Evaluation of PocDoc Implementation at Granta Primary Care Network

This report was commissioned by Cambridgeshire and Peterborough Integrated Care Board in collaboration with Granta Primary Care Network

Work completed by Dr Godsfavour Ilori, Sophie Leming and Dr Chiara Lombardo on behalf of Health Innovation East

Executive summary

1. Introduction

Cambridgeshire and Peterborough Integrated Care Board (C&P ICB), in collaboration with Granta Primary Care Network (PCN), commissioned Health Innovation East to support the implementation and evaluation of a PocDoc pilot. PocDoc is a digital platform enabling at-home cholesterol testing which collects wider data to assess patient's risk and has been adopted as a pilot to address low attendance rates. Granta PCN offered PocDoc home testing to those who had previously not attended a Health Check despite being eligible under the defined criteria for the target population alongside their existing pathway intervention with the intention of they would see a higher uptake of testing.

Patients who expressed interest after being contacted by text message received test kits by post. They then completed the tests themselves, and received immediate results, which were also shared with their GP. Of the 15,062 eligible patients identified by Granta PCN, the pilot initially targeted around 2,600 individuals who had been invited but not attended a check. The evaluation explores the potential of remote testing to complement existing models by reaching patients less likely to attend in-person appointments. Early data suggests that over half of eligible patients had never received an NHS Health Check, highlighting a gap this pilot seeks to address.

2. Aim of this evaluation

This evaluation aimed to understand the impact of the PocDoc home-testing pathway on patient lipid screening uptake, its role in prompting patients to undertake a full NHS Health Check, overall patient satisfaction, and the experience of staff delivery of the home testing pathway and in-practice follow up at Granta PCN.

3. Methods used to approach this evaluation

This evaluation adopted a mixed method approach and was conducted between December 2024 and June 2025. Data sources included both quantitative and qualitative inputs from patients and staff involved in the PocDoc at-home testing pilot at Granta PCN. Patient-level data was drawn from 916 completed home-based digital diagnostic tests provided through PocDoc, enabling analysis of lipid screening uptake and cardiovascular risk identification. Staff insights were gathered from five Granta PCN team members involved in the delivery of both in practice and at home testing pathways to assess implementation and operational experience.

A follow-up survey of 4,827 invitees captured feedback from PocDoc users (n=252) and non-users (n=360), exploring satisfaction, usability, and reasons for non-completion. Quantitative data were analysed descriptively, with open-ended responses providing deeper insight into patient and staff perspectives.

4. Summary of key findings from this evaluation

4.1. The PocDoc at-home testing identified cardiovascular risks in the cohort of patients as follows: 396 (43%) had high total cholesterol and nearly 165 (69%) showed raised systolic blood pressure.

4.2. Most users found the test convenient (n= 401; 83.5%), easy to use (n=407; 83%), and valued the immediacy of results (n=377; 78.4%). 326 (71%) reported being 'very likely' to recommend PocDoc to others.

4.3. Over a third (33%) of patients who responded to the survey said that they would not have attended a full NHS Health Check without first completing the PocDoc test. 26% had completed a Health Check following the PocDoc test. Staff respondents stated that they perceived PocDoc as a useful tool for Health Check engagement.

4.4. Following a PocDoc test 30% of respondents stated that they have made changes to their lifestyle or medication and 49% had intentions to.

4.5. Among non-completers of the test kits, the key barriers included technical difficulties, discomfort with home testing, and absence of reminders. Only about half said they would complete a future test.

4.6. A small number of staff (n=5) provided feedback and described operational challenges including increased workload, duplicate appointments due to unclear messaging, and insufficient integration with clinical systems. Staff also acknowledged the positive role PocDoc plays in encouraging Health Check engagement and the potential for it as an outreach service in non-traditional settings. There is opportunity to increase Granta staff enthusiasm for recommending the PocDoc home-testing pathway to other PCNs.

5. Key recommendations for future implementation and evaluation of PocDoc at-home test

5.1. Ensure strategic alignment with existing care pathways. PocDoc and implementation colleagues should work closely with staff to support service integration, minimise burden and foster benefits of effective integration on wider PCN services.

5.2. Provide comprehensive user support by delivering clear, personalised explanations of results, automated guidance on next steps, integrated follow-up with GP practices, and accessible options such as live chat, helplines, virtual consultations, and optional follow-up for users needing assistance or with abnormal results.

5.3. Ensure clear patient communication. Strengthen trust and transparency by clearly explaining test accuracy, result generation, and quality control processes.

5.4. PocDoc should conduct evaluations over a longer timeframe to assess sustained engagement, behaviour change, and long-term health outcomes following at-home testing. Monitor follow-up actions such as GP appointments, lifestyle intervention, or medication uptake.

List of abbreviations

BMI	Body Mass Index
C&P	Cambridgeshire and Peterborough
CE	Conformité Européenne
CLSI	Clinical and Laboratory Standard Institute
CVD	Cardiovascular Disease
DBP	Diastolic Blood Pressure
GP	General Practitioner
HDL	High Density Lipoprotein
ICB	Integrated Care Board
LDL	Low Density Lipoprotein
LMC	Local Medical Committee
MA	Microfluidic Assay
NCEP	National Cholesterol Education Program
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NIH	National Institute of Health
ONS	Office for National Statistics
PCN	Primary Care Network
SBP	Systolic Blood Pressure
SD	Standard Deviation
TC	Total Cholesterol
UK	United Kingdom

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Background

Context

Cambridgeshire and Peterborough (C&P) Integrated Care Board (ICB) approached Health Innovation East to support the implementation and evaluation of a priority project in collaboration with Granta Primary Care Network (PCN). Health Innovation East have led project meetings to finalise the delivery roadmap, advise and support on project implementation and finalise the evaluation scope.

A large cohort of patients across the region were identified as eligible for a National Health Service (NHS) Health Check but historically non-attendance is high within the eligible cohort (40-74 years old). To explore a potential avenue to address this opportunity for targeted intervention the pilot deployed PocDoc a digital platform offering remote, at-home cholesterol testing. The PocDoc test kit is delivered directly to patients, enabling them to conduct a lipid panel test at home and receive immediate results via the App. The PocDoc App contains the PocDoc Health Questionnaire and guides the user through completing a PocDoc diagnostic test. These results are also shared securely with the relevant PCN. The initial implementation pathway offered both at-home and in-practice (GP surgery) tests options, however the at-home pathway proved popular and therefore became the sole modality.

This remote testing forms part of a broader consideration of a potential NHS Health Check strategy and serves as a proactive engagement tool. The intention is to prompt follow-up action, either encouraging patients to attend a full in-practice Health Check or directing them to lifestyle support services such as education or behaviour change programmes. PocDoc has previously delivered community-based initiatives with healthcare providers primarily in the Midlands and is seeking to expand its region reach. Granta PCN identified a large cohort of 15,062 patients that have been identified as in-need of an NHS Health Check (40yrs-70yrs), the initial target population for the pilot includes approximately 2608 of these individuals who were invited but did not attend an NHS Health Check. The majority (80%) of these patients who had been invited to a Health Check and not attended were 40-59. The pilot introduced at home-testing for individuals who had been invited to an NHS Health Check but had not attended, as well as in-service testing for patients not yet invited. A total of 4,827 invitations to complete a PocDoc test were sent between December 2024 and February 2025.

The evaluation of this pilot will appraise the impact of the PocDoc at-home testing pathway on lipid screening uptake, patient experience, and staff experience at Granta PCN. The evaluation also explores the potential of at-home testing to complement existing models by reaching individuals less likely to attend in-person appointments, such as full NHS Health Checks.

PocDoc: A Digital Health Platform for Cardiovascular Disease Risk Assessment

PocDoc has developed a clinically aligned digital health platform that empowers users via smartphone or tablet paired with a PocDoc lateral flow device to rapidly assess their cardiovascular disease (CVD) risk. This CA-marked diagnostic tool includes a quantitative 6-marker lipid panel lateral flow test, delivering accurate cholesterol readings in 8–10 minutes. It provides healthcare professionals and patients with immediate, actionable insights that align with NHS clinical guidelines.

Clinical Features:

- **Quantitative 6-Marker Lipid Panel**: PocDoc generates readings for total cholesterol (TC), high-density lipoprotein (HDL), triglycerides, non-HDL, total cholesterol to HDL ratio (TC/HDL), and low-density lipoprotein (LDL) using a Micro-fluidic coupled with digital analysis via an App. These markers are plotted against NHS thresholds for cardiovascular risk stratification, supporting early detection and prevention strategies. The platform also calculates "healthy heart age" offering a comparative measure of an individual's cardiovascular health. A lower heart age relative to chronological age indicates a healthier heart.
- **QRISK3 Algorithm Integration**: The platform integrates the QRISK3 tool, an extensively validated cardiovascular risk prediction algorithm used widely in the NHS to calculate the 10-year risk of developing CVD. QRISK3 accounts for numerous variables, including lipid levels, age, sex, ethnicity, smoking status, and medical history (e.g., diabetes, hypertension), and has demonstrated superior predictive accuracy in UK-based populations (1).
- **User-Entered Data Fields**: Additional parameters such as BMI, blood pressure, weight, and lifestyle data can be recorded by the user, further enriching the CVD risk assessment. While not directly measured in this pilot, these variables can help in broader population health analytics.
- **Rapid Turnaround Time**: The average time from test initiation to result generation is nine minutes, supporting fast, point-of-care decision making (1).
- **Remote Testing & Home Use Potential**: The PocDoc test can be distributed to patients' homes, making it a powerful tool for reaching underserved populations, including those who typically do not attend NHS Health Checks. Studies have shown that remote lipid testing can improve uptake and early identification of CVD risk, particularly among younger and working-age adults (2).
- **Integration with Existing Care Pathways:** PocDoc can be used alongside other public health initiatives, such as hypertension screening, and integrates seamlessly with primary care and pharmacy systems, facilitating real-time reporting, auditing, and data sharing. This is aligned with NHS England's goals for digital transformation and population health management.

Evidence Review

Microfluidic assay (MA) for lipid testing has been shown in peer-reviewed literature to correlate strongly with laboratory-based enzymatic methods, particularly when paired with digital calibration and optical reading technologies. For example, a study evaluated a mobile point of care lipid analyser and found high correlation coefficients with reference laboratory tests for total cholesterol, HDL, and triglycerides, supporting its use in decentralised and community settings (3). The accuracy and reliability of MAs are further enhanced through integration with digital tools, such as smartphone-assisted readers. Colombo et al. (4) demonstrated real-time processing of microfluidic assays using smartphone cameras and algorithmic enhancement, enabling earlier detection and reducing user error, making these systems particularly suitable for remote or community-based care.

The effectiveness of MAs is further strengthened when embedded within digital health ecosystems. Albasri et al. (5) found that point-of-care lipid testing, particularly in community pharmacies supported by digital platforms, significantly improved lipid profiles, including reductions in total cholesterol and LDL.

Furthermore, digital platforms combining remote diagnostics with clinician decision support have been shown to improve chronic disease management outcomes and patient engagement in a mobile cardiovascular risk self-management study (6).

Specifically, regarding the PocDoc platform, a performance evaluation conducted using 125 whole blood samples and aligned with clinical and laboratory standard (CLSI) guidelines, demonstrated that the device meets international NCEP (National Cholesterol Education Program) standards (7). The PocDoc test showed a strong correlation ($r = 0.8$) with laboratory-based total cholesterol results, supporting its potential as an alternative to venous lipid testing. Bland-Altman analysis confirmed its suitability for use in primary care settings. However, concerns have been raised about the possibility of false negatives and their clinical implications, though sensitivity analysis under lab conditions showed PocDoc successfully identified 8 out of 10 high-cholesterol samples.

PocDoc results are compatible with the QRISK algorithm, in line with National Institute for Health and Care Excellence (NICE) clinical guidelines (NG238), reinforcing its applicability in clinical decision-making. However, limitations have been noted, including current lack of ability to integrate with GP clinical systems, requiring manual data entry by clinicians. While using GP Connect could have addressed this limitation, it was not possible due to the Local Medical Committee (LMC) advising practices to stop using the service.

Implementation data from PocDoc's previous community-based pilots, including work with the Northeast and North Cumbria ICB (8), provide further insights into population reach and effectiveness. 80% of tests were completed by individuals aged 40 and above, aligning with national priorities for cardiovascular screening. Among those tested, 38% were found to have high or unhealthy lipid levels, and 81% had either never had a cholesterol test before or had not been tested in over five years. Analysis suggests that over 70% of users were from areas classified as deprived, demonstrating the platform's potential to reach underserved populations. In terms of user satisfaction, 97% of users indicated they would recommend PocDoc to friends and family, while 99% reported they understood the results of their test.

Case studies suggest additional value in non-traditional settings such as football grounds and health buses, where time savings and improved access to care were noted. For instance, a pilot in Leeds found that mobile cardiovascular outreach services helped overcome traditional access barriers and improved screening, diagnostics, and medicines optimisation for cardiovascular disease (9).

However, some of the current evidence base comes from PocDoc-affiliated sources. This evaluation will provide an opportunity for an independent evaluation of the impact of PocDoc implementation in primary care services. In particular, the evaluation intends to add robust insights of staff and patient experience and gather information on a home-testing approach, for which there is currently no data.

Aims and objectives

This evaluation aimed to understand the impact of a PocDoc home testing pathway on uptake of patient lipid screening using PocDoc and follow up NHS Health Check, patient satisfaction, and staff experience of implementing the in practice and home testing PocDoc pathways. The evaluation had the following objectives:

1. To describe patient uptake and clinical outputs of PocDoc at home test.
2. To identify patients' clinical values and engagement that might inform the implementation of PocDoc at-home testing in the ICB.
3. To explore patient experiences of using PocDoc at home.
4. To explore staff experience and perceptions in relation to the use of PocDoc with the at-home tests pathway.
5. Provide considerations and recommendations for scalability, future implementation, and further evaluation.

Methods

This evaluation utilised a mixed-method approach whereby data collection spanned an implementation period of December 2024 - June 2025.

Data collection

Data for this evaluation were obtained from Granta and PocDoc, specifically from home administered digital diagnostic tests completed by patients. These tests are designed to be self-administered and capture a wide range of clinically relevant data, which is then securely and automatically uploaded to the PocDoc digital platform. This was then transferred within a secure, password encrypted Excel Spreadsheet to Health Innovation East for analysis. The dataset includes comprehensive information about each patient, encompassing both demographic and clinical variables. These include age, sex, ethnicity, and smoking status, as well as historical testing data, such as whether the individual had previously had their blood cholesterol levels measured. The platform also tracks testing frequency over time, aggregating data on the number of self-tests conducted per month.

A small amount of data from Granta PCN was provided in Microsoft Excel, this included demographic information about those eligible for a Health Check, patients invited to take a PocDoc test; sex, ethnicity and age, and the numbers of those invited to take a test, tracked across different time points during the pilot.

Patient-reported feedback was collected to evaluate user experience with the PocDoc testing service. This feedback was gathered through two structured questionnaires:

1. Patients who completed the PocDoc test were asked a short series of questions immediately after completion on the app. This survey addressed several key areas: patient testing preference and experience of usability and clarity of results etc.

2. All patients who were sent a PocDoc test were sent a link to a Health Innovation East hosted Zoho Survey in May 2025. This was sent by Granta PCN to all patients who were sent a test. This survey sought to gather feedback from those who did not complete the test as well as those who may have gone on to interact with the surgery following their test, for example for follow up appointments. The survey focused on general experiences of the pathway as a whole, such as challenges and enablers to testing.

Staff-reported feedback was collected to evaluate experience with implementing the PocDoc testing service. This feedback was gathered through one structured questionnaire:

- All staff who had a role implementing PocDoc, such as admin, HCAs and clinical nurses were sent a link to a Health Innovation East hosted Zoho Survey in May 2025. This was sent by Granta PCN to relevant staff. Five staff completed this survey, and therefore any quantitative findings should be considered within the small sample size.

All data was downloaded to Microsoft Excel and shared with Health Innovation East before being securely stored on the data storage area.

Data analysis

Patient demographics

Descriptive analysis was conducted to characterise the demographic profile of the patient sample who completed a test (n=916). Key variables analysed included age group, sex, ethnicity, and smoking status. This analysis was performed to provide a comprehensive overview of the sample population and to facilitate an understanding of the demographic composition of individuals who utilised the PocDoc self-test at home. Summary statistics were generated using STATA statistical software and Microsoft Excel.

Impact evaluation: quantitative analysis

To assess prior exposure to cardiovascular risk assessment and establish whether PocDoc testing represented a first-time lipid test, participants were asked if they had previously had their blood cholesterol levels measured.

Key biometric indicators collected through PocDoc were analysed to describe the cohort's cardiovascular risk profile. Body Mass Index (BMI) was grouped as healthy (<25), overweight (25 – 30), and obese (>30). QRisk scores were categorised into low (<10%), high (10 – 20%), and very high (>20%) risk levels. Lipid profile markers were flagged as high if total cholesterol exceeded 5 mmol/L, non-HDL cholesterol exceeded 4 mmol/L, or triglycerides exceeded 2.3 mmol/L. Blood pressure was classified as normal (SBP<120 mmHg, DBP<80 mmHg), elevated (SBP 120-130 mmHg, DBP 80-90 mmHg), and high (SBP>130 mmHg DBP>90 mmHg). Heart age was summarised using mean, standard deviation, and range. Test invitation data was shared by Granta PCN.

Survey data analysis

Patient and staff reported feedback was evaluated using both quantitative and qualitative methods. Closed-ended survey questions were quantitatively analysed. The patient surveys included a Net Promoter Score (NPS) question; Net Promoter Score (NPS®) is a metric that uses customers' likelihood to recommend a product, service, or organisation as a score for customer experience. Due to the small number of staff (5) who participated in this pilot, we therefore did not calculate the NPS score. Open ended responses were thematically analysed to capture user experience in more depth.

Findings

PocDoc patient uptake: cohort demographics

Table 1 presents the summary statistics of the cohort demographics. The analysis of the PocDoc sample (n=916) reveals that the average age was 53, most users were aged between 40 -59 years (n=651, 71%), indicating strong uptake among middle-aged and older adults. This user group reflects the purposive sampling approach to invites whereby 72% of those invited to take a test were 40-59 years old. Younger adults aged 23 -39 accounted for less than 1% of the sample. The sample comprised more females (n=510, 56%) than males (n=406, 44%). Ethnic composition was predominantly white (n=794, 87%), with limited representation from minority ethnic groups such as Indian (4%), Chinese (3%), and Black African (1%). A similar breakdown of ethnicity of those invited is not available, however the census 2021 defines the South Cambridgeshire population as 89% white. In terms of smoking status, most participants were non-smokers (n=684%, 75%), with ex-smokers making up to 19%, and current smokers representing a small fraction (6%) of the sample.

TABLE 1. SUMMARY STATISTICS: COHORT DEMOGRAPHICS

Variables	No of patients	Percentage
Age group		
23 - 30	5	0.5%
31 – 39	4	0.4%
40 – 59	651	71.1%
60 – 75	256	28.0%
Sex		
Female	510	55.7%
Male	406	44.3%
Ethnicity		
Bangladeshi	2	0.2%
Black African	10	1.1%
Black Caribbean	6	0.7%
Chinese	27	3.0%
Indian	34	3.7%
Not Stated	7	0.8%
Other Asian	12	1.3%
Other Ethnic Group	23	2.5%
Pakistani	1	0.1%

White	794	86.7%
Smoking status		
Non-smoker	684	74.7%
Ex-smoker	174	19.0%
Light smoker	30	3.3%
Moderate smoker	26	2.8%
Heavy smoker	2	0.2%
Sample size	**916**	**100%**

Number of patients who completed tests that had not previously had cholesterol testing

Table 2 presents history of blood cholesterol testing among PocDoc users (n=916). Out of the 916 patients surveyed on the app immediately following the test, 43% (n=397) reported that they had never previously had their blood cholesterol levels measured. Among those who had undergone cholesterol testing, 19% (n=175) had been tested within the past year, 21% (n=193) had been tested within the past five years, and 16% (n=151) had been tested more than five years ago. These findings indicate that over 40% participants had no prior exposure to cholesterol testing, while less than one-fifth had undergone recent testing in the past year.

TABLE 2. HISTORY OF BLOOD CHOLESTEROL TESTING AMONG POCDOC USERS

Have you previously had your blood cholesterol levels measured?	No of patients	Percentage
Never	397	43.3%
Yes, but not in the previous 5 years	151	16.5%
Yes, in the previous 5 years	193	21.1%
Yes, in the previous year	175	19.1%
Sample size	**916**	**100%**

Number of patients with increased body mass index values

The distribution of BMI categories (n=916) reveals that 45% of individuals (n=414) fall within the healthy weight range, while 36% (n=330) are classified as overweight, and 19% (n=172) fall into the obese category (**Figure 1**).

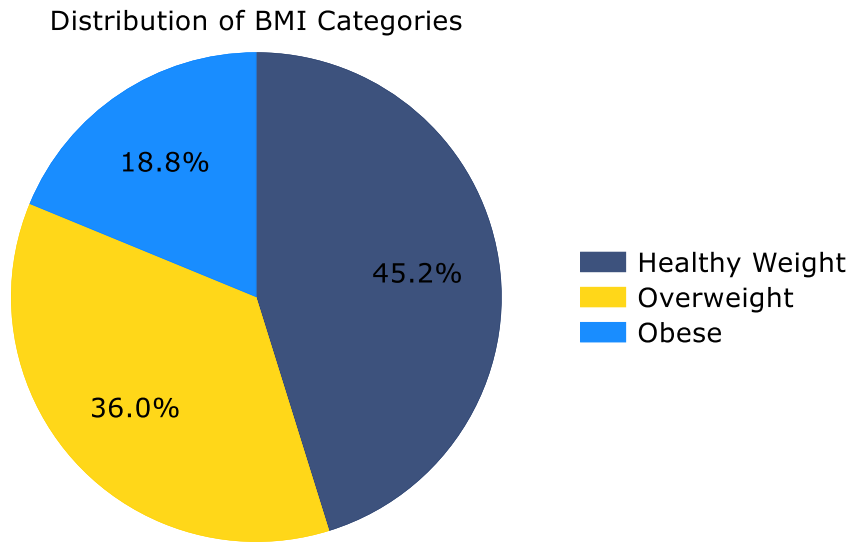

FIGURE 1. DISTRIBUTION OF BODY WEIGHT CATEGORIES

Patient clinical values and engagement

Number of test carried out monthly

Figure 2 shows the total PocDoc test carried out by month. A total of 4,827 patients were initially invited to take up a PocDoc test between December (2024) and February (2025) via text message. 2,000 tests were sent out between December 2024 and April 2025 following responses to text invites requesting a test. A total of 916 self-tests were completed between December 2024 and May 2025. Testing activity increased sharply from 21 tests in December 2024 to 135 in January 2025, peaking in February 2025 with 430 tests. This was followed by a decline to 277 tests in March, 48 in April, and a further drop to 5 tests in May 2025. The majority of testing (over 80%) occurred during the three month period from January to March 2025, indicating a concentrated phase of user engagement with the at-home testing platform during this timeframe.

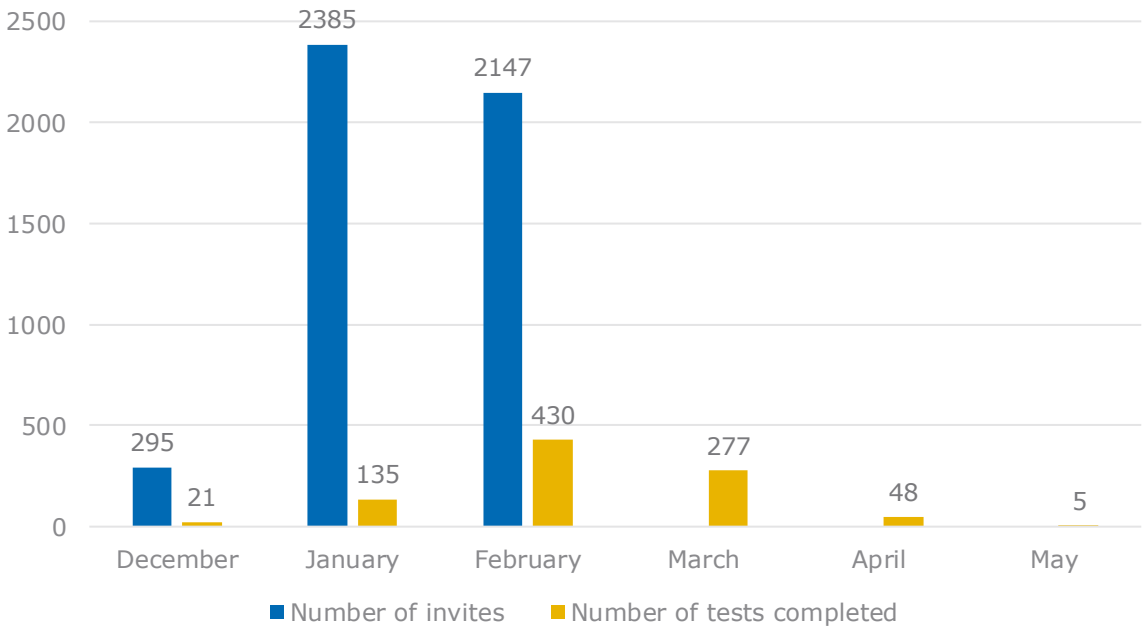

FIGURE 2. TOTAL TEST BY MONTH

Number of patients at risk of high blood pressure

Figure 3 illustrates the distribution of systolic and diastolic blood pressure categories by percentage among a sample of 240 individuals who provided their blood pressure reading. For systolic blood pressure, 31% (n=75) of individuals had normal readings, 38% (n=90) were in the elevated category, and another 31% (n=75) were classified as having high systolic blood pressure.

In terms of diastolic blood pressure, 53% (n=126) of individuals had normal values, 43% (n=103) fell into the elevated category, and only 4.6% (n=11) were identified as having high diastolic blood pressure.

Overall, the results highlight that elevated blood pressure, particularly systolic is a prominent feature in this sample.

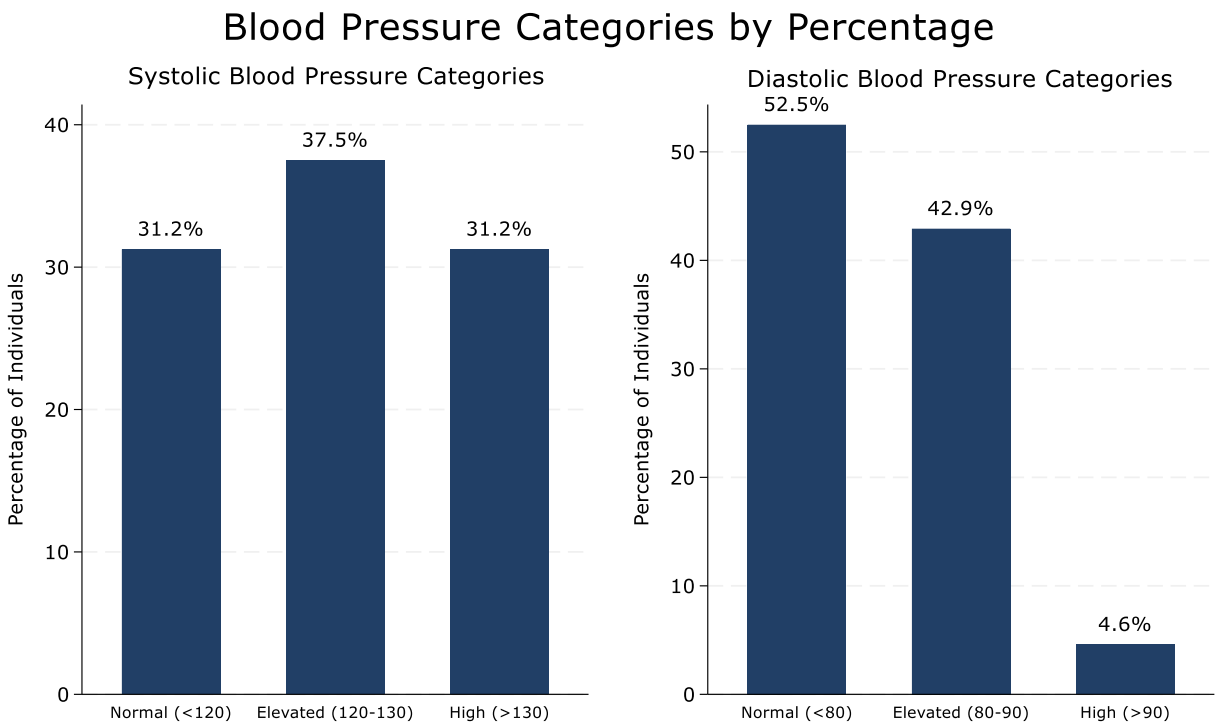

FIGURE 3. DISTRIBUTION OF SYSTOLIC AND DIASTOLIC BLOOD PRESSURE

Number of patient at risk of CVD (QRisk)

QRisk score is a validated algorithm that estimates a patient's 10-year risk of developing cardiovascular disease (CVD), including events such as heart attacks or strokes. A higher QRisk score signifies a greater risk of future CVD. **Figure 4** presents QRisk categories by percentage with a sample size of 894. The vast majority of the cohort population is at low risk (82%; n=733) for cardiovascular events, 14.6% (n=131) is at moderate risk and 3.4%(n=30) is at high risk. This suggests that most individuals assessed do not require intervention, but attention should be given to moderate and high-risk groups for preventative measures.

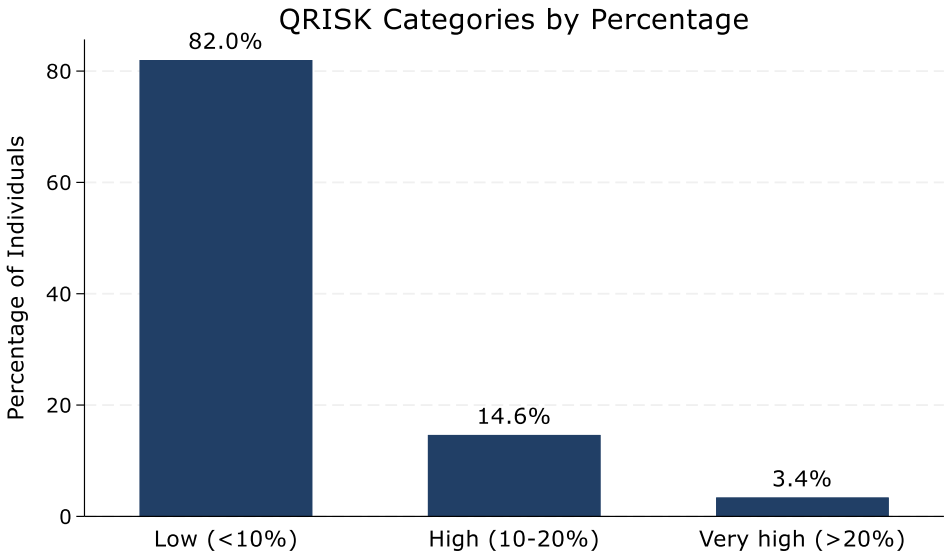

FIGURE 4. QRISK CATEGORIES BY PERCENTAGE

Number of patient with high lipid levels

Figure 5 presents proportion of individuals with elevated lipid levels. The chart shows that a notable portion of the sample population has high lipid levels, with 43% (n=396) exhibiting high total cholesterol, 25% (n=226) showing high triglycerides, and 13% (n=118) having high non-HDL cholesterol. High total cholesterol is the most prevalent, affecting nearly half of all individuals, while high triglycerides and non-HDL cholesterol also represent substantial risk factors.

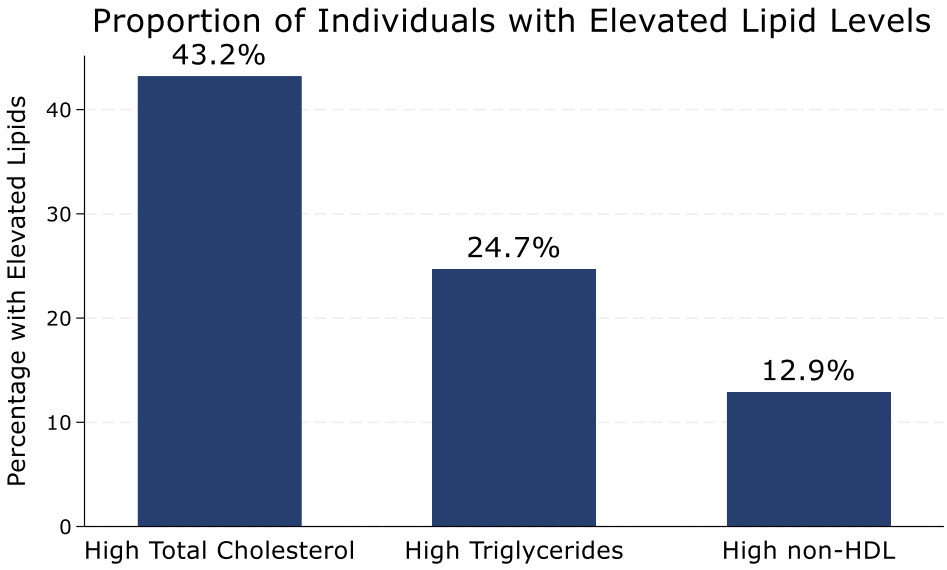

FIGURE 5. PROPORTION OF INDIVIDUALS WITH HIGH LIPID LEVELS

Number of individuals by healthy heart age

Figure 6 provides an overview of the healthy heart age distribution for a sample of 892 individuals. The average healthy heart age of those who completed a test is approximately 42 years, indicating that, on average, participants' heart health corresponds to this age. The standard deviation of 22.89 (see **Appendix: Table A1**) indicates a substantial variability in heart ages across the sample. This suggests that most individuals' healthy heart ages fall within roughly 23 years above or below the mean,

approximately between 19 and 65 years, highlighting considerable differences in heart health status. The healthy heart ages range widely, from a minimum of 2 years to a maximum of 79 years. Notably, there is a gap in the distribution between 10 and 40 years, indicating that no participants' heart ages fell within this range. This gap reflects that participants' heart health did not align with ages in this interval, as shown in the figure below. Overall, the data illustrate that while some individuals have exceptionally youthful hearts relative to their age, others have health comparable to much older individuals.

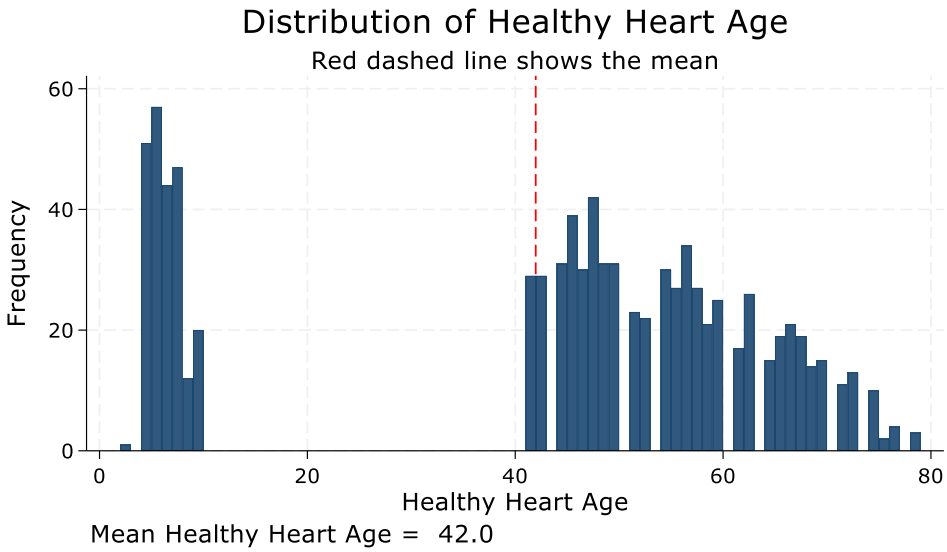

FIGURE 6. DISTRIBUTION OF HEALTHY HEART AGE

Exploring patient experiences of using PocDoc at-home

This section provides results of the survey conducted by PocDoc immediately after test completion (n=512), including common themes on participants open-ended comments (n=103) regarding their experience using the PocDoc self-test lateral flow at home. This includes five major themes that reflect common user experiences, concerns, and suggestions.

Convenience of PocDoc compared to GP visits

Figure 7 shows that the majority of patients (83.5%; n=401) found the PocDoc at home self-test *'more convenient'* than visiting a GP practice. While 12.1% (n=58) of patients answered to *'about the same'* and 4.4% (n=21) responded *'less convenient'*.

Those who found the service convenient felt that the test provided an accessible and empowering method of self-care.

> *"This is a brilliant scheme. As a healthy 44 year old, I never would have gone to have my cholesterol checked but it is a relief having had it done"* (P01)

> *"Great to be able to do a test at home at a time convenient for me"* (P02)

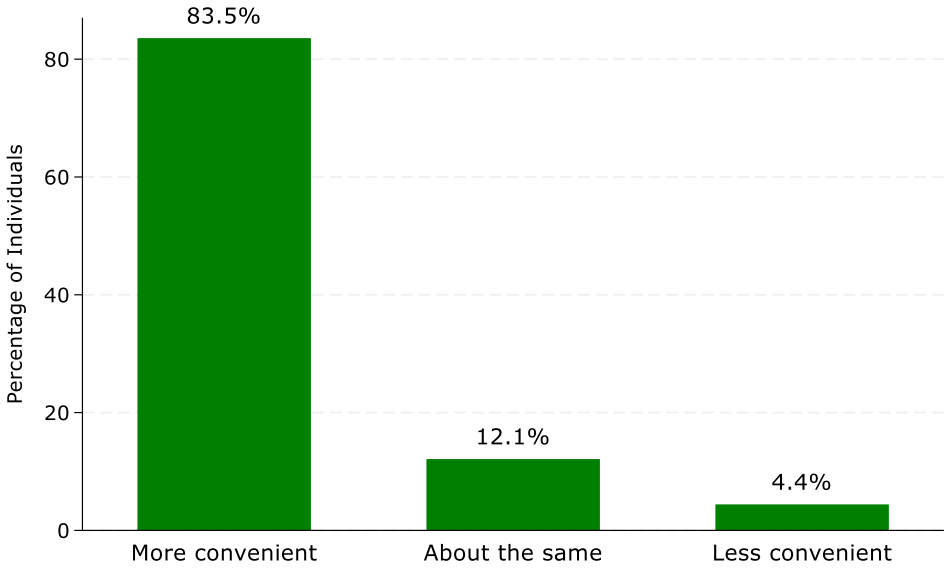

FIGURE 7. CONVENIENCE OF POCDOC VS GP

Likelihood of recommending the test to others

The Test Recommendation results from the patient survey (n=461) shows rating from 0 to 10 (No response for 1) (**Figure 8**). Most patients would highly recommend the test to others, with 71% (31% n=143 rated 9, 38% n=183 rated 10) giving it the highest two scores, these are categorised as 'promoters' by NPS. 8% of patients (n=39/461) selected scores between 0 – 6, these are considered 'detractors'. The NPS score for PocDoc from patients is 62. This result suggests confidence in the test's value and user experience.

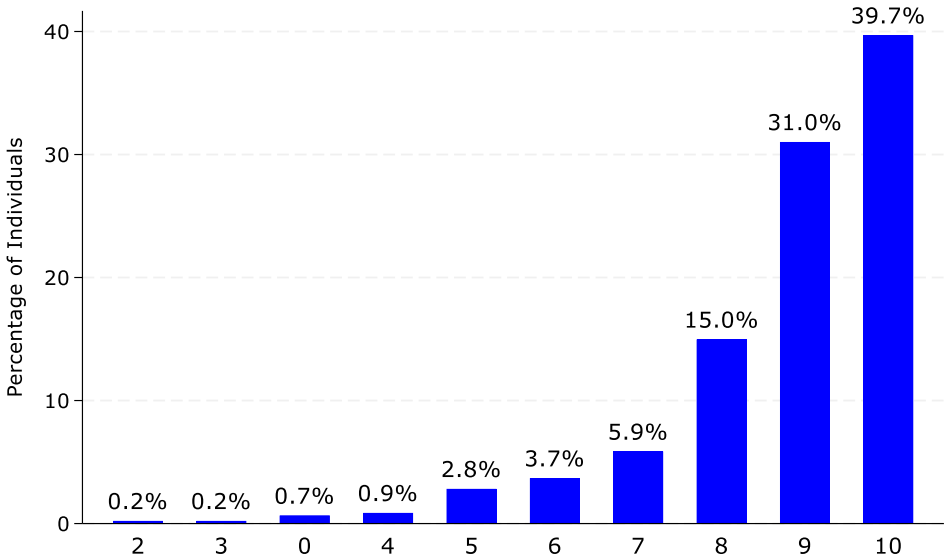

FIGURE 8. LIKELIHOOD OF RECOMMENDING THE TEST TO OTHERS

Receiving PocDoc results immediately compared to through a GP

The Results Preference analysis shows most patients (78.4%; n=377) prefer receiving results immediately, rather than waiting to hear from a GP (n=481). 11.2% (n=54) have no preference while 10.4% (n=50) prefer results from the GP (**Figure 9**). This highlights the value of real-time feedback in patient satisfaction.

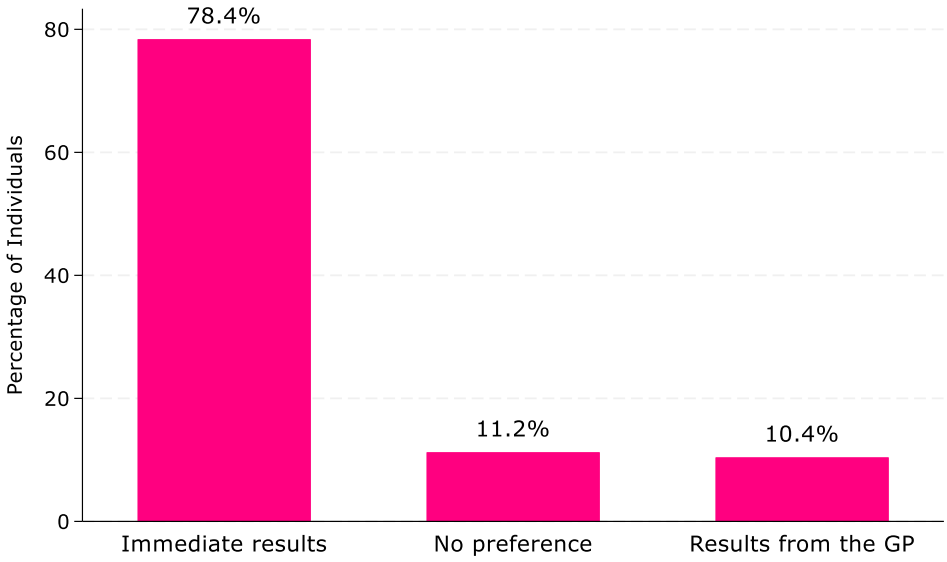

FIGURE 9. RESULTS PREFERENCE

Ease of use

83% (n=407/488) of question respondents rated the test as easy to use (scores 4 and 5), while 17% (n=81) combined rated the test as difficult (1-3). This suggests a user-friendly interface and instructions, though a minority experienced some difficulty (**Figure 10**).

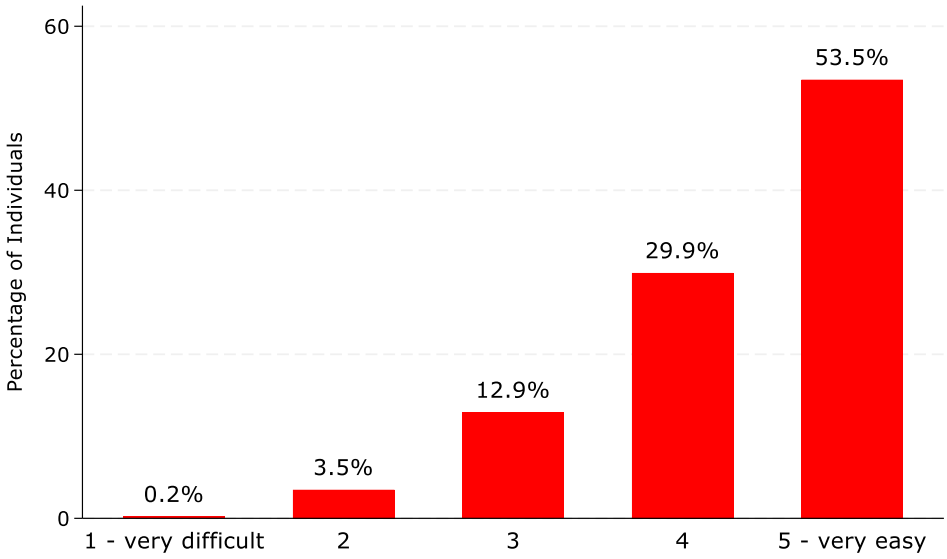

FIGURE 10. EASE OF USE

Of those who found it difficult, common examples given included drawing enough blood, using the lancet correctly, or managing the capillary tubes. These barriers led to frustration and in some cases, the need for multiple test kits.

> *"Very faffy, especially the capillary tubes and the peel sticker which doesn't come away easily. It took 3 kits, finally, to deliver a result. I would have given up if it had failed again"* (P03)

> *"Drawing blood without taking in air into the pipettes was impossible"* (P04)

Moreover, several participants experienced compatibility issues between their mobile devices and the test application. In many cases, users only discovered these limitations after initiating the test process, which created additional stress and interrupted the testing procedure.

> *"Had to use child's phone as my Galaxy J6 was not supported."* (P05)

> *"I didn't like it that when I checked if my phone was compatible it stated that my phone was compatible only to discover that that was not the case (I needed to ask my husband to borrow his phone)."* (P06)

Clarity of test result

The Test Clarity from a patient perspective, is generally high (n=488), with 83.4% (n=407) finding the test result clear (**Figure 11**). However, 16.6% (n=81) found the test results less than clear. While many found the test straightforward and well explained, others described the process as confusing. Common difficulties included misunderstanding the timing for peeling stickers or locating the correct video instructions.

> *"Would have been helpful to have the instructions video to watch as a summary BEFORE start, to suit everyone's preparation requirements. I have mistakenly removed the sticker cover too soon (before sample processing) and took me long time to find the corresponding video instructions on youtube to check whether to reapply the sticker or leave it exposed during processing"* (P07)

> *"Hated that the first test failed and had to reorder one and do it again, even though I followed all of the instructions carefully"* (P08)

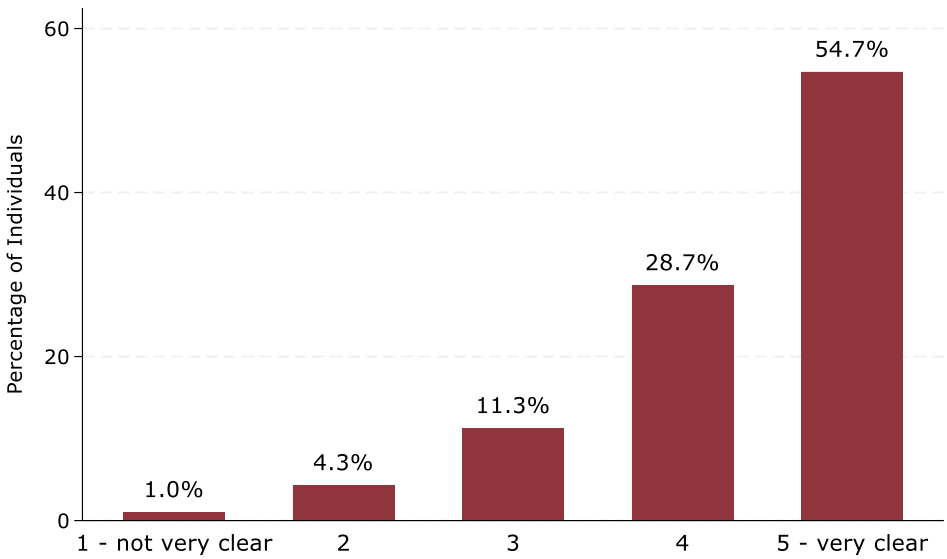

FIGURE 11. CLARITY OF TEST RESULT

Clarity of next steps after testing

While 40% (n=195/486) found the test steps very clear, there is a notable minority (17.5%; n=85/486) who found the steps not very clear (**Figure 12**). This suggests room for improvement in how the step-by-step process is communicated. A marked portion of comments revealed uncertainty around

interpreting the test results and what actions to take afterward. Participants asked for clearer explanations, more context, and guidance about what high readings meant and what to do next.

"What do I do next in the light of my results?" (P09)

*"No feedback on what to expect next"(*P10)

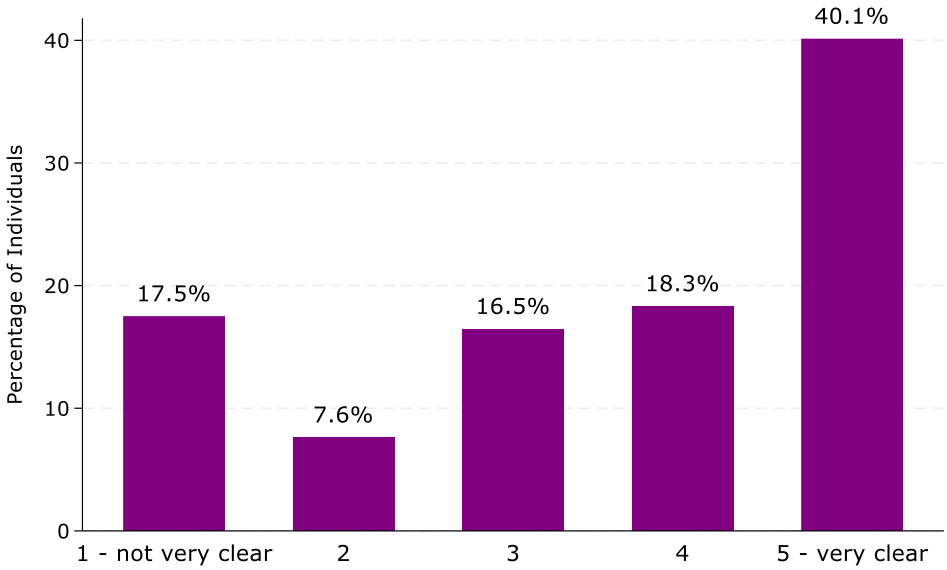

FIGURE 12. CLARITY OF NEXT STEPS AFTER TESTING

FOLLOW-UP FEEDBACK ON HOW POCDOC USERS AND NON-USERS DESCRIBE THEIR EXPERIENCE

This section presents the follow-up feedback results of the survey conducted by Health Innovation East. This includes 252 responses from the 916 individuals who completed a PocDoc test and 360 responses from the 3911 who did not complete the test despite receiving an invitation.

Patient engagement with GP services following PocDoc test completion

Figure 13 presents patient engagement with GP services following PocDoc test completion. The majority of respondents (61%, n=110/252) reported not having any of the following potentially relevant appointments at their GP surgery after completing the PocDoc test. A smaller portion (26%, n=48) indicated they had a full Health Check, while 5% (n=9) attended a medication review. A further 7% (n=13) were unsure whether they had any relevant appointments.

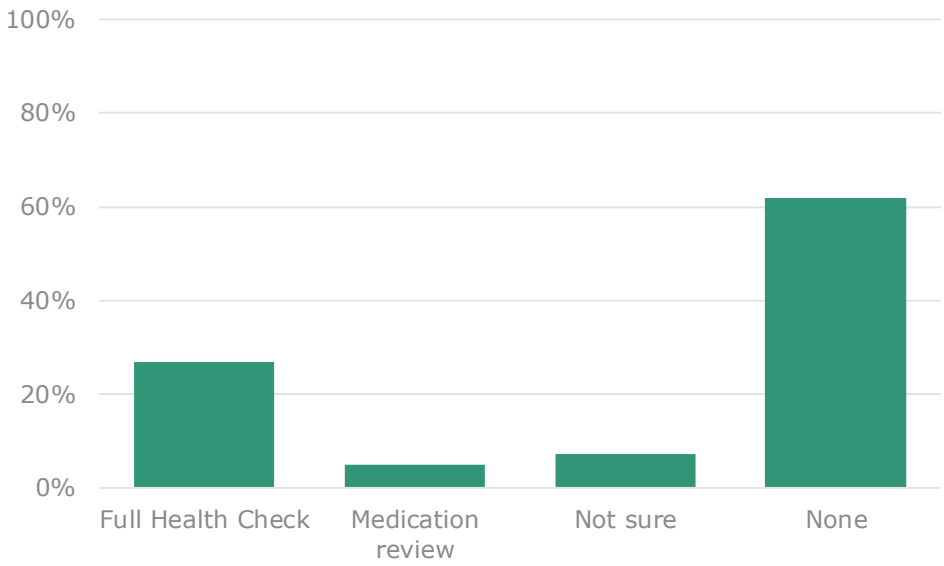

FIGURE 13. APPOINTMENTS AFTER POCDOC TEST

Patient-reported ease of ordering the PocDoc test and booking follow-up appointments

While ordering the PocDoc test was easy for most users, booking follow-up appointments posed a challenge for many (**Figure 14**). The process was rated very easy (score of 5) by the vast majority of respondents (76%, n=136), indicating strong satisfaction with the ordering experience. Only a small percentage rated it as difficult (scores 1-2 combined = 4%, n=6). For the ease of booking follow-up appointments, responses were more mixed. 22% (n=32) rated the process as very easy (score of 5). 31% (n=46) found the booking very difficult (score of 1). Based on the response participants gave for finding the booking of follow-up appointments very difficult, two clear themes emerged in their response.

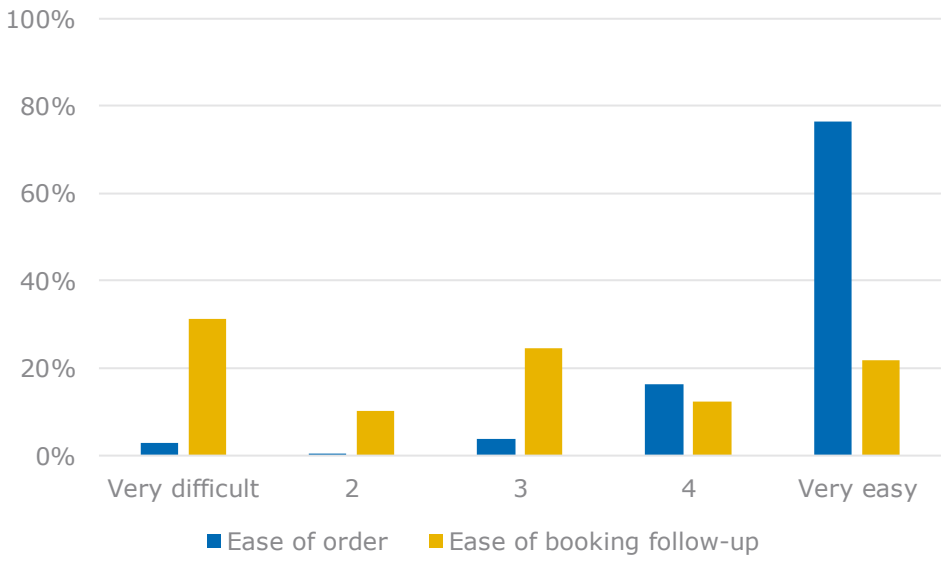

FIGURE 14. HOW EASY WAS IT TO ORDER YOUR POCDOC TEST AND BOOK YOUR FOLLOW-UP APPOINTMENT?

- **Difficulty accessing appointments and follow-up care:** Some respondents expressed strong frustration with booking appointments, citing long wait times, lack of available slots, and barriers created by reception staff or online systems.

> *"No appointments available, will include in my annual review"* (P11)

> *"The system isn't joined up - there are nowhere near enough Health Check appointment slots available. I tried multiple times to get an appointment. In the end I resorted to sending a message, and I even had to try several times because there was capacity available to send a message. The ability to make appointments at our surgery has significantly deteriorated in the 25 years we've lived here. What's the point in offering these preventative tests to catch problems early if a person needs to have a serious medical issue in order to get an appointment?"* (P12)

Patients' likelihood of attending a full NHS Health Check without the PocDoc test

Results suggest that the PocDoc test plays a significant role in encouraging individuals to attend a full Health Check. Of the 48 respondents who answered this question, 52% (n=25) indicated they would have attended a Health Check even without the PocDoc test. However, 33% (n=16) stated they would not have attended without it, and 14.6% (n=7) were unsure.

Clarity of post-appointment action plan for cholesterol management

Figure 15 shows the varied responses of the level of clarity among participants regarding their cholesterol action plans following their follow-up appointment at the surgery. Many participants either felt very unclear (28%, n=44) or very clear (30%, n=46) about their next steps. Meanwhile, 27% (n=42) chose a middle ground rating of 3, which may reflect either neutrality or mixed feelings about the service.

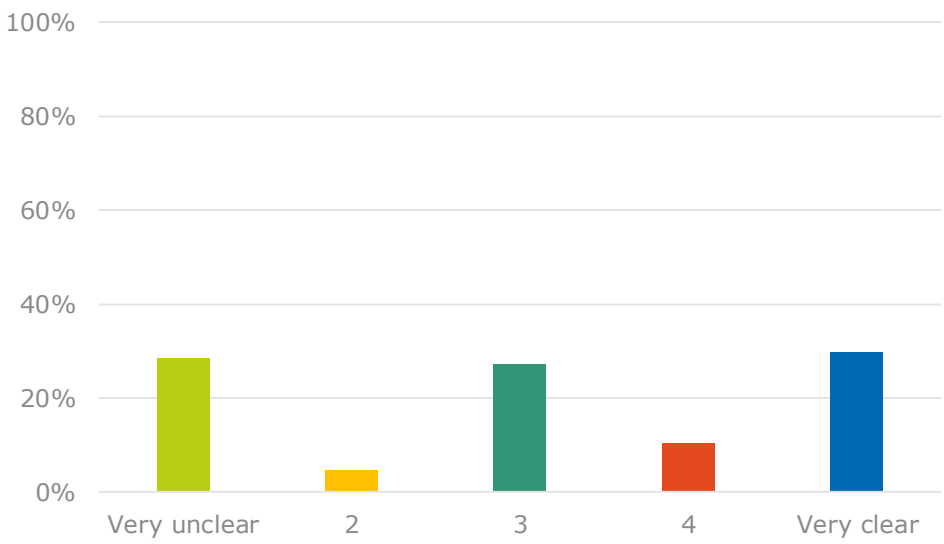

FIGURE 15. CLARITY OF CHOLESTEROL ACTION PLAN AFTER APPOINTMENT

Healthy behaviour changes and future intentions following the initial PocDoc test

Figure 16 portrays a distinction between actions respondents have already taken and those they intend to take in the future regarding cholesterol management following the PocDoc test. While half of the respondents (50%, n=87) reported that they have not yet made any changes, 30% (n=68) had made at least one. 49% (n=84/172) said they intend to make changes in the future. The most common lifestyle modifications reported, both implemented and planned, were adopting a healthier diet (29%, n=51 currently; 34%, n=59 intended) and increasing exercise (19%, n=33 currently; 27%, n=46 intended). Other changes, such as reducing alcohol consumption (n=11; 6.3%), quitting smoking (n=5; 2.9%), and altering medication (n=9; 5.2%), were mentioned less frequently.

"It was useful information and a good nudge to look at my diet. Thank you" (P13)

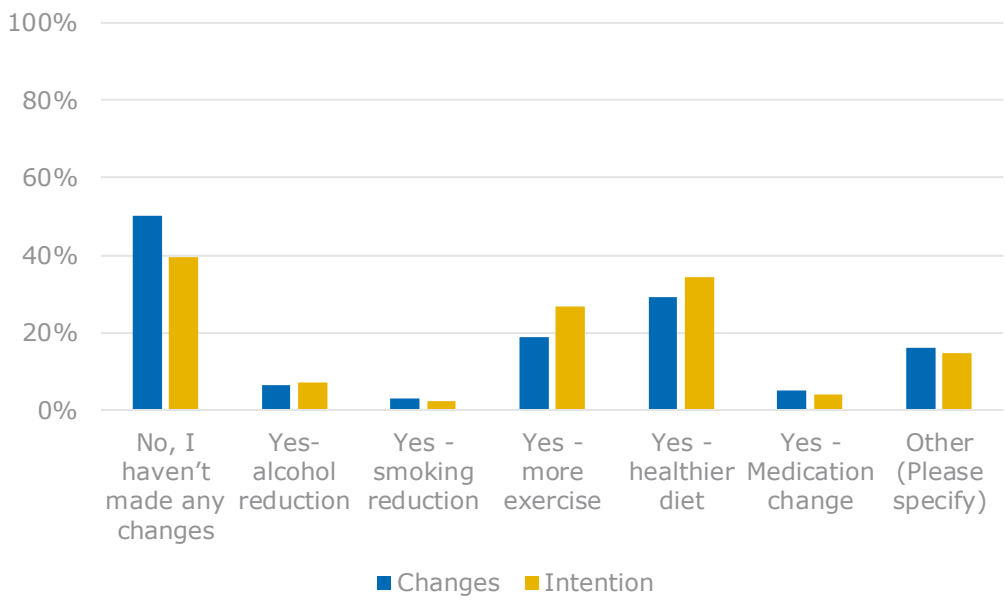

FIGURE 16. ACTIONS TAKEN AND INTENDED CHANGES FOLLOWING POCDOC TEST

Perceived benefits of using PocDoc among respondents

Figure 17 shows response of the perceived benefits of using PocDoc among participants, with convenience (52.6, n=92) and faster results (40.6%, n=71) being the most frequent cited benefits. Accessibility (37.1%, n=65) and flexibility in timing (32%, n=56) were also commonly reported. 17.7% (n=31) reported feeling more in control of their health. 28% (n=49) of respondents did not perceive any benefits.

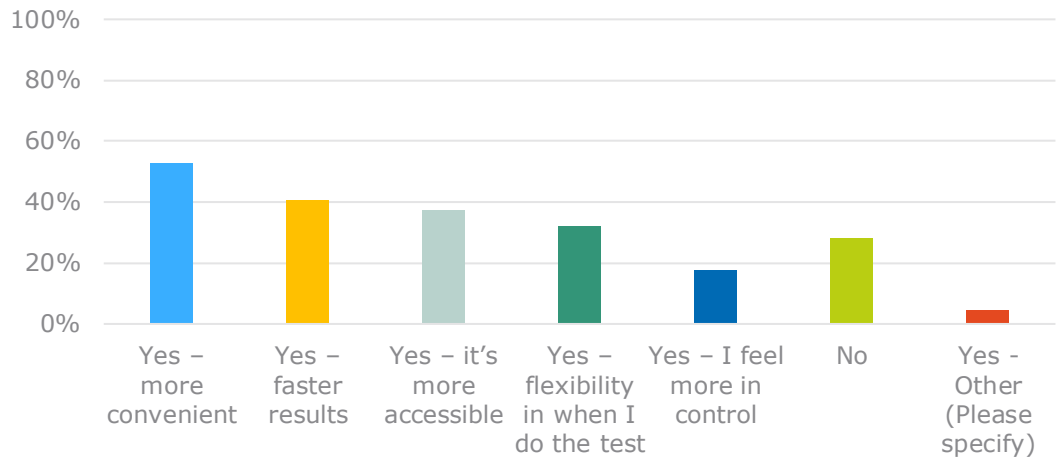

FIGURE 17. HAVE YOU RECOGNISED ANY BENEFITS TO USING POCDOC

Reported barriers to completing the PocDoc test

The reasons participants gave for not completing the PocDoc test reflect a combination of logistical, technical, and communication-related barriers. **Figure 18** reveals a range of reasons why participants did not complete the PocDoc test, with the majority (63.3%, n=167) selecting "other", indicating that many barriers may fall outside the predefined categories. The most commonly reported barrier among respondents who selected "other" was that they did not receive the PocDoc test kit. Although all those who were sent this survey were invited to take a PocDoc test, many of them may not have responded to the invitation to take part. Among the specific options, the most common reason was forgetting to complete the test (13.3%, n=35), followed by technical issues such as the app not working on their phone (9.1%, n=24) and lacking the necessary items to complete the test (6.8%, n=18). A smaller percentage of users reported difficulties with using specific components like the pipette (1.5%, n=4), lancet (2.7%, n=7), or collecting not enough blood (2.7%, n=7).

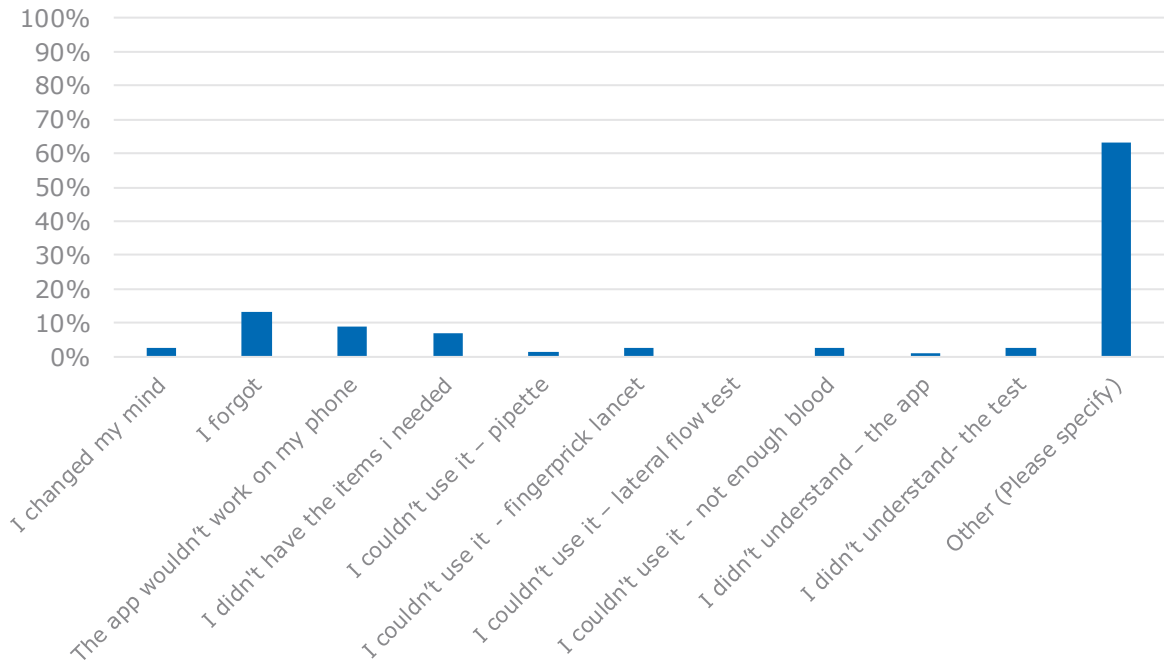

FIGURE 18. WHAT PREVENTED YOU FROM COMPLETING THE POCDOC TEST?

Qualitative feedback helps to contextualise and deepen understanding of these responses. A recurring theme was lack of awareness or clarity. Several participants reported they did not know what the PocDoc test was and had never heard of it before, with some only learning about it through the feedback survey.

> *"The first I heard about it was getting this link sent to me asking for feedback. I have not been offered any sort of test"* (P14)

This suggests that communication strategies were insufficient or unclear, with SMS-based outreach particularly criticized as ineffective or easily overlooked. Patients may also have overlooked, or forgotten the initial invitation received between Dec 24- Mar 25 following the time elapsed before receiving this survey (May 25). Some participants expressed preference for email over SMS or apps.

> *"I do not like communication by text – prefer a proper email!"* (P15)

Technical and accessibility issues also emerged as barriers. These included challenges with installation, device compatibility, and digital literacy.

> *"I found it frustrating to be sent this link for a blood test with no clear way to book a test in person when I didn't have a compatible phone."* (P16)

Additionally, discomfort with home-based blood testing and insufficient equipment (e.g., only one lancet) further discouraged participation.

> *"I'm not comfortable with needles so found the thought of doing the test difficult."* (P17)

> *"If there had been a 2nd lancet maybe it would have worked for me."* (P18)

Finally, the absence of follow-up reminders was noted by some respondents, who suggested that a prompt could have improved test completion rates.

> *"I would probably have got around to doing this if I had received a follow-up prompt after the original text."* (P19)

Participants' intention to complete the PocDoc test at a later date

Just under half of respondents (49.8%, n=117) indicated they do expect to take the test at a later date, while a slightly higher proportion (50.2%, n=118) said they do not.

Exploring staff experience in relation to the PocDoc at-home test pathway

This section presents the results of a survey conducted by Health Innovation East, distributed to staff members at Granta (n=5). The aim of the survey was to evaluate staff experience on the use of PocDoc within their PCN. Insights from these responses are intended to inform future implementation strategies and support wider adoption across primary care settings. Findings should be considered within the small sample size.

Staff willingness to recommend PocDoc to other practices or PCNs

Staff responses on the likelihood of recommending PocDoc to other PCNs show that three out of five held a neutral stance. Two staff members rated it 2 out of 5, indicating a low likelihood of recommendation.

The acceptability of the PocDoc testing process

Three out of five staff members rated PocDoc's acceptability as a service at 3 out of 5, indicating a moderate or neutral level of acceptability. Two rated it 2 out of 5, suggesting low acceptability. Additionally, three staff members did not consider PocDoc a viable alternative to the current or previous cholesterol pathway, while only one respondent viewed it as a suitable replacement.

PocDoc as a patient engagement tool

Three staff members believe that PocDoc is useful for Health Check engagement. This indicates a positive perception of PocDoc relevance in promoting participation in Health Checks. However, two of the respondents do not see PocDoc as a useful tool to support patient engagement in Health Checks.

Confidence in PocDoc testing and effectiveness of training

Three out of five staff members who completed the survey received training from PocDoc prior to implementation. Of those, two felt the training was adequate for their role. **Figure 19** highlights a divide in staff capability and confidence, with the majority feeling confident. Specifically, three staff members reported being very confident, and two felt very capable of conducting PocDoc tests. However, one staff member reported having no confidence or ability to perform their role in PocDoc testing.

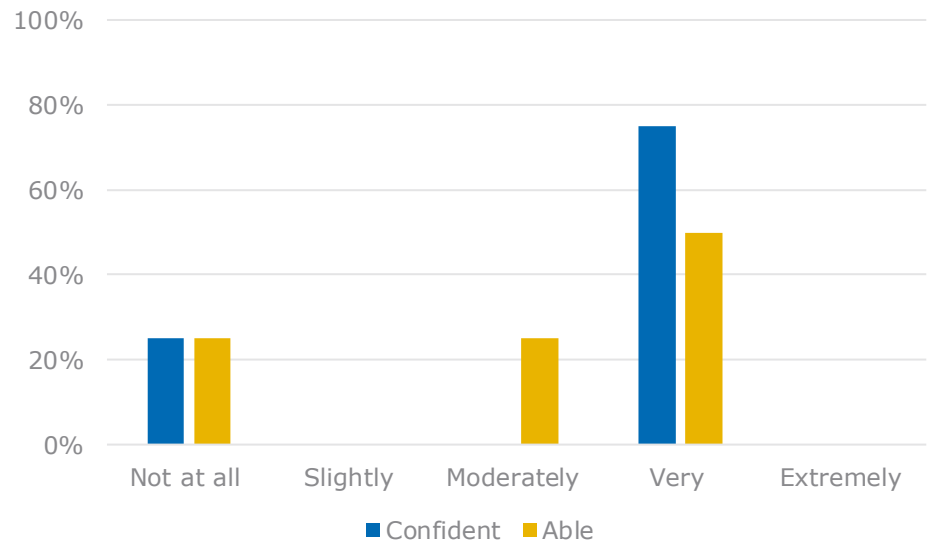

FIGURE 19. STAFF CONFIDENCE AND CAPABILITY TO COMPLETE THEIR ROLE WITHIN POCODC IMPLEMENTATION

Perceived impact of PocDoc testing on staff workload and time

All staff (n=5) reported that their workload has slightly increased since implementing PocDoc. One staff member noted that some patients are requiring follow-up Health Checks, which appears to be creating additional work for the entire team. When asked whether the time required to implement PocDoc is

manageable within their role, one staff member responded "no", while two others said they were "unsure." These results suggest that there is a perceived increase in tasks, and the manageability of these additional demands is uncertain for most staff.

Challenges encountered and benefits experienced during implementation

The staff feedback on the implementation of PocDoc at Granta revealed a complex mixture of practical challenges and potential benefits. The rollout offered a promising way to engage patients who traditionally avoid NHS Health Checks. As one staff member shared, it's a *"useful tool for those patients who have been invited for a Health Check but will never come in for it."* Its remote format helped reach a large number of previously unengaged patients, enabling quicker screening across a high-volume population.

However, several challenges emerged. The most significant was patient confusion, many believed PocDoc constituted a full NHS Health Check. This led to frustration when they were later invited for a full appointment, generating lots of calls to reception and increasing staff workload. One staff noted, *"Unfortunately we had to do another Health Check afterwards that created duplicate work."*

Operationally, staff faced a heavier burden reviewing results and sending tailored follow-ups. As described: *"I feel that it adds additional workload"* and *"Time consuming… all patient results came to me and after reviewing the results I sent a message with specific links depending on results e.g. stop smoking, weight management etc".*

There were also concerns around funding and strategy. PocDoc does not qualify as a full check, meaning no associated payments, which some felt was counterproductive. There was also risk that patients would decline further care, having already completed a partial check.

Staff saw value in PocDoc as a standalone engagement tool especially for outreach events or hard to reach populations: *"It could be taken to a football match".* But offering both PocDoc and full checks in tandem was not seen as effective: *"Doesn't seem to work offering both services."*

In conclusion, PocDoc has clear potential to reach disengaged patients, but effective use requires clear patient communication, realistic expectations, and careful operational planning. As one staff member emphasised, success depends on *"clarifying to patients why they have the PocDoc test and then are invited in for a full Health Check".*

Discussion of findings

The PocDoc at-home cardiovascular risk assessment successfully reached individuals less likely to attend in-person NHS Health Checks, particularly those aged 40–59. Over 71% of users were in this age group, which mirrors local non-attendance data showing 80% of those who had not attended a Health Check were also aged 40–59 (10). While 49% of those invited were female, women made up 55.7% of those who completed the test, suggesting slightly higher engagement among females. Ethnic diversity was limited, with 86.7% of users identifying as white, broadly consistent with the 2021 Census for South Cambridgeshire (89% white) (11). However, this highlights a continued challenge in reaching ethnic minority populations.

PocDoc helped identify individuals who may otherwise be missed by traditional healthcare pathways. A substantial portion of users (43%) had never had their cholesterol checked, and only 19.1% had been tested in the past year. While most users were classified as low risk (82%), a notable minority were at moderate (14.6%) or high risk (3.4%) for cardiovascular events. This underlines the potential of at-home testing to identify individuals who may benefit from targeted preventative interventions.

Elevated lipid levels were common: 43.2% had high total cholesterol and 24.7% had high triglycerides, both of which are well established cardiovascular risk factors (12). Blood pressure readings revealed that 69% had elevated systolic blood pressure, though diastolic hypertension was rare. These results are consistent with evidence from home blood pressure monitoring studies, such as the J-HOP study, which underscore the prognostic value of elevated home systolic readings (13). Additionally, over half the cohort were overweight or obese, reinforcing the value of integrated weight management support.

The wide variation in calculated heart age (mean = 42 years, SD = 22.89) suggests heterogeneity in cardiovascular health across the sample, reflecting a complex interplay of risk factors (14).

Patient feedback

Patient experience was generally positive. The majority (83.5%) found PocDoc more convenient than a GP visit, and 71% gave high recommendation scores (9 or 10 out of 10). Real-time results were particularly appreciated, with 78.4% valuing this feature. The test was rated easy to use by over 83%, and results were seen as clear.

However, a minority (16.6%) experienced difficulties, particularly around the blood collection process and interpreting results. Over 25% found the instructions less than very clear, indicating a need to improve instructional clarity and accessibility particularly for users less confident with digital tools.

Patient's follow-up feedback

While PocDoc showed promise in prompting some users to engage with NHS Health Checks they might otherwise avoid, follow-up care emerged as a weak point. Many users did not book or receive a follow-up appointment, and lifestyle change outcomes were mixed. Barriers to follow-up included unclear next steps, lack of reminders, and logistical challenges. Among non-completers, some never received a test kit possibly due to non-response to invitations while others struggled with technical issues or discomfort with self-testing.

Approximately half of non-users were unsure or unlikely to complete the test in future, highlighting a need for stronger user support, clearer pathways, and targeted communication to improve uptake and retention.

Staff feedback

Staff feedback was mixed. While some recognised PocDoc's potential for engaging underserved groups, overall acceptability and recommendation of the service were low. Staff expressed concerns about increased workload, unclear patient messaging, and duplication of appointments. All reported a slight increase in workload, raising concerns about sustainability. There was uncertainty about how well PocDoc fit into existing care pathways and whether its role was as a replacement or complement to NHS Health Checks. This feedback does suggest some benefit in considering the role PocDoc can play within adoption and spread strategies moving forward.

Despite these concerns, staff acknowledged its potential for outreach in non-traditional settings. Moving forward, successful implementation will depend on clearer communication, better integration, and appropriate operational support.

Limitations of the evaluation

- **Self-reported data:** Some variables (e.g., previous cholesterol testing) are self-reported and subject to recall bias. Moreover, data provided by PocDoc and Granta PCN has not been quality assured by Health Innovation East.

- **Short evaluation and implementation period:** The concentrated testing window may limit insights into sustained engagement and long-term outcomes.

- **No comparison group:** There is no control or comparison group (e.g., users who underwent traditional GP-based testing), making it difficult to contextualise the patient experience or satisfaction levels in relation to other services.

- **Generalisability:** The evaluation may not capture the experiences of diverse user groups, particularly those with lower digital literacy, physical limitations, or non-English speakers, as these individuals may be less likely to complete a test or respond to the feedback. This may make the findings less generalisable. Additionally, the limited number of responses to the staff survey (5) constrains the ability to draw robust conclusions, further affecting the generalisability of the findings.

Recommendations

Recommendations for future implementation:

1. Adoption and spread approaches should consider strategic alignment with existing care pathways.

    a. PocDoc and implementation colleagues should work closely with staff to support service integration, minimise burden and foster benefits of effective integration across wider PCN services.

2. Strengthen and diversify communication strategies to improve test awareness, uptake, and follow through.

3. Strengthen patient trust and transparency through clear communication by explaining test accuracy, result generation, and quality control processes.

4. Provide comprehensive user support by delivering clear, personalised explanations of results, automated guidance on next steps, integrated follow-up with GP practices, and accessible options such as live chat, helplines, virtual consultations, and optional follow-up for users needing assistance or with abnormal results.

5. Personalised health feedback by allowing users to add relevant health information and by supplementing or clarifying BMI with alternative health metrics.

Recommendations for future evaluation:

1. Gather feedback from patients attending traditional in-practice NHS Health Checks to enable meaningful comparisons of outcomes, satisfaction, and engagement. This would help contextualise the effectiveness and user experience of at home testing relative to existing pathways.

2. PocDoc should conduct evaluations over a longer timeframe to assess sustained engagement, behaviour change, and long-term health outcomes following at-home testing. Monitor follow-up actions such as GP appointments, lifestyle intervention, or medication uptake.

Conclusion

The PocDoc at-home testing platform demonstrates strong uptake among middle-aged adults invited and is effective in identifying individuals with elevated cardiovascular risk factors who may not otherwise be screened. User feedback shows high satisfaction with the test's at-home convenience, platform's ease of use and immediacy of results, suggesting that PocDoc offers a compelling alternative to in-person appointments for many users.

Despite positive patient experiences, staff and patients did experience some challenges. These include limited follow-up after testing, unclear messaging about the purpose and scope of the test, technical and usability issues, and difficulties integrating the platform into existing care pathways. Staff also reported increased workload and uncertainty about the sustainability of delivering the service alongside traditional checks, with mixed views on its acceptability and value as a replacement for current methods.

Based on these challenges, areas for consideration in future implementation of PocDoc include strengthening patient communication, improving instructional clarity and technical support, and establishing clearer clinical pathways to ensure that test results lead to efficient and effective follow-up for both patient and service provider. Addressing these operational and strategic gaps will help maximise

PocDoc’s potential to reach underserved populations, support early risk identification, and ultimately reduce pressure on primary care through more proactive and accessible preventative care.

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Appendices

Appendix 1: Summary statistics of health conditions

TABLE 3. SUMMARY STATISTICS OF HEALTH CONDITIONS

Variables	Sample size	Mean	Std Dev.	Range
BMI	916	26.55	5.64	16.7 to 73.2
Total cholesterol	916	4.82	0.91	2.5 to 7
HDL	916	1.75	0.37	1 to 2.5
Triglycerides	916	1.72	0.56	1 to 2.5
Non-HDL	916	3.19	0.67	2.5 to 5
Total HDL ratio	916	2.95	0.60	2.5 to 7
QRisk score	894	5.10	4.77	0.1 to 26.5
Healthy heart age	892	41.97	22.89	2 to 79

Appendix 2: Patient and Staff Surveys

Patient survey: all patients who were invited to receive a Pocdoc test

Granta patient_PocDoc test feedback

PocDoc test follow-up

Did you complete a PocDoc test?

○ Yes - at home ○ No

Terms and conditions

Please read the following statements and tick the box below to confirm you understand and agree:

1. I acknowledge that the information I provide in these surveys is collected by Health Innovation East in accordance with their privacy policy.

2. I understand that the information I provide in these surveys will be shared with Cambridgeshire & Peterborough ICB, Granta PCN and PocDoc.

3. I understand that the anonymous data from my submission can be used by Health Innovation East for the purpose of evaluating the PocDoc test programme at Granta PCN.

4. I understand that my data will not be shared with third parties.

How will my information be kept confidential?

Your responses will be completely anonymous. We will analyse the responses for use in an evaluation report for the wider project carried out by Cambridgshire & Peterborough ICB, as mentioned above. Only the Health Innovation East team will have access to any documents. All paper and digital files will be deleted at the end of the evaluation.

If you have any complaints or concerns about any aspect of the way you have been approached or treated, please write to:

Health Innovation East, unit C, Magog Court, Shelford Bottom, Cambridge, CB22 3AD

Email: sarah.robinson@healthinnovationeast.co.uk

☐ I understand and agree to the terms and conditions

I did complete a PocDoc test

What relevant appointments have you had at the surgery since your PocDoc test?

☐ Full Health Check ☐ Medication review ☐ Not sure ☐ None

How easy was it to order your PocDoc test?

Not at all easy Very easy

1 2 3 4 5

How easy was it to book your follow up appointment after taking the PocDoc test?

Not easy at all Very easy

1 2 3 4 5

Would you have come in for a full health check without the initial PocDoc test?

◯ Yes ◯ No ◯ Not sure

Following your interactions at the surgery, since taking a PocDoc test, on a scale of 1-10 how likely are you to recommend PocDoc testing to friends or family?

Not at all likely — Very likely

1 2 3 4 5 6 7 8 9 10

Following the appointment, do you have a clear plan of action to support your cholesterol?

Very unclear — Very clear

1 2 3 4 5

Following the initial PocDoc test have you already made any changes in relation to your cholesterol?

- [ ] No, I haven't made any changes
- [ ] Yes- alcohol reduction
- [ ] Yes - smoking reduction
- [ ] Yes - more exercise
- [ ] Yes - healthier diet
- [ ] Yes - Medication change
- [ ] Other (Please specify)

Do you intend to make any changes in future?

- [ ] No, I haven't made any changes
- [ ] Yes- alcohol reduction
- [ ] Yes - smoking reduction

- [ ] Yes - more exercise
- [ ] Yes - healthier diet
- [ ] Yes - Medication change
- [ ] Other (Please specify)

Have you recognised any benefits to using PocDoc?

- [ ] Yes – more convenient
- [ ] Yes – faster results
- [ ] Yes – it's more accessible
- [ ] Yes – flexibility in when I do the test
- [ ] Yes – I feel more in control
- [ ] No
- [ ] Yes - Other (Please specify)

Please explain your answer

Is there anything you have found particularly helpful in relation to your PocDoc test or any contact with the surgery following this?

Is there anything you found challenging after completing your PocDoc test?

Is there anything else you would like to share about your experience with the surgery following your PocDoc test?

Is there anything else you would like to share about your experience with the PocDoc test generally?

What prevented you from completing the PocDoc test?

- [ ] I changed my mind
- [ ] I forgot
- [ ] The app wouldn't work on my phone
- [ ] I didn't have the items i needed
- [ ] I couldn't use it – pipette
- [ ] I couldn't use it - fingerprick lancet
- [ ] I couldn't use it – lateral flow test
- [ ] I couldn't use it - not enough blood
- [ ] I didn't understand – the app
- [ ] I didn't understand- the test
- [ ] Other (Please specify)

Do you expect to take the test at a later date?

◯ Yes ◯ No

Any additional comments?

Is there anything else you would like to share about your experience the PocDoc test?

Patient survey: patients who completed a Pocdoc test

- How did you find receiving your test results immediately, compared to going to your GP?
    - I prefer immediate results
    - I prefer results from the GP
    - No preference
- How easy did you find the test to use?
    - 1 (very difficult)
    - 2
    - 3
    - 4
    - 5 (very easy)
- How clear did you find the test results
    - 1 (not very clear)
    - 2
    - 3
    - 4
    - 5 (very clear)
- How clear were the next steps following your PocDoc test?
    - 1 (not very clear)
    - 2
    - 3
    - 4
    - 5 (very clear)

Staff survey: Staff who were involved in implementing PocDoc

PocDoc Staff Experience Granta

Thank you for taking part in this survey. We expect it will take around 5–10 minutes to complete. We want to understand your experience and perceptions of using PocDoc and supporting at-home testing at Granta PCN. This will be used in our evaluation of the tests including uptake, patient experience and staff experience. Your responses will help us to better understand how PocDoc has worked within the service. We will be providing recommendations in our final report to support improvements in roll-out of the programme at Granta and other PCNs as appropriate.

What is your job title at Granta PCN?

What is your role in relation to PocDoc? *e.g. arranging tests to be sent, reviewing results, booking follow ups, conducting a follow up review.*

On a scale of 1-10, how likely are you to recommend PocDoc to other practices/PCN's

Very unlikely — Very likely

1 2 3 4 5 6 7 8 9 10

How acceptable do you find PocDoc as a service within your practice?

Not acceptable at all — Highly acceptab

1 2 3 4 5

Do you see PocDoc as a viable alternative to the current/previous (non pocdoc) cholesterol pathway?

- ◯ Yes
- ◯ No

Any additional comments?

Do you see PocDoc as a useful tool to support patient engagement in Health Checks?

- ◯ Yes
- ◯ No

Any additional comments?

Have you received formal training from PocDoc?

- ◯ Yes
- ◯ No

Do you feel the training adequately prepared you to carry out your role?

- ◯ 1 Not at all
- ◯ 2 Slightly
- ◯ 3 Moderately

4 Very

5 Extremely well

How confident do you feel completing your role in PocDoc tests?

1 Not at all confident

2 Slightly confident

3 Moderately confident

4 Very confident

5 Extremely confident

How **able** do you feel completing your role in PocDoc tests? (*e.g. do you have the skills and resources you need?)*

1 Not at all able

2 Slightly able

3 Moderately able

4 Very able

5 Extremely able

Have you encountered any benefits from using PocDoc within your work?

Yes No

What benefits have you observed?

- [ ] Time saving for staff
- [ ] Time saving for patients
- [ ] More efficient diagnosis of patient illness
- [ ] More effective monitoring of patients
- [ ] Improved service quality
- [ ] Engaging patients we might not otherwise have
- [ ] Improved patient experience
- [ ] Convenience for patients
- [ ] Other (Please explain)

Can you say a bit more on any key benefits you've experienced? *(e.g. in what way has it saved time, or how has it improved patient monitoring)*

Have you encountered any challenges from using PocDoc within your work?

- ◯ Yes
- ◯ No

What challenges have you faced using/implementing PocDoc at Granta?

What has gone well implementing PocDoc at Granta?

What factors have helped to implement PocDoc successfully in your setting?

How would you rate the integration of the PocDoc intervention at Granta within current working practices?

Very poor (not well integrated)				Excellent (well integrated)
1	2	3	4	5

Are there any specific challenges you've encountered with PocDoc, or your role in it at Granta?

Has PocDoc impacted your workload?

1 Increased significantly

2 Slightly increased

3 No change

4 Slightly reduced

5 Significantly reduced

If so, how?

Do you feel the time required to implement PocDoc is manageable within your role?

Yes No Unsure