

BRITISH TRANSPLANTATION SOCIETY
112th Council Meeting, 17th June 2013, 1.00pm
Association of Anaesthetists, 21 Portland Place, London W1B 1PY.

MINUTES

Present:

Prof. Anthony Warrens (AW)	BTS President (2013-2015)
Mr Derek Manas (DM)	BTS Vice President (2013-2015)
Dr Iain MacPhee (IMcP)	BTS Secretary (2012-2015)
Dr. Richard Baker (RB)	BTS Treasurer (2011-2016)
Ms Rachel Johnson (RJ)	Councillor without Portfolio (2012-2015)
Dr Martin Howell (MH)	Councillor Histocompatibility (2013-2016)
Mrs Kay (Nicola) Hamilton (KH)	Councillor Coordination & Tx Nursing (2011-2014)
Prof. John Dark (JHD)	Councillor (Cardiothoracic tx) 2011-2014(co-opted)
Dr Peter Andrews (PA)	Chair, Standards Committee (2010-2014)
Mr Martin Drage (MD)	Representative Clinical Trials Committee
Mr Colin Wilson (CW)	Carrel Club President (2013-2015)

In Attendance:

Mrs Julie Mellish (JM)	KSAM Secretariat (Minute taker)
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1. Apologies for absence

Apologies were received from, Mr Simon Bramhall (SB), Andrew Bushell (AB), Rachel Hilton (RH), Steve White (SW), James Gilbert (JG), Dr James Douglas (JD), Mr Vassilios Papalois (VP), Ms Jacqui Spencer (JS), Mr Jacob Akoh (JA), Mr Paul Gibbs (PG), Mr Nizam Mamode (NM)

2. Minutes of the 111th Council Meeting, 13th March 2013

a. Accuracy

There was one amendment to the minutes required to reflect CW was in attendance and DVD was not. The minutes were then agreed as a true reflection of the last council meeting.

Action: KSAM

b. Action Points/Matters Arising

i National Organ Donation Committee – May 2013 meeting cancelled.

ii Clinical Retrieval Group

Suggestion to have joint meeting of BTS with NHSBT. DM advised of the importance of this group which includes SNODs, Clinical Intensivists and Retrieval Service as there is no other obvious forum to discuss policy. RJ suggested that the Renal Transplant Services Meeting does address this role and noted that an operational plan for the new organ donation strategy is due to be published in Sep 2013. JD stressed the importance of any meeting having a very clearly defined agenda. DM expressed the view that NORS has drifted away from clinical community. Roberto Cacciola is organising a broader NORS gathering. RJ noted that there is an advisory group chairs meeting, currently ANW representing BTS that deals with many of these issues.

Action: DM to produce and circulate planned Agenda for the next meeting.

iii Renal Transplantation Clinical Reference Group

Nizam Mamode was not in attendance at the meeting, no update received.

iv.a New Committees – Publicity

AW advised that the BTS get many approaches for information from the media and asked Council if the BTS should be more proactive in disseminating information to the transplantation community. RB advised that the BTS does not have the resources to be proactive at present. AW suggested the BTS could have more liaison with NHSBT as they have a large Press office. The BTS could then become more proactive when press stories arise and be more effective and in line with NHSBT.

Action: AW to meet and discuss with Mr John Pattullo, new Chair of NHSBT

iv.b Communications

Council discussed potentially expanding the BTS website to include material to make it a more useful resource for members. RB suggested that a council member could be responsible for adding/updating the information. PA highlighted that it would be a useful vehicle for sharing written information and templates for all hospitals to use, as these could be amended and updated as required. DVDs were discussed but dismissed as difficult to keep up to date. PA advised that a survey had been carried out and found that more patients read paper based information than viewed a DVD. AW advised written material /web links would be preferred. RB suggested all council could draw up and submit documents to be reviewed.

Action: AW to ask Council for a volunteer to take on the role with another assisting.

Action: PA to draw up list of documents and circulate to Council for discussion.

- v. Working with the RCS – will not be taken further.
- vi. Ethics Committee – Both Marc Clancy and Lisa Burnapp agreed to extend their terms on the Ethics Committee until March 2014.
- vii. Carrell Club training event – It was decided after Congress to review this at the July 5th meeting. CW advised that a separate website may be set up for the Carrell Club with a link to the BTS Website. Rutger Ploeg is working on formalising training requirements for organ retrieval.
- viii. Letter to Dr Donal O'Donoghue – AW confirmed the letter of thanks had been sent on 14th April as requested.

3. Future Council Meetings

Meeting dates for future Council meetings:-

7th October 2013, 13:00-16:00, Association of Anaesthetists, London

Post Meeting Note:

25th February 2014, 13:00-16:00, SECC Glasgow

4. President's Report

a. Complaint to the BBC

AW confirmed a letter of complaint had been sent to the Controller of BBC Four regarding the Horizon programme 'Mend Me', broadcast on 27th March 2013. A response had been received from the BBC Head of Science but was not supportive of the complaint. This is now in the process of being escalated but is highly unlikely to be successful. The Executive felt that there was little mileage in pursuing this further.

b. Debrief on Joint Congress with Renal Association

AW reported the Joint Congress worked well with the 3 day overlap and was a successful event

with exceptional speakers. PH commented that the use of wi-fi for delegates should be included in the delegate package price. Council discussed the BIC and felt that Bournemouth was not a good venue for accessibility and had turned out to be more expensive than originally anticipated. There was no enthusiasm for going back in 2015. RB confirmed other venues to be considered are East Midlands Conference Centre, Nottingham and Warwick venues for the future.

Action: KSAM to check if deposit paid to BIC for future Congress of 2.5k is refundable and to e-mail Exec to confirm.

c. 2015 – Proposed Joint Congress with Dutch Transplantation Society

AW confirmed the Dutch group are not interested in collaborating in 2014 as it is their 25yr anniversary but are very positive about a joint Congress in 2015 and so discussions will continue.

JD suggested the BTS consider holding the joint Congress in Holland. AW asked Council how the COC should proceed with regard to sourcing potential venues. It was agreed that the COC would explore potential venues in Brighton, Warwick, Amsterdam and London.

For future congresses, Council was supportive of scrapping the large printed guide/abstract book and moving to a small printed guide only with detailed information available electronically. IPAD rental for congress is an issue that needs consideration. SECC could cope with a cyber-symposium as proposed by AW. A quotation for recording talks has been obtained. RB noted that capacity to put talks on web-site will require substantial financial investment. PA asked whether talks for other societies are accessed. AW reported that talks on the RSM website are accessed. RB proposed trying for trial period and monitoring use.

Action: COC to explore venues in Brighton, Warwick, Amsterdam and London for 2015 Congress.

RB to look further into putting Congress lectures on website.

5. Vice President's Report

a. Reporting individual surgeon's outcomes in transplantation

DM to set meeting with James Neuberger, NHSBT. It was discussed that BTS should have a prepared statement as a professional body to send to Bruce Keough. JD advised that unit outcomes are already available and the public need to realise transplant is a team effort.

b. Plans for future Congress venues: Discussed under matters arising.

c. SOPs for running Congress

Action: KSAM to update based on experience from 2013 Congress.

6. Secretary's Report

a. NICE

i) Multiple Technology Appraisal: Immunosuppressive therapy for renal transplantation in adults. Awaiting consultation. Final scope should be issued early July. Deadline for submission is expected in early-mid October 2014.

ii) Eculizumab for atypical HUS

Neil Sheerin has responded on behalf of BTS.

iii) Medicines optimisation

Interest in participation has been registered.

- iv) Review of NICE Technology Appraisal Guidance No.165; Machine perfusion systems and cold static storage of kidneys from deceased donors – On static list with no new information.
 - Action:** Council to e-mail IMcP with any further information.
- b. Bid for TTS Congress, Glasgow 2020 – JD advised the venue are keen to host and will speak with the BTS if required.
 - Action:** IMcP/JD to contact SECC to discuss and progress further.
- c. BTS affiliation to TTS. Council agreed to formalise.
 - Action:** IMcP to review, drive forward and report further.

7. Treasurers Report

a. Congress Finances

A total of 1053 delegates registered for the joint RA/BTS Congress 2013. BTS have received £157,920.62 in delegate fees to date with £20,796.24 outstanding. 29 Exhibitors registered this year, 20 have paid totalling £165,519.45 with 9 outstanding amounting to £15,836.55. The outstanding debts continue to be chased by Admin.

It was agreed to keep the 2014 Congress delegate fees the same as 2013 rates.

RB identified the need for BTS to approach more/new sponsors for the future. It was agreed to advise corporate members that no satellite symposia should be held outside of Congress. Bronze, silver and gold sponsorship will be revised to £5K, £10K and £20 K with symposia a bit cheaper than this year.

Action: RB to contact potential Corporate Sponsors

b. Policy on expenses for Congress speakers

Council agreed the need for a speaker expense policy and for the speaker types to be made clear with details of what can be claimed. The events team had provided a draft document for discussion with the COC. RB confirmed the 4 speaker types as: International, European, UK non-member and UK member and outlined the agreed expenses. Note – Chairpersons will not receive expenses.

Action: RB to update Speaker invitation and Tracking Guidelines and circulate.

c. Society Finances

The management accounts for the 6 month period ending 30th April 2013 had been circulated prior to the meeting.

There is currently just over £600k in the bank with £135k in the current account and the remainder on deposit. RB advised that Conference costs approx £400k with an income of approx. £380k. This will not be finalised until all expenses are received and the event can be fully reconciled.

d. Media Policy – discussed earlier under iv.b – Communications.

e. Membership

Membership report circulated prior to the meeting.

Membership for 2013:

Consultant 258

Ordinary 360

Reduced 147

Honorary 19

No lapsed members to date.

f. Transplant Library Database

RB confirmed that after reviewing the usage stats for the last two years, BTS will continue to fund the Transplant Library Database and Transplant 2013.

Action (IM): Parliamentary questions and answers generated through Transplant 2013 should go

on our website.

8. Ethics Committee Report

1. Report circulated prior to the meeting. VP included the revised Terms of Reference with changes underlined for final review and approval (please refer to report circulated with meeting papers).

Action: All Council to review and comments to VP

2. Mark Clancy and Lisa Burnapp agreed to extend their term for a further year to 2014.
3. Next Ethics Symposium will be on 9th December 2013 at the W12 Conference Centre, Hammersmith. BTS Events Team will support the organisation and registration.
4. Proposed title for the Ethics session at 2014 Congress “Getting Tough” with promoting organ donations: you don’t give, you don’t get.
5. The Committee is contributing to a Consultation by the DOH, NHSBT, HTA, Ministry of Justice and BTS regarding the request by prisoners to be altruistic donors. Lisa Burnapp has drafted a document with comments from VP and RH with a further meeting planned for 17th June.

Action: The next version of the document to be circulated to Council by VP.

6. The Committee will hold a meeting at 2014 Congress during lunch time on Thursday 27th February 2014.

Action: KSAM to book small meeting room.

9. Transplant Training and Education Committee Report

Report circulated prior to the meeting. The new committee includes:-

James Gilbert – Chair, Bimbi Fernando – Consultant, John Asher – Consultant, Ellon McGregor – Transplant Nephrology Rep, Miriam Manook – Trainee Rep, Ricky Bohal – Trainee Rep. The report outlined the aims and objectives of the new committee and detailed the key areas of focus over the next two years and a progress update. The Committee will meet in the next couple of months and report at the next Council meeting in October.

10. Standards Committee Report

Report circulated prior to the meeting

The final adjustment to the ‘Deceased Donation after Circulatory Death’ Guidelines is in progress and the final document will be published on the BTS website in June.

Action: KSAM to upload to BTS Website when received.

New Guidelines at present under development include:-

1. TB in organ transplantation (Joint with B Thoracic Society)
2. Kidney-Pancreas Transplantation.

Action: DM and Lisa Burnapp

3. Living Donor Liver Transplantation. This will be the subject for the Living Donor Forum in November.

Action: DM and Lisa Burnapp

4. HIV and Organ Transplantation.

Action: RH and Kosh Agarwal

5. Management of the failing renal allograft.

Action: IMcP and PA

Active guidelines currently under revision include:

6. Histocompatibility guideline (joint with BSHI) – Meeting in Manchester Sept/Oct, BTS will fund.

7. PTLD guideline (joint with BSHI)

A successful CME session was hosted at the BRS Conference in Manchester in May, with a

plenary session introducing the draft guidelines for Management of the Failing Graft.

11. Transplant 2013

IMcP reported Transplant 2013 objective is to look at the high refusal rate for deceased organ donation in the UK and to lobby policy makers in Parliament.

12. Carrel Club Report

Report circulated prior to the meeting. Current membership is 124 (subscribed to website). Current Committee includes: Colin Wilson – President, BTS T and E Committee – Ricky Bhogal, Second Rep – Miriam Manook, Chapter of Surgeons – Chris Watson, ASIT Council Rep – Catherine Boffa, Secretary – Melanie Field, Retrieval Rep – Hussein Khambalia.

Proposed activity:-

1. Carrell Club/CoTs Away Day July 5th – Guy's Hospital
2. The Website/The Survey/The meeting February 2014

CW asked Council what should be included in the Survey? and what else would council like to ask trainees?

Action: Council to e-mail CW any ideas for inclusion in the Survey.

13. Clinical Trials Steering Group Report

Report circulated prior to the meeting included updates on Clinical Trials Database, Trainee engagement, Planned activities and Summer 2013 Workshop. (see report) MD confirmed the role of the Steering Group has transformed into a formal committee rather than a steering group and advised they want to work with NHSBT and RCS focussing on kidney initially and then to bring in other groups.

Elected Members of the Group include:

Dr Rachel Hilton, Professor Dave Collett, Mr Martin Drage, Co-opted members – Prof Peter Friend, Dr Sian Griffin, Mr Gabriel Oniscu and Dr Michael Picton.

MD advised the Group would like to hold a regular clinical trials symposium at the annual Congress with invited speakers.

There was some discussion on how to encourage more people to share trial information and how to get a network of trials up and running and to nurture trials coming through.

Action: COC to discuss with Committee further outside of the Council meeting.

14. Report from Constituent Parts

- a. Basic Science

No report.

- b. Transplant coordination & Nursing

Report circulated prior to the meeting.

KH reported excellent feedback received following the successful two day nurses/transplant coordinators/SNODs dedicated meeting. From discussions, KH advised it would be preferable to have a specific Forum at every Congress for nurses from all disciplines within organ donation and transplantation to use the forum for opportunities to support educational and professional development. This could be chaired by the BTS representatives. There is currently no other event that brings all of these nurses together. Discussions are in progress but in the early stages at present. There would be enthusiasm for a Nurses Chapter within the BTS.

KH suggested it would be beneficial to be able to request a report from Admin which identifies nurses/co-ordinators by job description.

Action: KH to supply list of job titles required for drop down menu option on membership database.

Action: KSAM: To review list and liaise with KH prior to set up.

c. Histocompatibility

Report circulated prior to the meeting.

1. Revision of BSHI/BTS Guidelines for the detection and characterisation of clinically relevant antibodies in allotransplantation
First draft produced. Financial support from BTS for meeting agreed up to £1,500.
Meeting date tbc but likely to be October.
2. NHS Commissioning Board Clinical Reference Group Public Consultation on Policies and Service Specifications
BSHI approved as stakeholder to formalise the mechanism for H&I input in to the Commissioning process for the renal transplant CRG. Sue Fuggle will represent BSHI.
3. BSHI Conference 2013
3rd-4th September 2013, Chancellor's Conference Centre, Manchester. This clashes with the ODT Organ Donation Congress which is unfortunate.
4. RCPPath KPIs for H&I
The Royal College of Pathologists has introduced generic and discipline-specific KPIs for Laboratory Medicine. For H&I, one KPI is that 80% of deceased solid organ donors are HLA typed and types reported to ODT within 8 hours of sample collection. All laboratories are now monitoring this KPI.
5. Qualifications for H&I Laboratory Directors
The European Federation for Immunogenetics stipulates that Directors of EFL accredited laboratories must hold a PhD or be medically qualified, have appropriate experience and meet any national qualification requirements. (see report). A European Diploma in H&I has been launched that is an equivalent standard to the FRCPPath qualification.
6. NHSBT CTAG 11-12/04/2013 – H&I Issues
 - i) Sensitisation Meeting Update: 21 November 2012 - see report
 - ii) Sensitisation Guidelines
It was decided that the CTAG guidelines should be incorporated into a NHSBT document. In order to do this, minor revisions have been made to the format of the document.
7. NHSBT Pancreas Advisory Group 26/04/2013 – H&I issues
(See report)
8. NHSBT Paediatric sub-group of Kidney Advisory Group 17/04/2013 – H&I issues
Allocating level 3 HLA mismatched donor kidneys to highly sensitised patients – Sue Fuggle has written to specific units who had paediatric patients listed with residual unspecified antibodies as this impacted on their ability to receive level 3 mismatched donors.

d. Liver Transplantation

International Surgical Congress of ASGBI – 1st-3rd May 2013, SECC Glasgow. Professor Jonathan Fawcett, Director, Queensland Liver Transplant Service. SW reported not many delegates attended this grave yard session as Friday afternoon session not a good time. Badging

as a joint BTS session might increase interest in the future.

- e. Transplant Nephrology
Nothing to report.

- f. Transplant Surgery
No report.

- g. Cardiac & Pulmonary Transplantation
Report circulated prior to meeting - Summary Activity

Small increase in cardiac transplantation in 2012-13, whereas lung transplantation fell back a little. In the first two months of the current year 2013-14, there was a very large increase in cardiac transplant activity – 31 cases, an 83% Increase. Lung transplant activity remained constant.

Scout Project

There is speculation that the Scout scheme is responsible for the recent upturn in activity, but it is too early to draw any specific conclusions.

EVLP

The HTA funded DEVELOP-UK study of EVLP in the UK was ‘paused’ in mid-April. A modified protocol, based on used successfully in Gothenburg and Lung, has been agreed and once appropriate approvals are in place, the study will restart.

CTAG

New Chair from April 1st, Steven Tsui of Papworth. The new format meeting with separate lung and heart components was regarded as a success and will be adopted with modifications in the future.

- h. Donor Coordination
No report.

16. Reports from Allied Groups

- a. Association of Surgeons
Recent discussions have focussed on fellowships.

- b. BRS
Richard Fluck now BRS President.

- c. CORESS
No Report

- d. NHSBT ODT KAG
RB attended the last meeting with discussions on declined kidney scheme, 33 in 6 months were not being offered back.

Action: RB to circulate stats to Council.

DM suggested there should be a BTS Rep on all groups. RH advised that NHTSBT are trying to keep the working groups small but offered to feed back to Council.. AW agreed to write to NHTSBT to ask for a BTS Representative to be on each of the Advisory Groups and added the BTS need to evolve from a renal transplant society and become more pan-transplant and seen as such.

Action: AW to write to NHTSBT requesting a BTS Representative on each Advisory Group.

- e. Renal Registry
The Transplant Study Group
Attendance at the meeting has been dwindling. In order to address this people will be invited to join.
- f. RCP/RA Joint Speciality Committee
No Report
- g. RIXG
No report.

17. Archivists Report

Abstracts from 1972 onwards and papers from Leslie Brent have been received by KSAM. The Abstracts will be converted into pdfs and uploaded to the website but they will not be searchable.

Post meeting note:

Cost for carrying out this project quoted £900. Approved by RB.

18. Any other business

None

Meeting Closed 16:00