"The long and winding road" – Optimising patient experience of respiratory care

**M1** DIRECT TO TEST: THE TREND TO CHEST CT SCANNING REQUESTS THROUGH PRIMARY CARE

1R Nahar, 2O Bosher, 3A Makan, 4K Srinivasan, 5H Moudgil. 1University of Keele Medical School, Staffordshire, UK; 2Shrewsbury and Telford Hospitals NHS Trust, Telford, UK; 3University of Keele Medical School and Shrewsbury and Telford Hospitals NHS Trust, Telford, UK

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**Background/Objectives** Although the concept of 'direct to test' managing patients from primary care is not new, emphasis has been on improving cancer outcomes through earlier radiological detection; evidence on how General Practitioners (GPs) currently request chest CT (computer tomography) scans dealing with a broader range of diagnoses amid the backlog of referrals into secondary care in the post COVID-19 era, is anecdotal. This work (1) documents the uptake and nature of chest CT scans requested, (2) reports on appropriateness and standard of referrals, and (3) outlines subsequent findings.

**Methods** 12 month computer data collected retrospectively on all patients undergoing chest CT scans at this secondary care hospital; GP referrals were identified through practice codes.

**Results** 279/1230 (23%) of chest CT scans undertaken were requested through primary care; mean age of patients was 67.6 (SD 12.2, range 20–91) years with 48% males. Uptake/trend over the preceding 12 months are shown in figure 1, GP requests remaining low. All were HRCT (High Resolution CT) rather than staging CT used to stage lung cancer or CTPA (CT Pulmonary Angiograms) investigating pulmonary thrombo-embolic disease (PTE). 263 (94%) of requests were to establish a new finding and 16 (6%) as follow up assessing earlier detected pulmonary nodules; 178 (64%) of referrals were based on symptoms with a provisional diagnosis only proposed in 140 (50%). Referral standards adequately outlining clinical context was only found in 142 (51%) but referral pathway considered appropriate in 268 (96%) with the remainder probably best referred directly to cancer pathways. Findings included bronchiectasis (23%), emphysema (15%), interstitial (including occupational) lung disease (15%) and lung cancer (2%) but with inconclusive or no new radiological finding in 117 (42%).

**Conclusions** Approximately 23% of chest CT scans are currently being requested through primary care; although the type of CT and most referrals are appropriate, with most lung cancer and PTEs on alternate referral pathways, there remains concern where pulmonary nodules are being followed outside of a more dedicated protocol and clinic. Benefits to the patient, how GPs manage the high number of inconclusive results, and patterns of referrals to secondary care require further assessment.