

**SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES**  
**Minutes of the Scottish Donation and Transplant Group Meeting Held on**  
**Tuesday 25 August 2020,**  
**By MS Teams**

**Present:**

<b>Name</b>	<b>Surname</b>	<b>Role/Organisation</b>
Iain	Macleod	Joint Chair and Clinical Advisor for Organ Donation in Scotland
John	Casey	Joint Chair and Clinical Advisor for Transplantation in Scotland
Richard	Appleton	Consultant in Anaesthesia and Critical Care
Lynne	Ayton	Head of Operations, Golden Jubilee National Hospital
Sam	Baker	Donation Policy Branch Head, Scottish Government
Jonny	Dalziel	Consultant Cardiologist, Golden Jubilee National Hospital
John	Forsythe	Associate Medical Director, NHS Blood & Transplant
Anushka	Govias-Smith	Commissioning Programme Manager, NHS National Services Scotland - National Services Division
Sharon	Grant	Implementation Lead - Opt out, Scottish Government
Susan	Hannah	Regional Manager, Scotland, NHS Blood & Transplant
Neil	Healy	Lead Senior Nurse for Tissue Services, Scottish National Blood Transfusion Service
Ben	Hume	Assistant Director - Strategy, Organ Donation & Transplantation, NHS Blood & Transplant
Martin	Johnson	Scottish Pulmonary Vascular Unit and Scottish Thoracic Society
Deirdre	Kelly	Non-Executive Director, NHS Blood & Transplant
Stephen	Kirkham	Patient Representative
Jen	Lumsdaine	Living Donor Co-ordinator/Living Donor Project, NHS Lothian
Roseanne	McDonald	Programme Associate Director: Nursing and Quality Adviser, NHS National Services Scotland - National Services Division
Neal	Padmanabhan	Consultant Nephrologist, NHS Greater Glasgow & Clyde
Jessica	Porter	Head of Regulation, Human Tissue Authority
Mark	Print	Patient Representative
Lesley	Ross	Patient Representative
Joanna	Swanson	Interim Head of Health Protection Division, Scottish Government
Rachel	Tatler	Organ Donation Policy Officer, Scottish Government
David	Walbaum	Consultant Nephrologist, NHS Grampian
Charles	Wallis	Regional CLOD and Consultant in Intensive Care Medicine, NHS Lothian

Andrew	Walls	Organ Donation Regional Committee Chair, NHS Dumfries & Galloway
Sharon	Zahra	Clinical Lead, Tissue and Cells, Scottish National Blood Transfusion Service

**Apologies:**

Name	Surname	Role/Organization
Andy	Bathgate	Consultant Hepatologist - NHS Lothian
Colin	Church	Scottish Pulmonary Vascular Unit and Scottish Thoracic Society
Marc	Clancy	Consultant Renal Transplant Surgeon - NHS GGC
Anthony	Clarkson	Director of Organ Donation and Transplantation - NHS Blood & Transplant
Marie	Gardiner	Service Manager, NHS Lothian
Ann-Margaret	Little	Consultant Clinical Scientist - NHS GGC
Heather	Maxwell	Consultant Paediatric Nephrologist – NHS GGC
Nawwar	Al-Attar	Consultant Cardiac and Transplant Surgeon - GJNH
Gabriel	Oniscu	Consultant Transplant Surgeon and Clinical Director, Edinburgh Transplant Unit - NHS Lothian
David	Turner	Consultant Clinical Scientist - SNBTS
Anthony	Warrens	Consultant Renal Physician - Human Tissue Authority
Stephen	Wigmore	President, British Transplantation Society

**In attendance:**

Name	Surname	Role/Organisation
David	McIlhinney	Policy Officer, Scottish Government
Ewan	Walker	Policy Officer - Opt Out Implementation, Scottish Government (observer)

**Item 1. Welcome and apologies**

1. Dr Iain Macleod welcomed the members to the meeting, in particular the new members Deirdre Kelly, Mark Print, Martin Johnson and Joanna Swanson. It was noted that Anushka Govias-Smith from National Services Division (NSD) was attending for item 6 of the agenda.

**Item 2. Minutes of previous meeting**

2. The minutes were accepted as an accurate reflection of the previous meeting.

### **Item 3. Human Tissue (Authorisation) (Scotland) Act 2019**

#### **Item 3.1. Update on implementation**

3. Sharon Grant gave an update on the implementation of the Human Tissue (Authorisation) (Scotland) Act 2019. It was reported that the go-live date had been moved from autumn 2020 to March 2021 due to COVID-19. Work on the implementation programme had been temporarily halted to focus on the COVID response given the concerns about both the ability for hospital staff to receive opt-out training and the effectiveness of any awareness raising campaign being run during the height of the pandemic. The team had now returned and work was reported to be on track for the March implementation date.
4. It was noted that the Regulations on Type A Pre-Death Procedures (PDPs) were passed by the Scottish Parliament in March 2020. Drafting of the Excepted Body Parts Regulations was reported to be near finalisation. Work was also beginning on regulations on Type B PDPs, with a public consultation on proposals planned for the autumn. Type B procedures would be procedures which were not routinely carried out prior to the death of a potential DCD donor for the purposes of enabling organ donation to proceed, but which might occasionally be needed to help ensure an organ was safe to transplant.
5. The training package was reported to have been redesigned to be deliverable online due to COVID restrictions. This would include an online tool available across the UK so retrieval teams in England could access this tool.
6. The team was preparing for a public information campaign which was expected to run from January to March 2021. They would engage with stakeholders on this and seek to ensure that the public information is accessible and understandable.

### **Item 4. Coronavirus (Covid-19) – Update on Current Activity and Resurgence Planning**

#### **4.1 Organ Transplantation**

7. The Edinburgh Unit reported a number of challenges since the last meeting in April. Liver transplantation was fully up and running again with all suitable recipients back on the active waiting list. Kidney transplantation had been restarted with a select waiting list, which they were gradually adding to. Pancreas and islet transplants had also restarted, as has living donor transplants. Overall all services were back in operation, albeit with some restrictions.
8. The West of Scotland (Glasgow) Transplant Unit had only been closed for a brief period (for adults). The unit had been busy in June/July and had done significant numbers of deceased donor kidney transplants. The living donor programme had also restarted.
9. The Golden Jubilee Transplant Unit reported that they had remained open for heart transplants throughout the pandemic. The unit reported that transplant

numbers had actually been higher than most years. The retrieval team had been maintained throughout, though had to step down the night before the meeting due to staff needing to self-isolate as a result of Test and Protect. The issue had been resolved fairly quickly to get the team back up and running.

10. It was reported that the Freeman Hospital had remained open for urgent lung transplants, although transplants had since restarted for all those on the waiting list.
11. The renal units had had regular meetings to try to mitigate risks linked to COVID-19 and the impact it could have if several staff in a unit needed to self-isolate. There was reported to be agreement that the units would support each other in the case of one unit's activity being suspended. Both had put SBARs to senior management to support this work.
12. There was concern in the group around advice for those patients who may have to shield. It was felt that there needed to be a clear Scotland-wide policy on this. It was agreed that Sam Baker and John Casey would liaise with Dave Walbaum and Neil Padmanabhan, as well as Scottish Government shielding colleagues, to clarify the guidance for different categories of renal transplant patients.

**Action - Sam Baker and John Casey to liaise with David Walbaum and Neil Padmanabhan as well as shielding colleagues to develop the guidance for transplant patients.**

#### **4.2 Organ Donation**

13. Susan Hannah reported that there had been 109 deceased donors in the 2019/20 financial year. It was noted that COVID did not impact on donation levels until the end of March 2020.
14. The number of eligible donors was significantly impacted by COVID-19 during the height of the pandemic (April and May). There had been a sharp drop in referrals for organ donation and therefore a drop in proceeding donors, although donor numbers were increasing again each month.
15. It was noted that authorisation rates for donation had increased and there had been no overrides in the 2020-21 financial year (where a person was on the Organ Donor Register, but family members refused to allow donation to proceed). The Specialist Requestor model was noted to have been working really well and minimising missed referrals.

#### **4.3 Tissue Donation**

16. Sharon Zahra noted that tissue donation faced similar issues to organ donation, with a significant decline in the number of referrals. The referral rate was reported to be picking up again. Tissue retrieval had paused for a while, but was now up and running again and requested for heart valves from hospitals had continued throughout the pandemic.

17. SNBTS was almost ready to take over eye retrieval when the COVID-19 restrictions began. However, eye donation had been paused. SNBTS was working towards an October date to take over eye retrievals in the central belt. The University of Edinburgh has been helpful in providing a venue for the retrieval team's training.

## **Item 5. Post-2020 Plans**

### **5.1 UK Strategy**

18. Ben Hume presented on the plans for the UK organ donation and transplantation strategy post-2020.

19. The UK strategy was looking to build on the progress of the past ten years. It aimed to make the most out of the new opt-out legislation and to increase parity of emphasis between living and deceased donors.

20. Transplantation was expected to be more revolutionary. There was planned to be a change in focus to overcoming barriers to organ utilisation. There would be organ-specific plans to support an increase in utilisation. NHSBT also proposed a UK-wide network of assessment and reconditioning centres (ARCs) as part of the strong focus on using novel technologies.

21. NHSBT planned to support these and other developments. If successful, the UK would have the world's best organ donation and transplant system. They felt that it would be possible to reach up to 2000 additional transplants per year in the UK by the end of the five year period covered by the plan.

### **5.2 Scottish Action Plan**

22. Sam Baker updated the group on the Scottish action plan, a draft of which had been circulated.

23. The aim of the Scottish plan was to look at Scottish-specific actions to compliment the UK strategy. The action would take place over a similar timeframe and have similar priorities as the UK strategy in terms of increasing access to transplantation and improving outcomes for patients from their transplants.

24. As agreed previously with SDTG, the main themes of the Scottish plan were:

- Implementation of the Human Tissue (Authorisation) (Scotland) Act 2019
- Increasing organ utilisation
- Increasing organ and tissue donation referral and authorisation rates
- Increasing living donation, and encouraging everyone approaching end-stage renal failure to consider a living donor transplant as their first option.
- Improving post-transplant support for patients, including both physical and psychological healthcare.
- In the longer term, improving public health to seek to reduce organ failure in cases where patients' organ failure was avoidable.

25. It was proposed to publish the final plan at the same time as the NHSBT plan, which was expected to be before the next meeting of the Scottish Donation and Transplant Group. Members were asked to send any further comments on the draft Plan to the Scottish Government by early September.

### **5.3 NSD Commissioning Plan post-2020**

26. The NSD commissioning plan was expected to dovetail with the UK and Scottish strategies.

27. There was a particular focus on workforce issues, which had been recognised as a threat to service sustainability following an NSD meeting on the plan earlier in the year. The plan would therefore look at resourcing and capacity requirements. This would include encouraging medical professionals into transplantation, and increasing the training places for the speciality.

28. While the Scottish Action Plan did not discuss workforce issues in detail, it was agreed that as part of NSD's plan, NSD would work with NHS National Education for Scotland (NES) and the Scottish Government to consider how best to ensure sufficient staffing in future for transplant units. This should support the work the British Transplantation Society is taking forward on this.

## **Item 6. AOCB**

### **6.1. Update on findings of NSD Scottish Advanced Heart Failure Service Review**

29. NSD reported that the Scottish Advanced Heart Failure Service Review had been carried out in 2019. The findings were that the service should continue to be designated as a national specialist service. Recommendations included a finding that the number of patients being referred to the service should be more equitable across Scotland.

30. The review recommended that there should be fewer emergency referrals from those areas. Patients were more likely to be referred if they lived in the West of Scotland than elsewhere.

### **6.2 Renal Service Review**

31. NSD reported that they had carried out a minor desktop review of the adult renal services in Scotland. The recommendations were agreed by the National Specialist Services Committee in June 2020.

32. The service continued to meet the criteria for designation as a national specialist service. There was however a need identified to address staffing and sustainability issues in both units (Edinburgh and Glasgow). This would require consideration of a number of areas through the next commissioning cycle,

including greater collaboration between units and increasing numbers of living donor transplants.

**Item 7. Written Updates**

33. Dr MacLeod referred the group to the written updates circulated with the papers.

**Date of next meeting**

34. The next meeting would be held on 3 December 2020 in via MS Teams from 14.00 – 16.00.