

Heart and Lung Transplant Transformation Programme – Programme Ambitions

DRAFT June 9th 2025
In confidence – not for wider sharing

The programme has overarching, outcome-focused ambitions for adult and children's services - underpinned by ambitions in three further areas

Significant improvements in outcomes, access to transplant, and patient experience, reducing inequalities across the whole population

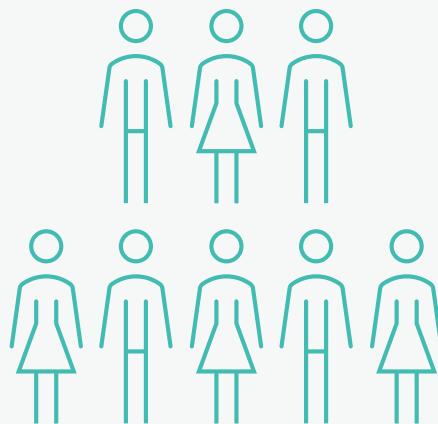


Excellent patient- and family-centred care

Services that are clinically excellent, consistent and resilient

High-quality whole-pathway data to enable continuous improvement and patient choice

Significant improvements in outcomes, access to transplant, and patient experience, reducing inequalities across the whole population



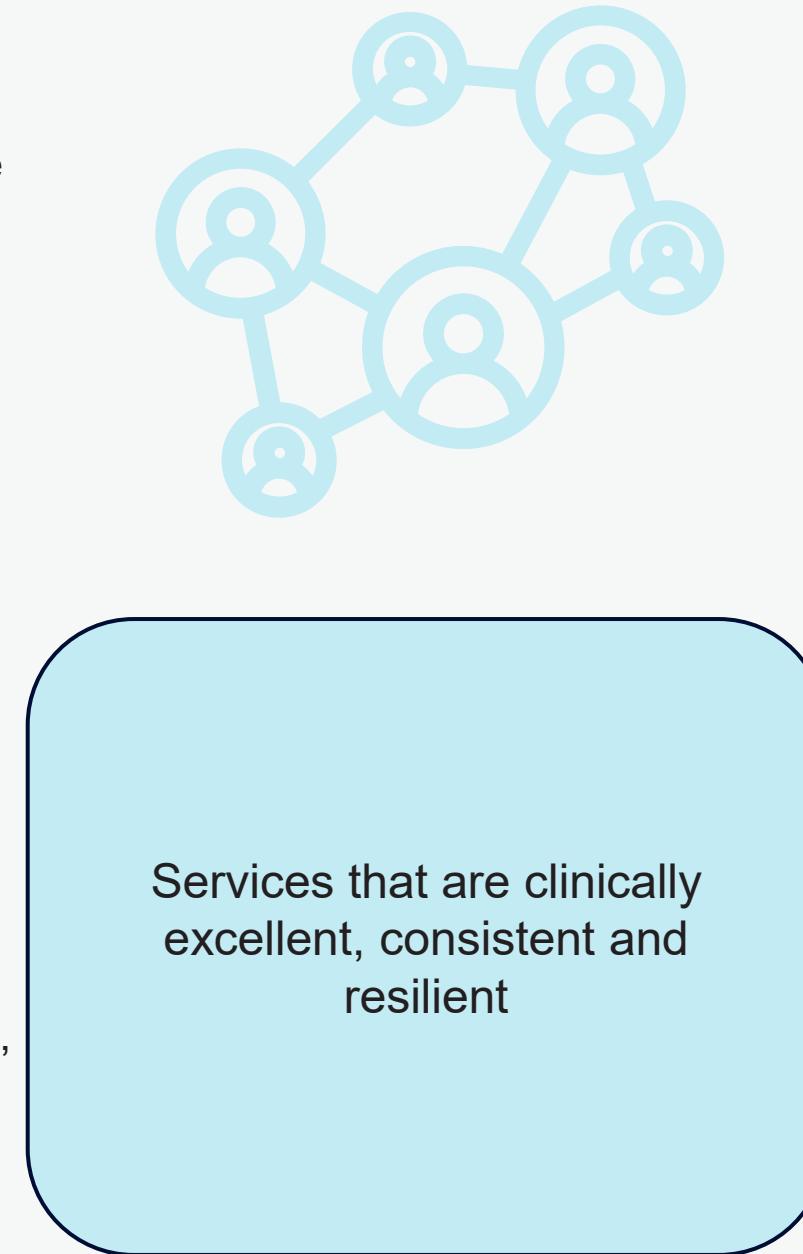
1. An increase in transplant rates: with a challenging but achievable trajectory of increased cases year-on-year over the next 10 years (numerical trajectory to be confirmed)
2. Greater utilisation of offered organs, underpinned by:
 - minimal declines due to logistical (non-clinical) reasons – *with any reported to Trust Board for action*
 - greater robustness and consistency around organ acceptance within and across units
 - Early donor management and good information on organ quality from donor ITU
3. Improved long term outcomes for children and adults, from listing, including:
 - reduced deaths and de-listing while waiting for transplant
 - Increased long-term survival from listing, and reduction in variation in survival: with a challenging but achievable trajectory (numerical trajectory to be confirmed)
 - long-term wider health due to better management of the wider risks of transplant and long-term immunosuppressant use
4. Improvement in patient and family experience and quality of life, through increasing the responsiveness of care to people's needs



Excellent patient- and family- centred care

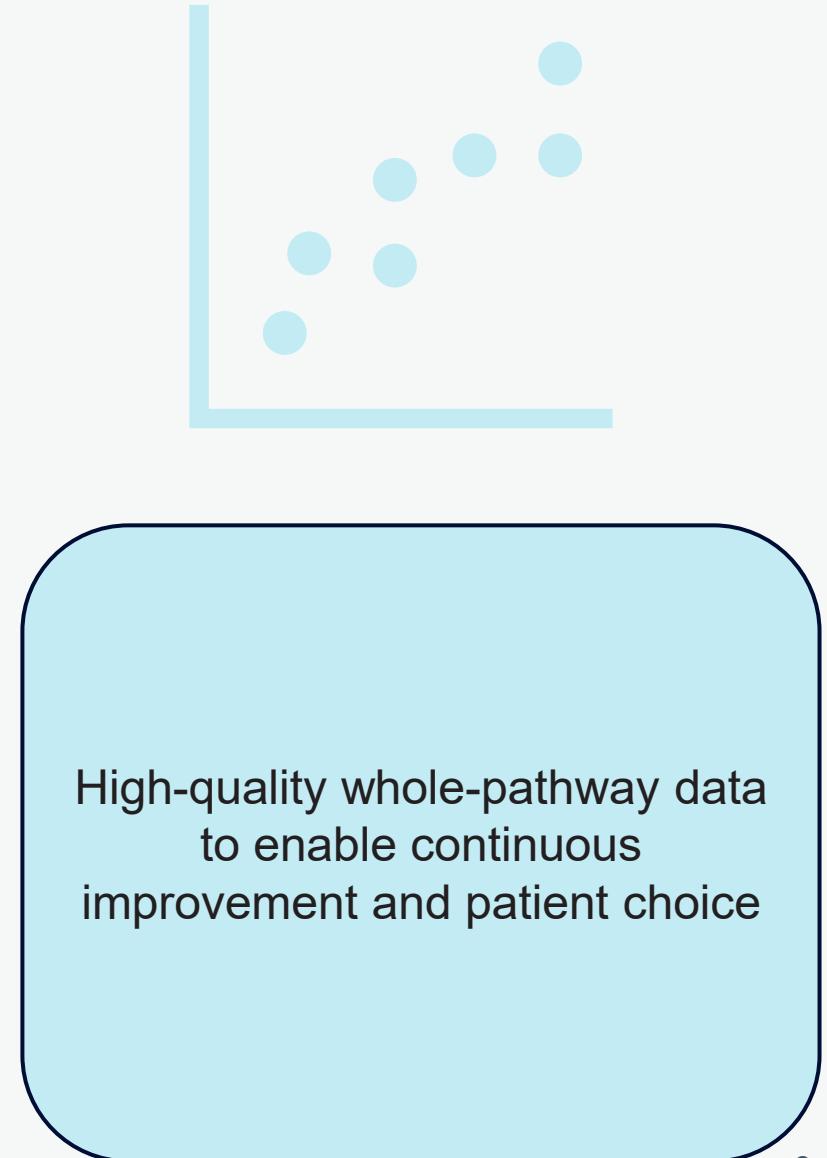
5. All patients to be offered a choice of provider, supported by clear and accessible relevant data, at key pathway points:
 - before referral for transplant
 - post-transplant, for long-term care
6. Improvement and reduced variation in patient waits across referral, assessment, listing and transplant parts of the pathway
7. Significant improvements in, and reduction of unwarranted variation in holistic care so that patients have:
 - More chance of benefiting from transplant
 - Better support to manage the wider risks of transplant and immunosuppressant use as well as the health of their transplanted organ
 - Better long-term wellbeing for patients and families, through better psychosocial support
 - Better coordinated care
8. Better information-sharing with patients:
 - In relation to their own care, through for example apps to share care records such as 'MyCare'
 - Consistent user-friendly information about transplant and post-transplant issues, across centres
 - Clarity about where to access advice post-transplant
9. A culture that invites feedback and participation, and acts on concerns – including rapid feedback and action on PROMS and PREMS

10. A significant change to an open, collaborative culture across and within units, to build trust and drive cooperation, learning and quality improvement
11. Horizontal integration between multiple transplant providers (maintaining geographical access) to deliver a unified service model supported by a dynamic quality improvement programme
12. Horizontal integration of transplant centres with referring cardiothoracic services; and vertical integration between cardiothoracic centres and their referrers and community services; to deliver seamless care pathways, improve referrals, widen access to transplant and provide shared long-term care closer to home



13. National approaches that promote increased transplant activity: work with NHSBT on waiting list arrangements, prioritisation of recipients, and allocations
14. Clear updated service specifications, spanning referral to long term care, with robust data-driven national follow-up
15. Funding mechanisms that incentivise activity (alongside separate approaches to improve quality)
16. A more resilient transplant workforce, including (but not limited to) improving availability of surgical expertise through peer working and improvement in the training pathway to transplant

17. Extension of the national registry for transplant services, to reflect the whole transplant pathway
18. Data and key indicators that span the whole patient pathway (including PROMS and PREMS), to underpin quality improvement and monitoring of outcomes, and encourage a balanced approach to risk





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