

Liverpool
Clinical
Laboratories



User Survey 2022-24



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Introduction

At Liverpool Clinical Laboratories (LCL) our aim is to provide a safe, reliable, high quality and cost-effective service that fulfils service user's requirements and makes a positive contribution to the diagnosis and treatment of patients.

We are committed to continuously improve the services we provide and have developed a user satisfaction survey to gather feedback regarding the quality of our services which will help us to develop in the future. ISO15189:2012 Standard requires that the laboratory management seeks information relating to user perception as to whether the service has met the needs and requirements of its users.

This survey has been developed to comply with this standard, and in doing so, will highlight services provided by LCL which require improvement. This information will be shared across LCL via the newsletter and published in LCL website.

Feedback from this survey will allow LCL to review the service provided and decide how to implement changes to meet the needs and requirement of our users, as part of our commitment to continuous improvement.



Actions from our 2020 survey

We last sought feedback from LCL users in 2020 the findings of which generated a number of actions for LCL. In this next section we are going to explore what users asked for and what we did to implement/support these requests.

- ***LCL will make users aware of the LCL Complaints email address and inbox, which currently is not utilised. LCL will also ensure users are aware of the LCL Communications inbox for any general queries regarding the service, which can then be passed on to the appropriate department for action.***

The following information was shared with users:

LCL Formal Complaint Process

Liverpool Clinical Laboratories aim to provide a safe, reliable, high quality and cost-effective service that fulfils service user's requirements and makes a positive contribution to the diagnosis and treatment of patients. We are committed to improving our service and have produced a satisfaction survey for service users to complete to provide us with feedback regarding the quality of services provided and to allow us to develop and improve our services in the future.

One area where it has been identified we can improve is to ensure our users are aware of the process to follow when raising a formal complaint to LCL.

As stated, LCL is committed to providing a service of the highest quality to all users. Therefore, we welcome your feedback as this helps us to improve the services we provide.

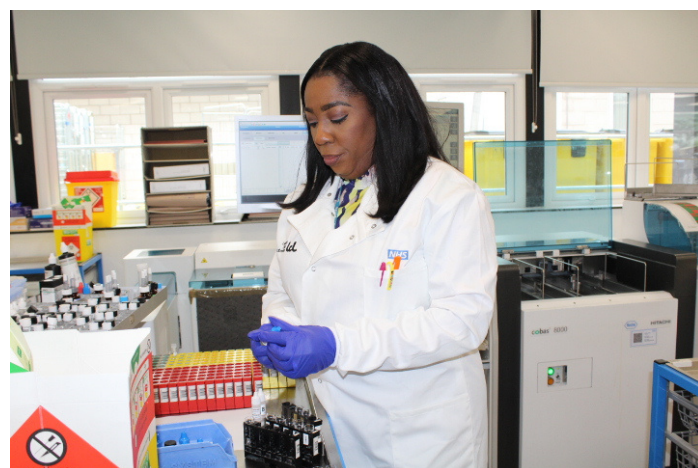
If you have any feedback with any aspect of the services provided, please tell us by contacting either the LCL communications team lcl.communications@liverpoolft.nhs.uk or the relevant department. Contact information is available by clicking in the services section of LCL Laboratory Handbook <http://pathlabs.rlbuht.nhs.uk/home.htm>.

Additionally, complaints can be raised directly to the LCL Quality team, LCL Customer Care team or Departmental Service Managers. For telephone or face to face complaints LCL staff will ask for your details so a response letter can be issued after investigation.

In line with LCL Policy, LCL staff will log all complaints in our Quality Management System. This ensures that all complaints are assigned to the correct person and all information and actions taken, are appropriately recorded. If there has been any noted harm (identified through investigation of the complaint) to LUHFT patients then reporting to DATIX will be undertaken by LCL staff. Patients from other Trusts that may have come to harm will be reported on that Trust's system, by their Trust's staff. After the investigation is concluded LCL will issue a response letter, with the details of the investigation completed and what actions LCL implemented, if appropriate. LCL aims to issue a response within 30 days of a complaint being received.

- ***Increase the visibility of the LCL staff handbook to ensure all service users can access it.***

To resolve this, a link to the LCL handbook was circulated to all users and LCL staff were asked to include a link to the handbook in their email signature (although this was not a mandatory request).





Method

To assess LCL service user satisfaction, we designed a survey on Microsoft Forms, which was circulated to 406 users including: Consultants, GPs, Health Care Assistants, Junior Doctors, Nurses, Nurse Practitioners, Nurse Specialists, and Public Health Professionals.

The survey was launched on 2 November 2022 and closed on 15 January 2023. Reminder emails were sent to users on 28 November, 14 December, 29 December, and 10 January 2023. GP practices were also contacted via telephone during December to double check the emails had been received and to provide any additional support if necessary. This year we tried targeted approach with the survey and only contacted the top five most frequent GP users for each area of LCL.

Results and statistical analysis

In total we received 41 responses between 2 November 2022 and 15 January 2023. This means 10.1% of recipients completed the survey. In 2020, our User Survey was sent to 45 recipients who were encouraged to circulate this to colleagues which means we are unsure on the total number of people who received the survey. We received 22 responses between 5 November 2020 and 29 January 2021.

Whilst the percent rate of responses was higher for 2020 we sent this years survey to significantly more people which can only be seen as a positive as we actively attempt to engage more LCL users.

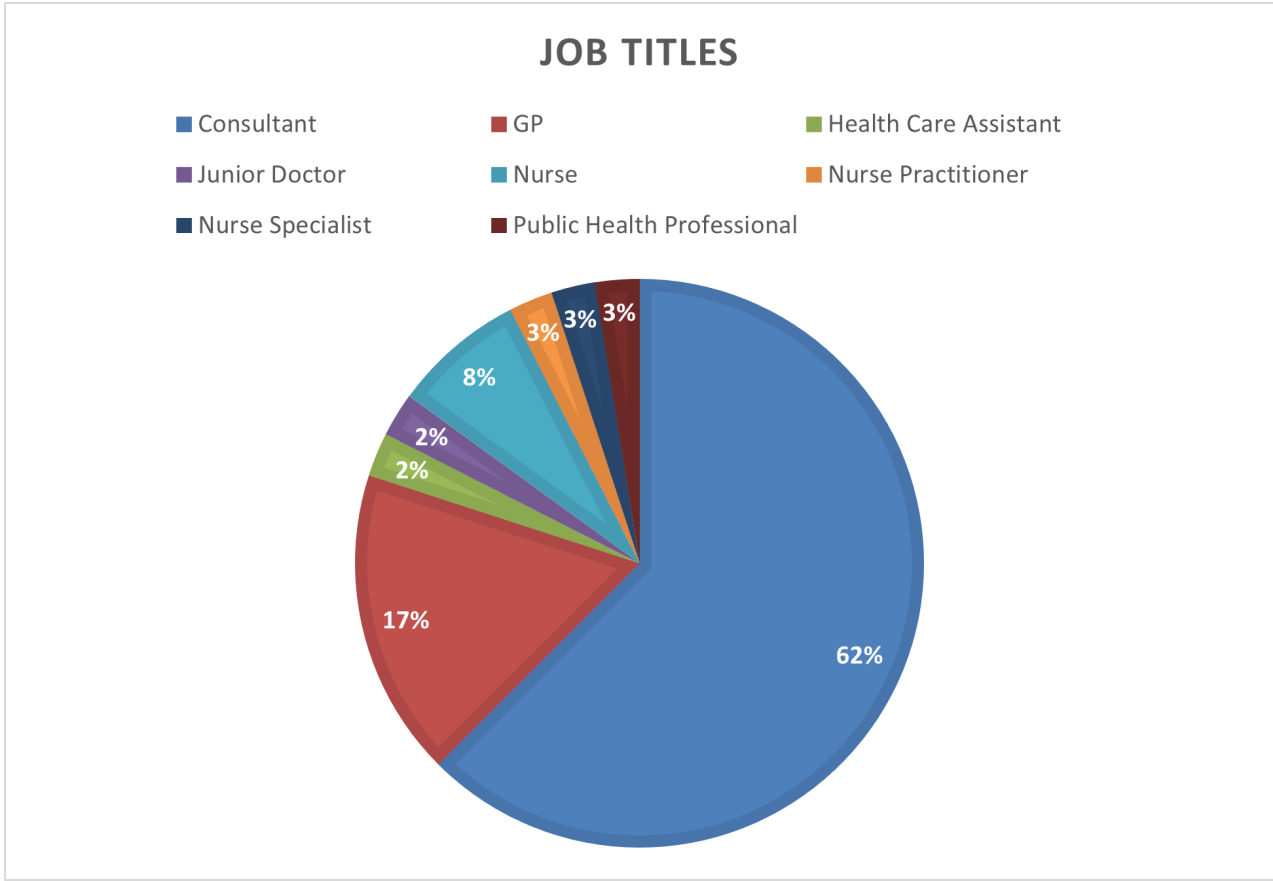
This year we separated the disciplines with LCL so each had it's own questions. The reason for doing this was to give users the opportunity to comment more specifically on each of the areas, rather than overall.



1 Which of the following best describes your position?

The majority of responses we received were from consultants (62% of respondents) followed by GPs (17%) and Nurses (8%). This follows the trend seen in the previous user survey (2020) where the majority of responses were from consultants (41%).

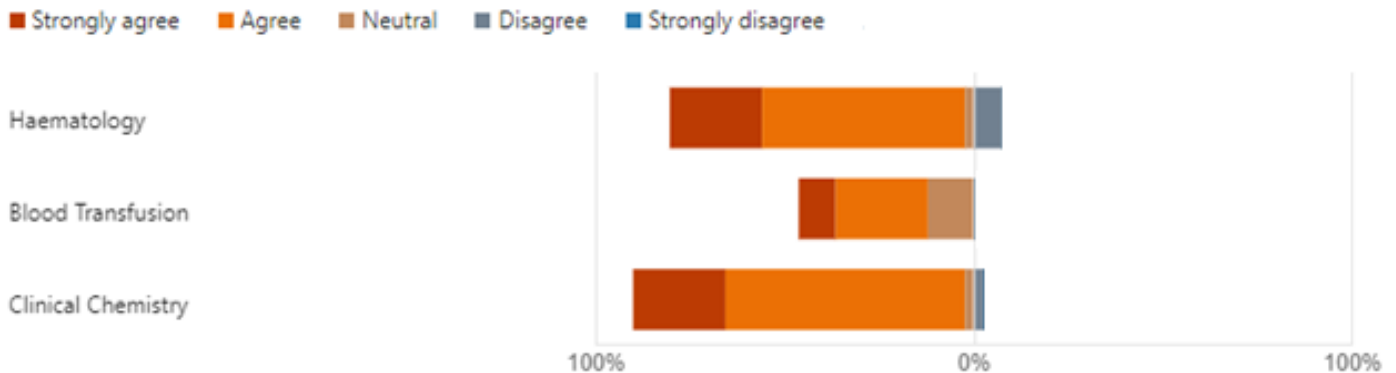
We also received responses from a Junior Doctor, Nurse Specialist, Nurse Practitioner, Nurse, Health Care Assistant and a Public Health Professional.



For the 2022 User Survey we broke each area down to the specific disciplines in order to get a more accurate picture of how well our services meet the needs of LCL users.

2

The Blood Science service meets my needs.



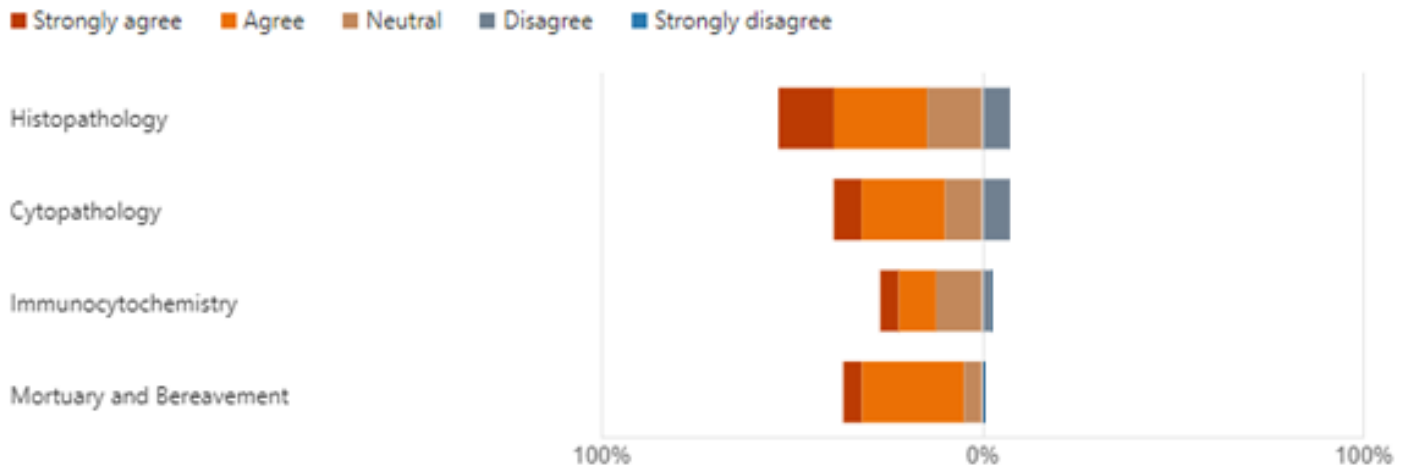
In 2020's survey 4 respondents strongly agreed that the Blood Sciences service met their needs, 6 agreed, 4 were neutral, 4 disagreed and 1 strongly disagreed. 3 respondents chose not applicable. In summary 45% of the respondents were satisfied with the service provided by Blood Sciences.

In 2022's survey we broke Blood Sciences down into the three disciplines that make up the service: Haematology, Blood Transfusion and Clinical Chemistry. Clinical Chemistry had the most positive results with 10 people strongly agreeing and 26 people agreeing that the service met their needs.

Whilst we had a higher response rate for the 2022 survey, it is positive to see improvements in how the Blood Science service is meeting the needs of LCL's users. It was right for us to break down Blood Science into the three disciplines, rather than one overarching title.

3

The Cellular Pathology service meets my needs.



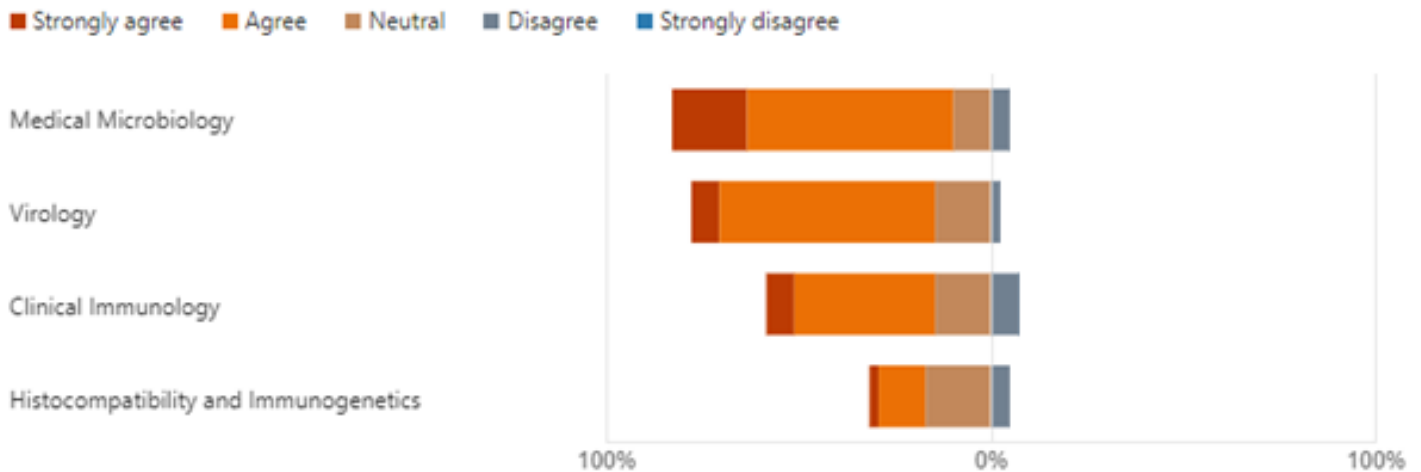
As pictured in the graph above, most respondents selected Not Applicable. This was the same in the 2020 Survey.

The highest performing service within Cellular Pathology was Histopathology with 6 respondents strongly agreeing and 10 agreeing that the service meets their needs. This shows an improvement from the 2020 when the Cellular Pathology service as a whole received 2 strongly agree, 6 agree and 6 neutral responses to the same question.

Having this question divided into the different areas Cellular Pathology covers has given us a much better picture for how each service within Cellular Pathology is meeting the needs of LCL users.

4

The Infection and Immunity service meets my needs.

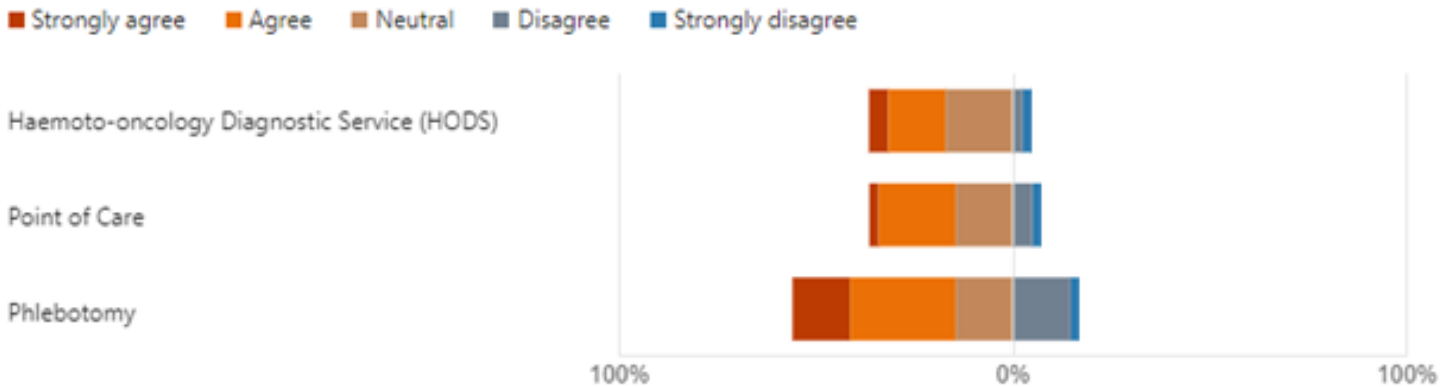


From the chart above we can see that many respondents for this year's survey agreed that the services meet their needs. Virology had the most positive feedback of the four disciplines, with 23 respondents agreeing the service met their needs.

This is an improvement from the 2020 survey in which 7 respondents agreed and 6 respondents were neutral that LCL's Infection and Immunity service met their needs.

5

The following services meets my needs.



The services with no subservices/disciplines were all captured in this question. A high number of respondents chose not applicable but of those able to answer, the majority agreed or were neutral that these services (HODS, Point of Care and Phlebotomy) met their needs. Of the three Phlebotomy received the highest score with 11 respondents agreeing the service met their needs. This is a big improvement from the 2020 survey in which 1 person agreed Phlebotomy met their needs.

6

Please share any feedback relating to questions 2 to 5.

22 people chose to provide additional feedback at this point of the survey. A complete list of all comments and responses to questions 2 to 5 can be found in Appendix 1.

On review, the predominant theme of the extra feedback given is LCL's Turnaround Times (TATs). In 2022 LCL migrated all its services to new premises (Clinical Support Services Building - CSSB).

The departmental moves were staggered, with the first department moving in January and the last department moving in November. Although LCL has invested significantly in preparation for this move, the impact on TATs was predictable. For example, where equipment was shifted from Duncan building to CSSB, the TATs declined as all equipment required full verification prior to issue results.

patient management
Phlebotomy services
results
time
cases requested
Aintree
services
clinical
long time test
needs
patients

LCL is confident that the decline in TATs seen in 2022 was in large the result of the move to CSSB. In some departments (e.g., Blood Sciences) our TATs have improved significantly since moving to CSSB, however in other departments, such as Cellular Pathology, the move to CSSB and the Cancer Recovery Programme have impacted the TATs.

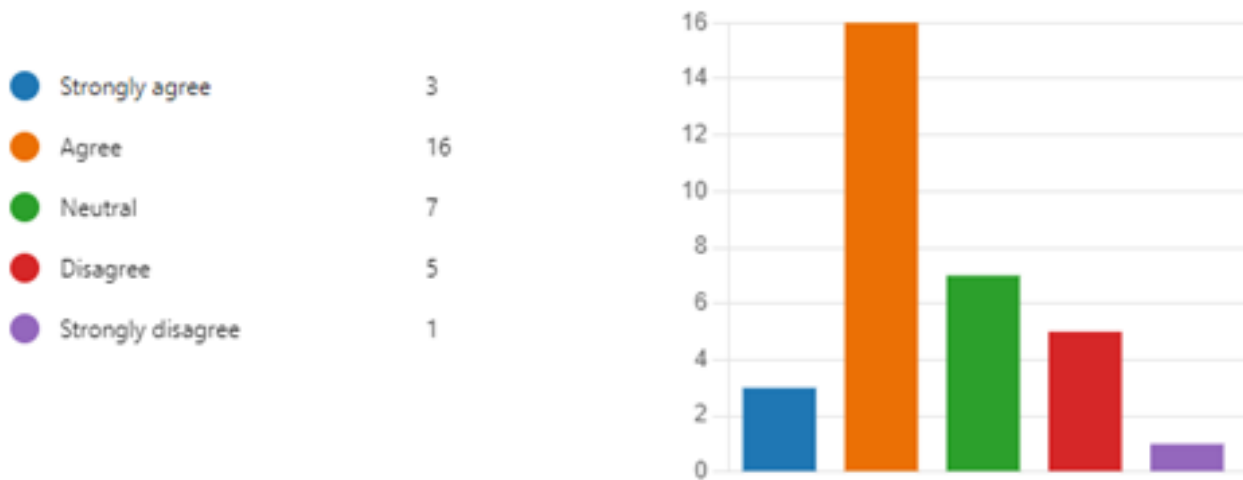
LCL's TATs are monitored closely and routinely. Clinically urgent TATs are monitored daily, and non-urgent TATs are monitored in line with the agreement with users and/or national targets.

LCL has a robust governance structure that supports quick escalation of problems that have the potential to affect patient care. A focal point of LCL's governance is the utilisation of risk management to provide assurance while highlighting areas of risk that need mitigation actions.

Following the move to CSSB, LCL has invested in training in Continuous Improvement methodologies (LEAN) and the utilisation of Rapid Improvement Events, to drive improvement and deliver increased quality services. LCL would like to clarify that community phlebotomy services are not under our umbrella therefore we cannot comment further in relation to these services. LCL currently manages the phlebotomy clinics in the Royal Hospital site and Broadgreen site.

7

The transport arrangements meet my needs.

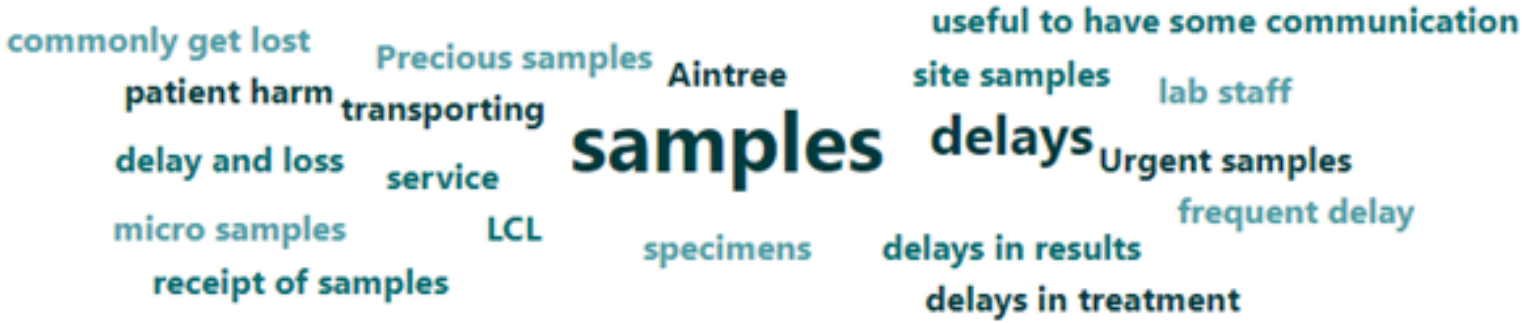


3 respondents strongly agreed, 16 agreed, 7 were neutral, 5 disagreed, 1 strongly disagreed, and 9 chose not applicable.

This shows an improvement since the 2020 survey when, 2 respondents strongly agreed, 6 agreed, 4 were neutral, 1 disagreed, 4 strongly disagreed and 5 chose not applicable. While the 2022 results show more disagreed it's important to note that we received almost double the number of respondents as we did in 2020.

8 Please share any feedback relating to question 7

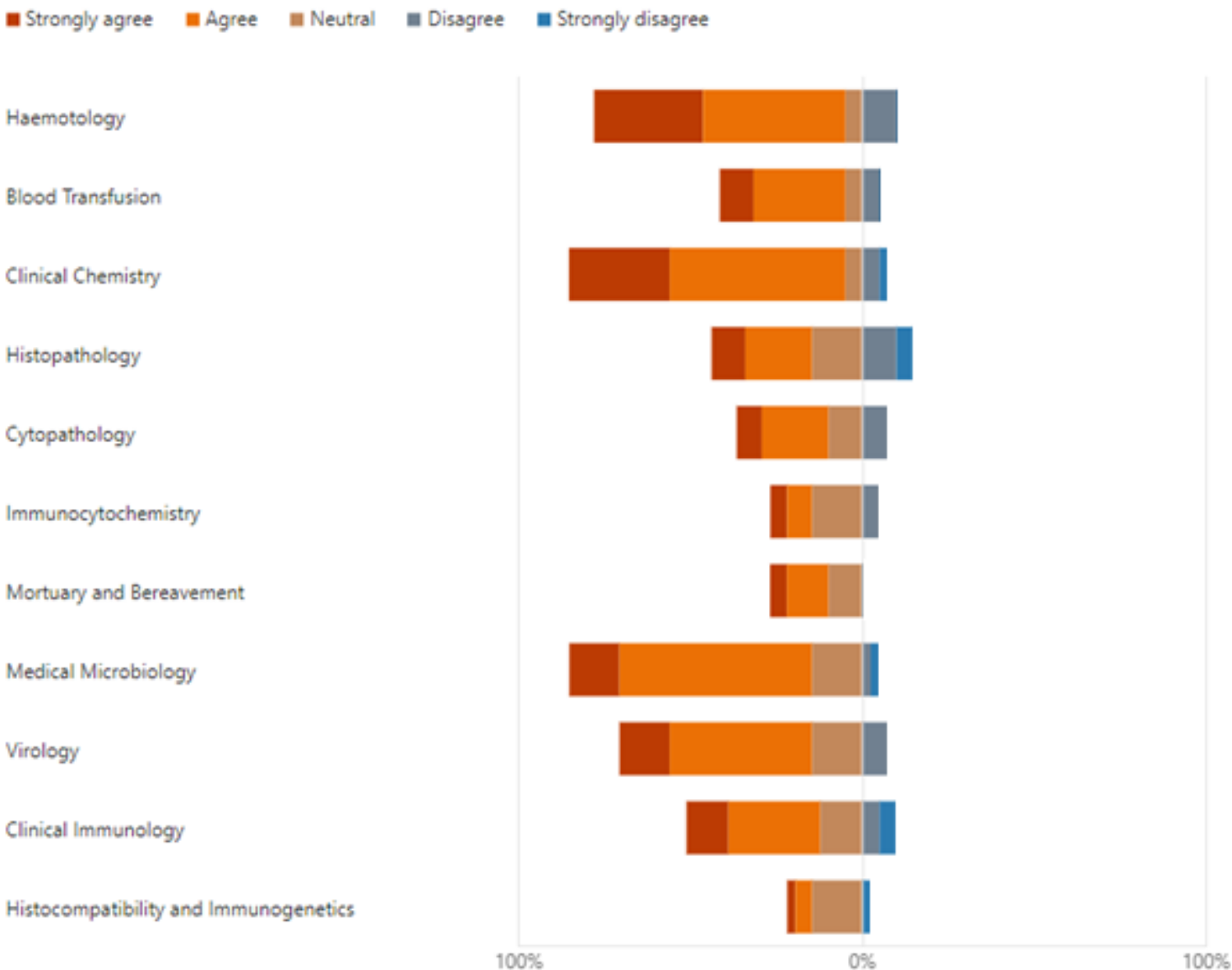
14 respondents left feedback relating to transport arrangements. A complete list of all comments relating to question 7 can be found in Appendix 1.



In the comments to this question the theme seen is relating to samples transported between Aintree and Royal sites. LCL regularly performs sample audits on sample transportation across all sites. Any incidents are reported on Datix for full investigation and appropriate corrective action. Following this report, LCL will review datix raised to understand if there are any trends in sample transportation that we may have missed.

9

I am satisfied with the time taken to receive results from routine and urgent tests from the following departments



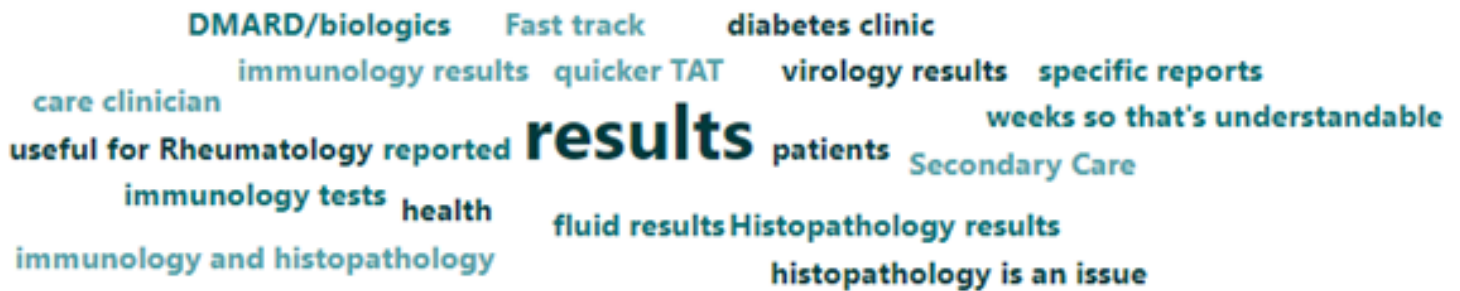
The data collected shows that the services users are most satisfied with the Turnaround times of Clinical Chemistry department, followed by Haematology and Medical Microbiology.

This is an improvement from the 2020 survey where only three respondents strongly agreed that the Blood Science services satisfied their expectations in terms of turnaround times.

10

Please share any comments relating to question 9

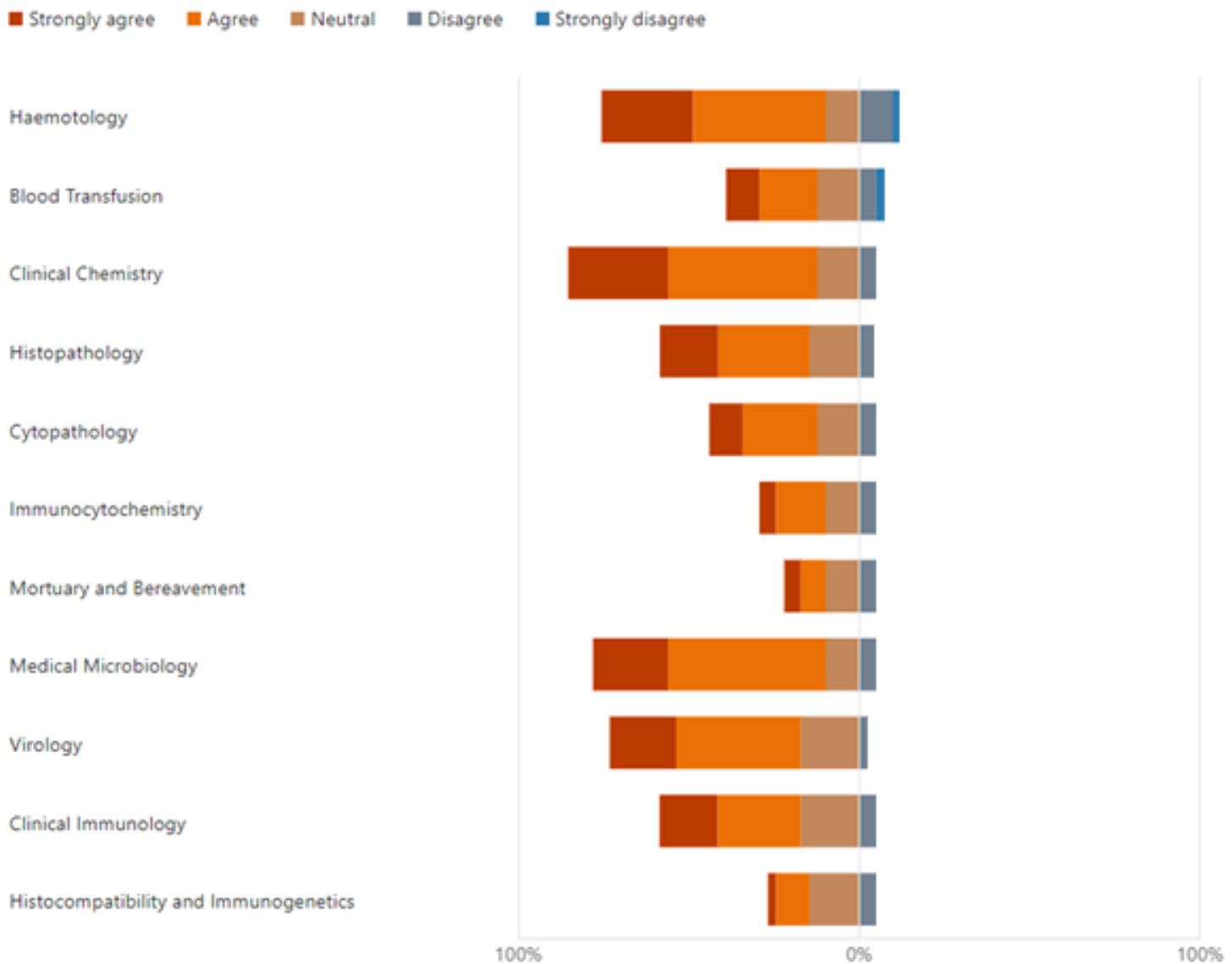
10 comments were recorded. A complete list of all comments relating to question 9 can be found in Appendix 1.



Please see LCL response's above on question 6.

11

Clinical reports and interpretations are helpful and easy to understand and I find the way results are returned easy to view.



From the results we can see that the majority of respondents strongly agreed, agreed or were neutral that clinical reports and interpretations from Clinical Chemistry were helpful and easy to understand. This was closely followed by reports from Haematology, Medical Microbiology and Virology.

These results are similar to the 2020 survey in which the majority of respondents strongly agreed or agreed that Blood Sciences and Infection and Immunity's clinical reports were helpful and easy to understand.

12

Please share any comments relating to question 11

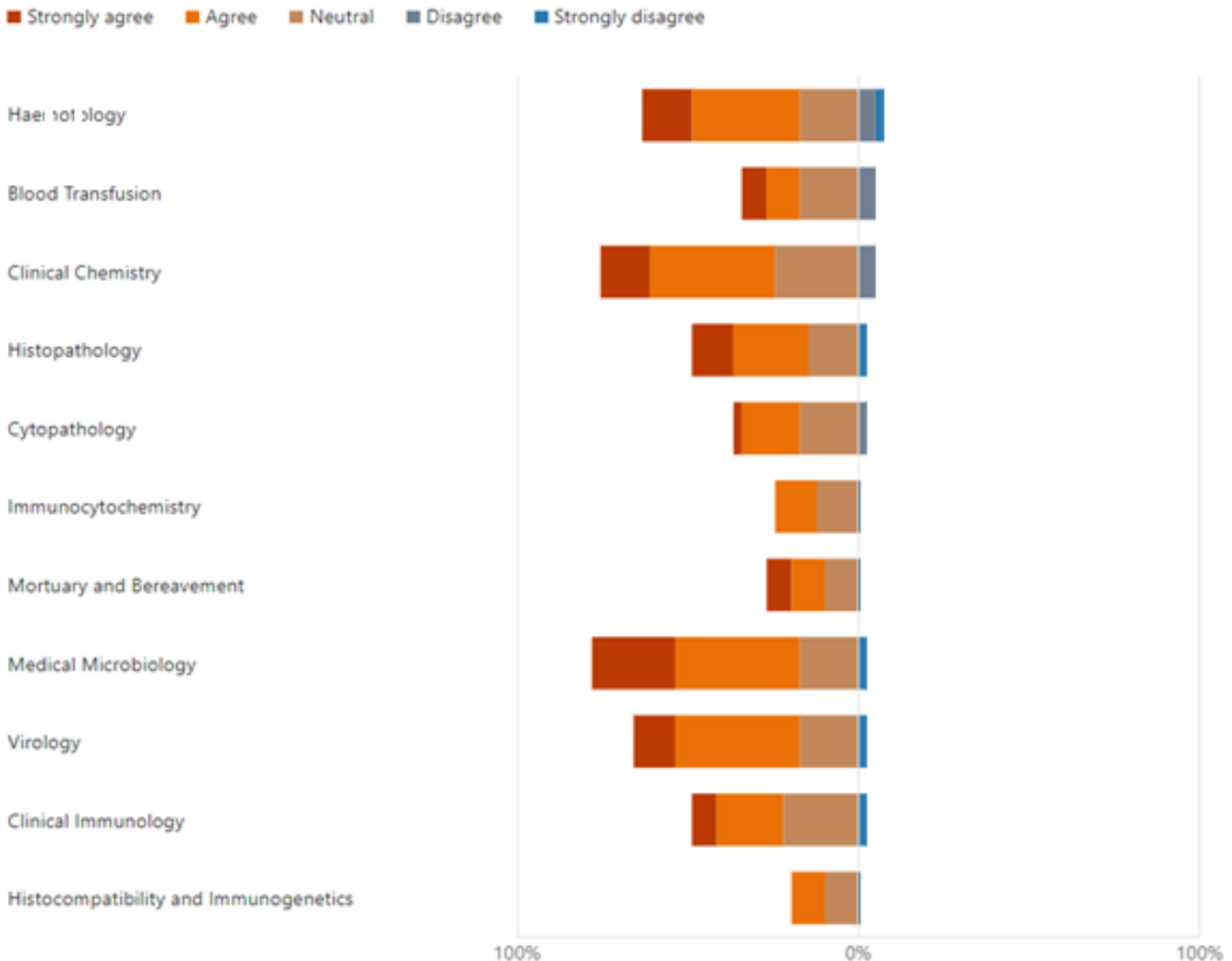
We received 11 responses:



There isn't a relevant theme in the comments submitted by users. Feedback to specific comments can be found in Appendix 1.

13

I am able to access clinical advice in a timely manner when required



Whilst the majority of services received 'not applicable' responses, the graph above shows that users most agreed or strongly agreed that they are able to access clinical advice from Medical Microbiology in a timely fashion. Closely followed by Clinical Chemistry and Virology.

When combining the scores of all the departments in Blood Science, and all in Infection & Immunity they are comparatively similar, with Blood Science receiving 20 Strong Agree responses and 41 Agree and Infection & Immunity receiving 18 Strong Agree responses and 41 Agree. In comparison to 2020, these results are similar as both Blood Sciences and Infection & Immunity received the same scores.

14

Please share any comments relating to question 13

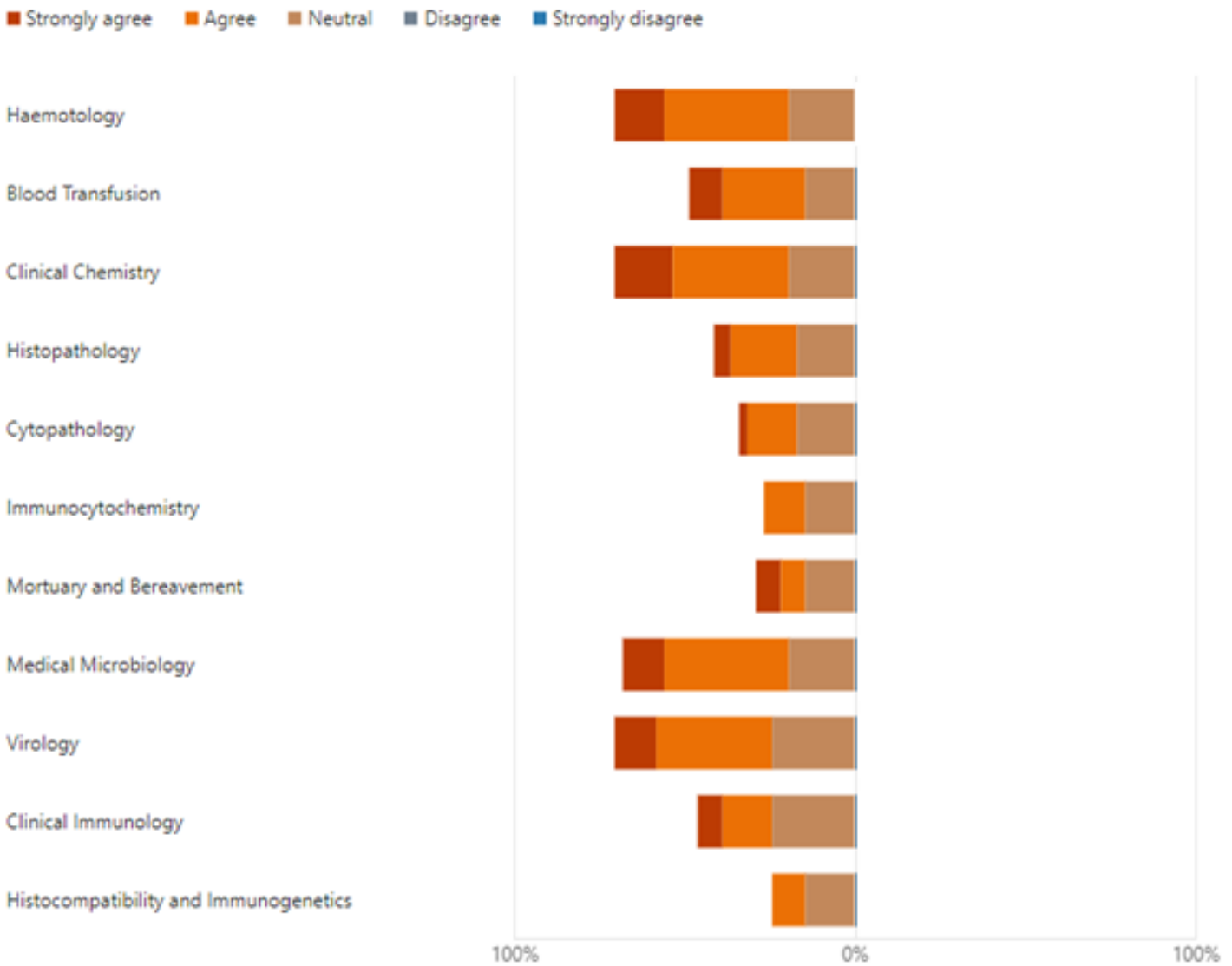
We received 10 responses. A full table of comments relating to question 13 can be found in Appendix 1.



From the comments received there is a theme relating to telephone calls and the ability to contact the laboratory. In 2020 LCL implemented a Customer Care team, with the aim to support users getting results quicker and reducing impact on the laboratory staff. The Customer Care Team work to processes and procedures agreed with Clinical and Scientific colleagues throughout LCL. We are constantly reviewing our processes and procedures to offer service users the best possible experience and will use feedback given from the user survey to help influence any future developments.

15

When my call is forwarded to the laboratory staff, I am satisfied with the information given.

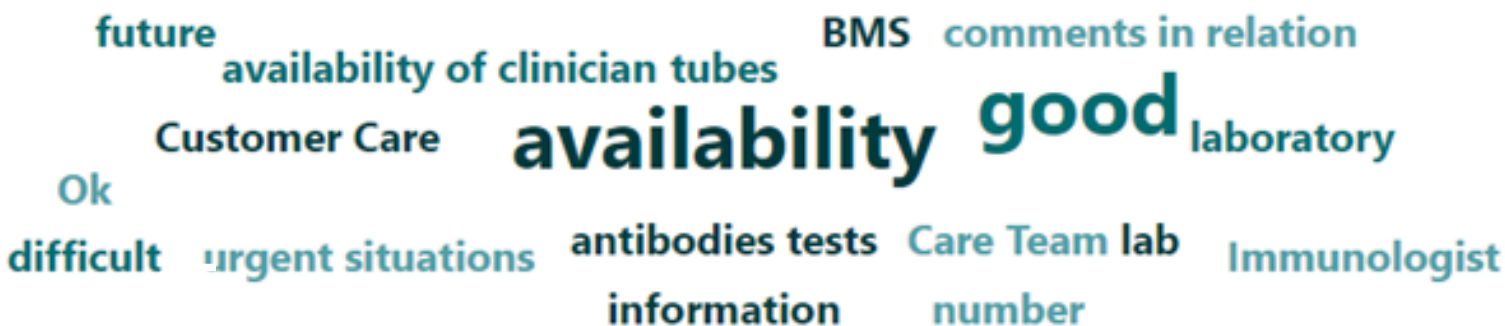


Most positive responses received were for Clinical Chemistry, closely followed by Virology, Haematology and Medical Microbiology. The table above shows very positive feedback for all services with very few respondents opting for disagree or strongly disagree.

In 2020 we saw similar results with Infection & Immunity having the most positive scores closely followed by Blood Sciences. Given the increase in responses for the 2022 survey it is encouraging to see the services achieving mostly positive scores.

16 Please share any comments relating to question 15

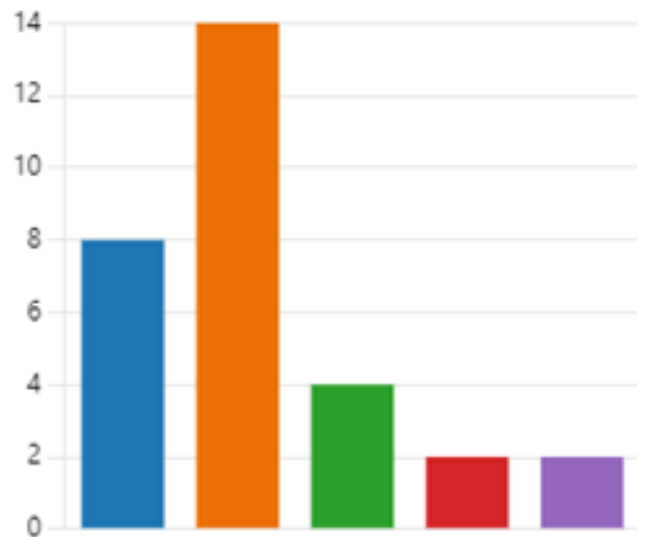
We received 8 comments – a full table of comments can be found in Appendix 1.



Please LCL response above on question 14.

17

The Customer Care Team are professional and courteous on the telephone and my calls are answered within an acceptable period of time.

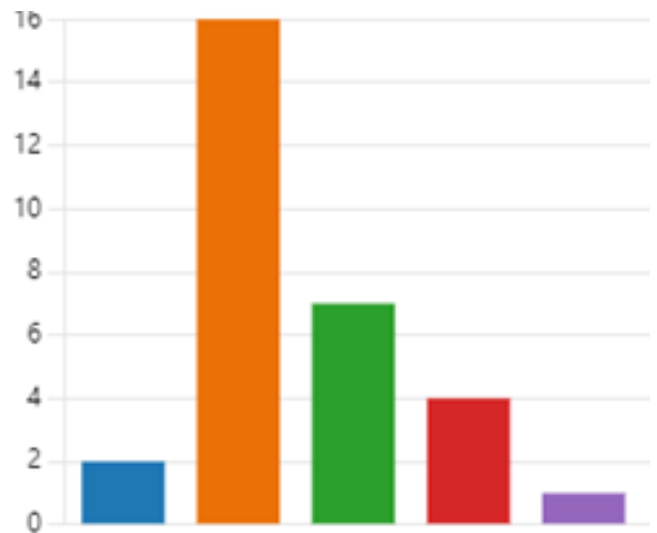


These results are very positive with the majority of respondents able to answer agreeing or strongly agreeing that the Customer Care Team are professional and courteous and that calls are answered in an acceptable period of time.

In 2020, the majority of respondents selected neutral for this question which shows a great improvement for the Customer Care team.

18

I am satisfied with the accuracy of the information given by the Customer Care Team.

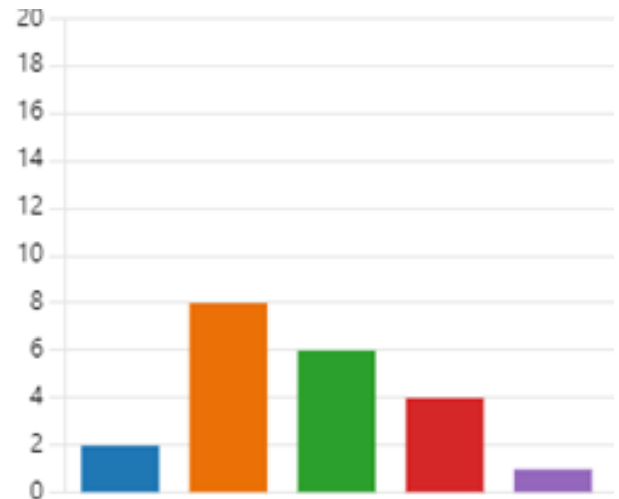
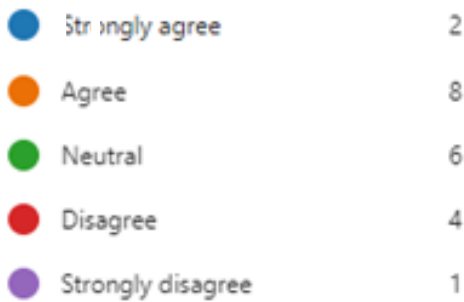


As can be seen on the chart above the majority of respondents agreed that they were satisfied with the accuracy of the information provided by the Customer Care team.

This again shows improvement for the team when compared with 2020 survey when the majority (6 respondents) selected neutral and only 3 respondents agreed with this same statement.

19

I am confident that my suggestions/complaints are dealt with appropriately



A high proportion of respondents selected not applicable for this question, but of those that could answer the majority agreed that suggestions/complaints are dealt with appropriately. This is an improvement from the 2020 survey when the majority of respondents stated they disagreed with this statement.

20

How would you like to receive update from us?

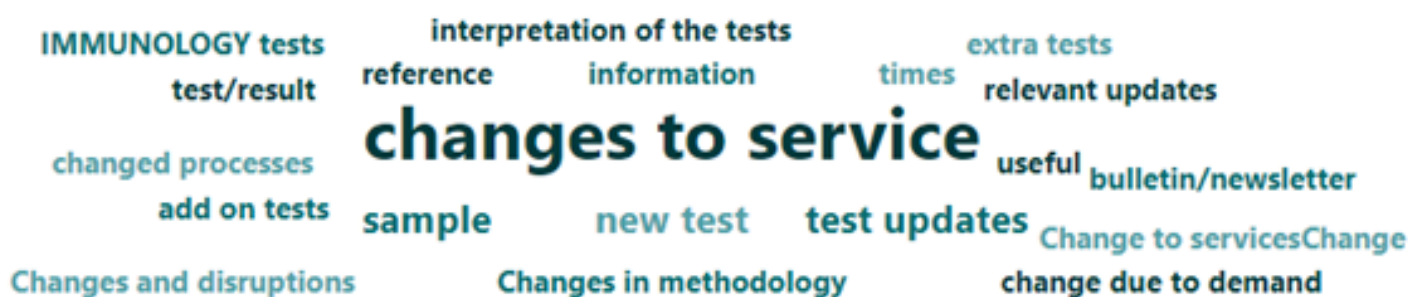


21

What information would you like to be communicated?

(for example; changes to service – including reference range methods, clinically relevant new test updates, imminent/current challenges).

36 people provided feedback at this point (41 commented in total but for the purpose of this report the NA's were removed). A full table of comments can be found in Appendix 1.



LCL response:

The majority of respondents have requested all the examples given (changes to service – including reference range methods, clinically relevant new test updates, imminent/current challenges) be communicated.

22

How frequently would you like to receive updates from LCL?

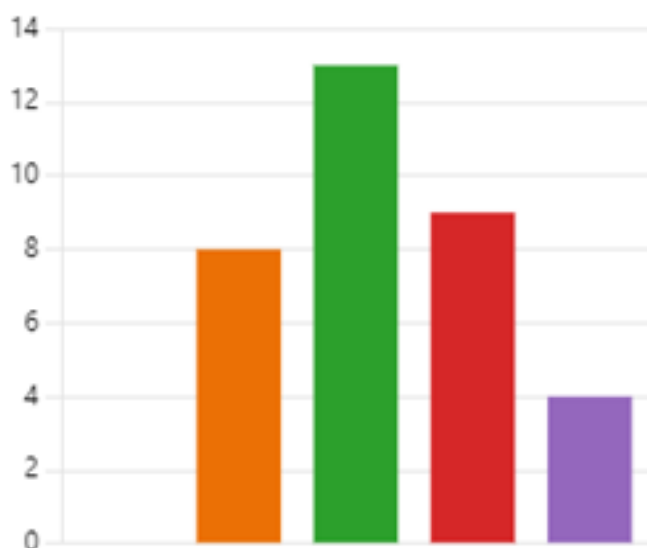
| | |
|-------------|----|
| Weekly | 2 |
| Fortnightly | 1 |
| Monthly | 13 |
| Quarterly | 17 |
| Other | 8 |



23

The online LCL handbook is easy to find and meets my needs.

| | |
|-------------------|----|
| Strongly agree | 0 |
| Agree | 8 |
| Neutral | 13 |
| Disagree | 9 |
| Strongly disagree | 4 |



As the table above highlights, the majority of respondents were neutral that the lab book was easy to find/meets the needs of the user. These results are similar to those from the 2020 survey with the majority also selecting neutral.

In 2020, two respondents strongly disagreed that the handbook was easy to find whereas in 2022, four respondents strongly disagreed. Whilst this looks negative it's important to remember that 2022 survey had almost double the number of response to the survey as a whole.

24 What, if anything, could we do to improve your experience of working with LCL?

14 people responded. A full table of comments can be found in Appendix 1.



LCL response:

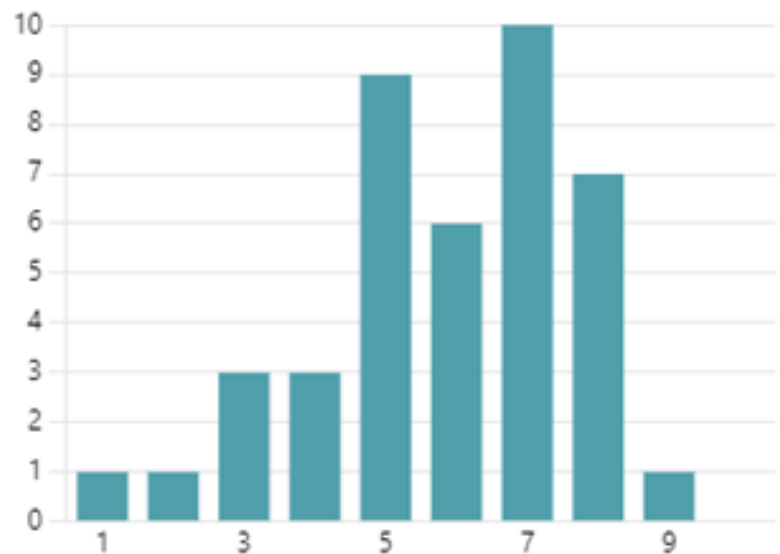
Many of these comments relate to the LCL Lab Handbook. We are aware the current handbook needs updating and is difficult to find. Our IT and Transformation team are working to develop a new and improved, much more accessible Lab Handbook. As soon as the new handbook is ready we will circulate this to service users and ensure it is located in a convenient location.

25

How effective are the current communications you receive from us on a scale of 1 – 10

(1 being the least effective and 10 being the most effective)

5.85
Average Rating



This is an improvement from our 2020 survey when the average rating was 5.1.

26

Do you wish to be contacted about this survey?

5 people left their email addresses, and one person left the following comment:

“Summary of findings would be nice to be circulated via the mass email that was used to send out this questionnaire in the first place I don’t think I’ve received communications much in past so welcome future communications.”

27

If you have any additional comments to make, please use this space to share them.

time of pressure
good service
Helpline number
different laboratories
NO
hard work
good idea
issues
helpful
idea to do this survey

Thank

Discussions and actions to take

The uptake of this survey was not as high as we'd hoped, however, it was a higher response rate than the previous User Survey. LCL's hope is that the circulation of this report along with improved communication, will encourage more LCL Users to complete future surveys.

The LCL handbook is high on the list of priorities along with the LCL website. The plan moving forward is to make both much more accessible and containing useful and necessary information.

Conclusion

In total we received 41 responses. We take on board all the comments made and will endeavour to look at the services provided and where improvement can be made.

Appendix 1.

The following tables display the feedback given throughout the survey.

Questions 2, 3, 4 and 5

The following services meet my needs; Blood Sciences (*Haematology, Blood Transfusion, Clinical Chemistry*), Cellular Pathology (*Histopathology, Cytopathology, Immunocytochemistry, Mortuary and Bereavement*), Infection and Immunity (*Medical Microbiology, Clinical Immunology, Histocompatibility and Immunogenetics*), Haemato-oncology Diagnostic Service (HODS), Point of Care, and Phlebotomy.

User feedback

Blood transfusion - lack of communication Pathology - poor turn around times
Immunology - clinical comments on immunoglobulins/ electrophoresis misleading to clinicians.

LCL response: we accept that our TATs for Immunology are not optimal, we are working on different projects to improve them, and some have improved now.

Reporting time for pathology is far too long. There should be a record on ADT that pathology samples have been received and is being analysed. At present, there is nothing to confirm that a biopsy has been taken for weeks until the report is issued.

LCL response: For all tests requested electronically this feature is already available. However, Cellular Pathology samples, such as biopsies, are currently not requested electronically therefore not possible to mark samples as received upon receipt. LCL is working with the LUHFT Cancer Improvement Services to implement electronic requesting which will improve sample tracking and simplify the sample reception processes.

Generally, the clinical laboratory services meets my needs, thank you. It would be helpful if the ICE clinical system would allow bloods to be downloaded directly in to the EMIS system. For example, when shared care monitoring has been done in hospital or INRs etc.

LCL response: The connection between ICE and EMIS is available and LCL would be happy to support the users that need assistance with this. Please contact lcl lcl.communications@liverpoolft.nhs.uk for support.

1. We often wait a long time for results to come back, and this holds up discharge in ED and the assessment areas
2. Acute Medicine is often lumbered with doing the biopsies and follow up for suspected haem-onc patients. This is inappropriate and is not in line with what the other specialties do.

Question 5 - User feedback continued

Not enough community phlebotomy appointments.

LCL response: LCL does not manage the community phlebotomy therefore is unable to provide further feedback on this comment.

Why are the capillary blood glucose measurements in Aintree not linked to ICE?

LCL response: LCL is working on this and expected to be live by April 2024.

Microbiologists should be careful with their blanket advice on demanding Interventional Radiology invasive procedures especially when they do not review imaging - it would be more appropriate for them to ask the clinical referring team to discuss the feasibility of such intervention with the local IR.

LCL response: Source control is an essential aspect of managing infection, so this is often part of the discussions that we have with clinical teams who contact us for advice. It's unfortunate if that has ever come across as a demand - we understand that we provide advice only, and are respectful of the fact that we have no expertise when it comes to performing these procedures. The fact that we seldom interact directly with the interventional radiologists themselves increases the potential for misunderstanding. It's been agreed that the Clinical Lead for Microbiology will contact the lead for IR, to explore possible ways of working more closely together in the future.

I think Phlebotomy services in Sefton are working under high pressures Domiciliary Phlebotomy services are very helpful for our housebound patients who need investigations for Anaemia, Renal function monitoring, and screening for Heart failure. But I think they been working under high pressures, so sometimes waiting times about 2 weeks, but don't think there's been any major patients' feedback of any problems.

LCL response: LCL does not manage the community phlebotomy therefore is unable to provide further feedback on this comment.

Question 5 - User feedback continued

Neutral responses are not because they don't meet the needs, but more to do with reporting of results and unawareness of samples received, or the duration of waiting for results. results coming in an odd way onto ICE and can be difficult to find. A report that says it is attached to another form and then trying to hunt for that form and getting there and the result not being there. Some test results are taking a long time to come back for tests that used to be quicker and does have an impact on patient management eg patients continuing on antivirals because PCR tests still awaited... Phlebotomy has not always been consistent on some of the wards I have worked on and juniors not always aware if they've been and gone and left forms... or yet to come... or not going to come that day.

LCL response: LCL has an on-site IT team that works closely with the team that manages ICE. If users are experiencing any issues LCL would be happy to provide support. Support can be requested by emailing LCL_IT_Staff@rlbuht.nhs.uk.

The Phlebotomy management is working on implementing a paperless solution to ward Phlebotomy collections that will rectify the issue with forms.

Serious issues with phlebotomy Serum light chains has been promised - easier and better than BJP We sometimes need a repeat folate but not B12 - can't be separated.

LCL response: We not able to comment on this as we are not clear what is the issue the user is experiencing. Serum light chains test this is a test on a serum sample, usually requested when Immunoglobulin and electrophoresis are requested, and doesn't require a special container or special collection measures. LCL would like to invite the user to email us via lcl.communications@liverpoolft.nhs.uk to discuss this in detail.

We take Covid swabs pre bronchoscopy and usually do these 1-2 days prior to the procedure. It is always difficult for us to estimate of the results would be available in time so it would be great if there was an estimated time of reporting or requested time of reporting available when booking the test to ensure that we have the results in time.

LCL response: Covid-19 TATs is 24 hours from receipt in the laboratory. As of the first of April the guideline are to use LFTs if these are required for patient risk assessment rather than PCR.

Question 5 - User feedback continued

Re cytopathology. LUHFT provides a regional ILD service for Merseyside taking on complex lung fibrosis cases across the region however for many years we have not been able to provide a differential cell count on bronchoalveolar lavage. This service was stopped a long time ago due to staff shortages. We do not need this test often, but it is useful for some cases to guide management of usefulness for immunosuppressive drugs e.g. in hypersensitivity pneumonitis cases. Is staffing now in a better place that we could get a differential cell count please for a small number of cases per year?

LCL response: Differential cell count has never been in the repertoire of tests for cytology due to the type of samples we receive. The RDC clinic at Aintree was set up to provide a more efficient service for the H&N team. Any further advances would require a network approach.

We receive a great service from breast pathology - As an MDT we have close working relationships and I always receive a timely and helpful response from my pathology colleagues. As an aspiration for service improvement, I would like to see a quicker TAT for IHC particularly Her2/ISH as this is often not back for MDT and patient results appointments and can lead to delays in meeting our RTT.

LCL response: Liverpool Clinical Laboratories Histopathology and Immunocytochemistry service has experienced several challenges over the last 12 months. Since the move of the Cellular Pathology department to CSSB in November 2022, the department has struggled to meet the agreed TAT. Alongside the estate challenges, the service has experienced significantly higher than anticipated workload - currently at 127% pre-pandemic levels. This has been associated with the COVID-19 cancer backlog recovery and elective care recovery plans, and an overall increase in complexity required to provide a complete diagnostic and prognostic report for patients.

Additionally, there is a recognised national workforce crisis across both Medical and Scientific staff, and it is increasingly difficult to recruit trained and competent staff to deliver the service. Subsequently, the service does not have the capacity to deliver demand.

In 2023, industrial action across both staffing groups has compounded the capacity challenges experienced by the service. The service has taken a number of actions to actively managing the demand which include: Utilisation of locum and bank staff, utilisation of external reporting services, review of the internal processes using LEAN techniques, review of workforce planes and a comprehensive business case is being written to increase service capacity covering workforce, novel technologies such as automation, and estates.

The service has work hard to ensure users are aware of the constrains and challenges we are experiencing and will commit to maintain effective communication to ensure patient safety is maintained at all times.

Question 5 - User feedback continued

Appreciate all the pressures the lab are under, staff always kind on phone -inhouse Monkey pox testing and mycoplasma genitalium resistance has been very helpful -Issues getting HSV antibodies done in pregnant patients with Herpes, cannot even find test on iCE to request anymore! -HIV avidity tests, apparently being done, but not seen any results in months for new diagnoses, please can this be chased? Thanks -when candida speciation and sensitivities are directly requested by specialist, they are not done, everytime I have to call consultant to request personally we do them in recurrent VVC cases and when sx not responding as per national guidelines, it is time consuming to chase each one or explain to patients on return review why you cannot commence 6 months of induction and maintenance treatment because the test you discussed and requested has not been done. if symptoms are not resolving despite being albicans, sensitivities need to be run, because we do have cases that are resistant and need alternative long term treatment.

LCL response: There have been a few issues with respiratory PCR including the availability of kits, however we are working hard to improve the molecular turnaround times including transferring to a more efficient platform. We have updated our confirmation protocols to reduce the turnaround time for the majority of COVID positives and we will adopt an improved influenza test which is expected to be available in September. LCL will check HSV2 request on ICE and we will conduct an audit on HIV avidity tests. Great to see good feedback on MPOX and M genitalium resistance.

Can you please remove the labelling pop ups when we request msu's, they are a waste of our time, we know specimens need labelling but do not need to click through countless reminders. We have noticed an increase in lab errors recently e.g., unprocessed results, is there any reason for this. Can we please have viral swabs added to the order list again?

LCL response: Following this survey LCL IT team will review the pop ups for MSU's and simplify the process. Due to the move to CSSB is possible that there was an increase in laboratory errors for a limited time, however, these have been resolved. Due to a change to a new platform, the viral swabs for sexual health for COBAS PCR media, however all the other viral swabs are still available for ordering. If users encounter any problems please feel free to contact LCL on lcl.communications@liverpoolft.nhs.uk.

IHC is slow which can delay management for complex cases. We cannot easily access frozen section in Aintree even for the rare cases that warrant it. Cytology service is too slow and only available patchily - so one stop clinic usually can't be relied on Given the size and complexity of the HN service these should ideally be addressed.

LCL response: please see answer given above.

Domiciliary routine service not currently meeting needs.

LCL response: LCL does not manage the domiciliary routine service therefore is unable to provide further feedback on this comment.

Question 5 - User feedback continued

LCL needs to remember it was set up as a joint venture between Aintree and Royal to serve both. It seems like most other parts of the trust to prioritise the Royal over Aintree, despite the Aintree site being bigger and with more unwell patients. Aintree should not be a second thought, and get second rate service being grateful for whatever crumbs fall from the Royal's table.

LCL response: The catalogue of services and tests offered in each of the LCL sites is agreed with the Clinical team and take into account the clinical needs of each site. LCL would like to invite the users to provide further feedback if they feel some of the clinical needs are not being met with the current operating model.

Medical microbiology Consultant input into ITU excellent when occurs but recently eroded below 5-day service which I feel is substandard. Microbiology samples recurrently go missing between Aintree and LCL. No traceability and often given answer that sample must never have arrived at Aintree reception. Not a problem seen with Haem/biochem.

LCL response: A daily presence on ITU has been re-established, at both the AUH and RLUH sites, since this survey was undertaken. This consists of a full ward round on Mondays, Wednesdays and Fridays, and briefer catch-up visits on Tuesdays and Thursdays. We are aware of an issue with some samples being delayed or going missing between Aintree and the laboratory. We are currently investigating ways to improve this. LCL acknowledges the need to better understand pre-analytical specimen journey and a working group and audit has been established to start this piece of work.

Haematology services are poor- access to specialists is constrained. Where required (surgical pre op at Royal site- phlebotomy service is very limited. Communication of results from pathology dept or cross match information from transfusion lab is very limited. When a sample is being thrown away because of zero tolerance policy on requests the lab staff do not recognise the difficulties in patient management, serious patient harm and clinical risk they are generating. The communication of outcome of Group and save requests is non-existent.

LCL response: Haematology works very closely with the clinical team and if there is something that users wish to query from results received then advice should be sought from Clinical Haematology.

Question 5 - User feedback continued

4. Medical microbiology: the advice from clinicians is always very good, however the system of waiting for a call back is difficult for GPs - once we've started a surgery we're not going to answer our mobile phones if you ring us back. In addition to the telephone service, could you provide an Advice & Guidance service too, so written comms can be sent when mutually convenient? 5. The waiting times for out-patient phlebotomy appointments is affecting patient care since you removed the walk-in service. Has a patient got a chest infection? If I could send them for a same day for a CRP that might avoid unnecessary antibiotic prescription: but we can't. Started a new ACEi inhibitor, need to check U&Es within a week: can't.

LCL response: The Microbiology Clinical agreed to explore changing the way that incoming calls for clinical advice are triaged. The intention will be for calls from GPs to be flagged as high priority. At the moment the Microbiology department does not have the capacity to provide an Advice and Guidance service in addition to the Telephone service. However, this might be considered in the future, and it is hoped that the role of Community Lead can be assigned to a named individual again, once the department is fully staffed.

Question 7

The transport arrangements meet my needs.

Question 7 - User feedback

Urgent samples sometimes lost and then found several days later with no explanation.

LCL response: LCL records on Datix any incidents that may impact patients, including samples lost between sites or within the laboratory. Since the move to CSSB we have seen a reduction in samples being lost in the laboratory due to the laboratory layout and pre analytical equipment. We will continue to monitor and review any trends as appropriate.

Always very helpful drivers collecting samples.

Delays in results.

LCL response: Please LCL response to question 5.

Planning meeting to discuss immunology requirements for Rheumatology. We always had an excellent service, but our specialist services may require different tests.

Merlin couriers do a great job in transporting samples between Alder Hey and LCL. Proof of receipt of samples, especially on ice, has diminished since moving to the new premises.

This is difficult to answer as perhaps still settling into new hospital changes. at the start due to concerns of transport junior drs were walking to lab with samples for fear of getting lost as some samples have gone awry.

Surgery doesn't close till 6.30, last collection can be lunch time.

The transfer of specimens between sites does cause issues re delays in results sometimes.

LCL response: Please see LCL in the main report.

No concerns.

Question 7 - User feedback continued

At old royal site, lots of walking urgent specimens over which reduces patients care.

Reliable service, timings work for us.

Probably a barrier to timely diagnostics.

LCL response: Please see LCL in the main report.

As above, frequent delay and loss of micro samples moving from Aintree to LCL.

Aintree site samples quite commonly get lost/delayed in transit causing patient harm. Nursing staff have informed me quite a few times that despite being hand delivered, lab staff have stated that they never received the samples. This results in delays in treatment and also serious patient harm. Precious samples being thrown away also is not infrequent. It would be useful to have some communication from lab seeking out precious samples (I am sure the numbers are not many) or providing feedback to the clinical staff if grave errors have been made. A one liner email to certain area leads would also be very useful if phone call is too difficult.

LCL response: Please see LCL in the main report.

Question 9

I am satisfied with the time taken to receive results from routine and urgent tests from the following departments: *Haematology, Blood Transfusion, Clinical Chemistry, Histopathology, Cytopathology, Immunocytochemistry, Mortuary and Bereavement, Medical Microbiology, Clinical Immunology, Histocompatibility and Immunogenetics.*

Question 9 - User feedback

We would prefer to give STI results to patients more rapidly than we do because of the personal and public health implications of untreated infection.

LCL response: LCL has recently (April 2023) implemented a new automated platform with the aim to improve STI TATs. After some initial problems, we expect the TAT for STI infections to be greatly improved. We are also in the process of updating our sequencing method to reduce HIV resistance test turnaround times and improve service quality. In the interim we have started referring samples to the reference laboratory to clear the backlog and reduce patient management delays.

Quicker turnover of immunology tests would be useful for Rheumatology as well as virology results pre DMARD/biologics. Fast track joint fluid results also would be very useful in order to manage patients more effectively.

Some results exceed the TAT and have to be chased up 3 months later.

HbA1c samples from diabetes clinic not analysed and reported in a timely fashion in Aintree.

LCL response: LCL is working on consolidating non-urgent HbA1c's at CSSB to improve the Turn Around Times. Therefore diabetic clinic samples will remain on the Aintree site and prioritised.

Histopathology results are only notified to us through Secondary Care, as our Health Centre don't do any tissue biopsies. We are notified only when the secondary care clinician sends specific reports to the GP.

LCL response: Please see above response to a comment under question 5.

Again, just to have an estimated time for reporting when booking the test would be great.

LCL response: All LCL tests and TATs are available on the laboratory handbook <http://pathlabs.rlbuht.nhs.uk/>

I would like to see quicker TAT for Her2/ISH.

Question 9 - User feedback continued

Coeliac and D3 results take a while, but I believe you run them as batches every few weeks so that's understandable, and we let patients know about that.

Takes so long for result that often not worth sending.

LCL response: It is difficult to reply to user on this matter without further information. LCL would like to invite the user to contact LCL via ICI communications ici.communications@liverpoolft.nhs.uk so that we can provide further feedback.

Delays in immunology and histopathology results is common; while I can understand why histopathology is an issue, I am not sure delays in immunology results are acceptable.

LCL response: We accept that our TATs are not optimal, we are working on different projects to improve them, and some have improved now.

Question 11

Clinical reports and interpretations are helpful and easy to understand, and I find the way results are returned are easy to view: *Haematology, Blood Transfusion, Clinical Chemistry, Histopathology, Cytopathology, Immunocytochemistry, Mortuary and Bereavement, Medical Microbiology, Clinical Immunology, Histocompatibility and Immunogenetics.*

Question 11 - User feedback

May mostly be related to ICE interface, but also a lack of trends when cross site working.

Blood fil reports contain descriptions, but the interpretation of the findings would be useful.

LCL response: LCL work very closely with the clinical team and if there is something that you do not understand from results then advice should be sought from Clinical Haematology.

This largely relates to Dashboard and ICE, where results are not well presented. A major flaw is that the dates and times of tests displayed can be misleading, making the reader think that a test done yesterday, was done today.

Blood films reports without any clinical comments are not useful.

LCL response: LCL work very closely with the clinical team and if there is something that you do not understand from results then advice should be sought from Clinical Haematology.

Haematology and Clinical Chemistry results viewing are all Fine Immunology results majority interpretation all fine but I found some Coeliac disease results confusing re IgA results - the presentation was not always obvious to indicate or exclude Coeliac disease - could this be looked into please for future reference? Thank you

Have described above but examples include HODS reports being linked on 1 report because of an additional result to another report and then searching for the actual report and not always straightforward. Likewise, TB reports aren't clear when the full sensitivity comes back. can take some time searching for specific tests as not always clear at a glance on ICE which sample it's going to be reported in.

Question 11 - User feedback continued

I think interpretation of rheumatological anti body results is difficult for many. Not sure rheumatology would agree to this but a comment could usefully be added "If you are unsure how to interpret these results please d/w Rheumatology" might be helpful. Might help better management of these results.

LCL response: all positive autoantibody results have clinical interpretation added, and in fact some negative results do have automated comments.
further information about the value of these tests and clinical utilities is in the handbook. Clinicians can contact the consultant Immunologist by phone or email to discuss specific cases.

My main field of use is breast pathology reporting - I am very happy with the standardised format. The additional comments are clear and easy to interpret.

Enteric Microbiology reports are often difficult to read as they contain a mixture of results from the LCL lab and the reference lab. These comments are not always listed chronologically and can sometimes be conflicting.

LCL response: This relates to the fact that automatic comments flag based on the result that is transferred into telepath, without any human intervention. Then in some cases reference laboratory results are added. This is being investigated along with changes to the content of the comments to ensure it is clear which comment relates to which test.

Blood film reports are generally descriptions of the cells seen. But the interpretation would be useful.

LCL response: LCL work very closely with the clinical team and if there is something that you do not understand from results then advice should be sought from Clinical Haematology.

Transfusion could move towards utilising NHS numbers on samples which would allow samples tested in LWH to be issued against.

Question 13

I am able to access clinical advice in a timely manner when required: *Haematology, Blood Transfusion, Clinical Chemistry, Histopathology, Cytopathology, Immunocytochemistry, Mortuary and Bereavement, Medical Microbiology, Clinical Immunology, Histocompatibility and Immunogenetics.*

Question 13 - User feedback

Very difficult to contact LCL staff via telephone. Telephone numbers either not answered or permanently engaged. Customer Care are not always helpful.

LCL response: The Customer Care Team work to processes and procedures agreed with Clinical and Scientific colleagues throughout LCL. We are constantly reviewing our processes and procedures to offer service users the best possible experience and will use feedback given from the user survey to help influence any future developments.

Very hard to speak to anyone phone just rungs out.

LCL response: please see above response.

Only required conversations are with haematologists regarding blood or platewly transfusions.

I've called the helpline a few times, Path Lab in Royal a few times Most of our samples I think go through to Aintree - though I'm not too sure I have tried to call Aintree Path Labs before, but don't think I have any access to advice line at Aintree.

LCL response: The LCL Customer Care Team provides service to all LCL sites including Aintree.

It is very difficult to speak with clinicians, especially when attempting to return their telephone calls. This is due to the call handlers in the Customer Care Team refusing to transfer calls to clinicians despite clinicians requesting a call back.

LCL response: The Customer Care Team work to processes and procedures agreed with Clinical and Scientific colleagues throughout LCL. We are constantly reviewing our processes and procedures to offer service users the best possible experience and will use feedback given from the user survey to help influence any future developments.

Question 13 - User feedback continued

More timely access to advice would help or better communication regarding the times that advisors are available.

LCL response: The Customer Care Team work to processes and procedures agreed with Clinical and Scientific colleagues throughout LCL. We are constantly reviewing our processes and procedures to offer service users the best possible experience and will use feedback given from the user survey to help influence any future developments.

Consultant colleagues are very responsive and easy to reach through MDT and by email.

LCL needs to provide appropriate service to both sites, both remote and in person. Aintree has more beds and patients. If choosing to reduce resource on Aintree site to continue to over provide care on Royal site it needs to explain why.

LCL response: The catalogue of services and tests offered in each of the LCL sites is agreed with the Clinical team and take into account the clinical needs of each site. LCL would like to invite the users to provide further feedback if they feel some of the clinical needs are not being met with the current operating model.

Often difficult to contact Haematologists in morning. Probably not actually an LCL issue.

Haematology advice is difficult to obtain; when obtained, it is not always of good quality. It is excellent if we happen to get a senior colleague that is willing to help.

LCL response: LCL are continuing to harmonise all systems and process across all our sites to ensure a continuity of services and expectations.

Question 15

When my call is forwarded to the laboratory staff, I am satisfied with the information given: *Haematology, Blood Transfusion, Clinical Chemistry, Histopathology, Cytopathology, Immunocytochemistry, Mortuary and Bereavement, Medical Microbiology, Clinical Immunology, Histocompatibility and Immunogenetics.*

Question 14 - User feedback

More availability of clinician will be good.

Actually, I have not tried to contact Immunologist before, but in the future, I may need to as there's a number of antibodies tests I'm not sure what to request or how to request.

We have sometimes contacted the lab for information about what tubes to use as this has sometimes changed depending on availability. We have found this to be best to take the tubes to the lab to discuss this.

It is very difficult to make comments in relation to this as the Customer Care Team refuse to transfer my call to the laboratory to speak with a BMS, even in urgent situations.

Question 21

What information would you like to be communicated? (For example; changes to services - including reference range methods, clinically relevant new test updates, imminent/current challenges)

Question 21 - User feedback

Sample transport requirements, changes to required information on requests.

Changes to services.

Clinically relevant updates only.

Change to services Change to reference ranges changes to reporting and processing times.

All of the above including issues with the service e.g. any delays due to instrument failures.

All of the above.

Reminders of contact details, who to contact about what, how to add extra tests (eg MGen to CT/GC NAAT sample). This is particularly useful for new starters in the service.
Clinically relevant new test update.

I would like some clinical guidance on CLINICAL IMMUNOLOGY tests requesting for the respective conditions considered and interpretation of the tests, please.

Changes to services - not reference ranges as these appear with results good to be made aware of challenges, shortages.

Sending copies of the reference ranges would be very helpful in research, updates on tubes used when this changes and expected times taken to process samples especially if these change due to demand.

Question 21 - User feedback continued

Any significant incidents impacting on service Change to requesting Updates on new tests.

Changes in methodology and the impacts that this has on results and the format in which results are received.

Blood sample 'add on' could be introduced as a 'test' in which you could then select the previous sample and state the add on tests. This could be sent directly to the lab without having to wait on call and provide a much better paper trail of add ons.

Updates on tests, lab process times eg turn around.

Clinically relevant updates and a periodic bulletin/newsletter that explains a test/result/changed processes etc.would be highly useful. We used to have a dedicated and regular newsletter that contained information such as : What does hsTnT levels mean, how to interpret Ca and Phosphate etc. That was widely appreciated. Communicating constraints/change of processes would be useful. Please don't tag this along with LUHFT newsletter; that is full of information likely to be ignored.

Question 24

What, if anything, could we do to improve your experience of working with LCL?

Question 24 - User feedback

Could post online lcl handbook website on lab reports.

Clearer explanation when bloods not done, in order to explain reason for delay to pt.

The Biochemistry handbook is useful but not easy to find. The link from the LCL website doesn't work. We are not informed when samples are referred offsite to other laboratories due to technical or other issues.

Allow retrospective blood test add-ons to be done wholly electronically, rather than the silly system of printing out labels and sending them to the lab.

Better reception, responding in timely manner blood film reports with clinical context and advise.

Did not know there was an LCL handbook.

Make sure that we receive our supplies ASAP as since it has moved over from Aintree we are not getting our orders and we are unable to speak to a manager/anyone.

Sorry I don't know where to find this one.

The service is very good. Being able to access hospital tests on ICE is a real bonus - we can at least see if our patients are in hospital or what happened when we admitted them from 1ry care and can avoid duplication.

Question 24 - User feedback continued

Many laboratories use an automated telephone system allowing callers to select an option as to who/which department they would like to speak with. These systems are effective and lean. Calls to LCL are answered by a member of the Customer Care Team. These staff seem to have had very little training and are unable to provide basic answers/direct calls to the appropriate department. The customer care team also seem to have little/no supervisory guidance and so do not/can not ask a supervisor if unsure. It is understandable that the customer care team may be overwhelmed by the diverse nature of calls due to the wide range of services covered by pathology. Call handling could be vastly improved by callers being directed to members of staff who are trained in specific pathology disciplines and have an understanding of the services.

Go back to allowing a system for follow on antibodies from B12 samples.

Sometime difficult to get beyond customer care team to speak to relevant staff if the issue is complex and the customer team are not getting it.

Feeling that input to Aintree site is as needed, not an after thought and not done after ensuring the smaller site is over provided for.

Please provide the LCL handbook in the front page of the LUHFT amongst common links. Improve access to senior clinicians in haematology. Improve the way Transfusion dept communicates with staff seeking G&S- currently they don't appear. Improve the way results appear in ICE- needs to be when the result becomes available. If you control how ICE works- please improve ICE too. Improve the sample handling at Aintree site and also sample transportation. Please bring in the accountability for all samples once they are received in the Laboratory reception.

Question 27

If you have any additional comments you'd like to share with us, please use the space below.

Question 27 - User feedback

Helpline number for the different laboratories would be helpful.

Good idea to do this survey to find any issues, thanks.

Thanks for your hard work in this time of pressure.

We get a good service, thank you.