**Introduction**

The Clinical Biochemistry and Haematology Department complies with ISO 15189:2012 “*Medical laboratories: Requirements for quality and competence*”. Standard 4.14.3 “*Assessment of user feedback*” states that the laboratory shall seek information relating to user perception as to whether the service has met the needs and requirements of users. This survey has been performed to comply with these standards, and in doing so, will bring to the attention of laboratory management areas where we could improve the Haematology and Clinical Biochemistry service.

The GP User Satisfaction survey was carried out by the Blood Sciences laboratory of University Hospitals Bristol and Weston NHS Foundation Trust (BRI Site) between 22nd November 2021 and 5th January 2022.

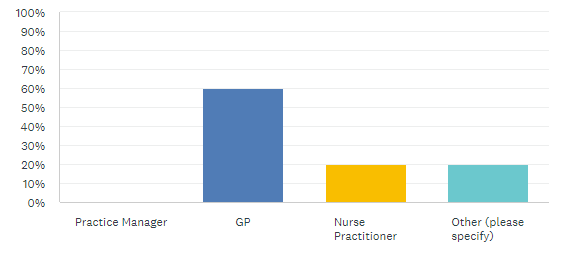
**Objectives**

The purpose of the survey was to assess the level of satisfaction of the GP users with the overall laboratory service by responding to specific questions and statements. The information gained through this exercise enabled the laboratory management team to look at the service we provide and decide how to improve it to meet the needs and requirements of our users, as part of our commitment to continually improve quality.

**Response to the Survey**

This survey was designed by the Deputy Head of Service, Head of Service and Quality Managers to elicit GP users’ views about the laboratory service at the BRI site of University Hospitals Bristol and Weston NHSFT. Users of University Hospitals Bristol and Weston NHSFT laboratory services at the BRI site were encouraged to complete the online User Survey using Survey Monkey. The link to the survey was advertised via the GP Bulletin.

The survey was initially released for 4 weeks but due to a limited response was extended for a further 3 weeks. Despite this extension and due to significant hospital pressures due to Covid-19 and seasonal staff leave, a total of only 5 responses were received, self-identified as coming from the following groups:



|  |  |
| --- | --- |
| **Role** | **Responses** |
| Practice Manager | 0 |
| GP | 3 |
| Nurse Practitioner | 1 |
| Other | 1 |

**Method Used**

The questionnaire was comprised of the following:

1. Users were asked to rate (from strongly agree to strongly disagree) the following statements about the service:

* I can trust the laboratory to provide results/reports when I need them
* Reports are clear, concise and easy to understand
* I am satisfied with the quality of professional advice that I receive from the laboratory
* Professional advice is readily available from the laboratory when needed
* I am confident that urgent/unexpected results will be promptly communicated
* The level of out of hours service meets my needs
* The Internet has sufficient information and guidance to help answer my questions
* I would recommend the laboratory service to a colleague

1. Users were asked to respond to the following questions:

* How might the Biochemistry service be improved?
* How might the Haematology and Blood Transfusion service be improved?
* How might the Results Delivery service be improved?
* How might the provision of advice on test use and interpretation be improved?

1. The closing statement to users asked for any other comments they wish to make about the service provided by Laboratory Medicine at the BRI site. (This was an optional question).

The laboratory target for user satisfaction is that for each statement a satisfactory response of > 90% must be achieved. We have defined a satisfactory response as Strongly Agree, Agree, or Neither Agree nor Disagree. Any results falling outside of this limit will require further investigation to see what appropriate actions are required to improve that aspect of the service.

**Results**

The following graphs illustrate the results of the responses for each of the statements:

Answered: 5. Skipped: 0.

Answered: 4. Skipped: 1.

Answered: 5. Skipped: 0.

Answered: 5. Skipped: 0.

Answered: 5. Skipped: 0.

Answered: 5. Skipped: 0.

Answered: 5. Skipped: 0.

Answered: 5. Skipped: 0.

**Summary Table of Percentage User Satisfaction**

The laboratory target for user satisfaction is that for each statement a satisfactory response of >90% must be achieved.

|  |  |  |  |
| --- | --- | --- | --- |
| Statement | Percentage Satisfied (Strongly Agree to Neither Agree nor Disagree) | Percentage Dissatisfied  (Disagree to Strongly Disagree) | Assessment against Satisfaction Target |
| “I can trust the laboratory to provide results/reports when I need them” | 100% | 0% | ACHIEVED |
| “Reports are clear, concise and easy to understand” | 100% | 0% | ACHIEVED |
| “I am satisfied with the quality of professional advice that I receive from the laboratory" | 100% | 0% | ACHIEVED |
| "Professional advice is readily available from the laboratory when needed" | 80% | 20% | FAILED |
| "I am confident that urgent/unexpected results will be promptly communicated" | 60% | 40% | FAILED |
| "The level of out of hours service meets my needs" | 80% | 20% | FAILED |
| “The Internet has sufficient information and guidance to help answer my questions” | 100% | 0% | ACHIEVED |
| "I would recommend the laboratory service to a colleague" | 100% | 0% | ACHIEVED |

Users responded to the questions as follows:

**How might the Biochemistry service be improved?**

1 Skipped.

4 Responses:

1. Sending reports reliably to the requesting doctor, not other members of the team. Process for flagging urgent abnormal tests improved. Normal ranges and associated comments on all reports. Removing non-applicable comments such as a lipid comment on a full blood count this seems to happen an awful lot
2. I am not sure which results are called through, could this guidance be put in one location on remedy if it isn't already there?
3. As a nurse when you have a question it is really hard to get hold of the lab
4. A few results come back as 2 seperate results eg I ordered an unfamiliar test recently urine c peptide on advice of a colleage and the result came back in 2 bits which caused misinterpretation and giving the patient in correct information about the result after ther first bit. I don't think we always need all the bits of an LFT in primary care and wonder about ordering them seperately - mildly abnormal results worry patients esp if they can see them on their care record. What about running an intelligent LFT test system like Scotland has for first abnormal LFT results?

**How might the Haematology and Blood Transfusion service be improved?**

1 Skipped.

4 Responses:

1. See above
2. As above
3. Easier to contact
4. Guidance about when to give an iron infusion vs oral iron and option to refer for iron infusion on ICE System for lab initiating aproprate haaematinics if FBC abnormal

**How might the Results Delivery service be improved?**

0 Skipped.

5 Responses:

1. See above
2. phonecalls seem to work, but I imagine it takes a while to get through to each practice
3. It would good to be able to use one form and set of samples with results going to separate locations ie sometimes samples are ordered by outpatients but routine bloods also requested at the same time by practice - currently all results go to one place - or send two lots of samples (which we can't really do if shortage of bottles and not particularly user friendly)
4. Na
5. Any results with 2 partst eg MSU, warfarin/inr, urine c peptide to come as one result not 2

**How might the provision of advice on test use and interpretation be improved?**

0 Skipped.

5 Responses:

1. Less of a long wait on the phone to get through
2. By making sure that succinct information is available on remedy.
3. recently an additional "lipid comment" has started appearing on some results which are not reporting lipids - ? possibly urine ACRs? - it would be nice if these could disappear again
4. na
5. Severn pathology site is good , A patient info bit on there to let them know what is being tested and what the test result might mean could be useful

**Any other comments you wish to make about the service provided by Laboratory Medicine at the BRI site?**

1 Skipped.

4 Responses:

1. There seem to be various persistent glitches in the system which mean the right result does not go to the right person at the right time - it feels as if there is a lot of reliance on technology and not enough human input to overcome the areas that are persistently unreliable
2. Some of the tick boxes on ordering bloods result in a lot of extra questions not all of which are needed - if I select the profile for Type 2 diabetes review bloods then I am asked why I am checking HbA1 and have to select for diabetes review...
3. Easier to contact
4. Please please please can you add smear orering to ICE , This would save so much staff time and make a massive difference to our lives.

**Laboratory Responses and Suggested Actions**

**How might the Biochemistry service be improved?**

|  |  |
| --- | --- |
| **Comment** | **Laboratory Response/Action** |
| Sending reports reliably to the requesting doctor, not other members of the team. Process for flagging urgent abnormal tests improved. Normal ranges and associated comments on all reports. Removing non-applicable comments such as a lipid comment on a full blood count this seems to happen an awful lot | Results are sent to the doctor named as the requestor on the ICE request. We do not alter this, so it is entirely in the hands of the requestor.  We aim to provide normal ranges and associated comments on all reports where it is relevant. It would be helpful to have examples of where this appears not to be the case and we will look into it.  The lipid comment should only appear next to the lipids result. It would be helpful to have an example of where it has appeared elsewhere but we will investigate this anyway as it should not happen. |
| I am not sure which results are called through, could this guidance be put in one location on remedy if it isn't already there? | Thank you. We use standard phone limits agreed nationally and with local input where required. We agree that it would be helpful to post this guidance on Remedy and/or the laboratory internet site so that users can see it and will do so. |
| As a nurse when you have a question it is really hard to get hold of the lab | Phone numbers for different purposes (e.g. sample enquiries, clinical advice) are available and these numbers are manned throughout the day. Unfortunately when we are very busy processing blood samples there may be a delay in getting through. |
| A few results come back as 2 seperate results eg I ordered an unfamiliar test recently urine c peptide on advice of a colleage and the result came back in 2 bits which caused misinterpretation and giving the patient in correct information about the result after ther first bit. I don't think we always need all the bits of an LFT in primary care and wonder about ordering them seperately - mildly abnormal results worry patients esp if they can see them on their care record. What about running an intelligent LFT test system like Scotland has for first abnormal LFT results? | Most requests have more than one test. Where one of more tests take a lot longer to report we may send out the results of the other tests. We aim not to split reporting any more than is necessary and to avoid splitting closely related tests. This is not always feasible, however.  Thank you for your thoughts about LFTs. The LFT profile has been agreed across BNSSG by the primary ICE user group but we would be interested in discussing your ideas further. However, dismantling or varying the LFT profile also has scope for confusion. |

**How might the Haematology and Blood Transfusion service be improved?**

|  |  |
| --- | --- |
| **Comment** | **Laboratory Response/Action** |
| See above |  |
| As above |  |
| Easier to contact | It is concerning that contacting the lab is perceived to be difficult. In haematology the lab registrar has a bleep and can be contacted through switchboard – though if they are busy with a patient they may not answer the bleep immediately. It would help to have more information about exactly what form the difficulties take, however, we are also about to overhaul the internet site which will make access to contact information easier to obtain. |
| Guidance about when to give an iron infusion vs oral iron and option to refer for iron infusion on ICE System for lab initiating aproprate haaematinics if FBC abnormal | The decision as to whether to use oral or IV iron is essentially a clinical one. If there is uncertainty, I would recommend using the electronic haematology advice and guidance system.  Reflex requesting of haematinics for anaemia is something that could possibly be looked at, though this will need further discussion within the lab |

**How might the Results Delivery service be improved?**

|  |  |
| --- | --- |
| **Comment** | **Laboratory Response/Action** |
| See above |  |
| phonecalls seem to work, but I imagine it takes a while to get through to each practice | Yes. We spend a considerable amount of time waiting to get through to GP practices and this can slow down the processing of other tests. |
| It would good to be able to use one form and set of samples with results going to separate locations ie sometimes samples are ordered by outpatients but routine bloods also requested at the same time by practice - currently all results go to one place - or send two lots of samples (which we can't really do if shortage of bottles and not particularly user friendly) | Unfortunately it is only possible to send the results of an individual request to one single location. |
| Na |  |
| Any results with 2 partst eg MSU, warfarin/inr, urine c peptide to come as one result not 2 | Laboratory medicine does not provide the MSU service. We will look into whether it is feasible to address the issues with warfarin/INR and urine c-peptide but this may be difficult to solve. |

**How might the provision of advice on test use and interpretation be improved?**

|  |  |
| --- | --- |
| **Comment** | **Laboratory Response/Action** |
| Less of a long wait on the phone to get through | We aim to answer the phone as quickly as possible but at peak times staff may also be very busy processing requests |
| By making sure that succinct information is available on remedy | We constantly review, and add to, information on Remedy. |
| recently an additional "lipid comment" has started appearing on some results which are not reporting lipids - ? possibly urine ACRs? - it would be nice if these could disappear again | We will investigate this. Thank you for bringing it to our attention. |
| Na |  |
| Severn pathology site is good , A patient info bit on there to let them know what is being tested and what the test result might mean could be useful | We are about to undertake a project to revamp the UHBW Laboratory Medicine internet site, which will hopefully enable us to address this sort of issue. |

**Any other comments you wish to make about the service provided by Laboratory Medicine at the BRI site?**

|  |  |
| --- | --- |
| **Comment** | **Laboratory Response/Action** |
| There seem to be various persistent glitches in the system which mean the right result does not go to the right person at the right time - it feels as if there is a lot of reliance on technology and not enough human input to overcome the areas that are persistently unreliable | We are sorry to hear this. It is always helpful to be notified of specific instances so that we can investigate fully and hopefully further improve our systems. In general, however, technology is more reliable than human input for simple standardised processes. |
| Some of the tick boxes on ordering bloods result in a lot of extra questions not all of which are needed - if I select the profile for Type 2 diabetes review bloods then I am asked why I am checking HbA1 and have to select for diabetes review... | This is an interesting comment. Thank you. The ICE Order Communications system may not have sufficient flexibility to address this but we will look into it. We are mindful of not imposing too may clicks during test ordering but sometimes this sort of process is helpful either for demand optimisation or tailoring of interpretative comments. |
| Easier to contact | Please see above. We are going to overhaul our internet site and review information on Remedy. |
| Please please please can you add smear orering to ICE , This would save so much staff time and make a massive difference to our lives. | This does not lie within Biochemistry and Haematology. Please contact Cellular Pathology. |

**Conclusion and Summary**

This GP user survey reflects the high quality service provided by the Clinical Biochemistry and Haematology laboratories at the BRI site of University Hospitals Bristol and Weston NHS Foundation Trust.

We achieved our user satisfaction target for five of the eight statements, and narrowly missed out on achieving the other three, which we believe was affected by the low response rate caused by Covid-19 pressures. However, as these three statements were all related to communication, the laboratory is planning an overhaul of its internet website which will contain all the information our users require in a clearer and more user-friendly format. We are committed to continually improving our services and value the feedback that has been provided. This feedback will be used to guide future improvement measures and will be discussed at our governance meetings.

**Acknowledgements**

We appreciate the time taken by our users to complete the survey. We continue to seek other means of feedback where possible. We are continually reviewing the service we provide to our users and continually seeking to improve wherever possible, despite the growing financial challenge. We will take the feedback we have gained from this survey and use it to focus our efforts.

We are grateful to all those who took the time to respond to our user survey and we hope that we will be able to address the issues you have raised so that filling in the questionnaire was time well spent. We will be repeating the GP User survey in 2023, to re-assess our performance and monitor any improvement.

If you want feedback on the action plan, or you did not get an opportunity to complete the user survey and want to provide feedback regarding our services please contact our Quality Management Team, Carolyn Perry [Carolyn.Perry@uhbw.nhs.uk](mailto:Carolyn.Perry@uhbw.nhs.uk) or Natalia Casey [Natalia.Casey@uhbw.nhs.uk](mailto:Natalia.Casey@uhbw.nhs.uk)

[who will be happy to respond to any feedback.](mailto:Sharif.Goolam-Hossen@UHBristol.nhs.uk who will be happy to respond to any feedback.)

If you prefer please contact the Head of Service Elizabeth Worsam [Elizabeth.Worsam@uhbw.nhs.uk](mailto:Elizabeth.Worsam@uhbw.nhs.uk)