

**NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE
TELECONFERENCE MEETING OF
CTAG CORE GROUP
ON FRIDAY 10TH MARCH 2017, 15:00 – 16:30**

DIAL IN CODE: 0800 032 8069
PARTICIPANT CODE: 34 67 80 83#

MINUTES

PRESENT:	Steven Tsui (ST) Mike Burch (MB) Gareth Parry (GP) Nawwar Al Attar (NAA) Rajamiyer Venkateswaren (RV) Sally Rushton (SR)	CHAIR – Papworth GOSH Newcastle Glasgow Manchester NHSBT
ATTENDING:	Lucy Newman (LN) Esther Wong (EW)	NHSBT NHSBT
APOLOGIES:	Jorge Mascaro (JM) Anne Sheldon (ASh) Andre Simon (ASi)	Birmingham NHSBT Harefield

- 1 **Minutes of the CTAG Core Group Teleconference on 16th December 2016**
The minutes of the last meeting were an accurate record of the meeting and there were no further matters arising
- 2 **Actions from the last teleconference**
- 2.1 **Mycobacteria**
Society of Cardiothoracic surgeons of GB & Ireland provided specific advice regarding notification of patients at risk of infection with *mycobacteria chimaera*. ST will check with JF for specific guidance regarding heart and lung transplant recipients in whom a heater/cooler was used during their transplant ST
- AP4 – list of reasons for declining donor organs**
SR reported that there is no implementation date at present. This should remain on agenda so that progress can be reported to group. SR
- AP6 – justification for allocating cardiothoracic organs by age**
Agreement is to remove age as a cut-off for heart allocation and use size criteria instead of age for heart allocation. Paediatric Allocation Working Group is looking into lung allocation.
- Grading of retrieved cardiothoracic organs**
Pilot began 18th January 2017. To-date only a small number of hearts and lungs have been retrieved. Form return rates are better from retrieval surgeon than recipient surgeon. Members reported issues with use of the form and ST asked for feedback to be sent to SR.

- 2.2 **VAD Audit Link**
NHSBT have requested that all centres advise on their CTAG VAD Audit Link. This will enable VAD data reporting to be chased and enable the group to resolve discrepancies between data held by NHSBT and data held by NHS England. Aravinda Page will be visiting each centre to help improve their data collection
Centre Reps
AP
- 2.3 **Destination Therapy**
The Provisional Policy Proposal for DT has been considered by the Specialised Services Clinical Panel in November 2016. The Panel agreed that it was appropriate for the topic to enter the policy work programme Sarah Watson from NHS England has convened a Policy Working Group meeting on 5th May, attendance by invitation only
- 3 **Previous Outstanding Actions**
- 3.1 **Submission of UK DCD Lung Data to ISHLT**
Currently there is no submission of DCD Lung Data to ISHLT. There are differences between the data fields held by NHSBT and the ISHLT databases. The Core Group were all under the impression that UK DCD Lung data is being submitted. So far the ISHLT DCD lung databases only hold information for about 500 patients. It would be valuable to add the >100 UK DCD lung cases to the ISHLT database.

John Dark was to report back to Core Group what the discrepancies are and whether these could be addressed. GP will follow this up with John Dark (JD) and find out whether the ISHLT will accept the data collected so far by NHSBT or whether ISHLT will only accept the full and completed dataset
GP
- 3.2 **Acceptance of Single Lung Offer**
If a centre only accepts one donor lung when a pair of lungs is being offered; they **MUST** specify which side is being accepted. This is to allow the remaining donor lung to be offered on to recipients at other centre with certainty of which lung is being offered on. It is unacceptable to leave the choice of the lung being accepted to the time of assessment by the retrieval team.
GP to remind JD to provide a paragraph for the lung allocation policy
GP
- 4 **Standing Item – Centre Representative List**
Updated list circulated. If there are any changes to the Centre Representatives or their contact details, please inform ST. One further row will be added to the Centre Reps List in order to provide details of the CTAG VAD Audit Link for each Centre
All Centres
- 5 **Blood Requirement for Organ Retrieval**
With a variety of patients and donors on various machines, there is a clear requirement to let the hospital know how much blood is needed. When implanting a DCD heart, blood should be cross matched blood from the blood bank. When implanting a DBD heart, the blood will come from the donor. When multiple organs are being explanted for machine perfusion, donor blood for perfusion will be prioritised in the following way based on the organ being retrieved for implant: Heart (1), Lung (2), Liver (3), Kidney (4). If just the Kidney is being perfused on machine, without any of the other organs, the donor blood can go with the kidney.
LAG and KAG still need to agree this proposal; ST will report to NRG that CTAG are happy to support this. ST recommended NORS Teams taking a copy of this document on retrievals – ‘Blood Requirement For Ex-Situ Perfusion Technologies’ for reference
ST
- 6 **Defibrillator for Retrievals**
JD previously highlighted to ST a recent incident which occurred when the internal

defibrillator paddles that a CT NORS team brought with them were incompatible with the defibrillator at the donor hospital. It was decided among the group that each CT NORS would bring their own defibrillator machine and paddles for all cardiothoracic retrievals. All units to confirm with ST when this is in place for their team.

Centre Reps

ST to confirm to NRG when all CT NORS are suitably equipped

ST

7 **PERFADEX Protocol from April 2016 CTAG Meeting (CTAG(16)S8b**

A reminder from ST the NORS agreed national protocol for the use of PERFADEX, including volumes, temperatures and storage must be applied when exporting organs to other centres. Centre Reps to remind Clinical Leads of the Protocol which was re-circulated with the agenda. Some discretion can be applied by the lead surgeon when the organ is being retrieved and transplanted by their own centre

Centre Reps

8 **Specify acceptable donor size range for each recipient at the time of listing**

In order to reduce the number of redundant organ offers made by the Duty Office, the acceptable size range for each recipient should be recorded at the time of listing the patient. The group were all in agreement and SR and ST will work on a proposal for CTAG.

SR/ST

The implementation of the SULAS in May will capture this mandatory information at the time of listing so that offers within the specified size range only are made to recipients likely to accept

9 **External Review of the Scout Program**

The external review of the scout program supports setting up a sustainable Scout Program. Further development of the Scout Program should be based on a nationally agreed protocol. The recommendations have been accepted by SMT. All cardiothoracic centres are fully supportive of the Scout Program. ST is discussing next steps with John Forsythe.

ST

10 **NHSBT ODT Website – review of Cardiothoracic content**

Discussion about proposed content for website to improve information it provides. ST has been contacted by Olivia Jones with ambitious timeline for a lot of work. SR to find out the hit rate of the website

SR

11 **Splitting Heart and Lung Allocation Zones**

Following agreement by the Allocation Zone Working Group in April 2014, the final phase of splitting the allocation zones for hearts and lungs is ready to be implemented by NHSBT. The proposal and rationale was presented. Some concern that VAD patients who would never get a transplant could inflate a centre's zone size. Survival from listing will be monitored to allay these concerns. Previously Belfast had supplied Glasgow with some hearts and there was some concern from NAA that the reallocation of Belfast to Newcastle would be detrimental to Glasgow. In the past three years five heart donors had come up in Northern Ireland hospitals that are currently in Glasgow's zone. All unit reps accepted that the methodology used and the proportion of donors allocated to each centre are fair and appropriate. The group agreed to accept the proposal, the resultant effect will be monitored on an annual basis. As Birmingham and Harefield had no representative available to attend the Core group telecom, SR will write to them (JM and ASi) on behalf of ST to seek their approval/feedback

SR

14 **Any Other Business**

CTAG Core Group members may not always be available to attend telecons. However, in order to help progress CTAG work streams and for succession planning within units, those who are unable to participate should deputise a colleague from their unit to attend in their place. CTAG holds bimonthly meetings, which in

addition to the CTAG Wider Group Meetings, intotal giving six opportunities for discussion each year. If the Clinical Leads of Transplant Unit do not attend the CTAG Wider Group meeting, ST would be happy to convene a face to face Core Group meeting with all the Clinical Leads if this is thought to be of value.

15 **Date of the next CTAG Core Group Teleconference**
Monday 29th May 2017 @ 14:00

10th March 2017