

Results of GP Survey Milton Keynes Pathology Services 2018

Thank you for participating in our Pathology Survey

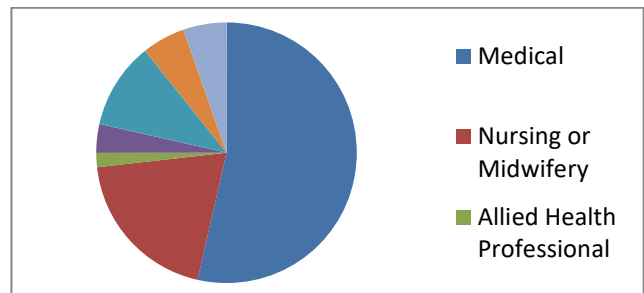
235 Surveys were distributed to 24 practices. We received 54 Responses in total giving us a 23% response rate.

Comments and suggestions were collated and our responses are documented in the table at the end of this report.

Here are the results.

Question 1 What is your Job Role?

Medical	55.56%	30
Nursing or Midwifery	20.37%	11
Allied Health Professional	1.85%	1
Manager	3.70%	2
Admin or Clerical	11.11%	6
Health Care Assistant	5.56%	3
Other	5.56%	3

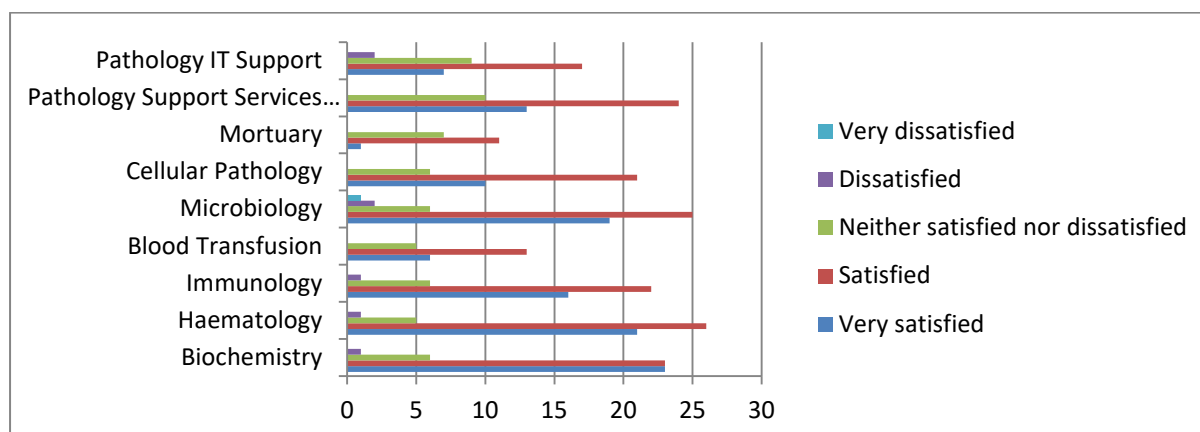


All staff roles were given the opportunity to respond. Over half of respondents were Medical staff

22 responses were received anonymously and no location could be identified

Responses were received from 13 practices

Question 2 How do you rate the service from the following Pathology Departments?



Where respondents had chosen 'not applicable' it was assumed that they did not use these departments and these responses were removed from the analysis

% Satisfaction rating by Department

Department	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Pathology IT	20%	49%	26%	6%	0%
Pathology Support services (reception)	28%	51%	21%	0%	0%
Mortuary	5%	58%	37%	0%	0%
Cellular Pathology	27%	57%	16%	0%	0%
Microbiology	36%	47%	11%	4%	2%
Blood Transfusion	25%	54%	21%	0%	0%
Immunology	36%	49%	13%	2%	0%
Haematology	40%	49%	9%	2%	0%
Biochemistry	43%	43%	11%	2%	0%

How do you rate the service from the following Pathology Departments?

Pathology IT: 69% of respondents were either very satisfied or satisfied with the service from the department, however 6% were dissatisfied. This related to 2 service users (medical), comments were:

'Every day when pathology results come down the link it slows the system to an unusable stand still which can only be fixed by turning completely off and on again'

'There is always a huge influx of results at the end of the working day'

Pathology Support Services: 79 % of respondents were either satisfied or very satisfied with the service from the department. None of the respondents expressed dissatisfaction in the service

Mortuary: 63% of respondents were either satisfied or very satisfied with the service. None of the respondents expressed dissatisfaction in the service

Cellular Pathology: 84% of respondents were either satisfied or very satisfied with the service. None of the respondents expressed dissatisfaction in the service.

Microbiology: 83% of respondents were either satisfied or very satisfied with the service. 6% of respondents expressed dissatisfaction with the service. This related to 3 service users (2 Medical and 1 Nursing / Midwifery). Comments were:

'Whenever you try to call Microbiology to discuss swab very difficult to get hold of a microbiologist'

'It would be great if MSU could be a smaller sample for dx UTI as often due to sx pts are unable to provide a large sample - this can lead to a delay in correct treatment'

Blood Transfusion: 79 % of respondents were either satisfied or very satisfied with the service from the department. None of the respondents expressed dissatisfaction in the service

Immunology: 85% of respondents were either satisfied or very satisfied with the service from the department. 2% of respondents were dissatisfied with the service. This related to 1 service user (medical)

Haematology: 89% of respondents were either satisfied or very satisfied with the service from the department. 2% of respondents were dissatisfied with the service. This related to 1 service user (medical)

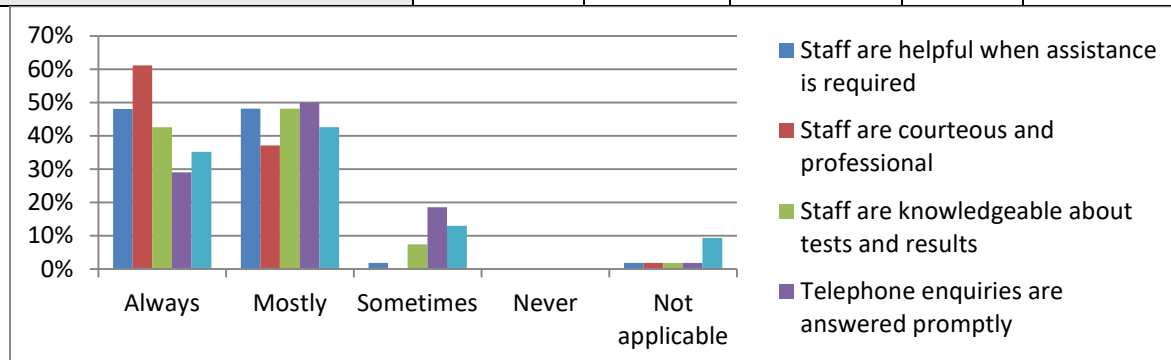
Biochemistry: 86% of respondents were either satisfied or very satisfied with the service from the department. 2% of respondents were dissatisfied with the service. This related to 1 service user (medical) Comments were :

BNP no ranges given

One service user expressed dissatisfaction with the majority of Pathology departments who commented *'Sending parts of the results is not helpful in managing patients. There is always a huge influx of results at the end of the working day'*

Question 3 How do you feel in general about your communications with staff in pathology?

	Always	Mostly	Sometimes	Never	Not applicable
Staff are helpful when assistance is required	48%	48%	2%	0%	2%
Staff are courteous and professional	61%	37%	0%	0%	2%
Staff are knowledgeable about tests and results	43%	48%	7%	0%	2%
Telephone enquiries are answered promptly	29%	50%	19%	0%	2%
Clinical advice is available when I need it	35%	43%	13%	0%	9%



96% of respondents felt that laboratory staff were always or mostly helpful

98% of respondents felt that staff were always or mostly courteous and professional

91% of respondents felt that staff were always or mostly knowledgeable

79% of respondents felt that telephone enquiries were answered promptly

78% of respondents felt that clinical advice is available when needed – it was noted that 9% of respondents had checked the N/A box and when these were removed from the % calculation this corrected to 87%

None of the respondents answered never to any of the questions

Specific comments were received as follows:

We need a better system when needing to call a microbiologist for advice. Sometimes it takes several phone calls and GPs are doing this between patients in a busy clinic. Perhaps email address we can send request and phone number or fax number?

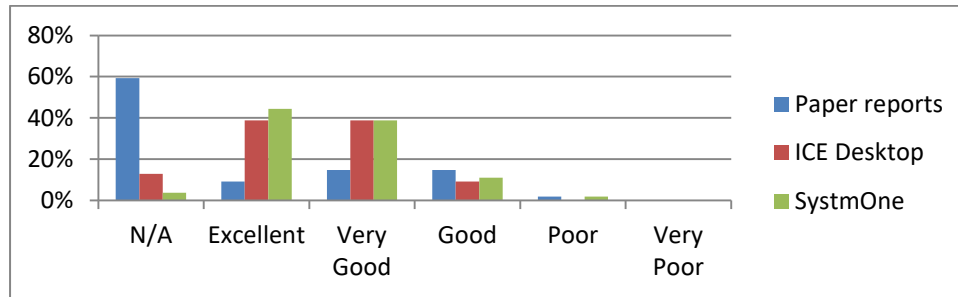
Sometimes difficult to get advice from Microbiology

It can be difficult to contact consultants for advice, particularly in microbiology. It would be useful if senior technicians could answer queries re: additional antibiotic sensitivities in microbiology

We should have direct access to Pathology to query results or to add on a test or get help / Sometimes a long wait on phone

Question 4 How do you rate the accessibility of results (Paper / Electronic)

	N/A	Excellent	Very Good	Good	Poor	Very Poor
Paper reports	59%	9%	15%	15%	2%	0%
ICE Desktop	13%	39%	39%	9%	0%	0%
SystemOne	4%	44%	39%	11%	2%	0%



59% of respondents answered not applicable when asked to comment on paper reports. When this group was removed from the % calculation 95% of respondents considered paper reports to be good, very good or excellent. One respondent felt paper reports were poor and would prefer not to receive them and one respondent felt that SystemOne was poor but did not give details. These respondents will be contacted for further information

Overall levels of satisfaction with report accessibility were high.

Specific comments were :

ICE can be very slow. Cannot reprint a request Some results need to be coded

Still not able to access ICE from laptop on S1

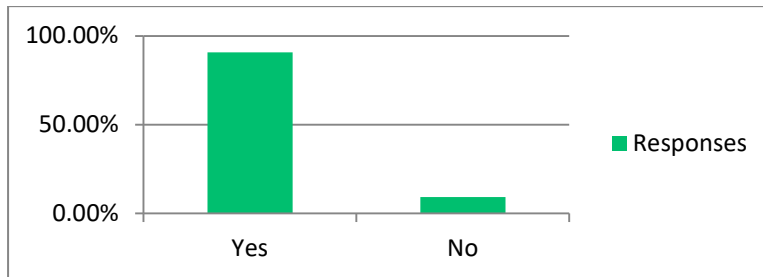
I have no access to ICE in Community Gynecology Clinic which creates a problem

Unable to access ICE results in nCNWL as resp. nurse since switched to eCare

Please let us know if paper report is for information only or need GP to action (for tests not requested by surgery)

Sometimes it is extremely slow to land and then it crashes

Question 5 Does the range of tests meet your clinical needs?



91% of respondents felt the range of tests met their clinical needs

Specific comments were:

Can you add blood film on ICE please?

Tests that require sampling in the hospital Renin/aldosterone - really important test for initial investigation for hypertension (for community cardiology) Serum catecholamins Anti CCP

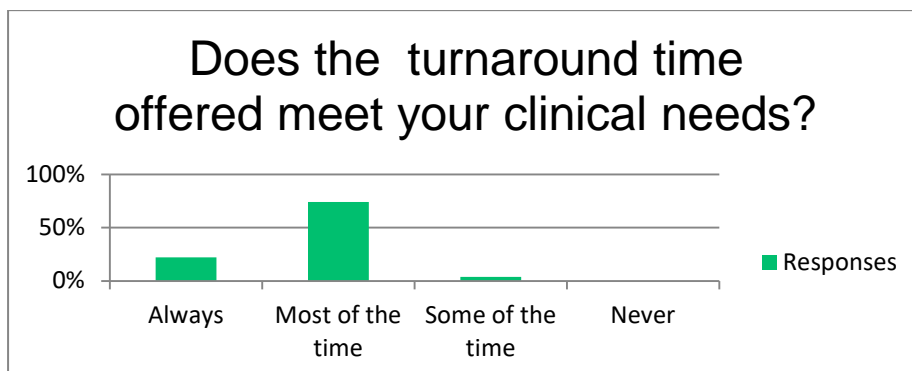
Kindly consider Anti CCP to be available for GP to request

anti-CCP would be helpful + ALP isoenzymes

BNP needed. CT and MRI imaging desperately needed

Some special tests unavailable for example BNP

Question 6 Does the turnaround time offered meet your clinical needs?



96% of respondents felt turnaround times were met most or all of the time.

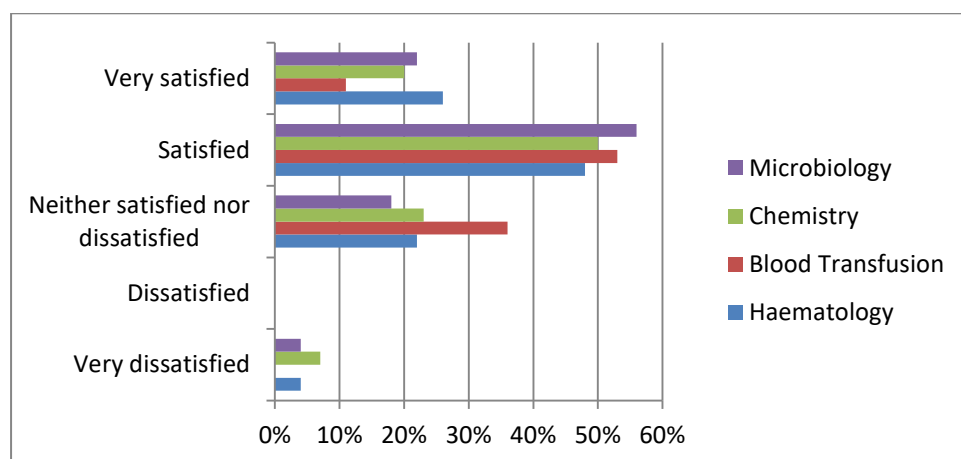
Specific comments were as follows:

Very difficult when results suddenly come in at 17:00 hrs when surgery near closing time and bulk to go through, find it frustrating

Question 7 How Satisfied are you with the service offered out of routine hours

More than 50% of respondents answered not applicable and these were removed from the analysis

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Haematology	4%	0%	22%	48%	26%
Blood Transfusion	0%	0%	36%	53%	11%
Chemistry	7%	0%	23%	50%	20%
Microbiology	4%	0%	18%	56%	22%



Overall numbers commenting on the out of hours service were small. The majority of respondents were either satisfied or very satisfied with this service

The dissatisfied response was from one respondent who did not provide any further details.

There were no comments made that were specific to the out of hours service.

Questions 8 invited suggestions for improvement of our service

Question 9 invited other comments

Where respondents had answered questions that indicated a degree of dissatisfaction we invited specific comments to help us identify areas that could be improved.

From information provided in response to these questions the following themes emerged:

	Comment	Action
1	Please add blood film as a request on ICE please	Blood films will automatically be prepared if required. The department has clinically agreed limits that will trigger a blood film and experienced staff review all FBC results. There is the option to request a blood film on paediatrics.
2	Why do some tests require sampling in the hospital Renin/aldosterone –these are really important test for initial investigation for hypertension (for community cardiology)	For accurate testing these samples must be centrifuged and the plasma separated and frozen within 30 minutes of being taken from the patient.
3	<ol style="list-style-type: none">1. Anti-CCP would be helpful2. ALP isoenzymes3. BNP needed	<ol style="list-style-type: none">1. Changes to the availability of anti-CCP in primary care will need to be explored by our Consultant Immunologist with the input of the Trusts Rheumatologists team as there are clinical decision making issues that will need to be agreed. The test does not have the sensitivity to be used as a screen for Rheumatoid arthritis. The limitations of CP testing means that in some cases a negative CCP can give false assurance that the patient does not have RA and could lead to a delay in referral of a symptomatic patient who is seronegative RA. It is also recognised that there are advantages to offering this test - a positive CCP encourages a swifter referral to Rheumatology and also means the Rheumatologist has the result at the first appointment.2. ALP isoenzymes can be requested. It should be noted that this test that is not available within MKUH hospital and is therefore sent by us to a referral laboratory for testing – generally this testing is only done if the total ALP is raised. All requests for ALP isoenzymes must be approved by Dr Ahmed our Consultant Biochemist before sending.

		3. Because of its' urgency BNP testing provided by the Pathology Department is an in-patient test only.
4	<p>To be able to bulk file reports - normal (Why blue+black)</p> <p>To release earlier results, not all at 17:00</p> <p>Results to be sent to the surgery at regular intervals during the day</p> <p>There is always a huge influx of results at the end of the working day'</p> <p>When pathology results come down the link it slows the system to an unusable stand still which can only be fixed by turning completely off and on again'</p>	<p>This is a setup within System One over which the laboratory has no control. Please contact your System providers Arden and Gem who will be able to advise you further</p> <p>Specimens are processed throughout the day and results are released as they become available (at least every 15 minutes). It is possible that your surgery has a bulk download function set please discuss with Arden and Gem who may be able to offer a solution.</p> <p>Staff authorise results throughout the day; we will remind to do this in small batches where possible in order to limit the amount of traffic.</p>
5	On ICE messaging facility to place problems encountered such as above	<p>Unfortunately there is no functionality within ICE to do this but please do not hesitate to contact our Pathology Systems Manager with any queries you may have pirran.salter@mkuh.nhs.uk</p>
6	Speed up the turnaround time if possible	<p>96% of respondents felt turnaround times were met most or all of the time. If you have any specific examples of tests where you feel the turnaround time is unacceptable please contact the Pathology Quality Manager Jackie.barker@mkuh.nhs.uk and this will be investigated</p>
7	<p>Improve access i.e. direct line for assistance</p> <p>We should have direct access to Pathology to query results or to add on a test or get help</p>	<p>There is a direct line to the reception area of Pathology – 01908 995768. If staff cannot offer immediate assistance the call will be transferred to the appropriate laboratory department.</p> <p>This telephone line is very busy and is manned continuously during routine working hours. Unfortunately we do not have sufficient staff available to facilitate the manning of additional telephones.</p>
8	<p>Make pathology connection available on home laptops</p> <p>Still not able to access ICE from laptop on S1</p>	<p>This will require System One to be set up on home laptops. Please contact your systems supplier Arden & Gem for this facility</p>
9	Possibly less 'extra' clicks when requesting tests	<p>Test profiles were split at part of demand management. We have tried to limit the number of 'clicks' where possible – please give specific examples and we will review</p>

10	Stop displaying the prompts every time ordering a test. It takes twice the time to get tests ordered and becomes irritating. Have the info available on the system but allow choice to access it	At present we are unable to selectively switch off associated rules dependent on user – this is an on/off function only An upgrade of ICE is due in 2019 and this function can be revisited
11	Try to send results before 6 pm Please do not call in urgent results at 6.29 as we shut at 6.30	We always phone markedly abnormal results as soon as they are available. This will sometimes mean phoning results close to surgery closing times. Because of transport arrangements arranged by CCG providers much of our GP work arrives in the laboratory between 16.30 and 17.00 and consequently results may become available close to surgery closing times.
12	Please ensure to phone through profoundly abnormal results so that they are not missed The lab used to phone us with important abnormal readings like v high K, v low Hb. Renal now may come on ICE 24 hours later	We have a clinically agreed protocol where markedly abnormal results are telephoned to the requestor and we are aware that this is in routine use. If you have examples where this has not happened please forward details to the Pathology Quality Manager Jackie.barker@mkuh.nhs.uk and this will be investigated
13	Please include Community Clinic on ICE For AKI trigger protocol	AKI is not a requestable test .The AKI rule triggers against creatinine requests dependent on present and past creatinine results - regardless of request location – a flow chart that describes the process is available on ICE
14	Give GPs direct access to CT and MRI imaging on ICE	CT and MRI imaging is not within the remit of the Pathology laboratory. Please contact the imaging department direct to discuss.
15	Not to bother sending preliminary report when fungal urine culture awaited as have to file as unknown and takes time Sending parts of the results is not helpful in managing patients.	Some microbiology results go out in stages e.g. Urine Microscopy, followed by culture result the next day. This is to enable preliminary results to be acted upon.
16	Issues relating to processing urine samples which are not adequate (quantity) but essential for management: As some patients are not able to produce enough	We are evaluating a smaller boric acid urine tube and hope to roll out this year.
17	It would be great if MSU could be a smaller sample for dx UTI as often due to sx pts are unable to provide a large sample - this can lead to a delay in correct treatment'	See response above
18	Difficulty in contacting a Microbiologist Consider an email address where we can send request and phone number It would be useful if senior technicians could answer queries re: additional antibiotic sensitivities in microbiology	We appreciate that you may sometimes have difficulty contacting a Microbiologist because of their clinical commitments and for the same reasons our Microbiologists face similar difficulties when trying to contact GP surgeries. We will explore the feasibility of an email

		<p>address where queries / requests can be sent. Thank you for the suggestion.</p> <p>It has been agreed with the Consultant team that Biomedical Scientist staff are now able to give sensitivity results. Please note that Scientific staff will not be able engage in discussions regarding clinical advice</p>
19	BNP no ranges given	<p>BNP results are reported as a less than / more than figure < ></p> <p>Because of the urgency BNP testing provided by the Pathology Department is an in-patient test only.</p>
20	ICE can be very slow. Sometimes it is extremely slow to land and then it crashes	ICE functionality means that this can sometimes happen when there is excessive traffic on the system.
21	Cannot reprint a request	<p>This facility should be available – please contact our Pathology Systems Manager with further details and we will investigate pirran.salter@mkuh.nhs.uk</p>
22	Some results need to be coded	This is a known issue and is currently under investigation with ourselves and Arden and Gem
23	I have no access to ICE in Community Gynecology Clinic	This is a known issue and is currently being worked on by ourselves and Arden and Gem
24	Unable to access ICE results in nCNWL as resp. nurse since switched to eCare	<p>This appears to be an issue that affects staff who have multiple roles. Please provide specific details of issues to our Systems Manager who will attempt to resolve this pirran.salter@mkuh.nhs.uk</p>
25	Please let us know if paper report is for information only or need GP to action (for tests not requested by surgery)	For tests not requested by the surgery paper reports are for Information only – this was a short term issue when the Trust went live with eCare and copy reports were routinely requested. This functionality is now limited and should be largely resolved.

And the compliments – thank you

All the labs provide a wonderful service despite being extremely busy
Quick and good ranges given to assist
Very quick currently Brilliant
overall excellent service
Thank you for all the hard work
Generally great service
Excellent department, wonderful staff
Being able to speak to a Haematology Reg is useful