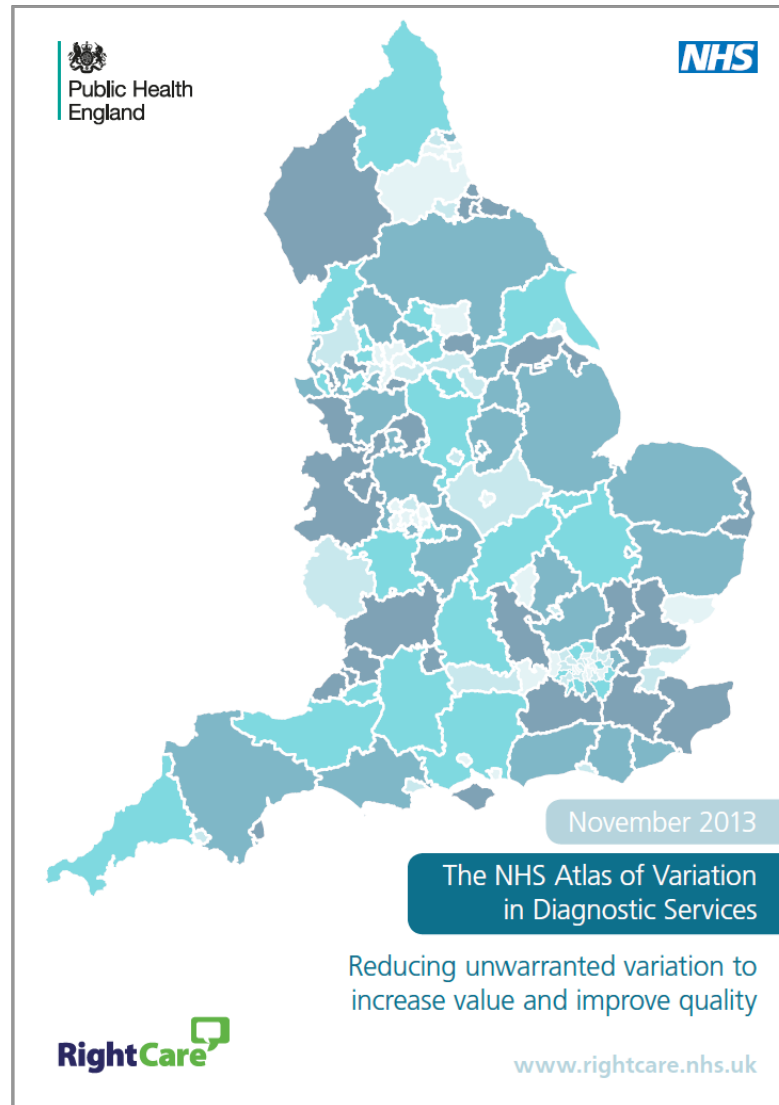




ATLAS OF VARIATION

Dr Bernie Croal

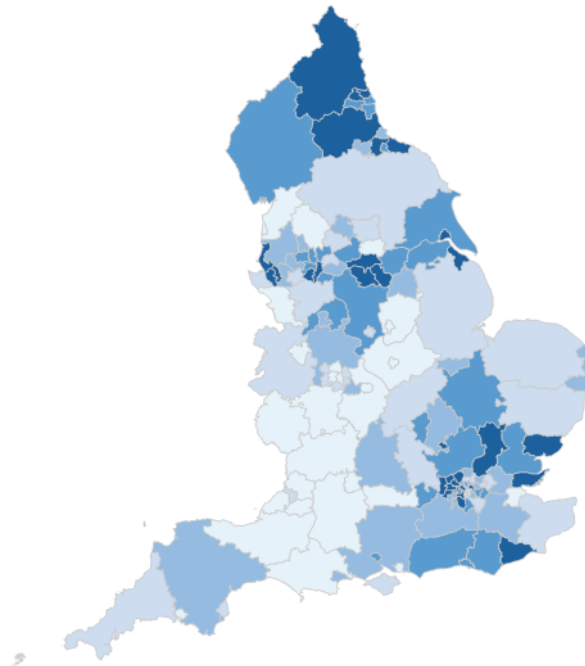
The Diagnostic Atlas of Variation



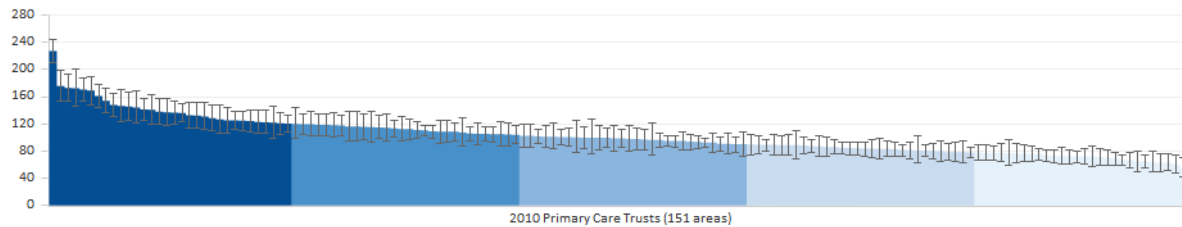
The Diagnostic Atlas of Variation

BNP

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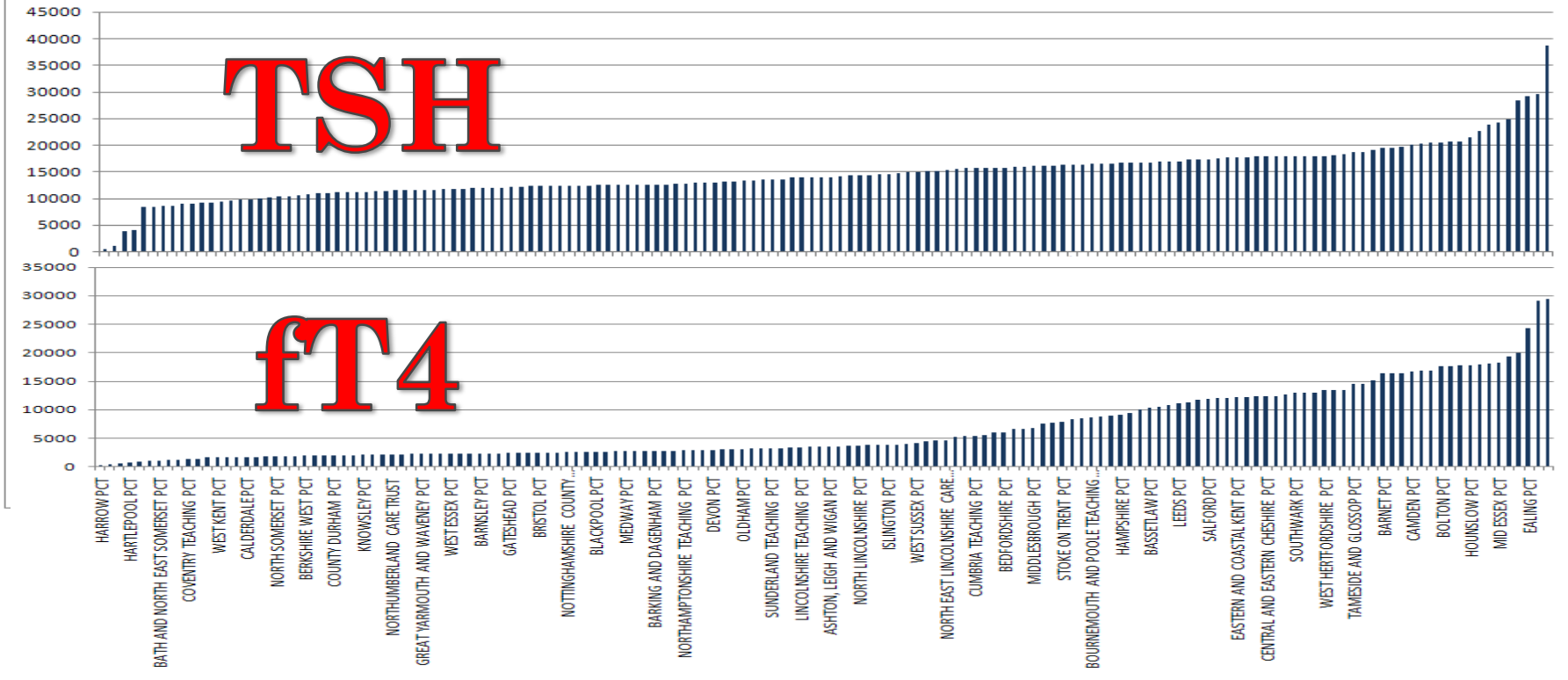


2010 Primary Care Trusts (151 areas)

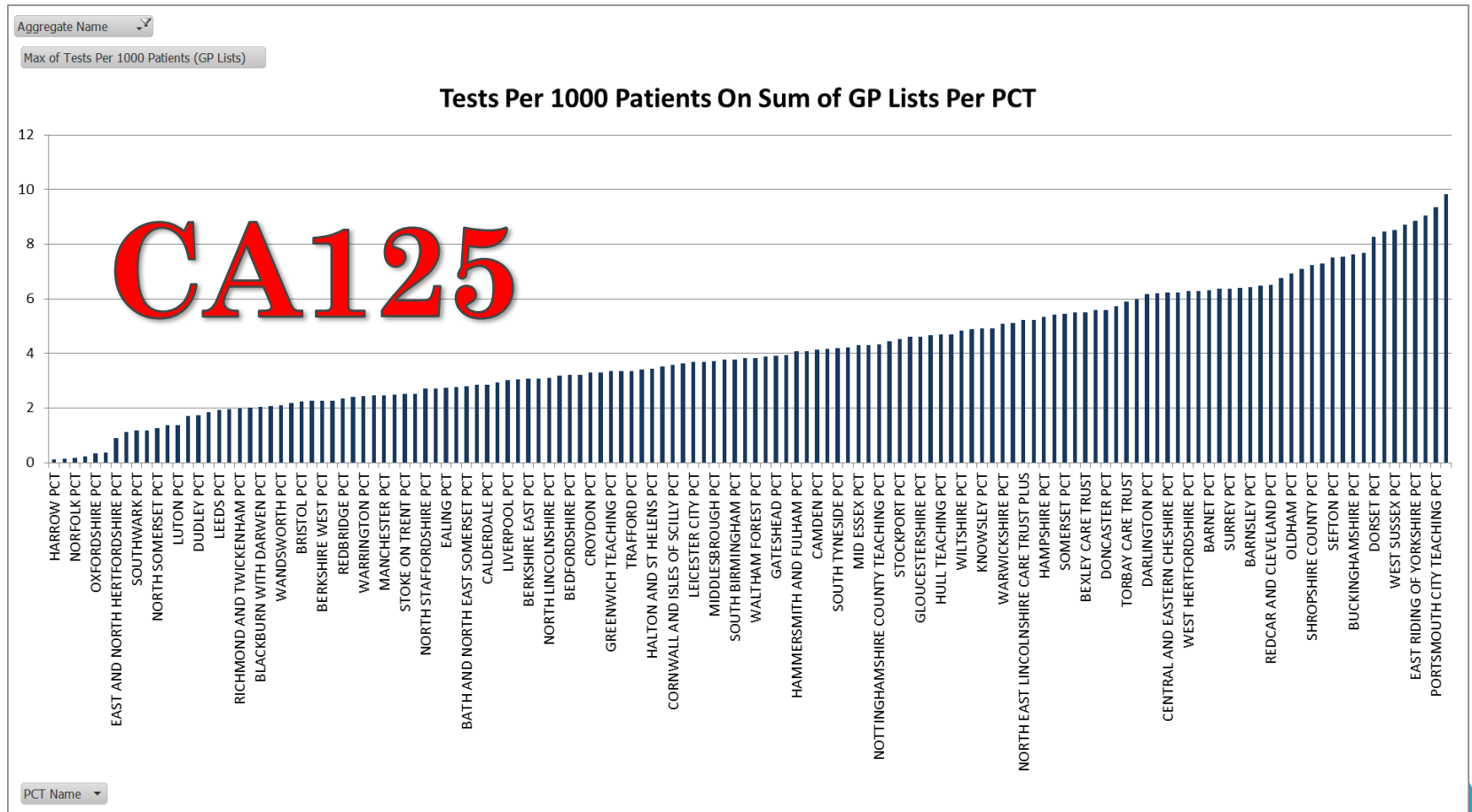


The Diagnostic Atlas of Variation

Tests Per 1000 Patients On Sum Of Registers Per PCT



The Diagnostic Atlas of Variation



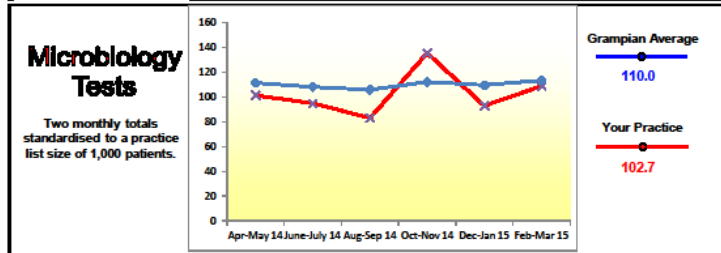
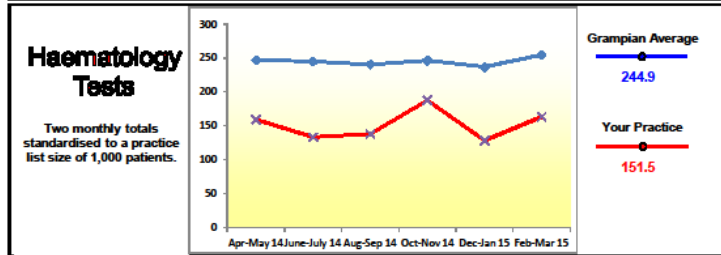
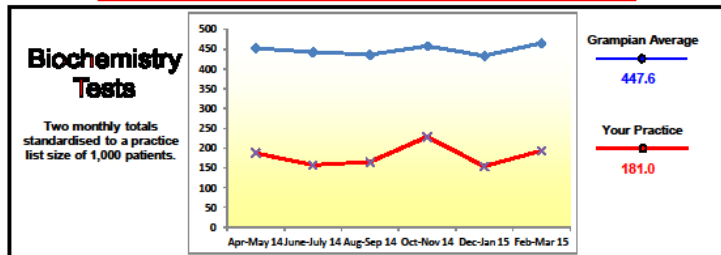
Educational Feedback

Page 2

ZSUN

The graphs below display the 2-monthly requesting pattern for your practice compared to the Grampian average (all rates adjusted to a practice list size of 1,000 patients) for three of the main laboratory areas. The pages following highlight similar requesting trends for specific tests where it is thought that unwarranted variation may exist.

It must be stressed that these requesting trend comparisons are not an exact science, therefore a requesting level above or below the Grampian average does not necessarily imply appropriate or inappropriate test use. Instead, specific sources of potential inappropriate test use have been identified and commented on. We hope that this type of educational information is found to be helpful.

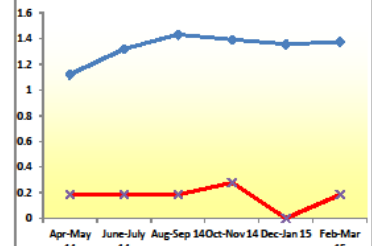


Page 3

ZSUN

Carcino-Embryonic Antigen

Grampian Average	1.3
Your Practice	0.2



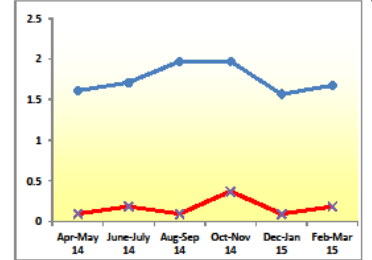
Monitoring:
Should only be used in primary care to monitor known GI malignancy in coordination with secondary care.

Diagnosis:
Not recommended for diagnostic purposes as a negative CEA does not exclude GI malignancy. Patients presenting with possible symptoms of GI malignancy and who meet urgent referral criteria should be referred for the relevant investigations.

Screening:
Given the lack of sensitivity and specificity for early disease, CEA should not be used for the screening or early diagnosis of GI malignancy, nor in the diagnostic evaluation of an undefined illness.

CA-125

Grampian Average	1.8
Your Practice	0.2



CA-125 (to be used for women only)

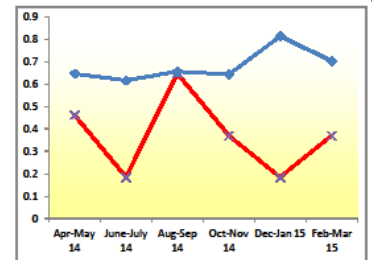
Monitoring:
Measure CA-125 for follow up and monitoring of known ovarian cancer in coordination with secondary care.

Diagnosis:
Used for differential diagnosis of ovarian cysts, abdominal or pelvic masses (postmenopausal women); in conjunction with USS imaging. Suggest measuring CA-125 in women presenting with persistent continuous or worsening unexplained abdominal or urinary symptoms.

Screening:
Evidence is yet to be established that screening for ovarian cancer in the general population, as well as in women at high risk of ovarian carcinoma (hereditary ovarian cancer syndrome), reduces mortality.

Alpha-fetoprotein

Grampian Average	0.7
Your Practice	0.4



Monitoring:
Main use of AFP in hepatocellular carcinoma is in monitoring for disease recurrence, and should be measured in coordination with secondary care. For patients with germ cell tumours - HCG and AFP should be measured to monitor progress as well as response to treatment, in coordination with secondary care.

Diagnosis:
AFP levels should be used as an adjunct test in the diagnosis of hepatocellular carcinoma and should not be used as a diagnostic test on its own. Combined HCG and AFP measurement is required for investigation of possible non-seminomatous germ cell tumours of the testis and ovaries (in conjunction with radiological testing).

Educational Feedback



Build Paper Reports

Build PDF Reports

GP Selecto

Practise size : 10802 Patients

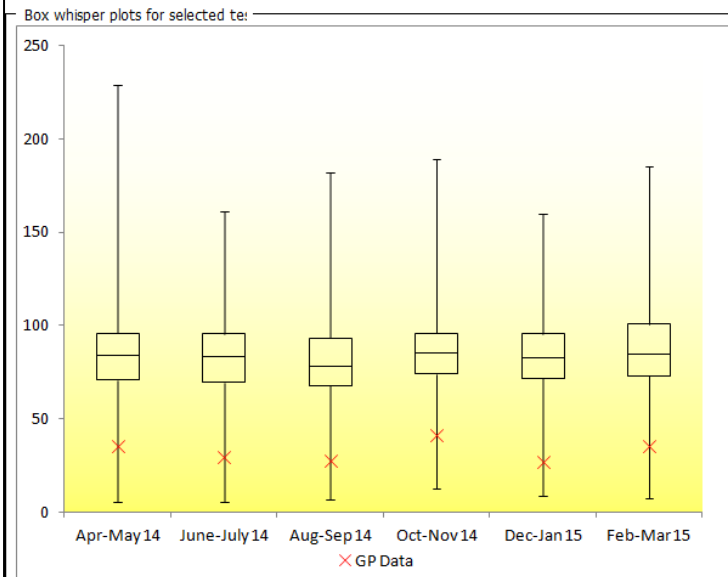
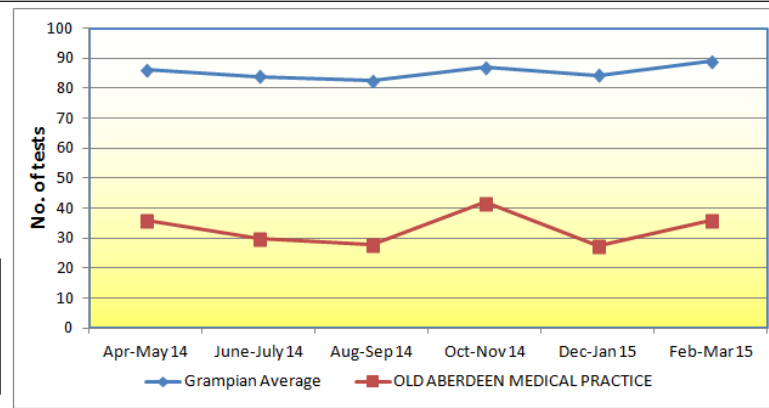
OLD ABERDEEN MEDICAL PRACTICE

Liver Function Test

Data normalised per 1000 patients

Raw Normal

Normalised	Apr-May 14	June-July 14	Aug-Sep 14	Oct-Nov 14	Dec-Jan 15	Feb-Mar 15
Data	35.83	29.99	28.05	41.84	27.31	36.01
Average	86.05	83.84	82.39	86.92	84.22	88.95



Yearly Review

Total Samples Received from GP:- 1169 Per 1000 patients

Total Profiles Per Discipline:-

	Haem	Bio	Mico
Apr-May 14	159.32 -55%	187.56 -141%	101.28 -10%
June-July 14	133.12 -84%	157.38 -181%	94.80 -14%
Aug-Sep 14	137.75 -74%	164.88 -164%	83.04 -27%
Oct-Nov 14	187.47 -31%	228.66 -100%	135.25 17%
Dec-Jan 15	128.12 -85%	153.77 -182%	92.85 -18%
Feb-Mar 15	163.12 -56%	193.76 -140%	108.78 -4%

Profiles Ordered By GP

Profiles Ordered Grampian Average

ATLAS OF VARIATION PROTOTYPE

- Began in December 2017
- Originally built on data from NHS Grampian
- Now includes NHS Tayside, Lanarkshire, GG&C and Lothian
- Looks at variation across GP requesting, deprivation levels and geographical boundaries



Atlas Demonstration



NEXT STEPS

- There are **22** tests defined for Biochemistry atlas by the steering group - volumes for these tests requested for past 12 months
- Pathology network defining tests for inclusion
- SMVN defined for atlas. Request for returns to begin over summer
- Engagement with Haematology, Genetics and Immunology to take place over summer



NEXT STEPS

- Data to be split by Regions and by GP clusters
- GP practice profile to be added
- Non-GP work to be added
- Access to be granted to selected GP practices within every Health Board area
- Access to be granted to labs

