

## Question:

1. In the following financial years, how many patients were sent from Northern Ireland to England or Scotland for heart transplantation? For each year, please give details of which cardiothoracic transplant centre provided the care. 2015-16 to 2025-26, to date.
2. In the following financial years, how many patients were sent from Northern Ireland to England or Scotland for lung transplantation? For each year, please give details of which cardiothoracic transplant centre provided the care. 2015-16 to 2025-26, to date.
3. What were the reasons for the centre(s) in question 1 and 2 being chosen by the Department of Health to deliver this care?
4. In the following financial years, how much money was paid by the department of health in Northern Ireland for adult cardiothoracic transplantation in England and/or Scotland? 2015-16 to 2025-26, to date. 2015-16 to 2025-26, to date.

## Response:

Introduction - Heart and Lung Transplant services form part of UK NHS Highly Specialist Services, commissioned on behalf of England, Northern Ireland and in part, Scotland.

Heart transplantation service (adults) - The service includes assessment of eligible patients, the transplant procedure, and lifelong follow-up. All transplant procedures and follow-up care are undertaken in NHS centres in Great Britain.

Lung transplantation service (adults) - The service includes assessment of eligible patients, the transplant procedure, and lifelong follow-up. All transplant procedures and follow-ups are undertaken in NHS centres in Great Britain.

Patients are referred outside Northern Ireland (NI) for heart and lung assessment and treatment under the Extra Contractual Referral (ECR) process. This occurs when the Department of Health (DOH) approves a Health and Social Care (HSC) Consultant's request to transfer a named patient to a provider outside NI. This can be for assessment and/or treatment which the consultant considers necessary but is not available through local HSC facilities. This may be either because the assessment/treatment is of a specialist nature which is not available in NI or because there is a clinical reason why the local service is not appropriate. The provider is selected by the local HSC consultant based on clinical judgement. DOH expects these requests to be to NHS providers in the UK but will consider requests to other European Union (EU) countries including Republic of Ireland (ROI) where there is clear clinical rationale for doing so.

1. The Table below set out the number of patients (adults and children) approved for transfer for heart transplant assessment and/or treatment in each of the financial years 2015-2016 – 2025-2026 (to date).

2015-2016	7
2016-2017	14
2017-2018	8
2018-2019	12
2019-2020	14
2020-2021	9
2021-2022	9

2022-2023	7
2023-2024	11
2024-2025*	<5
2025-2026**	<5

\* to prevent the risk of identification we have applied suppression of small numbers i.e “<5” under Section 40 of the Freedom of Information Act 2000. Further information on this exemption can be found in the Exemption Schedule in Appendix One attached.

\*\* Figures as at 11 Feb 2026.

2. The table below highlights the number of patients (adults and children) approved for transfer in respect of Lung transplant assessment and/or treatment in each of the financial years 2015-2016 – 2025-2026 (to date)

2015-2016	20
2016-2017	7
2017-2018	13
2018-2019	9
2019-2020	11
2020-2021	5
2021-2022	11
2022-2023	11
2023-2024	8
2024-2025	11
2025-2026**	6

\*\* Figures as at 11 Feb 2026

Notes applicable to Questions 1 and 2:

- a) DOH records funding approvals. It is not always clear at the point of Acute ECR submission whether transplant surgery will be required. Referral reasons will frequently be for assessment and appropriate treatment as decided by the specialist clinician in consultation with the local consultant.
- b) Even where funding approval is granted, the decision to proceed with referral is a clinical decision and may change.
- c) The timing of assessment and treatment may not fall within the same financial year as approval and may involve multiple episodes of care over several years.
- d) Providers - Your request asked for a breakdown of the above by Provider. Due to the small number of cases approved to individual centres each year, releasing provider-specific figures carries a risk of identifying individual patients. DOH is unable to provide this breakdown under Section 40 of the FOI Act (personal information exemption), please refer to Appendix One attached for further information. However, we can confirm the following Cardiothoracic Transplant Centres form the potential referral destinations, and that the majority of patients from NI are referred to Freemans Hospital, Newcastle.

Cardiothoracic Transplant Centres  
**Birmingham**

Queen Elizabeth Hospital  
**Glasgow**  
Golden Jubilee National Hospital (Transplants hearts only)  
**London**  
Great Ormond Street Hospital  
**Manchester**  
Wythenshawe Hospital  
**Harefield**  
Harefield Hospital  
**Newcastle**  
Freeman Hospital  
**Papworth**  
Royal Papworth Hospital

3. The Provider is selected by the referring consultant based on clinical judgement, taking account of the patient's presenting condition and comorbidities. DOH expects these requests to be to NHS Providers in UK listed above unless there is a clear clinical rationale for an alternative provider.
4. DOH contributes annually to the costs of the NHS UK Highly Specialised Cardiothoracic Transplantation Services based on NI population share. The amounts paid each year were:

1. 2015-16 - £573k
2. 2016-17 - £573k
3. 2017-18 - £571k
4. 2018-29 - £571k
5. 2019-20 - £571k
6. 2020-21 - £571k
7. 2021-22 - £571k
8. 2022-23 - £535k
9. 2023-24 - £571k
10. 2024-25 - £555k
11. 2025-26, to date – no invoices received to date from NHS England

In addition to these national costs, the Department incurs further charges from the Providers for other specialist cardiothoracic and respiratory services (eg ECMO VADs/bridge to transplant, ICU care, follow up appointments). These costs are invoiced in aggregate, together with all other specialist treatments provided at these centres, and are not recorded or held centrally at named patient level.

## Appendix 1

Exemption schedule:

Section 40 – 'Personal Information'.

(1) Any information to which a request for information relates is exempt information if it constitutes personal data of which the applicant is the data subject.

(2) Any information to which a request for information relates is also exempt information if –(a)it constitutes personal data which does not fall within subsection (1), and

(b) the first, second or third condition below is satisfied.

(3)(A) The first condition is that the disclosure of the information to a member of the public otherwise than under this Act –(a) would contravene any of the data protection principles, or

(b) would do so if the exemptions in section 24(1) of the Data Protection Act 2018 (manual unstructured data held by public authorities) were disregarded.

(3)(B) The second condition is that the disclosure of the information to a member of the public otherwise than under this Act would contravene Article 21 of the GDPR (general processing: right to object to processing).

(4)(A) The third condition is that –(a) on a request under Article 15(1) of the GDPR (general processing: right of access by the data subject) for access to personal data, the information would be withheld in reliance on provision made by or under section 15, 16 or 26 of, or Schedule 2, 3 or 4 to, the Data Protection Act 2018, or

(b) on a request under section 45(1)(b) of that Act (law enforcement processing: right of access by the data subject), the information would be withheld in reliance on subsection (4) of that section.

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