

Donation and Transplantation Plan for Scotland: 2021 – 2026

DRAFT IMPLEMENTATION PLAN

Introduction

This paper sets out proposals for taking forward implementation of the key recommendations in the new Scottish Action Plan. As discussed at the December 2020 meeting, the Scottish Government suggests that SDTG should monitor the implementation of these recommendations. We would propose a short update at each meeting, with a more in depth discussion once each year to review progress and consider if any changes in approach are needed.

We would be grateful for SDTG's views on this approach and comments on the proposals below on taking forward the recommendations.

Priority One

Implementation of the Human Tissue (Authorisation) (Scotland) Act 2019

Key Recommendations		Timescales	Lead(s)	Position update/Comments on next steps as at 18 March 2021
1	Raise awareness across Scotland about the change in legislation, aiming to reach as many people as possible, including harder to reach groups.	Short term, although regular awareness raising will continue following introduction of deemed authorisation.	Linda White, Scottish Government (SG), SG Marketing	The law change public information campaign will end on 31 March 2021. The evaluation of this campaign will be available in May 2021. Awareness opportunities post-law change are being scoped. Work will continue with partners and key stakeholders to seek their support with ongoing

				<p>awareness raising of the opt out system with their audiences.</p> <p>Regular communications have been established with Organ Donation Committee Chairs to encourage local awareness raising.</p> <p>The Kidney Research UK Peer Education Programme will continue for a further year to inform South Asian communities, particularly around Glasgow and Edinburgh, about their donation choices.</p>
2	<p>Ensure key staff likely to be involved in approaching families about deceased donation receive training and guidance on the new legal requirements in relation to deemed authorisation and pre-death procedures. Also put in place wider general awareness raising for other NHS staff.</p>	<p>Short term – to be delivered by March 2021.</p>	<p>Lesley Logan, SG, Susan Hannah, NHSBT, Neal Healey, SNBTS</p> <p>Training will revert to the responsibility of NHSBT and SNBTS as implementation is handed over to business as usual.</p>	<p>All key staff have now been trained in the new legislation. The ongoing evaluation of the training has been positive with many reporting that they feel more confident in their understanding of the legislation and in communicating it to others.</p> <p>Online training sessions for all/wider groups are underway and will continue until the law changes. Additional support and training has been offered to clinicians. Q&A sessions for other clinical NHS Scotland staff are underway.</p> <p>An E-learning tool was launched in November 2020 as an additional learning aid.</p> <p>Guidance on the Act was published on 11 March 2021 as an additional learning aid.</p>
3	<p>Undertake an evaluation of the deemed authorisation system and seek to learn any lessons from the evaluation findings.</p>	<p>Medium term – expected by 2025-26.</p>	<p>Carol Brown/Lilian Kennedy,</p>	<p>The first Monitoring and Evaluation Plan and Baseline Report will be published post-election (mid-June 2021).</p>

			Health and Social Care Analysis, SG	<p>Arrangements are being made with NHSBT and SNBTS to gather data to inform the 5 year evaluation.</p> <p>Arrangements will also be put in place for updating SDTG on progress of the evaluation.</p>
4	Keep pre-death procedures regulations under review. If changes to either Type A or Type B regulations are proposed, ensure these proposals can be considered and, if appropriate, amendments can be made.	Ongoing	Sam Baker/Linda White, SG J Casey/I Macleod, SDTG Co-Chairs	<p>The Regulations for the Type A and Type B pre-death procedures will come into force on 26 March 2021. These will continue to be monitored.</p> <p>Any proposals for changes to the Regulations will be discussed with the SG in the first instance. A sub group of the Scottish Donation and Transplant Group would then consider any proposals, with advice from Research, Innovation and Novel Technologies Advisory Group (RINTAG) before any proposed amendments are made to the Regulations.</p> <p>Any change to the Regulations must be approved by Scottish Ministers and the Scottish Parliament.</p>

Priority Two

Increasing Organ Transplantation

Key Recommendations		Timescales	Lead(s)	Position update/Comments on next steps as at 18 March 2021
1	Increase the number of viable organs for transplantation by using novel technologies, such as rolling out use of machine perfusion. Subject to the findings of initial feasibility work, consider moving ahead with development of a Scottish Assessment and Recovery Centre (ARC).	Medium term (ongoing as technologies develop)	NHSBT – Anthony Clarkson, John Forsythe (for any UK-wide proposals) Sam Baker, SG Transplant Units	<p>Continue to monitor the use of novel technologies in the UK [linked to the UK Strategy] and the evidence to support them being sufficiently safe and effective before considering adoption.</p> <p>Business cases to be developed by NHSBT for both DCD hearts (after current three year funding) and an ARC pilot.</p> <p>Scottish Government to continue to support use of Normothermic Regional Perfusion in retrievals. Support for roll out of other technologies (such as Ex-Vivo Machine Perfusion) to be considered with NSD and (if it is to be a UK-wide proposal) NHSBT where evidence of effectiveness is demonstrated.</p>
2	Work to ensure sustainable, patient-centred transplant services, including exploring options for increased shared services between renal units, in particular to avoid the need for patients to miss out on any suitable organs offered for them.	Short to medium term	John Casey, Edinburgh Transplant Unit, RIE John Asher, Glasgow Transplant Unit, QEUH National Services Division (NSD)	<p>Increased collaboration and shared services between the Edinburgh and Glasgow adult renal units has already begun. During the Covid-19 pandemic, an agreement has been put in place to allow urgent or high priority patients to go to another transplant unit if their own unit cannot transplant them.</p> <p>Ongoing work will seek to build on this. There may also be opportunities to consider more joint</p>

				working between other transplant units where this may benefit services for patients.
3	Raise awareness among relevant staff across NHS Boards to seek to ensure all those patients who would be likely to benefit from a transplant are offered the opportunity.	Short to medium term - set up network by 2022. Work to ensure referrals is likely to be ongoing.	John Casey, Co-chair of SDTG, with support from the four transplant units	<p>A network of NHS Board clinicians will be identified to support improvements in the equity of access to transplantation and ensure that key staff in their NHS Boards are aware of the transplant services and feel informed enough to relay this information to those who are most likely to benefit.</p> <p>This work may be delayed to some extent due to Covid-19, but it will be important to encourage NHS Boards to support it as part of wider recovery work.</p> <p>With support from the transplant units and NSD, we will consider the areas where data suggests patients are less likely to be referred for transplant or to access a transplant (e.g. particular NHS Boards, socioeconomic groups or minority ethnic groups) and explore with clinicians any particular barriers to referral.</p>

Priority Three

Reducing Missed Opportunities for Deceased Donation

Key Recommendations		Timescales	Lead(s)	Position update/Comments on next steps as at 18 March 2021
1	Ensure use of Specialist Requesters to approach families about organ donation in all donating hospitals to help improve authorisation and reduce overrides where the patient was on the ODR.	Short term – implementation started in 2020.	Susan Hannah, NHSBT	The Specialist Requester model has been in place since January 2020. The first year results have been positive, with an increase in authorisation rates despite the Covid-19 pandemic.
2	Monitor and review use of Specialist Requester model	Medium term	Susan Hannah, NHSBT Sam Baker, SG	A full review of the Specialist Requester model will be carried out after three years and a decision made at that point on whether to implement this model on a permanent basis.
3	Via opt out implementation and longer term, increase awareness raising among NHS staff about referring potential tissue donors.	Short to medium term (likely to be ongoing)	Sharon Zahra, SNBTS Neil Healy, SNBTS Sam Baker, SG	As a result of the Covid-19 pandemic this has been a challenge due to the other priorities of NHS staff. However, we will work with hospitals and Organ Donation Committees where referrals have been missed to seek to raise awareness.
4	Ensure a robust eye retrieval service for Scotland is in place and continue to monitor and review progress on increasing eye donation.	Short term - for the retrieval service Medium term - for monitoring and reviewing progress in increasing donation	Sharon Zahra, SNBTS Neil Healy, SNBTS Anthony Clarkson, NHSBT Emma Winstanley, NHSBT	The eye retrieval in Scotland is now underway in many parts of Scotland and the reasons why donations don't proceed will be continually monitored. While the pandemic (and so lower numbers of cornea transplants proceeding) makes it more difficult to measure effectiveness of the new arrangements, it should in future be easier check progress and monitor if eye donor numbers increase in Scotland.

Priority Four

Increasing Living Donation and Reducing the Wait for a Kidney Transplant

Key Recommendations		Timescales	Lead(s)	Position update/Comments on next steps as at 18 March 2021
1	Ask Renal Units to make the default option for a first transplant for all patients needing a kidney transplant a living donor transplant.	Medium term	Jen Lumsdaine, Living Donation Scotland lead	<p>This will be prioritised in line with the recovery from the Covid-19 pandemic when living donor transplantation is fully operational in the units (including via the Living Kidney Sharing Scheme).</p> <p>A key priority will be to reduce the potential backlog of living donors. However, once it is possible, work through the Living Donation Scotland project will seek to provide further guidance to Renal Units to encourage continued progress in ensuring all patients are asked to consider living donation as a first option.</p>
2	Subject to positive evaluation of the NHS Lothian REACH trial, a community, nurse-led programme of home visits to or other direct engagement (such as video calls) with patients and their family should be encouraged throughout Scotland.	Medium term – hopefully by 2022	Jen Lumsdaine, Living Donation Scotland Sam Baker, SG Linda White, SG	<p>Early indications from the REACH trial has shown positive results. However, due to the Covid-19 pandemic and restrictions on home visits, this has delayed the final evaluation of the pilot.</p> <p>Once the evaluation is finalised, subject to its findings, we will work with Renal Units to put in place resource to support a similar model across Scotland.</p>
3	The Living Donation Scotland Board will prepare guidance for referring Renal Units on recommended staffing levels to support living donation.	Short term – during 2021	Jen Lumsdaine, Living Donation Scotland	The Living Donation Scotland Board will next meet in May 2021 and this will be a key priority for discussion by the group.

Priority Five

Transplant Recipient Support and Aftercare

	Key Recommendations	Timescales	Lead(s)	Position update/Comments on next steps as at 18 March 2021
1	Work to establish telemedicine and online support for those patients who need it to supplement local NHS Board support.	Short to medium term (by 2022-23)	John Casey, Co-chair, SDTG, with support from the Transplant Units	<p>It will be important to understand how these systems were utilised during the Covid-19 pandemic and identify any best practice/take account of patient feedback. Transplant Units to use this learning and identify how best to use these systems to support patients going forward.</p> <p>The Scottish Government can support NHS Boards where access to appropriate video call technology is still needed.</p>
2	Ensure NHS Board staff know where to access advice from transplant unit staff and can access expert advice within a reasonable timescale.	Short term – by early 2022	John Casey, Co-chair, SDTG, Transplant Units	As for priority 2 (recommendation 3), identify 'champions' in each NHS Board for each organ who can help disseminate guidance and awareness raising to relevant NHS Board clinicians.
3	Where appropriate, provide additional guidance to NHS Boards/GPs to help build their expertise on and ability to support patients locally post-transplant.	Short to medium term	John Casey, Co-chair, SDTG Sam Baker, SG Linda White, SG Transplant Units	Review with the transplant units what guidance is currently available and if more online guidance should be available to GPs or relevant hospital staff to help increase their awareness and expertise in both caring for and supporting patients pre- and post-transplant.

Priority Six

Research and Innovation

Key Recommendations		Timescales	Lead(s)	Position update/Comments on next steps as at 18 March 2021
1	Increase public awareness about the benefits of donating organs or tissue for research.	By 2022-23 (and ongoing as needed)	Sam Baker, SG Iain Macleod, Co-chair, SDTG RINTAG Chair	This may be delayed somewhat by the pandemic. Identify the most appropriate messaging and channels to promote the donation of organs and tissue for research to the general public, clearly explaining why organs not suitable for transplantation can be used for research purposes and the benefits of this.
2	Monitor progress and consider if further action is needed to increase donation and utilisation of organs or tissue for research.	Medium term	Sam Baker, SG Susan Hannah, NHSBT John Casey, Co-chair, SDTG RINTAG Chair	Link with NHSBT/RINTAG (Research, Innovation and Novel Technologies Advisory Group) on their progress and identify what more can be done in Scotland to utilise organs for research.

Priority Seven

Public Health Improvement

Key Recommendations		Timescales	Lead(s)	Position update/Comments on next steps as at 18 March 2021
1	Work with Public Health Scotland (PHS) to ensure its work to improve public health can help us to reduce organ failure across Scotland.	Long term – likely to go beyond this current plan.	PHS (Euan Mackay to lead) Sam Baker, SG Linda White, SG	Link with Public Health Scotland to discuss how we can embed key messaging in their work and campaigns about the importance of looking after our health in order to prevent/reduce organ failure. This work will be delayed somewhat due to PHS' focus on tackling the pandemic, but remains a key area for PHS.
2	The Scottish Government will also ensure its prevention policies on diet and healthy weight, physical activity, and alcohol, tobacco and drugs focus on health inequalities to help reduce organ failure across Scotland.	Long term – most of the measures contained in the five public health action plans published in 2018, and already being implemented, will have a long-term effect.	Asif Ishaq and Health Improvement Division, SG Sam Baker, SG Linda White, SG	Link with SG policy leads on prevention to ensure that organ failure is on their radar in terms of health inequalities and this is included in the future planning for their policy area.