

NHS BLOOD AND TRANSPLANT ORGAN DONATION AND TRANSPLANTATION DIRECTORATE

Organ Donation and Transplantation (ODT): Developments

I thought it might be useful to give you an update as to what is happening in ODT.

Organ Donation

As you will, I hope, be well aware, the main focus in ODT remains on organ donation and implementation of the recommendations of the Task Force. Overall, things are progressing on target.

The recruitment of Donor Transplant Co-ordinators (DTCs) is going well: we have a target of 250 DTCs: at present (October) we have 170 in service of whom 144 are employed by NHSBT and 105 are now resident in hospitals. Offices have been sourced for them and the team structure is being refined. Changes in employer and in working practices and the training of new DTCs all add considerably to what is already a very stressful job but considerable progress has been made to the reconfiguration of the DTC service. We are on target to have transferred employment of the existing workforce by the end of this financial year. More DTCs will be recruited over the next few months.

More Clinical Leads for Organ Donation are being recruited and getting down to work. All but one of the level 1 hospitals (those where there is the greatest potential for donation) have a CLOD in place and there are more in other Trusts. Non-clinical donor champions and Donation Committees are being appointed and becoming active. Paul Murphy is leading in this area. Anthony Clarkson has recently been appointed as Associate Director to work with Paul.

EOS, the electronic organ offering system, has now been 'rolled out' to all DTC teams. A new version of the EOS application went live at the beginning of October, this now includes a revised electronic version of the Potential Donor Audit and a DTC referral database which collects extensive information about the donation process and will provide invaluable information to inform future strategies. This should give us real time data about donation processes and activity and help track outcomes.

The majority of cardiothoracic and liver centres and a number of renal centres are now also able to access EOS to view organ offers. By the end of 2009 all recipient centres should be able to access EOS.

There will shortly be a massive UK-wide advertising campaign to raise awareness of donation with the aim of increasing the number of registrations on the Organ Donor Register. We are aware that the important figure remains the number of potential donors who actually donate but there is good evidence that

those potential donors who are on the ODR are more likely to become actual donors than those who are not on the ODR.

You will, I hope, be aware of the donor rates for this and last year. Like you, I remain concerned with the increase in the number of non-heart beating donors (NHBDs) compared with heart beating donors (HBDs). There is some concern that some potential HBDs are becoming NHBDs; this is an important concern and we are looking further to determine the extent of the problem and try to find reasons for this and circumvent them.

Organ Retrieval

The current system is, on the whole, working well but I am aware of some instances of non-retrieval. This may occur for a variety of reasons but we need to get this to zero. I hope that, when the National Organ Retrieval Service (NORS) is in place, we can ensure that all possible organs are retrieved. DTCs are well aware of the need to offer on all possible donors. With helpful input from the Intensivists, their Specialist Societies, other clinicians and the Donation Advisory Group, we are starting to look at donor management and indeed the anaesthetic component of the whole organ donation process. The commissioning of the NORS is proceeding well and we hope all outstanding issues will be resolved prior to full implementation on April 1 2010. As always, the help and co-operation of the clinicians is vital to the success of the venture. David Mayer is Clinical Lead, and Karen Quinn, the Associate Director for Commissioning.

Governance

We are revising the Governance arrangements within ODT. Although we do have responsibility for the governance of much of the pathway for organ donation; there are many others who have a legitimate interest, including the clinicians, the Trusts/Boards and the commissioners. We are currently exploring the development of an electronic database so that anyone can report incidents of concern and ensure that there is an appropriate investigation and action taken.

Patient involvement

We have had the first meeting with patient groups (liver) and are planning meetings with kidney and with heart and lung patients, families and groups. The meeting was helpful and well received and we have useful feedback as to how we could run them better in the future. I would be grateful if you would let me know of groups or individuals who would wish to attend these meetings.

On other issues, the third report from Elizabeth Buggins has been accepted by Ministers and the DH is now planning implementation. The members of the Donor Ethics Committee have now been appointed and the Chair will be appointed shortly. This should provide a very useful and independent authority for all those in donation and transplantation.

Although this does not cover all that is happening, I hope it is a useful summary of some of the key issues.

The ODT activity report and the DH ODTF Implementation Programme's Annual report are now available on the web.

I would be very grateful for any feedback and constructive comments. It is essential that all clinicians involved in donation and transplantation are aware of what is happening and feed back any concerns and suggestions. The clinical input, via the Advisory Groups, is essential to how we work and I would like to end this letter by thanking you for your contributions and wishing you a happy and busy New Year.

James Neuberger
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