

Scottish Donation and Transplant Group (SDTG) – Note Of 18 November 2021 Meeting

July 2022

MINUTE OF MEETING OF SCOTTISH DONATION AND TRANSPLANT GROUP

Thursday 18 November 2021

Attendees	Mr John Casey (Co-chair)	Joint Chair and Clinical Advisor for Transplantation in Scotland
	Dr Iain Macleod (Co-chair)	Joint Chair and Clinical Advisor for Organ Donation in Scotland
	Dr Richard Appleton	Consultant in Anaesthesia and Critical Care, Scottish Intensive Care Society
	Mr John Asher	Consultant Renal Transplant Surgeon, NHS Greater Glasgow & Clyde
	Lynne Ayton	Director of Operations Heart, Lung and Diagnostics Division, Golden Jubilee Hospital
	Dr Andrew Bathgate	Consultant Hepatologist, NHS Lothian
	Sumrah Chohan	Human Tissue Authority
	Anthony Clarkson	Director of Organ Donation and Transplantation, NHSBT
	Dr Colin Geddes	Chair of the Transplant Recipient Support and Aftercare working group, NHS Greater Glasgow & Clyde
	Sharon Grant	Team lead for Organ and Tissue Donation Policy, Scottish Government
	Susan Hannah	Regional Manager for Scotland, NHSBT
	Neil Healy	Lead Nurse for Tissues, Cells and Advanced Therapeutics, SNBTS
	Dr Martin Johnson	Consultant Physician, Golden Jubilee National Hospital
	Stephen Kirkham	Patient representative
	Jen Lumsdaine	Living Donor Co-ordinator, NHS Lothian
	Roseanne McDonald	Associate Director for Specialist Services and National Planning, NHS National Services Scotland
	Andrew McKie	Secretariat, Scottish Government
	Shona Methven	Consultant Nephrologist and Renal Service Clinical Director
	Mr Gabriel Oniscu	Consultant Transplant Surgeon and Clinical Director, Edinburgh Transplant Unit
	Mark Print	Patient representative
	Dr Ben Reynolds	Consultant Paediatric Nephrologist, NHS Greater Glasgow & Clyde
	Dr Lesley Ross	Patient representative
	Joanna Swanson	Interim Head of Health Protection Division, Scottish Government
Dr David Turner	Consultant Clinical Scientist, SNBTS	
Andrew Walls	Organ Donation Regional Committee Chair, NHS Dumfries & Galloway	
Linda White	Policy Manager, Organ and Tissue Donation and Transplantation, Scottish Government	

	Dr Sharon Zahra	Clinical Lead, Tissues, Cells and Advanced Therapeutics, SNBTS
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Apologies	Sam Baker	Donation Policy Branch Head, Scottish Government
	Lisa Burnapp	President of British Transplantation Society/ OTDT Medical Team: Associate Medical Director
	Dr Colin Church	Consultant, Golden Jubilee National Hospital
	Dr Jonathan Dalzell	Consultant Cardiologist, Golden Jubilee National Hospital
	Adam Duncan-Rusk	Business Manager, Renal, Transplant and Dermatology
	Professor Deirdre Kelly	Professor Deirdre Kelly, NHSBT
	Dr Ann-Margaret Little	Consultant Clinical Scientist, NHS Greater Glasgow & Clyde
	Mr Alex McGuire	Golden Jubilee National Hospital
	Dr Neal Padmanabhan	Consultant Nephrologist, NHS Greater Glasgow & Clyde
	Ms Jessica Porter	Head of Regulation, Human Tissue Authority
	Dr David Walbaum	Consultant Nephrologist, NHS Grampian
	Dr Charles Wallis	Regional CLOD and Consultant in Intensive Care Medicine, NHS Lothian

Minutes

1. Welcome, introductions and apologies

1. Iain Macleod welcomed attendees to the meeting and introduced Shona Methven to the group, who is joining as a co-chair of one the working groups taking forward recommendations from the Donation and Transplantation Plan for Scotland
2. He also took the opportunity to thank everyone for their contributions and hard work during these challenging times.

2. Minutes of meeting of 19 August 2021

3. Iain provided updates on the action points arising from the previous meeting, which had mostly been completed.
4. Stephen Kirkham highlighted that when referring to vaccinations for transplant patients, the reference was to a third primary vaccination and not a booster vaccination.
5. Sharon Grant provided an update on action point 7, which asked for the transplant units to be considered as part of the Scottish Government's new National Workforce Strategy. Sharon advised that this is a high level, strategic plan, which does not set out operational workforce planning requirements – or reference specialist services. It was however noted that National Services Division (NSD) could link the National Workforce Strategy in their

Commissioning Plan. It is expected that the National Workforce Strategy will be published by the end of December and will be shared with SDTG members.

Action 1 – The Scottish Government National Workforce Strategy to be shared with SDTG members when published – **Secretariat**, Scottish Government

6. It was noted that there was a typo in paragraph 49 of the minutes, which will need corrected. Once that has been noted, the minutes from the 19 August 2021 meeting were agreed.

Action 2 – Typo in paragraph 49 of the 19 August minutes to be corrected and updated minute to be sent out to members – **Secretariat**, Scottish Government

3. Donation and Transplantation Plan: 2021-2026 Implementation

3.1. Implementation Overview

7. Iain Macleod advised that the implementation of the plan was focused on the short to medium term actions, with a timeline of two to three years and invited members to update on progress.

3.2.1. Reduce missed opportunities for deceased tissue donation

Priority 3.3: Increased opportunities for tissue donation.

8. Neil Healy said that Organ Donation and Tissue week had provided further opportunities to promote tissue donation. He highlighted that 1,700 ID cards had been issued to staff ICUs to assist staff as prompts when making an approach about tissue donation. He also noted that of the 44 referrals between August and October 2021, there were five occasions where relatives declined or were unavailable to discuss and/or authorise donation.

Priority 3.4: A robust eye retrieval service for Scotland and increased eye donation.

9. So far this financial year there have been 68 corneal and one sclera transplant in Scotland, with 18 eye donors retrieved by SNBTS.
10. A bilateral corneal transplant recipient was used as a case study during Organ and Tissue Donation week. In collaboration with NHSBT an eye donation story was included in an organ and tissue donation educational comic created by Creating Public Information students at the University of Dundee.

3.2.2. Living Kidney Donation: REACH Transplant & Renal units staffing levels

Priority 4.2: Rolling out of the Renal Education and Choices at Home (REACH) programme.

11. Following the successful pilot in NHS Lothian, a short term working group has been established to lead the national roll out of the REACH Transplant programme. The group have been considering staffing allocations of the new specialist REACH Transplant nurses across NHS Boards and the nurse job descriptions.

Priority 4.3: Adequate Staffing levels in Renal Units to support living donation.

12. Jen Lumsdaine and David Walbaum have been undertaking a scoping exercise to ascertain current staff resources for living donor assessments in all units.

3.2.3. Sustainable, Patient-centred transplant services

Priority 2.2: Build a sustainable, patient-centred transplant service in Scotland.

13. John Casey echoed Iain's words at the start of the meeting and thanked clinicians and patient representatives who have agreed to chair working groups, as well as those who have agreed to join these groups. He was encouraged by the enthusiasm and appreciated the effort that was being put into taking forward the recommendations of the Scottish plan.
14. The Scottish Renal Collaborative, which is taking forward elements of this priority as part of its work to develop collaborative working, are considering how to allow both renal transplant units and referring clinicians to access and share patient information more easily.

3.2.4. Equity of Access to Transplantation Services

Priority 2.3: All patients likely to benefit from transplantation are offered the opportunity;

15. Andy Bathgate and Shona Methven have identified membership of their group, identifying the importance having a representative for each organ.
16. It was acknowledged that it could be challenging to identify accurate referral rate data and obtaining data on the number of people who need to be referred to services, but they will work with the data that is currently available to them. Roseanne McDonald noted that NSD would be able to assist with data collection and would be happy to meet to discuss.

Action 3 – Meeting to be arranged between Andy, Shona and Roseanne to discuss support that can be provided to the working group by NSD – **Secretariat**, Scottish Government

17. Colin Geddes said that it would be important to identify the outcomes anticipated and how achievement could be measured. Shona agreed that a clear picture was needed of what is happening at present and stressed the importance of identifying current barriers to access to services.

3.2.5. Transplant recipient support and aftercare

Priority 5.1: Work to establish telemedicine and online support for those patients who need it to supplement local NHS Board support.

18. Lesley Ross advised that the SDTG patient representatives had started mapping patient services for each transplanted organ, to identify service gaps, but needed wider consultation to validate the process. Consideration being given to the benefit of conducting a new patient survey to look at specific issues, such as service changes due to the pandemic and use of telemedicine. Lesley intends to contact NSD and NHSBT to discuss patient surveys.
19. Roseanne McDonald advised the group that the NSD patient focus groups that were put on hold due to the pandemic are being rescheduled for early next year. She commented that she would be happy to liaise with the working group about involving them in these discussions.

Action 4 – Priority 5.1 working group to speak with NSD regarding involvement in patient focus groups – **Lesley Ross/ Colin Church**, Priority 5 Working Group Chairs

Priority 5.3: NHS Boards/GPs have the expertise and ability to support patients locally post-transplant.

20. The scope and membership of this group is still being considered and it was noted that it would be helpful to have a GP representative on the group.
21. John Casey suggested that the co-chairs of the groups taking forward recommendations from priority 5 of the plan meet on a bi-monthly basis to share updates and consider any cross over of work.

Action 5 – Bi-monthly meetings to be arranged with the co-chairs taking forward the Transplant recipient support and aftercare workstreams – **Secretariat**, Scottish Government

3.2.5.1. Remote Health Monitoring

22. The policy team have met with Scottish Government Digital Health colleagues to get an update on progress being made in development of remote health monitoring systems across the NHS including transplant. They had received updates on Near Me (video appointments service) and a Renal Remote Monitoring Health Pathway for transplant patients, which is being developed by NHS Ayrshire & Arran.
23. It was highlighted that whilst digital access and knowledge for many patients was extremely beneficial, there was a risk that innovation could widen the inequality gap and act as a barrier to services.

3.2.6. Research and Innovation

24. John Casey has met with the Chief Scientist Office to look at ways to increase research opportunities and collaboration in Scotland. This has led to the Scottish Government, in association with the Chief Scientist Office hosting a Scottish Transplant Research Network Symposium on 27 January 2022. The symposium will bring together colleagues from across clinical and basic science teams to hear about research and identify opportunities to get involved in collaborations and to help promote transplant research in Scotland.
25. The group enquired whether this was linked to the research work being undertaken by RINTAG, however, John Casey stressed that this was not the case. The intention of the Scottish network was to provide an opportunity to explore any barriers to research collaboration, but would work collaboratively with RINTAG.

4. Post-2020 Plans

4.1. NSD Bridging Plan post-2020

26. Roseanne McDonald provided background on the NSD Bridging Plan and Commissioning Plan.
27. In respect of the Commissioning Plan, NSD are currently in the process of creating a mandate for medium to long-term planning for transplantation and are establishing a Strategic Reference Group to lead on this work. Roseanne also highlighted the importance of learning from experiences during the pandemic, including what digital technology can offer.

4.2. UK Organ Utilisation Group update

28. John Forsythe provided an update on the UK Organ Utilisation Group (OUG). He noted that the OUG has representation from across the UK nations. Three meetings of the main group have already taken place and Chairs have been appointed for the sub-groups, which have commenced work on their programmes. A stakeholder workshop was held on 07 October and the online call for evidence closed on 25 October.
29. There was a very good response rate for the online call for evidence, from a wide range of organisations.
30. It was noted that the OUG will report back their recommendations to Ministers by March 2022 and are on track to achieve this.

4.3. UK Strategy update

31. Anthony Clarkson advised that NHSBT are currently waiting for an announcement from the Department of Health and Social Care about funding, which is not expected until after the new year, so they are unable to plan further work on implementation until this is confirmed.

5. Coronavirus (COVID-19)

5.1. Update on current issues

32. Lynne Ayton, representing the Golden Jubilee National Hospital advised that the 2020/21 transplantation numbers for heart transplantations were up in comparison with other transplant centres in the UK and that patient outcomes were good. Lynne also highlighted that face-to-face appointments had resumed, however Near Me was still being used for remote appointments where appropriate.
33. John Asher, representing the West of Scotland Renal Transplant service, advised that there had been 86 transplants this financial year and assessments being higher than normal. However, he stressed the high prevalence of COVID-19 in the West of Scotland, which was effecting staffing and patients, has led to operations being cancelled.
34. Gabi Oniscu, representing the Edinburgh Transplant Unit, reported that activity was lower compared to previous months, but they have also seen an increase in assessments. He also noted that there had been challenges

around staffing (especially surgery). Edinburgh are also actively recruiting for two consultant posts.

35. Gabi also advised that due to the lack of the allocation of livers to Scotland, Edinburgh has seen the highest liver mortality rates for people on the waiting list in the last month.
36. Lesley Ross emphasised that it was important that there was a clear message to the transplant community as to what people should do if they caught COVID-19. There was consideration about how this could be done via modern technology and Lesley noted that it was important that NHS Inform were kept up-to-date with the current processes to respond to queries from transplant recipients.

Action 6 – Meeting to be arranged between the Policy Team and NSD to consider how best to communicate with NHS Inform – **Scottish Government/ Roseanne McDonald**, NSD

Action 7 – Communicating COVID-19 updates for transplant recipients to be raised at next COVID-19 planning meeting on 23 November – **John Casey**, Clinical Advisor for Transplantation in Scotland

6. Update on Donation/ Transplantation Activity

6.1. Living Kidney Donation

37. Jen Lumsdaine reported that living donation figures are increasing with more transplants compared to last year, which is encouraging. A webinar with Kidney Care UK, will take place on 01 December with the theme focused on kidney disease and children and young adults. In addition, there will be a series of living donation articles in the Scotland on Sunday over the coming weeks.

6.2. Paediatric Transplantation

38. Ben Reynolds reported that there had been an increase in COVID-19 rates in children which has had a negative effect, with paediatric transplantation rates 50% lower than normal. He highlighted that a patient had two surgery's cancelled, with one cancelled due to staff capacity and the other when the living donor tested positive for COVID-19. He also noted that vaccine uptake has not been good in over 12s, so this has led to challenges.

6.3. Deceased Organ Donation

39. Susan Hannah provided an overview of the current year-to-date figures for deceased organ donation, highlighting that there has been a drop in the number of eligible donors compared to the previous three years. There have been a total of 48 donors (25 DBD and 23 DCD), which shows a slight variance to previous years and there have been three missed referral opportunities, which has been an improvement on the last three years.

7. Any Other Business

Written Updates

40. Iain Macleod referred the group to the written updates circulated with the papers.

Next meeting

41. The next meeting will take place on 31 March at 14:00, via Microsoft Teams.

Summary of Action Points

Action 1 – The Scottish Government Workforce Strategy to be shared with SDTG members when published – **Secretariat**, Scottish Government

Action 2 – Typo in paragraph 49 of the 19 August minutes to be corrected and updated minute to be sent out to members – **Secretariat**, Scottish Government

Action 3 – Meeting to be arranged between Andy, Shona and Roseanne to discuss support that can be provided to the working group by NSD – **Secretariat**, Scottish Government

Action 4 – Priority 5.1 working group to speak with NSD regarding involvement in patient focus groups – **Lesley Ross/ Colin Church**, Priority 5 Working Group Chairs

Action 5 – Bi-monthly meetings to be arranged with the co-chairs taking forward the Transplant recipient support and aftercare workstreams – **Secretariat**, Scottish Government

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