The new National Liver Offering Scheme
What’s changing and how it will affect you

Introduction and background to the scheme

What is the Benefit Score and how does it work?
Acknowledgements

Prof. Dave Collett and Rachel Johnson – Statistics & Clinical Studies
Statisticians at NHSBT; Rhiannon Taylor, Cathy Hopkinson, Kerri Barber
Organ Offering FTWU of the Liver Advisory Group (LAG)
Core Group of the LAG
Motivation

- Introduction of universal allocation schemes within NHSBT
- Assessment of efficacy of transplantation from point of registration
- Imbalance between demand and supply of organs for transplantation from deceased donors
Deceased donor liver programme in the UK, 1 April 2007 - 31 March 2017,
Number of donors, transplants and patients on the active transplant list at 31 March

Source: Transplant activity in the UK, 2016-2017, NHS Blood and Transplant
Post-registration outcome for 1029 new elective liver only registrations made in the UK, 1 April 2014 - 31 March 2015

- **Transplanted**: 74
- **Still waiting**: 13
- **Removed**: 8
- **Died**: 5

<table>
<thead>
<tr>
<th>Time since listing</th>
<th>Transplanted</th>
<th>Still waiting</th>
<th>Removed</th>
<th>Died</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months</td>
<td>51</td>
<td>38</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>1 year</td>
<td>67</td>
<td>17</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2 years</td>
<td>74</td>
<td>13</td>
<td>8</td>
<td>5</td>
</tr>
</tbody>
</table>
New national offering scheme

- The development of a national set of rules to offer livers to named adult patients on the elective liver waiting list

- Initially, from donors after brain death (DBD)

- In future, from donors after circulatory death (DCD)
Liver offering arrangements in the UK

Current liver offering scheme
‘Local’ transplant centre receives the first offer. Transplant centre allocates by blood group compatibility, size match and greatest need (i.e. sickest patient).
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‘Local’ transplant centre receives the first offer.
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New scheme
Livers are offered nationally to named patient predicted to gain the most survival benefit from receiving the particular liver graft on offer.
For each patient and the particular liver graft on offer:

The **benefit score** is calculated by measuring the difference between the area under the waiting list survival curve (blue shading) and the area under the post-transplant survival curve (orange shading) over a 5-year interval.

Current liver offering scheme

‘Local’ transplant centre receives the first offer. Transplant centre allocates by blood group compatibility, size match and greatest need (i.e. sickest patient).

New scheme

Livers are offered nationally to **named patient** predicted to gain the most **survival benefit** from receiving the particular liver graft on offer.

A total of 21 recipient and 7 donor factors are integrated in the score, such as:

- recipient age
- gender
- indication for transplantation
- number of tumours
- renal support
- donor age
- cause of death
- BMI
- history of diabetes
- whole or split liver
- donor-recipient blood group compatibility
TRANSPLANT (SURVIVAL) BENEFIT SCORE

- Demonstrating superiority
- Developing the score
## Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>Working Group established within NHSBT Liver Advisory Group (LAG)</td>
</tr>
<tr>
<td>2009</td>
<td>LAG agreed examination of a national offering scheme</td>
</tr>
<tr>
<td>2010</td>
<td>Different offering schemes proposed and discussed with stakeholders</td>
</tr>
<tr>
<td>2012</td>
<td>Liver consensus conference held</td>
</tr>
<tr>
<td></td>
<td>- Concluded <em>transplant benefit</em> scheme most appropriate but further work was needed</td>
</tr>
<tr>
<td>2013</td>
<td>New Fixed-Term Working Group (FTWG) set-up by LAG</td>
</tr>
<tr>
<td>2014</td>
<td><em>Transplant benefit</em> based offering recommended to LAG as the optimum</td>
</tr>
<tr>
<td>2014-2015</td>
<td>Stakeholder scrutiny period – including patient groups.</td>
</tr>
<tr>
<td>May 2015</td>
<td>LAG approved the recommendation of <em>transplant benefit</em> based core offering, in principle, together with <em>proportional offering</em> for variant syndrome patients.</td>
</tr>
<tr>
<td>2015-2018</td>
<td>After disbandment of the FTWU, the LAG Core Group has continued developing all other aspects of offering outside core offering.</td>
</tr>
</tbody>
</table>
Four offering schemes were investigated

1. **Need**: Liver offered to patient with shortest predicted survival time without a transplant.

2. **Utility**: Liver offered to patient with longest predicted survival after transplantation.

3. **Benefit**: Liver offered to patient predicted to gain most net benefit (difference in predicted survival with and without transplant).

4. **Status quo**.
Factors predicting transplant list survival

Non-cancer
Recipient aetiology
Age
Gender
Creatinine, bilirubin, INR, sodium
Renal replacement therapy
In/outpatient
Registration year
[Interactions between factors]

Hepatocellular carcinoma
Recipient age
Gender
HCV
Renal replacement therapy
Creatinine, bilirubin, INR, sodium
In/outpatient
Registration year
Max AFP level
Max size tumour
Number tumours
[Interactions between factors]
## Factors predicting post transplant survival

<table>
<thead>
<tr>
<th>Non-cancer</th>
<th>Hepatocellular carcinoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient aetiology</td>
<td>Recipient age</td>
</tr>
<tr>
<td>Age, gender, HCV</td>
<td>Gender</td>
</tr>
<tr>
<td>Creatinine, bilirubin, INR, Na, K, albumin</td>
<td>HCV</td>
</tr>
<tr>
<td>Renal replacement therapy</td>
<td>Renal replacement therapy</td>
</tr>
<tr>
<td>In/outpatient</td>
<td>Creatinine, bilirubin, INR, Na, K, albumin</td>
</tr>
<tr>
<td>Prior abdominal surgery</td>
<td>Recipient diabetes</td>
</tr>
<tr>
<td>Encephalopathy, ascites, diabetes</td>
<td>In/outpatient</td>
</tr>
<tr>
<td>Waiting time</td>
<td>Prior abdominal surgery</td>
</tr>
<tr>
<td>Donor age, cause of death, diabetes, BMI</td>
<td>Encephalopathy, ascites</td>
</tr>
<tr>
<td>Blood group, liver meets split criteria</td>
<td>Waiting time</td>
</tr>
<tr>
<td></td>
<td>Max AFP level</td>
</tr>
<tr>
<td></td>
<td>Max size tumour</td>
</tr>
<tr>
<td></td>
<td>Number tumours</td>
</tr>
<tr>
<td></td>
<td>Donor age, cause of death, diabetes, BMI</td>
</tr>
<tr>
<td></td>
<td>Blood group, liver meets split criteria</td>
</tr>
</tbody>
</table>

[Interractions between factors]
Four offering schemes were investigated

**Primary outcomes**

Total number of deaths on the waiting list.

Cumulative years of expected patient survival both on the list and post transplant.

Estimate survival from the point of registration, not solely from the point of transplantation

Referred to as population-life- (or patient-) years
Donor factors
DBD, M, 68y, CVA, diabetic, BMI 36, Ht, Wt

Recipient factors
Age, aetiology, ethnicity, BMI, Na, bilirubin, INR, creatinine, BMI vs aetiology, bilirubin vs Na, bilirubin vs aetiology

Offer to highest if has > 50% 5 yr projected survival

Rank according to highest risk of death on list

S1 Need

A donor
DBD, M, 68 yr, CVA, diabetic, BMI 36, Ht, Wt

Recipient factors
Age, aetiology, ethnicity, BMI, Na, bilirubin, INR, creatinine, BMI vs aetiology, bilirubin vs Na, bilirubin vs aetiology

63 yr HCV with 3 x 3 cms HCC, UKELD 49
At RFH

Donor and recipient factors for survival curves without and with transplantation

S2 - Utility
Real Time

S3 - life years gained

Offer to highest ranked

Rank according to greatest life years gained

Offer to highest if has > 50% 5 yr projected survival

Rank according to lowest risk of death after OLT
### Simulation results


<table>
<thead>
<tr>
<th>Mortality and patient-years associated with the current liver allocation scheme and the simulated allocation schemes based on the simulation period, 1 January 2013 to 31 December 2013 (1287 registrations; 629 DBD and DCD donors)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No (%) died/ removed(^1)</strong></td>
</tr>
<tr>
<td>Current scheme</td>
</tr>
<tr>
<td>Need (M1)</td>
</tr>
<tr>
<td>Utility (M2)</td>
</tr>
<tr>
<td>Transplant benefit (M3)</td>
</tr>
</tbody>
</table>

\(^1\) Removed due to condition deteriorated
## Simulation results

Mortality and patient-years associated with the current liver allocation scheme and the simulated allocation schemes based on the simulation period, 1 January 2013 to 31 December 2013 (1287 registrations; 629 DBD and DCD donors)

<table>
<thead>
<tr>
<th>Scheme</th>
<th>No (%) died/ removed(^1)</th>
<th>Patient-years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current scheme</td>
<td>93 (7%)</td>
<td>4581</td>
</tr>
<tr>
<td>Need (M1)</td>
<td>48 (4%)</td>
<td>5187</td>
</tr>
<tr>
<td>Utility (M2)</td>
<td>95 (7%)</td>
<td>4779</td>
</tr>
<tr>
<td>Transplant benefit (M3)</td>
<td>48 (4%)</td>
<td>5262</td>
</tr>
</tbody>
</table>

\(^1\) Removed due to condition deteriorated
IMPACT OF PARAMETERS ON TBS
TBS score at transplant and time waiting
Example of TBS score for PBC patient

<table>
<thead>
<tr>
<th>Recipient Details</th>
<th>Values</th>
<th>Donor Details</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>52</td>
<td>Age (years)</td>
<td>53</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
<td>Weight (kg)</td>
<td>76</td>
</tr>
<tr>
<td>Primary Liver Disease</td>
<td>Primary biliary cirrhosis</td>
<td>Time in ICU (days)</td>
<td>2</td>
</tr>
<tr>
<td>Secondary Liver Disease</td>
<td>Not reported</td>
<td>Cause of Death</td>
<td>Intracranial haemorrhage</td>
</tr>
<tr>
<td>Tertiary Liver Disease</td>
<td>Not reported</td>
<td>BMI (kg/m²)</td>
<td>26</td>
</tr>
<tr>
<td>Number of previous transplants</td>
<td>0</td>
<td>History of diabetes</td>
<td>No</td>
</tr>
<tr>
<td>HCV Status</td>
<td>No</td>
<td>Donor Type</td>
<td>DBD</td>
</tr>
<tr>
<td>Serum Creatinine (µmol/l)</td>
<td>63</td>
<td>Blood Group</td>
<td>0</td>
</tr>
<tr>
<td>Serum Bilirubin (µmol/l)</td>
<td>74</td>
<td>Transplant Details</td>
<td></td>
</tr>
<tr>
<td>INR</td>
<td>1.2</td>
<td>Blood group compatibility</td>
<td>Identical</td>
</tr>
<tr>
<td>Serum Sodium (mmol/l)</td>
<td>138</td>
<td>Liver meets split criteria</td>
<td>Does not meet split criteria</td>
</tr>
<tr>
<td>Serum Potassium (mmol/l)</td>
<td>4.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum Albumin (g/l)</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal replacement therapy</td>
<td>Not required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Status</td>
<td>Outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration Year</td>
<td>2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous upper abdominal surgery</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encephalopathy grade</td>
<td>Not present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ascites</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting Time (days)</td>
<td>68</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Group</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transplant Benefit Score (TBS) = 689.73968
Example of TBS score for PSC patient

<table>
<thead>
<tr>
<th>Recipient Details</th>
<th>Values</th>
<th>Donor Details</th>
<th>Values</th>
<th>Transplant Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>52</td>
<td>Age (years)</td>
<td>53</td>
<td>Blood group compatibility</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
<td>Weight (kg)</td>
<td>76</td>
<td>Liver meets split criteria</td>
</tr>
<tr>
<td>Primary Liver Disease</td>
<td><em>Primary sclerosing cirrhosis</em></td>
<td>Time in ICU (days)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Secondary Liver Disease</td>
<td>Not reported</td>
<td>Cause of Death</td>
<td>Intracranial haemorrhage</td>
<td></td>
</tr>
<tr>
<td>Tertiary Liver Disease</td>
<td>Not reported</td>
<td>BMI (kg/m²)</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Number of previous transplants</td>
<td>0</td>
<td>History of diabetes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>HCV Status</td>
<td>No</td>
<td>Donor Type</td>
<td>DBD</td>
<td></td>
</tr>
<tr>
<td>Serum Creatinine (µmol/l)</td>
<td>63</td>
<td>Blood Group</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Serum Bilirubin (µmol/l)</td>
<td>74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INR</td>
<td>1.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum Sodium (mmol/l)</td>
<td>138</td>
<td></td>
<td></td>
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<tr>
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<td>4.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum Albumin (g/l)</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal replacement therapy</td>
<td>Not required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Status</td>
<td>Outpatient</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Registration Year</td>
<td>2017</td>
<td></td>
<td></td>
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<tr>
<td>Previous upper abdominal surgery</td>
<td>No</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Encephalopathy grade</td>
<td>Not present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ascites</td>
<td>No</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Waiting Time (days)</td>
<td>68</td>
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</tr>
<tr>
<td>Diabetes</td>
<td>No</td>
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</tr>
<tr>
<td>Blood Group</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transplant Benefit Score (TBS) = 303.77498
Impact of recipient aetiology on TBS score for a patient with identical characteristics

- Hepatitis C cirrhosis (HCV)
- Alcoholic liver disease
- Hepatitis B cirrhosis
- Primary sclerosing cholangitis
- Primary biliary cirrhosis
- Autoimmune & cryptogenic disease
- Metabolic liver disease
- Other liver disease
- Retransplant
## Example of TBS score for cancer patient

<table>
<thead>
<tr>
<th>Recipient Details</th>
<th>Values</th>
<th>Donor Details</th>
<th>Transplant Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>52</td>
<td>Age (years)</td>
<td>53</td>
</tr>
<tr>
<td>Sex</td>
<td>2</td>
<td>Weight (kg)</td>
<td>76</td>
</tr>
<tr>
<td><strong>Primary Liver Disease</strong></td>
<td><strong>Hepatocellular carcinoma - cirrhotic</strong></td>
<td>Time in ICU (days)</td>
<td>2</td>
</tr>
<tr>
<td><strong>Secondary Liver Disease</strong></td>
<td><strong>Hepatitis C cirrhosis</strong></td>
<td>Cause of Death</td>
<td>Intracranial haemorrhage</td>
</tr>
<tr>
<td>Tertiary Liver Disease</td>
<td>888</td>
<td>BMI (kg/m²)</td>
<td>26</td>
</tr>
<tr>
<td>Number of previous transplants</td>
<td>0</td>
<td>History of diabetes</td>
<td>No</td>
</tr>
<tr>
<td>HCV Status</td>
<td>Yes</td>
<td>Donor Type</td>
<td>DBD</td>
</tr>
<tr>
<td>Serum Creatinine (µmol/l)</td>
<td>63</td>
<td>Blood Group</td>
<td>O</td>
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<td></td>
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</tr>
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<td></td>
</tr>
<tr>
<td>Ascites</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting Time (days)</td>
<td>68</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Group</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Patient has cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum AFP level (iu/ml)</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of tumours</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum tumour size</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Transplant Benefit Score (TBS) = 764.40852**
Impact of maximum tumour size on TBS score for a cancer patient
Impact of donor BMI on TBS score for a Primary Biliary Cirrhosis patient

![Graph showing the relationship between donor BMI and TBS score](image-url)
VARIANT SYNDROMES AND PROPORTIONAL OFFERING
Changes in list of variant syndrome conditions

**Removed**
- Diuretic resistant ascites
- Chronic hepatic encephalopathy

From December 2017, considered as variant syndromes in the context of Chronic Liver Disease (CLD). Patients with DRA and/or CHE to be listed under the CLD criterion for registration and offered alongside CLD/Hepatocellular Carcinoma cases.

**Newly added**
- Familial amyloid polyneuropathy
- Familial hypercholesterolaemia
- Nodular regenerative hyperplasia
- Hereditary haemorrhagic telangiectasia
- Glycogen storage disease
- Ornithine transcarbamylase deficiency

- Familial amyloidosis
- Primary hypercholesterolaemia
- Primary hyperoxaluria type 1
- Maple syrup urine disease
- Porphyria
- Amyloidosis - other
Proportional offering

- When an offering sequence for a DBD adult donor is generated, the algorithm will automatically decide whether to offer to the CLD/HCC list of recipients or the variant syndrome (VS) list.
- The decision is based on a probabilistic rule with:
  - 97% probability of selecting the CLD/HCC list
  - 3% probability of selecting the VS list
- The 3% probability is based on the proportion of new variant syndrome registrations to the elective liver transplant list over the course of a year.
- This probability will be reviewed by NHSBT on a regular basis.
LAG has endorsed a proposal to set up a committee to monitor liver offering following the introduction of the new scheme.

Committee being set up by the Associate Medical Director, ODT.

Will include representation from:
- Hepatologist
- Lay member
- LAG Core Group liaison
- Transplant surgeon
- Patient group

NHSBT Statistics & Clinical Studies will provide full statistical support.
Summary

1. NHSBT is introducing formal national offering schemes in all organ transplantation
2. Statistical model has been developed to predict outcome waiting for a transplant and post transplant. From these, a transplant benefit score (TBS) is calculated
3. The TBS score is predicted to reduce waiting list mortality and increase overall population survival - The new scheme could save an additional 45 lives per year on the waiting list relative to current offering arrangements
4. Other aspects of offering will also change, e.g. proportional offering to VS
5. The new National Liver Offering Scheme will be introduced in March 2018
FULL DETAILS:

- Liver Transplantation: Selection Criteria and Recipient Registration Policy

- Deceased Donor Liver Distribution and Allocation Policy

The New National Liver Offering Scheme

Old scheme
Transplant centres are offered livers on a rota, the local centre receives the first offer.

Centres are ranked based on recent transplant activity.

Most centres then allocate the liver using the UKELD score.

New scheme
Transplant Benefit Score (TBS)
The difference between expected survival with the transplant and expected survival whilst on the waiting list.

Now includes:
- Dual listing for adult and paediatric organs
- Simultaneous liver and kidney registration
- Variant syndrome registrations
- Specific cancer patient matching

Why change?
- Improved equity of access across the UK
- Greater priority to those that will benefit the most
- To maximise the survival from the point a patient is registered

What changes?
- New forms to capture the data needed for the TBS
- 3 month sequential data collection to keep the forms up to date
- Liver offering to be completed by ODT Hub Operations

To achieve this, livers must be offered to individual patients on a national level.
National Liver Offering Scheme
Matching, Allocation and Offering
How will the DBD Offering Scheme work?

**Super Urgent**
- By wait time

**Hepatoblastoma**
- By wait time (ABO-compatible first)

**Liver & Intestinal**
- By total point score (ABO-compatible first)

**Liver/Heart & Liver/Lung**
- By wait time. Urgent Heart/Lung take priority

**Centres with registered paediatric/small adults**
- By Liver Rota
  - Offer left lateral segment for any patient

**Elective List**
- (CLD/HCC or VS)
  - Offers to named patients
  - Splittable livers – only patients accepting right lobe will be listed.

**Fast Track Ranking**
Fast track trigger points

- Three declines for donor or function reasons
- Five hours after offering begins
Organ Offering from Hub Operations
Offers made by SMS text or pager

- LIVER OFFER: Case 86829, Donor 150996, Hospital NOTTINGHAM QMC, HC0886. Full offer for S/U Joe Bloggs, DOB 01/01/81, please see EOS.

- LIVER OFFER: Case 86829, Donor 150996, Hospital NOTTINGHAM QMC, HC0886. Full offer for Joe Bloggs, DOB 01/01/81, and Provisional offer for Jane Doe, DOB 02/02/82, please see EOS.

- LIVER OFFER: Case 86829, Donor 150996, Hospital NOTTINGHAM QMC, HC0886. Full offer of L Lobe for any recipient, please see EOS.
Hub Operations rather than SNODs making offers

- First full offer to be given without provisional offers – from the second offer we will do full and provisional offers down the sequence
- No Clinical Information contained in the SMS offer – directed to view EOS
- No details about why another centre has declined
- No details about other organs offered or about theatre time
- Offering to intestinal recipients without HLA may mean we offer unnecessarily
- What information would you like to see on the CDDF ??
- What information would you like to see given at the time of named offering ??
- What information would you like to see on a fast track offer ??
Anticipated Issues with the new system

- Livers will be accepted out of region more often
- Fewer organs will be transported by the NORS team
- Flights will be needed more regularly
- NORS teams must take priority if there are limited flights available
- Organs may be declined late due to logistical reasons
- Cold Ischaemic times may increase
- We will be monitoring this very closely, but just because something is difficult, doesn’t mean we shouldn’t do it
Update on registration forms and sequential updates
Registrations and Sequential Data Capture Update

What’s Happened Since November?

- Head of Information Services, Mike Gumn, visited every liver transplant centre in the country to provide training on the new forms.
- Released the new forms on 20/12/17.
- Loaded the patient data you provided by spreadsheet onto the database and processed it.

What’s Next?

- By the launch of the scheme every patient needs to have at least 1 sequential update in the system.
- By mid-April every patient will need to have had an update in the previous 3 months.
- This will need to be sustained for every adult patient.
- Are you ready to send updates for every patient at least once every three months?

Getting ready for the launch of the National Offering Scheme

- NHSBT have produced a report which we will issue monthly.
- In the weeks before and after the launch we will send it more often to help you keep on top of your sequential data.
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Getting ready for the launch of the NationalOffering Scheme
- NHSBT have produced a report which we will issue monthly
- First task is to ensure that all patients with a blank “Date of latest sequential form” have one submitted via ODT Online. Deadline is 16/03/18.
- Next task is to ensure that all patients are up to date for their SDC. Deadline is 13/04/18
Out of Hours Registration Support

Your Concerns
- Elective registrations are not processed out of hours
- This is the case for all organ groups that do names allocation
- Concern that this would mean that very sick patients would miss out on offers

What have we done
- Agreed that ODT Hub Ops will process new registrations and sequential updates out of hours
- Run from Friday evening until Monday Morning and Bank Holidays
- Won’t run during weekdays evening

How do I submit a registration or sequential update out of hours?
- Submit the registration or sequential update on ODT Online/NTxD
- Phone ODT Hub Ops on 01179757580 let them know you have submitted a form
- ODT Hub ops will phone you back to confirm that the registration has been processed or to discuss any issues with the registration
- If problems cannot be resolved a patient will not be registered
The new National Liver Offering Scheme
What’s changing and how it will affect you

Thank you for listening

Any Questions?