

## **Improving Access to diagnostics for people with a learning disability using point of care testing.**

Point of care technology (POCT) is available for a range of diagnostic and screening purposes including cardiology, cardiovascular risk factors, diabetes and hearing loss assessment. Testing can be undertaken in many settings, used by non-scientists, provide results within minutes and in the case of blood related testing, requires much smaller volume samples (Luppa et al 2016, McShea 2015). This availability of a minimally invasive tool for diagnosis or screening and its potential role for vulnerable or hard to reach individuals raised the question of whether this might be of value for people with a learning disability.

The views and experiences of people with learning disability and associated practitioners on the use of POCT for diagnostic testing as a reasonable adjustment were explored as part of an evaluation study (Giles, Gordon & Ling 2017), this paper focused on service users' experiences due to paucity of available evidence. One of the study aims was to identify alternative models or reasonable adjustments to improve access and experience of screening and diagnostics. A qualitative approach (Mays and Pope 1995, Seale and Silverman 1997) was taken. Semi structured focus groups with service users (n=10) were recorded and transcribed verbatim and analysed using thematic analysis. The study was conducted by the University of Sunderland (Point of Care Centre) and funded by the NHS England Chief Scientific Office. Practitioners included commissioners, specialist learning disability staff and Practice Nurses.

### **Findings**

The key themes that emerged were a significant lack of awareness of POCT, the importance of the need for pre-test preparation and making adjustments for the individual needs.

While participant responses to seeing demonstrations of POCT and talking about its potential use were generally positive, there was a level of anxiety in relation to needle tests and seeing demonstrations of the POCT kit for the first time. Those who had already experienced or seen the test did not report the same levels of anxiety, however awareness of POCT was low; only 2 of the service users reporting having had a test using finger prick sampling. Use of strategies or adjustments to support people with learning disability and their carers emerged as essential to reducing anxiety in service users. This included enough time for preparation before tests, such as managing expectations using appropriate written, visual and/or verbal information and demonstrations and opportunities to ask questions. Service users reported needing clear explanations about POCT, what the equipment does, what it is for and what will happen to them during the test. For delivering tests practitioners' knowledge of individual needs, clear communication, normalising of screening and support from a known carer during tests were crucial. Stories from peers also appeared to influence engagement. In engaging with POCT, the use of stories, peers and humour emerged as both important and successful for service users.

### **Conclusion**

There is need to raise awareness of what POCT is both for service users and those involved in service provision. Service users' initial introduction and experiences may be key to how they react to subsequent tests and their future engagement. Individual, appropriate and timely preparation/demonstration and delivery of tests to minimise anxiety appear successful. A best practice guide is currently being developed from the study findings to prepare service users and healthcare workers involved with POCT screening in General Health Checks for adults who have learning disabilities.

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### **References**

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