LOCAL ASSESSMENT FOR PATIENTS HAVING A PANCREAS TRANSPLANT

A team in Oxford improved patients’ access to life-saving surgery by setting up pancreas transplant assessment clinics throughout the south of England.

**AUTHORS** Jonathan Smith, BSc, RN, and Ruth Lale, RN, DipHE (Nursing), are both transplant nurse specialists at the Oxford Kidney/Pancreas Programme.

Pancreas transplant is the only treatment that returns people with diabetes to an insulin-independent, normoglycaemic state. By setting up pancreas transplant assessment clinics in other hospitals throughout the south of England, we developed a referral network from Truro to Leicester, improving access to life-saving transplant surgery for patients across a wide geographical area.

**AIMS OF THE INITIATIVE**

Patients who have serious diabetic complications such as renal failure, blindness and amputation are often unable to travel long distances. Our aim was to provide equitable access to pancreas and associated kidney (if required) transplant for patients across a wide geographical area by developing assessment clinics in four areas (London, Portsmouth, Dorchester and Bristol). This was also developed for post-transplant follow-up so recipients could be seen in their referring centre rather than enduring frequent long trips to our hospital in Oxford.

**THE PROCESS**

The multidisciplinary pancreas transplant team began by increasing awareness of pancreas and kidney transplant. This was achieved by giving lectures on the benefits of the transplants to nephrologists, transplant nurses and diabetologists in hospitals outside Oxford’s usual referring region.

This awareness-raising strategy led to referrals coming from outside of Oxford’s natural catchment area. It soon became apparent that patients living long distances away were finding it difficult to attend appointments at Oxford due to issues such as dialysis and blindness. We decided to adopt a novel approach where the nurse and doctor would visit patients at their local referring centre. This is not only a real benefit to patients but has helped to reduce the costs of hospital transport.

The first peripheral clinic was held in late 2005 in Portsmouth, and since then we have developed clinics in Dorchester, London and Bristol on a monthly or bi-monthly basis. We are also in the process of developing clinics in Leicester.

Work is still in progress on developing a post-transplant service for patients out of the Oxford area. However, we have already been successful in enabling patients to be followed up in their local referring centre rather than here at Oxford.

**BENEFITS TO PATIENTS**

- A functioning pancreas transplant has been shown to improve survival in patients with diabetes compared with those who remain on dialysis or receive a kidney transplant alone. Successful pancreas transplant stabilises the major complications associated with diabetes (nephropathy, retinopathy, peripheral neuropathy and cardiovascular disease), and improves cardiovascular and nephropathy outcomes. Early evaluation and transplantation improves long-term survival and provides protection against the complications associated with diabetes. These findings must be balanced against the need for life-long immunosuppression and the side-effects. Quality-of-life surveys show that successful pancreas transplant recipients experience improvements compared with patients who have received kidney transplant alone.

- Our results post-transplant have been encouraging – 92% of patients have a functioning pancreas and 98% of those who required a kidney have a functioning transplant. These figures, combined with the overwhelming majority of our patients having a much improved quality of life, have led to some positive publicity for our programme. Local nephrologists, potential recipients and diabetologists see these results first-hand as most patients are followed up in the local centre, which leads to further referrals and patient enquiries about pancreas transplant.

- The Oxford programme is likely to become the largest pancreas transplant programme in the world in the coming months. This is a direct consequence of promoting pancreas transplant, seeing the pre-transplant patient and allowing post-transplant follow-up in local centres.

- The unit received Department of Health funding for kidney/pancreas transplant in April 2004. We have now performed 146 pancreas or pancreas/kidney transplants, 59 (40%) of which were from outside our normal catchment area. Since the first peripheral clinic in late 2005, 26 (28%) of the 94 patients who have had transplants were seen in a peripheral clinic. We expect this percentage to rise as 92 (49%) of the 186 new referrals assessed between April 2006 and March 2007 were seen in peripheral clinics.

**CONCLUSION**

Undertaking assessment and follow-up in local centres has allowed a larger number of patients to be assessed and transplanted than any other programme in England. It has also helped to improve access to pancreas transplant across a large region of the UK. As the Oxford transplant centre develops and starts transplanting other organs, the principles developed here can be extended. The practice of nurses and doctors visiting patients in local centres would be of benefit in a wide range of specialties.

**FIND OUT MORE**

If you would like to have additional information on this project, contact Jonathan Smith at: Jonathan.Smith@orh.nha.uk