

Pathology User Survey Report 2023

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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 at 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.

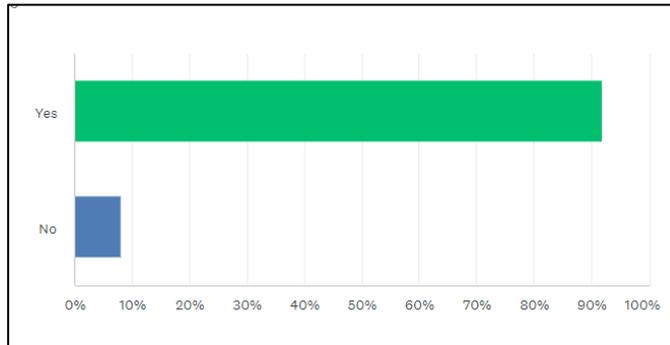
3 RESPONSES

In December 2023 results of the survey were collected for the period of 1st December 2022 and 31st December 2023. A focussed survey was sent out November 2023 which included questions regarding the use of point of care. Data from responses collected between November 2023 and 31st December 2023 has been included within this report.

During 1st December 2022 and 31st December 2023 a total of 53 responses were collected with 25 of these collected during the November 2023 focus survey. When compared to the same reporting period last year, there has been a decline from 91 responses last year however, numbers remain encouraging. Responses have been received from both GP practices and locations from within the Trust. There remains a good rate of additional commentary and a reduced number of skipped questions.

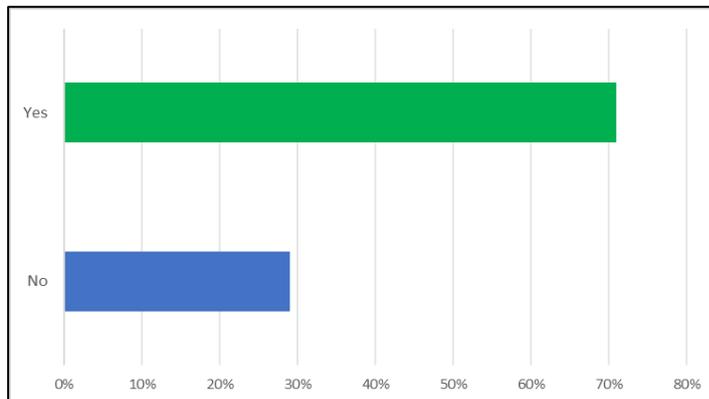
A total of 11 individuals responded when asked if they would like to arrange a meeting with the Pathology Quality and Customer Engagement Manager, 3 replied with a positive response. Where possible, this will be followed up.

Q1. Staff are Polite and Helpful.



All individuals answered this question during the reporting period with 92% of respondents agreeing that staff were polite and helpful. (8%) of individuals provided a negative response. No specific commentary was provided to support the negative responses.

Q2. Service User Handbooks are Easily Accessible?

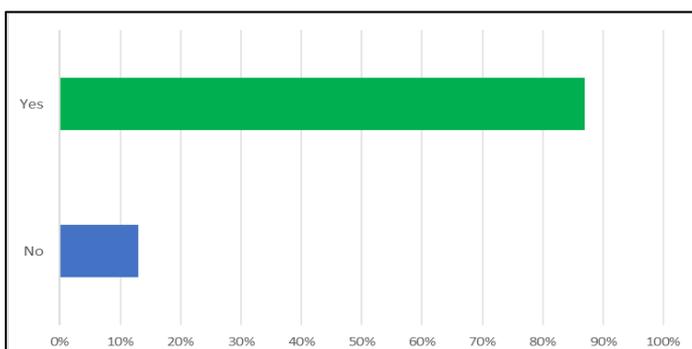


51 service users responded to this question over the reporting period with only 2 skipping. Of the feedback received, 71% agreed that user handbooks were accessed easily however, 29% stated that this was not the case.

The feedback from this question has seen improvement from the last survey. Following feedback received during the 2022 survey it was noted that the user handbooks were not always easy to locate on the Trust Pathology intranet page and therefore a subsection of the intranet page was created especially for the user handbooks to ensure they had improved visibility.

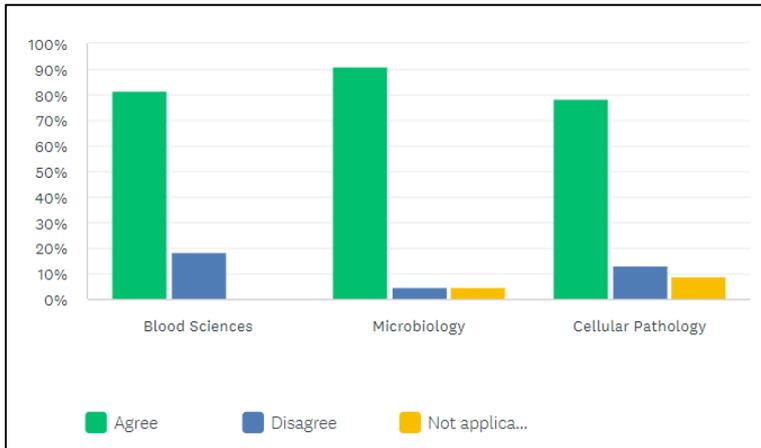
Handbooks are available on both the Trust website under the Pathology section and on the Pathology intranet pages which are available to all GWH service users.

Q3. Laboratory Contact Details are Easy to Find when Required



Reassuringly, all respondents answered the above question and provided overall positive feedback with 87% confirming that contact details for the laboratories are easily located. 13% of individuals raised that this was not the case. Contact details are available to users on the Trust Pathology web page and the Trust intranet.

Q4. Sample Requirements are Clearly Indicated

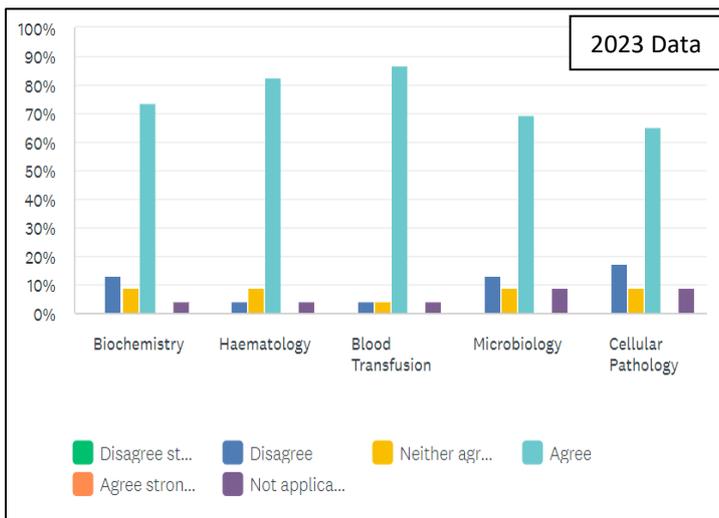


49 individuals answered this question during the reporting period. Overall, feedback was positive with all services receiving responses that agreed with the previous report results.

A small number of negative responses were received. One individual provided commentary: "It would be helpful to have clearer guidance on which bottles are required for less common tests e.g. B27, T-spot, lupus etc. We frequently get results back saying samples was sent in the wrong

bottle please repeat. The back of requesting forms are very out of date and internal electronic details on the intranet are often not entered or are out of date" – Consultant, Osprey Unit.

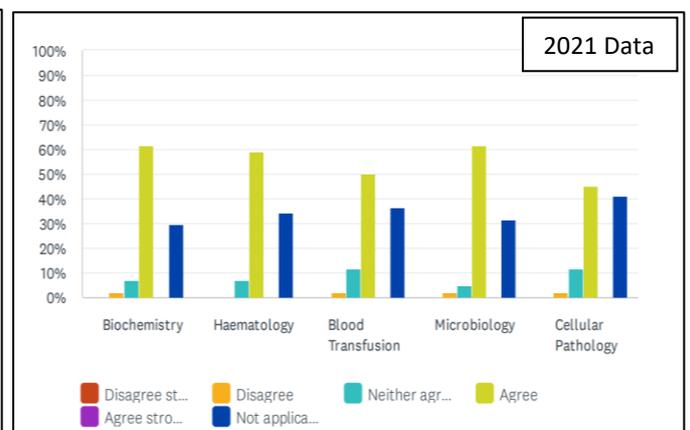
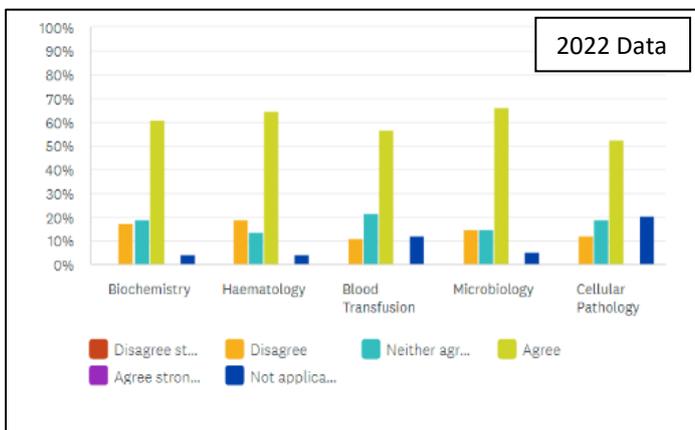
Q5. Results are reported in a reasonable timeframe



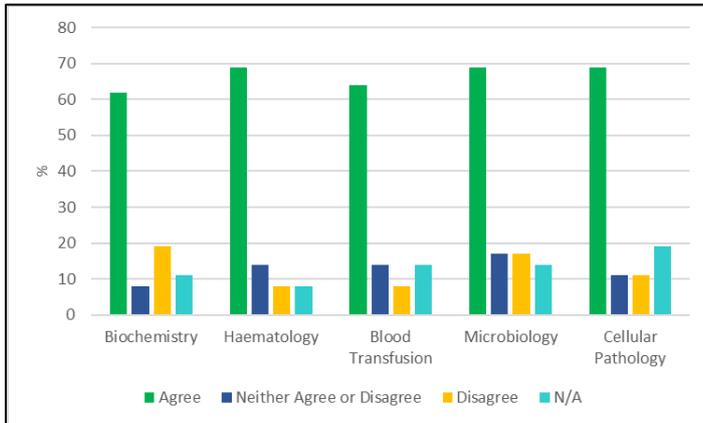
43 participants provided feedback during the reporting period. Although primarily respondents are satisfied with the timeframe for reporting, Cellular Pathology has seen a slight increase in those that disagree (17%).

The Cellular Pathology team closely monitor their reporting times and document failures within the Pathology Quality Management System, QPulse to address.

Haematology have focussed on making improvements to turnaround times during the past 12 months and this have been reflected in survey responses during the reporting period.

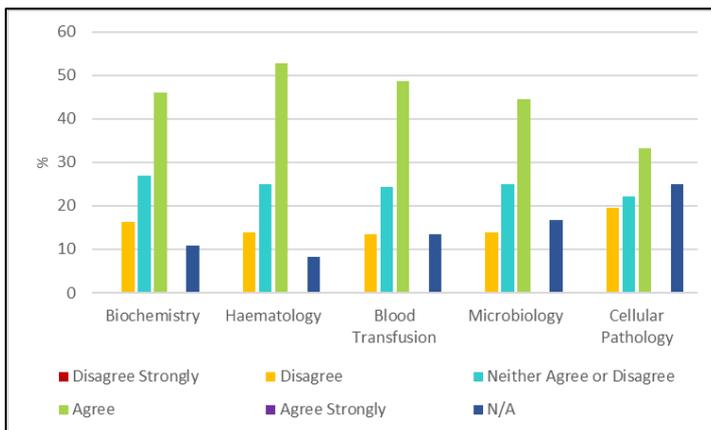


Q6. Report is clear and concise



Overall, all specialities saw an increase in positive response with over of 60% saying that they agreed that reports were clear and concise. This data is comparable to the 2022 data received. Biochemistry showed that 19% disagreed however no response was provided to explain this. Blood Transfusion and Haematology remaining similar to 2022 data (6%).

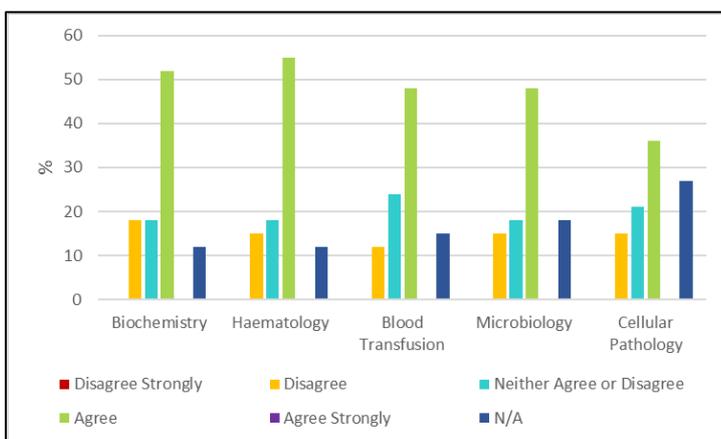
Q7. Clinical advice is readily available from the laboratory when needed



36 individuals chose to provide response. 45% agreed that clinical advice was readily available when required. This data is comparable with the previous reporting period. The number of those that disagreed has increased slightly with an average of 15% seen compared to 12% in the previous period.

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

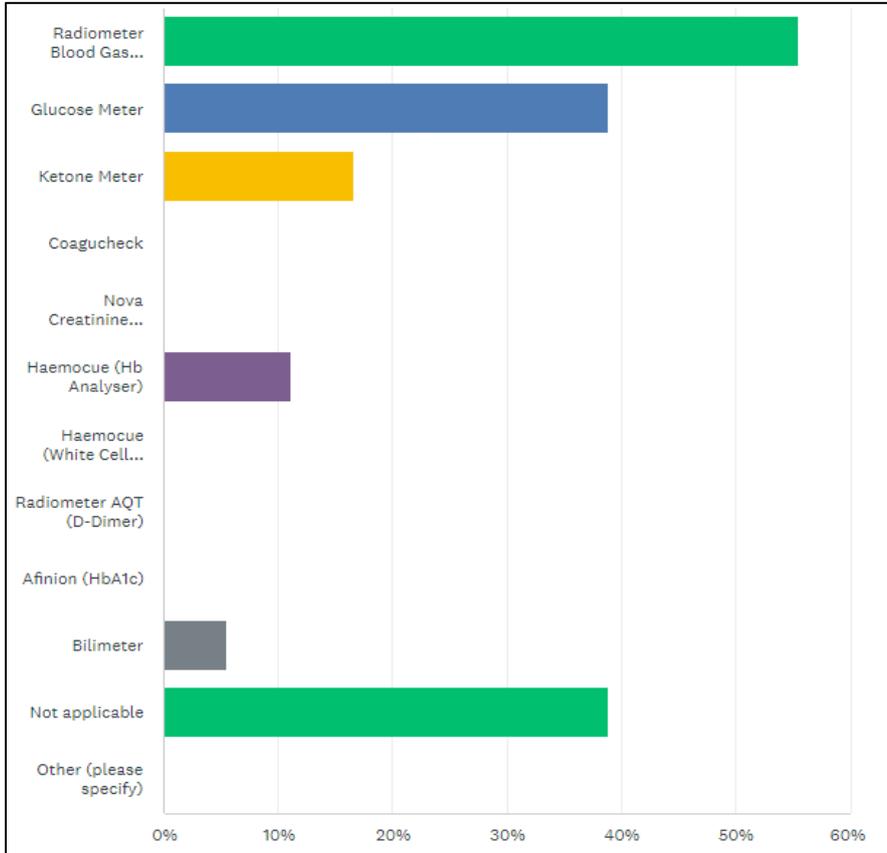
Q8. The format of request forms is user friendly and meet requirements



33 individuals provided response. The number agreeing decreased to an average of 47% in this reporting period compared to 54% obtained in the last report. The number who disagree remained comparable to the previous report.

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

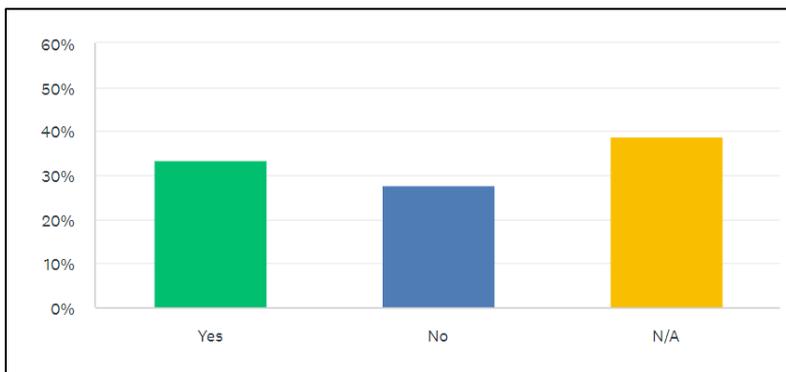


Radiometer Blood Gas Analyser	10
Glucose Meter	7
Ketone Meter	3
Coagucheck	0
Nova Creatinine Meter	0
Haemocue (Hb Analyser)	2
Haemocue (White Cell Diff)	0
Radiometer AQT (D-Dimer)	0
Afinion (HbA1c)	0
Bilimeter	1
Not Applicable	7

This question was new to the survey this year and aimed to gain an understanding of the types of point of care equipment our service users currently use.

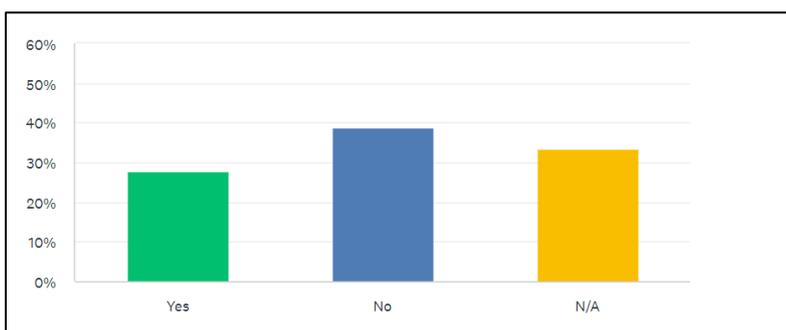
Response was positive with the equipment above noted.

Q10. Do you have a specified POCT Key User?



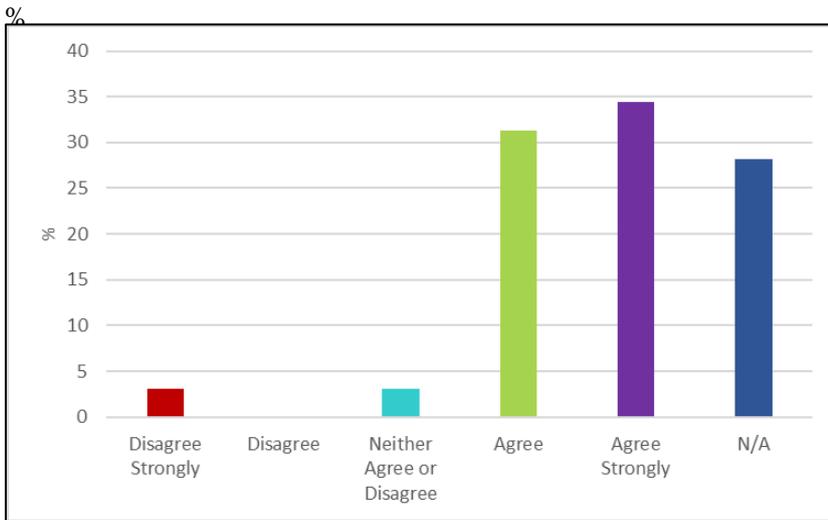
A total of 18 responses to this question. Variance in having a designated POCT Key User was noted.

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



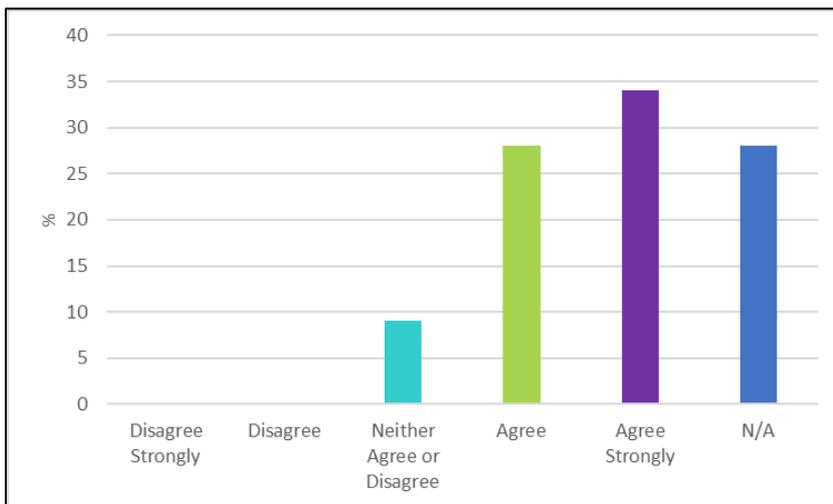
28% of respondents highlighted that they felt further guidance would be of benefit and a further 49% stated that further guidance was not required.

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



32 individuals responded to this question. 64% agreed that staff were knowledgeable and professional. Only 3%(1 respondent) provided a negative response. Feedback has been provided within the survey regarding confrontational behaviour, please see below. Feedback will be raised service user feedback which will require review and response from the service lead.

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

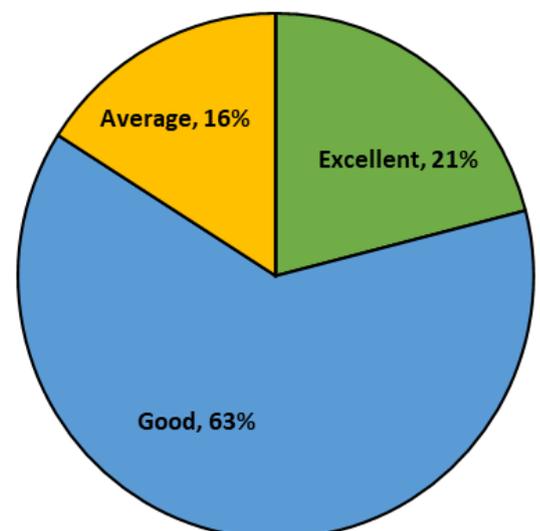


32 individuals responded to this question. 62% agreed that administration was dealt with in a timely manner. The Mortuary team have carried out improvement projects over the past year which have allowed for completion of paperwork by Clinicians electronically. This work has likely contributed to the 10% increase in positive response when compared to the last reporting period. No negative responses were received.

Q14. How would you rate Pathology services overall?

Only 24 respondents answered this final question. In total, 21% stated that they felt the service was excellent which is pleasingly comparable to the previous report. 16% stated that the service was average which has decreased from the last report however the percentage that felt the service was good has increased to 63% (52% in the last report).

No negative responses were documented.



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

A total of 24 responses were received. All feedback below has been added to our Quality Management System, QPulse as "Service User Feedback" and assigned a record 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. "The bereavement team are excellent and always provide a service above and beyond, always going the extra mile. The department can at times have delays out of their control (for example doctors signing certificates etc) but the services team are always very responsive once they are in a position to do so. If there were to be improvements it would be in how other departments (such as doctors) can improve their service to the bereavement team"** – Funeral Director (NCN-00254-024) Many thanks for your feedback. Your feedback has been passed to our Mortuary and Bereavement Service team.
- 2. "Go all digital. AI investment"** - Clinician, GWH. (NCN-00255-024) Many thanks for your feedback. Your comment has been raised as service user feedback and has been directed to our Pathology IT Manager to respond.
- 3. "Clearer cholesterol requesting and coded Non-HDL reporting in line with QOF and NICE guidance - need to be able to search for it and not possible if not coded for CVD/STROKE check bloods"** - GP, Priory Road Medical Centre.(NCN-00256-024) Many thanks for your feedback. This has been logged on our Quality Management System and has been assigned to the Blood Sciences Laboratory Manager to review.
- 4. "Too many neonatal samples rejected as insufficient sample"** – Nurse, Neonatal Unit. (NCN-00257-024) Thank you for your feedback. This has been logged onto our Quality Management System and has been assigned to the Blood Sciences Laboratory Manager to investigate. This report will be updated once response has been received.
- 5. "I find my samples are often reported as insufficient- this is different from other trusts I have worked in. I am currently collecting data on how often this happens"** - Unknown, Neonatal Unit. (NCN-00258-024) Thank you for your feedback. This has been logged within our Quality Management System and has been assigned to our Blood Sciences Laboratory Manager to investigate. This report will be updated once a response has been received.

6. ***“ICE requesting for micro / cytology - need printers in clinic / endoscopy. would be better for governance and time”*** – Consultant, Respiratory. (NCN-00259-024) Thank you for your feedback. I have forwarded your query to our Pathology IT Manager and have logged your feedback in our Quality Management System. Once a response has been received, this document will be updated.
7. ***“Our neonatal samples have a very high frequency of issues such as being haemolysed or clotted etc. I have never worked anywhere where so many samples are rejected. We have worked on our sampling technique which has improved things slightly but even when we take venous samples we will still often have issues with it being reported as haemolysed, clotted or insufficient. I would very much like the lab to look at their processes and potentially liaise with other local labs to see what we can do to rectify this issue”*** – Consultant, Paediatrics. (NCN-00260-024) We are sorry to hear that you are unhappy with the service received and we take your feedback seriously. This has been raised on our quality management system to be investigated by our Blood Sciences Laboratory Manager. Once a response has been received this document will be updated.
8. ***“Having ICE easier and quicker to read with less clicks and no filing reminder”***. – Anaesthetist, Theatres (NCN-00261-024) Many thanks for your response. Your feedback has been raised on our quality management system and will be reviewed by Pathology IT Manager.
9. ***“ICE requests for histology”*** – Surgeon, GWH. (NCN-00262-024) Many thanks for your feedback. Your feedback has been raised on our quality management system and will be reviewed by our Cellular Pathology Management team.
10. ***“A more polite and professional and respectful stance from mortuary services would improve the interaction between them and clinicians. At present their approach is directly confrontational. I would advice a change in approach”*** – Clinician, Theatres (NCN-00263-024) Thank you for your feedback. This has been raised in our Quality Management System and assigned to our Deputy Mortuary Manager to review. Once response has been received this document will be updated.
11. ***“Samples sent to outside labs are not reported in a timely manner which denies life saving treatments for patients especially encephalopathy screens and myeloma screens”*** – Consultant, DOPS, Betjeman Centre. (NCN-00264-024) Many thanks for your feedback which has been uploaded to the Pathology quality management system. Your feedback has been passed to the Blood Sciences Laboratory Manager to review and respond.

12. ***“Turnaround times for cellular pathology have been slow and subject to delays across a number of cancer MDT sites. This has lead to delays in patient care and cancelled appointments”*** – Consultant, Radiology. (NCN-00265-024) Many thanks for your feedback. This has been raised in our quality management system and has been assigned to our Cellular Pathology Laboratory Manager for review and to provide a response.

13. ***“Some lost samples but largely good”*** – Consultant, Paediatrics (NCN-00266-024) Many thanks for your feedback. This has been raised on our quality management system. Unfortunately, without additional detail it is difficult to provide specific response however please be assured that your comment has been noted and will be investigated as much as possible.

14. ***“Immunology test turn around is far too slow. The Southampton lab are helpful when you ring them but you have to chase repeatedly to get results. They often tell us the analyser is broken down, waiting for an engineer etc. We have asked repeatedly for the rheumatology bundles to be put on ICE - this still hasn't happened several years down the line”*** – Consultant, Osprey Unit. (NCN-00267-024) Many thanks for your feedback. This has been uploaded to the quality management system to be reviewed by the Blood Sciences Laboratory Manager. Once received, response will be uploaded to this document.

15. ***“Have reports on ICE in date order of when sample is taken not when sample is reported as this can cause confusion”***– Doctor, Critical Care. (NCN-00268-024) Many thanks for your feedback. This has been added to our quality management system for review by our Pathology IT Manager.

16. ***“More availability on GP requests?”*** – GP Partner, Old School Surgery. (NCN-00270-024) Many thanks for your feedback. This has been added to our quality management system for review by our Pathology IT Manager.

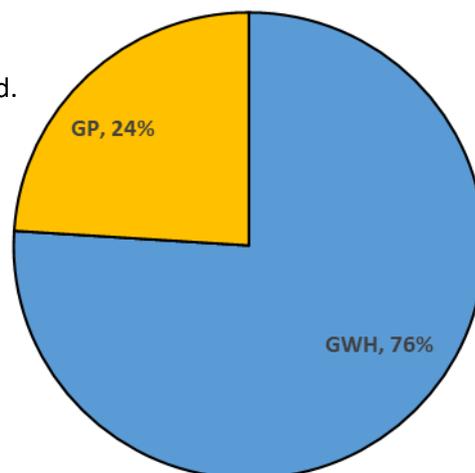
3 comments were raised regarding concerns with neonatal specimens. These have been raised in our Quality Management System and assigned to our Blood Sciences Laboratory Manager for review and feedback.

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.

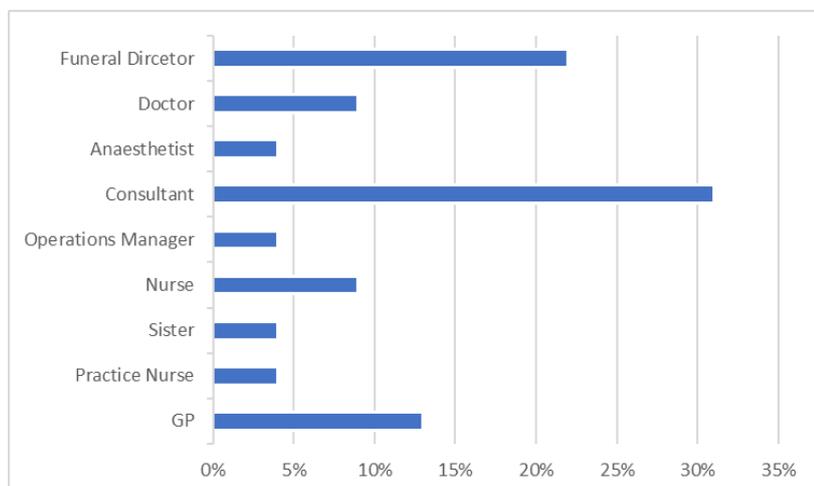
3.1 Participant Locations

Participation from GP's was reduced during this reporting period. Although as in previous years the Pathology Quality and Customer Engagement Manager provided both digital and hard copy access to the survey this year the return envelope was omitted in error and it was felt this may have compromised response.

Participation within GWH remains encouraging. 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 has been completed by a range of roles both within the Trust and external service users which is encouraging to see. In previous years participation in General Practice has been greater and therefore the Pathology Quality and Customer Engagement Manager will work to improve engagement during 2024.

3.3 Visit Requests

Eleven responses were added to the Q16 which asked the service user if they would like to arrange a meeting with the Pathology Quality & Customer Engagement Manager and relevant staff to discuss your suggestions / concerns further. 3 individuals replied with yes. No names were provided however roles and ward locations were therefore the Pathology and the Quality and Customer Engagement Manager will attempt to contact these individuals.

4 PLANS

Results of this survey will be shared with the Pathology Management Committee in April 2024 and will be discussed with both the Laboratory Managers and Mortuary & Bereavement Services Manager during the Pathology Quality, Governance and Assurance meeting in April 2024.

The uptake of service users to complete this survey has been 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 investigate avenues that enable the service to receive increased feedback from the users. Feedback is imperative to enable the service to understand any negative feedback is 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. There will be discussion with the Mortuary & Bereavement Services manager to assess if it would be beneficial to develop an independent Mortuary Services User survey to capture further valuable data.

The Pathology Quality and Customer Engagement Manager and Point of Care Manager created a point of care survey for service users within the Trust which was last distributed in March 2023. The survey aims to capture what technology is being used within the Trust and determine who the best point of contacts is. The information provided during this reporting period will be shared with the Point of Care Manager in Pathology. The Pathology Quality and Customer Engagement Manager will liaise with the Point of Care Manager to send a 2024 survey out to service users within the Trust.

The 2024 survey will continue to be available via Survey Monkey with responses captured at six monthly intervals through audit by the Pathology Quality and Customer Engagement Manager. The next Pathology Service user survey is scheduled to be sent out to all service users in November 2024 with the report anticipated to be available towards the end of December 2024.