

NHS Blood and Transplant's Therapeutic Apheresis Services User Satisfaction Survey 2023-24



Executive Summary

NHS Blood and Transplant (NHSBT)'s Therapeutic Apheresis Services (TAS) provides adults and children, from across a range of clinical specialties, with access to a portfolio of apheresis therapies. Based within acute NHS Trusts across eight geographical regions, the medical and nursing teams deliver a wide range of therapeutic apheresis treatments using specialist machines that exchange, remove, collect, or treat certain components within the blood.

This report presents the findings of a 3-week online service user feedback opportunity held in June of 2024. Clinicians who had referred a patient to TAS between April 2023 and March 2024 were invited to participate. E-mail invitations were sent to 369 referring clinicians requesting feedback on their experience of the TAS service. A total of 59 responses were recorded reflecting an overall response rate of 16%. This is an improvement on the response rate of the previous survey of 14%.

Feedback was assessed using a top box scoring system (the percentage of answers scoring 9 or 10 out of 10) and average scoring methods as used within previous surveys. The top box score for overall satisfaction with TAS services provided (Question 5) in 2024 is 71%. This is lower than the overall satisfaction score in 2022-23, which was 78%. However, the average score for overall satisfaction remained high at 9.1 out of 10, compared to 9.2 in last year's survey.

Background and Overview

The medical and nursing teams within TAS deliver a wide range of apheresis treatments to patients across England. Clinicians refer patients for a variety of treatments including:

- Therapeutic Plasma Exchange (PEX)
- Automated Red Cell Exchange (RCX)
- Peripheral Blood Stem Cell Collection (PBSC)
- Platelet Depletion
- White Cell Depletion
- Low Density Lipid (LDL) Removal
- Extracorporeal Photopheresis (ECP)

Historically, TAS have performed an annual collection of user feedback to measure the level of satisfaction from referring clinicians. An email invitation to request feedback about our services was sent to all clinicians with a known email address who had made a referral between April 2023 and March 2024. Users were sent an email invitation to participate which then guided them to an electronic form with a brief questionnaire consisting of 6 questions.

During the past year TAS has provided over 12,000 procedures, treated 2,182 patients, and collected stem cells from 252 donors.

"I cannot fault the service. Direct access to extremely capable people, and a really impressively responsive service. I have complete faith in the expertise which make shared decision making easy."

"The team are always approachable, quick to respond, and willing to provide PLEX over the weekend. Compared to the service available in other tertiary hospitals this is exemplary."

Survey Results

TAS has seen a decrease in Overall User Satisfaction (Q5) in this year's survey as shown in Chart 1 below. The Overall Satisfaction result remains above the target of 68%.

Chart 1 - Overall Satisfaction (Q5) 10 Year Trend

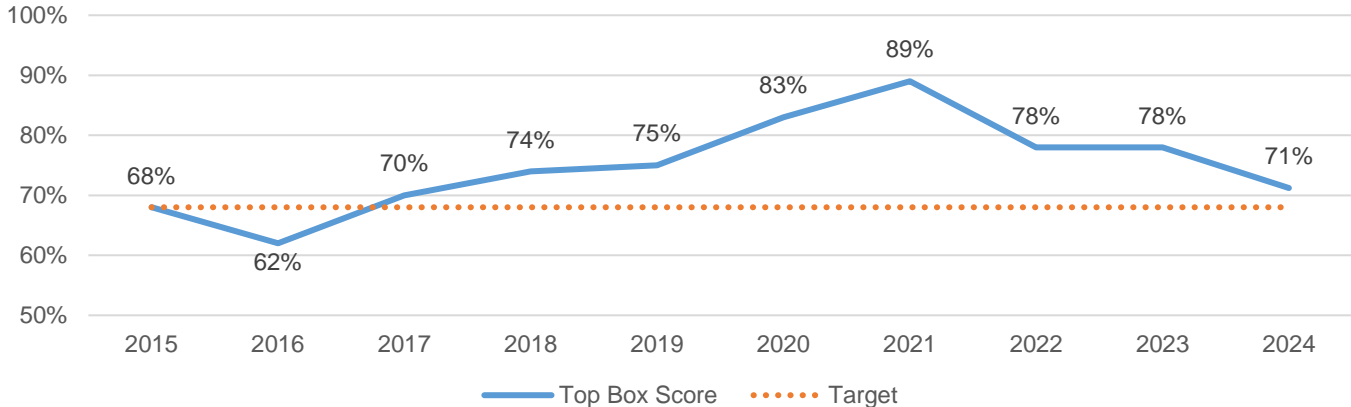


Chart 2 below shows the Top Box scores of this year's survey compared with the previous year. The scores for most of the questions are roughly in line with those of the previous year, except for Q1, speed of treatment, and Q3, quality of service from the medical team, which saw significant decreases. TAS has had an increased level of turnover and vacancies within the medical team nationally, which could explain the decrease in these scores.

Chart 2 - Year on Year Top Box Score Comparison by Question

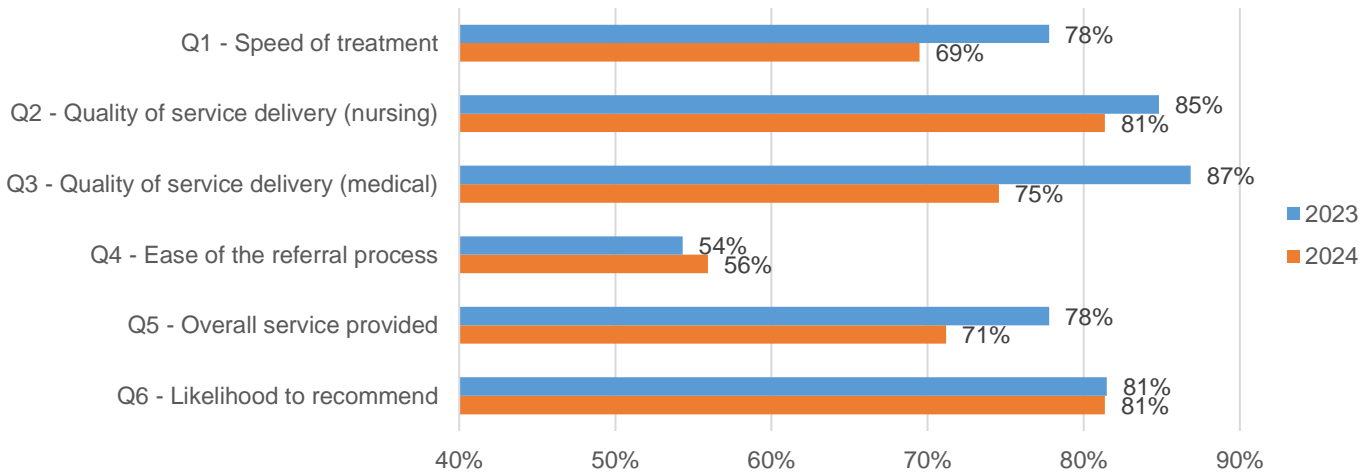


Chart 3 below shows the average scores of this year's survey compared with the previous year. Though some questions saw a notable difference in Top Box score (as above), the average scores for each question remained broadly the same with no significant changes.

Chart 3 - Year on Year Average Score Comparison by Question

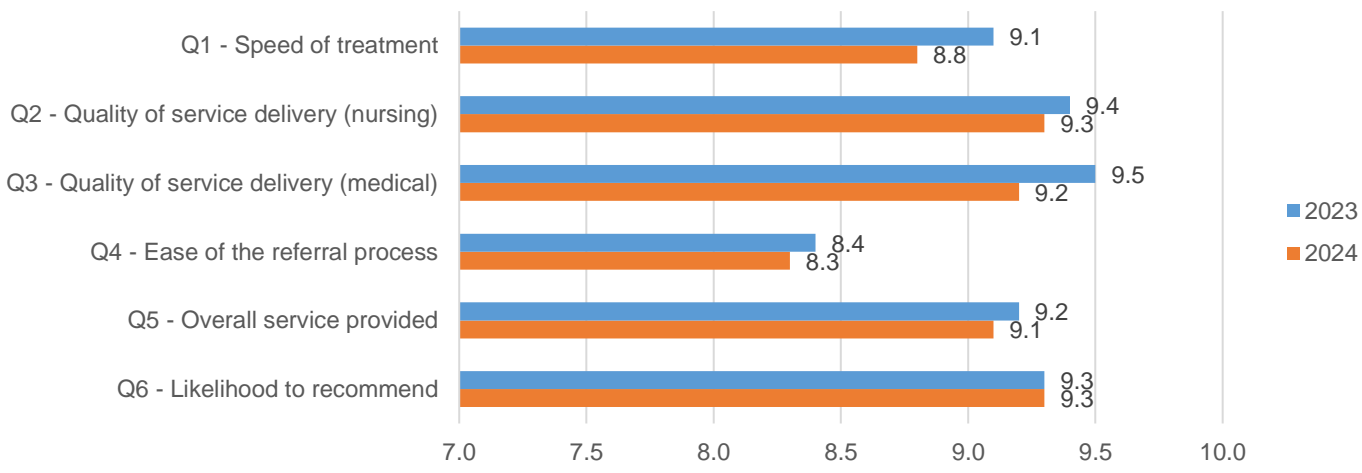


Chart 4 below shows the Top Box and average scores by question. As in previous years, Q4, ease of the referral process, remains at a significantly lower score than the others. We recognise that the referral process remains an issue, and it is a core focus of TAS' ongoing Digitally Managed Services (DMS) project which aims to improve IT provision within TAS, including an electronic referrals process.

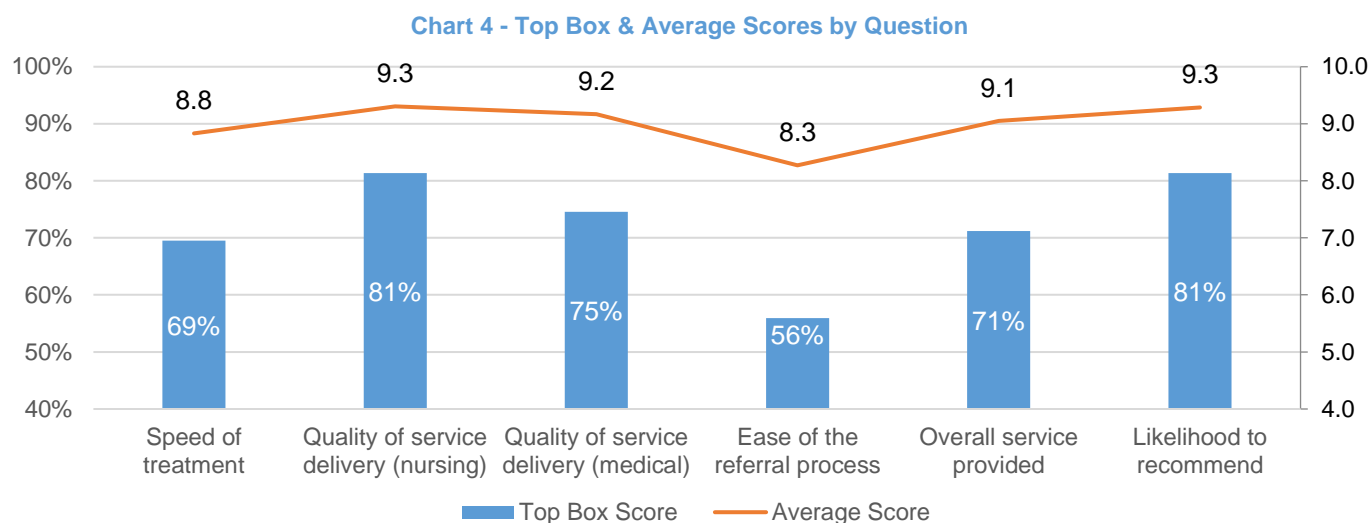


Table 1 below outlines by unit the percentage of referring clinicians surveyed and the response rate. Only clinicians for which a valid email address was available were surveyed, with undeliverable automated responses monitored for the most accurate response rate figures. A large number of undeliverable automated responses were received in this year's survey, likely due to the NHS as a whole transitioning away from using NHS.net domain email addresses in favor of localised domain names. This highlights the need for ensuring email contact details for referring clinicians are kept up to date.

Table 1 – Response Rates and Top Box Scores by Unit

Unit	Total Referrers in Period	Surveys Issued	Survey Rate	Total Responses	Response Rate	Top Box Score (Q5)	Average Score (Q5)	Range (Q5)
Birmingham	25	10	40%	3	30%	67%	8.7	6 - 10
Bristol	114	90	79%	12	13%	75%	9.3	7 - 10
Leeds	125	75	60%	13	17%	46%	8.2	5 - 10
Liverpool	61	31	51%	3	10%	100%	10.0	10 - 10
London	70	62	89%	9	15%	89%	9.4	8 - 10
Manchester	87	26	30%	5	19%	80%	9.4	8 - 10
Oxford	77	49	64%	10	20%	60%	9.0	7 - 10
Sheffield	42	26	62%	4	15%	100%	9.5	9 - 10
Total	601	369	61%	59	16%	71%	9.1	5 - 10

Table 2 below outlines by unit the average feedback score, broken down by question.

Table 2 – Average Scores by Unit

Unit	Q1 – Speed of Treatment	Q2 – Nursing team	Q3 – Medical team	Q4 – Referral Process	Q5 – Overall Service	Q6 - Likelihood to Recommend
Birmingham	8.7	8.7	8.7	8.7	8.7	8.7
Bristol	9.0	9.8	9.8	9.2	9.3	9.8
Leeds	7.8	8.7	8.8	6.8	8.2	8.8
Liverpool	10.0	10.0	10.0	9.3	10.0	10.0
London	9.4	9.4	9.4	8.2	9.4	9.6
Manchester	8.8	9.8	9.0	9.0	9.4	9.6
Oxford	9.0	9.0	8.9	8.4	9.0	8.8
Sheffield	9.3	9.8	8.8	8.0	9.5	9.5
Total	8.8	9.3	9.2	8.3	9.1	9.3

You Said, We Did

Below is an update on the 9 key actions for 2023/24 that were identified following last year's survey due to your feedback.

	Action	Comment
1	Continue to work with NHSBT DDTS (IT) to begin to advance the digitisation of TAS processes, identifying priority modules such as referral for implementation	The Digitally Managed Services (DMS) project is now underway. This project aims to fully digitise TAS and has a particular focus on developing an electronic referrals process. The project has a current resource of 8.2 WTE staff members across NHSBT, with a current delivery timeline of mid-to-late 2025.
2	Review processes through patient pathways via Continuous Improvement Methodology	TAS has successfully implemented a Continuous Improvement (CI) process, with eight CI events held nationally. Additionally, TAS SMT have implemented Senior Management Team Service Review Workshops to evaluate and improve each of TAS' eight units individually, taking into consideration regional intelligence and customer feedback.
3a	Explore and trial an alternative method of feedback from service users to gain a better understanding of improvement opportunities	Real-time feedback opportunities will form part of the new electronic referrals process under development as part of the DMS project. TAS will explore the use of Microsoft Power apps and organisational marketing tools for use in the interim.
3b	Review feedback questions to gain further insight into service improvement opportunities	
4	Expansion of Service Review Meetings and exploring bespoke approaches for different customer groups e.g. Registries and Paediatric service users	A Service Review Workplan has been established to ensure service review meetings are held and appropriate customer-specific action plans maintained. Four service review meetings have been completed with Trusts, with eight more already in the calendar and more to come.
5	Expand the opportunity for feedback by ensuring that email address details are obtained and stored for all referring clinicians	Our current database includes email contact details for referring clinicians, however work is required to ensure that these details are checked for accuracy with subsequent referrals to ensure changes are recorded.
6	Develop a better understanding of capacity and efficiency through the development of productivity measures and KPIs	The use of productivity measures was trialled and put on hold due to Clinical demand for unit staff. Productivity measures and KPIs will be developed in the later stages of the TAS DMS project.
7	Work with TAS Units to standardise scheduling practices	Unit calendars and scheduling practices are standardised nationally. An Operations Coordinator has been established to ensure that best administrative practice is being utilised uniformly across all units nationally. Additionally, a new joint TAS/CMT role has been established to improve user experience with booking and managing stem cell collections.
8	Develop an Estates and Facilities strategy that aligns with our Cellular and Molecular Therapies (CMT) function to ensure we have the capacity to meet changing apheresis needs	An Estates & Facilities strategy has been developed and is with TAS SMT for approval. The strategy includes expand the capacity of our units through size expansions and coordination with Cellular and Molecular Pathologies.



Service User Feedback

Service users were provided with a ‘free text’ box to feedback any specific comments relating to TAS service provision. There were 37 comments received in total, most of which were complementing our services and our staff. However, three main improvement themes can be identified. It is noted that these are the same three areas identified for improvement from last year’s survey comments.

1. The referral system – 9 comments mentioned the referral process and paperwork, in particular the complexity of the process and duplication of requested information within referral forms.
2. The capacity of the units – 4 users highlighted the need for greater capacity and availability of patient treatment slots.
3. Scheduling system – 4 responses included feedback on the prioritisation and scheduling of patients, in particular the complexity of scheduling patients in the context of other ongoing treatments and requirements to re-submit referral forms when rescheduling patient treatments.

2024/25 Action Plan

Following review of all feedback received, the following actions have been identified for the 2024/25 financial year to continually improve our services:

No.	Action	Lead	Due Date
1.	Continue to work with NHSBT DDTS (IT) to begin to advance the digitisation of TAS processes, identifying priority modules such as referral for implementation.	HoT	Ongoing
3.	Explore the use of Microsoft Power apps and organisational marketing tools to gather real-time referring clinician feedback whilst TAS DMS is under development.	SDT	Q4 2024/25
4.	Establish a process for ensuring that referring clinician contact details are kept up to date for repeat referrers.	BST/ Ops	Q3 2024/25
5.	Approve and implement the TAS Estates & Facilities strategy.	SMT	Q2 2024/25
6.	Review referral pathway with an aim to eliminate duplication of information amongst forms.	Ops/ Gov	Q4 2024/25
7.	Review unit scheduling processes, in particular any requirements to re-submit forms due to rescheduling of patients/donors.	Ops/ Gov	Q4 2024/25

Glossary of terms:

- HoT – Head of TAS
- SDT – Service Development Team
- Ops – Operations Team
- Gov – Governance Team
- SMT – Senior Management Team
- BST – Business Support Team

Authored and analysed by O. Pirret, *TAS Business Support Coordinator*

For more information, please contact TherapeuticApheresisServices@nhsbt.nhs.uk



2,182 patients
252 donors
>12,000 procedures
8 units



56% of respondents rated the ease of the referral process as 9 or 10 out of 10. The referral process has been identified as a key area for improvement.



81% of TAS referring clinicians rated their likelihood of recommending TAS to a colleague as 9 or 10 out of 10



The average score for speed of treatment was 8.8 out of 10.

Therapeutic Apheresis Services

User Satisfaction Survey 2024



71% of responding clinicians rated the overall service provided by TAS as 9 or 10 out of 10, above our target of 68%



61% of the over 600 referring clinicians during the 2023/24 financial year were asked to participate, with a 16% response rate among those surveyed. This is an improvement over last year's response rate of 14%.



The average score for the quality of service from the TAS Nursing team was 9.3 out of 10.



The average score for the quality of the service from the TAS Medical team was 9.2 out of 10.