

Addressing BAME inequality in transplantation John Forsythe (NHSBT)

Papers

Equity of access to renal transplant waiting list and renal transplantation in Scotland: cohort study

Gabriel C Oniscu, Annemarie A H Schalkwijk, Rachel J Johnson, Helen Brown, John L R Forsythe

Abstract

Objective To examine the access to the renal transplant waiting list and renal transplantation in Scotland.

Design Cohort study.

...races, and sex.¹⁰⁻¹³ We investigated the relation between socioeconomic and geographical factors and access to the renal transplant waiting list and renal transplantation in Scotland to determine whether similar discrepancies exist.



Impact of Patient Characteristics and Comorbidity Profile on Activation of Patients on the Kidney Transplantation Waiting List

D. Akolekar, J.L.R. Forsythe, and G.C. Oniscu

ABSTRACT

Background. The aim of this study was to examine which demographic and comorbidity factors affected the activation of patients with end-stage renal disease on the national kidney transplantation waiting list.

Methods. This was a prospective cohort study across 13 transplantation centers in the United Kingdom from October 1, 2006 to September 30, 2007. Data were collected for all new adult patients ($n = 1530$) referred to the renal transplantation assessment clinic. The proportion of patients who were activated to the waiting list after a minimum one year follow-up was estimated. Factors influencing activation of patients on the waiting list were examined.

Results. A total of 872 (58.9%) patients were activated to the transplantation waiting list.

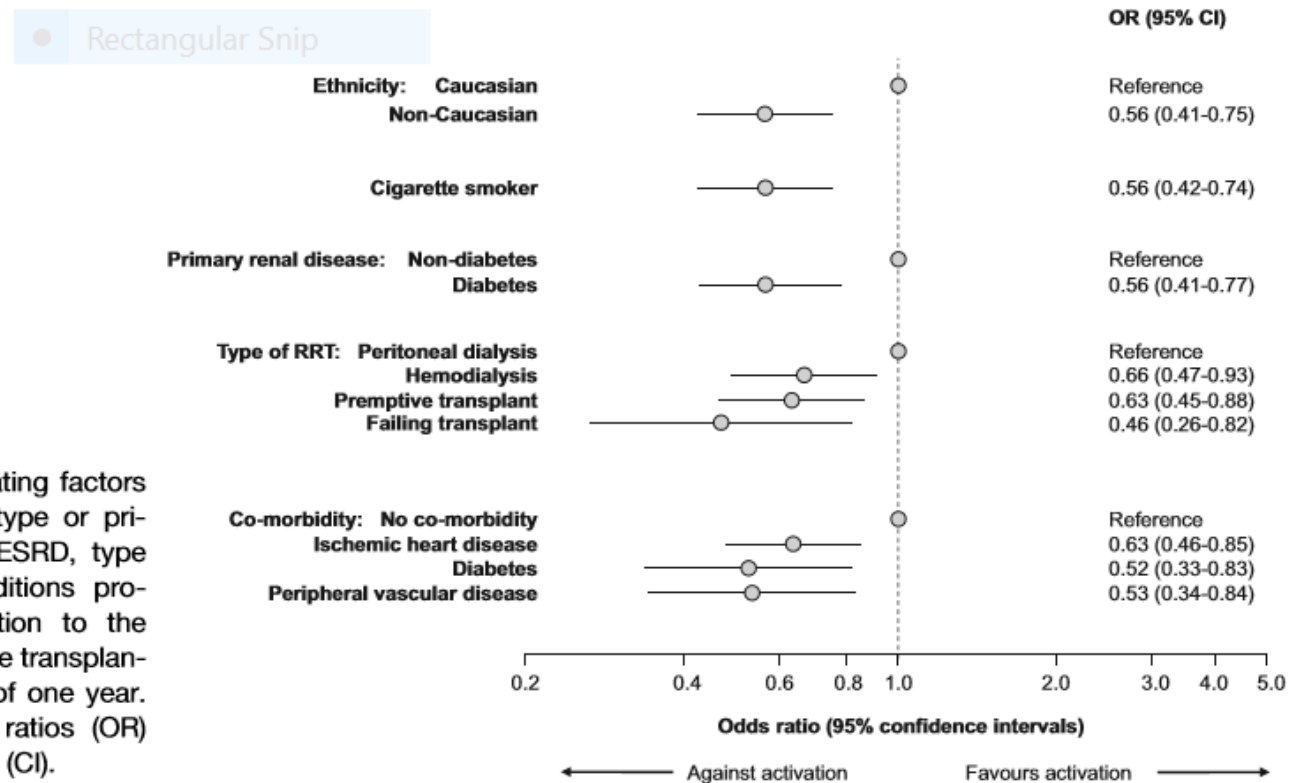


Fig 1. Forest plot demonstrating factors from patient characteristics, type or primary renal disease causing ESRD, type of RRT, and comorbid conditions providing a significant contribution to the likelihood of activation on to the transplantation waiting list at the end of one year. Effects are shown as odds ratios (OR) with 95% confidence intervals (CI).

Barriers to living donor kidney transplantation in the United Kingdom: a national observational study

Rectangular Snip

Diana A. Wu¹, Matthew L. Robb², Christopher J.E. Watson³, John L.R. Forsythe^{1,2}, Charles R.V. Tomson⁴, John Cairns⁵, Paul Roderick⁶, Rachel J. Johnson², Rommel Ramanan⁷, Damian Fogarty⁸, Clare Bradley⁹, Andrea Gibbons⁹, Wendy Metcalfe¹, Heather Draper¹⁰, Andrew J. Bradley³ and Gabriel C. Oniscu¹

¹Transplant Unit, Royal Infirmary of Edinburgh, Edinburgh, UK, ²NHS Blood and Transplant, Bristol, UK, ³Department of Surgery, University of Cambridge and the NIHR Cambridge Biomedical Research Centre, Cambridge, UK, ⁴Department of Renal Medicine, Freeman Hospital, Newcastle upon Tyne, UK, ⁵Department of Health Services Research and Policy, London School of Hygiene and Tropical Medicine, London, UK, ⁶Primary Care and Population Sciences, Faculty of Medicine, University of Southampton, Southampton, UK, ⁷Department of Renal Medicine, Southmead Hospital, Bristol, UK, ⁸Regional Nephrology and Transplant Centre, Belfast Health and Social Care Trust, Belfast, UK, ⁹Health Psychology Research Unit, Royal Holloway, University of London, Egham, UK and ¹⁰Health Sciences, University of Warwick, Coventry, UK (author has moved institutions since acceptance of the article)

Correspondence and offprint requests to: Gabriel C. Oniscu; E-mail: gabriel.oniscu@ed.ac.uk

ABSTRACT

Background. Living donor kidney transplantation (LDKT) provides more timely access to transplantation and better clinical outcomes than deceased donor kidney transplantation (DDKT). This study investigated disparities in the utilization of LDKT in the UK

(0.79), $P=0.002$]. The odds of LDKT varied significantly between countries in the UK.

Conclusions. Among patients undergoing kidney transplantation in the UK, there are significant age, ethnic, socio-economic and geographic disparities in the utilization of LDKT. Further work is needed to explore the potential for targeted interventions to improve equity in living donor transplantation.

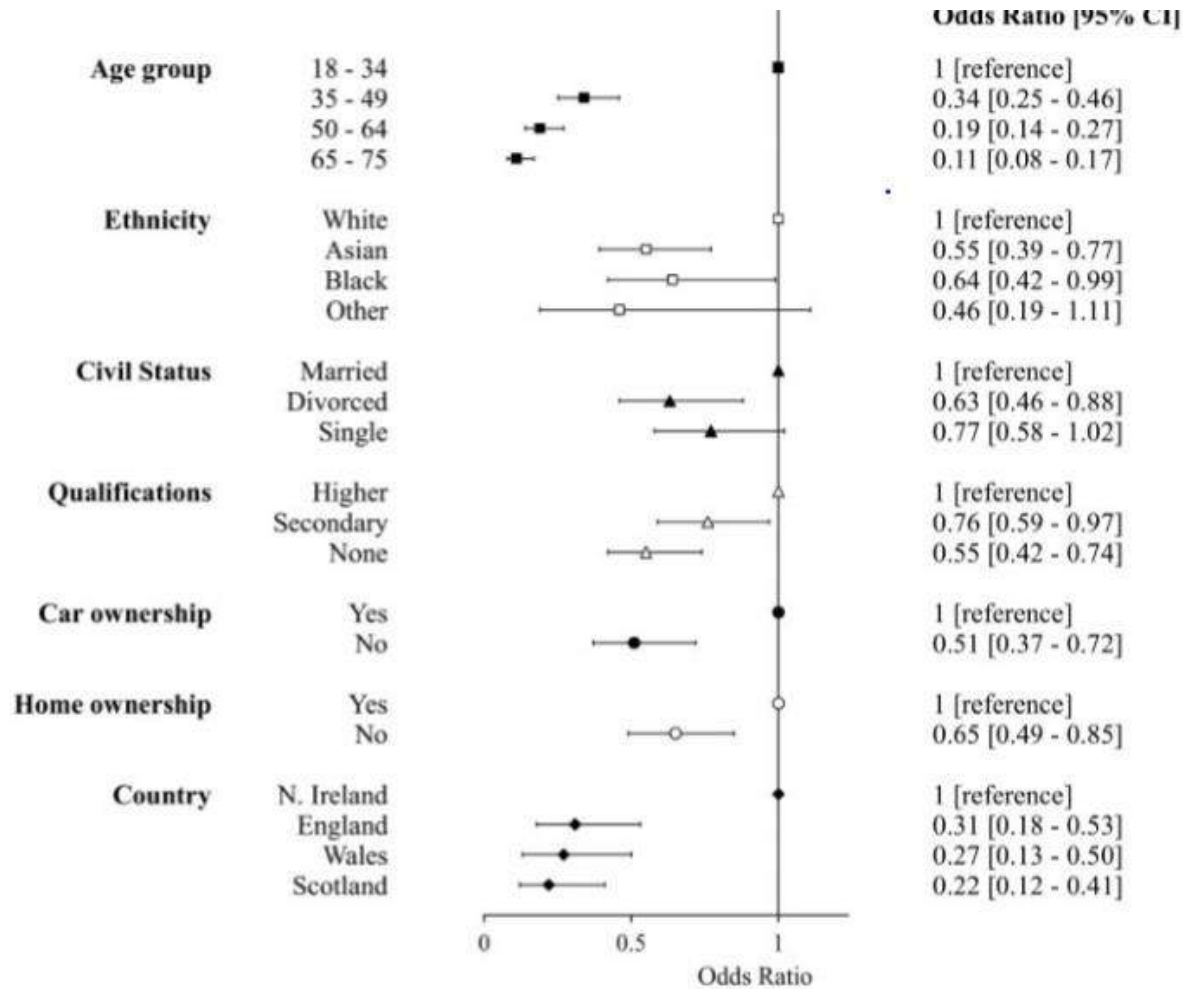
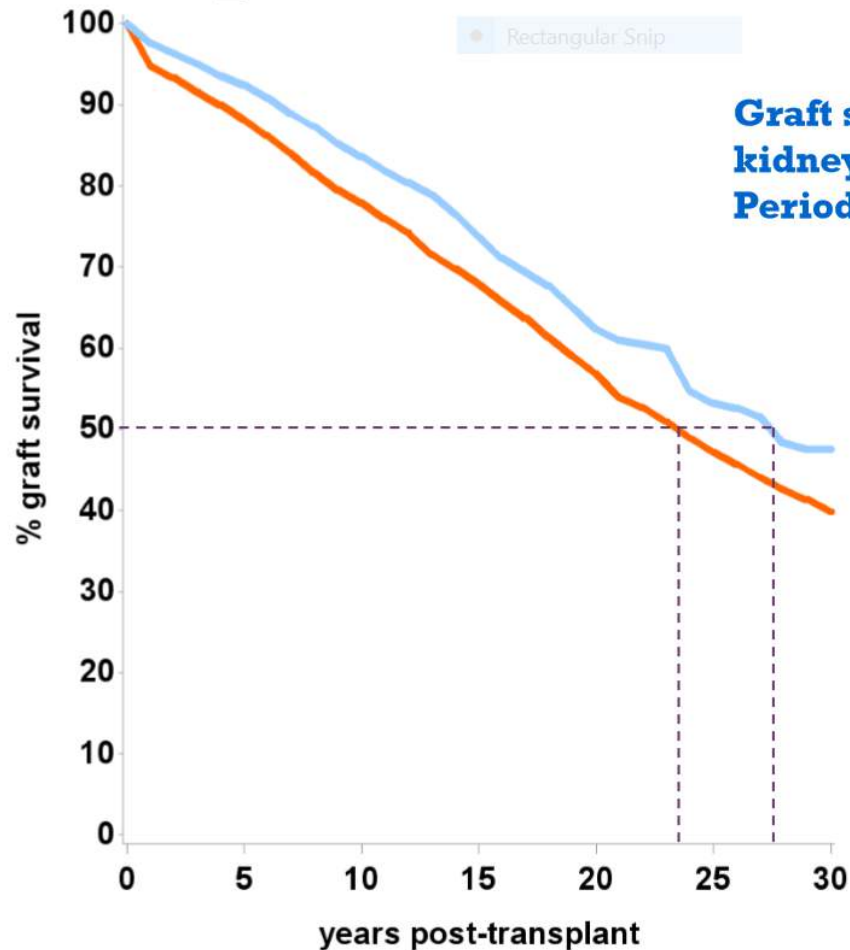


FIGURE 2: Multivariable logistic regression analysis of factors associated with LDKT versus DDKT. N. Ireland, Northern Ireland.

Why does Living Donor Kidney Transplantation matter?



Graft survival estimates following kidney transplant
Period analysis, 01Apr12 – 31Mar16

Median survival estimates:
Living donor ~ 27 years
DBD donor ~ 23 years

Increased numbers of transplants

KIDNEY HEALTH INEQUALITIES IN THE UK

An agenda for change



NIHR / NHSBT

Identifying interventions to increase organ donation rates in people from minority ethnic backgrounds

**Dr Chris Marshall
Madeleine Still
Jenny Hasenfuss
Akvile Stoniute
Jodie Crooks
Professor Dawn Craig
Professor Falko F Sniehotta
Professor Catherine Exley
Professor Andrew Fisher
Fiona R Beyer**

Corresponding author: fiona.beyer@ncl.ac.uk

2.2.2	Search strategy.....	11
2.2.3	Study selection	12
2.2.4	Data extraction.....	13
2.3	Results of the updated literature search.....	14
2.3.1	Updated literature search results	14
2.3.2	Study selection	15
2.3.3	Overview of eligible studies (Morgan 2013 update).....	16
2.3.4	Overview of eligible studies (Deedat 2013 update)	25
2.4	Barriers and facilitators (Morgan 2013 update)	30
2.4.1	Barriers.....	30
2.4.2	Facilitators	38
2.5	Current Interventions (Deedat 2013 update)	42
2.5.1	Interventions assessed in the UK studies.....	42

BTRU

- DonaTE
- 11% population BAME
- 30% Total WL BAME (Renal)
- UK ODR 7%
- 20% fatalities on WL BAME
- Consent Authorisation 42% vs 71%

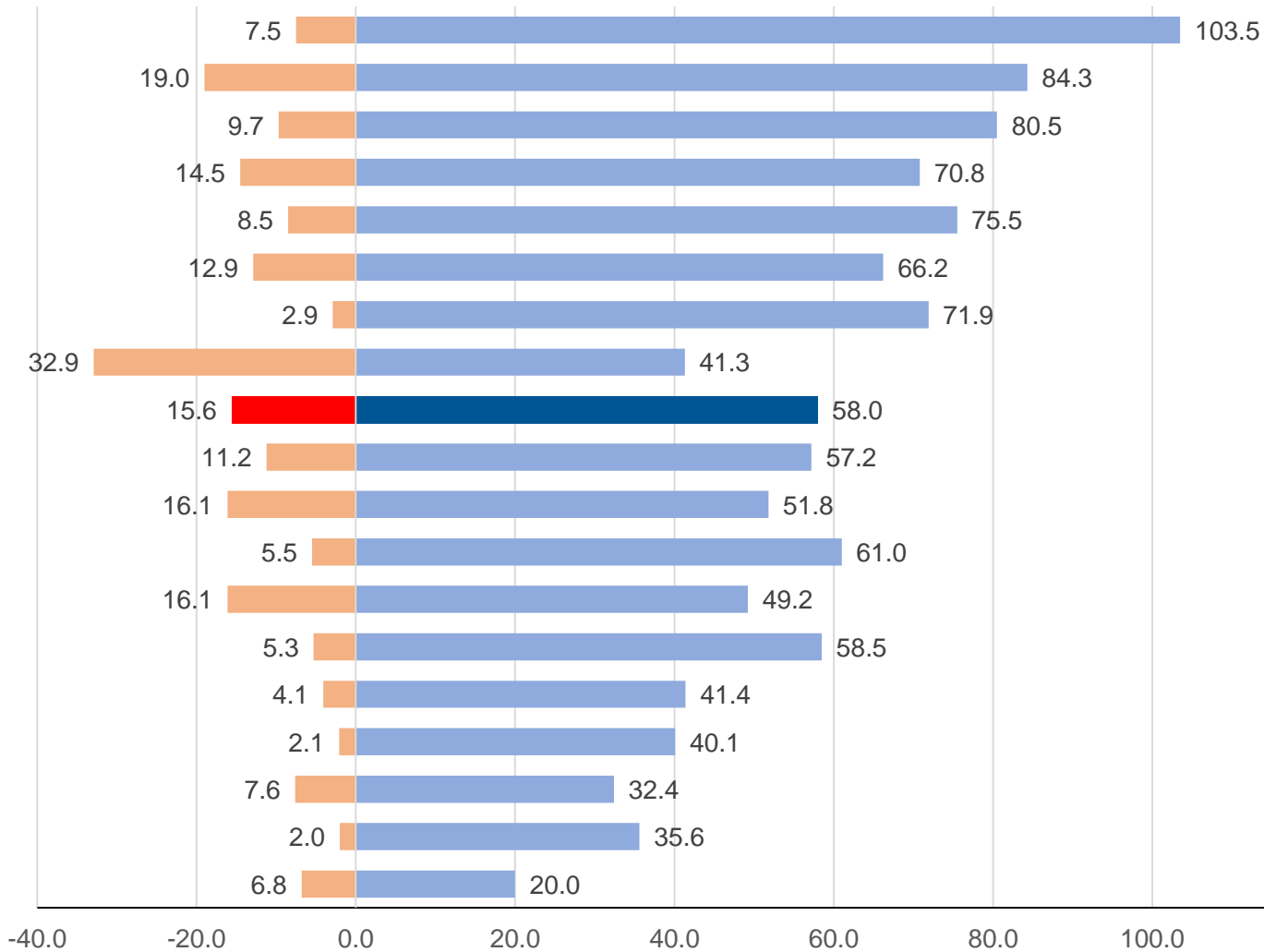
BTRU

- Interventions
- Behaviour Change Wheel
- Extensive PPI

- Different for Different
- Education > Multimedia
- Community partnerships
- Edutainment (PLU)

International Comparison

LD transplants pmp DD transplants pmp

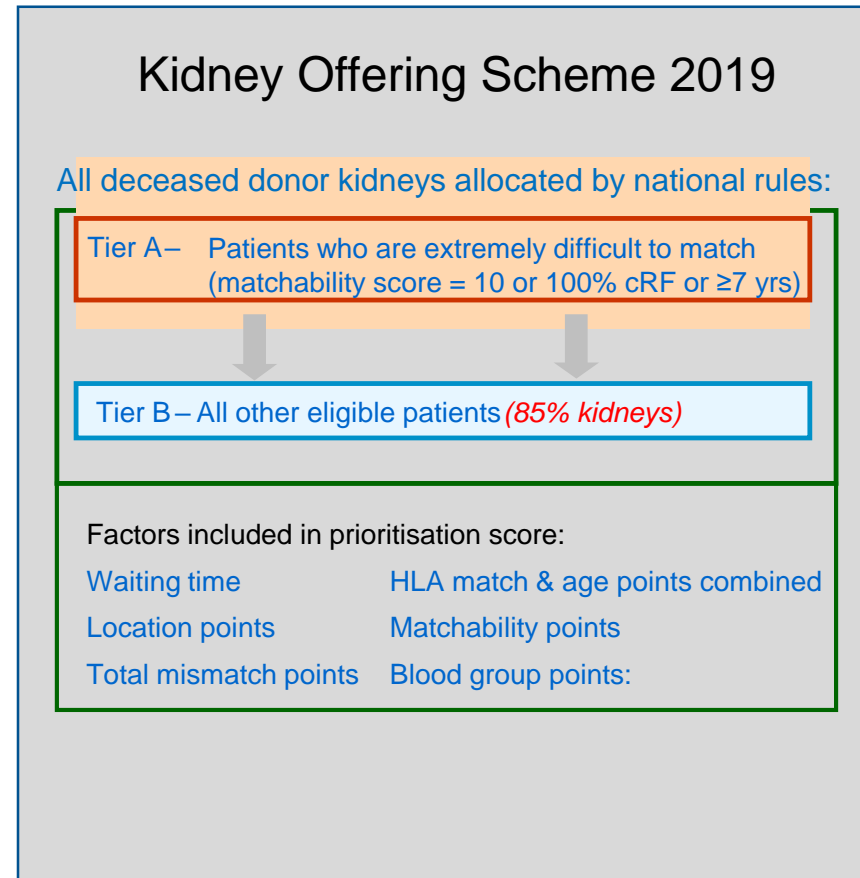


- Spain (111.0)
- USA (103.3)
- France (90.2)
- Norway (85.3)
- Portugal (84.0)
- Sweden (79.1)
- Croatia (74.8)
- Netherlands (74.2)
- UK (73.6)
- Australia (68.4)
- Switzerland (67.9)
- Italy (66.5)
- Denmark (65.3)
- Finland (63.8)
- Hungary (45.5)
- Poland (42.2)
- Germany (40.0)
- Slovakia (37.6)
- Latvia (26.8)

New kidney offering scheme

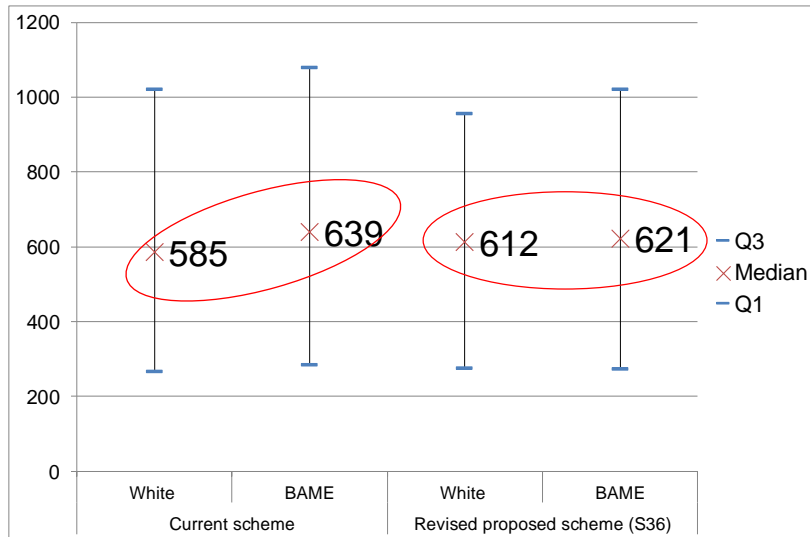
The scheme will:

- **Unify offering** of all DBD and DCD kidneys
- **More effectively 'longevity' match** donor and recipient to maximise benefits
- **Improve equity of access** – according to geography, complexity of tissue type, sensitisation (and ethnicity, indirectly)
- **Avoid prolonged waiting times** wherever possible (by prioritising those with predicted long waits should a suitable donor become available)
- **Better tailor HLA tissue match** according to age

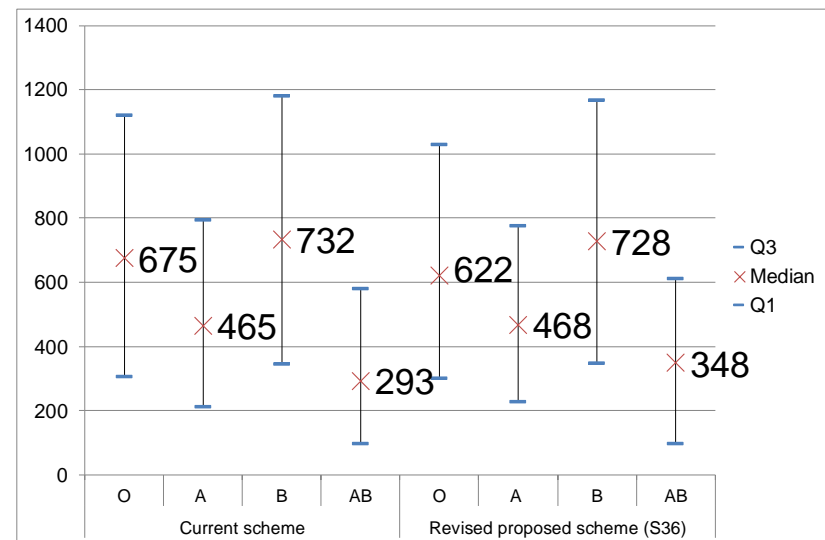


Ethnicity and BG

Ethnicity



Blood group



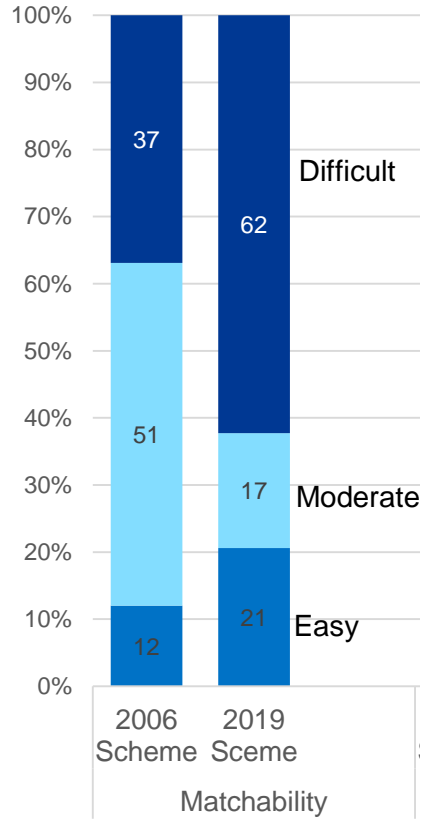
The new offering scheme:

- Reduces the variability of waiting time between white and BAME patients
- Maintains current waiting times by blood group

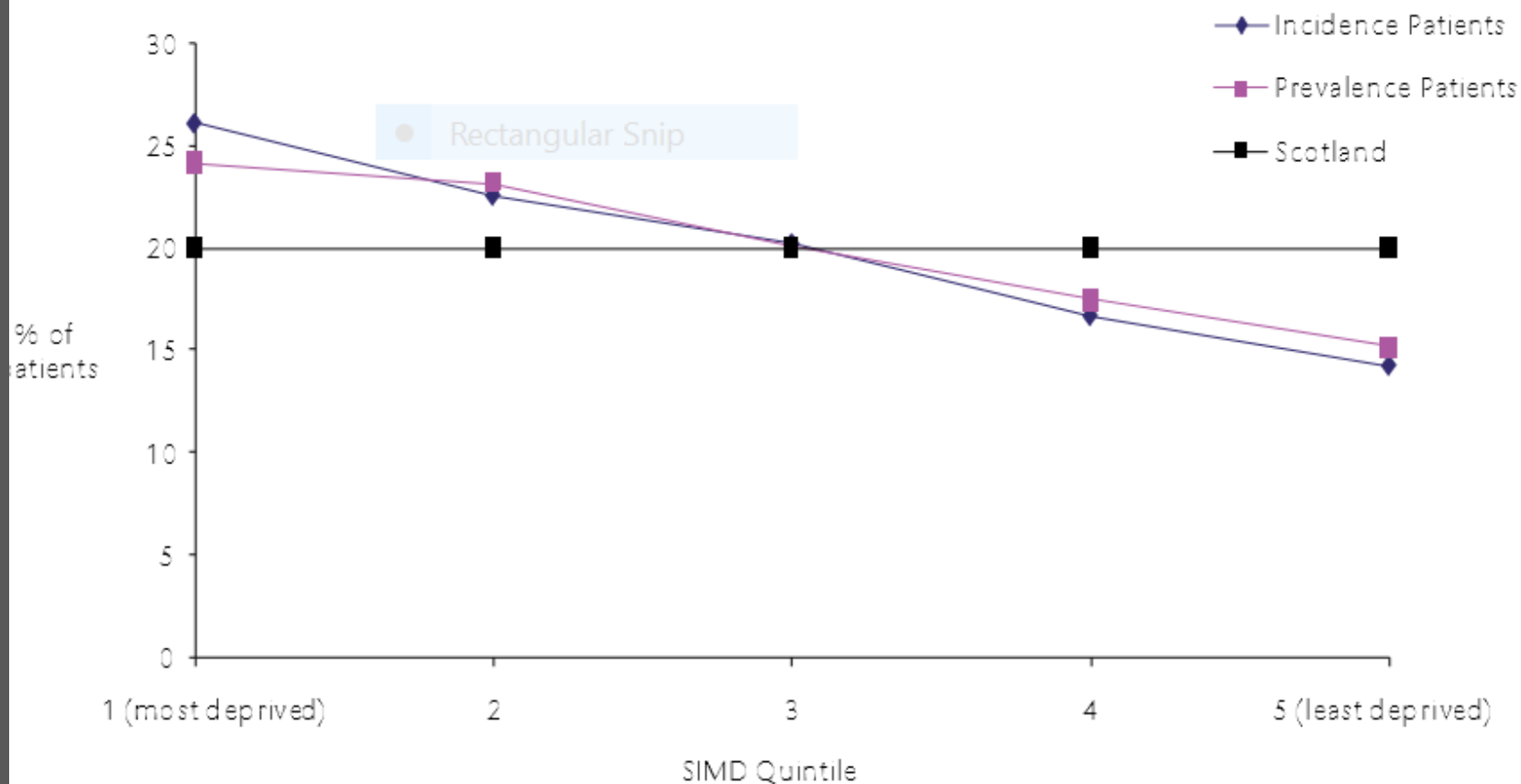
Summary of the first month

2006 Scheme: 1 Apr – 10 Sep 2019

2019 Scheme: 11 Sep – 11 Oct 2019



Scottish Index of Multiple Deprivation (SIMD) quintiles of incident patients 2009-2013 and prevalent RRT patients on 31 December 2013



2014

Sofia Ismail

Erasmus MC

**Home-based Education
Increases Knowledge,
Communication and
Living Donor Kidney
Transplantations**





REACH results to date

- 54 patients visited at home
- A total of 127 people attended visits
- 70% completed the pre-session questionnaire and, of those, 66% completed the follow up questionnaire.
- Average pre-session R3KT score 10/16
- Average post-session R3KT score 14/16
- Average visit lasts 2-2.5 hours





REACH results to date contd...

- 23 patients now have at least one potential donor being assessed.
- A total of 30 potential donors have come forward after a home visit.
- Post-visit support has been provided to 20 patients e.g. telephone queries, letter writing, subsequent visit, liaising with other members of MDT.



Summary