

# Lab Tests Online - UK

## Business Plan 2017- 2019

### 1. Executive Summary

#### a) Description

Launched in 2003, the UK version of Lab Tests Online (labtestsonline.org.uk (LTO-UK)) seeks to ***improve the health of patients by increasing their understanding of laboratory tests***. In 2013 the LTO-UK mobile App was launched and is offered free at the point of download. The site and App are based on the US model (labtestsonline.org) who control the license for design and functionality worldwide. This aside, LTO-UK is run and managed by an entirely UK based board of unpaid volunteers from the laboratory and medical professions who co-ordinate the editorial, technical and marketing of the site via bi-annual meetings, conference calls and on-going email contact. They are supported in this by a part time administrator.

The LTO-UK business strategy is ***to maintain the commercial independence of LTO-UK and the highest editorial standards to ensure the site is first choice of patients and patient advocates looking for knowledge about their lab tests across the UK.***

#### b) Audience and marketing

The site is used by both patients and health care practitioners. However, the board are committed to keeping patients as the primary audience for the site. They understand that now, more than ever before, patients want a greater understanding of their medical care and records and increasingly have access to them via digital means. A central component of the work of the board is in establishing links with digital information holders, primarily GP systems which act as the gatekeeper to individual records. There is a greater focus than in previous years on involving patients more directly with the site and this is reflected in research plans and editorial recruitment policies.

#### Champions

The recruitment of advocates from patient groups and the medical professions to promote LTO-UK within their own networks is at the heart of the LTO-UK marketing strategy. It takes place at conferences as well as via the boards own networks and via website enquiries. The marketing team support this activity by providing promotional literature and ongoing engagement with the LTO-UK Champions. As volunteers they are restricted in their activity by time and are currently seeking to increase volunteer support within the marketing function.

**c) Editorial standards**

The board maintain rigorous editorial standards to ensure that LTO-UK remains best in class, despite increasing numbers of competitor offerings. As with the board, all the editors are unpaid and ensuring that they remain motivated and are not overworked remains an ongoing concern. In 2017 there is a particular focus on recruiting GP's and patient editors to make sure that the site remains relevant and accessible to the patients for whom it is designed.

**d) Finance**

Whilst the UK site was established with the aid of a grant from the Health Foundation and was financially supported by the Department of Health (DoH) ongoing funding for has come from the Association of Clinical Biochemistry and Laboratory Medicine (ACB), The Royal College of Pathologists (RCPATH) and the Institute of Biomedical Science (IBMS). LTO-UK is efficiently run on a very streamlined budget but costs are rising. Ensuring sustained, ongoing funding for the site continues to be one of the key challenges faced by the LTO-UK board.

**e) Reporting and analysis**

Since 2014 the board have used a range of measures and set targets by which to assess the success of activity in all areas of their work. These are reviewed regularly and reported to stakeholders via the Annual Report and in ongoing funding applications.

**f) Conclusion**

2017- 2019 will continue to be a challenging time for the LTO-UK board who are all unpaid volunteers. Establishing a source of continued funding is a necessary distraction from their work in maintaining and promoting the site. By setting and maintaining standards, restating their mission and focusing their marketing efforts the board have created the building blocks of success. They seek ongoing funding to ensure that this work continues and that LTO-UK remains the primary choice for patients and patient advocates looking for knowledge about their laboratory tests across the UK.

## **2. Lab Tests Online - UK**

### **a) Origins**

The UK version of Lab Tests Online (<http://www.labtestsonline.org.uk>) was launched in 2003 by the Association for Clinical Biochemistry and Laboratory Medicine (Then known as the Association for Clinical Biochemistry and referred to within this document as the ACB). They were joined as stakeholders by the Royal College of Pathologists (RCPATH) in 2007 and the Institute of Biomedical Science (IBMS) in 2012.

The objective of Lab Tests Online UK (LTO-UK) is to demystify laboratory testing, providing clear, easy to understand information to the public about laboratory tests. It contains information on specific laboratory tests, relevant news items, information about laboratory testing in the UK and information on diseases and conditions. The LTO-UK mission statement is straightforward **'To improve the health of patients by increasing their understanding of laboratory tests'**. In 2013 LTO-UK launched a downloadable mobile App with the aim of extending public access further.

### **b) Design and Management**

The design, structure and features of the site are shared with the originator of the Lab Tests Online model, the US site (<http://labtestsonline.org>). The content of the UK site is written and edited by UK based laboratory doctors and scientists. It is managed by a UK based board and targeted at the UK public. Other Lab Tests Online sites are available across the world based on the US model. The LTO-UK board maintain close links with the US and Australian sites, both in terms of information sharing and certain developmental costs. Where relevant, some UK editorial content is shared with other European sites.

### **c) Launch, Funding and Marketing**

The initial costs of launch were covered by grants from The Health Foundation. These totalled £99,349 between 2002 and 2005. This covered the technical costs of set up and a large print run of posters and leaflets sent to GP surgeries at launch in 2004. The ongoing costs of the site have been met by generous donations from the ACB, the IBMS and the RCPATH. Over the past three years they have each donated £30,000.

Between 2004 and 2013, marketing the site continued largely via word of mouth through informal networking and PR activity with the professional societies supporting the venture. In 2013 the launch of the LTO-UK mobile App provided an opportunity to review past marketing efforts in light of the business objective. The LTO-UK board refocused marketing activities to concentrate on reaching as many patient influencers (medical professionals and expert patients) as possible. With this in mind they developed annual marketing plans and with this a more formal approach to marketing planning.

#### **d) Audience and Research**

In 2016 there were 3,064,649 visits to LTO-UK: of these 2,319,452 were unique. There is on-going audience research for LTO-UK. A survey running on the site shows the following approximate breakdown of users: 9% healthcare professionals; 63% patients; and 28% unclassified. There are approximately 363 App downloads a month. There is currently no information available on the demographics of the App users, however, anecdotally it appears that the mobile App is popular amongst GP's and frontline clinical staff such as junior doctors. The number of active users has been relatively stable since monitoring started at the beginning of 2016 at around 500/week.

A survey of the LTO-UK website was undertaken in 2014 and was published in the Annals of Clinical Biochemistry<sup>1</sup>. The survey provided invaluable data about the demographics of visitors, their opinions about the website and what they use it for. Of the respondents 59.8% were patients, carers and non-healthcare professionals. Overall the feedback was very positive with 89% of respondents finding what they were looking for on the website, 83% of respondents found there was the right amount of information available, 74% found the site extremely useful and 78% found the articles and information easy to understand. Feedback from the survey has been taken on by the LTO-UK board to make improvements to the website.

One of the fundamental tenets of LTO-UK is its patient-centred approach. With this in mind the focus of research in 2017 will be on understanding patient users to ensure the content continues to remain accessible and relevant to patients. LTO-UK Board Member and Chair of The National Association of Patient Participation (N.A.P.P.) Patricia Wilkie and LTO-UK Marketing and Promotion Lead, Rebecca, will run a qualitative survey via the N.A.P.P. e-bulletin. It is anticipated that this project will be completed by August 2017 and the results will help inform future marketing and editorial strategies.

#### **e) On-going Costs and Funding**

The Lab Tests Online model is now used across a number of countries with developmental costs being shared amongst the sites on the US platform. Total annual costs to the UK site vary depending on the nature of upgrades required. In 2013 they were \$4,655, in 2014 \$6,614, in 2015 \$7,456 and in 2016 \$6,500. LTO-UK will pay an annual licence and technology fees of \$6,500 in 2017 with a cap of 5% on fee increases for 2018 and 2019.

The LTO-UK mobile App is currently free of charge to the recipient, at a cost of (\$0.50<sup>2</sup>) per download to LTO-UK. The downloads were bought as a licence in an initial bundle of 10,000 and additional copies are purchased in bundles of 5,000. An additional 5,000 App downloads were purchased for \$2,500 in both May 2014 and May 2016<sup>3</sup>. An additional 5,000 App downloads will be purchased in quarter two of 2017. Periodically App upgrade costs

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<sup>1</sup>Annals of Clinical Biochemistry, Vol 53, Issue 6, November 2016

<sup>2</sup> Note: figures are presented in \$ as this is how they are charged to LTO-UK. A £sterling equivalent is used in budget projections in section 6: Financial plan

<sup>3</sup> As of 31<sup>st</sup> December 2016 the total number of App downloads was 18,625: 12,543 being Apple, 6,082 Android

are incurred; in 2014 this was \$3200. These are not regular but it is assumed that approximately £3,000 in any three year period should be allowed for such costs.

The App was introduced to widen access and exposure for the site. Whilst this objective continues to be important the board are considering introducing a (nominal) charge for the App to cover costs. They are aware that this may have a negative impact on download figures. Although the overall aim of activity is to widen access to the site via increased links from GP systems and online portals such as NHS choices, App downloads remain a priority and a particular focus will be the inclusion of the LTO-UK App in to the NHS App library, which is due to re-launch in 2017<sup>4</sup>.

LTO-UK is non-commercial and to maintain the integrity of the site it does not seek direct funding from commercial bodies. It is run in a highly streamlined manner and almost entirely staffed by dedicated volunteers. It represents fantastic value for money; however, the board are aware of the increasing financial demands of all its existing supporters and the need to look for additional funding elsewhere to supplement this. Not only to ensure the future of the site but to fund future development projects and campaigns to reach particular patient groups.

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<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf> Pg 64-65

### **3. Management Team & Operation**

#### **a) LTO-UK Board**

The LTO-UK site is managed by a UK based board of unpaid volunteers currently comprising nine members. The board is a sub-committee of the Publications Committee of the ACB and its role is to develop, manage and publicise the LTO-UK project under the overall direction of the ACB Director of Publications and Communications. He/she is ultimately responsible to the Council of the ACB.

The board members are as follows:

Chair:	Dr Danielle Freedman
Treasurer:	Dr William Marshall (representing ACB)
Managing Editor:	Dr Sally Stock
Technical Lead:	Stuart Jones
Marketing and Promotion:	Rebecca Powney
Patient Liaison:	Prof Jonathan Kay
Patient Advocate:	Dr Patricia Wilkie OBE
IBMS Representative:	Nick Kirk
RCPATH Representative	Dr Tom Butler

The Board Chairman is appointed by the ACB Director of Publications and Communications and subject to the approval of the ACB Council. Other board members are recruited by the Chairman. Members are initially appointed for a three-year term which may be extended year on year by the ACB Director of Publications where appropriate. Board members must be in non-commercial roles.

*Brief job descriptions are available as Appendix A*

An editorial and marketing team sits under the management board. The editorial team and managing editor are responsible for the website content. The marketing team are responsible for executing the marketing plans agreed by the board.

Both the board, editorial team and marketing team are volunteers, many of them fitting in LTO-UK duties in addition to full time employment. They are supported in this by part time administrative help, Dragana Landup-Horgan, who is employed by the ACB but works from home. Dragana's role includes maintaining and amending the LTO-UK website as well as liaising with the ACB office, LTO-UK board members and editorial teams.

The LTO-UK board meets formally twice yearly at the ACB office to discuss future strategy. This is supplemented with regular conference calls and email updates.

#### **b) Editorial**

The LTO-UK board is responsible for appointing the editorial group.

Editors are recruited via peer to peer contact, advertising in the RCPATH bulletin and emails via specialist registrar email distribution lists. There is no fixed length of tenure and many of the editors have been working with LTO-UK for several years. The managing editor is charged with ensuring there are no knowledge gaps in particular specialist areas and will recruit to fill these as and when required. It is preferred that clinical scientist and chemical pathologist editors have passed at least the part 1 examinations for the fellowship of the RCPATH and are a mixture of medically and scientifically trained individuals. LTO-UK also have editors who are senior members of the IBMS, and who are practicing as biomedical scientists.

During the last three years, we have worked hard to recruit additional members of the editorial team, in order to spread workload, achieve the objectives set out in the last business plan and ultimately ensure we represent all fields of laboratory medicine. Between 2014-2016 we recruited 34 new editors, a large recruitment drive in 2016 resulted in 21 new editors joining us. This was as a result of advertising in the Royal College of Pathologists bulletin and in the IBMS gazette. We also targeted recently retired member of the ACB. It was with regret that during 2014-2016 we had 6 editors resign. Several of these were from the fields of microbiology and virology, so we will need to work hard to ensure these gaps are filled. At the end of 2016, we have 63 editors working on behalf of LTO, some contribute regularly, and others on a more ad hoc basis, as determined by the needs of the website, and availability of the editors.

Editorial priorities for 2017-2019 are to approach GP colleagues via the Royal College of General Practitioners (RCGP) to ensure they are properly represented amongst the editorial group, and also to add to the pool of available genetic, microbiology and virology editors. In addition LTO-UK will be working with patient groups via NAPP to recruit patient reviewing editors to ensure that website pages are fit for purpose and meet the needs and requirements of patients, the primary audience.

#### **c) Technical**

The ACB has a licence to use, copy and modify the technology and content of the US Web Site for the purpose of making it available to the end users of the UK Website.

The technology on the LTO-UK site includes:

- Rackspace Hosting
- Quinn Interactive: SilverStripe CMS and Sphinx (site search engine)

- Edge Network Innovations (database tool)

Lab Tests Online complies with the HON code.

In June 2013 LTO-UK launched mobile apps on both iOS (Apple) and Android (Google) platforms. The apps replicate content from the live site and store this to the users mobile device allowing access at any time.

*Appendix C provides App download and website visit data for 2016*

The US team are in the process of redesigning the LTO website entirely to ensure it still remains relevant and fit for purpose. Anticipated timings for this website redesign are as follows:

- Configuration development Nov 2016 – June 2017;
- Content migration from May 2017
- Testing from Jul-Oct 2017
- Training from Oct-Nov 2017
- Deployment Nov 2017

The redesign will involve moving the site to 'Responsive Design' format, similar to that used by LTO-AU, which provides greater accessibility, particularly for users of mobile technology and tablets and is therefore anticipated to have a positive impact on visitor numbers and user experience. The redesign will require an update of the marketing materials which feature images of the site.

All decisions about the technology are made by the American Association of Clinical Chemistry (AACC) but there are two global editors' meetings annually at which editorial developments are discussed. The LTO-UK board aim to have a presence at these meetings when budget allows. The 2017 meeting in Athens, Greece will not have LTO-UK representation but they intend to take part in key discussions via conference call.

#### **d) Marketing and promotion**

The LTO-UK board member representing the marketing and promotion function is supported by the marketing and promotion team comprising:

Marketing and Promotion Team Lead	Rebecca Powney
Champion Manager	Rebecca Powney
LTO-UK Social Media account manager	Dr Iain Woodrow
LTO-UK Patient Group Liaison manager	Dr Chris Duff



LTO-UK Primary Care Liaison manager

Dr Adrian Miller

*Brief job descriptions are available as part of Appendix A*

This group meet quarterly to plan and execute the marketing and promotion strategy.

Work is on-going to recruit individuals with specific responsibility for additional roles including Newsletter editor and Champion recruiter, in order to improve the ability of the LTO-UK board to reach a larger audience and effectively promote its benefits. Specific targets for each will be set as and when they are recruited.

## **4. Market & Competition**

### **a) Summary**

When LTO-UK sent out their first packs in 2004, the site was a unique resource for the UK public but it has since been joined by other sites offering detailed test information to patients. Most notable of these is patient.co.uk, which has links to the GP system EMIS. However, the market is still relatively open and the introduction of the national NHS England initiative, Patient Online, and the increasing access of patients to their digital records represents a crucial opportunity for LTO-UK to forge links with GP Systems and extend their reach to patients and patient groups.

The following analysis sets out an assessment of the current situation, identifying key opportunities and threats for the LTO-UK Board:

### **b) Strengths of LTO-UK**

- Free (to customer) website with access to all content
- Independent of commercial influence providing unbiased, technically strong, patient directed information.
- Quality of content.
- Free (to customer) LTO-UK mobile App for Android and Apple.
- Direct links from NHS.uk (NHS choices) to LTO-UK site.
- Integrated links built into the result access portal of the GP system SystmOne which covers approximately 25% of GP surgeries and links with INPS (Vision) under development. Integrated links with a number of other third party systems, including; HealthFabric, iSOFT (OMNI lab), NHS Choices, Micro Test, DrDoctor, UCLH OCS, Paers (iPatient), Welsh Specialist Virology Unit.
- Enthusiasm and drive of board members, editorial and marketing team.
- On-going development and tracking of long term business strategies, targets and goals for the board provides increased sense of professionalism and long term commitment of parties to the project.
- Huge potential of high level contacts in medical/laboratory profession and influential patient groups to be recruited as advocates for LTO-UK.
- Strong board links with the National Association for Patient Participation (NAPP) provide LTO-UK with a large network of engaged patient groups through whom the site can be promoted.
- New relationships with the British Society of Haematology (BSH) and strengthening links with RCPATH through involvement with National Pathology Week (November 2017) demonstrate the success of relationship building strategies and provide opportunities to promote LTO-UK to a wider audience in 2017.
- Whilst the LTO-UK board wish to remain independent of commercial sponsorship to maintain the editorial integrity of the site they accept the potential need for strategic project related partnerships to extend the reach and impact of the site. This approach is reflected in their business planning for 2017 and beyond.

- Recruitment of Editors is reaching beyond subject specialists to GP's who enjoy a more direct understanding of patient needs and will thus help maintain the relevance of the site.

#### **c) Weaknesses of LTO-UK**

- Almost entirely reliant on the goodwill of volunteers, with multiple demands on their time. This is true of both the board and editorial teams, who are striving to maintain the quality of the product but struggle for sufficient administrative support.
- The board comprise NHS professionals and patient experts not technical, business or marketing specialists.
- The constraints of the LTO global brand, centrally managed from the US mean the LTO-UK board are restricted in areas of website design and functionality. This could make it more difficult to capitalise on UK specific opportunities for development.
- No long term established on-going financial support. There is a pressing need to demonstrate the value of LTO-UK to membership bodies, the Department of Health and NHS England and other potential funding bodies before it gets overtaken by commercial competitors with inferior products and much larger budgets.
- Ongoing costs of mobile App downloads and updates to system which are largely out of the control of LTO-UK board.
- Majority of website visitors are from England (87%) with Scottish and Welsh visitors at 6.5% and 3.5% respectively. Whilst this may be a reflection of relative populations in each area there is a sense that LTO-UK has an English bias.
- LTO-UK Editorial team do not currently have patient representation. This is needed to ensure the site stays relevant to its primary audience.

#### **d) Opportunities for LTO-UK**

- The introduction of Patient Online by NHS England in 2015 gave patients in England electronic access to GP records as part of the general government encouragement for patients to take more responsibility for and interest in their own health. Changing governmental priorities has meant that the roll out of this has slowed but it remains an opportunity for LTO-UK to reach patients at the point when understanding their Lab Test is most relevant.
- Over the next two years the NHS will make significant steps towards supporting people in managing their own health (Harnessing technology and Innovation, NHS England, <https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/harnessing-technology-and-innovation/>). This is an opportunity for LTO-UK to promote its online resources as an important part of patients' active involvement in their own care and be the go-to choice for government and national strategies such as this.
- On-going discussions with EMIS (covers 50% of surgeries) suggests some potential for integrating content from the LTO-UK site with the system.
- The redesign of the LTO website will have a positive impact on the UK site. The redesign will involve moving the site to 'Responsive Design' format, similar to that used by LTO-AU, which provides greater accessibility, particularly for users of mobile technology and tablets.

**e) Threats to LTO-UK**

- Tightening budgets of government, NHS and professional bodies coupled with a general increased requirement for transparency and accountability could make it hard for the board to raise funds at a time when marketing LTO-UK to patient groups and GP's is essential to establish its position in the market.
- The window of opportunity for LTO-UK is limited if they are to be involved in the grassroots of Patient Online.
- Vulnerable to amendments in Google algorithms, these previously caused significant decrease in LTO-UK website traffic. This is out of the control of the LTO-UK board.
- On-going threats from similar, competitor sites such as patient.co.uk within search rankings.

**f) Conclusion**

2017-2019 Is therefore a crucial period in the development and promotion of LTO-UK. Firm links made with GP's and GP systems as they are being developed will help ensure increased awareness and repeat visits to LTO-UK. Ensuring a patient centric approach is central to editorial policy so that those who benefit are the patients for whom the site was conceived. However sufficient ongoing funding is essential for the board to respond to increasing pressures and continue to recruit committed editors, marketing support and board members to achieve this goal.

## **5. Business Strategy**

### **a) Summary**

Independence from commercial sources and strong editorial content have been central to the philosophy and operation of LTO-UK since its inception in 2004. The board wish to retain these values by further recruitment to the editorial team, whilst concentrating their marketing resources on promoting LTO-UK as 'best in class' to patient groups and patients both directly and via healthcare professional influencers.

Their business strategy statement is therefore as follows:

*To maintain the commercial independence of LTO-UK and the highest editorial standards to ensure the site is first choice of patients and patient advocates looking for knowledge about laboratory tests across the UK.*

### **b) Commercial independence**

As has been previously stated, LTO-UK is currently funded by support from the ACB, IBMS and RCPATH. The LTO-UK board will continue to seek funding and support from these sources to maintain the reputation for commercial independence of the site. However the board accepts the need to seek additional funds from public bodies, charities and semi-commercial groups to support existing and new activities. Sponsorship for specific projects such as targeting a key patient group or running a stand at a conference will not be rejected and the board have created a stream of activity to pursue such opportunities. It is accepted however that, as a group of unpaid volunteers the time they have available to do this is limited. The ultimate goal therefore is to raise sufficient additional resource to fund a (part time) post responsible for identifying and chasing funding opportunities.

New collaborations, such as that with the BSH are a good example of this. They are providing LTO-UK with a free conference stand at their meeting in Brighton on 27-29<sup>th</sup> March 2017. This represents a big opportunity to promote LTO-UK amongst a new audience of patient influencers, recruit LTO-UK Champions and editors and demonstrates the impact of the effort of the board to capitalise on their informal networks<sup>5</sup>.

The board will provide ongoing information on activities, expenditure and results in the form of annual reports and via the ACB, IBMS and RCPATH representatives on the board. Funding applications will be collated with reference to this business plan as well as relevant research and the annual reports that the board produce.

A summary of current estimated annual expenditure against income for 2017 -2019 is provided by table A in the financial plan (section 6)

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<sup>5</sup> The package includes a Shell scheme space for the three days of the conference, acknowledgement on the BSH 2017 Annual Scientific Meeting website and event app and is worth £5000 + VAT

### **c) Editorial standards - seeking best in class**

LTO-UK's editorial superiority is what sets it apart from commercial sites. The LTO-UK board will continue to focus on maintaining the highest standards for its editorial content.

Editorial standards are set by the AACC who have supplied detailed guidelines for editors worldwide. Newly recruited editors are supplied with an introduction pack containing copies of these together with details on specific requirements for the UK site. In addition all pages are edited by the Managing Editor to ensure consistency in style and format.

All editors are required to have passed at least the Part 1 FRCPATH examination or to hold qualification at a similar level from an equivalent institution<sup>6</sup> and they should be HCPC<sup>7</sup> registered. Whilst the editors do not undergo any formal ongoing training, it is required that even if retired, they maintain their CPD for both HCPC and Royal Colleges. If they are biomedical scientists then an IBMS registration is required. All Medical Practitioners must be GMC registered. All these measures are in place to ensure editors have a continuing interest in and up to date knowledge of their subject area.

Editors will be recruited as and when gaps in the existing editorial panel appear. As the process of recruitment and retention is heavily reliant on the goodwill of the individuals involved, it is crucial to ensure that they are not overwhelmed with work and put off from continued involvement with LTO-UK.

The editorial team work to targets to ensure that site content is current. Targets are as follows:

- every page reviewed within 3 years<sup>8</sup>.
- 8-10 articles are reviewed or created new per month.

The board are not currently seeking industry awards as an official endorsement of the quality of content. However, UK articles are frequently used as a model for other sites, an unofficial but significant stamp of approval.

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<sup>6</sup>e.g Royal College of General Practitioner's, Royal College of Physicians (London)

<sup>7</sup> Health and Care Professions Council

<sup>8</sup> Currently approx every 3-5 years

**d) First choice for patients, advocates and healthcare professionals**

**i. Advocate networks**

In addition to formal marketing activities in 2017 (detailed below (iv)) the LTO-UK board use their individual relationships to forge links with influential groups and individuals who could help with promotion of the site. They have created a database of doctors, patients, patient groups and other relevant parties with whom they engage on an individual basis. Key contacts are established by individual board members and shared with the board at relevant meetings. The informal database exists as a spreadsheet maintained by the administrator and marketing and promotions lead to ensure that contacts are not missed.

The board's strategy is to provide potential contacts with information about LTO-UK that they can use within their own organisations and network. A set of powerpoint slides has been developed for this purpose. In addition updated leaflet and posters have been produced by the marketing team to help advocates promote LTO-UK. Some of those identified become official LTO-UK Champions and are supplied with a Champion Pack containing this information. They receive ongoing support via a regular newsletter. In 2017 it is planned that this will be distributed quarterly. *Details of the champion pack materials are available as part of Appendix B.*

In 2017-19 there will continue to be emphasis on GP system contacts, patient groups, the Royal College of GP's (RCGPs) and within NHS England as these have been identified as priority groups most able to spread the message to patients. However all potential contacts will be followed up where relevant.

The advocate network contact strategy covers five distinct strands:

1. GP system contacts. To involve LTO-UK in the move to increase patient access to records via digital platforms (*see below Patient Online*). This is led by the Technical lead and supported by any additional contacts board members provide.
2. RCGP contacts. To harness the power of the college in spreading the message about the benefits of LTO-UK to all GP's. This is led by the primary care liaison managers at a local level and the marketing and promotion lead at a national level.
3. ACB, BSH, IBMS and RCPATH contacts. To strengthen relationships between LTO-UK and these groups. This is led by the promotion and marketing lead and supported by members of the board.
4. Patient Groups via N.A.P.P. To improve the understanding of the needs of these groups, harness the network of expert patients they comprise and recruit reviewing editors. This is led by the promotion and marketing lead and the patient advocate on the board.
5. Patient centred healthcare organisations, charities and projects: eg Choosing Wisely UK; Leukaemia Care, Diabetes UK, Myeloma UK. This is led by the patient group liaison manager with support from the promotion and marketing lead.

The success of this strategy will continue to be measured by a growing database of contacts and resulting increase in awareness demonstrated by increased PR coverage for LTO-UK in both specialist and patient centric media. Recent achievements in this area include the recruitment of Dr David Warriner, Academy Clinical Fellow of the Academy of Medical Royal Colleges as a LTO-UK champion and mention of LTO-UK in a recent Nuffield report<sup>9</sup> on patient care. Most importantly the relationship with N.A.P.P., a direct conduit to patients, continues to blossom with LTO-UK promoting the site directly to the N.A.P.P. membership base via website enquiries and their e-bulletin. LTO-UK attended the National Association for Patient Participation Annual conference in 2016 and have been invited to return in 2017. They received good feedback and had lots of interest from patient representatives in using LTO-UK for their local population.

## ii. Patient Online

The governmental aspiration to open up information to patients about their care, specifically digital access to test results, presents an ideal opportunity for LTO-UK to achieve their strategic goal of being first choice for patients. Launched in 2015 it has not yet brought the expected revolution in patient online access to their healthcare records but there is a general move toward more digitisation and patient ownership of their health information with 1 million patients accessing their summary care record, which includes test results in 2016<sup>10</sup>. Strengthening ties with such initiatives fits soundly with the LTO-UK concept of patient centric support. This is further supported by the NHS England document, Next Steps on the NHS Five Year Forward View, which provides detailed information on plans to provide personal access to patient records via the NHS.UK website, re-introduce the NHS App library and generally promote health information to support, encourage and empower patients to manage their own health.

Stuart Jones, technical lead for the LTO-UK board, has been working to build relationships in this area and has support from the NHS England Patient Online team. The IT systems of greatest importance at present are the GP IT systems which surgeries use to manage patient encounters, prescriptions and importantly for LTO-UK the patient record including test results. The objective is to establish a direct link to the LTO-UK website from the laboratory test result, thereby directing traffic and increasing awareness of the benefits of LTO-UK amongst patients nationwide.

The three main GP IT systems are:

1. EMIS, covering approximately 50% of GP surgeries
2. Vision, covering approximately 20% of GP surgeries
3. TPP System One, covering approximately 25% of surgeries

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<sup>9</sup> <https://www.nuffieldtrust.org.uk/files/2017-01/the-digital-patient-web-final.pdf>

<sup>10</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf> Pg 64-65



LTO-UK have already established web links within SystmOne to their site and are currently working with INPS to do the same within the Vision system. Discussions are also underway with EMIS.

Giving patients context-specific hyperlinks to test information when they are accessing their results will be of great benefit in improving understanding and minimising demand on GP surgeries.

### **iii. Website Redesign**

The redesign of the LTO website (planned for Q4 of 2017) represents an opportunity for LTO-UK in that it will involve moving the site to 'Responsive Design' format, similar to that used by LTO-AU, which provides greater accessibility, particularly for users of mobile technology and tablets. It is therefore anticipated to have a positive impact on visitor numbers and the overall user experience on the site. This will have a corresponding impact on search engine optimisation (SEO) and overall visibility of the site within search engines.

The technical lead Stuart Jones will be monitoring the impact on SEO closely and reporting on this to the board regularly following the redesign.

### **iv. Formal Marketing Activity**

*Note marketing materials are available as Appendix B*

#### **Conferences**

Conferences are a major focus of formal marketing activities for the LTO-UK board. Board members make themselves available to speak at the conference wherever possible in addition to running the LTO-UK stand. In 2016 members spoke at a number of events including ACB Focus in Warwick and the Annual Conference for the National Association of Patient Participation (N.A.P.P.) in Warrington. In 2017 LTO-UK have a stand at the following conferences: BSH conference in March 2017; ACB Focus in May 2017; N.A.P.P. annual conference in June 2017 and IBMS annual conference in September 2017.

#### **Champion Packs**

In 2014 the marketing team launched their Champion Packs and these continue to be used as the primary tool in the task of recruiting and educating patient influencers. Champion Packs are updated annually. Champions are recruited at conferences, via the board's informal networks, through the LTO-UK site, via peer to peer recruitment by existing Champions and through social media contact.

The LTO-UK Champions continue to grow in number but are dominated by healthcare professionals. It is the aspiration of the board to extend these to expert patients and patient advocates as well as increasing the proportion of non-laboratory professionals within the network. LTO-UK Champions

currently number 38 of which 26 are Healthcare professionals, 9 PPG reps and 3 classed as patient, family or friend. The marketing team expect to at least double the total number by 2019.

Champions marketing support:

All Champions receive a Champion Pack (*see Appendix B*) and a quarterly one page newsletter updating Champions on board developments, marketing activities and sharing news of other Champions. There has been no formal research into their individual impact but the anecdotal feedback is overwhelmingly positive.

In 2017 the marketing team will be developing a more patient centric version of this pack to send to its newly recruited patient members.

### **LTO-UK Literature**

Marketing literature comprising patient leaflets, information leaflets for healthcare professionals and posters (A3 and A4 size) will be updated in Q4 2017/Q1 2018 following the website redesign. These will be used at conferences together with the LTO-UK conference stand to bring attention to the organisation and recruit LTO-UK Champions.

### **National Pathology Week**

In November 2017 LTO-UK board members will be working closely with RCPATH to publicise National Pathology Week as a means of cross promoting LTO-UK and to strengthen the relationship between the two organisations. Details of this collaboration are not yet finalised but will be shared in the 2017 LTO-UK annual report and updates of this business plan. It is anticipated that this will mark the beginning of future collaborative projects with RCPATH.

### **Online**

The time and resources available to the marketing team are limited. Currently targeted PR via Twitter and Facebook (@LabTestsUK/ www.facebook.com/labtestsonlineuk), the LTO-UK homepage and associated publications are used to publicise activities. In 2017 the team will be developing a new online/ social media strategy to embrace the resources of the RCPATH and the informal networks available to individual board members.

Estimated annual costs for marketing in 2017/2018 are detailed below and reflect the need to update marketing collateral after the website redevelopment in Q4 2017/Q1 2018

**a) Empowering patients through public engagement**

The ultimate goal of LTO-UK is to provide patients with a better knowledge of their tests so that they understand why they are needed and the choices available to them. LTO-UK seek to engage directly with patients wherever possible and continue to support public engagement activities such as National Pathology Week. Their core activities (*detailed in section d above*) will provide a strong platform to expand further by working with the public, patient groups and healthcare professionals on specific public engagement projects. Once long term sustainable funding is ensured for these they will look for further funding for specific projects via partnerships with various organisations who share a similar patient empowerment goal.

The board will seek partnerships with specific patient representative and support groups, charities and advocacy organisation that have a focus on particular diseases and conditions. Examples include Macmillan Cancer Support, Cancer Research UK, Diabetes UK and the British Heart Foundation. The aim, to support these organisations where possible by ensuring LTO-UK's editorial content meets the needs of the patients they represent and to establish direct links to LTO-UK from their websites. The board will work closely with such groups to ensure that LTO-UK continues to meet the ongoing needs of their members with the inclusion of information on new and relevant laboratory tests as and when they are developed.

Marketing Costs 2017/2018			
	volume		cost (excl VAT)
<b>Design</b>			
patient card, leaflet, poster, banner			£355
<b>Printing</b>			
Storage			£200
Patient cards	10,000		£350
A4/A3 posters	2,000		£400
leaflet	5000		£400
Oyster card holders	500		£225
Advocate pack folders	100		£330
<b>Postal costs</b>			
literature requests			£400
<b>Conference costs</b>	Expenses/travel etc.		£800
Total estimated Marketing costs			£3,460

## 6. Financial plan

### Projected Expenditure/Income 2014 - 2019

NB all figures are without VAT and rounded up to nearest £

	2014	2015	2016	2017	2018	2019
	<i>Actual spend</i>	<i>Actual spend</i>	<i>Actual spend</i>	<i>Projected</i>	<i>Projected</i>	<i>Projected</i>
<b>Fees</b>						
Technology fees	£4,154	£5,111	£5,223	£5,500	£6,000	£6,500
App upgrade (inc app costs google/apple)	£2,038	£79	£79	£1,000	£1,000	£1,000
App downloads	£1,525	£0	£1,764	£2,500	£0	£2,500
Research	£0	£0	£0	£0	£0	£0
Sub total	£7,717	£5,190	£7,066	£9,000	£7,000	£10,000
<b>Marketing*</b>						
Print production/ doc storage	£1,781	£427	£0	£2,260	£0	£500
Conference expenses (marketing)	£434	£0	£0	£400	£400	£400
Misc expenses (postage etc)	£553	£191	£118	£200	£200	£200
Future activity not yet detailed				£1,000	£1,000	£1,000
Sub total	£2,768	£618	£118	£3,860	£1,600	£2,100
<b>Expenses/ Fees</b>						
Conference expenses	£0	£0	£233	£500	£1,000	£500
Conference calls	£1,134	£328	£407	£500	£500	£500

Board meeting expenses	£1,381	£1,066	£0	£1,300	£1,300	£1,300
Administrative support (based on current usage)	£19,804	£17,585	£18,063	£20,000	£22,000	£24,000
IT	£113	£0	£33	£150	£150	£150
Consultant support	£1,286	£0	£0	£1000	£0	£0
Sub total	£23,718	£18,979	£18,736	£23,450	£24,950	£26,450

<b>Total Expenditure</b>	<b>£34,203</b>	<b>£24,788</b>	<b>£25,920</b>	<b>£36,310</b>	<b>£33,550</b>	<b>£38,550</b>
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**Income**

ACB#	£10,000	£10,000	£10,000	£10,000	£10,000	£10,000
IBMS	£10,000	£10,000	£10,000	£10,000	£10,000	£10,000
RCPATH	£10,000	£10,000	£10,000	£10,000	£10,000	£10,000
Grants	£0		£0	£0	£0	£0

# equivalent cost

<b>Total income</b>	<b>£30,000</b>	<b>£30,000</b>	<b>£30,000</b>	<b>£30,000</b>	<b>£30,000</b>	<b>£30,000</b>
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<b>B/FWD</b>	<b>£43,914</b>	<b>-£4,203</b>	<b>£5,212</b>	<b>£4,080</b>	<b>£-6,310</b>	<b>£-3,550</b>	<b>£-8,550</b>
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<b>Balance</b>	<b>£39,708</b>	<b>£44,921</b>	<b>£49,001</b>	<b>£42,691</b>	<b>£39,141</b>	<b>£30,591</b>
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It is important to note that at the beginning of 2016 LTO-UK had a credit balance of £44,921 representing the surplus from previous years and that, based on existing income streams LTO-UK should remain solvent to 2019. However as the spreadsheet demonstrates there is an ongoing need to establish additional streams of income to meet cost increases and so that the work of the site may continue and plans for future development enabled. The 2016 figures are provisional end of year figures, pending audit.

Various funding avenues are currently being explored through the board's network of contacts and this business plan will be used to support this activity. These will include approaches to semi commercial organisations (but not lab testing companies), government bodies and relevant charities to support specific projects aimed at reaching particular audiences.

## 7. Reporting and analysis

The LTO-UK board continue to use a number of measures at their disposal to assess the success of their business strategies:

### a) Site visits and App downloads

- As stated in the 2016 annual report the goal of the board is to increase annual traffic to the site by 10% year on year and this will continue with an aim to have the total average monthly hit rate on the website grow by 10% per annum. i.e. results may be reviewed monthly not annually<sup>11</sup>.
- The target for mobile App downloads, to increase active users 10% year on year.

### b) Links with GP systems

- Finalise work with INPS as they launch their patient portal application for results access.
- Continue discussions with EMIS with aim to have agreement for them to integrate by 2018.

### c) Champion Recruitment and Retention

- To double the number of LTO-UK champions by 2019 from its current figure of 38.
- To Increase the proportion of non-laboratory scientists to 40% by 2019.
- To recruit patient Champions
- Send out Champion Newsletters quarterly
- Update literature following the website redesign in Q4 2017/ Q1 2018

### d) Make up of Editorial team

- To recruit 5 patient reviewing editors by the end of 2017

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<sup>11</sup> In 2015 there were 2,394,050 visitors, in 2016 3,064,649 visitors representing an increase in the annual traffic of 28%



**e) PR & Media coverage (on and offline)**

In 2016 LTO-UK featured in 3 publications

- Annals of Clinical Biochemistry: 'A survey of Lab Tests Online-UK users: a key resource for patients to empower and help them understand their laboratory test results'<sup>12</sup>
- Nuffield Trust Report: 'The Digital Patient: Transforming Primary Care?'<sup>13</sup>
- The Telegraph: Dr James le Fanu's online health clinic<sup>14</sup>

The target for media coverage in 2017 is as follows and focuses on reaching beyond laboratory professionals:

- At least one article about LTO-UK in a non-laboratory professional magazine
- At least one article/blog/ electronic journal in a non- laboratory digital publication.

**f) Social Media impact and reach**

- **twitter:** LTO-UK account has 882 followers as of Feb 2017. The team aim to increase this by 10% year on year with the focus being on recruitment of engaged and influential followers.
- **Facebook:** LTO-UK account has 1352 likes as of Feb 2017. The team aim to increase this by 10% year on year.

The LTO-UK board will undertake to review the various softer measures of success half yearly and report back to the IBMS, RCPATH and ACB via board members. Detailed results will be made available in the LTO-UK annual report yearly.

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<sup>12</sup> Annals of Clinical Biochemistry, Vol 53, Issue 6, November 2016

<sup>13</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf> Pg 64-65

<sup>14</sup> <http://www.telegraph.co.uk/wellbeing/health-advice/dr-james-le-fanus-online-health-clinic-tuesday-28th-june-2016/>

## Appendices

### Appendix A

Brief job descriptions of the board, editorial and marketing teams

#### LTO-UK Board

##### Chair

- To ensure that the LTO-UK board members conduct board business effectively and efficiently
- To serve as the primary spokesperson and strategic leader of the LTO-UK board
- To chair meetings and encourage all members to participate in discussion to arrive at decisions in a timely manner

##### Treasurer

- To provide financial advice to the LTO-UK board and liaise on financial matters with the permanent staff in the ACB offices

##### Managing Editor

- To ensure that the content of LTO-UK is fit for purpose for our UK audience, and meets the needs of our users
- To increase the pool of editors (especially representing the disciplines of Haematology and Genetics)
- To ensure that all pages have been reviewed within the last 5 years

##### Technical Lead

- To help devise, and lead on the implementation of, technical developments to the website and mobile app.
- Provide technical input and advice to support other board members with specific issues as they arise, to work with stakeholders to ensure LTO-UK continues to support and promote national projects in UK laboratory medicine.
- To work with stakeholders to promote and facilitate integration of LTO-UK with other third party systems and websites

##### Marketing and Promotion Lead

- To lead the marketing and promotions team, including regular communication with members and to provide support and direction for their work.
- To lead on the production and realisation of the Lab Tests Online-UK marketing plan as agreed by the Lab Tests Online-UK board. To prioritize and manage the workload of the team
- To identify advocates of the website, and support the board in the engagement of high profile advocates from within the NHS and healthcare professionals in the media.

#### Patient Liaison

- To make connections between LTO-UK and NHS England and other bodies to support the medium to long-term plan
- To work with patient advisory groups and professional bodies.
- To support the technical lead in getting links to LTO-UK from commercial systems.

#### Patient Advocate/Lay Member

- representing the interests of patients and patient groups
- To work with patient groups to disseminate information
- Using relationships with patient groups to further the cause of LTO-UK

#### IBMS Representative

- representing the interests of the IBMS
- disseminating information to the IBMS membership base
- Using IBMS relationships to further the cause of LTO-UK

#### RCPATH Representative

- representing the interests of the RCPATH
- disseminating information to the RCPATH membership base
- Using RCPATH relationships to further the cause of LTO-UK

#### **Editorial team**

- To review and update existing content in line with current laboratory practice
- To write content for new pages as and when required

#### **Marketing and Promotion team**

The roles of the team are:

- **Champion Manager**
  - Find people to champion Lab Tests Online-UK in their local vicinity
  - Manage champions by providing marketing materials, information and updates as required
  - Engage with professional and patient organisations to encourage them to become champions of Lab Tests Online-UK

- Social Media account manager  
Provide regular social media updates, engage with LTO-UK supporters and potential influencers to raise awareness of LTO-UK
- Patient group liaison manager  
Network and promote LTO-UK with patient focused sites such as Diabetes UK with the ultimate aim of them linking to the website
- Primary care liaison managers  
Local level engagement with Clinical commissioning groups (CCGs), Royal College of General Practitioner (RCGP) faculties and GP practices.
- They are currently recruiting for the following volunteer roles:  
Newsletter editor – for quarterly Champion newsletter  
Champion recruiters - Recruiting NAPP members and patient participation group representatives as LTO-UK champions

## Appendix B

### Lab Tests Online UK – Marketing Materials

The following marketing materials are included in the champion pack and are available individually to request via the website.

**Patient Card** – ideal for waiting areas, clinics and consultation rooms



**Information leaflet** – ideal for waiting areas, educational events, informing healthcare professionals about Lab Tests Online-UK



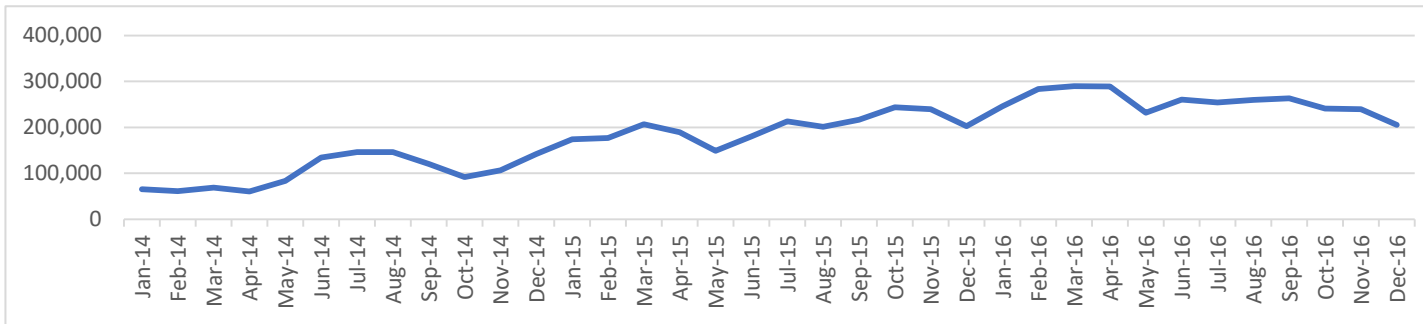
**A3 and A4 posters** – ideal for waiting areas, clinics, consultation rooms, notice boards



**Appendix C**

**a) LTO-UK Website Traffic 2014-2016**

The visitor rate in 2016 has stabilised at around 260,000 visits per month. This is illustrated in the following chart



**b) LTO-UK Active App users 2016**

The number of active users has been relatively stable since we started monitoring at the beginning of 2016 at around 500/week

