

Pathology User Survey 2016

Respondents:

Dr Karen Mitchell- Clinical Director of Pathology
Hayley Baker- Blood Sciences Manager
Dr Sahar Musaad- Clinical lead - Microbiology Department
John Hardy- Microbiology Manager
Jill Haigh- Cellular Pathology Manager
Alison Milner- Pathology Quality Manager
Jonathan Bray- Pathology IT Manager
Judith Roberts- Phlebotomy Manager



Number	Department	Respondent	User Comment	Response
COM-414	Blood Sciences	Baker, Hayley	communication if a problem as months ago Hbalt weren't done as a problem with machine and surgeries weren't aware	We try to inform users of any delay that may affect patient care due to analytical failure, we can only apologise if we missed communicating this error to a specific surgery / location.
COM-419	Blood Sciences	Baker, Hayley	Ensuring that requesting clinician is contacted rather than GP where result abnormal	At all times for any abnormal results the laboratory tries to contact the requesting clinician shown on the request card, should any results require telephoning.
COM-421	Blood Sciences	Baker, Hayley	More robust alert where a result is unexpectedly very abnormal	The laboratory telephones any abnormal result in accordance with the departments telephone policy, which is taken from the Royal college guidance on telephoning laboratory results. Why try to ensure these results are always telephoned promptly to the requesting clinician.
COM-422	Blood Sciences	Baker, Hayley	Some specimens still appear to go missing	We try to ensure that no samples / requests go astray, however should a sample go missing we try to inform the requester as soon as possible to prevent any unnecessary delay. Should a request go missing please contact the department immediately so we can investigate your query.
COM-449	Blood Sciences	Baker, Hayley	To ensure abnormally elevated bloods (particular D dimer) passed on ASAP	The laboratory telephones any abnormal result in accordance with the departments telephone policy, which is taken from the Royal college guidance on telephoning laboratory results. Why try to ensure these results are always telephoned promptly to the requesting clinician. However should you have any specific concerns regarding abnormal results please telephone the department and we will be happy to discuss your concerns
COM-451	Biochemistry	Baker, Hayley	I am concerned that some significantly abnormal results are not phoned to the practice. Perhaps a lower threshold is worth considering for patient safety	
COM-452	Blood Sciences	Baker, Hayley	get results electronically on ICE but can be delay in results waiting to be authorised and then put on system	The department tries to authorise results as soon as they are available, they may be delayed if something requires checking, the results are then available in the Pathology computer system and are sent to ICE shortly after.
COM-456	Biochemistry	Baker, Hayley	2 years of poorly calibrated machines delivering abnormal calcium levels, terrible communication by the labs with primary care on this.	Unfortunately the department is not aware of any issues with any POCT equipment and poor calibration regarding calcium levels. Should any department have any concerns please raise directly with the pathology department. All instrumentation has internal QC, external QC, maintenance and servicing in accordance with the standard operating procedures.
COM-450	Blood Sciences	Bray, Jonathan	Please allow us to download bloods from Leeds ICE link. This would really help us when patients are under shared care medication that requires blood monitoring. I can now view results which is a step in the right direction but downloading results would be much safer for clinicians and patients.	Results from the Leeds Pathology service are accessible by a 'view only' link from the CHFT ICE system to the Leeds ICE system. These results still essentially belong to Leeds pathology and because of numerous IG and data sharing issues are not available for download.
COM-453	IT	Bray, Jonathan	Match to clinicians not just random names or Drs names that moved/retired years ago.	Our primary aim is always to match clinicians between the different systems used for Requesting, Processing and Reporting in Pathology. The Pathology service have no way of knowing if a clinician has retired, moved practice or started at a particular surgery unless the surgery contacts the Pathology or The Health Informatics Service to make them aware of the change. (There are starter and leavers forms available from THIS). Please encourage staff to report changes. The laboratory will contact ICE administration team and notify them of the issues reported.
COM-433	Cellular Pathology	Haigh, Jill	Some reports do seem to take a very long time to come back. Recently a gentleman with a mole that was removed (appearances put at low risk) took 5 weeks to come back as unknown certainty and then went for another opinion and this again took several weeks. Referral to Dermatology in end ended with wider excision nearly 3 months later.	All urgent/fast-track cases are prioritised if deemed high risk Aim to report 100% of all non-urgent cases within 6 weeks.
COM-434	Cellular Pathology	Haigh, Jill	My impression is that we have inadequate consultant staffing which leads to delays in reporting on some occasions	This is acknowledged by the trust and appears on the risk register and there is a recognised national recruitment issue. A locum consultant histopathologist has been employed Posts are being advertised and in interim the department prioritises urgent / fastrack specimens.
COM-430	Microbiology	Hardy, John	Improving turnaround time from confirmatory tests sent to other labs outside organisation	With regards to turn round times for confirmatory tests we have introduced a manual logging system to enable Microbiology staff to chase up outstanding results. This immediately started to reduce delays. We have asked for an IT dashboard in serology to constantly monitor these referred tests to enable staff to have a constant visual on tests that need reporting.
COM-436	Immunology	Jeram, Bijal	Local testing of samples to reduce delays e.g. ANA etc.	The immunology service as a whole is now provided by Leeds NHS pathology department, as unfortunately the CHFT Immunology service was no longer sustainable. We have put in place a stream lined service in order to prevent any unnecessary delays to result reporting. Please notify us directly of any individual issues so that we can investigate and respond.
COM-438	Immunology	Jeram, Bijal	Give support to the results to aid interpretation e.g. IgA is a non specific result.	The laboratory at Leeds reports results. We will however forward all comments/concerns related to the reports to them for consideration both as part of this survey and any individual concerns we receive from users.
COM-439	Immunology	Jeram, Bijal	Tests sent to Leeds, often no normal values to compare or identify it things are out of range or normal	
COM-440	Pan Pathology	Milner, Alison	That the driver does not set off before the allocated time ensuring we have time to get our samples to the designated area on time before he leaves	Although pathology do not directly manage the transport we have been in contact with the transport department and have been assured that there are clear van routes with details of times of collection at each point. If drivers are leaving early on any occasion please make a note and contact the transport department manager at CHFT at the earliest opportunity so that they can investigate and improve systems where necessary. Thank-you
COM-416	Blood Sciences	Mitchell, Karen	I would like more guidance embedded within the system to make most cost effective use of the service, limiting less useful tests and perhaps including more preset clusters of tests e.g. those required for the memory service, DMARD monitoring, cv disease reviews where we risk missing one and having to add to the patient journey at added cost.	A review of requesting on ICE is in progress with CCG representatives to include elements of demand management and clinical decision support, and will be presented to the informatic service for review of implementation.
COM-423	Blood Sciences	Mitchell, Karen	simplify the procedure for requesting tests. It is difficult to navigate the page to order tests	A review of requesting on ICE is in progress with CCG representatives to include elements of demand management and clinical decision support, and will be presented to the informatic service for review of implementation.
COM-437	Immunology	Jeram, Bijal	Quite confusing array of options in front of us now. Perhaps, an option on GP page is to click "autoantibodies" and need a response from us - as to why requested and immunologist then picks the right tests.	As LGI now perform the majority of tests, this comment has been forwarded to them for a response.
COM-446	Pan Pathology	Mitchell, Karen	twice a day collection from the surgeries would be helpful for the patients timing of pick ups to minimise delays in reaching labs for clinics operating outside of main hospitals	Discussion have taken place with CCG around alterations to collection routes and times. Scoping from CCG have suggested change to one route drop off and waiting for internal response from Estates. Further developments have been costed by CCG and decided not to action. Please forward any individual concerns around sample collection to the CCG to be included in future discussions.

COM-454	Biochemistry	Mitchell, Karen	I would like some limits on tests e.g. Vit D , autoantibodies, PSA or supporting info. Pathway guidance e.g. what should trigger a Vit D test, what autoantibodies actually tell you, a requirement for counselling re the value or caveats around PSA testing.	The laboratory is exploring demand management on ICE. This has been delayed due to implementation of EPR system internally. Discussion with CCG have identified areas to work on, but may be limited by IT support. Further meetings with CCG representatives to be made as ICE can be more tailored to primary care.
COM-455	Biochemistry	Mitchell, Karen	better publicity of contact numbers for chemical pathologists would be helpful	There is now a new mobile number available for chemical pathologist and switchboard receive monthly rota with contact details. Phone diverted to biochem lab when consultant not in office.
COM-462	Biochemistry	Mitchell, Karen	The Thyroid Function tests are not in the Endocrinology section. Why? Finding out the way to order a test is quite time consuming. The Thyroid is just one example. Any given test should be accessible through various paths; for example, Thyroid function tests should be accessible as it is now, and IN ADDITION, in Endocrinology Tests.	Accepted as an improvement. Review of ICE design for primary care is in progress in consultation with CCG regarding demand management. Changes will be limited by IT resources available.
COM-424	Microbiology	Musaad, Sahar	More interaction by consultants with GPs	The department is striving to include more involvement of microbiologist consultants in GP educational sessions (Dr Rajgopal), and in their primary care antimicrobial guidelines.
COM-425	Microbiology	Musaad, Sahar	"Reports might include more of sensitivities than published as when phoned up they know much more than has been printed on form. Allergies may not ben known when sending sample and report has no options for the patient in front of me. Perhaps could list them in order of appropriateness and we can then use with information about renal function, previous allergies etc. Parvovirus antibodies take for ever to come back."	Restricting antibiotics on reports is part and parcel of antimicrobial stewardship, which is one of the main aspects of our job. However, we try to release at least one option for penicillin allergic patients. If the allergy is already mentioned in your clinical details, we try to ensure an alternative or two is mentioned
COM-426	Microbiology	Musaad, Sahar	I would like it to be a bit easier to get microbiology advice at the extremes of working hours e.g. evenings and early mornings.	We have ensured that we all have answer phones to leave messages, and mostly have blue tooth with hands free devices in our cars so as to be able to answer while driving.
COM-442	Phlebotomy	Roberts, Judith	Saturday appointments for patients. More phlebotomy provision would be helpful and more cover at weekends and evenings	Long term feasibility study being developed for complete reorganisation of community phlebotomy service.
COM-443	Phlebotomy	Roberts, Judith	Blood clinic options at practice are really quite restricted to site and times. Some flexibility to discuss times and sites with practice could improve service to patients.	Figures from this study will be submitted to FSS Management but until a review of the Community Phlebotomy service is renegotiated with the CCG by the CHFT Contracting team changes cannot be made
COM-444	Phlebotomy	Roberts, Judith	As a GP I would always want more access esp at evenings and weekends for patients with LTC who work. Collections later in the day would be useful, even if on a locality basis and may reduce the need for some admissions	
COM-441	Pan Pathology	Rowan, Jodie	bigger and stronger bags to put all samples in. quicker deliveries of sample bottles to the practice.	The bags are part of a larger contract with Brooks and Jones and will be subject to contract review. Feedback directly from users of any issues with bags or batches is useful information- please contact us directly with specific issues. Order requests should be sent to the Pathology stores email address. The order is then sent out on the GP van run the following day. We have no other way of sending out supplies to GP surgeries. We are aware that if the stores manager is off then delays occur in orders being sent out. We have a plan to train a member of staff who can then cover stores between 13:00 and 15:00 on the days the stores manager is off so that these delays are minimised.
COM-448	Phlebotomy	Rowan, Jodie	"The pickup times are too regimented and no scope for change when we asked. THERE IS NO COLD CHAIN either - samples are kept cold here but the chain is broken when loaded onto a warm van - pointless! Also, basic details on how a 6 or 7 day service might be implemented would be useful."	Review of collection times has been undertaken during Summer 2017 with the CCG and their recommendation was one small change in drop off time for samples, with no significant change in pick up times. An information sheet has been produced for blood sciences regarding suitable samples for storage in GP surgeries should transport be delayed. Provision of extended services are reviewed within the Trust, currently to cover acute services. Further expansion to primary care can be actioned on request from the CCG. The laboratory is accredited to ISO 15189 and as part of the accreditation we are constantly striving to improve services. The pre-analytical element of sample storage and delivery to the lab is risk assessed and audits of the viability of samples planned to assess any impact on delivery conditions. Where any impact is recognised the lab looks at options to mitigate any risk to sample integrity - liaising with transport management and service users where necessary. Please send in any direct concerns to any of the respondent listed above about particular concerns in the interim and we will investigate and feedback directly.