

2016 HMDS User Survey - Summary and response

For the fifth time, HMDS circulated a user survey to haematology consultants across the clinical networks, in an attempt to obtain feedback with the view to improving its overall service provision. The overall results demonstrated that respondents were highly complementary of the service, praising excellent service provision for the diagnosis and management of haematology patients and invaluable contribution of HMDS staff to MDTs.

Summary and responses

1. 30% response rate (lower than previously, probably due to several users previously completing this survey on a number of occasions)

2. Overall level of satisfaction, excellent/very good (85%)

3. Reporting times generally acceptable (85%)

One respondent suggested an internal audit to assess if the service meets the turnaround time target for haematology malignancies.

Turnaround times are one of our KPIs and are reviewed at the quarterly management review meetings. We have not noted any significant change in turnaround times over the last 12 months.

We are changing our method of chimerism assessment, which should reduce turnaround times. Delay in reporting may be related to batching of samples/days, on which certain tests are performed, so if a sample arrives one day after a run, it may wait a few days to be analysed. Any urgent results we process promptly if requested to do so. We are also willing to phone with results, eg ALL detected by flow cytometry if the name and number of the contact is provided on the request form and marked urgent. We also contact users when results are unexpected.

4. Test repertoire suitable (100%)

5. Contact with HMDS satisfactory by phone (100%) but less satisfied with emailing messenger service. Many did not realise it existed but has now been highlighted to users

6. Some issues with transportation raised but this is outside of HMDS remit. Our user guide clearly states where samples should be sent routinely and out of hours

7. MDTs - HMDS input regarded as very useful/essential (92.3%)

As stated previously, the demand for MDT involvement is high in HMDS. We do more than 40 MDTs a month which is a huge commitment of senior staff time. Generally the HMDS involvement was felt to be vital and, therefore, this will continue in the current format. There has been an increase in consultant staff in HMDS and therefore MDT support and cover should be easier. We endeavour to provide information about the prognosis and have recently updated to the new version of the WHO classification. HILIS linked to HMRN.

Other comments

When diagnoses are revised, this is highlighted and a new report generated.

According to our data there has not been a significant increase in non-diagnostic reports, but acknowledge that with the increase in tissue biopsies, it is often recommended that an excision biopsy is done to confirm the diagnosis, if there is any uncertainty. This is good clinical practice and reflects a change in approach/management by radiologists and surgeons rather than a change in approach within HMDS.