

# Re-designing Ig delivery for efficient, effective, equitable outcomes

**Co-design Workshop 1:**  
Mapping Immunoglobulin Services & Experiences in the context of infection prevention for people with blood cancer.

1 August 2025

## 29 Participants

representing lived experience, specialist medical practitioners, nursing professionals, health economists, health policy and administration officers, researchers, and Ig supply/distribution

## 6 Tables

engaged in multi-disciplinary exploration of the current system services, and experiences

## 4 Personas

Co-created through an evidence-based process with stakeholders to focus the work on real-world scenarios and people

## Summary

Through structured co-design activities, participants explored current immunoglobulin replacement therapy (Ig) services and experiences through the lens of people who access the therapy.

The system delivering Ig across Australia to people with blood cancer for infection prevention is highly complex. Many stakeholders are involved, and numerous factors can affect service delivery and experiences for better or worse.

These factors vary according to context. The findings related to these are organised across 3 different levels;

- Micro - individual context, capabilities, and resources
- Meso - services and treatment context
- Macro - geography, policy and administration context

A summary overview of the factors can be found on the next page.



# OPTIMAL CRE Re-designing: Ig Mapping Immunoglobulin Workshop - 1/08/2025

## Understanding the summary findings

### Data collection

This research is based on the principle that tackling complex healthcare challenges requires diverse expertise and equitable participation (Heiss & Kokshagina, 2021), achieved here through a co-design workshop.

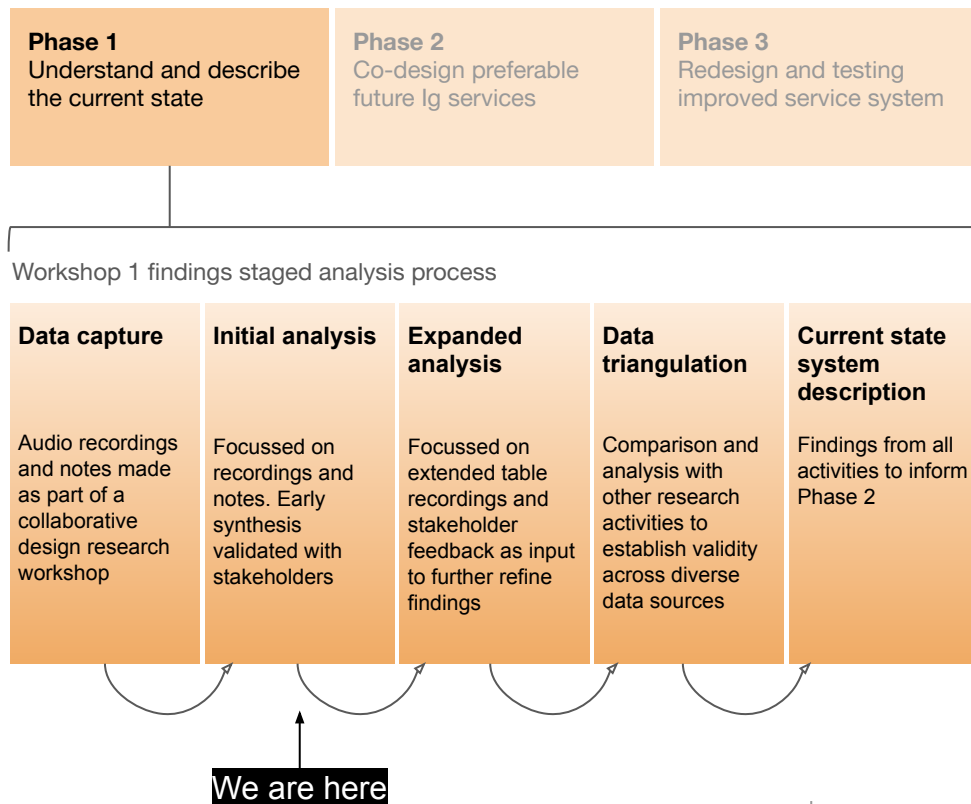
The workshop brought together 29 stakeholders with different perspectives to examine how Immunoglobulin (Ig) is delivered to people with blood cancers for infection prevention. Four evidence-informed personas were used to anchor discussion of experiences, barriers, enablers, and opportunities. Working in small groups, participants responded to research prompts, generating notes and discussion, and summarised their insights to the wider group. Data was captured through recordings and photos of written material.

### Staged analytical approach

The PhD researcher, India Read, is using reflexive thematic analysis (Braun & Clarke, 2019) to interpret the workshop data. This process involved identifying key ideas across recordings and photos to generate themes which were organised into three levels - micro, meso, and macro - informed by socio-ecological models of healthcare access. This supports the interpretation that multiple factors interact to shape Ig experiences, with the same factor acting as either a barrier or enabler depending on context.

These early findings have been distributed to stakeholders for feedback to check there is a shared understanding between researcher and participant. Ongoing analysis, alongside triangulation with other planned research activities including stakeholder interviews and observational studies will contribute insights to inform Phase 2 of the research; co-designing preferable future Ig services.

### Redesigning Ig Project



## Summary Findings:

# Mapped factors influencing Ig services and experiences

The workshop surfaced various factors that can influence the experience of accessing Ig. These have been categorised into 3 levels - micro, meso, and macro - and are explored in the following pages.

### Micro

Individual context,  
capabilities, and resources

*Highly personal factors that significantly influence an individual's experience, opportunities and agency*

### Meso

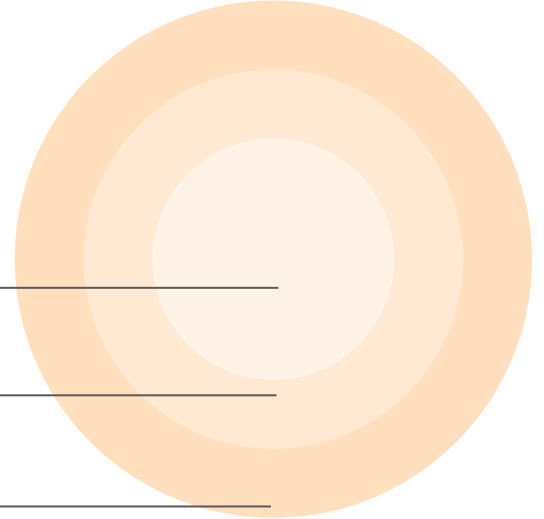
Services and treatment  
context; team, technology,  
and transportation

*Factors that shape how Ig is explained, understood, accessed, used, and managed in the service context*

### Macro

Geography, policy settings,  
and administration context

*Considerations and settings that shape access to Ig beyond the level of individuals and organisations*

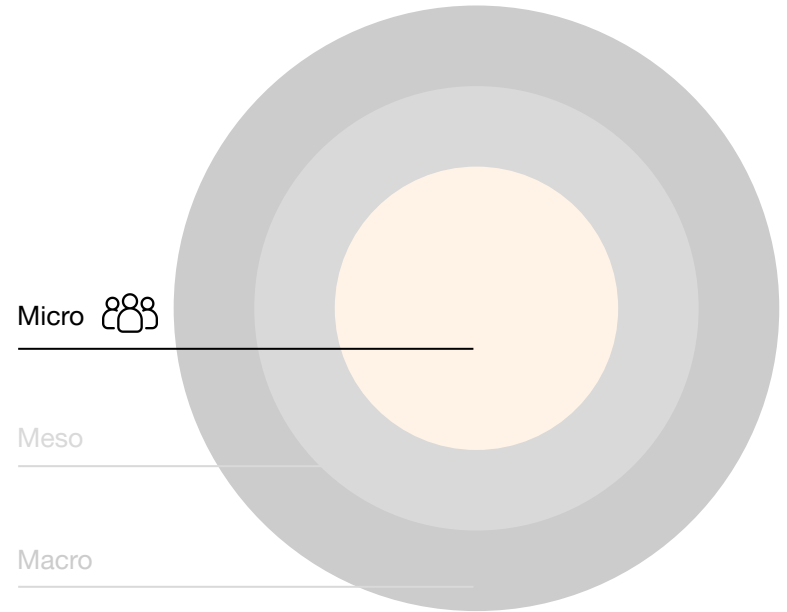


# Micro - Individual context, capabilities, and resources

Highly personal factors that significantly influence an individual's experience, opportunities and agency;

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- **Physical and cognitive capabilities**, as well as **acquired capabilities** including proficiency in english, ability to drive, and digital literacy.
- **Psychological mindset and impacts**; personal motivation and resilience are enabling, while emotional setbacks and burdens contribute barriers.
- **Social resources and networks**; immediate and extended family, friends, and employers can provide practical and emotional support, but can also contribute to stress and complicated dynamics.
- An individual's **financial security** can be a barrier or enabler in relation to indirect costs to the patient, such as out of pocket costs (e.g. parking, fuel) and productivity loss
- **Symptom progression and treatment side effects** such as fatigue present barriers, although experiences of improved wellbeing can be enabling.

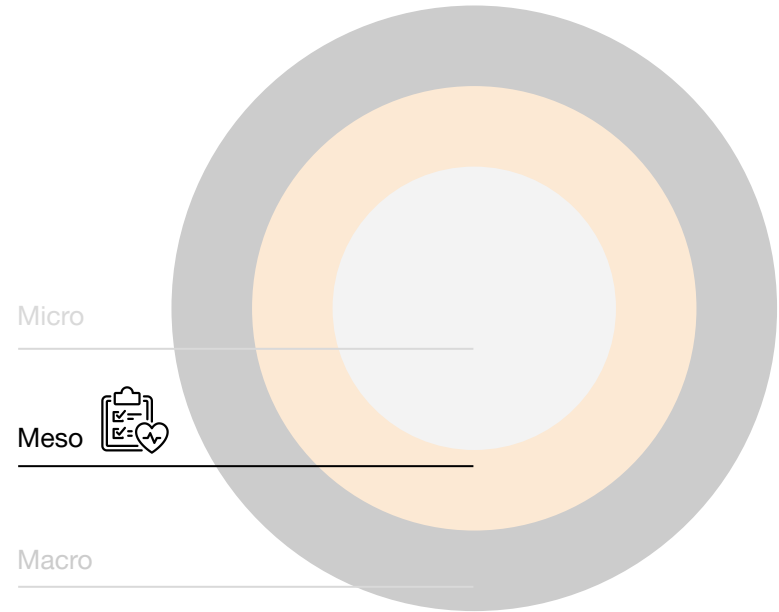


# Meso - Services and treatment context; team, technology, and transportation

Factors that shape how Ig is explained, understood, accessed, used, and managed in the service context

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- An individual's **understanding of their condition, options, and treatment** is an important factor. appropriate, relevant communications contribute.
- **Knowing what to expect**; familiarity with the health system, getting into a routine and having contingency plans are enablers. Changes, such as a new doctor, mode of therapy, or moving location can be barriers.
- Accessing Ig can require significant **effort and time**. Examples of enablers include self-contained SCIg packs and telehealth for those who can use it.
- **SCIg vs. IVIg modes**; offer various barriers/enablers, for example, home storage requirements for SCIg product can present barriers. Assistance travelling to IVIg appointments and longer transfusion times can be barriers.
- **Clinician and formal support** roles are mostly enabling - particularly training/ care from SCIg and industry nurses, however access to clinicians can be difficult, and trust-building is key.



# Macro - Geography, policy settings, and administration context

Considerations and settings that shape access to lg beyond the level of individuals and organisations

- Access to **Australia's public health system** is recognised as a key enabler, including the blood service and the contribution of donors.
- **Where an individual lives** has significant implications for experience and access based on jurisdiction and area;
  - **Different states** have different lg models and funding, meaning lg access, experiences, and costs can vary considerably.
  - In addition, the kind of area a person lives in has further implications; **metropolitan, regional, and remote experiences** are very different. Travel distance, time, and cost to access services, proximity to help, and infrastructure are some factors.
- The current **system for managing lg** is seen as enabling, but according to participants, gaps in the model include inconsistent funding between jurisdictions affecting access, and funding model challenges for pharmacies dispensing SClg product
- The **product management software** used for administering lg creates challenges and frictions for different stakeholders

