

Haematological Malignancy Diagnostic Service

Level 3 Bexley Wing, St James' Hospital, Leeds, LS9 7TF Tel: 0113 2067851

Website: www.hmlds.info E-mail: hmlds.lth@nhs.net

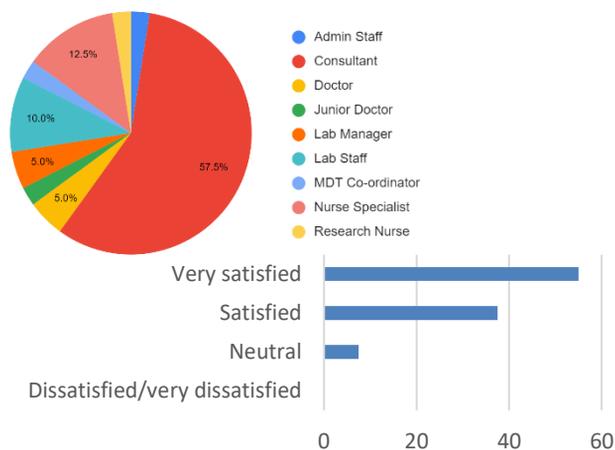
Interim Clinical Lead: Cathy Burton (cathy.burton1@nhs.net)

Scientific Lead: Ruth de Tute (rdetute@nhs.net)

Response to user survey - 2021

Thank you to all users that responded to the survey. We had a total of 40 responses which, although lower than the previous return rate, was felt to be a good number given the current situation. The responses gave good coverage of senior and more junior medical staff, nursing, administrative and laboratory staff.

The vast majority of responders (93% this year as compared to 96% last year) are still satisfied or very satisfied (55%) with the HMDS service. We have worked really hard to try and maintain the normal standard of service throughout the Covid pandemic so it was also very encouraging to see that 70% of users thought the impact of Covid on the HMDS service had been minimal.



Requesting HMDS tests

The majority of users (68%) still use paper request forms as the most common method of referring samples to HMDS although this has fallen from 82% at the last survey. There was strong interest in HMDS starting to offer full electronic requesting via NPEx and this is something we are hoping to be able to offer within the next 12 months.

88% of responders were satisfied or very satisfied with the arrangements for sending samples to HMDS. 20% did report experiencing difficulties but in the main these were issues with local transport. A better system for acknowledgement of receipt by HMDS was a suggestion from several users - this would be an additional benefit of utilising the NPEx system as we hope to be able to acknowledge receipt in real-time within that system.

43% of responders use the out of hours service, with 94% saying they were satisfied or very satisfied (53%) with this service.

All respondents said the HMDS test repertoire was appropriate for their needs. There were specific requests for additional molecular assays, many of which are already in the pipeline (see follow-up actions below).

Turnaround times (TAT)

75% of responders were satisfied or very satisfied with the TAT achieved by HMDS which is an improvement from 68% at the last survey. In the detailed comments, however, there is still concern about TATs, particularly for some of our molecular assays and this is something we are continuing to work on. There were also a couple of comments about urgent samples not getting prioritised appropriately. We did introduce a new pathway for clinically urgent samples, such as new acute leukaemias, over a year ago and this should be catching anything labelled urgent on receipt or requested as urgent by telephone. We would ask that if you have a delay with a particular urgent request that is brought to our attention so we can investigate where the process is falling short.

Report details

87.5% of responders were satisfied or very satisfied with the overall report provided by HMDS and the same proportion also found the clinical interpretations helpful and easy to understand. Comments were again made about the provision of more detail on prognostic significance. HMDS providing more general guidance on the prognostic significance of the test repertoire is an outstanding action from our previous survey. We would stress again, however, that molecular analysis in particular is 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

92.5% of responders were satisfied or very satisfied with the assistance given when contacting HMDS. There was specific feedback about difficulties getting response to queries from individuals, particularly the scientific staff. The pandemic has resulted in a change in working practices in HMDS and a significant number of staff are still working remotely for some of the time. We would always recommend that queries about specific samples are directed to groups of staff rather than individuals, particularly if an urgent response is required. HILIS messaging is also not optimal for urgent enquiries as there is no out of office facility. There were also comments regarding difficulties getting through to certain areas of the laboratory.

In terms of preferred methods of communication, respondents overwhelming stated that e-mail to clinical (80%) or lab teams (88%) was the preferred option. Preference about how information about new tests was communicated was less strong, with support for group e-mails (55%), newsletter (22.5%) and website (22.5%).

Changes related to GLH

Awareness of the role of HMDS in the YNE GLH was relatively high (62.5%) but respondents were in general not clear how this impacted on their own service.

Follow-up actions

Overall, this was another very positive survey of HMDS by the regular users of the service, particularly given the challenges over the past 12 months or so. All the feedback has been reviewed and discussed at various meetings within the department. Below are summarised progress with actions which were generated by our 2019 survey and new actions which we feel would address the feedback received this year. Hopefully this will continue to improve the service provided by HMDS for its users.

Issue:	Previous actions:	Progress	New actions
Out of hours service	Communication with users to clarify what is offered out of hours (via newsletter and e-mail) Improved communication (see below)	Done but improvements can still be made	A detailed review of the user guide and website information will be done later this year
Turn-around times	Recruitment currently on-going for an additional consultant and numerous scientific posts within the lab More defined pathway for clinically urgent samples, such as new acute leukaemia, is being developed Closer monitoring of turn-around times, both for whole cases and for certain time critical tests, will be performed	An additional consultant is now in post Done Still to do	Further recruitment for additional molecular staff is on-going
Supplementary information	Information sheets about prognostic significance of results from more complex tests such as HTS	Still to do	
Communication	HMDS to investigate the possibility of using Forward (NHS WhatsApp service) Additional training of admin staff Review of scientific staff roles in the lab to offer more cover to answer questions	Was on-going but needs review considering data from this survey Done On-going	Publish a guide for a list of common enquiries and who best to contact Direct phone numbers for each section of the lab to be added to user guide and website Investigate creating email groups for clinical and laboratory referral teams to better pass on important information More detailed and regular communication about HMDS and the GLH

Thanks again

We truly appreciate the input of all our colleagues who responded to the survey, particularly at a time when there have been many more additional demands on everyone. 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.

Cathy Burton, Interim Clinical Lead of HMDS

Ruth de Tute, Scientific Lead of HMDS