

KIDNEY ADVISORY GROUP

June 2017

UPDATE PAPER

DEVELOPING THE 2020 VISION IN LIVING DONOR KIDNEY TRANSPLANTATION: OUTCOMES AND ACTIONS FROM SHARED LEARNING EVENTS

1. EXECUTIVE SUMMARY

This paper reports on the outcomes of the '*Developing the 2020 Vision in Living Donor Kidney Transplantation*' shared learning events that took place between July 2015 and May 2017 to engage healthcare professionals in the implementation of the *Living Donor Kidney Transplantation 2020 Strategy (LDKT 2020)*.

The purpose of the events was to invite colleagues from transplant centres and referring nephrology units to discuss their local/regional practice in the context of the results of a UK-wide survey monkey conducted in 2015 and to benchmark local activity against the latest NHS Blood and Transplant annual and centre-specific LDKT reports. The aim was to share best practice and identify areas for improvement in each centre/region to develop local action plans towards achieving the 2020 plan.

27 events were held, regionally or individually in transplant centres and/or referring units. The final transplant centre event is scheduled for June 2017 and further follow-up sessions have been arranged on request.

Three key recommendations from this initiative will be actioned by the *LDKT 2020 SIG*:

1. Establish lead nephrologist for LDKT in each referring unit and transplant centre

2. Incorporate population served and adult LDKT rate per million population (PMP) per transplant centre data into NHSBT annual centre specific LDKT report and explore options to incorporate regional the same data for referring units in future activity reports
3. Non-directed altruistic donors automatically enter the UK Living Kidney Sharing Schemes (UKLKSS)

KAG is asked to note the contents of the report and the key recommendations, which will be actioned by the 'Access and Availability' workstream for *LDKT 2020*.

2. PURPOSE

The *LDKT 2020* SIG undertook to engage with the clinical community to support strategy implementation. The '*Developing the 2020 Vision in Living Donor Kidney Transplantation*' shared learning events were a key initiative in delivering this objective.

This paper presents the key outcomes and learning from the initiative and the actions to be taken forward.

3. BACKGROUND

Clinical engagement with the nephrology and transplant community was identified as a priority to deliver the following objectives within the implementation of *LDKT 2020* and was taken forward by the 'Access and Availability' workstream:

- To identify and address infrastructure (clinical and organisational) barriers that limit the future development of LDKT
- To establish a UK wide healthcare professional education programme supported by a multi-disciplinary education team (shared learning events)

In 2015, a survey monkey was sent to lead clinicians in transplant centres and referring nephrology units to analyse self-reported limitations to LDKT including donor-recipient case-mix and referral patterns, assessment pathways, surgical capacity and approach to UKLKSS. Data was triangulated by requesting responses from surgeon, nephrologist and living donor coordinator in transplant centres and from a nephrologist in each referring unit. This data was analysed and compared with data from the latest NHSBT Annual Activity Report and the addition of a centre-specific LDKT report in 2015/16.

To assess the population served by each transplant centre, which had not previously been done, manual calculations were performed based on a combination of:

- Renal Registry data on population served by each renal unit
- NHSBT data on proportion of LD transplants attributed to each renal unit and transplant centre over the years 2013-15

This enabled the following activity estimates to be attributed:

- Current LDKT rate pmp per annum per unit
- Projected LDKT per annum per unit to contribute 26 pmp by 2020

Colleagues from transplant centres and referring nephrology units were then invited to host a '*Developing the 2020 Vision in Living Donor Kidney Transplantation*' shared learning event to discuss their local/regional practice in the context of the UK data and

- Benchmark local/regional activity against UK performance
- Share best practice
- Identify areas for local/regional improvement
- Develop local action plans towards achieving the LDKT 2020 plan

Shared learning events were structured in different formats and hosted according to local preferences. They were held regionally or individually in transplant centres and/or referring units for between 45 minutes and 2 hours. All events incorporated a presentation tailored to the centre or unit, reflecting local practice and activity data (as above) in the context of the UK programme and interactive discussion was encouraged.

27 events were held from July 2015 to May 2017; a final transplant centre visit is scheduled for June 2017 and further follow-up sessions arranged on request. The consultant nephrologist Chair of the LDKT 2020 SIG and/or NHSBT Lead Nurse for Living Donation facilitated each visit and up to three other multi-disciplinary members of the workstream sub-group were involved in six of the visits.

6. KEY FINDINGS

Overall, the shared learning events were positively received and anecdotal feedback suggests that colleagues valued the opportunity to discuss their data and assess their own LDKT programme in the context of the UK-wide picture. A summary of the key findings is outlined below:

6.1 Personnel

- Visits felt to be most profitable when all members of the transplant team present i.e. surgeons, nephrologists, co-ordinators, nurses, managers, referring centre staff
- Some centres had limited representation from colleagues at the event, i.e.
 - No medical staff
 - No nephrologists
 - No referring unit colleagues
- Engagement of the staff often (though not invariably) reflected the effectiveness of the team and enthusiasm for living donation

- Occasional unit with a dominant person who primarily determines the direction of the transplant unit

6.2 Processes

- Substantial variation in practice between centres, reflective of:
 - Local geography and logistics
 - Tradition
 - Attitude to living donation

6.3 Philosophy

- Belief determines behaviour; some unexpected beliefs were expressed during discussion, e.g.
 - Outcome from a living donor transplant is not necessarily better than a deceased donor transplant
 - Living donation is associated with significant donor risk
- Variation in approach i.e. some centres appear to make it easier for people to donate than others
- Difference in the use of the UKLKSS
 - Number of patients entered
 - Entry of compatible pairs
 - Proportion of patients entered that are transplanted via the UKLKSS

7. RECOMMENDATIONS

Three key recommendations were identified from this initiative and will be actioned by the *LDKT 2020* SIG through the 'Access and Availability' workstream. To ensure additional engagement with commissioners and other key stakeholders, these proposals were presented at the NHSBT Renal

Transplant Services Meeting in February and will be presented at the 2020 Oversight Group at its next meeting. NHS England is represented on the *LDKT 2020 SIG*:

1. Establish lead nephrologist for LDKT in each referring unit and transplant centre
2. Incorporate population served and adult LDKT rate per million population (PMP) per transplant centre data into NHSBT annual centre specific LDKT report and explore options to incorporate regional the same data for referring units in future activity reports
3. Non-directed altruistic donors automatically enter the UK Living Kidney Sharing Schemes (UKLKSS)

SUMMARY

A successful initiative to engage with the clinical community, share best practice and identify local, regional and national recommendations for improvement that will impact on the ability to deliver LDKT 2020 to plan.

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