

**UK TRANSPLANT
SPECIAL HEALTH AUTHORITY**

**MINUTES OF THE THIRTY-SEVENTH MEETING
OF THE SPECIAL HEALTH AUTHORITY
HELD AT 11.00 AM ON FRIDAY, 14 JANUARY 2005
IN CONFERENCE SUITE 2, UKT, BRISTOL**

PRESENT:	Gwynneth Flower	- Chairman
	Margaret Branthwaite	- Non-Executive Director
	Dave Collett	- Director of Statistics & Audit
	Martin Davis	- Director of Finance
	Sue Falvey	- Director of Donor Care & Co-ordination
	Neil Goodwin	- Non-Executive Director
	Penny Hallett	- Director of Communication & PR
	Alistair MacGilchrist	- Non-Executive Director
	Judith Mackay	- Non-Executive Director
	Gilbert Park	- Non-Executive Director
	Gurch Randhawa	- Non-Executive Director
	Chris Rudge	- Medical Director
	David Shute	- Director of IT and Support Services
	Sue Sutherland	- Chief Executive
IN ATTENDANCE:	Kathy Cardwell	- Secretary

APOLOGIES

Apologies were received from George Jenkins.

1 DECLARATIONS OF INTEREST IN RELATION TO THE AGENDA

1.1 No member present declared a conflict of interest in relation to the agenda.

**2 MINUTES OF THE 36TH MEETING OF THE SHA HELD ON
22 NOVEMBER 2004 - UKT(M)(04)8**

2.1 The Minutes of the meeting were agreed and signed as a true and correct record.

2.2 Action points – UKT(AP)(05)1

- 2.2.1 1 The Medical Director confirmed that the protocol on screening for pregnancy of female potential donors had been submitted to the Ethics Committee of the British Medical Association, the Intensive Care Society and the Royal College of Pathologists. The comments received from the Ethics Committee have been sent to the Royal College of Obstetrics & Gynaecology. The Medical Director would also submit the final version of the protocol to the General Medical Council for comment.
- 2 This item is noted at minute 6.2.3 below.
- 3 This item is noted at minute 3.3.1 below.
- 4 This item is in hand. Members will be advised if and when the paper is accepted by the BMJ.

3 FINANCE AND BUSINESS PLANNING

3.1 Financial report to 30 November 2004 – UKT(05)1

3.1.1 Members noted the report on the financial position as at the end of November 2004 showing that the overall cash limit for 2004/05 remained unchanged at £11.679m. To date a total of £7.828m had been drawn down with a month end bank balance of £467k. All routine budgets had been the subject of rigorous review, resulting in a net overspend of £3k with a balanced position forecast at the year-end.

3.2 Financial report to 31 December 2004

3.2.1 A verbal report was given on the financial position at the end of December as timescales had meant the written report could not be included with the papers for this meeting. The trend against routine budget performance was still holding with a continuing forecast of a balance position at year-end.

3.3 Activity report – November 2004 – UKT(05)2

3.3.1 Members noted the activity report graphs based on data until the end of November 2004. Preliminary data as at 26 December 2004 was also reported by the Chief Executive with an 8% increase in deceased solid organ donors and a 3% increase in deceased cornea-only donors compared to the same period last year. With the exception of cardiothoracic transplants, all solid organ transplants and corneal transplants have increased compared to the same period last year and a 4% increase in transplants overall is forecast by the year-end. If current trends continue, last year's record performance will be significantly surpassed.

With 11.93 million people registered on the NHS Organ Donor Register (ODR) it is highly likely that the 12 million target will be achieved this year. Discussion took place on the registration of children on the NHS ODR, in light of the new Human Tissue Act, and whether there was a need to recapture their consent when they become adults. The Chief Executive agreed to investigate the matter further with the Authority's lawyers. Margaret Branthwaite also agreed to review the Human Tissue Act relating to this matter.

There was discussion on the Government's aim to have 16 million registrants on the organ donor register by 2010 and at what stage this was likely to reach saturation point. It was felt that the transplant community needed to be made more aware of the year on year improvements in numbers registered on the ODR and the challenges involved. The Director of Communications would examine this issue.

4 PAPERS FOR APPROVAL

4.1 UK Transplant Business Plan – UKT(05)3

4.1.1 The proposed draft Business Plan for UK Transplant for 2005/06 was submitted for approval. The financial framework for this plan is based on a realistic budget to enable continuation of delivery of at least a comparable number of transplants as this year. The total budget of £13.572m, includes £228k development together with a reduction of £400k as contribution to the ALB review savings target. Members noted that the plan as currently presented may yet change as the ALB review team have asked UKT to illustrate the effect of further cuts up to £1.5m. This would have a negative impact on the number of transplants that could be

delivered as funding would have to be withdrawn from 40 of the front-line NHS organ donor programmes with a consequent reduction in organs for transplant. Subject to minor amendments the Board approved the draft Business Plan with the caveat that further changes may be made in light of further savings targets, which might need to be met. It was stressed that the detail of the effect of these cuts on the NHS as a whole should be highlighted.

Gilbert Park agreed to supply data on relative refusal rates in other countries for members' information.

4.2 **Data collection service contract – UKT(05)4**

4.2.1 The Director of IT and Support Services outlined a request for approval to renew the data collection service contract with the current contractor, Quintiles, upon expiry on 1 April 2005. Following post-tender negotiations the cost of the contract will be £208,390 (ex. VAT) for a minimum of 13000 forms and £240,450 (ex VAT) for a maximum of 15000 forms, representing an increase of 5.9% on the current cost for a minimum of 13000 forms. The revised contract includes additional requirements on the contractor together with changes to the pricing structure of the contract, which result in a significant transfer of the risk associated with the contract from UKT to Quintiles. In light of the success of this contract to date and the high levels of service from Quintiles, the renewal of this contract for a further three years was approved.

4.3 **Living donor lung transplantation – UKT(05)5**

4.3.1 A discussion paper and position statement on living donor lung transplantation was submitted by the Medical Director for members' consideration. Following discussions at the Cardiothoracic Advisory Group, the National Specialist Commissioning Advisory Group (NSCAG) have formally requested a position statement on the appropriateness of approving programmes of living lung donation. In 1995 a programme was set up to carry out a limited number of these transplants at Harefield Hospital and the Freeman Hospital, Newcastle. Eleven such operations were carried out with variable results and the programme has been in abeyance since that time.

Following discussion on the position statement the Board endorsed the recommendation that consideration should be given to the continuation of a national programme of living donor lung transplantation in a limited number of centres subject to the caveats stated. The importance of continuing efforts to increase cadaveric lung donation wherever possible was also stressed. An amendment to item 6f of the statement was noted by the Medical Director who would then forward the statement and recommendations to NSCAG.

5 **PAPERS FOR INFORMATION**

5.1 **Establishment of NHS Blood & Transplant (NHS BT) – UKT(05)6**

5.1.1 The Chief Executive advised the Board on the position to date regarding the establishment of NHS BT. On 30 November the Secretary of State published the implementation framework for Arms Length Bodies confirming the merger between NBA and UKT and the establishment of NHS BT on 1 October 2005 with a designate authority to be established by 1 April 2005. In order to deliver a redistribution of savings to the front line NHS and improve efficiency, the savings contribution required from UKT is £1.1m and, at this stage, the total contribution

required from NHS BT has been set at £48.2m. Efficiency savings are expected to be delivered from 2005/06 onwards and, in addition to these savings, reductions in operating costs of 11% have also been notified, although these are subject to further discussion. UKT/NBA have established arrangements for joint working with the Chief Executives retaining joint accountability for action and progress. Job descriptions for the Chairman and Non-Executive Directors of NHS BT have been agreed and DH will be working with the NHS Appointments Commission to appoint to these posts as soon as possible.

The Chairman gave a brief resume of a meeting with Sir William Wells, Chairman of the NHS Appointments Commission, and encouraged Non-Executive Directors to register their interest in roles within the new organisation.

6 EXECUTIVE DIRECTORS' REPORTS

6.1 Medical Director's report – UKT(05)7

6.1.1 The Medical Director reported on items discussed at the recent meeting of the Kidney & Pancreas Advisory Group (KPAG). The working parties on equality of access to transplantation and the Kidney Allocation Scheme have together developed an extensive analysis of the current allocation scheme. A wide range of options have now been developed and will be discussed at a special meeting of KPAG in February, following which a final set of proposals will be available for wider discussion by transplant unit and laboratory directors at the Renal Transplant Services Meeting in March. Members of the Board were given details of the meeting at the Royal College of Surgeons, London on 7 March 2005 and invited to attend.

A joint meeting of the British Transplant Society and the British Society for Histocompatibility and Immunology was held to look at possible steps that could be taken to minimise the cold ischaemic time (CIT), which adversely affected the outcome of kidney transplantation. A proposal was accepted by KPAG for an audit of the various components that make up the total CIT with UK Transplant providing statistical analysis of the data to allow each centre to assess relevant local factors.

A major instance of non-compliance with the National Kidney Allocation Scheme had occurred at the transplant unit in Belfast. This was dealt with via the unit director and no further action was necessary.

A working party on centre specific data submitted proposals to KPAG on activity and outcome data that should be made available to the general public. This work was now nearing completion and the agreed data set would be made available through the UK Transplant website.

6.1.2 Revised liver retrieval zones for England came into effect on 4 January 2005. A preliminary analysis of liver transplants in Scotland suggests that the number of potential donors in Scotland is lower than for the rest of the United Kingdom, whilst the proportion of potential organ donors who become actual organ donors is almost identical. This implies that the provision of intensive care beds and intensive care practice in Scotland may be different to the rest of the UK. There may also be a compelling argument to review the Liver Allocation Scheme within the UK as a whole in order to achieve better equity of access to transplantation.

Various proposals are currently being considered and will be discussed at the next meeting of the Liver Advisory Group.

- 6.1.3 Members noted that the eighth Organ Retrieval Workshop, a two-day teaching and training programme for surgeons in training on all aspects of organ donation and retrieval, had taken place in December and was extremely well received.
- 6.1.4 The Medical Director reported on a meeting with Sir Ian Kennedy of the Healthcare Commission, to discuss the allocation of livers from non-heartbeating donors. The Medical Director confirmed that Sir Ian was broadly satisfied with the processes that were in place but noted that documentary evidence of the consent procedures was not available to UK Transplant and that the clinical decision-making process within each liver unit is not open to scrutiny by UK Transplant. He undertook to consider whether the Healthcare Commission, through its annual inspection process, could include reassurances from the Trust that appropriate evidence was available to ensure that decision-making was in accordance with agreed protocols. Members of the Board noted the report and welcomed the involvement of the Healthcare Commission in this matter.

6.2 **Director of Communication's report – UKT(05)8**

- 6.2.1 A joint venture with the BBC on a season of programmes about organ donation, running across TV, radio and on-line will be taking place during late August 2005. The venture will include a series of five 30-minute documentaries running from Monday to Friday with plans for a Saturday night event, including a joint episode of Holby City/Casualty. The drama will accommodate “factual breaks” for short documentaries about organ donation and transplantation and a call for viewers to talk about organ donation with their families and register their wishes on the NHS Organ Donor Register. Members recognised that this was a tremendous opportunity to raise public awareness of organ donation and recognised the challenges involved in handling the enormous volume of calls predicted.
- 6.2.2 The 50th anniversary of the world's first successful living donor kidney transplant was marked on 23 December 2004 with a programme of media initiatives. Living kidney transplant case studies were identified and offered to regional media and a news release issued. The Director of Communications expressed thanks to those medical spokespersons who agreed to meet the requests for TV and radio interviews as demand was so high. The coverage resulted in 886 calls to the organ donor line on 23 December, against a normal daily average of 80-100 calls, and 2,484 visits to the UKT website. The number of cadaveric donors during the week beginning 20 December increased from 12 to 18, a 50% increase over the corresponding week for the previous year.
- 6.2.3 The Director of Communications advised members that there is an association between campaigns and initiatives which attract high levels of media coverage and an increase in cadaveric donations, when compared with the same period the previous year. During the DVLA campaign period of Spring 2004 the relative refusal rate decreased substantially and the number of cadaveric donors between 9 January and 4 June 2004 increased by 32% over the previous year.

In light of this evidence a request was made to redirect some non-recurring monies before the end of the financial year to fund a media advertising campaign with the

key aim of raising still further awareness of the importance of organ donation and transplantation. After taking advice from the Central Office of Information the decision was taken to deliver a substantial radio and on-line advertising campaign commencing February 2005. The money available (£400k - £500k) is considered insufficient to fund an effective TV, poster or print campaign.

- 6.2.4 It was reported that the UKT 2003-04 annual report won a Nexus award as runner-up for the best annual report by a national health body. Congratulations were extended to the Director of Communications and her team.
- 6.2.5 The contract to provide TV and radio techniques training for UKT for 2005/06 has been awarded to Chris Lillicrap, PPC Ltd, the current contractor, at a cost of £12,400. To date, a total of 105 people have received TV and radio skills training from UK Transplant.
- 6.2.6 Members noted a procedure for the submission of publications and presentations to the UK Transplant public website.

7 ANY OTHER BUSINESS

- 7.1 Dr McGilchrist reported on the annual meeting of the UK and Ireland Liver Transplant Study Group and advised that the Scottish Executive have approved a programme of living donor liver transplantation commencing in April 2006.
- 7.2 The Director of Donor Care and Co-ordination reported on the first meeting of the Academy of Royal Colleges working group chaired by Dr Peter Simpson to revise the code of practice for diagnosis of death by brain stem testing. It is anticipated that the work will take the best part of a year to complete.
- 7.3 The Chairman asked members to reflect on ways in which they would like to mark the end of the existence of the UKT Board for consideration at the next meeting.

8 DATE OF NEXT MEETING

- 8.1 The next meeting of the SHA will be held at 12.30 pm on Thursday 24 February 2005 in Conference Suite 2, UKT, Bristol.

9 MINUTES OF THE CLOSED MEETING OF THE SHA HELD ON 22 NOVEMBER 2004 - UKT(M)(04)8(C)

The Minutes of the closed meeting were agreed and signed as a true and correct record.