



# Bringing Together Specialities.



Welcome to the second newsletter for the Chapter of Nurses and Allied Health Professionals. We hope you are all managing to enjoy some of the glorious weather. In this edition we have a variety of case studies, reflections and introductions to share with you.

If you wish to contribute a case study, project or a new development then please email Jen or Katie and hopefully you will be featured in one of the upcoming newsletters.

[jennifer.baxter@nhs.net](mailto:jennifer.baxter@nhs.net) & [katiemorley@nhs.net](mailto:katiemorley@nhs.net)

Thank you for the positive feedback that we have received for the first Chapter of Nurses (CoN) and Allied Health Professionals' newsletter and to everyone who expressed an interest in joining the Committee. We are thrilled to introduce three new members:



**Alison Smith,**  
Transplant Nurse Practitioner in  
Oxford



**Bethan Thomas,**  
Specialist Nurse for Organ  
Donation in the South central  
team



**Nicole Rainford,**  
Senior Specialist Hepatology  
and Liver Critical Care Dietitian,  
King's College Hospital

To find out more details you can view their biographies which have been uploaded to:

<https://bts.org.uk/chapters-committees/chapter-of-nurses/chapter-of-nurses-members/>

We would also like to say thank you and good luck to Julie Glen, Team Lead and Living Donor Coordinator at Queen Elizabeth University Hospital who has decided to step down from the CoN.



## Chapter of Nurses and AHP lunchtime session: 12noon – 1pm, Wednesday 7<sup>th</sup> September '22 in The Studio

Please come along to this interactive lunchtime session. In keeping with the four pillars of the Chapter of Nurses there will be representatives from the Chapter to inspire you, help you to connect with others in transplant, provide guidance with the development of projects and offer ways in which you can be included more in the society.

We look forward to meeting you there.



Carrie Scuffell has offered to share the work that has been conducted at Freeman Hospital in Newcastle upon Tyne regarding enhanced recovery post renal transplant. If you would like to discuss this further or have any questions please contact Carrie directly on: [carrie.scuffell@nhs.net](mailto:carrie.scuffell@nhs.net)

You will also have the opportunity to meet Carrie at the BTS Congress in Belfast.



### Enhanced Recovery After Surgery (ERAS) for renal transplant recipients

The Newcastle upon Tyne Hospitals NHS Foundation Trust

**Where we were:** Our renal transplant recipients had the longest length of stay (LOS) compared to the other UK renal transplant centres. (GIRFT report: Median LOS 12 days, national average 8 days)

**Our aims:** To reduce the risk of complications and side effects; increase patient involvement and autonomy; better utilise resources; reduce LOS; reduce potential exposure to COVID19

**Evidence gathering**

- Literature search
- National Survey gathering information from consultant surgeons at all 23 UK transplant centres on perioperative practices and sentiment towards ERAS *[A national survey on enhanced recovery for renal transplant recipients: Current practices and trends in the United Kingdom. A Amer; C Scuffell; F Downen; C Wilson; D Manas. Accepted for publication in The Annals of The Royal College of Surgeons of England 2021]*
- Local audit – confirmed our median LOS was 12 days and identified associated risk factors.

**Programme development**

**Working group creation**

We created a team of nephrologists, surgeons, a nurse and an anaesthetist to develop an initial plan. We then created a core focus group of one nephrologist, surgeon and nurse to drive the development forward, linking back in with the working group to sign off on key decisions. We then set up weekly core meetings, inviting members of the MDT to discuss particular elements.

**MDT collaboration**

We engaged with all members of the MDT including nephrologists, surgeons, intensivists, anaesthetists, physios, pain team, nursing team, transplant coordinators, outpatient staff, directorate managers. This engagement was key to facilitating a culture change, involving people in the change process and taking ideas and feedback to help shape development.

**Patient engagement**

We consulted regularly with patient representatives from Tyneside kidney patients association (TKPA). This allowed us to keep the development patient centred. We gained important patient perspective and gathered feedback and ideas. This was particularly helpful with the development of the patient journal.

**Sponsorship from**

- Lead nurse for enhanced recovery
- Dedicated physio service 7 days a week



**Document creation:**

- Protocol published on hospital intranet.
- Patient journal created to help inform and empower patients through their journey.
- Staff flow charts created as aide memoirs to prompt daily targets

Phase 1

- Living Donor recipients
- Selected ERAS components

Phase 2

- Expansion of criteria to include all renal transplant recipients

Phase 3

- Wellbeing on waiting list
- Prehabilitation
- Outpatient management of DGF and rejection

**What we have achieved so far....**

**Key ERAS components**

**Patient counselling**  
Preparedness, managing expectations, introduction to patient journal  
**All patients were introduced to the pathway and patient journal**

**Optimisation of fluid replacement**  
Aiming for euvoalaemia. Less intra-operative fluids. Stopping IVT sooner. Capped target daily oral intake  
**IV fluids were discontinued within 24hrs in 84% of our patients**

**Opioid sparing analgesia**  
Using Transversus Abdominis Plane (TAP) catheters. Earlier discontinuation of PCA.  
**All patients received TAP catheters**  
**51% reduction in opioid use**  
**39% reduction in PONV score**

**Selective drain insertion and earlier removal**  
Insertion of single non-suction drain. Criteria for removal on post-op day 2.  
**Single non-suction drains inserted in 92% of cases.**  
**Median drain removal time 3 days**

**Earlier removal of catheter**  
Criteria for earlier catheter removal on post-operative day 3.  
**Median time of urinary catheter removal was 3 days**

**Bespoke physiotherapy led mobility programme**  
Daily mobility targets supported by dedicated ERAS physiotherapy assistants  
**95% of patients were mobilised within the first 24hrs**

**Structured proactive patient education programme**  
Provided by nursing team on post op day 3 with chosen support person  
**72% of patients received transplant education on days 3 and 4**

**Tailored early follow up (ERAS@home)**  
Less frequent visits for bloods and review with nurse-led telephone reviews in-between visits.  
**ERAS@home programme provided to all patients until day 10 post-op**

**What our patients told us.....**  
Patient feedback questionnaire results

100% felt Empowered

100% felt Prepared

100% felt Supported

**What we have learned**

- Core team important to maintain momentum and drive the programme forward
- MDT involvement key to nurturing change, gaining feedback and ideas
- Dedicated ERAS nurse provided continuity, coordination, education and compliance
- Early patient involvement and feedback ensured the programme was patient-centred
- Dedicated physiotherapy personnel enabled delivery of the mobility programme and promoted patient engagement without needing additional nursing resources
- Ongoing staff education and feedback vital to the continued success of the programme. Staff identified areas to address and provided useful ideas to take to the working group

**What now?**

- We are now working on promoting wellbeing on the waiting list including prehabilitation, earlier urinary stent removal and an electronic patient journal.
- We will also be developing ERAS programmes for liver and pancreas transplantation

Please direct any questions or feedback to Carrie Scuffell, Lead nurse for enhanced recovery in transplantation, Freeman Hospital Newcastle ([carrie.scuffell@nhs.net](mailto:carrie.scuffell@nhs.net))

3

# Include



Mick Stokes and Julie Whitney, from Hub Operations and Information Services have contributed a reflective piece on the impact that COVID-19 had on their team and the changes that were necessary to ensure a safe service delivery.

The COVID-19 pandemic has set unprecedented, demand on the NHSBT workforce around the UK. The ODT- Hub – NHSBT (Hub Operations and Information Services) were no exception and we had to adapt to the ever-changing scene, in the clinical environment. Both teams had to adapt to fast-paced changes and an increase in responsibility to ensure we could deliver a safe service.

Some of the ODT Hub team volunteered to be redeployed from their regular duties to provide support to the blood donation teams and the local donation sessions. Staff did report feelings of apprehension going to another area but described colleagues as very supportive through the transition and overall found the experience to be very rewarding.

We introduced a mass recipient suspension and reactivation process to support the closing and reopening of transplant programs, due to the impact on the transplant programs. This process was in collaboration with the transplant centres, this was a great demonstration of the partnership working between ODT Hub and clinical colleagues in the transplant centres.

We supported many modifications to the allocation and offering across all organ groups, with the focus on ensuring the recipients were always at the centre of the decisions that were made. This resulted in many fast paced changes due to the evolving picture that the clinical environment. The Staff in the ODT Hub as with staff in the clinical environments found this a stressful and anxious time, as no one wanted to get it wrong.

Across both teams they adapted to this changing clinical picture and embraced the new ways of working. Working from home was one way we were able to support the team and reduce stress for vulnerable staff – this was a significant change to the ways of working which have always 'office based'.

This has been a great game changer for the teams, this allowing us to be more agile and allowed us to challenge the BAU ways of working, "at last" we were able to realise a paperless way of working (in Hub operations); Building a network of support and creating a dynamic way of working, while still providing a 24/7 registration, matching, allocation and logistic with minimal impact to the service.

Across both teams there were many positive feelings regarding the morale and camaraderie of staff, however we cannot underestimate the support required and difficulties that all staff experienced. The changes that we implemented to support our clinical colleagues made us come out of our 'comfort zone' and showed us what we can achieve when we work together as a team working with our stakeholders to put the recipient in the centre of all our decisions.

Julie Whitney and I am very proud to be part of a team who "Made a Difference"



The Chapter of Nurses and Allied Health Professionals' are keen to draw upon the experience from a broad range of professionals who are part of the Chapter. We are thankful for this inspiring contribution from Lynsey Spillman who is a Dietician at Addenbrooke's Hospital, Cambridge



## Research study in progress Lynsey Spillman, Dietitian

I work clinically as the lead Hepatology and Liver Transplant Dietitian at the Cambridge Liver Transplant Centre. During my clinical practice, patients told me they wanted more help with weight management and managing symptoms of diabetes, hypertension and raised cholesterol. This got me thinking about the evidence behind the diet and physical activity advice for patients after liver

transplant and out of this the BOLT study was born.

I initially wanted to develop and test a healthy eating and exercise intervention for liver transplant recipients but when I searched for evidence, I could find no evidence to base an intervention on – do these patients have unhealthy diets and are they inactive? What elements of the diet should an intervention focus on, for example should we target fat, fibre, fruits and veg or the whole diet like promoting a Mediterranean diet? Who should the intervention target, all liver transplant recipients, or people with different conditions like non-alcohol fatty liver disease?

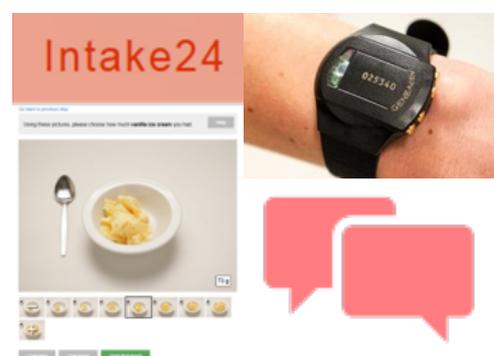
It became clear that I needed evidence to know what a healthy lifestyle intervention should focus on. Over about a year, I developed my research idea and applied for an NIHR Doctoral Research Fellowship. With a lot of support I was successful with this and started my PhD at the end of 2018.

### The aim of the BOLT study

- Quantify the diets and physical activity of liver transplant recipients
- Identify potential determinants of these behaviours
- Investigate if cardiovascular disease risk factors, like high cholesterol, poor glycaemic control and high blood pressure, are associated with diet and physical activity.

### Study methods

- Online platform, called Intake 24, that asks patients what they have eaten over the past 24 hours and shows portion sizes.
- Wrist-worn device that measures physical activity.



- Questionnaires about the types of physical activity, and possible determinants of behaviours, such as reasons for food choices, barriers and facilitators to being active, mental health and coping strategies.
- Qualitative interviews with patients with healthy and less healthy diets, active and less active about their barriers and facilitators to healthy behaviours.

## Next steps

I've completed data collection and am in the process of processing and cleaning it, ready for analysis. I'm about to submit a systematic review for publication, which found that liver transplant recipients, on average, don't meet healthy eating guidelines. I'd love to share the final results with you in the future and how this research changes clinical practice – watch this space.



# Educational Bursaries

The British Transplantation Society is keen to support the training needs of its members. Limited funds are available for suitable educational courses such as those organised by the European Society of Transplantation, and Council has agreed to prioritise these for basic scientists and clinicians in training. Unfortunately we are not currently able to support consultant colleagues. In order to ensure equitable and transparent access to these funds please note that an individual may not receive more than one award per year.

We invite members to apply for bursaries. If you are seeking a bursary please complete the PDF application form on the website at <https://members.bts.org.uk/educational-bursaries/>

All applications will be reviewed by the executive and awards of up to £500 will be made. A maximum of 10 awards are available per year.

We shall look forward to meeting you in Belfast at the BTS Congress. If you require financial support to attend the BTS Congress please note that 10 educational bursaries per year are available. Further information can be found on the BTS webpage:

<https://members.bts.org.uk/educational-bursaries/>

# Connect

Many of you will have heard the name Lynne Holt, who for many years was a Cardiothoracic Recipient Transplant Coordinator in Newcastle upon Tyne. This contribution focuses on another passion of Lynne's which is the Transplant Games. We hope this will encourage you to talk with your patients about the opportunities that are available for post-transplant patients.



## Transplant Sport

by Lynne Holt, retired clinical transplant coordinator,  
Patron Transplant Sport

Transplant Sport is the largest national charity promoting active recovery for transplant recipients and increasing awareness of the benefits of organ donation. We actively promote the importance of more people telling their family and friends they wish to donate.

The British Transplant Games are the flagship event of Transplant Sport and have been in existence for 40 years. The first "Transplant Olympics" took place in Portsmouth in 1978. The 2022 Games will be held in Leeds, West Yorkshire on 28-31 July.

Following almost two years of shielding, the transplant community and dialysis patients from across Europe will be brought together for a week of celebration and sporting events from 21-28 August for the European Transplant and Dialysis Games. After months of not being able to interact socially, and the 2020 Games in Dublin being cancelled due to the COVID-19 Pandemic, The European Transplant and Dialysis Games 2022 are set to be bigger and better than ever as they head to the UK for the first time ever. The multi-sport event is being hosted in the UK by Transplant Sport and will take place at venues across Oxfordshire including Radley College, the iconic Oxford, University Sheldonian Theatre and Blenheim Palace. The summer Games will see competitors participate in multi-sport events, including everything from tennis and football to athletics, squash, and swimming using the excellent facilities at Radley College, which will act as a Games Village for the week. The event is projected to attract over 400 organ transplant recipients and kidney dialysis patients from over 25 countries across Europe and is aiming to act as a vehicle for spreading crucial messages around the life-saving benefits of organ donation and encouraging people to share their organ donation decision with loved ones.

Dr Paul Harden, Chair of Transplant Sport, was instrumental in bringing the Games to the UK.



He said: "It's been an incredibly tough couple of years for transplant recipients and dialysis patients in particular and many have experienced fear and isolation due to having to shield. We are so excited to be able to stage the European Transplant and Dialysis Games in 2022 and invite the transplant and dialysis community from all over Europe to come together in Oxford, reconnect socially and take part in sport to help keep them active, something which is so important post-transplant. These games will be an inspiration to many and will hopefully show that we can all play our part in helping to transform lives."

For more information please see:

<https://transplantsport.org.uk/european-transplant-and-dialysis-sports-games-2022/>



## Closing remarks...

We shall aim to circulate the Autumn newsletter in October, so please make contact with Jen or Katie if you would like to be featured.

[jennifer.baxter@nhs.net](mailto:jennifer.baxter@nhs.net) & [katiemorley@nhs.net](mailto:katiemorley@nhs.net)