

Pathology Hospital User Survey 2025 - Response to Survey Comments

COMMENT	
Phlebotomy	Pathology Response
<p>very good, very helpful, very friendly, amazing asset to have</p> <p>recently the service is reduced and we can't always get access timely.</p> <p>Stamford which is too busy</p> <p>Short staffed often leave bloods not done</p> <p>Always willing to help, as long as things have been requested.</p> <p>Overall good service offered by the team, there seems to be a lot of short term cancellations.</p> <p>Potentially review service for better resilience and communicate to the nursing and clinicians if difficulties.</p> <p>Have new ways of working not been reviewed such as bedside labelling</p>	<p>Service reduction impacted due to recruitment delays. Currently reduction of 4.5WTE across all three sites seeing 7 posts not currently appointed into.</p> <p>Looking into potential Queuing system to support at Stamford.</p> <p>Need request forms in on time (by 7:30am) to ensure workload impact can be measured against staffing levels.</p> <p>A solution for 'bedside labelling' using ICE Order Comms is in development with pilots planned during 2026.</p>



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COMMENT	
Sample Transport Issues	Pathology Response
<p>Porters very helpful and always try to come as soon as available.</p> <p>A chute in SCBU would be helpful</p> <p>We send placental biopsies to CUH for genetic testing but have to take them to antenatal clinic where the specimens sit on a clipboard in the general reception area waiting for a courier to collect them. We believe that specimens are sent directly from the labs to CUH on a regular basis so have never understood why the samples cannot go to the lab here direct for onward safe carriage to CUH, negating the need for a separate courier pick up in Women & Children's department?</p> <p>the pod system is very good when it is working well.</p> <p>We have to go to the lab to collect the pods sometimes and this waste a lot of time.</p>	<p>Any requirements regarding additional POD stations or POD, will need to be discussed with the trust facilities team.</p> <p>Pathology are happy to support any transformational changes and improvements in sample processing. Please contact the pathology team on nwangliaft.pathology@nhs.net to discuss further</p> <p>When the POD system is down the pod contingency plan is put in place. This feedback will be communicated back to medirest/ Brookfield PCH. More pods can be requested directly from Multiplex.</p> <p>All pods are returned by pathology unless a problem occurs with the return station pods are also taken out of action when the Velcro is worn away as this causes pod tube errors. These are placed back into the system once fixed. Such issues should be raised via Datix and reporting to Progress Health/Medirest at PCH. This feedback will be communicated back.</p> <p>Communications are sent through the Division when the POD is down.</p>



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<p>The pod regularly breaks down. Also, we are not allowed to put histology pots in the pod so nursing time is lost carrying these to pathology reception.</p> <p>When the POD system is working it is fantastic, but always seems to be a shortfall in PODS, can there not be a review of the system to make sure additional PODS are added if required especially in high demand areas?</p> <p>POD downtime contingency as when the POD is down we have to bleep the pathology porter and it seems no additional portering staff are there to support the one porter?</p>	<p>Please ensure that a datix is completed for any 'lost' samples so that this can be investigated by HH pathology.</p> <p>Issues with portering please contact or complete a Datix for Progress Health/Medirect at PCH.</p>
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COMMENT	
Clinical advice	Pathology Response
<p>it is always difficult getting any clinical advice or result interpretation from pathology especially clinical chemistry as the laboratory teams never answer calls and when they do they seem to transfer to the main enquiries team who are not qualified to give any clinical interpretation. I</p>	<p>An updated call handling system is in development to improve access to the correct area of the service. Specifically regarding access to clinical advice, this can be accessed via switchboard who</p>



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have been given contact email for advice, but this is not helpful when needing urgent advice. Please can there be a better process for this at all?

Microbiology more difficult to get in contact with via telephone to chase or query result than transfusion and haematology
Last time the phone rang for a long time with no one answering it.

Microbiology advice helpful and practical but staff always very busy and so can be difficult to contact - an advice line for email discussion would be good

Haematology helpful although we tend to get specialist paediatric haematology opinion, blood transfusion excellent and always willing to support us on neonatal unit.

have the contact details for the covering clinician in Clinical Biochemistry.

Microbiology consultants are very busy and at times are covering both sites. As well as answering telephone queries from inside and outside the Trust, they have ward rounds, meetings etc. There are several ways in which they can be contacted:

- Direct phone calls - numbers are on the pathology handbook site.
- Emails – email addresses are on the pathology handbook site.
- Via switchboard
- Via bleep (PCH 4656, 1699, 1707, 1702)
- There is also the option to submit advice and guidance requests via the NHS e-referral system.

However, if they are very busy it may take a while for them to respond. The consultants also report that sometimes when they call back a missed call, the person is no longer there.

The consultants are looking to set up a generic email address for future use.



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Immunology	
Ongoing issues with not testing samples for paraprotein and serum free light chain and report come as tested 2 weeks ago .	If testing is required before 14 days please contact the Immunology laboratory. Please contact the service lead if amendments are needed for certain patient groups.

COMMENT	Pathology Response
Haematology	
If coagulation screen sample is insufficient for an urgent request, please make provision to inform clinical team Please get more staff for out of hours	Insufficient samples for Coagulation are automatically reported as insufficient by the analyser and LIMS so not seen by BMS, however BMS will be informed that is they do see any for Urgent requests they inform the requesting clinician.



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COMMENT	
Microbiology	Pathology Response
<p>Very difficult to get into contact with microbiologist.</p> <p>Microbiology would be my main issue - especially re transfer of samples and time taken to get a blood culture result as samples not plated out/ incubated immediately, or the fact that CSF samples are sent to PCH then back to Addenbrookes from Hinchingbrooke to test for viral PCR. This leads to a longer hospital stay and time on IV antibiotics or antiviral treatment.</p> <p>See earlier re sample transport. Dedicated email for nonurgent advice?</p>	<p>Microbiology consultants are very busy and at times are covering both sites. As well as answering telephone queries from inside and outside the Trust, they have ward rounds, meetings etc. There are several ways in which they can be contacted:</p> <ul style="list-style-type: none"> • Direct phone calls - numbers are on the pathology handbook site. • Emails – email addresses are on the pathology handbook site. • Via switchboard • Via bleep (PCH 4656, 1699, 1707, 1702) • There is also the option to submit advice and guidance requests via the NHS e-referral system. <p>However, if they are very busy it may take a while for them to respond. The consultants also report that sometimes when they call back a missed call, the person is no longer there.</p> <p>The consultants are looking to set up a generic email address for future use.</p> <p>Microbiology is currently exploring ways in which to provide an improved service for viral PCR testing in CSF samples for paediatrics. All options considered incur additional costs that require support from paediatrics, FISS and the Trust. Pathology is hoping to install a blood culture incubator at Hinchingbrooke to enable samples to be included there instead of being transported over to PCH. This will resolve that issue of delayed processing but is unlikely to happen until the next financial year.</p>



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	<p>Non-urgent advice should be submitted via the NHS e-referral system. Alternatively, consultant email addresses are available via the handbook site.</p>
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COMMENT	Pathology Response
<p>Cellular Pathology</p> <p>We use a lot of histology buckets but sadly the lids that are supplied are often poorly fitting or not fitting at all leading to the potential for formalin leakages etc. If checking of the supplies before they come to the ward areas could be addressed for suitability, then that should help the issue.</p> <p>need improvement in time scale for updating HODS reports to web Ice</p> <p>Quicker turn arounds ep reports from CUH samples</p>	<p>We renew stock as and when we feel we need to, usually annually. Historically we have had multiple suppliers and unfortunately not all lids and buckets match. We try and ensure the correct buckets and lids are sent. We notice that not all buckets sent out are returned to us, is it possible that they are being used for other things and so lids stored within local departments are getting mis-matched?</p> <p>Comments related to CUH have been sent on.</p>



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COMMENT	Pathology Response
<p>General</p> <p>It is sometimes very difficult to get the results and no one seems to answer the phone calls to the reception</p> <p>I think the pathology department is one of the unsung heroes of the hospital. Without your excellent service, we could not provide safe care to our patients. Thank you for all you do.</p> <p>No one seems to know about this consumables that you provide provides Can this now be made electronic instead of having to use paper requests?</p> <p>Can we please have FIT sample tubes and 24 hour urine collection bottles, in outpatients, so they are readily available to patients.</p> <p>Having to order them in advance can be annoying as we currently don't have a housekeeper to keep on top of this. As we work shifts the email is sent to us saying it is ready but we are no longer at work</p> <p>Sometimes the machine breaks down but no one informs us.</p> <p>Sometimes a result can take up to 4 hours. They will say they have not received it but later state</p>	<p>A solution for 'bedside labelling' using ICE Order Comms is in development with pilots planned during 2026.</p> <p>FIT tubes and 24-hour bottles are available through the stock ordering forms. The process for ordering is using the stock order form this can be placed in advance or on day of collection. We will look into an electronic solution with alerts to update.</p>



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they have found the sample and are now going to process it which may be more than 2 hours after it has been sent to the lab.

Sometimes the information in hand book has not been completely clear and I have had to telephone for advice (re performing phlebotomy/ bottle selection)

More information on website to help clinicians, such as pathways or further investigations for tests etc

is that when the ICE request form specifies which bottles are required..It is not strictly accurate because it doesn't give the extra info on special tests. Eg needs to be on ICE, separate bottle, heat box etc. Therefore nursing time is lost looking up every test if the nurse doesn't perform phlebotomy very regularly and doesn't know every single test off by heart. PLEASE can we get the ICE computer system updated to include these special test requirements being added to the bottles required section. We regularly see human errors due to the nurse performing venepuncture being unaware that it is a special test. Thank you

I really need easy access to acylcarnitines and Pompe tests. Other hospitals do not require clinicans to do a blood spot for this and can utilise a bottle

If any error in samples limiting provision of an urgent report, please inform the clinical team . eg 24 hr urine creatinine clearance has not been reported on few occasions.

Can ICE be updated to state on the request form to clearly indicate when the test is special and the phlebotomy team need to handle with care?

Pathology Samples are received in the laboratory throughout the day. These are processed as routine or urgents. There can be delay in receiving samples through the POD system especially when there is increased downtime.

The hand book is regularly reviewed. If you have any queries please contact email nwangliaft.pathology@nhs.net with any changes or suggestions on what you like to see on the website.

The hand book is regularly reviewed. If you have any queries please contact us via email.

Information on ICE request forms regarding sample requirements is restricted by field length, so cannot currently include additional information (such as handling requirements). An upgrade of ICE Order Comms is planned for 2026 and the upgraded version includes additional rule functions which will allow us to



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The searchability of ICE for results is very poor. For example, I can request TMPT levels, but when I search results, a search for TPMT yields nothing. It then comes under thiopurine metabolites. Or there are different names for the same test, eg creatine kinase or CPK. Essentially very hard to find specific results

Since the CUH results have been mixed in with all of NWAFT results it has impacted on reviewing cumulative data. Can the results which are from Addenbrookes not be placed in a separate section as it is huge impact having to complete tasks manually? When is bedside labelling be evaluated on introduced in the trust? Could there be a better process for chemistry and haematology add ons, having to make requests on ICE, which then stay outstanding does not seem an efficient process, especially as it confuses some of the team and as a result they end up repeating the test again?

alert users to requirements during sample collection.

Sample requirements (e.g. blood spot for acylcarnitines) are based on the requirements from the regional specialist testing centres for the tests mentioned.

In the example of creatinine clearance, if a blood sample has not been received then the laboratory would routinely contact the requesting location/clinical team.

Information on ICE request forms regarding sample requirements is restricted by field length, so cannot currently include additional information (such as handling requirements). An upgrade of ICE Order Comms is planned for 2026 and the upgraded version includes additional rule functions which will allow us to alert users to requirements during sample collection.

Unfortunately, this is not something that is configurable, but a function of having a combination of results from historic laboratory systems, those from the current NWAFT laboratory system (WinPath Enterprise) and those from external systems (reports from the



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	<p>'Beaker/EPIC' laboratory system). The test names can vary between systems.</p> <p>Reports from CUH are marked with a 'CUH' suffix to discern them from NWAFT reports. There are patient safety risks and benefits to separating the CUH results into separate sections, any changes would need to be requested via the Informatics team and be subject to a clinical safety review.</p> <p>Regarding add-ons, a written record of the request is required. As such this can be achieved by sending an additional request form or by email. Verbal requests are not sufficient. We would be happy to discuss further.</p> <p>A solution for 'bedside labelling' using ICE Order Comms is in development with pilots planned during 2026.</p>
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