The Role of POCT in the NHS Health Check

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Free NHS Health Check
Helping you prevent heart disease, stroke, diabetes and kidney disease.
Introduction

- Background to *Practical Guide* Series
- Purpose and scope
- Format
- A Practical Guide to Point of Care Testing
  - Overview
  - Content
- Examples from the field
• National Learning Network
  – Website
  – eBulletin
  – National workshops
• Short, practical guides to implementation
  – Existing guidance
  – Case studies
  – Experience and outcomes from Test Bed sites
• Stand alone or collect the series:
  – POCT, Commissioning, Training, Informatics, Lifestyle Management, Community Settings, Evaluation
Purpose and Scope

Guides are **NOT**:
- Definitive guidance on ‘how to do it’
- Comprehensive
- Model schemes endorsed by DH or NHS Improvement
- Written by experts

But they **ARE**:
- Short
- Practical
- Real life
- Useful!
Format

- Theme: What it is
- Why it’s important
- Issues and challenges
- Potential solutions/ examples from the field
- Other sources of guidance and information
A Practical Guide to POCT

• What it is
• Why it’s important in the context of NHS Health Check
  – Tackling health inequalities: feasibility, accessibility and convenience
• Issues and challenges
  – Identifying need for POCT
  – Consideration of pros and cons
  – The need for a strategic & integrated approach
# A Practical Guide to POCT: Pros

**Potential advantages of POCT**

**Short turnaround times** - results are usually available within a minute or two of analysis. This can result in more rapid intervention and allow a ‘one stop’ NHS Health Check.

**Fewer time delays** - there is no requirement to transport specimens to a central laboratory, thereby reducing transport costs and turnaround time.

**Direct discussion of result** - people can be seen, tested and consulted face to face and within a short time frame. This can improve compliance, adherence to, and optimisation of treatment and ensure greater involvement of people/patients in their own care.

**Fewer visits/consultations required** - no need for multiple appointments to discuss results and next steps.

**More convenient for clients and more flexible for staff** - POCT is often highly portable and can be offered in a variety of locations.

**Minimally invasive** - generally speaking, POCT devices require very small blood samples collected from a finger prick with nominal sample preparation. This can be useful for clients who are needle-phobic.

**Reduction in overall healthcare costs** - providing a more rapid result can save time and money and result in more effective use of resources. For example, POCT can reduce the number of clinic visits/unnecessary visits to GPs.

**Reliable results** - provided point of care analysers are used by appropriately trained, competent and accredited operators adhering to the guidelines and procedures set out in a clinical governance framework (see ‘disadvantages’ below).

**Initial filtering** - in the NHS Health Check, POCT may be used to filter out those who are unlikely to have diabetes or non-diabetic hyperglycaemia and therefore do not require further testing or treatment.
A Practical Guide to POCT: Cons

**Potential disadvantages of POCT**

**Cost** - POCT can be more expensive per test than laboratory testing as a result of the capital cost associated with purchasing the equipment and ongoing revenue costs of disposables and service charges. However, hospital pathology labs may have access to preferential rates and VAT reductions if POCT equipment is ordered via this route.

**Quality of sample** - results may not be comparable with those produced in a laboratory. High quality, reliable results can only be obtained if individuals are prepared appropriately and the correct techniques are used. This includes compliance with good practice guidelines and quality assurance procedures.

**Staff training and competence** - appropriate training, updating and monitoring is required to ensure accurate results. Given the universal and systematic nature of NHS Health Check, large numbers of staff may require training.

**Increased workload for existing staff** - staff may be unwilling or unable to allocate sufficient time to perform all necessary quality control procedures, maintain a proper audit trail and complete associated paperwork in addition to performing point of care tests.

**Safety** - the use of POCT requires clearly defined procedures for infection control, storage and disposal of clinical waste, needle stick injuries and spillages, hand washing etc., which need to be readily available or easily achieved. Operators need to retain practical skills by regular use.

**Record of results** - laboratory results are electronically transferred into patients’ medical records via the laboratory and hospital information systems, but POCT results may need to be entered separately into patient records rendering data recording potentially more complex and less robust.

**Not appropriate for all testing** - the tests and measurements in the NHS Health Check are aimed at assessing risk of disease. Actual diagnosis of diabetes or non-diabetic Hyperglycaemia for those identified as being at risk requires a venous blood sample to be tested in the laboratory. In addition, POCT is not yet considered appropriate for serum creatinine testing. Please refer to the Best Practice Guidelines for further details.
Potential Solutions

The value of point-of-care testing should not be underestimated. Technology now allows varied biochemical tests to be conducted with the same precision and accuracy as hospital pathology labs. Such approaches when compared alongside stringent quality control and adherence to robust protocols allow a unique opportunity for the assessment, realisation and management of CVD risk within a single step which are key to widening the access of hard to reach groups.


“near patient testing was originally considered an important key element of the BBHC, however, it was less used as a key element of the BBHC as it was not a key process. Not all staff had been trained against the protocol which meant we had to agree extra vaccination sessions with our occupational health service. As a result of this, we had a problem of staff being late to work. This led to a reduction in efficiency and productivity. However, when we needed it, the technology produced instant results.”

“All clinical practice staff and participating pharmacists attended training on how to use the POCT equipment, but on feedback from the users, the technology produced instant results. All staff have agreed on the important times for the technique and we plan to use this technology for all future campaigns.”
Other Sources of Guidance & Info

- Department of Health
- MHRA Device Bulletin
- NHS PASA/ CEP
- Relevant references
- Key contacts
- Available in hard copy
- Downloadable PDF with hyperlinks

www.improvement.nhs.uk/nhshealthcheck