

NHS BLOOD AND TRANSPLANT

**MINUTES OF THE EIGHTEENTH MEETING OF THE
TRANSPLANT POLICY REVIEW COMMITTEE (TPRC)
HELD AT 2.00 PM ON TUESDAY 11TH APRIL 2017 AT
CIWEM VENUE, SAFFRON HILL, LONDON**

PRESENT:

Mr Jeremy Monroe, Non-Executive Director, NHSBT (Chair)
 Mr John Casey, Pancreas Advisory Group Chair
 Prof John Dark, National Clinical Lead for Governance, ODT
 Prof Peter Friend, Bowel Advisory Group Chair
 Prof John Forsythe, Associate Medical Director, ODT
 Ms Sally Johnson, Director of ODT, NHSBT
 Dr Paul Murphy, National Organ Donation Committee Chair
 Prof John O'Grady, Liver Advisory Group Chair
 Mr Gabriel Oniscu, Research, Innovation & Novel Technologies Advisory Group Chair
 Prof Rutger Ploeg, National Retrieval Group Chair
 Mr Steven Tsui, Cardiothoracic Advisory Group Chair

IN ATTENDANCE:

Mrs Rachel Johnson, Head of Organ Donation & Transplantation Studies, NHSBT
 Mrs Kathy Zalewska, Clinical & Support Services, ODT (Secretary)

ACTION**1 APOLOGIES**

- 1.1 Apologies were received from:
 Ms Victoria Gauden, National Quality Manager - ODT
 Dr Gail Mifflin, Medical & Research Director, NHSBT
 Prof Paresh Vyas, Non-Executive Director, NHSBT
 Prof Chris Watson, Kidney Advisory Group Chair

The Chair advised that as apologies had been received from two Accountable Members after the meeting date had been agreed the meeting would not be quorate. It was agreed that the meeting should go ahead and attending members would consider the policies submitted for approval. Following the meeting, the two Accountable Members not in attendance would be asked to endorse the decisions made at the meeting.

Post meeting note:

P Vyas and G Mifflin subsequently confirmed that they endorsed the decisions made at the meeting.

2 DECLARATIONS OF INTEREST - TPRC(17)1

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING & MATTERS ARISING

- 3.1 **Minutes of the meeting held on 12th July 2016 – TPRC(M)(16)2**
 The minutes of the previous meeting were agreed as a correct record.

3.2 Action points – TPRC(AP)(17)1

AP1: Refer to minute 4.8.

AP2: In hand – justification for the use of age criteria in the policies is to be considered by CTAG.

3.3 AP3: Ongoing – all policies are being reviewed re

- a) the definition of EU in relation to allocating organs: and
- b) the definitions of paediatric and adult donors/recipients using age

J Forsythe reported that for the next iteration of the kidney allocation policy work is taking place on assessments to highlight that a younger patient has different needs to an older patient. It was acknowledged that there are mitigating circumstances to most age-related prioritisation.

Matters arising not separately identified

There were no other matters arising.

4 POLICIES FOR CONSIDERATION:

4.1 POL 231/2 Lung: Patient selection policy – TPRC(17)2

Members considered and approved the changes to this policy which was rewritten in order to incorporate selection criteria for the new super-urgent and urgent lung allocation schemes.

S Tsui reported that a sub-group of the Cardiothoracic Advisory Group had been established to look at the clinical justification for protecting the prioritisation of adolescent donor lungs for adolescent recipients. A paper on future changes in relation to this will be submitted to the next TPRC meeting in July

S Tsui

4.2 POL 230/6 Lung: Organ allocation policy - TPRC(17)3

Members considered and approved the changes to this policy which was rewritten in order to incorporate changes to the existing lung allocation scheme and the introduction of the new super-urgent and urgent lung allocation schemes. A further change relating to criteria for the acceptance of one lung in a bilateral lung offer was also noted.

4.3 POL 229/4 Heart: Patient selection policy – TPRC(17)4

Minor amendments made as a result of changes to the lung selection and allocation policies were considered and approved subject to correction of minor typographical errors.

4.4 POL 228/6 Heart: Organ allocation policy - TPRC(17)5

Members considered and approved changes to the policy re heart-lung block allocation in light of the introduction of the super-urgent and urgent lung allocation schemes as well as clarification of the fast track offering scheme.

4.5 POL 263/1 Allocation of Research Organs - TPRC(17)6

Members considered and approved a new policy on the allocation of research organs subject to correction of minor typographical errors.

4.6 POL 195/6 Liver: Patient Selection policy – TPRC(17)7

Two amendments to the policy were considered:

- Closure of the service evaluation to register patients with sickle cell hepatopathy to the liver waiting list – this would mean that sickle cell hepatopathy would not be an automatic indication for transplantation but each case would be reviewed on the basis of the original protocol.
- Changes to the appeals process which would mean that an appeal would be allowed if four or more centres were in favour.

The revised policy was approved by the Committee.

4.7 Liver offering scheme - TPRC(17)8

The principles of a proposal for a patient-based liver offering scheme were endorsed at a previous TPRC meeting in January 2016. Further details, outlining the key implications of the scheme for patients, transplant centres and NHSBT, were submitted for members' approval. It was noted that the scheme was designed to optimise patient benefit across the UK and would be closely monitored post implementation as, initially, there is likely to be an imbalance between centres, resulting in a period of equilibration.

Members approved the detailed proposal and noted that the final policy would be submitted to the next meeting for information.

4.8 POL 188/5.3 Clinical Contraindications to approaching families for possible organ donation – TPRC(17)9

Members approved the changes to the policy and recommended that, when finalised, a link to the new SaBTO guidance (including aide memoire) should be added to the policy.

**J Forsythe/
K Zalewska**

With reference to the organ specific contraindications within the policy, J Dark agreed to ask CTAG to reconsider the age limits for lungs.

J Dark

4.9 POL 200/4 Introduction to Patient Selection and Organ Allocation Policies – TPRC(17)10

Members endorsed changes to the policy around clarification of exclusions from multi-organ donation in relation to kidneys.

Minor changes to Appendix 1 (Requested allocation of a deceased donor organ) to reflect the new super-urgent heart and super-urgent and urgent lung schemes were also approved.

5 ANY OTHER BUSINESS**Pregnancy policy:**

P Murphy updated the meeting on the outcome of a request to the UK Health Departments regarding organ retrieval from donors who are pregnant together with actions subsequently taken by NHSBT. The view of the UK Departments is that organs should not be retrieved from pregnant donors and that decisions to withdraw mechanical ventilation should be referred to the Courts, regardless of the gestational age of the foetus. Independent guidance subsequently sought by NHSBT differed from this stance but in light of the sensitivity of the issue NHSBT took the following actions:

- Wrote to all donation teams advising that organ retrieval should not be considered from female donors of child bearing age who are known to be pregnant.
- Wrote to the Health Departments requesting that they initiate a dialogue with relevant professional bodies such as the Intensive Care Society and Faculty of Intensive Care Medicine.

6 DATE OF NEXT MEETING:

The next meeting is scheduled to take place on Friday 7th July 2017, in the First Floor Boardroom, West End Donor Centre, London