

Establishing a national network for POCT – challenges and benefits

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The National POCT Delivery Group was established in 2006 as an informal network of POCT managers and co-ordinators from across Wales as an open forum to discuss the implementation of new POCT programmes, share best practice and inform government on quality and safety issues. Membership also included procurement and informatics experts. Serving a population of ≈ 3.1 M, the health service in Wales is provided by 7 Health Boards (HB) and 3 specialist Trusts. The HBs are responsible for the provision of a POCT service within 15 Major acute, 21 Minor injury Unit (MIU), 18 mental Health Hospitals and 30 Community Hospitals, along with commissioning of services over 2000 General practitioners.

The POCT Team in each HB is responsible for providing the assurance that the right test and quality is being used for its clinical utility, that users are trained and competent to safely undertake the test, that the limitations of the test is understood, that there is access to personnel that can interpret the test correctly and that there is a complete audit trail of the process. This includes; agreeing a specification for proposed acquisition of POCT, advice on the clinical utility of the test, evaluation of quality, training and competency assessment, device connectivity and IT infrastructure advice, quality assurance monitoring, performance surveillance, audit, governance surveillance and incident reporting within the HB. Their remit covers both secondary, community and primary care. The Delivery group meets every 6-8 weeks and has matured over the last decade to deliver a number of specific work programmes:

- The establishment of appropriate management and governance structures within each HB.
- Advised Government on developing a National Policy on POCT, which was approved and implemented in 2017.
- Developed National Training and competency documentation for POCT devices. Working with the qualification awarding bodies, a suite of training units and associated credits were developed.
- Developed National POCT website information resource for all healthcare providers and users.
- Developed National value-based procurement specifications and frameworks for POCT services. E.g. preferred suppliers' framework for blood gas, pregnancy testing, urinalysis, Healthcare professional blood glucose device managed service for secondary care, national formulary for patient self-testing devices for diabetes, managed service for INR monitoring in primary care including patient self-management, a framework for viscoelastic haemostasis testing for postpartum haemorrhage, and a national procurement for POCT devices for SARS-CoV-2 antigen testing in secondary care.
- Developed a National POCT IT Strategy and connectivity solution. A system was procured that provided the infrastructure to enable full connectivity of all approved POCT devices across Wales to support shared decision making. To date, seven HBs, covering multiple hospital locations in both urban and rural area, and 1 cancer trust, have been connected representing over 3200 devices, 35 different interfaces and a wide variety of devices. The platform was interfaced to a national Laboratory Information System, (LIMS), facilitating integration to the patient result portal and further downstream systems. Recent developments include an infrastructure design review and pilot for primary and community care connectivity.
- Shared best practice on device evaluations such as the identification and verification of candidate POCT SARS-CoV-2 antigen and antibody tests during the pandemic.
- Conducted National Audits of the service and recommendations for improvement.

There are obvious benefits of networking such as the learning and sharing of best practices, knowledge and information resources, as well as providing help and support when needed. Financial benefits include cost effective procurement contracts due to economies of scale, improved efficiencies through standardisation of devices, standardisation of processes such as training & competency assessment, and working collectively to improve service delivery and a more streamlined approach for the rapid deployment of a POCT service when needed. The collaborative approach, also provided a more powerful voice for POCT in Government. The disadvantage of an informal group was the inequity of resource and staff structures between HBs; service requirements differed and some did not have the capacity or resource to deliver what was needed; there was a lost opportunity to have more “joined up “ services across all Wales. Scope was also limited to pathology testing for most Departments and therefore imaging, respiratory, cardiac physiology devices were either not considered or there was a duplication of governance.

Building on the success of the informal network, one of the key actions in the National Pathology Programme Statement of intent, published in 2019, was to establish a more formal structured arrangement to deliver Point of Care Testing services in NHS Wales. A National Strategy Group of POCT clinical leads and POCT Managers from each HB, stakeholders and government representatives was established with the aim of setting the strategy and standards, with the existing National POCT Delivery Group supporting the delivery of the service. However, during the pandemic the work of the two groups was repurposed to undertake verification of candidate POCT devices / methods as part of the COVID testing strategy as well as identifying and providing advice on operational issues.

In 2023, a National PoCT Strategy was developed, highlighting the vision for the delivery of services along with the creation of a more formal National PoCT Strategy Board; a clinically led Board established to co-ordinate, and support the planning, implementation, and delivery of PoCT services

A “one Wales” PoCT service that is patient focused and aligned with “Healthier Wales”.

- Delivers a “diagnostics anywhere” approach to healthcare; providing diagnostic testing **where it is needed.**
- Reduces inappropriate variation using evidence-based practices consistently and transparently.
- Facilitates efficient procurement processes for PoCT related equipment and consumables taking a value-based approach.
- Makes efficient and effective use of workforce resources; a workforce that is flexible and can work across existing Health Board geographical boundaries.
- Ensures workforce models are sustainable; that standardised training programmes are developed at all levels at the right level for the clinical need.
- Embraces multidisciplinary working, breaking down the barriers between “silo” specialities, investing in advanced training of PoCT teams to provide diverse and relevant skills across specialties appropriate for our future need
- Works in partnership with academia for opportunities, making best use of innovation with disruptive and transformational technology.
- Builds on the IT Strategy for future needs, making best use of business intelligence.