**Kidney offering and turndowns**

Call from NHSBT to transplant Co-ordinator

If no medical concern

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**Accept**

(document by co-ordinator)

Co-ordinator presents offer to Nephrologist (Transplant nephrologist 08:00 to 17:00 or on call nephrologist 17:00 to 08:00)

Coordinator informed of specific concerns

Further advice required (medical issues)

Co-ordinator discussion with Transplant Surgeon on call

**Accept**

**Decline**

Discussion between Nephrologist and surgeon

(document by surgeon)

If agreed concern

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**Decline**

(document by co-ordinator)

Call back to coordinator

(Surgeon) and communication to ODT (Co-ordinator)

As a response to increasing decline of organ offers, the majority of which are due to donor medical history and or donor-recipient suitability, it may be necessary to discuss these offers as a combined surgical-nephrology episode.

The majority of offers will be dealt with in the standard way by the coordinator calling the surgeon directly. Most of these offers can be accepted or declined based on this alone (declined where a standard contra-indication is present, the clinical history is not felt to require discussion with a nephrologist or there are logistic issues to accepting more kidneys that would present an issue of recipient safety or organ wastage).

As is apparent from the “turndown meeting” a large number of organs that are declined are being used (successfully) in centres elsewhere.

These may be based on recipient issues where an age mismatch is present or other issues BUT it appears that some of these kidneys may have been suitable had discussion occurred at the time of offering.

Unfortunately accept and decline issues must be made in real time and these discussions are not possible later.

It may be that patients require discussion about the organ and risk/benefit when they are admitted and this has been discussed and will be done as a joint nephrology/surgical process.

The grey area in risk/benefit of transplantation, particularly where marginal organs are being offered is difficult and as such should not be the sole responsibility of a single surgeon.

This is unacceptable from the basis of governance, quality or equality of access to transplantation.

The process is outlined above in the flow chart.

One model is that the surgeon calls the nephrologist directly after the offer to discuss it.

The problem with this is that it introduces bias to the offer and further information will not be available without subsequent calls to the coordinator.

It is proposed that the main concern (e.g. past medical history of donor) is raised by the surgeon to the coordinator and the coordinator presents the relevant details to the nephrologist as well as any other relevant history and investigations.

If further history/investigations are required this may be possible via the coordinator to the SNOD.

To reduce calls if the nephrologist requires discussion with the surgeon this should occur directly and following this the surgeon discusses the outcome with the coordinator.

It is hoped that calls are kept to a minimum and in most cases will not be required.

An ongoing audit will be performed and this data will be discussed at the monthly turndown meeting.

The electronic offering system (EOS) <http://www.odt.nhs.uk/donation/deceased-donation/organ-donation-services/electronic-offering-system/> can be accessed on mobile devices for all donor data and registration can be organised via clinical leads.