



Blood and Transplant

ANNUAL REPORT ON KIDNEY TRANSPLANTATION

**REPORT FOR 2016/2017
(1 APRIL 2007 – 31 MARCH 2017)**

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Executive Summary

This report presents key figures about kidney transplantation in the UK. The period reported covers 10 years of transplant data, from 1 April 2007. The report presents information on the number of transplants and survival analysis after first kidney only transplantation on a national and centre-specific basis.

Key findings

- On 31 March 2017, there were 4,915 adult patients on the UK active kidney [transplant list](#) which represents a 2% decrease in the number of patients a year earlier. The equivalent number of paediatric patients was 80, representing a 14% increase from the previous year
- There were 3,042 adult kidney only transplants performed in the UK in 2016/17 an increase of 3% compared to 2015/16. Of these, 1,218 were from [DBD](#) donors, 887 were from [DCD](#) donors and 937 were from living donors. The equivalent number of paediatric transplants was 127 representing a 2% decrease from the previous year.
- The national rate of [graft survival](#) five years after first adult deceased donor kidney only transplant is 87%. These rates vary between centres, ranging from 77% to 91% (risk-adjusted). The equivalent rate after first paediatric deceased donor kidney only transplant is 83%, ranging from 72% to 100%.
- The national rate of [graft survival](#) five years after first adult living donor kidney only transplant is 93%. These rates vary between centres, ranging from 88% to 97% (risk-adjusted). The equivalent rate after first paediatric living donor kidney only transplant is 86%, ranging from 73% to 100%.
- The national rate of ten year [patient survival](#) from listing for deceased donor kidney only transplants in adult patients is 75%. These rates vary between centres, ranging from 68% to 89% (risk-adjusted).

Use of the contents of this report should be acknowledged as follows:

Annual Report on Kidney Transplantation 2016/17, NHS Blood and Transplant

Introduction

This report presents information on transplant activity between 1 April 2007 and 31 March 2017, for all 24 centres performing kidney transplantation in the UK. Data were obtained from the UK Transplant Registry, at NHS Blood & Transplant, that holds information relating to donors, recipients and outcomes for all kidney transplants performed in the UK.

[Graft](#) and [patient survival](#) estimates are reported at one-year post-transplant for the period 1 April 2012 to 31 March 2016 and five-year post-transplant for the period 1 April 2008 to 31 March 2012. Results are described separately according to the type of donor (deceased and living).

[Patient survival](#) from listing is reported at one, five and ten year post registration for a deceased donor adult kidney only transplant between 1 January 2005 and 31 December 2016.

The centre specific results for survival estimates are adjusted for differences in [risk factors](#) between the centres. The risk models used are described in the Appendix.

Patients requiring [multi-organ transplants](#) are excluded from all analyses and all results are described separately for adult (aged \geq 18years) and paediatric patients (aged $<$ 18 years) other than those presented in this Introduction section.

Throughout this report West London Renal and Transplant Centre is labeled as WLRTC.

Per million population figures have not been included throughout this report. Many dialysis units can serve more than one transplant centre and so catchment populations are difficult to estimate.

Figure 2.1 shows the number of patients on the kidney [transplant list](#) at 31 March each year between 2008 and 2017. The number of patients actively waiting for a kidney transplant increased from 6,980 in 2008 to 7,190 in 2009 and has since been on the decline falling to 5,197 in 2017.

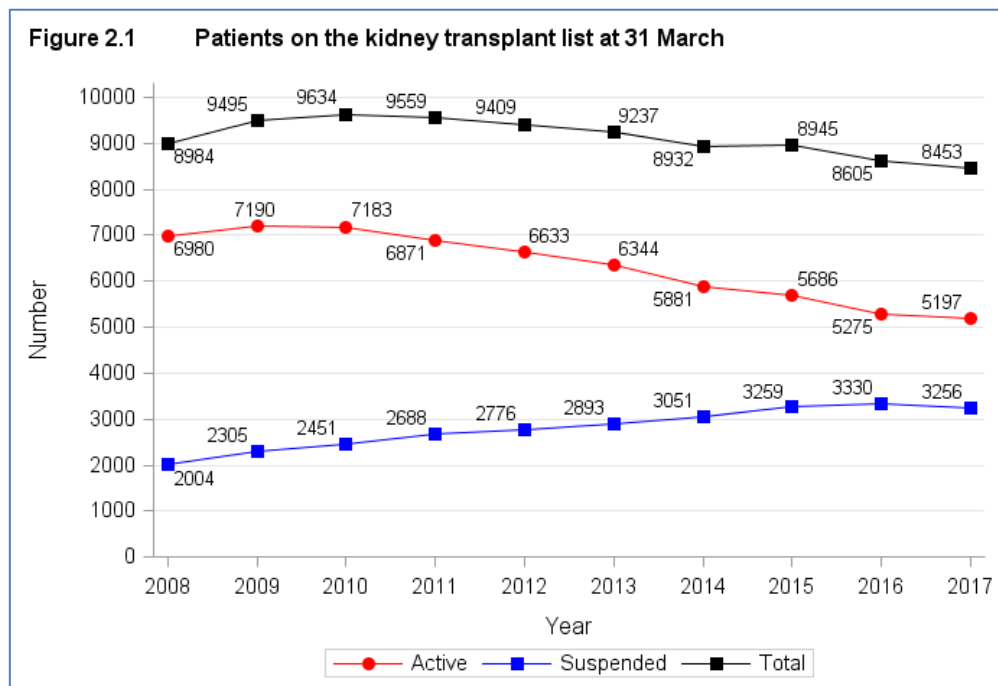


Figure 2.2 shows the number of patients on the kidney [transplant list](#) at 31 March 2017 for each transplant centre. WLRTC has the largest active [transplant list](#) with 418 patients registered for a kidney transplant.

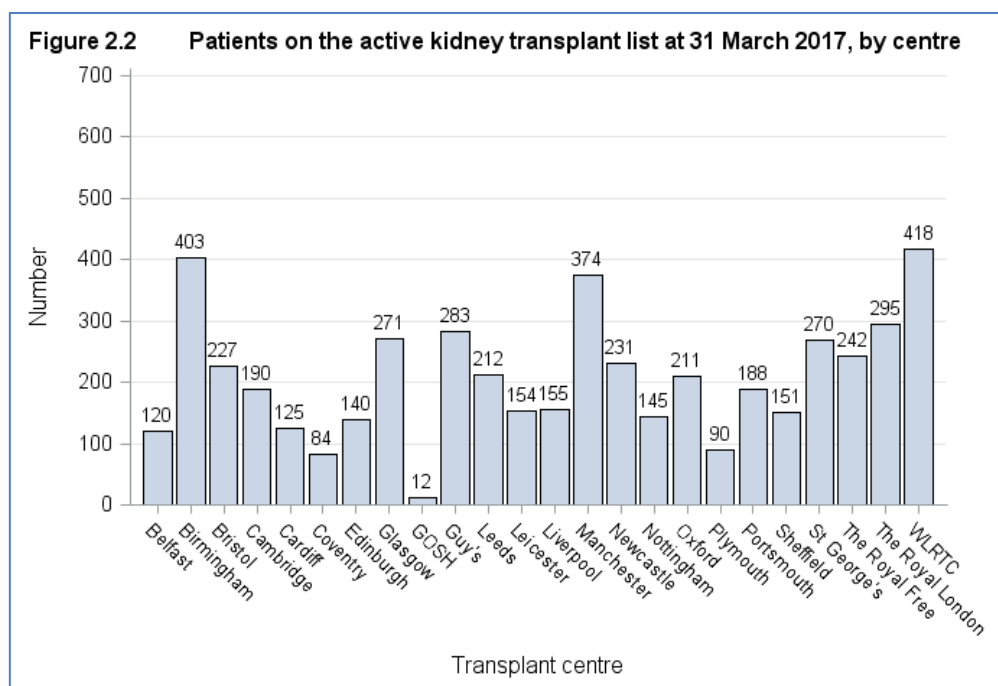


Figure 2.3 shows the total number of kidney transplants performed in the last ten years. The number of transplants steadily increased from 2,282 in 2007/08 to 3,347 in 2016/17.

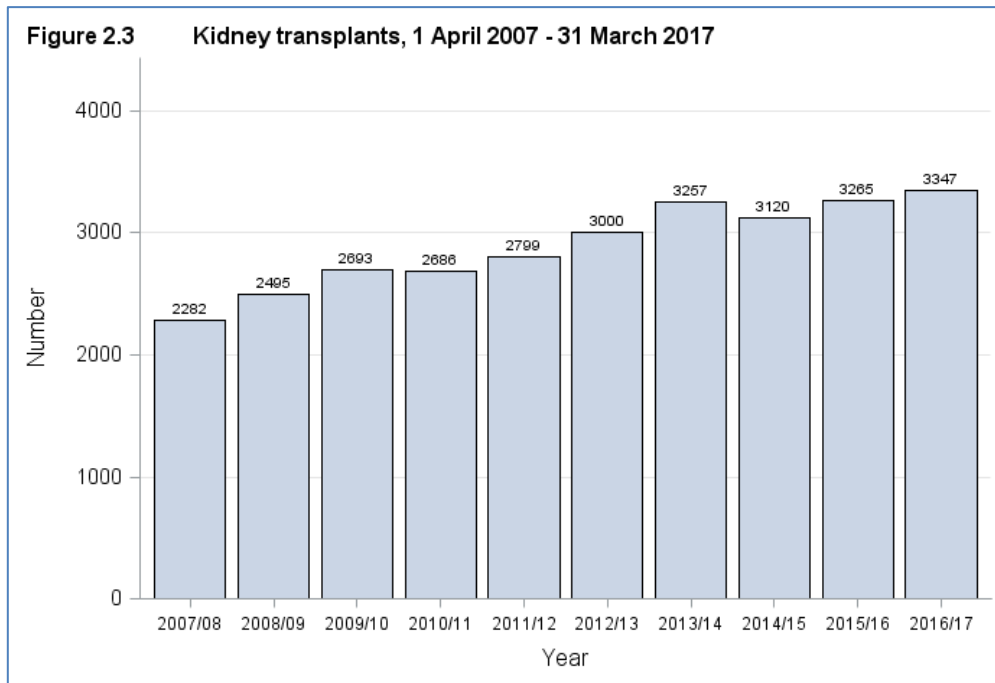


Figure 2.4 shows the total number of kidney transplants performed in 2016/17 at each transplant centre. Manchester performed the most kidney transplants last year with 322 patients receiving a transplant.

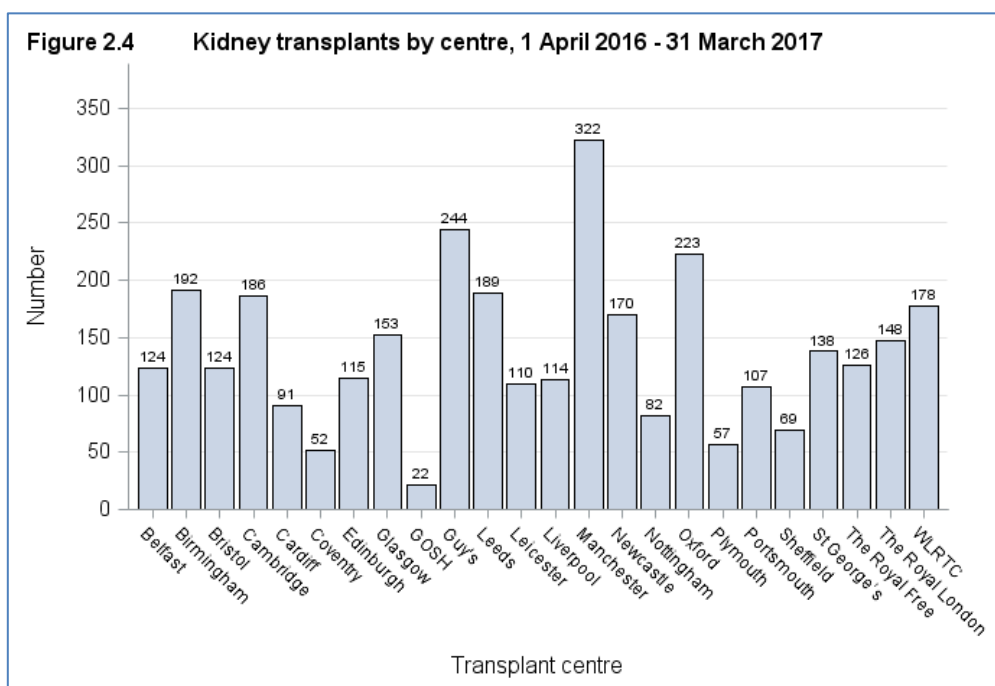
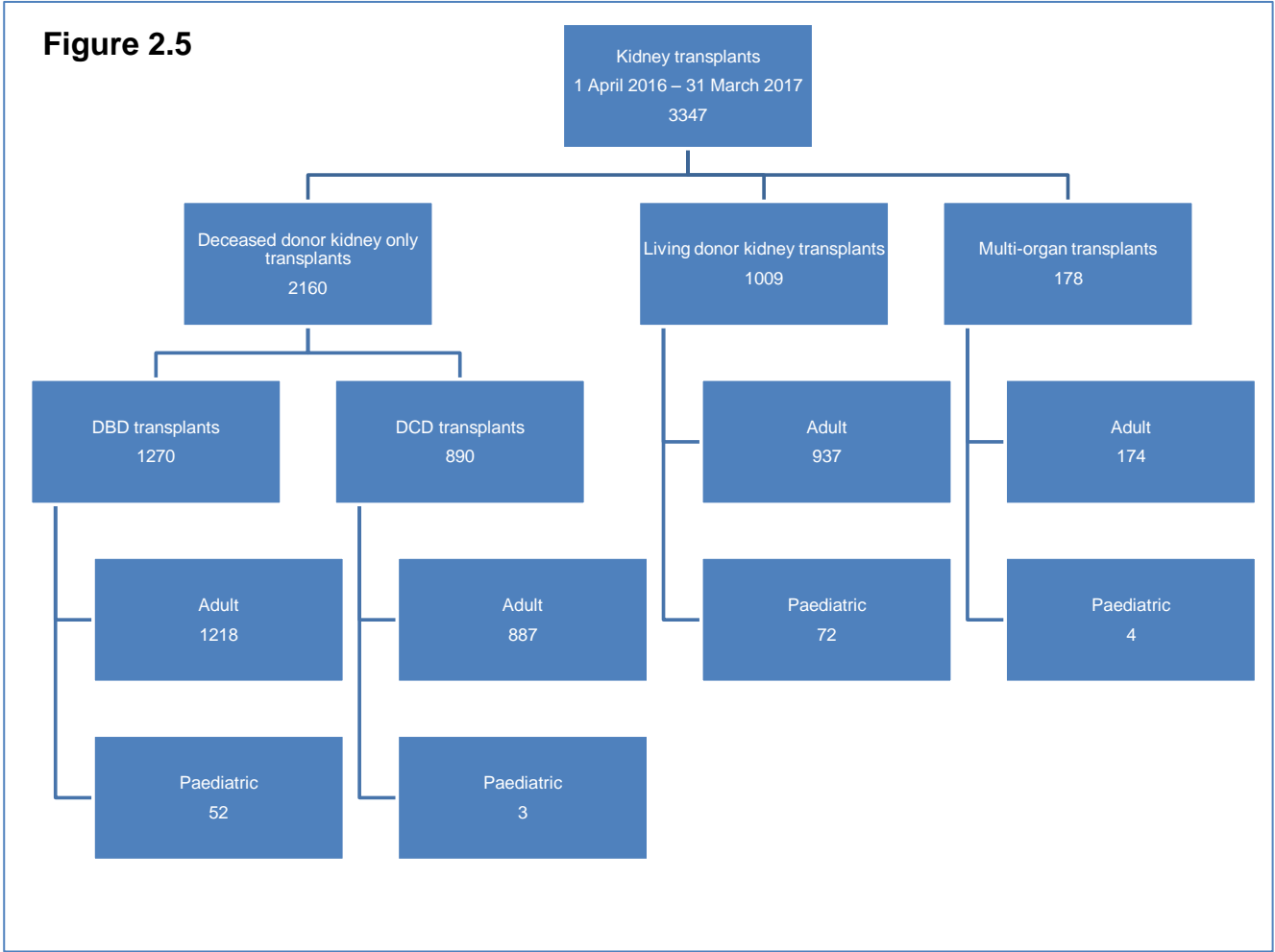


Figure 2.5 details the 3,347 kidney transplants performed in the UK between 1 April 2016 and 31 March 2017. Of these, 2,160 (65%) were deceased donor kidney only transplants and 1,009 (30%) were living donor kidney transplants. Of the 178 [multi-organ transplants](#), 163 were simultaneous kidney and pancreas transplants, 14 were kidney and liver transplants and one was a kidney and heart transplant.



Geographical variation in registration and transplant rates

All NHS group 1 patients who were registered onto the kidney transplant list with an active status between 1 April 2016 and 31 March 2017 were extracted from the UK Transplant Registry on 12 June 2017 (numerator). Only patients registered for kidney only were considered. Patients were assigned to Strategic Health Authorities (SHA) in England using their postcode of residence, as reported at registration. The number of registrations per million population (pmp) by SHA was obtained using mid-2015 population estimates based on the Office for National Statistics (ONS) 2011 Census figures (denominator). No SHA age- or sex-specific standardisation of rates was performed.

The registration rates pmp were categorised into four groups; low, low-medium, medium-high and high, based on the quartiles of their distribution and visualised in a map using contrasting colours.

Transplant rates pmp were obtained as the number of kidney only transplants in NHS group 1 recipients between 1 April 2016 and 31 March 2017 (numerator), divided by the mid-2015 population estimates from the ONS (denominator). Transplant rates pmp were categorised and visualised in a map as done for the registration rates.

For [systematic component of variation](#) only registrations or transplants in England between 1 April 2016 and 31 March 2017 were included. If a patient was re-registered during the time period, only the first registration was considered. If a patient underwent more than one deceased donor kidney transplant in the time period, only the first transplant was considered, similarly for living donor kidney transplants.

Figure 2.6 shows rates of registration to the kidney only transplant list per million population (pmp) between 1 April 2016 and 31 March 2017 compared with deceased donor kidney only transplant rates pmp for the same time period, by recipient country/Strategic Health Authority (SHA) of residence. **Figure 2.7** shows the transplant rates pmp for living donor kidney only transplants in the same period. **Table 2.1** shows the breakdown of these numbers by recipient country/Strategic Health Authority of residence. No adjustments have been made for potential demographic differences in populations. If a patient has had more than one registration/transplant in the period, each registration/transplant is considered. Note that this analysis only considered NHS Group 1 patients.

Since there will inevitably be some random variation in rates between areas, the [systematic component of variation](#) (SCV) was used to identify if the variation is more (or less) than a random effect for the different SHAs in England only. Only first registrations and transplants in this period were considered. The larger the SCV the greater the evidence of a high level of systematic variation between areas. Registration, deceased donor transplant and living donor transplant rates yielded low SCV values at 0, 0 and 0, respectively, and therefore, no evidence of geographical variation beyond what would be expected at random.

Figure 2.6 Comparison of kidney registration rates (pmp) with deceased donor transplant rates (pmp) by recipient country/Strategic Health Authority of residence

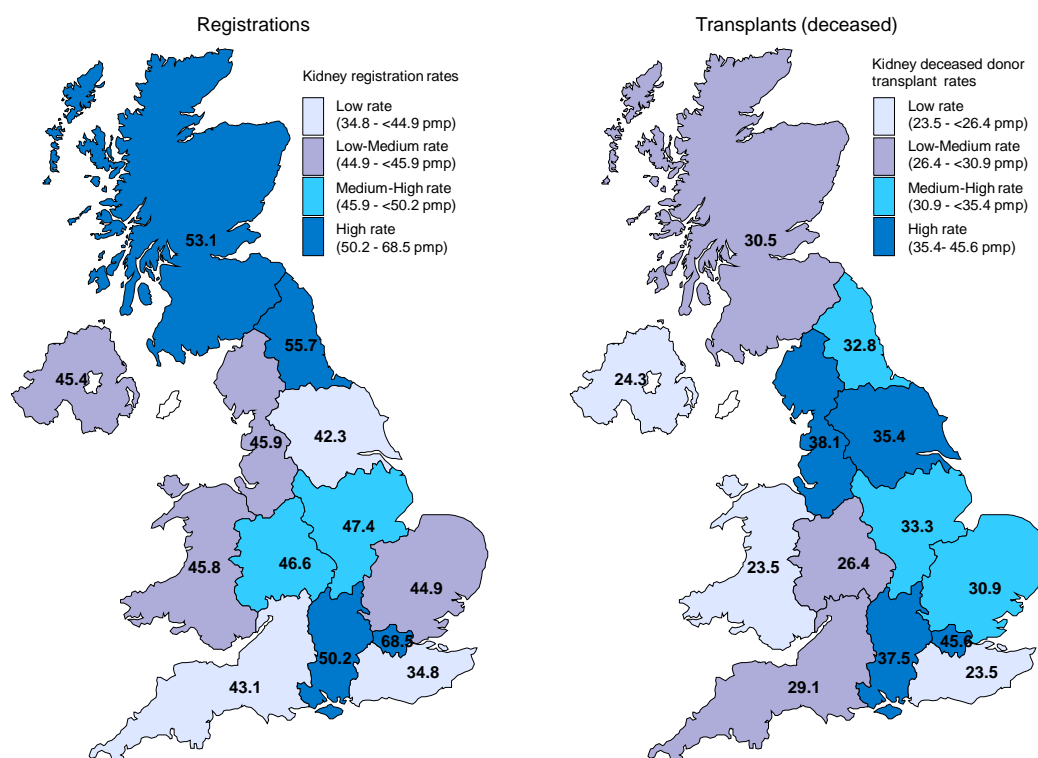


Figure 2.7 Living donor kidney transplant rates (pmp) by recipient country/Strategic Health Authority of residence

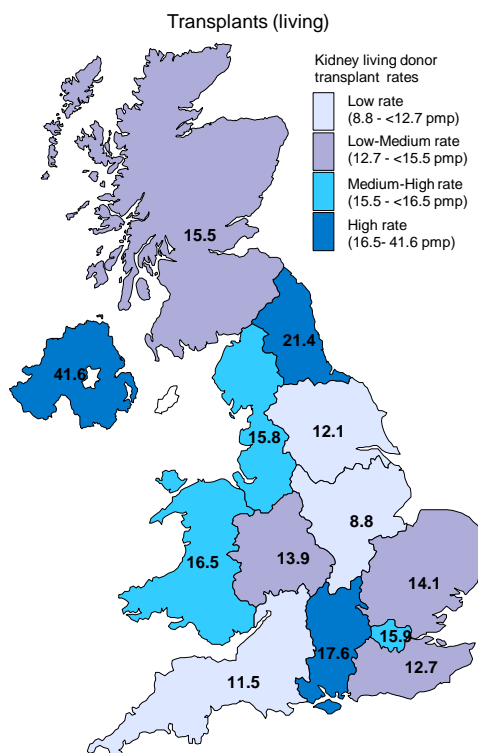


Table 2.1 Kidney registration and transplant rates per million population (pmp) in the UK, 1 April 2016 - 31 March 2017, by Country/Strategic Health Authority

Country/ Strategic Health Authority	Registrations (pmp)		Deceased Donor Transplants (pmp)		Living Donor Transplants (pmp)	
North East	146	(55.7)	86	(32.8)	56	(21.4)
North West	329	(45.9)	273	(38.1)	113	(15.8)
Yorkshire and The Humber	228	(42.3)	191	(35.4)	65	(12.1)
North of England	703	(46.3)	550	(36.2)	234	(15.4)
East Midlands	222	(47.4)	156	(33.3)	41	(8.8)
West Midlands	268	(46.6)	152	(26.4)	80	(13.9)
East of England	273	(44.9)	188	(30.9)	86	(14.1)
Midlands and East	763	(46.2)	496	(30)	207	(12.5)
London	594	(68.5)	395	(45.6)	138	(15.9)
South East Coast	161	(34.8)	109	(23.5)	59	(12.7)
South Central	217	(50.2)	162	(37.5)	76	(17.6)
South West	236	(43.1)	159	(29.1)	63	(11.5)
South of England	614	(42.6)	430	(29.8)	198	(13.7)
England	2674	(48.8)	1871	(34.1)	777	(14.2)
Isle of Man	1	(12.5)	3	(37.5)	0	
Channel Islands	4	(25)	1	(6.3)	1	(6.3)
Wales	142	(45.8)	73	(23.5)	51	(16.5)
Scotland	285	(53.1)	164	(30.5)	83	(15.5)
Northern Ireland	84	(45.4)	45	(24.3)	77	(41.6)
TOTAL	3196¹	(48.9)	2158²	(33)	990³	(15.1)

¹ Registrations include 6 recipients whose postcode was unknown

² Deceased donor transplants include 1 recipients whose postcode was unknown

³ Living donor transplants include 1 recipients whose postcode was unknown and excludes 6 recipients who reside in the Republic of Ireland

Adult kidney transplant list

3.1 Patients on the kidney transplant list as at 31 March, 2008 – 2017

Figure 3.1 shows the number of adult patients on the kidney only [transplant list](#) at 31 March each year between 2008 and 2017. The number of patients actively waiting for a kidney transplant increased from 6,667 in 2008 to 6,813 in 2009 and has since been on the decline falling to 4,915 in 2017.

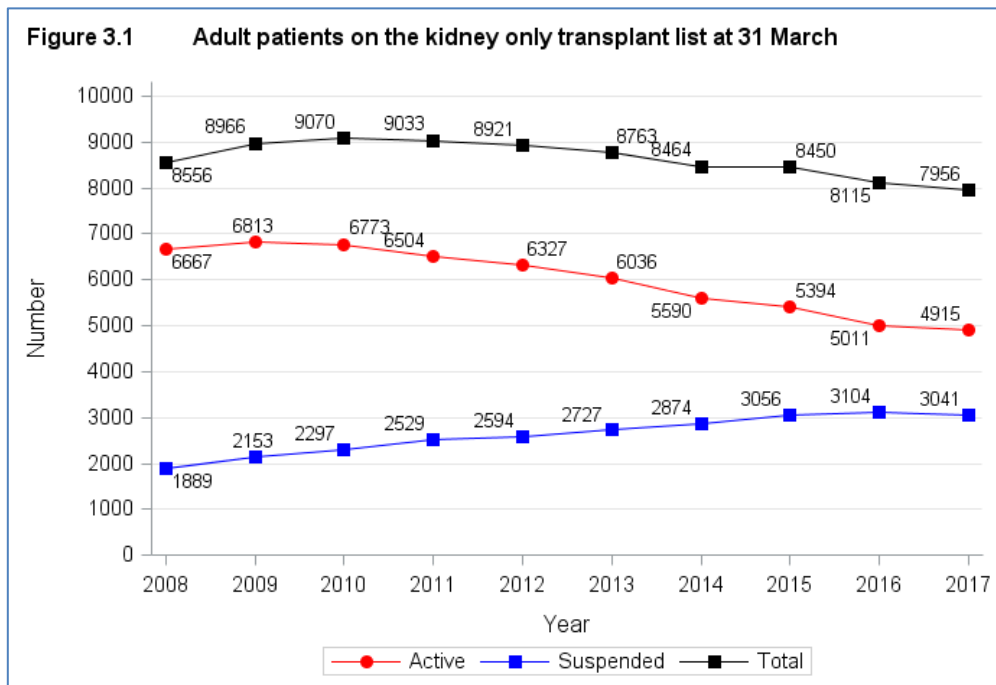


Figure 3.2 shows the number of adult patients on the active kidney only [transplant list](#) at 31 March 2017 by centre. In total, there were 4,911 adults patients. WLRTC had the largest proportion of the [transplant list](#) (9%) and Coventry had the smallest (2%).

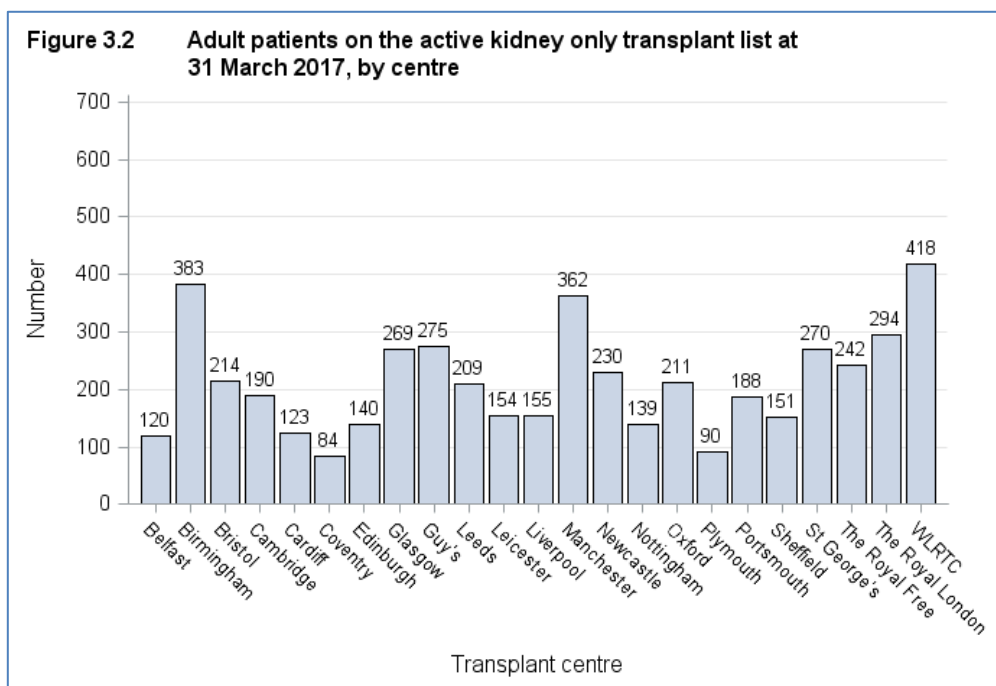
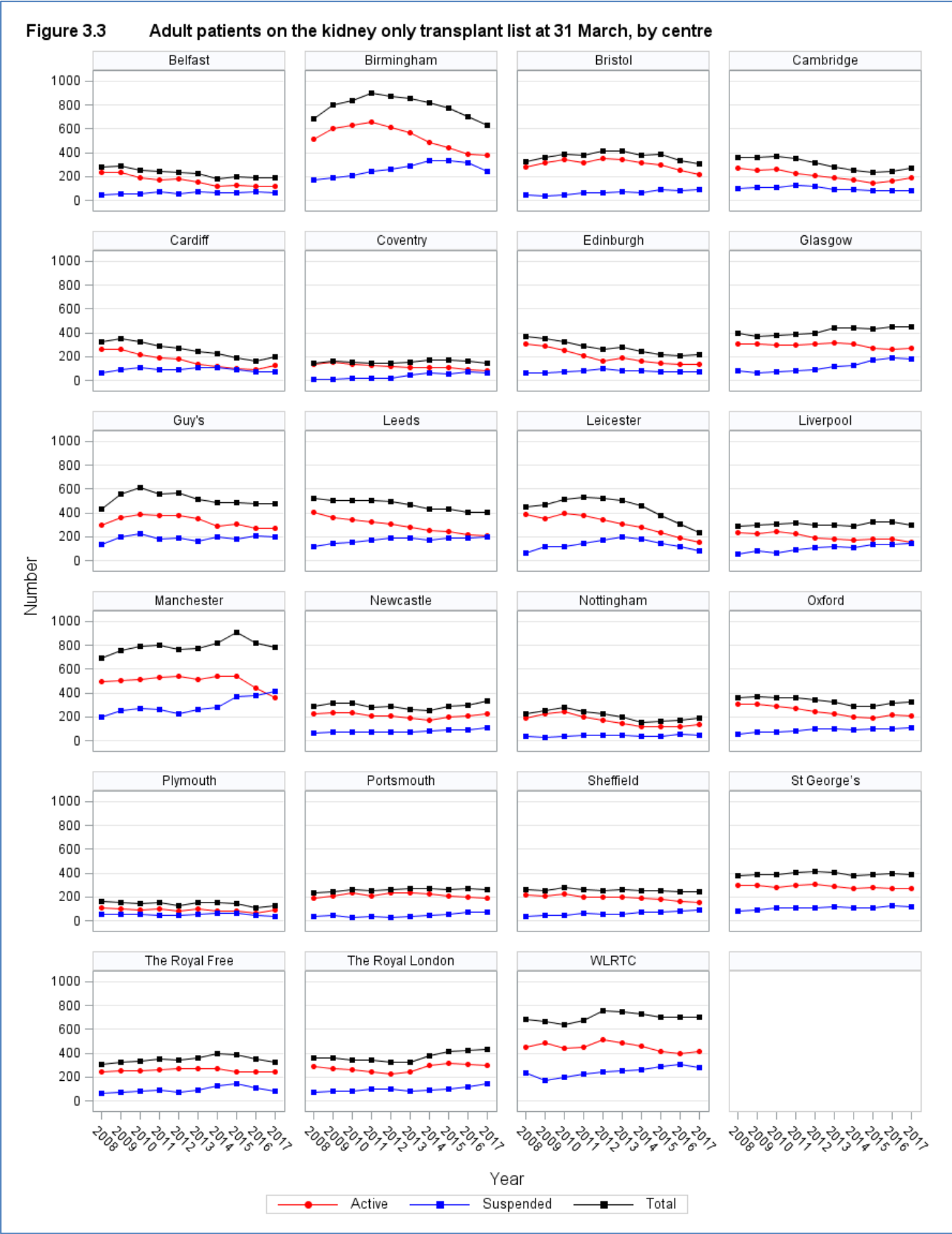


Figure 3.3 shows the number of adult patients on the [transplant list](#) at 31 March each year between 2008 and 2017 for each transplant centre.



3.2 Post-registration outcomes, 1 April 2013 – 31 March 2014

An indication of outcomes for patients listed for a kidney transplant is summarised in **Figure 3.4**. This shows the proportion of patients transplanted or still waiting one and three years after joining the list. It also shows the proportion removed from the [transplant list](#) (typically because they become too unwell for transplant) and those dying while on the [transplant list](#). Only 27% of patients are transplanted within one year, while three years after listing 58% of patients have received a transplant.

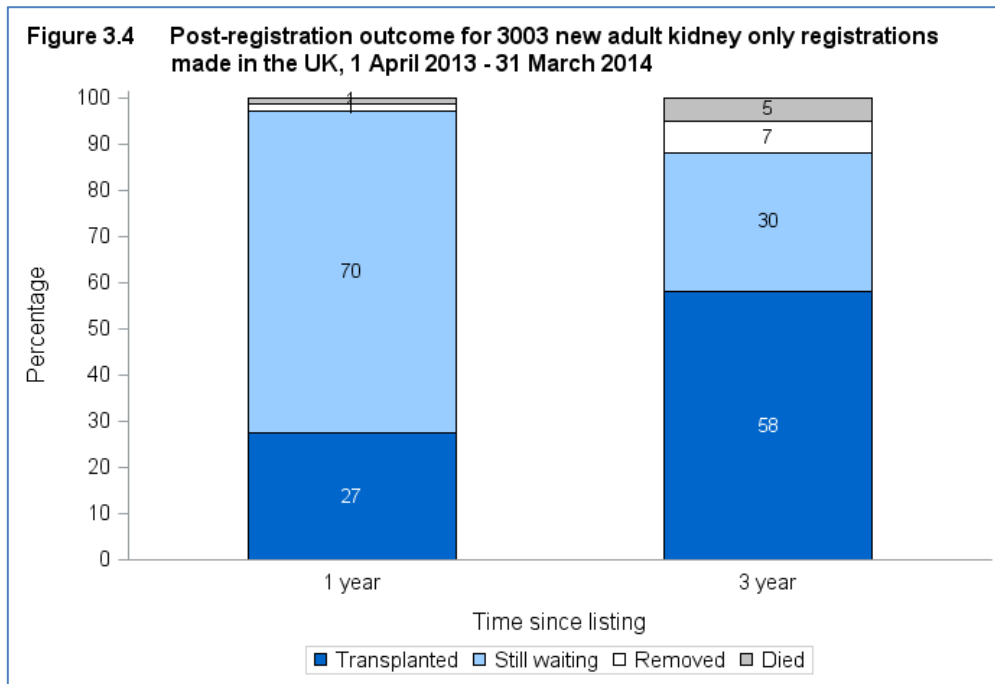
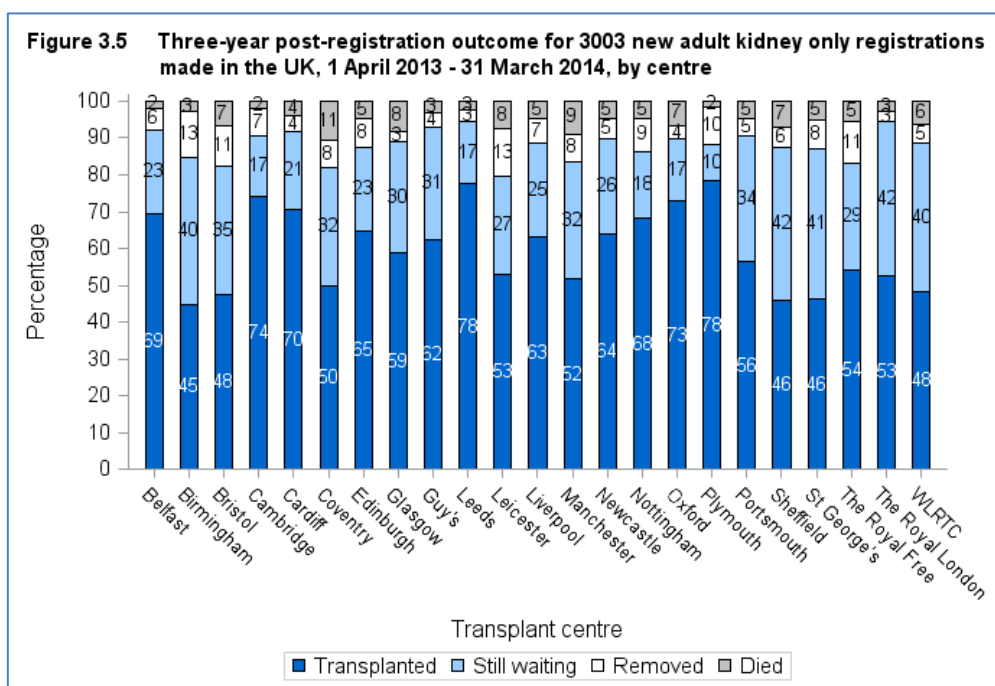
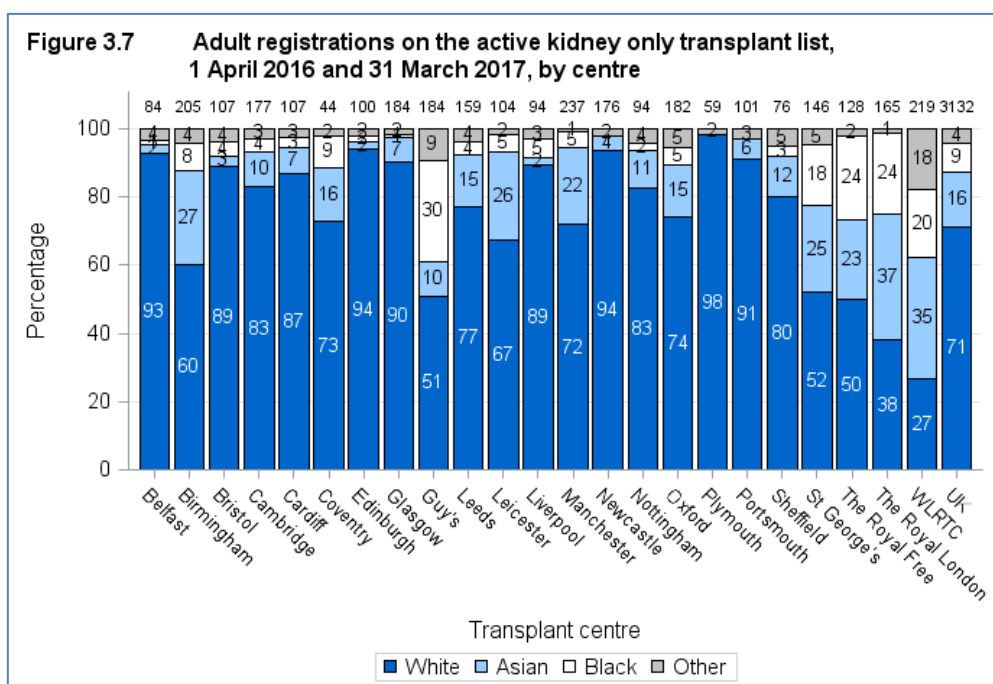
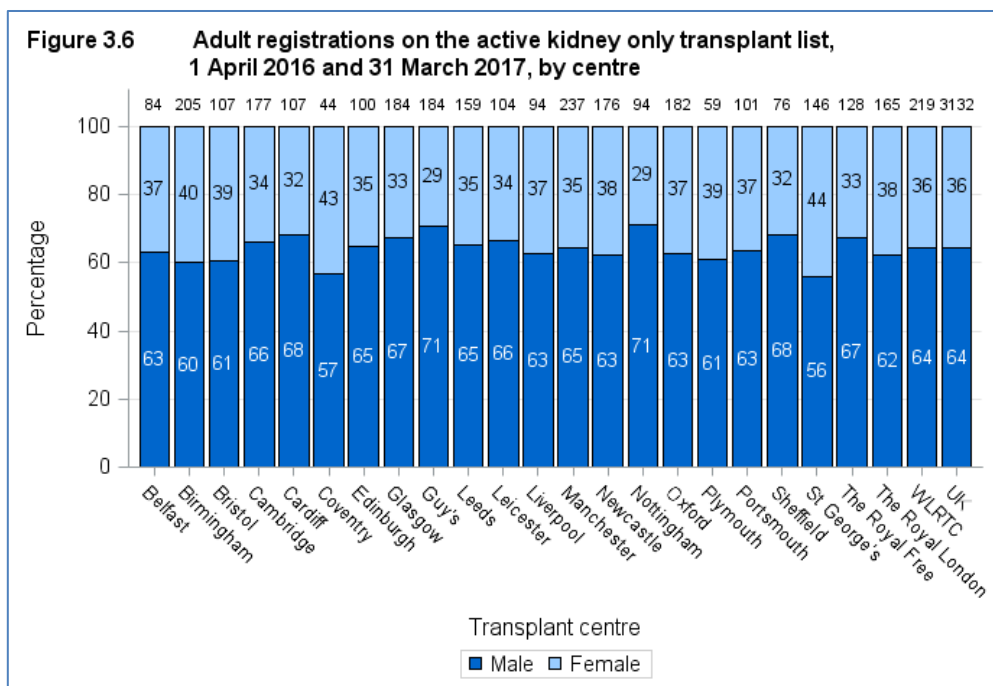


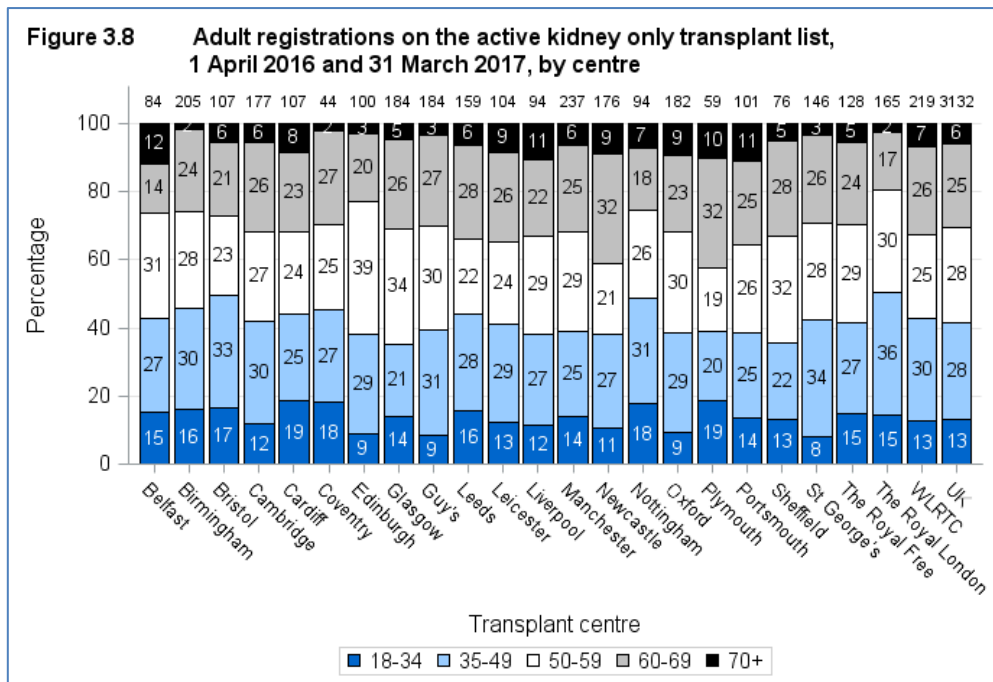
Figure 3.5 shows the proportion of patients transplanted or still waiting three years after joining the list by centre. The proportion of patients transplanted three years after listing at each centre ranges from 45% at Birmingham to 78% at Leeds and Plymouth. Higher proportions of transplanted patients can in part be attributed to strong [DCD](#) programmes within centres.



3.3 Demographic characteristics, 1 April 2016 – 31 March 2017

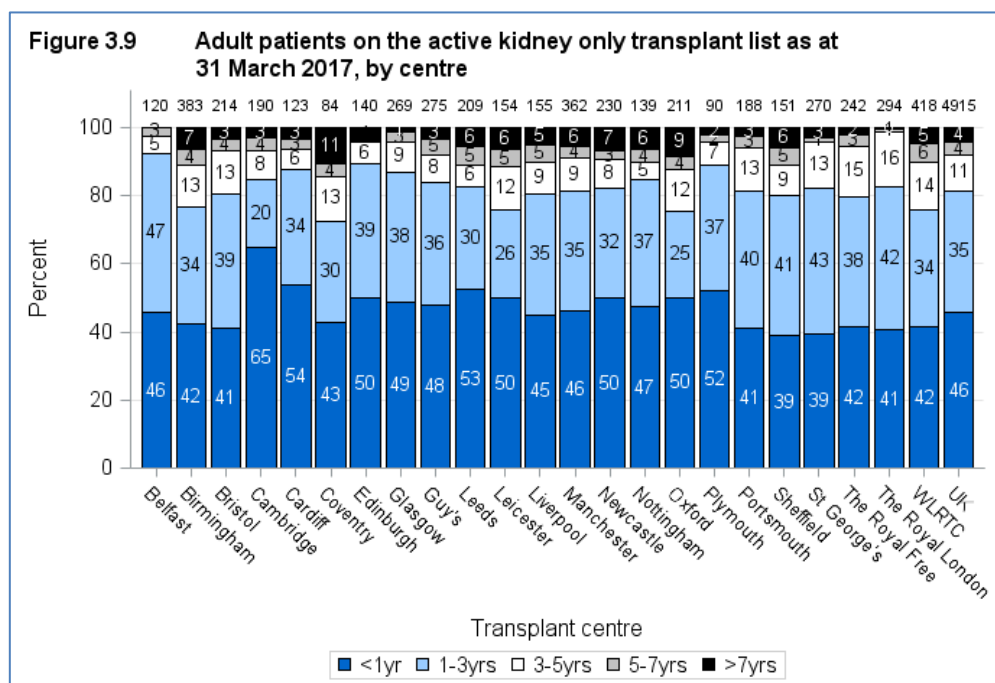
The sex, ethnicity and age group of patients on the transplant are shown by centre in **Figure 3.6, 3.7** and **3.8**, respectively. Note that all percentages quoted are based only on data where relevant information was available. Changes made to the Kidney Allocation Scheme in 2006 mean that tissue matching criteria between donor and recipient are less strict than previously and waiting time to transplant is now more important than it was in deciding kidney allocation. These changes have an indirect benefit for patients from ethnic minority groups, who are less often a good tissue match with the predominantly white donor pool. As a result, access to transplantation is becoming more equitable.





3.4 Patient waiting times for those currently on the list, 31 March 2017

Figure 3.9 shows the length of time patients have been waiting on the kidney only [transplant list](#) at 31 March 2017 by centre. A small proportion of patients have been waiting for a transplant for more than seven years, 99% of these are highly sensitised with a calculated reaction frequency (cRF) of 85% or higher. 89% have a cRF of 100% which makes these patients very difficult to match.



3.5 Median waiting time to transplant, 1 April 2011 – 31 March 2014

The length of time a patient waits for a kidney transplant varies across the UK. The [median](#) waiting time for adult deceased donor kidney only transplantation is shown in **Figure 3.10** and **Table 3.1** for patients registered at each individual unit. During this period local allocation arrangements were in place for [DCD](#) kidneys while [DBD](#) kidneys were allocated via the [National Kidney Allocation Scheme](#). The data shown are for all adult patients, joining the list within the time period shown, including those still awaiting a transplant on the day of analysis. Patients who received a [live donor](#) or [multi-organ transplant](#) are not included. The national allocation scheme introduced in April 2006 is slowly reducing the variability in deceased donor kidney waiting times across the country but currently some variability remains. Waiting times across centres continue to differ in a way that it is difficult for centres to control, given that the [National Kidney Allocation Scheme](#) determines allocation of all kidneys available for transplant from donors after brain death ([DBD](#)).

National Kidney Allocation Scheme

Only kidneys from donors after brain death were allocated via a national allocation scheme during the time period analysed. Kidneys from donations after circulatory death ([DCD](#)) were allocated to patients through local allocation arrangements and these vary across the country because some centres have a larger [DCD](#) programme than others. As of 3 September 2014 one kidney from [DCD](#) donors aged between 5 and 49 years is allocated within four pre-defined regions using the 2006 [DBD](#) allocation principles and as such we should start to see further reductions in variability in waiting times across the country.

Kidneys from [DBD](#) are allocated to patients listed nationally through the Kidney Allocation Scheme. The Kidney Allocation Scheme introduced in April 2006 prioritises patients with ideal tissue matches (000 [HLA mismatches](#)) and then assigns points to patients based on the level of tissue match between donor and recipient, the length of time spent waiting for a transplant, age of the recipient (with a progressive reduction in points given after the age of thirty) and location points such that patients geographically close to the retrieval centre receive more points. The patients with the highest number of points for a donated kidney are preferentially offered the kidney, no matter where in the UK they receive their treatment.

The [median](#) waiting time to transplant for adult patients registered on the kidney only [transplant list](#) between 1 April 2011 and 31 March 2014 is 829 days. This ranged from 389 days at Cambridge to 1157 days at WLRTC.

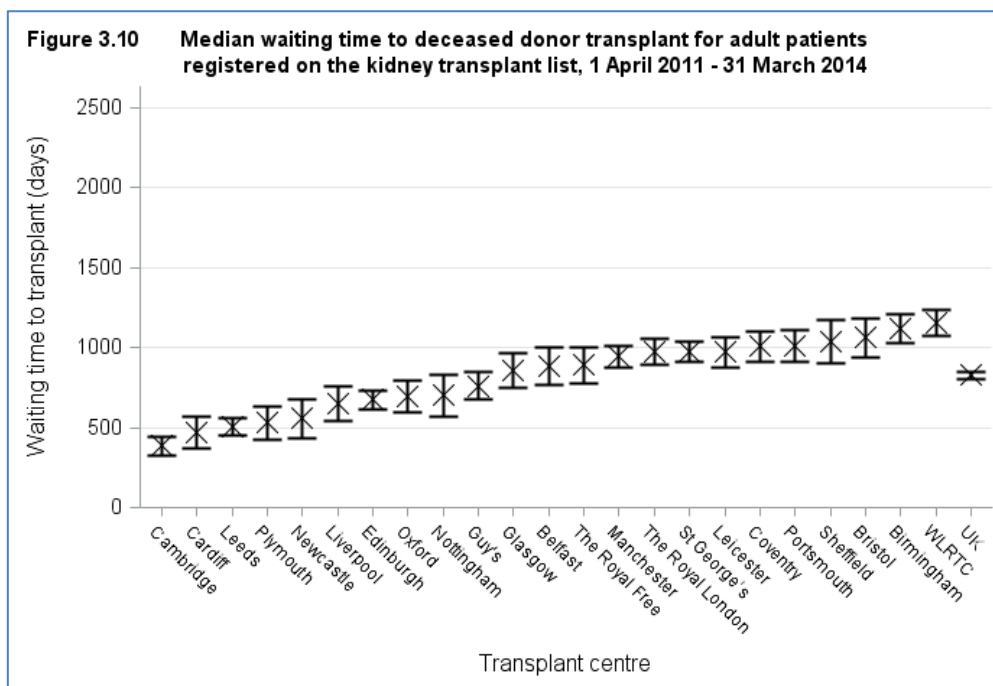
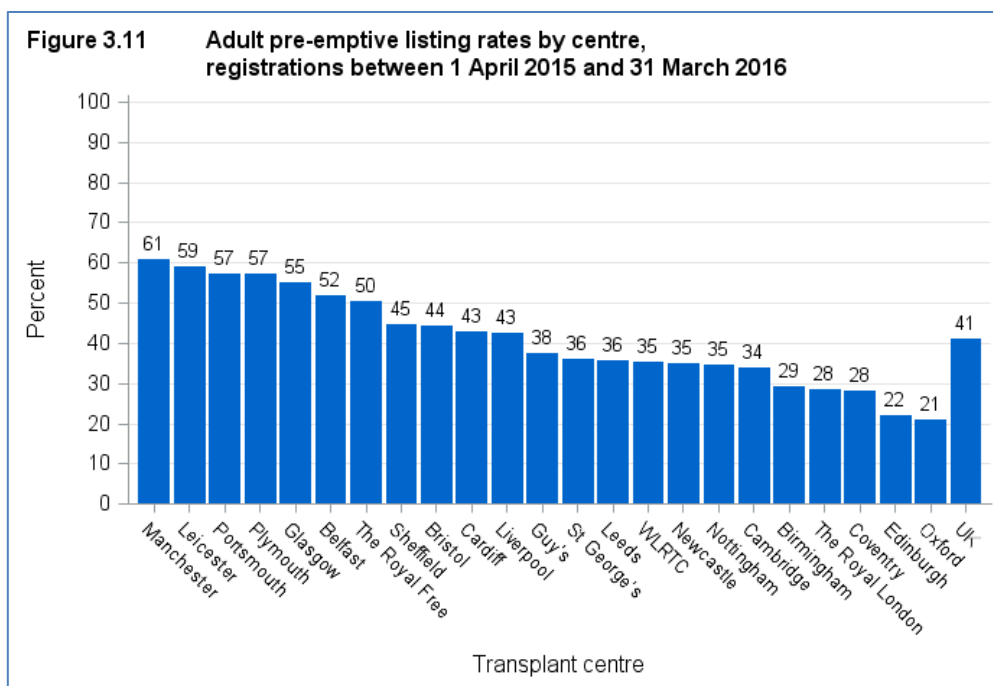


Table 3.1 Median waiting time to kidney only transplant in the UK, for adult patients registered 1 April 2011 - 31 March 2014

Transplant centre	Number of patients registered	Waiting time (days)	
		Median	95% Confidence interval
Adult			
Cambridge	362	389	331 - 447
Cardiff	269	468	370 - 566
Leeds	414	509	455 - 563
Plymouth	155	530	428 - 632
Newcastle	296	558	439 - 677
Liverpool	225	650	540 - 760
Edinburgh	199	674	618 - 730
Oxford	265	696	597 - 795
Nottingham	170	705	574 - 836
Guy's	407	762	676 - 848
Glasgow	380	860	753 - 967
Belfast	115	887	769 - 1005
The Royal Free	340	891	776 - 1006
Manchester	568	946	878 - 1014
The Royal London	314	972	891 - 1053
St George's	327	973	909 - 1037
Leicester	253	975	881 - 1069
Coventry	117	1008	913 - 1103
Portsmouth	249	1010	909 - 1111
Sheffield	189	1040	902 - 1178
Bristol	310	1062	943 - 1181
Birmingham	411	1121	1034 - 1208
WLRTC	468	1157	1079 - 1235
UK	6803	829	808 - 850

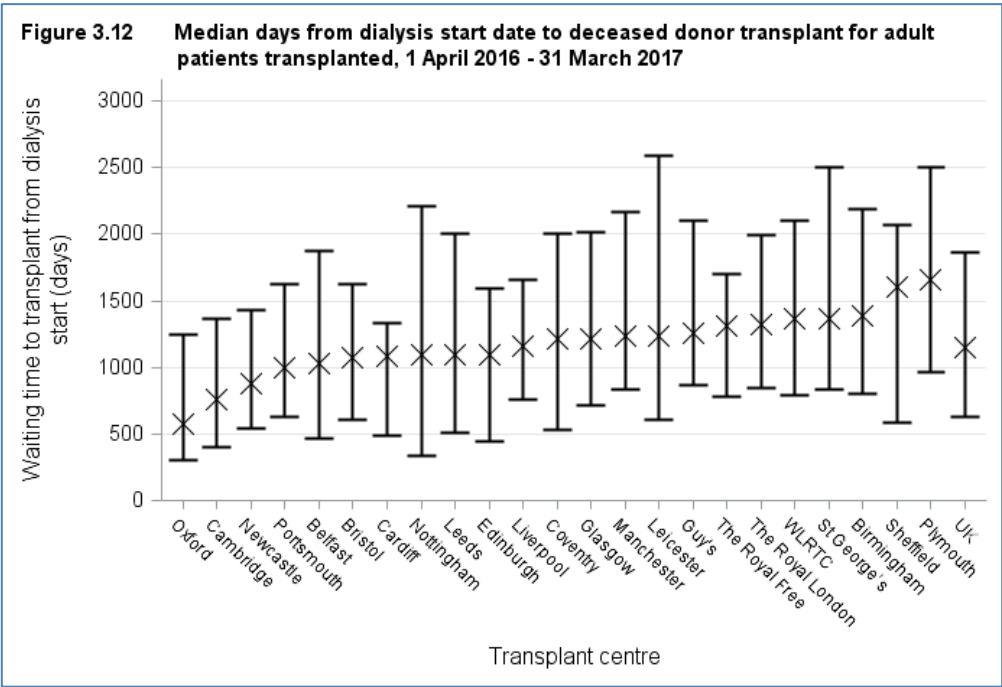
3.6 Pre-emptive listing rates, 1 April 2015 - 31 March 2016

Rates of [pre-emptive](#) kidney only listings are shown in **Figure 3.11** for adult patients joining the list between 1 April 2015 and 31 March 2016. Patients listed on the deceased donor [transplant list](#) prior to receiving a living donor transplant are excluded and in order to remove the effect of these patients an earlier cohort was selected. [Pre-emptive](#) listing accounted for 41% of all adult registrations across the UK ranging from 61% at Manchester to 21% at Oxford.



3.7 Median time from start of dialysis to transplant, 1 April 2016 - 31 March 2017

The median time from dialysis start date to deceased donor transplant for adult patients transplanted between 1 April 2016 and 31 March 2017 is shown in **Figure 3.12**. The [median](#) time is 1148 days. This ranged from 576 days at Oxford to 1661 days at Plymouth.



Response to adult kidney offers

Offer decline rates

Kidney-only offers from [DBD](#) and [DCD](#) donors who had at least one kidney retrieved, offered directly and on behalf of a named individual patient and resulted in transplantation are included in the analysis. Any offers made through the reallocation of kidneys, declined kidney or fast track schemes were excluded. Only offers through the [DCD](#) kidney allocation scheme are presented, all local [DCD](#) offers are excluded.

In order to understand centre practices more fully, data are presented separately for [DBD](#) and [DCD](#) standard and extended criteria donors (SCD & ECD). ECD have been defined as donors aged ≥ 60 years at the time of death OR aged 50 to 59 years with at least two or three donor characteristics: hypertension, creatinine $> 130 \mu\text{mol/l}$ or death due to intracranial haemorrhage. SCD are donors that did not meet the ECD criteria.

[Funnel plots](#) were used to compare centre specific offer decline rates and indicate how consistent the rates of the individual transplant centres are with the national rate. The overall national unadjusted offer decline rate is shown by the solid line while the 95% and 99.8% confidence lines are indicated via a thin and thick dotted line, respectively. Each dot in the plot represents an individual transplant centre. Centres that are positioned above the upper limits indicate an offer decline rate that is higher than the national rate, while centres positioned below the lower limits indicate an offer decline rate that is lower than the national rate. Patient [case mix](#) is known to influence the number of offers a centre may receive. In this analysis however only individual offers for named patients were considered which excluded any [ABO](#)- and HLA-incompatible patients. For this reason it was decided not to risk adjust for known centre differences in patient [case mix](#).

4.1 DBD Standard criteria offer decline rates, 1 April 2014 – 31 March 2017

Figure 4.1 compares individual centre offer decline rates with the national rate for SCD over the time period, 1 April 2014 and 31 March 2017. Centres can be identified by the information shown in **Table 4.1**. Leicester have offer decline rates higher than the national rate, however they are in line with the national rate in the most recent two financial years.

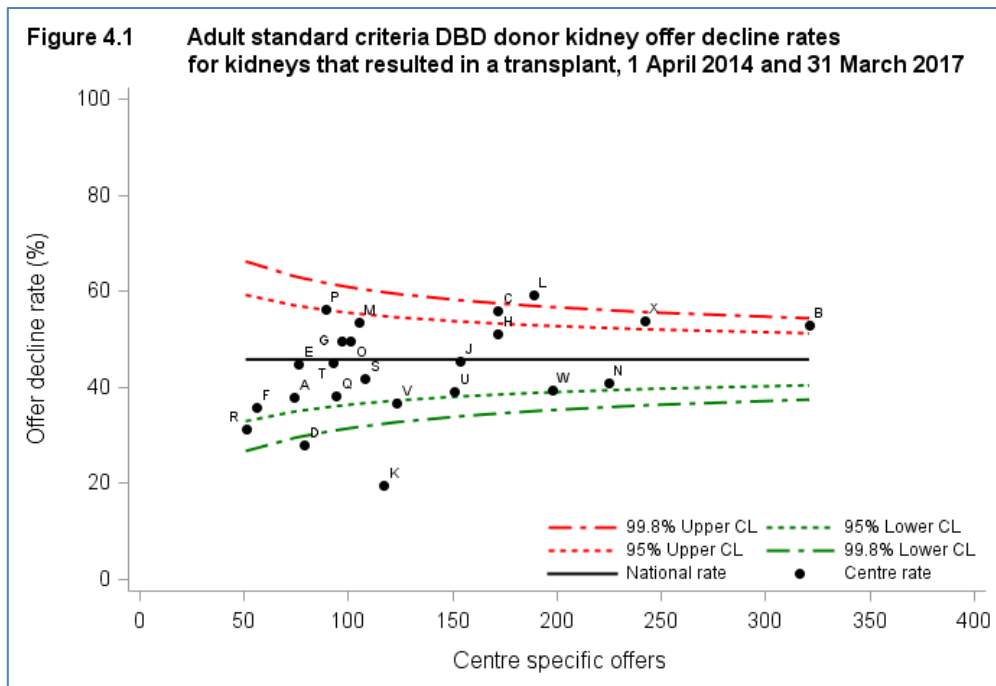


Table 4.1 compares individual centre offer decline rates for SCD over time by financial year. Leicester and Newcastle have shown improvements in their SCD offer decline rates over time. In the latest financial year (2016-2017), Leicester and Newcastle now have an offer decline rate that is in line with the national rate. Leicester's SCD offer decline rate has decreased from 70% in 2014/15 to 37% in 2016/17.

Table 4.1 Adult standard criteria DBD donor kidney offer decline rates by transplant centre, 1 April 2014 and 31 March 2017									
Centre	Code	2014/15		2015/16		2016/17		Overall	
		N	(%)	N	(%)	N	(%)	N	(%)
Belfast	A	33	(42)	18	(39)	23	(30)	74	(38)
Birmingham	B	102	(49)	103	(52)	116	(57)	321	(53)
Bristol	C	59	(58)	49	(55)	64	(55)	172	(56)
Cambridge	D	32	(25)	20	(35)	27	(26)	79	(28)
Cardiff	E	24	(46)	26	(42)	26	(46)	76	(45)
Coventry	F	24	(38)	13	(46)	19	(26)	56	(36)
Edinburgh	G	26	(46)	40	(48)	31	(55)	97	(49)
Glasgow	H	46	(39)	58	(47)	68	(63)	172	(51)
Guy's	J	38	(45)	55	(44)	61	(48)	154	(45)
Leeds	K	33	(18)	39	(23)	45	(18)	117	(20)
Leicester	L	106	(70)	42	(55)	41	(37)	189	(59)
Liverpool	M	35	(60)	41	(56)	29	(41)	105	(53)
Manchester	N	85	(42)	63	(33)	77	(45)	225	(41)
Newcastle	O	24	(67)	33	(45)	44	(43)	101	(50)
Nottingham	P	30	(57)	28	(50)	31	(61)	89	(56)
Oxford	Q	24	(38)	30	(23)	40	(50)	94	(38)
Plymouth	R	18	(33)	18	(28)	15	(33)	51	(31)
Portsmouth	S	38	(45)	22	(41)	48	(40)	108	(42)
Sheffield	T	38	(45)	32	(47)	23	(43)	93	(45)
St George's	U	48	(27)	51	(41)	52	(48)	151	(39)
The Royal Free	V	52	(40)	37	(30)	34	(38)	123	(37)
The Royal London	W	60	(37)	61	(48)	77	(35)	198	(39)
WLRTC	X	80	(51)	65	(54)	97	(56)	242	(54)
UK		1055	(46)	944	(44)	1088	(46)	3087	(46)
		Centre has reached the upper 99.8% confidence limit							
		Centre has reached the upper 95% confidence limit							
		Centre has reached the lower 95% confidence limit							
		Centre has reached the lower 98.8% confidence limit							

4.2 DBD Extended criteria offer decline rates, 1 April 2014 – 31 March 2017

Figure 4.2 compares individual centre offer decline rates with the national rate for ECD over the time period, 1 April 2014 and 31 March 2017. Centres can be identified by the information shown in **Table 4.2**.

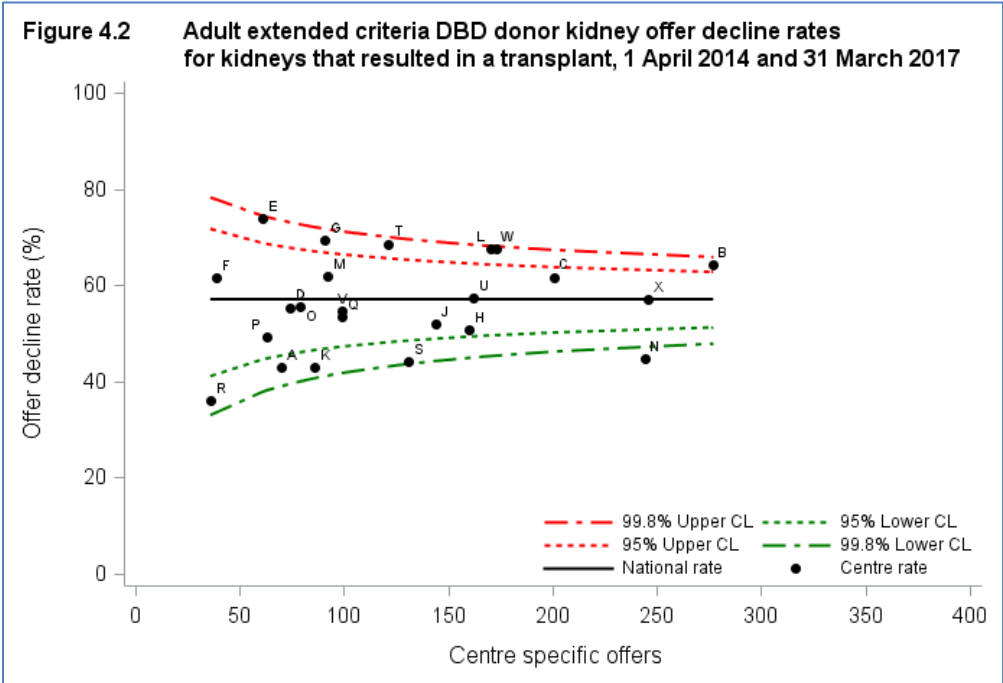


Table 4.2 compares individual centre offer decline rates for ECD over time by financial year. Leicester has shown improvements in their ECD offer decline rate over time. In the latest financial year (2016-2017), Leicester now has an offer decline rate in line with the national rate. Leicester's ECD offer decline rate has decreased from 80% in 2014/15 to 49% in 2016/17.

Table 4.2 Adult extended criteria DBD donor kidney offer decline rates by transplant centre, 1 April 2014 and 31 March 2017									
Centre	Code	2014/15		2015/16		2016/17		Overall	
		N	(%)	N	(%)	N	(%)	N	(%)
Belfast	A	18	(39)	26	(46)	26	(42)	70	(43)
Birmingham	B	94	(71)	93	(53)	90	(69)	277	(64)
Bristol	C	44	(50)	84	(65)	73	(64)	201	(62)
Cambridge	D	32	(56)	23	(52)	19	(58)	74	(55)
Cardiff	E	11	(64)	19	(68)	31	(81)	61	(74)
Coventry	F	17	(65)	10	(50)	12	(67)	39	(62)
Edinburgh	G	28	(64)	31	(74)	32	(69)	91	(69)
Glasgow	H	35	(49)	58	(52)	67	(51)	160	(51)
Guy's	J	30	(50)	53	(45)	61	(59)	144	(52)
Leeds	K	27	(41)	29	(38)	30	(50)	86	(43)
Leicester	L	89	(80)	40	(60)	41	(49)	170	(68)
Liverpool	M	28	(68)	32	(63)	32	(56)	92	(62)
Manchester	N	62	(60)	102	(41)	80	(38)	244	(45)
Newcastle	O	18	(56)	28	(57)	33	(55)	79	(56)
Nottingham	P	16	(69)	23	(48)	24	(38)	63	(49)
Oxford	Q	17	(47)	33	(61)	49	(51)	99	(54)
Plymouth	R	11	(36)	10	(20)	15	(47)	36	(36)
Portsmouth	S	44	(34)	38	(55)	49	(45)	131	(44)
Sheffield	T	41	(66)	37	(68)	43	(72)	121	(69)
St George's	U	38	(45)	56	(59)	68	(63)	162	(57)
The Royal Free	V	24	(46)	32	(59)	43	(56)	99	(55)
The Royal London	W	44	(55)	52	(73)	77	(71)	173	(68)
WLRTC	X	72	(58)	84	(51)	90	(61)	246	(57)
UK		840	(58)	993	(55)	1085	(58)	2918	(57)
		Centre has reached the upper 99.8% confidence limit							
		Centre has reached the upper 95% confidence limit							
		Centre has reached the lower 95% confidence limit							
		Centre has reached the lower 98.8% confidence limit							

4.3 DCD Standard criteria offer decline rates, 3 September 2014 – 31 March 2017

Figure 4.3 compares individual centre offer decline rates with the national rate for SCD over the time period, 3 September 2014 and 31 March 2017. Centres can be identified by the information shown in **Table 4.3**.

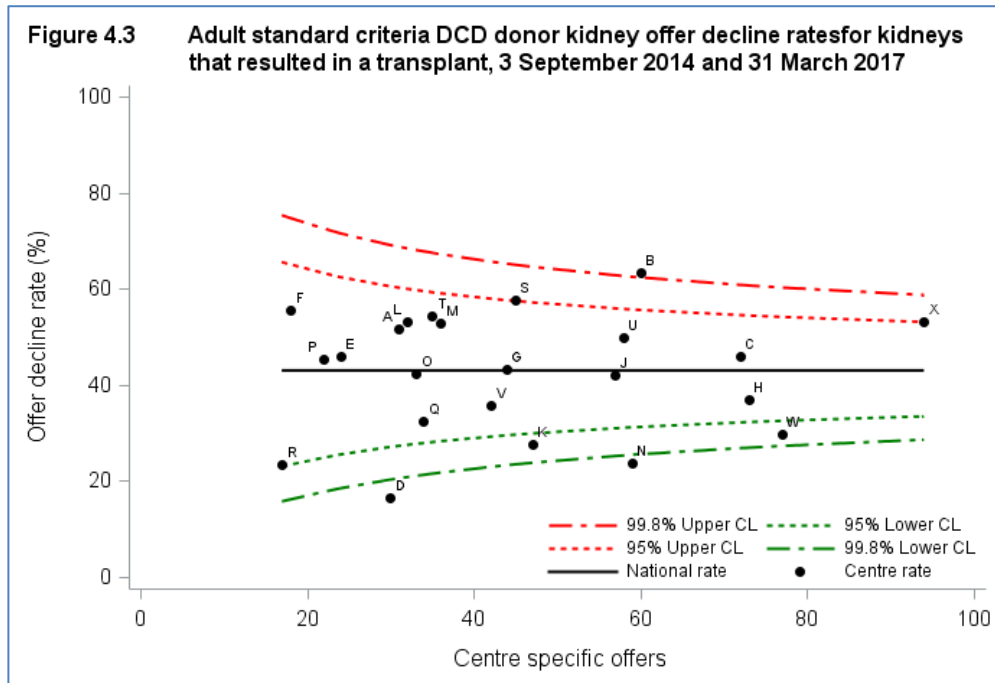


Table 4.3 compares individual centre offer decline rates for SCD over time by financial year.

Table 4.3 Adult standard criteria DCD donor kidney offer decline rates by transplant centre, 3 September 2014 and 31 March 2017									
Centre	Code	2014/15		2015/16		2016/17		Overall	
		N	(%)	N	(%)	N	(%)	N	(%)
Belfast	A	5	(40)	16	(50)	10	(60)	31	(52)
Birmingham	B	10	(80)	29	(62)	21	(57)	60	(63)
Bristol	C	13	(46)	32	(47)	27	(44)	72	(46)
Cambridge	D	7	(14)	13	(15)	10	(20)	30	(17)
Cardiff	E	3	(67)	8	(75)	13	(23)	24	(46)
Coventry	F	1	(0)	6	(67)	11	(55)	18	(56)
Edinburgh	G	5	(20)	23	(43)	16	(50)	44	(43)
Glasgow	H	5	(20)	34	(26)	34	(50)	73	(37)
Guy's	J	15	(33)	16	(56)	26	(38)	57	(42)
Leeds	K	9	(0)	15	(33)	23	(35)	47	(28)
Leicester	L	11	(55)	15	(67)	6	(17)	32	(53)
Liverpool	M	2	(0)	19	(58)	15	(53)	36	(53)
Manchester	N	5	(20)	28	(29)	26	(19)	59	(24)
Newcastle	O	9	(33)	12	(33)	12	(58)	33	(42)
Nottingham	P	2	(50)	13	(38)	7	(57)	22	(45)
Oxford	Q	4	(25)	19	(37)	11	(27)	34	(32)
Plymouth	R	4	(0)	8	(38)	5	(20)	17	(24)
Portsmouth	S	9	(56)	22	(68)	14	(43)	45	(58)
Sheffield	T	6	(50)	20	(55)	9	(56)	35	(54)
St George's	U	15	(47)	21	(48)	22	(55)	58	(50)
The Royal Free	V	10	(50)	12	(25)	20	(35)	42	(36)
The Royal London	W	22	(36)	22	(27)	33	(27)	77	(30)
WLRTC	X	26	(54)	33	(58)	35	(49)	94	(53)
UK		198	(40)	436	(45)	406	(42)	1040	(43)
		Centre has reached the upper 99.8% confidence limit							
		Centre has reached the upper 95% confidence limit							
		Centre has reached the lower 95% confidence limit							
		Centre has reached the lower 98.8% confidence limit							

4.4 Reallocation of kidneys, 1 April 2013 – 31 March 2016

Since 3 April 2006 all kidneys from donation after brain death ([DBD](#)) donors have been allocated through the 2006 [National Kidney Allocation Scheme](#) (KAS). There are however certain situations when a kidney can be reallocated to an alternative patient of the centre's choice. This occurs when the kidney is accepted and dispatched to a named patient but is subsequently declined and there are no other patients listed nationally who fall within Tiers A to D of the kidney allocation scheme (000 mismatched adult and paediatric patients or favourably matched paediatric patients).

In this situation the centre in receipt of the kidney can reallocate the organ to a locally listed patient of their choice based on an individual centre matching run.

[Funnel plots](#) were used to compare centre specific reallocation rates and indicate how consistent the rates of the individual transplant centres are with the national rate. The overall national reallocation rate is shown by the solid line while the 95% and 99.8% confidence lines are indicated via a thin and thick dotted line, respectively. Each dot in the plot represents an individual transplant centre. Centres that are positioned above the upper limits indicate a reallocation rate that is higher than the national rate, while centres positioned below the lower limits indicates a reallocation rate that is lower than the national rate.

Figure 4.4 compares individual centre reallocation rates with the national rate over the time period, 1 April 2014 and 31 March 2017. Centres can be identified by the information shown in **Table 4.4**. Nationally 4% of all [DBD](#) kidney only transplants used kidneys that had been reallocated. Leicester have reallocation rates consistently higher than the national rate.

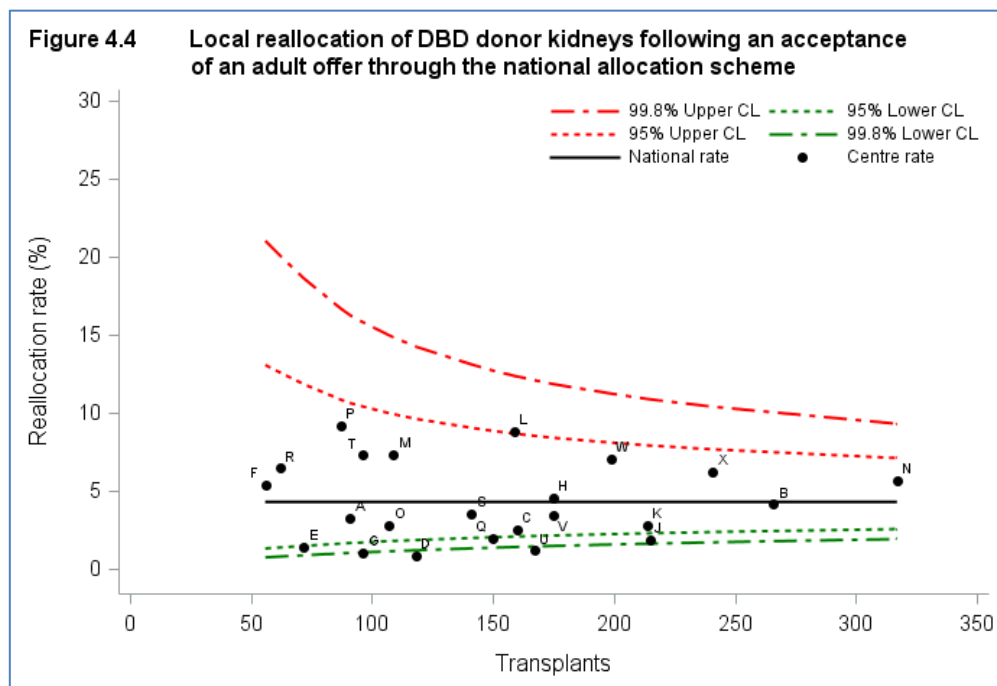


Table 4.4 compares individual reallocation rates over time by financial year. Coventry, Glasgow, Leicester, Liverpool, Plymouth, The Royal Free and WLRTC have all shown improvements in their reallocation rates over time. In the latest financial year (2016-2017), all centres now have a reallocation rate that is in line with the national rate.

Table 4.4 Local reallocation of DBD donor kidneys following an acceptance of an adult offer through the national allocation scheme									
Centre	Code	2014/15		2015/16		2016/17		Overall	
		N	(%)	N	(%)	N	(%)	N	(%)
Belfast	A	30	(0)	27	(7)	34	(3)	91	(3)
Birmingham	B	88	(8)	96	(1)	82	(4)	266	(4)
Bristol	C	50	(4)	55	(4)	55	(0)	160	(3)
Cambridge	D	50	(2)	29	(0)	39	(0)	118	(1)
Cardiff	E	20	(0)	28	(4)	24	(0)	72	(1)
Coventry	F	23	(9)	14	(7)	19	(0)	56	(5)
Edinburgh	G	32	(0)	39	(3)	25	(0)	96	(1)
Glasgow	H	53	(6)	62	(5)	60	(3)	175	(5)
Guy's	J	56	(4)	84	(1)	75	(1)	215	(2)
Leeds	K	62	(5)	73	(0)	79	(4)	214	(3)
Leicester	L	58	(16)	42	(7)	59	(3)	159	(9)
Liverpool	M	35	(11)	39	(8)	35	(3)	109	(7)
Manchester	N	91	(13)	108	(2)	118	(3)	317	(6)
Newcastle	O	20	(0)	35	(6)	52	(2)	107	(3)
Nottingham	P	27	(11)	30	(13)	30	(3)	87	(9)
Oxford	Q	41	(2)	50	(4)	59	(0)	150	(2)
Plymouth	R	22	(14)	22	(5)	18	(0)	62	(6)
Portsmouth	S	52	(4)	31	(3)	58	(3)	141	(4)
Sheffield	T	37	(5)	32	(9)	27	(7)	96	(7)
St George's	U	59	(0)	55	(2)	53	(2)	167	(1)
The Royal Free	V	68	(6)	49	(4)	58	(0)	175	(3)
The Royal London	W	65	(5)	57	(12)	77	(5)	199	(7)
WLRTC	X	82	(11)	77	(5)	82	(2)	241	(6)
UK		1121	(6)	1134	(4)	1218	(2)	3473	(4)
		Centre has reached the upper 99.8% confidence limit							
		Centre has reached the upper 95% confidence limit							
		Centre has reached the lower 95% confidence limit							
		Centre has reached the lower 98.8% confidence limit							

Adult kidney transplants

5.1 Kidney only transplants, 1 April 2007 – 31 March 2017

Figure 5.1 shows the total number of adult kidney only transplants performed in the last ten years, by type of donor. The number of adult transplants from donors after circulatory death (DCD) steadily increased from 319 in 2007/2008 to 887 in 2016/2017 with a slip dip to 711 in 2014/15. The number of adult transplants from donors after brain death (DBD) has increased in the last 5 years to 1,218 in 2016/2017 after remaining fairly constant between 2007/2008 and 2011/2012. The number of adult living kidney transplants performed was steadily increasing over time before decreasing by 11% from 1,051 in 2013/14 to 937 in the latest financial year.

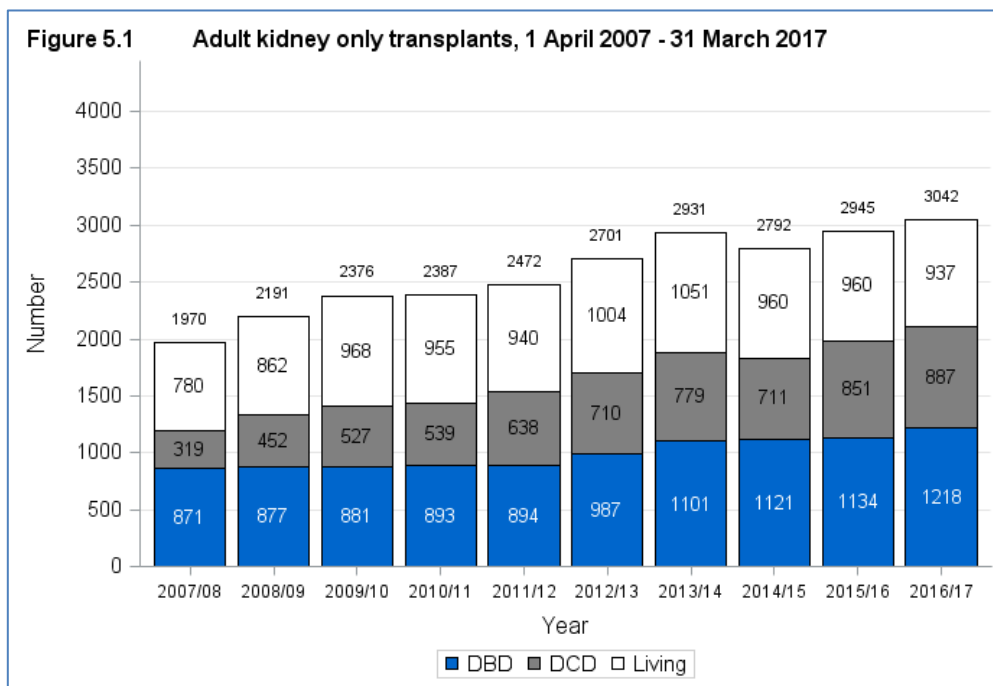


Figure 5.2 shows the total number of adult kidney only transplants performed in 2016/17, by centre and type of donor. The same information is presented in **Figure 5.3** but this shows the proportion of [DBD](#), [DCD](#) and living donor transplants performed at each centre.

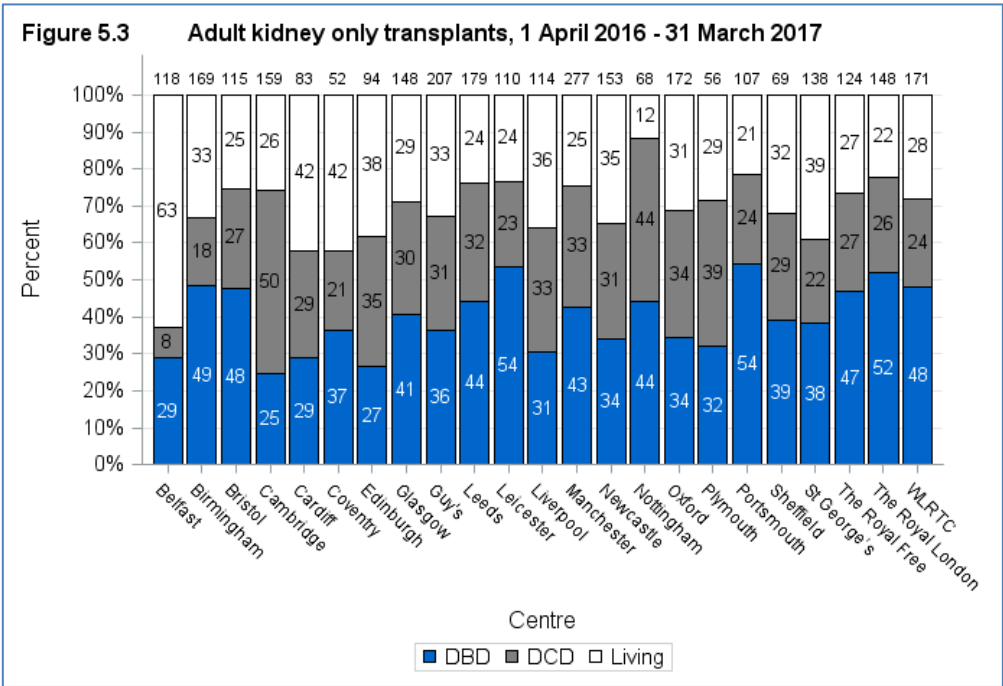
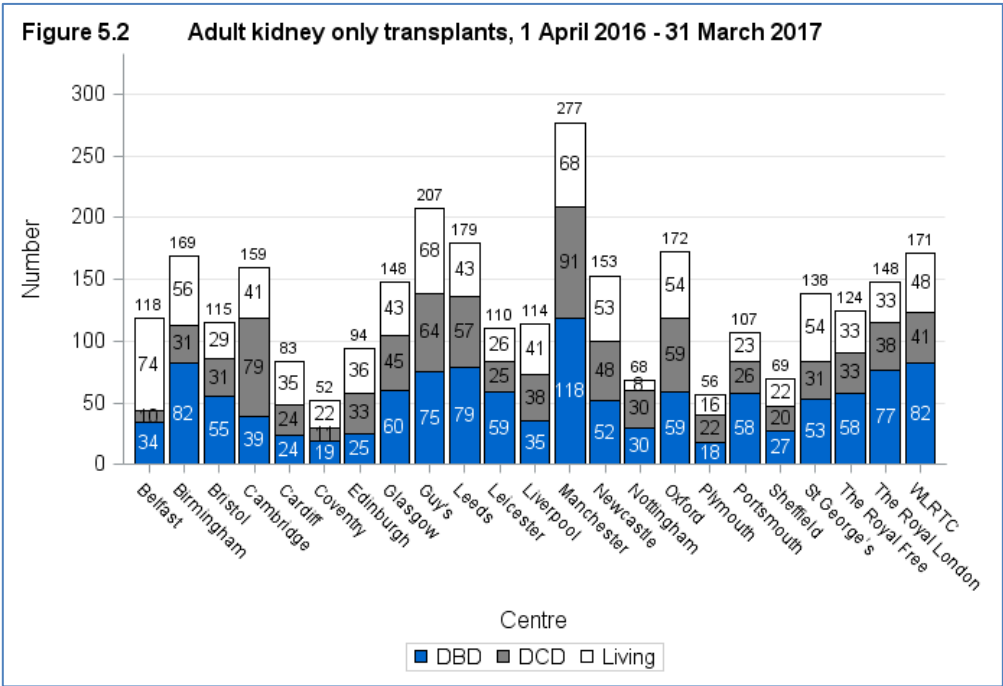
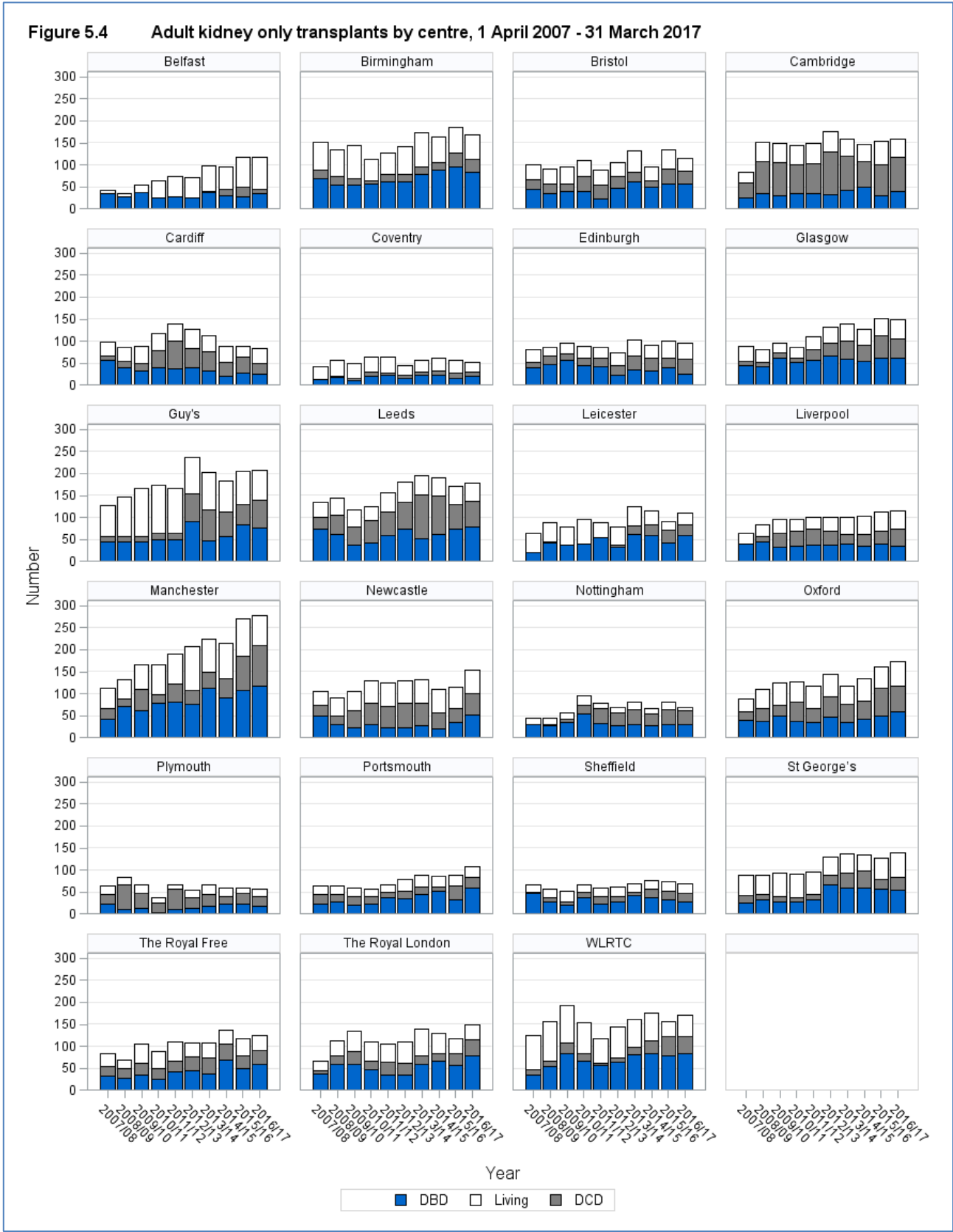


Figure 5.4 shows the total number of adult kidney only transplants performed in last ten years, by centre and type of donor.



5.2 Demographic characteristics of recipients, 1 April 2016 - 31 March 2017

The sex, ethnicity and age group of patients who received a kidney only transplant are shown by centre in **Figure 5.5**, **5.6** and **5.7**, respectively. Note that all percentages quoted are based only on data where relevant information was available.

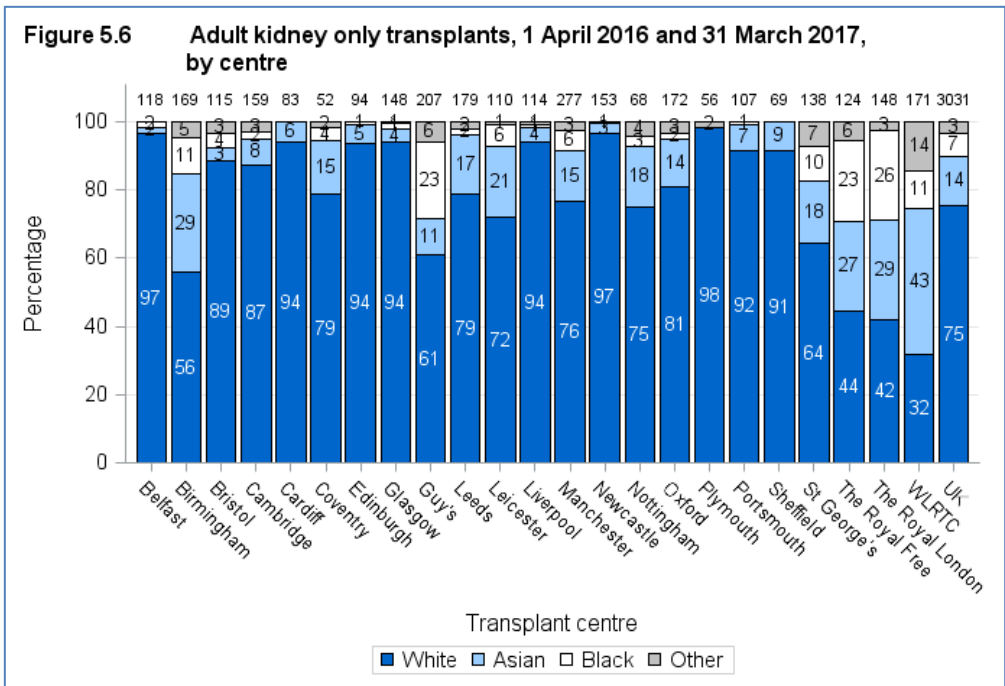
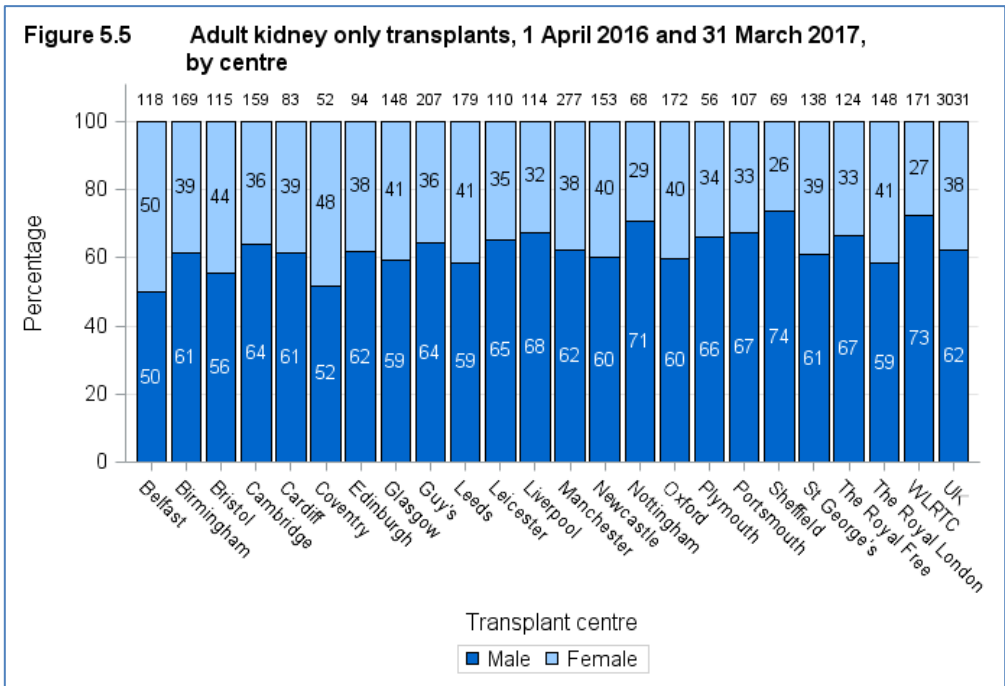
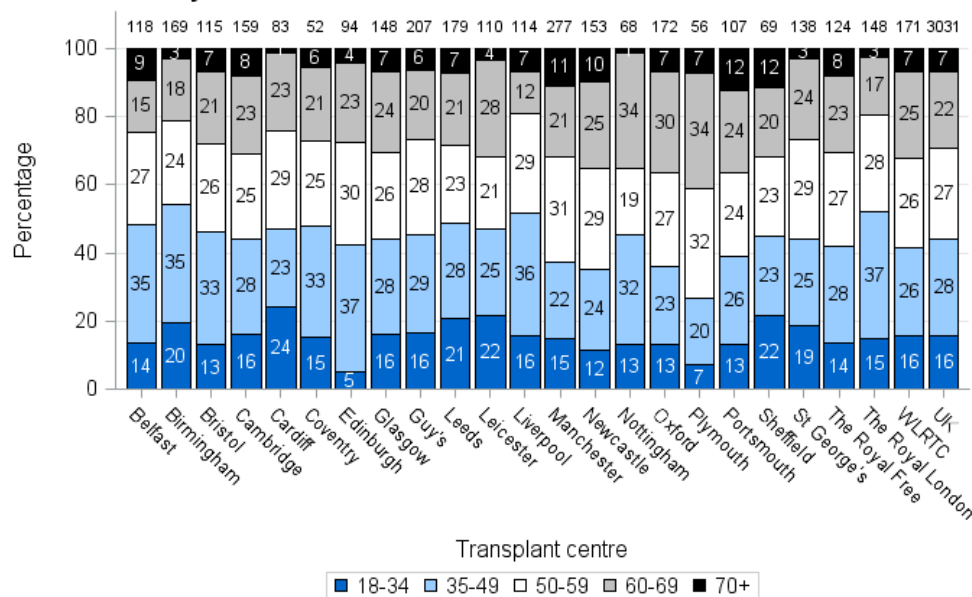
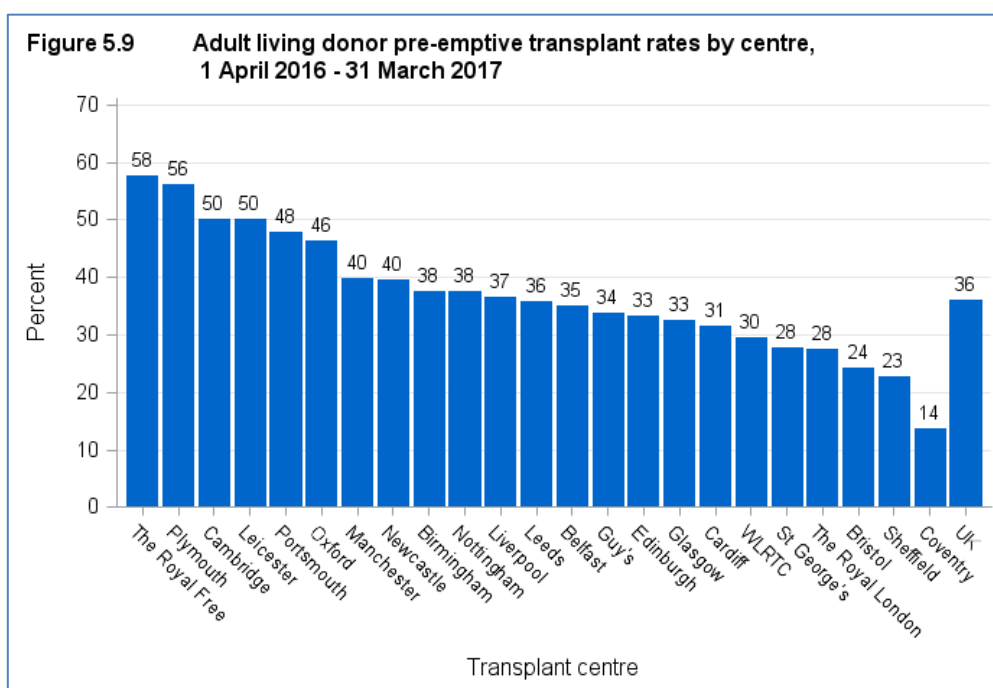
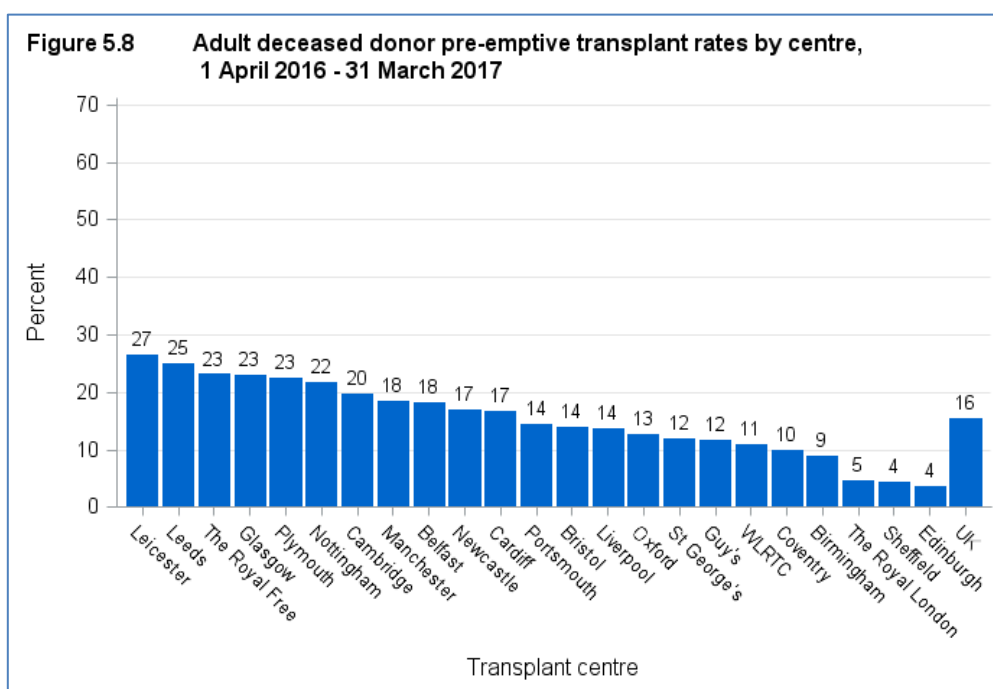


Figure 5.7 Adult kidney only transplants, 1 April 2016 and 31 March 2017, by centre



5.3 Pre-emptive transplant rates, 1 April 2016 - 31 March 2017

Rates of [pre-emptive](#) kidney only transplantation are shown in **Figure 5.8** for adult deceased donor transplants and **Figure 5.9** for adult living donor transplants. Living donor transplants are more likely to be carried out before the need for dialysis than deceased donor transplants: 36% and 16% respectively. This is because a living donor transplant can often be carried out more quickly than a deceased donor kidney transplant as the latter often necessitates a long waiting time. Adult deceased donor [pre-emptive](#) transplant rates ranged from 27% at Leicester to 4% at Sheffield and Edinburgh. Adult living donor [pre-emptive](#) transplant rates ranged from 58% at The Royal Free to 14% at Coventry.



5.4 Kidney donor risk-index¹, 1 April 2014 – 31 March 2017

The severe shortage of deceased donor (DD) organs available for transplantation has led to increased use of kidneys from suboptimal donors with potentially less good transplant outcome. Categorising such kidneys according to anticipated outcome is important because it enables clinicians to be better informed when making decisions about organ allocation and allows appropriate counselling of potential recipients. Kidneys from suboptimal donors are variously referred to as marginal, extended criteria, or expanded criteria organs. Although categorising DD kidneys as either standard or expanded criteria has the advantage of simplicity, it does not adequately reflect the wide spectrum of donor kidney quality, and this has led to the development of more refined approaches to assessing the quality of DD kidneys. A donor risk index was developed by determining the factors that influence transplant survival, the time from transplant to the earlier of graft failure or patient death. A UK donor risk index was derived from the parameter estimates of the donor factors in the Cox model developed for overall transplant survival. This gives the following index:

$$\begin{aligned} \text{UKKDRI} = & \exp\{-0.245 \times (\text{donor age} < 40) + \\ & 0.396 \times (\text{donor age} \geq 60) + \\ & 0.265 \times (\text{history of hypertension}) + \\ & 0.0253 \times [\text{donor weight(kg)} - 75] / 10 + \\ & 0.00461 \times (\text{days in hospital}) + \\ & 0.0465 \times (\text{adrenaline})\} \end{aligned}$$

Reference

- 1 Watson CJE, Johnson RJ, Birch R, Collett D, Bradley JA. A simplified donor risk index for predicting outcome after deceased donor kidney transplantation. *Transplantation*, 2012; 93: 314-318

Figure 5.10 shows the number of transplanted **DBD** donor kidneys over the last ten financial years by kidney donor risk index group. In 2007/08 29% of all transplants were performed using kidneys from donors categorised as high risk (UK Donor risk index ≥ 1.35) compared with 39% in 2016/17.

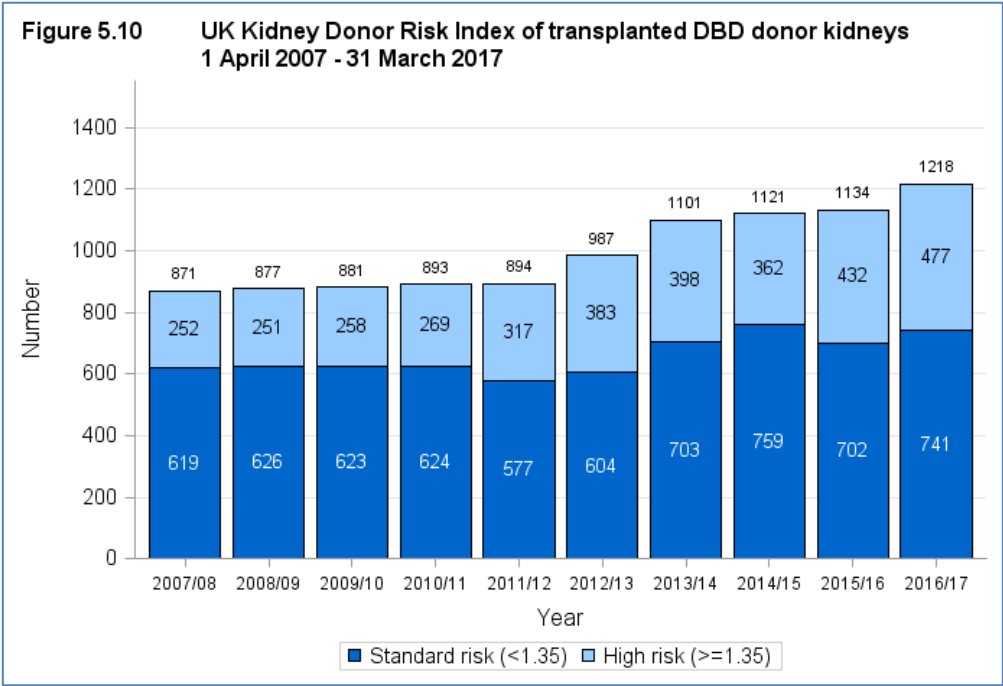
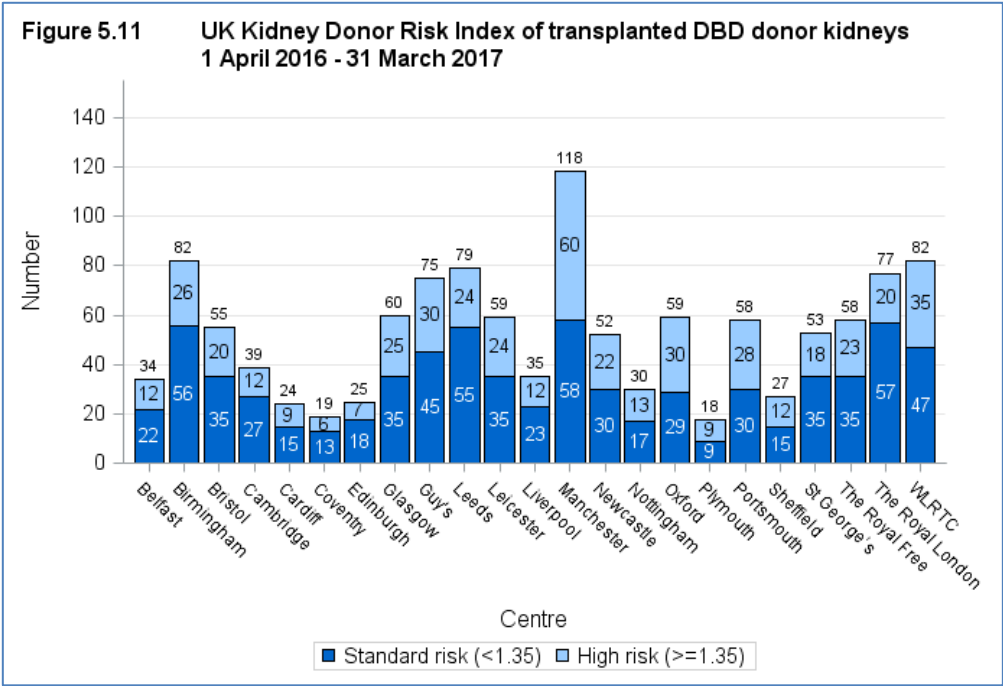


Figure 5.11 shows the number of transplanted **DBD** donor kidneys in 2016/17 by kidney donor risk index group for each transplant centre. The same information is presented in **Figure 5.12** but this shows the proportion of standard risk and high risk donor transplants performed at each centre.



**Figure 5.12 UK Kidney Donor Risk Index of transplanted DBD donor kidneys
1 April 2016 - 31 March 2017**

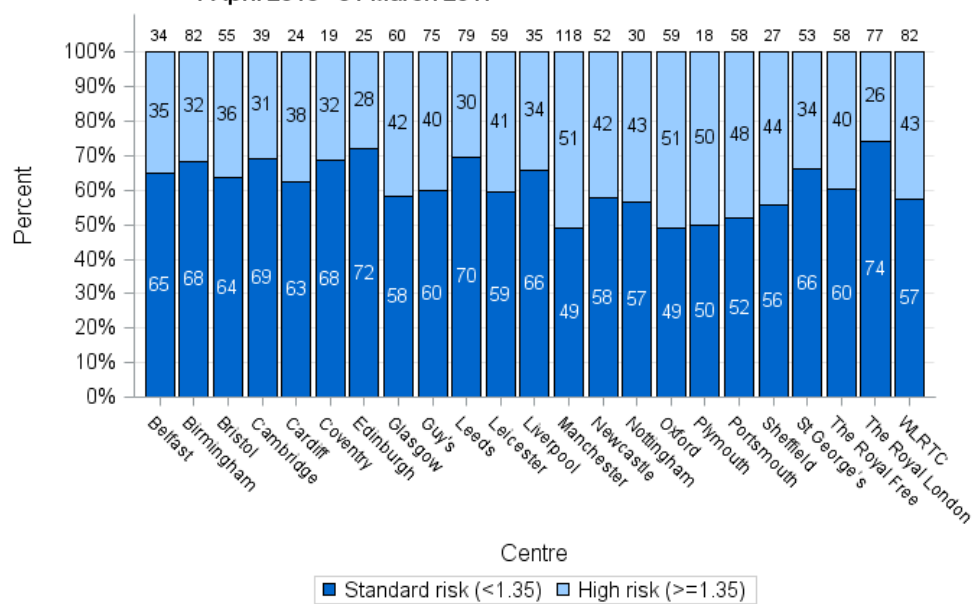
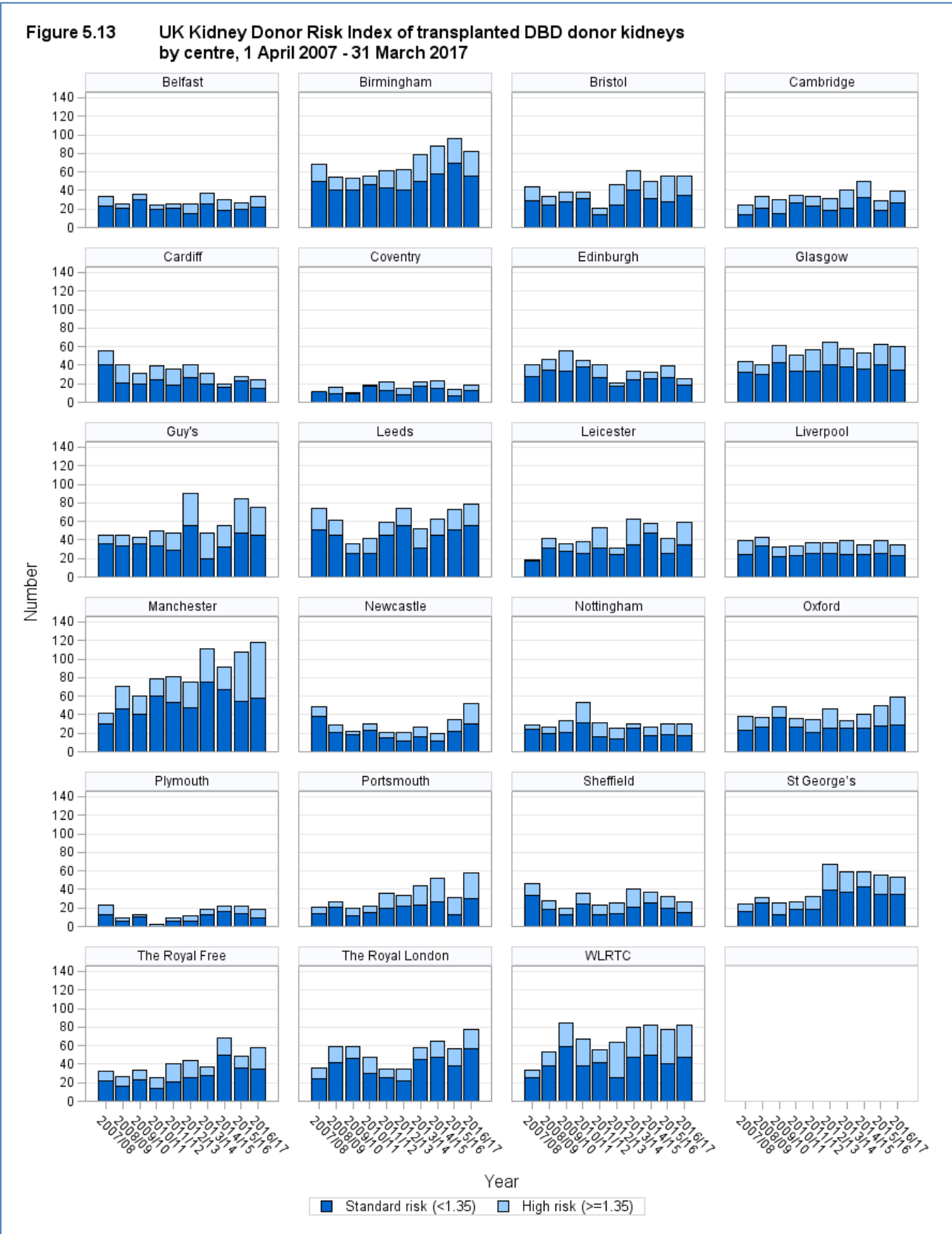


Figure 5.13 shows the number of transplanted [DBD](#) donor kidneys in the last ten years by kidney donor risk index group for each transplant centre.



5.5 Cold ischaemia time, 1 April 2014 – 31 March 2017

The length of time that elapses between a kidney being removed from the donor to its transplantation into the recipient is called the Cold Ischaemia Time (CIT). Generally, the shorter this time, the more likely the kidney is to work immediately and the better the long-term outcome. One of the reasons why [live donor](#) kidney transplantation is so successful is because the CIT is only one to two hours long. For deceased donor renal transplants, CIT can never be as short as this, but efforts are made to keep the time to a minimum. Evidence indicates that the outcome is only adversely affected when CIT is longer than 20 hours, although many deceased donor kidney transplants with a CIT of more than 20 hours have been very successful.

The factors which determine CIT include a) transportation of the kidney from the retrieval hospital to the hospital where the transplant is performed, b) the need to tissue type the donor and [cross-match](#) the donor and potential recipients, c) the occasional necessity of moving the kidney to another hospital if a transplant cannot go ahead, d) contacting and preparing the recipient for the transplant and e) access to the operating theatre.

[Median](#) CITs are shown in addition to [inter-quartile ranges](#). Fifty percent of the transplants have a CIT within the [inter-quartile range](#). There is some variation in average ([median](#)) CIT between different transplant centres although all centres continually try to reduce this time.

Figure 5.14 shows the [median](#) total cold ischaemia time in adult [DBD](#) donor kidney only transplants over the last 10 years. The [median](#) total cold ischaemia time has fallen over the last 10 years from 17 hours in 2007/08 to 14 hours in 2016/17.

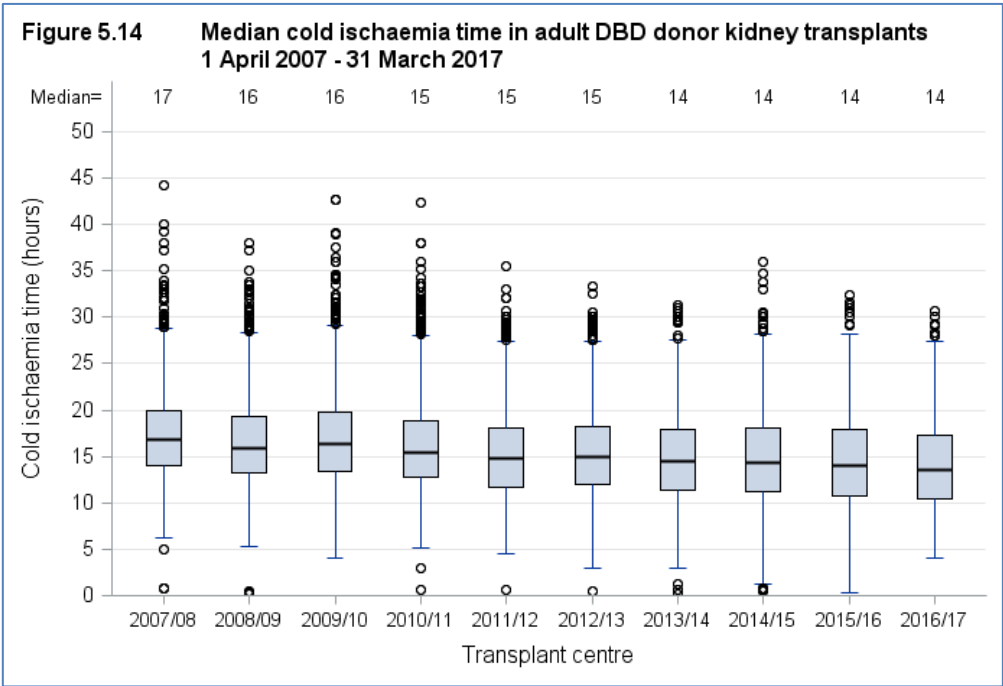


Figure 5.15 shows the [median](#) total cold ischaemia time in adult [DBD](#) donor kidney only transplants in 2016/17 for each transplant centre. Coventry had the longest [median](#) cold ischaemia time, 18 hours in 2016/17 compared with St. George's who had the shortest, 10 hours.

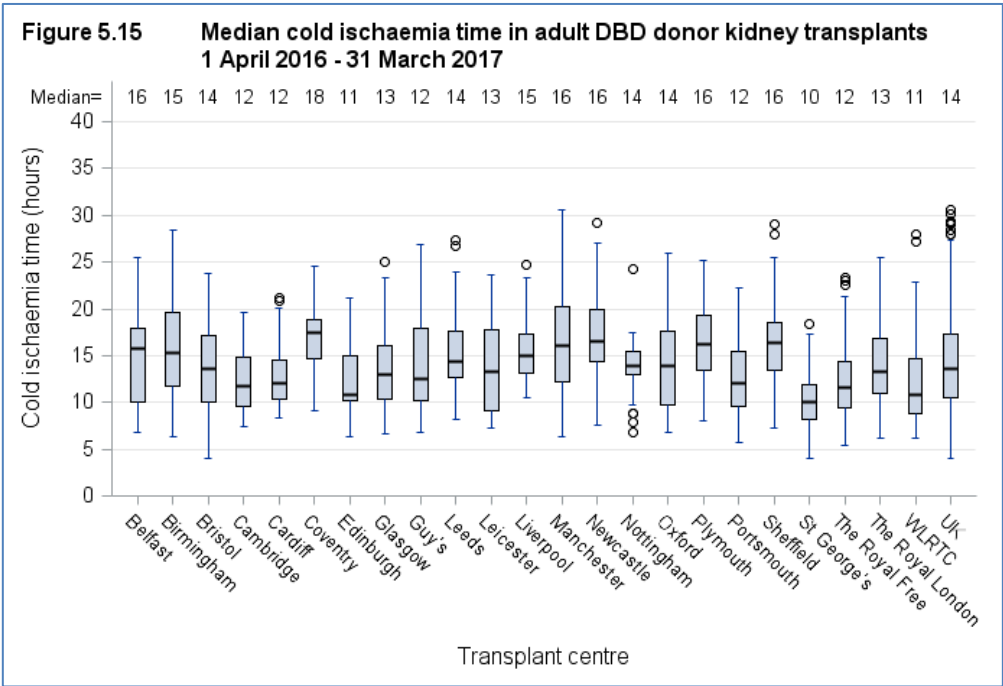


Figure 5.16 Median cold ischaemia time in adult DBD donor kidney transplants, 1 April 2007 - 31 March 2017

Figure 5.17 shows the proportion of adult [DBD](#) donor kidney only transplants in 2016/17 that have been performed within 18 hours of CIT for each transplant centre. All centres have at least half of all [DBD](#) kidney only transplants performed within 18 hours CIT.

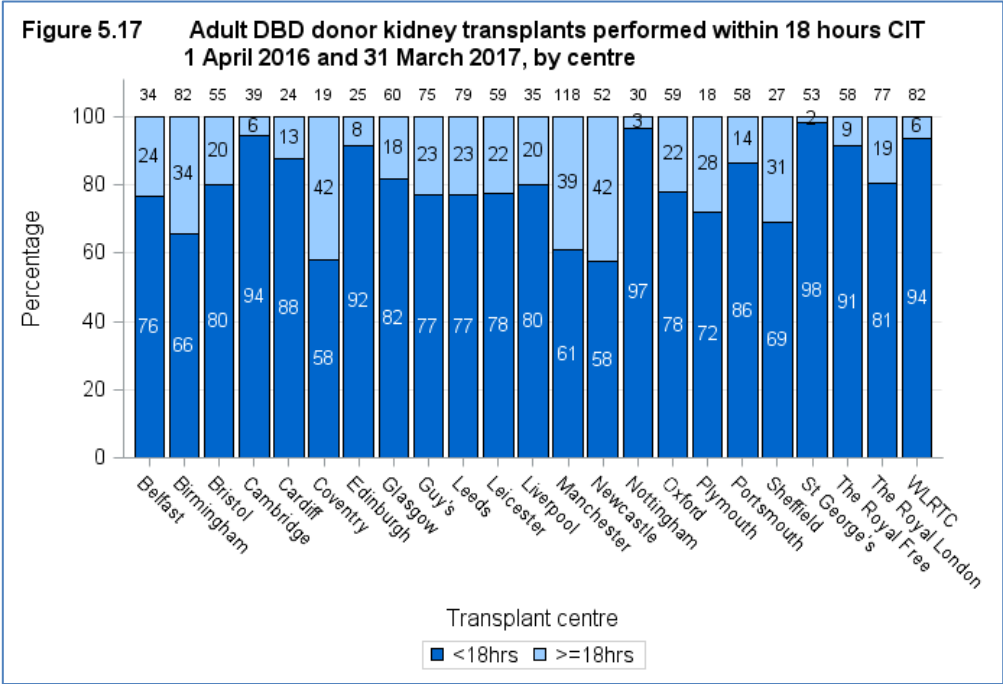


Figure 5.18 shows the [median](#) total cold ischaemia time in adult [DCD](#) donor kidney only transplants over the last 10 years. The [median](#) total ischaemia time has fallen over the last 10 years from 16 hours in 2007/08 to 13 hours in 2016/17.

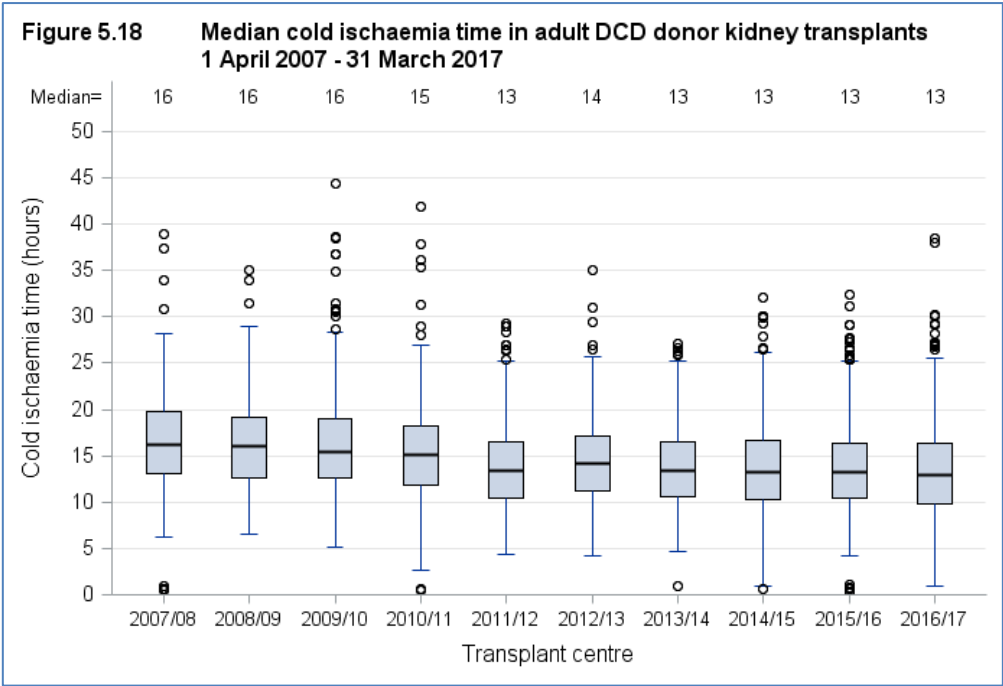


Figure 5.19 shows the [median](#) total cold ischaemia time in adult [DCD](#) donor kidney only transplants in 2016/17 for each transplant centre. Plymouth had the longest [median](#) cold ischaemia time, 16 hours in 2016/17 compared with Belfast who had the shortest, 8 hours.

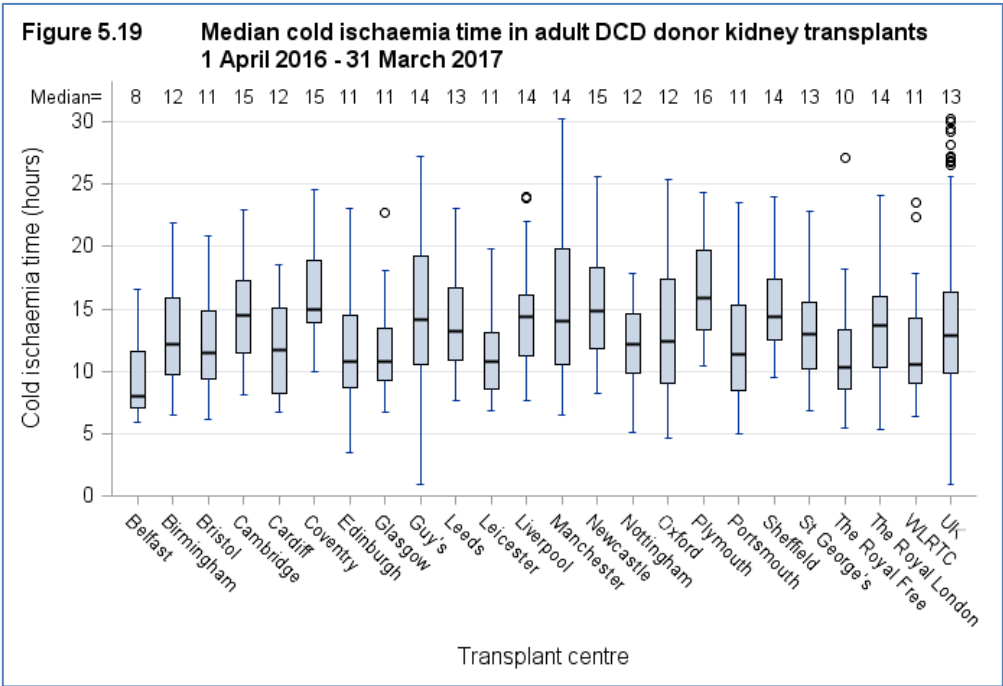


Figure 5.20 shows the [median](#) total cold ischaemia time in adult [DCD](#) donor kidney only transplants over the last ten years for each transplant centre.

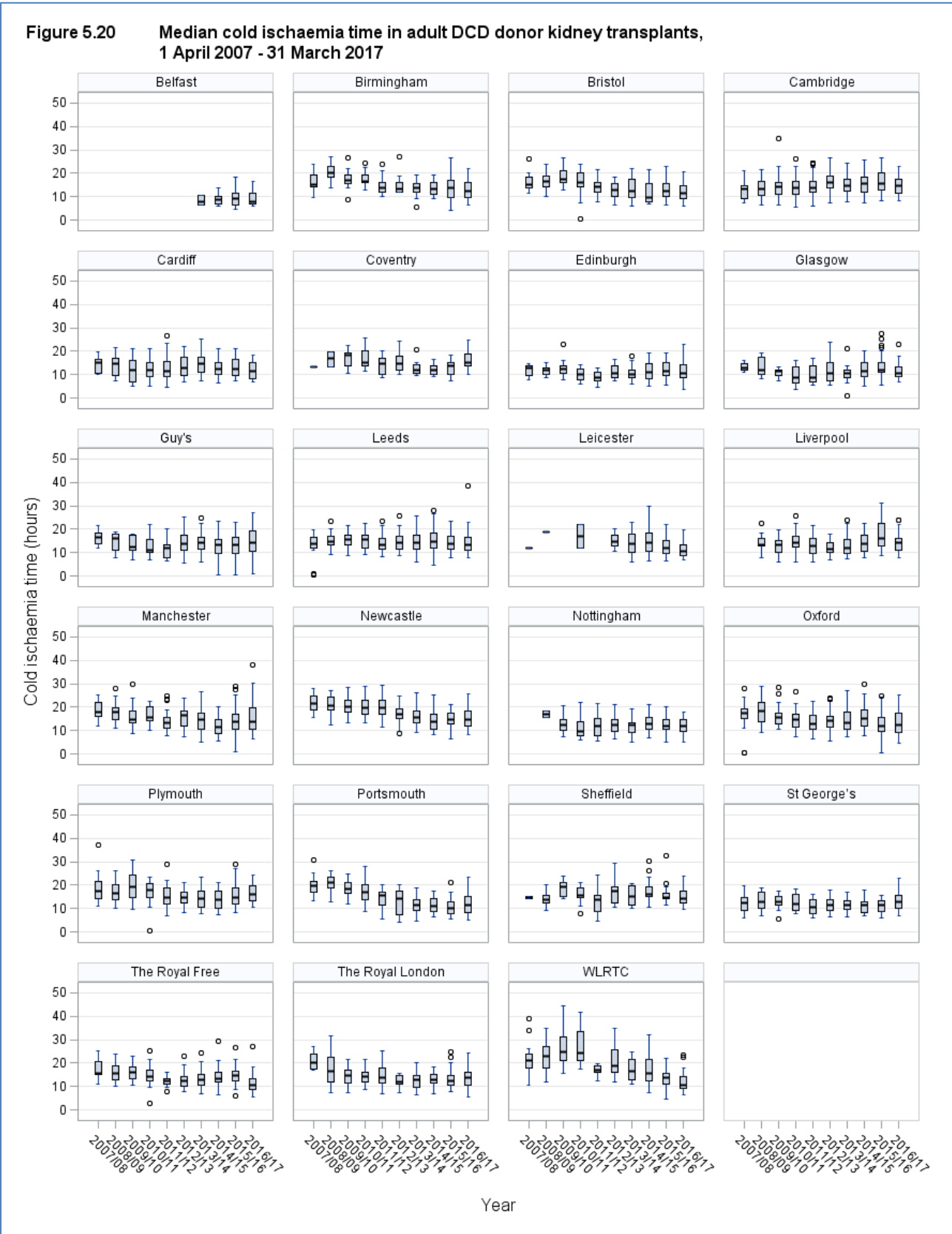


Figure 5.21 shows the proportion of adult [DCD](#) donor kidney only transplants in 2016/17 that have been performed within 12 hours of CIT for each transplant centre. The wide variability across centres can partly be explained by the proportion of kidneys that the centre imports from across the UK.

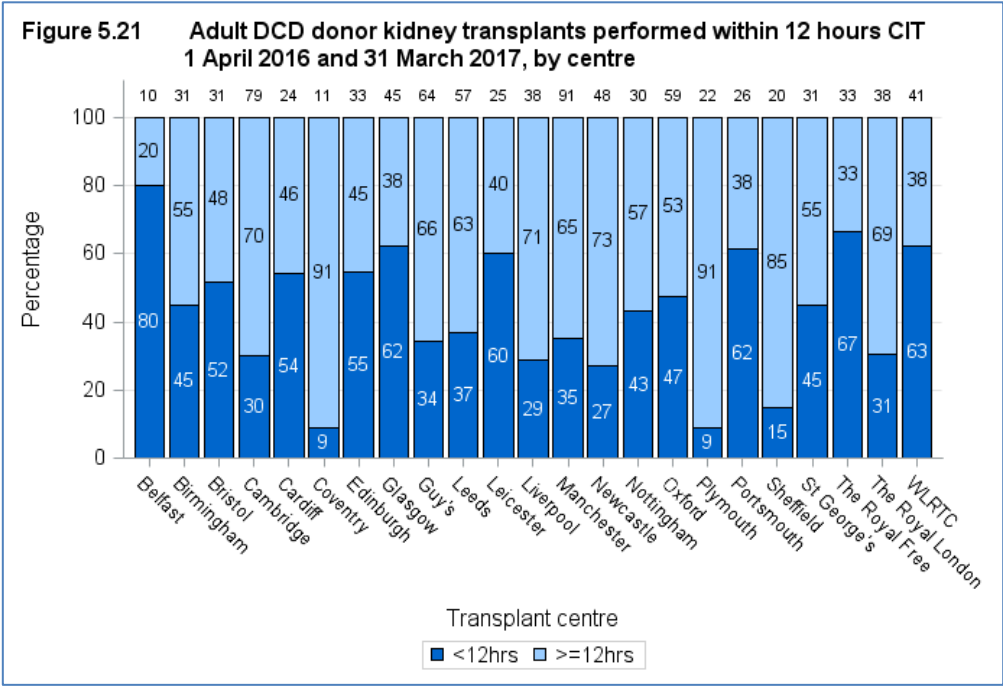


Figure 5.22 shows the [median](#) total cold ischaemia time in adult living donor kidney transplants over the last 10 years. The [median](#) total cold ischaemia time has increased marginally over the last ten years.

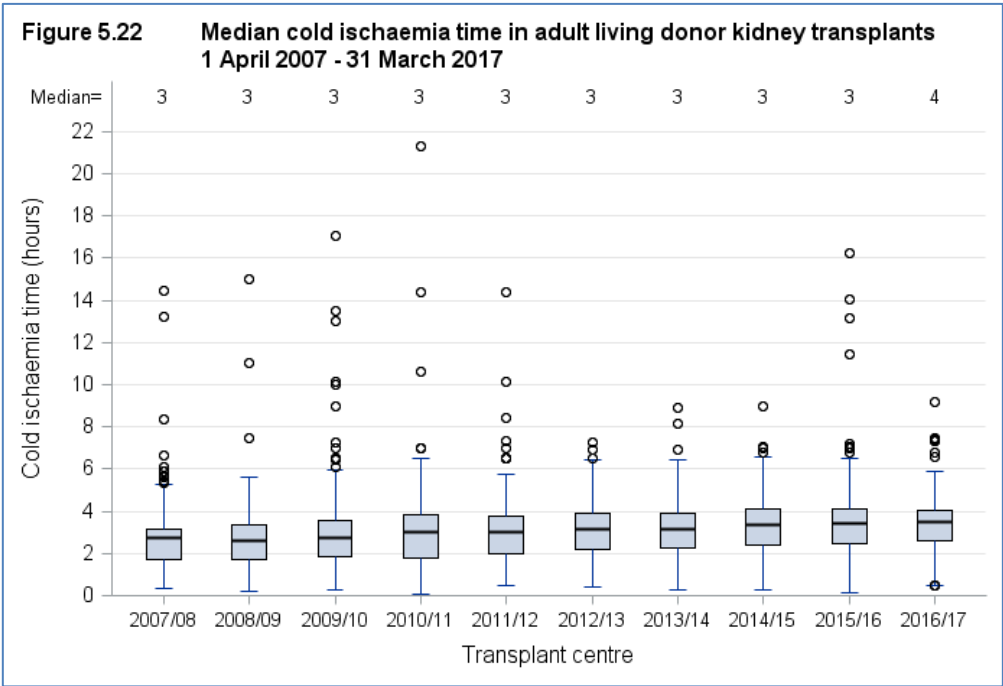


Figure 5.23 shows the [median](#) total cold ischaemia time in adult living donor kidney transplants in 2016/17 for each transplant centre.

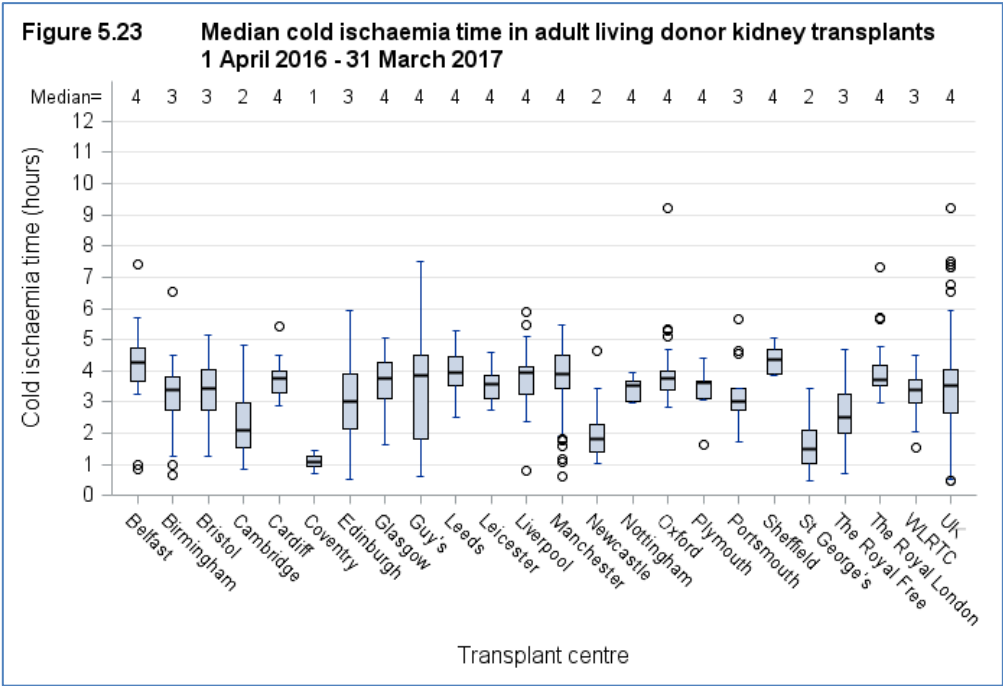


Figure 5.24 shows the [median](#) total cold ischaemia time in adult living donor kidney transplants over the last ten years for each transplant centre.

Figure 5.24 Median cold ischaemia time in adult living donor kidney transplants, 1 April 2007 - 31 March 2017



Adult kidney outcomes

We present a visual comparison of survival rates among centres that is based on a graphical display known as a [funnel plot](#) (1, 2). This display is used to show how consistent the rates of the different transplant units are with the national rate. [Funnel plots](#) show the [risk-adjusted survival rate](#) plotted against the number of transplants for each centre, with the overall national [unadjusted survival rate](#) (solid line), and its 95% (thin dotted lines) and 99.8% (thick dotted lines) [confidence limits](#) superimposed. Each dot in the plot represents one of the centres. Note that many patients return to local renal units for follow-up care after their transplant and although we report survival according to transplant unit, patients may in fact be followed up quite distantly from their transplant centre.

Interpreting the [funnel plots](#)

If a centre lies within all the limits, then that centre has a survival rate that is statistically consistent with the national rate. If a centre lies outside the 95% [confidence limits](#), this serves as an alert that the centre may have a rate that is significantly different from the national rate. If a centre lies outside the 99.8% limits, then further investigations may be carried out to determine the reasons for the possible difference. When a centre lies above the upper limits, this indicates a survival rate that is higher than the national rate, while a centre that lies below the lower limits has a survival rate that is lower than the national rate. It is important to note that adjusting for patient mix through the use of risk-adjustment models may not account for all possible causes of centre differences. There may be other factors that are not taken into account in the risk-adjustment process that may affect the survival rate of a particular centre.

References

1. Tekkis PP, McCulloch P, Steger AC, Benjamin IS, Poloniecki JD. Mortality control charts for comparing performance of surgical units: validation study using hospital mortality data. *British Medical Journal* 2003; 326: 786 – 788.
2. Stark J, Gallivan S, Lovegrove J, Hamilton JRL, Monro JL, Pollock JCS, Watterson KG. Mortality rates after surgery for congenital heart defects in children and surgeons' performance. *Lancet* 2000; 355: 1004 – 1007.

6.1 Deceased donor graft and patient survival

The [funnel plots](#) show that, for the most part, the centres lie within the [confidence limits](#). Some of the [funnel plots](#) show some centres lie outside the lower 95% [confidence limits](#), indicating that these centres have survival rates that are significantly lower than the national rate. Some of the [funnel plots](#) show some centres to be above the upper 99.8% [confidence limit](#). This suggests that these centres may have survival rates that are considerably higher than the national rate. Centres can be identified by the information shown in **Table 6.1**.

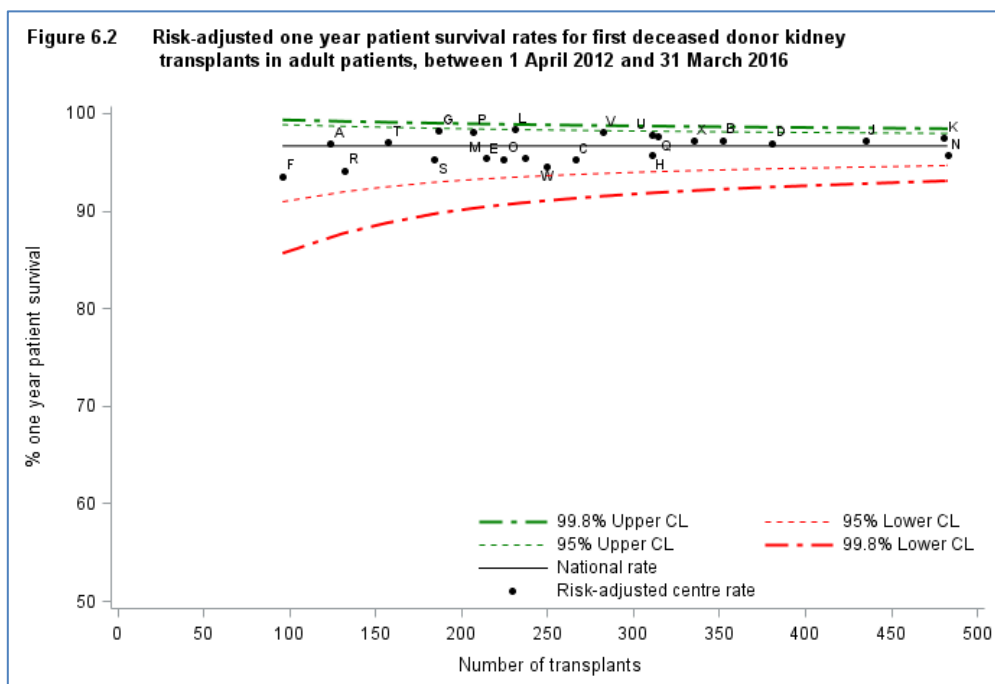
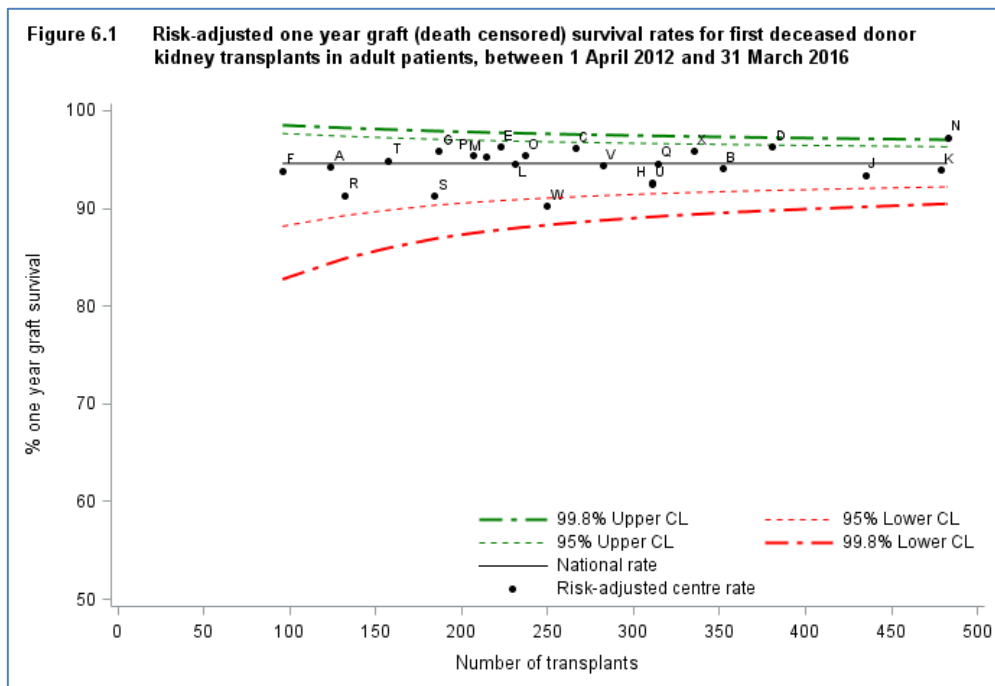


Figure 6.3 Risk-adjusted five year graft (death censored) survival rates for first deceased donor kidney transplants in adult patients, between 1 April 2008 and 31 March 2012

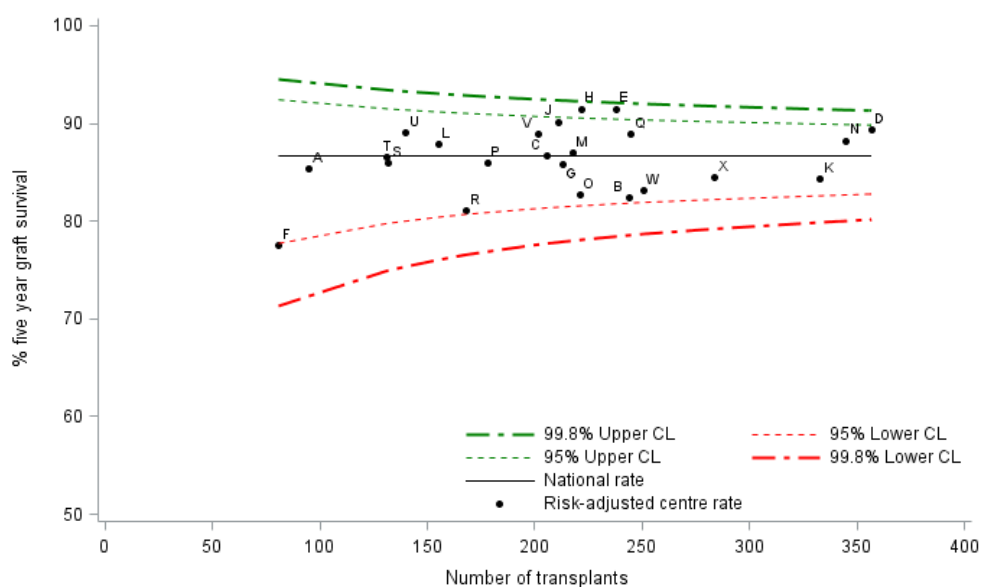


Figure 6.4 Risk-adjusted five year patient survival rates for first deceased donor kidney transplants in adult patients, between 1 April 2008 and 31 March 2012

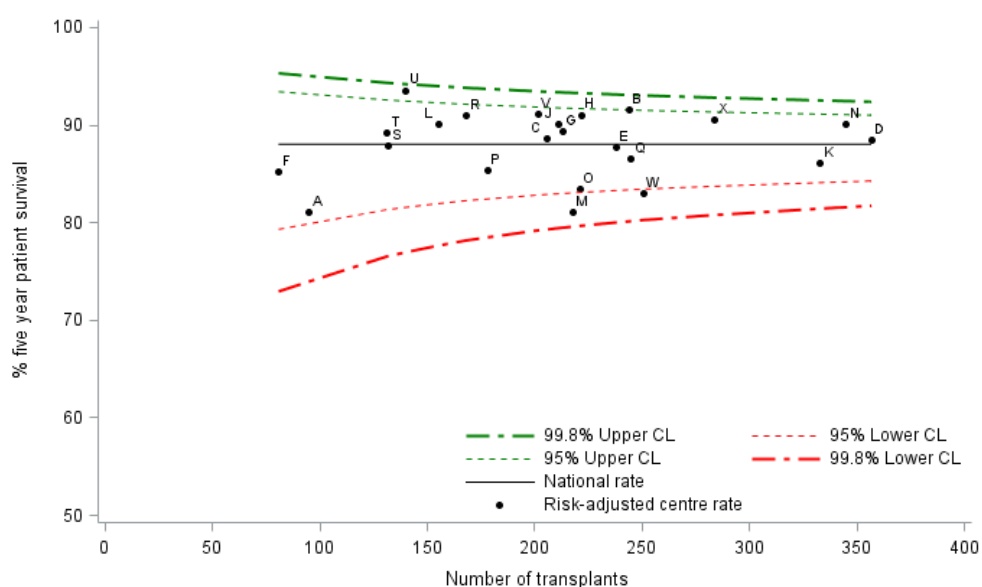


Table 6.1 One and five year first adult kidney-only graft and patient survival using kidneys from deceased donors

Centre	Code	Kidney graft survival				Patient survival			
		One-year*		Five-year**		One-year*		Five-year**	
		%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Belfast	A	94	(87 - 98)	85	(74 - 92)	97	(92 - 99)	81	(68 - 90)
Birmingham	B	94	(91 - 96)	82	(76 - 87)	97	(95 - 99)	92	(86 - 95)
Bristol	C	96	(93 - 98)	87	(80 - 92)	95	(91 - 98)	89	(82 - 93)
Cambridge	D	96	(94 - 98)	89	(85 - 92)	97	(94 - 99)	88	(84 - 92)
Cardiff	E	96	(93 - 98)	91	(87 - 95)	95	(92 - 98)	88	(83 - 91)
Coventry	F	94	(86 - 98)	77	(64 - 87)	94	(85 - 98)	85	(74 - 93)
Edinburgh	G	96	(91 - 98)	86	(79 - 91)	98	(93 - 100)	89	(83 - 93)
Glasgow	H	92	(89 - 95)	91	(86 - 95)	96	(92 - 98)	91	(86 - 95)
Guy's	J	93	(90 - 96)	90	(85 - 94)	97	(95 - 99)	90	(84 - 94)
Leeds	K	94	(91 - 96)	84	(79 - 88)	97	(95 - 99)	86	(81 - 90)
Leicester	L	95	(91 - 97)	88	(81 - 93)	98	(96 - 100)	90	(83 - 95)
Liverpool	M	95	(91 - 98)	87	(81 - 91)	95	(91 - 98)	81	(74 - 87)
Manchester	N	97	(95 - 99)	88	(84 - 92)	96	(93 - 97)	90	(86 - 93)
Newcastle	O	95	(92 - 98)	83	(76 - 88)	95	(92 - 98)	83	(77 - 89)
Nottingham	P	95	(91 - 98)	86	(79 - 91)	98	(95 - 100)	85	(78 - 91)
Oxford	Q	95	(91 - 97)	89	(83 - 93)	98	(95 - 99)	87	(81 - 91)
Plymouth	R	91	(83 - 96)	81	(73 - 87)	94	(88 - 98)	91	(86 - 95)
Portsmouth	S	91	(85 - 95)	86	(78 - 92)	95	(91 - 98)	88	(81 - 93)
Sheffield	T	95	(90 - 98)	86	(78 - 92)	97	(93 - 99)	89	(82 - 94)
St George's	U	93	(89 - 95)	89	(82 - 94)	98	(95 - 99)	94	(87 - 97)
The Royal Free	V	94	(91 - 97)	89	(84 - 93)	98	(95 - 99)	91	(86 - 95)
The Royal London	W	90	(85 - 94)	83	(77 - 88)	94	(90 - 97)	83	(76 - 88)
WLRTC	X	96	(93 - 98)	85	(79 - 89)	97	(95 - 99)	91	(86 - 94)
UK		95	(94 - 95)	87	(86 - 88)	97	(96 - 97)	88	(87 - 89)
		Centre has reached the upper 98.8% confidence limit							
		Centre has reached the upper 95% confidence limit							
		Centre has reached the lower 95% confidence limit							
		Centre has reached the lower 99.8% confidence limit							

* Includes transplants performed between 1 April 2012 - 31 March 2016

** Includes transplants performed between 1 April 2008 - 31 March 2012

6.2 Living donor graft and patient survival

The [funnel plots](#) show that, for the most part, the centres lie within the [confidence limits](#). None of the [funnel plots](#) show any centres that lie outside the lower 95% [confidence limits](#). Some of the [funnel plots](#) show some centres to be above the upper 95% [confidence limit](#). This suggests that these centres may have survival rates that are considerably higher than the national rate. Centres can be identified by the information shown in **Table 6.2**. Living donor antibody incompatible kidney transplants are included in the analysis and these transplants are known to have inferior graft survival rates. **Table 6.3** shows the number of such transplants performed by each centre for each of the time periods analysed.

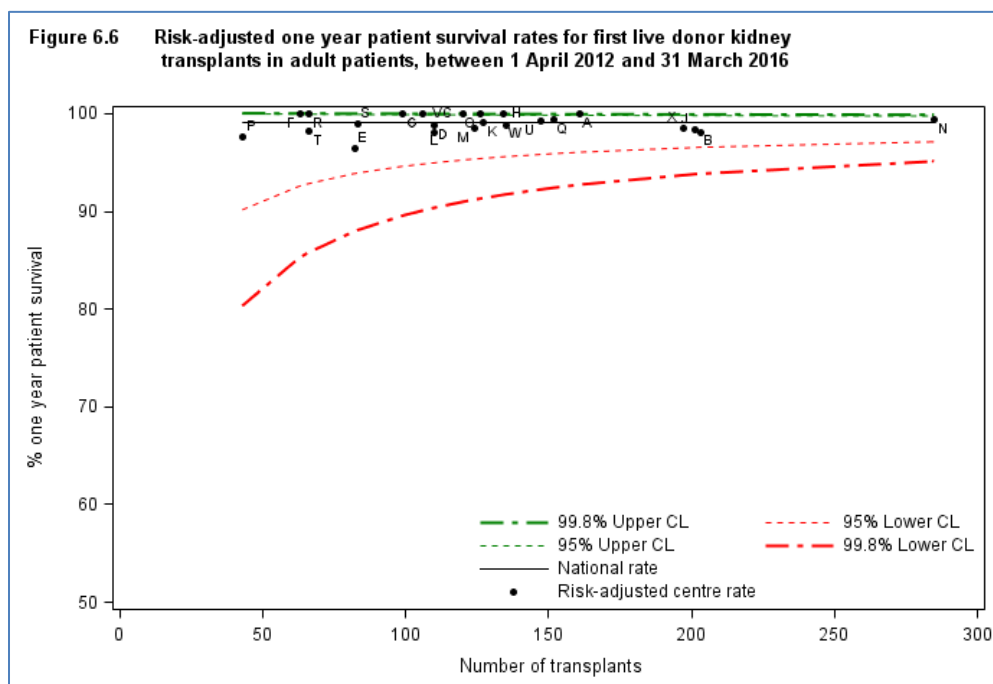
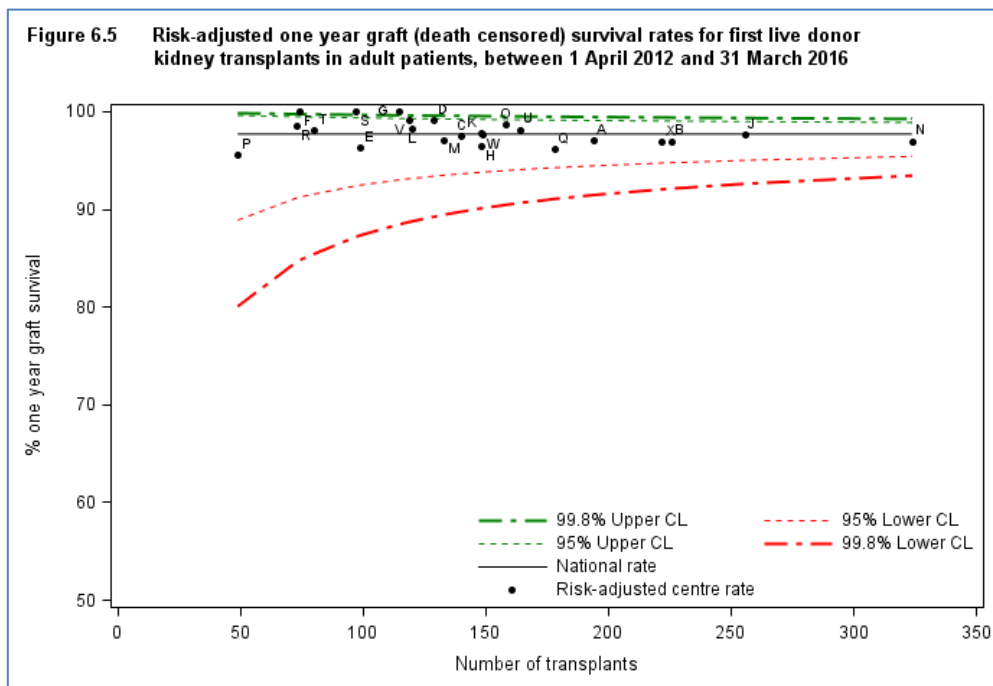


Figure 6.7 Risk-adjusted five year graft (death censored) survival rates for first live donor kidney transplants in adult patients, between 1 April 2008 and 31 March 2012

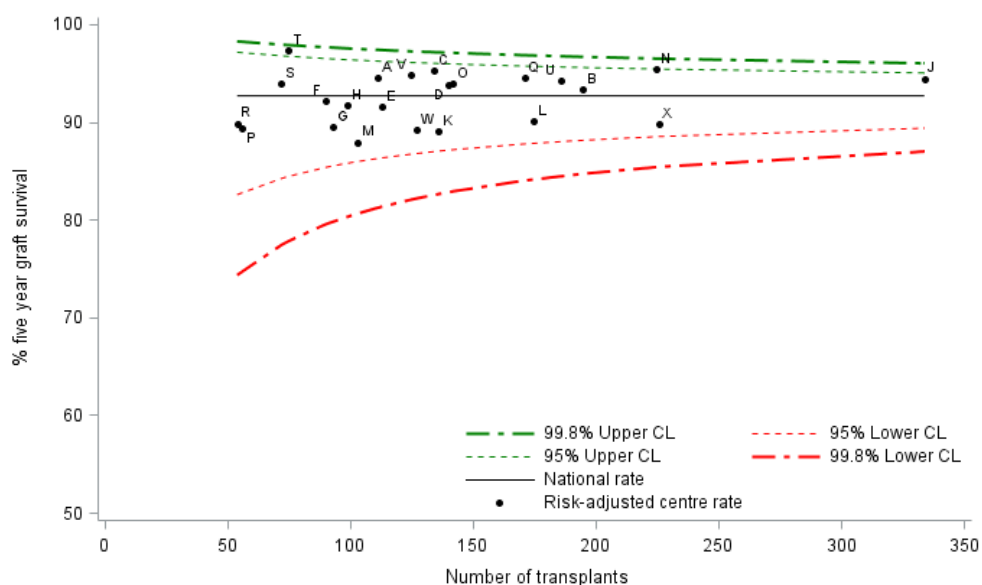


Figure 6.8 Risk-adjusted five year patient survival rates for first live donor kidney transplants in adult patients, between 1 April 2008 and 31 March 2012

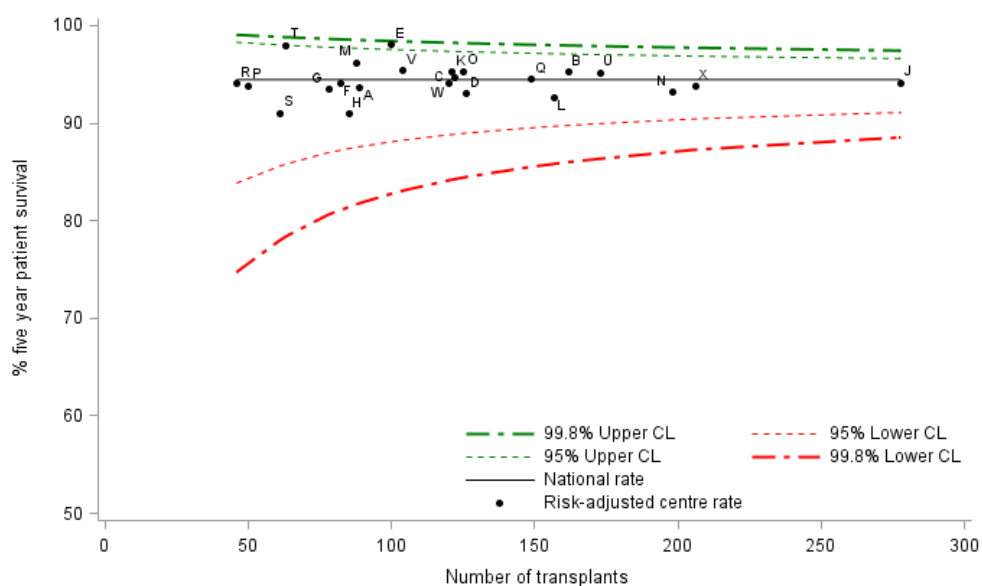


Table 6.2 One and five year first adult kidney-only graft and patient survival using kidneys from living donors

Centre	Code	Kidney graft survival				Patient survival			
		One-year*		Five-year**		One-year*		Five-year**	
		%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Belfast	A	97	(92 - 99)	95	(87 - 98)	100	N/A	94	(85 - 98)
Birmingham	B	97	(94 - 99)	93	(89 - 96)	98	(95 - 99)	95	(90 - 98)
Bristol	C	97	(93 - 99)	95	(90 - 98)	100	N/A	95	(89 - 98)
Cambridge	D	99	(95 - 100)	94	(88 - 97)	99	(93 - 100)	93	(86 - 97)
Cardiff	E	96	(91 - 99)	92	(84 - 96)	96	(90 - 99)	98	(93 - 100)
Coventry	F	100	N/A	92	(84 - 97)	100	N/A	94	(85 - 98)
Edinburgh	G	100	N/A	89	(80 - 95)	100	N/A	93	(85 - 98)
Glasgow	H	96	(92 - 99)	92	(84 - 96)	100	N/A	91	(80 - 97)
Guy's	J	98	(94 - 99)	94	(91 - 97)	98	(95 - 100)	94	(90 - 97)
Leeds	K	98	(93 - 100)	89	(81 - 94)	99	(95 - 100)	95	(90 - 98)
Leicester	L	98	(95 - 100)	90	(84 - 94)	98	(93 - 100)	93	(86 - 96)
Liverpool	M	97	(91 - 99)	88	(79 - 94)	98	(94 - 100)	96	(89 - 99)
Manchester	N	97	(94 - 99)	95	(91 - 98)	99	(98 - 100)	93	(88 - 96)
Newcastle	O	99	(95 - 100)	94	(88 - 97)	100	N/A	95	(90 - 98)
Nottingham	P	96	(84 - 99)	89	(77 - 96)	98	(86 - 100)	94	(82 - 99)
Oxford	Q	96	(91 - 99)	94	(90 - 97)	99	(96 - 100)	94	(89 - 98)
Plymouth	R	98	(91 - 100)	90	(76 - 97)	100	N/A	94	(83 - 99)
Portsmouth	S	100	N/A	94	(84 - 98)	99	(94 - 100)	91	(79 - 97)
Sheffield	T	98	(93 - 100)	97	(90 - 100)	98	(90 - 100)	98	(89 - 100)
St George's	U	98	(94 - 100)	94	(89 - 97)	99	(96 - 100)	95	(90 - 98)
The Royal Free	V	99	(95 - 100)	95	(89 - 98)	100	N/A	95	(89 - 98)
The Royal London	W	98	(94 - 99)	89	(82 - 94)	99	(94 - 100)	94	(85 - 98)
WLRTC	X	97	(94 - 99)	90	(84 - 94)	99	(96 - 100)	94	(90 - 97)
UK		98	(97 - 98)	93	(92 - 94)	99	(99 - 99)	94	(93 - 95)

Centre has reached the upper 98.8% confidence limit

Centre has reached the upper 95% confidence limit

Centre has reached the lower 95% confidence limit

Centre has reached the lower 99.8% confidence limit

* Includes transplants performed between 1 april 2012 - 31 March 2016

** Includes transplants performed between 1 april 2008 - 31 March 2012

6.3 Graft and patient survival from listing

Survival from listing was analysed for all adult (≥ 18 years) patients registered for the first time for a kidney only between 1 January 2005 and 31 December 2016. Survival time was defined as the time from joining the [transplant list](#) to death, regardless of the length of time on the [transplant list](#), whether or not the patient was transplanted and any factors associated with such a transplant eg donor type. Survival time was censored at either the date of removal from the list, or at the last known follow up date post transplant when no death date was recorded, or at the time of analysis if the patient was still active on the [transplant list](#).

Renal patients may receive a [live donor](#) kidney without prior registration on the [transplant list](#), although centre practices differ in relation to listing of potential [live donor](#) recipients. Consequently, patients who received a [live donor](#) kidney transplant within 6 months of listing were excluded from the analysis to minimise centre bias.

Ten year [risk-adjusted survival rates](#) from the point of kidney transplant listing are shown by centre in **Figure 6.9**. Eight centres were above the upper 99.8% [confidence limit](#) indicating that these centres have 10 year survival rates from listing that are considerably higher than the national rate. Leicester and Newcastle fell below the 99.8% lower [confidence limit](#). This suggests that 10 year survival from listing at Leicester and Newcastle may be significantly lower than the national rate.

Centres can be identified by the information shown in **Table 6.3**, which also shows one and five year [risk-adjusted survival rates](#) from the point of kidney transplant listing.

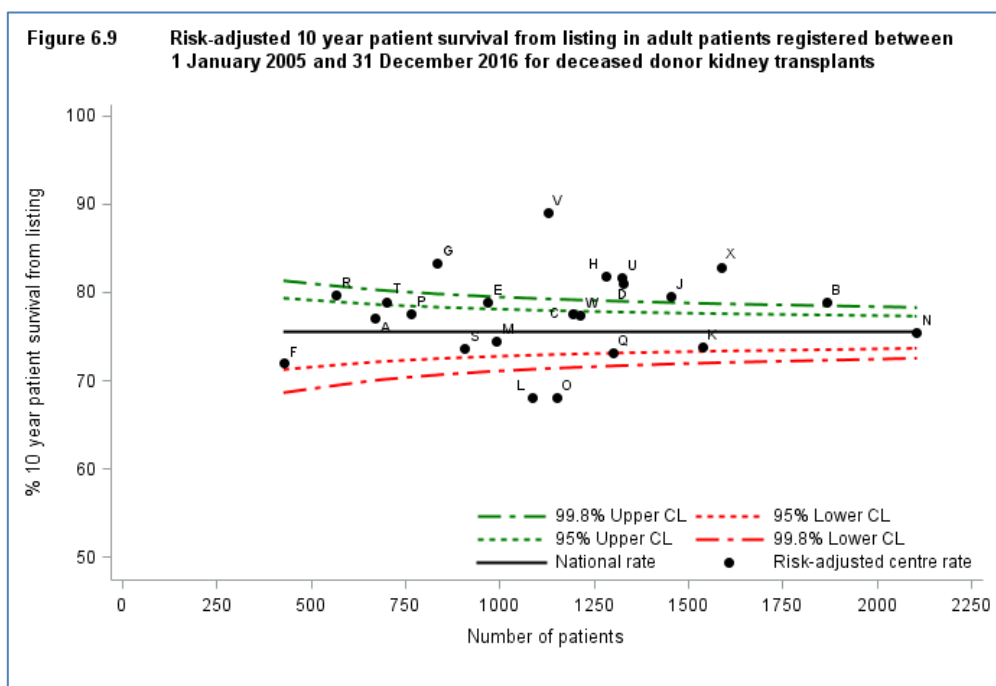


Table 6.3 Risk-adjusted 1, 5 and 10 year patient survival from listing for adult patients registered between 1 January 2005 and 31 December 2016 for deceased donor kidney transplants

Centre	Code	One year		Five year		Ten year	
		N	(%)	N	(%)	N	(%)
Belfast	A	669	(98)	669	(88)	669	(77)
Birmingham	B	1867	(98)	1867	(89)	1867	(79)
Bristol	C	1195	(99)	1195	(89)	1195	(78)
Cambridge	D	1327	(99)	1327	(91)	1327	(81)
Cardiff	E	969	(99)	969	(90)	969	(79)
Coventry	F	428	(98)	428	(88)	428	(72)
Edinburgh	G	833	(99)	833	(91)	833	(83)
Glasgow	H	1281	(99)	1281	(91)	1281	(82)
Guy's	J	1456	(99)	1456	(90)	1456	(79)
Leeds	K	1539	(99)	1539	(88)	1539	(74)
Leicester	L	1087	(98)	1087	(84)	1087	(68)
Liverpool	M	993	(99)	993	(87)	993	(74)
Manchester	N	2106	(98)	2106	(88)	2106	(75)
Newcastle	O	1151	(98)	1151	(85)	1151	(68)
Nottingham	P	767	(99)	767	(90)	767	(77)
Oxford	Q	1301	(99)	1301	(87)	1301	(73)
Plymouth	R	566	(99)	566	(90)	566	(80)
Portsmouth	S	906	(98)	906	(86)	906	(74)
Sheffield	T	700	(99)	700	(90)	700	(79)
St Georges	U	1326	(99)	1326	(91)	1326	(82)
The Royal Free	V	1129	(99)	1129	(95)	1129	(89)
The Royal London	W	1215	(99)	1215	(89)	1215	(77)
WLRTC	X	1589	(99)	1589	(91)	1589	(83)
UK		26400	(98)	26400	(87)	26400	(75)
		Centre has reached the upper 98.8% confidence limit					
		Centre has reached the upper 95% confidence limit					
		Centre has reached the lower 95% confidence limit					
		Centre has reached the lower 99.8% confidence limit					

Form Return Rates

7.1 Deceased donor form return rates, 1 April 2016 – 31 March 2017

Form return rates are reported in **Table 7.1** for the kidney transplant record, three month and 1 year follow up form, along with lifetime follow up (more than 2 years). These include all adult deceased donor kidney only transplants between 1 April 2016 and 31 March 2017 for the transplant record, and all requests for follow up forms issued in this time period. Centres highlighted are transplant centres.

Table 7.1 Deceased donor form return rates, 1 April 2016 – 31 March 2017								
Centre	Transplant record		3 month follow-up		1 year follow-up		Lifetime follow-up	
	N	% returned	N	% returned	N	% returned	N	% returned
Aberdeen, Aberdeen Royal Infirmary							149	68
Airdrie, Monklands District General Hospital							42	98
Bangor, Ysbyty Gwynedd District General Hospital							57	96
Basildon, Basildon Hospital							46	63
Belfast, Antrim Hospital							51	82
Belfast, Belfast City Hospital	44	100	47	94	44	80	255	79
Belfast, The Ulster Hospital							27	15
Birmingham, Heartlands Hospital							99	88
Birmingham, Queen Elizabeth Hospital	113	100	121	98	121	79	561	79
Bodelwyddan, Glan Clwyd District General Hospital							39	100
Bradford, St Lukes Hospital							218	78
Brighton, Royal Sussex County Hospital							225	100
Bristol, Southmead Hospital	86	100	89	90	85	44	646	67
Cambridge, Addenbrooke's Hospital	118	76	116	99	95	64	470	44
Canterbury, Kent And Canterbury Hospital							231	63
Cardiff, University Of Wales Hospital	48	100	52	98	57	100	640	90
Carlisle, Cumberland Infirmary							92	54
Carshalton, St Helier Hospital							317	47
Chelmsford, Broomfield Hospital							80	81
County Down, Daisy Hill Hospital							61	48
Coventry, University Hospital	30	100	39	100	24	83	230	89
Derby, Royal Derby Hospital							142	82
Doncaster, Doncaster Royal Infirmary							43	95
Dorchester, Dorset County Hospital							198	51
Dudley, Russells Hall Hospital							55	71
Dulwich, King's College Hospital							224	37
Dundee, Ninewells Hospital							117	89
Dunfermline, Queen Margaret Hospital							20	20
Edinburgh, Royal Infirmary Of Edinburgh	58	98	58	98	66	39	388	54
Exeter, Royal Devon And Exeter Hospital							163	81

Table 7.1 Deceased donor form return rates, 1 April 2016 – 31 March 2017							
Centre	Transplant record		3 month follow-up		1 year follow-up		Lifetime follow-up
Glasgow, Western Infirmary	105	100	97	100	109	87	857 87
Gloucester, Gloucestershire Royal Hospital							89 33
Great Yarmouth, James Paget Hospital							41 88
Hull, Hull Royal Infirmary							232 63
Inverness, Raigmore Hospital							75 64
Ipswich, Ipswich Hospital							142 68
Leeds, St James's University Hospital	136	97	133	98	116	79	670 75
Leicester, Leicester General Hospital	84	99	89	100	64	84	517 91
Liverpool, Royal Liverpool University Hospital	73	100	66	94	68	93	442 79
London, Guy's Hospital	139	99	133	62	123	53	502 43
London, Royal Free Hospital	91	100	88	100	73	88	661 86
London, St George's Hospital	84	100	79	68	79	57	364 70
London, The Royal London Hospital	115	94	117	93	80	20	570 21
London, West London Renal And Transplant Centre	124	97	118	100	112	99	828 91
Londonderry, Altnagelvin Area Hospital							41 49
Manchester, Manchester Royal Infirmary	209	100	207	97	181	78	668 81
Middlesbrough, The James Cook University Hospital							293 77
Newcastle, Freeman Hospital	100	100	86	83	69	75	349 85
Northampton, Northampton General Hospital							62 44
Norwich, Norfolk And Norwich University Hospital							219 83
Nottingham, Nottingham City Hospital	60	100	62	98	62	65	388 68
Omagh, Tyrone County Hospital							46 39
Oxford, Churchill Hospital	118	100	104	70	117	66	561 88
Plymouth, Derriford Hospital	40	100	42	98	45	60	194 99
Portsmouth, Queen Alexandra Hospital	85	100	79	100	63	60	567 74
Preston, Royal Preston Hospital							318 92
Reading, Royal Berkshire Hospital							262 82
Salford, Salford Royal							334 84
Sheffield, Northern General Hospital	47	98	46	98	46	70	461 84
Shrewsbury, Royal Shrewsbury Hospital							76 76
Stevenage, Lister Hospital							189 73
Stoke-On-Trent, Royal Stoke University Hospital							192 92
Sunderland, Sunderland Royal Hospital							132 63
Swansea, Morriston Hospital							217 73
Truro, Royal Cornwall Hospital							160 44
Westcliff On Sea, Southend Hospital							55 76
Wirral, Arrowe park Hospital							61 57
Wolverhampton, New Cross Hospital							103 66
Wrexham, Maelor General Hospital							77 94
York, York District Hospital							196 84

7.2 Living donor form return rates, 1 April 2016 – 31 March 2017

Form return rates are reported in **Table 7.2** for the kidney transplant record, three month and 1 year follow up form, along with lifetime follow up (more than 2 years). These include all adult living donor kidney only transplants between 1 April 2016 and 31 March 2017 for the transplant record, and all requests for follow up forms issued in this time period. Centres highlighted are transplant centres.

Table 7.2 Living donor form return rates, 1 April 2016 - 31 March 2017								
Centre	Transplant record		3 month follow-up		1 year follow-up		Lifetime follow-up	
	N	% returned	N	% returned	N	% returned	N	% returned
Aberdeen, Aberdeen Royal Infirmary							65	65
Basildon, Basildon Hospital							26	42
Belfast, Antrim Hospital							34	88
Belfast, Belfast City Hospital	74	100	73	99	68	72	179	80
Belfast, The Ulster Hospital							22	9
Birmingham, Heartlands Hospital							36	83
Birmingham, Queen Elizabeth Hospital Birmingham	56	100	53	98	54	81	367	80
Bodelwyddan, Glan Clwyd District General Hospital							24	100
Bradford, St Lukes Hospital							43	81
Brighton, Royal Sussex County Hospital							123	100
Bristol, Southmead Hospital	29	100	29	86	41	49	305	61
Cambridge, Addenbrooke's Hospital	41	80	44	100	50	60	223	45
Canterbury, Kent And Canterbury Hospital							164	65
Cardiff, University Of Wales Hospital	35	100	31	100	27	100	294	93
Carlisle, Cumberland Infirmary							31	29
Carshalton, St Helier Hospital							223	52
Chelmsford, Broomfield Hospital							24	83
County Down, Daisy Hill Hospital							30	47
Coventry, University Hospital	22	100	17	94	28	79	222	84
Derby, Royal Derby Hospital							44	89
Dorchester, Dorset County Hospital							75	57
Dulwich, King's College Hospital							131	46
Dundee, Ninewells Hospital							54	85
Edinburgh, Royal Infirmary Of Edinburgh	36	100	32	97	38	26	156	58
Exeter, Royal Devon And Exeter Hospital							78	76
Glasgow, Western Infirmary	44	100	40	100	37	89	334	87
Gloucester, Gloucestershire Royal Hospital							45	38
Hull, Hull Royal Infirmary							106	68
Inverness, Raigmore Hospital							34	68

Table 7.2 Living donor form return rates, 1 April 2016 - 31 March 2017

Centre	Transplant record		3 month follow-up		1 year follow-up		Lifetime follow-up	
Ipswich, Ipswich Hospital							44	59
Leeds, St James's University Hospital	43	98	44	98	42	74	193	81
Leicester, Leicester General Hospital	26	100	24	100	22	82	395	95
Liverpool, Royal Liverpool University Hospital	41	100	41	100	43	86	234	81
London, Guy's Hospital	68	100	67	60	68	57	431	37
London, Royal Free Hospital	33	100	33	97	40	85	322	83
London, St George's Hospital	54	100	54	61	48	71	160	59
London, The Royal London Hospital	33	88	36	94	31	19	331	29
London, West London Renal And Transplant Centre	48	94	51	100	35	100	638	91
Londonderry, Altnagelvin Area Hospital							26	46
Manchester, Manchester Royal Infirmary	68	100	69	99	87	79	302	83
Middlesbrough, The James Cook University Hospital							154	75
Newcastle, Freeman Hospital	53	91	54	85	50	70	191	79
Northampton, Northampton General Hospital							20	65
Norwich, Norfolk And Norwich University Hospital							57	91
Nottingham, Nottingham City Hospital	8	100	8	100	14	86	127	72
Omagh, Tyrone County Hospital							23	30
Oxford, Churchill Hospital	54	100	51	75	47	74	334	90
Plymouth, Derriford Hospital	16	100	15	100	13	62	80	98
Portsmouth, Queen Alexandra Hospital	23	100	24	96	22	50	232	79
Preston, Royal Preston Hospital							187	88
Reading, Royal Berkshire Hospital							95	84
Salford, Salford Royal							140	81
Sheffield, Northern General Hospital	22	100	25	100	23	52	196	82
Shrewsbury, Royal Shrewsbury Hospital							44	57
Stevenage, Lister Hospital							66	71
Stoke-On-Trent, Royal Stoke University Hospital							129	92
Sunderland, Sunderland Royal Hospital							65	68
Swansea, Morriston Hospital							57	79
Truro, Royal Cornwall Hospital							54	54
Westcliff On Sea, Southend Hospital							29	79
Wirral, Arrowe Park Hospital							23	48
Wolverhampton, New Cross Hospital							46	78
Wrexham, Maelor General Hospital							33	94
York, York District Hospital							61	87

Paediatric kidney transplant list

8.1 Patients on the kidney transplant list as at 31 March, 2008 – 2017

Figure 8.1 shows the number of paediatric patients on the kidney only [transplant list](#) at 31 March each year between 2008 and 2017. The number of patients actively waiting for a kidney transplant fell from 117 in 2008 to 80 in 2017.

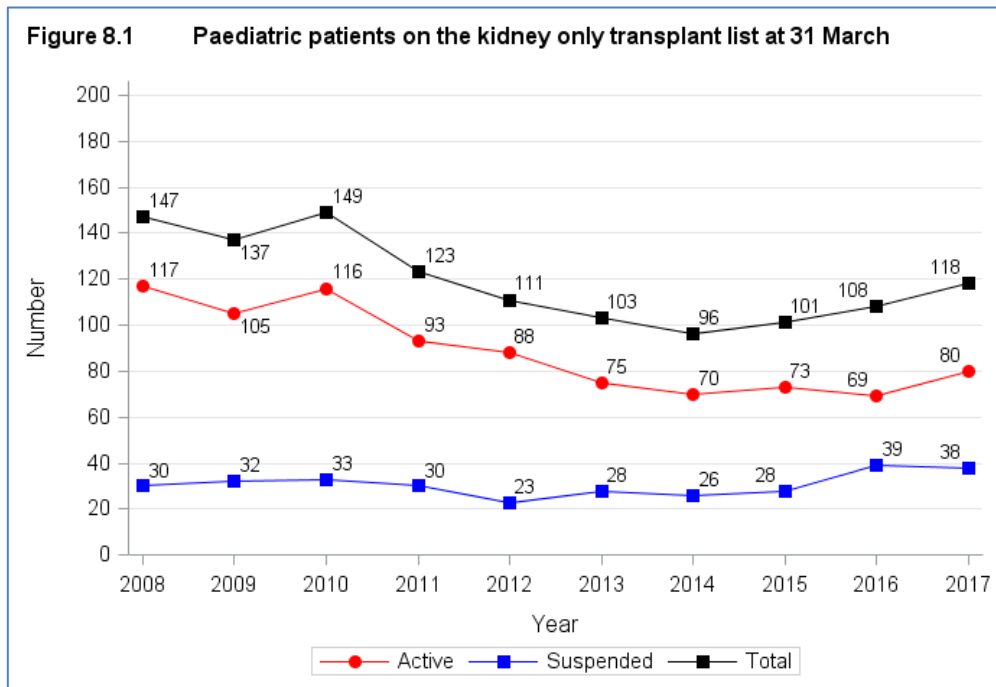


Figure 8.2 shows the number of paediatric patients on the active kidney only [transplant list](#) at 31 March 2017 by centre. In total, there were 80 paediatric patients. Birmingham had the largest proportion of the [transplant list](#) (25%) and Belfast had the smallest (0%).

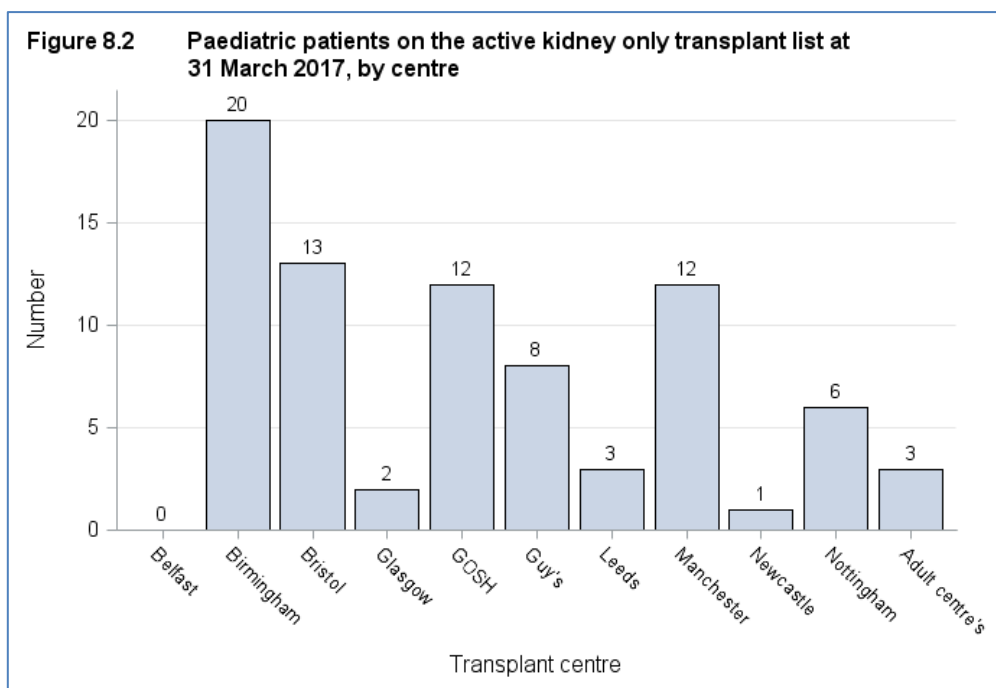
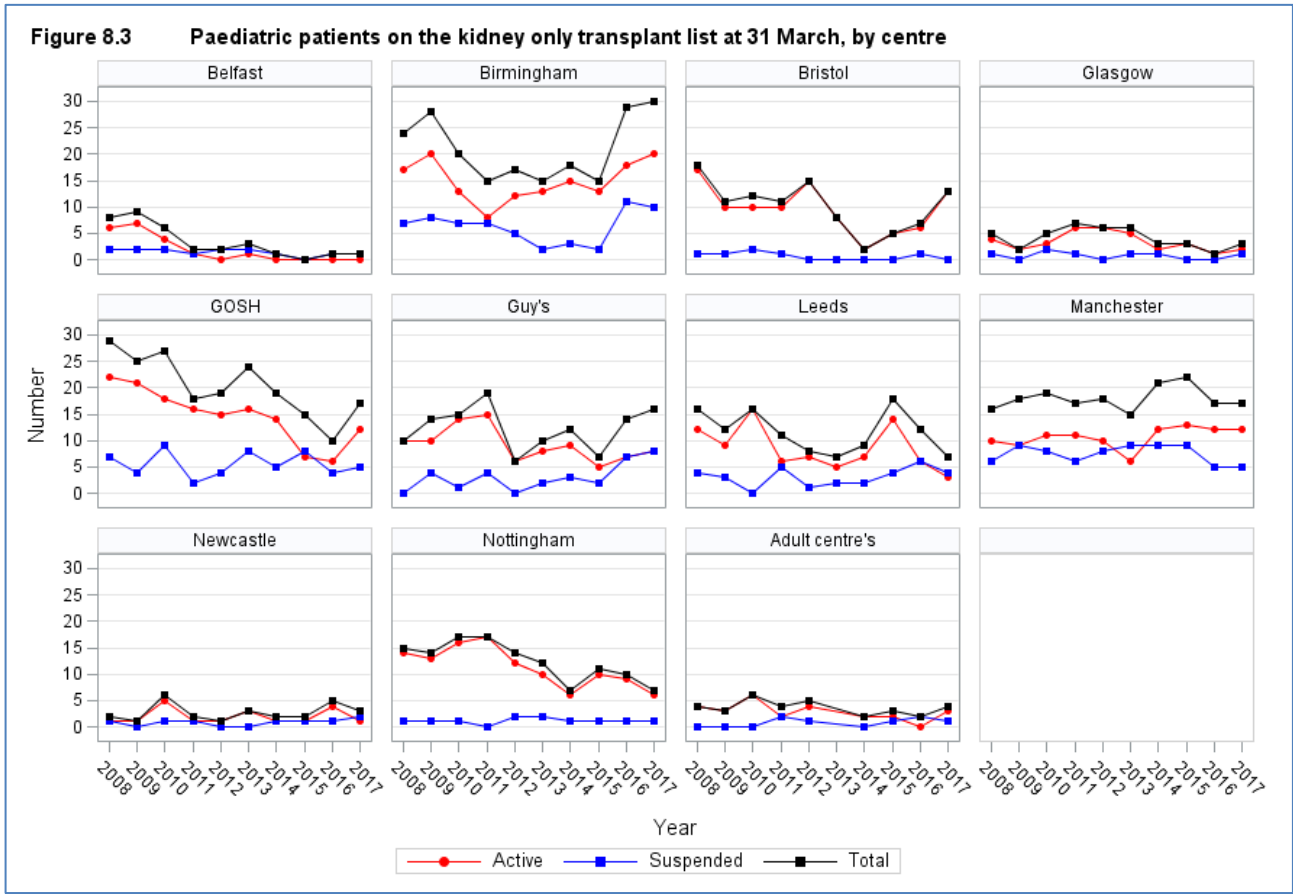
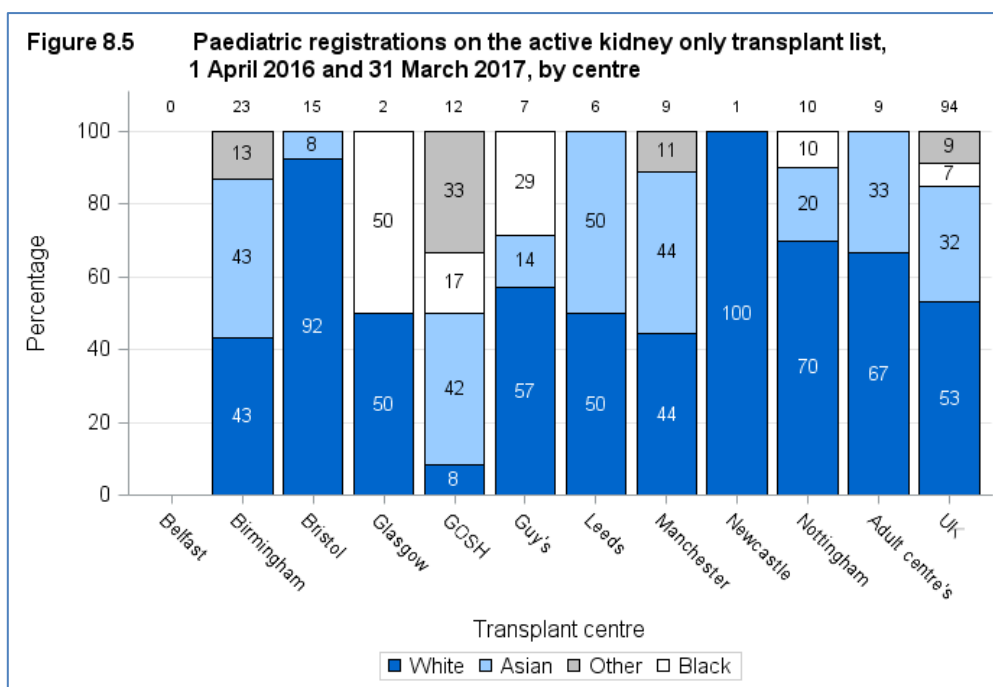
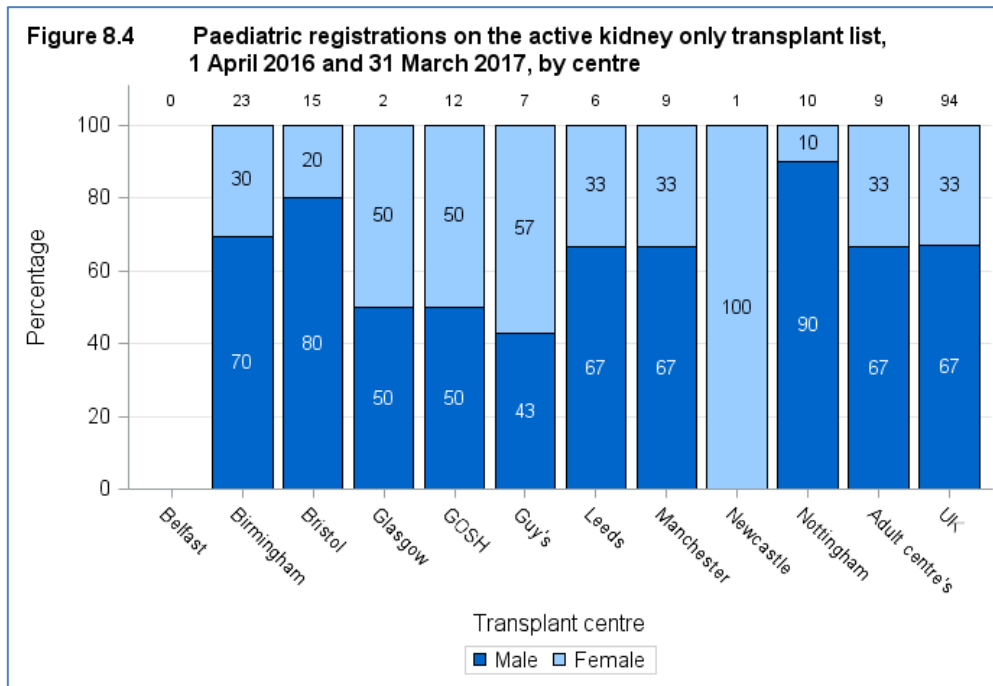


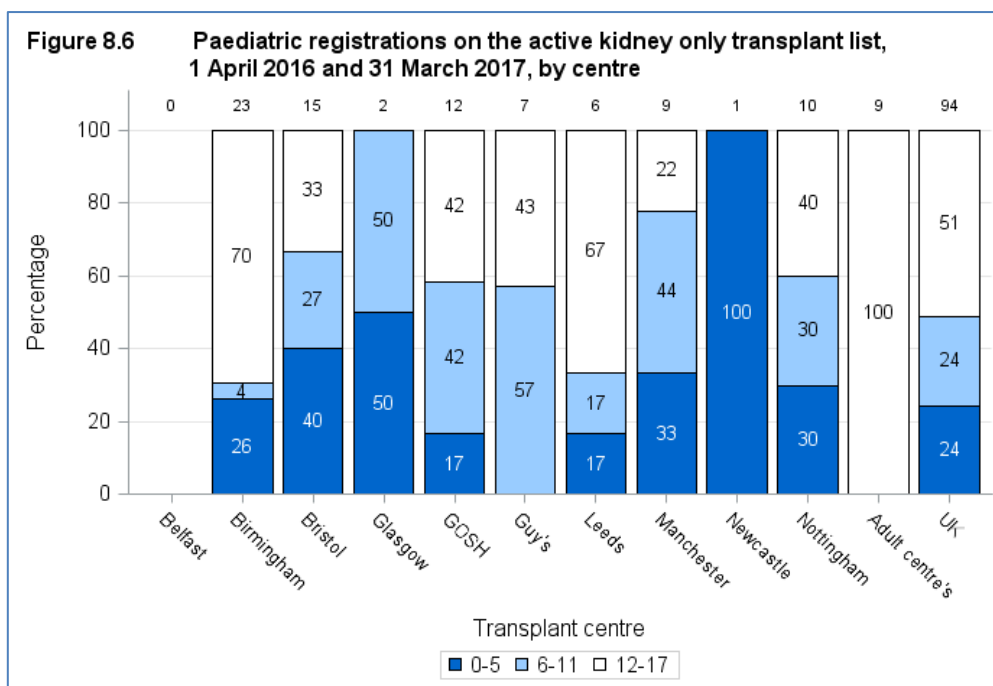
Figure 8.3 shows the number of paediatric patients on the [transplant list](#) at 31 March each year between 2008 and 2017 for each transplant centre.



8.2 Demographic characteristics, 1 April 2016 – 31 March 2017

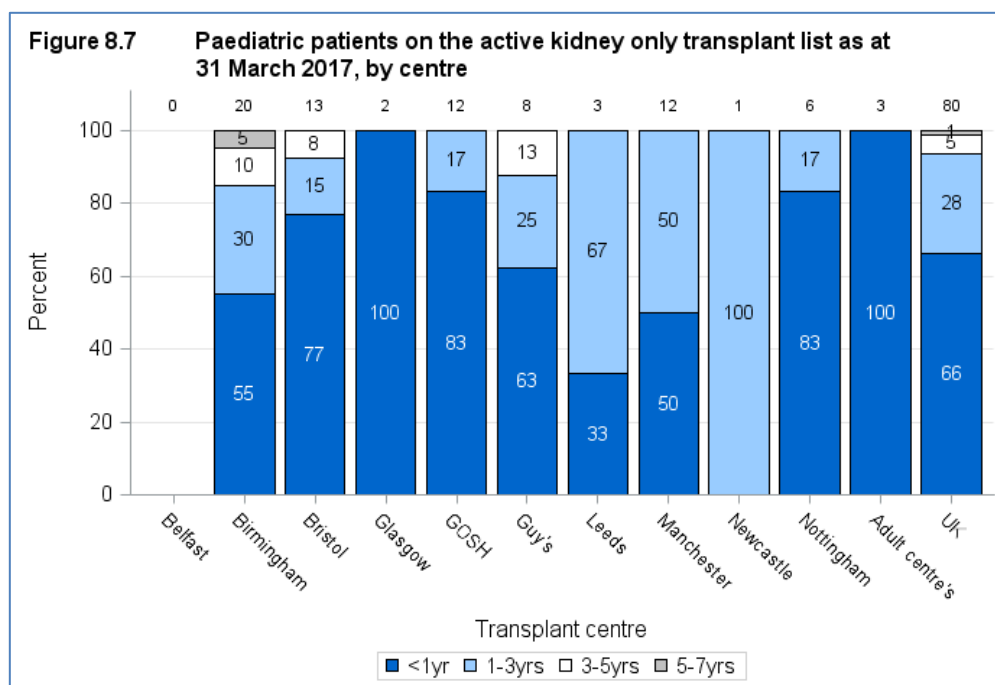
The sex, ethnicity and age group of patients on the transplant are shown by centre in **Figure 8.4**, **8.5** and **8.6**, respectively. Note that all percentages quoted are based only on data where relevant information was available. Changes made to the Kidney Allocation Scheme in 2006 mean that tissue matching criteria between donor and recipient are less strict than previously and waiting time to transplant is now more important than it was in deciding kidney allocation. These changes have an indirect benefit for patients from ethnic minority groups, who are less often a good tissue match with the predominantly white donor pool. As a result, access to transplantation is becoming more equitable.





8.3 Patient waiting times for those currently on the list, 31 March 2017

Figure 8.7 shows the length of time patients have been waiting on the kidney only [transplant list](#) at 31 March 2017 by centre.



8.4 Median waiting time to transplant, 1 April 2011 - 31 March 2014

The length of time a patient waits for a kidney transplant varies across the UK. The [median](#) waiting time for paediatric deceased donor kidney only transplantation is shown in **Figure 8.8** and **Table 8.1** for patients registered at each individual unit. During this period local allocation arrangements were in place for [DCD](#) kidneys while [DBD](#) kidneys were allocated via the [National Kidney Allocation Scheme](#). The data shown are for all paediatric patients, joining the list within the time period shown, including those still awaiting a transplant on the day of analysis. Patients who received a [live donor](#) or [multi-organ transplant](#) are not included. The national allocation scheme introduced in April 2006 is slowly reducing the variability in deceased donor kidney waiting times across the country but currently some variability remains. Waiting times across centres continue to differ in a way that it is difficult for centres to control, given that the [National Kidney Allocation Scheme](#) determines allocation of all kidneys available for transplant from donors after brain death ([DBD](#)).

National Kidney Allocation Scheme

Only kidneys from donors after brain death were allocated via a national allocation scheme during the time period analysed. Kidneys from donations after circulatory death ([DCD](#)) were allocated to patients through local allocation arrangements and these vary across the country because some centres have a larger [DCD](#) programme than others. As of 3 September 2014 one kidney from [DCD](#) donors aged between 5 and 49 years will be allocated within four pre-defined regions using the 2006 [DBD](#) allocation principles and as such we should start to see further reductions in variability in waiting times across the country.

Kidneys from [DBD](#) are allocated to patients listed nationally through the Kidney Allocation Scheme. The Kidney Allocation Scheme introduced in April 2006 prioritises patients with ideal tissue matches (000 [HLA mismatches](#)) and then assigns points to patients based on the level of tissue match between donor and recipient, the length of time spent waiting for a transplant, age of the recipient (with a progressive reduction in points given after the age of thirty) and location points such that patients geographically close to the retrieval centre receive more points. The patients with the highest number of points for a donated kidney are preferentially offered the kidney, no matter where in the UK they receive their treatment.

The [median](#) waiting time to transplant for paediatric patients registered on the kidney only [transplant list](#) between 1 April 2011 and 31 March 2014 is 286 days. This ranged from 176 days at Leeds to 645 days at Birmingham.

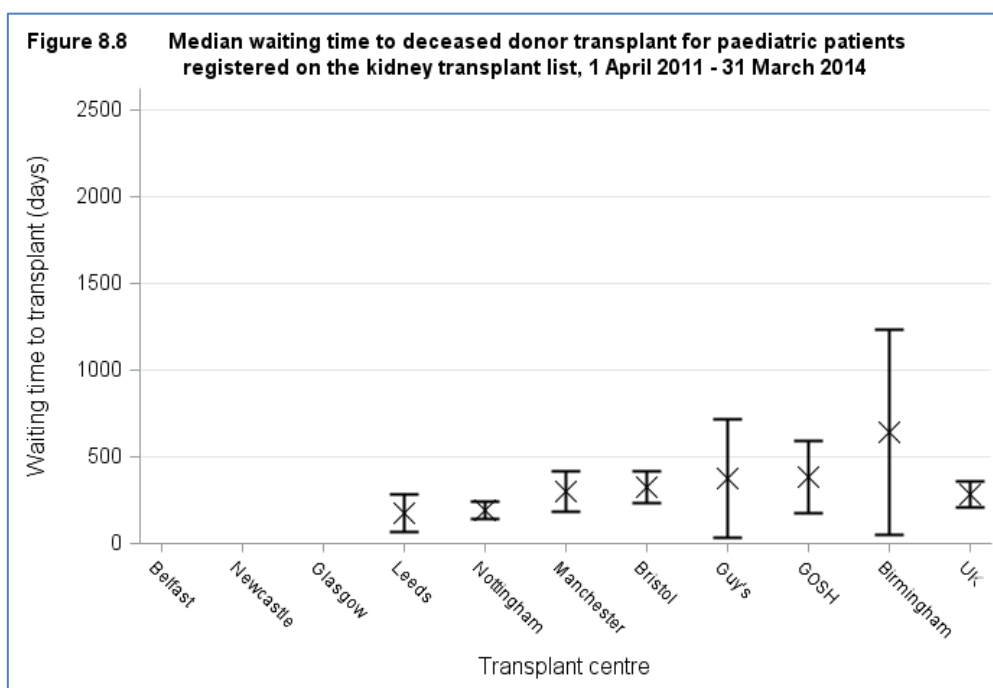
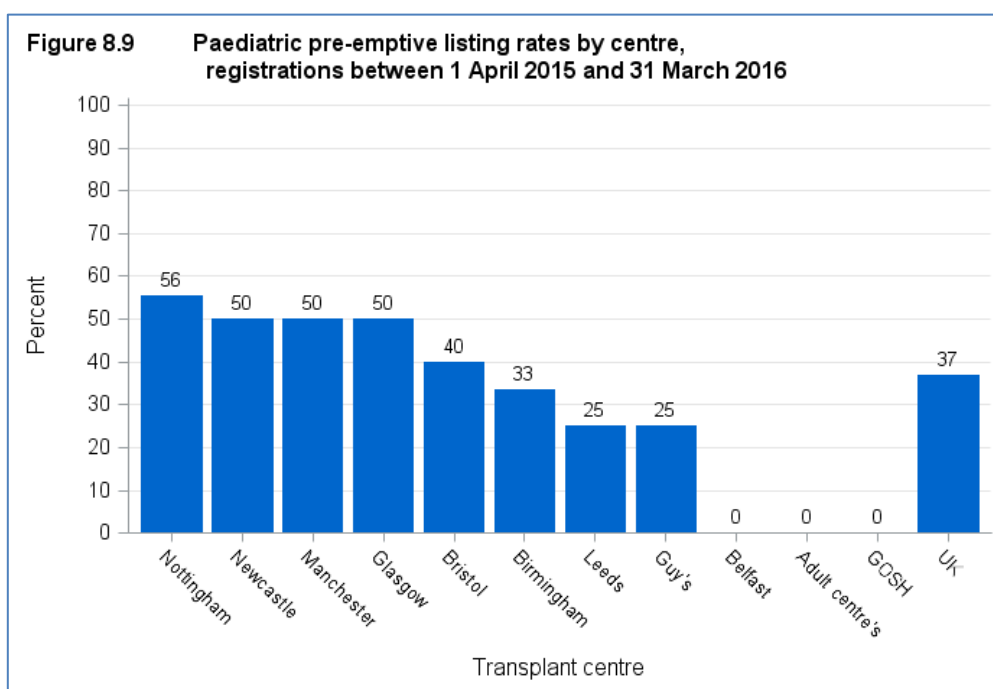


Table 8.1 Median waiting time to kidney only transplant in the UK, for paediatric patients registered 1 April 2011 - 31 March 2014

Transplant centre	Number of patients registered	Waiting time (days)	
		Median	95% Confidence interval
Paediatric			
Belfast	0	-	
Newcastle	0	-	
Glasgow	0	-	
Leeds	26	176	70 - 282
Nottingham	19	192	141 - 243
Manchester	22	302	184 - 420
Bristol	16	324	233 - 415
Guy's	22	377	36 - 718
GOSH	28	385	176 - 594
Birmingham	19	645	55 - 1235
UK	180	286	213 - 359

8.5 Pre-emptive listing rates, 1 April 2015 - 31 March 2016

Rates of [pre-emptive](#) kidney only listings are shown in **Figure 8.9** for paediatric patients joining the list between 1 April 2015 and 31 March 2016. Patients listed on the deceased donor [transplant list](#) prior to receiving a living donor transplant are excluded and in order to remove the effect of these patients an earlier cohort was selected. [Pre-emptive](#) listing accounted for 37% of all paediatric registrations across the UK ranging from 56% at Nottingham to 0% at Belfast, GOSH and adult centres.



Response to paediatric kidney offers

Offer decline rates

Kidney-only offers from [DBD](#) donors who had at least one kidney retrieved, offered directly and on behalf of a named individual patient and resulted in transplantation are included in the analysis. Any offers made through the reallocation of kidneys, declined kidney or fast track schemes were excluded, as were offers of kidneys from donations after circulatory death donors.

Data are presented for standard criteria donors (SCD). SCD are [DBD](#) donors aged <50 at the time of death.

[Funnel plots](#) were used to compare centre specific offer decline rates and indicate how consistent the rates of the individual transplant centres are with the national rate. The overall national unadjusted offer decline rate is shown by the solid line while the 95% and 99.8% confidence lines are indicated via a thin and thick dotted line, respectively. Each dot in the plot represents an individual transplant centre. Centres that are positioned above the upper limits indicate an offer decline rate that is higher than the national rate, while centres positioned below the lower limits indicate an offer decline rate that is lower than the national rate. Patient [case mix](#) is known to influence the number of offers a centre may receive. In this analysis however only individual offers for named patients were considered which excluded any [ABO](#)- and HLA-incompatible patients. For this reason it was decided not to risk adjust for known centre differences in patient [case mix](#).

9.1 Standard criteria offer decline rates, 1 April 2014 – 31 March 2017

Figure 9.1 compares individual centre offer decline rates with the national rate for SCD over the time period, 1 April 2014 and 31 March 2017. Centres can be identified by the information shown in **Table 9.1**. All centres have an offer decline rate that is in line with the national rate.

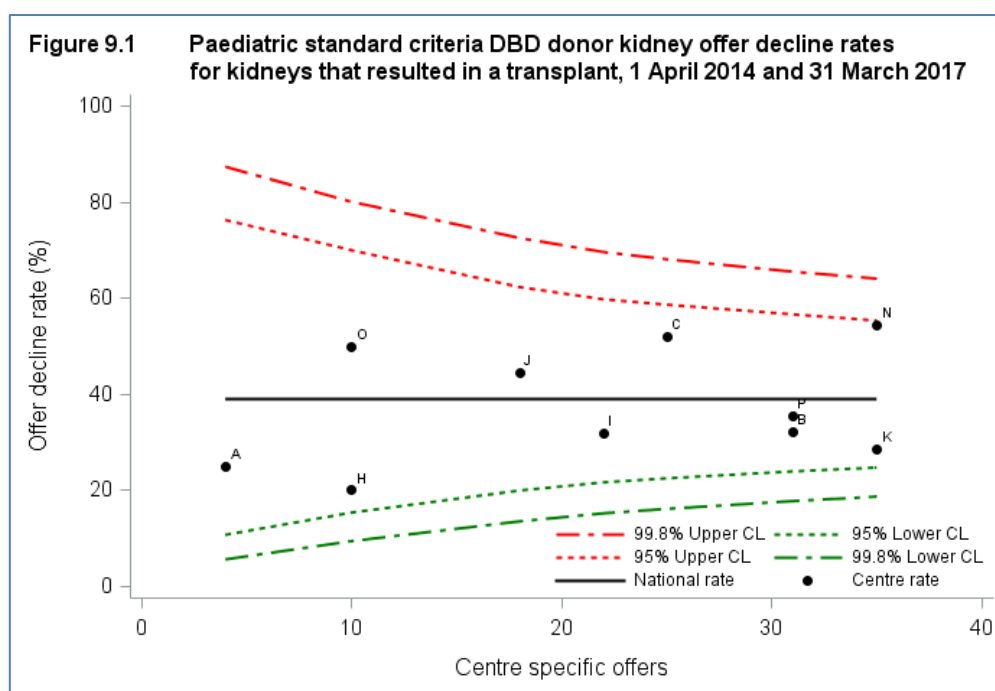


Table 9.1 compares individual centre offer decline rates for SCD over time by financial year.

Centre	Code	2014/15		2015/16		2016/17		Overall	
		N	(%)	N	(%)	N	(%)	N	(%)
Belfast	A	2	(50)	2	(0)	4	(25)		
Birmingham	B	10	(0)	9	(22)	31	(32)	12	(67)
Bristol	C	6	(67)	13	(38)	25	(52)	6	(67)
GOSH	I	6	(17)	7	(43)	22	(32)	9	(33)
Glasgow	H	4	(25)	1	(0)	10	(20)	5	(20)
Guy's	J	6	(33)	6	(67)	18	(44)	6	(33)
Leeds	K	12	(17)	11	(36)	35	(29)	12	(33)
Manchester	N	15	(67)	8	(25)	35	(54)	12	(58)
Newcastle	O			6	(50)	10	(50)	4	(50)
Nottingham	P	3	(67)	16	(38)	31	(35)	12	(25)
UK		64	(36)	79	(37)	221	(39)	78	(44)

Paediatric kidney transplants

10.1 Kidney only transplants, 1 April 2007 – 31 March 2017

Figure 10.1 shows the total number of paediatric kidney only transplants performed in the last ten years, by type of donor. Only a small number of paediatric transplants use kidneys from donors after circulatory death ([DCD](#)), 3 in 2016/17.

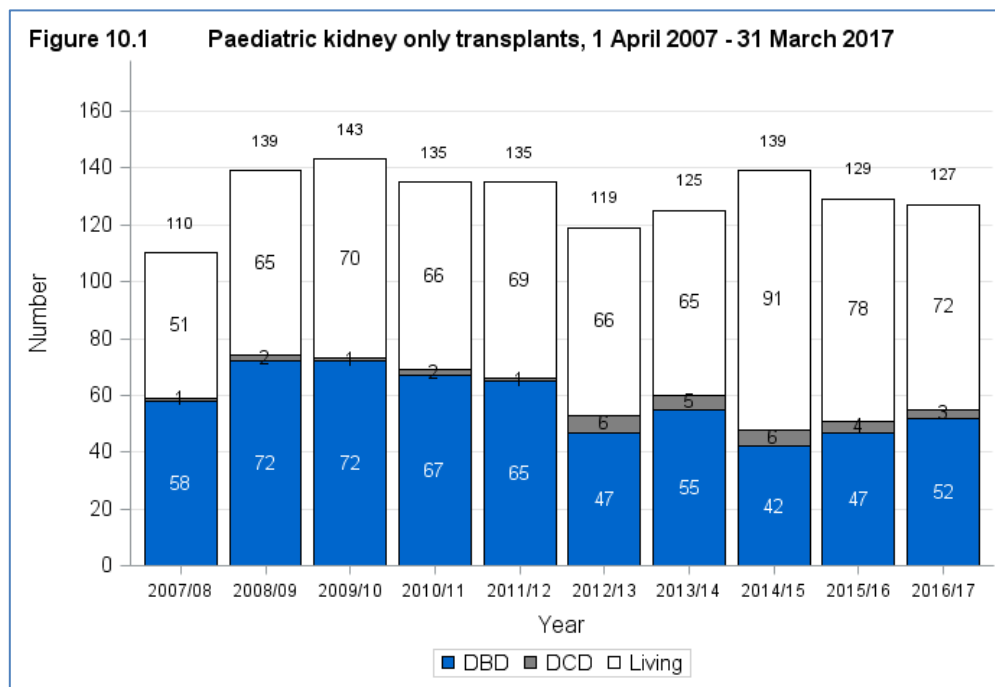
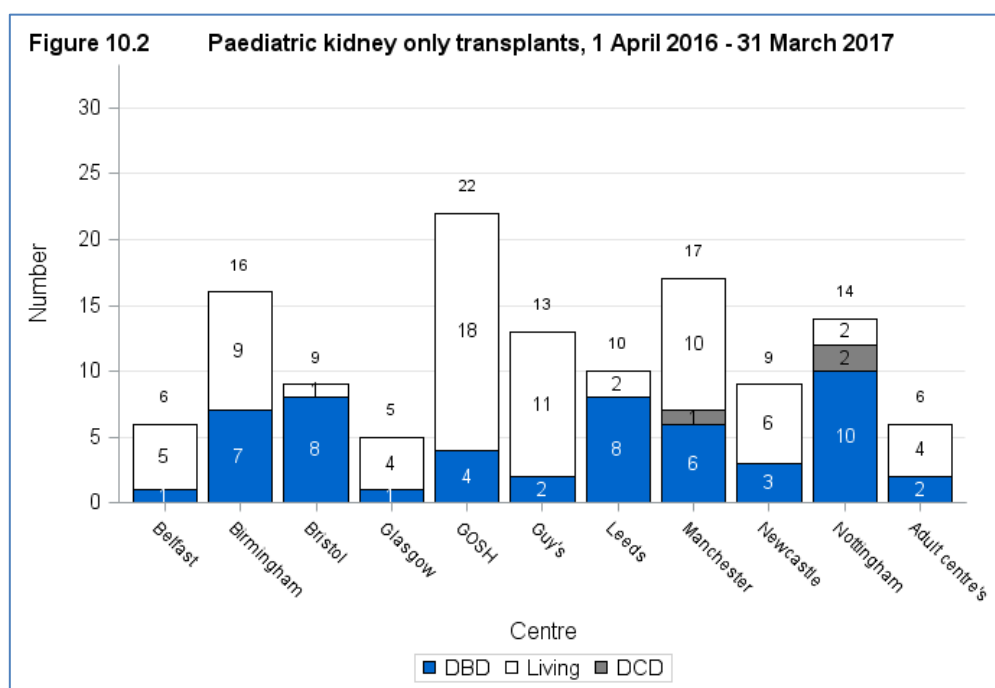


Figure 10.2 shows the total number of paediatric kidney only transplants performed in 2016/17, by centre and type of donor. The same information is presented in **Figure 10.3** but this shows the proportion of [DBD](#), [DCD](#) and living donor transplants performed at each centre.



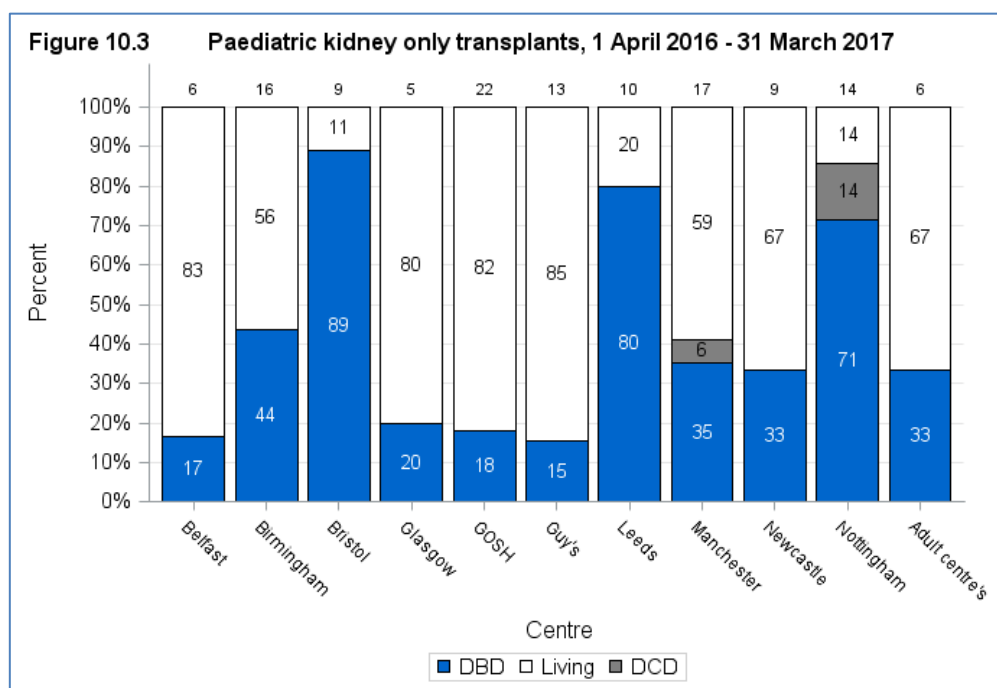
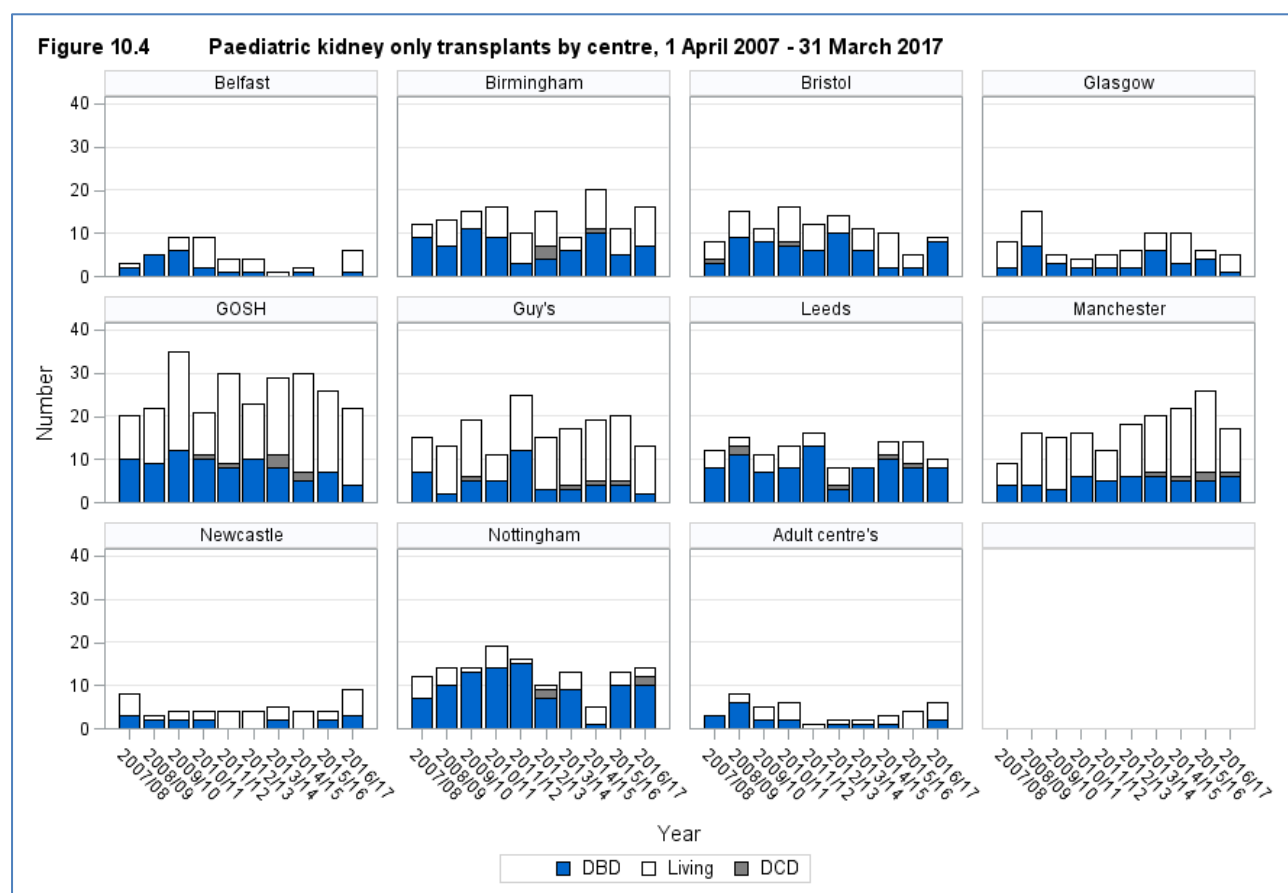
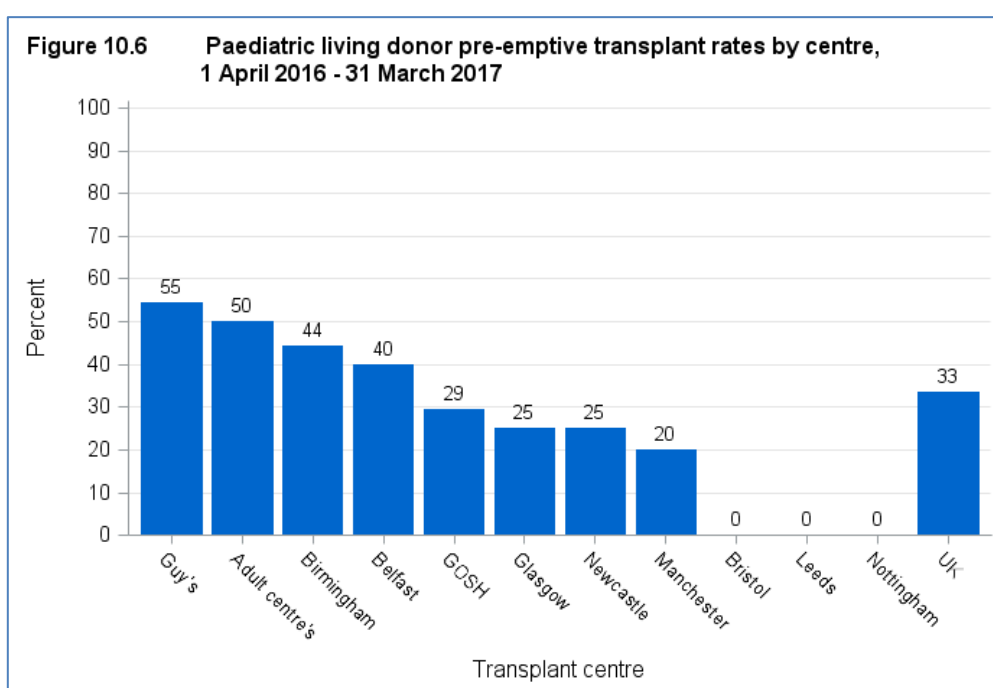
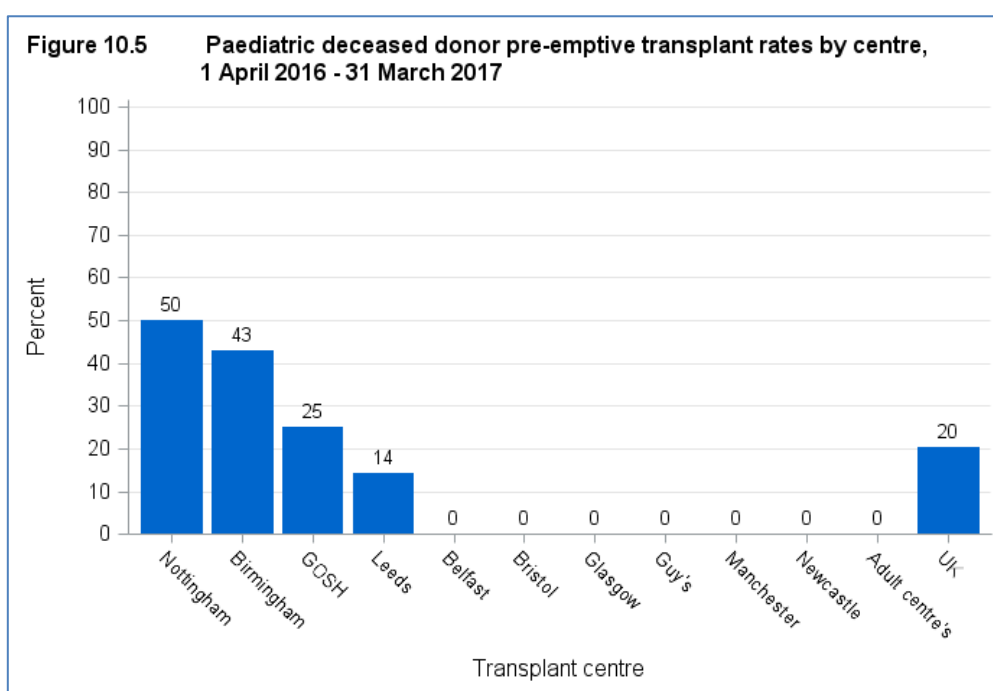


Figure 10.4 shows the total number of paediatric kidney only transplants performed in last ten years, by centre and type of donor.



10.2 Pre-emptive transplant rates, 1 April 2016 - 31 March 2017

Rates of [pre-emptive](#) kidney only transplantation are shown in **Figure 10.5** for paediatric deceased donor transplants and **Figure 10.6** for paediatric living donor transplants. Living donor transplants are more likely to be carried out before the need for dialysis than deceased donor transplants: 33% and 20% respectively. This is because a living donor transplant can often be carried out more quickly than a deceased donor kidney transplant as the latter often necessitates a long waiting time. Paediatric deceased donor [pre-emptive](#) transplant rates ranged from 50% at Nottingham to 0% at Belfast, Bristol, Glasgow, Guy's, Manchester, Newcastle and adult centres. Paediatric living donor [pre-emptive](#) transplant rates ranged from 55% at Guy's to 0% at Bristol, Leeds and Nottingham.



Paediatric kidney outcomes

We present a visual comparison of survival rates among centres that is based on a graphical display known as a [funnel plot](#) (1, 2). This display is used to show how consistent the rates of the different transplant units are with the national rate. [Funnel plots](#) show the [risk-adjusted survival rate](#) plotted against the number of transplants for each centre, with the overall national [unadjusted survival rate](#) (solid line), and its 95% (thin dotted lines) and 99.8% (thick dotted lines) [confidence limits](#) superimposed. Each dot in the plot represents one of the centres. Note that many patients return to local renal units for follow-up care after their transplant and although we report survival according to transplant unit, patients may in fact be followed up quite distantly from their transplant centre.

Interpreting the [funnel plots](#)

If a centre lies within all the limits, then that centre has a survival rate that is statistically consistent with the national rate. If a centre lies outside the 95% [confidence limits](#), this serves as an alert that the centre may have a rate that is significantly different from the national rate. If a centre lies outside the 99.8% limits, then further investigations may be carried out to determine the reasons for the possible difference. When a centre lies above the upper limits, this indicates a survival rate that is higher than the national rate, while a centre that lies below the lower limits has a survival rate that is lower than the national rate. It is important to note that adjusting for patient mix through the use of risk-adjustment models may not account for all possible causes of centre differences. There may be other factors that are not taken into account in the risk-adjustment process that may affect the survival rate of a particular centre.

References

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2. Stark J, Gallivan S, Lovegrove J, Hamilton JRL, Monro JL, Pollock JCS, Watterson KG. Mortality rates after surgery for congenital heart defects in children and surgeons' performance. *Lancet* 2000; 355: 1004 – 1007.

11.1 Deceased donor graft and patient survival

The [funnel plots](#) show that, for the most part, the centres lie within the [confidence limits](#). None of the [funnel plots](#) show any centres that lie outside the lower 95% [confidence limits](#). Some of the [funnel plots](#) show some centres to be above the upper 99.8% [confidence limit](#). This suggests that these centres may have survival rates that are considerably higher than the national rate. Centres can be identified by the information shown in **Table 11.1**.

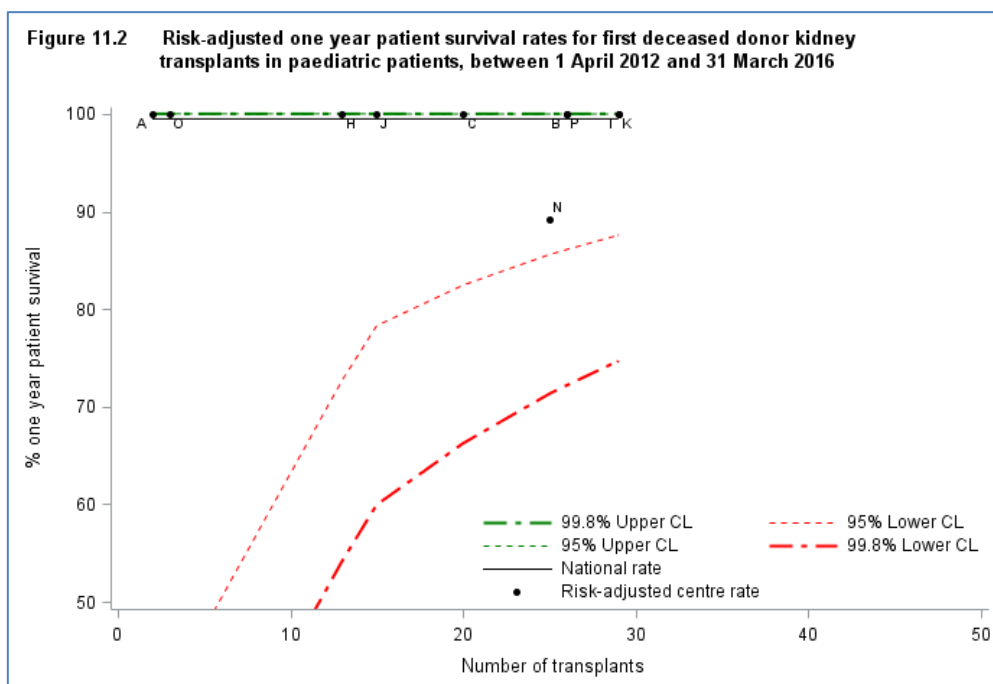
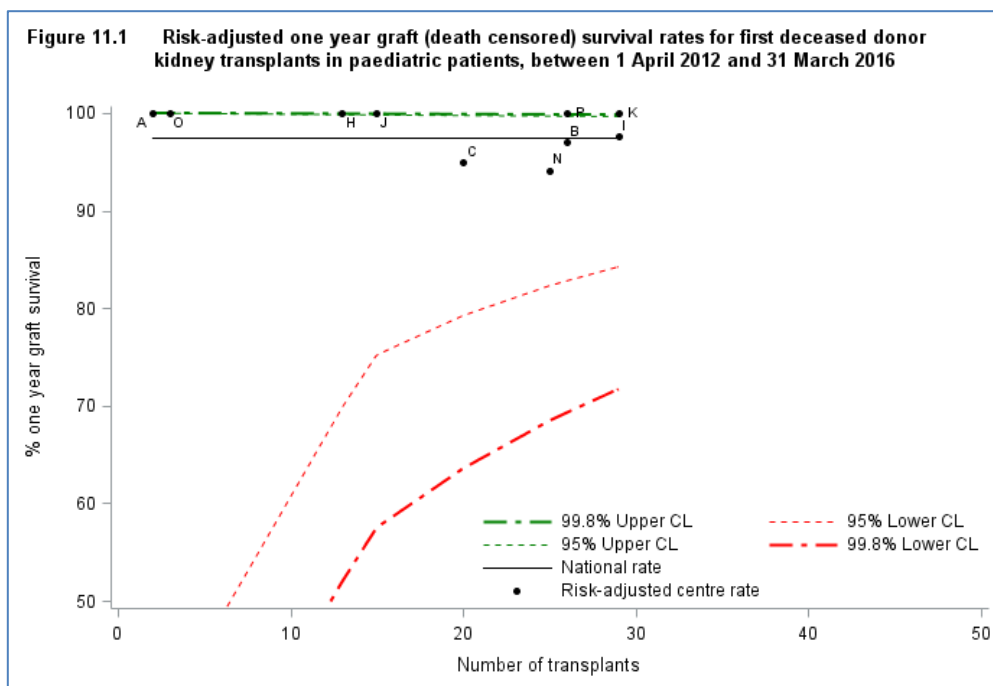


Figure 11.3 Risk-adjusted five year graft (death censored) survival rates for first deceased donor kidney transplants in paediatric patients, between 1 April 2008 and 31 March 2012

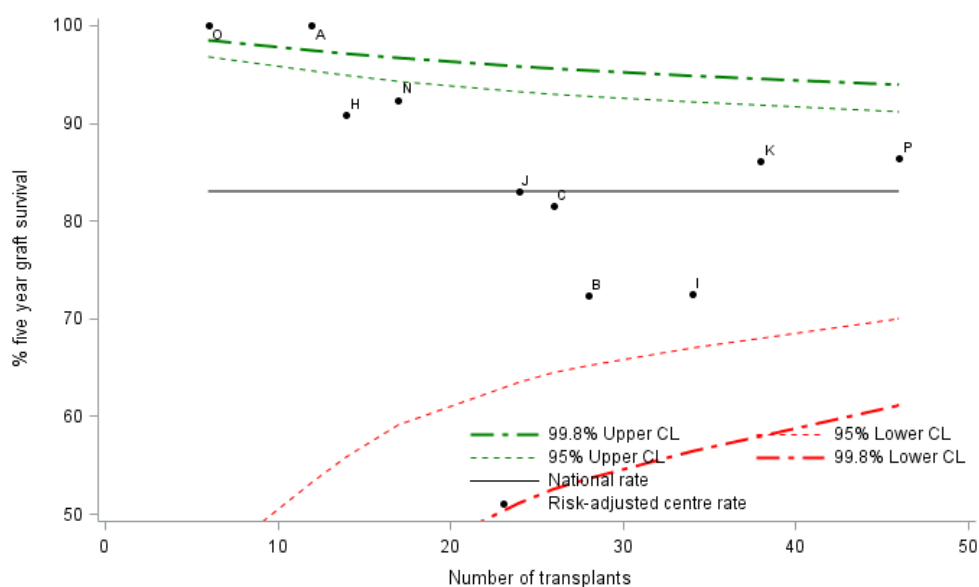


Figure 11.4 Risk-adjusted five year patient survival rates for first deceased donor kidney transplants in paediatric patients, between 1 April 2008 and 31 March 2012

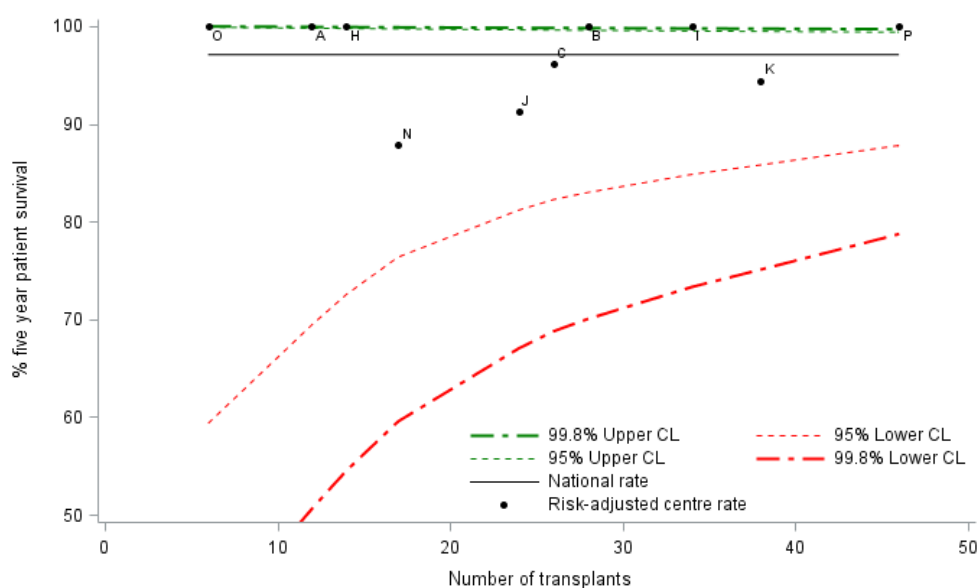


Table 11.1 One and five year first adult kidney-only graft and patient survival using kidneys from deceased donors

Centre	Code	Kidney graft survival				Patient survival			
		One-year*		Five-year**		One-year*		Five-year**	
		%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Belfast	A	100	N/A	100	N/A	100	N/A	100	N/A
Birmingham	B	97	(83 – 100)	72	(40 - 90)	100	N/A	100	N/A
Bristol	C	95	(72 – 100)	81	(57 - 94)	100	N/A	96	(79 – 100)
GOSH	I	98	(87 – 100)	72	(52 - 86)	100	N/A	100	N/A
Glasgow	H	100	N/A	91	(49 – 100)	100	N/A	100	N/A
Guy's	J	100	N/A	83	(57 - 95)	100	N/A	91	(68 - 99)
Leeds	K	100	N/A	86	(67 - 95)	100	N/A	94	(80 - 99)
Manchester	N	94	(67 – 100)	92	(57 – 100)	89	(40 – 100)	88	(56 - 99)
Newcastle	O	100	N/A	100	N/A	100	N/A	100	N/A
Nottingham	P	100	N/A	86	(70 - 95)	100	N/A	100	N/A
UK		97	(94 - 99)	83	(78 - 87)	99	(96 – 100)	97	(94 - 99)

* Includes transplants performed between 1 April 2012 - 31 March 2016

** Includes transplants performed between 1 April 2008 - 31 March 2012

11.2 Living donor graft and patient survival

The [funnel plots](#) show that, for the most part, the centres lie within the [confidence limits](#). None of the [funnel plots](#) show any centres that lie outside the lower 95% [confidence limits](#). Some of the [funnel plots](#) show some centres to be above the upper 99.8% [confidence limit](#). This suggests that these centres may have survival rates that are considerably higher than the national rate. Centres can be identified by the information shown in **Table 11.2**.

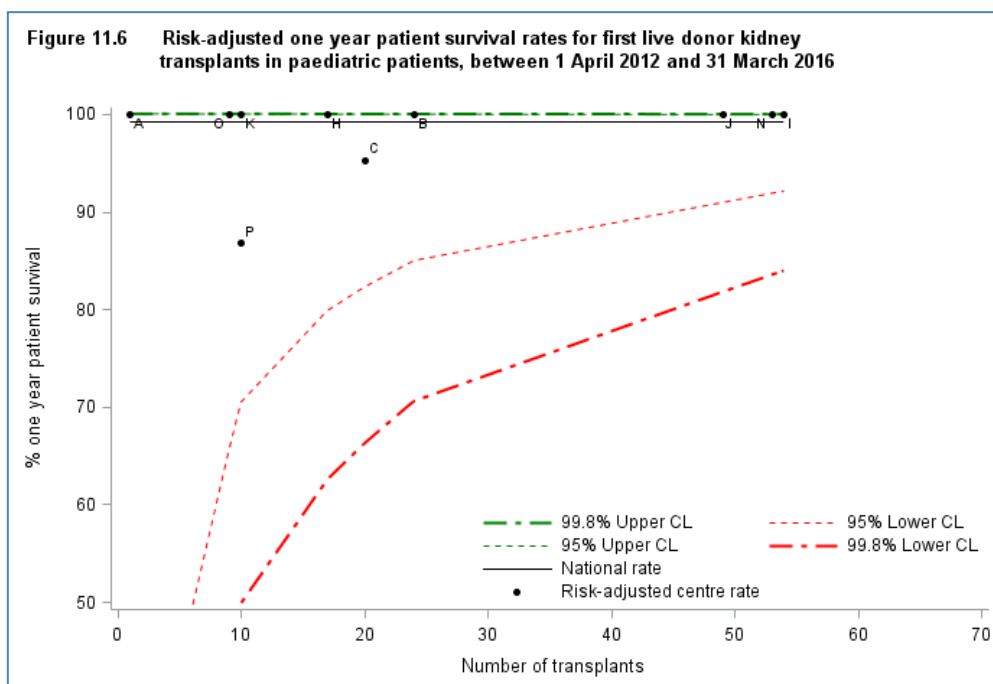
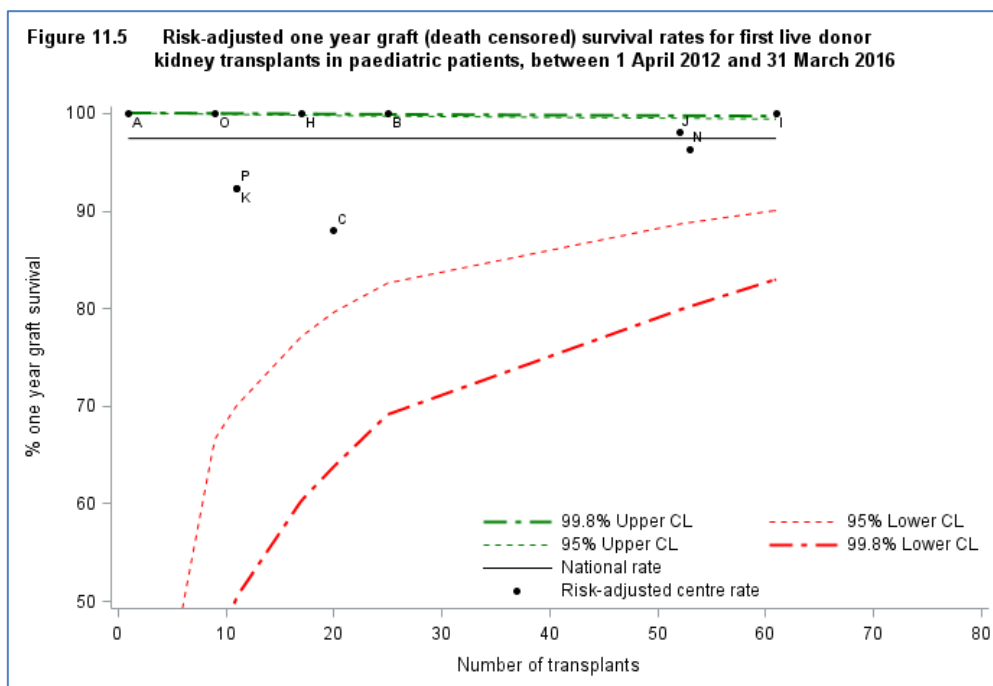


Figure 11.7 Risk-adjusted five year graft (death censored) survival rates for first live donor kidney transplants in paediatric patients, between 1 April 2008 and 31 March 2012

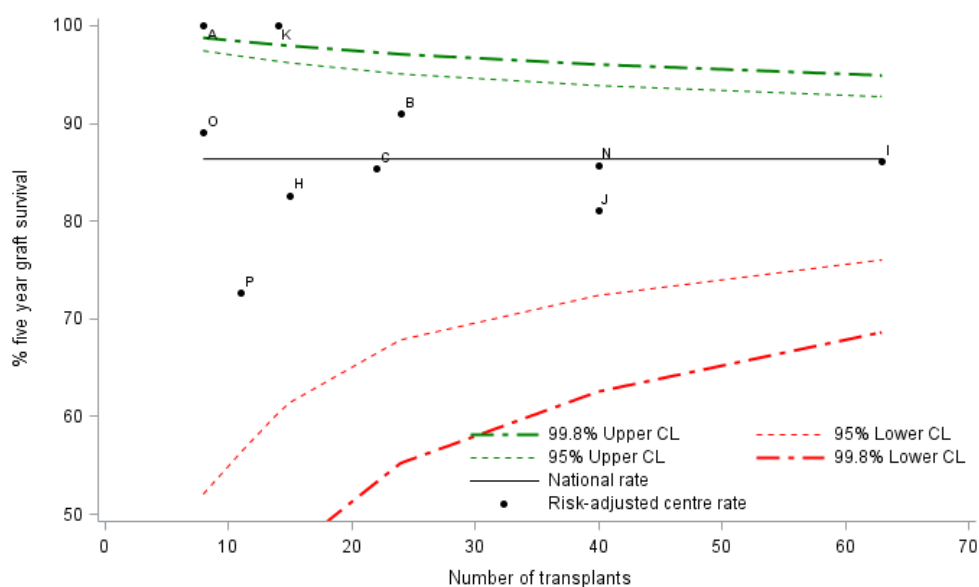


Figure 11.8 Risk-adjusted five year patient survival rates for first live donor kidney transplants in paediatric patients, between 1 April 2008 and 31 March 2012

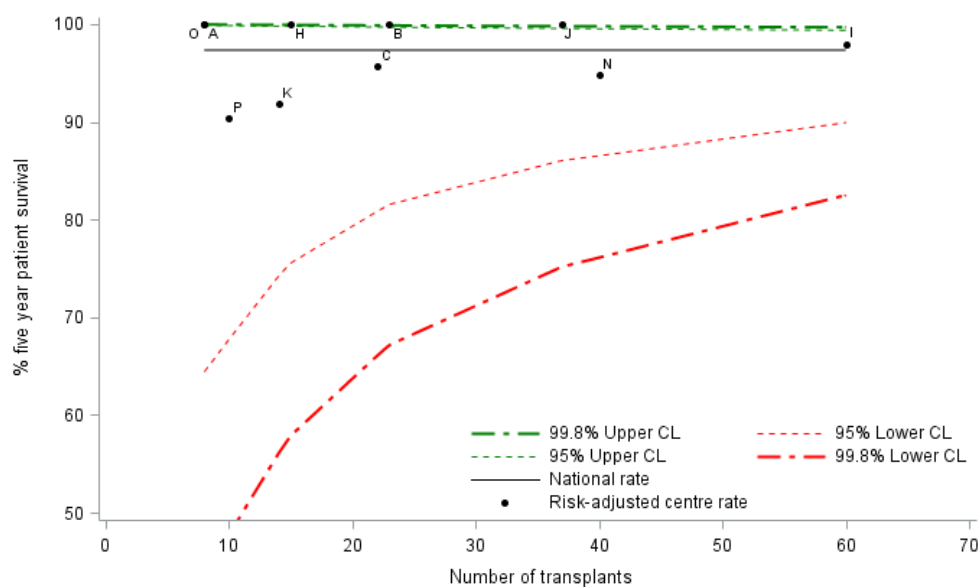


Table 11.2 One and five year first adult kidney-only graft and patient survival using kidneys from living donors

Centre	Code	Kidney graft survival				Patient survival			
		One-year*		Five-year**		One-year*		Five-year**	
		%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Belfast	A	100	N/A	100	N/A	100	N/A	100	N/A
Birmingham	B	100	N/A	91	(67 - 99)	100	N/A	100	N/A
Bristol	C	88	(57 - 99)	85	(57 - 97)	95	(74 - 100)	96	(76 - 100)
GOSH	I	100	N/A	86	(71 - 94)	100	N/A	98	(89 - 100)
Glasgow	H	100	N/A	83	(49 - 96)	100	N/A	100	N/A
Guy's	J	98	(89 - 100)	81	(61 - 92)	100	N/A	100	N/A
Leeds	K	92	(57 - 100)	100	N/A	100	N/A	92	(55 - 100)
Manchester	N	96	(87 - 100)	86	(69 - 95)	100	N/A	95	(81 - 99)
Newcastle	O	100	N/A	89	(39 - 100)	100	N/A	100	N/A
Nottingham	P	92	(57 - 100)	73	(1 - 97)	87	(27 - 100)	90	(47 - 100)
UK		97	(95 - 99)	86	(81 - 90)	99	(97 - 100)	97	(94 - 99)

* Includes transplants performed between 1 April 2012 - 31 March 2016

** Includes transplants performed between 1 April 2008 - 31 March 2012

Form return rates

12.1 Deceased donor form return rates, 1 April 2016 – 31 March 2017

Form return rates are reported in **Table 12.1** for the kidney transplant record, three month and 1 year follow up form, along with lifetime follow up (more than 2 years). These include all paediatric deceased donor kidney only transplants between 1 April 2016 and 31 March 2017 for the transplant record, and all requests for follow up forms issued in this time period.

Table 12.1 Deceased donor form return rates, 1 April 2016 - 31 March 2017								
Centre	Transplant record		3 month follow-up		1 year follow-up		Lifetime follow-up	
	N	% returned	N	% returned	N	% returned	N	% returned
Belfast, Belfast City Hospital	1	100	1	100			24	71
Birmingham, Birmingham Children's Hospital							34	97
Birmingham, Queen Elizabeth Hospital Birmingham	7	100	7	100	4	100	57	74
Bradford, St Lukes Hospital							30	77
Bristol, Southmead Hospital	8	100	7	100	2	100	48	63
Cambridge, Addenbrooke's Hospital							20	40
Cardiff, University Of Wales Hospital	1	100					43	77
Glasgow, Queen Elizabeth University Hospital							31	71
Leeds, St James's University Hospital	8	88	7	86	7	86	95	81
Leicester, Leicester General Hospital							25	92
London, Great Ormond Street Hospital For Children	4	100	5	100	7	100	47	79
London, Guy's Hospital	2	100	2	50	5	20	73	48
London, Royal Free Hospital	1	100	1	100			38	37
Manchester, Manchester Royal Infirmary	7	100	8	88	5	80	70	79
Nottingham, Nottingham City Hospital	12	100	14	100	12	67	69	86
Sheffield, Northern General Hospital							37	70

12.2 Living donor form return rates, 1 April 2016 – 31 March 2017

Form return rates are reported in **Table 12.2** for the kidney transplant record, three month and 1 year follow up form, along with lifetime follow up (more than 2 years). These include all paediatric living donor kidney only transplants between 1 April 2016 and 31 March 2017 for the transplant record, and all requests for follow up forms issued in this time period.

Table 12.2 Living donor form return rates, 1 April 2016 - 31 March 2017								
Centre	Transplant record		3 month follow-up		1 year follow-up		Lifetime follow-up	
	N	% returned	N	% returned	N	% returned	N	% returned
Belfast, Royal Belfast Hospital For Sick Children							20	0
Birmingham, Birmingham Children's Hospital							27	93
Birmingham, Queen Elizabeth Hospital Birmingham	9	100	10	100	6	100	20	80
Cardiff, University Of Wales Hospital	3	100	2	100	3	100	26	88
Leeds, St James's University Hospital	2	100	3	100	5	100	23	78
Liverpool, Alder Hey Children's Hospital							35	17
London, Great Ormond Street Hospital For Children	18	94	19	95	19	58	76	74
London, Guy's Hospital	11	100	11	91	15	47	98	48
London, Royal Free Hospital							22	36
Manchester, Manchester Royal Infirmary	10	100	15	80	16	69	25	88
Manchester, Royal Manchester Children's Hospital							25	76
Newcastle, Royal Victoria Infirmary							22	86
Nottingham, Nottingham City Hospital	2	100	3	100	1	100	28	61

Appendix

A1 Glossary of terms

ABO

The most important human blood group system for transplantation is the ABO system. Every human being is of blood group O, A, B or AB, or of one of the minor variants of these four groups. ABO blood groups are present on other tissues and, unless special precautions are taken, a group A kidney transplanted to a group O patient will be rapidly rejected.

Active transplant list

When a patient is registered for a transplant, they are registered on what is called the 'active' transplant list. This means that when a donor kidney becomes available, the patient is included among those who are matched against the donor to determine whether or not the kidney is suitable for them. It may sometimes be necessary to take a patient off the transplant list, either temporarily or permanently. This may be done, for example, if someone becomes too ill to receive a transplant. The patient is told about the decision to suspend them from the list and is informed whether the suspension is temporary or permanent. If a patient is suspended from the list, they are not included in the matching of any donor kidneys that become available.

Case mix

The types of patients treated at a unit for a common condition. This can vary across units depending on the facilities available at the unit as well as the types of people in the catchment area of the unit. The definition of what type of patient a person is depends on the patient characteristics that influence the outcome of the treatment. For example the case mix for patients registered for a kidney transplant is defined in terms of various factors such as the blood group, tissue type and age of the patient. These factors have an influence on the chance of a patient receiving a transplant.

Confidence interval (CI)

When an estimate of a quantity such as a survival rate is obtained from data, the value of the estimate depends on the set of patients whose data were used. If, by chance, data from a different set of patients had been used, the value of the estimate may have been different. There is therefore some uncertainty linked with any estimate. A confidence interval is a range of values whose width gives an indication of the uncertainty or precision of an estimate. The number of transplants or patients analysed influences the width of a confidence interval. Smaller data sets tend to lead to wider confidence intervals compared to larger data sets. Estimates from larger data sets are therefore more precise than those from smaller data sets. Confidence intervals are calculated with a stated probability, usually 95%. We then say that there is a 95% chance that the confidence interval includes the true value of the quantity we wish to estimate.

Confidence limit

The upper and lower bounds of a confidence interval.

Cox Proportional Hazards model

A statistical model that relates the instantaneous risk (hazard) of an event occurring at a given time point to the risk factors that influence the length of time it takes for the event to occur. This model can be used to compare the hazard of an event of interest, such as graft failure or patient death, across different groups of patients.

Cross-match

A cross-match is a test for patient antibodies against donor antigens. A positive cross-match shows that the donor and patient are incompatible. A negative cross-match means there is no reaction between donor and patient and that the transplant may proceed.

Donor after brain death (DBD)

A donor whose heart is still beating when their entire brain has stopped working so that they cannot survive without the use of a ventilator. Organs for transplant are removed from the donor while their heart is still beating, but only after extensive tests determine that the brain cannot recover and they have been certified dead.

Donor after circulatory death (DCD)

A donor whose heart stops beating before their brain stops working and who is then certified dead. The organs are then removed.

Funnel plot

A graphical method that shows how consistent the survival rates of the different transplant units are compared to the national rate. The graph shows for each unit, a survival rate plotted against the number of transplants undertaken, with the national rate and confidence limits around this national rate superimposed. In this report, 95% and 99.8% confidence limits were used. Units that lie within the confidence limits have survival rates that are statistically consistent with the national rate. When a unit is close to or outside the limits, this is an indication that the centre may have a rate that is considerably different from the national rate.

Graft survival rate

The percentage of patients whose grafts are still functioning. This is usually specified for a given time period after transplant. For example, a five-year transplant survival rate is the percentage of transplants still functioning five years after transplant.

HLA mismatch

Human Leucocyte Antigen (HLA) antigens are carried on many cells in the body and the immune system can distinguish between those that can be recognised as 'self' (belonging to you or identical to your own) and those that can be recognised as 'nonself'. The normal response of the immune system is to attack foreign/non-self material by producing antibodies against the foreign material. This is one of the mechanisms that provide protection against infection. This is unfortunate from the point of view of transplantation as the immune system will see the graft as just another 'infection' to be destroyed, produce antibodies against the graft and rejection of the grafted organ will take place. To help overcome this response, it is recognised that 'matching' the recipient and donor on the basis of HLA (and blood group) reduces the chances of acute rejection and, with the added use of immunosuppressive drugs, very much improves the chances of graft survival. 'Matching' refers to the similarity of the recipient HLA type and donor HLA type. HLA mismatch refers to the number of mismatches between the donor and the recipient at the A, B and DR (HLA) loci. There can only be a total of two mismatches at each locus. For example, an HLA mismatch value of 000, means that the donor and recipient are identical at all three loci, while an HLA mismatch value of 210 means that the donor and recipient differ completely at the A locus, are partly the same at the B locus and are identical at the DR locus.

Inter-quartile range

The values between which the middle 50% of the data fall. The lower boundary is the lower quartile, the upper boundary the upper quartile.

Kaplan-Meier method

A method that allows patients with incomplete follow-up information to be included in estimating survival rates. For example, in a cohort for estimating one year patient survival rates, a patient was followed up for only nine months before they relocated. If we calculated a crude survival estimate using the number of patients who survived for at least a year, this patient would have to be excluded as it is not known whether or not the patient was still alive at one year after transplant. The Kaplan-Meier method allows information about such patients to be used for the length of time that they are followed-up, when this information would otherwise be discarded. Such instances of incomplete follow-up are not uncommon and the Kaplan-Meier method allows the computation of estimates that are more meaningful in these cases.

Live donor

A donor who is a living person and who is usually, but not always, a relative of the transplant patient. For example, a parent may donate one of their kidneys to their child.

Median

The midpoint in a series of numbers, so that half the data values are larger than the median, and half are smaller.

Multi-organ transplant

A transplant in which the patient receives more than one organ. For example, a patient may undergo a transplant of a kidney and liver.

National Kidney Allocation Scheme

A nationally agreed set of rules for sharing and allocating kidneys for transplant between transplant centres in the UK. The scheme is administered by NHS Blood and Transplant.

Patient survival rate

The percentage of patients who are still alive (whether the graft is still functioning or not). This is usually specified for a given time period after transplant. For example, a five-year patient survival rate is the percentage of patients who are still alive five years after their first transplant.

p value

In the context of comparing survival rates across centres, the p value is the probability that the differences observed in the rates across centres occurred by chance. As this is a probability, it takes values between 0 and 1. If the p value is small, say less than 0.05, this implies that the differences are unlikely to be due to chance and there may be some identifiable cause for these differences. If the p value is large, say greater than 0.1, then it is quite likely that any differences seen are due to chance.

Pre-emptive

Patients that are placed on the kidney transplant list or receive a transplant prior to the need for dialysis are termed as pre-emptive. Patients listed pre-emptively will usually require dialysis within six months of being placed on the transplant list.

Risk-adjusted survival rate

Some transplants have a higher chance than others of failing at any given time. The differences in expected survival times arise due to differences in certain factors, the risk factors, among patients. A risk-adjusted survival rate for a centre is the expected survival rate for that centre given the case mix of their patients. Adjusting for case mix in estimating centre-specific survival rates allows valid comparison of these rates across centres and to the national rate.

Risk factors

These are the characteristics of a patient, transplant or donor that influence the length of time that a graft is likely to function or a patient is likely to survive following a transplant. For example, when all else is equal, a transplant from a younger donor is expected to survive longer than that from an older donor and so donor age is a risk factor.

Unadjusted survival rate

Unadjusted survival rates do not take account of risk factors and are based only on the number of transplants at a given centre and the number and timing of those that fail within the post-transplant period of interest. In this case, unlike for risk-adjusted rates, all transplants are assumed to be equally likely to fail at any given time. However, some centres may have lower unadjusted survival rates than others simply because they tend to undertake transplants that have increased risks of failure. Comparison of unadjusted survival rates across centres and to the national rate is therefore inappropriate.

A2 Statistical methodology and risk-adjustment for survival rate estimation

Unadjusted and risk-adjusted estimates of patient and graft survival are given for each centre. Unadjusted rates give an estimate of what the survival rate at a centre is, assuming that all patients at the centre have the same chance of surviving a given length of time after transplant. In reality, patients differ and a risk-adjusted rate that allows for these differences would give a more meaningful estimate of survival.

Computing unadjusted survival rates

Unadjusted survival rates were calculated using the Kaplan-Meier method, which allows patients with incomplete follow-up information to be included in the computation. For example, in a cohort for estimating one-year patient survival rates, a patient was followed up for only nine months before they relocated. If we calculated a crude survival estimate using the number of patients who survived for at least a year, this patient would have to be excluded, as it is not known whether or not the patient was still alive one year after transplant. The Kaplan-Meier method allows information about such patients to be used for the length of time that they are followed-up, when this information would otherwise be discarded. Such instances of incomplete follow-up are not uncommon in the analysis of survival data and the Kaplan-Meier method therefore allows the computation of survival estimates that are more meaningful.

Computing risk-adjusted survival rates

A risk-adjusted survival rate is an estimate of what the survival rate at a centre would have been if they had had the same mix of patients as that seen nationally. The risk-adjusted rate therefore presents estimates in which differences in patient mix across centres have been removed as much as possible. For that reason, it is valid to only compare centres using risk-adjusted rather than unadjusted rates, as differences among the latter can be attributed to differences in patient mix.

Risk-adjusted survival estimates were obtained through indirect standardisation. A [Cox Proportional Hazards model](#) was used to determine the probability of survival for each patient based on their individual risk factor values. The sum of these probabilities for all patients at a centre gives the number, E , of patients or grafts expected to survive at least one year or five years after transplant at that centre. The number of patients who actually survive the given time period is given by O . The risk-adjusted estimate is then calculated by multiplying the ratio O/E by the overall unadjusted survival rate across all centres. The risk-adjustment models used were based on results from previous studies that looked at factors affecting the survival rates of interest. The factors included in the models are shown in the table below.

Systematic component of variation

For a given individual who is a resident in a given English Strategic Health Authority (SHA), registration to the transplant list is modelled as a Bernoulli trial. At the whole area level, this becomes a Binomial process which can be approximated by a Poisson distribution when rare events are modelled. Transplant counts follow similar assumptions.

To allow for the possibility that, even after allowing for area-specific Poisson rates, area differences remain, introduce an additional multiplicative rate factor which varies from area to area. Postulate a non-parametric distribution for the multiplicative factor, with variance σ^2 . If the factor is one for all areas, then area differences are fully explained by the area-specific Poisson rate. If the factor varies with a nonzero variance, σ^2 , then we conclude that there are unexplained area differences.

The systematic component of variation (SCV; McPherson *et al.*, *N Engl J Med* 1982, **307**: 1310-4) is the moment estimator of σ^2 . Under the null hypothesis of homogeneity across areas, the SCV would be zero. The SCV, therefore, allows us to detect variability across areas beyond that expected by chance; the larger the SCV, the greater the evidence of systematic variation across areas.

Risk adjustment factors

Adult patient transplants

First transplants from deceased donors

1 year graft survival	Donor age, donor type, donor cause of death, recipient age, waiting time to transplant, primary renal disease, HLA mismatch group, cold ischaemic time*, recipient ethnicity
1 year patient survival	Donor age, recipient age, waiting time to transplant, primary renal disease, HLA mismatch group, cold ischaemic time*
5 year graft survival	Graft year, donor age, donor type, donor cause of death, recipient age, waiting time to transplant, primary renal disease, HLA mismatch group, recipient ethnicity
5 year patient survival	Graft year, donor age, recipient age, waiting time to transplant, primary renal disease

Transplants from live donors

1 year graft survival	Donor age, recipient age, primary renal disease, number of HLA mismatches
1 year patient survival	Recipient age
5 year graft survival	Graft year, donor age, recipient age, primary renal disease, number of HLA mismatches
5 year patient survival	Recipient age, primary renal disease

Paediatric patient transplants

First transplants from deceased donors

1 year graft survival	Donor age, recipient age, HLA mismatch group, cold ischaemic time*
1 year patient survival	Recipient age
5 year graft survival	Donor age, recipient age, HLA mismatch group
5 year patient survival	Recipient age

Transplants from live donors

1 year graft survival	Donor age, recipient age
1 year patient survival	Recipient age
5 year graft survival	Donor age, recipient age
5 year patient survival	Recipient age

*Time between retrieval of kidney from the donor and time of transplant in the patient.

A3 Factors used in risk-adjusted models for patient survival from listing

Adult patient registrations

First registrations for deceased donor transplant

1, 5 and 10 year patient survival from listing age, gender, ethnicity, blood group, BMI, cRF*>85%, primary disease, dialysis status

* Calculated reaction frequency

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