

**NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE
TELECONFERENCE MEETING OF
CTAG CORE GROUP
ON THURSDAY 27TH JULY 2017, 14:00 – 15:30**

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

MINUTES

PRESENT:	Steven Tsui (ST)	CHAIR
	Guy MacGowan (GM)	Newcastle
	Andre Simon (AS)	Harefield
	Clive Lewis (CL)	Papworth
	Aaron Ranasinghe (AR)	Birmingham
	Sally Rushton (SR)	NHSBT
	Jacki Newby (JN)	NHSBT

ATTENDING: Rachel Hogg (RH) NHSBT

APOLOGIES:	Nawwar Al Attar (NAA)	Glasgow
	Rajamiyer Venkateswaren (RV)	Manchester
	Mike Birch (MB)	GOSH
	Pedro Catarino	Papworth
	Asif Hassan	Newcastle

1 Minutes of the CTAG Core Group Teleconference on 10th March 2017 (CTAG CG(M)(17)1

The minutes of the last meeting were agreed as an accurate record.

2 Matters arising from previous meetings:

2a Reasons for declining donor organs

SR reported that the IT implemented of this will take place in November after the liver allocation scheme as part of the Task Based Offering project which will modernise the Duty Office task flow. ST suggested teams start using this list when declining organs, ranking the primary, secondary and tertiary reason, to improve data quality. Centre reps to take the list back to units and start using as soon as they can. If any reasons need to be removed or tweaked this can be done in future after a trial period.

All centres

2b Removal of age as cut-off for donor heart allocation

Agreement is to use size criteria instead of age for heart allocation as the current policy is open to challenge due to age discrimination. All agreed there is sufficient reason to explore this and a Heart Allocation Working Group meeting should be convened to look into this further. ST to instigate.

ST

2c Grading of retrieved cardiothoracic organs

Update of the statistics reported in March teleconference. There have been poor return rates and the group was reminded that two forms need to be submitted for each organ, one from the retrieving team and one from the transplanting team. The intention is to provide feedback and improve NORS performance but return rates

must be above 60% before any meaningful analysis can be done. Suggestion that form should be sent by recipient coordinator along with transplant notification, with donor number and hospital present, to prompt clinical leads. All centre reps present agreed to push returns. Action for clinical leads to consider how best to embed into centre practice.

All centres

2d **Retrieval team bringing their own defibrillator**

Previously agreed that teams are to bring their own defibrillator machine and paddles to retrievals. Glasgow and Papworth are the only teams that have confirmed they can bring their own. Remaining centres are asked to confirm with ST when they can action this.

All centres

Post-meeting note: AR fed back Birmingham does not take their own defibrillator out on retrieval but this is now being rectified.

2f **Scouting – NORS Workforce Transformation Board: scout sub-group**

ST announced he has been asked to chair this subgroup of the Workforce Transformation Board with a meeting on the 21st September 2017 and all centres have been invited.

2g **Extending lung donor age to 75 years**

John Dark to draft proposal for wider group. Mentioned that it should be the SNOD rep in CTAG (currently Lesley Logan) to take this forward once agreed by the wider group.

JD

2h **Destination VAD Policy Proposal**

There was a meeting in May of the Policy Working Group convened by NHS England. Currently Policy is with Sarah Watson and Edmond Jessop; the proposal will be circulated to the Working Group members when finalised, hopefully within the next week or two.

ODT Clinical Website – support for new content

Discussed at CTAG in April. Members of the wider group have volunteered to help produce content.

Post-meeting note: SR previously asked to find out hit rate of site. Have been informed there are between 10 and 20 thousand page views per month but many of these are for the homepage only.

3 **Standing Item – Centre representative list and VAD Audit Link**

Updated list circulated. If there are any changes to the Centre Representatives or their contact details, please inform ST or SR. Notification has recently gone out to the VAD Audit links that all VAD data need to be on the VAD Database by end of July for the joint NHSBT and NHS England Annual Audit Report to be produced.

All centres

4 **Donor organ offers**

4a **Unit response time of 45 minutes and waiting for cross-match**

Time is needed to allow for cross-matches but otherwise centres should adhere to the 45 minute rule. Duty Office feels it is acceptable to accept organs subject to tissue typing. Discussion as to whether centres would want to receive back up offers for a donor who is being cross-matched and the difference in likelihood between a 10% and 90% sensitised patient. Centres agreed they would rather hear of these offers than the organs potentially go to waste. It was agreed to deal with real cross-match situations as they arise.

- 4b **Single lung back-up offers**
Discussion as to whether centres are happy for a group single lung back-up offer. It was decided this would need to be taken to the surgical leads at each centre. JN and SR to draft something to send out. **JN, SR**
- 5 **SUHAS Audit**
Report showing 9 months activity. Some changes needed to the report, SR to revise and re-circulate. **SR**
- GM raised concerns about the system and it was agreed there is a need to understand each centres approach. It was proposed all super-urgent patients go through the Adjudication Panel but this would be administratively intensive. It was agreed that IABP patients would go urgent automatically and the centre would need to apply to the Adjudication Panel for super-urgent status. It was also agreed that a pro forma with all pre- and post-IABP haemodynamics and other clinic data should be submitted for such applications to the Adjudication Panel so as to standardise information and allow post-hoc analysis. CL has kindly volunteered to draft pro forma. It was also agreed that IABP support patients approved by the Adjudication Panel to go on the SUHAS should only be listed for a fixed period of 7-10 days. Thereafter, they would automatically revert to the UHAS unless an updated pro forma is submitted. **CL**
- 6 **QUOD and Project Proposal update**
No update.
- 7 **Any Other Business**
None.
- 8 **Date of the next CTAG Core Group Teleconference**
Thursday 16th November 2017 @ 14:00

July 2017