NHSE Transformation Programme update

March 2026

Clinical/ pathway priorities

Agreed priority programme ambitions and deliverables

Foundations for long term change

Improved access to transplant

Understand unmet need.
Identify & develop outreach to specific geographies.
Work with professional associations to define and promote referral criteria and pathways.

Better holistic care

Benchmark & define outcomes for care that supports physical and psychological fitness.
Review access to palliative care, pre-op anaesthetic assessment. Review transition from paediatrics.

Improved utilization of offered organs

Improve the use of decline data to enable follow-up and peer review
Review approaches to double-declines and utilisation meetings
Balance the approach to risk to include adverse outcomes for waiting patients

Improved long-term outcomes

Consensus on and implementation of priority protocols for long term care focusing on lung: graft management, wider risks of immunosuppressants – including key communication points eg with nephrology

OVERARCHING GOALS:

Increased transplant rates
Improved long term outcomes
Better experience
Improved access

A resilient transplant workforce

Benchmark current staffing and rota arrangements, feedback to trust exec
Work with professional bodies on training routes, rotas and development and retention of skills
Project staffing requirements

Transparent funding that rewards centres for patients treated

Review & feed back current trust income and spend to Trust exec to improve transparency
Review & return to activity-based tariff: review guide price to reflect bottom-up costing of best practice care and develop unit cost

A single, integrated service model provided across multiple centres (adults, paediatrics)

Develop and implement an approach, including joint provider-led structures, that enables ongoing joint working and dynamic quality improvement in the long term
Underpinned by:
An open collaborative culture
An agreed whole-pathway dataset

Progress on programme ambitions March 2026

Clinical/ pathway priorities

Improved access to transplant

- Identified 9-fold variation in registration to prevalence ratio for adult hearts and 4-fold variation for lung
- Selected low-referring ICBs and some comparator high-referrers (for learning), and identifying existing relationships with providers
- First draft heart referral criteria about to be shared
- Survey of lung referrers (via Thoracic society) in draft

Better holistic care

- Groups established and considering outcomes and outputs of holistic care, covering physical fitness, psychological support and social care support
- Questions re access to holistic care currently live in workforce benchmarking questionnaire

Improved utilization of offered organs

New analyses complete:

- Utilisation/declines allowing for effect of casemix in two ways: removing all ‘hard to match’ patients each with over 10 declines; removing congenital cases. Results being ratified and will lead to follow-up
- Utilisation/declines using matching data, allowing all potential patients who could benefit from an offer to be identified (in group offer situations)
- Audit of acceptance protocols and learning from donor/utilisation audits in design

Improved long-term outcomes

- Group currently focusing on lung protocols/processes.
- Existing unit protocols have been collated for comparison, alongside international protocols for heart
- Group identifying priority aspects of long term care on which to focus

Foundations for long term change

A resilient transplant workforce

- Codesigned benchmarking exercise currently live (close 31/3)

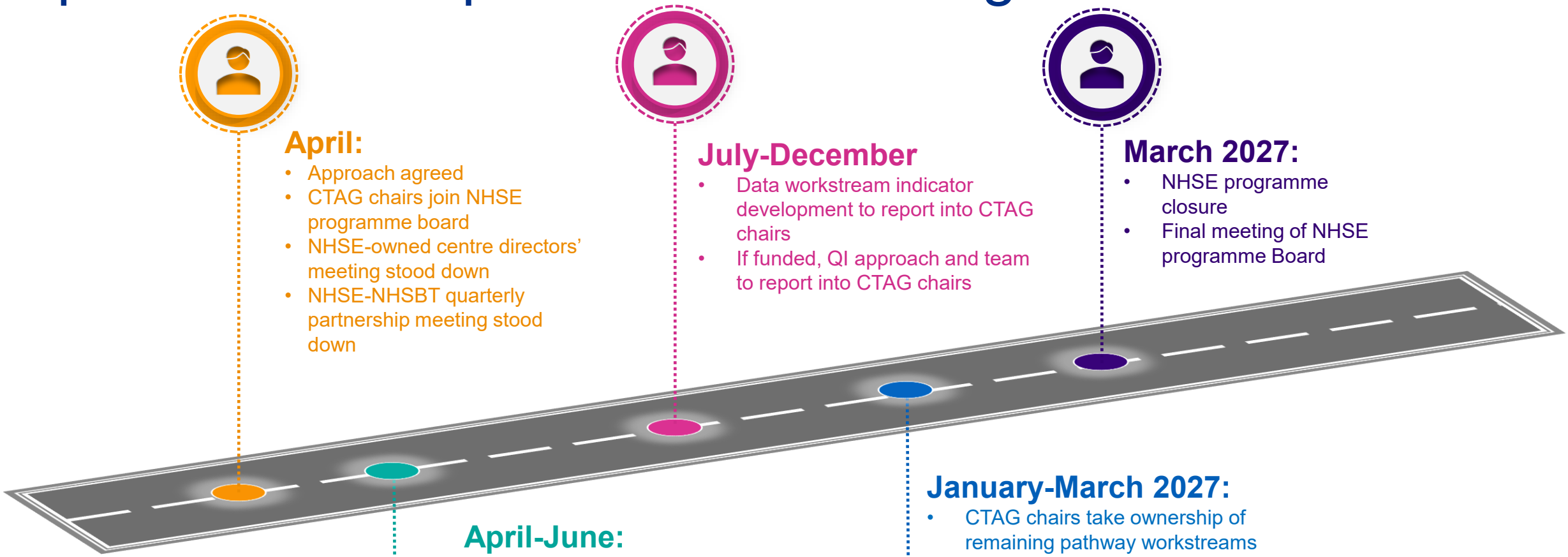
Transparent funding that rewards centres for patients treated

- Process for feed-in to guide price currently live

A single, integrated service model provided across multiple centres

- whole-pathway outcome metrics collated across all workstreams, in review – will come to CTAG
- Proposals to integrate ongoing QI within CTAG and centre director meetings
- Business case to fund embedded QI practitioners within each centre , as part of a cross-centre single team working on shared priorities

Proposed forward plan for QI and integration



April:

- Approach agreed
- CTAG chairs join NHSE programme board
- NHSE-owned centre directors' meeting stood down
- NHSE-NHSBT quarterly partnership meeting stood down

July-December

- Data workstream indicator development to report into CTAG chairs
- If funded, QI approach and team to report into CTAG chairs

March 2027:

- NHSE programme closure
- Final meeting of NHSE programme Board

April-June:

- NHSBT-owned centre directors' meeting expanded to support discussion of NHSE-led work under CTAG chair leadership
- CTAG agendas start to incorporate more formal discussion/signoff of aspects of the work (data, pathway)
- CTAG chairs increasingly linked into pathway workstreams & join programme clinical leadership group

January-March 2027:

- CTAG chairs take ownership of remaining pathway workstreams
- Forward plan for improvement priorities (post March 2027) agreed through CTAG/Centre Directors