

Service User Feedback 2022-2023

The Department of Laboratory Medicine requests feedback from Service Users on an annual basis. Feedback is used are used to plan and implement service improvements.

The Department recognises the importance of continuing to seek users' views regularly to ensure that the services we provide are responsive to changing needs and are vital for developing plans for further changes. Various methods to collect feedback are used each year;

The Annual Service User Survey comprises a short questionnaire which is distributed via MS365 Forms or paper copy to service users every Sept – Nov.

In Sept-Nov 2023 - Over 200 Service Users – Trust and Primary Care (General Practitioners) were requested to complete the User Survey Feedback Form. 20 user survey/feedback sheets were returned by various service users. 3 responses were received from General Practitoner sources. The majority of responders were doctor/Consultant/General Practitioner or Nurse/Midwife.

Please indicate overall satisfaction with services provided by Laboratory Medicine at Bolton Foundation Trust

4.50 Average Rating



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Please select how satisfied you are with the individual services provided by Laboratory Medicine at Bolton Foundation Trust - selecting any areas that you wish to provide feedback on

**note responders entered neither satisfied nor dissatisfied for services not used.



One day a month all telephone enquiry locations (laboratories, offices & secretaries) perform a **caller satisfaction survey**. This has been performed over a 12-month period (November 2022 to October 2023). Users were asked if they were satisfied with service they have received, and was there anything we could have done better.

- 151 telephone user surveys were completed over the Nov 22-Nov 23 review term.
- The majority of Telephone users (143) commented on the Excellent/Good/Helpful service provided by Laboratory Medicine.
- 8 unsatisfactory comments were raised relating to the unavailability of add-ons (3), impact
 of analyser downtime on results turnaround time (2), delay to answering phone calls (2), and
 missing / not received specimens (1).
- The unavailability of add-ons was due to instrument unavailability in May 2023. Instrument downtime key performance indicators (KPIs) where discussed at the quarter 2 review of the Insrtument Supplier Managed Service Contract (MSC).
- No further trends were identified.

A **Phlebotomy Patient Survey** was conducted in June 2023. The survey was conducted using Survey Monkey by the Laboratory Medicine Operations Business Manager. 6 excellent responses were reported.



A Mortuary User Survey was conducted in October 2023. The survey was conducted using MSOffice link to staff working in collaboration with the Team and hardcopy survey of visiting funeral directors. 15 excellent responses were reported.



User Survey Suggestions for improvements and comments requiring further consideration were taken to the Laboratory Medicine Service User Committee.

These survey results were discussed at the Service User Committee on 18th January 2024 – the following Laboratory Medicine Responses were agreed.

This report & actions will be distributed to users via the Trust Internet, Trust Intranet and the Laboratory Medicine Newsletter.

User Feedback comment	Lab Med Response	Qpulse Reference
Twice daily GP courier collections. From 2022 User Survey.	The current GP courier transport is under service review. Users would be advised to contact Laboratory Medicine for further	IMP-721
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See Service User Committee Action Plan Reference GE-MIN-SUC-1

Laboratory Medicine

	information. Dec 2023 – discussions with the Trust courier provider are currently in progress.	
Phlebotomy in N block needs to be every week day Need access to phlebotomy in main Lab on the day without appts for outpatients needing bloods not from N block (patients cannot always walk across there)	Owing to capacity and demand, and to avoid patient delays; the Phlebotomy service in A Block is a bookable first service. Patients who require 'urgent' bloods should have these taken locally in the first instance and when sending to the lab highlighted as such. Band3 Health Care Assistants within BoltonFT are trained in Venepuncture and as such would be able to facilitate for patients locally or to utilise the OPD service in N Block There is always the option to check the booking system for availability prior to sending patients to A Block; who may be turned away on the day due to no slots being available. Should specific localised Phlebotomy support be required locally, this could be arranged if suitable funding is agreed.	IMP-762
Could all external results go on ICE	The Lab Information Management System is currently undergoing a major upgrade – addition for referral reports to electronic reporting is under consideration however is dependent on referral laboratory.	IMP-764
It would be really helpful if the indication for the blood results can be seen by our admin team when the blood tests come down the link. This would enable us to send the blood results to the right clinician to process. Is there any way this can be achieved?	Suggestion has been forwarded to the GP IT Facilitator Team - ICE related issue as the indication for the test is recorded in the request clinical details. Visibility of clinical details when the results are returned to the user is not within the remit of Laboratory Medicine.	IMP-767
Labelling and transportation can be sorted - then it would solve 90% of the challenges we face	Improvement projects continue with specimen collection, labelling and transportation. Please refer to the Laboratory Medicine User Handbooks for Test Repertoires indicating specimen container types for specific tests. Please contact Laboratory Medicine with details of any specific occurrences to help us rectify and correct.	N/A
Microbiology - One improvement would be to set time for the faecal results ie. 10.30am and 14.30pm. This would provide a timelier prescribing of abx and boost patient flow throughout the hospital	Microbiology aim to meet the targets described. Workload priorities may cause minor shifts. Please inform the team of any specific occurrences in order for assessment of the cause.	IMP-763
Often have to ring for more sensitivity for microbiology. Can this not be included in the report? It takes time to ring and get through to microbiology consultant for this information	This is dependent on the the amount of clinical information provided by the requester- if the patient is taking a particular antibiotic or is allergic to something and they tell us on the request we will release that result or provide additional options. If no info, we will release a set list of predetermined agents. This is to limit use of higher risk agents in terms of toxicity/side effects/C.difficile.	IMP-768
Loss of Phlebotomy service in Bolton One has caused difficulty for patients. Frequent loss of specimen also	The Trust withdrew funding for Bolton One phlebotomy due to an increased requirement within the hospital.	N/A

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causes problems or tests not done despite being requested.	Improvement projects continue within specimen reception. Manual request forms (non-electronic requesting) poses risks to request entry due to increased reliance on human factors. Electronic requesting should be used where available and handwritten requests highlighted. This will be alleviated upon Trust roll out of the electronic requesting system to outpatient departments.	

Excellent feedback was received. However the response rate remains relatively low. Further service user engagement – with in person attendance at Medic meetings, and GP user engagement meetings is recommended to optimise response rates.