

SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES
Minutes of the Scottish Donation and Transplant Group Meeting Held on
Thursday 03 December 2020,
By MS Teams

Present:

Name	Surname	Role/Organization
Iain	Macleod	Joint Chair and Clinical Advisor for Organ Donation in Scotland
John	Casey	Joint Chair and Clinical Advisor for Transplantation in Scotland
Richard	Appleton	Consultant in Anaesthesia and Critical Care
Sam	Baker	Donation Policy Branch Head, Scottish Government
Andy	Bathgate	Consultant Hepatologist - NHS Lothian
Sumrah	Chohan	Human Tissue Authority
Anthony	Clarkson	Director of Organ Donation and Transplantation - NHS Blood & Transplant
Jonny	Dalzell	Consultant Cardiologist, Golden Jubilee National Hospital
John	Forsythe	Associate Medical Director, NHS Blood & Transplant
Marie	Gardiner	Service Manager, NHS Lothian
Anushka	Govias-Smith	Commissioning Programme Manager, NHS National Services Scotland - National Services Division
Sharon	Grant	Implementation Lead - Opt out, Scottish Government
Susan	Hannah	Regional Manager, Scotland, NHS Blood & Transplant
Martin	Johnson	Scottish Pulmonary Vascular Unit, Scottish Thoracic Society
Deirdre	Kelly	Non-Executive Director, NHS Blood & Transplant
Stephen	Kirkham	Patient Representative
Jen	Lumsdaine	Living Donor Co-ordinator/Living Donor Project, NHS Lothian
Heather	Maxwell	Consultant Paediatric Nephrologist, RHSC – NHS Greater Glasgow and Clyde
Roseanne	McDonald	Programme Associate Director: Nursing and Quality Adviser, NHS National Services Scotland - National Services Division
Gabriel	Oniscu	Consultant Transplant Surgeon and Clinical Director , Edinburgh Transplant Unit - NHS Lothian
Neal	Padmanabhan	Consultant Nephrologist, NHS Greater Glasgow & Clyde
Mark	Print	Patient Representative
Lesley	Ross	Patient Representative
Rachel	Tatler	Organ Donation Policy Officer, Scottish Government
David	Turner	Consultant Clinical Scientist - SNBTS
Andrew	Walls	Organ Donation Regional Committee Chair, NHS Dumfries & Galloway

Apologies:

Name	Surname	Role/Organization
Lynne	Ayton	Head of Operations, Golden Jubilee National Hospital
Marc	Clancy	Consultant Renal Transplant Surgeon, NHS Greater Glasgow & Clyde
Colin	Church	Scottish Thoracic Society
Neil	Healy	Lead Senior Nurse for Tissue Services, Scottish National Blood Transfusion Service
Jessica	Porter	Head of Regulation, Human Tissue Authority
Joanna	Swanson	Interim Head of Health Protection Division, Scottish Government
David	Walbaum	Consultant Nephrologist, NHS Grampian
Anthony	Warrens	Consultant Renal Physician - Human Tissue Authority
Stephen	Wigmore	President, British Transplantation Society
Sharon	Zahra	Clinical Lead, Tissue and Cells, Scottish National Blood Transfusion Service

In attendance:

Name	Surname	Role/Organization
David	McIlhinney	Policy Officer, SG

Item 1. Welcome and apologies

1. John Casey welcomed attendees to the meeting and reviewed apologies. Attendees and apologies were as above. Sumrah Chohan was attending for the HTA in place of Jessica Porter and Anushka Govias-Smith was attending for the agenda items on paediatric services and on the NSD commissioning plans.

Item 2. Minutes of previous meeting

2. The minutes were accepted as an accurate reflection of the previous meeting.
3. On the action point around shielding advice for renal patients, it was accepted as having now been superseded due to the changing guidance for shielding patients.

Item 3. Human Tissue (Authorisation) (Scotland) Act 2019

Item 3.1. Update on implementation

4. Sharon Grant gave an update on the implementation of the Human Tissue (Authorisation) (Scotland) Act 2019.
5. The draft regulations on Type B pre-death procedures were reported to be being finalised internally and would be laid in Parliament in January 2021 and ready to come into force for 26 March 2021.
Following the consultation, the regulations were expected to be changed to specify that one of the practitioners approving any Type B pre-death procedures must be the main clinician responsible for the care of the patient, and that neither doctor could be a member of the transplant team.
6. Staff training had been progressing online, led by Lesley Logan. It was reported to have had 100% attendance so far and good feedback.
An e-learning tool was planned to be introduced, which would replicate the training programme. Testing for this tool had resulted in good feedback.
7. The awareness raising campaign was reported to be stepping up. Radio adverts in November had shown increased traffic on the Organ Donor Register. The main campaign would launch in January, with TV adverts in March 2021.
The mail drop leaflet for all households was reported to be being finalised.

Item 4. Coronavirus (Covid-19) – Update on Current Activity and Resurgence Planning

4.1 Organ Transplantation

8. Professor John Forsythe reported that NHSBT had reviewed how transplantation across the UK had been managed during the first phase of COVID.
He noted that NHSBT had been able to monitor COVID in transplant patients via NHSBT's registry, which had been linked to PHS data on waiting list and transplant patients who had tested positive for the coronavirus.
9. During July and August it was reported that transplant numbers had normalised. NHSBT's planning for a resurgence of COVID had taken place during the late summer focussing on how to keep transplant units open.
He noted that NHSBT had intervened more regularly than usual to keep transplantation at a high level of priority.

Professor Forsythe reported that levels of donation and transplantation had been nearly normal during the second wave of COVID and living donation had been maintained, despite some challenges.
10. Professor Forsythe also updated SDTG on NHSBT's pilot project to create a network of Clinical Leads for Organ Utilisation (CLOUs), building on the CLOD (Clinical Lead for Organ Donation) network. CLOU posts had been advertised

across lung, heart, liver, pancreas and kidney units for both paediatric and adult patients. It was reported that 47 CLOUs had been recruited within a short period of time.

11. The expected benefits of the initiative included increased visibility and engagement with organ utilisation issues at both grassroots and Trust/Board levels and improved co-ordination of research efforts and dissemination of best practice.
12. Neil Padmanabhan reported that the West of Scotland unit had benefited from staying largely open during the first wave.
He noted that living donor transplants were still going ahead, though there had been some issues with the UK Living Kidney Sharing Scheme.
13. Gabriel Oniscu reported that, during the first wave, the Edinburgh Unit had paused their pancreas and living kidney donation programmes, with the liver programme only open to a select group. These programmes had since been reopened. During the 2nd wave the unit had experienced issues with acute care capacity and had needed to pause activity. Mr Oniscu reported that all services were open at the time of the meeting and running normally. He noted that the kidney sharing scheme backlog after the first wave had been cleared by the end of September.
14. Jonathan Dalzell reported that the Golden Jubilee National Hospital had not suspended its service throughout the COVID period. Activity had been high and the service was reported to be running normally. Under tier 4 restrictions it was noted that the service was now doing more of its work with patients remotely.

4.2 Organ Donation

Susan Hannah reported that the pandemic had affected eligibility for organ donation, halving the number of referrals coming through. The numbers recovered through summer, with a decline noted during the resurgence in October. This was noted as being comparable to other UK teams.

Mrs Hannah also noted that authorisation rates were higher than the previous year, with fewer family overrides than previously.

4.3 Tissue Donation

15. Sam Baker reported on tissue donation on behalf of Sharon Zahra.
She reported that COVID-19 had had a significant impact on tissue donation. In particular bone donation had been impacted due to the impact of the pandemic on elective orthopaedic surgery.
16. Deceased donation had continued with peaks and troughs throughout the COVID period
Ms Baker also noted that SNBTS had now taken on the responsibility for eye retrieval in the central belt of Scotland. This work was reported to be progressing slowly, but would hopefully increase numbers of eye donors from Scotland.

Item 5. Paediatric Services

5.1 Services for children requiring transplants

17. NHSBT had provided a summary paper on paediatric donations and transplants in Scotland. Dr Heather Maxwell talked about some of the challenges in paediatric services, noting that these services were organised differently to adult services.

She noted that there was a single paediatric nephrology service in Scotland, located in Glasgow. Patients would be transplanted in Glasgow and receive follow up care locally. Around 50% of paediatric patients are able to access a living donor kidney transplant. The service was working to streamline how it interacts with the networks of local care services.

18. The service is managed as a multi-disciplinary team, with low staffing numbers. Dr Maxwell noted that even a small number of absences could present a challenge. There was however funding available from NSD and the unit was looking at staffing.

19. Psychology was particularly something highlighted as a service which was in demand.

IT and communication was noted as a challenge. As children could be sent as far as London or Birmingham for some operations, it was reported to be difficult to co-ordinate care effectively without always being able to access full patient records easily 24/7 (either from the patient's home Board or from the units in England which may have provided care).

20. Transition to adult services was also reported to be a challenging process and patients in the 16–25 age range were noted as being more likely to have issues.

21. Professor Deirdre Kelly and Anushka Govias-Smith also discussed the patients, such as those having liver or small bowel transplants, who need to have their transplants in England and it was noted that this could be particularly challenging for families. However, Professor Kelly noted that the need to travel fairly significant distances for transplant was common for most paediatric patients living in England as well. She also felt that most of these paediatric units had good levels of psychological support available.

22. It was agreed that Paediatrics should have a standing item and a summary paper for future meetings.

Item 6. Post-2020 Actions Planning

6.1. Updates on finalising the UK Strategy

23. Anthony Clarkson reported that NHSBT was working to get the final UK strategy finalised, reflecting the impact of the COVID-19 pandemic. The plan was presented to the NHSBT board on 26 November where it was warmly welcomed. The Board recognised the ambition and collaboration needed to carry out the Strategy and planned to write to ministers recommending approval. It was recognised that this strategy depended on the whole community for its success.

6.2 Plans for implementation of the Scottish Action Plan

24. Sam Baker noted that the Scottish Action Plan had been presented to SDTG in various drafts and agreed at the previous meeting. It was planned to send this document to the Minister for Public Health and Sport along with the NHSBT strategy.

She expected the documents should be published in late January, but this depended on timing of all parties signing off the UK Strategy. She would keep the group updated by email on expected timing for publication.

An Equality Impact Assessment was being developed for the Scottish plan, which would also link across to the strategy.

25. It was intended that the Scottish Government would bring forward a paper at the end of March meeting to look at taking forward implementation of the recommendations of the action plan, which would need buy in from stakeholders, such as transplant units and ICUs. She also proposed that SDTG should take a role in monitoring progress on the plan and suggested short updates at each meeting and a more in depth review once a year to check sufficient progress is being made. Whilst Covid-19 may impact on the ability to take forward some recommendations quickly, it was hoped that most could be progressed in line with the overarching timescales noted in the Plan.

6.3 NSD Commissioning Plan

26. Ms Govias-Smith reported that NSD had moved to a two year bridging plan due to the COVID pandemic.

NSD aimed to have this plan signed off in spring 2021. This would look at capacity and sustainability across the transplant services and look at building resilience and capacity. Once this bridging plan was in place, they would then continue work on their longer term plan for commissioning transplantation.

Item 7. AOB

7.1. Vaccination

27. NHSBT had spoken to the Joint Commission on Vaccination and Immunisation (JCVI). It was noted that unfortunately it was not yet possible to confirm if the Covid vaccine would be effective for patients who had had a transplant as it had not been tested on patients who were taking immunosuppressant medication. However, there was no contraindication for transplant patients so the vaccine was considered safe for them.

28. The group agreed it would be helpful to prioritise access to the vaccine to patients on the waiting list.

Item 8. Written Updates

29. John Casey referred the group to the written updates circulated with the papers.

Date of next meeting

30. The next meeting will be held on 23 March 2021 in via MS Teams from 14.00 – 16.00.