



Expert Commentary

Minuteful Kidney for home testing of albumin-to-creatinine ratio (ACR)

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Level of innovation

One expert noted that the innovative aspect is only in the application which 'reads' the semi- quantitative colour change of a urinalysis dipstick.

Potential patient impact

One expert suggested that the technology could offer increased choice for patients in how they receive their ACR testing. Another stated that it could reduce patient burden in having to visit their healthcare practice.

To realise beneficial impact would require timely follow up of abnormal Minuteful Kidney findings by primary care and patient engagement with further testing and treatment. Three experts describe potential lack of follow up as a concern or safety issue.

Three experts highlighted that the groups of patients most likely to require regular ACR testing would also require blood pressure testing and other health checks including blood tests such as for diabetes monitoring so the test does not circumvent the need for engagement between patients and primary care.

Potential system impact

One expert noted that the technology could have a role in 'catch-up' of delayed monitoring of chronic diseases as a result of the COVID-19 pandemic as well as for those patients who have historically defaulted from ACR monitoring.

One expert considered that there would likely be no problem with integration of Minuteful Kidney into primary care, whilst four others were wary and suggested it could be more difficult than anticipated, or that the time was not right for remote testing whilst so many other tests in the relevant patient groups require in-person attendance at primary care.

Five of the clinical respondents indicated that additional staff and resources would be required for this technology to be implemented. One respondent noted that identifying, contacting and following up patients is likely to represent a significant challenge for primary care. Another queried where responsibility for this follow up will lie.

Four experts thought it unlikely that cost savings identified in models could be realised due to the low likelihood that practices could achieve adequate engagement with follow up and subsequent treatment.

Expert commentary was provided by:

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Declarations of interests were obtained from all expert commentators