

# Pathology User Survey Report

## December 2022

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## Table of Contents

<b>1</b>	<b>Aim .....</b>	<b>3</b>
<b>2</b>	<b>Methodology .....</b>	<b>3</b>
<b>3</b>	<b>Responses .....</b>	<b>3</b>
3.1	<i>Additional Comments .....</i>	13
3.2	<i>Visit Requests.....</i>	13
<b>4</b>	<b>Plans .....</b>	<b>14</b>

## **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**

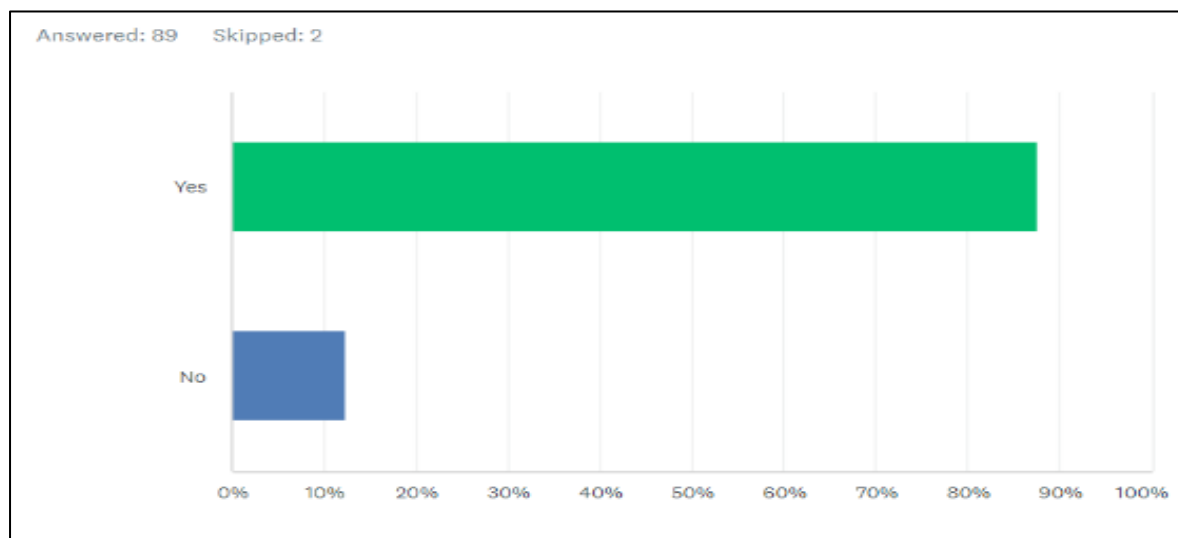
In December 2022 results of the survey were collected for the period of 1<sup>st</sup> December 2021 and 30<sup>th</sup> November 2022. A total of 91 responses were collected during this period. When compared to the same reporting period last year, there is a significant increase in respondents (59%).

Responses have been received from both GP practices and locations from within the Trust which is encouraging. An increased uptake to those wishing to provide additional commentary also increased this year was observed with 53 individuals leaving commentary. 41 chose to skip the question altogether.

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.

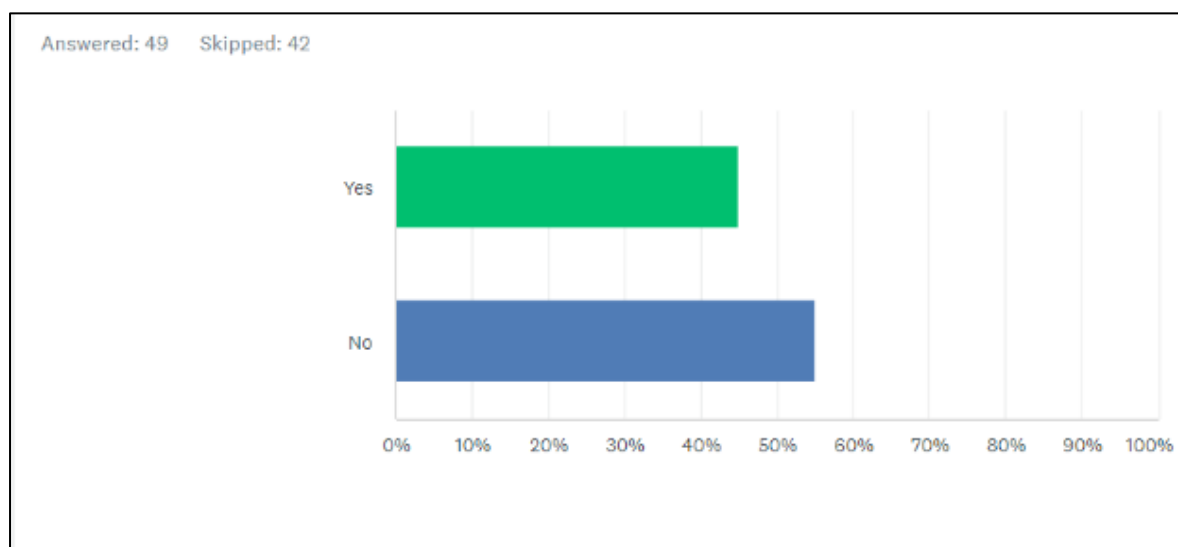
An electronic version of the survey responses can be accessed via the following link and using the password **PathUS22** when prompted: [https://www.surveymonkey.com/stories/SM-07C56XUQSuNBaIMxzp0EQ\\_3D\\_3D/](https://www.surveymonkey.com/stories/SM-07C56XUQSuNBaIMxzp0EQ_3D_3D/)

### ***Q1. Staff are Polite and Helpful.***



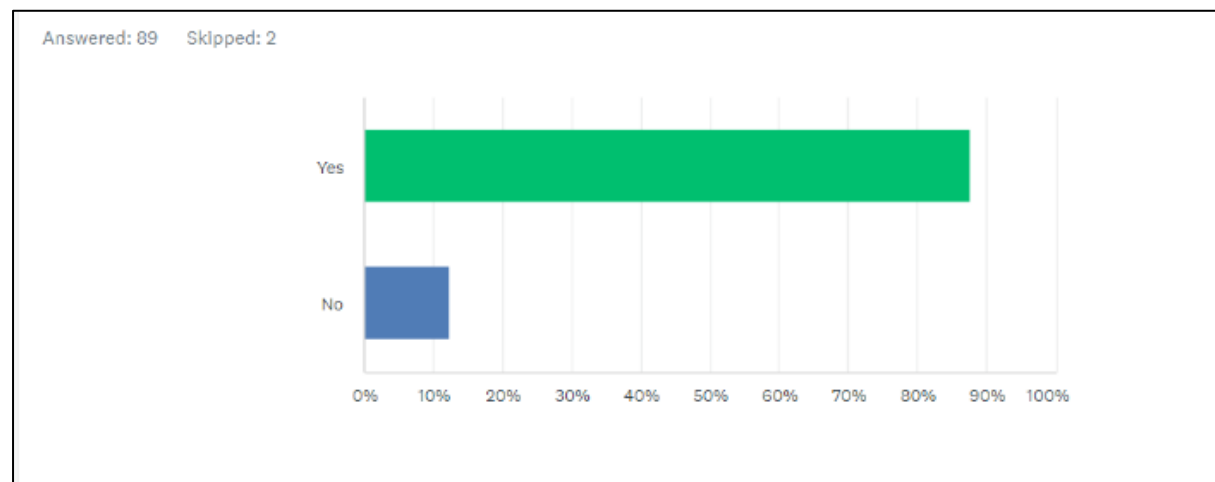
A total of 89 individuals answered this question with only 2 choosing to skip. 88% (78) of respondents agreed that staff were polite and helpful. This was a slight decrease on the last report. 11 individuals provided a negative response. No specific commentary was provided to support the negative responses.

### ***Q2. Service User Handbooks are Easily Accessible?***



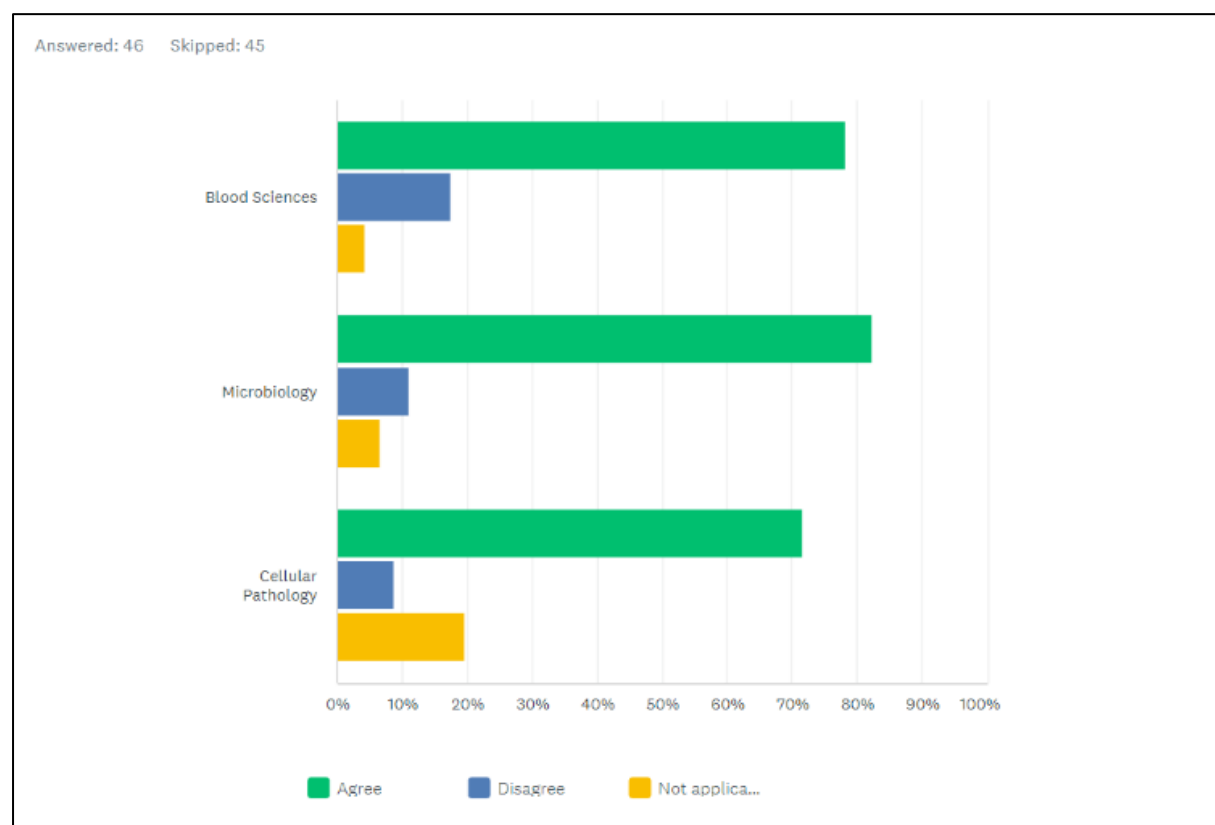
Only 49 users responded to this question with a total of 42 skipping! Of the feedback received, 45% agreed that user handbooks were accessed easily however, 55% stated that this was not the case. This response is lower than previous years and will require further investigation to ensure that a resolution is sought. 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 84% confirming that contact details for the laboratories are easily located. 19% (17) 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



45 individuals opted to skip this question. Overall, feedback was positive with Blood Sciences receiving 78% (36) positive response, Microbiology 82% (37) and Cellular Pathology 72% (33).

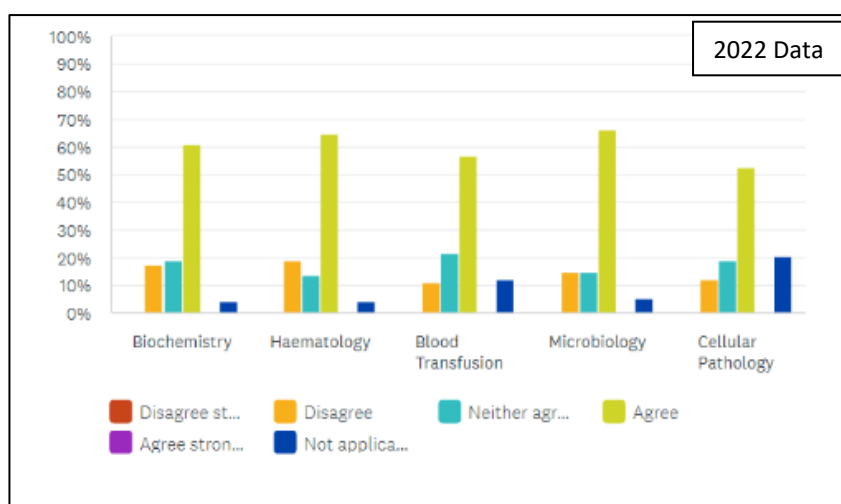
For this question, the option to add additional comment supporting the negative feedback was utilised providing a total of 6 responses:

### Where you disagree, please explain why:

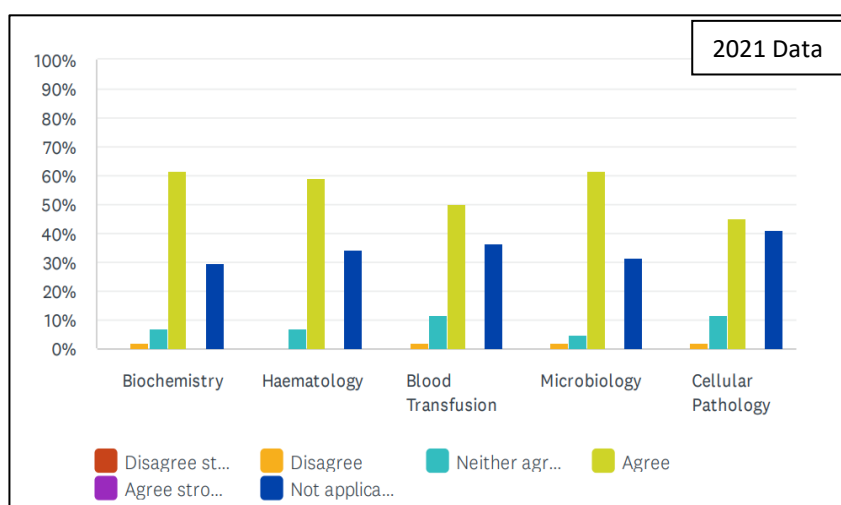
1. "Not always clear about volumes of blood, especially in paed tubes". Consultant, GWH -29.11.2022
2. "Still not sure we are doing the correct thing for tb samples". Director of Breast Screening, GWH- 24.11.2022
3. "Some of the more unusual tests could be clearer" – Consultant, Ophthalmology, GWH- 22.11.2022
4. "I'm not sure where requirements are specified?" -Oral Surgery, GWH-22.11.2022
5. "We have had a number of failed tests where patients have attended for blood tests and result returned as wrong sample sent. It is usually the more unusual tests e.g., B51; B27" - Consultant, GWH- 22.11.2022
6. "Quite a few tests have shown wrong sample on the printed labels resulting in rebleeding of children" – Consultant, Paediatrics, GWH - 22.11.2022

The above feedback highlights the requirement to review the handbooks, intranet and web pages to ensure that there is clarity in what we ask service users to provide. A non-conformance (NCN-10040-023) has been raised under the source: "Service User Feedback" to ensure that the above responses are appropriately investigated and addressed.

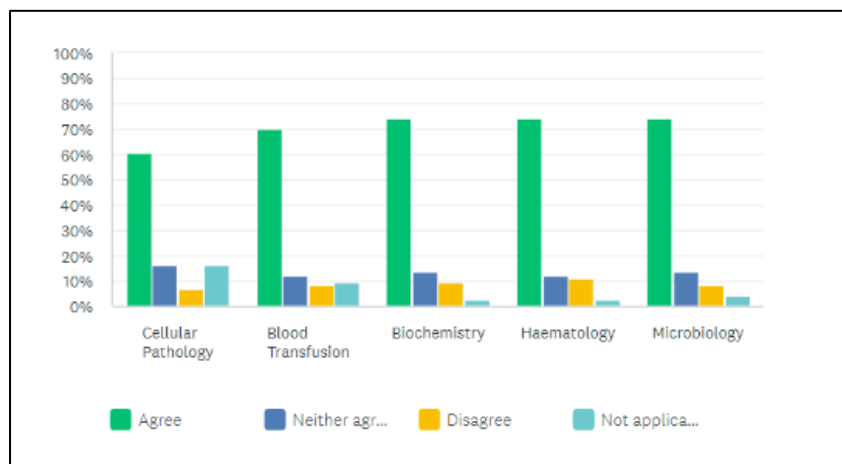
### Q5. Results are reported in a reasonable timeframe



A total of 74 participants provided feedback this year with only 17 choose to skip. When compared to last years data (below) there has been little movement noted on the number of service users who felt that results were reported in a reasonable timeframe however, there has been an increase in those who disagreed with all specialities seeing an increase. The option to provide additional commentary was not available to help identify reasons for the responses.



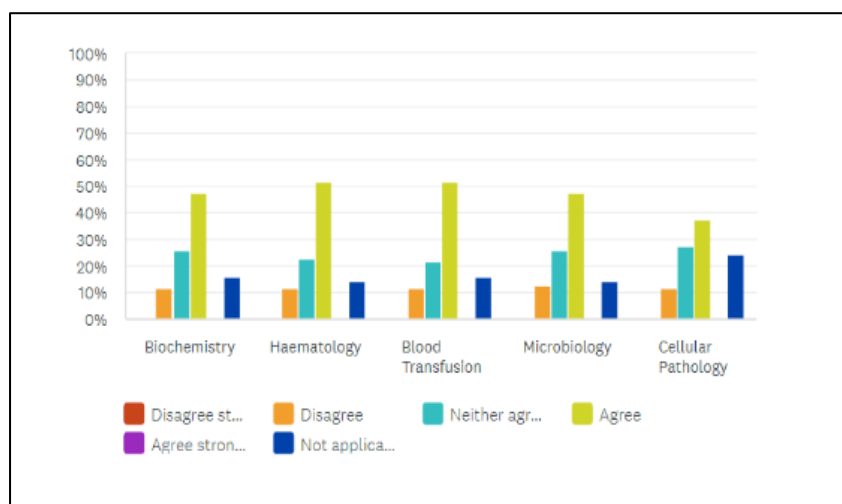
### Q6. Report is clear and concise



A much more positive uptake of responses was provided this year compared to previous with 73 participants answering and only 18 choosing to skip.

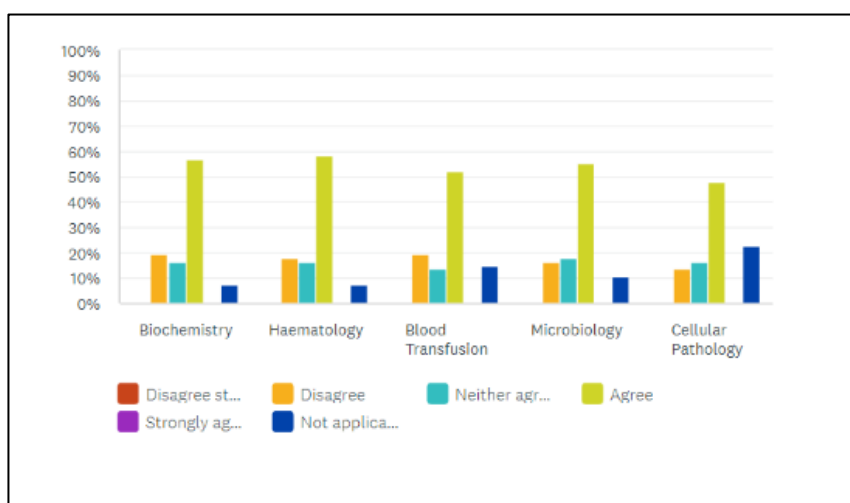
Overall, all specialities saw an increase in positive response with an average of 70% saying that they agreed that reports were clear and concise. This was an increase of 23%. 7% stated that they disagree which remains comparable to last year's data.

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



70 individuals chose to provide response. 47% agreed that clinical advice was readily available when required. This data is comparable to data documented in the 2021 report. The number of those that disagreed has increased slightly with an average of 12% seen compared to <5% in 2021. The option to provide additional commentary against the question was not available to help identify reasons for the responses.

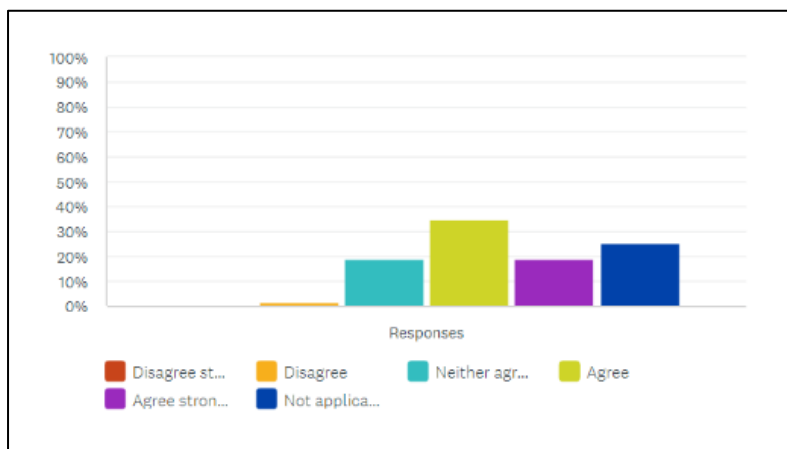
### Q8. The format of request forms is user friendly and meet requirements



67 individuals provided response. The number agreeing remains relatively unchanged from the last report (54%) however the number highlighting that they disagreed again has increased to 17% compared to last years data of 4%. The number who selected "N/A has fallen by 50%.

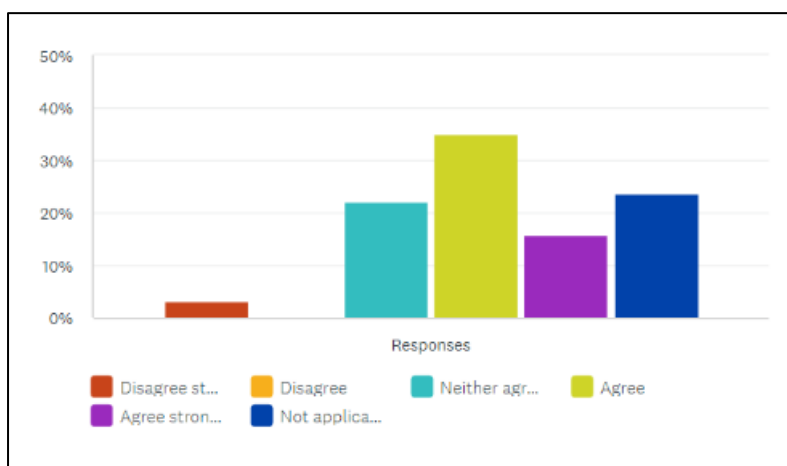
The option to provide additional commentary against the question was not available to help identify reasons for the responses.

**Q9. MORTUARY & BEREAVEMENT SERVICES: Staff are knowledgeable and deal with enquiries in a professional manner.**



63 individuals responded to this question with only 28 choosing to skip. Data is comparable to last years data with 35% agreeing that the staff are knowledgeable and professional. Only one individual highlighted that they disagreed and 28% (16) stated that the question was not applicable.

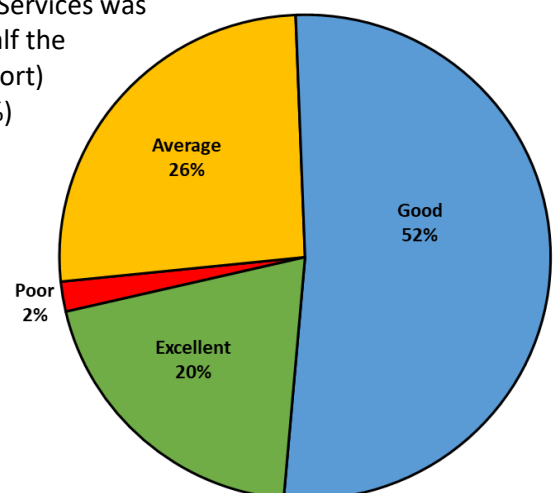
**Q10. MORTUARY & BEREAVEMENT SERVICES: Administration is dealt with in a timely manner.**



A total of 35% respondents stated that they agreed with the statement and a further 16% strongly agreed. 22% stated that it was not applicable and 22% neither agreed nor disagreed. 2 participants (3%) stated that they strongly disagreed. Review of all additional comments provided by individuals towards the end of the survey did not identify any clear indication of the reason for the negative response provided.

**Q11. How would you rate Pathology services overall?**

50/91 respondents answered this final question with 41 disappointingly choosing to skip. In total, 20% (10) stated that they felt the service currently provided by Pathology Services was of an excellent standard (28% achieved in the last report with half the number of participants), 52% stated that it was good (56% last report) and 26% felt that it was average (11% last year). 1 respondent (2%) stated that they felt that the service was poor. By reviewing the additional comments that have been provided the Pathology Quality and Customer Engagement Manager was able to identify that this was related to the releasing procedures followed by the Mortuary and Bereavement Services. This, as well as the additional comments will be passed onto the team for discussion.





**Q12. Are there any improvements that you would like to see in the service provided?**

A total of 31 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 2<sup>nd</sup> revision of this document which will be uploaded to the Trust web page and the intranet page ensuring accessibility to all service users.

1. **"Ability to send blood requests to GP so that patients can have tests taken at surgeries"** – Nurse, Outpatients, GWH (NCN-10047-023) Many thanks for your feedback. Your query has been passed to our Pathology IT manager to investigate. This document will be updated once response has been received.
2. **"Please stop sending mortuary releases after you have closed for the day, we can still work after 15:30!!! Please also send the release as soon as possible, crem forms can follow"** Funeral Director, Swindon (NCN-10048-023) Many thanks for your feedback. Our Mortuary and Bereavement Service is open between 09:00 and 12:30 and 13:30 and 15:30. The team are able to accommodate outside of these times however this will need prior agreement with the Mortuary Manager or Deputy Mortuary Manager.
3. **"Answer the call on time"** – no name or location stated Unfortunately it is difficult to ascertain which speciality within the service it relates to. Outside of normal office hours the laboratories have minimal staffing however the on call BMS can be bleeped and will make contact as soon as they are able. During the working day the teams do their utmost to ensure that the telephone is answered in a timely manner.
4. **"Communication speed and accuracy with blood transfusion lab"** – Associate Specialist Acute Medicine, Medical SDEC (NCN-10049-023) Many thanks for your feedback. The blood transfusion team endeavour to communicate with services users in a timely manner. It is difficult to ascertain if this is related to a specific incident. Your feedback has been raised on our Quality Management System for the Blood Sciences Management team to review.
5. **"No specific improvements"** - Tom, no location stated.
6. **"In other Trusts I have worked in, once ICE-requested sample are booked into the lab, the ICE status changes from 'Specimen collected' to 'Received'. This doesn't seem to happen at GWH, with the status only changing when results available. If this facility existed here, it would help reassure clinicians that samples have reached the lab safely and reduce phone-calls to 'chase' samples"** – Consultant, Paediatric Emergency Department (NCN-10050-023) Many thanks 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. ***“1. Reporting system is really bad/abysmal. The same result is shown several times with different dates. This not only badly reported but sometimes dangerous.***  
***2. Simple immunology tests take way longer than expected***  
***3. There is no way of endorsing results***  
***4. Finding the result swiftly is another big issue”*** – Consultant, Osprey, Mercury, Shalbourne (NCN-10051-023) We are sorry to hear that you are unhappy with the service received. Your feedback has been raised on our quality management system to be reviewed by our Pathology IT Manager.
8. ***“Please could the labelling of samples be looked particularly for send away samples to ensure that they are accurate”*** – Consultant, Paediatrics (NCN-10052-023) Many thanks for your response. Your feedback has been raised on our quality management system and will be reviewed by our blood sciences management team.
9. ***“The way path reports are added too with numerous additional tests added on and often no overarching summary can be very confusing particularly in more complex cancer cases”*** – Consultant, Oncology (NCN-10053-023) 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. ***“Communication to the wards i.e., if not able to process due to haemolysed, not labelled correctly, information missing. often patients awaiting these results for treatment plan but often don't see it has been rejected for a couple of hours delaying treatment/discharge”*** – ACP,GWH (NCN-10054-023) Thank you for your feedback. With such events not uncommon even with campaigns to avoid haemolysis with best phlebotomy practice they are too common for lab staff to phone every individual case however comments are added to reports. The lab does all it can to alert AED and acute areas of haemolysis.
11. ***“Enquiry tel. number more readily available”*** – Consultant, GWH (NCN-10055-023) Many thanks for your feedback which has been uploaded to the Pathology quality management system. Laboratory telephone numbers and key contact details are available to view on both the Pathology page on the Trust website and also on the GWH intranet page which is accessible to internal service users. In addition, contact details are available in the laboratory service user handbooks which are available to view on both the Trust website and also the intranet pages.
12. ***“Ability to print pathology stickers through 'classic' ICE”*** – Med Reg, Medicine (NCN-10056-023) Many thanks for your feedback. This has been raised in our quality management system for review by our Pathology IT Manager.
13. ***“Abnormal results should be available on-line without the need for lab to contact someone first to tell them there is an abnormal result as this often delays management and wastes time both making and receiving a phone call or bleep”***- Doctor, ED (NCN-10057-023) Many thanks for your feedback. This has

been raised on our quality management system for further review. It is difficult to determine if your feedback is based on a specific instance? Each of our laboratories follow their telephoning procedures which consider RCPATH guidelines and are reviewed by the Pathology Clinical Leads

14. ***“Head and neck histopathology reports could sometimes be improved, but I appreciate this is difficult in a DGH to have a specific H&N pathologist. Some interactions with mortuary staff have been somewhat rude and abrupt”*** – Oral Surgery (NCN-10058-023) Many thanks for your feedback. This has been uploaded to the quality management system to be reviewed by the Cellular Pathology Laboratory Manager.
15. ***“Transfer HLA B27 requests off of transfusion as we are getting too many rejects with 'wrong form or not hand-written' This is the only hospital locally where this happens - others go through as a haematology request”*** – Consultant, Rheumatology, GWH (NCN-10059-023) Many thanks for your feedback. This has been added to our quality management system for review by our Blood Sciences management team.
16. ***“ICE is not user friendly at the sample collection point. There are not enough devices for printing stickers. The process is slow and frustrating. AMU covers many areas. It’s frustrating taking calls about blood results about patients not in your clinical area then being expected to search the hospital records to find the location for the person calling. This is time consuming and the locations available on ICE need to be addressed”*** – Nurse, Acute Medical Units (NCN-10060-023) Many thanks. This has been raised on our quality management system for our Pathology IT Manager to review.
17. ***“Put histology specimens onto careflow immediately to we know they are being processed rather than lost. Report antibiotic sensitivity relevant to the antibiotic used by the specialty”*** – Consultant, Ophthalmology (NCN-10061-023) Many thanks for your feedback. This has been added to our quality management system for review by our Cellular Pathology Laboratory Manager.
18. ***“On multiple occasions, especially out of hours, we have been waiting on important results which aren't released. When we phone the lab (e.g., for a repeat trop, potassium, etc) they already had the result, but didn't realise it because it is very abnormal. This is strange as they are the ones we need to see soonest. Sometimes when results are uploaded for bloods, they span across multiple different columns despite it being the same sample which makes viewing them more difficult on careflow, which constantly lags when scrolling - I find the paper requests for add ons outdated and time consuming- this should be easy and added to the normal careflow requests system”*** – SHO, Geriatrics (NCN-10062-023) Many thanks for your email. This has been raised on our quality management system for review by the Blood Sciences laboratory management team.
19. ***“Histo and cytology brilliant”*** – Consultant, BCU Thank you! We will share your comments with the team.

20. ***“Staff are really rude when they call the ward- one trust one team not you vs us!”***- no name or location stated (NCN-10063-023) Many thanks for your feedback and we are sorry to hear of your poor experience. It is difficult to investigate a specific incident due to insufficient location details etc however please be assured that your feedback has been raised on our quality management system for review by our blood sciences laboratory management team. Our team are committed to providing a high level of service to all of our users. We will ensure that your feedback is shared with all of our teams for reflection.
21. ***“Easy to use forms”*** – no name or location stated.
22. ***“Some Out of hours lab staff are rude, unhelpful and difficult to get hold of for support and advice on urgent matters”*** – Sister, ITU (NCN-10064-023) We are sorry to hear of your experience. Your feedback has been raised within our quality management system for review by our blood sciences laboratory management team.
23. ***“1) ice request should follow the patient, i.e., if patient moves wards and beds are requested for following day, this should be carried out on new ward and ward changes are visible on ice  
2) multiple reports for same tests are confusing, especially since not always chronologically  
3) when viewing recent results, the most recent results should appear on top of page rather than at the bottom as last listing as this takes additional time scrolling through”*** – Consultant, Acute Medicine (NCN-10065-023) Many thanks for your feedback. This has been raised on our quality management system for review by our Pathology IT Manager.
24. ***“electronic reports sent directly to requester”*** – Consultant Surgeon, GWH (NCN-10066-023) Many thanks for your feedback. This has been raised on our quality management system for review by our Pathology IT Manager.
25. ***“Prompt notification on ICE that samples (particularly uncommon or samples that take longer to process) have been received otherwise a lot of time is wasted, and the test potentially repeated, when trying to confirm if the sample ever arrived at the lab. Would be useful to indicate lead times for some samples on the request, would also reduce unnecessary chasing if clinicians had an idea how long the report might take”*** – Doctor, Critical Care Unit (NCN-10067-023) Many thanks for your feedback. This has been uploaded to our quality management system. For review by our Pathology IT Manager.
26. ***“Long-winded process to request blood samples and then print off. Takes significantly longer than the time taken to take blood”*** – Junior Doctor, Critical Care (NCN-10068-023) Many thanks for your feedback. This has been raised on our quality management system for review by our Pathology IT Manager.
27. ***“More pathologists please - they need more staff to deal with the considerable workload”*** – Director of Breast Screening, Radiology (NCN-10069-023) Many thanks for your feedback. This has been raised on our quality management system and was shared with the senior management team during our Pathology Annual Management Review in June 2023.

28. ***“Please consider doing more groups of drug monitoring tests”*** – GP Ashington House Surgery (NCN-10070-023) Many thanks for your feedback. This has been raised within our quality management system. The Blood Sciences laboratory manager has contacted yourselves to clarify.
29. ***“Make it easier to add on tests”*** – Doctor, no location stated (NCN-10071-023) Many thanks for your feedback. This has been added to our quality management system for review by the Blood Sciences laboratory management team.
30. ***“Histopathology results often chased that are outstanding from Oxford”*** – Sister, EPU (NCN-10072-023) Many thanks for your feedback. This has been raised on our quality management system for review by our Cellular Pathology laboratory manager.
31. ***“More blood transfusion support”*** – Consultant, GWH (NCN-10073-023) Many thanks for your feedback this has been raised on our quality management system and has been raised to the Blood Sciences laboratory management team.

Review of the comments received highlighted that there are continues issues with the ICE ordercomms within GWH and some users identified that it can be difficult to locate contact telephone numbers and information regarding tests/ turnaround times etc. 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.

### 3.1 Additional Comments

In addition to the above responses, 3 additional responses were documented in Q13 – “Additional comments”. The following additional comments were documented, and responses provided accordingly:

- ***“Test request and reporting is unnecessary complicated”*** – Consultant, Acute Medicine
- ***“Superb service”***- Consultant, BCU
- ***“Generally, a great service provided”*** – Consultant, Ophthalmology

### Compliments

- ***“All good”*** – no location provided.
- ***“Histo and cytology brilliant”*** – Consultant, BCU

### 3.2 Visit Requests

Eleven responses were added to the Q13. 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

Great Western Hospitals NHS Foundation Trust	DCN	PAT-Q-113-1.1
Department of Pathology	Page	14 of 14
	Date of Issue	12/10/2023

were therefore the Pathology and the Quality and Customer Engagement Manager will attempt to contact these individuals.

This has been another challenging year with focus based on recovery following the COVID-19 pandemic which has resulted in reduced face-to-face meetings however the Pathology team have firmly embedded the use of virtual meetings with Microsoft Teams, and it is hoped that some meetings could be scheduled with users over the coming twelve months. The Pathology Quality and Customer Engagement Manager will seek new methods to improve engagement with both internal and external service users.

## 4 PLANS

Results of this survey will be presented at the Pathology Management Committee meeting in March 2023 and will be discussed with both the Laboratory Managers and Mortuary & Bereavement Services Manager during the Pathology Quality, Governance and Assurance meeting in March 2023.

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 have created a point of care survey for service users within the Trust which will be 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. A survey for our GP service users will also be sent to determine what point of care technology is currently being used within the community setting.

During 2021 the Trust IT team implemented electronic requesting of Pathology specimens within the Trust (OrderComms). The responses provided through this survey suggests that there are still queries regarding the new system and therefore the Pathology Quality and Customer Engagement Manager will work with the Pathology IT Manager to ensure that our Pathology intranet page provides adequate information to support our service users within the Trust when requesting tests.

The current 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 2023 with the report available in December 2023.