

NATIONAL ORGAN DONATION COMMITTEE (NODC)
MINUTES OF THE FOURTEENTH MEETING HELD ON TUESDAY 14TH NOVEMBER 2017
Radisson Blu Edwardian Grafton Hotel, 130 Tottenham Court Road, London, W1 5AY

PRESENT:

Dr Paul Murphy (Chair)	National Clinical Lead for Organ Donation
Miss Joanne Allen	Performance & Business Manager, ODT, NHSBT
Dr Jeremy Bewley	Intensive Care Society Representative
Ms Helen Buglass	Regional CLOD - Yorkshire
Ms Lisa Burnapp	British Transplantation Society Representative
Dr Paul Carroll	Regional CLOD - Eastern
Mr Anthony Clarkson	Assistant Director, Organ Donation & Nursing
Mr Ben Cole	Lead Nurse Service Delivery
Ms Rebecca Curtis	Statistics and Clinical Studies – NHSBT
Mrs Sue Duncalf	Regional Manager – North West/Northern/Yorkshire
Dr Katya Empson	Regional CLOD – South Wales
Prof John Forsythe	Associate Medical Director, ODT, NHSBT (part meeting)
Dr Dale Gardiner	Deputy National Clinical Lead for Organ Donation
Ms Amanda Gibbon	Donation Committee Chair (Non-Clinical Donation Rep)
Ms Monica Hackett	SNOD Regional Manager – Northern Ireland
Dr Kay Hawkins	Chair Paediatric Subgroup of NODC
Ms Alison Ingham	Regional CLOD – North West
Mr Tim Leary	Regional CLOD - Eastern
Mrs Lesley Logan	Regional Manager – Scotland
Ms Sue Madden	Statistics and Clinical Studies - NHSBT
Dr Alex Manara	Regional CLOD - South West
Dr Justin McKinley	Regional CLOD – Yorkshire
Dr Nilesh Parekh	Regional CLOD – Midlands
Ms Ella Poppitt	Head of Service Development
Ms Susan Richards	Regional Manager – Midlands & South Central (part meeting)
Ms Marian Ryan	Regional Manager – Eastern, London & South East
Ms Angie Scales	National Paediatric & Neonatal Specialist Nurse, ODT, NHSBT
Prof Jonathan Thompson	Regional CLOD – Midlands
Dr Ian Tweedie	Regional CLOD – North West
Dr Andre Vercueil	Regional CLOD - London
Dr Angus Vincent	Regional CLOD – Northern
Dr Charles Wallis	Regional CLOD – Scotland
Dr Malcolm Watters	Regional CLOD – South Central
Ms Fiona Wellington	Head of Operations for Organ Donation, ODT, NHSBT
Dr Argyro Zoumprouli	Regional CLOD - South East

IN ATTENDANCE:

Ms Katy Portell	Observer
Ms Debbie Sutton	Clinical & Support Services, ODT
Mrs Claire Williment	Head of Transplant Development, ODT (part meeting)
Mrs Kathy Zalewska	Clinical & Support Services, ODT

Item	Title	Action
1	WELCOME AND INTRODUCTION P Murphy welcomed everyone to the meeting. Apologies were received from:	

Item	Title	Action
	<p>Prof Stephen Bonner RCoA Representative Mr Gareth Brown Department of Health – Scotland Mr Roberto Cacciola Associate Clinical Lead for Organ Retrieval ODT Dr Catherine Coyle Consultant in Public Health Medicine Prof John Dark National Clinical Lead for Governance, ODT Dr Pardeep Gill Regional CLOD – South East Dr Paul Glover Regional CLOD – Northern Ireland (part meeting) Prof Arpan Guha Regional CLOD – North West Mrs Margaret Harrison Lay Member, ODT, NHSBT Mr Ben Hume Assistant Director TSS Ms Sally Johnson Director of Organ Donation and Transplantation Dr Sian Lewis Acting Medical Director Welsh Health Specialised Services Dr Iain MacLeod Regional CLOD – Scotland Mr Joe Magee Department of Health – Northern Ireland Ms Lorna Marson British Transplantation Society Representative Ms Trish McCreedy British Association of Critical Care Nurses Representative Prof David Menon Faculty of Intensive Care Medicine Representative Ms Jackie Newby Head of Referral & Offering/TSS Representative, ODT Dr Brodie Paterson College of Emergency Medicine Representative Prof Rutger Ploeg National Clinical Lead for Organ Retrieval Mr Phil Walton Regional Manager – South Wales & South West Ms Sarah Watson Programme Director Highly Specialised NHS England Ms Julie Whitney Lead Nurse – Service Delivery Dr Mike Winter Medical Director, NSD Scotland</p> <p>There were no declarations of interest in relation to the agenda.</p>	
2	REVIEW OF PREVIOUS MINUTES AND ACTION POINTS – NODC(M)(17)2 & NODC(AP)(17)3	
	<p>The minutes of the previous meeting were agreed and approved as a correct record subject to two minor changes: Minute 3c: Amend '<i>The ICS in Scotland</i>' to read '<i>SICS</i>' Minute 5a: Amend first sentence to read '<i>D Gardiner reported that SMT had approved additional educational support, two new CLOD roles, and continued support for the ICM simulation courses, with an ambition to deliver six courses per year.</i>'</p> <p>AP1 Education and Training J McKinley reported that Simon Flood has been seconded to work on the e-learning package from 1st December. One module has been introduced with seven further modules planned, one of which is currently in draft format. Some modules will be more specific to different grades. A decision has yet to be made on where to host the e-learning package so the format has yet to be agreed. PDS have licences for Articulate 360 so this may be a suitable platform to host the package. Some modules will be specific to different grades whilst others will be generic. It is anticipated that the first 3 modules will be available to share with members at the next meeting.</p>	

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	<p>AP2 Research – The Role of NODC There is no significant progress to report on this to date. There have been some expressions of interest in this project but a decision has yet to be taken on the structure. A further progress report will be delivered at the next meeting.</p> <p>AP3 Regional Stretch Goals The regional stretch goals will be forwarded to Clinical & Support Services for circulation.</p> <p>AP4 Missed Opportunities Reporting Refer to minute 4.1</p> <p>AP5 Draft Annual PDA Report The draft report has been finalised and will be circulated shortly. The web link will be circulated to members when it is on-line.</p> <p>AP6 Paediatric Sub-group Update Refer to minute 4.3</p> <p>AP7 CLOD Review – Update from Level Meetings 1-3 a. Of the nine existing RCLODs who had already reached their six year tenure, eight successfully reapplied for the role. In addition, three new RCLODs (Alison Ingham, Tim Leary and Helen Buglass) were appointed.</p> <p>b. The Memorandum of Understanding between NHSBT and donor hospitals has been revised to reflect the key recommendations of the CLOD review and also cover the expanded role of SNODs. It was suggested that the recommendations from the Donation Committee review should also be incorporated into the new document.</p>	<p>F Wellington /C&SS</p> <p>S Madden</p>
3	MATTERS ARISING	
3.1	<p>Pregnancy P Murphy reported that the current legal guidance on both ante-mortem interventions in DCD and opinion on pregnancy end of life care and organ donation are likely to be withdrawn by the Department of Health. There is no indication at this time that the existing guidance will be replaced. It is hoped there will be more progress to report at the February 2018 meeting.</p> <p>3.2 Ante-Mortem Interventions - Refer to minute 3.1.</p> <p>3.3 Devastating Brain Injury Statement The position statement has been accepted for publication in the BJA on-line in December and in print during February 2018. Members were reminded that whilst NHSBT supported the statement, this support was limited to improved end of life care and the opportunity to incorporate the option of organ donation into this when it was a clinical possibility. The DBI statement will be hosted on the websites of the professional bodies who developed the statement, but not the NHSBT/ODT clinical website.</p> <p>3.4 Donation Committee Review The review of Organ Donation Committees has been summarised and sent to A Clarkson, S Johnson and P Murphy. The document will now be circulated with members for sharing with Organ Donation Committee members. D Gardiner agreed to chair a sub-group to agree the key recommendations and explore how to take these forward.</p>	<p>D Gardiner</p>

Item	Title	Action
3.5	<p>Length of Donation Pathway</p> <p>Following on from a stakeholder workshop hosted in January 2017, a number of actions have been proposed to reduce some of the delays in the pathway, including:</p> <ul style="list-style-type: none"> • Requirement of cardiothoracic centres to respond to offers within 45 minutes, with no extension. • Earlier blood sampling for microbiological screening and tissue typing. <p>Although current regulations allow blood samples for microbiological screening and tissue typing to be taken and dispatched without additional family consent if the patient is on the ODR, the extent to which this is practised is not clear. There was strong support for this from NODC members and although it was noted that SNOD teams have recently been reminded of these regulations, it was not clear whether the wider clinical community was aware of them. F Wellington agreed to confirm whether this would apply to circumstances of deemed consent. P Murphy agreed to write to CLODs to clarify the issue of blood sampling for patients on the ODR.</p> <ul style="list-style-type: none"> • Ensuring there is a single method of contact within transplant centres to avoid time being wasted during the offering process. • The introduction of simultaneous as opposed to sequential offering for organs from high risk virological donors. • Empowerment of SNODS to expedite processes where a donor was particularly unstable. <p>It was noted that as more accurate data on the length of donation process is identified, this will be included in the ODT performance report.</p>	<p>F Wellington P Murphy</p>
3.6	<p>Specialist Requestors</p> <p>A Clarkson reported from a recent review meeting on the Specialist Requester (SR) role which was introduced in four of the ODST teams between September and December 2016. The analysis of activity was limited by variable start dates of the SR role in each of the four teams and will therefore be undertaken again once there is a full 12 months' data for all four teams. It is hoped to roll out the SR role to a further two regions in 2018/19.</p> <p>K Hawkins highlighted the need to consider the SR role in the paediatric setting as this would increase the number of SNODs attending.</p> <p>A Clarkson agreed to circulate the data to members for information.</p>	<p>A Clarkson</p>
3.7	<p>DCD Heart Retrieval</p> <p>More than 40 DCD heart transplants have now been performed in the UK with comparable outcomes to grafts from DBD donors. There are currently three cardiothoracic centres performing these transplants (Papworth, Harefield and Manchester) whilst Newcastle is being proctored by Papworth to support its own planned programme. Members noted that concerns expressed about NRP assisted retrievals with the loss of some abdominal organs and unexpected non-utilisation of lungs had now been resolved. These were largely due to communication issues with large numbers of people in theatre. M Ryan agreed to chase up the final version of the DCD heart protocol.</p>	<p>M Ryan</p>

Item	Title	Action
<p data-bbox="76 584 121 613">3.8</p> <p data-bbox="76 1037 121 1066">3.9</p> <p data-bbox="65 1720 121 1749">3.10</p>	<p data-bbox="156 300 1305 533">Currently 10% of heart transplants in the UK are performed using DCD hearts and members asked whether the opportunity for heart and lung retrievals is being maximised. L Logan agreed to circulate a DCD heart programme summary to members following the meeting. The Scout pilot demonstrated there is the potential to transplant more DBD hearts but there are commissioning and financial obstacles. The Workforce Transformation Group is considering service delivery for the programme and a more detailed update on the Scout programme will be delivered at the next meeting.</p> <p data-bbox="156 584 643 613">Plans for Future National Meetings</p> <ul data-bbox="156 636 1273 1003" style="list-style-type: none"> <li data-bbox="156 636 1062 665">• The date for the Winter Ethics Symposium is 23rd November 2017 <li data-bbox="156 687 1273 887">• A session is scheduled at the BTS Annual Congress on 14th-16th March 2018 in Brighton together with a joint meeting planned for Harrogate in March 2019. Abstracts for the Brighton congress can be submitted until 23rd November 2017. The need to promote these joint ventures with the donation community was emphasised. D Gardiner agreed to send an email to the intensive care community advertising the joint BTS sessions. <li data-bbox="156 909 1257 1003">• It would be useful to schedule a further group of level meetings in September/October 2018 and to review the data to decide on hospital categories during July 2018. <p data-bbox="156 1037 339 1066">National Hub</p> <p data-bbox="156 1088 1257 1220">A Clarkson reported on the new systems concept and IT platforms within Hub Operations (formerly Duty Office). Cardiothoracic offering has now been transferred from SNODs to Hub Operations allowing SNODs to undertake clinical rather than administrative activity.</p> <p data-bbox="156 1243 1273 1339">A new liver waiting list and super urgent liver waiting list are being launched together with a revised liver allocation scheme in March 2018, following extensive consultation with the liver community.</p> <p data-bbox="156 1361 451 1391">Other changes include</p> <ul data-bbox="204 1413 1305 1608" style="list-style-type: none"> <li data-bbox="204 1413 1174 1442">• a referral and donor screening tool which is being built into Donor Path <li data-bbox="204 1464 1273 1525">• the transfer of pagers from Vodaphone Paging to PageOne as from the end of March 2018 <li data-bbox="204 1547 1305 1608">• The introduction of a single call centre number for the whole of the UK sometime in the New Year <p data-bbox="156 1630 1161 1691">Initial feedback on the changes has been positive. A Clarkson agreed to ask J Newby to give an update presentation at the next meeting.</p> <p data-bbox="156 1720 715 1749">Uterine Transplantation/Olfactory bulbs</p> <p data-bbox="156 1771 1010 1800">This item was deferred to the next meeting for a progress update.</p>	<p data-bbox="1385 360 1489 389">L Logan</p> <p data-bbox="1369 842 1513 871">D Gardiner</p> <p data-bbox="1369 1637 1513 1666">A Clarkson</p>

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4	STANDING ITEMS	
4.1	<p>Performance</p> <p>ODT Performance Report – September 2017 – NODC(17)26 J Allen summarised the ODT Performance Report for September 2017. Key points:</p> <ul style="list-style-type: none"> • 722 deceased donors in the first six months of 2017/18 • 9.2% increase in the number of deceased donors compared with the same period last year (13.3% DBD & 3.6% DCD) • 134 deceased donors are now needed per month for the second half of this year • During the first six months of 2017/18 1,891 patients benefited from a solid organ transplant • Overall consent rate is 64% (74% DBD & 57% DCD) <p>Progress with Missed Opportunities</p> <ul style="list-style-type: none"> • 79 fewer missed referral opportunities when comparing the first six months of 2017/18 with the first six months of 2016/17, equating to an overall decrease of 18%. • 28% decrease in the number of occasions where a SNOD was not present for the organ donation discussion, with 65 fewer missed SNOD present opportunities. • Where there are 6 or more occasions where a SNOD is not present, letters are sent by the RCLOD/RM to the CLOD and Committee Chair. Fifty seven such letters have been sent since July 	S Madden
4.2	<p>Reports from Statistics & Clinical Studies</p> <p>Quarterly Monitoring of the Impact of Deemed Consent in Wales – NODC(17)27 S Madden presented a summary analysis of the effect of Welsh Legislation on consent/authorisation rates for Quarter 7. At this stage there is insufficient evidence to conclude whether deemed consent in Wales has led to an increase in consent rates. Quarterly monitoring of consent/authorisation rates for the four nations of the UK will continue. This report will be available on the ODT website.</p> <p>Revised ODT Trust/Board Performance Reports – NODC(17)28 Key issues with these reports were identified and actions agreed. A summary of the recent improvements was presented for information.</p> <p>Investigating the Recent Increase in DBD Donor Numbers – NODC(17)29 A paper considering possible reasons for the increase in the number of donors after brain death was presented by S Madden. It was concluded that there were several reasons for the increase, including small improvements in the number and referral of potential DBD donors, a higher rate of testing and improved consent/authorisation rate. S Madden agreed to look at data on the time of admission to DBD testing to see if this is increasing.</p>	
4.3	<p>Paediatric Sub-Group Update A national strategy for paediatric donation is being developed and the draft version will be submitted to the next meeting of the paediatric sub-group in January and to NODC in February. Paediatric CLODs need to be aware that the DCD heart cut off has changed and is now based on weight rather than age.</p>	

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4.4	<p>Medical Education</p> <p>D Gardiner reported on the progress to date with training arising from the CLOD review. Members noted that Dan Harvey and Ben Ivory had been appointed to the role of Medical Education CLODs. More courses are planned in order to build capacity. D Gardiner presented the BSD testing video filmed that will be launched at the Spring collaborative meetings. The Committee recorded their thanks to Sarah Beale whose tenacity and hard work had enabled the video to be completed.</p>	
5	<p>Definition of SNOD Involvement – NODC(17)30</p>	
	<p>D Gardiner reported on a small survey undertaken in the Yorkshire region demonstrating considerable variation in what is meant by the term 'SNOD involvement' in the family approach. Although no changes are proposed as a result of the survey, the likely impact of such variation on the quality of data on SNOD involvement was acknowledged. D Gardiner agreed to establish a small working group looking at the various issues involved (including variation in interpretation of returns; examination of the cohort of referrals without SNOD involvement; and consideration of criteria not currently in the PDA, some of which may be in the Specialist Requestor cohort) and including paediatric representation (A Scales).</p>	<p>D Gardiner</p>
6	<p>Future Arrangements for Donor Reimbursement</p>	
	<p>A Clarkson reported on letters sent to CLODs, Chairs of Donation Committees and Finance Directors advising of a change to donor recognition funding as from April 2018. In a move away from the concept of donor reimbursement to donor recognition based on the number of Committees, each Committee will receive a funding allowance of £1,000. It was acknowledged that this would be a significant change, particularly for some of the level 1 hospitals. Concern was expressed that although the funding would be directed to the Donation Committees within the Trusts this could not be mandated by NHSBT. Savings from these changes will be directed towards work on donor characterisation.</p>	
7	<p>Lessons from America</p>	
	<p>L Logan gave a presentation on a recent visit to the Memorial Hermann – Texas Medical Centre in the USA to explore donation practices in other countries. Consent and conversion rates are similar to those in the UK and they face similar issues to those faced by NHSBT.</p> <p>L Logan highlighted the difference in the approach to the donation process within the USA and how donors are honoured.</p>	
8	<p>Proposed trial of therapeutic hypothermia in DBD donors – NODC(17)31</p>	
	<p>Comments were invited from intensive care clinicians on a draft CTU protocol on evaluation of the effect of mild hypothermia in brain dead organ donors on donor kidney function at 12 months. Anyone interested in taking part as lead collaborator on the study was asked to contact P Murphy.</p>	

Item	Title	Action
9	Planned Consultation on an Opt-Out System of Consent for Organ Donation in England	
	<p>C Williment reported on her secondment within NHSBT to support the Department of Health consultation on opt-out in England. A public consultation exercise will begin before the end of the year and members were asked for comments on the consultation approach. A 12-week on-line public consultation will be held together with the use of existing committees to run focused workshops. In parallel with this are one to one meetings, meetings with societies/organisations and deliberative events with regional collaboratives and other groups.</p> <p>Members suggested:</p> <ul style="list-style-type: none"> • Consulting with UK DEC members or other ethics committees. • Consulting with professional bodies/societies associated with intensive care (FICM/ICS/RCoA/BACCN/RCN); patient representative groups such as KRUK, Live Life Give Life, Donor Family Network; 2020 Stakeholder Group and Oversight Group. • Engaging with people/groups who influence the public <p>Members noted a proposal presented by P Murphy on engaging with Regional Collaboratives on the opt-out consultation.</p>	
10	Brain Stem Death Testing Training Video	
	Refer to minute 4.4 above.	
11	Any Other Business	
	There were no further items of business.	
12	Dates of 2018 Meetings	
	<ul style="list-style-type: none"> • 27th February 2018 – venue to be confirmed • 5th June 2018 – venue to be confirmed • 6th November 2018 – venue to be confirmed 	
	Close	

December 2017