HUMAN TISSUE (AUTHORISATION) (SCOTLAND) BILL FINANCIAL MEMORANDUM

SUBMISSION FROM : NHS Blood and Transplant

NHSBT is a special authority supporting organ transplantation across the UK and blood transfusion in England and Wales. The Scottish National Blood Transfusion Service (SNBTS) and the Northern Ireland Blood Transfusion Service (NIBTS) support blood transfusion in Scotland and Northern Ireland respectively. NHSBT is funded by and accountable to the four Departments of Health in the UK government and devolved administrations.

The Organ Donation and Transplantation (ODT) directorate of NHS Blood and Transplant (NHSBT) supports transplantation in a number of ways. ODT supports and facilitates every organ donation that takes place across the UK through its 365 days a year and 24/7 specialist service. ODT receives referrals of potential organ donors, employs the Specialist Nurses in Organ Donation (SN-ODs), coordinates the matching and offering of organs for transplant to potential recipients, commissions the National Organ Retrieval Service and collects data on transplant outcomes for the National Transplant Database.

Our response to the Financial Memorandum is focused on the operational implications of implementing opt-out legislation in Scotland.

We are grateful that in drawing up the Financial Memorandum, there was close liaison with NHSBT staff regarding the likely impact and costs associated with a move to opt-out. Broadly they are grouped into costs for communications, operational factors and ODR / digital alterations. The costs that we have previously provided are based on an additional 12 donors.

Further consideration should be given to the engagement and education of the wider Clinical Community on the changes to the legislation. Excellent progress has been made in Scotland with educational programmes, however, additional funding will be required to ensure that the Clinical Community is fully engaged with a move to an opt-out system. With this action is it more likely that the expected increase in donor numbers will be delivered.

We note that the additional recurring costs in relation to this Bill are subject to negotiation. We would like to seek clarification that this refers to the existing mechanism for agreeing the cost of organ donation and retrieval across the four UK Governments.

NHSBT has delivered double digit percentage increases in donor numbers with flat funding. The ability of the system to absorb additional activity with a flat budget remains limited and with the furthers increases forecast because of the legislative
change, it may not be possible for the patient benefits to be realised in the absence of increased recurrent funding.

It should be noted that, with the proposed legislative changes in England there is likely to be a further increase in activity across the UK. Any increase in donor numbers in England will have a benefit to Scottish patients on the waiting list as organs from English donors are transplanted in Scotland (just as any increase in donor numbers in Scotland will have benefit to English patients). This increased activity may be accompanied by additional costs.

The Financial Memorandum does not include any costs for the use of new technologies such as machine perfusion. In the UK, we lead on clinical use of perfusion techniques with good evidence of increased organ utilisation and benefit to patient outcome (e.g. normothermic regional perfusion, liver perfusion). These technologies will maximise the benefit of each gift of donation particularly in the era of an increase of extended criteria donors. Machine perfusion technologies enable Cold Ischaemic Times to be safely extended which means more transplantable organs can be accepted and transplanted during periods of peak activity ensuring no opportunity for transplantation is missed. For these reasons we feel that there should be additional funding to continue and develop perfusion techniques.

Scotland’s Digital Health Strategy aims to develop a national digital platform.

NHSBT is keen to work with partners to maximise the number of decisions recorded on the Organ Donor Register. At present, we are working closely with other UK administrations to deliver ambitious plans for integration of the Organ Donor Register into new digital channels. We believe that there will be benefits from working together to ensure that any plans for delivery are co-ordinated. If as part of Scotland’s Digital Health Strategy, additional ODR registration functionality were to be required; further costs not captured in the FM may be incurred. NHSBT could provide indicative costs for this additional functionality.