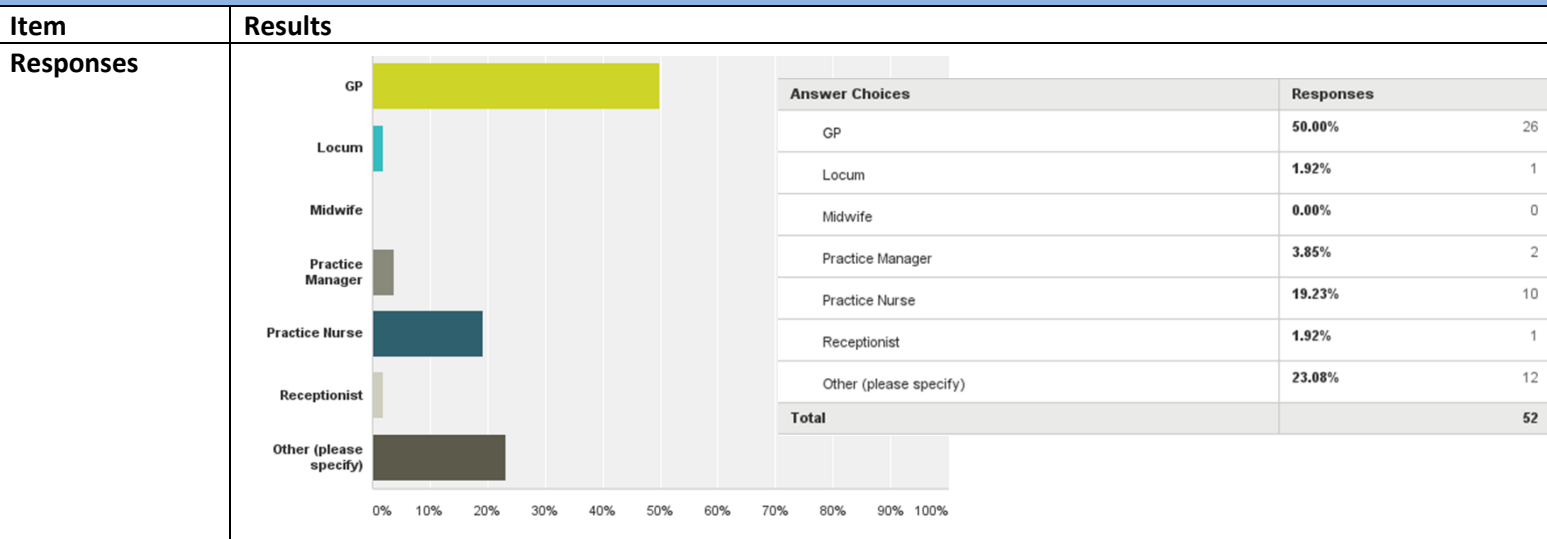


SPS Primary Care User Survey 2015 - Summary

1) Summary

- 52 Respondents
- Predominantly GPs (50%) but significant number of Practice Nurses (19%) and others (HCA/Phlebotomists/Nurse Practitioners (23%))
- Overall, responses are generally very positive.

2) Key Points



Overall Satisfaction with our Pathology Laboratory Service

	Excellent	Good	Poor	Very Poor	N/A	Total
Chemistry	48% 22	46% 21	2% 1	0% 0	4% 2	46
Haematology	50% 23	46% 21	2% 1	0% 0	2% 1	46
Coagulation/Immunology	36% 15	36% 15	2% 1	0% 0	26% 11	42
Andrology	15% 6	32% 13	10% 4	2% 1	41% 17	41
Microbiology	44% 20	47% 21	4% 2	0% 0	4% 2	45
Histopathology	39% 17	39% 17	2% 1	0% 0	20% 9	44
Cytology Cervical Screening	47% 20	30% 13	2% 1	0% 0	21% 9	43

Users were asked to indicate why an area was deemed poor or very poor:

Andrology were usual long waiting times, I have not tried since change of service so might be a lot better, Microbiology sometimes difficult to contact when needing advice (GP); Long waiting times, for example for semen analysis (GP); waiting list is too long for this (GP) – We are challenged by a high “no show” rate which reduces our effective capacity. We have made changes in how patients are reminded of appointments and are ensuring that use of available, but finite lab resource to provide the service is maximised.

Sometimes a clinician may add extra blood test requests after an order is placed so I write the request manually on the same form. A few times the hand written requests have been missed off of the results tested. Is there any way around this as there does not seem to be a way of altering pre-ordered tests once ordered on ordercomms? (HCA) – The lab operates electronically and messages on paper may not be seen. There is an established mechanism for adding additional tests from GP's via a Fax back service (request form is available from the pathology website

<http://intranet.tsft.nhs.uk/pathology/ChemicalPathology/CommonTestRepertoire/tabid/1415/language/en-GB/Default.aspx>

Comments on the hematology blood slides (if indicated) are often scant (GP) – Comments are left brief and relevant. An example would be useful for the Haematologists to review

Filling in form for blood transfusion a real pain- thought I understand reason behind it - problem also with fact doing only once a year or less means increased chance of filling it in incorrectly (GP) – We are currently evaluating the use of ordercomms and Transfusion requesting, initially with ante-natal requesting for Community Midwives. The system will create a request form label but specimens will still need to be completed by hand as mandated by the Blood Safety and Quality regulations.

Overall Satisfaction with Access and Quality of Clinical Advice

	Excellent	Good	Poor	Very Poor	N/A	Total
Chemistry	46% 21	41% 19	0% 0	0% 0	13% 6	46
Haematology	52% 24	39% 18	0% 0	0% 0	9% 4	46
Coagulation/Immunology	27% 12	32% 14	0% 0	0% 0	41% 18	44
Andrology	14% 6	24% 10	2% 1	2% 1	57% 24	42
Microbiology	46% 21	46% 21	2% 1	0% 0	7% 3	46
Histopathology	23% 10	20% 9	0% 0	0% 0	57% 25	44
Cytology Cervical Screening	35% 15	23% 10	0% 0	0% 0	42% 18	43

Users were asked to indicate why an area was deemed poor or very poor:

tQuest could be improved ie adding a group for patients taking certain medication regularly ie Methotrexate – We are happy to accommodate, but need to have a consensus i.e. Same at all practices.

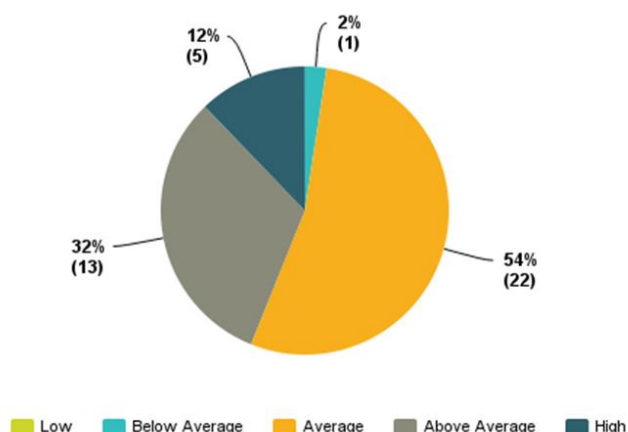
Long waits for andrology; waiting list is too long for this – We do add in additional days to manage excessive waits and see also earlier response above

Phoning microbiologist for advice can be a challenge, can be very offhand. On the other hand technicians and reception are always very helpful – We are sorry that your experience in contacting a Consultant Microbiologist was unsatisfactory. The vast majority of respondents gave a good/excellent rating. There are occasions when no Consultant is in the Department when you phone, because of clinical and other duties in the hospital. However our secretaries take messages for us and we do endeavor to return your call as soon as possible. The contact for Microbiology Secretaries is 01823 343765

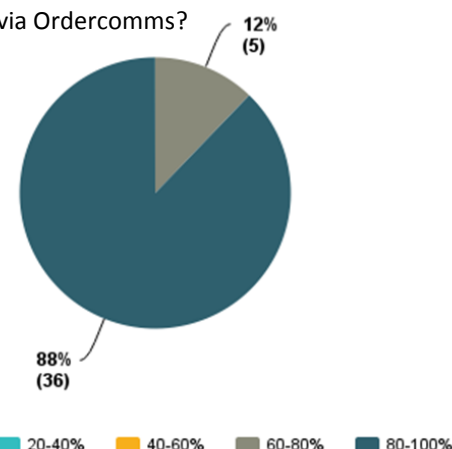
Would be good to have an email Duty Microbiology - rather than having to phone – This is something which we are actively considering.

Electronic Requesting (Ordercomms)

How would you rate your usage of Laboratory Tests?



What proportion of tests do you request via Ordercomms?



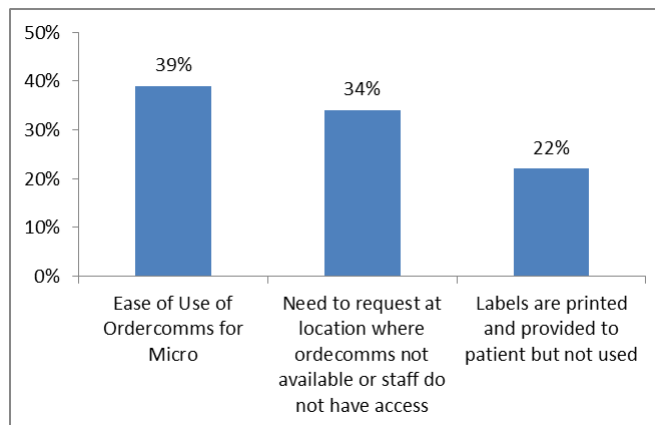
95% of Chemistry/Haematology requests are currently received via Ordercomms, this compares with 75% of Microbiology requests. There has been a number of suggestions why the Microbiology uptake might be lower, do you recognise any of these options as a factor?

Other comments

does take longer to do the request – Although it may take slightly longer, information is correct on request, and does improve governance. Our data on requesting errors shows that the introduction of electronic ordering has reduced the error rate from 15% to 3% and rejection rate from 0.6% to 0.04%

The new domiciliary phlebotomy service referral system requires the request to be put on ordercomms by the GP and the GP to print the labels off before the actual sample is taken, meaning the date of the labels being printed (and on the system this is recorded as the date the sample taken) can be many days sometimes before the actual specimen gets to the lab and again things change so the blood test may subsequently be cancelled but this is not reflected on ordercomms. Hope that helps. – This is a Somerset Partnership issue. Labels should be printed as “for collection later”

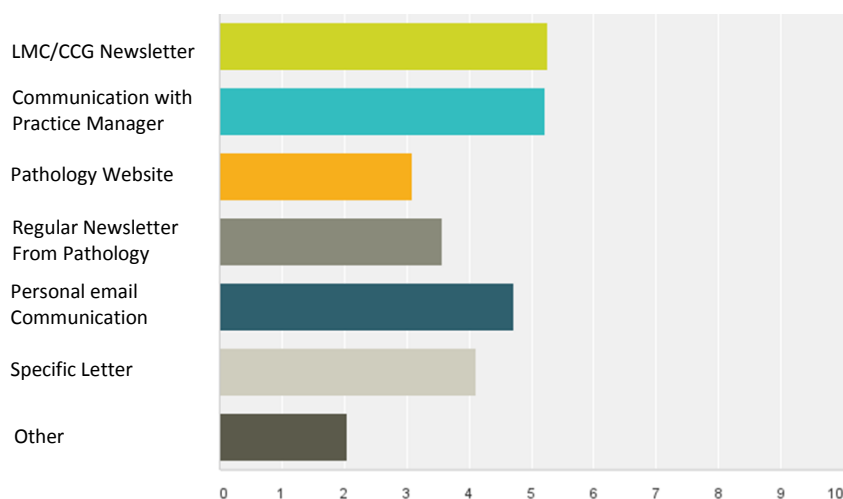
I would have thought is to do with district nurse doing a lot of them and not being given label printers (I don't know if this ridiculous situation now been resolved) – As above



Communications with Pathology

It is often difficult to ensure that all of our users are aware of changes e.g. 2 years after removing Faecal Occult Blood from the test repertoire, the lab still receives enquiries regarding why the test is not being performed - What is the most relevant method for you to receive information related to pathology?

Graph shows average ranking of the communication options



From the response above we will continue to communicate via the LMC/CCG Newsletter and via email to the practice managers. If you would like to be included in these emails, then please send details of your email address to SPSadmin@tst.nhs.uk

If Other was ranked in your top 3 – Please specify what other form of communication you would like

Is there not a lesson for you about the FOB tests - a divergence between Primary clinicians and Lab? Perhaps a more constructive way forward was through shared debate rather than imposition. Also it would be great if we could add a test to a request after the labels have been printed. – FOB was withdrawn on clinical grounds and patient safety. Current NICE guidance has been ridiculed by all professional groups from Labs to Surgeons. Old FOB test is not fit for NICE purposes. Happy to look at introducing FIT for NICE purposes, but it has significant additional cost over the old FOB methods. For add-on tests – see response on page 1

navigator app- I really don't know where the pathology website would be- I have struggled to find information via MPH intranet – The pathology website is available via the GP desktop (Select Links and Local for link to SPS Website), MPH Trust intranet (Select A-Z then P for Pathology for SPS Website), YDH Trust Intranet (Teams then P for Pathology)