

Table descriptions

Table 1: Overview of activity

Table 1 shows average numbers of patients on the active transplant list, kidney transplants and donor kidneys retrieved at each centre during the time period shown. The numbers of transplant list patients and transplants are shown separately for patients aged less than 18 years (paediatric patients) and those aged 18 years or more (adult patients) where possible. This distinction was made because the National Kidney Allocation scheme favours younger patients, who therefore tend to wait a shorter period of time

The number of active transplant list patients is a daily average over the three years. The percentage of patients transplanted within a year of listing is also given. This percentage is based on the number of patients who, during the time period shown, were newly registered on the transplant list to receive a deceased donor kidney transplant. The time period used was chosen so that each patient would have a minimum follow-up period of two years from listing.

The number of transplants carried out is an annual average. This is given first, as a total of all transplants that included a kidney, and then separately for kidney only transplants from donors after brain death, donors after circulatory death and live donors, and for multi-organ transplants that included a kidney.

The number of kidneys retrieved is an annual average and includes kidneys from both adult and paediatric deceased or live donors. This number will not be the same as the total number of transplants carried out at a centre, since some of the kidneys retrieved are exchanged between centres through the National Kidney Allocation Scheme. Centres in the North and South Thames renal alliances share responsibility for the retrieval of kidneys from deceased donors. For these centres, the numbers of kidneys retrieved are alliance totals, as the numbers cannot be presented separately for individual centres.

Table 2: Donors

Table 2 shows numbers of donors who donated one or both of their kidneys during the time period shown. All centres undertake transplants using kidneys from donors after brain death and live donors, but not all centres transplant kidneys from donors after circulatory death. Kidneys donors after brain death are shared among centres through the National Kidney Allocation Scheme, while the retrieving centre retains kidneys from donors after circulatory death and live donors.

For each donor group the number of donors is shown as an annual average. For both donors after brain death and live donors, the percentage of transplants in which kidneys from such donors were used is also shown. This gives an indication of the impact of these organ donation programmes on the transplant activity of each centre.

Centres in the North and South Thames renal alliances share responsibility for the retrieval of kidneys from deceased donors. For these centres, the numbers of donors after brain death and donors after circulatory death are alliance totals, as they cannot be presented separately for the individual centres.

Table 3: Patients on the active transplant list

Table 3 shows numbers related to patients who were on the active transplant list during the given three-year period. The numbers are shown separately for patients aged less than 18 years (paediatric patients) and those aged 18 years or more (adult patients) where possible.

The number of patients on the list over the three-year period is shown as a daily average.

The percent change in the average transplant list size over the three given years is also shown. A negative change indicates an overall decline in the size of the list, while a positive change shows an increase in the size of the list. When the transplant list size is small, as is the case for paediatric transplant lists for some centres, any change in the list size is overstated.

The percentages of patients that were transplanted within 6 months, 1 year and 2 years of joining the list are also shown. These percentages are based on the number of patients who, between the years shown, were newly registered on the transplant list to receive a deceased donor kidney transplant. The time period used was chosen so that each patient would have a minimum follow-up period of two years from listing. The chance of receiving a transplant after listing is influenced by various factors including, among others, the blood group, tissue type and age of the patient. The types of patients registered at a centre will therefore influence the percentage of patients transplanted within a given time period.

Table 4: Transplants

Table 4 shows numbers related to the transplants undertaken by a centre during the time period shown. The numbers are shown separately for patients aged less than 18 years (paediatric patients) and those aged 18 years or more (adult patients) where possible.

The total number of transplants carried out is shown as an annual average, and this includes the number of kidney only and multi-organ transplants.

The numbers of transplants are also shown according to their respective donor types for kidney transplants. Numbers of multi-organ transplants that included a kidney are also shown for centres that carry out these transplants. Note that all kidneys used in multi-organ transplants were from donors after brain death.

Tables 5 and 6: Survival rates

Tables 5 and 6 give one and five-year survival rates for adult and paediatric patients, respectively, for transplants undertaken during the time period shown. Note that after a transplant, care of the patient may not be at the transplanting centre, but at a different follow-up unit. For that reason, longer-term survival rates, such as five-year rates, may not entirely be to the credit or otherwise of the transplanting centre.

Graft survival rates are given for first kidney transplants from deceased donors and for all transplants from live donors. For transplants from deceased donors, both donors after brain death and donors after circulatory death are included. Since there are fewer transplants from live donors, second and subsequent grafts from such donors are included in the estimation of transplant survival rates to allow as many transplants as possible to be analysed. Transplants are followed up until the graft fails, the patient dies with a functioning graft or the one-year or five-year time point is reached.

Patient survival rates are also given for first kidney transplants from deceased and live donors. For estimation of patient survival rates, patients are followed up

until either death or the one-year or five-year time point is reached. The follow-up period for a given patient may then include any repeat grafts that the patient had. To ensure that each patient death is counted only once, patient survival rates are restricted to first grafts only.

If the number of transplants is small, the survival estimates are less meaningful. This can be seen from the much wider confidence intervals. Survival rates are not presented if there are five or fewer transplants at a centre in a given time period. Where there were no transplant failures or patient deaths within the post-transplant period of interest, the survival estimate is shown as 100% and a confidence interval is not shown as it cannot be estimated.

Interpreting the survival rates

Unadjusted and risk-adjusted survival rates and 95% confidence intervals (CI) are given for each centre, together with unadjusted estimates and confidence intervals for all centres combined. The risk-adjusted rate gives an estimate of what the survival rate at a centre would have been if they had had the same mix of patients as that found across all centres. A centre has a significantly higher rate than expected after adjusting for patient case-mix if it has a confidence interval for the risk-adjusted rate that is entirely above the nationwide rate. A centre has a significantly lower rate than expected after adjusting for patient case-mix if it has a confidence interval for the risk-adjusted rate that is entirely below the nationwide rate.