



Welcome to the *Journal of Patient Centricity*

Timothy Woolley*,¹ 

¹Pathology, Inuvi Diagnostics, Gloucester, UK

*Author for correspondence: Timothy.woolley@inuvi.co.uk

First draft submitted: 28 February 2026; Accepted for publication: 30 March 2026; Published online: 20 April 2026

Keywords: healthcare • patient centricity • patients • publications • research

Patient centricity & healthcare

Transforming patient care begins with putting patients at the heart of innovation and research. Through my experience at Inuvi Diagnostics, I have had the opportunity to meet and work with a fantastic, diverse group of people who, along with many other early adopters, spent the last few years advocating for the benefits of patient-centric blood testing across its various forms.

Prior to the COVID-19 pandemic, capillary blood testing (CBT) was still considered a niche practice. However, the UK managed to provide millions of tests for COVID antibody titers using this methodology, a number that would have been impossible to achieve under the constraints in place at the time with routine phlebotomy [1]. At the same time, necessity being the mother of invention, healthcare professionals began considering CBT to maintain routine diagnostic services. It is these early papers and research that have formed the basis of this journal, and I would like to thank pioneering contributors such as Lisa Nwankwo, Saleem Ansari and Wendy Groenendiik whose papers on patient-centric CBT no doubt paved the way for broader interest in this subject [2–4].

CBT with back to laboratory analysis can be considered one of those rare opportunities, an applied solution that is ready now, which both saves time and money and, above all, delivers for the patient.

A particular story that stands out is that of a patient with learning disabilities, who, before CBT, found routine blood tests logistically and physically challenging and, as such, had avoided phlebotomy for many years. Using transdermal CBT enabled painless sample collection at home, reducing strain on both the patient and their family. This is just one of thousands of similar cases, where individuals who previously faced barriers to accessing routine care are now able to benefit from patient-centric solutions like CBT.

Such experiences show that we need a better way to showcase patient-centric research so that healthcare professionals know what is possible, know what has been done, and have easy access to what has been successful and what has not.

The role of the *Journal of Patient Centricity*

To enable healthcare systems to prepare for the future, we must make the latest applied research available to the broadest possible audience. To help ensure equitable access, our dissemination plans include offering fee waivers for authors from lower-income regions and forming partnerships with local health organisations to share findings with underserved communities. By implementing these practical steps, we facilitate the transition between research and its practical application. There is so much going on in this space, and there is so much more yet to do, and patient-centered research needs its own stage.

The *Journal of Patient Centricity* is an open-access journal publishing peer-reviewed contributions from across all scientific and clinical disciplines, including intriguing initial observations, updates to previous work and established methods, valid negative results, and scientific data sets and descriptions [5]. It is published in partnership with the Patient Centric Sampling Interest Group CIC [6]. We are committed to making it easier to find, cite and share your short reports by providing an inclusive forum for valuable data and research observations. Additionally, we are committed to ensuring these patient-centric advances reach underserved communities, emphasising that equity is fundamental to patient centricity. Our aim is to build a patient-focused journal, from proof-of-concept and early-stage research through to large-scale population studies and new ways of working. The *Journal of Patient Centricity's* scope is purposefully broad and will feature articles that reflect the many aspects of patient-centric care. This is an extremely exciting time in patient centricity, and we hope you to join us on that journey.

From the Editor-in-Chief

I am grateful to Becaris Publishing for appointing me as the first Editor-in-Chief for the *Journal of Patient Centricity*; the opportunity is both very exciting and very, very daunting. I look forward to working with the Becaris Team to capture the efforts and research, and so many people focused on patient-centricity, enabling us to build an evidence base to showcase applications in the real world, enabling patients to be put at the centre of research and healthcare.

Author contributions

T Woolley was responsible for the drafting and revision of the manuscript.

Acknowledgments

The author acknowledges Sankeetha Nadarajah (Senior Editor, *Journal of Patient Centricity*) for her editorial input.

Financial disclosure

The author received no financial and/or material support for this editorial.

Competing interests disclosure

T Woolley is a director of the Patient Centric Sampling Interest Group (PSCIG) and Inuvi Diagnostics, and is also the Editor-in-Chief of the *Journal of Patient Centricity*. The author has no other competing interests or relevant affiliations with any organization or entity with the subject matter or materials discussed in the manuscript apart from those disclosed.

Writing disclosure

No funded writing assistance was utilised in the production of this manuscript.

Open access

This work is licensed under the Attribution-NonCommercial-NoDerivatives 4.0 Unported License. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

References

1. Ipsos. Insights Hub. Largest home antibody testing programme for COVID-19 publishes findings. <https://www.ipsos.com/en-uk/largest-home-antibody-testing-programme-covid-19-publishes-findings>
2. Nwankwo L, McLaren K, Donovan J *et al*. Utilisation of remote capillary blood testing in an outpatient clinic setting to improve shared decision making and patient and clinician experience: a validation and pilot study. *BMJ Open Qual.* 10(3), e001192 (2021).
3. Ansari S, Ansari S, Abdel-Malek M *et al*. The use of whole blood capillary samples to measure 15 analytes for a home-collect biochemistry service during the SARS-CoV-2 pandemic: a proposed model from North West London Pathology. *Ann. Clin. Biochem.* 58(5), 411–421 (2021).
4. Groenendijk WN, Griffin TP, Islam MN *et al*. Remote capillary blood collection for HbA_{1c} measurement during the COVID-19 pandemic: a laboratory and patient perspective. *Diabet. Med.* 39(8), e14897 (2022).
5. Becaris Publishing. *Journal of Patient Centricity*. (accessed: 11 March 2026) <https://becarispublishing.com/journal/jpc>
6. Patient Centric Sampling Interest Group. <https://www.pcsig.org/>