

Haematological Malignancy Diagnostic Service

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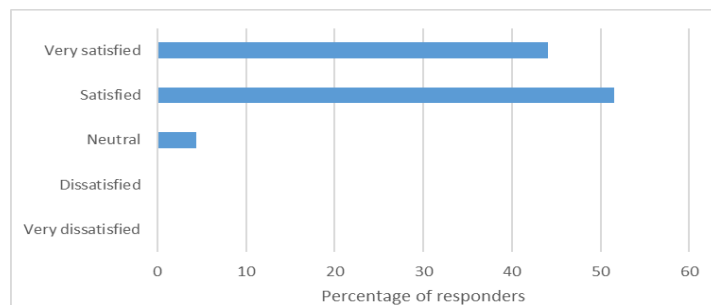
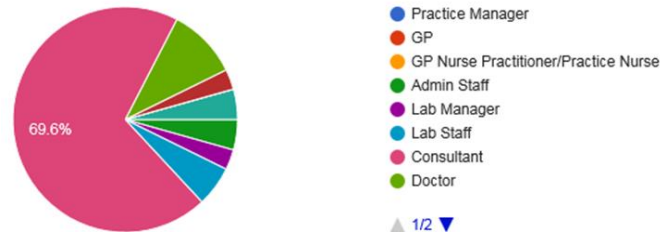
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Response to user survey -Spring 2019

Thank you to all users that responded to the survey. We had a total of 65 responses and appreciate all the detailed feedback that was given by those who completed it. 70% of responses were from consultants and this represents the highest number of responses from this group to date. The remainder gave good coverage of nursing, administrative and laboratory staff.

96% of responders were satisfied or very satisfied (44%) with the HMDS service and it was very encouraging to get some really positive comments; 'an invaluable regional lab' and 'exemplar diagnostic laboratory' were just a couple.



Referral of samples to HMDS

The majority of users still use paper request forms as the most common method of referring samples to HMDS, with only 12% indicating a more frequent use of the on-line request form. 82% responders completed request forms by hand. Only 56% confirmed this was their preferred method. Registered users of HILIS are encouraged to complete request forms online, rather than by hand but this service has also recently been extended so it is now available without needing a HILIS account.

82% of responders were satisfied or very satisfied with the arrangements for sending samples to HMDS but around a quarter had experienced difficulties at some point. Many of these issues were related to postage and transport issues, which it is often difficult for HMDS to resolve. HMDS continues to monitor numbers of samples arriving more than 24hrs after being taken and we will contact sites where this is a recurrent problem to investigate root cause and try to assist in avoiding recurrence.

49% of responders use the out of hours service, with 88% saying they were satisfied or very satisfied (52%) with this service. It was clear from comments received, however, that there is lack of clarity on how to access this service and that several users felt that communication out of hours was difficult (see Table, ref. 1). 97% of responders were satisfied or very satisfied with the HMDS test repertoire. There were specific requests for molecular monitoring of certain targets in AML and gene sequencing in DLBCL from multiple users.

Turnaround times (TAT)

68% of responders were satisfied or very satisfied with the TAT achieved by HMDS but this is lower than in previous surveys and there was also more detailed feedback in the comments regarding increased TAT over the last few year. There are many factors contributing to this, including increased complexity of diagnosis and testing, volume of work received by HMDS and changes in staffing. Although some of this is outside of our control, HMDS recognises that there are areas where improvements can be made (see Table, ref. 2).

Report details

84% of responders were satisfied or very satisfied with the overall report provided by HMDS. Comments were again made about the provision of more detail on prognostic significance. HMDS does endeavour to provide this where possible but for some tests, e.g. myeloid NGS, this can be difficult as the significance of some mutations is unknown. Work is currently been undertaken to provide more general guidance on the prognostic significance of the HMDS test repertoire (see Table, ref. 3). This is, however, a rapidly changing area in some diseases and prognostic significance of some abnormalities may also be therapy dependent, so the final interpretation needs input from the treating clinician.

Communication with HMDS

92% of responders were satisfied or very satisfied with the assistance given when contacting HMDS. There is still only limited use of the HILIS messaging service and some good feedback was given on the drawbacks to this method of communication. Several responders suggested Forward (the NHS WhatsApp service) as an alternative (see Table, ref. 4).

88% of responders were satisfied or very satisfied with the HMDS support in MDTs, an improvement on the last survey. There were several requests for increased contributions from HMDS in terms of additional MDT's - this would be difficult currently due to other commitments for staff but is something which may be possible in the future. Given the pressures to get patients into an MDT as soon as possible following diagnosis, some outstanding results, in particular for molecular tests, are often unavoidable but HMDS reports will be updated and staff are always happy to discuss again if necessary.

Follow-up actions

Overall this was a very positive survey of HMDS by the regular users of the service. All the feedback has been reviewed and discussed within the department, resulting in the following proposed actions which should improve the service provided by HMDS for its users.

Ref:	Issue:	Proposed actions:
1	Out of hours service	<ul style="list-style-type: none">Communication with users to clarify what is offered out of hours (via newsletter and e-mail)Improved communication (see below)
2	Turn-around times	<ul style="list-style-type: none">Recruitment currently on-going for an additional consultant and numerous scientific posts within the labA more defined pathway for clinically urgent samples, such as new acute leukaemia, is being developedCloser monitoring of turn-around times, both for whole cases and for certain time critical tests, will be performed
3	Supplementary information	<ul style="list-style-type: none">Information sheets about prognostic significance of results from more complex tests, such as high-throughput sequencing, will be available
4	Communication	<ul style="list-style-type: none">HMDS to investigate the possibility of using Forward (the NHS WhatsApp service)Additional internal training for administrative staff is on-goingReview of scientific staff roles in the laboratory to offer more cover to answer queries

Thanks again

Once again, we appreciate the input of all our colleagues who responded to the survey and the time taken to read this response. We are happy to receive feedback about our service at any time so please do not hesitate to contact us if you think there is more that we can do.

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