

SCTS Executive Meeting 26/06/2026

Report

Mechanical Circulatory Support and Cardiothoracic Transplant Committee

Introduction

The Society for Cardiothoracic Surgery in Great Britain and Ireland (www.SCTS.org) recognises the concerns highlighted in reporting regarding the current state of cardiothoracic transplant services across the UK.

As the professional body representing cardiothoracic surgeons, we share the disappointment that, despite the dedication and expertise of clinical teams, the organisation and delivery of transplant services are not achieving the standards seen internationally.

Patients deserve timely access to high-quality, life-saving care, and the current system is under significant strain.

While investment in transplantation has been acknowledged, there is a perception among clinicians that this is not translating into capacity where it matters most within surgical teams, critical care infrastructure, and perioperative pathways that enable transplantation to occur safely and efficiently.

We are also mindful that the consultant surgeon, other clinical along with patient voices have not been sufficiently heard in shaping service design and resource allocation. For a service as complex and high stakes as transplantation, meaningful engagement with experienced clinicians is essential to achieving sustainable improvement.

In response, SCTS has taken proactive steps to support progress. We have recently established a dedicated consultant-led working group, bringing together expertise from across heart, lung, and mechanical circulatory support services. This group is focused on defining a clear framework for the future of heart & lung transplant services in the UK and Ireland.

This work will:

- Make patient need central
- Deal with the structural and workforce requirements needed to safely expand transplant activity
- Develop models that better align funding with clinical delivery
- Support service configurations that improve access, resilience, and outcomes

- Ensure that innovation and modern perioperative pathways are embedded within future planning

Our ambition is to develop a system capable of delivering a significant and sustainable increase in transplant activity, while maintaining the highest standards of patient safety and clinical excellence.

We are committed to working collaboratively with healthcare administration, policymakers, and patient representatives to ensure that our heart & lung transplant services evolve to meet both current and future need.

This is a moment for constructive partnership and decisive action.

We need to move away from practices that have led us to a failing and fragile service.

With the right alignment of clinical leadership, infrastructure, and resources, we are confident that transplant services across the UK can achieve the standards that patients both expect and deserve.

Update

- **Re-established in 2025** under joint chairmanship of the President and Professor Stephen Schueler; Sarah Murray appointed as lay representative.
- **All UK and Irish transplant units invited** to nominate a consultant cardiothoracic surgeon, re-establishing a cohesive, surgeon-led SCTS forum.
- **Context:** UK and Ireland transplant and mechanical circulatory support activity remains low by international standards. Despite substantial and prolonged funding and multiple reviews, sustained major improvement has not been delivered.
- **NHS Engagement:** Committee leadership has attended NHS transplant improvement meetings. While constructive, current initiatives appear to address consequences (symptoms) rather than the root causes of underperformance. Further incremental approaches risk repeating previous failures.
- **Current Work:** Development of an **aspirational, consultant surgeon-led consensus definition of an ideal cardiothoracic transplant unit and service**, integrating mechanical circulatory support and unconstrained by current resource assumptions. The aim is to improve workforce sustainability, engagement, and patient outcomes.
- **Delphi Process:** Introduction & three rounds completed; the majority of statements have achieved consensus. The process remains iterative. The committee thanks Mandeep Gurgai, who has been assisting as a voluntary service improvement fellow.

- **Clinical transformation mandate:**
This programme applies SCTS's clinical transformation principles to transplantation and mechanical circulatory support: clinician leadership, aspirational service design, and accountability for outcomes.
- **Next Steps:** Proposal to convene a focused mini-summit to further engagement and progress this work.
- **Proposed Renaming:** *Mechanical Circulatory Support & Cardiothoracic Transplant Committee (MCST)*.

Executive approvals requested

- **Endorse** the committee's work programme, including the Delphi consensus process.
- **Approve** the proposal to convene a national mini-summit (subject to submission of a detailed plan and budget to SLT).
- **Approve** the renaming of the committee to *Mechanical Circulatory Support & Cardiothoracic Transplant Committee (MCST)*.

Stephan Schueler

Sarah Murray

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