

## **Pathology User Survey 2019**

### **1. Aim**

To seek Pathology User views of the service provided by Pathology Laboratories at County Durham and Darlington NHS Trust (CDDFT) and to make suggestions for development of services to meet changing clinical requirements, helping to improve provision & plan service priorities.

### **2. Methodology**

Users of CDDFT Pathology Services were met during CCG meetings over the course of a few months where the surveys were handed direct to users and encouraged to complete the Pathology User Survey.

### **3. Responses**

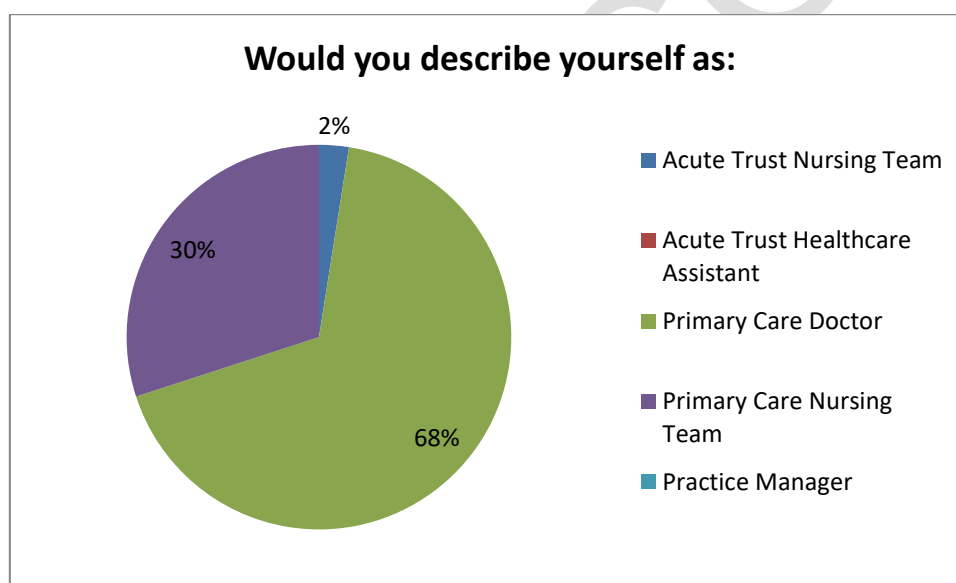
Overview of respondents to evaluate pathology service and assist with further development and improvement in Quality, the annual survey was sent out to GP users in the first of a pilot scheme to assess response rates using public face to face interaction.

40 returned surveys were received to the User Survey compared to 80 responses last year. This was a reduction in the number of returns, but feel this is due to the target audience and coincides with previous surveys where the primary care respondents have always been lower compared to acute response numbers.

## Survey Results

### Question 1

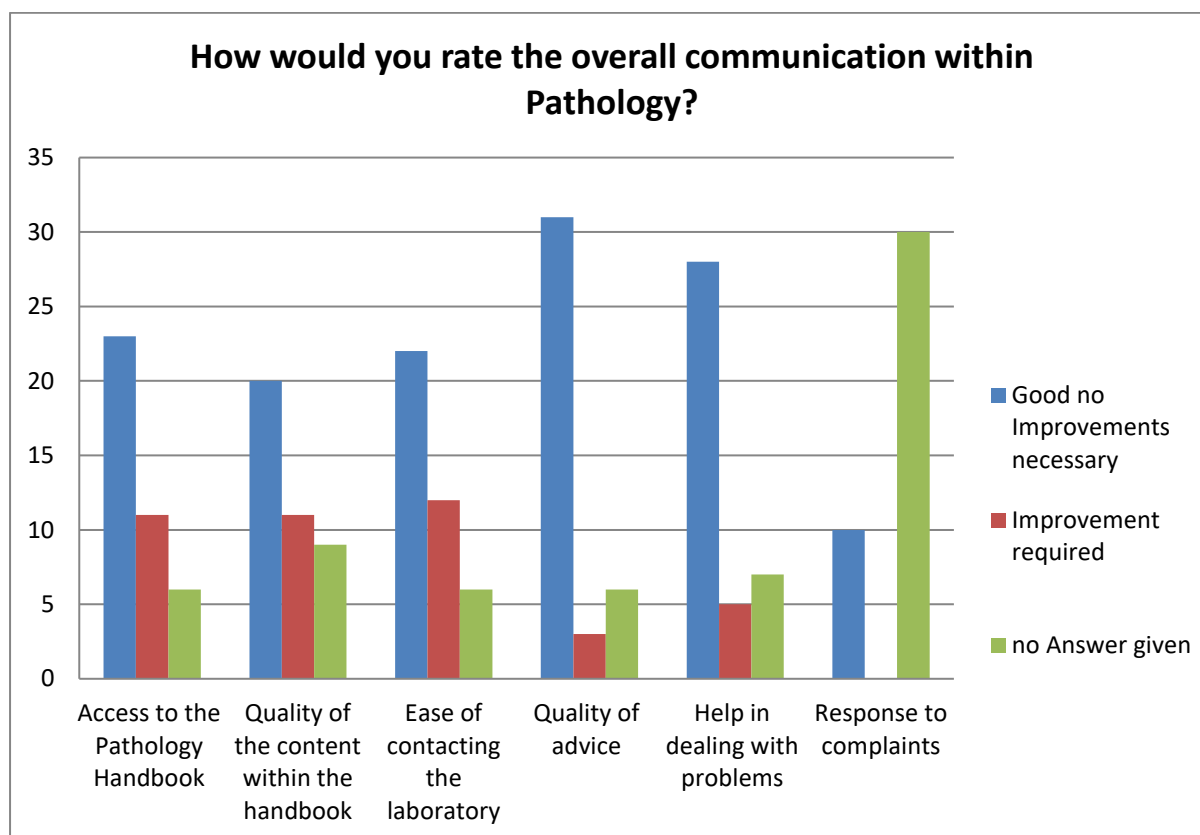
Would you describe yourself as	Response Count	Response Percentage
Acute Trust Nursing Team	1	2.5
Acute Trust Healthcare Assistant		
Primary Care Doctor	27	67.5
Primary Care Nursing Team	12	30
Practice Manager		
Primary Care Healthcare Assistant		
Other- Phlebotomist, Receptionists		



The responses for this survey have been changed to focus the feedback we receive: good – no improvement necessary or improvement required. This way there is no ambiguity in the responses.

The number of comments received from the users is increased from previous surveys, which is positive that the users are suggesting improvements and also providing praise to the staff within Pathology CDDFT.

**Question 2**



There were 17 comments with further information provided:

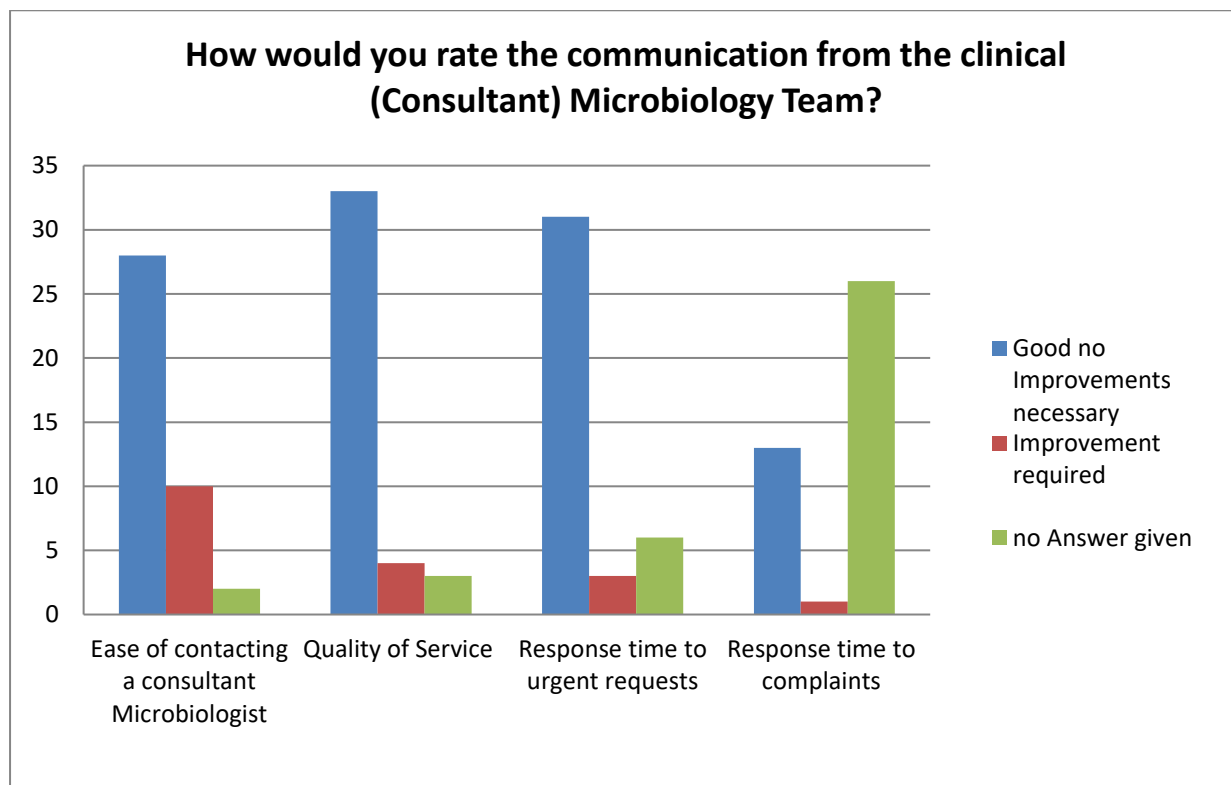
Comment	Action/ Response
I didn't know about the pathology handbook, which is why I can't rate it as good! Where is it?	The pathology handbook can be located on the trust internet page, we are aware this is a new concept and we shall be making an effort to inform the users of the handbook, via newsletter and communications team on a regular basis.
advise on sample requirements for specialist specimens sent off site would be helpful	information regarding tests for the departments can be found in the pathology handbook, this information is reviewed regularly to update the user of sample requirements, if you feel there is missing information or a test has been missed or would like to recommend a particular information set be available please contact the Pathology Quality Manager <a href="mailto:rebecca.sedman@nhs.net">rebecca.sedman@nhs.net</a>
occasionally the hand book does not answer all of your questions but the lab staff can usually help if needed	we review the handbook on an annual basis, further information with regards missing or required information should be passed to the Pathology Quality Manager so these can be considered please contact <a href="mailto:rebecca.sedman@nhs.net">rebecca.sedman@nhs.net</a>
I'd like to give good feedback. The team are always very helpful and always give good advice/	Thank you for the good feedback this shall be disseminated to staff

<p>handbook not up to date, not everything on so you have to ring lab which takes a while and sometimes they don't know</p>	<p>We review the handbook on an annual basis, further information with regards missing or required information should be passed to the Pathology Quality Manager so these can be considered please contact <a href="mailto:rebecca.sedman@nhs.net">rebecca.sedman@nhs.net</a></p>
<p>From my experience, we have never had any problems with the team. They have always been very helpful and courteous.</p>	<p>Thank you for the good feedback this shall be disseminated to staff</p>
<p>excellent and quick service</p>	<p>Thank you for the good feedback this shall be disseminated to staff</p>
<p>Recent issues with ICE Paper and Sample bags had a real impact on practices and patients and took quite some time to resolve</p>	<p>Any issues which affect the service due to issues with stock should be directed to the reception team leaders Emma Jackson UHND <a href="mailto:emma.jackson41@nhs.net">emma.jackson41@nhs.net</a> or Gillian Wake DMH <a href="mailto:gillian.wake1@nhs.net">gillian.wake1@nhs.net</a></p>
<p>There are elements regarding infection not covered by the handbook further details on this would be beneficial</p>	<p>Please could you forward specifics regarding this issue to <a href="mailto:Rebecca.sedman@nhs.net">Rebecca.sedman@nhs.net</a></p>
<p>Quite a lot of tests missing from the test directory</p>	<p>The test directory is currently under review, with further pages being provided with a lot more detail. This review also includes a project to map the directory meaning that all tests name, abbreviations old names and more modern names will be searchable for every test meaning information should be available for any name a user is searching under, this project is currently underway and is hoped to be finished by summer 2020</p>
<p>Unable to access the handbook- no idea where this is located</p>	<p>The pathology handbook can be located on the trust internet page, we are aware this is a new concept and we shall be making an effort to inform the users of the handbook, via newsletter and communications team on a regular basis.</p>
<p>Handbook needs better access- unable to find easily</p>	<p>The pathology handbook can be located on the trust internet page, we are aware this is a new concept and we shall be making an effort to inform the users of the handbook, via newsletter and communications team on a regular basis.</p>
<p>Handbook- haven't seen it before what is this</p>	<p>The pathology handbook can be located on the trust internet page, we are aware this is a new concept and we shall be making an effort to inform the users of the handbook, via newsletter and communications team on a regular basis.</p>

<p>Handbook- easy to access but sometimes hard to find unusual tests and end up having to ring the department e.g. borellia antibody</p>	<p>The test directory is currently under review, with further pages being provided with a lot more detail. This review also includes a project to map the directory meaning that all tests name, abbreviations old names and more modern names will be searchable for every test meaning information should be available for any name a user is searching under, this project is currently underway and is hoped to be finished by summer 2020</p>
<p>Handbook could have more detail especially in certain areas like the rarer tests</p>	<p>The test directory is currently under review, with further pages being provided with a lot more detail. This review also includes a project to map the directory meaning that all tests name, abbreviations old names and more modern names will be searchable for every test meaning information should be available for any name a user is searching under, this project is currently underway and is hoped to be finished by summer 2020</p>
<p>Not updated e.g. access to semenology service</p>	<p>This is found within the cell path sections – Histopathology – semenology. There is a patient instruction sheet and form, however this does need to be updated.</p>
<p>Handbook- could there be links for advice/ help in result interpretation</p>	<p>The test directory is currently under review, with further pages being provided with a lot more detail. This review also includes a project to map the directory meaning that all tests name, abbreviations old names and more modern names will be searchable for every test meaning information should be available for any name a user is searching under, this project is currently underway and is hoped to be finished by summer 2020</p>
<p>Handbook- information too basic on some areas</p>	<p>The test directory is currently under review, with further pages being provided with a lot more detail. This review also includes a project to map the directory meaning that all tests name, abbreviations old names and more modern names will be searchable for every test meaning information should be available for any name a user is searching under, this project is currently underway and is hoped to be finished by summer 2020</p>

The feedback from the previous survey was similar and so it is disappointing that we are still receiving comments from users having difficulty with the handbook as a lot of work has been done to make access to this service visible. However, there are clearly some issues to address.

**Question 3**



There were 11 comments received:

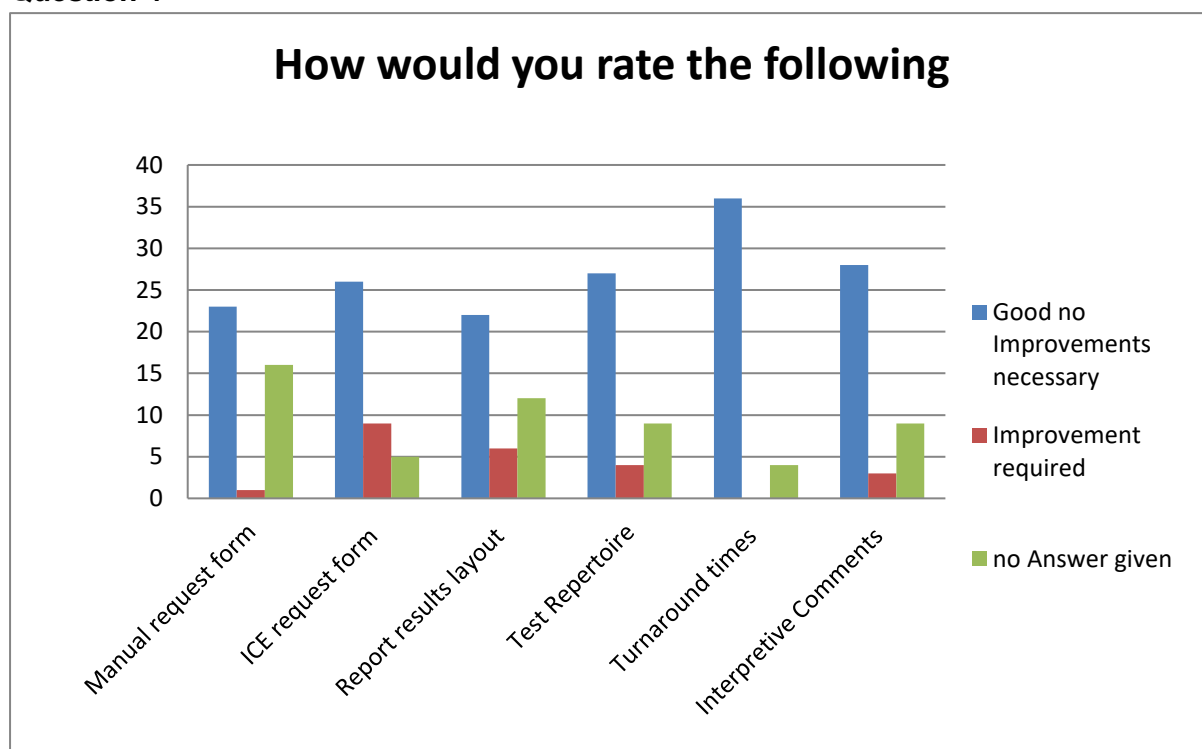
Comment	Action/ Response
Good most of the time	thank you for the good feedback this shall be disseminated to staff
Recently left voice mail no response is it possible to get a call back when one is requested?	Access to the consultant microbiologists has recently changed to a more efficient email based system which is monitored throughout the day due to feedback received from users of the service. All requests for consultant microbiologist input are then triaged throughout the day and responded to via email or with a return call as appropriate. Initial feedback from the users of this service has been positive but we welcome any further comments or suggestions for improvement.
I do not find it easy to contact the consultants at all, no answer when call out of hours	The consultant microbiologists cover 24/7 via an on call system for urgent clinical support via CDDFT switchboard. This can be a very busy service covered by one consultant at a time so it may be that service users have to wait until a current call is completed before they are able to take the next call.

<p>Good access to consultants haven't ever had a problem</p>	<p>thank you for the good feedback this shall be disseminated to staff</p>
<p>If there is no on in the office it can take a long time to get a response</p>	<p>The consultant microbiologists work routine hours Monday to Friday with out of service provision outside of those times. If a clinically urgent response is required then the on call microbiologist is available. 24/7 consultant microbiologist cover for routine responses is not reasonably practicable. A new email system has been introduced as a result of similar feedback for service users to request consultant microbiologist input or advice. This ensures that they are picked up at the beginning of the next routine working session. This ensures that the requests can be triaged and responded via email or with a return call as appropriate. Initial feedback from the users of this service has been positive but we welcome any further comments or suggestions for improvement.</p>
<p>Unable to get through or put on hold by reception and then hung up on</p>	<p>Occasionally calls are disconnected during transfer to another number rather than a deliberate act of hanging up. If this is the case we would endeavour to return the call if the contact details have been secured prior to transfer. The majority of callers for non-urgent requests are now directed to the new email system to improve the user experience: access to the consultant microbiologists has recently changed to an email based system which is monitored throughout the day as a result of similar feedback. All requests for consultant microbiologist input are then triaged throughout the day and responded to via email or with a return call as appropriate. Initial feedback from the users of this service has been positive but we welcome any further comments or suggestions for improvement.</p> <p>We have previously shared admin and secretarial support with the Infection Control team but as of September 2020 the Consultant Microbiologists will have an allocated part time secretary to cover the weekday afternoon periods. This should help triage calls appropriately and ensure timely handover of messages.</p>
<p>Try not to use the service as I feel consultants rude and unpleasant</p>	<p>We endeavour to provide a professional, high quality service and rude or unpleasant behaviour is not something that should be experienced by our service users. We would encourage anyone who feels that a member of our team was rude or unpleasant to them to report this to either the Microbiology Clinical Lead or the department manager so this can be addressed.</p>
<p>On call consultant often unavailable</p>	<p>The consultant microbiologists cover 24/7 via an on call system for urgent clinical support via CDDFT switchboard. This can be a very busy service covered by</p>

	<p>one consultant at a time so it may be that service users have to wait until a current call is completed before they are able to take the next call.</p>
<p>There have been times when no one is available perhaps carrying a bleep?</p>	<p>Access to the consultant microbiologists has recently changed to an email based system which is monitored throughout the day. All requests for consultant microbiologist input are then triaged throughout the day and responded to via email or with a return call as appropriate. Initial feedback from the users of this service has been positive but we welcome any further comments or suggestions for improvement.</p>
<p>Often get put though to wrong person, often get cut off. No access for a time around 5pm as person travelling. Sometimes they say I'm at home I don't have access to the IT.</p>	<p>The consultant microbiologists cover 24/7 via an on call system for urgent clinical support via CDDFT switchboard. Unfortunately it is not appropriate for the on call consultant to take clinical calls while driving home so there may be short periods of time when they are not available. Some rota and personnel changes have lessened the frequency and impact of this but users who encounter this issue are requested to be patient and the consultant will respond to the request as soon as it is safe to do so.</p> <p>All consultant microbiologists have IT access from home to be able to access laboratory and Trust systems but this may not be accessible if they are not in their home when called e.g. in transit etc. They will endeavour to return the call as soon as they have access to the system.</p> <p>There may be an occasion when the IT system is 'down' and at that point the business continuity plan is put in place. This involves the laboratory and consultant communicating required results and information via telephone.</p> <p>Note that the on call Biomedical Scientists are often called for results but they do not have access to the Trust IT systems at home and are only authorised to return to the laboratory to process urgent samples.</p>
<p>Difficult to speak to a consultant should allow the BMS to give advice when can't speak to someone.</p>	<p>Biomedical scientists are able to release results and give advice regarding sampling and testing but are not able to give any clinical advice as they are scientific staff and are not clinically trained. This would not be appropriate or in the best interest of patient care.</p>



**Question 4**



There were 16 comments received:

Response	Action/Comment
Haematology/ electrophoresis still very confusing often says normal/ could be abnormal can this be made more clear?	Result comments for this section will be reviewed to include improvements taking on board comments.
ICE requests- sometimes the patients name is too long to fit on the label this causes issues can this been looked at?	Couple of issues at play – one is a decision made by the blood sciences disciplines to hold name and DOB on the same line, the other is a System One issue with the use of middle names (lab side these are ignored but the S1 messages override this) – will raise again with blood sciences. Unclear whether this is a System One issue – happy to discuss further. <a href="mailto:richardpipes@nhs.net">richardpipes@nhs.net</a>
Results layout- would it be possible to group patient's results? This would make it easier to view	Not clear exactly what we are talking about here – happy to clarify and discuss further if contact is made. <a href="mailto:richardpipes@nhs.net">richardpipes@nhs.net</a>
Multiple reports for single result this makes it very confusing not clear if an amendment has been made	There are some issues with both the way the current lab system handles results output and the national specification for the PMIP messaging standard. <a href="mailto:richardpipes@nhs.net">richardpipes@nhs.net</a>
Some test can be difficult to find on ICE- is there a directory to know if these are on the system?	There is a search facility but if you can contact us with specific issues we can look at the problem tests <a href="mailto:richardpipes@nhs.net">richardpipes@nhs.net</a>
Too few charectters in text box for requests- e.g. if doing bloods and expecting	This is a limitation of the current pathology system rather than ICE – it can only hold a

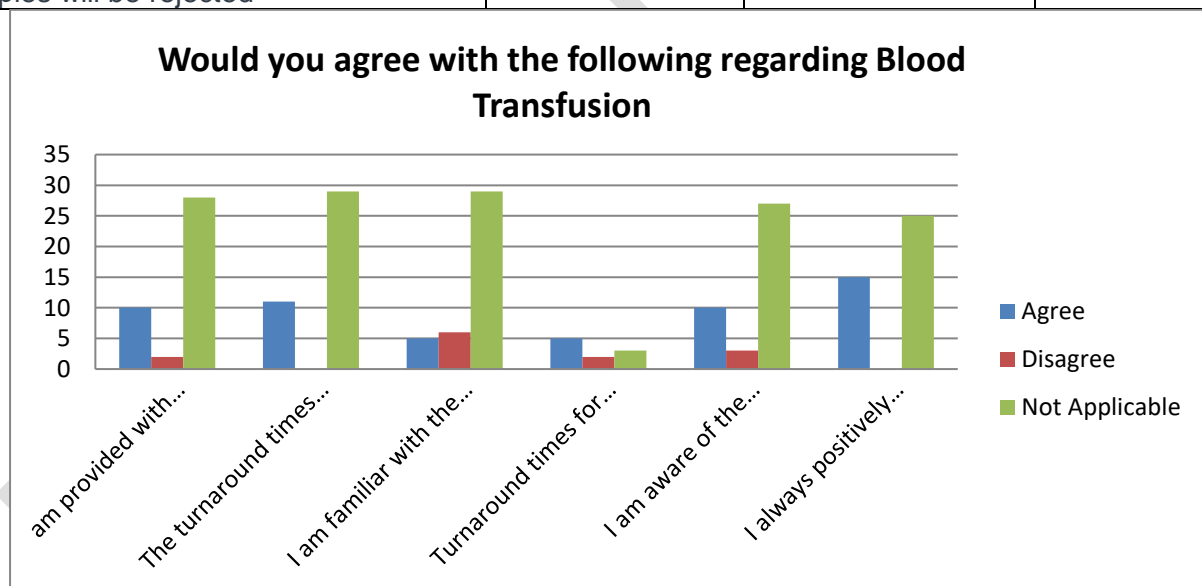
<p>abnormalities they may need action by out of hours doctor it is often useful to put more information e.g. if patient on dialysis                  Why do we get a separate TSH when we do TFTs- end up filing two results</p>	<p>limited number of characters in the clinical details field. A regional procurement exercise for a new system is ongoing.  <a href="mailto:richardpipes@nhs.net">richardpipes@nhs.net</a></p>
<p>The hyperlink to the handbook never works and it is hard to find therefore have never managed to access!</p>	<p>Link appears to work OK now from the main request page but please make contact if you have any problems. <a href="mailto:richardpipes@nhs.net">richardpipes@nhs.net</a></p>
<p>ICE- spelling mistake e.g. Tropinin</p>	<p>Appears resolved now.  <a href="mailto:richardpipes@nhs.net">richardpipes@nhs.net</a></p>
<p>Results form MSU- why a preliminary report that always comes with the fianl report? 2 results to file</p>	<p>Longstanding issue with micro reporting which has not been resolvable so far with the current system – regional procurement for replacement ongoing. Unclear whether this is a System One issue – happy to discuss further. <a href="mailto:richardpipes@nhs.net">richardpipes@nhs.net</a></p>
<p>Would like more space for clinical details. Lots of tests not available on ICE</p>	<p>1: Lab system has a 50 character limit for clinical details unfortunately – regional system procurement ongoing.                  2: Not all tests are available through ICE based upon individual laboratory policy, but we can raise any specific examples with clinical leads for clarification/review.  <a href="mailto:richardpipes@nhs.net">richardpipes@nhs.net</a></p>
<p>More tests on ICE as end up having to hand write forms</p>	<p>Not all tests are available through ICE based upon individual laboratory policy, but we can raise any specific examples with clinical leads for clarification/review.  <a href="mailto:richardpipes@nhs.net">richardpipes@nhs.net</a></p>
<p>Blood films- maybe a bit more as to why a blood film was considered and then not done as often an FBC would be abnormal and blood film report comesback as not needed or it mentions some issue with platelets but is this serious?</p>	<p>The modern analysers are sensitive and make a film when they get a flag for any abnormal looking cells. All those films are manually looked up by Biomedical scientists and comments made. So a completely normal FBC could still get a Blood film triggered by the analysers.                  At the same time not all abnormal FBC produce films. If the biomedical scientists who authorise the Blood results feel a blood film needs to be made , then they will make a blood film and there are specific guidance in the lab for producing a blood film. Any blood film comment has to be interpreted within the clinical context of the patient's condition and FBC result.</p>
<p>ICE- could the vaginal triple swabs be printed on one form? There are so many duplicate results e.g. TSH then TSH with T4,</p>	<p>1:Multiple forms are generated to support workflow through different parts of the microbiology lab but we will raise the</p>

<p>urine albumin AND urine creatinine AND unring/ creatinin ration! This means we have to delete lots of read codes to prevent duplicates. This takes lots of time. It also creates duplicates which creates a problem when displaying results on a general preactice IT system</p>	<p>question with them.                  2:Unfortunately the way messaging handles updated results is a hard coded aspect of the current system - regional procurement for new system ongoing. <a href="mailto:richardpipes@nhs.net">richardpipes@nhs.net</a></p>
<p>Can there be a code for DXA values?</p>	
<p>Why 10 tests maximum to be ordered on one form? Once saved into system o ne they go into random order.</p>	<p>1: Limitation of the laboratory system – 12 tests maximum per request, so 10 ICE requests allows for potential add-ons .                  2: Unclear whether this is a System One issue – happy to discuss further.  <a href="mailto:richardpipes@nhs.net">richardpipes@nhs.net</a></p>
<p>MSU results hard to follow when filled in system one</p>	<p>Unclear whether this is a System One issue – happy to discuss further.  <a href="mailto:richardpipes@nhs.net">richardpipes@nhs.net</a></p>

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**Question 5**

<b>blood transfusion service- acute users only</b>	Agree	Disagree	not applicable
am provided with satisfactory, relevant and up to date information	10	2	28
The turnaround times from the BT department meet my clinical needs	11		29
I am familiar with the CDDFT major haemorrhage protocol so that I can act promptly in an emergency	5	6	29
Turnaround times for major haemorrhage product provision have been satisfactory	5	2	3
I am aware of the requirements for completion of Blood Transfusion Request Forms and always complete mandatory areas fully	10	3	27
I always positively identify my patients and label samples before moving away from the patient and understand that incorrectly/ insufficiently labelled samples will be rejected	15	0	25

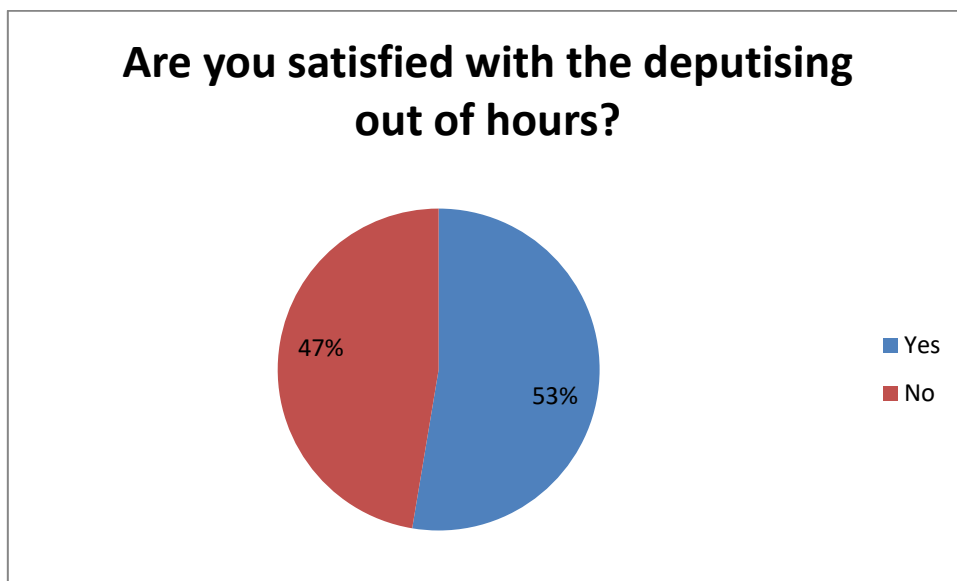


There was 1 comment received

Comment	Action/ Response
Sample bottles are very difficult to write details - samples sometimes rejected due to poor handwriting (I appreciate the reasons why but it is frustrating)	We fully appreciate the difficulty in writing patient details on sample bottles, a good tip is to use a fine tip marker pen, or ball pen, please don't use fountain pens as they easily smudge. The minimum details to be written on a sample bottle are Full name, DOB, NHS/HOSP no, date and time of collection and signature/initials of person who took the sample (see POL/Transfusion/0012 for further details).
Time to provide forms when stock order is placed takes too long- we have run out on many occasions	Any issues which affect the service due to issues with stock should be directed to the reception team leaders Emma Jackson UHND <a href="mailto:emma.jackson41@nhs.net">emma.jackson41@nhs.net</a> or Gillian Wake DMH <a href="mailto:gillian.wake1@nhs.net">gillian.wake1@nhs.net</a>

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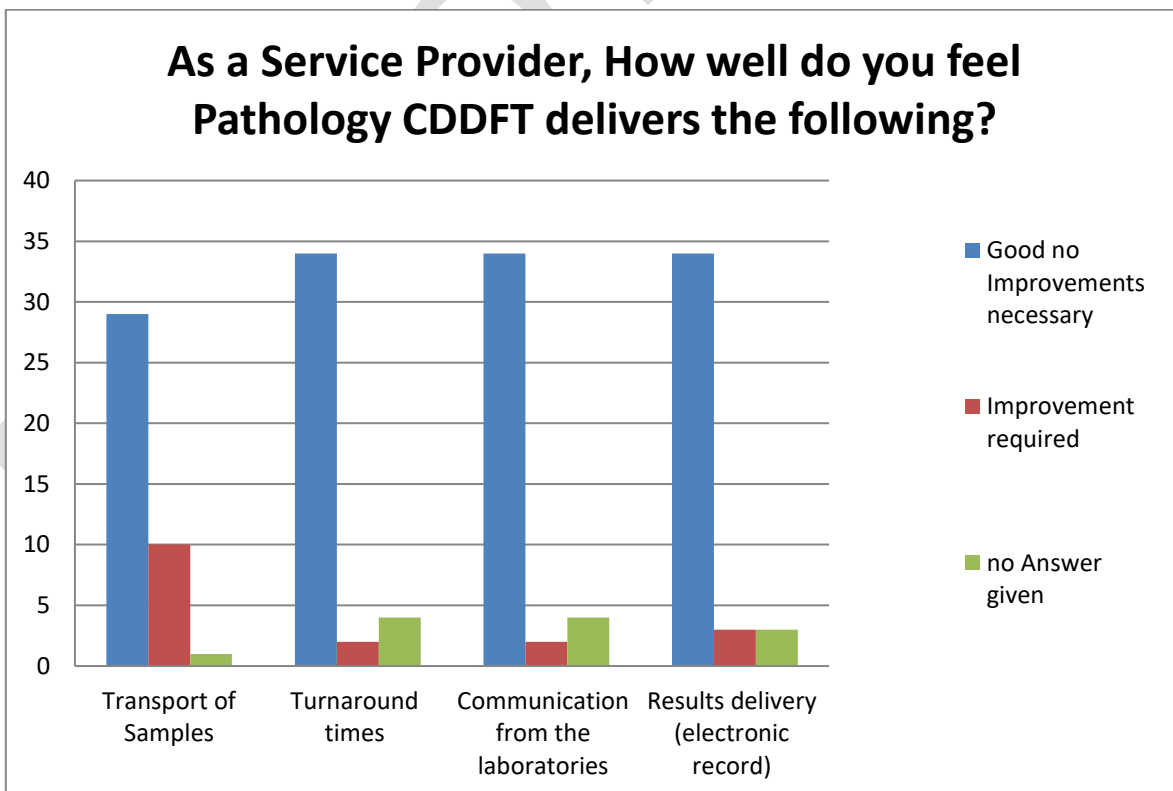
Question 6



Comments

No further comments were left for this question

Question 7



The question generated 12 comments:

Comment	Action/ Response
Drivers not always helpful.	The pathology department does not control the GP courier service this is handles through the CDDFT transport team. All enquires and complaints should be directed to the facilities manager <a href="mailto:william.thompson3@nhs.net">william.thompson3@nhs.net</a>
As previous - no problem with content of transport or drivers who are always flexible and accommodating - we just need x2 collections. We are unable to take samples in the afternoon due to this.	The pathology department does not control the GP courier service this is handles through the CDDFT transport team. All enquires and complaints should be directed to the facilities manager <a href="mailto:william.thompson3@nhs.net">william.thompson3@nhs.net</a> .  Pathology is currently working with the transport team to assess the need for change, please ensure the transport survey that has been sent out is returned in order for this project to be undertaken.
Our collection time is 3.30 which mean we are unable to take samples after this time which is inconvenient for our patients. Also it is difficult to know who to speak to if we need to change a collection due to PLT.	The pathology department does not control the GP courier service this is handles through the CDDFT transport team. All enquires and complaints should be directed to the facilities manager <a href="mailto:william.thompson3@nhs.net">william.thompson3@nhs.net</a>  Pathology is currently working with the transport team to assess the need for change, please ensure the transport survey that has been sent out is returned in order for this project to be undertaken.
all pretty good	Thanks you for the positive feedback, we will ensure this is passed to the relevant staff.
Some transport drivers not helpful and manner not very nice.	The pathology department does not control the GP courier service this is handles through the CDDFT transport team. All enquires and complaints should be directed to the facilities manager <a href="mailto:william.thompson3@nhs.net">william.thompson3@nhs.net</a>
Later collection times from surgeries- one pick up early in day isn't enough	The pathology department does not control the GP courier service this is handles through the CDDFT transport team. All enquires and complaints should be directed to the facilities manager <a href="mailto:william.thompson3@nhs.net">william.thompson3@nhs.net</a>  Pathology is currently working with the transport team to assess the need for change, please ensure the transport survey that has been sent out is returned in order for this project to be

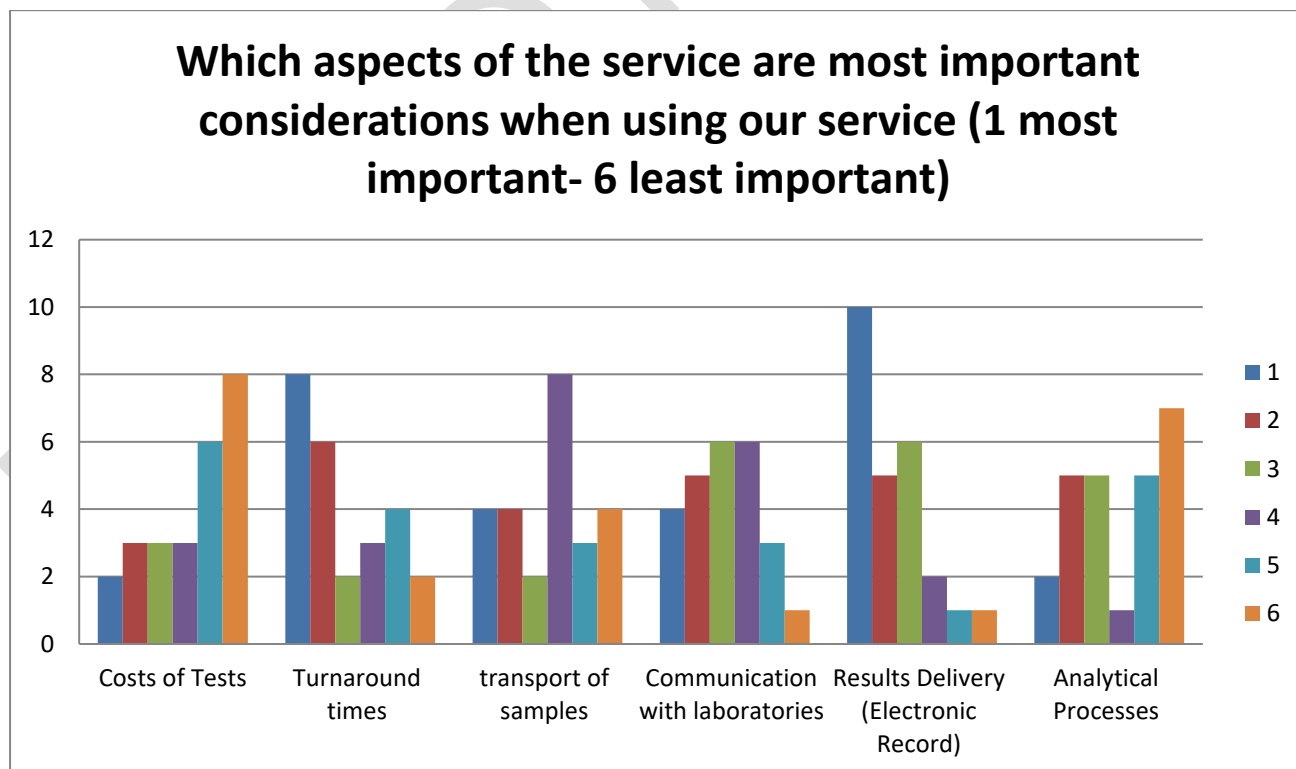
	undertaken.
Could really do with later collection times as our clinics now run later, staff have to then drive to hospitals to drop samples off or surgery pays for taxi at extra cost	<p>The pathology department does not control the GP courier service this is handles through the CDDFT transport team. All enquires and complaints should be directed to the facilities manager <a href="mailto:william.thompson3@nhs.net">william.thompson3@nhs.net</a></p> <p>Pathology is currently working with the transport team to assess the need for change, please ensure the transport survey that has been sent out is returned in order for this project to be undertaken.</p>
Sometimes the driver does not turn up to collect samples we are not informed why.	<p>The pathology department does not control the GP courier service this is handles through the CDDFT transport team. All enquires and complaints should be directed to the facilities manager <a href="mailto:william.thompson3@nhs.net">william.thompson3@nhs.net</a></p>
Only one collection per day- this is far too early for the clinics we now run, no option to change this has been offered	<p>The pathology department does not control the GP courier service this is handles through the CDDFT transport team. All enquires and complaints should be directed to the facilities manager <a href="mailto:william.thompson3@nhs.net">william.thompson3@nhs.net</a></p> <p>Pathology is currently working with the transport team to assess the need for change, please ensure the transport survey that has been sent out is returned in order for this project to be undertaken.</p>
Last collection from out surgery is 16.30 we have clinics till 20.00 can later pickups be arranged?	<p>The pathology department does not control the GP courier service this is handles through the CDDFT transport team. All enquires and complaints should be directed to the facilities manager <a href="mailto:william.thompson3@nhs.net">william.thompson3@nhs.net</a></p> <p>Pathology is currently working with the transport team to assess the need for change, please ensure the transport survey that has been sent out is returned in order for this project to be undertaken.</p>
Later pickup times in rural areas at present 2.45 which restricts ability for later patients to have samples taken	<p>The pathology department does not control the GP courier service this is handles through the CDDFT transport team. All enquires and complaints should be directed to the facilities manager <a href="mailto:william.thompson3@nhs.net">william.thompson3@nhs.net</a></p> <p>Pathology is currently working with the transport</p>



	<p>team to assess the need for change, please ensure the transport survey that has been sent out is returned in order for this project to be undertaken.</p>
<p>End of day pickup would be better than 15.45 as many acute bloods require UEs to be produced same day</p>	<p>The pathology department does not control the GP courier service this is handles through the CDDFT transport team. All enquires and complaints should be directed to the facilities manager <a href="mailto:william.thompson3@nhs.net">william.thompson3@nhs.net</a></p> <p>Pathology is currently working with the transport team to assess the need for change, please ensure the transport survey that has been sent out is returned in order for this project to be undertaken.</p>

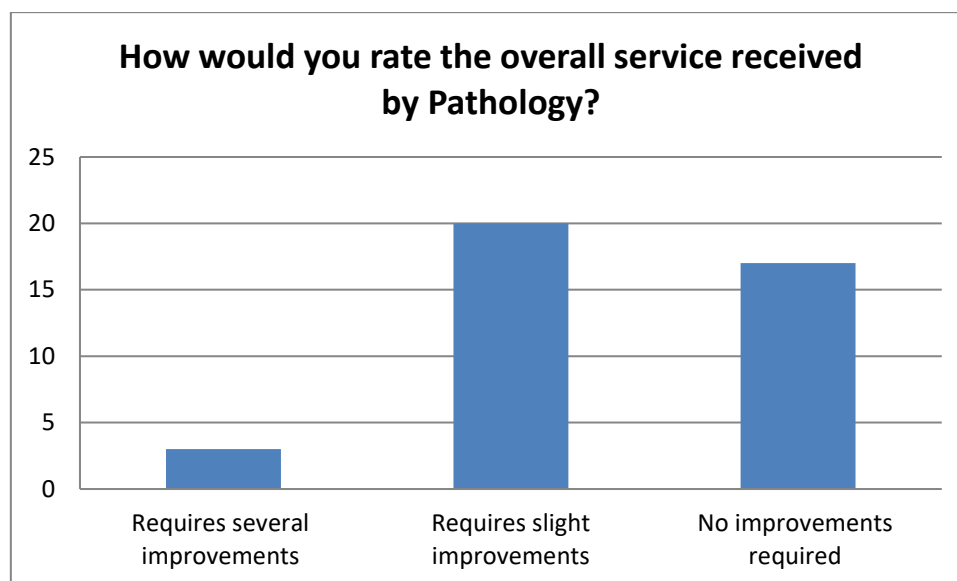
Overall tis questions raised concerns with the Pathology pickup times of sample collections form surgeries, this co-inside with face to face meetings that have been attended with practice managers and forms part of a project the quality manger Rebecca Sedman is overseeing.

**Question 8**



This question resulted in a varied response with most important aspects being result delivery and turnaround times, from other questions in this survey no issue has been raised with turnaround times but there have been a few issues raised regarding result reports which will be put to Pathology IT for comment.

### Question 9



Overall the service users have stipulated that they feel some slight changes are required and this is reflected in the comments that have been made, there are some users who do not feel there are changes or improvements that are needed. For the three respondents who stipulated several improvements were needed no comments were left to suggest how this could be carried out.

#### Comments:

- Generally excellent service but not infrequent incidences of samples not able to analyse “lab error” or “insufficient sample”.
- Zero tolerance of incorrect details on forms – do not agree with this process
- Have had a terrible time getting stock after a number of emails and phone calls we had to cancel patients while waiting for stock- not appropriate- patient care at risk
- Thanks a really good service overall

**Other feedback given**

**Specific Positive comments –**

- occasionally the hand book does not answer all of your questions but the lab staff are happy to help if needed
- I'd like to give good feedback. The team are always very helpful and always give good advice
- Always appear helpful when I ring for advice especially transfusion UHND
- From my experience, we have never had any problems with the team. They have always been very helpful and courteous.
- excellent and quick service
- Results are being turned round very quickly which is extremely helpful.
- Thanks a really good service overall

**Conclusions**

The feedback from the 2019 survey is overall positive though there is work to be undertaken to ensure the handbook is updated and that we can make this more user friendly and that we increase our visibility to the users.

In 2018 the laboratory hosted numerous laboratory tours and the Clinical Scientists visited some GP's surgeries to start Educational Seminars. More of these are planned for 2020 and feedback will be recorded as requested by ISO.

All action points will be added as non-conformities on Q-Pulse and the owners will be required to feedback the outcome of discussions regarding the points raised.

We are more than happy for users to contact us at any time to discuss any issues they may have with the service. Contact details are within the Pathology Handbook or contact us via the CDDFT switchboard.

**Action points**

Action point	Action	Named Person Responsible	Target Date
Handbook: <ul style="list-style-type: none"> <li>• Regular review</li> <li>• Make users aware</li> </ul>	Trust and GP communications notification of the handbook to be sent out at regular intervals to remind users of the handbook access  Hand book access / link in the pathology newsletter as a standing item.	Rebecca Sedman to send out communications notice  Rebecca Sedman to complete quarterly newsletter including this information	Complete- in all newsletters  Complete- in all newsletters

<p>Good Feedback</p>	<p>Staff to be informed of the positive comments we have received from the survey:</p> <ul style="list-style-type: none"> <li>• occasionally the hand book does not answer all of your questions but the lab staff are happy to help if needed</li> <li>• I'd like to give good feedback. The team are always very helpful and always give good advice</li> <li>• Always appear helpful when I ring for advice especially transfusion UHND</li> <li>• From my experience, we have never had any problems with the team. They have always been very helpful and courteous.</li> <li>• excellent and quick service</li> <li>• Results are being turned round very quickly which is extremely helpful.</li> <li>• Thanks a really good service overall</li> </ul>	<p>Joanne Lawson                  Sharon Campbell                  Jen Siddal</p> <p>Managers to ensure this is included on team brief</p>	<p>Dec 2020</p>