Connected POCT Services in Grampian Community Hospitals

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Currently, blood test results at the community hospitals in Aberdeen are obtained through sending specimens to laboratories. Due to restricted transport collection times and resulting delays in receiving results this impacts on local clinicians' ability for prompt and informed decision making and may result in inappropriate admissions in unscheduled care at Aberdeen Royal Infirmary (ARI). The proposed development is to introduce connected POCT chemistry analysers in community hospitals across Aberdeenshire which will:

- It eliminates the geographical difficulties hindering laboratory involvement in supporting POCT in primary care and the community setting. In turn this offers the opportunity to develop new diagnostic services that deliver reliable laboratory test results locally supporting diagnosis and clinical decision making outside the secondary care setting.

- Facilitate 24/7 access to reliable diagnostic results to remote local community hospitals.

- Facilitate the inclusion of all POCT results into the electronic patient record (PMS, ICE, Vision and EMIS).

- Facilitate the clinical governance of all community hospital POCT testing (through central management of user access, user training, quality assurance of results, audit, maintenance and accreditation) without burdening the POCT users themselves such as clinic staff and practice nurses.

By enabling improved decision making by Clinicians within the Cottage Hospitals, and in line with Scottish government policy, more patients will be treated locally reducing the costs on the NHS by moving them to the main Acute Hospital. The project involves a collaboration with NHS Grampian, DHI and the University of Strathclyde and will produce a rigorous Health Economic Assessment which will enable other Cottage hospitals and locations to adopt localised POCT throughout Scotland. In summary, with this new technology, there is the potential to implement a new model of delivery for diagnostic testing that will deliver better outcomes for patients and assist clinical teams in managing the flow of patients across the community / acute service interface.