Vitamin D: Demand Management in Northern Ireland

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Why demand manage vitamin D requests from GPs?

There has been a marked increase in vitamin D requests from GPs in Northern Ireland over the last 3 years from 237 requests in 2010/2011, increased to 2,819 requests in 2012/2013. This has been noted previously from several sources including a National Osteoporosis Society (2012), National Osteoporosis Society England (2013), National Osteoporosis Society (2015) and National Minimum Osteoporosis Society (2015) Study on Osteoporosis.

Aims

To establish the reason for vitamin D requests from our GP data base. To produce guidelines for our GPs to provide information on appropriate requesting of vitamin D.

What we did

We produced an information sheet explaining our Demand Management Initiative.

This was circulated to all GPs in Northern Ireland with a copy of the information sheet. It was stressed that if no demand management form was completed, GPs would be contacted and asked for clinical information, hence, samples were not processed. GPs were also asked to submit their previous 3 months’ requests to contact with information.

Results

- Demand management of GP vitamin D requests ran for a 7 week period during April and May 2014.

- We received 1211 samples from GPs over this 7 week period.

- 88% (1,053) had Demand Management Forms (DMF) and 3% (38) shared with clinical information.

- 8% (98) remained unprocessed due to lack of information despite completion of report form giving GPs a 2 week window to contact with relevant information.

- By introducing DMF we had a drop in monthly GP requests from 1109 to 750 a 35% drop in requests from GPs before Demand Management.

Degree of sufficiency in different age ranges and sex

We use faecal Vitamin D method and faecal faule recommended reference range (+70% result, sufficient; +50% result, deficient and 50% result, insufficient).

Regardless of reference range used >50% are either vitamin D insufficient or deficient.

No patients with a previous vitamin D result

Of the 79 samples received 49% had already had 1 previous result:

- 48% (25%) were from females and 100 GP (2%) were from males.

- Results were split into 3 groups; original result (<60 nmol/L, 60-90 nmol/L, and >90 nmol/L).

This graph shows the change in vitamin D status on repeat testing. The large difference between carcinoids with/without repeat testing is a reflection of the larger reference range. It can be seen that the repeat testing was sufficient and the patients were on a group that have taken the insufficient levels.

Other reasons for vitamin D request

These were written as a Demand Management form as a test.

Conclusions

- GP vitamin D requests have spiralled out of control with a 31% fall increase in the last 3 years.

- By introducing demand management initiatives we saw a drop in our monthly testing.

- Of the samples received 36% were not assessed as GP don’t complete demand management forms or contact us with clinical reason for repeat.

- There is a 1199 testing over the 7 week period.

What we have implemented since the demand management initiative

- Contacted Belfast Trust GPs to inform on information on GP websites regarding vitamin D requesting and provided information to all other Trusts in the for their GP websites.

- Entered all tests on SULIS@ if that information must be provided to justify vitamin D testing. Only 58% of Trusts do not have this process in place.

- We have an email address within GPs can email with repeat request information if they get a repeat back with comment samples not requested.

- We started our own demand management on 1st March 2015.

- We plan to introduce a 3 month minimum repeat interval for vitamin D.

- We have asked the NIO vitamin D reference ranges.

- At 3% vitamin D D requests were insufficient 60% were repeated within 6 months.

- Approximately 34% of our GP vitamin D requests were on females and age 60+.

- Approximately 21% were either vitamin D deficient or below.

- Approximately 6% were due to signs or symptoms of D deficiency. 1% due to bone and 2% due to patient being immunocompromised.

- We looked at our results of repeat testing.

- The repeat testing was sufficient and the patients were in a group that have taken the insufficient levels.

References


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