

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 Point of Care Testing

- Overview
- Content
- Examples from the field



Background

- 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

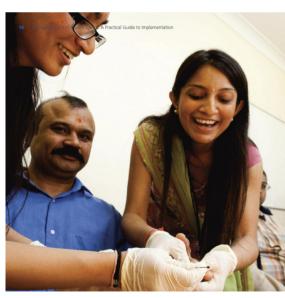
Purpose and Scope

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

4 Delivering the NHS Health Check: A Practical Guide to Implementation

What is Point of Care Testing?

Point of Care Testing (POCT) is defined as 'Diagnostic testing that is performed near to or at the site of the nationt care with the result leading to possible change in the care of the patient' In simple terms, it is laboratory testing performed in a non-laboratory setting, usually by appropriately

testing invariably requires the transport of patients or specimen for analysis using well-established and sometimes lengthy procedures². This increases the turnaround time for results being reported to clinicians and other relevant healthcare professionals By contrast, POCT results are have the potential to affect immediate patient management

Although laboratories offer a far greater range of tests, with emphasis on expertise, quality and reliability recent years have seen a tests that can be performed satisfactorily by POCT, largely as a result of technological advances and changes in clinical practice

In his review of NHS Pathology Services⁴, Lord Carter of Coles recommended that pathology services should work alongside PCTs and other community-based services to develop new pathways appropriate use of POCT and provide any necessary support

Why is it important? Given that the burden of vascular disease falls disproportionately on people living in deprived circumstances and on particular ethnic groups, the NHS Health opportunity to make significant progress towards tackling health

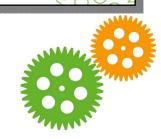


initiative has been designed to ensure a systematic and consister approach to vascular risk ssessment and managemen across England, However, the Department of Health Next Steps guidance for PCTs, published in recent Best Practice Guidance or the NHS Health Check, make it clear that PCTs should adopt local models of delivery that suit the

tion is taken from ISO22870, (pdf format). This Standard, to be used in conjunction with ISO 15189. ertains specifically to point of care testing. Sutjerres SL, Welty TE, Point-of-Care Testing: An Introduction, Annals of Pharmacotherapy 2004; 38(1):119-125.

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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 costs⁵ - Providing a more rapid result can save time and money and result in more effective use of resources⁶. 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

Cost⁵ - 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

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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



