

National Organ Retrieval Service (NORS) Review

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ABOUT THE REVIEW

An independently Chaired Review of the National Organ Retrieval Service (NORS) has been commissioned by NHSBT, to ensure the service has the capacity to meet the requirements of the organisations [Taking Organ Transplantation to 2020 Strategy](#), allowing for the expected growth in activity, whilst also providing value for money.

Senior representatives drawn from the profession and NHS providers and commissioners have been asked to evaluate the effectiveness of the current NORS provision and make recommendations to ensure the future provision of a quality service across the UK.

NHSBT has commissioned NORS on behalf of all four UK countries since April 2010. NORS is a 24/7 organ retrieval service and is provided by seven abdominal and six cardiothoracic teams from transplanting centres across the UK.

The review will engage with a range of stakeholders and recommendations will be presented to NHSBT in 2015.

Challenge Event

London, 16 October 2014

Who attended?

This event was attended by experienced clinicians, commissioners, policy makers and lay and patient representatives from across the UK.

What was the purpose of this event?

The event was designed as a challenge event (see box on page 5). It was a key opportunity for stakeholders to engage with and contribute to the work of the Review and for the team to gather vital input from across the stakeholder community.

The Review expected that this event would:

- Provide an update on the work the Review has undertaken since the last Challenge Event.
- Describe where the Review is on its timeline and outline some of the issues arising.
- Provide an opportunity for input and seek insight, thought and opinion on potential solutions to the issues highlighted to the Review.

How was the event run?

The event was designed to create a conversation between the Review and the stakeholder representatives who attended.

It began with a presentation from the Review Chair, Kathleen Preston, who highlighted that the main aim of this Event was to provide an opportunity for delegates to give input into potential solutions to the issues that have been presented to the Review. The Chair was looking for thoughts and opinions, with a firm focus on the Future.

The Chair also offered a quick word on the recent Survey issued by the review. Delegates were encouraged to take 10 minutes out of the day to complete it, if they hadn't already done so.

Following the Chair's update, to set the Review in its wider context, delegates heard from Keith Rigg, NHSBT Board Non-Executive Director, who outlined the financial pressures and the importance of the Review to NHSBT. There were also presentations on service design, and quality and organ damage from; Ella Poppitt, Head of Service Design for Organ Donation and Transplantation at NHSBT and Prof John Dark, National Clinical Lead for Organ Utilisation and Governance at NHSBT.

In the afternoon, the Review's Workstreams, presented their work and following table discussions, delegates were asked to offer their thoughts and opinions on what they had heard, with specific consideration of the possible solution to the issues raised.

Update on the work of the NORS Review

The aim of the first Challenge Event was to encourage Stakeholders to engage in the NORS Review, and to generate a wide discussion of the issues under consideration.

The aim of this Event was to provide an opportunity for delegates to offer input into potential solutions to the issues - The Chair was looking for thoughts and opinions, with a firm focus on the Future.

The Chair highlighted that the programme for this Challenge Event had been designed to focus on solutions that will enable NORS to achieve its aim, of supporting NHSBT in delivering the aim of TOT 2020 to increase the number of patients who are transplanted. If NORS fails/ceases to cope there would be very serious consequences for the whole transplantation system. In fact it will be seriously compromised.

Since the last Challenge Event in July

To provide a broad context for the day, before moving into the specifics of the work undertaken by the workstreams, the Chair updated delegates on the work undertaken since the last Event and offered her perspective on what seemed to be emerging as currently working well and where there appeared to be room for improvement.

The Chair and Review Manager had been visiting NORS Centres in the UK and all visits were to be completed by the end of November. They had also attended a number of other forums and events, which they had been invited to, as well as having engaged in discussions with Commissioners, NHS England, Health Departments and other Subject Matter Experts from across transplantation.

The objective has been to ensure that stakeholders have the opportunity to contribute to the work of the Review, give their views on the strengths and weaknesses of the current NORS, and offer suggestions for improvements.

The Review Team are very grateful to stakeholders for taking time to meet and engage with the Review, as these discussions have been key towards establishing a sound basis for recommendations for the future.

The discussions so far have raised some issues that may be specific to individual centres, but there are several issues that have emerged as common to several.

What is working well?

- The standard of retrieval is considered to be much better under NORS. It has led to more uniformity and success of transplantation.
- Support and communication with donor hospitals has improved and the various NORS teams are now working more collaboratively.
- NORS has played a key part in developing the organ sharing scheme. Organs are considered as a "national resource" rather than the "property" of a particular team.
- NORS has reduced delays and it allows capture of organ damage rates, which means that teams are held to account.
- The NORS funding stream provides security to appoint sufficient staff to provide the service and NORS has played a key role in achieving the 50% increase in donors.

Phase Two of the Review

The Review has been in **Phase One** of its work. Looking at the strengths and weaknesses of the current service and practice, gathering intelligence and meeting with providers, commissioners and policy-makers.

Phase Two will look at our options for the future – what the solutions might be - and this Challenge Event was part of that process. The NORS Review Board members, will use **Phase Three** to identify a preferred way forward, validating as appropriate, before entering the final **Phase (Four)**, where the Team will write up the findings of the Review, with supporting evidence, and make recommendations to NHSBT.

What is working less well, and could be improved?

- Generally, it has been expressed that there may be a need to shift focus from increasing number of donors/donations to increasing number of successful transplants and the quality of the organs retrieved.
- There is a need to shorten the retrieval process and to reduce the various delays experienced by NORS teams.
- More could be done to build confidence between some transplanting surgeons and the NORS teams` around competence/skills and the assessment of organs.
- Better Quality Assurance is needed - (i) common training/accreditation; (ii) need to assure quality of retrieval team to improve the quality of the process and achieve better outcomes for patients (iii) the issue of 'scouting'.
- Better measures to deal with poor performance and there have been some calls for Standard Protocol Reports for retrieving surgeons and standard donor assessment. Generally, a standardisation of the information provided.
- The Review team has heard a lot about relationships across the service. There is potentially a need to break down some barriers between: Cardiothoracic and Abdominal teams; NORS teams and Transplant Centres; SNODs and NORS teams; NORS teams and NHSBT.
- In general, the Review considers that NORS should be a truly NATIONAL service with a NATIONAL strategy. NORS has come a long way towards achieving this, but there are still areas for improvement as it is not consistently working as a National service to maximise organ retrieval. It should be a truly National service, with the same standards across the UK, so that it is irrelevant which NORS team does the retrieval.
- There are inequities in funding (actual or perceived).
- Some teams consider that there is a lack of funding, reward and encouragement for innovation/use of new technologies.
- Concern about NORS ability to cope with increased demand in the future.
- A lack of flexibility in some of the service requirements, in particular the 60 minute "muster time".

Summary of the discussion

This section is about what delegates heard and said at the event. Delegates gave the Review some clear messages.

Capacity

The Capacity workstream had been modelling different delivery options and had developed some assessment criteria for options appraisal, which looks at both the current service and the requirements for the future.

Preferred options considered by the workstream, supported by the Project Board were presented.

- Develop an incremental increase in abdominal retrieval activity using existing teams and separating current joint teams
- Strengthen links with regional kidney only teams

CHALLENGE EVENTS

The Review is conducting a series of Challenge Events in order to improve and refine its approach and recommendations.

Challenge events are not consultation in the usual sense. As an independently Chaired Review, we don't have to consult formally on our recommendations, since they are not binding.

Challenge events are best seen as a form of careful listening.

Challenge events bring together a representative group of people who have some form of expertise and or interest in the matters under review.

At each event, we will share the current state of thinking within the Review: a summary of our methods, any evidence we have received, our provisional thinking or findings, and the emerging themes that will form the raw material for our recommendations in due course. We will then invite comment and challenge.

The responses we receive will contribute significantly to the evidence base, relevance and feasibility of the Review's findings and recommendations.

- Review capacity and current delivery model of cardiothoracic retrieval
- Extend use of combined abdominal and cardiothoracic teams

The proposed options appraisal criteria were also presented as principles against which all recommendations will be considered in the final report:

- Activity should be as fairly distributed between teams as possible
- The optimal number of retrievals per team per day is one or two
- There should be < 30% of time when a team is not retrieving
- Travel time should be three hours to a donor hospital, but with a possibility of extending this to 4 hours?
- Cost
- Stakeholder acceptability

Delegates were asked:

- **Are we content with the Review Board's decision on the models to explore?**
- **Are there additional ideas?**
- **Are we content with the appraisal criteria?**

Delegate's comments

On the different models, delegates were generally in favour of the idea of separating joint teams, if that were needed, to meet demand. Some felt that looking at kidney only retrieval was worth considering. On reviewing the Cardiothoracic capacity and looking at extending the use of combined teams, there were mixed views, and it was suggested that co-location would be preferable to combination, if this route were deemed necessary.

Other models, which came up in discussion were:

- A DBD/DCD team split, although delegates were generally not in favour of this.
- Extending the use of joint teams, where demand was less. A rota model.
- An OPO style model.
- Some felt they would like transplant surgeons not in NORS involved in retrieving organs, with the focus on transplantation not on retrieval.
- Others felt the use of retiring surgeons should be considered.
- Increasing the number of retrieval centres also came up, although this was thought not feasible, as it was suggested that the obvious centres did not have the resources.
- Also, although it was mentioned, in line with previous comments, there was no appetite for moving the donor to a retrieval centre.

There was broad support for the appraisal criteria, although most found the idea of extending travel time undesirable.

Workforce

The Workforce workstream had benchmarked the current UK service, looking at different team structures, rota's and job mix taking a bottom up approach to the requirement. They had explored the variability and were looking at a variety of options which could deliver a 24/7 service, taking into account projected future demand. One issue under consideration is the difference between consultant led and consultant delivered services and what the requirement should be here.

A key theme that this workstream had uncovered was that it may not be necessary for all teams to be available 24/7 for a national 24/7 service to be provided. This will be considered further through mapping times of greatest activity. This model has been used in the Fire and Rescue and Ambulance Services, who have been visited by members of the Review Team as part of the exploration and appraisal process.

Delegates were asked

- **If there were any roles missing from the models presented?**
- **Should there be a consultant or consultant equivalent as lead surgeon?**

Delegate's comments

Offering views on if there were any roles missing, there was discussion about the number of surgeons, talk of the need for a perfusionist or transplant practitioner for all centres and the room was divided on the consultant led or consultant delivered issue. More modelling work being required here.

More broadly, it was felt that a more integrated model across the UK was considered worthy of consideration. It was also suggested that there was a need to provide training and a sufficient volume of experience of retrieval to future NORS trainee surgeons: should consider a programme where a trainee would be attached to a retrieval team for a period of 6 months. They would start the 6 months with the consenting process and by the end of the programme would be ready to lead a retrieval team.

Looking to the future, delegates thought that the workforce would need to be under ongoing review in order to meet future capacity needs and that plans would need to take the Novel Technologies for Organ Transplantation (NTOT) work into account. Additionally, any future staffing model would need to consider the training and retention of staff i.e if the role is not properly supported within a career structure it will not attract quality applicants.

Commissioning and Funding

The commissioning workstream had been looking at different commissioning and funding models, both in the UK and internationally. Some had proposed that there should be one commissioning body for both retrieval and transplantation. This is being looked at carefully and will require further investigation before the Review Team reaches any conclusions. Certainly NHSBT, NHS England and the other National Health Authorities need to ensure a shared vision, which is jointly and consistently articulated to providers.

The Review has been asked by many stakeholders to consider a lighter touch "outcomes based" commissioning model. Good governance and quality oriented KPIs are seen as a key way forward.

Funding models built around quality outcomes, with appropriate reward and sanction and the ability to encourage innovation and the use of new technologies, are being considered.

The issue of inequities in funding has been consistently raised. Any future bidding process will need to be transparent, fair and equitable and there will need to be clarity on both sides about what the NORS budget is funding, if we are to resolve any issues of perceived "cross-subsidy" on either side. This might also be resolved through the commissioning of a set, agreed team, with appropriate funding as proposed by the Workforce workstream.

Delegates were asked

- **What would be the top 3 features of a commissioning model for the future?**
- **Should there be one commissioning body for both transplantation and retrieval and how would this work? Risks and Benefits.**
- **What would be the preferred funding model?**

Delegate's comments

Some of the top features of a future commissioning system were considered to be:

- Standard Service Specifications with clear essential and desirable criteria
- Central co-ordination and commissioning
- Fair and transparent funding arrangements, recognising the levels of activity of the different teams.

In considering a single commissioner model, delegates commented that one commissioning pathway for the entire transplant and retrieval process might be optimal, better linking organ donation and transplantation. However, it was recognised that this may be difficult to achieve.

One commissioning pathway, bringing all funding under one umbrella to drive quality and focus on better patient outcomes, might reduce conflict between the different parts of the transplantation pathway, lower overheads, offer greater influence across the HD's and provide a more holistic approach to the transplant pathway. However, questions about how this would work across all four Health Departments were raised. Risks around the potential loss of overall funding and expertise were articulated and there were concerns that if NHS England were to look to take the lead this could result in more fragmentation of the process, as transplantation sits in the Local Area Teams. And were NHSBT to take the lead, there were concerns about capacity and the difficulty of separating transplant from NHS England.

Nevertheless, it was felt that Commissioning should be based around the patient pathway, with any future changes to policies in organ donation or transplantation being joined up, with better sharing of information, to ensure quality and good governance with inter-dependencies well recognised. A co-commissioning model exploiting the potential to build on existing relationships and expertise was considered a desirable ambition.

The funding model options fed back were:

- Baseline funding for basic activity, with incremental increases to funding if activity exceeds baseline agreement
- Retention of block funding to maintain retrieval infrastructure
- A tariff model for retrieval which reflects the complexity of the work i.e. The cardio-thoracic representatives felt that their retrieval work was more complex
- Funding should be incentive based, but with careful monitoring in place - no financial costs to be imposed for not meeting essential criteria, but teams may face derogation if they could not meet the criteria.

Whatever model was chosen, the flexibility to deliver services in different ways, provided the service specification was being met, was considered a good way forward in order to incentivise teams, allow for innovation and drive quality outcomes.

Future Service Requirement

The Future Service Requirements workstream had been looking at the current understanding of the service specification and looking at options for improving the performance management of the service through the development of quality driven, outcomes based KPIs. In addition to the draft KPIs, this group had also been tasked with ensuring that no changes are made that would restrict future developments in perfusion and transplant related technologies.

Delegates were asked

- **What are the biggest challenges around managing and delivering the service under the current contractual arrangements?**
- **Is there an appetite for a set of KPIs which have appropriate reward and sanction attached to them? If so, what might be some good examples of KPIs be?**

Delegate's comments

In response to the question regarding challenges faced in delivering the service. The main comment was that the current focus seemed to be on numbers of retrievals and speed of service, rather than quality and numbers of organs transplanted.

The lack of flexibility in the current NORS system was considered to hamper innovation and not recognise local challenges. It was also felt that the current service does not have the capacity to deal with unexpected levels of activity and that a future service would need to build capacity and flexibility.

Geography was also considered a challenge to NORS both in terms of disparity of travel requirements/pressures and in terms of KPI's and it was felt that this needed to be considered in the future service specification.

Looking at KPI's, delegates felt that they should be altered and be used to drive innovation and benchmark standards and quality rather than just acting as a tool for monitoring activity. Moving from process measures to quality and outcome measures, which focus on transplanted organs.

The concept of tiered funding around the KPIs was considered possible, but this was felt to need further exploratory work, with some concerns around both the level of and ability to ring fence funding for this.

Conclusion

The Review team were pleased with what was felt to be a positive and focussed event, which offered many useful comments on possible solutions for the future. Delegates engaged and gave both the workstreams and the Review at large, some useful direction on a number of key issues, particularly in relation to a possible move from some of the more process oriented KPIs to a set of quality, outcome based metrics.

There were, inevitably, some differences of opinion. The emphasis and views between cardio-thoracic and abdominal retrieval team members differed on a number of issues. In particular, some delegates felt that there was a strong focus on abdominal retrieval at the event and that there were some inaccuracies regarding cardio-thoracic retrieval in the presentations. Looking at the statistics, some cardio-thoracic representatives expressed a feeling that their retrieval services was not understood by those collating the data and that some suggestions were not practical or achievable from a CT perspective.

Opinion was expressed in the open feedback that cardio-thoracic teams should not be compared to abdominal retrieval teams. Some cardio-thoracic representatives felt that cardio-thoracic retrieval needed more expertise and time and they felt that increased levels of funding would be required to support the donor to optimise the organs and the number of transplants.

The workstream leads took on board these comments and agreed to follow up these concerns after the event.

Broadly though, it was accepted that resource needed to better match demand and that there was a need to realign capacity, if the service is to be fit for purpose in the future.

Next Steps

The Review is currently looking to: -

- draw up a list of options for how the future requirements from the service might be met, including establishing the feasibility of each option
- test these options with key stakeholders, gathering (and building) consensus about preference
- undertake an options appraisal (including associated costs, timescales, alignment with existing policy/strategy, benefits, added value, fitness for the future, etc) to take to the NORS Review Board.

The Review Board is aware that the NORS is only part of the complex transplantation pathway. It cannot be viewed in isolation from the other parts of that pathway, but the scope and focus of the Review is NORS.

Findings will be presented to the Review Board, after which the Team will work up recommendations for validation. The Review is due to report back to NHSBT in March 2015.

Further engagement

The Review's Workstreams will now conclude with their individual tasks, taking into account the thoughts and ideas expressed at the event and the Review Team will complete their programme of visits to NORS teams across the UK. **Stakeholders are also invited to send comments direct to the Review team, emailing: daniel.gosling@nhs.net**