**Post Cardiothoracic Transplant Bloods Working Group**

## 1. Background

1.1 Following the results of the patient feedback mechanism the June 2022 CTPG agreed to establish a working group to review the current processes for the undertaking of routine blood tests post-transplant. This working group would be time limited and led by the CTPG Chair. The agreed Terms of Reference are attached in Appendix 1.

## 2. Preparatory Information Gathering

2.1 To assist the thinking of the working group an information gathering exercise was conducted which consisted of a patient survey and each centre completing a stocktake of their current processes.

2.2 Appendix 2, is a summary of the patient survey results, the key highlights are as follows;

2.2..1 23% of patients reported that they had all their routine bloods undertaken at their transplant centre. The proportion of patients who had their bloods taken at the transplant centre varied significantly by centre. Many patients reported extreme (>200 mile) trips for blood tests and expressed dissatisfaction with this arrangement.

2.2..2 Most patients have their immunosuppressant levels checked by sending a blood sample to their transplant centre. Some of these patients were using self-administered fingerprick tests, and this group of patients reported very high satisfaction levels. Where patients were required to fund the costs of blood sample postage, they expressed concern and dissatisfaction

2.2..3 For other blood tests (e.g. FBC and U & Es), many patients reported challenges with all aspects of the process including the ability to book the tests and the transmission of results to the transplant centre.

2.2..4 Different methods of reporting results to patients were outlined with varying degrees of satisfaction. Patients reported high satisfaction when they were contacted even if changes were not required. Low satisfaction was reported where patients had to contact the centres for their results.

2.2..5 Patients were asked what happened if they missed a blood test, with 40% reporting that nothing would happen. This percentage varied by centre.

## 3. Meeting 13 September 2022

3.1 The first meeting of the working group presented the patient survey results and focused on immunosuppressant level tests.

3.2 A consultant biochemist from Manchester gave a presentation on the development and utilisation of fingerprick tests for immunosuppressant levels.

3.3 The presentation demonstrated that the tests were reliable and had high levels of patient satisfaction. High patient satisfaction for this method was also reported in the patient survey undertaken.

3.4 It was acknowledged that not all centres were currently compliant with regulations regarding the posting of blood samples.

3.5 The CTPG Chair had met with senior members of CliniSys. They provide most of the pathology requesting and reporting systems in the UK. Some centres can already use ICE Open Net to view all blood tests results in their region. CliniSys could also add further links to enable wider pathology results viewing. They are currently developing a tool called ICE Gateway which will enable the ordering of results seamlessly between different ICE systems.

3.6 The meeting agreed the following;

- Blood tests should be undertaken as close to the patient as practical
- Across the country postal cost arrangements should be consistent
- All centres must ensure their packaging and labelling is compliant with the relevant standards
- Fingerprick tests for immunosuppressant levels should be considered for expansion and rollout to other centres.

**4. Next Meeting**

4.1 The next meeting is on Wednesday 12 October and will focus on other blood tests such as FBC and U & Es