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Opportunities for high quality diagnostics in community

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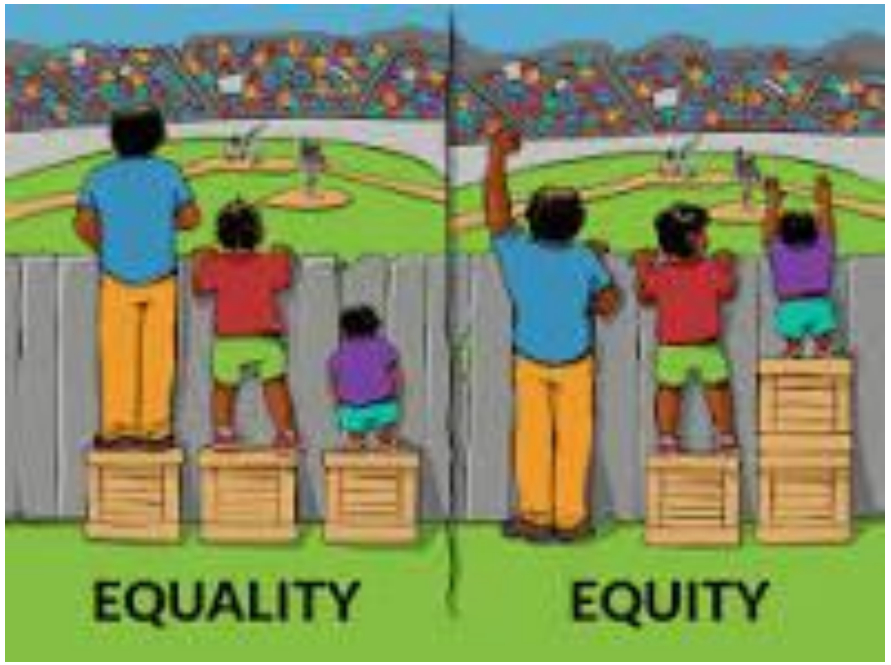
Opportunity: *A favourable, appropriate, or advantageous combination of circumstances.*

A chance or prospect



NHS **High quality healthcare for all**

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Community Healthcare

- Urgent Community Response
- District nursing
- Child health services
- Community occupational therapy
- Community paediatric clinics
- Community end of life/palliative care
- Community physiotherapy
- Musculoskeletal therapy
- Pulmonary or cardiac rehabilitation
- Community podiatry
- Community speech and language therapy
- Falls prevention services
- Intermediate care services
- Specialist nurses (for example, diabetes, COPD, heart failure, incontinence, tissue viability)
- Bed-based community rehabilitation
- Wheelchair services
- Health visiting
- School health services
- Sexual health services

Not an exhaustive list…

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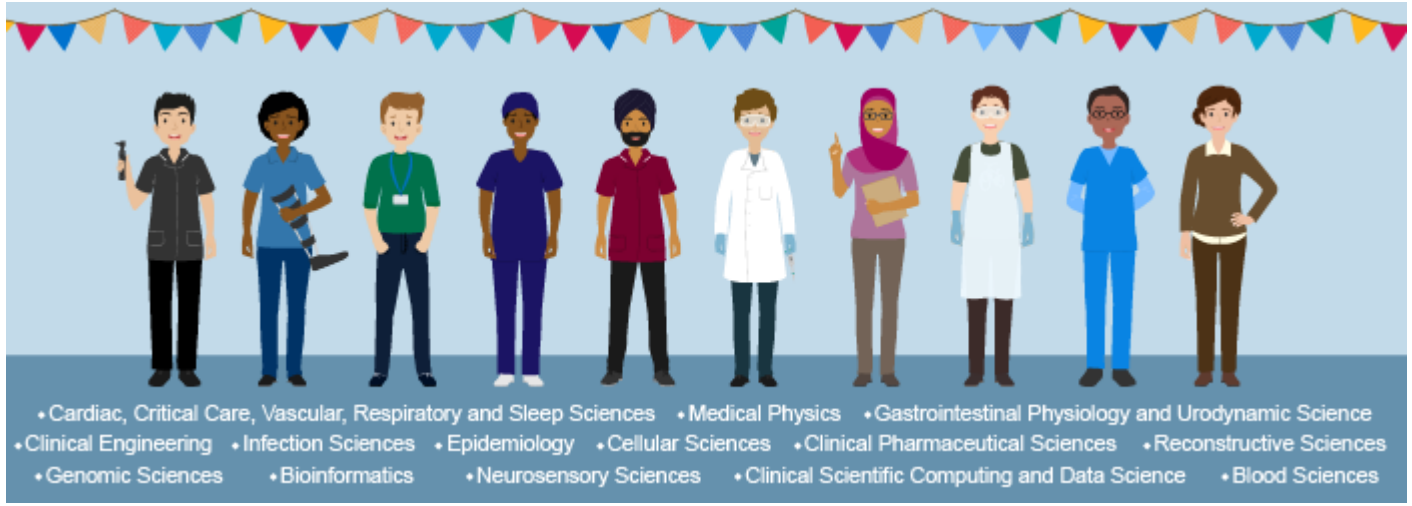
High quality community diagnostics

Lead by qualified diagnostic experts

Regularly monitored and scrutinized



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High quality Pathology community diagnostics

- Lead by Healthcare scientists
- Defined clinical question with a test capable of answering it
- Governed to ISO 15189:2022 standards
- Quality monitoring: IQC / EQA / audit
- Staff trained and demonstrate competency
- Economically sustainable
- Permanent traceable record; No phantom POCT

Opportunities in community

Key: Must know the clinical question to assess if the POCT test can answer it

Screening

- **Opportunistic**; Being seen for X, should we screen for Y (unrelated)
- **Targeted**; Being seen for X, should we screen for Y (related)

Diagnosis

- **Unwell ?cause** – run a panel of tests and look for a cause
- **Symptom** targeted testing i.e. specific symptoms – test for disease

Monitoring

- **Chronic disease** monitoring
- **Treatment** monitoring

Screening opportunities – Unrelated

Opportunistic; Being seen for X, should we screen for Y (unrelated)

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Learning disabilities:

Adults with a learning disability die 19.5 years younger than the general population. 38% of deaths are considered avoidable (9% in general population)

- a lack of *accessible* transport links
- patients not being identified as having a learning disability
- staff having little understanding about learning disability
- **failure to recognise that a person with a learning disability is unwell**
- **failure to make a correct *diagnosis***
- anxiety or a lack of confidence for people with a learning disability
- lack of joint working from different care providers
- not enough involvement allowed from carers
- inadequate aftercare or follow-up care

Learning Disability - Health Inequalities Research | Mencap

Screening opportunities – Unrelated

Opportunistic; Being seen for X, should we screen for Y (unrelated)

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RCGP; 2017

Step-by-step guide to **Health Checks for people with a learning disability**

“Investigations and taking blood Consider clinically relevant blood tests according to current guidelines. Consider point of care testing as appropriate

Considering less invasive options: a. Test blood using a finger prick. Many surgeries can do urine and blood glucose. Point of Care Testing (POCT) measurements and some can measure lipds.”

NICE Nov 2024 Briefing paper cardiovascular risk assessment and lipid modification.

- Response to treatment

“They also note standardization of reporting lipid profiles is needed and highlighted the need for recommendations on approaching point of care testing of lipid profiles”

Screening opportunities – Unrelated

Opportunistic; Being seen for X, should we screen for Y (unrelated)

Do people with learning disabilities require POCT lipids to receive equity of access to lipid management?

Are lipid POCT methods good enough?

Do they require reasonable adjustment in access to phlebotomy?

Is patient centric sampling considerations more appropriate: Low volume? Home sampling?

Screening opportunities – Unrelated

Opportunistic; Being seen for X, should we screen for Y (unrelated)

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Child-parent screening programme – April 2025 published evaluation.

15 Health innovation networks pilot scheme; 67 GP practices clinical pathway in which children offered a heel prick blood test at 1 year immunisation appointment.

If child has FH: then one parent will also have FH.

Cholesterol result is >5.3mmol/L: further genetic testing carried out.

Families identified: dietary advice and regular monitoring. Adult treated immediately and the child may start statins around age 10

Child-Parent-Screening-Service-Evaluation-Report.pdf

Screening opportunities – Unrelated

Opportunistic; Being seen for X, should we screen for Y (unrelated)

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Child-parent screening service

1820 screened. 2 diagnosed.

Success:

- GP practice with CVD champions
- Larger GP services more successful uptake – physical space to carry out tests
- Training for all staff important
- Education for parents on FH

Barriers:

- Staff did not know who to contact when a problem with using the device i.e. needed training. “Manufacturer ongoing support waned”
- Funding; Initially given £3 for each screen or £5.50 if owned the device, increased to £10 to encourage engagement.
- POC device errors required re-testing reducing uptake of screening. 25% error rate at 1 GP practice.

Child-Parent-Screening-Service-Evaluation-Report.pdf

Screening opportunities – Related

Targeted; Being seen for X, should we screen for Y (related)

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- Optometry services screening for Diabetes
- High risk life-style patients; screening for Hepatitis / HIV

Diagnosis: Unwell screening

- Virtual wards / Hospital at home – 12700 beds
- Urgent care response – 960k patients in 12months seen
- Ambulance – limited uptake

- U&E, total Hb, Lactate, Glucose, CRP
- Useful for new relationship assessment of elderly/frail/query dementia
- Avoiding hospital admission / Antibiotic stewardship

Labkit®
Near Patient Diagnostics

Diagnosis: Symptom targeted testing

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Flu test and treat community pathway

GP patients – respiratory symptoms;

- Reduce unnecessary antibiotic
- Increase anti-viral confidence and prescription
- ?Reduce deterioration
- ?Hospital admission

- Flu vaccine eligible patients
- Covid, FluA, FluB, RSV results provided
- 250 patients tested – 12.4% flu positive
- Good patient and clinician acceptance
- 17 hospital admissions avoided £37k
- 1 ITU admission avoided £1k
- 5 year net benefit of £1.76m

Community pathway to rapidly test and treat flu - The Health Innovation Network

Where is best?
Flu test and treat community pathway

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1. GP surgery: 1 appointment flow, limited space, number of patients daily per practice low
2. Out of hours GP: Has a HCA to assess / triage patient prior to GP, usually face to face in larger surgery or community hospital
3. GP same day centre: PCN wide – large patient numbers, add in HCA.
4. Pharmacy: Patients from GP surgery advised after triage to attend and be tested. Pharmacist prescribed by pathway

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Pharmacy First; Conditions they can offer prescription medicine for are

impetigo (aged 1 year and over)
infected insect bites (aged 1 year and over)
earache (aged 1 to 17 years)
sore throat (aged 5 years and over)
sinusitis (aged 12 years and over)
urinary tract infections (UTIs) (women aged 16 to 64 years)
shingles (aged 18 years and over)

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Benefits of pharmacy

- Alternative to GP appointment – capacity
- Co-location of GP surgery patients – lower cost of equipment
- Pharmacist prescribers increasing
- Pharmacy access to GP records – can document results*
- 90% of the population in England live within a 20-minute walk of a pharmacy

Challenges with pharmacy

Going it alone:

Point of care testing in community pharmacies Guidance for commissioners and community pharmacies delivering NHS services Version 1, January 2022

In my opinion;

Lack of POCT expertise engagement in this document

No advocation for involvement with pathology healthcare scientists

Quality monitoring was poorly described

Monitoring; Chronic disease

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Targeted intervention; Patients with no HbA1c in 12months
Reviewed for: clinical risk, deprivation indices, history of missed appointments.
Aim:
Reduce health inequality by improving access
Enable earlier intervention offering POCT HbA1c
Increase uptake in clinical review, and ultimately glycaemic control

Patients offered appointment including POCT HbA1c
Full assessment at same time and winter vaccinations

Monitoring; Chronic disease

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50% reduction in Did Not Attend rate in this patient group
Compared to matched control group

- Recorded HbA1c increased 13% in deprived group, compared to 6% in control group
- % of patients with HbA1c <58mmol/mol increased by 10% compared to 3% in control group
- Improved diabetic treatment targets (HbA1c, Blood pressure, cholesterol) by 6% compared to 4.7% in control

Neighbourhood health services 6 core components

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1. **Population health management**; system wide health intelligence with linked datasets
2. **Modern general practice**; community pharmacy, pharmacy first, digital self-service, NHS app. Range of access options
3. **Standardising community health services**; addressing health inequalities, accounting for physical and mental health needs, drug and alcohol dependency.
4. **Neighbourhood multidisciplinary teams**; Health, social care, wider partners to provide holistic joint assessments and personalised care plans
5. **Integrated intermediate care with a 'Home First' approach;** Short term rehabilitation, reablement and recovery services, therapy led approach. Step up and step-down approach with a home first approach at the core.
6. **Urgent neighbourhood services;** Urgent community response and Hospital at home (VW) services are aligned, work together and coordinated. Work with UTCs and SDEC services.

Neighbourhood health – Secondary care contribution

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- Supporting continuity of care while under specialist hospital team i.e. respiratory, diabetes, stroke and cardiology
- Supporting Hospital at home / VW services
- Joined up frailty services

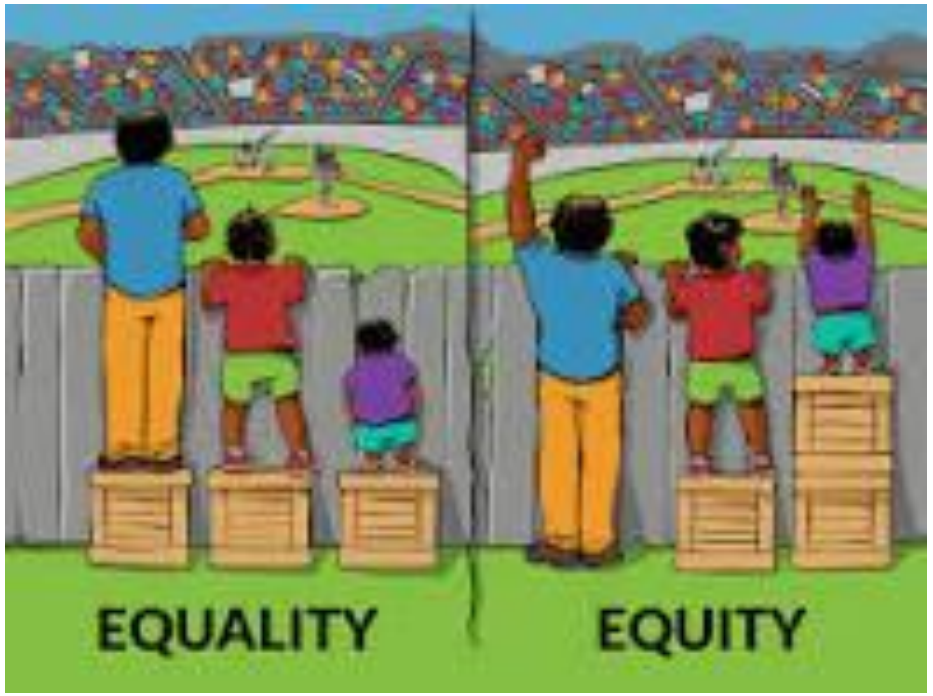
"Community diagnostic centres are likely to be considered anchor sites between primary, community and secondary care, enabling direct referral for diagnostic tests from a range of providers and optimising onward referrals to a range of health care settings for adults and children."

- 43 across NHS England (141 bids)
- "initially focus on supporting people with long-term conditions such as diabetes, arthritis, angina, high blood pressure. MS or epilepsy in areas with high deprivation"
- £10m funding in August
- DHSC commitment to open 100 neighbourhood health centres by 2030

Summary

Opportunities for high quality POCT in community

- Pathology experts are needed to implement and run high quality, sustainable POCT diagnostics in the community
- Opportunity to reduce health inequalities
- Opportunity for preventative medicine – targeted screening
- Opportunity for POCT as an incentive for re-engagement



Thankyou and Acknowledgments

BSPS POCT team; Clinical Scientists, Biomedical Scientists, Associate Practitioners, Medical Laboratory Assistants

Manufacturers that approach clinical staff with POCT teams, not in isolation

#IValueLabStaff

#PathologyROAR

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