NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE

THE SEVENTEENTH MEETING OF THE NATIONAL RETRIEVAL GROUP (NRG) WEDNESDAY 29th MARCH 2017 FROM 10:30 UNTIL 16:00

THE CHARTERED INSTITUTE OF ARBITRATORS, LONDON

MINUTES

Present:

Prof Rutger Ploeg (Chair)	National Clinical Lead for Organ Retrieval
Ms Karen Quinn (Co-Chair)	Assistant Director – UK Commissioning, ODT
Ms Liz Armstrong	Head of Service Development
Ms Emma Billingham	Senior Commissioning Manager, ODT
Mr Roberto Cacciola	Associate National Clinical Lead for Organ Retrieval
Mr John Casey	Pancreas Advisory Group Surgical Representative
Prof Peter Friend	Bowel Advisory Group Surgical Representative
Ms Kate Martin	Statistics and Clinical Studies, NHSBT
Ms Debbie McGuckin	Senior Commissioning Manager, ODT
Ms Cecilia McIntyre	NORS Transformation Programme Lead
Dr Paul Murphy	National Clinical Lead for Organ Donation
Ms Theodora Pissanou	NORS Clinical Lead Representative
Mr Gabriel Oniscu	RINTAG Surgical Representative
Ms Amanda Small	Lead Nurse Service Delivery (Deputy for F Wellington)
Mr Mick Stokes	Duty Office Services Manager, ODT, NHSBT
Mr Steven Tsui	Cardiothoracic Advisory Group Surgical Representative
Mrs Claire Williment	Head of Transplant Development, ODT

In Attendance:

Miss Catherine Green	Clinical & Support Services ODT, NHSBT
Mr Gavin Pettigrew	Transplant Surgeon, Cambridge
Mrs Kathy Zalewska	Clinical & Support Services ODT, NHSBT

Item **Action**

Welcome and apologies

Mr John Asher	Dr Sian Lewis
Mr Gareth Brown	Prof Derek Manas
Mr Chris Callaghan	Ms Melissa d'Mello
Prof John Dark	Mr David Metcalf
Prof John Forsythe	Mr Anthony Snape
Mrs Victoria Fox	Mr John Stirling
Ms Victoria Gauden	Ms Helen Tincknell
Mr Iain Harrison	Prof Chris Watson
Mr Ben Hume	Ms Fiona Wellington
Mrs Rachel Johnson	Dr Mike Winter
Ms Sally Johnson	Ms Belinda Wright

1 Declarations of interest in relation to the agenda

There were no declarations of interest in relation to the agenda.

2 Minutes of the National Retrieval Group meeting held on Wednesday 9th November 2016

2.1 **Accuracy**

The minutes of the meeting were agreed as a correct record.

2.2 **Action Points – NRG(AP)(17)1**

AP1: Cardiothoracic perfusion protocol is in hand and will be incorporated into NORS Standards.

AP2: A letter is in hand to be sent to NORS retrieval teams.

AP6: R Cacciola updated members on behalf of D Manas. The Birmingham protocol for livers has been developed and needs to be approved by LAG. It was agreed that R Cacciola would ask for the NRG histopathology protocol to be circulated to LAG members. **R Cacciola**

AP10: D Manas to be contacted in order to update NRG with the work on producing a position paper on future transplant posts. **C Green/ K Zalewska**

All other action points were either completed or on the agenda.

2.3 **Matters arising, not separately identified**

There were no other matters arising.

3 **Organ Advisory Group priorities**

Bowel –

P Friend reported on the on-going concern of retrieving the pancreas when retrieving the small intestine. The current agreement is that if the small intestine is to be retrieved then the intestine and pancreas are retrieved en bloc and the pancreas removed from that bloc to be sent for islets. A discussion between the BAG and PAG chairs will follow to determine whether the protocol should be amended. A letter will then be issued on behalf of both PAG and BAG clarifying the agreement for transplant centres. This would also need to be incorporated into the NORS Standards. **P Friend/J Casey** **R Ploeg**

Cardiothoracic

S Tsui updated members on a new grading system of retrieved organs that CTAG have developed. Both the retrieving and implanting surgeon are required to independently grade the organ to assess any discrepancies in the recording of the quality of the organs. If the grade on the form is anything other than zero then a ‘phone call is expected between the retrieval and the implanting surgeon. The system commenced in January 2017 but awareness of the forms needs to be increased amongst surgeons.

DCD hearts: Refer to minute 8.1 below.
Scout project: Refer to minute 8.2 below.

Kidney

Kidney Advisory Group representative was not in attendance.

Liver

The Liver Advisory Group representative was not in attendance.
E Billingham is working with a new lay member for LAG, S Matthew, to develop a business case for normothermic regional perfusion in livers which will take the same form as the DCD heart business case.

Pancreas

Pancreas Advisory Group representative was not in attendance.

4 Update on Research Developments

4.1 RINTAG

G Oniscu reported that the pilot of the new research allocation scheme is being trialled with good feedback received so far. A researcher book is being produced with a view that it will go live on the ODT website once completed.

The use of allogeneic blood and donor blood for novel technologies: Refer to minute 5.3 below.

4.2 NORS Research Responsibilities/Proposals – NRG(17)2a,2b,2c,2d

C Williment sought a decision on NORS teams retrieving organs for research purposes when the research team is unable to attend. It was proposed that if a NORS team is already attending, and if the necessary licences are in place, then the NORS team could retrieve for research.

Members discussed this issue against the background of NHSBT's 2020 Strategy which supports research in organ donation and transplantation and agreed that NORS teams should retrieve organs/ tissues solely for the purposes of research provided that:

- They are already attending the donor.
- They have been given reassurance that the local study is on the NHSBT registry of 'live' research programmes and the necessary consent is in place regarding the retrieval of the organ.
- When mobilised, NORS teams will be notified about all organs required - including for research purposes.
- That local licences and approvals are in place, where required.
- The team is competent to retrieve the required organ/ tissue.
- The organ/ tissue falls within the normal NORS remit (e.g. NORS teams would not be required to retrieve olfactory bulbs).

Members agreed that this move would not cause any significant additional work for the retrieval teams. It would also provide benefits, such as reducing the numbers of people that have to attend a donor and supporting research that benefits transplantation.

C Williment agreed to formulate a letter to be sent by R Ploeg notifying NORS teams of their role in the retrieval of organs for research purposes. **C Williment**

C Williment updated the meeting on 3 proposals previously raised with NRG and RINTAG but which are not yet live. These included proposals on olfactory bulbs from Birmingham and from London and uterine transplantation from Imperial. Once these proposals have been finalised they will be submitted to NRG and on to SMT for approval.

5 NHSBT Update

5.1 General Update

C Williment updated members on behalf of J Asher and thanked the group for their feedback on the website. The website is still being updated and a link to the demo site will be sent through once complete. Feedback from members on the demo site was encouraged as the site will still be modifiable for a further three months.

Work with Prof J Neuberger to revise the SaBTO guidance is on-going.

5.2 **Utilisation Strategy**

The organ utilisation strategy was launched at the BTS last month with an implementation plan to go to the AG Chairs meeting on the 11th April.

5.3 **The use of allogeneic blood and donor blood for novel technologies – NRG(17)3a,3b**

Members noted a paper outlining a proposal to MHRA on the traceability of allogeneic blood when used in novel technologies during organ retrieval. Forming part of this proposal was the indicative proposal for blood utilisation for donor organ retrieval, ex situ perfusion and preservation technologies. At the moment this is indicative and may require revision upon clinical implementation. These should be included within, or linked to the NORS standards with the acknowledgement that they may require subsequent revision in terms of number of units used for each device/approach.

R Ploeg

It was agreed that the inclusion of this conceptual table indicating the type and volume of blood to be used with each type of technology would be useful. This would act as a guide for SN-ODs and clinicians and would obviate the need to include specific measurements/requirements.

G Oniscu

5.4 ODT Hub update

M Stokes reported that over the past 15 months:

- The new heart and routine lung allocation schemes were safely implemented on the new IT platforms.
- A cross-regional referral and assessment pilot was developed from one central location.
- A demonstration digital transplant list and a multi solid organ offering prototype has now been built.
- Preparations have been made for deploying liver allocation schemes.

The outlook for 2017-18 is to move away from prototypes and towards implementing these systems more fully:

- In summer 2017, the Duty Office will be renamed the ODT Hub which will coincide with the central management of organ offering.
- Liver Transplant Centres will be given the ability to register and maintain their waiting lists directly on the Hub platform.
- The Hub will begin to plan how the referral and assessment of potential donors can be supported.

6 Digital Pathology Project

6.1 **Progress towards service and research**

R Cacciola provided a background to the digital pathology project and whether there is a need for a digital pathology service to rule out major malignancies. Although the situation is managed currently it relies on a significant amount of goodwill which may not be sustainable. It was acknowledged that although this is not directly an NHSBT commissioning issue it does affect the NORS service and evidence needs to be collated to identify the scope of the problem to allow NHSBT to drive the work. The following comments were highlighted:

- The nature of pathology is rapidly changing. Pathologists are becoming increasingly specialised which means that identifying general issues with malignancy of an organ is becoming less common. A potential solution to this issue would be to use pathologists outside of the UK.

- A focus on organ-quality could be a better approach as opposed to malignancy alone. This would require collecting evidence to show when organs are being lost. Clinicians would need to continue bringing the organ back to their centre where there is a BMS on-call.

G Pettigrew also updated members on the trial, supported by NIHR, to be started on evaluating the quality of kidneys. Scanners are being placed in six centres where the organ will travel to if a biopsy is required. A discussion with KAG over allocation of kidneys is on-going.

7 Clinical Governance

7.1 Electronic Quality Form Pilot – working group results – NRG(17)4a,b,c,d

C Williment reported on the pilot in J Asher's absence. AG chairs were asked to review the variables for their specific organ and reply to J Asher by 1st May to ensure that a fixed set of variables on the donor and recipient side could be decided. This form could then be built into the new Hub system that is set to go live in summer 2017.

AG Chairs

7.2 Proposed pilot re attaching organ images to selected kidney offers

This pilot has been authorised by KAG and meetings with SN-ODs have now taken place. There are some operational issues to resolve before the go-live date can be decided.

7.3 Pancreas discard assessment project

G Oniscu/ R Ploeg updated members on the background and aim of the project. Images of the 53 organs that had previously been deemed not transplantable and consequently discarded were sent to either Oxford or Edinburgh which then had to evaluate the organs using a grading form. Of the 53 discarded organs, 36% were subsequently deemed transplantable. The decision to discard appears to be inconsistent across centres and in order to take this project forward two possible options were proposed:

- Assess the quality of the organ at the retrieval centre with the use of images; or
- Assess the quality of the organ with the use of a real-time video.

If discarded, the organ should be offered to those centres with a less risk averse approach or offered for islets, whichever option minimises travel time for the organ.

G Oniscu would be undertaking further work on the project in order to prepare a proposal for submission to the Pancreas Advisory Group for approval.

7.4 Service Development of NRP/EVLP

EVLP: The service development has stopped due to a lack of adequate recruitment to the trial and will revert to a research project as approved by RINTAG.

NRP: This is continuing with the aim for the project to finish between 6 and12 months. In agreement with NHSBT any teams proficient in NRP may be asked to retrieve outside their area. Final results of the project will be submitted at a future meeting. Samples for NRP are collected using the infrastructure provided by QUOD.

7.5 **Clinical Governance report – NRG(17)5**

R Cacciola reported that there were 75 incidents out of 497 retrievals reported to the governance team between 1st November 2016 and 23rd March 2017. The most relevant incidents were listed and noted by members. The following discussion points were highlighted:

- It would be useful to track the number of pancreases that are discarded when they are retrieved and inspected on the back table. NRG supported a request for the use of video footage of the bench assessment which could then be sent to the transplanting surgeon. **K Martin**
- Neither Soltran nor IMV perfusion should be used for pancreas retrieval.
- T Pissanou will liaise with C Callaghan on his work in recognising excellence. **T Pissanou**
- R Cacciola agreed to present a report on CUSUM for NORS retrieval at the next NRG. **R Cacciola**

7.6 **Organ damage report – NRG(17)6**

K Martin summarised this report which showed organ damage rates from 1 January 2015 to 31 December 2016.

It was agreed that this information should be shared with the NORS teams at their annual contract review meetings. **E Billingham**

8 Update on Clinical Developments

8.1 DCD human hearts

8.1.1 Clinical progress

R Ploeg congratulated the teams taking this work forward: Papworth have transplanted 26 DCD hearts and Harefield have transplanted 6. These account for 32 of the 46 DCD hearts transplanted worldwide.

8.1.2 Business case

Members were thanked for their work on creating a strong business case for DCD hearts which was presented to the four Health Departments but only one response had so far been received. At a recent SMT meeting NHSBT agreed that if the Departments are unable to approve the business case then NHSBT is prepared to support the initiative operationally as long as the transplant centres involved can fund the cost of the consumables.

Following the application by Wythenshawe to retrieve DCD hearts a process is in place for those centres wishing to take this on. A flow chart has been created which clarifies the process for retrieving from areas not normally covered for DCD heart retrieval (this assumes the donor fits the criteria and all parties are happy to proceed).

8.1.3 Glasgow proposal

Glasgow have expressed interest in retrieving DCD hearts and will be submitting a proposal to a future NRG meeting. Glasgow plans to use the OCS on DBD donors in the first instance.

8.2 **Update from External Scout review**

C Williment reported that the external peer reviewers agreed with the principle of scouting donors. Work needs to take place on determining which donors should be scouted and by whom. John Stirling and Cecelia McIntyre will be responsible for taking this forward as part of their work on the NORS Workforce Transformation Board. Progress on this will be reported to NRG and then to SMT.

8.3 **Update on uterine transplantation**

This work is still on-going but it has been agreed in principle by SMT and RINTAG. Background work is taking place with SNODs/CLODs in anticipation of this new development. Once further details have been clarified and the proposal is approved, retrieval zones will need to be defined.

9 Update on Workforce Transformation & Training (WP)

9.1 **Progress on Vanguard project**

C McIntyre updated members on the establishment of the two vanguard teams:

- The northern team (Newcastle and Edinburgh) went live in January. In Newcastle alone there were 42 donors (23 DBD, 19 DCD) and Vanguard was facilitated 3 times. A discussion between the two northern centres will follow on multi-organ retrieval to facilitate Vanguard.
- The eastern team (Papworth and Addenbrookes) is yet to go live. There are some delays with Addenbrookes but Papworth are ready to go live.

Although not part of the Vanguard project, members noted Glasgow's interest in the project. Contact has been made with theatre practitioners but input is required from the surgical leads.

9.2 **Separation tasks SN-OD and Theatre Practitioner during retrieval**

Members were formally reminded that as from 1st August 2017, NORS Teams will need to make necessary arrangements for the Theatre Practitioner role as SN-ODs will no longer undertake this work. A competent member of the NORS team is required to perfuse the organs. If no arrangements have been made by this date, the team will be incomplete and potentially unable to operate as a NORS Team.

R Ploeg asked E Billingham to remind the NORS teams of this requirement. E Billingham will include this information in the letter to NORS teams about retrieving organs for research. **E Billingham**

9.3 **Organ Retrieval Masterclass 2016**

R Ploeg reported on the overall positive feedback from the Masterclass. It was the first year that the peri-operative theatre practitioners joined the event and the feedback from this group was very positive.

Looking towards 2017, work will follow on adjusting the programme content if necessary. A meeting will be arranged for R Ploeg, T Pissanou, C McIntyre, and I Quiroga to take this forward and set-up a meeting with the national faculty. **K Zalewska**

10 NORS Standards

10.1 A complete review of the NORS Standards is taking place with a small core group and will then be circulated to a wider core group for comment. Various interested parties, including AG chairs (or a delegate), QA, ODT Operations, Statistics and Clinical Studies will be asked to sign-off the final document.

10.2 **Links to new protocols to be included in NORS Standards**
The NORS Standards will incorporate links to controlled documents which will include relevant protocols. Some controlled documents are currently only available to those working within NHSBT but work is taking place to ensure those without access via NHSBT can access these documents, perhaps via a restricted area on the ODT website.

11 NORS Team Dispatch: Feedback and next steps
The full mobilisation has been delayed from the initial March date. A new date has been set for May depending on when the new documentation is ready. More information on this will follow.

From then on, the ODT Duty Office will decide which is the best team to retrieve in a particular donor hospital.

12 Commissioning
12.1 **NORS demand and capacity NRG(17)7**
E Billingham reported on this follow-up paper which was requested in order to present more options for when a review of capacity should be triggered and to provide the rationale behind the 70% trigger.

The five options were outlined and members were asked the preferred option. Option One was agreed: 70% trigger for abdominal and cardiothoracic for three quarters in a row would act as a trigger for discussion.

12.2 **Update on Republic of Ireland**
K Quinn reported that ODT were awaiting the business case from the Republic of Ireland to undertake retrieval for the UK in Northern Ireland.

12.3 **Paediatric and multi-visceral retrievals**
Discussions with NHS England are complete and transport for these retrievals is now recognised as part of the NHSBT commissioning budget. Any further changes would have to form part of a new business case.

12.4 **NORS Key Performance Indicators NRG(17)8**
These indicators have now been signed off by the solid organ advisory groups and have been included within the NORS Standards.

12.5 **Retrieval Key Performance Indicators Report proposal NRG(17)9**
Members were asked if NORS teams would be interested in receiving a KPI dashboard report in an anonymised form.

It was agreed that it would be very useful to receive this information and the following recommendations for amendments to the report were made:

K Martin

- Reverse the analysis to show those who exceed the three hour time for arrival.
- Amend the analysis to show mobilisation time exceeding one hour.
- Incorporate further KPIs as appropriate

12.6 **For information only:**
Commissioning Performance Report NRG(17)10
Members noted the report.

P Friend suggested that 'Equality of teams' be added to the next NRG agenda to discuss the difference in activity between the centres. **K Zalewska**

13 Any other business

The new kidney boxes will be rolled out in May and instructions for use will be issued to NORS teams in due course.

14 Dates for 2017 meetings:
Wednesday, 12th July 2017 – Association of Anaesthetists, London
Wednesday, 8th November 2017 – Park Crescent Conference Centre, London

Organ Donation and Transplantation Directorate **April 2017**