
- Jen Lumsdaine
  - Lead Nurse – Living Donation
- Lisa Mumford
  - Head of Statistics and Clinical Research, NHSBT
- Matthew Robb
  - Principal Statistician, NHSBT
- Temi Adams and Kerry Hall
  - Medical Director Group Support



Think tank attendees

Programme Board

Workstream Leads & members

OTDT Senior Management Team