

**UK TRANSPLANT****SPECIAL HEALTH AUTHORITY****A REVIEW OF THE IMPACT OF THREE INITIATIVES  
FOR IMPROVING DONATION RATES IN THE UK****1 INTRODUCTION**

- 1.1 Following the Quinquennial Review of 1998/99, UK Transplant was awarded funding to maximise the number of solid organ donors within the UK. This objective was to be addressed through the implementation of a Donor Liaison Scheme to maximise cadaveric donation within Intensive Care Units, a Living Renal Donor Co-ordinator Scheme to increase the number of living donor transplants, and a Non-heartbeating Donor Scheme to increase non-heartbeating donation. These three funded schemes were all established on three-year fixed-term Service Level Agreements between UK Transplant and the recipient NHS Trust. The additional funding required for the schemes was made available to UK Transplant on submission of a Business Case to cover the period 2001 - 2006, so that the final year for funding is 2005 - 2006.

**2 REVIEW PROCESS**

- 2.1 A review of the three schemes to assess their impact on organ donation was recently carried out by a Project Board chaired by the Director of Statistics and Audit. Further background information on the schemes, a detailed quantitative evaluation of their impact on the numbers of solid organ and cornea donors, and a qualitative narrative on their perceived benefits was given in the full report.

**3 CONCLUSIONS**

- 3.1 The review provides very clear evidence that both the Non-heartbeating and Living Donor Co-ordinator Schemes have increased the numbers of solid organ donors.
- 3.2 The Donor Liaison Scheme has increased the number of cornea donors and also appears to have had an impact on public and NHS awareness of organ donation in their locality.

**4 COST EFFECTIVENESS OF THE SCHEMES**

- 4.1 The cost effectiveness of the Living Renal Donor Co-ordinator and Non-heartbeating Donor Schemes can be assessed in terms of the savings from renal transplantation.
- 4.2 Assuming that the average cost benefit from a renal transplant patients not needing dialysis averages £21,200 per person per year over the median graft survival time of 9

years, the total cost benefit over the 9-year period is £191,000 (see UK Transplant fact sheet on cost effectiveness of transplant). Sections 5.2 and 5.3 of the report indicate that the Living Donor Scheme gives an average increase of 63 kidney donors per year while the Non-heartbeating Donor Scheme leads to an additional 29 donors per year, that is around 57 transplants. Thus the two schemes would be expected to lead to 189 and 171 transplants respectively over the three-year period, with cost benefits of £36 million and £33 million respectively over the nine-year median graft survival time. This is approximately ten times the investment level in each scheme. This admittedly rough analysis therefore shows that the two schemes are highly cost effective.

- 4.3 In fact, the actual numbers of living and non-heartbeating kidney donors in the UK in 2003 - 2004 were 450 and 70, respectively, suggesting that the possible cost benefits reported here could be underestimates.

## **5 RECOMMENDATIONS**

- The outcomes of this review should be used to influence the five-year corporate plan (2006 - 2011) of the new Authority (NHSBT).
- The Department of Health and other health administrations should be persuaded that the current level of investment in organ donation initiatives has been proven to be cost effective and should be maintained.
- Non-heartbeating and live renal donor programmes should continue in the long-term subject to continuity of funding at current levels.
- Consideration should be given to expanding the numbers of non-heartbeating and live donor programmes.
- Current, active donor liaison programmes should continue to be funded until the expiry of the Service Level Agreement.
- The successful elements of the donor liaison schemes should be incorporated in alternative new initiatives, which will necessitate using part or all of the existing funding currently committed to these schemes.

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