

**NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE
TELECONFERENCE OF
CTAG PAEDIATRIC ORGAN ALLOCATION WORKING GROUP
ON THURSDAY 15th June 2017, 14:00 – 15.00**

DIAL IN CODE: 0800 032 8069
PARTICIPANT CODE: 34678083#

MINUTES

Present:	Steven Tsui (ST)	CHAIR – CTAG chair
	Michael Burch (MB)	GOSH
	Paul Aurora (PA)	GOSH
	Nagarajan Muthialu (NM)	GOSH
	Helen Spencer (HS)	GOSH
	Matthew Fenton (MF)	GOSH
	Jacob Simmonds (JS)	GOSH
	Zdenka Reinhardt (ZR)	Newcastle
	Sally Rushton (SR)	NHSBT
	Esther Wong (EW)	NHSBT
Apologies:	Asif Hasan (AH)	Newcastle
	John Dark (JD)	Newcastle
	Lucy Newman (LN)	NHSBT

Item 1	Minutes and actions points	Action
	<ul style="list-style-type: none"> • Correction to minute on Item 6 Fast track European offers: The UK centres are in competition with EEA countries to accept organs. In Newcastle transplant coordinators (instead of SNOODS) are able to accept organs on behalf of patient • Correction to minute on Item 2b Lung: ST requested that a form of words needs to be prepared for TPRC to justify why the age criteria should remain in place for the allocation of donor lungs. JD will take the lead on the growth data and HS or PA will draft the document to talk to the next POAWG. Action column change JS to JD 	LN LN
Item 2	Clinical justification of using age for donor organ allocation	
	<p>Lung</p> <ul style="list-style-type: none"> • ST has circulated the paper “Lung and Heart Allocation in the United States” from AJT to the group prior to this meeting. The lung system described in the paper is helpful for providing clinical justification of why the age criteria should remain in place for the allocation of donor lungs. • The US lung allocation system prioritises matching of donors and recipients in 3 age groups: 0-11 years, 12-17 years and above 18 years. This prioritises child donors for child recipients and adolescent donors for adolescent recipients, in contrast to the current UK system where a cut off of 16 years is used. • Discussion around whether the UK should consider adopting this system and whether 16 is the correct cut off. It was noted that 50% of paediatric lungs have been used in adult recipients but the new allocation system which began on 18th May and gives paediatric patients better access should help. • Removing age criteria will impact on the whole allocation system. Helen Spencer asked to communicate with colleagues and come up with a 	HS

	<p>paragraph to TPRC for justification of maintaining the current policy for lungs.</p> <p>Heart</p> <ul style="list-style-type: none"> • ST to go back and look at the sequence and speak to other adult centres regarding the possibility of changing the criterion to a size cut off rather than an age cut off for hearts. This will mean a big change to the offering rules so requires more thought. 	ST
Item 3	Allocation between GOSH and Newcastle	
	<ul style="list-style-type: none"> • SR has circulated the paediatric allocation zone proposal prior to this meeting. The principle of the paediatric zonal allocation system proposed has the same principles as the adult zonal allocation system. The proposed system will potentially replace the current paediatric centre rota, and this will only apply to the non-urgent scheme. The group agreed with the principle of the proposed methodology and that if it is implemented the system should be reviewed annually. • The group decided that we should use 3 years' worth of heart and lung registrations and donors to define the zone sizes, which is a good balance between too insensitive or volatile in reflecting the current waiting list burden. • Discussion about a national list with close collaboration between the two centres. ZR raised that heart and lung allocation system are totally separate, therefore heart allocation could potentially adopt a national allocation system rather than zones. ST welcomes suggestions and open to offline discussions between the two paediatric centres for the proposed national list system. • There was also concern that prioritising patient using their waiting time does not reflect the clinical need of the patients, and diagnosis group of patients should be of consideration. ST emphasised that the agreement of the need to change the allocation system is just a starting point, other suggestions are welcomed. • This proposal of the new system (zones) has to be approved by CTAG and TPRC; hence realistically it may take up to 2 years before implementation. ST to discuss next steps with SR. 	ST/SR
Item 4	A.O.B.	
	<p>Fast Track offers scheme</p> <ul style="list-style-type: none"> • Currently when accepting European offers, it relies on a "first come first served process". Concern was raised that if centre is delayed in responding the offer would go somewhere else, so both centres should have a 24/7 on call transplant coordinator to respond to these offers since NHSBT cannot accept on behalf of either centre. • In the current Fast Track offer system, offers are made by the ODT Duty Office by either simultaneous text message to pager, SMS or fax. Centres must respond by telephone to the ODT Duty Office. The organ is allocated on a "first come first served" basis but if more than one centre wishes to accept the Fast Track offer, negotiation can be made between centres. • MB concerns on no policy to follow when it comes to disagreement. • General consensus that the priority order for urgent paediatric patients, then non-urgent patients should be followed. SR to investigate whether the ODT Duty Office could implement this policy, allowing 45 minutes and allocating according to the priority order on the matching run when more than one centre would like to accept the offer, rather than "first come first served". • Whilst this is pending the two centres need to confirm between them that they will prioritise urgent patients for European paediatric offers. MB to lead this. • There were discussions on the format (SMS/fax etc.) for the centres to receive offers. Centres can express to ODT Duty Office their preferred format of 	SR MB

	receiving the offers.	
Item 5	Date of next meeting	
	<ul style="list-style-type: none">• Group will reconvene if the need arises. Actions to be followed up by email.	