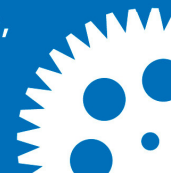


# The Role of POCT in the NHS Health Check

Mel Varvel  
NHS Improvement

**Free NHS Health Check**

Helping you prevent heart disease, stroke, diabetes and kidney disease.



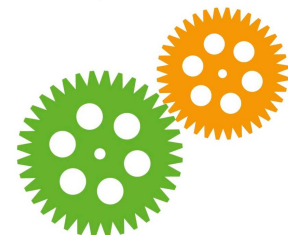
# Introduction

- Background to *Practical Guide Series*
- Purpose and scope
- Format
- A Practical Guide to Point of Care Testing
  - Overview
  - Content
- Examples from the field



# 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



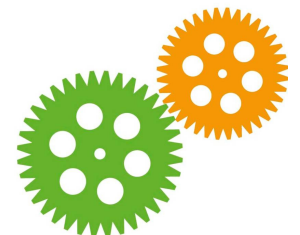
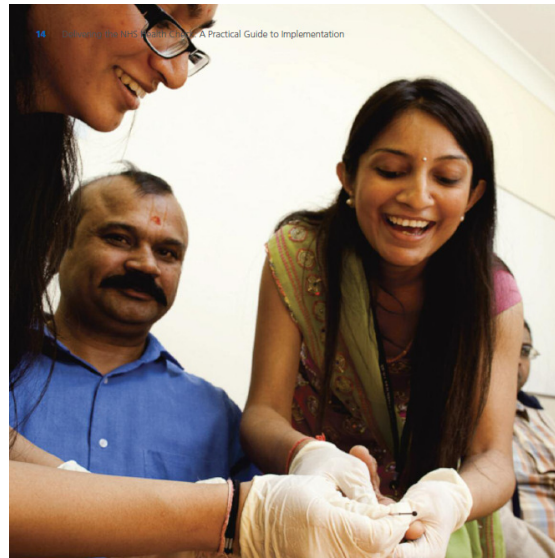
# Purpose and Scope

Guides are **NOT**:

- Definitive guidance on 'how to do it'
- Comprehensive
- Model schemes endorsed by DH or NHS Improvement
- Written by experts

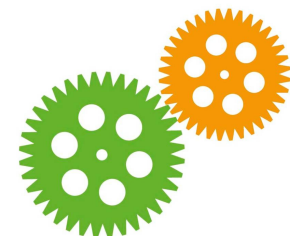
But they **ARE**:

- Short
- Practical
- Real life
- Useful!



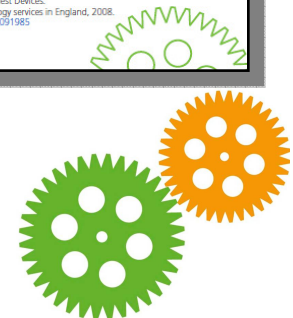
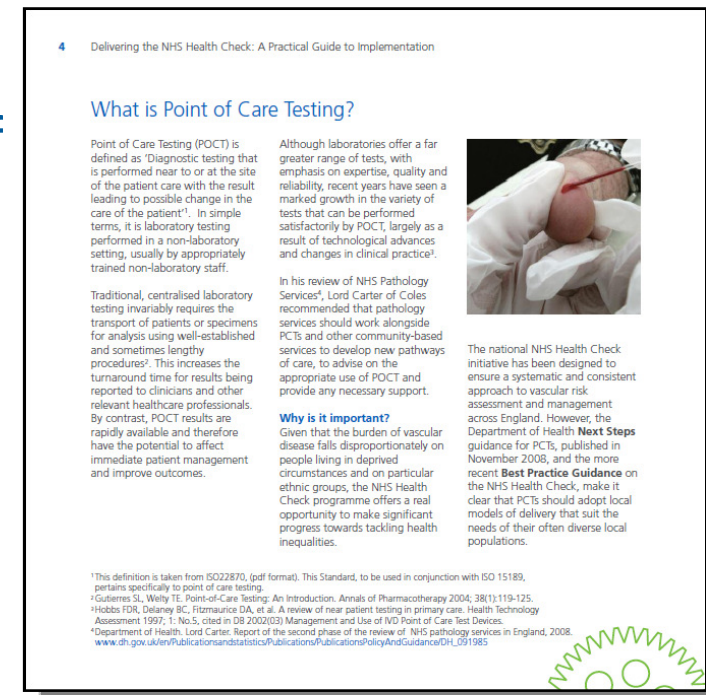
# Format

- 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





# 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.

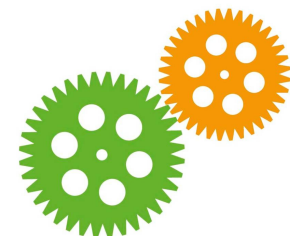
**More convenient for clients and more flexible for staff** - POCT is often highly portable and can be offered in a variety of locations.

**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<sup>5</sup>** - Providing a more rapid result can save time and money and result in more effective use of resources<sup>6</sup>. 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<sup>5</sup>** - 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.

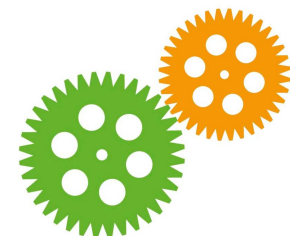
**Staff training and competence** - appropriate training, updating and monitoring is required to ensure accurate results. Given the universal and systematic nature of NHS Health Check, large numbers of staff may require training.

**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.

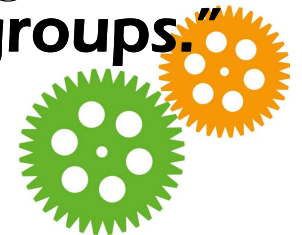
**Not appropriate for all testing** - the tests and measurements in the NHS Health Check are aimed at assessing risk of disease. Actual diagnosis of diabetes or non-diabetic Hyperglycaemia for those identified as being at risk requires a venous blood sample to be tested in the laboratory. In addition, 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 near patient testing was original POC equipment but varied biochemical tests to be conducted with key elements of the BBIG, however, process. Not all staff had efficient for the the same precision and accuracy as hospital use been mobilised against Hepatitis B which meant we service (dependent pathology analysers). Such approaches when The had to agreed with vaccination specialists with our occupational health service alongside stringent quality control and meaning that tests are performed in a timely manner. CP practices, in the night, the day and at weekends, allow a unique opportunity and quality control processes. I have found NPI Monthly management of CVD risk within a single step more feedback to the practices and detailed instruction and which are key to widen the access of hard to were support is resolving this issue. Our experience of using POC needed to be produced and one stop shop which reach groups." produced other campaigns in the future."



# 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](http://www.improvement.nhs.uk/nhshealthcheck)

