

Consider implementation of diagnostic testing at the point of care.

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The provision of diagnostic services in healthcare is currently very topical. Traditionally the hospital laboratory provides a diagnostic service to primary care but recent advances in technology allow many tests to be performed closer to the patient. Testing at the point of care (POCT) has become commonly used in a variety of settings within acute care. Now, judicious use of POCT in primary care is one solution to increase efficiency of patient management.

A simple example is the treatment of vaginal infection. The symptoms are non-specific and differential diagnosis is problematic. Broadly speaking, the causative agents are 60:40 bacteria:yeast. Write a prescription for metronidazole and 60% of patients won't be back next week taking up another appointment slot. But the other prescriptions will simply have been wasted. However, with an easy test using a vaginal swab you can accurately differentiate between bacterial and yeast infections in just one minute – so the patient is on the right therapy straightaway.

Tests can also be used to rule disease out. For suspected urinary tract infection (UTI),

simple urine leucocyte esterase and nitrite dipstick tests can rule out UTI and cut inappropriate antibiotic prescribing. Similarly, a new rapid test for antibodies to *Helicobacter pylori* can reduce the numbers of patients referred for expensive endoscopy.

POCT can really come into its own in chronic disease management, such as using desktop analysers to measure glycated haemoglobin in a primary care-based diabetes clinic, allowing doctors to have timely information available to manage discussions with patients on their condition.

There are definite benefits for POCT in primary care, but what about the downside? Who will actually do the testing? Experienced biomedical scientists manage testing within hospitals. Point of care tests are designed for use in less skilled hands. But even so, POCT raises issues of user training, quality control, instrument maintenance, interpretation of results and ensuring those results enter the patient record. These potential obstacles require careful, continued management to ensure high-quality information is obtained.

There is also a financial aspect – almost without exception, the direct cost of a test designed for use in primary care will be more than that for a laboratory test. But this needs to be balanced with hidden costs – unnecessary or inappropriate therapy, transport of samples (or even patients) to hospital laboratories, as well as the cost of needless bed occupancy. Also factor in extra costs for out-of-hours service, or the costs of that repeat appointment.

The NHS has undergone dramatic change – creating internal markets with healthcare providers and customers. Utilising the information generated by POCT, Primary Care Trusts (PCTs) can better satisfy their customers' needs by increasing patient confidence in the way that their problem is being handled, applying on the spot testing to diagnose and monitor disease, and by also implementing programmes designed to prevent onset of disease.

The availability of a wide range of diagnostic tests designed to meet the challenges of an increasingly demanding customer base can go a long way to help reach long-term strategic objectives for PCTs.