Diagnostics- Reducing Testing that is not Clinically Indicated- Key Information

- In 19/20, we are working to reduce tests ordered in primary care that are not clinically indicated.
- Reducing unnecessary testing will result in: freeing up pathology/radiology time; reducing the impact on patients of investigations that are not clinically indicated; reduction in time processing results in primary care; and saving for the NHS locally (£250k per annum).
- Below is the small number of tests that we are focusing on.

ESR
• ESR only recommended in ruling out myeloma and Giant Cell Arteritis
• Extremely poor sensitivity for ruling out serious disease
• Measurement of more than one marker of inflammation is generally not indicated
• CRP would, in most cases, be the appropriate first line test
	Gamma-glutamyl transferase (GGT)
	• Limited clinical value other than for potentially identifying whether an isolated rise in ALP related to liver disease
	• High false-positive rate
	• Degree of abnormality is not indicative of severity of any hepatic disease
		Vitamin D
		• Please do not test for Vitamin D routinely.
		• Local pathways do not suggest testing for patients with risk factors who are not symptomatic.
		• Test if patient has symptoms that are attributable to Vitamin D deficiency- for example: symptoms indicate osteomalacia.
		• See local pathways on intranet for more information:
		  • tinyurl.com/vitdadults
		  • tinyurl.com/vitdpaeds

Urea • Creatinine is the key marker for identifying/monitoring chronic renal disease • Urea is of little clinical value in the vast majority of monitoring situations • Urea will be removed from standard U&E panel in 19/20- it will still be available as a separate test to order	**MRI for MSK** • For MSK generally- recommend referring to Locomotor in the first instance- short waits and they can refer for MRI/USS/x-ray if needed. https://tinyurl.com/C-Hlocomotor • Knees- Please refer for weight bearing x-ray in the first instance. MRI only clinically indicated for patients under 40 with suspected fracture or post-traumatic effusion suggesting significant injury. https://tinyurl.com/mskknee	**MRI for MSK- continued** • Shoulders- Local pathways advise x-ray- if suspected fracture/cancer or stiff shoulder. MRI reserved for trauma where x-ray normal and dislocation ruled out (via secondary care). https://tinyurl.com/mskshoulder • Head- studies indicate that you are 100 times more likely to uncover incidental findings and patient reassurance only lasts 10 months. • Back MSK Pathway: https://tinyurl.com/mskspinal