**S4 Table. Clinicians perceived barriers to the uptake of a new POCT in primary care**

<table>
<thead>
<tr>
<th>Area of potential barrier</th>
<th>Examples of comments (Number of comments)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time</strong></td>
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</table>
| (time to obtaining the result, to take the test, and in relation to the clinical setting) | (10)  
  'time constraints of primary care consultations particularly with multimorbidity'  
  'Time consuming'  
  'Workload' |
| **Cost**                 |                                           |
| (cost of test and instrumentation, and in terms of cost effectiveness) | (19)  
  'High cost of a POCT'  
  'Cost/benefit ratio = not convincing' |
| **Clinical benefit**     |                                           |
|                           | (5)  
  '..confidence that test would have a significant impact on management of a condition'  
  'scientific proof of benefit'  
  'limited added value' |
| **Test complexity and ease of use** | (11)  
  'Complexity of the rapid test'  
  'Difficult to use and/or interpret'  
  'Frequency of use. It has to be quite high, or we will never get used to it'  
  'Numbers for a complex test to be performed reliably'  
  'Difficulty of use' |
| **Technical requirements of instrumentation and test** | (8)  
  'Robustness'  
  'Not having next to patient'  
  'personnel training'  
  'quality control' |
| **Performance and accuracy** | (7)  
  'Reliability of the test results'  
  'Sensitivity / specificity' |
| **Clinical samples and clinical pathway considerations** | (3)  
  'Patient acceptability (if test is invasive)'  
  'Difficulty of getting sample(s) to practice'  
  'Sticking children' |
| **Other**                |                                           |
|                           | (1)  
  'Generally lack of widespread use of results in internal practice..... peer pressure to stick to traditional methods and abandon innovation' |