

Patient Experience Survey

Summary of results from November 2015 Survey

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Executive Summary

Therapeutic Apheresis Services (TAS) forms part of NHS Blood & Transplant's (NHSBT) Diagnostic and Therapeutic Services Directorate and delivers regional therapeutic apheresis services to adults and children in NHS trusts across England.

The TAS five year strategy, approved by the NHSBT board in March 2012 included plans to establish a base-line of patient satisfaction. The baseline survey conducted in August 2012 set a baseline topbox score of 95%. Topbox scores are the percentage of answers scoring 9/10 or 10/10 to a key question on overall satisfaction. In this survey the top box question is Q7 'Your overall satisfaction of our service'.

This report reflects outcomes from a survey undertaken in November 2015 the results of which will be compared against the outcomes of the previous surveys.

This survey evaluated the views of adult and paediatric patients / donors (or their carer / relative) who received treatments at the TAS apheresis units based in Bristol, Leeds, Liverpool, Manchester, Oxford and Sheffield.

Obtaining information on patient experience and acting on the outcomes to improve future experience is a requirement of the standards set out by the Care Quality Commission. The survey focused on care and hospitality aspects of the service, staff demeanour and information provision. The same survey was used at all locations.

Answers to a total of 8 questions were scored on a scale of 1 (poor) to 10 (excellent). 74 questionnaires were returned (reflecting 43% of all patients treated during the survey period).

Extremely positive results were received from all locations achieving a topbox score of 99%. This exceeds the strategic target which is to maintain a top box score => the baseline score for overall satisfaction (95%)

The quantitative data was accompanied by qualitative comments provided by those completing the questionnaire. These comments were extremely favourable with some minor indications of areas for improvement and some examples are detailed below:

As it was my first visit, I was very apprehensive, however my husband and I instantly relaxed as we were welcomed to the unit. Every procedure was explained and I want to say thank you for your support.

I've been kept informed, asked questions re how I feel at all times so not much more to be done here.

Staff are exemplary regarding cleanliness and cleaning up

Occasionally blood results seem to get lost in the system or don't get recorded on the computer which can be frustrating.

I've had the most amazing experience ever the last 7 years.

Very caring, friendly, informative and professional

Reduce waiting time between blood test on arrival and go ahead to commence procedure. NB but understand it's currently down to physical separation of unit and labs.

The staff are awesome

Everyone really welcoming, nice & happy to help. Very relaxed atmosphere which helped as it was my first visit

You are put totally at ease when you come the staff are fantastic

The quantitative data, along with the comments provided by users of the services, reflect a very positive opinion of the staff and facilities in the therapeutic apheresis units.

In 2015 TAS also introduced a snapshot experience measure to its toolkit. This takes the form of a feedback survey of 3 questions “What should we stop doing?”, “what should we continue doing?” and “What should we start doing?” and is an endeavour to elicit further information from patients, relatives and carers of specific tangible measures which would improve their experience. This snapshot questionnaire is now in continual use within the apheresis units and it is hoped it will provide a constant source of real-time feedback on the standards of care, facilities and staff attitudes and behaviours

An annual measure of patient experience will continue with the next survey being conducted in November 2016.

Introduction

Therapeutic Apheresis Services (TAS) is part of NHS Blood & Transplant's (NHSBT) Diagnostic and Therapeutic Services Directorate. Therapy units are located within NHS Trusts in Leeds, Bristol, Oxford, Sheffield, and Liverpool. Manchester and London. The medical and nursing teams deliver a wide range of therapeutic apheresis treatments to patients from across England.

The treatments are provided using specialist machines which exchange, remove, or collect certain components within the blood through a process called Therapeutic Apheresis, which can then allow secondary treatment processes to take place.

Patients completing the survey were undergoing a variety of treatments including:

- Therapeutic Plasma Exchange
- Red Cell Exchange
- Peripheral Blood Stem Cell collection
- Granulocyte collection
- Platelet depletion
- White Cell Depletion
- Low Density Lipid Removal
- Extracorporeal Photopheresis

In March 2012 the NHSBT board approved a five year strategy which sets out the functions plan to become the NHS preferred provider of high quality cost effective therapeutic apheresis services. Included were plans to establish a baseline of TAS patient and donor satisfaction. As a result, pilot and baseline surveys were undertaken in 2012 establishing a baseline satisfaction score of 95%. The Patient Experience Survey was revisited following a strategy review in early 2014 where it was agreed the survey would be carried out annually. This is the fourth survey to be carried out. Results from the survey, which was carried out throughout November 2015, will be compared to those of the previous surveys. The order of the questions in the questionnaire was changed on this occasion and the presentation of the data comparing this survey with the previous surveys has taken this change into account.

Method

The paper based survey was approved by the TAS Senior Management Team. The questionnaire was handed out to patients/donors and/or their family members or carers at the time of attendance to the TAS unit or when attended by TAS staff as an in-patient. They were given the option of completing the survey at the time of their appointment/treatment or at a later date (a freepost return envelope was provided). Anonymity was maintained for all respondents.

Surveys were carried out over a period of 1 month during November 2015. The survey consisted of 8 questions covering staff attitudes and the environment. Each question was scored on a scale of 1 (poor) to 10 (excellent). Comments fields were provided for all questions with a general comments field provided at the end of the questionnaire.

Data from the questionnaires was analysed using Microsoft Excel.

Results

Surveys were given to 65% of the patients/donors treated during the survey period (or to a carer/family member). 74 questionnaires were returned; a return rate of 59%. This reflects 43% of patients/donors treated and 16% of procedures undertaken in all units during the survey period and compares with 38% and 14% in 2014. These figures portray a consistent return rate (57% in 2013 and 53% in 2014) and percentage of patients completing the survey (40% in 2013 and 36% in 2014). E-mail instructions were sent to each unit, relating to the distribution of the questionnaires and instructing staff that patients/donors (or relatives/carers) should be given the survey to either complete at the time or return later using the provided freepost envelope. One unit however reports that questionnaires were only given out with instruction to return by mail and without the opportunity or facility for the patient/donor to complete the questionnaire during their treatment/collection procedure. It is speculated that this accounts for the very low return rate from the unit in question.

Table 1 indicates the number and percentage of patients treated, surveys issued and surveys returned from each site

Table 1

Site	Patients Treated (n)	Surveys Issued (n)	Surveys Returned (n)	Surveys Returned (%)	Surveys not returned (n)	Patients given survey (%)	Patients returning survey (%)
Bristol	43	31	26	84%	5	72%	60%
Leeds	35	19	12	63%	7	54%	34%
Liverpool	31	26	9	35%	17	84%	29%
Manchester	21	14	2	14%	12	67%	10%
Oxford	39	21	10	48%	11	54%	26%
Sheffield	24	15	15	100%	0	63%	63%
Total	193	126	74	59%	52	65%	38%

Tables 2 and 3 indicate the scoring distribution for each site across all questions. Answers to questions were scored on a scale of 1 to 10.

Table 2

Site	Bristol	Leeds	Liverpool	Manchester	Oxford	Sheffield
Number of surveys returned	26	12	9	2	10	15
Total number of questions	208	96	72	16	80	120
Number of questions left blanks	6	1	0	0	0	2

Table 3

Site	Bristol	Leeds	Liverpool	Manchester	Oxford	Sheffield
Score	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
No scores received below 6						
6	1 (0.4%)	0 (0%)	0 (0%)	0 (%)	0 (0%)	0 (0%)
7	3 (1.4%)	0 (0%)	0 (%)	0 (%)	0 (0%)	0 (0%)
8	5 (2.4%)	2 (2%)	0 (%)	0 (%)	0 (0%)	0 (0%)
9	16 (7.9%)	2 (2%)	0 (0%)	0 (%)	5 (6%)	0 (0%)
10	177 (87.9%)	91 (96%)	72 (100%)	16 (100%)	75 (94%)	118 (100%)

Table 4 details the “Topbox” score which is the number of answers of 9 and 10 out of 10 received for question number 7 (Overall Experience) expressed as a % of the total number of answers to this question.

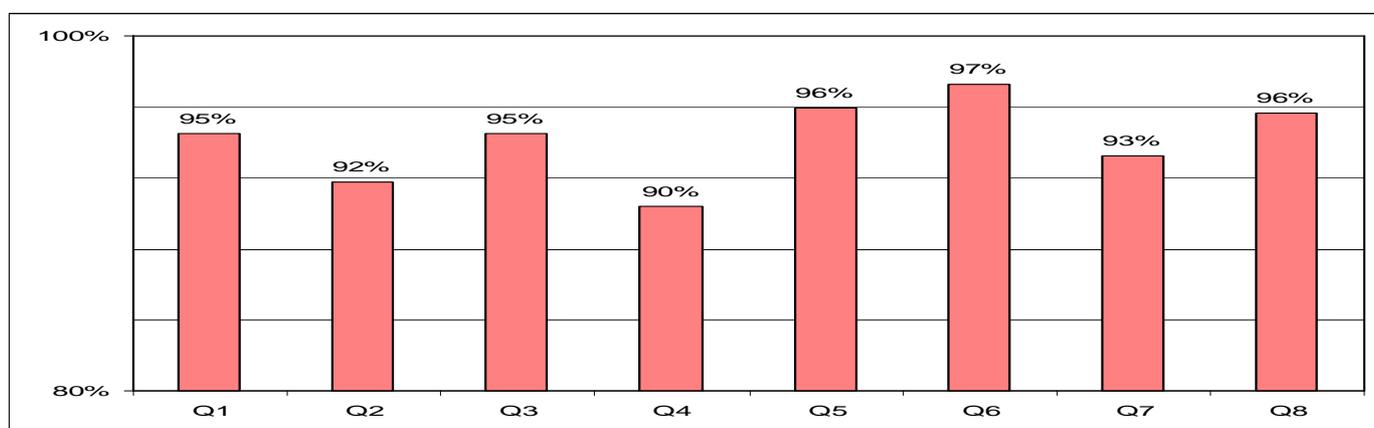
The table gives the overall “Topbox” score as well as the individual “Topbox” scores for each of the 6 units.

Table 4

Site	Bristol	Leeds	Liverpool	Manchester	Oxford	Sheffield	Overall
Total number of answers for Q7	26	12	9	2	10	15	74
Number of 9 scores	4	2	0	0	1	0	7
Number of 10 scores	21	10	9	2	9	15	66
Total (%)	25 (96%)	12 (100%)	9 (100%)	2 (100%)	10 (100%)	15(100%)	73 (99%)

Figure 1 indicates the frequency of scores of 10 associated with each question expressed as a % of the total number of answers received for that specific question.

Figure 1

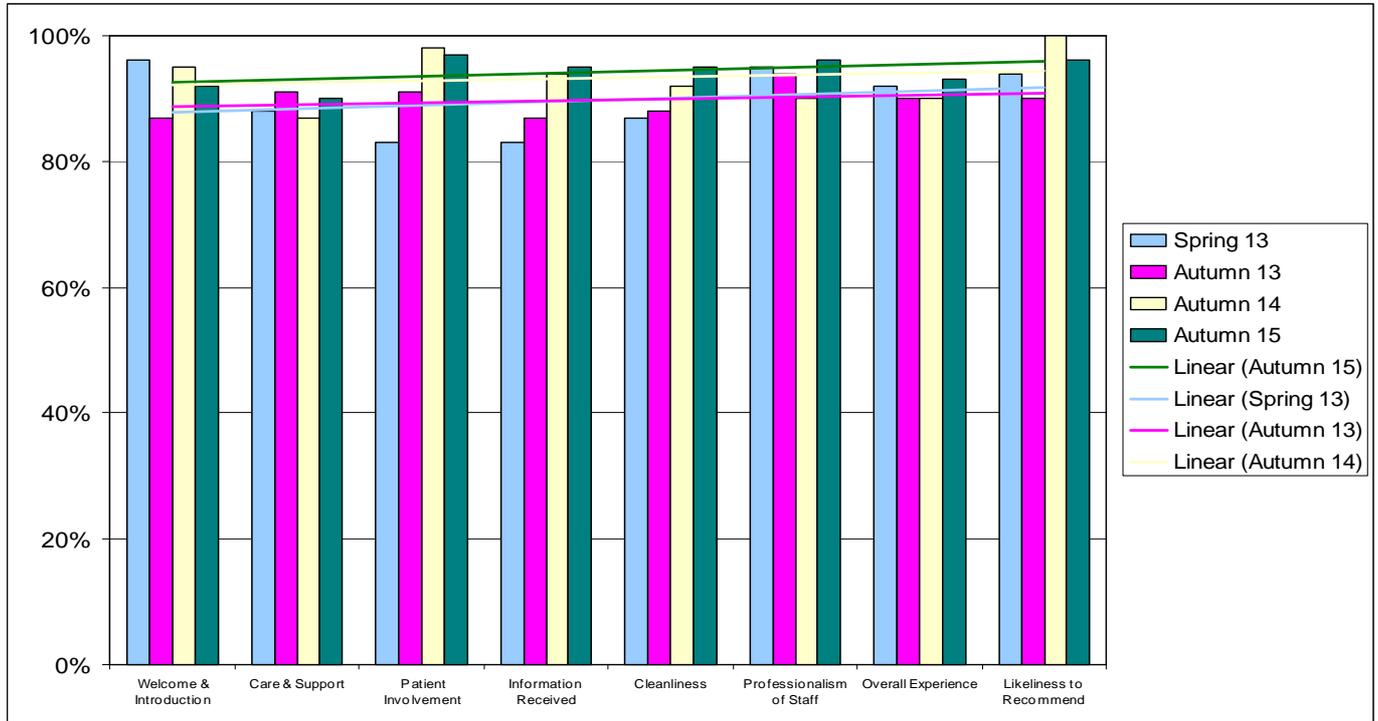


The results were analysed by procedure type and number of treatments received, however the scores showed no variance in overall satisfaction.

Comparison against Baseline Survey

Figure 2 demonstrates the number of scores of 10 for each question for this survey against the number of scored in previous surveys.

Figure 2



The most noticeable point in comparing the current and previous surveys is in continued slight but steady upward trend. With a step increase following the initial 2 surveys in 2013.

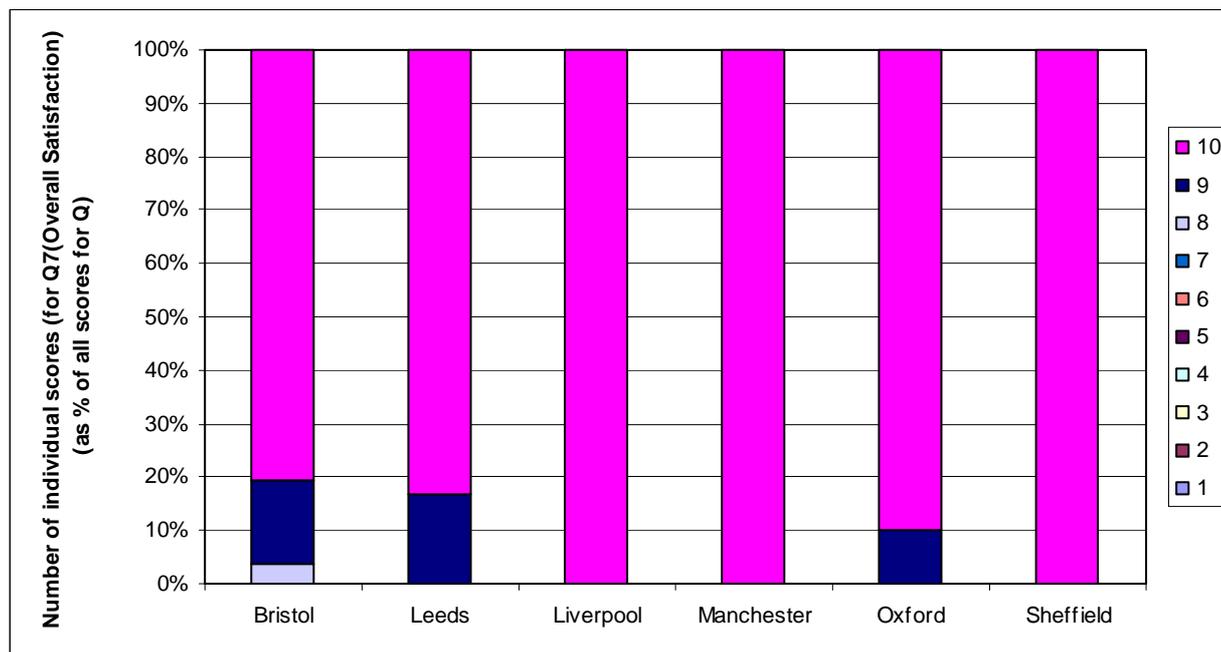
Figure 3 shows the distribution of the scores for each unit.

Figure 3



Figure 4 shows the distribution of the scores for Q7 (Overall satisfaction) for each unit.

Figure 4



Qualitative Data

The quantitative data was supplemented by 96 comments. This is a decrease in the number of comments from the 2014 survey when over 140 comments were received. The introduction of the continuous short snap audit questionnaire may be capturing some of the comments of regular patients/relatives/carers previously captured solely in the annual survey. An increase in satisfaction as a result of actions following previous surveys may also be playing a part in the number of comments received. The decrease could also be as a result of the greater use of satisfaction surveys in many areas of life leading to an over exposure to this form of request for feedback resulting in a decreased enthusiasm for detailed completion.

Comments were made to individual questions and in a general comments section. The vast majority of comments were very positive and extremely complimentary to the nursing teams. There were no overt complaints however a few comments were critical.

A selection of positive comments shown on page 3 reflect the overall nature of the vast majority of the responses. Appendix 2 lists the full details of all comments received.

Comments received with suggestions for improvements include:

Reduce waiting time between blood test on arrival and go ahead to commence procedure. NB but understand it's currently down to physical separation of unit and labs.

More space between beds as not a lot of privacy if needed, although staff always maintain privacy

Access to TV or Radio

Information needed re. car parking ticket available

Initial Appointment letter should make clear there will be a 2 and 1/2 hour wait for results to come through before stem cell collection can begin(or not if the levels are nor high enough)

Only thing I would say is perhaps could be little quicker at getting set up, but do realise this unit is quite a busy.
Overall I have no complaints

Findings

The patient experience topbox score for TAS continues to remain very high and exceeds the target set within its strategic plan. The topbox score for this survey is 99%. The lowest score for any question in this survey was 6 with 1 score of this level received. All but 1 of the topbox questions on overall satisfaction was scored either 9 or 10 out of 10 with a score of 8 being received on 1 questionnaire.

Question 8 which constitutes the "Family and Friends Test" question also obtained a topbox score of 99%.

No statistical analysis of the results is possible due to the low absolute numbers of surveys and numbers of patients/donors participating in the survey despite these numbers representing a high percentage of the patient/donors treated during the survey period and the survey being conducted over a relatively long period i.e. 1 month.

There has been an increase in the return rate since the last survey. The overall return rate was 59% despite the poor return rate in Liverpool and very poor return rate seen in Manchester. Sheffield achieved the highest rate at 100% followed by Bristol at 84%, who also issued the highest number of surveys. The return rate in Liverpool and Manchester were noticeably lower than by the other units, with 35% and 14% respectively and this represents a decrease on the 2014 survey. The overall number of questionnaires given out continues to increase however with 126 during the current survey compared with 120 in 2014 and 123 in 2013.

In Bristol and Sheffield the return rate as a percentage of the number of patients treated during the survey period was over 60% compared with much lower figures in the other 4 units.

The lowest scoring question was Q1, which relates to Welcome, and which was on 1 questionnaire given a score of 6. The same questionnaire gave the second lowest score of 7 for 2 questions and the only scores below 8 received. One other questionnaire gave 2 scores of 8 for Q4 which relates to information received.

There has again been an increase in the percentage of surveys scoring 10/10 to the questions related to cleanliness, information received, professionalism and the overall experience.

There have been increases in the numbers scoring 10/10 in 4 of the 8 questions however with over 90% all questions giving 10/10 it is difficult to draw any real conclusions around the individual subjects from this.

5 of the 6 units obtained an individual topbox score of 100% with one unit receiving a single score of 8/10 resulting in a 95% topbox figure. This Topbox figure represents scores of 9/10 or 10/10 for question 7 which measures overall satisfaction and in this survey 93% of patients/donors recorded a score of 10/10 an increase on 90% achieved in the previous survey.

Conclusion

The 99% score for both the Topbox (Q7) and the Friends and Family Test (Q8) questions indicates a continued high level of satisfaction with the service provided by TAS amongst patients and relatives.

The notably lower percentages of surveys issued and returned in Manchester and Liverpool and higher levels in Bristol and Sheffield requires investigation. This may reflect the levels of encouragement and instruction given to patients/carers/relatives on completion of the surveys as well as the level of facilitation given to allow completion, such as clipboards and pens. It may also reflect a difference in the nature of the work load in the different units e.g. higher percentages of more acutely ill patients treated offsite compared with the percentage of patients receiving treatment within the apheresis units as outpatients or a combination of both.

As however the same finding occurred in the North west units of Manchester and Liverpool in the previous survey, a lack of engagement in the survey process by staff in the North West could be suggested, although it may have different causes in each of the 2 unit as Manchester in the main has an outpatient workload being undertaken in fixed sites.

Comments around information on parking, blood test results timing, long set up time and the effects of GCSF suggest information leaflets and appointment letters could be improved further to provide more detail. Comments around lack of space impacting on privacy and the impact of lack or reception staff should be investigated in these areas. These very useful comments help in identifying areas for improvement and should be looked on as such while bearing in mind the scores of both the Topbox and Friends and Family Test questions

Actions taken following the previous surveys focusing on areas related to patient involvement and information appear to have had effect with upward trends in scoring in these areas apparent and this may also reflect on the introduction of the snapshot survey questionnaire.

The increase in the scores of 10/10 continues to indicate a positive direction in results which may be a reflection of the actions and efforts undertaken to address specific comments received in both previous annual surveys and the newer snapshot surveys.

As in previous surveys it is difficult to make any hard conclusions because of the very high scoring, low numbers of patients and surveys involved and small numbers involved in the variations. However the consistently high levels of satisfaction over time and the steady low level upward trend apparent on the comparison graph continues to provide assurance of the provision of very high standards of care.

Discussion

The qualitative data does appear to be yielding some tangible suggestion for change which could improve the experience of future patients/carers/relatives. The changes should form part of the recommendations for action arising from this survey, where reasonable and possible for TAS to implement. This should be undertaken where possible before the next survey.

The introduction of TAS in London at Great Ormond Street hospital where the treatment of children is the speciality provides opportunity to develop a questionnaire specifically to capture the experience of children as well as their parents/carers.

Yet more work on communication of, and staff engagement with, the survey process appears to be needed. This is again of particular note for the NorthWest region where compliance with the survey process appears to have been weakest, despite actions following the previous survey and expanded instructions around the issuing, completion and return of the questionnaires having accompanied the current survey.

Recommendations

1. Further work should be undertaken in TAS units to improve compliance with instructions for the distribution and recording of PES questionnaires to influence and increase the number of surveys returned as a percentage of those given out, and of patients/donors attendance during the survey period. Particular work should again be undertaken to address the low figures in the North West units and identify the reasons for this.

Action: TAS National Administrator to review and re-issue the flow chart detailing required actions with regard to distribution, recording and return of PES questionnaires **(May 2016)**

Action: TAS National Administrator to arrange sessions with unit assistant staff to communicate this prior to the next annual survey. **(October 2016)**

Actions: Lead Nurse in North West to identify cause of and address specific issues highlighted in Manchester and Liverpool units and produce and action plan for inclusion on the unit governance meeting agenda **(April 2016)**

2. A questionnaire for use specifically with children to try and measure their experience should be developed

Action: TAS Lead Nurse and TAS staff in Great Ormond Street to lead on development of suitable child friendly questionnaire(s) for use in November 2016. **(September 2016)**

3. Results of the 2015 survey to be disseminated to all TAS staff, referring organisations and commissioners and other relevant departments and bodies.

Action: TAS Nursing Lead Care Quality Regulation and Governance to disseminate survey report to TAS Lead Nurses and Consultants for review and development of action plan by TAS units **(March 2016)**

Action: TAS Lead Nurses to disseminated survey report to all unit staff **(April 2016)**

Action: Business Support Manager to arrange for survey results to be place on internal and external websites **(April 2016)**

Action: Service Development Manager to disseminate to relevant service users **(April 2016)**

4. Work should be undertaken to address any specific comments in survey questionnaires related to TAS units

Action: TAS Senior and Lead Nurses to identify unit specific comments from survey related to individual units **(May 2016)**

Action: TAS Lead Nurse to review specific comments, identify and introduce changes where appropriate from comments and suggestions received. **(August 2016)**

5. Action should be taken to provide feedback on changes and improvements made as a result of comments and suggestions from both the annual and snapshot PES and compliment and complaint forms received throughout the year.

Action: TAS Nursing Lead CQRG and TAS National Administration to Update You Said/We Did feedback summary of actions/improvements/changes from PESs to be circulated for display in TAS units and on external websites. **(1st May 2016)**

Action: TAS Business Support Manager and TAS National Administrator to develop a mechanism for updating TAS external websites with ongoing feedback received **(June 2016)**

6. In order to provide further information and assurance around the standard of service provided in TAS units, an action should be taken to introduce unit Quality and Safety communication boards. These will provide a further source of welcome to patients, relatives and carers and inform them of standards attained in specific areas e.g. infection control audits, hand hygiene and inspection results

Action: TAS Nursing Lead CQRG and Senior Nurse Manager to develop and implement the use of Quality and Safety Boards in all TAS units **(August 2016)**

Appendix 1 - Patient Experience Survey Questionnaire

Please Tell us About your Experience

We hope that your Apheresis procedure went well.

Please help us to improve our service by taking a few moments to complete this short feedback form.

If you would like assistance to complete this form, please ask a family member, friend, or any member of our team.

Please be assured that your feedback will remain completely anonymous

Please indicate whether you are the
 Patient/Donor
 Patients Relative/Carer

Please indicate the reason you attended the unit

- Stem Cell Collection
- Plasma Exchange
- Red Cell Exchange
- Photopheresis
- Lipid (Cholesterol) Removal
- Other.....Please Specify

Your Procedure

How Many procedures have you had?

- 1st visit Between 1-5
- Between 6-10
- More than 10- Ongoing treatment

Please give the specific details or examples in the comments boxes.

Please also indicate your satisfaction with a score between 1 😞 and 10 😊 in the boxes provided.

Your feedback is very important in helping us identify how we can improve any aspects of our service and the care our patients and their families receive during their visit

1 How satisfied were you with the welcome you received

😊

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

 😊

How Can we improve?

Your Visit

2. How satisfied were you with the care and support you received?

😊

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

 😊

How could we do better?

3. How satisfied were you with the involvement in your treatment and care?

😊

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

 😊

How Could we have involved you more?

4. How satisfied were you with the information you receive

😊

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

 😊

How could we improve the information we give you?

5. How happy were you with the cleanliness of our unit and staff?



1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----



What could we do better?

6. How professional were the staff who cared for you?



1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----



How could we improve?

7. Please rate your overall experience of our service



1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----



Comments

8. How likely would you be to recommend.



1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----



Comments

What else could we do to improve your experience?

Please hand the completed form to any member of our team or if you prefer please use the stamped addressed envelope to post back to us.



Blood and Transplant

THERAPEUTIC APHERESIS SERVICES



Patient Experience Survey

Your Feedback is Important to Us

Code:

Appendix 2 – Details of Survey Qualitative Data

Q1 - Comment / improvement	Q3 - Comment / improvement
<p>The team are great but at busy times and when there is nobody on reception it is difficult for them. Fire alarm going when arrived You can't improve a good thing. You cant I love how things are & personally don't think much needs to be changed can not (improve) The team of girls who work in the department are all outstanding. Annie is a super lady Everyone was very friendly and welcoming. Made to feel really at ease with the procedure I felt very welcome by everyone. Perfect as you are. No need to improve a thing.</p>	<p>I ensure I am involved in my care. Perhaps inform patients of blood results I've been kept informed, asked questions re how I feel at all times so not much more to be done here Again excellent. You couldn't Felt at ease. Everything was explained to me and I understood what was going on</p>
Q2 - Comment / improvement	Q4 - Comment / improvement
<p>There has been a loss of 3 experienced staff within a few months putting pressure on the remainder and the new members need to gain experience. It's already excellent Very. N/A - Again, everyone was really attentive and supportive. Given everything I needed and requested I had everything I needed and wanted</p>	<p>Information needed re. car parking ticket available Information needed re. car parking ticket available You couldn't Better info- in literature on side effects of G-csf would have prepared me for throbbing pain in pelvis which caused concern, call to hospital and an anxious day and night worrying about whether I should be heading into hospital. Again, everything was fully explained to me I was explained to in great detail.</p>
Q5 - Comment / improvement	Q6 - Comment / improvement
<p>Can't fault it Staff are exemplary regarding cleanliness and cleaning up The staff are awesome Nothing. Was great! Very clean. Hands were washed Lovely and friendly staff</p>	<p>Totally professional at all times. Longer serving staff are a great example to the newer joiner who will benefit from their guidance. Always excellent Extremely professional Staff knew how to deal with any problems. Very professional and helpful when I needed the loo. Everyone was great. Had a laugh with the staff, which made me feel comfortable and at ease with the procedure</p>

Q7 - Comment / improvement	Q8 - Comment / improvement
<p>Friendly feel to unit. Staff all approachable whatever their graded band. Occasionally blood results seem to get lost in the system or don't get recorded on the computer which can be frustrating. Couldn't help enough with travel forms The best Amazing friendly staff who genuinely care about the patient. I have been coming for 10 years & I just can't fault the staff they are excellent Everyone really welcoming, nice & happy to help. Very relaxed atmosphere which helped as it was my first visit Excellent Care i.e. service!! My line gave problems due to low flow but the staff very excellent, a helpful throughout. Thank you Had a great experience, everyone was friendly and felt comfortable throughout. I was made as comfortable as possible. Staff were very informative and friendly. Treatment was first class. Cannot praise them enough. They are brilliant Friendly and attentive staff. I felt involved in every aspect of my care. Everything was explained thoroughly and the staff were great! :-) Made to feel welcome and wanted. I was very happy with my experience. Staff are excellent</p>	<p>Somebody I have met during previous treatment is due to commence ECP. Have highly recommended the unit at Bristol. Very professional unit. Staff friendly and reassuring, you come to feel like part of an extended family which must help with treatment. Obviously not something you should ever have to recommend. We wouldn't recommend Leukaemia to anyone! Though the care here is very good. Amazing you guys are the best. Amazing staff Do not understand the question - why would I recommend someone to have this procedure. You are put totally at ease when you come the staff are fantastic I hope I don't have too. Very caring, Friendly, informative and professional staff in the unit very friendly and helpful As it was my first visit, I was very apprehensive, however my husband and I instantly relaxed as we were welcomed to the unit. Every procedure was explained and I want to say thank you for your support. The care, I am fortunate enough to receive is very professional. The consultant, the nurses are always there. Everything is taken Care of with a smile- Excellent Communication with my other hospital the Churchill. A big Thank you to you all!! I would just like to say what a truly great job everyone does. Thank you x I was made to feel very comfortable I would recommend the service to anyone as the staff and the procedure were great I would recommend anyone healthy enough to come and donate. The staff are really supportive and make you feel really comfortable and at ease with everything</p>

General Comments Question - What else could improve the experience?	
<p>Overall it was excellent Everyone has been really helpful and friendly and put me at ease. Thanks to all staff. Carry on as you are! More space between beds as not a lot of privacy if needed, although staff always maintain privacy Staff all very friendly and could not improve anything as far as I am concerned. Very professional and caring. I've had the most amazing experience ever the last 7 years. There is little I can suggest, the team are your best ambassadors. Please don't lose any more of them. Cannot think of anything. To be honest, I do not feel I need anything. The work you guys do is truly incredible. Keep saving lives, you rock! Access to TV or Radio</p>	<p>Reduce waiting time between blood test on arrival and go ahead to commence procedure. NB but understand it's currently down to physical separation of unit and labs. Better site signage especially to car parks. Nothing My 2 days treatment has been changed from Wednesday/Thursday to Monday/Tuesday which means a third day to attend the Wednesday Clinic. * This has now been discussed and rectified as far as possible. All excellent. Our thanks to you all Only thing I would say is perhaps could be little quicker at getting set up, but do realise this unit is quite a busy. Overall I have no complaints Initial Appointment letter should make clear there will be a 2 and 1/2 hour wait for results to come through before stem cell collection can begin(or not if the levels are not high enough) Just hope it works. Very hospitable, Made us feel comfortable. Very informative. Nothing I can think of. I have been very well looked after (and well fed!) on both visits Everything about the procedure was done efficiently and professionally and I was completely looked after Cooked Breakfast (LOL) Nothing</p>