



# Midlands Kidney Network Living Donor Quality Improvement Workshop

Friday 24<sup>th</sup> June 2022





# Living Donor improvement plans Shrewsbury & Telford NHS Trust

Friday 24<sup>th</sup> June 2022



# Introducing our team



Dr Suresh Ramadoss – Nephrologist.

Dr Rob Chand – Nephrologist.

Sue Dean - Renal Transplant Specialist Nurse

Hannah Worton - Renal Transplant Specialist Nurse, joined team since October 2021.

Katie Brunt - Renal Transplant Specialist Nurse, in team since 1/6/22

Chloe Herbert – Secretary.



# Areas for improvement previously identified



Only one nurse in post up until October 2021 doing all transplant work including live donor work.

Little time for live donors but always saw them when there were any.

Trust is over two sites 17 miles apart-now nurse available to each site to start building a long term relationship with these patients.

No time to chase up any live donors from patients letters.

Updates with Transplant Centre were not on a regular basis..

Lengthy delays if a donor had to see another speciality.



# Data so far

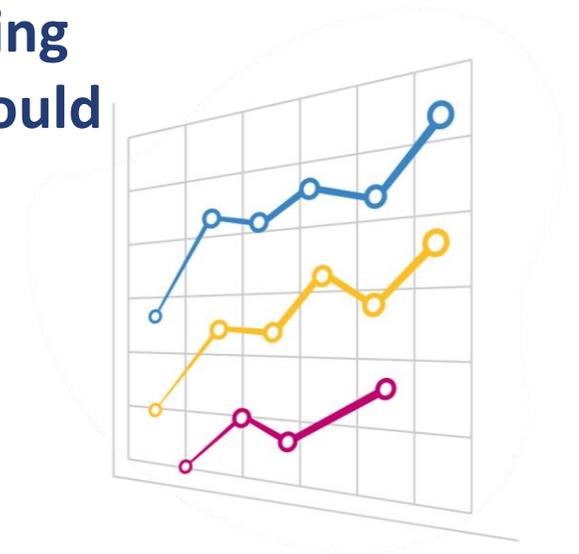


Data shows we have improved things for Sath but we need to keep going and not to take our eye off the ball.

Need to keep having regular communication regarding transplant and live donor issues.

Close working relationship with ckd team which is invaluable.

**At the end of Transplant First we all decided we keep things moving and keep data going whenever we could - as we all realised we could easily slip back.**



# Experience - local barriers and strengths

## Strengths

All staff in Renal Team are happy to open up conversations regarding living kidney donation.

Now more staff in our team-able to concentrate on improving our whole service.

Always had good relationships with our transplant centres.

Renal Consultants always look to see if their patient is transplantable in the future.

## Barriers we have improved

Identify patients with live donors earlier, start work with them to improve pre-emptive transplant.

Pre-dialysis listing has increased.

Reducing times in work-up.

Increased numbers on the transplant list.

Now 1-3 monthly meetings with Sath Consultants, this moves things forward more easily.

6 weekly Teams meetings with Live donor team to move things forward faster.

3 monthly teams meeting with UHB which includes waiting list and live donor team which again moves things forward more quickly.

Formal letter to Live donor team for any out-of-area donors.

Transplant option option now open to patients with a higher BMI-now refer to Coventry.



# Current plans and priorities

Train both nurses in all live donor work up.

Improve pre-emptive transplant in our Trust.

Identify patients who have live donors and start work with them earlier when their egfr is 25-30 depending on their decline.

Investigate live donors more and see if other donors are available.

**More education for patients and staff.**

Make Transplantation more visible in the future at Sath.

Nurse prescribing to start this year, and next year.

Future holistic clinics.

Restart patient /family seminars.



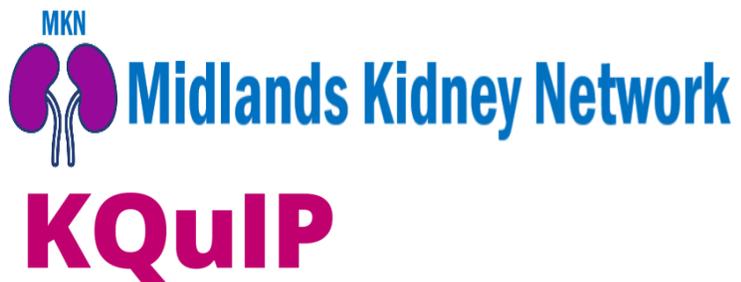
# Transplant numbers in our Trust



Year	Total number	Waiting List	Live donor	LD Pre	Total Pre
2021/22	18	9	9	2	2
2020/21	11	9	2	1	2
2019/20	22	16	6	2	4

Currently have 15 live donors at UHB and 6 live donors out of our area.

We work with six Transplant Units in total.





# Living Donor improvement plans [Dudley]

Friday 24<sup>th</sup> June 2022



# Introducing our team



Consultants – Dr K A Shivakumar, Dr T Samuel, Dr B John, Dr P Rajendran, Dr J Gangadharan

Lead Nurse – Claire Elson(PD), Bobbie Bedford(HD)

Transplant Nurse - Bernadeth Cabahug

Renal Information Officer – Lindsey Siers



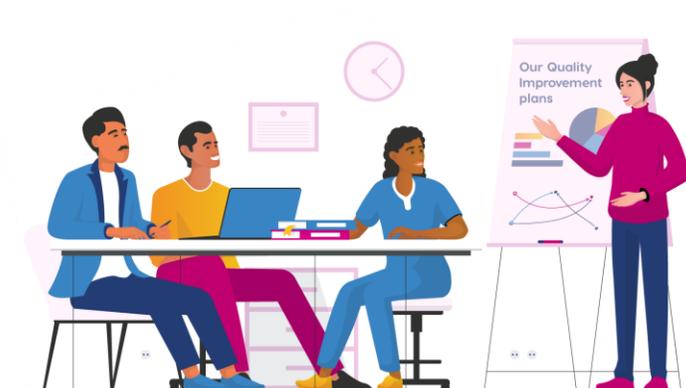
# Areas for improvement previously identified



Data sharing on effective work up of difficult patients.  
Share pathways.

Audit of pathway from RRT education to successful pre-emptive transplant.

Audit of pathway from RRT education to dialysis before transplant.



# Data so far for July 2020- June 2021



- **Number referred – 5**
- **Number suitable for work up – 9** patients acknowledged to be suitable for transplant work up
- **Number listed – 4** activated on the transplant list between those dates
- **Number of pre-emptive referrals – 0**
- **Total Number of Transplants – 17** (plus 11 from Jan 2020 to June 2020)
- **Number of Pre-emptive Transplants – 4**
- **Number of Living/Deceased Transplants–** 2 Living(both paired Ex) 16 DCD



# Data so far for July 2021- June 2022



- Number referred upto June - 16
- Number suitable for work up- 19
- **Number listed – 16** activated on the transplant list between those dates
- Number of pre-emptive referrals – 2
- Total Number of Transplants– 7
- Number of Pre-emptive Transplants– 0
- Number of Living/Deceased Transplants– 7 DCD

**Table 4.5** Number of prevalent adult Tx patients and proportion of adult KRT patients with a Tx by year and by centre; number of Tx patients as a proportion of the catchment population

Centre	N with Tx					% with Tx					Estimated catchment population (millions)	2020 crude rate (pmp)
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020		
<b>TX CENTRES</b>												
Belfast	603	639	671	692	722	73.4	75.9	76.6	78.6	81.1	0.53	1,366
Bham	1,411	1,516	1,576	1,630	1,614	46.3	47.8	48.5	49.2	49.3	2.04	792
Bristol	909	907	925	939	928	61.8	61.6	62.9	63.2	62.8	1.21	765
Camb	953	977	1,020	1,110	1,199	71.9	73.2	73.5	76.2	78.6	0.93	1,290
Cardff	1,038	1,043	1,072	1,082	1,065	63.7	62.0	62.4	62.6	63.5	1.19	895
Covnt	531	566	578	619	632	54.4	58.7	60.3	57.6	57.7	0.79	800
Edinb	453	482	522	546	565	58.3	58.5	60.6	61.7	63.6	0.84	674
Glasgw	1,104	1,136	1,156	1,216	1,239	63.0	64.1	63.8	65.6	67.2	1.37	905
L Barts	1,141	1,200	1,266	1,380	1,330	48.1	48.0	48.7	51.9	52.0	1.58	843
L Guys	1,365	1,415	1,458	1,550	1,515	65.0	65.4	65.4	66.8	65.3	1.00	1,517
L Rfree	1,288	1,346	1,374	1,424	1,426	59.2	61.4	61.5	60.7	61.0	1.32	1,082
L St.G	476	487	495	502	485	55.8	58.1	59.3	58.9	56.6	0.66	735
L West	1,826	1,894	1,975	2,046	2,031	53.8	54.5	55.5	56.7	57.4	1.95	1,041
Leeds	976	999	1,054	1,082	1,116	63.1	61.7	62.6	62.7	63.7	1.36	819
Leic	1,245	1,290	1,363	1,441	1,488	54.3	54.8	55.6	55.9	57.1	2.07	718
Liv Roy	782	791	814	804	755	64.2	63.2	64.1	65.7	66.1	0.81	937
M RI	1,398	1,407	1,422	1,397	1,326	70.3	68.6	68.8	68.3	66.8	1.32	1,001
Newc	680	710	732	765	790	64.7	63.6	63.5	65.3	65.5	0.95	835
Nottm	678	727	743	751	736	58.9	61.4	62.1	61.7	60.7	0.92	798
Oxford	1,225	1,346	1,405	1,430	1,457	69.3	71.6	72.4	72.6	72.1	1.44	1,015
Plymth	330	341	362	359	358	64.2	63.0	67.0	67.2	65.8	0.40	899
Ports	981	1,053	1,069	1,133	1,112	58.0	60.3	60.7	60.3	58.5	1.74	640
Sheff	754	787	821	835	805	53.0	54.6	55.4	56.1	54.0	1.13	715
<b>DIALYSIS CENTRES</b>												
Abrdn	303	311	328	343	349	54.6	55.2	57.3	61.5	61.8	0.50	700
Airdrie	230	257	274	296	292	52.4	55.2	56.2	56.5	56.8	0.46	638
Antrim	112	120	131	145	161	44.4	47.1	47.8	50.7	55.7	0.24	662
Bangor	89	94	100	106	107	49.7	48.2	49.3	52.7	49.5	0.17	634
Bradfd	359	376	392	413	417	56.6	55.8	57.0	56.3	57.4	0.49	855
Brightn	473	487	510	545	556	47.6	48.1	48.3	51.2	51.6	1.07	520
Carlis	148	156	162	155	152	53.1	55.5	55.3	51.5	51.2	0.25	600
Carsh	685	724	766	834	843	41.3	42.7	43.7	46.8	45.5	1.62	521
Clwyd	89	94	98	104	108	50.3	52.5	51.6	50.7	52.2	0.19	579
D&Gall	71	76	83	87	89	54.2	56.3	57.2	58.4	57.1	0.12	729
Derby	224	234	258	296	300	41.3	42.1	44.0	45.3	44.3	0.56	538
Donc	110	117	119	132	140	33.2	35.1	36.1	38.6	41.1	0.37	376
Dorset	368	394	422	436	450	53.7	54.0	55.2	56.4	56.4	0.72	621
Dudley	94	95	106	111	120	27.3	26.0	29.4	30.3	32.4	0.34	352
Dundee	219	232	254	259	252	52.4	53.3	57.1	57.7	58.6	0.37	687
EssexMS	282	312	331	328	349	36.0	37.6	39.2	38.5	39.5	0.99	354
Exeter	477	514	537	541	541	47.1	48.6	49.6	49.7	48.9	0.95	572
Glouc	187	216	243	267	265	39.5	42.3	46.6	50.5	50.9	0.51	523
Hull	455	461	480	498	498	53.3	52.9	54.6	55.1	54.5	0.79	627
Inverns	154	164	169	171	170	59.7	62.6	60.6	60.6	62.7	0.22	763
Ipswi	233	236	232	240	255	55.9	54.1	54.2	56.1	60.0	0.31	822
Kent	584	595	633	649	639	54.4	54.5	56.9	57.0	55.9	1.06	602
Klmarnk	143	159	167	182	181	45.1	47.2	49.1	50.7	49.1	0.29	622
Krkldy	132	149	153	143	136	44.9	49.0	51.3	48.5	46.7	0.27	499
L Kings	436	461	480	525	514	39.2	40.0	40.6	42.1	41.0	0.93	554
Liv Ain	15	15	20	29	41	6.6	7.1	9.2	13.9	19.0	0.43	96
Middlbr	534	537	539	558	572	59.9	59.4	58.0	58.6	60.7	0.80	714



Draft Registry Report  
2020 released June 2022

Consistent increase in  
proportion of Transplant  
patients among RRT

**Table 4.6** Demographics of adult patients prevalent to Tx on 31/12/2020 by centre

Centre	N on KRT	N with Tx	% with Tx	Median age (yrs)	% male	Ethnicity					% missing
						% White	% South Asian	% Black	% Other	%	
<b>TX CENTRES</b>											
Belfast	890	722	81.1	56.3	59.7	97.5	2.0	0.4	0.1	1.7	
Bham	3,272	1,614	49.3	53.2	58.2	61.6	28.5	7.4	2.5	0.6	
Bristol	1,477	928	62.8	56.3	59.9	90.0	4.1	4.1	1.8	0.2	
Camb	1,526	1,199	78.6	55.3	63.0	89.4	6.6	2.6	1.4	0.4	
Cardff	1,678	1,065	63.5	55.8	62.4	92.5	4.8	0.6	2.1	0.7	
Covnt	1,096	632	57.7	55.0	61.9	79.4	16.8	3.8	0.0	0.2	
Edinb	888	565	63.6	56.2	63.5					74.3	
Glasgw	1,844	1,239	67.2	55.7	59.3					42.1	
L Barts	2,557	1,330	52.0	54.1	60.0	39.5	33.9	19.3	7.3	0.2	
L Guys	2,320	1,515	65.3	53.6	59.5	66.1	10.2	19.4	4.3	0.7	
L Rfree	2,337	1,426	61.0	55.7	59.4	47.9	21.6	18.7	11.8	3.7	
L St.G	857	485	56.6	57.2	56.7	48.3	25.2	18.0	8.6	3.5	
L West	3,537	2,031	57.4	57.9	63.0	43.6	33.4	15.2	7.8	0.1	
Leeds	1,751	1,116	63.7	55.5	60.8	79.6	15.1	4.1	1.3	0.0	
Lec	2,604	1,488	57.1	57.0	58.7	72.5	21.5	4.4	1.6	1.4	
Liv Roy	1,142	755	66.1	56.0	61.7	92.6	3.2	2.4	1.9	0.4	
M RI	1,985	1,326	66.8	55.4	60.5	76.2	15.2	6.3	2.4	1.1	
Newc	1,207	790	65.5	56.9	59.2	93.9	4.9	0.8	0.4	0.1	
Nottm	1,212	736	60.7	55.1	60.3	84.7	7.1	5.0	3.3	0.0	
Oxford	2,021	1,457	72.1	56.0	62.8	81.0	11.7	3.2	4.1	8.8	
Plymth	544	358	65.8	58.6	68.2	96.4	1.1	0.3	2.2	0.0	
Ports	1,902	1,112	58.5	56.6	58.3	93.8	3.8	0.7	1.7	1.7	
Sheff	1,491	805	54.0	55.6	62.6	90.2	5.8	1.8	2.3	1.1	
<b>DIALYSIS CENTRES</b>											
Abrdn	565	349	61.8	52.9	56.5					56.5	
Airdrie	514	292	56.8	55.0	58.9	96.0	2.2	0.4	1.4	4.8	
Antrim	289	161	55.7	56.7	61.5	99.4	0.0	0.6	0.0	0.6	
Bangor	216	107	49.5	57.0	65.4	98.1	0.0	1.0	1.0	1.9	
Bradfd	727	417	57.4	52.0	60.0	54.7	43.4	1.7	0.2	0.0	
Brightn	1,078	556	51.6	56.5	62.2	90.3	6.1	1.6	2.0	0.4	
Carlis	297	152	51.2	56.9	67.1	98.0	2.0	0.0	0.0	0.0	
Carsh	1,854	843	45.5	57.5	62.6	71.2	16.8	8.1	3.8	0.6	
Colchr	151	0									
Clwyd	207	108	52.2	58.0	61.1	97.2	1.9	0.0	0.9	1.9	
D&Gall	156	89	57.1	57.8	62.9	97.2	1.4	0.0	1.4	19.1	
Derby	677	300	44.3	57.5	61.7	83.0	12.0	2.7	2.3	0.0	
Donc	341	140	41.1	58.1	65.0	95.7	2.1	1.4	0.7	0.0	
Dorset	798	450	56.4	60.2	58.7	97.1	0.9	0.4	1.6	0.0	
Dudley	370	120	32.4	57.5	68.3	79.2	14.2	4.2	2.5	0.0	
Dundee	430	252	58.6	56.8	59.5					56.8	
EssexMS	884	349	39.5	56.5	63.3	87.9	4.9	3.7	3.5	0.3	
Exeter	1,106	541	48.9	56.8	58.0	98.7	0.7	0.4	0.2	0.0	
Glouc	521	265	50.9	58.3	59.6	92.4	5.3	1.1	1.1	0.4	
Hull	914	498	54.5	55.3	63.9	96.8	1.4	0.6	1.2	0.2	
Inverns	271	170	62.7	55.1	55.9					32.9	
Ipswi	425	255	60.0	58.2	61.6	85.0	3.5	3.5	7.9	0.4	
Kent	1,143	639	55.9	56.8	59.5	91.7	3.9	1.3	3.1	0.0	

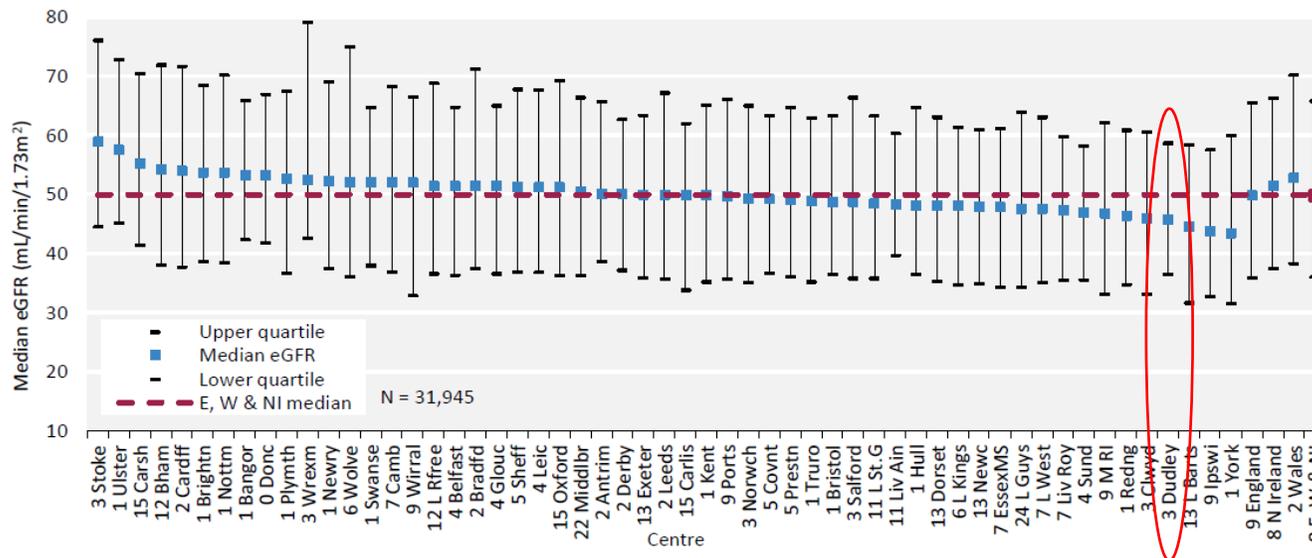


Draft Registry Report  
2020 released June 2022

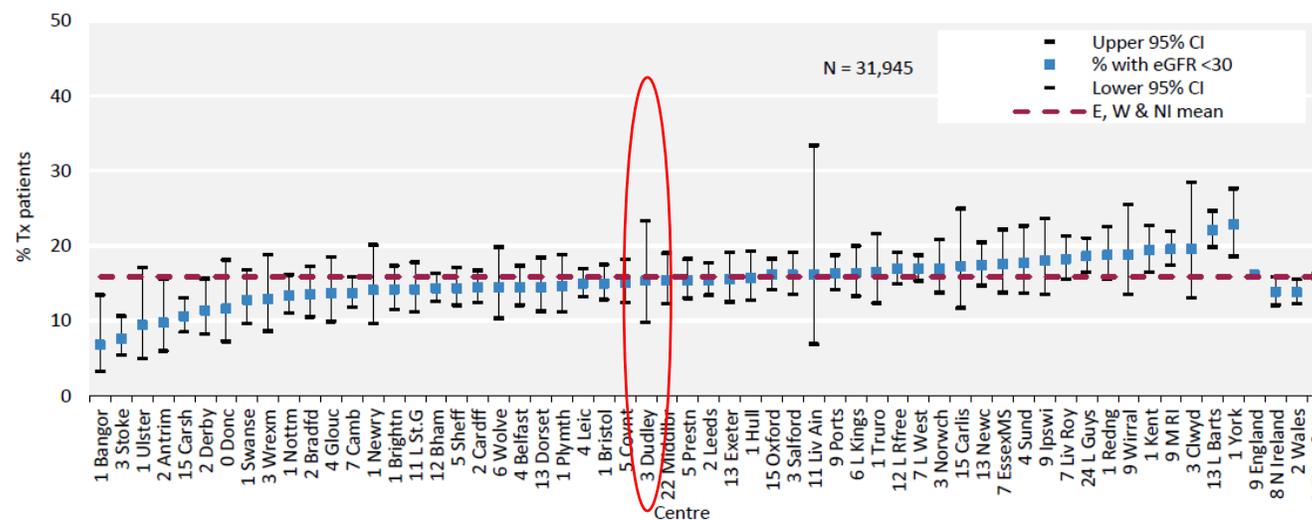
Reflects Demography of Older population and Less Non-White.



Draft Registry Report  
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**Figure 4.9** Median estimated glomerular filtration rate (eGFR) in adult patients prevalent to Tx on 31/12/2020 by centre

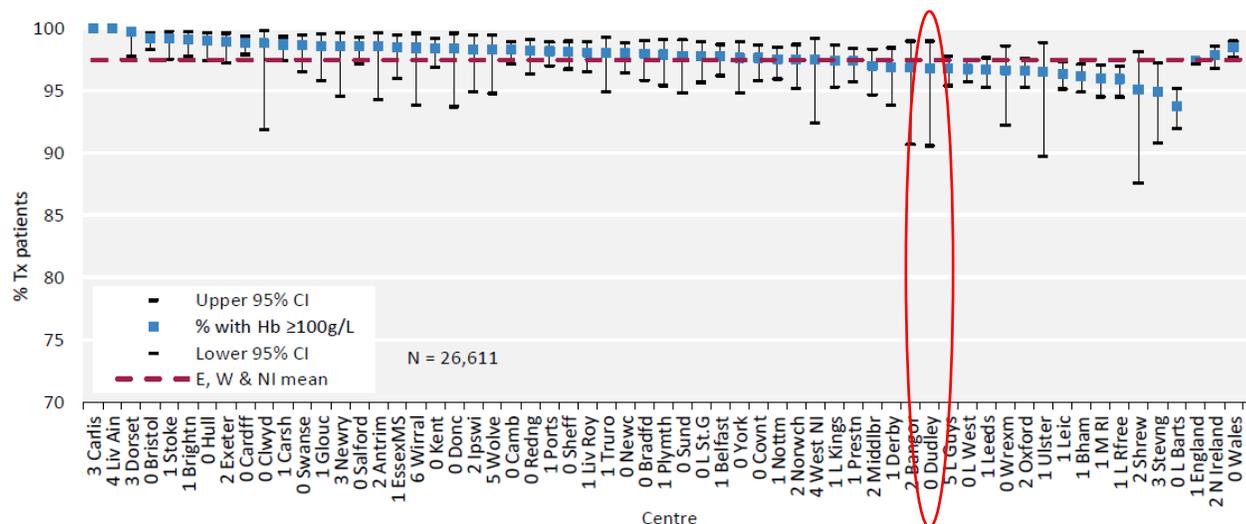


**Figure 4.10** Percentage of adult patients prevalent to Tx on 31/12/2020 with an estimated glomerular filtration rate (eGFR) <30mL/min/1.73m<sup>2</sup> by centre  
CI – confidence interval

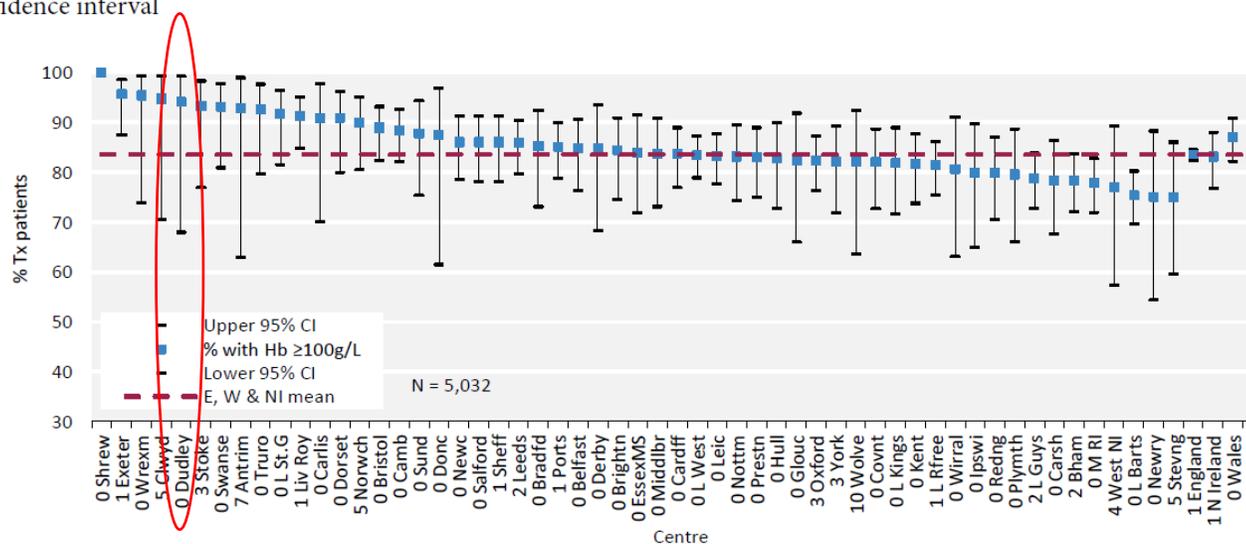
Although Mean GFR lower than average, the proportion of ckd 4/5 similar to national average



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**Figure 4.11** Percentage of adult patients prevalent to Tx on 31/12/2020 with an estimated glomerular filtration rate (eGFR)  $\geq 30$  mL/min/1.73m<sup>2</sup> achieving haemoglobin (Hb)  $\geq 100$  g/L by centre  
CI - confidence interval



**Figure 4.12** Percentage of adult patients prevalent to Tx on 31/12/2020 with an estimated glomerular filtration rate (eGFR)  $< 30$  mL/min/1.73m<sup>2</sup> achieving haemoglobin (Hb)  $\geq 100$  g/L by centre  
CI - confidence interval

Anaemia management  
better in CKD 4/5

# Experience - local barriers and strengths



Challenges - Staffing during covid

Strengths – Choice of Transplant centres



# Current plans and priorities



Actively ask for potential live donors during referral for Pre-dialysis education.

Audit of pathways from RRT education to successful pre-emptive transplant





# Living Donor improvement plans New Cross Hospital, Wolverhampton

**Friday 24<sup>th</sup> June 2022**



# The Royal Wolverhampton Hospital NHS Trust



## The Team

2 WTE Renal Specialist Transplant Nurses

2 Renal transplant consultants (Total 10PA / week)

Clerical officer 15 hours (with assistance from administrator)



# Areas for improvement previously identified In response to GIRFT



Low Pre-emptive transplant rate (Live & deceased Donor)

Low repatriation of transplanted patients from Transplant centres

Designated transplant team needed along with increased clinic capacity for early repatriation and listing.

Local dedicated Live Donor coordinator should be considered

Ensuring all RRT patients have a transplant plan





Data so far (Since Jan 22)  
43 patients started RRT

3 Active.

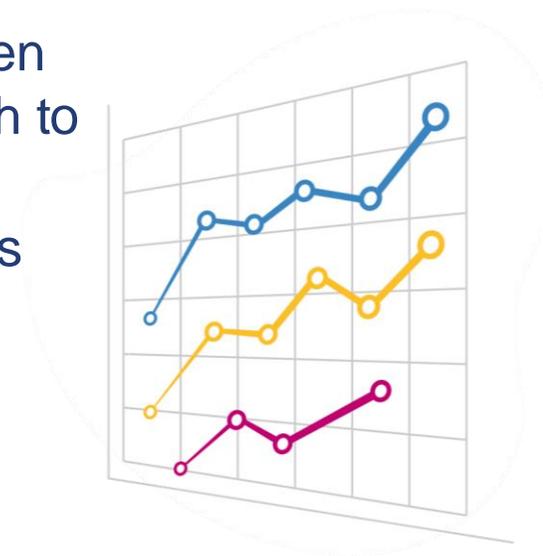
25 Unfit.

2 still in work-up; 1 for 1 year (under cardiology). 1 working up since 09.21 started PD 02/22 but no MPS requested.

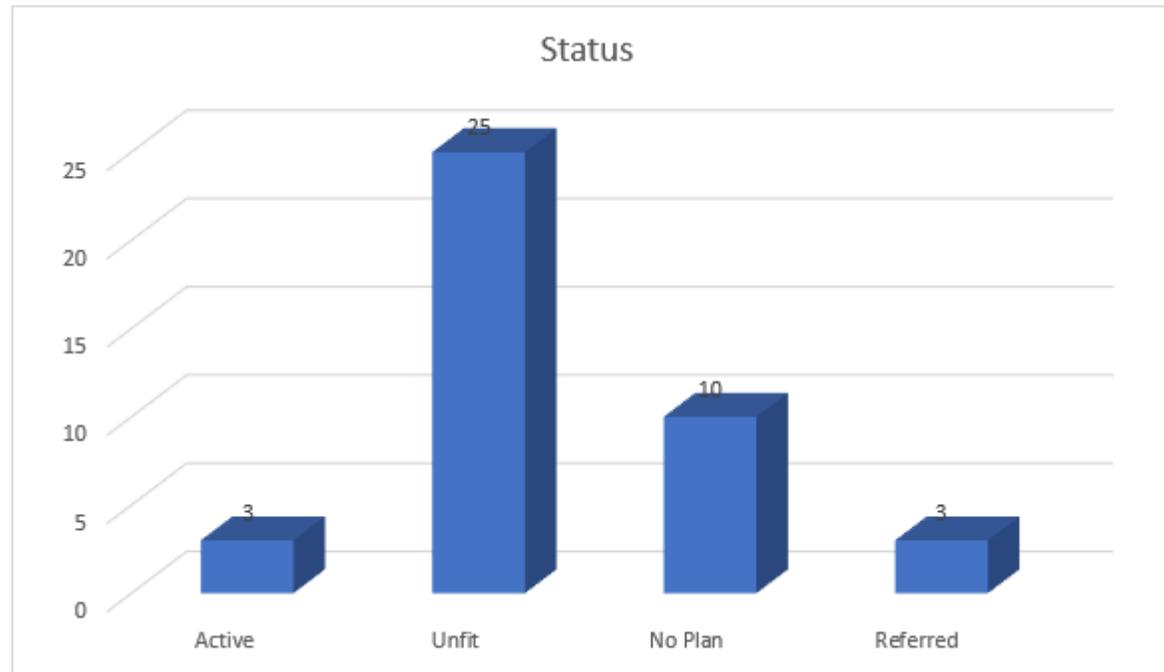
10 No Plan; 1 AKI, 2 previous conservative, 1 raised BMI, 1 Previous Ca, 1 recurrent DNA, 4 medically complex.

3 Referred; 1 work-up commenced when GFR 11 (patient between hospitals and also had quick progression) 1 referred only 1 month to commencing RRT (went private) needed cardiology referral.

1 Rapid decline in function (17 in Nov – 7 in Jan) Work-up reqs Dec 21.



# Data so far



- Experience / barriers



No dedicated local live Donor coordinator

No dedicated person co-ordinating work-up

Repatriation of transplanted patients has increased clinic workload leaving less time for listing & work up

Working between hospitals; disjointed, tests missing / unavailable

Patient issues; DNA, travelling abroad, patient decision, rapid deterioration.

BMI/ dietary advice – dietetic input

Cardiac work-up delays

Other specialists/ hospitals involved ; unable to access results

Tests not followed up/chased

Impact of COVID on all services

Transfers in from other hospitals with unclear transplant plan.

Inputting of data on system needs to be tighter.



# Current plans and priorities



Funding for dedicated LD Co-Ordinator

To ensure that every patient has a plan and it is documented

Low clearance clinic for eGFR <20 (previously 15)

To have greater involvement of CKD team in transplant education from the start.

Improve follow up those that are being worked up; as can be in work-up for some time.

Designated listing clinic for complicated patients

Business plan for dietician – weight clinic etc





# Living Donor improvement plans [Heartlands]

**Friday 24<sup>th</sup> June 2022**



# Introducing our team



Ahmed Hassan (JSD)  
Michelle Barrett (KFST)  
Jyoti Baharani  
Kashif Eqbal



# Areas for improvement previously identified

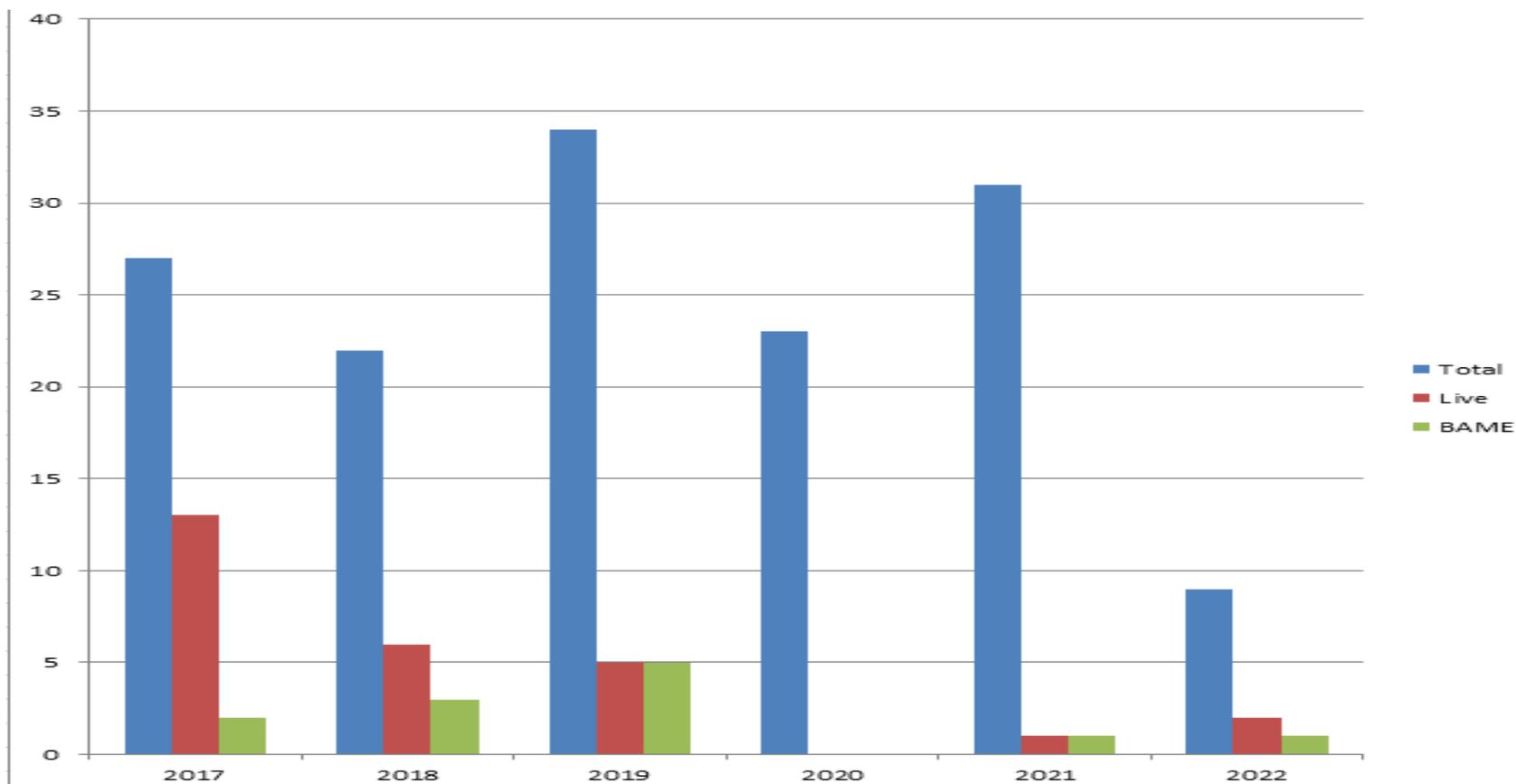


- Reviewing Kidney Transplant at HGS site since 2017- 2022
- Pre Dialysis clinic Transplant listing overview
- HGS site challenges towards LKD Transplantation





# Renal Transplant over last 5 years at HGS

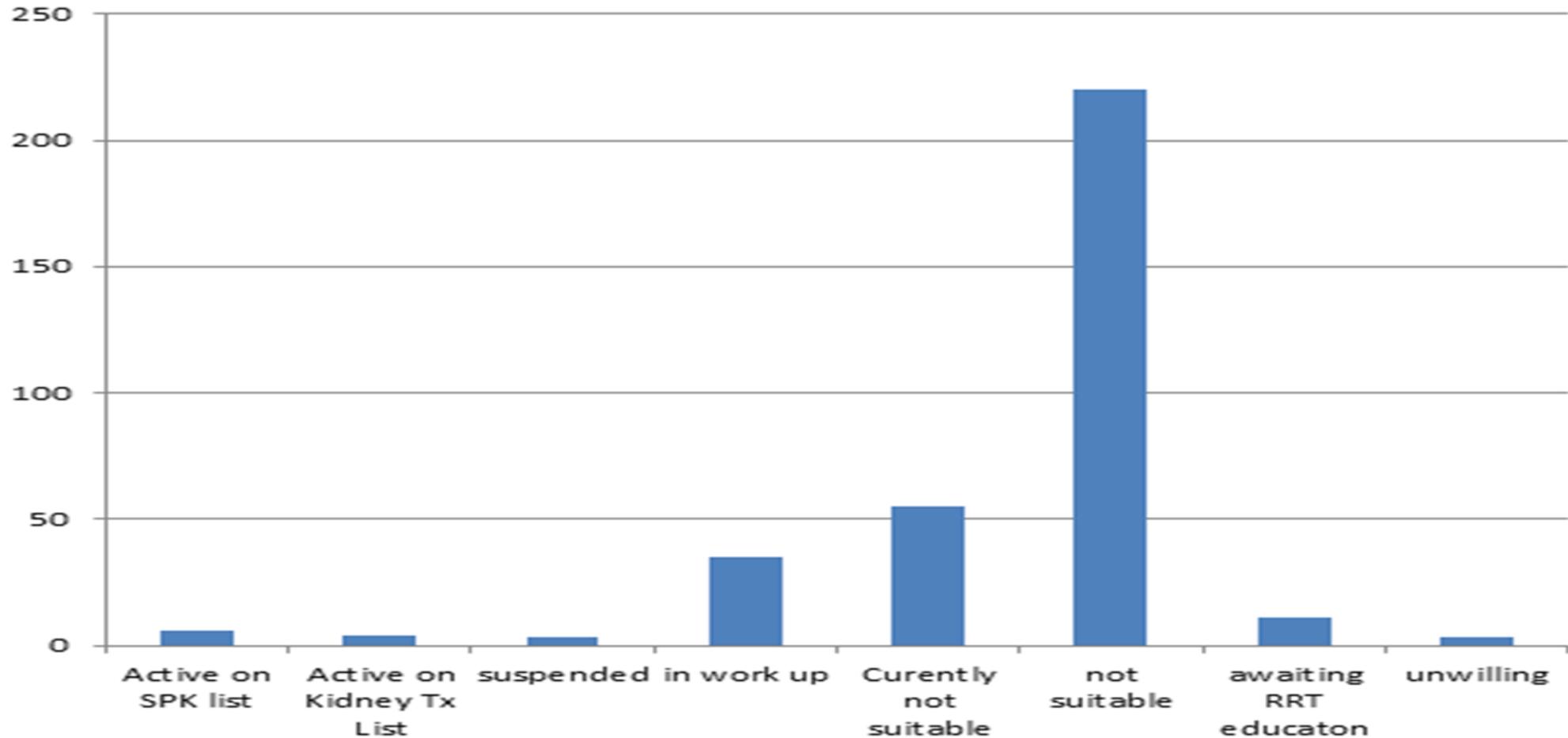


## Pre Dialysis clinic review with regards to Transplant work up



- Total Pre-dialysis patients in LCC– 337
- Active on SPK list - 6
- Active on Kidney Transplant list - 4
- Not suitable for Transplant - 220

# Pre dialysis Clinic patients Transplant listing status at HGS



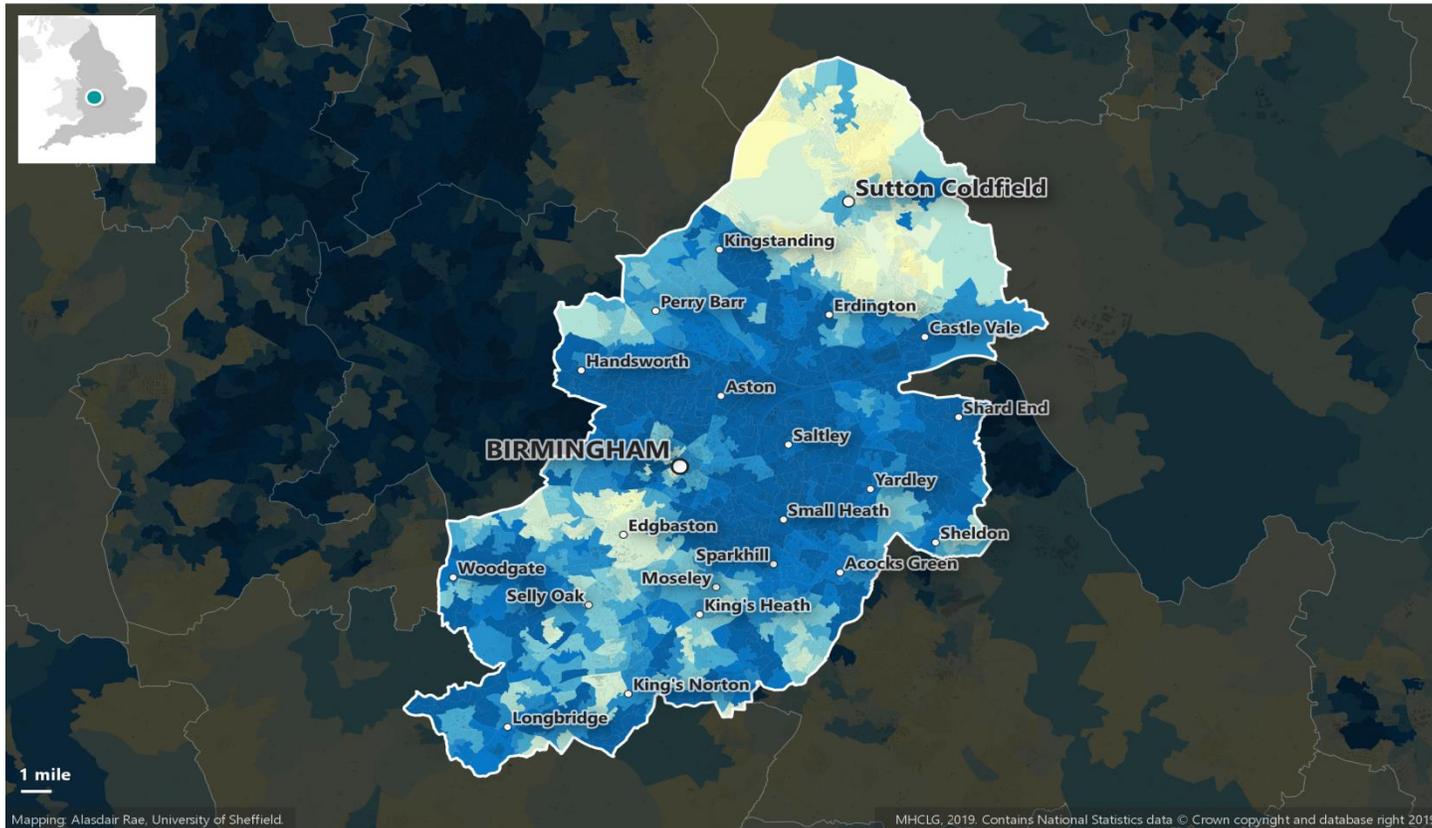
# Deprivation in Birmingham – HGS area covered

## English Indices of Deprivation 2019

### BIRMINGHAM

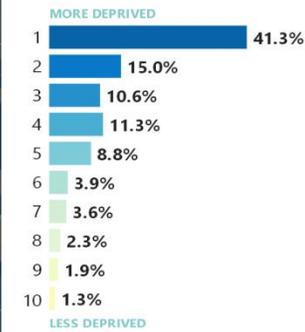


  
 Ministry of Housing,  
 Communities &  
 Local Government



### Local deprivation profile

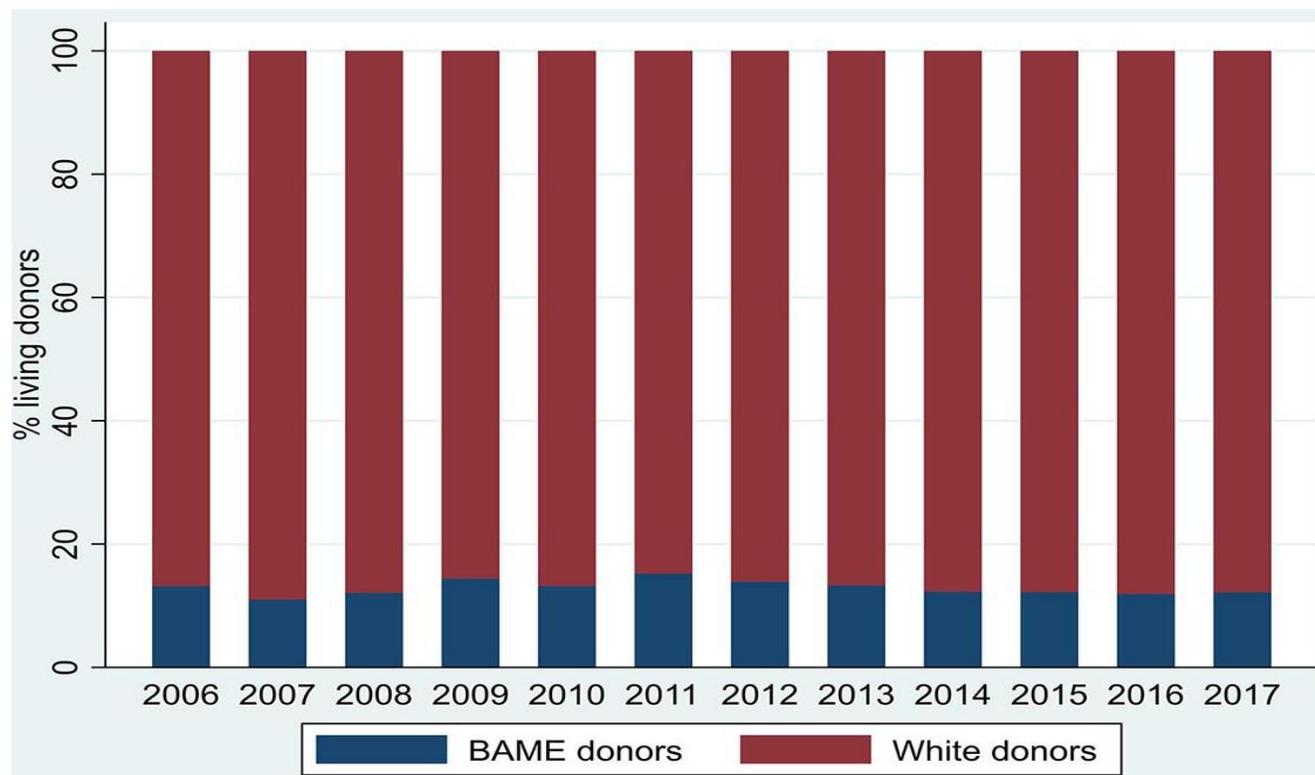
% of LSOAs in each national deprivation decile



### What this map shows

This is a map of Indices of Deprivation 2019 data for **Birmingham**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the Indices of Deprivation relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).





## Ethnicity of UK living kidney donors 2006–2017

Bailey PK, et al. BMJ Open 2020

## LDK Transplantation reduction at HGS- multifactorial



- Population includes high proportion of BAME group
- Deprivation is high in the area
- Delay in referral to pre-dialysis clinic
- COVID related complete shut down of LDT has a definite impact- now improving
- No LD Coordinator nurse at HGS site for a period of 1.5 years
- Suspension of DSE/ Cardiac investigation at HGS site in 2021
- Delay in work up

# Recommendations



- KFST (Pre Dialysis Nurse) to explore any Live Donor during RRT discussion
- Individual HD / PD unit to explore any LD option for any patients in their unit
- To strictly Follow 18 weeks pathway
- LD coordinators resuming dedicated service at HGS site
- To refer to cardio renal MDT at QE as per criteria to reduce delay in listing
- Team Motivation and reflection in the past
- Education of the motivated recipient for a Living kidney Transplant at individual level
- Peer Support Service

# Current plans and priorities



- Dr Baharani & KFST – will undertake a survey with a set of questionnaire on pre-dialysis patients at HGS.
- LD coordinators from QE will cover HGS site





Thank You



# Living Donor improvement plans UHNM (Stoke)

Friday 24<sup>th</sup> June 2022



# Introducing our team



- Kay Dimmick and Sheila Juba (Living donor co-ordinators/transplant CNS)
- Kerry Tomlinson (Consultant kidney doctor/Transplant lead)
- Helen Sant (Lead kidney care CNS)
- Andrew McClean (Consultant /Advanced kidney care lead)
- Kirsty Moulton (Transplant workup CNS)



# Areas for improvement previously identified



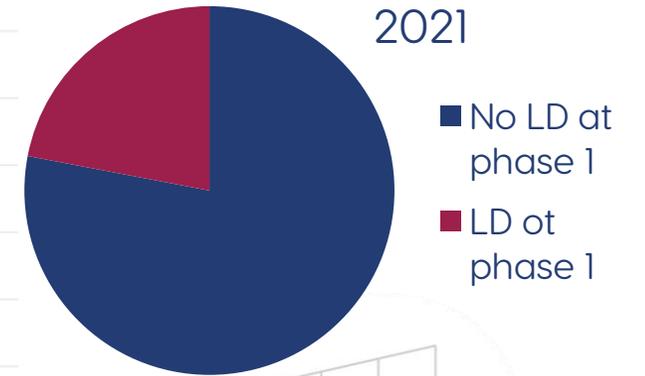
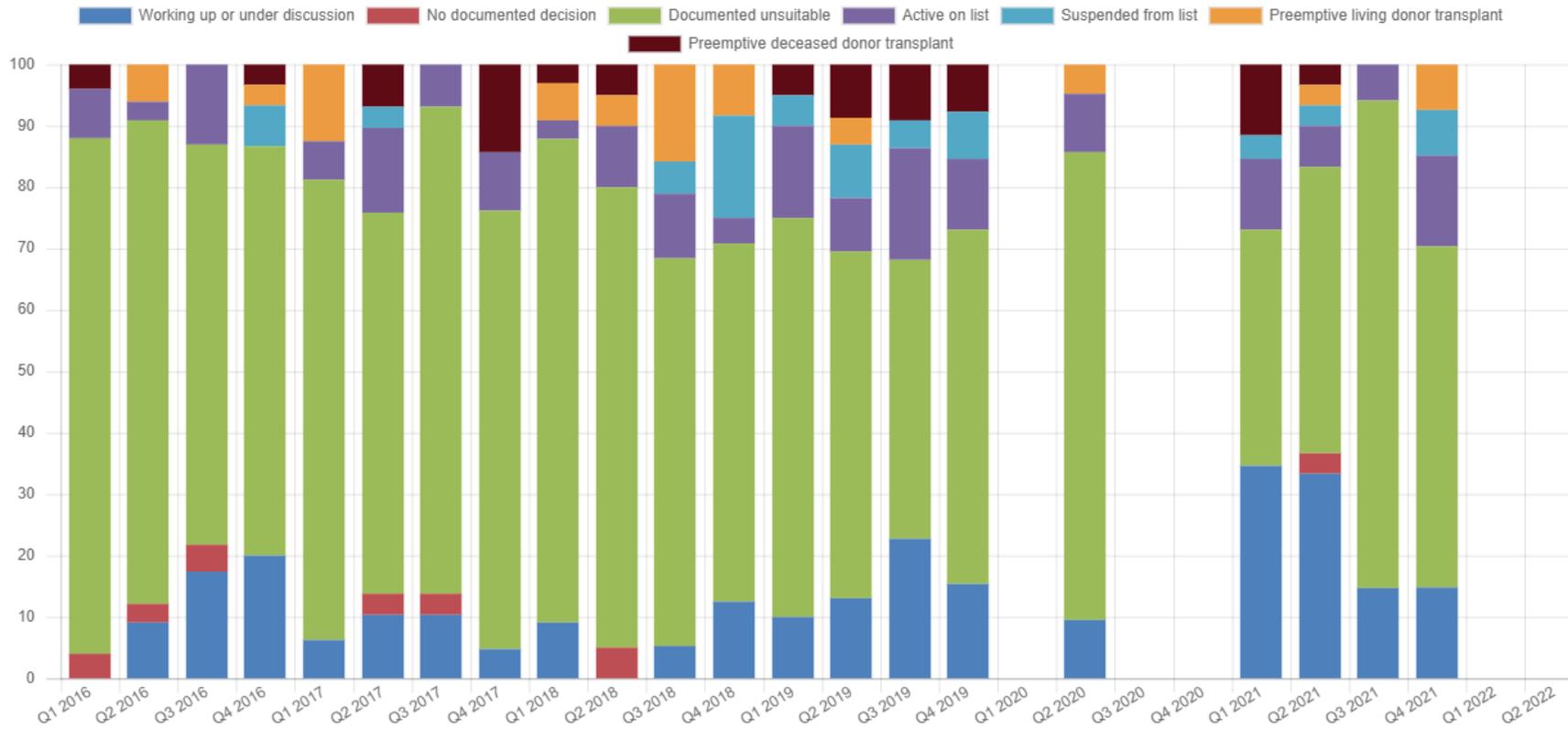
- Education and information giving for AKC nurses/doctors
- Systematic approach to transplant status
  - At time of RRT counselling
  - In all clinic letters
- Attempting fewer stop tests
- Attendance at UHB MDTs



# Data so far



Renal Replacement Therapy Starters data:



# Experience / barriers



- Time (clinical and developmental)
- Staff re-deployed to support other areas/sick leave
- Communication
- Delay to requesting investigations (doctors)
- Current 14 week delay for US
  
- Not moving plan forward especially in middle grade doctors
- Some missed rapidly declining patients
  
- How to talk to patients about how to talk to family



# Current plans and priorities



- Introduce KFRE
- Trainings and education between LD co-ordinator and KC nurses
- Update patient information for use in AKCC
- Early US request (tests in parallel/nurse requests)
- Nurses training in Health Care assessment
- Get a new consultant
- Agreed communication parameters with recipients
- Monthly team MDT
- Patient knows best





# Living Donor improvement plans [University Hospitals of Derby and Burton NHS Foundation Trust (UHDB)]

**Friday 24<sup>th</sup> June 2022**



# Introducing our team

- Dr Zoe Pittman –
    - Consultant Nephrologist and Advanced Kidney Care Team Lead
  - Dr Joanna Mckinnell –
    - Consultant Nephrologist
  - Ellen Pattullo –
    - Renal Transplant Clinical Nurse Specialist (Post Transplant FU)
- 
- Consultant PA for post Tx 4 (310 pt)
  - Post Tx Nursing Time 3.4 WTE
- 
- AKC Consultant PA 5.5 (400 pt)
  - AKCT Nurse 1 WTE



# Areas for improvement previously identified



- GIRFT Report 2018
  - Live donor transplantation: low pre-emptive live donor transplant rates.
  - Live donor transplantation: low incident live donor transplant rates.
  - No dedicated live donor coordinator identified and somewhat limited direct interaction between Derby and Nottingham transplant centre.
  - Low prevalent transplant follow up rates. This likely reflects historic referral practice post-transplant, now transplants repatriated at surgical discharge.
- Limited support for Transplant workup and list maintenance
  - Monthly meeting with Tx coordinator from NCH (main Tx centre) (MS teams)
  - 1 WTE AKCT Band 7 (Pre dialysis education)

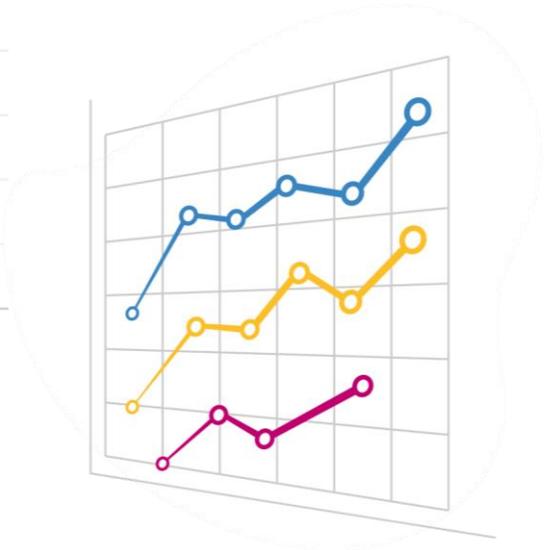
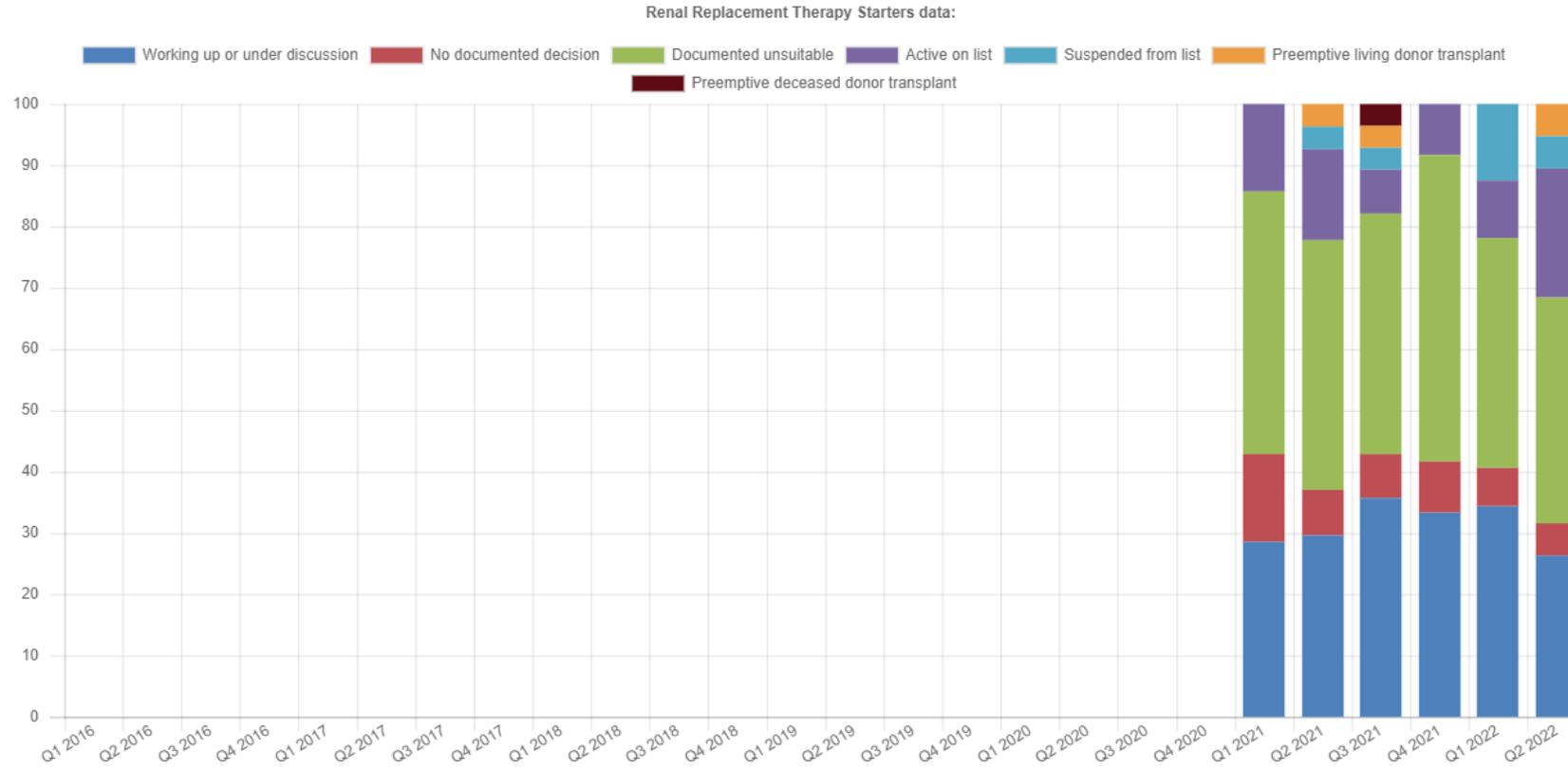


# Data so far

- HD 380 (+ 70 HHD)
- PD 61
- Failing Tx 18
- Pre Dialysis 250 (not including conservative)
  
- Currently
  - 90 on list (active /suspended)
  - 78 referred but not yet on list
  - 93 in local workup



# Data so far





# Experience - local barriers and strengths

## Strengths

- Template referral
- Updated Low Clearance screen for documenting workup (incl. LD discussions)
- Referrals to multiple Transplanting centres (geographical factors)
- Good cardiology links if further specific cardiac investigations (angio) required
- Bi – monthly LD workup update (new initiative)
- FU from Surgical Discharge

## Barriers

- Access to cardiac workup- pandemic
- Lack of dedicated time to chase Workup and action results (left until clinic)
- Culture change to transplant first
- Loss of Momentum if not referred pre-emptively
- No Nursing or Admin support for Tx workup
- NUH team no access to our IT for results
- Referrals to multiple Transplanting centres
- Historically limited data on Tx pathway progress



# Current plans and priorities



- Nursing support to Transplant workup (needs funding and recruitment)
  - Increasing Pre-emptive Tx rates
  - Increasing LD Rates
  - Improving Data quality
- 
- Audit of LD discussions (pre referral) and re audit since new LCC Template
  - Renewed focus on transplant and LD within patient information sessions
  - Alterations to Tx listing meeting and communication with NUH (Underway) (understanding referral to listing delays)





# Coffee break



**KQuIP**



# Living Donor improvement plans

**Leicester** – incorporates patients from: Leicester, Leicestershire, Northamptonshire, Lincolnshire, Peterborough

**Friday 24<sup>th</sup> June 2022**



# Introducing our team



## Renal and Transplant Team:

**Mr Atul Bagul** – Transplant Consultant & HOS

**Dr Jorge Jesus-Silva** – Consultant Nephrologist

**Ms Maria Martinez** – Consultant Renal & Transplant Pharmacist

**Mr Stalin Dharmayan** – Transplant Registrar

**Ms Charlotte Crotty** – Transplant Lead Specialist Nurse





# Areas for improvement previously identified

- ❖ For transplantation to be successful referrals/links with Nephrology is vital, these rely on clear pathways/SOP guidelines that are patient centred.
- ❖ Vascular access pathways
- ❖ Streamlining of services: Deceased donor recipient work up pathway and living donor work – (links to GIRFT initiative)
- ❖ Data collection
- ❖ Pre-emptive transplantation is our gold standard
- ❖ Enhance Live donor work up pathway – reduce time from referral to date of surgery



# Data so far

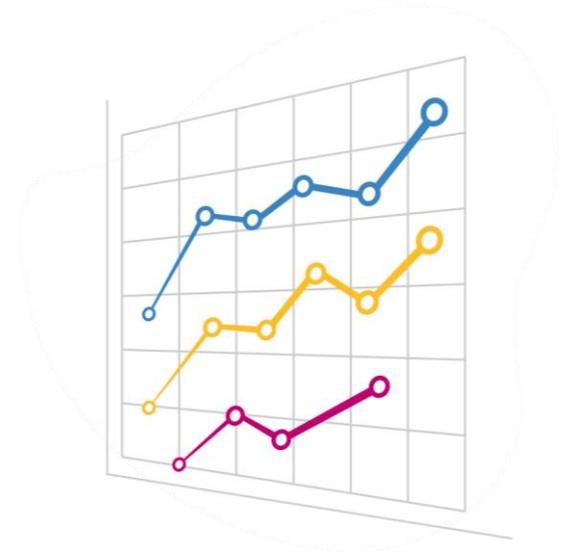


## ❖ Leicester UKT register:

- 214 – Patients currently **Active**
- 102 – Patients currently **Suspended**
- (+ additionally patients who are not yet active but have been assessed-pending investigations approximately – 50)
- Recipient work up pathway <18 weeks

## ❖ Live Donor Data

- Current work up time: 4-6 months
- Post donation average hospital stay 2-3 days
- Demographics – largest discrepancy ethnicity of LD's



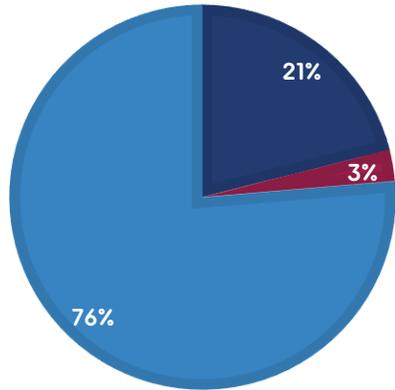
# Data so far

## 38 Live Donors and Recipients-2020-2021



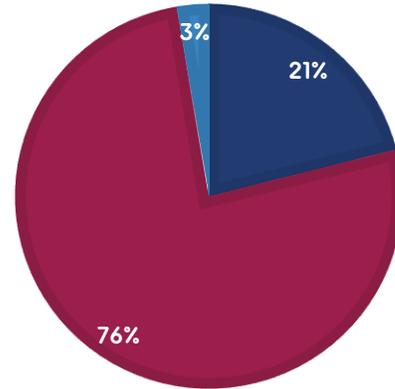
### DONORS ETHNICITY

■ Indian ■ white other ■ white british



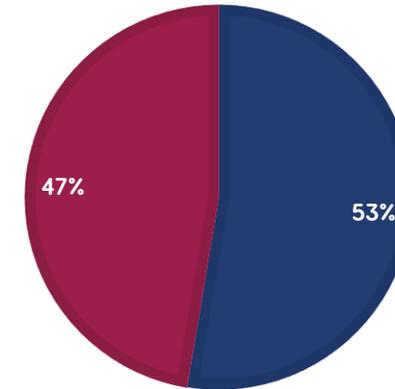
### RECIPIENTS ETHNICITY

■ Indian ■ white british ■ caribbean



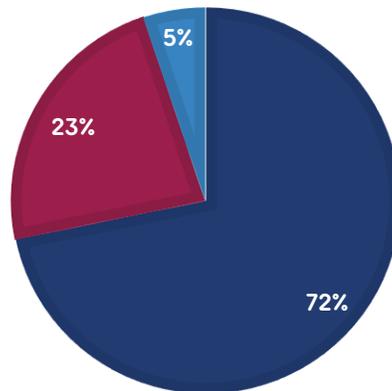
### GENDER DONORS

■ Male ■ Female



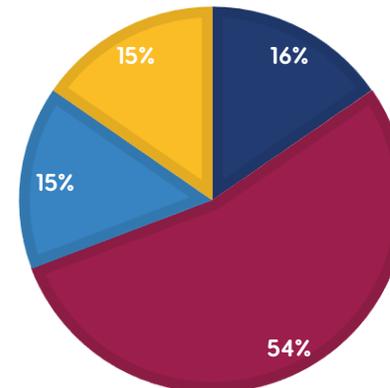
### GENDER RECIPIENTS

■ Male ■ Female ■ Unknown transplanted at other unit (KSS)



### RRT STATUS

■ Pre ■ HD ■ PD ■ Failing Tx





# Experience / barriers

## Barriers:

- ❖ Access to information – data sharing, patient information, communication
- ❖ Access to clinical facilities
- ❖ Resources: Staffing, medical and nursing, split site working
- ❖ National organ availability - 19.6% kidney transplant deficit – (SARS/COV2 pandemic)  
↑ waiting times (NHSBT, 2021)
- ❖ National decline of live donors 62.5% (NHSBT, 2021) - ? pandemic impact

## Experiences:

- ❖ Adaptations to recipient work up – links with our renal network
- ❖ Demographics: clinics outside of Leicestershire now run – access surgery & transplant work up
- ❖ Recipient medication support – virtual & face to face
- ❖ Education of wider workforce/feeder services



# Current plans and priorities



- ❖ Patient experience
- ❖ Incorporate QIP strategies
- ❖ Key Stakeholders
- ❖ Assess past complaints -what QIP strategies can be made to improve patient experiences, and lessons learned
- ❖ Live donor work up process-time from referral to live donation date





# Living Donor improvement plans [Coventry and Warwickshire]

**Friday 24<sup>th</sup> June 2022**





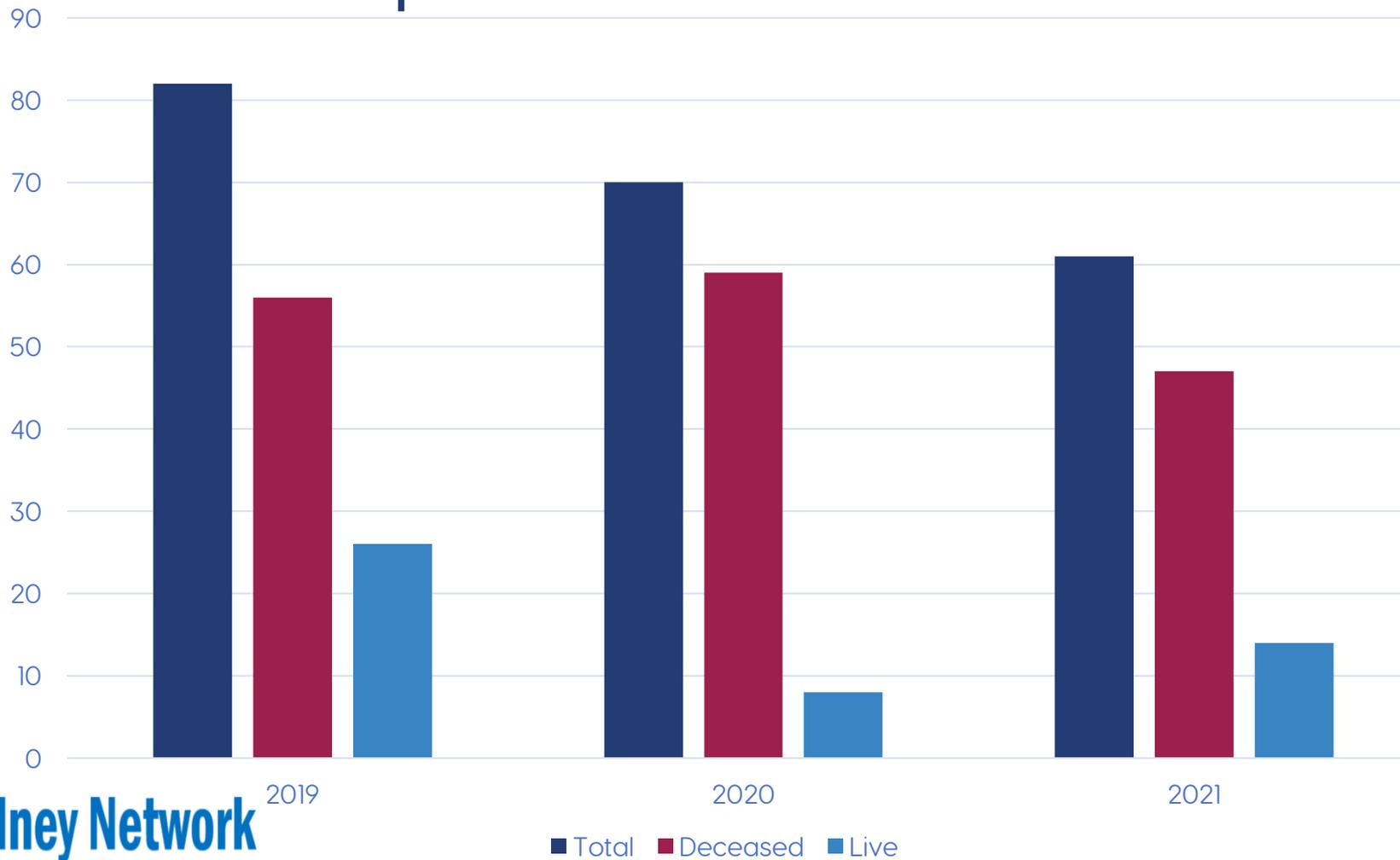
# Introducing our team

- Transplant Medical and Surgical Leads- Prof Nithya Krishnan and Mr. Deb Roy
- Transplant surgeons- Mr. James Hunter, Mr. John O' Callaghan, Mr. James Barnes
- Transplant Renal consultants- Dr. Surabhi Talwar, Dr. Shafi Malik (sabbatical)
- Transplant Coordinators- Laura Fraser, Jane Reid, Sharon Timms, Rufina Sachez, Yvonne Myers
- Post-transplant team- Nurses- Esther Theophilus, Mary Healey, Nora Skinner, Cheryl Paczynski, Maria Mccullough; HCAs- Lynne Walsh, Ranya Al-beiti
- Transplant Ward manager- Deborah Ursell
- Admin team- Tracy Peckett, Sandra Kryza, Matthew Baggot
- Transplant Fellows- Ifeoma Agburum, Oluwafemi Efuntoye



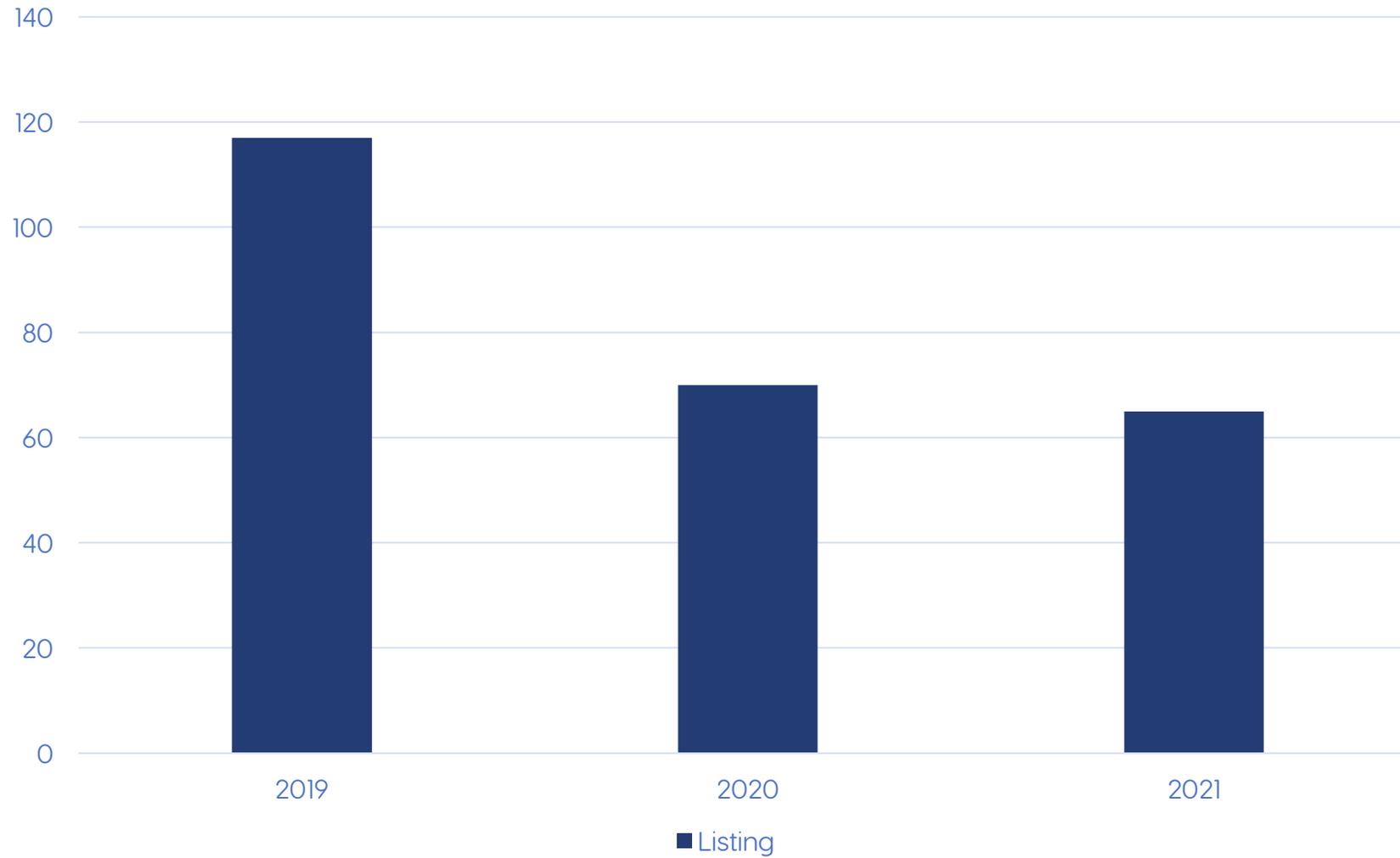


# Total number of transplants Chart Title



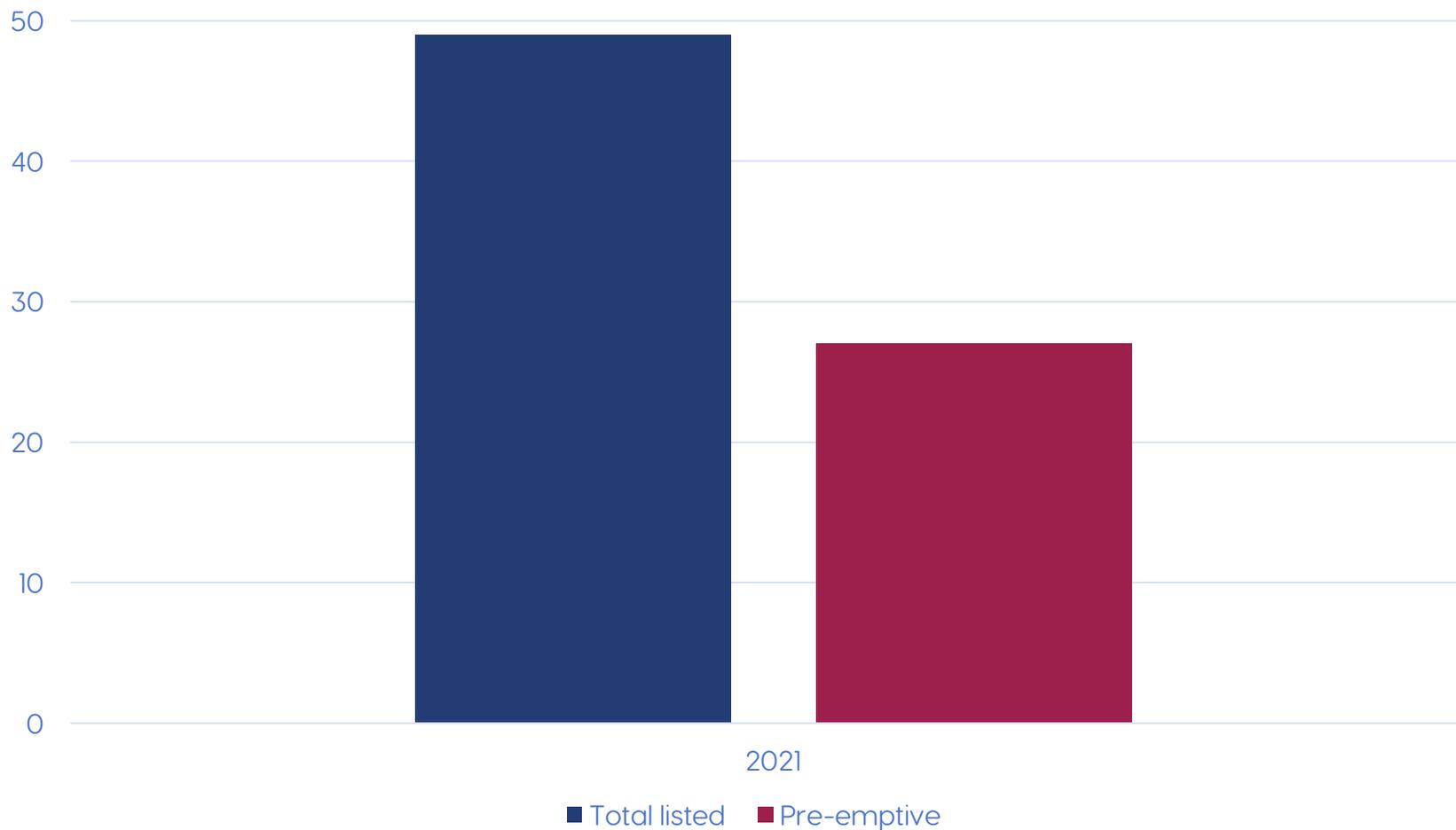
# Overall listing

Listing

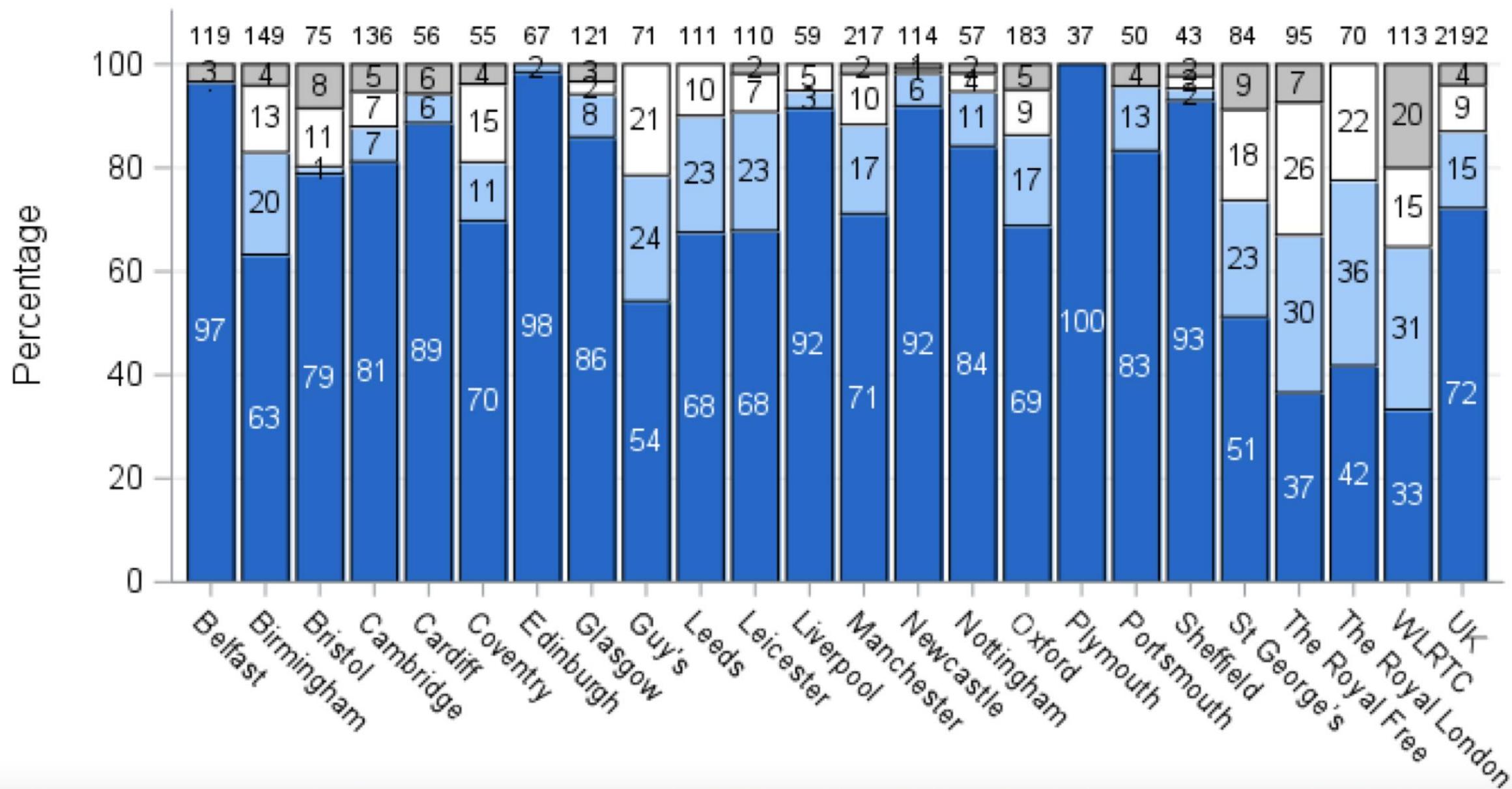




# Total number of transplants listing/pre-emptive rates

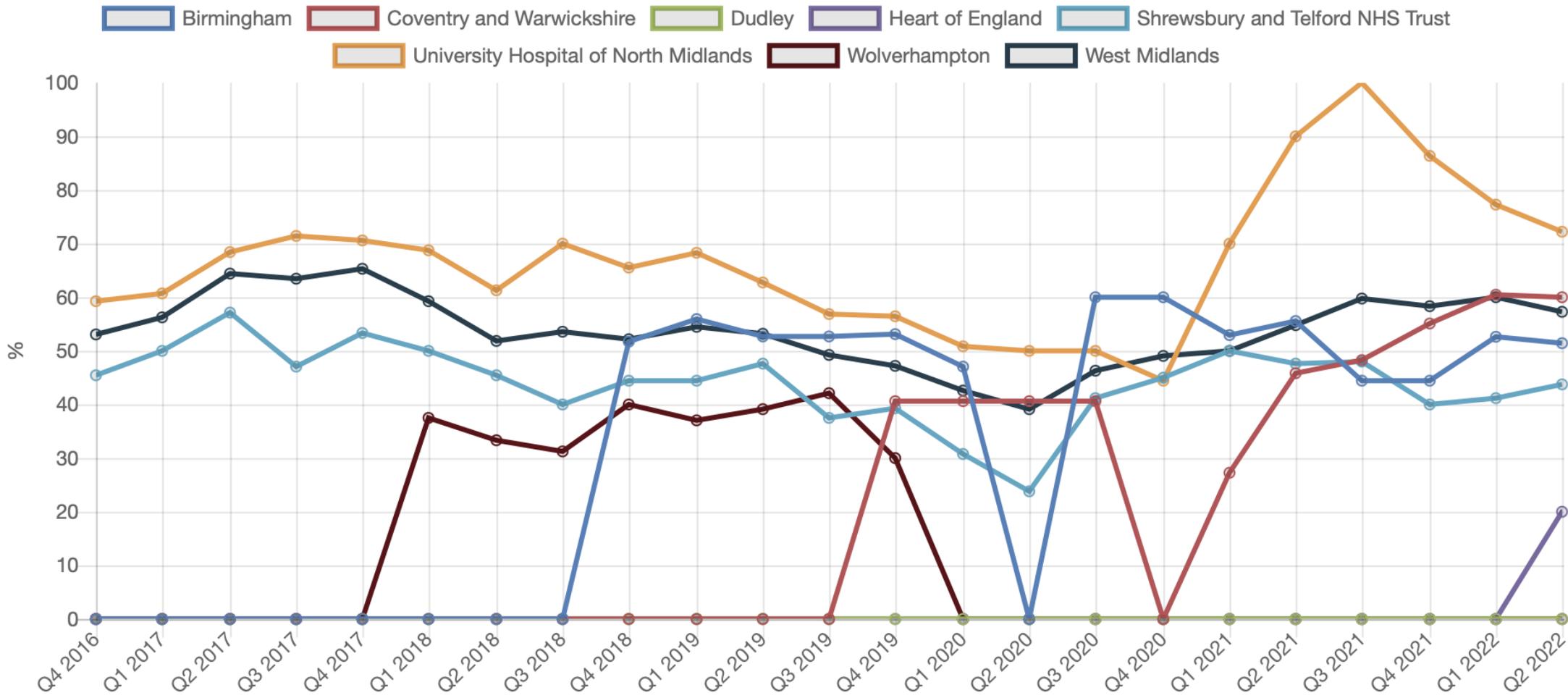


**Figure 3.8** Adult registrations on the active kidney only transplant list, 1 April 2020 and 31 March 2021, by centre



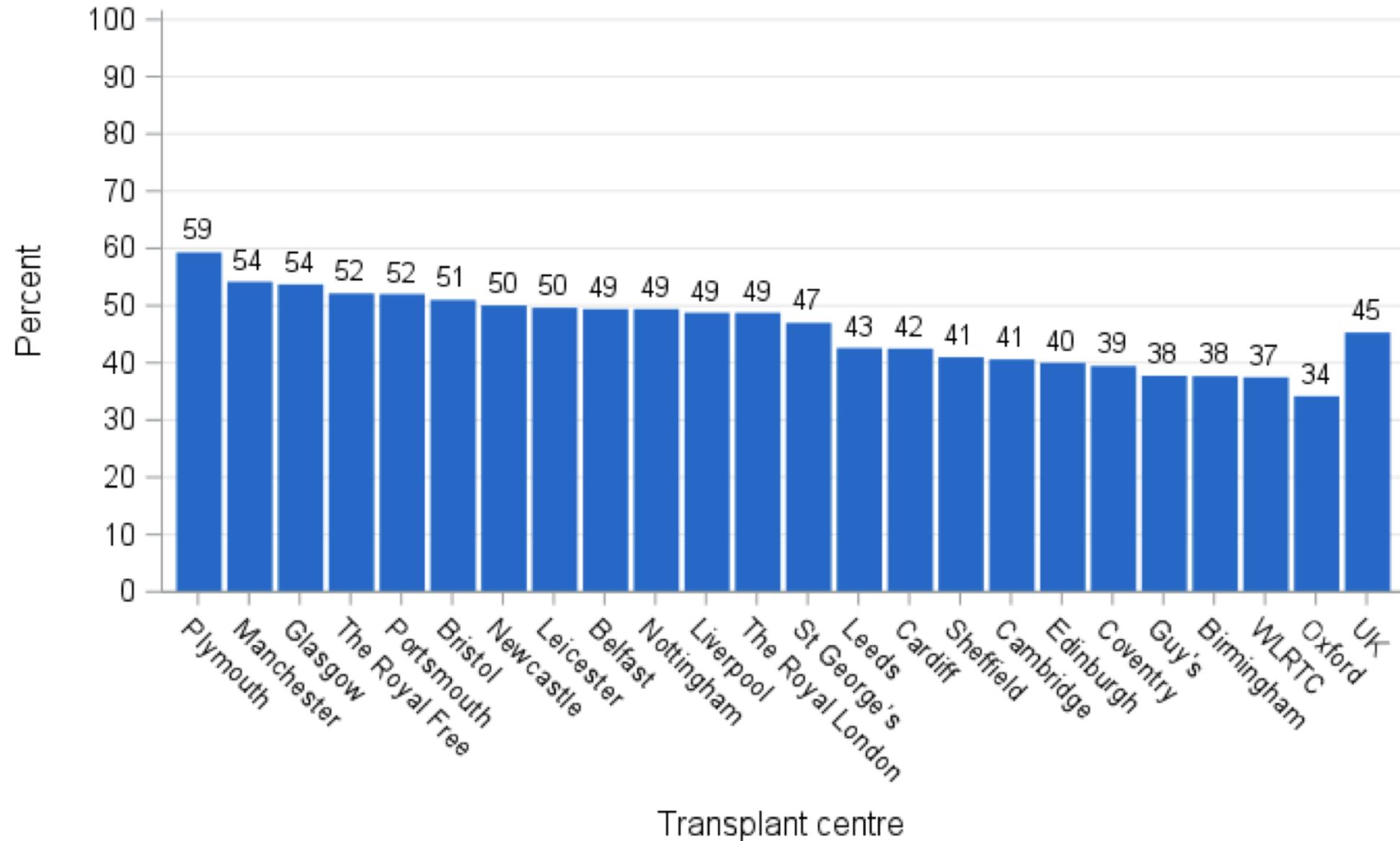


### Rolling 12 month pre-emptive transplant listed





**Figure 3.14** Adult pre-emptive listing rates by centre, registrations between 1 April 2019 and 31 March 2020





### Rolling 12 month pre-emptive transplants kidney only

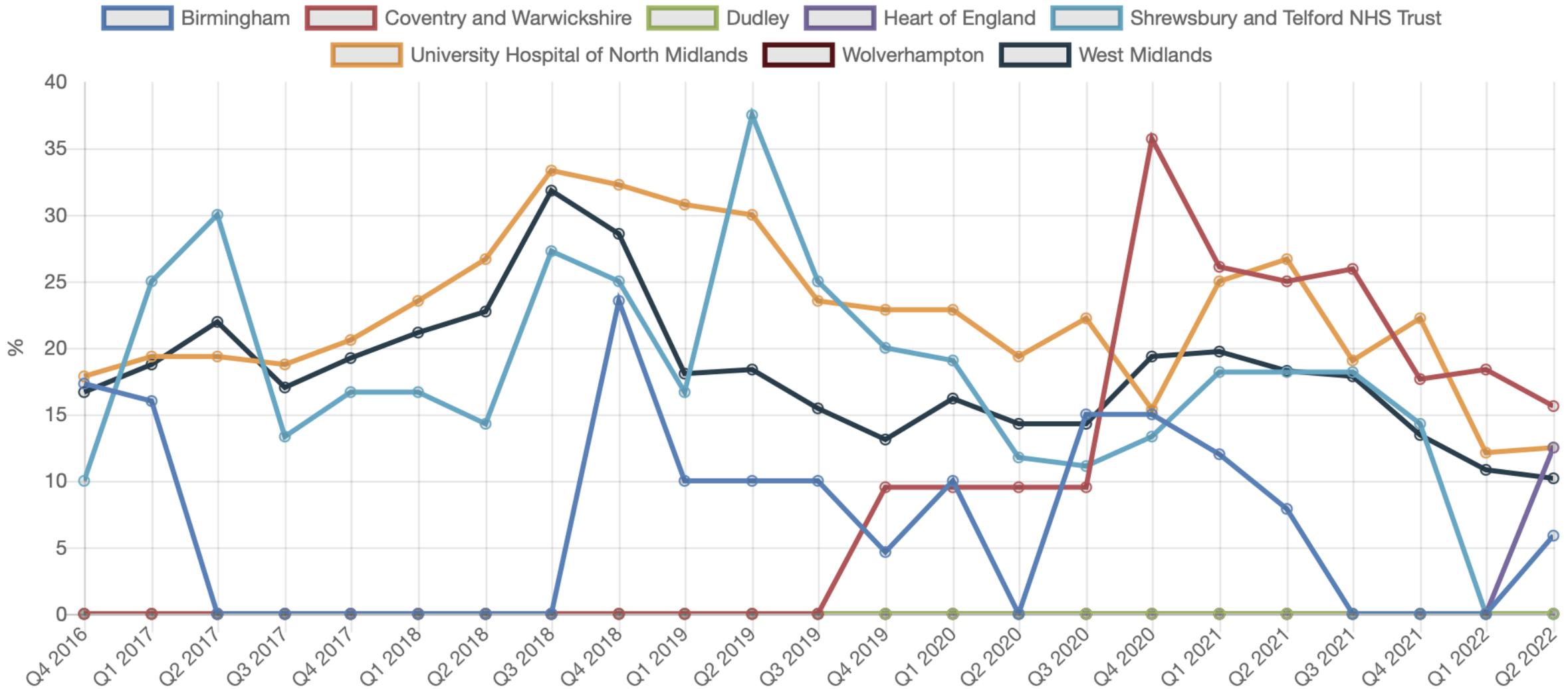
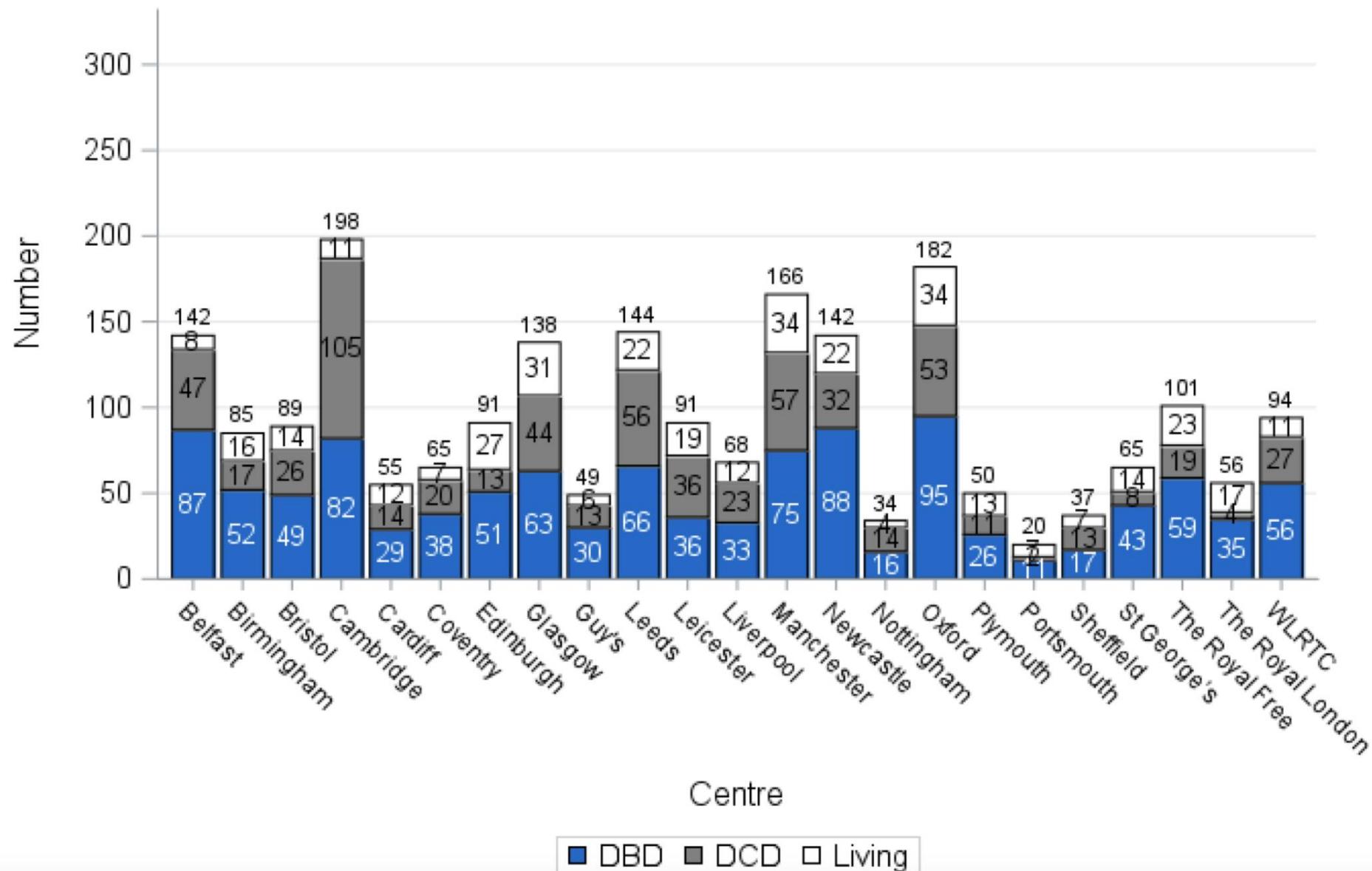


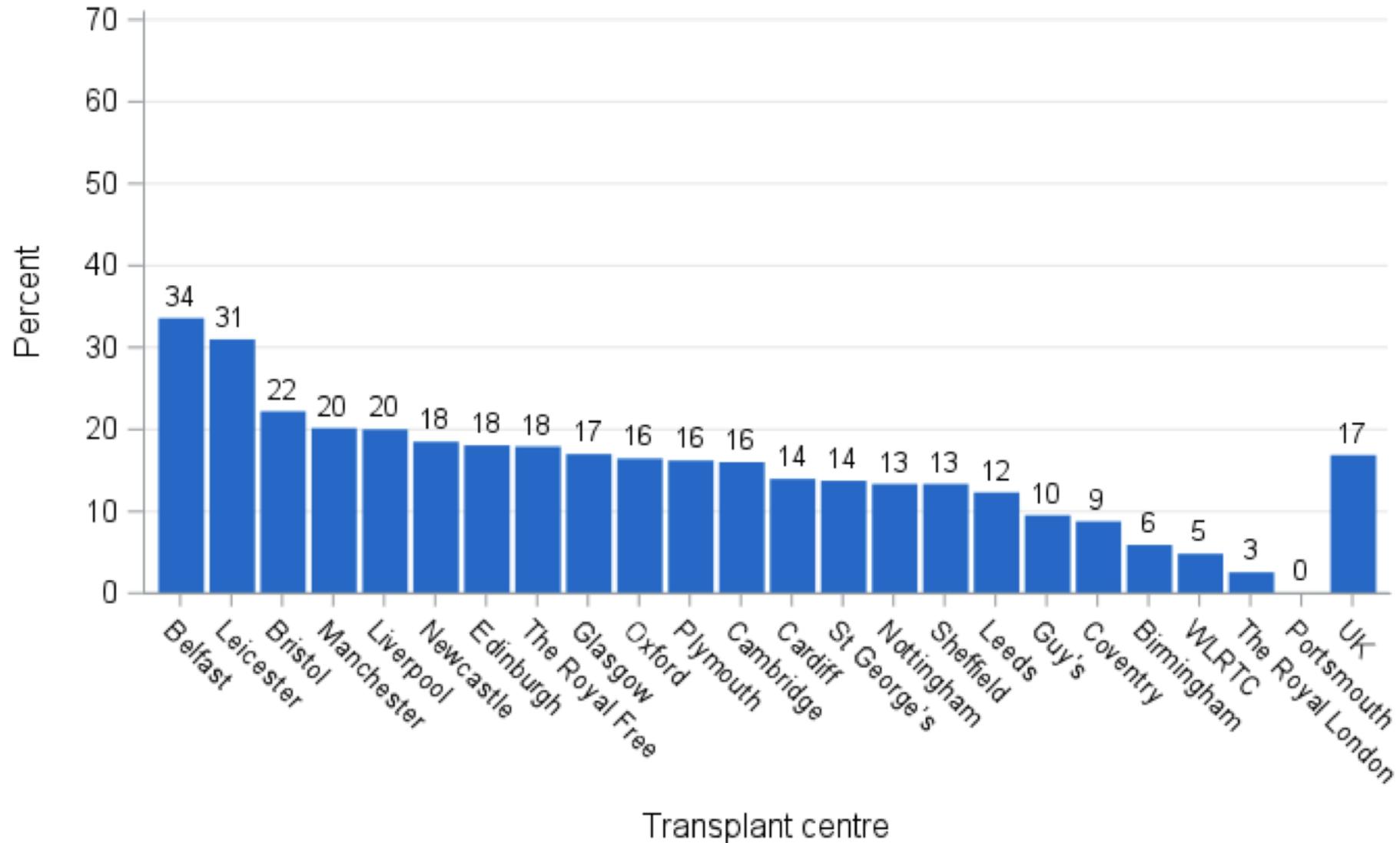


Figure 5.2 Adult kidney only transplants, 1 April 2020 - 31 March 2021





**Figure 5.8** Adult deceased donor pre-emptive transplant rates by centre, 1 April 2020 - 31 March 2021





**Figure 5.9** Adult living donor pre-emptive transplant rates by centre, 1 April 2020 - 31 March 2021

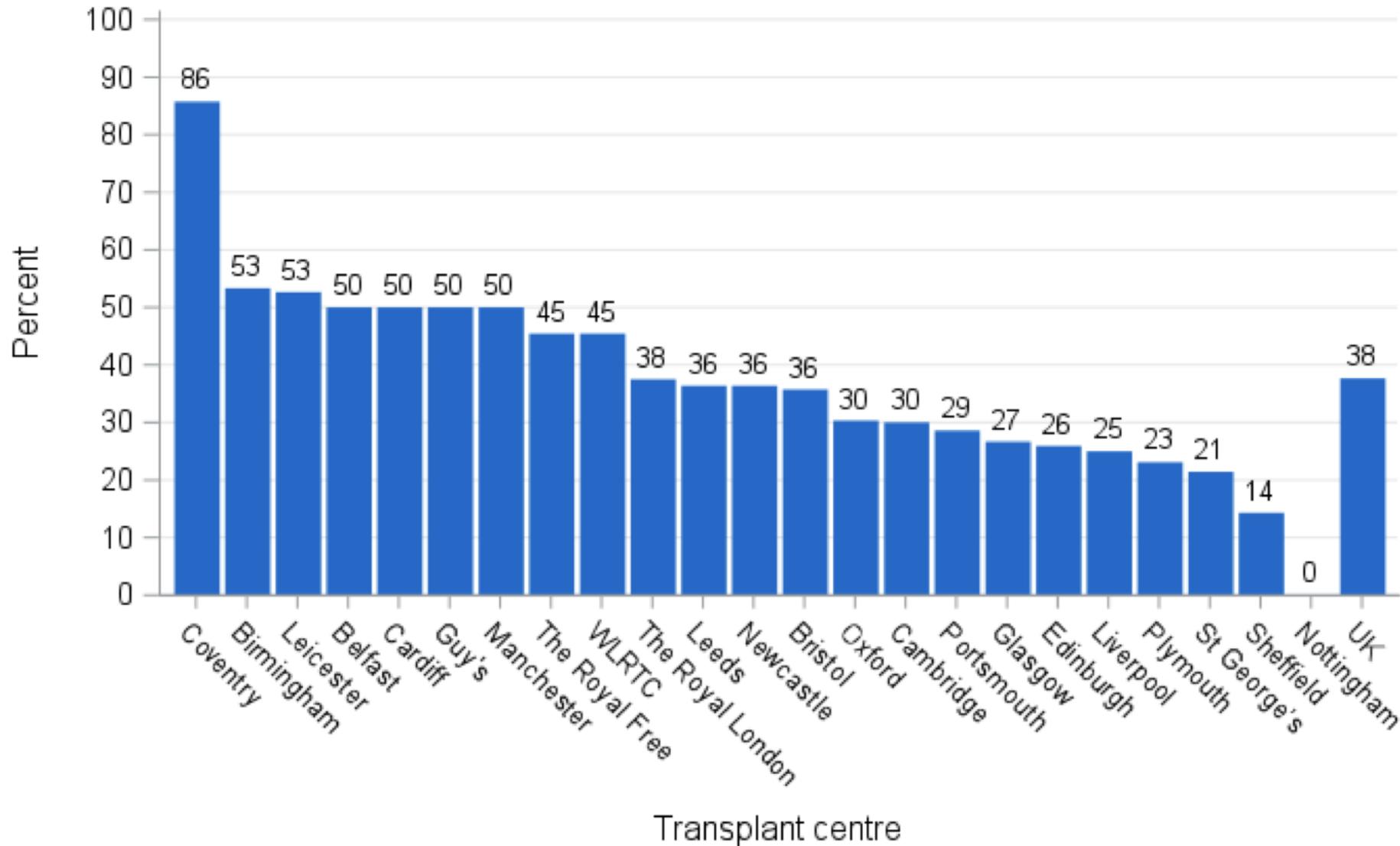
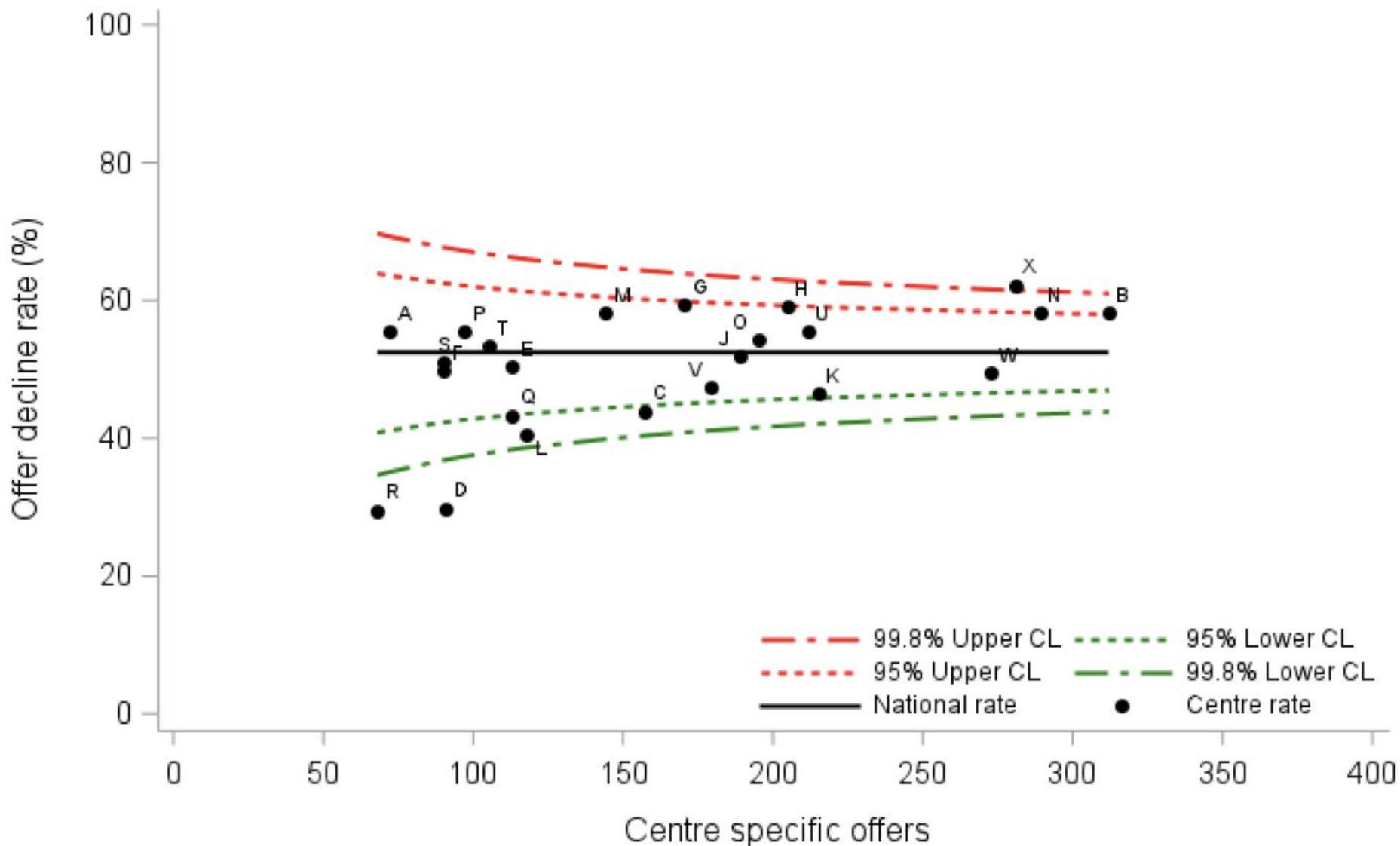


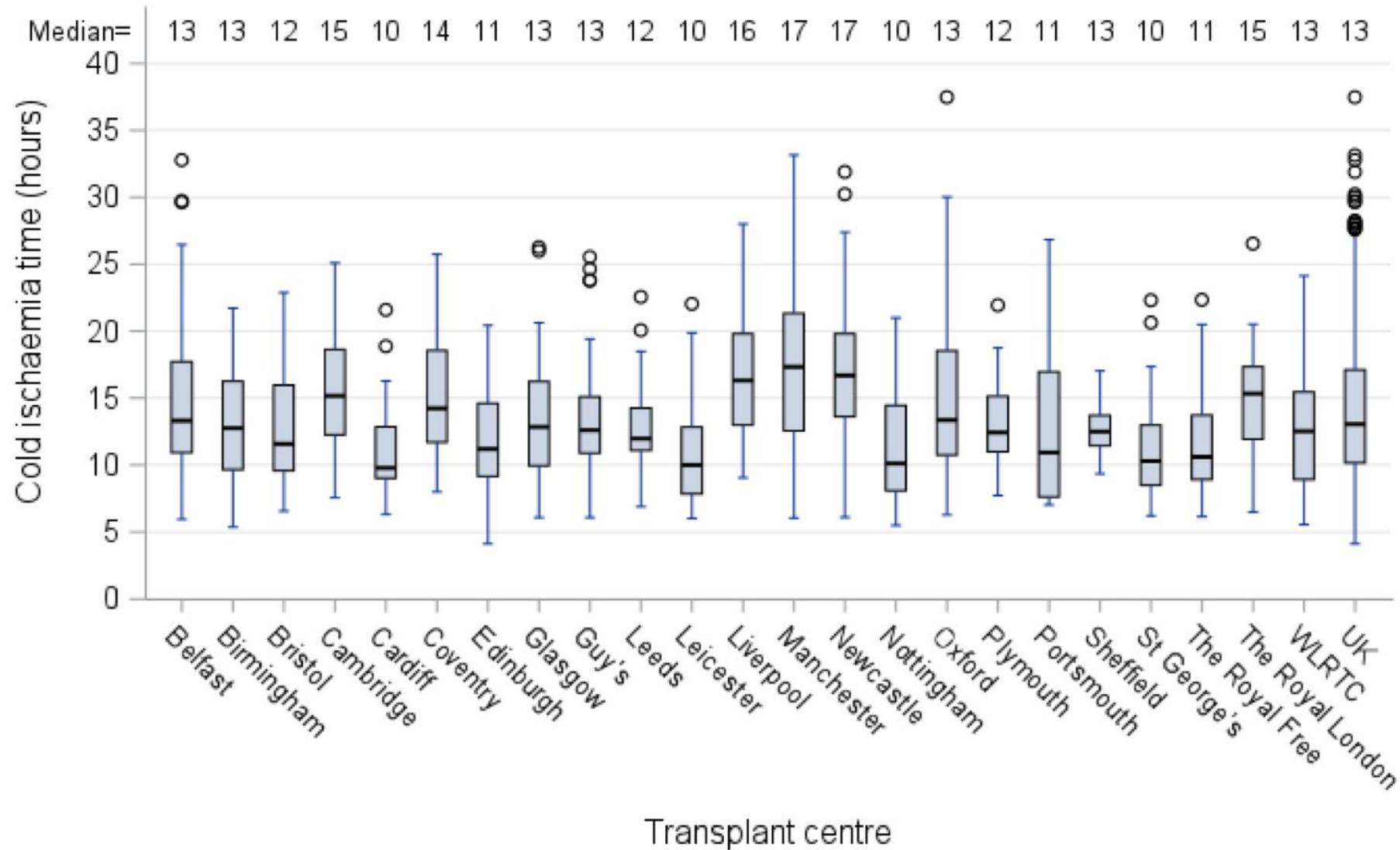
Figure 4.1

Adult standard criteria DBD donor kidney offer decline rates for kidneys that resulted in a transplant, 1 April 2018 and 31 March 2021



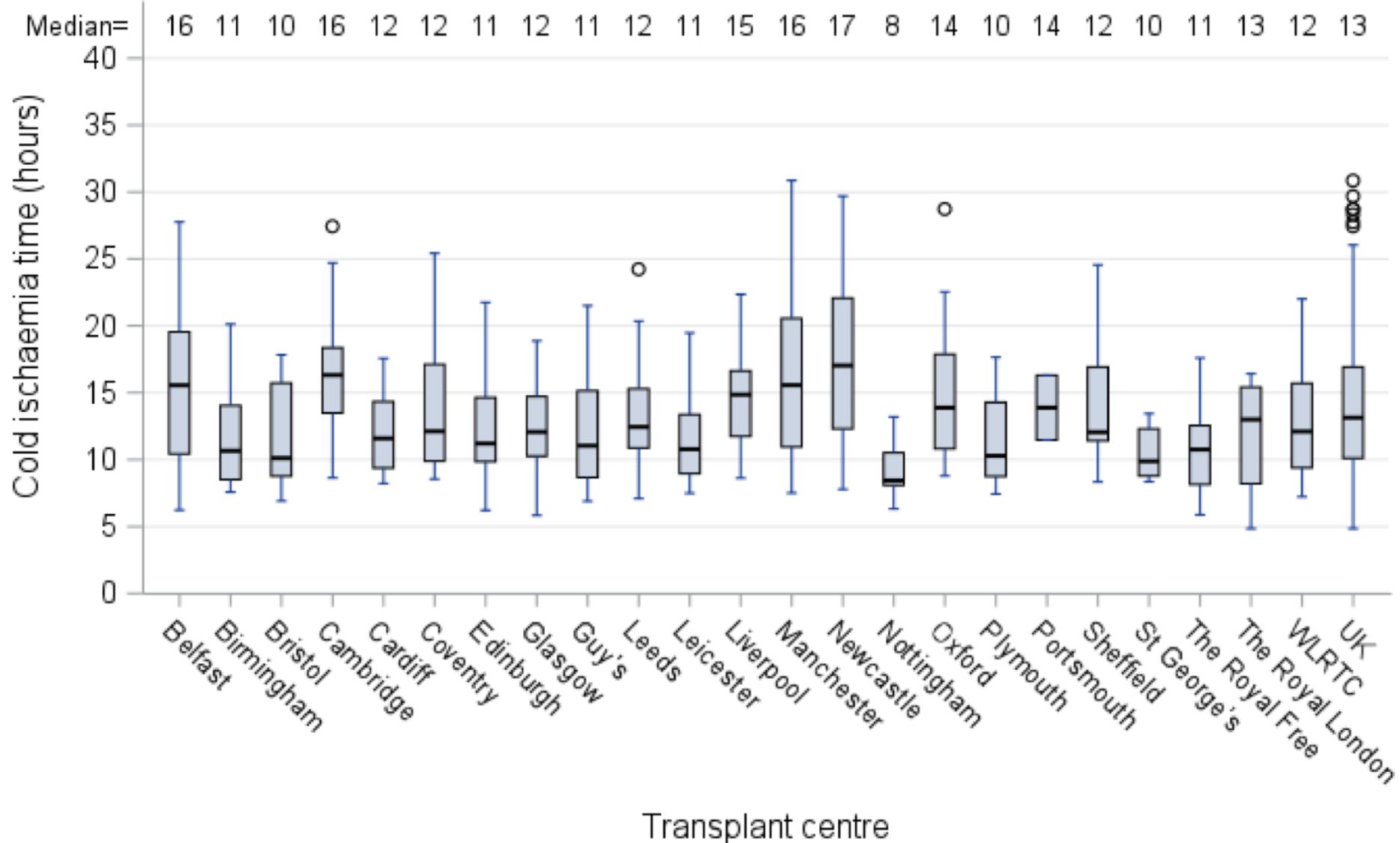


**Figure 5.15** Median cold ischaemia time in adult DBD donor kidney transplants  
1 April 2020 - 31 March 2021





**Figure 5.19** Median cold ischaemia time in adult DCD donor kidney transplants  
1 April 2020 - 31 March 2021





**Figure 5.23** Median cold ischaemia time in adult living donor kidney transplants  
1 April 2020 - 31 March 2021

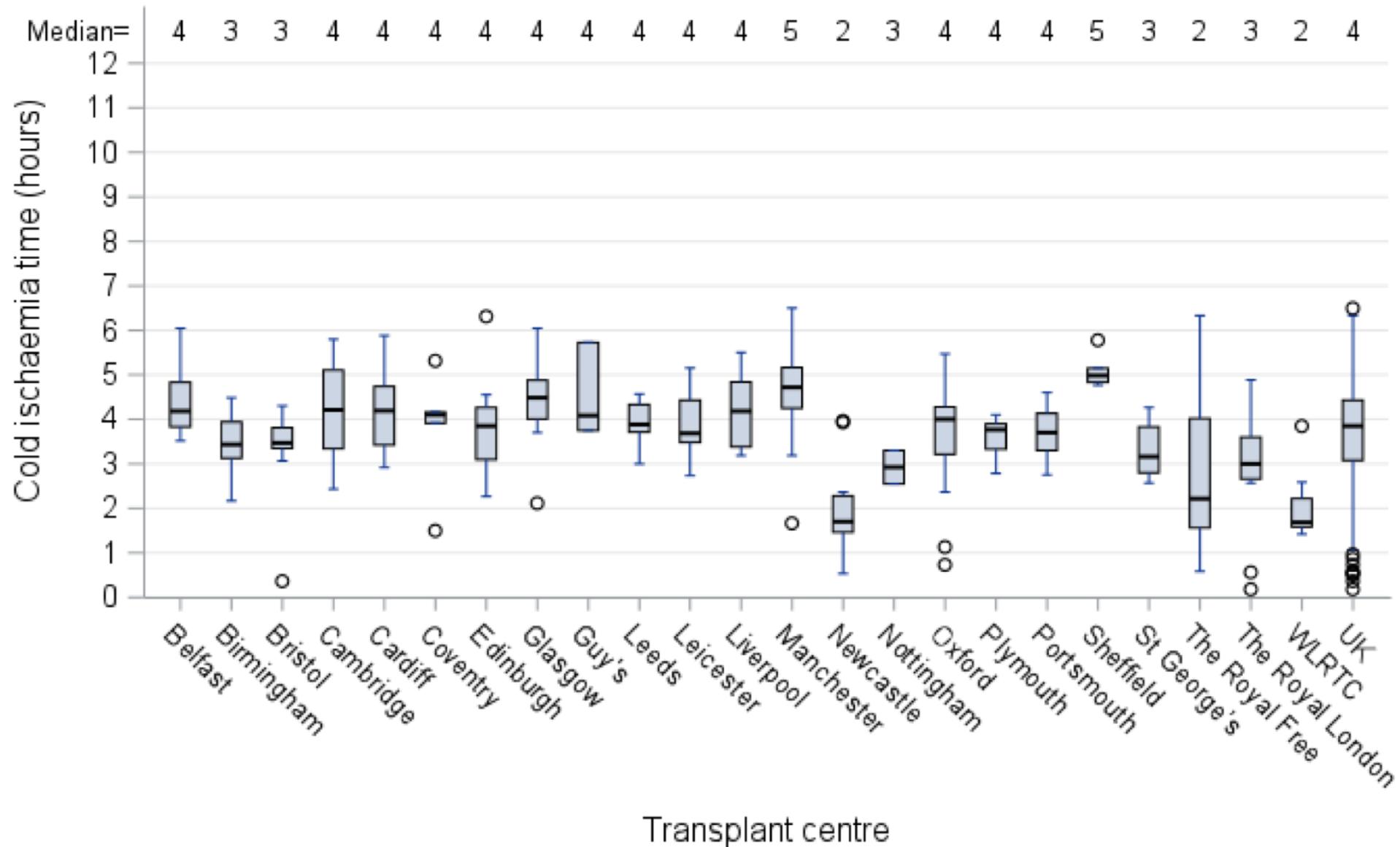
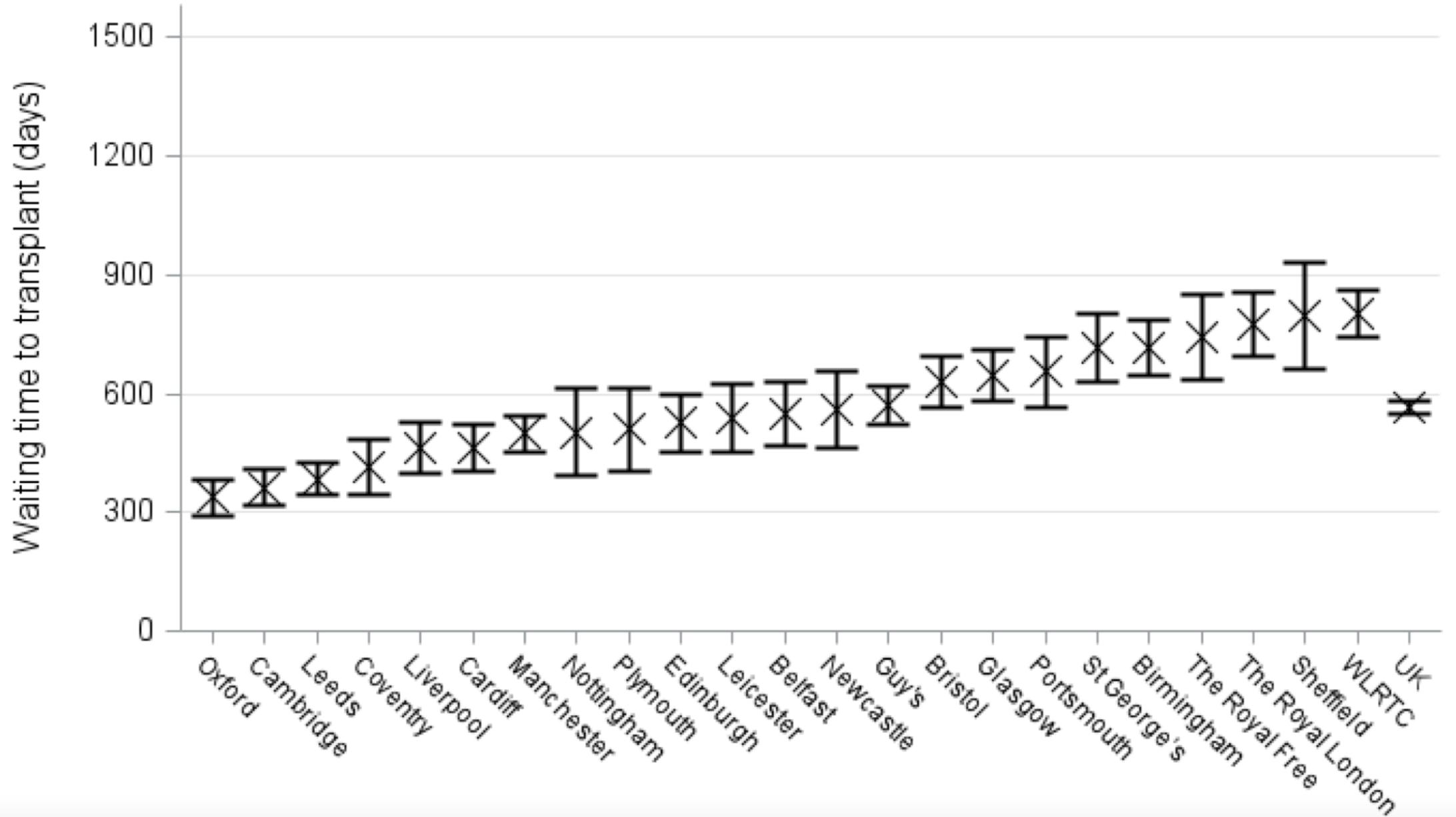


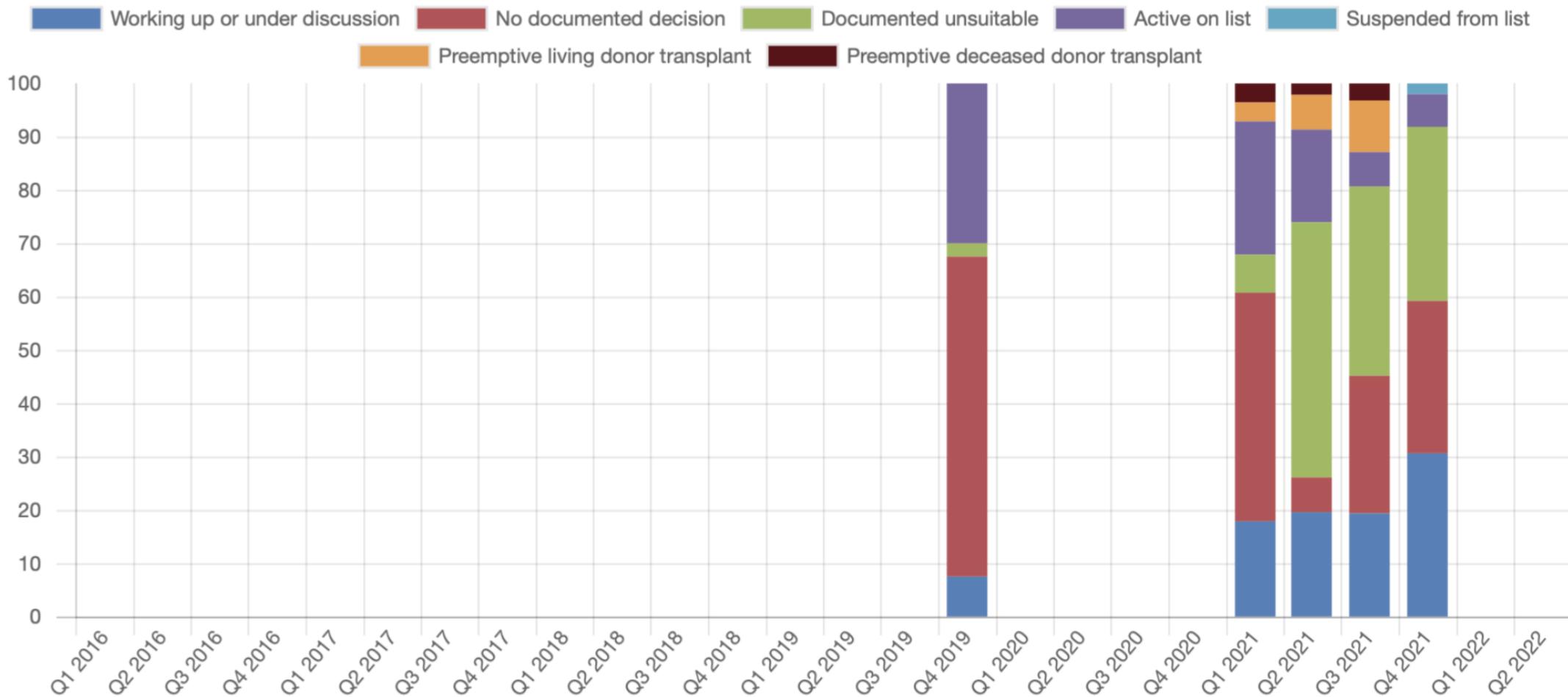
Figure 3.12

Median waiting time to deceased donor transplant for adult patients registered on the kidney transplant list, 1 April 2015 - 31 March 2018





### Renal Replacement Therapy Starters data:





# Experience - local barriers and strengths

## Our Strengths

Pre-emptive transplant rate- out of live donor transplants- most transplanted pre-emptively

Waiting time from listing to transplant (Risk adjusted median)- 466 days (National average is 547-579 days)

Deceased donor transplants

Decline rates

## Problem areas

Overall listing and numbers

Live donor transplant numbers are low- further fall after the pandemic

Documentation

## Barriers-

Delays in referrals

Barriers with investigations before listing

Poor numbers of live donors coming forward after the pandemic



# Current plans and priorities



1. To increase documentation- monthly meetings with pre-dialysis teams to discuss patients
2. Streamlining of the referral process by bringing in e-referrals
3. In discussions with Cardiology team re: flagging transplant patients in investigation requests to avoid any delays
4. Live donation- low numbers have worsened further with the pandemic. To restart education programs with the coordinators/renal nurse specialists. Audit our donor withdrawal/drop out rates/reasons.





Thank  
You

# Kidney Transplantation in Nottingham

Catherine Byrne

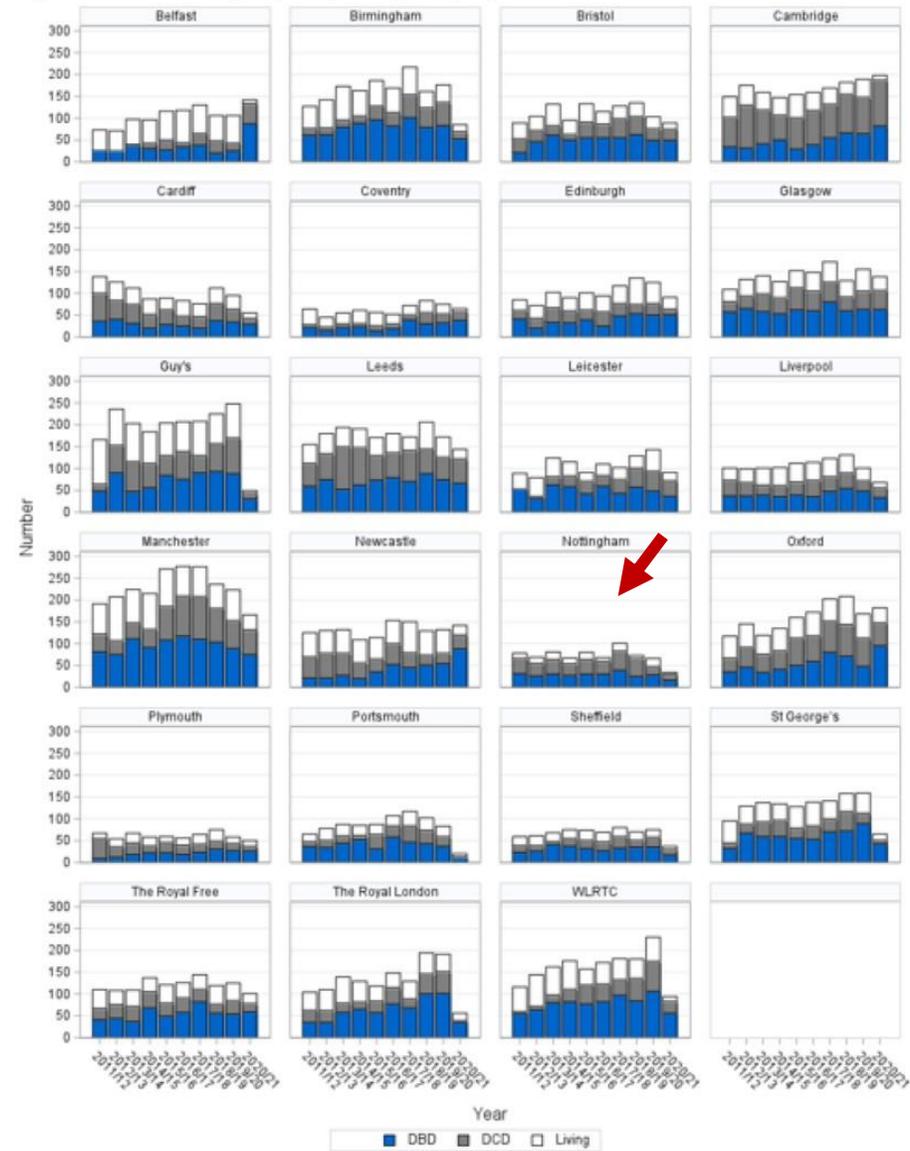
*Consultant Nephrologist*

*On behalf Living Donor team*



Where are we now?

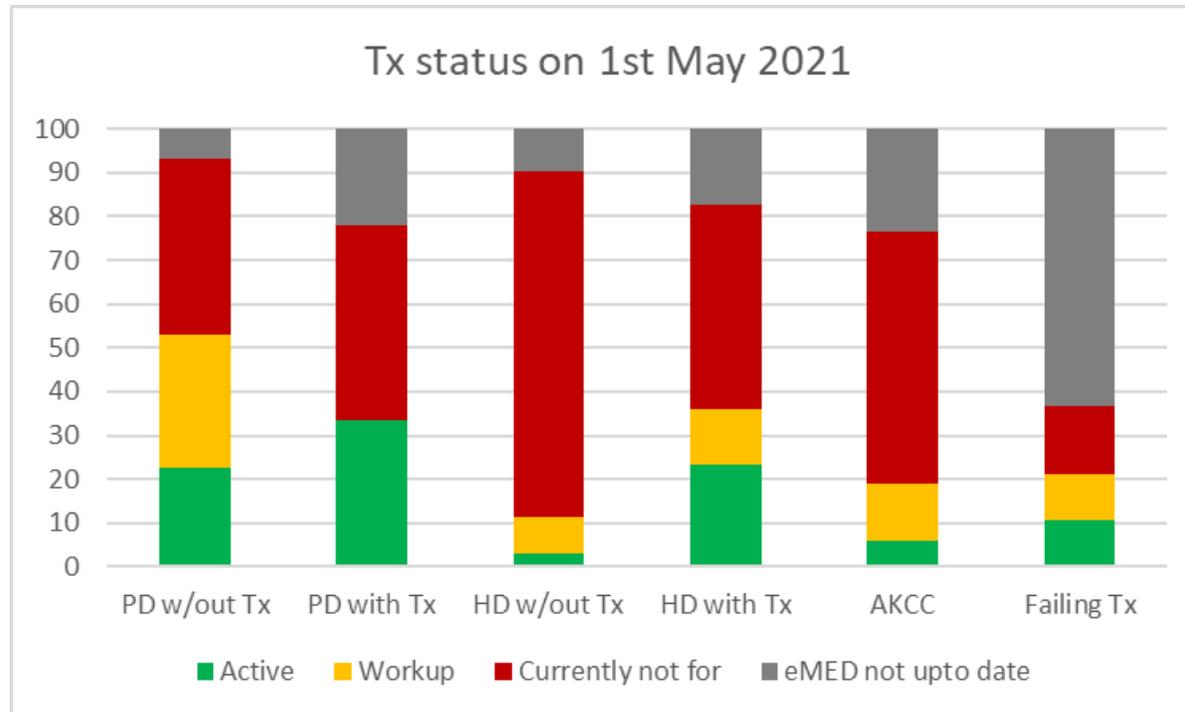
**Figure 5.4 Adult kidney only transplants by centre, 1 April 2011 - 31 March 2021**



# Where are we now?

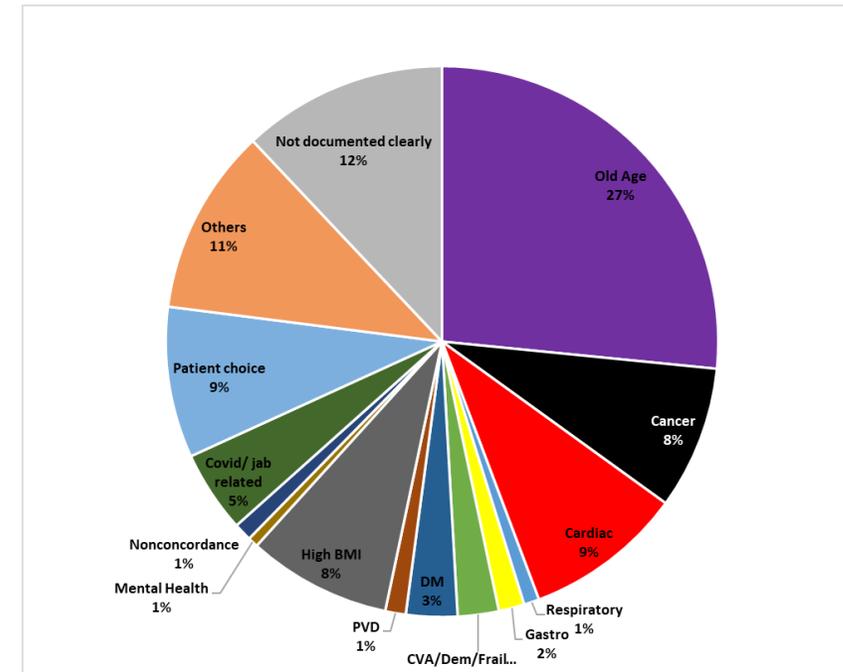
- 2021 calendar year 72 renal transplants; 17 live
- 2022 calendar year to date 40 renal transplants; 10 live
  
- Follow up 257 live donors annually
- Follow up 731 adult renal Tx recipients
- Waiting list (adults & paed) 230 patients; 90 suspended as of 23.6.22
  
- Audit Tx w/l status on 1.5.21 all adult patients with eGFR <15, failing Tx, on HD or PD
- 766 patients

32% referred for Tx assessment; 45% referred after starting RRT  
61% PD v 32% HD cohort had been referred  
22% of AKCC cohort  
26% of failing Tx cohort  
average of 85 days from referral to see a Tx surgeon



# Reasons for not being active or in workup

- “Old age and co-morbidities”
  - Anecdotal evidence after speaking to AKCC nurses
- Some patients have multiple reasons
- Some patients do not have clear reasons– need better documentation
- Commonest causes;
  - Old age except in patient with Prev Tx
  - Cardiac, cancer, patient choice, high BMI
  - 13% do not have a clearly documented reason



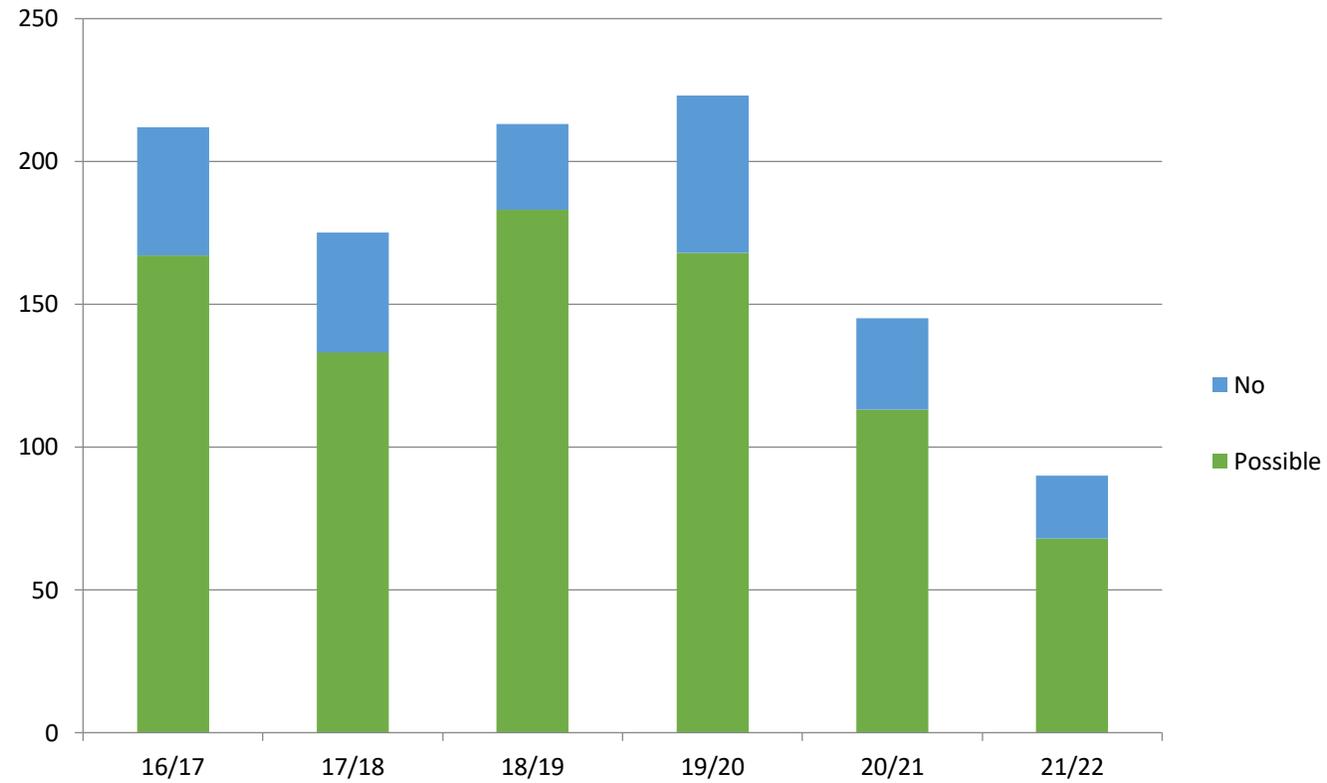
# Strengths in Living Donation

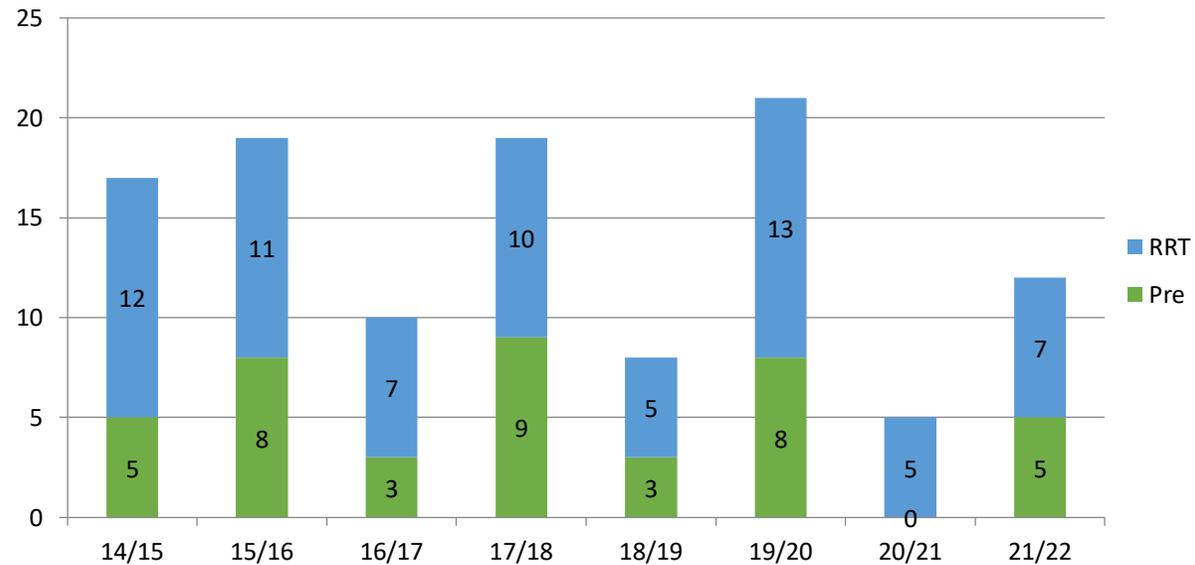
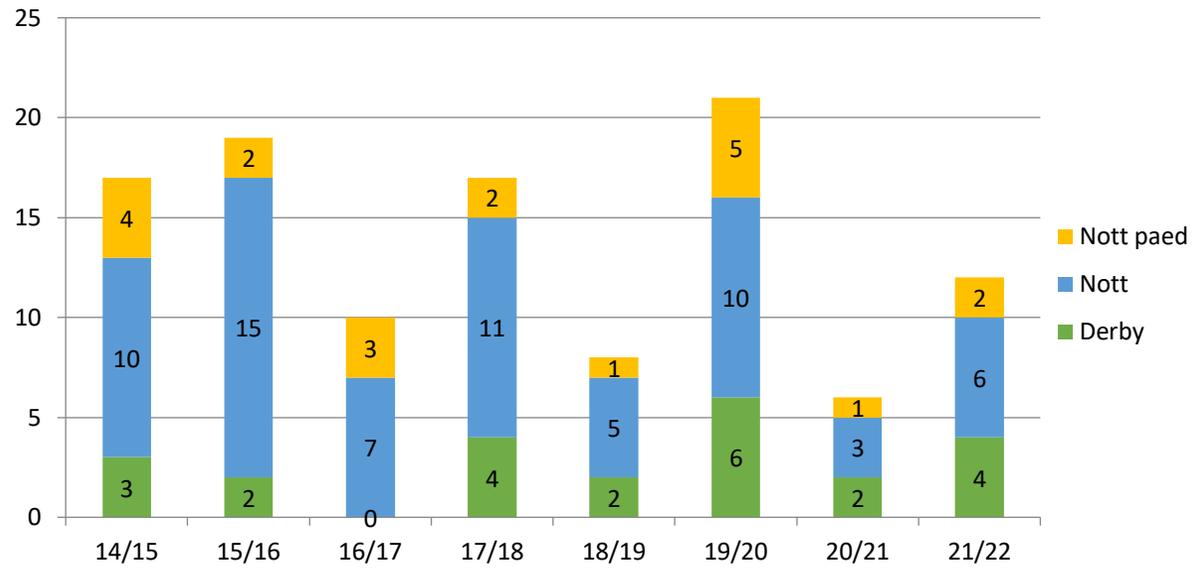
- Donor first; seamless/prompt communication
- Sharing scheme
- Good team communication
  - MDT, email, f2f
  - IA
- Access to IA
- Donor co-ordinators
- Flexible pathway
- Improved donor pathway
  - Reduction in
    - donor testing
    - clinic visits
- Donor evaluation & annual follow-up

# Weaknesses

- Low live donor rates
  - Especially pre-dialysis
- Recipient communication
- 'One-stop' pathway
- Easy access to donor team from referral centres and donors
  - Engage new ways of working/communication
  - Communication amongst Tx nurses (all LTFT)
- Documentation
  - allow pathway evaluation
  - accessible/robust/consistent data collection
- Maintaining momentum: LD rates/yr, pre-emptive listing
- Conversion from interest to donation
- Education; spreading the word
- Culture change?? Are we invested in transplantation
- Roles of donor co-ordinators at Nottingham

# Donor enquiries





# Opportunities

- Service development
  - Phone/video clinics, flexible working
  - Reduced clinic visits: ring fenced CT
- Improving communication with recipient teams
- Establishing MDT paed/Nottingham/Derby
- Use of social media/generic email
- More adult nephrologists involved in the process - ? more liberal approach and see more potential donors
- One co-ordinator doing dissertation on education donors and knowledge; consider language, illiteracy – increasing accessibility

# Threats

- Succession planning
- Psychology services
- Donor co-ordinators involved in day-time kidney offers
- Theatre access



# Living Donor improvement plans [Birmingham - QEH]

**Friday 24<sup>th</sup> June 2022**



# Introducing our team



Surinder Jandu – Renal transplant coordinator

Shazia Shabir – Renal consultant

Alex Attukunnel – CKD - CNS

Charlotte Stephens – Specialist registrar – Renal medicine

Hana Seetho – JSDH – renal medicine



# Areas for improvement previously identified



Increasing pre-emptive renal transplantation  
Increasing pre-emptive listing  
Access to transplant information





# Data so far

01/04/22 – 17/06/22		No		No
New starters - dialysis	HDX	41	CAPD	12
Listed		7		2
Undergoing work up		7		3
Unsuitable		21		3
No documented reason		6		4
Transplanted listed	Active	17	Suspended	?
Transplanted DD	Pre-emptive	2	Dialysis	10
Transplanted LD	Pre-emptive	0	Dialysis	7



# Transplant listing Data QEHB 01/04/2022 – 17/06/2022



Number of patients listed in quarter	17
Number of patients pre-emptively listed	9
Percentage of patients pre-emptively listed	52.94%
Median time to listing (in days)	0
Mean time to listing (in days)	465

# Experience / barriers



From our experiences, we identified that we need to modify the language that is being used. E.g. When we state under work – what does this mean? We should be more specific.

If documented unsuitable for transplant, what does this mean – are they unsuitable because the patient is waiting for a CABG? Once they have had the CABG they may be suitable...

Improving links between centres has been very beneficial, especially since COVID and the access to Teams. This has facilitated better collaborative working with other centres

Language specific information.



# Current plans and priorities



Focus on ways in achieving pre-emptive transplantation/  
listing

- Collaborative work with the various specialties in own trust
- Identifying barriers and implementing robust pathways to achieve transplantation
- Education



# Open discussion



- Learning from Transplant First
- Ideas/ Improvements anyone can take up
- Areas where interaction needed

# Summary, what's next?



- NHS England Funding for transplant nursing
- Transplant work-up experience survey