

2024 PATHOLOGY USER SATISFACTION SURVEY – FEEDBACK TO USERS

This year's (2024) user survey was distributed in Quarter 3 of 2024 to both Primary and Secondary care users. There were 61 responses received: 32 from primary care (of which 32% were GPs) and 29 from secondary care (17% of which were consultants). Overall satisfaction rate has improved at 100% (93% previously). The overall satisfaction rate for Pathology services provided is calculated from combining the responses for 'exceeded expectations' and 'met expectations' which were 43% and 57% respectively.

Areas for improvement as rated by our users

Two responders, 1 primary and 1 secondary care, stated that they were dissatisfied with the reporting time of urgent/critical results and 1 secondary care responder was dissatisfied with the availability of the out-of-hours service. Unfortunately, no specific comments were given for these areas marked as suboptimal.

It is worth noting that all Pathology departments continually monitor their urgent work turnaround times as a key performance indicator and often these meet the Royal College of Pathologists Lab KPIs and the KPI targets set out in the National Pathology Quality Assurance Dashboard (PQAD).

[Key-Performance-Indicators-Proposals-for-implementation-Current-version.pdf \(rcpath.org\)](https://rcpath.org/Key-Performance-Indicators-Proposals-for-implementation-Current-version.pdf)

[Pathology quality assurance dashboard PQAD.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/pathology-quality-assurance-dashboard/PQAD.pdf)

Questions Asked

The survey questions are designed to fit areas which we feel are most important to our users. The questions asked for this survey were:

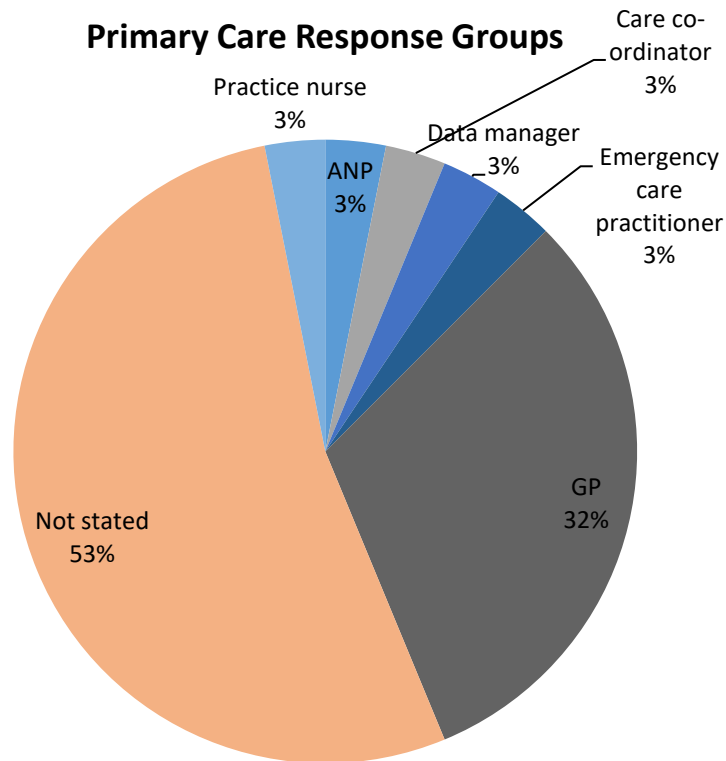
1.	How satisfied are you with the range of in-house tests available?
2.	How satisfied are you with the availability of information relating to the requesting of tests?
3.	How satisfied are you with the turnaround time for urgent/critical results?
4.	How satisfied are you with the out-of-hours service, including: on-call; weekends; and evenings?
5.	How satisfied are you with the availability and content of clinical advice?
6.	How would you rate Pathology services overall?
7.	Are there any improvements that you would like to see in the service provided?

Author	Wayne Vietri	Page 1 of 12
Date of Report	12/03/2025	Doc Ref: Part of MTG/AMR/6

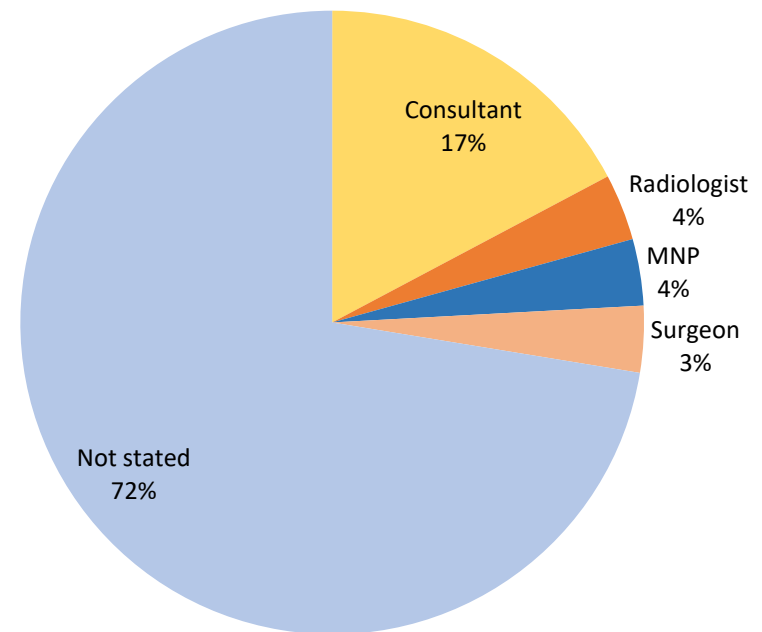
2024 Response Groups

The respondents self-identified as working in the following staffing groups (charts below). The improved engagement with the survey this year demonstrates a good cross-section of staff groups providing feedback.

Primary Care Response Groups



Secondary Care Response Groups



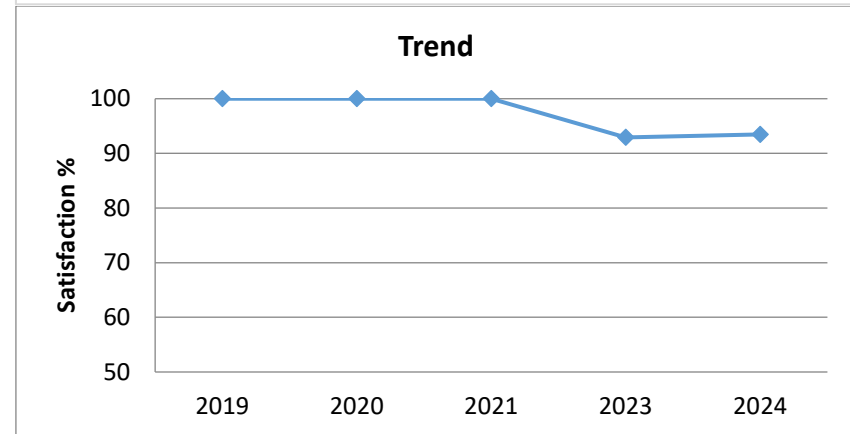
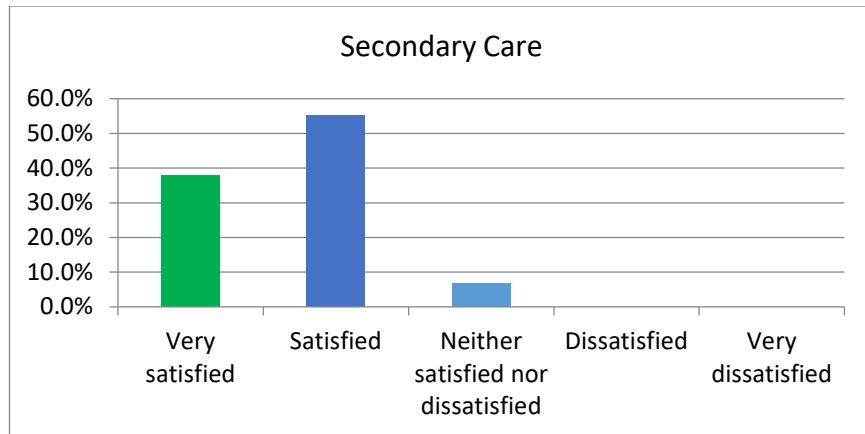
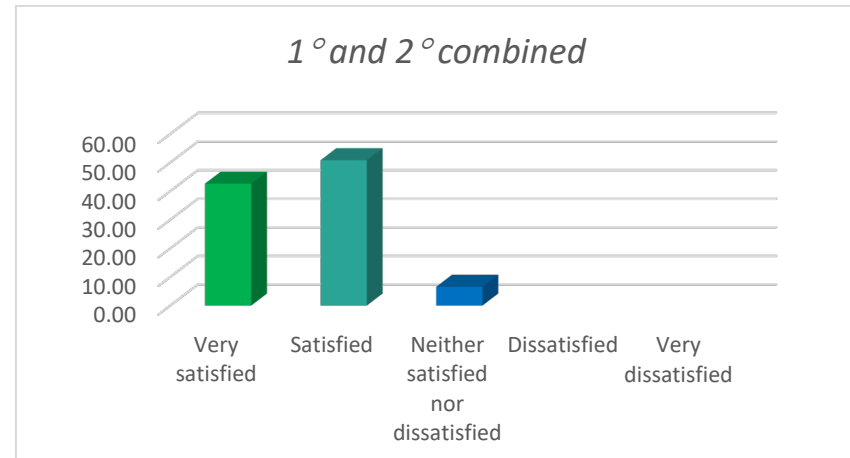
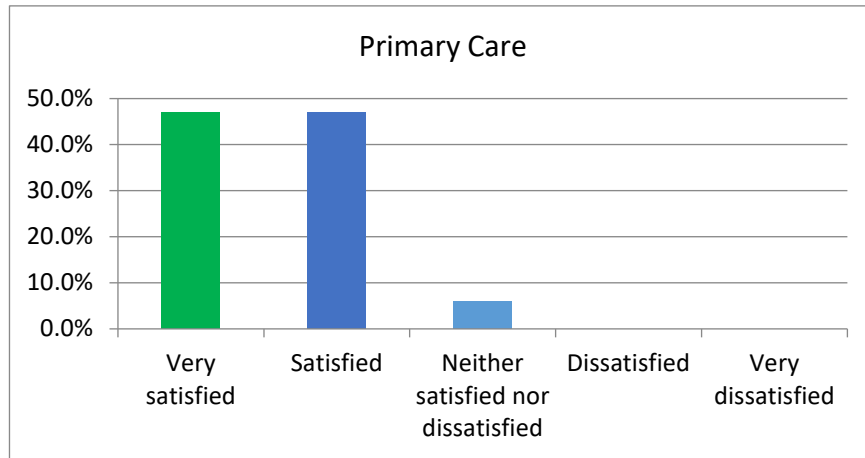
Author	Wayne Vietri	Page 2 of 12
Date of Report	12/03/2025	Doc Ref: Part of MTG/AMR/6

2024 Survey questions and Results

The performances on individual questions for this 2023/4 User Satisfaction Survey are detailed below, alongside those responses received in 2022/3. This enables Pathology to benchmark performance against the previous year and identify trends over time.

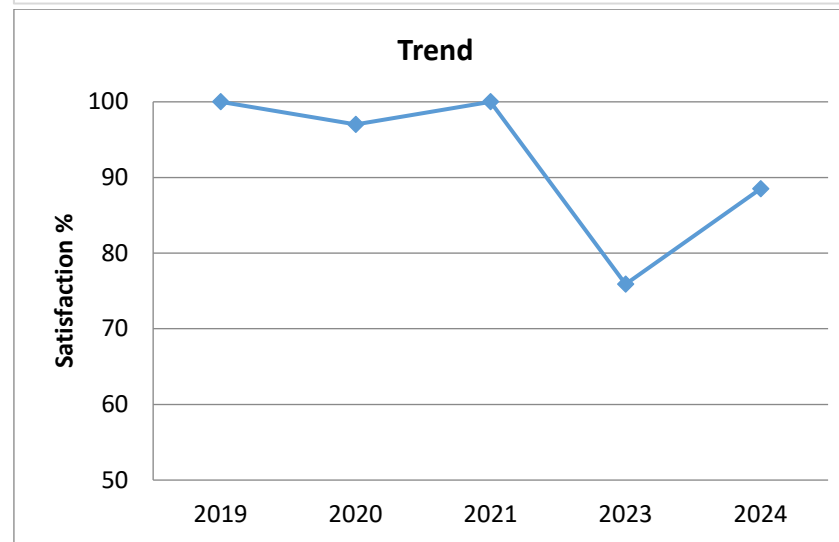
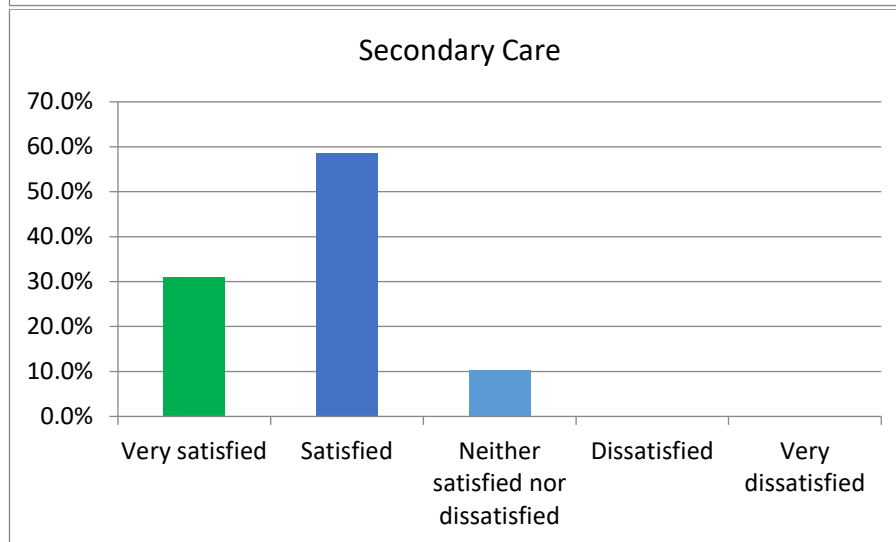
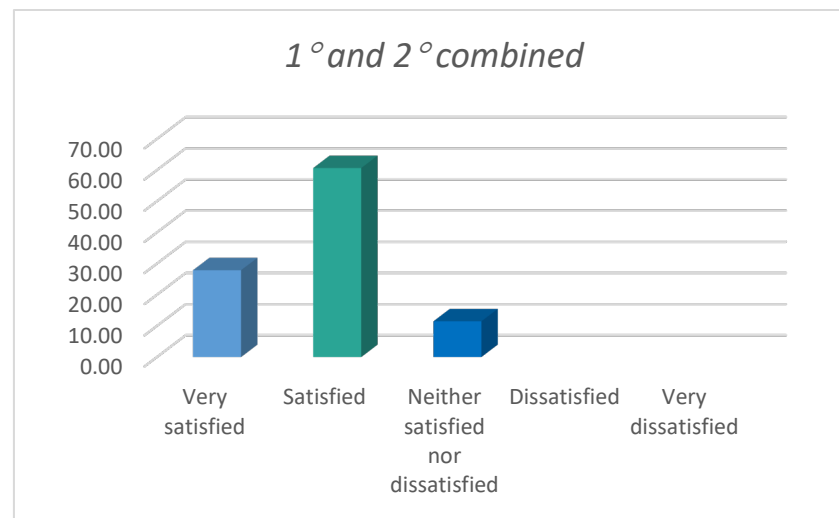
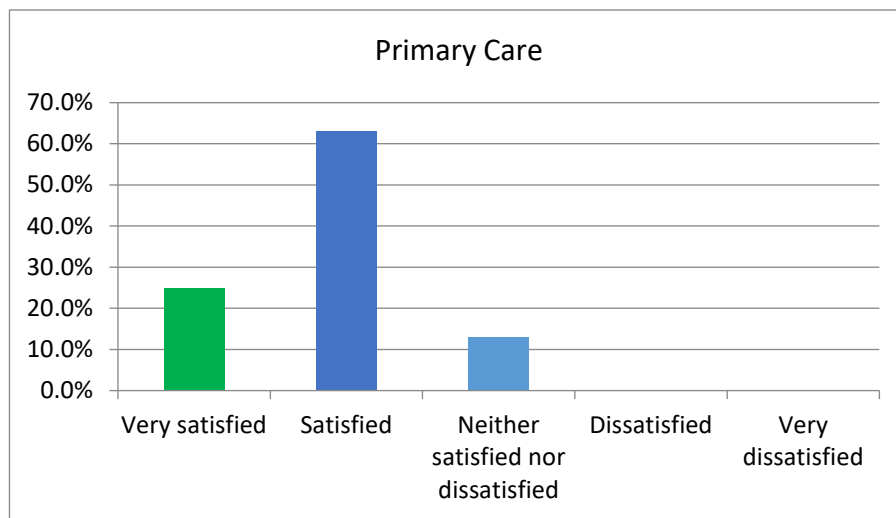
Question 1

How satisfied are you with the range of in-house tests available?



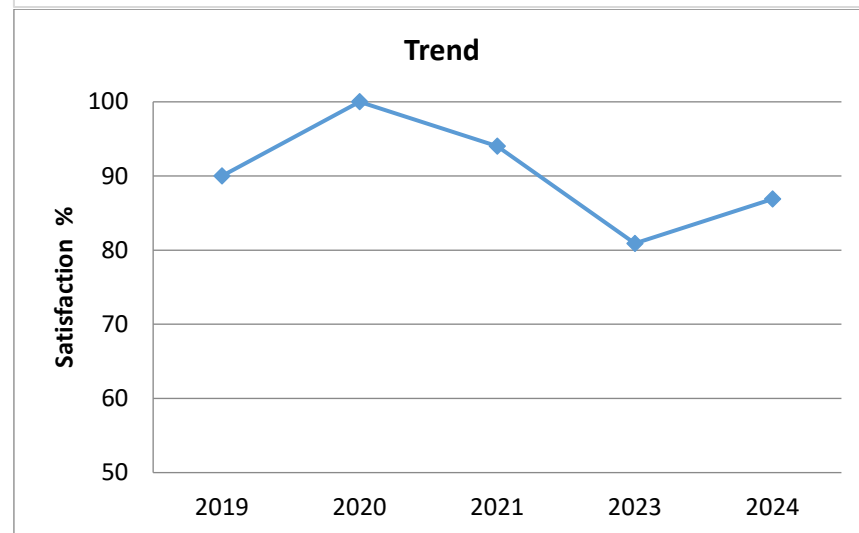
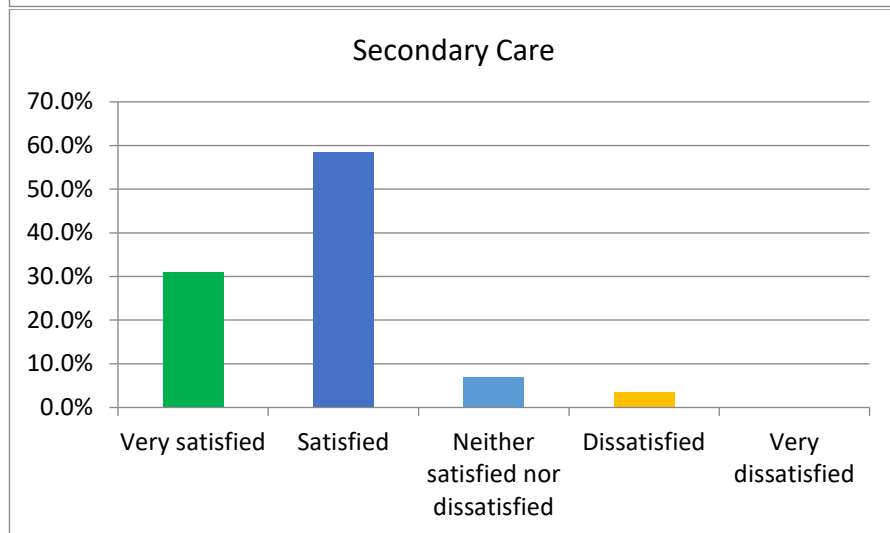
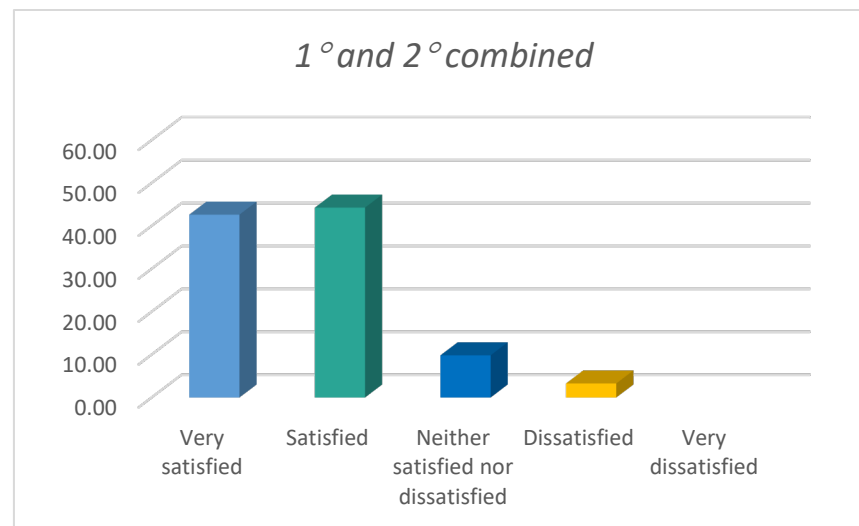
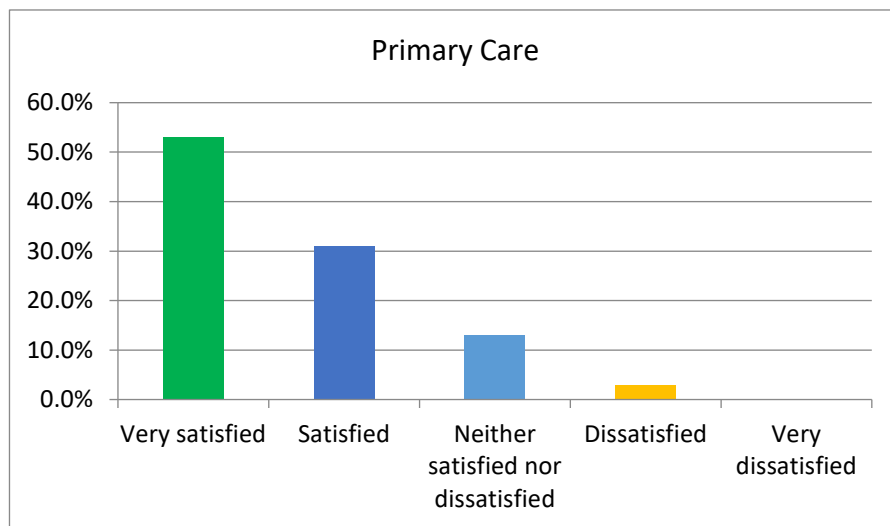
Question 2

How satisfied are you with the availability of information relating to the requesting of tests?



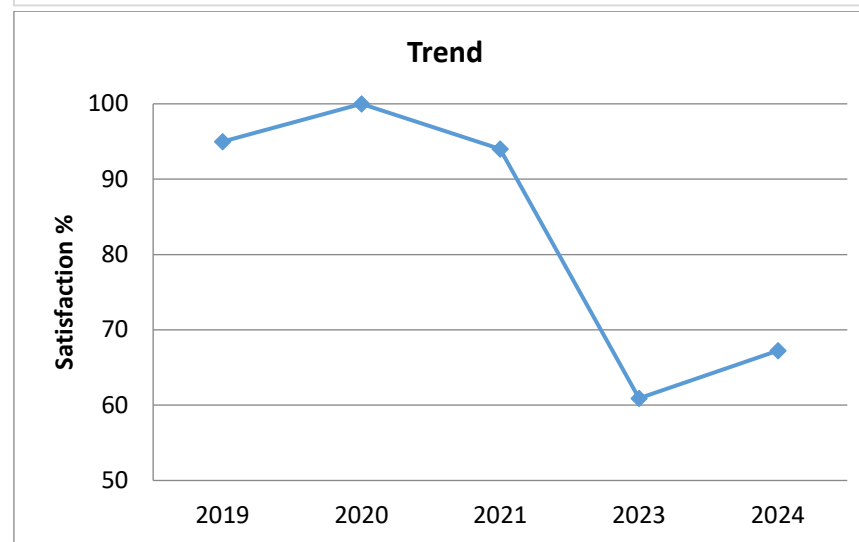
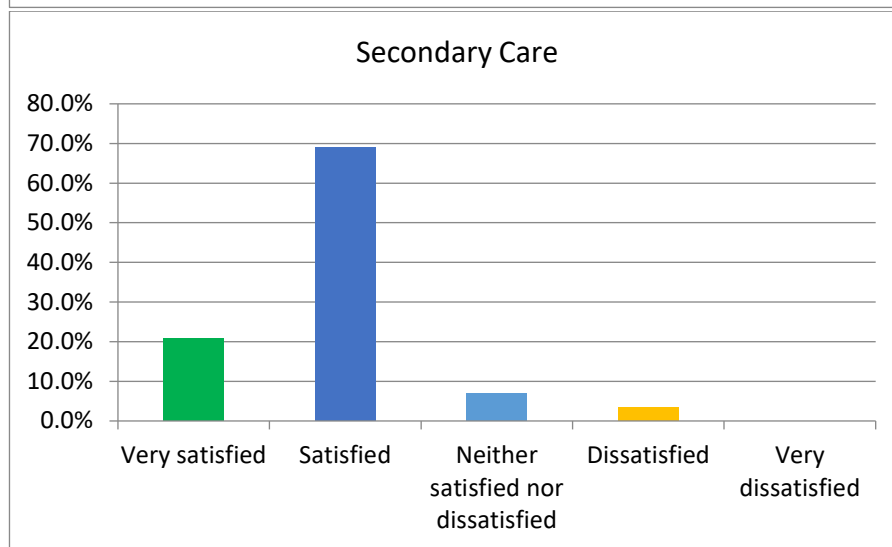
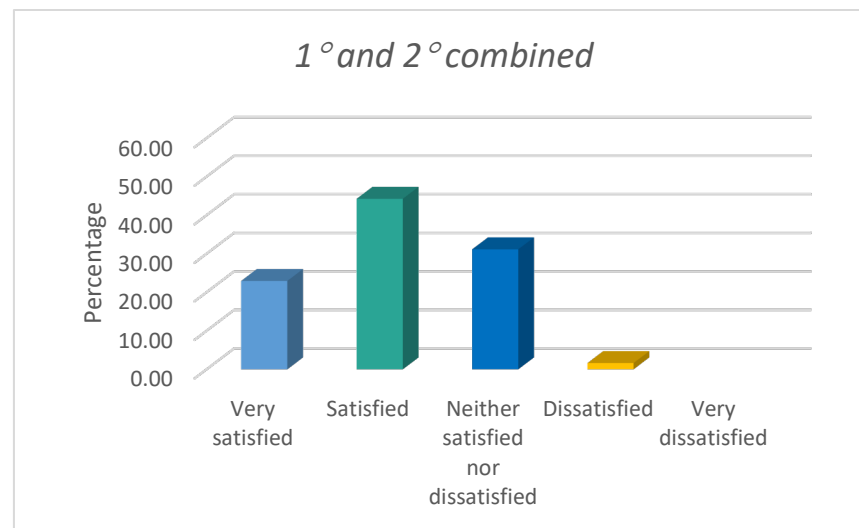
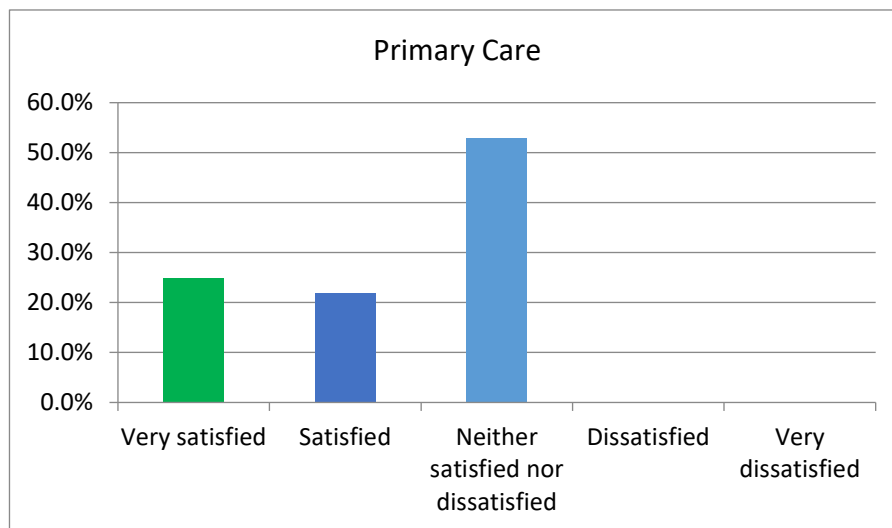
Question 3

How satisfied are you with the turnaround time for urgent/critical results?



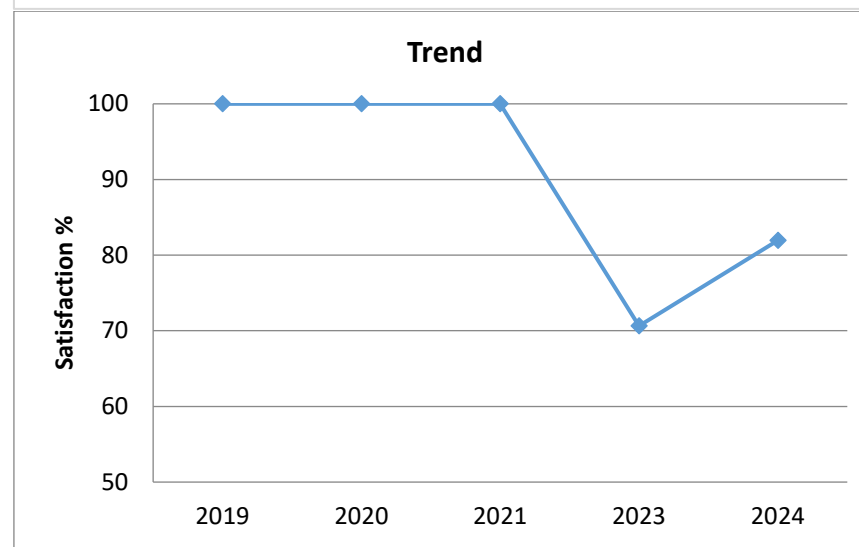
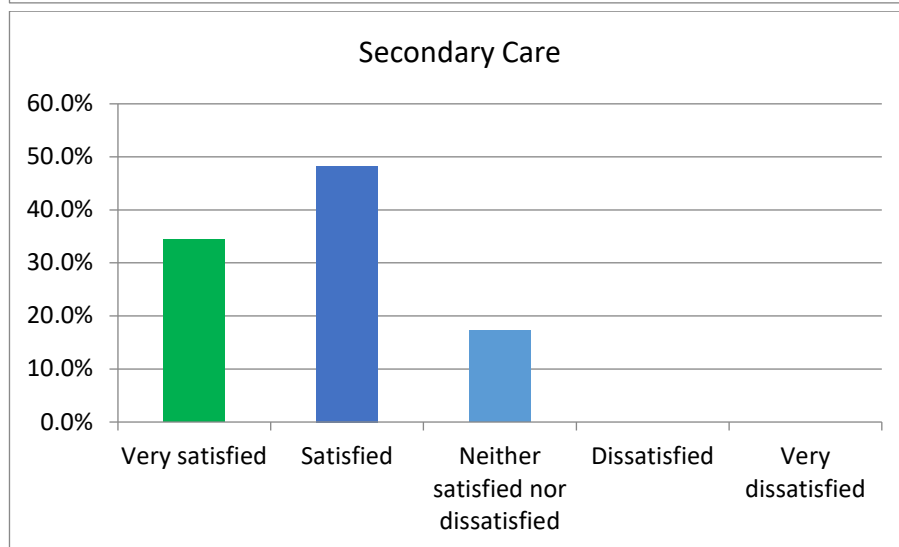
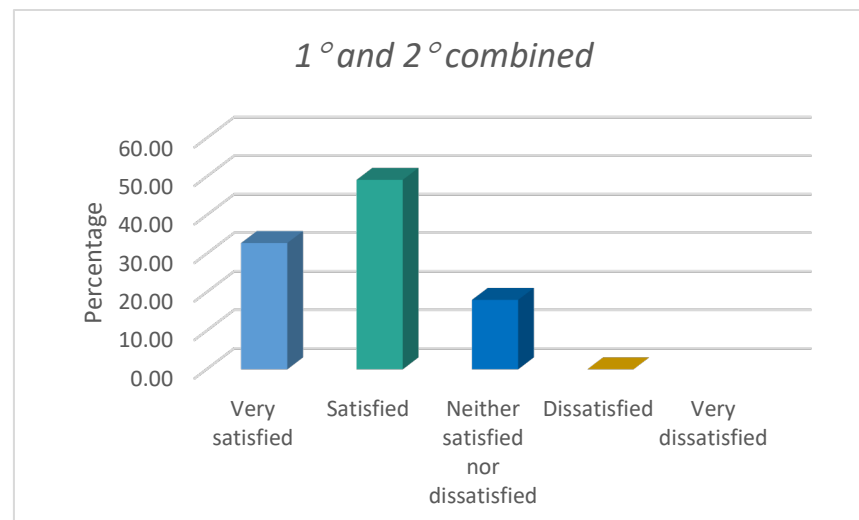
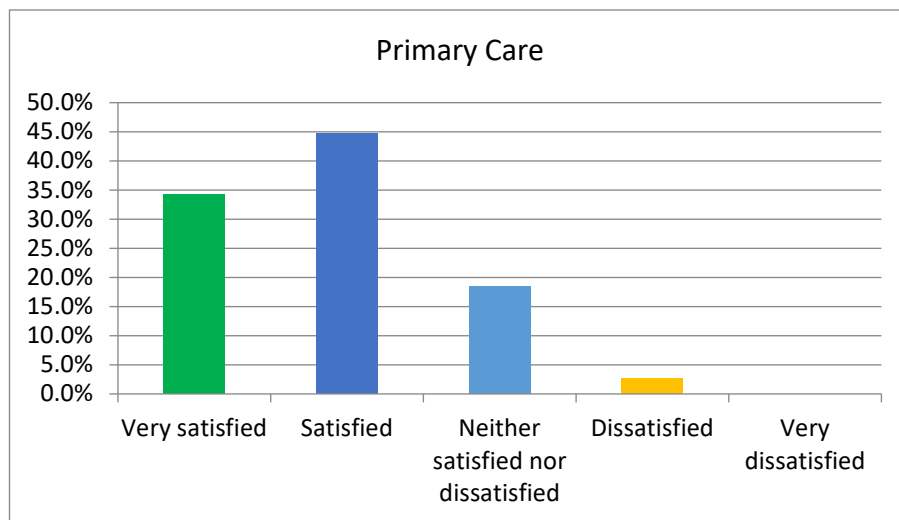
Question 4

How satisfied are you with the out of hours service including on call, weekends and evenings?



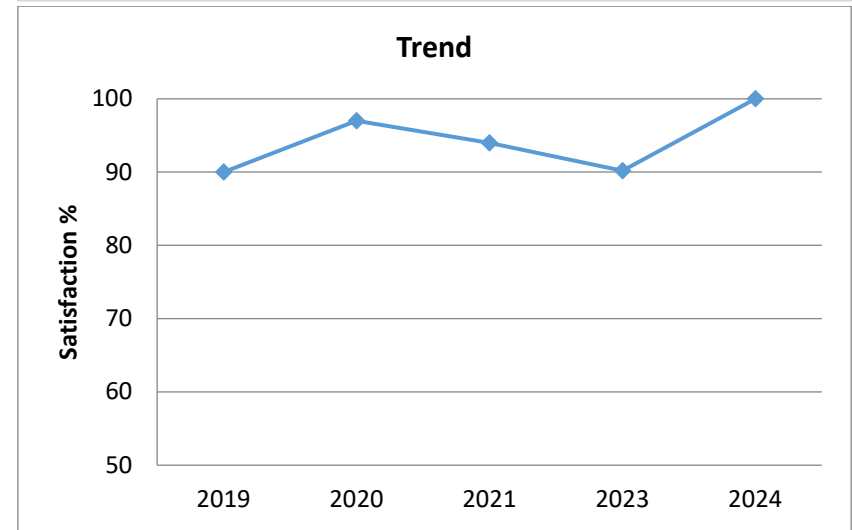
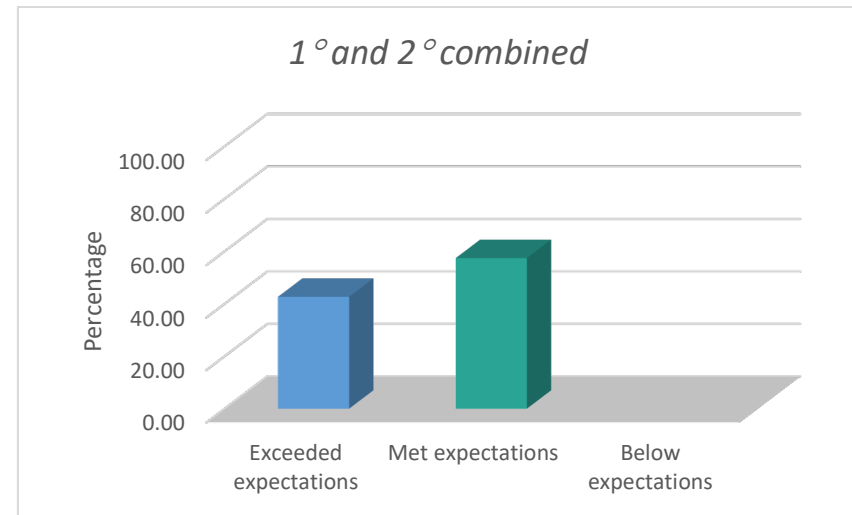
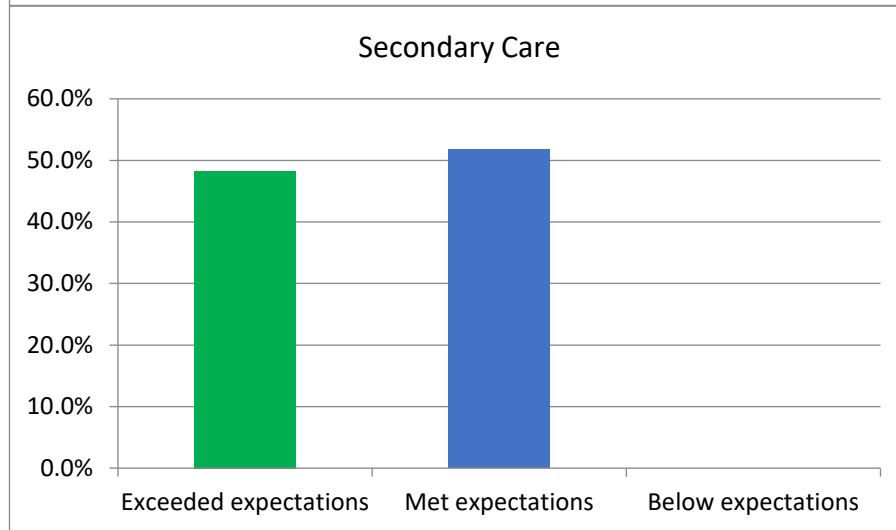
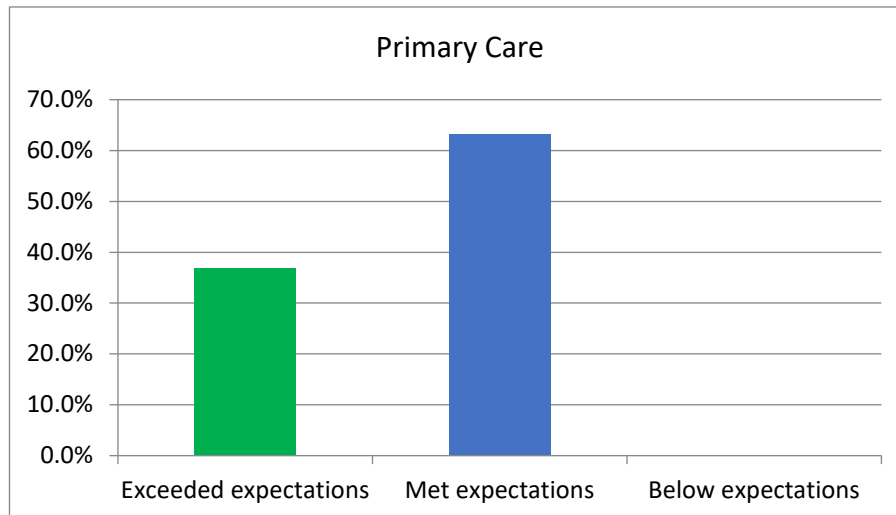
Question 5

How satisfied are you with the availability and content of clinical advice?



Question 6

How would you rate Pathology services overall?



Question 7

The final part of the survey, **question 7**, relates to suggested improvements within individual disciplines or service areas. This question captured free-text answers of areas you would like us to improve, which are summarised below. We have reviewed, actioned (where possible) and responded to the main issues raised in each discipline.

RUH Pathology User Survey Comments & Responses

<u>Summary of comment</u>	<u>Laboratory response</u>
Sometimes hard to get hold of at weekends	More information regarding which service is difficult to get hold of at weekends is required so that we can investigate or provide further guidance.
Difficult finding tests on Millennium, especially when not commonly performed.	We agree and have been raising this to the EPR teams since go-live. Some profiles have been created but not yet implemented due to IT team capacity.
More specific advice and less generic advice given on reports.	Certain tests will always require clinical context. B12 and ferritin ranges have been reviewed to aid decision making.
It would be useful for more test profiles to be made available e.g. antiphospholipid syndrome and viral screen prior to commencement of chemotherapy.	Any requests for specific test bundles should be raised directly with the department concerned
There needs to be a focus on getting the correct responsible consultant allocated to Histopathology specimen reports	We are currently working on histopathology order comms with the BSW EPR to solve this problem.
The need to send away virology samples often causes a significant delay in getting results which can impact on patient care. Is there scope for a limited virology service to be provided at the RUH.	Virology is a very specialised service and would not be possible to be run by RUH Pathology. The Pathology Services Manager to address turn-around-times with the UKHSA at contract meetings.
Electronic reporting for the sexual health service would be welcomed.	We are currently trying to secure funding so that ULTRA can be removed from the requesting and reporting of all Microbiology and Virology requests. Once secured, this will enable the feedback of results into Lilly.
The ability to see that specimens have been received and are in process within Millennium	This is already in effect for Blood Science orders. This is being included in the BSW Millennium project for Cellular Pathology. Cellular Pathology requests will be orderable on Millennium directly, and that will enable the status updates for when it arrives in labs / when its reported

Primary Care Pathology User Survey Comments & Responses

<u>Summary of comment</u>	<u>Laboratory response</u>
Request for clearer information on the requesting of services and if alternative bottle can be used.	ICE tells the user the preferred bottles and the website provides further information on the services provided by Pathology. Respondent provided with weblink to the website and specific assay information.
Addition of a box to request that results are telephoned back to the requestor in hours the same day to aid clinical decision making	Result telephone triggers are set in accordance with RCPATH guidelines and standardised across our Pathology Network.
The ability to have more than one ICE system open is confusing.	ICE open net is not new. It allows visibility from Swindon, Bristol, Gloucester and the RUH
More appropriate stock levels when ordering phlebotomy products	This has been taken on board.
Very difficult to make contact with a Haematologist. Guidance provided not easy to follow.	Haematology advice a difficult service to deliver given the clinicians are patient facing and dealing with a significant demand. They are not given any lab time within their job plans so historically the lab finds it very difficult to get lab advice support, they are also short staffed. We have been raising the workforce issues within the Pathology Network and exploring if there are any clinical scientist roles that would be available. This is a national issue and not only an RUH one. Biochemistry have taken on some support of this as they can answer questions about B12, ferritin and electrophoresis requests but clinical queries do need to go through Haematology.
Request for FIT tests to be put on ICE.	FIT cannot be added to ICE it is a regionally commissioned service with requests going direct to NBT and we do not get the reports so any request would sit open without a result. We have looked at the cost of changing so the samples come to RUH first but this would be a significant cost pressure to the ICB to do this.
Request for more profiles and clinical guidelines	All profiles are being reviewed as part of the the West of England Pathology Network
Addition of clinical comments to results (especially unusual ones) and have the ability to receive advice over the phone.	Clinical advice in Biochemistry is available Monday to Friday 9-5pm and we have a dedicated duty biochemist just for this purpose. Haematology is harder to provide as the Clinicians are short staffed and patient facing. Please can you let us know what advice you require. Report comments are added primarily in Biochemistry and any unusual

result will be commented upon unless there is not enough clinical information to interpret them. Other results usually have a predetermined comment if that is applicable by age or reference range, again if you could feedback the area where you think the reports need more advice that would be useful. There are also clinical guidelines available on the website.

Send back clinical information provided at requesting.

Our LIMS does not allow sending back of clinical information but we have often asked the manufacturer for this and it will be part of the upgrade planned for next year

The Clinical Decision Tool is clunky. Stated guidelines would be preferable.

Guidelines for primary care are available on the website. If there are any specific ones that are required then please can you let us know. If you could let us know what decision support is clunky that would help but often it is designed in a way to support demand management.

ICE is somewhat confusing when requesting testosterone levels.

Sometimes we are limited by the functionality in ICE but with testosterone the reason they are displayed within a profile is that testosterone requires FAI as well to interpret so we need a way of linking these together. We previously had problems with requests for FAI without testosterone and vice versa. GIRFT is asking that we move to more presentation led profiles and bundles of tests can only be added to ICE in a horizontal bar which is how PCOS or HRT are presented in ICE. The yellow banner does explain that you will get testosterone.

Return of the Statin profile blood tests (i.e. just ALT and lipids).

ALP and ALT can be affected by statins therefore an ALT only profile is not appropriate.

Closing Remarks

Thank you for taking your much valued time to complete our survey. We realise how important your feedback is to our continued improvement and success. We hope to have your engagement in further surveys as they are used to help shape our service delivery to meet your needs.

We welcome you to leave feedback about our service delivery at any time – to do this, please visit:

https://www.ruh.nhs.uk/pathology/quality/tell_us_what_you_think/form.asp?menu_id=2

If you have general feedback about Pathology services, please email: wayne.vietri@nhs.net

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