Transplantation (Authorisation of Removal of Organs etc) (Scotland) Bill

1. Did you take part in any consultation exercise preceding the Bill and, if so, did you comment on the financial assumptions made?

   Yes took part in consultation exercise, no did not comment on financial assumptions made.

2. If applicable, do you believe your comments on the financial assumptions have been accurately reflected in the FM?

   See attached.

3. Did you have sufficient time to contribute to the consultation exercise?

   Yes

4. If the Bill has any financial implications for your organisation, do you believe that they have been accurately reflected in the FM? If not, please provide details.

   Yes

5. Do you consider that the estimated costs and saving set out in the FM are reasonable and accurate?

   Yes

6. If applicable, are you content that your organisation can meet any financial costs that it might incur as a result of the Bill? If not, how do you think these costs should be met?

   Yes

7. Does the FM accurately reflect the margins of uncertainty associated with the Bill's estimated costs and with the timescales over which they would be expected to arise?

   Yes

8. Do you believe that the FM reasonably captures any costs associated with the Bill? If not, which other costs might be incurred and by whom?

   Yes

9. Do you believe that there may be future costs associated with the Bill, for example through subordinate legislation? If so, is it possible to quantify these costs?

   Not yet
Consultation for Proposed Organ and Tissue Donation (Scotland) Bill

Despite significant improvement in organ donation & transplantation activity over the past few years, demand still exceeds supply, and patients still die awaiting organs. UK donation rates still lag behind other more successful countries, most of whom have better consent rates, and most of whom have ‘opt out’ systems.

Following recent initiatives, numbers on the Organ Donation Register (ODR) have risen to 40% in Scotland, (FV~38%). For dying patients who are on the ODR consent for organ donation is gained from 80-90%. For the remaining 60% not on the ODR consent is only gained form 35-40%. Under the proposed opt out system, the default position of presumed consent would potentially improve consent rates, and increase donation opportunities.

A counter argument might be that there have been reports of a decline in donation (Brazil) following a change from ‘opt in’ to ‘opt out’, as proposed, due to a public backlash. This is not emphasised in the consultation paper, but given the widespread public support for donation generally, and the undertaking to conduct a programme of public education on the proposals, it may not be relevant.

On balance the argument for the proposed opt out system seems a compelling one, and worthy of support as long as attention was paid to public education.

Dr Mark Worsley
Clinical Lead for Organ Donation

NHS Forth Valley

July 2014