NHS
Blood and Transplant

Board Meeting in Public

Tuesday, 21 July 2026

Title of Paper	Board Patient Story	**Agenda No.**	2.1
Nature of Paper	☒ Official	☐ Official Sensitive	
Author(s)	Teresa Baines – Head of TAS , Rebekah Horler, Trainee AP TAS, Helen Rushworth, Trainee AP TAS, Anne Olaleye - patient		
Lead Executive	Gail Miflin, Chief Medical Officer		
Non-Executive Director Sponsor	N/A		
Presenter(s) at Meeting	Rebekah Horler, Helen Rushworth, Teresa Baines and Anne Olaleye		
Presented for	☐ Approval ☒ Information ☐ Assurance ☐ Update		
Is there a plan to communicate this to the organisation?	☐ Yes ☒ No ☐ Yet to be determined		

Executive Summary

This board patient story is about the introduction of Advanced Practitioners (AP's) into the TAS team and the transformation that this innovation has provided to the care given to patients.

Previously Considered by

N/A

Recommendation

Presented for information only

Risk(s) identified (Link to Board Assurance Framework Risks)

n/a

Strategic Objective(s) this paper relates to:

☐ Collaborate with partners ☐ Invest in people and culture ☒ Drive innovation
☒ Modernise our operations ☐ Grow and diversify our donor base

Appendices:	

Introduction

TAS would like to demonstrate how the introduction of Advanced Practitioners (APs) into the team represents a significant innovation in how we deliver apheresis care. This innovation has transformed the way care is designed, delivered and experienced by the patients.
Traditionally, apheresis services have relied heavily on medical led decision making. As service demand has increased, it was important for TAS to identify areas where the nursing and medical combined approach enhanced the service's ability to meet demand. The AP team are qualified nurses, educated to level 7 (masters) in advanced practice. With the application of the AP pillars and nursing models, this has allowed the introduction of APs in TAS to transform pathway ownership and responsiveness.
The TAS AP team currently consists of one qualified AP and three APs in training, with one more commencing the AP programme in September. This equates to 5 whole-time-equivalent (WTE). The AP team work across the four pillars of advanced practice; clinical, education, leadership and research. This provides greater clinical ownership, improved continuity of care, proactive management of patients and improved coordination across pathways.
We are focussing specifically on red cell exchange in sickle cell disease, using this as an opportunity to show how Advanced Practice is improving both clinical outcomes and patient experience.
A national TAS red cell audit was led by our qualified AP, working alongside the Therapeutics Working Group to drive standardisation across the service. The findings of the audit were then presented through the UK Forum Haemoglobin Disorders, ensuring national sharing of the data collected and promoting transparency around the current aims and objectives of the red cell exchange programme.
In sickle cell disease RBCs are sickle shaped which reduces their oxygen carrying capacity, this can obstruct blood flow within capillaries as they stick together. Patients undergoing red cell exchange receive exchanges every 4-8 weeks depending on their individualised treatment plan. During an exchange, their red cells are removed and replaced with donated red cell without the sickle cell trait. This positively impacts the patient as it reduces the incidence of sickle cell crisis and reduces analgesic requirement, therefore improving their quality of life.

The patient pathway before advanced practitioners

- Clinical review processes varied across the service, with opportunities to strengthen consistency and structure.
- TAS prescriptions being completed by covering haematology registrars, rather than clinicians embedded within TAS.
- Variation in treatment optimisation.

The transformation after advanced practitioner implementation

- Regular formal clinical review meetings with structured discussions including indication, access, targets, adverse events, disease specific management, transplant status and update to treatment plan for each patient.
- All treatment plans reflect the targets discussed at clinical review meetings,
- Non-medical authorisation of blood components, allows TAS prescriptions to be completed by member of staff who knows the patient and their medical history, improving the continuity of care
- Units with an AP performed better in the national red cell audit, TAS are now reviewing how to embed this nationally across all units.
- Patient treatment schedule is individualised based on their clinical outcomes.
- Clear documentation of the individualised patient treatment plan for TAS nurses to follow at the bedside.
- Discussion at MDT with transfusion laboratories around blood supply stocks and management of blood ordering to ensure compatible units are available for exchanges.

Patient story – Anne Olaleye

TAS Leeds received the referral for Anne when she was a young child (around the age of 8) following a stroke. Since then, she has been on a regular red cell exchange programme and currently attends every 4 weeks. Helen, the trainee AP in Leeds, has become integral to the delivery, development and sustainability of the red cell exchange programme within TAS Leeds. The TAS team are the first point of contact for both patient and referring teams, working closely with the TAS consultants to ensure safe and effective care.

Anne's story

I have sickle cell and 20 years ago, I had an Ischemic stroke that started me on the journey of receiving transfusions and, shortly after, blood exchanges. These were initially at Seacroft hospital, then St James ICU for a short while and now at the Apheresis unit, Bexley wing. It's been at times a tiring journey but one that has given me the opportunity to live my everyday life without worrying about hospital admissions. I can proudly say my last admission was 14years ago and counting, thanks to the blood exchanges programme. A relief not just for me, but for my family also. In the battlefield against Sickle Cell, this is most definitely a point for the win column.
All of this is made possible through the sincere care of the many apheresis practitioner nurses that have cared for me over the years. Apheresis practitioners make this service work, and it's often in the little things. In my younger years, it was demystifying the treatment and explaining the medical process to me in a way I understood. The result can only be quantified in the fact that they alleviated my anxiety and built trust with me at every stage; as a child, a teenager and young adult.

For me now, it is giving me updates on my pre-clinic numbers which often reflect the impact of my lifestyle changes between treatments, paying attention to my treatment needs by including a bolus infusion before my red cell exchange begins to prevent me fainting (a repeated result of fluid overload which they noticed and remedied), advising me on post treatment care to recommendations that ensure I remain healthy whilst flying and travelling in general. The Apheresis team is a wealth of knowledge that I heavily rely on to be the best me that I can be health wise.
As I said, it can at times be tiring going in regularly, but even on the hard days, I always leave with a smile thanks to them. I may be biased but I believe the Apheresis team at St James are the best in the game. Also, shout out to my clinical nurse team and the lab team. I am grateful to you all also. Thank you, dream team."

Wider impact and evidence

Since the implementation of Advanced Practitioners within TAS, we have seen improved quality in treatment planning, with all treatment plans now up to date and clearly individualised to each patient. There is also evidence that apheresis units with an AP performed better in the TAS national red cell audit, likely reflecting stronger ownership of clinical review processes and the dedicated time APs have to prepare for and lead these meetings.
The AP team works closely with TAS consultants as part of a multidisciplinary model of care. Whilst the service benefits from 10 consultant staff, this equates to around 4 WTE because of additional roles held within acute trusts. The introduction of APs has increased workforce capacity, enabling timely management of referrals and clinical queries within their scope of practice, while supporting consultants to focus on complex cases and service development.
The innovative contribution of the AP team extends beyond the red cell exchange programme. There is ongoing work around Patient Reported Outcome Measures in ECP, enabling us to capture patient benefit in a more formalised and structured way. In addition, AP led MDT pathway reviews are supporting improved coordination across the wider TAS service.

In summary

This represents an enhanced model of care, where decision-making is patient-focused, care is coordinated, and Advanced Practitioners are leading and transforming the pathway.
The introduction of APs has shifted the red cell exchange programme from a reactive to a proactive service, demonstrating a transformative approach to both service delivery and workforce innovation. Most importantly, we have received positive anecdotal feedback from both patients and referring teams, and we are now in the process of formally capturing this through PROMs and PREMs, which are CQC-recognised patient outcome measures.