Pathology Service User Survey 2025

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PATHOLOGY USER SURVEY SUMMARY

1 AIM

To seek Pathology User views of the service provided by laboratories at Great Western Hospitals NHS Foundation Trust and to establish if the service provided meets the requirements of its users.

2 METHODOLOGY

Users of Great Western Hospitals NHS Foundation Trust Pathology Services have been able to access an online Pathology User Survey since it first became active in February 2016. Notices with links to the survey were placed on the Trust intranet and web site and a message was emailed to all heads of service, matrons and ward managers across the Trust as well as practice managers within BSW ICB Swindon GP surgeries requesting participation in the survey. Pathology staff have been encouraged to add a link directing individuals to the survey attached on their email signatures. In addition, this year, a QR code was created. The QR code has been added to email signatures of Pathology management and is also accessible from the Trust intranet page.

Data is collected periodically as described in PAT-Q-042 (Pathology User Engagement Policy, Including Management of Complaints) and the results presented in a report to Pathology Management. Any additional commentary provided by service users is, where possible responded to and where necessary users are contacted for further discussion. Completed reports are uploaded to the Pathology intranet page, Trust website and the QPulse document module of the Quality Management System (QMS) where the document is distributed to all Pathology laboratory staff for electronic acknowledgement.

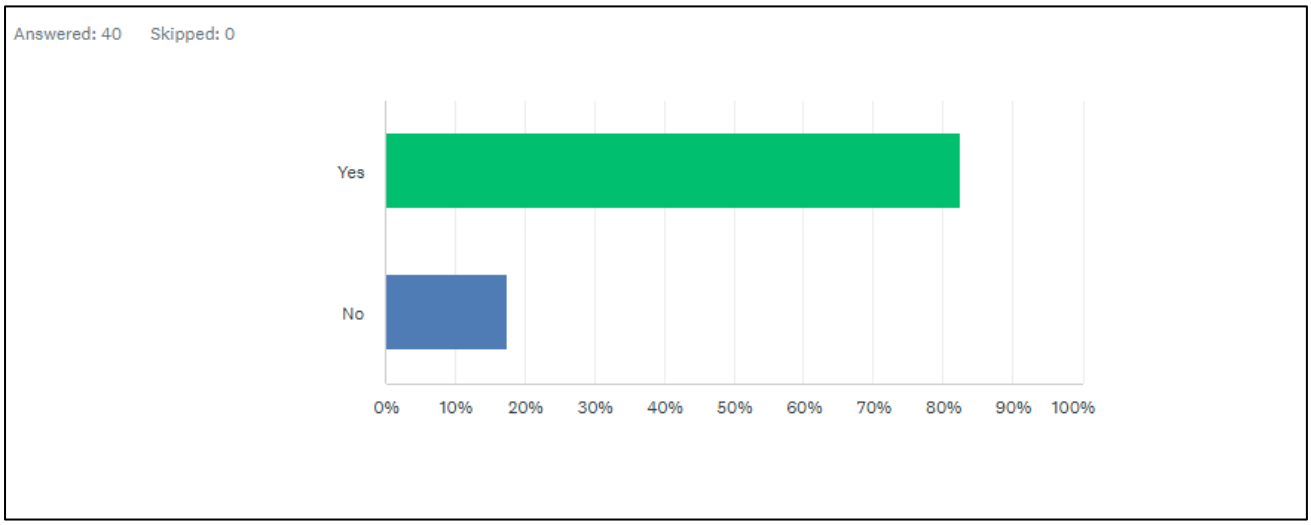
3 RESPONSES

In March 2026 results of the survey were collected for the period of 1st February 2025 and 23rd March 2026. A focussed survey was sent out in December 2025 which included questions regarding the use of point of care. Data from responses collected between December 2025 and 31st March 2026 have been included within this report.

During 1st February 2025 and 31st March 2026, a total of 46 responses were collected with 38 of these collected during the December 2025 focus survey. This was a slightly down on last year (22%).
Responses have been received from both GP practices and locations from within the Trust. There remain a reasonable use of additional commentary feature and a reduced number of skipped questions.

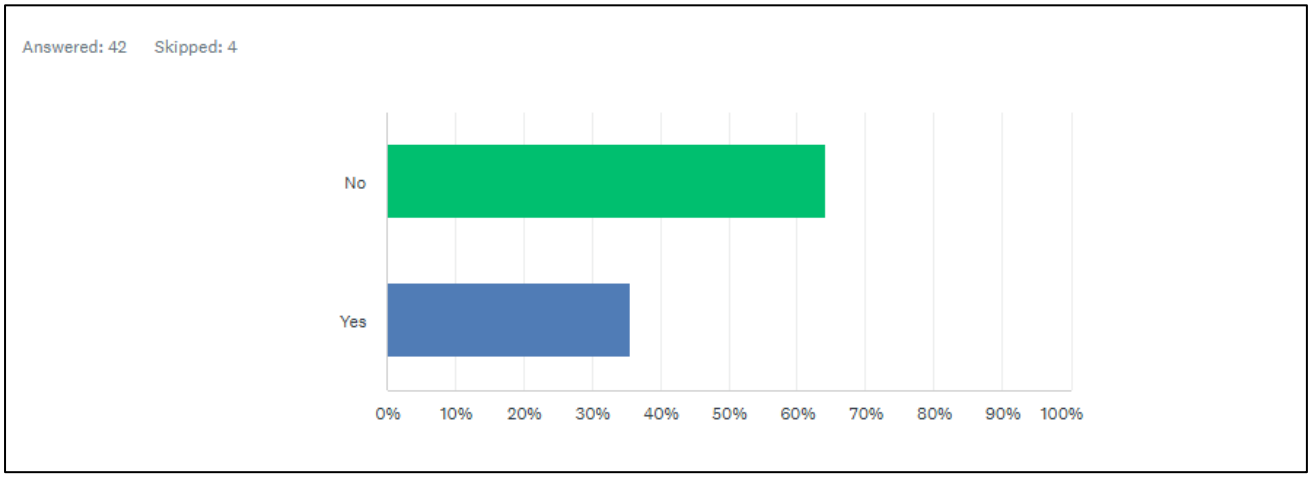
A total of 14 individuals responded when asked if they would like to arrange a meeting with the Pathology Quality and Customer Engagement Manager, 6 replied with a positive response. Where possible and where contact details are provided this will be followed up in the coming months.

Q1. Staff are Polite and Helpful.



A total of 38 individuals answered this question during the reporting period with 82.6% of respondents agreeing that staff were polite and helpful. 8 respondents (17.39%) answered in the negative. No negative responses were received during the 2024 survey.

Q2. Service User Handbooks are Easily Accessible?



42 service users responded to this question and 4 chose to skip. Of the feedback received, only 15 (35.71%) agreed that the user handbooks were easily accessible. During 2024 67% of respondents replied positively. This is a significant change and will require investigation to understand why this has occurred.

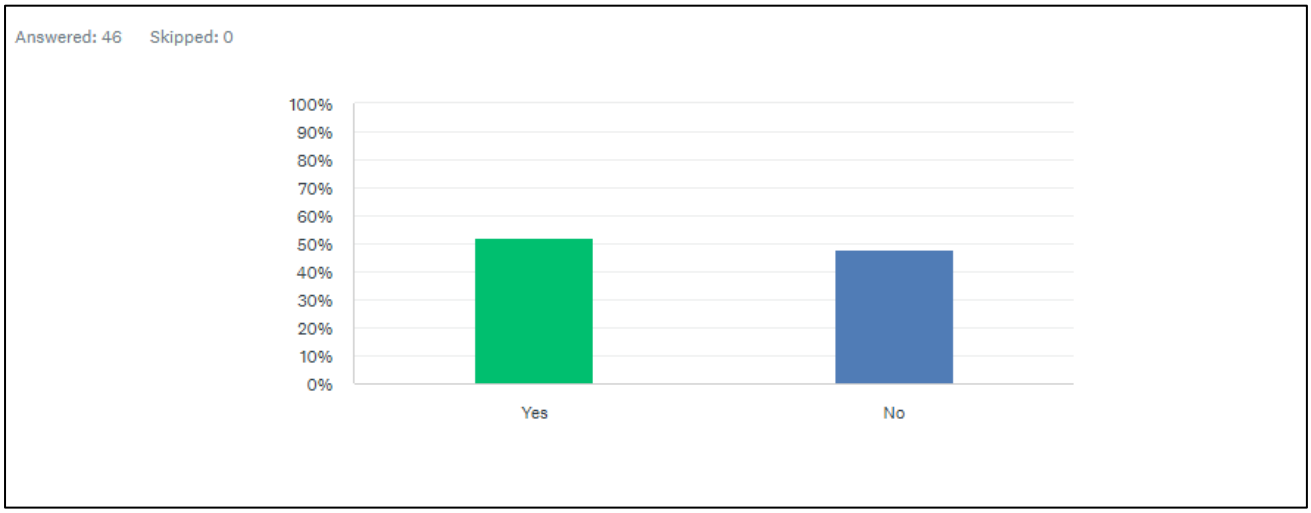
A total of 27 respondents (64.29%) stated that the user handbooks were not easily accessible. This is a notable increase from the previous survey report.

During most of 2025 the intranet pages were under construction due to a Trust upgrade, and it is possible that this caused difficulty for service users to know where to access the information via the Trust web site.

Handbooks are available on both the Trust website under the Pathology section and on the Pathology intranet pages which are available to all GWH service users.

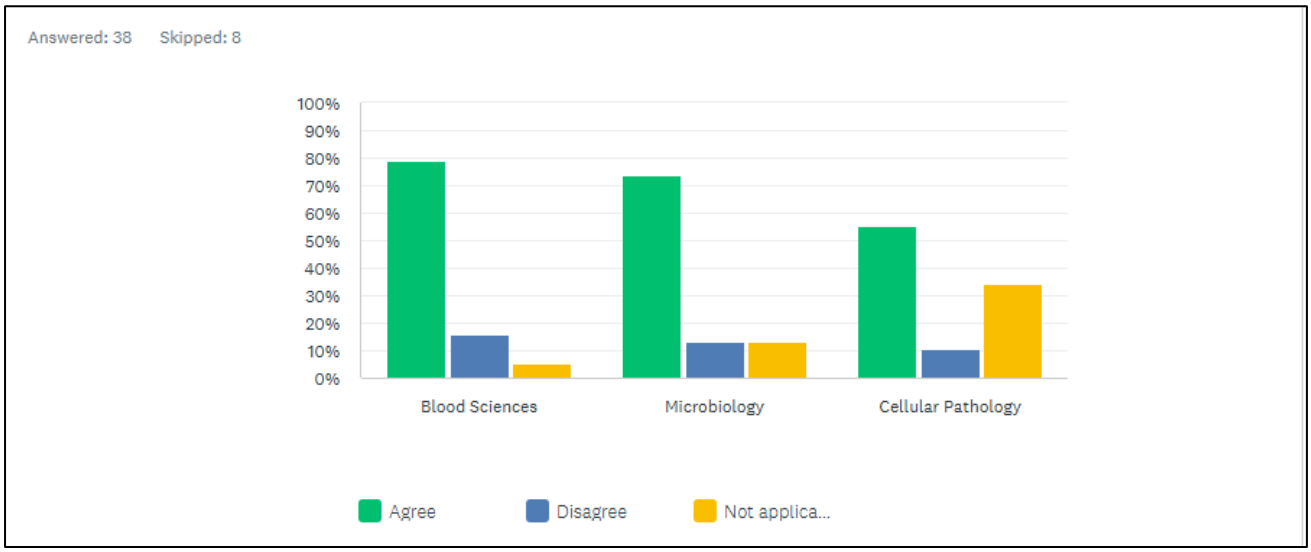
Q3. Laboratory Contact Details are Easy to Find when Required

All respondents (46) answered the above question with 52.1% confirming that contact details for the laboratories are easily located. Compared to the 2024 survey there has been a reduction in the number of respondents that felt the contact details were easy to find 47.83%. Contact details are available to users on the Trust Pathology web page and the Trust intranet however during 2025 there were changes made to the Trust website to streamline information available to users and the intranet was out of action for most of the year due to a system update therefore it is possible that this compromised access to service users.



Q4. Sample Requirements are Clearly Indicated

38 individuals answered this question during the reporting period and 8 skip response. Overall, feedback was positive with all services receiving responses that agreed with the previous report results.



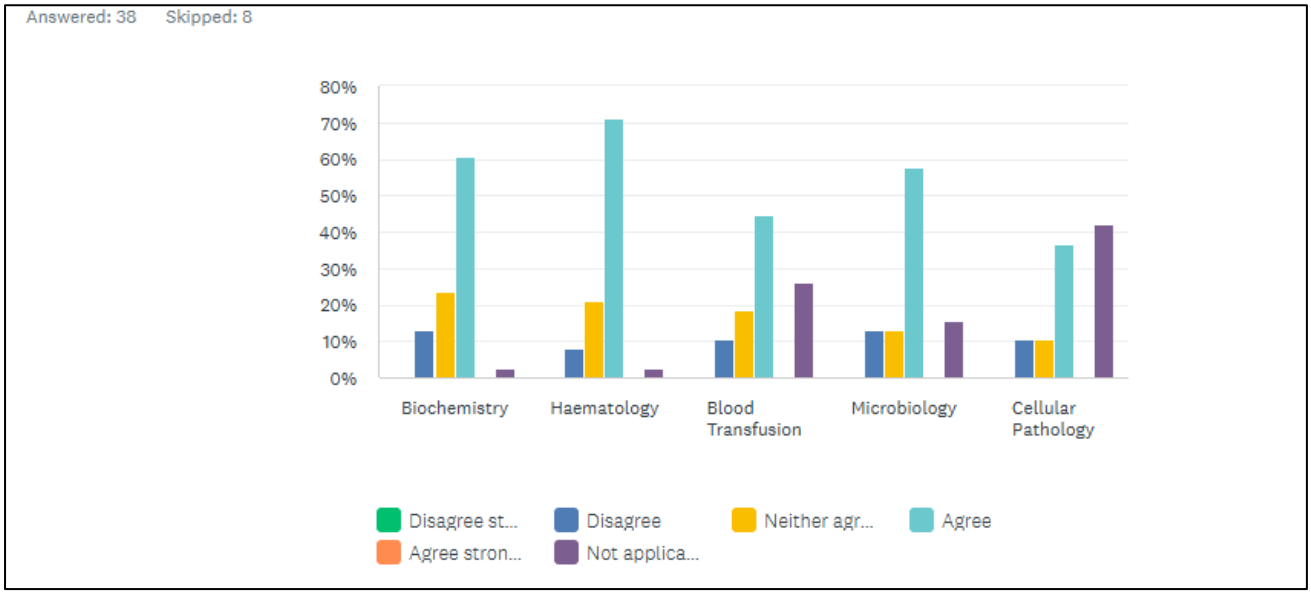
15 negative responses were received across disciplines. When asked to support with commentary the following was noted:

- ***"Sample requirements are generally clear, but in some cases can be difficult to read (where codes are used to save space, but sometimes we don't know what the codes mean!), particularly for***

paediatric specimens. For some specimens, e.g. CSF cultures for children, labels for 'Bottle 1, Bottle 2 (protein and glucose) and Bottle 3' would be really helpful. Happy to talk it through if that would be helpful.'' GP (contact email has been provided). (SF-22-026)

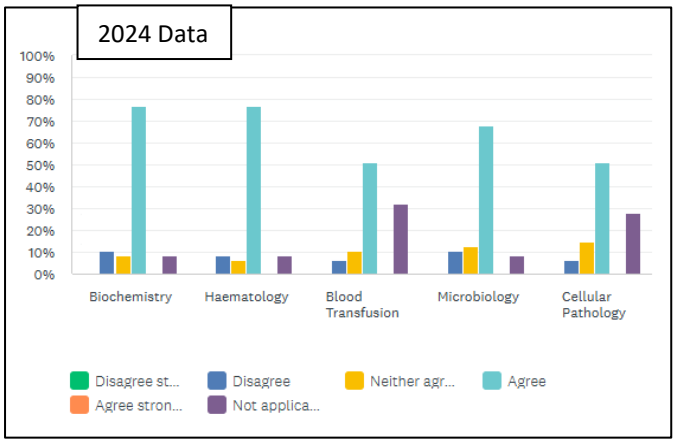
- ***''Paediatric samples often advised on labels in wrong bottles''*** Dr, Paediatrics. (SF-23-026)
- ***''not always clear for CSF and certain blood sample requests which bottles we need to send samples in''*** Dr, Neurology. (SF-24-026)
- ***"There is no point filling in by hand as it's rejected every time. The policy should be that only sample 360 labels are used".*** No contact details provided. (SF-025-026).

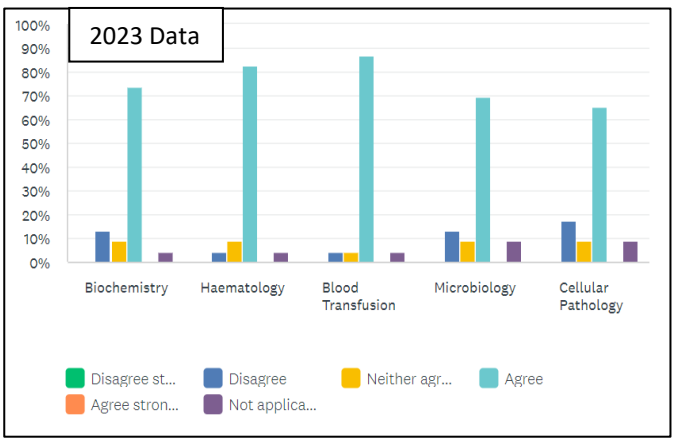
Q5. Results are reported in a reasonable timeframe



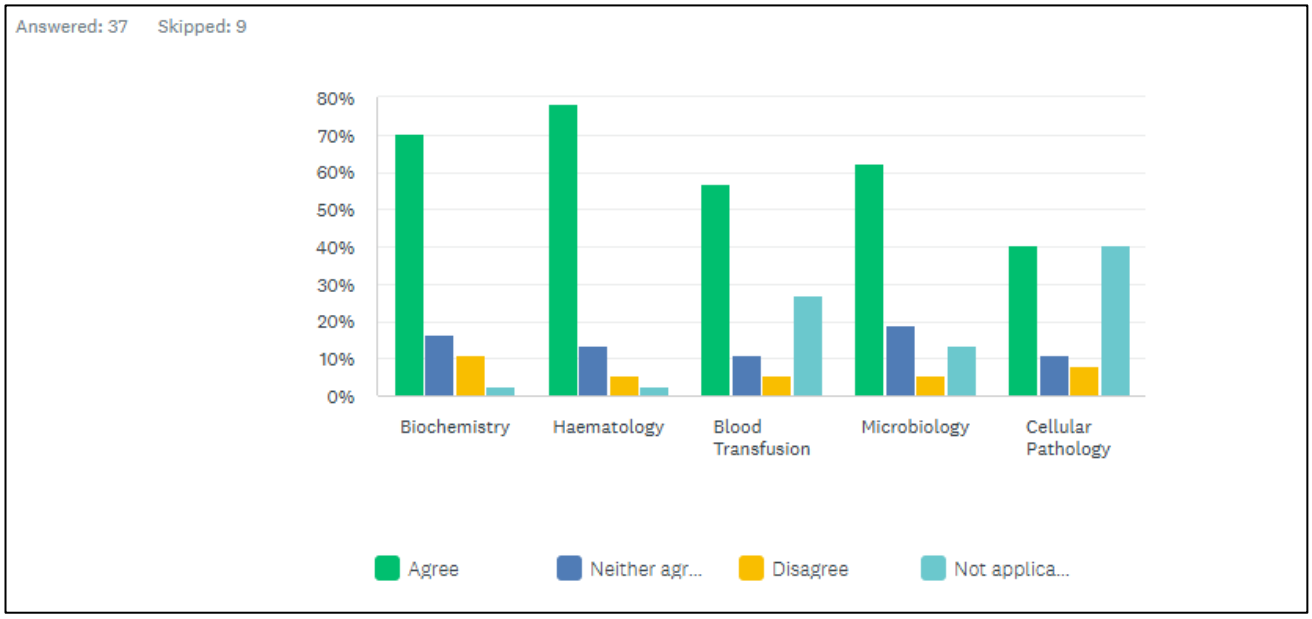
38 participants provided feedback during the reporting period.

Primarily, respondents are satisfied with the timeframe for reporting. All departments have seen a slight decrease in percentage of respondents who agree with the statement. No additional commentary was provided to help explain negative responses.



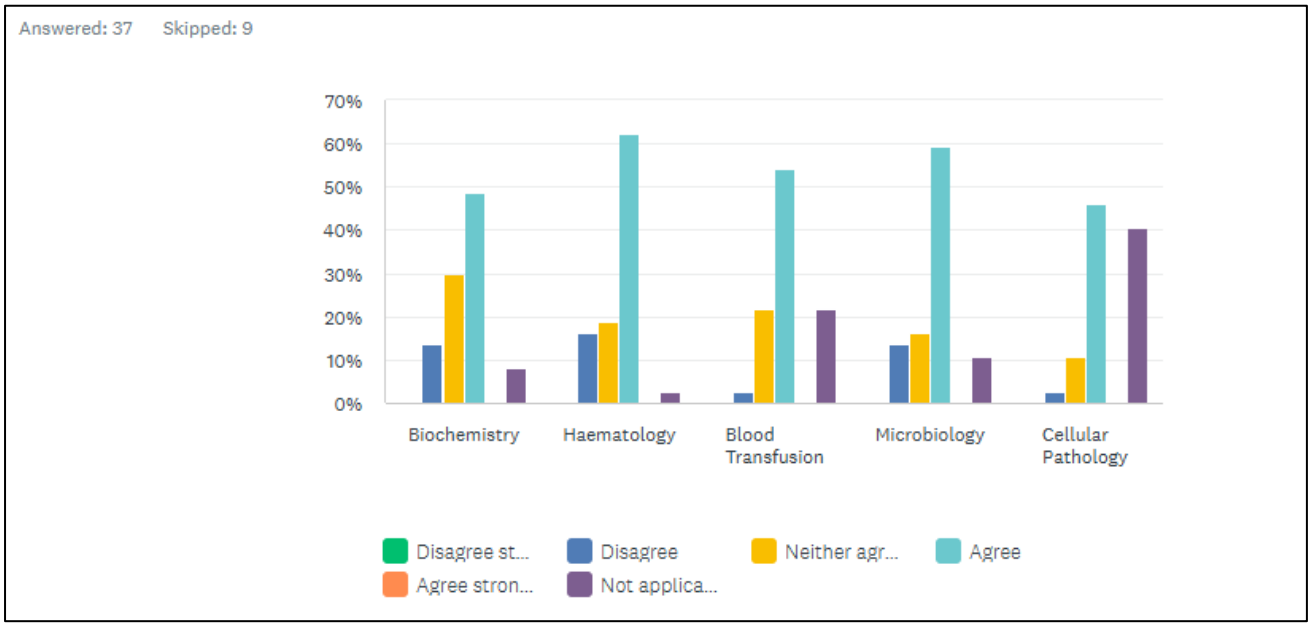


Q6. Report is clear and concise



Overall, all disciplines saw a decrease in positive response with 62%% stating that they agreed reports were clear and concise, compared to 2024 when 75% gave a positive response. 7% disagreed which remained comparable to 2024 data, and 14% gave a response of 'Disagree'.

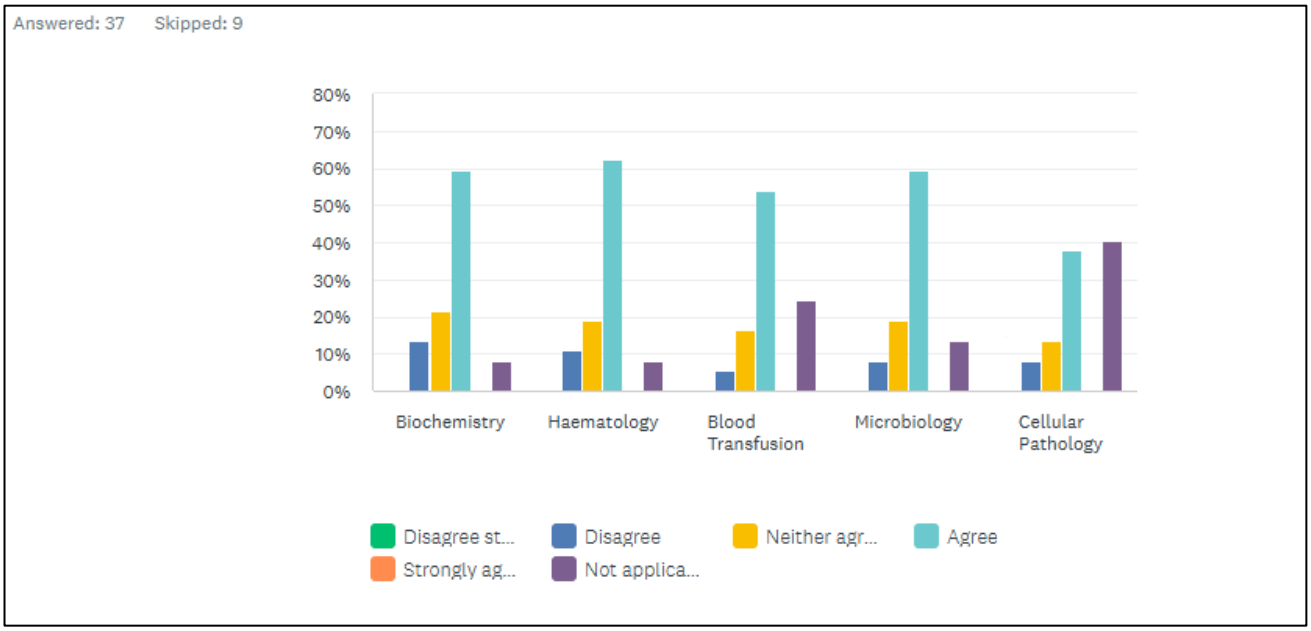
Q7. Clinical advice is readily available from the laboratory when needed



37 individuals chose to provide response. 54% agreed that clinical advice was readily available when required. This data has decreased when compared to last year (61%). The number that disagreed has reduced to 8% compared to 15% seen in the previous period.

The option to provide additional commentary against the question was not available to help identify reasons for the responses.

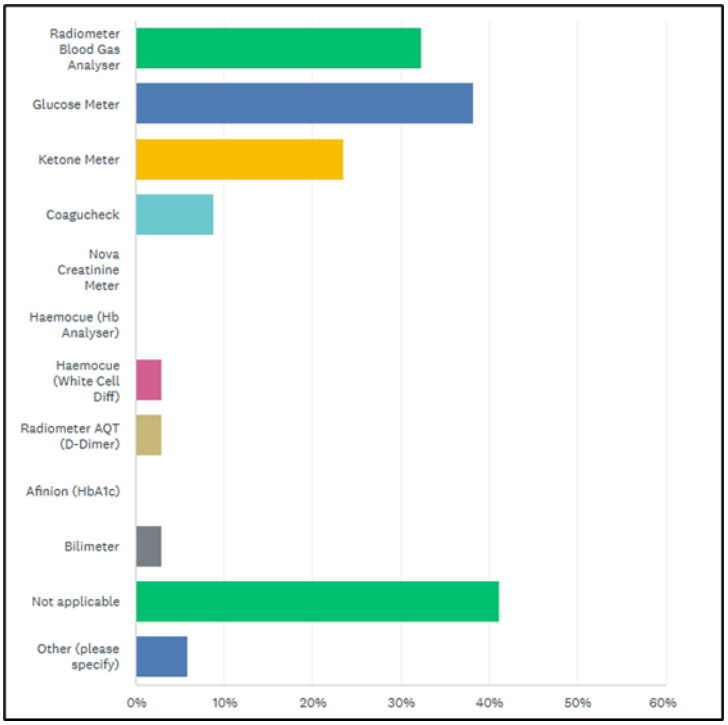
Q8. The format of request forms is user friendly and meet requirements



37 individuals provided response and 9 chose to skip the question. Those who disagreed with the statement decreased average to 9%. The data has shown a marked improvement compared to last year where 45% reported that they disagreed with the same statement. An average 55% of respondents across Pathology services provided a positive response notably with biochemistry, haematology and microbiology laboratories reporting. 40% of respondents for cellular pathology stated that the question was not applicable therefore it is most likely that the service users who participated in the survey are not heavy users of this service rather than unhappy with the requesting format and therefore may be not providing true representation.

The option to provide additional commentary against the question was not available to help identify reasons for the responses.

Q9. What Point of Care equipment do you routinely use? Please select all that apply

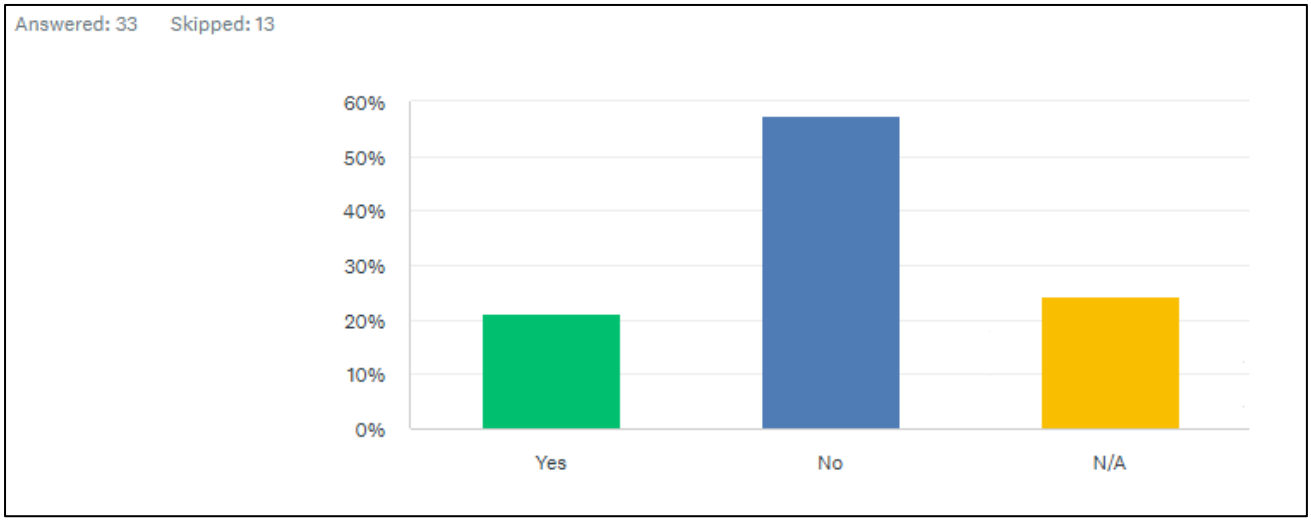


Radiometer Blood Gas Analyser	11
Glucose Meter	13
Ketone Meter	8
Coagucheck	3
Nova Creatinine Meter	0
Haemocue (Hb Analyser)	0
Haemocue (White Cell Diff)	1
Radiometer AQT (D-Dimer)	1
Afinion (HbA1c)	0
Bilimeter	1
Not Applicable	14
Other (please specify)	2

Added to the annual survey during 2023, this question aims to gain an understanding of the types of point of care equipment our service users currently use.

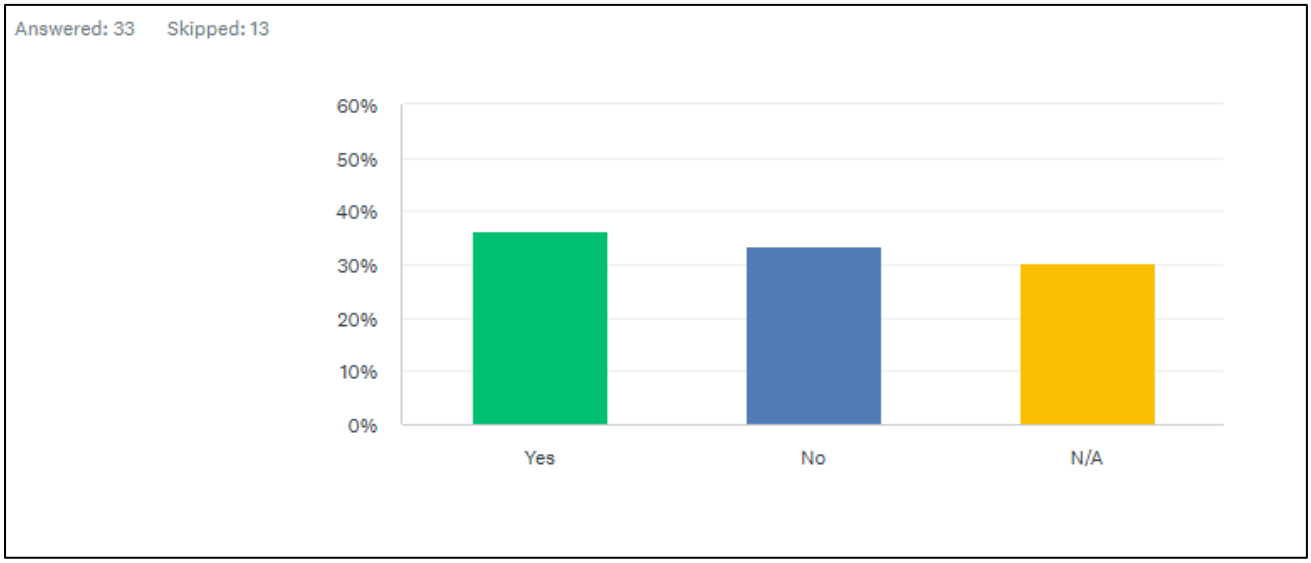
Response was positive with 34 responses collected and the above equipment noted.

Q10. Do you have a specified POCT Key User?



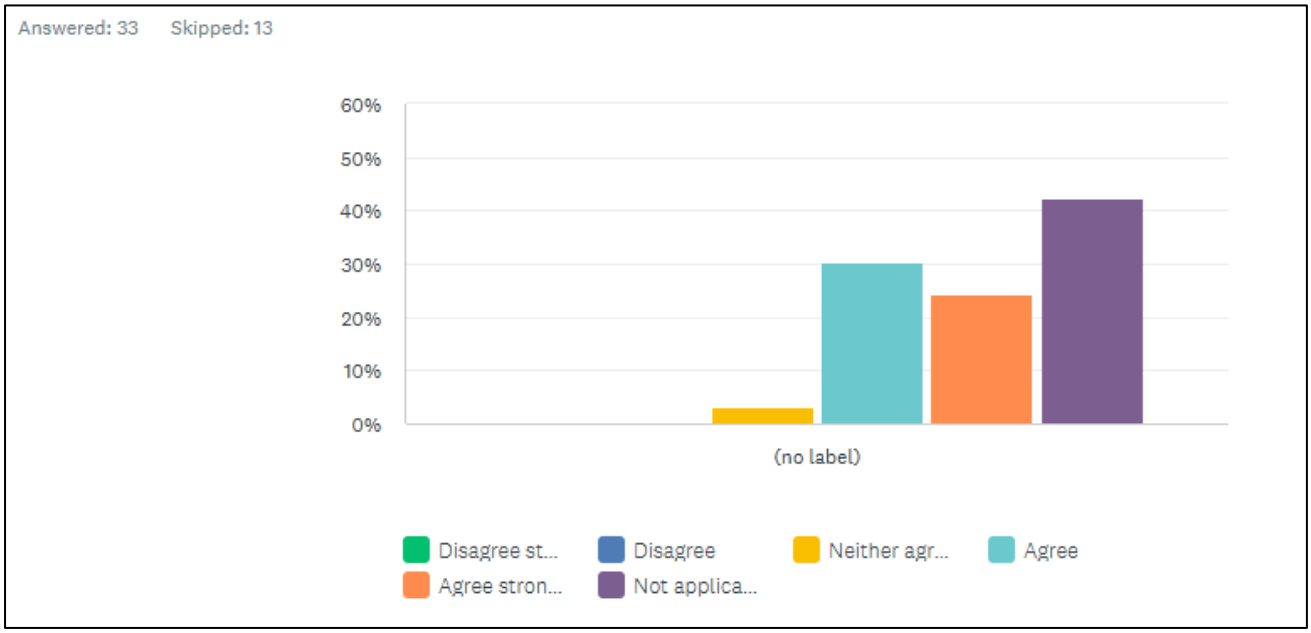
A total of 33 responses were collected this year compared to 43 last year. The number of participants that stated that they do not have a specified PIOCT key user has increased to 57% from 34% in 2024 however the number responding with "N/A" has dropped from 46% in 2024 to 24%.

Q11. Do you feel that further guidance would be beneficial regarding Point of Care?



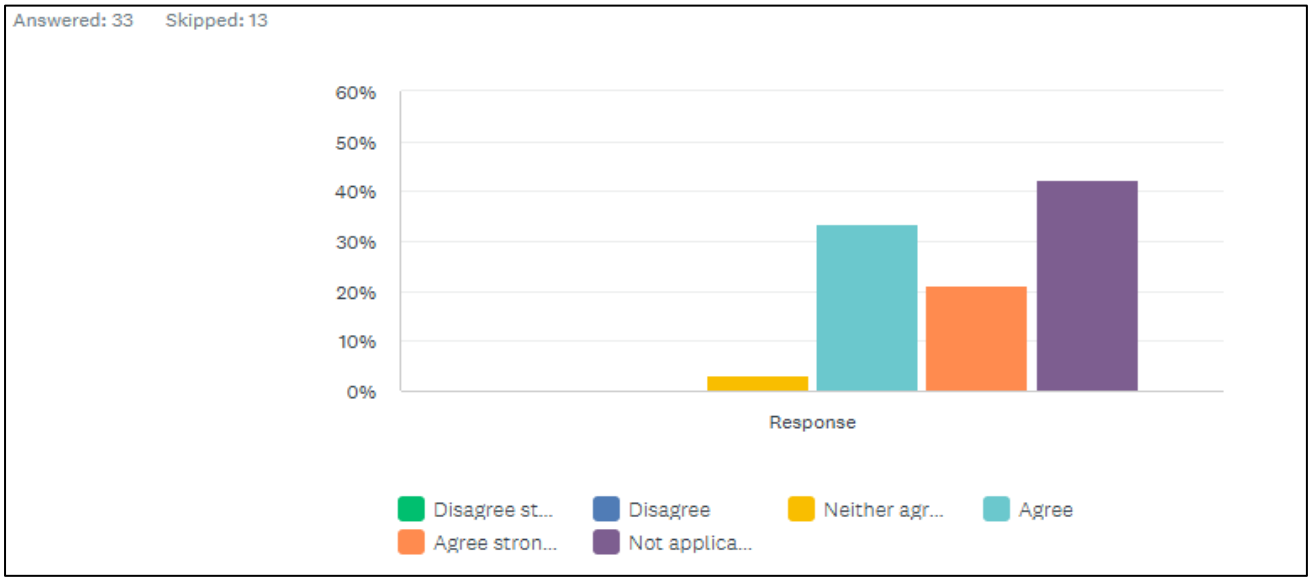
36.36% (increase of 15% from 2024) of respondents highlighted that they felt further guidance would be of benefit and a further 33.33% stated that further guidance was not required compared to 35% during the last survey.

Q12. MORTUARY & BEREAVEMENT SERVICES: Staff are knowledgeable and deal with enquiries in a professional manner.



33 individuals responded to this question and 13 skipped. 33.30% agreed that staff were knowledgeable and professional. No negative responses were received. No additional feedback has been provided within the question responses.

Q13. MORTUARY & BEREAVEMENT SERVICES: Administration is dealt with in a timely manner.

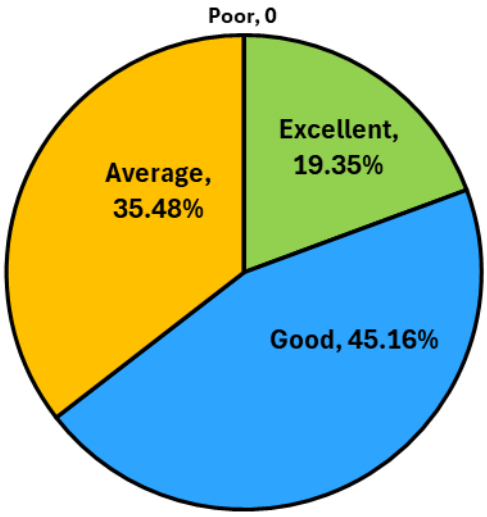


33 individuals responded to this question. 33% agreed that administration was dealt with in a timely manner, 21% agreed strongly with the statement. No negative responses were received.

Q14. How would you rate Pathology services overall?

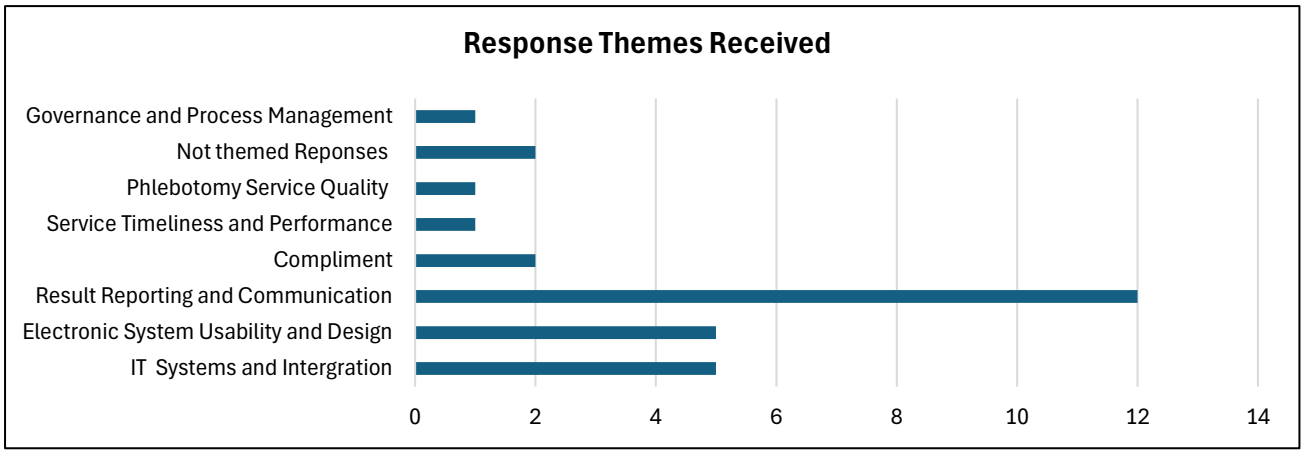
Only 31 (67%) respondents answered this final question. Compared to 76 in 2024. 15 declined to answer.
In total, 19% stated that they felt the service was excellent which improved from last year (14%). 35% stated that the service was average (an increase on 2024 figures -14%) 45% of individuals (14) reported that the service provided was of a good standard, this is a decrease on the previous report (71%).

No negative responses were documented.



Q15. Are there any improvements that you would like to see in the service provided?

A total of 21 responses were received. Key themes have been determined from responses received:



All feedback received from the survey has been added to our Quality Management System, QPulse as "Service User Feedback" and assigned a unique number (this has been recorded against each comment below). Each record within QPulse has been allocated to the most appropriate individual within the Pathology Services department to respond and where necessary, follow up. Responses to the feedback received will be shared on our Pathology intranet page and in a 2nd revision of this document which will be uploaded to the Trust web page and the intranet page ensuring accessibility to all service users.

1. ***"IT is problematic with frequent issues finding and displaying results over multiple IT systems. - Often cannot look back to view trends in results - this is poor - Sometimes results take a very long time to appear and communication to ED about e.g. problems with analysers does not seem to happen - Samples have been lost on more than one occasion, I don't understand how this even happens"*** ED Doctor. (SF-2-026)

2. ***"There are some occasions when results take longer than we might like, but this is usually when the trust is in critical incident so it's understandable that the lab is under extreme pressure- everyone works really hard.***

The ICE mobile interface is probably the worst I've ever used in nearly 20years in the NHS. Cumbersome and unintuitive- really challenging to navigate in certain tasks.'' Paediatric Consultant. (SF-26-026).

3. ***''ICE requested very difficult''*** ED Doctor (SF-3-026)

4. ***"-Clearer communication with ED around lab problems (e.g. analyser issues) and what is being done to rectify the issue.***
   -Clearer understanding amongst blood bank staff about ED requirement for anticoagulant reversal (e.g. the criteria under which we can do this without talking to a haematologist)
   -ICE should show in the results section tests requested as pending so that we do not miss important results" EM Consultant. (SF-4-026)

5. ***''sometimes results are missed because of staff shift turnover in the emergency department and the new staff taking on the case are unaware of the pending results. Would it be possible to have the results show as 'pending' when bloods arrive in the lab / are received in the department - so that clinical staff can be aware of which tests results are still awaited?''*** ED Doctor. (SF-5-026)

6. ***"The method to add on bloods does not work, particularly in time critical investigations in the ED. We send a piece of paper and hours later call lab to chase, and it hasn't been done. Sending a piece of paper mean we have no confirmation on if the test is being performed or not and causes significant time delays.***
   We should be able to phone (or send an ICEmail if this were an option) to add on. Even in circumstances when time critical for very unwell patient, I have phoned lab to add on and been told to not call because too busy. I understand that you don't want to be called all the time as it will slow work down but in the management of an acutely unwell patient I would expect we all work together". ED Consultant (SF-6-026)

7. ***"Please release abnormal results before phoning us''*** ED Consultant (SF-7-026)

8. ***" - Out of hours getting hold of technician is hard and manner often rude.***
   - What they phone ED with unusual results for seems arbitrary (e.g. will tell us about irrelevant high glucose but not very relevant high troponin).
   - When blood results appear on the screen it is arbitrary where they appear (cumulative all vs ice results), so we have to check both.
   - Would be safer if appeared as result followed by blank when one is outstanding as this has led to errors.'' ED Doctor. (SF-8-026)

9. ***''Always an extended delay in Biochemistry results at weekends - 3 hours after sample being sent it is "being booked in now". Hospital at capacity so needing prompt results is essential. Appreciate lower staff numbers at weekend but when there is a delay this needs to be addressed''*** ACP MAU (SF-9-026)

10. ***''CA19-9 biomarker is returning in a more timely way but still seems variable. The GI pathology team are outstanding and v helpful''*** Oncology Consultant (SF-10-026)

11. ***"Handling of paediatric samples often poor - appreciate this may be analyser issues but often have to take multiple samples even though free flowing venous and not technique issue!***
    Clearer communication on ice to say sample received - often says pending then discover when rechecking that it was insufficient. Notification on system if sample insufficient" Paediatric Doctor. (SF-11-026)

12. ***"Biofire PCR for all CSF samples - faster turnover, Immunology reports (esp. send away to Oxford) would be good to received earlier. Naming and search for some tests could be improved".*** Neurology Consultant. (SF-12-026)

13. ***''panels for certain requests easily available on ICE''*** Neurology Doctor (SF-13-026)

14. ***''Please make it easier for us to request OP blood tests we have to put on ICE and then give the patient an email detailing all the tests they need when the tests are already on ICE. If there was another way that patients could book blood tests it would be easier for all. Just a suggestion. Please keep up the excellent work we really appreciate it.''*** Cardiology Consultant. (SF-14-026)

15. ***''better turnaround times for 2ww pathway patients''*** Medical Consultant. (SF-15-026)

16. ***''always very helpful thanks''*** Consultant, Osprey. (SF-16-026)

17. ***''Streamlined pathway for send away tests so that results come back more quickly and reliably''*** Rheumatology Consultant. (SF-17-026)

18. ***''We have to use paper forms but there are still errors in the lab reception team transcribing the requester, so we don't always end up with the results coming through to us''*** Hospital at Home Doctor (SF-18-026)

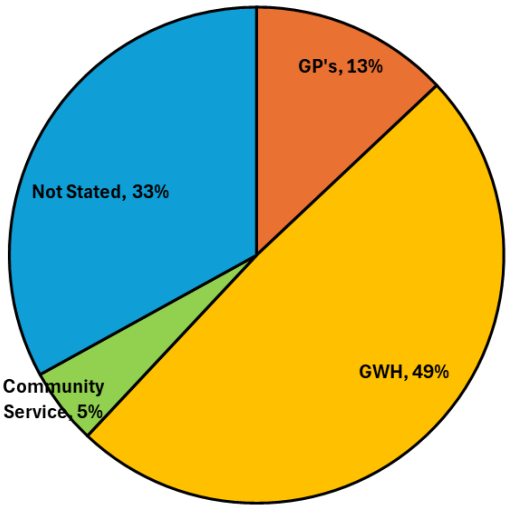
19. ***''Lots of issues recently with new systems''*** Purton Surgery Practice manager. (SF-19-026)

20. ***''Training doctors how to order bloods properly. Governance and Process Management.''*** Junior Sister, Phlebotomy. (SF-20-026)

21. ***''Most of my interactions with the lab have been constructive and professional - thank you''*** EM Consultant. (SF-21-026)

Suggestions and queries have been passed to the most appropriate members of staff within the Pathology team and feedback will be provided once full review has taken place. All suggestions/ queries raised through our survey will be investigated and shared with the Pathology Management Committee for discussion during the Pathology Annual Management Review.

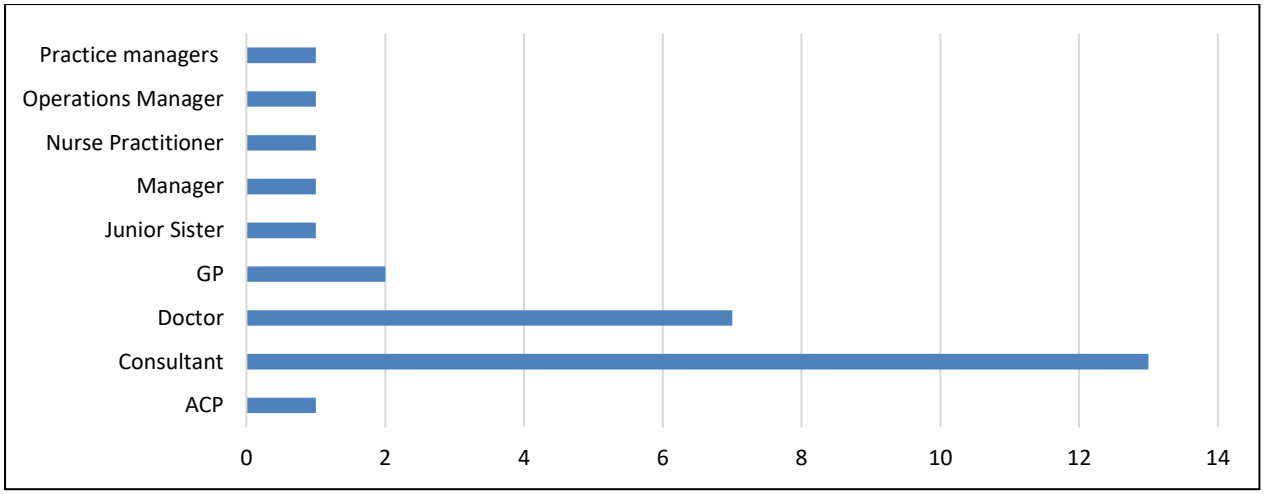
3.1 Participant Locations



Participation from GP's decreased to 13% (from 44%) during this reporting period, however "not stated'' was 33% so these are possible additional GP service users. Like previous years the Pathology Quality and Customer Engagement Manager provided both digital and hard copy access to the survey this year with a mix of uptake noted.

Participation within GWH was higher this year 49% (31% last year). Valuable feedback has been provided by a range of service users, and these will be reviewed, responded to and where possible actions taken to improve.

3.2 Participant Roles



The survey during the reporting period continues to have been completed by a range of roles both within the Trust and external service users. 28 respondents (61%) provided information regarding their role.

3.3 Visit Requests

In total 10 participants stated that they would be happy to arrange a meeting with the Pathology Quality & Customer Engagement Manager and relevant staff to discuss your suggestions / concerns further. Wherever possible the Pathology and the Quality and Customer Engagement Manager will attempt to contact these individuals.

4 PLANS

Results of this survey have been distributed to Pathology staff via the quality management system for acknowledgement. Feedback will be discussed at the Pathology Management Committee in June 2026 and will be discussed with both the Laboratory Managers and Mortuary & Bereavement Services Manager during the Pathology Annual Management Review in May 2026.

The uptake of service users to complete this survey continues to be pleasing. The method of accessing service users through email link and QR code in addition to the option of a hard copy version of the survey for GP

users appears to remain an effective method of obtaining users opinions rather than solely placing reliance on the electronic survey link and therefore will be included as method of communication for the next report.

The Pathology Quality and Customer Engagement Manager is keen to explore new ways of increasing feedback from service users. Towards the latter part of 2025, engagement meetings with GP colleagues were introduced by the Laboratory Director. These meetings are held monthly and include representation from Pathology management, the ICB, and GP colleagues. They provide an additional forum for sharing feedback and discussing opportunities for service improvement.

Feedback is imperative to enable the service to understand any negative reaction received and to help ascertain what improvements can be considered/ implemented to increase the quality of the service provided and as a result improve service user satisfaction.

The 2026 survey will continue to be available via Survey Monkey with responses captured periodically through audit by the Pathology Quality team. The next Pathology Service user survey is scheduled to be sent out to all service users in November 2026 with the report anticipated to be available early 2027.