

Minutes of Transplantation Advisory Group

Date 22 April 2016

Venue Board rooms 1 & 2, Human Tissue Authority
151 Buckingham Palace Road
London
SW1W 9SZ

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Present

Members

Allan Marriott-Smith (Chair), CEO

Amanda Gibbon, Authority Member

Sharmila Nebhrajani, Authority Chair

Anthony Warrens, Authority Member

Catharine Seddon, Authority Member

Jessica Porter, Head of Regulation (Organ Donation and Transplantation Sector)

Chitvan Amin, Transplant Manager

Catherine Cullen (Secretary), Living Donation Officer

Niamh Marren, Living Donation Officer

Observers

Item 1 – Welcome, Apologies and Minutes from 22 April 2016 Meeting

1. Apologies were received from Sam Abdalla, Keith Rigg, Lisa Burnapp and Sarah Bedwell.
2. The minutes from the 6 October 2015 meeting were agreed.

Item 2 – General Update

3. The Group considered whether this might be a good opportunity to widen membership of TAG to include an Independent Assessor (IA) and a representative working in the deceased organ donation sector such as a SNOD. It was suggested that the remit of the group could be extended to include all of the ODT sector.

Action

1. **To examine the strengths of current and newly appointed TAG members and members of other HTA committees; and consider wider group membership.**

4. The Group discussed the size of the sample of cases pulled from the HTA's internal customer relationship management system (CRM) to check for delays between referral to the IA and IA interview and between IA interview and report submission. It was agreed that the sample size was proportionate in relation to the number of cases received in that period and that there were no concerns from TAG members that any delays in transplants were being caused. However, it was decided maintain a log of cases with delayed submissions and review them retrospectively.

Action

2. **LDAT to maintain a log of cases with delayed submissions and review them before the next TAG meeting**

5. The Group agreed that as part of the review of the guidance in the summer, the referral letter section should be expanded and where the success of the graft may be higher risk (e.g. increased chance of original disease reoccurring in the transplanted kidney) or the risks to the donor are higher, the HTA should be informed in the referral letter confirming that these issues have been discussed with the donor.

Action

3. **To add this to the list of changes to be made in the next edition of the Guidance to Transplant Teams and Independent Assessors.**
6. The Group were informed of recent amendments made to the portal form through which IA reports are submitted. The Group discussed these changes and why they had been implemented i.e. to strengthen reporting from IAs.

This was following recent trend analysis which identified the main reasons the Living Donation Assessment Team (LDAT) was required to seek further clarification from IAs.

7. The Group were notified that IA reaccreditation for 2015-2016 had been completed.
8. The Group were informed that 11 IAs had been trained and accredited at an IA training event in March and that two of five recently trained IAs (from non-hospital based backgrounds) had successfully undertaken IA interviews and submitted good quality reports since accreditation.

Item 2 – Update on delivery of Internal audit recommendations of Living Organ Donation Systems

9. Jessica Porter (JP) provided the Group with an update on the progress of the implementation of the internal audit recommendations. JP informed the Group that the project to ensure that all IAs have a valid enhanced Disclosure and Barring Service (DBS) checks had proved challenging due to difficulty identifying an appropriate DBS category for the IA role. JP added that approximately 90% of IAs had now provided their information. JP further added that three Trusts had responded positively to communication advising them of the new HTA policy on DBS checks.
10. JP updated the Group that five out of the 11 internal audit recommendations had now been completed and the outstanding six were almost complete.

Item 3 – Proposed policy changes

11. The Group discussed the potential removal of the Enhanced IA requirement for Directed Altruistic Donation cases and explored alternatives to the provision of enhanced IA training. The Group agreed that given the evidence it would be reasonable to remove the enhanced training element for IAs. However, there was concern amongst the Group that there may still be a small number of cases that might need assessment by an experienced IA, therefore the HTA would need to ensure that guidance for all IAs is strengthened. Members of the Group would value the opportunity to discuss this with the Authority in its entirety.

Action

- 4. To take a paper to the Authority meeting in July outlining a proposed change in policy for approval.**

12. The Group considered the possibility of adding a training element to the agenda of the IA conference in November 2016. This could be recorded and made available online for IAs who are unable to attend the conference.
13. The Group discussed whether referral to IA for all paired/pooled patients should take place at the point they are entered into the matching run or once they have been matched. The Group exchanged views and it was agreed that this proposed policy change should also be taken to the Authority meeting in July.
14. The Group considered how the HTA could be assured that circumstances had not changed when there was a lengthy gap between HTA approval and surgery. The disadvantages of making this change were explored including the possibility of setting an expiry date to mitigate this risk. Allan Marriott-Smith (AMS) advised the Group that previous legal advice had suggested this was not possible and the Group then explored whether it would be possible to request that the donor sign a fresh donor declaration closer to the surgery date.
16. The Group discussed the possibility of removing the policy requiring all paired/pooled patients to be matched prior to independent assessment leaving it at the unit's discretion as to when they refer patients.

Action

- 5. To seek views from all TAG members and take proposed policy change to the Authority meeting in July.**
- 6. To develop the agenda for the IA Conference and consider the benefits of adding a training element**

Item 5 – Update on Organ Donation and Transplant (ODT) sector audits

17. The Group were notified of the upcoming ODT workshop on 27 June 2016 and the forthcoming round of ODT sector audits. On-site audits of licensed establishments would be carried out initially between September 2016 and March 2017 and some will follow during the next financial year. The Group discussed the shared learning outcomes on Serious Adverse Events and Reactions (SAEARs) reporting and management from the 2013 audit.

Item 6 – Any Other Business and date of next meeting

18. The Group explored whether Members were aware of any individuals within the transplant sector that may be interested and willing to join a public review panel to ensure that HTA material for this sector is appropriately targeted to the public and fit for purpose. The Group helpfully suggested some bodies that may be worth following up with.

Action

7. The Stakeholder Engagement Manager will contact the suggested bodies

19. The Group examined whether a declaration could be introduced for recipients to sign. AMS informed the Group that this had not happened previously as the recipient may be a child or third party unknown to the donor.

Action

8. LDAT will explore this option before the next TAG meeting

20. The date of the next TAG meeting is 14 October 2016.