

Post Cardiothoracic Transplant Routine Bloods Working Group

Background

Post heart or lung transplant patients require regular monitoring of their immunosuppressant drug levels and other blood tests (e.g. U & Es and FBC) to ensure their treatment regime is therapeutic and to prevent toxicities

The transplant teams who prescribe the immunosuppressant drugs also have clinical responsibility for reviewing and interpreting these results. The challenge is that many patients live long distances from their transplant centre and routine blood monitoring is required more frequently than clinic visits.

Purpose

The key purpose of the group is to review current practices, share best practice, and scope potential improvements. This should be done with the overarching principle of the process being safe, reproducible, meeting regulatory requirements and patient centred. Improvements should not discriminate against any disability, geography, socio-economic or ethnic backgrounds.

Scope

The group will consider the following aspects of the pathway;

- Informing the patient of a need for a blood test
- Raising / acquiring a formal pathology request
- The taking of the blood sample
- The processing of the sample
- The transmission of the results to the transplant team
- Informing the patients of the results
- Ensuring patients are having the blood tests in line with clinical timescales

Working Group Governance

The working group will have dual reporting lines, clinically to the Chairs of the CTAGs and from a patient advocacy perspective to the Chair of the CTPG. Progress will be reported by the Chair to each CTAG and CTPG meeting.

Membership

Robbie Burns (Chair) – Patient (Papworth)

Dilayana Borisova – Patient (Manchester)

Vicky Saxton – Patient (Newcastle)

John Conway – Patient (Harefield)

Kathryn Green – Parent of Patient (GOSH)

Gemma Massie – Patient (Birmingham)

Tamsin Courtenay – Wife of Patient (Papworth)

Margaret Harrison - Lay Member (NHSBT)

Stephen Pettit - Cardiologist (Papworth)

Vicky Gerovasili - Respiratory Physician (Harefield)

Brian Keevil – Biochemist (Manchester)

Stephen Rose – Pathology Operational Manager (Newcastle)

Laura Stamp – National Transplant Coordinator (NHSBT)

Julie Smith – Transplant Clinic (Glasgow)

Lisa Webster – Sister Transplant Outpatients (Manchester)

Helen Hoskin – Sister (Sheffield)

Sarah Mead-Regan – Clinical Nurse Transplant (GOSH)

Shannon Ray – Transplant Services (Papworth)

Monika Krupa – Senior Staff Nurse (Papworth)

Jennifer Allen – Sister Transplant Outpatients (Newcastle)

Mary Ann Sumulong - Recipient Coordinator (Birmingham)

Julie Flett – Paediatric Transplant Specialist Nurse (Newcastle)

Terry Hewitt - Paediatric Transplant Specialist Nurse (Newcastle)

Ash Peshen – NHSE Primary Care Team

Ian Ellis – NHSE Primary Care Team

Brian McGregor – GP, GPC Committee Member, BMA, Yorkshire LMC

Andy Purbrick – GP, Wessex LMC

Invites to commissioners – All 4 Nations (Scotland accepted, England declined, but happy to give advice on commissioning issues; Wales and N Ireland no response)

Gareth Oelman – GPC Chair Wales, GPC Wales

Invites to GPC in Scotland (Declined) and N Ireland (No Response)

Haifa Lyster – Consultant Pharmacist (Harefield)

Transplant Centres (Approx. post-transplant patients)

Manchester (458)

Newcastle (Adults & Paeds) (862)

GOSH (Paeds Only) (144)

Glasgow (Heart Only) (182)

Papworth (952)

Harefield (951)

Sheffield (32)

Birmingham (372)

Group Processes

The group will be a time limited, and all meetings will be conducted by video. Workstream progression may also occur via email between or before meetings. Administration for setting up and minuting meetings will be undertaken by the NHSBT Advisory Group Secretariat. The working group may also seek other expert advice as required.

It is anticipated that the initial stages will include a stocktake of current processes at each transplant centre and a patient survey.