

NHS Blood and Transplant's Therapeutic Apheresis Services User Satisfaction Survey 2024-25



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 an annual online service user feedback opportunity held in June of 2025. Clinicians who had referred a patient to TAS between April 2024 and March 2025 were invited to participate. E-mail invitations were sent to 1021 referring clinicians requesting feedback on their experience of the TAS service. A total of 68 responses were recorded for 2024-25 reflecting an overall response rate of 6.6%, this is an increase on the number of responses to the 2023-24 survey which was completed by 58 referring clinicians.

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 2024-25 is 78%. This is 7% higher than the overall satisfaction score in 2023-24, which was 71%. The average score for overall satisfaction remained high at 9.1 out of 10, equal to 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 and Wales. 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 2024 and March 2025. 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 13,000 procedures, treated 2,376 patients, and collected stem cells from 258 donors.

"This is a really excellent service and massively benefits patients."

"Excellent well-run, responsive and helpful service - we regard ourselves as very fortunate in having access to it."

Survey Results

TAS has seen an increase 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 75%. This result is the first time the overall satisfaction score has increased after a downwards trend for the previous 3 years. While the score has not returned to the peak of 89% in 2020-21, a 7% increase does demonstrate that the actions TAS have implemented following previous feedback rounds have made a positive difference.

Chart 1 - Overall Satisfaction (Q5) 10 Year Trend

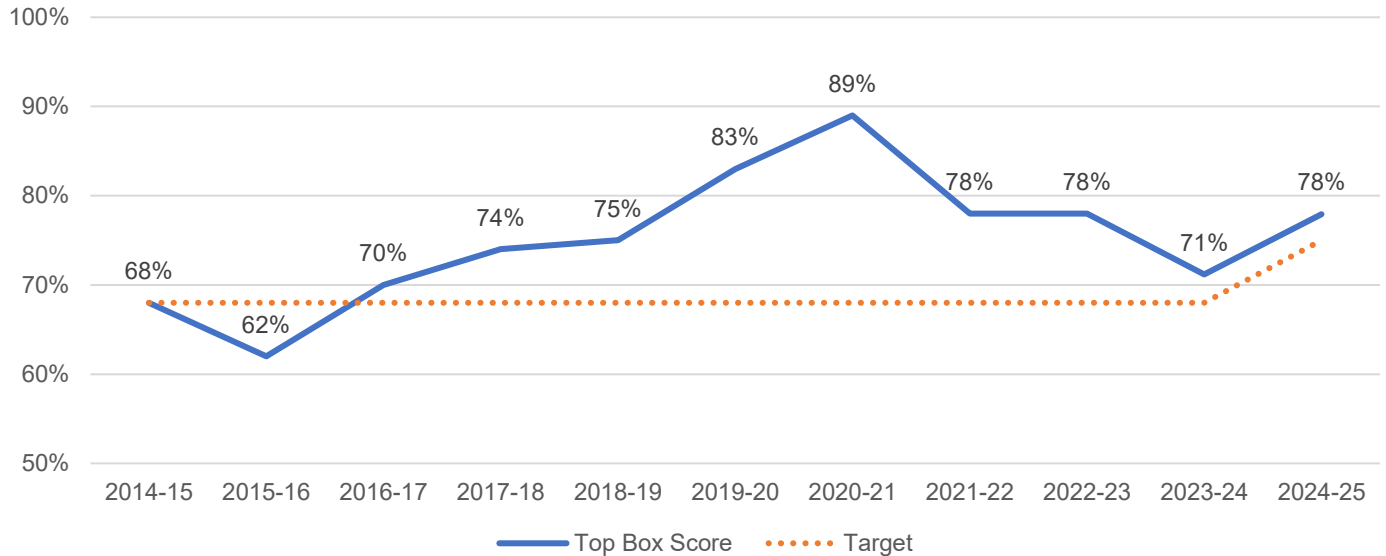


Chart 2 below shows the Top Box scores for each question asked of this year's survey compared with the previous year. TAS saw improvements in scoring for 3 metrics; speed of treatment, ease of referral process and overall service provided. A significant decrease was seen in the satisfaction of referring clinicians with the quality of medical service provided. This is a continuation of a downward trend from 2023 (87%), 2024 (75%) and 2025 (63%).

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

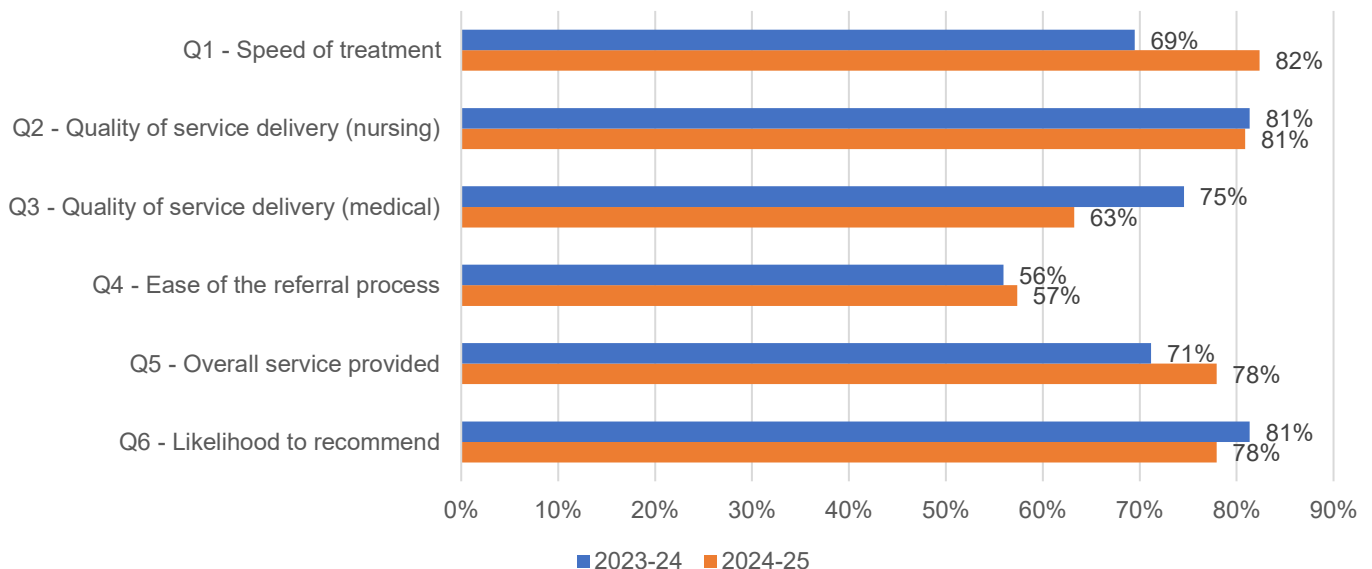


Chart 3 below shows the average scores of this year's survey compared with the previous year. The changes seen in Top Box score (above) are broadly reflected in the average scores. The satisfaction with the speed of treatment received from TAS has increased, the top box score is 13% higher than in 2023-24 and the average score is 0.4 higher which is a marked improvement. The downward trend in the top box score for medical service delivery is also reflected in the average score, which has been decreasing over the previous 3 years results.

Chart 3 - Year on Year Average Comparison by Question

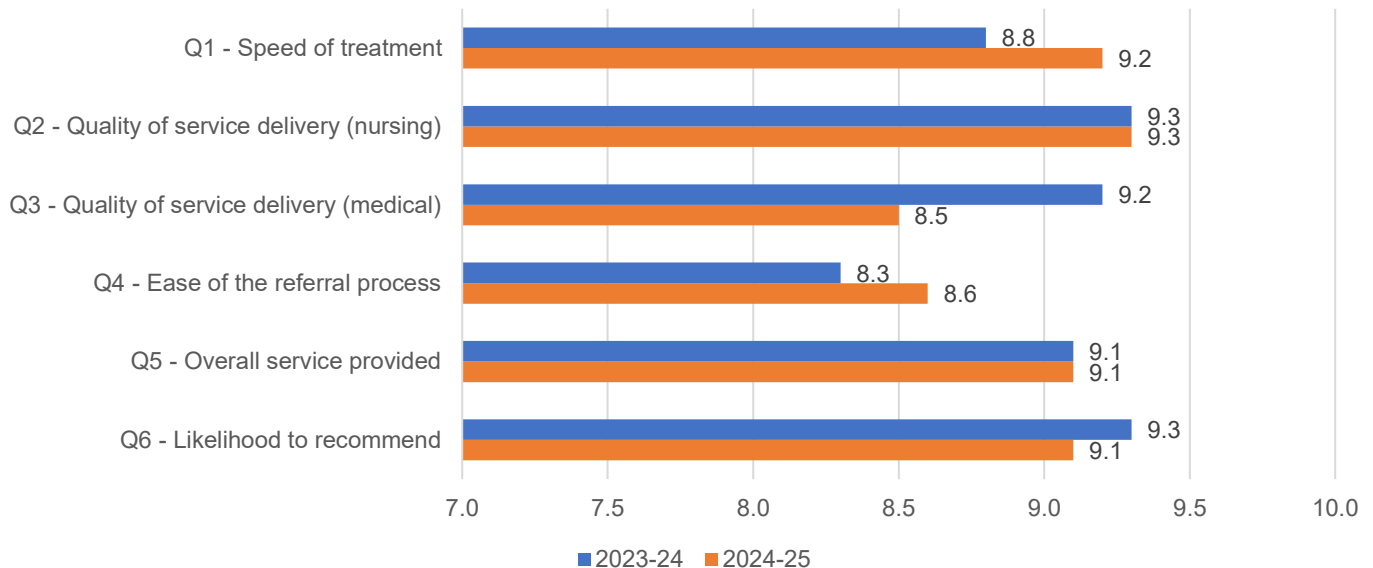
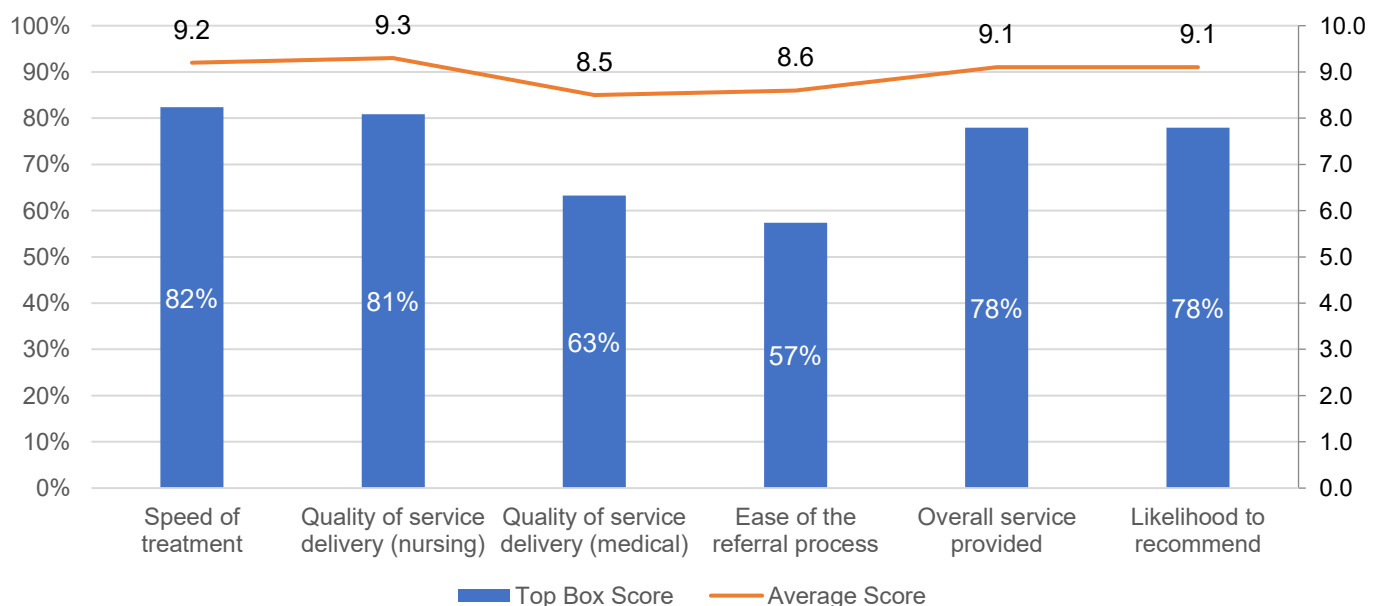


Chart 4 below shows the Top Box and average scores by question. As in previous years, Q4, ease of the referral process, remains at a significantly lower score than the others. We recognise that the referral process remains an issue, and it is a core focus of TAS' ongoing TAS Connect project which aims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

Chart 4 - Top Box & Average Scores by Question



Q3 Quality of Service deliver (medical) saw a lower top box score of 63% compared with 75% last year with average scores of 8.5 compared with 9.2 out of 10 last year. The TAS Medical team have been working hard with Trusts to agree and appoint joint posts to address capacity, however progress has been slower than hoped. TAS have had several new posts appointed in the last year and further posts planned for next year.

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Also, TAS have moved from a cross directorate on-call to a Therapeutic Apheresis Consultant specific on-call rota this year, strengthening the specialist support offered to hospitals referring patients out of hours.

Additionally, work is ongoing to ensure we work with our referring clinical teams to undertake regular multi-disciplinary team (MDT) review for patients on regular apheresis programmes. This is also being supported by our Advanced Clinical Practice (ACP) Nurses, which are new roles in TAS, with 3 nurses in training and 1 qualified ACP and plans for additional roles in training next year

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. The response rate is not as high as TAS would like to ensure accurate survey results. For 2025-26 TAS are planning to implement an ongoing feedback method to be analysed annually to replace the annual collation of feedback, this will allow referring clinicians to make more timely feedback at convenient times.

Table 1 – Response Rates and Top Box Scores by Unit

Unit	Total Referrers in Period	Surveys Issued	Survey Rate	Total Responses	Return Rate	Top Box Score (Q5)	Average Score (Q5)	Range (Q5)
Birmingham	80	65	81%	3	5%	67%	8.7	7 - 10
Bristol	238	193	81%	18	9%	72%	9.2	6 - 10
Leeds	286	196	69%	8	4%	88%	9.4	8 - 10
Liverpool	136	103	76%	6	6%	83%	9.2	8 - 10
London	179	169	94%	5	3%	100%	9.4	9 - 10
Manchester	207	55	27%	5	9%	80%	9.2	8 - 10
Oxford	166	162	98%	14	9%	64%	8.9	6 - 10
Sheffield	88	77	88%	8	10%	88%	9.0	7 - 10
Total	1380	1020	74%	67	7%	78%	9.1	6 - 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	9.0	9.3	7.3	7.0	8.7	8.7
Bristol	9.0	9.4	8.1	8.5	9.2	9.2
Leeds	9.5	9.6	9.3	9.4	9.4	9.4
Liverpool	9.3	9.7	8.8	8.0	9.2	9.2
London	9.8	9.8	9.2	9.0	9.4	9.4
Manchester	8.8	8.8	7.8	8.4	9.2	9.2
Oxford	9.3	8.7	8.7	8.6	8.9	8.9
Sheffield	9.1	9.1	8.9	9.0	9.0	9.0
Total	9.2	9.3	8.5	8.6	9.1	9.1

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.	TAS DMS is a 17 member stakeholder group working with DDTS in the development and deployment of the TAS Connect Digital system

2.	Explore the use of Microsoft Power apps and organisational marketing tools to gather real-time referring clinician feedback whilst TAS DMS is under development.	The TAS Business Support team have received training on Power BI and will be implementing an ongoing format of user feedback in financial year 25/26.
3.	Establish a process for ensuring that referring clinician contact details are kept up to date for repeat referrers.	The TAS Connect programme will collect up to date contact details for all referring clinicians.
4.	Approve and implement the TAS Estates & Facilities strategy.	TAS Estates and Facilities plan was approved in September 2024, and implementation is in progress, with units in planning in Bristol, London and Sheffield.
5.	Review referral pathway with an aim to eliminate duplication of information amongst forms.	TAS Connect will streamline the referral process, aiming to collect all salient data without repetition.
6.	Review unit scheduling processes, in particular any requirements to re-submit forms due to rescheduling of patients/donors.	Scheduling is outside of the scope of the current TAS DMS project group, but potentially could be a future digitisation project once TAS Connect has been implemented.



Service User Feedback

Service users were provided with a 'free text' box to feedback any specific comments relating to TAS service provision after each scoring question. There were 179 comments received in total, most of which were complementing our services and our staff. Many service users were particularly complementary about the implementation of ultrasound guided cannulation across all TAS teams which has improved patient experience and reduced the volume of central line access required by TAS patients. However, two main opportunities for improvement can be identified.

1. The referral system – 6 comments mentioned the referral process and paperwork, in particular the complexity of the process and duplication of requested information within referral forms.

2. Communication with TAS medics – 6 comments referenced communication with the TAS medical team, highlighting that it can be challenging to establish timely and efficient communication with the team.

2025/26 Action Plan

Following review of all feedback received, the following actions have been identified for the 2025/26 financial year to continually improve our services:

No.	Action	Lead	Due Date
1.	Roll out the first phase of TAS Connect to digitise plasma exchange referrals.	DMS	Q4 25/26
2.	Continue to advance the digitisation of TAS processes, ensuring ongoing user feedback and engagement.	DMS	Ongoing
3.	Build on the programme of ongoing MDT reviews for regular apheresis patients to allow more contact between TAS Medics and referring teams.	CAGT Medical Director	Ongoing

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

DMS - TAS Digitally Managed Services Team

CAGT – Cell, Apheresis and Gene Therapies

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2,376 patients
258 donors
>13,000 procedures
8 units



The average score for speed of treatment was 9.2 out of 10.



75% of over 1300 referring clinicians during the 2024/25 financial year were asked to participate, with a 7% response rate among those surveyed. This is small improvement over last year's response rate.



57% 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.

Therapeutic Apheresis Services

User Satisfaction Survey 2025



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

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78% of TAS referring clinicians rated their likelihood of recommending TAS to a colleague as 9 or 10 out of 10



78% of responding clinicians rated the overall service provided by TAS as 9 or 10 out of 10, above our target of 68%



The average score for the quality of the service from the TAS Medical team was 8.5 out of 10.