

hospital times

incorporating hospital matters

ISSUE TWO | 2018



FILIP STANDAERT

Introducing the Johnson & Johnson Institute - Making a Difference
Page 4

IAN ADAMS

Explaining the role of NHS Resolution
Page 10

EMMA HILDITCH

Transforming the patient experience for the future
Page 12

DIPAK DUGGAL

How the NHS can cut £1Billion medication errors
Page 50



HYGIENE
SAFETY
ENDURANCE



Electronic tap
with BIOCLIP
spout



SECURITHERM
thermostatic
shower



Pressure
balancing mixer



BIOFIL
anti-bacterial
cartridge

Since 1928, DELABIE has been designing sanitary ware and specialist water controls for the healthcare sector

- ▶ Mixers and taps for healthcare professionals
- ▶ Mixers, taps and showers for patient accommodation
- ▶ Terminal filters for point-of-use water quality
- ▶ Stainless steel sanitary ware

- 06 SPOTLIGHT ON EXCELLENCE
- 08 PRODUCT OF THE MONTH
- 09 NEWS & VIEWS
- 10 INTERVIEW OF THE MONTH
- 22 FEATURE SHOWCASE
- 28 ACCOUNTABLE CARE JOURNAL
- 34 NURSING MATTERS
- 40 HVAC & ENERGY EFFICIENCY
- 44 DECONTAMINATION
- 46 HEALTHCARE IT
- 50 TALKING HEALTH

Group Editor: John Whelan
john@whelan.net

Editor: Nick Renaud-Komiya
nick@hospitaltimes.co.uk

Commercial Editor: Tracey Armitage

Sales:
 Jackie Wright
jackie.wright@dorsonwest.com

Design:
 Joe Everley
joe.everley@19-ninety.com



Hospital Times is published by Dorson West Limited, Registered in England and Wales 07892925

Print & Digital Publishing by CPUK Print Publishing

Whilst every effort is made in compiling Hospital Times, the publishers cannot be held responsible for errors or omissions.

© 2018 Dorson West Limited

All rights reserved. No part of the publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or any storage or retrieval system, without the consent of the publisher.

Hospital Times
 Dorson West Limited, County House,
 St Mary's Street, Worcester, WR1 1HB

ISSN 2398-5070 (Print)
 ISSN 2398-5089 (Online)



John Whelan
 Group Editor

Jam Tomorrow for the NHS but Technology is a Winner

The Chancellor Philip Hammond has told the BBC he recognises the pressures for more spending on health, local government, "and other areas". He says he would like to use any "headroom" ahead of the autumn Budget to find more cash for public services presumably also filling potholes. The NHS, he said, had got an extra £9 billion since 2016 but an ageing society was creating "continuous upward pressures."

As if we didn't know that. His briefing to newspaper editors short on any detail sounds to most people like "jam tomorrow" although other announcements including overdue pay rises for NHS workers agreed with the trade unions show good intentions to say the least and a willingness to listen.

More importantly in the long term the cabinet discussed earlier this year the possibility of tax rises to fund more spending for the NHS, even the idea of a dedicated tax backed by some Conservative MPs. The BBC's political editor said she had been told by one cabinet minister that conversations were "very live" about the best way to make sure that the NHS is getting what it needs.

What is clear is that the Health Secretary Jeremy Hunt has consistently said the NHS needs more money. There have been increasing calls for more spending on public services since the recent snap general election, when many voters rejected

the Conservatives' austerity policies in favour of Jeremy Corbyn and the Labour party's tax-and-spend agenda. Most would agree that the UK's fiscal position is delicate. Although public borrowing has undershot forecasts in the short term, the long-term outlook has worsened due to poor productivity growth.

What is more uplifting is the vision set out by speakers at the recent Future Healthcare Exhibition and Conference in London supported by Hospital Times (see page 12.) Your editor chaired the first day of the conference and the message was clear. Technology will not only deliver better healthcare through joined up patient record systems, machine learning, and innovations such as wearable devices.

Indeed, the next generation of wearables won't just be on the wrist and will also be more intelligent. In fact, we are talking about a new paradigm in healthcare that will empower healthcare on a global scale while also reducing costs.

There were several telling examples of how innovation can help. Can you believe that doctors can now listen to your heart beat from a continent away? In even more innovative ways healthcare officials are now using drones to deliver emergency medication to communities in Africa where it would take 24 hours for medicine to arrive by road. That's about saving lives and technology is the solution.



Brilliant system from
 L8guard ensures
 flushing and
 compliance

See Page 6



facebook.com/hospitaltimes
twitter.com/Hospital_Times
hospital-times.co.uk



Introducing the Johnson & Johnson Institute

Filip Standaert is Vice President of Education Solutions & Medical Devices Marketing for Johnson & Johnson Medical Devices throughout Europe, the Middle East and Africa. Here, he kindly answered a series of questions from Hospital Times to find out more about the Institute and what it means to the healthcare sector.



What motivated Johnson & Johnson to create the Institute?

Education and innovation is built into the foundations of J&J's 132-year heritage, one that has always adopted a people-focused approach that goes beyond just products. Since its earliest days, J&J has led the way in providing learning resources and continued education for health care providers.

The launch of the J&J Institute provides access to education that's focused on improving outcomes, increasing patient satisfaction and reducing costs to help meet the evolving needs of health care professionals in a value-based care environment.

We know that this education approach is more important now than ever before to ensure patients receive the best possible care, despite a growing and aging population, more incidences of chronic diseases, and health systems needing to do more with already strained resources.

The J&J Institute, brings together our total professional education offering within our network of online and in-person education and partnerships across multiple specialties, including our 26 professional education facilities globally.

With professional education options that suit a variety of learning preferences, geographic locations and schedules, the J&J Institute fosters lifelong learning for health care providers throughout every stage of their careers to enhance and expand upon what they learned in medical school.

The taught curriculums fully acknowledge the demands of today's health care delivery system and who is involved in ensuring patients receive the best possible care. Therefore, we offer education for a broad spectrum of the health care team. The J&J Institute forms a part of our commitment to put doctors, nurses and other health care providers first and support them to deliver optimal comfort and care to their patients.

What can health care professionals expect from a J&J Institute course?

Today, we provide customised curriculums taught by world-renowned faculty, who are considered experts in their field, and learning fosters peer interaction to achieve new standards of excellence.

making a difference: the johnson & johnson institute



The J&J Institute provides a comprehensive range of educational offerings for health care professionals from residents and key opinion leaders, entry level nurses to senior operating room staff, and hospital managers to CEOs.

Courses range from clinical training on products, procedures and advanced medical technology to educational programmes on bundled payments, providing care in an outpatient surgery setting and implementing a team approach care.

We believe that a blended approach to education offers an enriched learning experience through pre-, on site and post-course learning resources. Curriculums encompass live classes, mobile labs, virtual reality simulation training, online modules, webinars and videos that fuses hands-on, real-world training with interactive experiences to expand reach and deepen knowledge beyond traditional classrooms.

Through the J&J Institute, health care professionals have access to programming that will help them address today's challenges. For a surgeon, this might include learning to use new enabling computer technologies in surgery, becoming proficient in procedures that improve outcomes and



enable a shorter length of stay and increasing operating room efficiency.

In the EMEA region, the J&J Institute serves the educational needs of more than 20 medical and surgical specialties and offers training in a range of surgical techniques to over 27,000 HCPs at about 600 multidisciplinary surgical training events each year. Globally, the J&J Institute educates more than 125,000 HCPs – the equivalent of nearly one surgeon for every four operating rooms.

For more information visit www.jnjinstitute.com or contact JnJInstitute@its.jnj.com





Simon Noon, left, principal engineer, statutory standards manager, and responsible person for Legionella, and John Foxall, water quality technician, at Worcestershire Acute Hospitals NHS Trust

“Brilliant system” helps ensure flushing and compliance

The logistical problem of ensuring outlets are flushed and maintaining the associated mountain of records are a thing of the past at Worcestershire Acute Hospitals NHS Trust. L8guard, a web-based system, has solved all the issues and staff find it easy to use.

Recalling the challenges that will be familiar to many estates teams, Simon Noon, the trust’s principal engineer, statutory standards manager, and responsible person for Legionella, tells Hospital Times: “In the beginning, we recorded all the outlets at the trust’s hospitals and put them on a “flushing” sheet. We asked the housekeepers to flush the taps according to the guidance and to sign the sheet to say they had flushed the outlets. There was no guarantee. No way that it could be audited.

“While some of the staff were good, others were not as helpful. They felt that outlet flushing should not be part of their remit. Many of the ‘flushing’ sheets we received were a mess. Some of the folders were lost or the departments used them for other purposes. We had to constantly chase staff over all the issues. The amount of time and resources needed to do this and to keep up with the tons of paperwork was a nightmare.

“The system was stalling through the sheer inertia of trying to get the departments to appreciate the need for the flushing regime.

We simply did not have enough staff to do it.”

John Foxall, the trust’s water quality technician, explains: “I created over 400 folders for the paperwork. This covered 200 departments and 200 duplicates, which I held. I had to collect the sheets and speak to staff about all the issues. The time taken was horrendous.”

Noon says: “When we learned about L8guard we could see the benefits straight away. It looked cost-effective. It would free-up time and allow us to get on with more useful work.”

The decision was taken to run a three-month trial on three sites, with one ward at each site.

The trial was a resounding success. “It proved very popular,” says Noon. “We could see the benefits immediately. We did some training forums with matrons, link nurses, infection prevention and control, cleaners

and housekeepers. We explained why we were introducing the system and the importance of a good flushing regime for patient safety.

“We loved it as our administration burden went down. It’s simple. L8guard records whether you have flushed or not and, if not, it will escalate the issue to the next person on the chain. It’s all computerised, it tells you everything. You can log-on and look at individual outlets. It’s brilliant, a cracking system. We’ve really benefitted from it.

“We produce reports for the trust infection prevention and control meeting. We can identify who’s flushed and who hasn’t so the chief nurse knows at a glance where we are. She’s delighted with it. They also chase departments where there might be issues.”

Foxall adds: “The trial gave us an accurate record. It was easier for staff and they welcomed it. It was my responsibility to provide L8guard with all the primary and secondary flushing contacts for them to populate the database. The primary contact is the person who undertakes the flushing. The secondary is the escalation contact, who is advised if the flushing is not completed.”

The L8guard system automatically e-mails nominated staff in each department to remind them to perform the flushing action on an agreed schedule. In legionella areas recipients have 24-hours to file a return



John Foxall receives regular performance updates from L8guard

online by clicking a link embedded within the e-mail. If they do not report to L8guard within this time limit, an escalation will be sent to someone senior reminding them to perform the task required.

Administration can check the status of returns in real-time through the administration interface, which also provides access to manual reports and graphs, as well as the historical reports archive.

L8guard will automatically generate and send out performance reports and graphs identifying areas of success and concern, and highlights 'repeat offenders' - enabling any localised problems to be addressed quickly and easily.

The Pseudomonas module expands this function into the daily flushing of pre-identified outlets. It follows a similar process, but all reminders, escalations, and failure warnings are contained within a day.

Following the success of the trial, the use of L8guard was rolled out across Kidderminster Hospital, Alexandra Hospital, and Worcestershire Royal Hospital. It has also been introduced at Princess of Wales Community Hospital, Bromsgrove, and Evesham Community Hospital, where L8guard is used in the areas which the trust occupies.

Noon explains: "Some trusts only flush sentinel taps. We decided to nominate that all taps are monitored. The water consumption spikes when the flushing is being done. We undertake a lot of samples and test more frequently and we're not finding any issues.

"We have ProEconomy's Orca silver and copper ionisation system at Alexandra Hospital and at Kidderminster Hospital. We need to pull the biocide through the system to the outlet. As part of the training, we explained to the staff that we needed to do this to help ensure patient safety. We have a chlorine dioxide system at Worcestershire Royal, where the same rationale applies.

"We've increased the testing regime, taking a lot more samples than we used to. We try to prove we haven't got legionella by doing a wide-ranging sampling regime. Everything's looking good.

"The system has the support of the staff. They seem to be more concerned about the veracity of the information now that it's electronic, rather than on paper."

John says; "L8guard used our flushing sheets to set up the database. The system has enabled accurate record keeping. With the paper-based system, we used to find that some areas had been taken out of use that we did not know about. Now, with the electronic system, staff advise when departments change."



Previously, John Foxall had to maintain flushing records for over 200 departments. Now, with L8guard, the system is all electronic

Foxall adds; "I can't fault it. The system, the software, the alerts, the assistance and back-up, from both Sue Dancer, operations manager, and Tim Moore, Digital Missives director and L8guard's creator and developer - it's second to none."

Offering a clinical perspective, Michelle Chester, unit manager of the Garden Suite, says: "L8guard helps us ensure compliance. The system works very well. We have to complete the information online, so it ensures we do the tap flushing. If you haven't done it, you get an alert. It confirms for us that the water is at safe levels. It's good for immunocompromised patients."

Chester adds "We haven't had any positive Pseudomonas in 22 months."

Heather Gentry, lead infection prevention and control nurse, explains: "Staff had problems with the paper-based system. Folders would get lost. There's the length of time you have to keep the records, which means you need a repository. L8guard has made us paperless.

"In a busy environment, the fact that someone will get an e-mail if the entry has not been made is a real benefit. If the entries are missed, alerts are escalated to me, in my capacity as the lead infection prevention and control nurse. It's a massive improvement of our compliance because it's so efficient and so quick."

Gentry adds: "After five years of trying to improve on compliance with flushing, this system in just a few months has shown

a massive improvement. It now offers assurance to the trust management board and others that we have a robust water management system in place. We can produce audits of compliance at the click of a button. John Foxall reports to the Water Safety Group, which in turn reports to the trust infection prevention and control committee. The reports have also been used as evidence of compliance for CQC visits."

Tim Moore, designer and developer of L8guard, says: "The system puts people in control of the action and reporting system to the benefit of patient care.

"We are in constant contact with our users, regularly updating the system to make it more efficient. Enhancements are shared across all clients. It's one of the benefits of a web-based system. There's 128bit encryption and all data is backed-up twice-daily to redundant servers. Being a web-based system, there is no installation, which keeps the IT departments happy.

"Users find it's a simple and extremely cost-effective solution to a tricky problem."

Noon adds: "We're happy to be a reference site and talk to anyone who is interested in the system. We'd certainly recommend it. Using L8guard has been a very positive experience for us."

For further information, call L8guard on 0113 815 0383, e-mail enquiries@l8guard.co.uk or visit www.l8guard.co.uk



Michelle Chester, unit manager Garden Suite

Legiolert offers accurate on-site testing for *Legionella pneumophila*

IDEXX, a global leader in rapid microbiology testing for water, has introduced Legiolert to simplify water testing and reduce the risk posed by Legionnaires' disease. Legiolert is a highly sensitive method for the confirmed detection of *Legionella pneumophila* and delivers results up to seven days faster than traditional testing methods. The ease of use also makes Legiolert suitable for routine monitoring to be carried out on-site.

Legionella pneumophila is the most common *Legionella* species in water and the primary cause of Legionnaires' disease, which is deadly for about one in 10 people who contract it and often causes long-lasting symptoms for survivors.

Advantages of using Legiolert on-site

- Legiolert provides a confirmed result in seven days, versus up to 14 days with traditional culture methods
- Legiolert can be set up on-site with minimal capital expenditure, is easy to use and gives highly accurate quantified results.
- A user can process a sample in less than two minutes, and the interpretation of results is as simple as observing a colour change
- No additional confirmation steps are required
- Specifically detects *Legionella pneumophila*, the primary cause of Legionnaires' disease



For facility and estate managers, the need to identify potential contamination and initiate remedial work swiftly if necessary is vital and having accurate on-site results available as soon as possible gives the confidence that their actions are being effective and timely.

Legiolert has been evaluated against the standard method for quantifying *Legionella pneumophila* in an independent, peer-reviewed study which concluded that the

IDEXX method was superior to the standard method. It represented a significant improvement in the enumeration of *Legionella pneumophila* from drinking water related samples. Data from the study also quantified the Legiolert medium as having a high specificity of 96.4 per cent

T: 01638 676800

E: wateruk@idexx.com

www.idexx.co.uk/water/products/legiolert



South West organisations join up to improve region's healthcare and economy

The largest science and technology centre in the South West has become the latest organisation to partner with the South West Academic Health Science Network (SW AHSN) to help improve healthcare and drive innovation and economic growth in the region. Plymouth Science Park has officially become an Associate Member of the SW AHSN, creating a partnership that will help both organisations achieve their shared aims.

In March, they jointly organised the Digital Health Technology Catalyst briefing event, together with the University of Plymouth. The event took place at Plymouth Science Park and was open to SMEs which were looking to make an application to Innovate UK's second round of the Digital

Health Technology Catalyst competition.

The Science Park, based in Devon, was set up in 1995 as a joint venture between the University of Plymouth and Plymouth City Council. They aim to support the growth of the region's economy and are home to a growing range of businesses in the medical, science, technology and knowledge-based sectors.

The SW AHSN is part of a national network of 15 AHSNs set up by NHS England in 2013, to identify, adopt and spread innovation to improve health and generate economic growth across the region.

The SW AHSN now has 18 full members and 10 associate members, which include a range of healthcare organisations and innovative businesses from across the South West.

Benefits of the SW AHSN's Associate Member package include access to online resources; links to academia, industry and health partners; and opportunities to attend SW AHSN training and events.

Ian McFadzen, CEO, Plymouth Science Park says: 'Both of our organisations aim to grow the region's economy, support local innovative businesses, and help improve the uptake of

emergent technologies and innovations in the NHS. We're already collaborating, and our first joint project will be a digital health technology event, aimed at local SMEs.

'Our membership with the SW AHSN will allow us to strengthen our relationship and build on the great work we are doing together.'

Dr Jonathon Gray, CEO, SW AHSN says: 'I'm delighted to welcome Plymouth Science Park as the latest Associate Member to join our organisation. Creating the right environment for innovation to flourish and for businesses to grow is an extremely important factor in improving the health and care system for people in the South West.

'We know there is a great deal of knowledge and expertise in the region, which is why it is important we connect with organisations such as the Science Park so that, together, we can have the greatest impact possible.'

To find out more about the SW AHSN's Full and Associate Membership packages, please visit the website: www.swahsn.com

Email: info@swahsn.com

Call: 01392 247903



a sense of security



Red Alert staff attack systems have been protecting staff in the workplace from the threat of attack and abuse for more than 15 years.

The new Caro alarm transmitter gives staff the 'sense of security' that help can be quickly summoned, by the press of a button or the tug of a transmitter.

Response personnel are notified of a call for assistance by interfacing with radio paging equipment and indicator panels. With the technology being based on high-powered IR transmission, functionality, reliability and simplicity of use are key attributes of the Red Alert system.







call +44 (0)191 272 2222
email sales@sasuk.com
visit www.sasuk.com

Hinde House, George Street Industrial Est
Newcastle upon Tyne, NE4 7LL, UK

How NHS Resolution is learning from harm



Our contributor this month is Ian Adams, Director of Membership and Stakeholder Engagement, at NHS Resolution who worked with Hospital Times editor John Whelan to help bring about a greater understanding of the services NHS Resolution can provide.

Ian Adams says: “In April of 2017 the NHS Litigation Authority became NHS Resolution. This change signalled a move to an organisation which is more focused than before on prevention, learning and early intervention to address the rising costs of harm in the NHS.

What does NHS Resolution do?

“While we have many functions, our primary role is to provide indemnity cover, through the Clinical Negligence Scheme for Trusts (CNST), for legal claims against the NHS. As part of this we assist NHS trusts with risk management, share lessons from claims, and provide other legal and professional services to our members.

“As part of this we manage claims against the NHS and settle justified claims fairly and in a timely manner. We also have an important role in defending unjustified claims robustly, helping to protect our members’ and NHS resources, saving the system approximately £1 in every £2 of claims made against the NHS.

Our primary focus

Our primary focus is to resolve concerns fairly. However, we also have a duty to use what we know to help prevent the same thing from happening again. We are not a patient safety body and we cannot succeed in isolation; however, we have a unique contribution to make to learning from harm by helping to share learning with our members and through our partners.

“Healthcare provision in the NHS is very safe but on rare occasions when things go wrong, it is important that those involved – both patients and staff – are properly informed and supported, unnecessary costs are contained and that we learn to improve.

“We know that things can go wrong in hospital, but the important thing is that where there is an incident, lessons are learned and where necessary processes are changed to prevent future harm.

Learning in maternity

“For us, one of the biggest areas of focus has for some time been maternity. In 2017 clinical negligence claims relating to maternity made up one-in-10 claims which NHS Resolution received, but they represented around half of the expected value of the claims awarded.

“For instance, our figures show that the number of claims relating to cerebral palsy and neonatal brain damage has remained relatively static in the past 10 years – with 232 claims reported to us in 2016-17 out of a total of 10,686 new clinical claims made that year. The financial cost for these types of claims has risen by 81 per cent since 2004-05, resulting in a total value of £1.9 billion in 2016-17.

“Factors that led to this rise include increased life expectancy for those with cerebral palsy, as well as increased care and accommodation costs. Put simply, the costs keep getting bigger.

“This is the reason we want to use the knowledge we have to intervene earlier, not only to understand what went wrong but also to see if we can share learning more widely across the system. Getting involved earlier also helps us to reduce time and costs when any claim for negligence is made.

“For example, from April of 2017, trusts have been required to report to us all maternity incidents where a brain injury is suspected through our Early Notification scheme – regardless of causation or level of patient harm.

“We have now had at least 281 cases notified through the scheme. In two cases, legal investigations have been completed, have identified failings in care and admissions of liability have been made. In both these cases, the families have been offered financial support. This is something that could never have happened before. In the past, due to the long term and emerging consequences of

these very rare incidents, we have not become involved until a claim is lodged, normally around five to six years later. This is a significant step forward.

Maternity safety incentive

“Most recently we have introduced an incentive element to contributions to CNST. Trusts that demonstrate compliance with 10 criteria agreed by the National Maternity Champions will be entitled to at least a 10 per cent reduction in their CNST maternity contribution. Those which are not able to demonstrate implementation may benefit from a lesser sum to help them work towards this position. The aim is to help trusts and the whole system have tangible targets and incentives to drive improvement and better protect patients.

A vision of the future

“Healthcare provision in the NHS is very safe but on the rare occasions when things go wrong, it is important that those involved are properly informed and supported, unnecessary costs are contained, and that we learn how to improve. Our work and our strategy envisage doing more, to save more money for patient care and to work with, and through others, to drive improvement.”





Newly created Johnson & Johnson Institute addresses evolving needs in healthcare professional education

Johnson & Johnson has announced that its family of companies has formed the Johnson & Johnson Institute. It will provide comprehensive professional education focused on helping healthcare professionals (HCPs) achieve the triple aim – improve outcomes, increase patient satisfaction, and reduce costs in a value-based care environment. The curriculum includes on-site classes, virtual reality and app-based surgical simulation training to help clinical and non-clinical HCPs address the demands of healthcare delivery.

“In the EMEA region, the Johnson & Johnson Institute serves the educational needs of more than 20 medical and surgical specialties and offers training in a range of surgical techniques to over 27,000 HCPs at more than 600 multidisciplinary surgical training events each year,” – comments Filip Standaert, Vice-President EMEA Education Solutions.

The Johnson & Johnson Institute brings together a network of online education and collaborative partnerships across multiple specialties and 26 professional education facilities, including five within the EMEA region. The aim is to deliver innovative educational programs that foster lifelong learning throughout every stage of a HCP’s career.

“Around the world, significant disparities in healthcare professional education and training, coupled with a shortage of health workers, means that some patients and consumers are unable to benefit from the latest medical knowledge and expertise,”

said Sandra Humbles, Vice President, Global Education Solutions for Johnson & Johnson Medical Devices Companies.

“Globally, healthcare systems face resource challenges, increasing numbers of patients that lack access to quality healthcare and the continuous need for professional training on new technologies and procedures. Increasing access to healthcare education to improve outcomes and enhance the patient experience – while also reducing costs – is crucial. The Johnson & Johnson Institute will harness the breadth, reach, resources and collective passion of the Johnson & Johnson Family of Companies to address these needs.”

About Johnson & Johnson

Caring for the world one person at a time inspires and unites the people of Johnson & Johnson. We embrace research and science – bringing innovative ideas, products and services to advance the health and well-being of people. Our approximately 134,100 employees at more than 250 Johnson & Johnson operating companies work with partners in healthcare to touch the lives of over a billion people every day, throughout the world.

About the Johnson & Johnson Institute

The Johnson & Johnson Institute educates more than 125,000 healthcare professionals each year around the world. Education efforts span 26 locations and online modules, encompassing a variety of

specialties, including surgical oncology, cardiology and electrophysiology, obesity, ophthalmic and orthopaedic diseases.

About CareAdvantage

Aligned with the Johnson & Johnson CareAdvantage approach, the Johnson & Johnson Institute curricula will support the shift toward value-based healthcare to address increasing demands from aging populations and rising disease rates. CareAdvantage is a data-driven, holistic approach in which Johnson & Johnson Medical Devices (JJMD) partners with hospitals and other healthcare providers to help deliver on the triple aim of enhancing patient experience, improving outcomes and reducing costs. CareAdvantage begins with a structured and in-depth assessment based on performance data and insights. Gathering this information and context is fundamental to the CareAdvantage approach and helps ensure the solutions deliver value at every point along the care pathway.

To learn more about the Johnson & Johnson Institute, please visit www.jnjinstitute.com



Future Healthcare 2018 Conference

Transforming the patient experience for the future

A ground-breaking healthcare conference at Olympia, London, looked ahead to the new paradigms in patient care over the next 10 years with innovations such as machine learning, wearables, and digital health while charting how to lower costs when improving health outcomes.

The Future Healthcare 2018 Exhibition & Conference is now due to become an annual event in London and brought together speakers from Denmark, Sweden, Japan, as well as the UK. The challenge for all participants including the 140 registered delegates was to understand how innovations, be they AI systems, workforce communication apps, or services managing hospital water flows can deliver change and better address the issues facing health providers in the future.

The organisers of the event directed by Dawn Barclay-Ross, and managed by Emma Hilditch, ensured that the agenda did not just focus on the immediate woes and challenges of the day in the NHS but ranged more widely across a bigger picture taking in other European settings and even Africa. Conference chair for the opening day was Hospital Times group editor John Whelan.

For example, Thomas Schultz, CEO at Enversion, detailed compelling evidence from Denmark to press the case for comprehensive data management for health systems, emphasising the importance of using new computing capabilities to model population health and manage risk. He said that Danish hospitals were collecting data from general practitioners and connecting it to socio-economic data from municipalities and quoted Jørgen Schøler Kristensen, Medical Director, Horsens Hospital in Denmark who gave some working examples



of the new best practice for the future.

The importance of this, to which other speakers returned was that the new tools and techniques can help implement sophisticated prevention strategies to target those at risk of being hospitalised with serious conditions. The tools in question are increasingly using AI to deliver these alerts to clinicians and general practitioners.

Nevertheless, while optimism was the mood among many of the speakers there was a note of realism. Professor Arne Björnberg from Sweden, Executive Chairman of Health Consumer Powerhouse, warned that money alone does not buy better access to healthcare and neither was accessibility related to the number of doctors. In fact, he argued that evidence shows that sometimes money buys worse healthcare in Europe.

Julie Bretland, Founder of Our Mobile Health, talked about the challenge inherent in finding relevant and trustworthy engaging apps to improve outcomes in healthcare but warned that healthcare providers lack resources and skills to evaluate apps on an ongoing basis. She said that AI presents a great opportunity to help the NHS in the UK

to deliver its service transformation plans. She added. It could help narrow the gaps identified in the Five Year Forward View by helping the NHS move from a system focused on acute care to focusing on prevention and improving patient outcomes.” Nevertheless, Julie concluded bleakly: “The NHS has a long way to go before AI can be effectively leveraged.”

Many speakers looked ahead with confidence although time frames for lasting change using wearables varied considerably – an issue addressed by João Bocas from Portugal who is a wearable technology expert and top 100 digital health influencer. Looking at the next three to five years he was confident that more consumers will track their health using digital tools and then share their data with healthcare professionals. He said: “Consumers use of apps and wearables has already doubled.”

Philip Brading, Chief Executive, UCLH Charity, was confident that in the next four years machine learning—a field of computer science that gives computer systems the ability to “learn” with data, without being explicitly programmed—will have arrived. Technical experts will work with doctors to exploit this branch of technology using clean and analysed data.

Finally, on the first day of the conference Allison Joynton, Director of International Projects and System Transformation at Northumbria NHS, looked at how using technology can support integrated care but also showed how the NHS is providing its expertise to support organisations across the globe. Her most striking example under the auspices of NHS International was of a 600-bed proposed hospital in China which will be multispecialty with a cancer centre of excellence and campus handling E&T, R&D, palliative care, facilitated recovery, screening and prevention and primary care.



Introducing a valuable new information resource

Www.faecal-immunochemical-test.co.uk is a dedicated new website, developed by Alpha Laboratories to raise awareness among clinicians, laboratories, patients, and the public, about advances in the detection of colorectal cancer using the faecal immunochemical test (FIT). You can find out all about why FIT is being adopted by the bowel cancer screening programmes and is also now recommended by NICE DG30, to guide referral for colorectal cancer in primary care for symptomatic patients.

This new resource provides a repository of information for all those involved in FIT. Experiential case studies, plus videos

of presentations, provide access to expertise from key opinion leaders in the field. With pages customised to each part of the patient pathway, an extensive list of literature, publications, resources, related news and events that are regularly updated, it is the number one resource for FIT in the UK and Eire.

www.faecal-immunochemical-test.co.uk also offers useful information on products and solutions necessary to provide a FIT service. With Alpha Laboratories' bowel cancer specialists on hand to help develop your specific programme it is the 'go to' place for advice from the experts. Their knowledge has been gained from many years' experience in faecal occult blood testing and a long association with the NHS bowel cancer screening programmes.

FIT is now an established diagnostic test that identifies the presence of minute quantities of haemoglobin (blood) in the stool, known as faecal occult blood (FOB), which can be an early sign of colorectal cancer. FIT uses antibodies specific to human haemoglobin so is more

sensitive and has a greater specificity than the previous qualitative guaiac based methods.

FIT is being adopted by the National Bowel Cancer Screening programmes and is expected to improve uptake since the sampling method is easier, more hygienic and more acceptable to people invited for screening. The automated FIT assay benefits clinicians and laboratories too; with rapid turn-around, quantitative results, and simple processing.

Since the announcement in July 2017 by the National Institute of Health and Care Excellence (NICE) regarding FIT, the interest in the test has increased dramatically. NICE Guidance DG30 recommends "Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care". It also concludes that, "FIT should be used to triage for referral to secondary care, people whose symptoms suggest colorectal cancer, but in whom a definitive diagnosis of cancer is unlikely."

www.faecal-immunochemical-test.co.uk



Low stress on pressure vessel for longer life

✔ Low NO_x gas burner

Fully matched Fulton burner

✔ Low outer surface temperature

Compact design with minimal footprint

Fully supported servicing and maintenance

Fully wetted design - no refractory

✔ > 6:1 turndown capabilities (480 kg/h model)

✔ > 10:1 turndown capabilities (960 kg/h model)

✔ > 82% gross efficiency

✔ > 99.5% steam quality at 8 bar

VSRT™

*World's First Spiral Rib
Tubeless Steam Boiler*

 **Fulton®**

 **PURE
TECHNOLOGY**


Environmentally friendly
key points of the VSRT

www.fulton.co.uk
+44 (0)117 972 3322
sales@fulton.co.uk
www.fulton.co.uk/fulton-products/vsrt

Getting up close and personal with Metro Rod on preventive maintenance

To understand what one of the leading brands in drainage maintenance and repair – Metro Rod, do, and how they work with FM companies to deliver Planned Preventative Maintenance (PPM) and reactive works nationally, we've visited its specialist for Newport and Hereford, Ben Witcomb.

Exactly what drainage services do Metro Rod provide?

Witcomb says: "Many think we simply unblock drains, but there is actually so much more to it. Yes, there is the day-to-day drainage and gutter clearance, which are completed on both a reactive and PPM basis. We also provide many other services which involve specialist equipment and professional training. This can include completing CCTV surveys of entire drainage systems to check for any damage which would require repair, high-pressure jetting to clear more extensive blockages, and tanker services to clear localised flooding. Also, if the drain has become blocked due to issues such as tree root damage or simply degeneration of the pipes themselves, it may be necessary to repair the damage, either by replacing pipework or inserting lining where possible.

Which sectors do you work in?

"We work across many different sectors – after all, most, if not all properties have

bathroom facilities, as well as varying levels of food waste production! Obviously some more so than others though, such as the education, health care, care home, catering and hospitality, building and property management sectors, for which we do a substantial amount of work.

"We recently got the following review from our contact at Blaenau Gwent County Borough Council, Rob Jenkins, who looks after many of the local schools;

He says: "I have been working with Metro Rod for seven to eight years now, which I think is testament to the job that they do. I find them very professional. They are a good company and they get things done. They are reliable and value for money too, which is a big thing around here with budget constraints, and they can be very reactive when needed.

"I know that I can ring them if I've got a problem at any time of the day, because we do have issues in the night occasionally, and I know they'll be there as soon as possible.

"We had a major incident at a school in Ebbw Vale, above the ceiling. One of the foul pipes came off, broke the ceiling down, leaving a dirty mess all over the floor. I rang the team to let them know we had an incident, they were there before I got there, it was a case of if we didn't do it as soon as possible, the school would have shut."

How quickly do you aim to get to a job?

"We understand that drainage issues don't just arise 9-5 Monday to Friday, which is why our team of eight engineers, three tankers, and seven vans are on call 24 hours a day, 365 days a year. Many of our larger key accounts also have strict service level agreements (SLAs), which we must comply to. But we always try to exceed any of our customer's expectations and set ourselves a personal goal of being with a customer within one to two hours.

Tell us more about the PPM service you offer

This service suits many of our clients, as they really value the fact that they can hopefully secure against emergency call-outs by regularly staying on top of any maintenance which needs doing. For example, many schools appreciate PPM because they can schedule it in to happen in the school holidays, thereby avoiding any disruption for pupils and staff.

"We work with each individual client to customise a timetable which works for them – mainly based on the size of their operation and dates that work best."

Metro Rod has completed more than 150,000 jobs for thousands of happy customers.

www.metrorod.co.uk



Omnicell backs drive to reduce medication errors in NHS

Paul O'Hanlon, Managing Director at Omnicell UK & Ireland has responded to the EEPUR Report 'Prevalence and Economic Burden of Medication Errors in the NHS in England' by University of Manchester, Sheffield and York:

He says: "We welcome this report which highlights and raises awareness of the scale of medication errors across the NHS. It's vitally important that the use of technology, which can solve this problem, is now an integral part of the debate in the light of this new research.

"There is no excuse for poor medicines management within the NHS as technology exists which can prevent the errors which can arise from the prescribing, dispensing and the administration of drugs. These can be minimised or altogether eliminated with the use of technology i.e. automation. Medicines optimisation, redesigning workflow structures and the use of technology are the cornerstones to promoting patient safety and driving much-needed cost efficiencies.

"Automation also addresses the flow of patients through trusts, discharge times, the focus of nursing and pharmacy staff on

clinical services and ultimately the quality of care. But crucially, it offers a 'safety net' for those healthcare teams who are at the brunt of NHS cuts and pressures and who are trying to care for their patients. Any efficiency in the system that means they can spend more time delivering face-to-face patient care will be welcomed.

"Automation medicine cabinets gives the reassurance that the right medicine is available for the right patient at the point of care, aiding swift and safe discharge. The nurse logs in using a PIN code or fingerprint, picks the patient name from the display screen, chooses the medicine required and is then guided by a flashing light to the correct



drawer. The system records nurse, patient, product, time, date, cost, procedure, consultant and serial number.

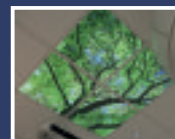
"Robotic dispensing systems in central pharmacies ensure the ongoing, seamless storage and safe dispensing of medication. Medication is sorted, stacked, stored and then picked by the RDS reducing the risk of picking errors. There is more time for face to face consultations with patients and checking as experienced staff no longer waste time on operational tasks like restocking and stock rotation – the machine does this for them

"Our medication-based automation systems have also helped stretched A&E departments, GP surgeries, pharmacies and care homes cope with winter pressures. Over the past two years Omnicell has been highlighting these issues via our automation and patient safety campaigns which also saw the launch of a white paper 'SAFE: Safeguarding Against Frontline Errors.' This report was directed to NHS stakeholders and trusts to help drive change and awareness of the scale of the problem. A copy of which can be found here:

www.omnicell.co.uk/downloads/safe-white-paper.pdf"

Radiation & RF Shielding, MR & X-ray Imaging Accessories

- MR Products & Solutions
- X-ray Products & Solutions
- Servicing & Support
Installation & maintenance of hospital equipment
- Bespoke Engineering
- Exports
Agents in over 40 countries



T • +44(0) 20 8398 9911
F • +44(0) 20 8398 8032
E • sales@wardray-premise.com
W • www.wardray-premise.com

**WARDRAY
PREMISE**

Quality without Compromise from the UK's leading radiation shielding company

PayByPhone launches at Northampton General Hospital

PayByPhone is now available at all of Northampton Hospital's seven onsite car parks, providing users with the power to skip the pay and display machines and purchase parking tickets in seconds, directly from their phone.

PayByPhone's app remarkably improves the parking experience by allowing users to conveniently access the same options available at the machines, while also providing additional features. This includes text message reminders that send prior to a parking session expiring, and the ability to extend parking durations remotely, meaning drivers can avoid running back to the car park if an appointment or visit runs longer than expected.

With the app, drivers can even begin a parking session without registering for an account, an industry first, and habitual parkers can use the "favourites" feature to save the location numbers of the car parks that they frequent.

"We have been listening to feedback from our patients and visitors and know it is

important to make it as easy as possible for people to pay for parking. We think this new opportunity to use PayByPhone will help us do that," says Brian Willett, Hotel Services Manager, Northampton General Hospital NHS Trust.

Northampton General joins a network of over 40 hospitals in the UK who are using the service. With its success rippling across the UK, the app has become the primary

method of payment in many regions, including the London Borough of Barnet which has reached a 96 per cent adoption rate.

Ready to start using PayByPhone? Begin parking immediately by downloading the app or by visiting paybyphone.co.uk. To access all PayByPhone's features, register for a free account today.

Link for website <http://bit.ly/2Bpyczm>



Item Products launches unique transparent stackable storage tray

The UK's leading designer and producer of components for the packaging industry, Item Products, has launched a revolutionary concept in self-assemble stackable trays known as Clear-Stack—a lightweight, fully transparent, stackable storage tray. Being crystal clear it has widespread applications

where items need to be readily identified and accessible.

Made from PET, the trays are supplied flat packed and are therefore cheaper to ship than regular moulded or pre-erected trays.

In storage, the trays take up less space in their flat form therefore more stock can be accommodated. The

trays, which come complete with corner fixings and soft carry handholds, are easy and quick to assemble. They can also be disassembled for storage and then reused again when required.

Clear-Stack has high impact properties, is fire resistant, printable and fully recyclable. The trays can be supplied in stock sizes or made to order. Ventilation and drainage holes can be also added to the tray if required.

Item Products managing director, Julian Cook, says: "We are excited to introduce Clear-Stack to the market. As an integral part of any supply chain, the tray ticks all the right boxes—enabling easy product identification, easy to store, easy to assemble, tough, recyclable and multi-functional. We are confident that Clear-Stack will appeal to a wide selection of retail organisations, healthcare, and businesses, as well as both office and home environments."

Item Products promoted its Clear-Stack product on stand D15 at the 2018 Packaging Innovations show at the NEC.

Visit www.clear-stack.co.uk to find out more.





How Taunton & Somerset NHS Trust scans in the NHS

At Taunton and Somerset NHS Foundation Trust, a trust-wide review of supply chain processes, practices & systems, identified that improved inventory management was required to support the trust's aims for a more productive, efficient and safe environment.

Nicola Hall, managing director at Ingenica Solutions, the company behind the first GS1 certified inventory management solution in the UK healthcare market, explains the technology behind scanning supplies at Taunton and Somerset NHS Foundation Trust.

She says: "At the time no reliable electronic stock or inventory management system existed, and Taunton and Somerset NHS Foundation Trust wanted to introduce an electronic system that could record usage, track and trace products, and automatically replenish inventory.

"Furthermore, several challenges required minimisation. Inaccurate data, excessive inventory (often duplicated in multiple storage locations) and no trust wide stock visibility impaired the ability to improve operational supply chain efficiency and deliver savings. Also, the trust wanted to minimise the involvement of clinical teams in the process, so we want them more involved in forecasting and product quality."

Monika Nott, project lead at the trust, and participant member of the Southern GS1 and Scan4Safety adoption group, explains: "Stock was replenished on a regular but manual basis, using various methods including top up from the procurement team materials management

service, requisitioning of supplies from all clinical departments and topping up consignment stocks. This led to overstocking."

The trust implemented Ingenica's 360/Atticus for the management of stock and replenishment. Monika continues: "We were Ingenica's first 'out of the box' model implementation; our staff has been trained and has the experience from our pilot phase which means we only call Ingenica for support as and when required. This has been a great option for us as it reduces the total cost of implementation."

Covering 12 theatres across four locations

Ingenica's 360/Atticus has so far been implemented in 12 theatres across four locations; head and neck theatres, orthopedic theatres and general theatres, and day surgery with ITU and HTU planned in 2018 completing phase one.

Benefits around efficiencies and costs savings have already been captured and will continue to gain momentum as more departments and wards come on board. Using Ingenica's 360/Atticus, Taunton and Somerset has been able to transform process, improve data, and secure much greater control over purchasing and inventory.

It has also been possible to give time back to clinical activity. Head and neck theatre has seen a 84 per cent reduction in the time clinicians spend involved in stock ordering and replenishment. There has also been a 12.5 per cent reduction in the financial balance sheet and stock holding.

Improved data capture, recording, and management information has led to many benefits. For instance, it has enabled the track and trace of items to patients. It also helps eliminate stock obsolescence and minimise wastage, has reduced the level of storage space used, improved stock control

and visibility, and ultimately improved patient safety.

As part of the implementation, the trust uses the Zebra MC18 mobility device to enable clinicians to scan products (barcodes and data matrix identifiers) and enable inventory consumption, to the patient, in real-time. It's a light, simple-to-use, handheld device that reads (scans) multiple barcode formats and adjusts product levels in the inventory management solution.

Monika explains, "What's particularly special about the Zebra MC18 is that it allows clinicians to undertake several activities that previously could not be achieved. Now when clinicians remove an item by scanning a barcode, stock is automatically reduced in a specified location. The same applies when an item is returned."

There is added functionality of being able to associate items to a patient, case, surgical team, perioperative team, or procedure.

Why use Zebra?

The reason Ingenica uses Zebra is because it is reliable, robust and in our opinion has the best scanning technology in the marketplace, and our partnership with Zebra Technologies continues to grow as we work on solutions both for today and tomorrow within in the NHS.

Ingenica Solutions is an accredited partner of GS1 and was the first GS1 certified solution for inventory management in the UK healthcare sector and the offer that we make to other trusts is that we can replicate the success at Taunton in any trust across the UK.

www.ingenicasolutions.com
@IngenicaS





Real-world retrospective study shows device choice impacts asthma control

Despite effective medication being available, 82 per cent of UK asthma patients report being poorly controlled, frequently due to poor inhaler technique. Studies indicate that patients who use a Valved Holding Chamber (VHC) with their pressurised metered dose inhaler (pMDI) have better asthma control.

A recent real-world study in more than 18,000 patients has demonstrated the AeroChamber Plus Flow-Vu Anti-Static VHC provides superior asthma control when compared with other chambers. This VHC was associated with a significant delay in time to first exacerbation ($p=0.0005$) and a major 13 per cent reduction in A&E visits ($p=0.0167$) compared with control, non-anti-static chambers. There was also a strong trend towards a reduction in hospitalisations ($p=0.0702$). The device is available on prescription in the UK.

Trudell Medical UK Regional Head, Europe, Alan Clark says: “The current NHS crisis is exacerbated by patients presenting to A&E with respiratory problems that often get worse in winter. New AeroChamber Plus Flow-Vu Anti-Static VHC may reduce some of the 121,000 A&E attendances made by asthma patients annually in the UK. A 13 per cent reduction may mean 15,730 fewer visits to A&E by asthma patients each year. Furthermore, if all people with asthma using

a pMDI plus VHC in the UK were switched to the AeroChamber Plus Flow-Vu Anti-Static VHC, our budget impact model shows that in one year the UK health system could reallocate £7.2 million of healthcare resources to other areas of need due to a reduction in demand by asthma patients.”

The AeroChamber Plus Flow-Vu Anti-Static VHC is designed with user-friendly features to improve patients’ inhaler technique and to ensure delivery of the intended dose of medication, leading to real clinical benefits for patients. The chamber is made from an antistatic polymer which prevents electrostatic charge-related loss of medication and allows it to be used straight out of the packet without

pre-treatment. The Flow-Vu inhalation indicator allows caregivers to co-ordinate actuation of the pMDI with inhalation and to count breaths ensuring the patient gets the intended dose of their medication.

Dr Dermot Ryan, President of the Respiratory Effectiveness Group and former primary care physician comments: “It’s great to see a company take a good product and make it even better by putting the patient at the centre of the development process and using their feedback to make it easier to use. The data strongly suggest that by improving delivery of medication to the lungs the AeroChamber Plus Flow-Vu Anti-Static VHC can demonstrably reduce use of hospital resources.”

For those with asthma, particularly children, the choice of VHC - sometimes referred to as spacer/holding chamber devices to help deliver medication is an important consideration. It is also evident that performance differences exist between VHCs. Thus, chamber shape, volume, and length, the use of conventional statically charged versus anti-static materials, inhalation valve function, and facemask design have all been variously implicated in performance differences between different spacers/VHCs. Therefore, it is important to note that not all spacers/VHCs perform equally well.

Real-world study co-author, Dr Jason Suggett (Group Director of Global Science and Technology, Trudell Medical International) says that the study also further supports the fact that chambers are not interchangeable. “The European Medicines Agency recommended in 2009 that development of a pMDI should include the testing of at least one specific named chamber, and that any substitution must be supported by appropriate in vitro or clinical data demonstrating equivalence”, he comments. “We presented laboratory data at the recent Respiratory Drug Delivery Europe meeting that confirmed that not all chambers perform equally well with the same pMDI, which underlines the importance of recognising the impact and potential risks of substituting one device for another.”

www.trudellmed.com



Innovative NHS suppliers scoop HSJ Partnership Awards

Innovative pharma and medtech companies have been honoured in an awards scheme run by Health Service Journal (HSJ), the news and information service for all healthcare leaders working in, for, or with the NHS.

Healthcare consultants and IT specialists were also among the winners of the HSJ Partnership Awards, which recognise the efforts of private sector organisations that work behind the scenes to help the NHS deliver better and more cost-effective patient care. The awards scheme culminated in a ceremony in London in March.

The winners and highly commended organisations included:

Best Clinical Support Service: Winner, Urgo Medical Ltd (pictured)

Best Healthcare Provider to the NHS: Winner, Circle Health

Best Innovation in Medical Technology: Winner, Bruin Biometrics; **highly commended,** Endomagnetics Limited & Neotract Teleflex Interventional Urology

Best Pharmaceutical Partnership with the

NHS: Winner, Merck, Sharp and Dohme Ltd; **highly commended,** Sandoz UK

Best Procurement Support or Service: de Poel health+care

Best Provider of Healthcare Analytics: Winner Carnall Farrar; **highly commended,** Membership Engagement Services Ltd

Best Workforce Innovation: Winner, ESRconnect Ltd; **highly commended,** Liquid Bronze

Consultancy of the Year: Winner, Carnall Farrar; **highly commended,** GE Healthcare Partners

The HSJ Partnership Awards scheme, launched in 2017, has rewarded inspirational work carried out for the NHS by organisations ranging from architects, builders, and facilities managers to IT experts, pharma companies, healthcare providers, and medtech firms.

Entrants were required to demonstrate that their projects had made a tangible difference to the NHS by, for example, improving services, facilities or quality of life for patients, or saving money.

Alastair McLellan, Editor of HSJ, says: “The NHS relies heavily on the private sector for goods and services, but in these tough economic times suppliers must work harder than ever to ensure they offer value for money and help the NHS innovate and improve.

“The HSJ Partnership Awards scheme was launched in 2017 to recognise and celebrate the significant contribution made behind the scenes by innovative suppliers. The judges have been greatly impressed by the standard of entries and we warmly congratulate the winners, highly commended organisations and all those which made it on to the shortlist.”



Delivering Water Purification Systems for Healthcare



Market leaders in the design, supply and service of water treatment systems within hospitals including:

- ✓ RO systems for endoscope reprocessing
- ✓ RO systems for decontamination of surgical instruments
- ✓ Water softeners for laundries and boiler feed

Our products include:

- The **EndoTherm Duo** – a complete thermally sanitised water purification system with duplex RO sets in a single frame. Ideal for single/multiple AER feed
- The **EndoTherm Mini** – providing purified water for endoscope disinfection with thermal sanitisation with a compact footprint (550 mm x 600 mm)

Service

EndoTherm Duo

EndoTherm Mini

Filter cartridges

ENVIROGEN
GROUP

01531 636328
www.envirogengroup.com

Valley Northern protects the public with safe pharmacy practice



Twentieth-century medicine bottles had distinctive, recognisable shapes to ensure they were not confused with drinks bottles. In the modern day, prescription bottles have adopted the distinctive orange cylinder and other safety precautions including child-safe caps. When handling, administering and taking medication, safety is paramount, as Adrian Pittock, marketing director at healthcare and pharmacy consumables provider, Valley Northern explains:

“Every healthcare provider will agree that patient safety is top of their priority list. However, it is often easy to overlook small changes that can further aid in ensuring patients are kept safe and receive the best care.

Packaging

“Modern medicine cartons come in many shapes and sizes, but all must contain vital patient safety information. Simple additions to carton design, such as a pre-defined space for labels that provide administrative and storage instructions, can make a real difference to patient wellbeing as information is easily visible, not overlapped with other labels and in a standardised place each time.

“In addition, packaging with dedicated space for labels makes the pharmacist’s job hassle free, giving them more time to spend with patients. Other packaging features can directly help keep patients safe, like the inclusion of strong lock-ends, which can prevent packaging accidentally opening and medication being lost.

Communication

“Labels act as the reminder to patients about the storage and administration of their medication. It’s essential that these are communicated to the patient to help

ensure they are taking the correct dose, at the right time, in the right way.

“Failure to correctly take medication or complete the full course can cause the treatment to fail, illnesses to become worse, result in unwanted side effects and is even responsible for antibiotic resistance. In March 2017, the World Health Organisation reported that medication errors cause at least one death every day in the U.S. alone.

“Patients can also be reminded that if they have any questions about how to properly take over the counter or prescription medication, their local pharmacist is happy to advise them.

Destroy

“On rare occasions, a healthcare provider may advise their patient to stop taking medication before the course has been completed. In this scenario, or in the case

of unwanted or out-of-date over the counter medication, it is important to ensure the medication is disposed of correctly.

“Under the Misuse of Drugs regulations (2001), pharmacists have a responsibility to denature out of date or unwanted controlled drugs (CD) before destruction, so that they cannot be retrieved, recovered or reused. This is the case for both patient-returned controlled drugs and date expired pharmacy stock.

“Many denaturing kits simply encapsulate the drug, before it is finally destroyed by incineration. However, this could leave the remnants of a drug open to abuse. In contrast, Valley Northern’s Pharmasafe CD denaturing kits actually destroy the drug, making the kit’s contents much safer and secure.

“The kits are also fully operational without the need for tablet crushing and are quick and simple to use with a wide neck and clear plastic tub, so it is easy to see where to fill to, making it increasingly easy and hassle free to use for pharmacy staff.

“Choosing the correct product to fit the purpose, such as peculiarly shaped medicine bottles, or denaturing kits that quickly and efficiently dispose of drugs, is essential particularly when patient safety could be at stake. For more information about customer safety, denaturing kits or any of Valley Northern’s range of products, visit www.valleynorthern.com or call +44 (0)1785 250123.



When handling, administering and taking medication, safety is paramount. However, it is often easy to overlook small changes that can further aid in ensuring patients are kept safe and receive the very best care.



Nortech parking systems boost efficiency at Tewkesbury Hospital

Access control system specialists Nortech has recently seen Gloucestershire Care Services NHS Trust update and improve the Tewkesbury Community Hospital car park using Nortech's Feemaster system.

Nortech's Feemaster range was installed by entry control system specialists ASGuk, which was appointed by Gloucestershire Care Services NHS Trust to design and install a parking control system to stop visitors misusing the site's car park.

ASGuk was able to use its 30 years' experience to propose a time and budget-friendly solution which fitted the client's needs now and, in the future, combining both automatic barriers and parking ticket control. ASGuk selected Nortech's FeeMaster parking system as part of the design, which includes the FeeMaster Smart Entry Station, FeeMaster Smart Exit Station, and several FeeMaster Smart Consoles for inside the building. The console allows the staff to control any misuse of the car park and ensures that there are sufficient parking spaces for visitors and patients.

Nortech's FeeMaster Smart parking management system is a flexible, simple



and cost-effective way of managing car parking access and controlling validity periods using Mifare smart cards. This avoids the need for expensive cabling between components and minimises disruption.

Systems were the right fit

Chris Vokes, Technical Sales at ASGuk Security and Safety Systems comments: "We selected Nortech because its systems were the right fit for the hospital's short and long-term needs. The products provide an easy solution to the ongoing parking problem and fitted the criteria for what the client wanted, including reduced cabling. We have known Nortech for many years and are happy with how the system works, their technical support and the result achieved for the client. We will most certainly continue to use Nortech products on future projects."

The FeeMaster entry station is designed to be used to record the date and time that a vehicle enters a car park. Located at the entrance of the car park, it issues tickets to visitors as they arrive, with each ticket containing a barcode, serial number, and the date and time. Dispensing the ticket triggers an 'open' signal to the entry barrier.

The ticket is then taken to the hospital's reception desk where the date and time is used with the FeeMaster Smart Console. The FeeMaster Smart exit station prevents unauthorised vehicles leaving a car park or entering restricted areas. Located at the exit of the car park or the entrance to a restricted area, it validates the Mifare smart cards and exit tokens.

The exit station is equipped with a barcode scanner to read exit tokens issued by the FeeMaster Smart console, as well as entry tickets issued at the entry station. Each ticket is valid for single use at the exit station during the validity period assigned to it. The exit station controller checks the details on the barcode ticket and sends an 'open' signal to the barrier.

The FeeMaster Smart Console is a compact and easy-to-install device that reads barcode tickets issued at the entry station, calculates the fees based on pre-programmed tariff details, and encodes reusable Mifare access control cards with validity data. If necessary, the console can print customer receipts and/or barcode exit tokens. It can also control a till drawer and send a control signal to a vehicle barrier/turnstile. The console may also be connected to a PC so that transactions can be analysed, and additional tariff management features may be used.



Nortech has supplied products and solutions to the security industry for over 25 years as an independent British company. The company uses extensive experience and expertise to create new security products to fit their clients' needs and designs everything with the customer in mind.

Further information is available from Nortech on 01633 485533 or by emailing sales@nortechcontrol.com or by visiting the company's website at www.nortechcontrol.com



ASSA ABLOY Security Doors unveils high performance timber door range

ASSA ABLOY Security Doors, a UK division of ASSA ABLOY, the global leader in door opening solutions, is launching a new range of high performance timber doors for the public, commercial & high end residential market.

The new SMARTec timber door range has been developed to offer a complete door set solution of high quality, high performing doors and frames complete with all ironmongery solutions. The doors are suitable for an extensive range of applications, including offices, high-end residential buildings, education facilities, factory premises, mixed-use developments, healthcare environments and premium hotels.

Door sets within the SMARTec range can offer certified performance including fire resistance, security, and sound reduction properties and are available to order in a range of aesthetically pleasing finishes and styles

With ASSA ABLOY Security Doors already offering Powershield and Prima steel doors, as well as Safeguard high security timber doors, the launch of its SMARTec high performance timber doors range ensures architects, specifiers, and contractors can now source a complete door set solution from one trusted single point of contact.



Brian Sofley, Managing Director at ASSA ABLOY Security Doors, explains: “We pride ourselves on the development, quality, and performance of our doors, and our new high-performance timber range maintains this standard. We are confident that SMARTec will meet the needs of all customers and specifiers by providing a durable solution which achieves the performance demands required.

“Our portfolio provides a total solution of complete door assemblies in both steel and timber, which for fire safety products meets with the latest Government recommendations. We can deliver the entire process from start to finish, from initial specification to the manufacture of product, on site installation and after sales inspections and maintenance of our doors.

“Finally, our extended service offering – covering service, maintenance and fire door inspections – means we can deliver complete door set solutions that remain fit for purpose and compliant with mandatory health and safety regulations at all times.”

For more information on the SMARTec range, please visit

www.assaabloy.co.uk/SMARTec

Install a clinical basin in just seven minutes.

Armitage
Shanks



Nobody looks deeper into infection control than Armitage Shanks. Every detail of our MARKWIK 21+ mixer and CONTOUR 21+ basin has been designed to reduce the spread of infection. The basin can now be installed by one person in just seven minutes, delivering cost savings from day one.

Our new clinical mixer and basin solution offers:

- Reduced installation time for the basin (one person in seven minutes versus two people in eighteen minutes)
- Demountable tap for autoclaving
- Full compliance with all relevant regulations and standards
- Tool-free thermal cleanse feature

Visit armitage-shanks.co.uk or email BusinessSupport@armitageshanks.co.uk to find out more about our complete range of hospital solutions.

200
ARMITAGE SHANKS
THE NEXT 200 YEARS
ESTABLISHED 1817

Polyflor launches Polysafe Quattro PUR next generation safety flooring for barefoot and shod areas

Polyflor, the UK's commercial and residential vinyl flooring specialist, has just announced the launch of its new Polysafe Quattro collection. This innovative safety flooring range offers barefoot and shod sustainable wet slip resistance with a stud-free finish for enhanced comfort underfoot.

Polysafe Quattro has been specifically designed to provide a high degree of slip resistance in frequently or continually wet areas within the healthcare sector. This includes areas such as walk-in showers, wet rooms, adapted bathrooms and hospital wards where there are baths or birthing pools. As the potential for slips is higher in wet environments, it is important to choose a HSE compliant safety flooring such as Polysafe Quattro which offers sustainable slip resistance, assured throughout the product's guaranteed life.



Engineered to offer enhanced slip resistance for bare feet and footwear, achieving 50+ on the Pendulum Test (Slider 96) plus Class B to DIN 51097 for barefoot use and conforming to the EN 13845 European safety flooring standard, with successful completion of the 50,000 cycles abrasion test. Polysafe Quattro is available as a 2mm gauge flexible sheet which allows it to be thermally welded, coved up walls and easily installed around drains and awkward corners for a hygienic and watertight wall to floor finish.

Available in a carefully developed colour palette of 12 shades, that will complement any interior design scheme in a commercial or residential setting. Six shades feature a subtle tonal chip design, while the other six are a solid colour with colour complementary aggregate. Ideal for creating a calming ambience, these designs have been specifically developed for use in dementia friendly environments, generating a harmonious feel in healthcare environments or residential care settings.

Tom Rollo, Polyflor's Marketing Manager, comments, "Polysafe Quattro has been designed to enhance both commercial and residential interiors and encourage a sense of wellbeing. This range is an exciting addition to our safety flooring portfolio offering an

aesthetically pleasing yet practical solution for areas where there is a high slip risk, so users can feel comfortable and safe."

A comprehensive brochure, shadecard and presenter are now available for the Polysafe Quattro range. Sampling can be ordered free of charge from the Polyflor website or by calling the Polyflor Samples Direct Hotline on 0161 767 2551.

Manufactured in the UK, Polysafe Quattro is 100 per cent recyclable through the Recofloor vinyl take back scheme and contains recycled material. The collection has also achieved a generic BRE A+ rating (ENP 415) in major use areas, helping to contribute points within a BREEAM Assessment for a building. Polyflor is the first floor covering manufacturer to be awarded BES 6001 certification for Responsible Sourcing, notably achieving an 'Excellent' rating.

The Polysafe safety flooring brand includes two other specialist collections which offer sustainable slip resistance in continually wet areas – Polysafe Hydro and Polysafe Hydro Evolve, go to www.polyflor.com/safety.

Further details of Polyflor's extensive range of resilient vinyl flooring are available from Tel: 0161 767 1111.

Website: www.polyflor.com Email: info@polyflor.com

TeknosIndustry paint protects Victoria Hospital windows

TeknosIndustry products were used on the windows in the renovation of Victoria Hospital in Deal, Kent, nearly 10 years ago. Accoya, a modified timber that is now widely used worldwide, was first used commercially on Victoria Hospital. In this case study, we revisit the project to see how the TeknosIndustry coatings and Accoya timber have fared over the decade.

In total, the project has 194 sliding sash windows manufactured and coated by joiners Dempsey Dyer. Their Managing Director, Peter Dyer explains "The windows use a pulley & weight vertical slider mechanism giving them a traditional feel that is in keeping with the building's heritage. The project was completed in two stages; the first was 103 sash windows to replace an

assortment of old wooden and UPVC windows. The organisation was so impressed with the results that, two years later, it commissioned a further 91 sash windows with the same specifications".

The combination of TeknosIndustry coatings and Accoya timber has proven to be a highly successful partnership on thousands of subsequent projects. To penetrate and protect the wood, the windows were coated in Teknos ANTISTAIN AQUA 2901 and then painted in TeknosIndustry AQUATOP



2600 opaque top coat in Clean White Gloss.

Despite 10 years exposure to the elements, these windows today are still in first-rate condition. Not even one has failed, even at the vulnerable joint positions, indicating that the combination of TeknosIndustry coatings with Accoya timber has successfully protected the windows from rot caused by bacteria, mould, and UV. The finish still looks fresh, keeping the building looking smart and maintaining the paintwork a breeze.

A Teknos warranty of at least 10 years is available on Accoya exterior joinery coated in TeknosIndustry paints. Victoria Hospital in Deal is living proof of that confidence in the performance of TeknosIndustry paints on Accoya.

For more information, contact 01608 688925 or visit www.teknos.co.uk.

Conlon Construction achieves another BREEAM Excellent for Hatfield Hospital

One Hatfield Hospital in Hertfordshire has been recognised for its commitment to sustainable design; the new £40 million construction has now been certified as a BREEAM Excellent building following a rigorous assessment of design, construction, and post-construction stages.

Conlon Construction provided a design and build solution with oversight for the

whole project, architects Manning Elliot provided the design. This is the second One Healthcare hospital to be constructed by Conlon Construction to meet BREEAM Excellent standards. It sets the bar for sustainable, productive and healthy environments that enhance the well-being of the patients, visitors, and dedicated teams of nurses and consultants.

One Healthcare is committed to

innovation and international best practice to ensure that patient care meets exceptional standards. Teaming up with Conlon Construction ensured an inspirational and proven development partner to design and construct their hospitals.

CEO of One Healthcare, Adrian Stevensen says: "An important aspiration for One Healthcare has been to achieve BREEAM Excellent at both One Ashford and One Hatfield hospitals. We have collaborated with Conlon Construction to create amazing spaces, with a focus on sustainability from design through to fit out and beyond. This contributes toward efficient maintenance and upkeep of our facilities, reducing operational cost and adding value for our investors."

Sean Conlon from Conlon Construction adds: "This hospital will continue One Healthcare's continued focus of innovative and purpose-designed healthcare. We're very proud to have completed this second project with One Healthcare and are delighted that it too has achieved a BREEAM Excellent rating."

For more information visit:

www.conlon-construction.co.uk



The Conlon team, designers and supply chain partners celebrate the Hatfield ONE Hospital BREEAM 'Excellent' award.

Why outsourcing is the key to compliance

A specialist property management company is urging hospitals to outsource helpdesk facilities to help ensure they stay on the right side of the law. ECO Integrated Property Solutions (IPS) is advising managers that using a professional and expert supplier to co-ordinate and oversee any works in their property will not only lighten their load but will ensure compliance with rules and regulations.

Managing a schedule of repairs, refurbishments, and maintenance can be a time-consuming distraction and it would be easy to overlook smaller details or rush

processes through lack of time. But trusting a specialist team to take on all aspects of property care will ensure accuracy, consistency, and compliance, particularly if they're invested in the latest technological advances.

ECO IPS has recently implemented a cutting-edge cloud-based work management system that holds all reactive, planned, and statutory compliance documents that connects to ECO's on site app ensuring peace of mind that all necessary documentation is safely stored.

An outsourced helpdesk system will also manage third-party activity, ensure contractors are approved, gather quotes, and consolidate invoices in a single outgoing.

Robin Harris, client services director explains: "The burden on hospitals is becoming greater and with so many other regulations to adhere to, increasing numbers of our customers in the healthcare sector are outsourcing some of their responsibilities.

"Our mantra is 'record, document and store' and we're able to dedicate all our time and specialist experience to

overseeing contractor relations, ensuring work is executed, completing all necessary documentation and safe storage to deliver total compliance. It gives customers great peace of mind."

The cloud technology used by ECO IPS is imported from the U.S. and thought to be the first of its kind used by a property management company in the UK. It centralises all processes and procedures to allow greater flexibility in remote working and real-time reporting to the client.

Harris adds: "Investment in this technology has allowed us to revolutionise the efficiency of our processes which has a direct impact on the level of service we can provide to customers. It allows them to concentrate on their core responsibilities and gives peace of mind that their property is maintained to the highest standard and all work is correctly documented."

ECO IPS employs more than 20 people from its offices in West Yorkshire, and provides total property solutions to sectors including commercial, leisure, retail, healthcare, and education.

For more information visit

www.eco-ips.co.uk



Intastop offers easy installation door edge guard

A popular PVC-u Door Edge Guard range from leading door protection specialists Intastop has been expanded offering even greater choice. It is credited with introducing the original aluminium door edge guard to the UK market and from which a highly-regarded business has been created.

Celebrating 25 years, the company continues to protect doors, people and places in this specialised field and now has a 10mm PVC-u Door Edge Guard version added to its extensive range, the largest in the UK.

“We are a forward-thinking company which looks to find innovative solutions and develop our product range to give specifiers, facilities managers, and installers a greater depth of choice and resilience when carrying out refurbishment or new build projects,” says Sarah Barsby Marketing Director Intastop. “With that in mind the new 10 mm version of one of our most popular products,

and one for which we are renowned, will continue to show Intastop as a committed business whose ethos of protecting doors, people, and places is at its heart.”

The PVC 10mm Door Edge Guard is fitted with intumescent fire and smoke seals. They are vandal-resistant yet easy to replace making all Intastop PVC-u Door Edge Guards ideal for maintaining fire integrity and door safety, an essential part of fire door safety maintenance in keeping people and buildings safe. It can be used on the front and back edges of fire resisting door sets. It has a fire rating of Class ‘O’, BS476 Parts 6 & 7 and



is tested to EN13501-1:2010. Furthermore, it is impact and scratch resistant and contains anti-bacterial properties to help reduce infection in healthcare establishments.

“Ensuring the integrity of doors and fire doors continues to be a high priority for all facility managers,” says Sarah. “Building maintenance teams and with our busy and often heavy workloads, simplicity is the key to successful schemes to protect doors and building infrastructures. Coupled with our range of products to protect both doors and walls in healthcare establishments and those that use them we are proud of the diversity we offer. This solves issues commonly experienced across a variety of industries and situations.”

The 10mm PVC-u Door Guard is available in a range of colours and finishes.

Further information about Intastop and its products can be found by visiting www.intastop.com

Horbury wins healthy new contract with NHS Trust

Leading property maintenance provider Horbury Property Services is celebrating being awarded a contract, as one of the delivery partners, on a three-year agreement to provide repairs and refurbishment work to Gloucestershire Hospitals NHS Foundation Trust.

The agreement will see Horbury Property Services as one of the partners to provide general refurbishment and repairs services across a range of NHS buildings. The contract, which will cover Gloucestershire Royal Hospital and Cheltenham General Hospital, officially started in January 2018,

with the option to extend the contract for two more years.

Richard Sutton, General Manager at Horbury Property Services, says: “We’re pleased to have secured another major contract within the healthcare sector, following our recent framework agreement win with NHS SBS (Shared Business Services). We demonstrated that we were able to offer a service that is good value for money, as well as having the expertise to deliver high quality repair and refurbishment services.”

Terry Hull, Deputy Director of Estates for Gloucestershire Hospitals NHS Foundation

Trust, says: “Keeping our building stock in good repair is vitally important. We are pleased to proceed with the framework agreement with Horbury Property Services as one of our delivery partners.”

Horbury Property Services provides a full range of repair, refurbishment, and maintenance works. This includes inspection, installation, repair and maintenance of fire doors, joinery works, fire stopping, sealing, fire compartmentation, and planned preventative maintenance regimes. It also involves portable appliance testing, electrical testing and installation work, building fabric repairs as well as external cladding and render repairs.

In addition, the wider Horbury Group provides dry wall partitioning, painting and decorating, ceiling and flooring upgrades and de-mountable screens, among others.

The company has regional offices in London and South Wales together with a South Yorkshire Head Office, ensuring a truly national capability. This regional presence enables its teams to successfully deliver responsive repairs or large planned refurbishment and maintenance programmes.

For more details, visit www.horburypropertyservices.com or call 01709 917555





Introducing our 2018 portfolio



Public Policy Projects

Advising on policy development in health, care and local government



acj

Accountable
Care
Journal

Delivering news, influencing decisions and generating leads



hospital times
incorporating hospital matters

Providing news, insight and analysis on the state and progress of new models of health and social care in the UK

020 7839 9305

www.dorsongroup.com





The real-world experiment that's improving patient outcomes

Delivering innovation in the NHS has been a challenge for decades. However, the NHS Innovation Accelerator (NIA) is changing all this. Laura Boyd, Programme Manager for the NIA, shares the findings of an independent evaluation which assesses the impact of this national programme with ACJ.

The first initiative of its kind, the NIA is a real-world experiment - one which is facilitating uptake of innovation for patient benefit, generating significant savings to England's health and social care system, and providing real-time practical insights on spread to inform national strategy.

The NIA was created to support delivery of the Five Year Forward View (FYFV) by accelerating uptake of high impact, evidence-based innovations for patient, population and NHS staff benefit. The year one evaluation of this NHS England initiative - delivered in partnership with England's 15 Academic Health Science Networks (AHSNs) - was published on 14 March, following independent research funded by The Health Foundation.

The report details the impact the NIA has had on its first cohort of 'Fellows' - the 17 dedicated individuals who joined the accelerator following a rigorous selection process in July 2015 - and on innovation scaling; identifying some of the common factors influencing innovation uptake across the NHS. Crucially, evidence of long-term benefits and wider impact, demonstrates the difference being made to people's lives.

Improved clinical outcomes

One of the key benefits of NIA innovations is improved clinical outcomes. For example, a clinician implementing myCOPD (a patient self-management system for Chronic Obstructive Pulmonary Disease) saw almost instant improvements in symptoms among patients using the platform after only a short period due to improved inhaler technique and medication adherence, alongside a

decrease in overall disease burden and anxiety among patients. The use of Episissors-60 (patented fixed-angle episiotomy scissors) avoided incidence and cost of obstetric anal sphincter injuries (OASIS). An economic analysis demonstrated a net saving of over £28,000 per 1,000 births accrued from avoided cases of OASIS - a potential return on investment of over 3,000 per cent for the NHS.



Patient empowerment

NIA Innovations focused on self-management demonstrated improved patient empowerment, enabling people to feel more in control of their own health. This included examples of people with poor quality of life, whose health improved sufficiently for them to resume leisure activities. Patients reported that the innovations had a positive impact on their mental health, which was of particular benefit for people with complex, long-term conditions. Those using NeuroResponse (an integrated model of care for patients with neurological conditions) reported reduced anxiety and increased confidence to manage their condition, with the model also delivering a reduction in A&E attendances. Clinicians confirmed that patients using OWise (smart phone app for self-management of breast cancer) were more at ease with treatment and better informed during consultations.

Opening up access to new forms of support

Some of the NIA's digital consumer-facing innovations have helped engage people who might otherwise have shunned healthcare technologies. IT platforms, including Patients Know Best (enabling patients to

hold all their medical information in a single record) and HealthUnlocked (a peer-to-peer online social support network linking patients, carers and health advocates with professional organisations), reached a wide number of patients who have benefitted from better communication between healthcare professionals and fellow patients, faster processes and accurate recordings of data. In the case of Patients Know Best, an economic analysis highlighted £26 million cash-releasing savings over five years for NHS trusts with a population of 900,000 patients and average prevalence of long-term conditions.

Earlier diagnosis and access to drug trials

Faster diagnosis and access to new treatments is an obvious benefit to patients, and Sapia (genome analytics software) has proved especially critical for people experiencing deteriorating health from rare conditions, where they would otherwise commonly wait up to five years for diagnosis.

Improving access is also true of Join Dementia Research (JDR - a digital platform matching volunteers for dementia research with active studies), with one clinician explaining: "A lady in the north east signed

up to JDR, was matched to a trial, and three days later was in London getting a very exciting experimental drug. That wouldn't have happened if it wasn't for JDR. She lives in a place where there's no trial activity and she'd never been asked about trials before."

Health economic impact

The evaluation evidences the savings NIA innovations are generating, through reduced incidence and demand on healthcare, lower administration costs, prevention of ill health, and reduced GP visits and A&E attendance. Significantly, the NIA is - through the partnership between NHS England and AHSNs - providing a unified national voice to articulate challenges in innovation scaling. And importantly, is working in partnership with national bodies to help address these, so that high impact innovations reach the hands of those who need them - patients, populations and NHS staff.

The NHS Innovation Accelerator evaluation is available to download at www.nhsaccelerator.com



NAO says rise in daycase treatments explains more emergency admissions

A new report from the National Audit Office (NAO) reveals emergency admissions increased by 24 per cent between 2007-08 to 2016-17 and cost the NHS a total of £13.7 billion in 2015-16. This represents a 2.1 per cent increase from 2015-16.

In 2016-17 there were over 1.3 million emergency admissions that were considered avoidable by NHS England. The NAO estimates that the real terms cost of emergency admissions has increased by 2.2 per cent since 2013-14.

Despite growing numbers of people being admitted to hospital, lengths of stay are decreasing. 79 per cent of the growth in emergency admissions from 2013-14 to 2016-17 was caused by people who did not stay in hospital overnight, according to the report. While emergency admissions increased by 9.3 per cent over this period, there was

only a 3.6 per cent rise in the number of bed days.

In addition to calculating the costs, the NAO also assessed the demographics of people using emergency services finding that over 65s occupied 65 per cent of hospital emergency bed days in 2016-17.

Challenges facing emergency departments according to NAO:

- Reduction in general and acute beds and growing occupancy rates - from 2010-11 to 2016-17 the number of available beds fell by 5.8 per cent.
- Rising emergency readmissions rates - an increase of 22.8 per cent between 2012-13 and 2016-17, according to Healthwatch England.
- Limited capacity in the community to prevent emergency admissions and manage demand for services, despite £10 billion DHSC spend.

- Insufficient data collected in emergency departments about the cause of admissions - NHS England has records for 5 per cent of attendances.
- Local variances in emergency admissions between 73 and 155 per 1,000 GP weighted population.

Amyas Morse, head of the NAO, says: "It is a problem for all of us that A&Es remain overloaded and a constant point of stress for patients and the NHS.

"At the centre of this is increased 'daycase' treatment but the decision to stop methodical measurement of emergency readmissions a few years ago makes it difficult to understand whether daycase interventions achieve enduring results."

Meg Hillier MP, Chair of the Committee of Public Accounts, says: "Despite early warnings, the Government acted too late to prevent the crisis in our A&Es this winter. Emergency admissions continue to rise, and last year plans to take pressure off hospitals with better care in the community stalled.

Saffron Cordery, deputy chief executive of NHS Providers, says: "Trusts have been cost-effective at managing the additional demand, and have coped well despite the number of beds reducing by around 6 per cent between 2010 and 2017.

Analysis

The NHS is performing admirably, managing the impact of increased rates of emergency admissions well on hospitals. However, the enormous rate of avoidable admissions needs to be addressed if sustainability of services is to be maintained.

NHS England has introduced numerous initiatives to reduce the growth in emergency admissions, including the Better Care Fund (BCF) and emergency care programme but there is limited evidence these have had an impact. The NAO found that 32 per cent of local areas reported they had reduced emergency admissions by their BCF targets set for 2016-17. How can this be improved for areas not meeting targets?

There is a broader need to address priorities around the provision of community services to prevent readmissions. This needs to come from increased funding and more engagement with local government. With pressures on all aspects of service and limitations on workforce capacity across health and social care, the evidence presented in the NAO report needs to be considered in line with wider developments to integrate services.



Service integration is needed to support children's mental health needs

CQC inspections of 10 local areas across England reveal that too many children and young people find themselves at 'crisis point' before accessing mental health services because healthcare, education, and other public services are not working together effectively.

In its report, the CQC examined how mental health needs were identified and how services cooperated, speaking to over 1,300 young people, carers, and professionals, through interviews and focus groups.

The report called for the Secretary of State for Health and Social Care to use the inter-ministerial group on mental health to guarantee greater collaboration across Government departments in how their policies prioritise the mental health needs and wellbeing of children and young people in England. Further changes to how local bodies work together to support children and young people with mental health needs were raised, as well as the need for national bodies to enable this change by ensuring their work does not reinforce the boundaries between services and lead to fragmentation.

Recommendations include:

- The DHSC, NHS England, NHS Improvement and Health Education England taking a lead to boost person-centred care;
- For leading STPs and ICSs to collaborate with organisations beyond traditional health and social care services including; schools, police and probation services, and charities;
- For collaboration between local authorities, education providers, commissioners and NHS Digital to drive improvements in the quality and availability of data, information and intelligence;
- For Ofsted and inspectorates of independent schools to recognise and assess how schools support children and young people's mental health.

Dr Paul Lelliott, deputy chief inspector of hospitals at the CQC, says: "Despite the pressure the system is facing, we saw dedicated staff across the country who embodied this vision and whose work presents an opportunity to transform and



improve the experience of children and young people with mental health needs.

"The Five Year Forward View for Mental Health sets out the right ambition for service improvement in mental health, but national bodies must work together and champion creative and effective solutions that go beyond the traditional boundaries of health and social care.

Saffron Cordery, deputy chief executive of NHS Providers, says: "We support its call for national ministerial leadership to overcome this problem and oversee progress across government."

He adds: "While Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) can improve partnership working in health and social care, they are not statutory bodies and do not encompass all the organisations involved in CAMHS. We should not see structural change as a necessary precursor to tackling these challenges."

Analysis

As the recently closed consultation on the government's green paper for young people's mental health will undoubtedly show, more efforts are needed to combat mental ill health for children and young people, a task that will fall on schools and parents as much as any NHS service.

While the green paper proposes the

founding of mental health support teams to work with schools and colleges to support those with mild to moderate mental health conditions, it also includes measures such as a new national partnership to improve mental health services for 16-25-year-olds and collaboration between experts on the development of new preventative strategies.

The Five Year Forward View for Mental Health shows that one in 10 children between the ages of five-16 has a diagnosable mental health problem and it is clear they are not getting the support they need from parents, school or established mental health services.

Evidence currently suggests that 75 per cent of mental health issues among adults start before the age of 18, making it all the more crucial that integrated services address issues as early as possible.

With the new evidence presented by the CQC report, there is a strong case for placing a renewed focus on prevention and early intervention for mental health. While this is in line with the direction of travel for health and social care in England, funding and resources remain stretched to breaking point. How can these pressures be overcome? What responsibility does local government have for the delivery of change? And with growing social and cultural pressures on young people, is demand going to continue to outstrip supply for services?

'Prevention is better than cure' - local government can boost health outcomes



Sarah Pickup, deputy chief executive at the Local Government Association, speaks to ACJ Editor, Dan Male, about why local government must be at the centre of plans to deliver integrated healthcare.

The landscape of health and social care is changing rapidly in England, from the creation of the Department of Health and Social Care to the development of STPs, ACSs, and now ICSs. However, the direction of travel is clear - to integrate providers and reduce the burden on the acute services.

Sarah, who was director of health and community services at Hertfordshire County Council for 10 years, knows very well the issues that local government faces in addressing health challenges for the populations they serve.

"Councils are interested in a health service which is place based, population focused, and person centred."

Integrated Care

The fundamental message from Sarah is that councils have a clear responsibility for the health of their populations and, therefore, a role in the delivery of services that support this. This not only encompasses the management of services that help people when they get ill but increasingly covers prevention, public health, and wellbeing policies that seek to keep people in good health and out of the system altogether.

Beginning with the creation of health and wellbeing boards under the 2012 Health and Social Care Act, local government gained a remit to develop population health strategies which have since developed into the more formal systems now in place. By directing

resources away from acute services and towards a wider network of providers, integrated systems of care seek to relieve the burdens on pressurised hospitals, instead focusing on prevention, primary care, and community providers. Effective population health management is crucial to delivering on this, suggests Sarah, alongside successful risk management - identifying population health challenges before they develop and implementing strategies to mitigate their impacts.

Integrating health and care requires local government to be at the core of STP and ICS development, emphasises Sarah. With different institutions responsible for the management of health and social care services, there is always going to be a barrier to social care joining with primary and community services. It is essential that local government is at the heart of the move to integrated care, beginning with commissioning and budget setting.

"No amount of integration will get rid of the resourcing problem"

Prevention

Our discussion turns to prevention, an area where local government has the ability to take the lead. Alongside the provision of primary care services and community health clinics, prevention must stretch further into schools, workplaces and

communities, beginning with early years and parenting.

Sarah underlines the importance that public health challenges be recognised at the local level. As local populations differ, so too do the health challenges they face, from smoking cessation, obesity and diabetes to drug and alcohol treatments, local government must take a lead in evaluating the risk and delivering services. This begins with the commissioning of voluntary services. However, funding pressures are limiting the extent to which these can have a significant impact.

With the aim of keeping people out of the health and care system, community services are essential in delivering preventative measures. However, despite the potential benefits, preventative schemes are at the bottom of the priority list. The warning is clear, If levels of funding are not increased for local government, this will not change in the foreseeable future.

"Prevention is better than cure"

The LGA is working with NHS member organisations and others to provide examples of positive practice and facilitate the distribution of knowledge across the health system. Several pilot areas have been selected to analyse the various routes to prevention, assess the barriers to successful scaling, and establish effective ways of using funds.



One effective policy, highlighted by Sarah, is enablement home care - primarily due to its quick implementation and measurable timeframe. By providing the tools and skills needed to adapt to living independently, enablement policies stop people re-entering the health and care service. The achievability of this for councils makes it attractive as a strategy for improving the health and mental wellbeing of targeted individuals while decreasing costs and boosting the capacity in the acute sector.

Better Care Fund

It is difficult to discuss integration without touching upon the Better Care Fund (BCF). The BCF was introduced to join-up health and care services by bringing together the NHS and local government through pooled budgets and integrated spending plans for local areas. While these brought a lot of engagement from councils, they also came at a cost - bureaucracy.

Sidetracked by delayed transfers of care targets, Sarah raises concerns that the BCF is now tainted as the emphasis is less on community services and prevention and instead is placed on hitting targets to avoid funding being withdrawn. While this may have worked for some areas, there are many authorities where this has simply distorted the focus. Moving forward, less focus needs to be placed on just one resource and instead be spread across a spectrum, to ensure a continued emphasis on improving the health of the entire population.

NHS targets, including the four-hour wait time target, have a negative impact on preventative policies because they funnel resources away from long-term strategies, pointing them instead towards meeting immediate needs of patients.

Barriers and challenges

Listing Greater Nottingham, Salford, Torbay, and Tower Hamlets, Sarah demonstrates that there are many areas making integration work. However, local government faces numerous challenges to the effective delivery of care, the biggest of them sustainable funding. With direction being set at the national level but accountability remaining at the local level, there are risks that the national picture distorts the needs of individual populations.

To deliver effective services, councils need to cooperate with health partners. This requires the development of relationships, formal or through shared objectives, that



bring together the aims and delivery of services. Imbalances in power across the system, as well as overly dominant structural directives from NHS England, prevents this from working in many areas.

The acute sector has traditionally been at the centre of healthcare provision in England. While it is essential that specialist services are sufficiently financed and supported, this presents issues for the wider system when it restricts the amount of funding being directed elsewhere. Integrated systems of care present an opportunity to address this imbalance. However, there are fears that funding for delivering improved health outcomes under reformed ICS and ACO arrangements could still be sapped almost entirely by acute trusts if budgets are too small, warns Sarah.

Workforce pressures are one of the greatest challenges facing health and care services at present. While there will always be a

requirement for specialists, there needs to be more combined roles created in future. The key, according to Sarah, is looking at how roles can come together to bring the best of both - a task for the joint workforce strategy to address.

Throughout our conversation, Sarah highlights the imbalances of power which present difficulties for the delivery of change. With national policy still being directed by NHS England, local government is often left without an input and a limited amount of influence where engagement does take place.

“A brave government would invest in primary, community, and social care as opposed to acute services to enable preventative policies to deliver improvements,” says Sarah. It is difficult to prescribe relationships through national policy. However, perhaps they can be enabled by empowering local leaders to do the right thing.

Wardray gets delightful product endorsement for new chair

Wardray Premise was delighted with the feedback it received about its scoliosis chair (XRC100). Andrea Brammer of Central Manchester University Hospital said: "The chair has dramatically improved the patient and family experience for wheelchair patients attending to have their spines imaged at RMCH; the patients feel very safe in this chair.... It has also allowed for consistency and improved positioning for patients in chairs."

Her product feedback is not just anecdotal, patients were surveyed and the results speak for themselves:

- 70 per cent of patients said that they felt safe and secure when being x-rayed (an increase of 58 per cent when compared to their previous x-ray experiences);
- 76 per cent of patients rated their experience of a spinal x-ray as very good (an increase of 64 per cent when compared to their previous x-ray experiences); and

- 94 per cent of patients said that they would prefer to have their next x-ray using the scoliosis chair.

Wardray's scoliosis chair is designed and manufactured in the UK. Its features include:

- height seat adjustable
- clear Perspex backrest with no seams
- both armrests drop down, allowing side way transfer of patients
- fully adjustable foot rest
- seat pad and removable backrest made from memory foam
- side rails on seat back allow full adjustment and positioning of supporting straps

If you would like further information or to arrange a demo please contact Graham Hammond, email gghammond@wardray-premise.com telephone 0208 3989911.

Wardray Premise has an extensive range of products for Imaging Departments. Full details are available at www.wardray-premise.com

Alternatively, contact staff at the company's head office: Tel: 020 8398 9911 or e-mail: sales@wardray-premise.com



Flexible vital signs monitoring from Riester

Diagnostic device manufacturer Riester has launched a new range of vital signs monitors to suit the needs of hospitals, clinics, private practices and long-term care settings. Available as wall, desk and floor models, they offer the flexibility and quality medical professionals have come to expect from Riester.

There are two units in the range: the RVS-100 Advanced vital signs monitor and the RVS-200 wall diagnostic system.

The RVS-100 is an advanced vital signs monitor, offering pulse oximetry, blood pressure and temperature measurements, with 'monitor', 'spot check' and 'triage' profile options. With a high-performance touchscreen, the RVS-100 can communicate through a wired or wireless connection to the hospital's EMR, according to the HL7 standard. Its highly flexible, modular design offers many configurations and settings to suit the needs of

hospitals and clinics, as well as private practices and long-term care settings.

The RVS-200 wall-mounted system offers a unique combination of an advanced vital signs monitor and a modular diagnostic station. This highly flexible, modular design allows for many different configurations to

suit individual needs and reduce instrument complexity.

Special features of both models include an 11-hour run time for the Lithium-ion battery, with 17 hours 'on' time, and an internal memory for 5,000 measurements – for up to 1,000 patients. They also now have both FDA and CE registration.

Internally, the company sets higher standards than required by norms and guidelines, using only high-grade materials from reliable suppliers and applying the latest manufacturing methods. Every product must pass several intermediate and final quality checks and all manufacturing staff receive expert training to ensure world-class finishing and quality.

Options for the RVS-100/200 include a thermal printer, a barcode reader and wi-fi. A mobile stand with storage basket is also available for the RVS-100. All products come with a two-year warranty as standard. For more information please visit the Riester website.



Leeds Hospitals chooses Zebra Technologies for GS1 compliance

Zebra Technologies Corporation (NASDAQ: ZBRA), a market leader in rugged mobile computers, barcode scanners and barcode printers enhanced with software and services to enable real-time enterprise visibility, says Leeds Teaching Hospitals National Health Service (NHS) Trust (LTHT) is using its products. They are Zebra HC100 printers and Z-Band Ultrasoft wristbands as the core of its Scan4Safety program. This is a transformative effort to improve patient safety and hospital administration through better use of barcode technology with methods derived from the aerospace and retail industries.

Scan4Safety is a barcode identification program that enables staff to track each patient through their hospital journey from admission to discharge. The resulting actionable insights enable hospitals to significantly enhance the quality of patient care, reduce unnecessary waste, and improve medical stock management. Scanning wristbands at each point of care, the hospital can better ensure patients receive the right treatment, reducing errors and delays. The program has the additional aim of ensuring that all products procured by NHS acute trusts in England are compliant with GS1 global standards for capturing and sharing information.

KEY FACTS

- LTHT is one of the largest trusts in the UK and has one of the largest teaching hospitals in Europe. It was among the first to deploy Zebra HC100 printers, with over 17,000 staff using more than 250,000 wristbands each year across seven hospitals.
- With the Scan4Safety program, LTHT has expanded its use of Zebra's solutions across its sites, standardising the printing of essential patient data with GS1 compliant linear and 2D Data Matrix codes, which the UK's Department of Health has set as the standard for care in the UK by 2019.
- Beyond allowing LTHT to better track a given patient's journey through the hospital, the wristbands also improve patient experience. Z-Band Ultrasoft bands are among the softest direct thermal wristbands on the market. Resistant to the effects of hand sanitisers, the text and barcodes are clearly printed and can be scanned for up to 14 days.
- Feedback from clinical staff has been positive. The printers are small, reliable and easy to use with fast load cartridges that remove the complexity of media loading associated with traditional barcode printers. The wristbands are made of healthcare plastics which

support LTHT's infection control regime.

- The LTHT has similarly created links with its Accident and Emergency systems to enable wristbands to be printed for all patients including new borns, ensuring widespread benefits from the new system.
- Other trusts including Plymouth Hospital NHS Trust, North Tees and Salisbury have either deployed or are trailing the Zebra solution. Early results from the six pilot projects show that Scan4Safety has the potential to save lives as well as save NHS up to £1 billion over seven years.



Mark Songhurst, Information Analyst, Leeds Teaching Hospitals National Health Service (NHS) Trust: says "The Scan4Safety program is a perfect example of where deploying the right solution has a real, positive impact on the experience of both patients and staff. The key to the success of Scan4Safety program has been the interaction with our suppliers and technology providers. Working with the market we have been able to achieve change in a very limited timeline."

Wayne Miller, Healthcare Director EMEA, Zebra Technologies says "Improving healthcare procedures through better technology and alignment to global standards is an important task that can save lives and drive significant cost savings. Zebra's products are optimised to work together for ease of deployment and use. Following our success with the LTHT, we are pleased to note that Zebra now has technology present in every NHS Scan4Safety Foundation Flagship Trust."



POC ultrasound eliminates PICC lines for better care

Point-of-care (POC) ultrasound is helping to improve the quality of life for metastatic breast cancer patients in the West Midlands due to the fundraising efforts of Breast Friends Solihull and the University Hospitals Birmingham Charity.

A FUJIFILM SonoSite SII ultrasound system funded through donations is enabling chemotherapy patients to be fitted with portacaths instead of traditional peripherally inserted central catheters (PICC lines).

Mike Hammond, CEO of University Hospitals Birmingham Charity, explains: “PICC lines provide an effective route for the delivery of chemotherapy drugs, but can be quite restrictive on a patient’s lifestyle; they require weekly appointments to flush the lines and they prevent patients from swimming, for example.

“We wanted to offer our patients a better solution – subcutaneous portacath lines – that eliminate these issues. Ultrasound guidance is essential for placing and accessing these semi-permanent catheters

but, unfortunately, there was no funding within the trust to purchase a POC ultrasound system for oncology outpatients.

“University Hospitals Birmingham Charity decided to fund this and, as a well-established trusted supplier to the trust, we turned to FUJIFILM SonoSite to provide this system.”

Matt Fowler, an Advanced Clinical Practitioner in the Oncology Department, adds: “Because the portacath is sutured under the skin, it doesn’t require a dressing, and only needs flushing once a month. This means that patients can swim, go on holiday, and have a generally improved quality of life, without having to worry about having a weekly line flush. Many patients say it helps to improve their body image as well, which can be important in helping them through their treatment.”

Fowler continues: “We’ve only recently obtained the SII system, but it’s working really well for staff and patients alike. Patients are delighted, because they appreciate the advantages portacaths offer over PICC lines, and our clinical staff find it easy to use. It is also a genuinely portable solution that can be used in any room in the clinic, which is ideal.”

For more information, go to: www.sonosite.com



Secure Video Messaging benefiting parents of premature babies gets NHS approval

An application that provides parents of sick and premature babies with video updates has just received central governance approval. The seal of approval from NHS Digital means that the web-based application, vCreate, is now recognised by the NHS and will enable hospitals to roll out the service more quickly and easily across their trust.

vCreate was first trialled at the Royal Hospital for Children, Glasgow, in April in the Neonatal Intensive Care Unit. It now has over 170 parents signed up to receive personalised video updates of their baby’s progress from their smart devices at times when they are not able to be at their baby’s cot side.

The technology allows nurses to record and send secure video messages to parents, to ensure that special moments that parents of premature infants would previously have

missed, are captured on video. Moments such as a baby opening his or her eyes for the first time or a first bath. Then, when a baby is discharged, parents have the option to download a secure baby care video diary that documents their baby’s journey and can be kept forever.

Ben Moore, Founder of vCreate, says: “We are thrilled to hear that vCreate has passed central governance and will now be listed as a trusted application. This long-awaited decision means that NHS Neonatal Units considering vCreate will now be able to get started more quickly. Parents with a child in an NHS neonatal unit will receive additional reassurance of their baby’s wellbeing when they need it most.”

vCreate is already in talks with over 100 neonatal units across the UK that are either using the platform or would like to. vCreate hopes that with NHS Digital’s central

governance approval, more units will choose the application. It is free to neonatal units and parents through an innovative funding model that sees private enterprises supporting the provision of the vCreate application in exchange for branding on the video page seen by parents.





Optimising patient flow is the key step towards high-quality healthcare

Achieving optimum patient flow is at the top of the healthcare agenda – indeed it is a barometer for the health of the NHS itself. James Ferris – Account Manager for Aptean Medworxx – explains the advantages of adopting a software-based solution to deliver the evidence-based benefits prescribed by NHS Clinical Utilisation Review (CUR) policy.

He says: “As the UK population ages, debates have concentrated on how the NHS should adapt. In 2014, the NHS Five Year Forward View (FYFV) called for greater integration of services. Consequently, Sustainability and Transformation Partnerships (STPs) and Accountable Care Systems (ACS) are enabling collaboration.

“National and local provider initiatives seek to ensure quality integrated care and eliminate unnecessary waits for patients, while minimising costs. Digital technology advances provide a significant opportunity to achieve this. The NHS will be able to improve understanding of patient needs, customise services, improve outcomes and deliver efficiencies - freeing up resources for frontline services.

“The Clinical Utilisation Review (CUR) offers a scientific and internationally recognised evidence-based approach. Using a web-based software CUR solution automates many time consuming manual processes, delivering in-built admission and discharge criteria which effectively remove subjectivity and reduce the negative effect of people working in isolation. Too often, variances lead to patient delays, or worse - readmission. Information should be easily shared using



purpose-built technology driving the redesign and delivery of processes.

“CUR identifies patients ready for discharge (RFD), providing insight into systemic bottlenecks. Solutions can be designed to improve patient flow, patient experience and overall service integration with data based on CUR evidence; not a subjective viewpoint.

“Hospitals either have a Patient Administration System (PAS) or an Electronic Patient Record (EPR) with an existing flow capability for bed management, or one that at least shows discharge status. Yet, there is no insight into appropriateness of care, avoidable admission or days of stay; nor internationally researched criteria that cover all levels of healthcare.

“To overcome this, the NHS SAFER Patient Flow initiative works effectively with CUR. Red to Green Days is a visual management system where a Red Day is a day of no value and a Green Day is when a patient receives acute care only deliverable in hospital, progressing them towards discharge.

Reducing unnecessary stays

“Reducing unnecessary stays is an absolute priority in the NHS. The Last 1,000 Days campaign asks: if you had 1,000 days left to live, how many would you choose to spend in hospital? Patient time is the key metric of performance with quality best measured from a personal perspective.

“Achieving good patient flow requires reliable data. An efficient software-based CUR solution will deliver patient assessments that can be conducted daily by nurses in under two minutes. Operational and clinical teams often ask similar questions, however, they aren't being applied to every patient every day.

“CUR also helps introduce standardisation. Using criteria to drive discharge planning empowers staff to make decisions based on proof. A software-based CUR solution enables clinical teams to have a clear picture of discharge blocks - and who needs to take responsibility.



“The biggest challenge to adoption is culture change. It's crucial to gain nurses' confidence in new technology and show it won't increase their daily burden. CUR replaces outdated manual practices and this appeals where resources are often stretched.

“Introducing ownership and accountability for the patient journey from point of admission requires strong leadership from a trust's senior team and engagement with partner organisations. All groups in and outside hospitals need to collaborate and act together. Many organisations introduce discharge teams responsible for managing transition, helping to improve integration between services.

“To achieve the transformation, trusts need to supplement core capabilities with more advanced solutions, such as, tools identifying patients at high risk of an adverse event and amenable to a particular intervention. They also will need electronic patient records, giving all clinicians the full picture and tools to support the monitoring of wider system programmes. This supplementation of core capabilities should also include enhanced tools that integrate clinical workflow with patient activation data to ensure treatment in the right place at the right time.

“Crucially, it will require a fundamental shift in how clinicians, managers and patients use new digital technologies, data and innovations to support delivery of ongoing service improvements to manage flow and deliver positive outcomes for patients each and every time.”

Schülke extends surface disinfection range by adding terralin chlorine tablets

Schülke – specialists in infection prevention – have just added terralin chlorine tablets to its extensive range of surface cleaning and disinfection products.

terralin chlorine tablets are recommended for powerful surface disinfection. They have a broad spectrum of efficacy and are effective against bacteria, fungi, viruses and spores.

The effervescent tablets release chlorine when added to water. They are convenient and easy to both use and store. Each terralin chlorine tablet releases 1,000 ppm available chlorine per 1 litre of water.

terralin plus chlorine tablets contain added surfactants for cleaning and degreasing surfaces, while also providing a powerful disinfectant action. They can be used for the cleaning and disinfection of environmental areas, general disinfection and body fluid spills.

Other products in the schülke surface cleaning and disinfection range include mikrozyd Liquid and Wipes.

Contact:
schülke UK Ltd, Cygnet House, 1 Jenkin Road, Meadowhall, Sheffield S9 1AT
0114 254 3500 / mail.uk@schuelke.com
www.schuelke.com



Biosense Webster announce first patient treated in catheter study

Affecting 14 million people across Europe, the Middle East and Africa, atrial fibrillation (AF) is fast becoming one of the world's most significant public health issues, associated with an increase in the risk of adverse outcomes such as stroke and heart failure.

As part of its ongoing commitment in tackling AF, Biosense Webster EMEA, a worldwide leader in the diagnosis and treatment of heart arrhythmias and part of the Johnson & Johnson family of companies, announces the enrolment and treatment of the first patient in the SHINE clinical study in Europe. This study will enrol 230 patients

across Europe to evaluate Biosense Webster's next generation multi-electrode radiofrequency (RF) balloon catheter.

The new RF balloon catheter has been designed with characteristics which simplify the process of cardiac ablation and may result in improved clinical outcomes for patients and as well as increased procedural efficiency.

The first patient was treated at Barts Hospital in London, by Richard Schilling, MD, Professor of Cardiology. The clinical study will enroll up to 230 patients across multiple sites in Europe.

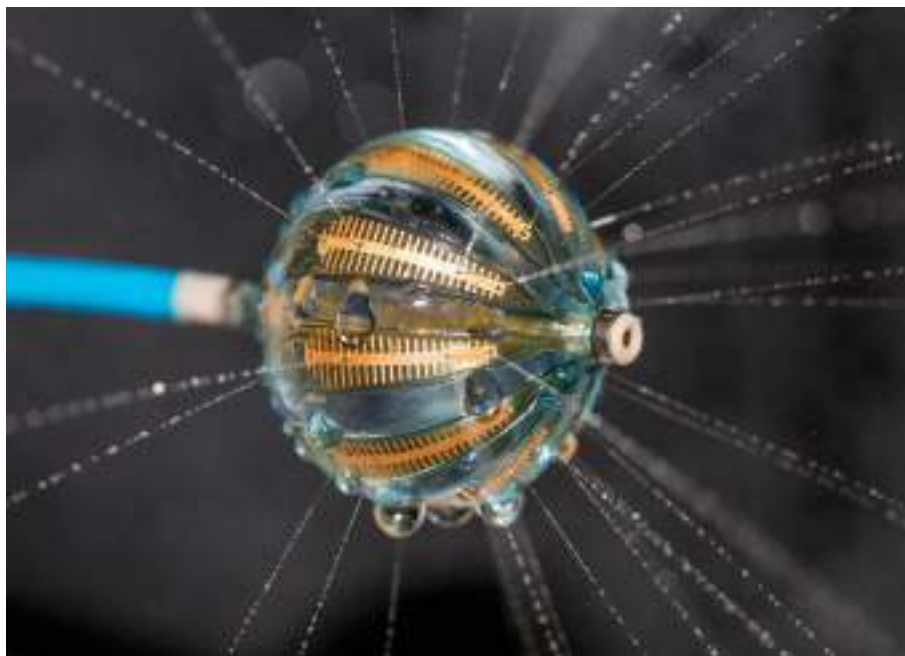
Cardiac ablation is a minimally-invasive procedure that neutralises parts of the

abnormal electrical pathways causing arrhythmia. In the procedure, doctors thread a flexible balloon catheter through blood vessels to the left atrium of the heart. Once there, the balloon is inflated near the pulmonary veins and RF energy is applied to create lines of scar tissue to prevent the pulmonary veins from emitting faulty electrical impulses that can trigger AF.

"This new device may be an important advance in cardiac ablation technology," says Richard Schilling, MD, Professor of Cardiology, Barts Hospital. "It has unique design characteristics simplifying pulmonary vein isolation that may translate into improved clinical outcomes and procedural efficiencies," adds Prof. Schilling who is also president of the British Heart Rhythm Society.

The new RF balloon catheter used in the study is designed to deliver directionally-tailored energy using multiple electrodes. The device will be used with the company's integrated multi-electrode circular diagnostic catheter to potentially improve procedural efficiency.

"AF is fast becoming one of the world's most significant public health issues affecting millions of lives and placing a critical burden on healthcare systems," says Shlomi Nachman, Company Group Chair of Johnson & Johnson Medical Devices Cardiovascular & Specialty Solutions. "Biosense Webster is committed to delivering solutions that help clinicians reach more patients and we look forward to completing this important study and bringing new technologies to the market."



Safeguarding against infection protection in hospitals



One in every 16 people will contract an infection while being treated in hospital, according to the National Institute for Health and Care Excellence (NICE). Preventing the spread of germs has always been one of the most important priorities for hospital staff, but the increase of dangerous illnesses including new strains of E-Coli and the well-publicised MRSA, has made infection control even more crucial.

Steve Nurdin, marketing manager at Cannon Hygiene, explains how hospital managers should ensure they have a robust hygiene policy in place to prevent the spread of infection

He says: “This is not only imperative to protect patients’ health, but with the media keen to highlight examples of sub-standard care, outbreaks can easily damage a hospital’s reputation and that of the NHS as a whole.

“Excellent hygiene remains the best defence against infection. This needs to be practised by all staff, patients and visitors, but the sheer size of hospitals and the number of people passing through them each day makes it difficult to guarantee effectiveness. Most bacteria and viruses are transferred either by hand-to-surface contact or via the air, particularly in shared spaces such as washrooms, waiting areas and communal rooms. By focusing their efforts here, hospital managers can help decrease infection rates.



Hand rubs are effective solutions

“Hand rubs are one of the most effective solutions against hand-to-surface contamination. But although these are made widely available it can be difficult to guarantee they will be used correctly. Guides instructing employees and visitors on the importance of regular use will help. In fact, making sure educational posters on general hygiene are highly visible across a hospital can have a big impact on preventing germs spreading.

It is important to make sure proper hand washing facilities are available, as well as hand cleaners. This is particularly pertinent in washrooms, which see a high volume of patients, staff, and outside visitors using the same facilities. Efforts should be made to reduce hand-to-surface contamination, such as automatic soap dispensers which provide a ‘no touch’ solution. Likewise, hand drying is equally as important to prevent germs from leaving the washroom. Bacteria thrive on wet hands and can be easily transferred onto surfaces and spread quickly across a hospital. Either by investing in high-quality ‘no touch’ driers or providing ample paper towels is important – whatever your preference, supplying suitable hand drying solutions is essential to stop the transfer of germs.

“But infection control needs to go beyond a strict hand hygiene policy. Solutions should be implemented that can work in the background of a hospital’s operations to kill bacteria automatically, rather than relying on people following guidelines.

“Shared surfaces such as door handles, or cafeteria tables can be a hub for bacteria. A

study conducted by The University of Arizona found that traces of a harmless virus placed on an office door handle was transmitted to half of the surfaces in the same office within just four hours. Hygiene solutions are available specifically for door handles, which spray an antibacterial mist that works to kill surface bacteria and stop the transmission path from surface to hand. Highly visible solutions like this promote good hand-hygiene and make it clear to patients and visitors that a hospital is prepared to go above and beyond to prevent infection.

“Outside of hand-to-surface transmission, there are also measures that can be taken to stop airborne bacteria. Coughs and sneezes spread diseases, yet many people do not effectively cover their mouth and release germs into the air. This can have potentially fatal consequences in shared wards with vulnerable patients, especially with the rise of severe flu-like illnesses such as the recent outbreak of ‘Aussie flu’. Products are now available that use the latest sterilisation technology to effectively kill airborne bacteria in shared areas where the transmission risk is greatest and minimise the threat of airborne infections spreading between patients.

“Whichever route is taken, there can be no such thing as ‘too vigilant’. But by employing a strategy built on both automated and managed solutions, an efficient and effective approach to hygiene can be practised at all times to greatly reduce the spread of germs in a hospital.”

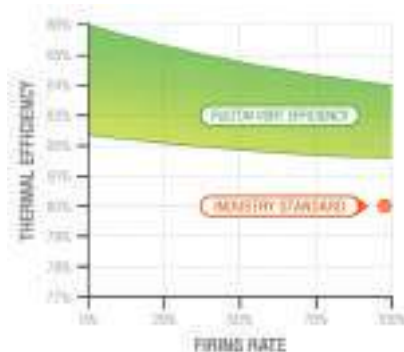
www.cannonhygiene.com

Fulton approach achieves world-first vertical steam boiler design with high efficiencies and ultra-low emissions

The all-new gas-fired, vertical spiral-rib tubeless steam boiler from Fulton, the VSRT, is the first range to emerge from the company's new 'PURE Technology' approach. This initiative has resulted in a world-first design that is durable, long-lasting, and boasts the highest efficiencies and ultra-low NOx emissions as standard.

The boiler adopts a systems-engineering approach to design and implementing PURE Technology – the result of a clean-slate design approach that combines new people with new skills bringing a new approach to the design and optimisation of heat transfer solutions. Fulton's VSRT radically challenges the heat transfer and mechanical design principles of traditional steam boilers. It is also claimed by the company to be the most radical change to vertical steam boiler design since Fulton pioneered the vertical tubeless boiler in 1949 and, for the right application, a worthy successor to the company's renowned J Series.

Commenting for Fulton, sales and marketing manager Leigh Bryan says: "To meet ever-more stringent industry and environmental standards, our PURE Technology approach looks to enhance heat transfer, provide class-leading efficiencies, improve steam quality and reduce NOx



emissions. So rather than improve existing products to achieve these goals, PURE Technology radically challenges conventional boiler design by engineering solutions that are fit-for-purpose and applications."

With over 15 patents pending in three continents, the VSRT's spiral-rib heat exchanger is a world first. It attains industry-leading heat transfer rates thanks to its unique spiral design, which achieves low stack temperatures by passing the flue gases through a spiral-wound heat exchanger that is fully immersed in water.

"This all-new spiral-rib design benefits from an extended heat transfer path and dual-direction heat flow, with the spiral annulus designed and optimised to create high heat transfer rates," says Leigh. "This optimises heat transfer to create a longer-lasting boiler that we believe will beat the competition in every category of durability."

Ground-breaking spiral rib

The ground-breaking spiral rib heat exchanger design not only allows Fulton to improve boiler efficiency but, with virtually zero thermal stress, a thick-walled construction and featuring vertical tubeless design architecture, the VSRT is one of the most durable steam boilers available.

It features a fully water-backed pressure vessel, which is wrapped in high-density insulation to achieve minimal thermal losses and low outer surface temperatures. The tubeless design has also enabled Fulton to create a compact boiler with minimal footprint. No refractory also means significantly lower weight (compared to traditional vertical steam boilers) for ease of installation.

Ultra-low NOx emissions of less than 20ppm are achieved due to the VSRT's combustion technology, which features a modulating burner and furnace that have

been purposely-designed as a single component and fully-matched with the VSRT in mind. This has helped Fulton to achieve up to 10:1 turndown capabilities and industry-leading performance of >82.5 per cent gross thermal efficiency and 99.75 per cent steam quality at 8 bar. When correctly sized for applications, the exceptionally high turndown will result in savings above and beyond those gained from the stated efficiencies.

With features including a tubeless design, no internal refractory and revolutionary cyclonic air filtration, the VSRT is extremely easy to maintain and operate. For applications where, contaminated air can reduce boiler uptime – such as laundry and dry cleaning – the VSRT's cyclonic air filter effectively separates debris and damaging particles from the combustion air. Because it won't clog over time, it eliminates the need for replacement filters. Maintenance is further improved compared to other vertical boilers due to the VSRT's industrial control platform and easy access to the pressure vessel.

The VSRT is available with outputs from 160 to 960 kg/h, complies with the City of London Air Quality Strategy and anticipated MCPD regulations, is constructed to BS EN 12953 and CE marked to PED. Its pressure vessel and burner are backed by a five-year guarantee as standard.

For further information on the VSRT Series, call Fulton on 0117 972 3322, email sales@fulton.co.uk or visit www.fulton.co.uk





Bender finishes work at new South Lakes Birth Centre for Furness General Hospital

Operating theatres at the new £12 million maternity unit in Furness General Hospital, Barrow-in-Furness, benefit from critical care power systems and surgical equipment supplied by Bender UK.

Bender Medical IT power systems and UPS provide protection and resilience within the electrical infrastructure of the maternity facility. The operating theatres contain Bender hygienic touchscreen theatre control panels, clinical pendants and the new Merivaara Q-Flow LED surgical lights.

Both operating theatres are equipped with the award-winning Merivaara Q-Flow LED surgical lights. Sleek and streamlined in design, the energy efficient Q-Flow is cost effective to operate, generates less heat than traditional lighting and offers a working lifetime of up to 50,000 hours.

The lights' Dynamic Obstacle Compensation (DOC) system adapts automatically to any obstacles in the field of

light, delivering more illumination to the operation site, reducing surgeon fatigue to minimise patient risk. They provide class leading R9 colour rendering, delivering daylight quality light to illuminate deep patient cavities, while a consistent green ambilight makes it easy for staff to view images and read monitors.

The Q-Flow lights also help to prevent and control infection. Each light delivers an uninterrupted vertical flow of sterile air to the operating table, reducing the turbulence that introduces bacteria to the patient. They are also easy to clean and maintain and can be controlled via either a touch screen panel mounted on each light, remote hand-held device or conventional surgeon's handle.

Prior to installation Bender Clinical Sales Manager Steve Coleman demonstrated the Merivaara Q-Flow to staff at Furness General Hospital.

Staff impressed with DOC system
He says: "The staff were particularly impressed with the DOC system because

shading in the operating site is such an important consideration for surgical teams. It means that more than 60 per cent of the light will get through in most circumstances, making a huge contribution to patient safety and reducing fatigue for the surgical team."

Bender TCPs control the operating theatre environment. A unique wipe clean anti-microbial silver nitrate coating ensures maximum sterility enabling staff to control the theatre through a single point of reference.

All the critical 'Group 2' medical areas are protected by Bender Medical IT (IPS) systems combined with ATICS automatic changeover device providing advanced protection against failure of the electrical supply. Resilience is assured by a UPS in the event of mains failure.

ATICS provides the highest level of resilience by eliminating the single point of failure. Two power supplies are brought in so that in the event of power failure ATICS instantly transfers to the secondary supply within 0.5 seconds to comply with industry standard HTM06-01.

Mechanical and electrical contractors Bowker Ltd carried out the installation, working closely with Bender UK on the project.

Bender UK has a long history of engagement with Furness General Hospital, most recently through refurbishment of operating theatres and service and technical support. Managing Director Gareth Brunton says: "We are delighted to be involved in creating a new facility which will benefit the whole community including the families of our own local workforce."

www.bender-uk.com



Katronic clamp-heat meters led London NHS Trust to HVAC savings

Given the significant amounts of energy consumed by a large hospital, optimising the flows and consumption of heat in both heating and water are crucial to cost reduction. They are also key KPIs reported upon as part of management processes.

Katronic non-invasive clamp-on ultrasonic flowmeters were chosen by consultant PA Energy for a sub-metering project in a major NHS trust in East London to map heat flows and help the FM contractor to identify and quantify plant and areas that consume the most energy.

Katronic's ultrasonic systems feature compact transducers easily fitted to the outside of hot water pipes, using a 'time of flight' principle to measure and log the flow. For a Heat Measurement application, the flow and temperature is measured at inflow and outflow of an asset – plant, room or building; a single Katronic controller collating and integrating the measurements from the four sensors. From measurements of the volume of water passing through and temperature drop,

the Katronic system can calculate and log the heat energy usage at that point.

PA Energy monitored hot water service within the hospital using the KATFlow systems, with Katronic's wireless data logging linking to the main utility meters for the hospital, where PA Energy's systems allow the FM contractor to quickly identify

areas of high energy consumption and abnormal use of water.

Katronic systems are proven in thousands of installations world-wide, and are available in fixed and portable versions, perfect for permanent monitoring or for consultancy projects.

www.katronic.com



Katronic clamp-on non-invasive flowmeters directly measure heat flow in pipes

Sontay gets shortlisted for BCIA award for training

Sontay, a market leader in field control devices for healthcare buildings, is delighted to announce it has been shortlisted in the prestigious Building Controls Industry Association (BCIA) Awards. The Sontay Academy, which aims to improve understanding on the application of sensing and control products for optimum energy saving and control as well as occupancy comfort, has been selected as a finalist for the Contribution to Training Award.



"We are extremely proud of our Sontay Academy and delighted to be shortlisted," comments, Sandy Damm, Managing Director at Sontay. "We've invested a lot of time and money to ensure we are providing courses that help our customers do their jobs effectively and understand what the future holds. The Contribution to Training category reflects the excellent work that is going on within our industry when it comes to training and we would like to congratulate all the other nominees. We're looking forward to the awards night in May."

With its over 40-year heritage, Sontay is an expert in building controls and their applications making it perfectly placed to pass on this knowledge and experience through training. For many years, Sontay had been running its own training courses and CPDs with great success. In 2014, The Sontay Academy was set up as the natural progression to build on the foundation Sontay already had in educating people in our field. The company has also recently become an official training partner of the BCIA with sessions run by an approved trainer. Most courses are held at the Sontay Academy's training facility in Edenbridge,

Kent but customised courses for individuals and companies are also available and can be set up through local account managers. To find out more information on courses and find suitable dates, visit the Sontay Academy website – www.sontay-academy.com.

Sontay produces the most comprehensive control peripherals offering to the UK building services market. All Sontay products are renowned for their accuracy, reliability and discrete appearance and are used by many of the market leaders in the worldwide building controls industry. Their products and control solutions help improve building management system performance, reduce energy and maintenance costs and increase occupant comfort levels. For further information on the Sontay product range, contact sales@sontay.com or visit www.sontay.com





White paper urges steam users to realise condensate recovery benefits

Companies relying on processes driven by steam are being urged to manage their condensate more effectively after the launch of a new white paper which details the potential cost and productivity benefits on offer. The key findings are:

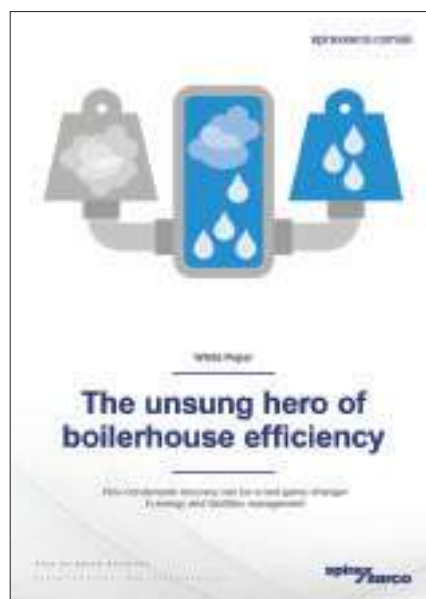
- Many industrial steam users fail to capitalise on the benefits of condensate recovery.
- Effective condensate management is proven to reduce boiler fuel costs by up to 20 per cent.
- Other benefits include lower operating and maintenance costs, reduced downtime, optimised productivity, and regulatory compliance.
- The new white paper, the unsung hero of boiler house efficiency, explains how condensate recovery can transform steam system performance.

According to the white paper, the process of recovering condensate from a steam system used for process heating can play a big part in helping global industry to mitigate the impact of economic uncertainty – with some even able to reduce boiler fuel costs by up to 20 per cent.

The white paper takes an in-depth look at the importance of high quality hot treated water and why it needs to be managed, before going on to outline a step-by-step guide to the process.

With a host of other benefits on offer to steam users, ranging from lower operating and maintenance costs, to reduced downtime and optimised productivity, managers of energy, maintenance, and the boiler house environment have a huge opportunity to use condensate management to boost their bottom line.

Chris Coleman, Marketing Product Manager – Condensate Handling at Spirax Sarco, comments: “Very few industrial users of steam seem to be aware that the benefits of condensate recovery are such that a system can pay for itself over a period of just



one to two years. With such an attractive payback period on offer – not to mention watertight compliance with an ever-increasing body of regulation – recovering that high-quality, treated hot water should really be a no-brainer for steam users, regardless of the industry they operate in.”

The unsung hero of boiler house efficiency: How condensate recovery can transform steam system performance is available to download from:

www.sxsc.com.uk/boilerhouseefficiency



Endoscopy departments can now access mobile decontamination units

Endoscopy departments across the UK now have access to the UK's first mobile decontamination unit, marking a ground-breaking innovation for the endoscopy market that will save hospitals considerable time and money.

Quest Decontamination is the latest facility from leading mobile medical unit provider, EMS Healthcare, and was developed following several requests from healthcare providers facing increasing capacity challenges.

Currently to meet demand, healthcare providers must either use external decontamination services – an expensive process that can take days to complete – or transfer the decontamination suite to a new location within the hospital estate, which can often result in ward closures.

The new unit enables hospitals to continue endoscope reprocessing services without

disruption for the first time. It creates efficiencies either when in-house decontamination is running at full capacity, department refurbishments are required, or equipment has reached the end of its eight-to-10-year lifecycle.

Keith Austin, CEO at EMS Healthcare, says: “We work closely with healthcare providers to respond to their challenges and Quest+ Decontamination is a great example of our innovation in action. The unit offers hospitals a viable option for proactive equipment and capacity planning, as well as a quick solution in the face of emergency situations, aiding clinicians in the delivery of sustainable and uncompromised care.”

With the demand for gastrointestinal endoscopy set to exceed 2.4 million procedures a year by 2019/2020, up 44 per cent since 2013/14 Quest+ Decontamination is being introduced as

growth rates hit an all-time high.

The unit is fully HTM compliant, featuring medical grade materials throughout. It is a completely independent facility, comprising four washer disinfectors, an endoscopy grade sink and its own RO plant on board, enabling JAG accreditation. With a footprint of 16.8m x 6m, Quest Decontamination can easily be driven on site.

Keith Austin continues: “With Quest Decontamination we have solved a major gap in the endoscopy market for a solution that enables hospitals to keep their reprocessing department running smoothly with no downtime when installing new equipment or refurbishing existing facilities.

“We’re proud to be pioneering the mobile medical unit sector and have already received multiple enquiries from industry leaders who have disclosed a real need for the unit.”

www.ems-healthcare.com



organisations' and also 'Medical devices: conformity assessment and the CE mark')

3D Imaging

For each test result the ProReveal creates a 3D image. You can zoom in to specific areas on a surgical instrument and the image can be turned for the best angle.

The customised image can then be saved as a JPEG image file on a USB stick or external drive or network location

Registered with the MHRA

The ProReveal fluorescence protein detection test system has been registered with the MHRA as an accessory to a medical device, and now conforms to the latest HTM-01-01 changes introduced in July 2016.

Link the ProReveal to your current SSD Track & Traceability System

As each measurement is made, ProReveal can save a second copy to an external drive or network location, perhaps for use by other hospital data systems.

It can also generate a formatted report (CSV, TEXT, XML, PDF) or a single image file (PNG, JPEG, TIFF, BMP) for each new measurement to an external drive or network location.

Determining the Baseline and Ongoing Monitoring

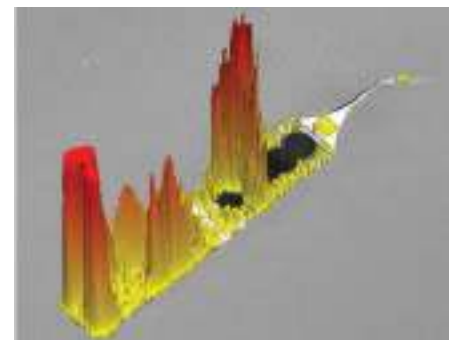
The stored measurement data can now be analysed using the monitor history graph, revealing anomalies and trends in the data which may be compared against details of the wash process entered by the operator as above.

ProReveal Accessories under development

We are finalising the development of a PCD (Process Challenge Device) and a surrogate testing device for testing the channels of flexible endoscopes.

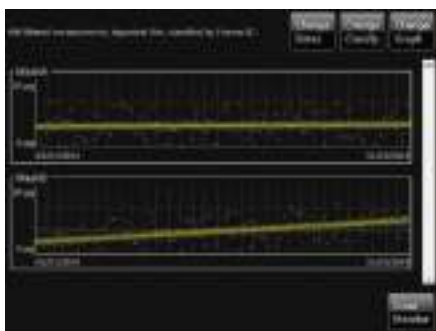
For further information, please contact Matthew Peskett on 01323 511038 or email support@proreveal.co.uk.

www.peskettolutions.com



ProReveal is the only Protein Detection System complying with new protein detection requirements

ProReveal was developed with Queen Mary University of London with the help of Professor David Perrett, and has been designed as a more effective method of ensuring the cleanliness of reprocessed surgical instruments. The UK Department of Health updated the HTM01:01 guidelines in July 2016. They now state a quantitative method of measuring the residual protein present after the washing process. ProReveal can detect a single spot of residual protein as low as 50ng and shows where protein is located on the surface of a surgical instrument and how much.



The high risk, neurosurgical units are required to comply by July 2017, and the rest by July 2018. Now that the ProReveal is compliant, potential customers can be reassured that the ProReveal will fully meet their Protein detection requirements.

Extract from the updated HTM01:01

SSDs should no longer rely on elution or swabbing to detect residual protein on an instrument. The method should be validated as being able to detect protein equivalent to $\leq 5 \mu\text{g}$ of BSA in situ on the surface of an instrument.

Commercial technologies that can detect the $5 \mu\text{g}$ limit in situ are being developed (see ACDP- TSE's Annex C). Methods that do not have protein as their target, such as ATP assays, cannot be used as a substitute for residual protein detection. Devices to detect residual protein must be CE-marked as an accessory to a medical device (see the MHRA's - Managing medical devices: guidance for healthcare and social services

Tackling the cost of delayed patient discharge from hospitals



During the winter period, it became clear that the NHS in the UK is under even more than the usual additional strain. With routine operations already being cancelled to manage emergency treatment, hospitals cannot afford any delayed discharge of patients because of the knock-on impact on available beds. However, evidence suggests that delayed discharge is once again on the rise.

Mark Frankish, SAS Data Scientist, SAS UK explains why small steps to improve patient flow could help to reduce bed-blocking

He writes: “The media is already making headlines from numerous figures, including:

- Delayed discharge currently costs the NHS £900 million a year, including over £100 million in Scotland;
- Up to 8,000 deaths a year may be caused by increases in delayed discharge; and
- Delayed discharge has risen 52 per cent in the past three years.

“Delayed discharge, also known as “bed-blocking”, occurs when patients are well enough to be discharged from hospital, but remain there. This is because they do not have the correct care, support or equipment at home or in the community to continue their recovery. These patients can often spend weeks in hospital when they could be cared for at home or in the community, where their recovery might well be quicker. This practice is putting unnecessary pressure on A&E departments and wards, increasing waiting times and staffing costs, and often leading to cancelled operations.

“This is not a simple problem. It occurs at the boundary between health and social care (and perhaps more importantly, their budgets), and involves issues relating to family responsibilities. Various solutions have been trialled to address the issue, with mixed results but often increasing costs. These have included increasing the supply of nursing staff, building more care homes, keeping a ready supply of equipment in hospitals. They have involved changing the system of managing people coming to A&E, as well as merging health and social care organisations and budgets.

Developing patient flow modelling

“No single organisation will ever hold all the answers to delayed discharge or bed-blocking. Cooperation is always going to be the best way to attempt to manage the problem, and, indeed, to improve patient outcomes across the system.

“However, individual organisations can improve matters, for example, by use of patient flow modelling. This is a discrete simulation model which will allow hospitals to improve patient management, bed control, the logistics supporting the movement of patients and overall bed use.

The model includes:

- Patient points of entry;
- Recovery units;
- Hold time thresholds;
- Routing process; and
- Staffing levels/beds.

“It can be used to model complex interactions between patients and units, key decision points, and ‘what if’ scenarios. It also provides comprehensive KPIs that can help managers in hospitals and social care understand the causes and effects of delayed discharge. This is important because these vary considerably around the country, and the solutions are therefore different.

Understanding the ‘pinch points’ and problem areas means that customised solutions can be put in place to manage delayed discharge at particular hospitals, or in specific areas or regions. This can help improve patient outcomes as well as reduce cost.

Developing a data-informed NHS

“Hospitals have not traditionally made decisions based on extensive data analysis. However, this type of modelling offers them a chance to increase efficiency and address their problem areas.

“Understanding the problem is still only the first step towards addressing it, but it is an important one. Solving issues of delayed discharge will require hospitals to work closely with social care and community providers, to develop a fully integrated care model. Nobody is suggesting that this will be easy but ensuring that the model is based on evidence - and not just ‘gut feeling’ - will make it more likely to succeed. This, in turn, will result in better patient outcomes, increased efficiencies and cost savings for the NHS and its partners. That’s something we all want to see.”

www.sas.com/en_gb/home



Greater Manchester trust treats first non-U.S. patients with device the size of an eyelash

A Manchester research team has treated the first two patients outside of the U.S. in a study looking at a next generation device for the treatment of glaucoma. The Department of Eye Research at Manchester Royal Eye Hospital is delighted to have treated these European participants on the Summit study.

The Hydrus Microstent – developed by Ivantis, the study sponsor – is a ground-breaking “intracanalicular scaffold” the size of an eyelash. The study is assessing the 12-month safety and effectiveness of the device in 60 advanced glaucoma patients, for whom conventional therapies to control intraocular pressure have proven unsuccessful.

The Hydrus Microstent has been designed to be less invasive than traditional glaucoma surgery and can be inserted during cataract surgery using the same microsurgical incisions.

The device relieves the high intraocular pressure (IOP) that is common in POAG (Primary Open Angle Glaucoma) patients, who have increased eye pressure because the eye’s fluid channels become blocked.

The tiny Hydrus scaffold is designed to be inserted into the primary fluid canal of the eye and open the channel. It then allows blocked fluid to flow more freely, thereby reducing the high pressure.

The Department of Eye Research is based at Manchester Royal Eye Hospital, part of

Manchester University NHS Foundation Trust (MFT). The Chief Investigator for the study is Leon Au, who is based at Manchester Royal Eye Hospital.

The Summit study is on the National Institute for Health Research (NIHR) portfolio and supported at MFT by Clinical Research Network, Greater Manchester.

In total, there are five sites outside of America, including three in Europe, taking part.

Monika Cien, Clinical Trials Manager at the Department of Eye Research, Manchester Royal Eye Hospital, says: “We are proud to have treated the first non-U.S. patients to this important study which



could represent a real development in minimally invasive glaucoma surgery (MIGS).

“The achievement is due to the hard work and efficiency of our team, which ensured we were in a position to start recruitment as soon as the study was initiated at the hospital.”

Gretchen Haig, Ivantis Senior Clinical Director in charge of the study, says: “We are thrilled the team at Manchester Royal Eye Hospital has made such a fast start to the Summit study.

“Their department has set a benchmark for sites across Europe to match as we strive towards recruiting 60 patients suitable to be implanted with our ground-breaking Hydrus Microstent, which has already been the subject of a vast body of research.”

For further information, visit the NIHR website www.nihr.ac.uk

Bupa Cromwell Hospital partners with IMS MAXIMS to become paper-light

Bupa Cromwell Hospital has moved a step closer to achieving its strategy to become paper light by partnering with IMS MAXIMS to extend the roll-out of an electronic patient record.

Within a few months of signing the agreement, the hospital will deploy the company's electronic order communications and results reporting (OCS & RR) that will introduce new processes to improve the accessibility of medical tests.

As part of the private hospital's ongoing investment programme into its estate and infrastructure, it will use MAXIMS OCS & RR to digitise the way in which clinicians manage diagnostic tests, starting with radiology and pathology services. Staff will be able to order and view results instantly and eliminate the delays, bottlenecks and errors associated with paper-based systems that rely on manual interventions.

Supporting the hospital's best of breed approach to digital, MAXIMS will integrate with the existing patient administration system (PAS) and diagnostic systems, giving clinical staff access to results when they are on and off-site, at any time. Clinicians can be confident that the order has been sent to the right person without the risk of transcription errors and can track its progress within the patient's health record.

Opting for the IMS MAXIMS digital transformation package that offers deployment support, Bupa Cromwell Hospital will adopt the technology provider's clinically-led business process change model and deploy the company's implementation team. Key activities such as configuring the product for the hospital's needs, defining new business processes, developing data and management reports, and training staff will be led by IMS MAXIMS. Cromwell won't have to find, fund or train additional internal resources, but the IMS MAXIMS team will work closely with the hospital's consultants to meet the needs of clinicians and their patients.

Ambitious Plans

Paul Cowley, IT Director, Bupa Health Services, says: "The roll-out of order comms and results reporting is the natural next step for us to extend our digitised record towards a fully-integrated EPR across the hospital.

"We have ambitious plans for using digital to reconfigure and improve our services, and to achieve them in our timescales, we wanted a partner that could integrate into our team and provide support from concept through to deployment. It's why we opted for the MAXIMS transformation package."

The OCS & RR software will be deployed on a Software as a Service basis to help reduce overall running costs and overheads for the hospital. It will also give staff the added flexibility to change and adapt the software as the hospital's digital strategy evolves, without making significant changes to the estate.

Preparations for implementation have started and the go-live is expected in Spring 2018, with discussions about further deployment and additional functionality planned for later this year.

Leesa Ewing, Commercial Director, IMS MAXIMS, says:

"To be able to respond to the growing needs and expectations of patients today it's important to modernise services, and technology offers a way to do this quickly and effectively. Bupa Cromwell Hospital clearly understands this; by introducing an electronic OCS & RR system to an expanding portfolio of software solutions, it is laying the foundations for a world-class, digitally enabled hospital.

"We're therefore excited to be working with Bupa, which joins our growing family of private healthcare customers, and we hope it paves the way for a longer-term relationship in realising the hospital's paper-light intentions."



Is the UK choosing the correct GDPR solution?

With GDPR introducing new regulations in May, many businesses have started to make the necessary strides towards compliance. Questions can be raised as to whether UK businesses are preparing in the right way. This uncertainty could lead to compliance issues when the data protection rules change. It's time for the UK to educate itself.

Mark Harper, head of sales for HSM UK and Ireland writes: "Every organisation in the UK should now be preparing for GDPR, if they haven't already done so. Research in November 2017 recorded that only one in five large businesses in the UK were ready for GDPR.

"On first sight of this, an initial 'panic-stricken' reaction is justified. However, what must be considered is the amount of time it takes organisations to put their processes in place.

"At the time, the report documented that four in 10 businesses had a detailed GDPR compliance plan in place. This figure is likely to have increased as we enter 2018 with businesses continuing to put processes in place.

Starting with the best form of defence

"Shredding should be one of the key components of an organisation's plan for remaining GDPR compliant. However, many organisations still believe that external shredding services may be their best option, which isn't necessarily the case.

"Subcontracting is seemingly the easy option for some, with shredding being taken off-site for someone else to deal with. Yet, what is commonly forgotten are the question marks above off-site cost effectiveness and security levels.



Investing in an in-house shredder removes those questions about cost effectiveness and the security levels of your shredding. An in-house solution can be up to 80 per cent cheaper to operate over a five-year period compared to a third-party shredding service.

"Not only this, but your organisation then has peace of mind knowing that you're shredding at a level that keeps your data secure. All positives, but first, you must identify your required shredding security level - classified by a DIN level scale.

DIN 66399 Security Levels - Better Safe than Sorry

"Organisations employing a shred-on-site strategy need to decide on the appropriate level of security for their requirements. Defined by the DIN 66399 standard, there is a simple seven level scale, with security level P-1 recommended for ensuring low level documents are illegible and level P-7 being classed as military grade protection, turning paper into the tiniest of particles.

"NHS guidelines recommend that all documents containing Patient Identifiable Data should be shredded onsite at either P-4 or P-5 security levels. In general, HSM recommend a security level of P-4 for general office shredding to ensure protection from potential breaches.

"However, this isn't always the case for each user. View HSM's essential GDPR guide to data protection and recommended security levels for a further understanding into the security levels on offer.

HSM®

Selecting the Right Shredder

"Determining the correct security level is just the first step when choosing your shredder. As data protection officers consider the appropriate security level, a facility manager needs to consider other practical factors.

"What size paper will you be putting into your shredder? How many pieces of paper will it need to shred in one pass? What size shredder is going to be most suitable based on the space available?

"Bin volume must also be considered. Ideally your shredder should only need to be emptied once a day. An approximate measure is that 100 sheets of A4 paper shredded at a P-4 level will typically take up around 8 litres of space.

"Additionally, key decision makers will need to know if a shredder is likely to be used for long periods of time. If so, it will need a continuous run motor. Essentially, offices should make a realistic estimate of the amount of use a shredder will have and consider the best solution before making the final decision.

Prepare Now, Save Tomorrow.

"The need to prepare for GDPR is vital and investing in a well-designed, in-house shredder is the right move for many UK organisations.

Deciding on the right choice of shredders and locations, as part of an overall data protection plan, takes time and thought.

By preparing now, you would not only be protecting your organisation's sensitive data, but also saving yourself stress tomorrow."

Dipak Duggal shows how the NHS can reduce £1.6 billion medication errors



A leading expert on ways of optimising medication management in NHS hospitals has reacted to the staggering new research showing that 280 medication errors took place in a year within the NHS are costing the health services in the UK an extortionate £1.6 billion a year.

He is pharmacy and industry expert Dipak Duggal who is a registered former NHS Director of Pharmacy and global director of medicines management solutions at leading global medical technology company Becton Dickinson.

He spoke to Hospital Times group editor John Whelan and shed light on some of the strategies and technologies available to help eliminate the communication gaps between disparate technologies. In a theme that recurred throughout the interview Dipak says: "It's all about optimising the entire medication management process. This involves looking at current solutions available to help prevent medication errors, save time, increase predictability of medication availability, and reduce inefficiencies throughout the medication use process. Many medication errors occur at the prescription and administration phases with the latter being the hardest to intercept and can result in harmful consequences for patients as well as wasted time by pharmacists and clinicians.

On a mission to support hospitals manage risk

Dipak is on a mission through his role at Becton Dickinson to support hospitals manage risk through ethically driven research and development for example by implementing closed loop medication management solutions to promote safe care. By developing a flexible system information can flow between platforms and clinical information systems. Dipak says: "Becton Dickinson has the technology and expertise to bring a flexible system to life whether you want to integrate basic parameters or complex compounding and dispensing workflows. infusion ." But Becton Dickinson is much more than just a solutions provider.

Under Dipak's direction Becton Dickinson has promoted the use of barcodes to ensure that the right drug reaches the right patient at the bedside. It's not just a question of what happens in the hospital pharmacy, but the barcoding extends to the wristband worn by the patient. However, Dipak would be the first to agree that the risk of errors in many hospitals is still a worrying trend especially in settings where staff are still using hand written as opposed to electronic prescriptions.

It would be fair to say that Dipak and his colleagues are strong advocates of automation in dispensing of medication because as he says it releases time for care for nurses and pharamcies enabling them to focus on patients rather than just the processes for dispensing medicine.

However, behind all of this lies a deep commitment at Becton Dickinson to encouraging change management programmes in hospitals to go alongside technical advances in optimising medication. As Dipak sees it change management must be ongoing because it can't just involve current staff but must involve others who come along in any

onboarding process to take up new positions in the hospital. "We have a consultative approach," he says. "It is aimed at understanding the requirements and building a solution around the technology which isn't just about improving care but, also engaging in innovation."

Pioneering throughout his career Dipak is an advocate of best practices including encouraging hospitals to plan for a patient's discharge at the point of admission. This is hardly surprising as he has been innovating throughout is career in healthcare and a pioneered a new service for Homerton University Hospital, in East London, in 2002 which became the first UK hospital to launch a mobile phone-based text messaging service, called 'Meditext', to remind patients of their appointments and prevent unnecessary cancellations. He believes that this type of methodology could be developed by Becton Dickinson and extended to improving patients' adherence to their medicine regimens.


Dipak says: "A simple text message prompts patients to call back on a free-phone number if they cannot come in. The advantage of text messages is that they are received by the patient almost immediately, while a letter can take a couple of days to reach them". A similar message reminding targeted patients to take their medicines could be beneficial.

Dipak then general manager, A&E and diagnostic services at Homerton University Hospital, says: "Patients were booked into the clinic but up to 30 per cent of them did not attend routinely. This resulted in wasted resources and lengthened the waiting time."


Despite the value of such a transformation dating back to 2002 it is perhaps regrettable that many hospitals still rely on posted reminders at huge cost to the NHS.

Wireless HTM 08-03 Nurse Call systems

wireless solutions include: Nurse Call | Staff Alarm | HTM 08-03 Nurse call | Fire Alarm



- HTM 08-03 compliant wireless nurse call system.
- Wireless call points with anti-microbial protection.
- Wireless over door indicator lights.
- Quickly deployed with minimum disruption.
- "Pull to Activate" emergency/cardiac pull switch.
- Patient handset (IP67) with call reassurance LED, backlight & optional bedside light switch.
- All-in-one back plates, with bedside light switch & plug socket.
- Call logging software provides a full audit trail of events.



For more information
please call 01568 610 016 or visit www.arm.uk.com

providing a helping hand
arm
Alarm Radio Monitoring



Help for doctors, medical students and their families in times of crisis

Supporting the medical profession
for over 180 years

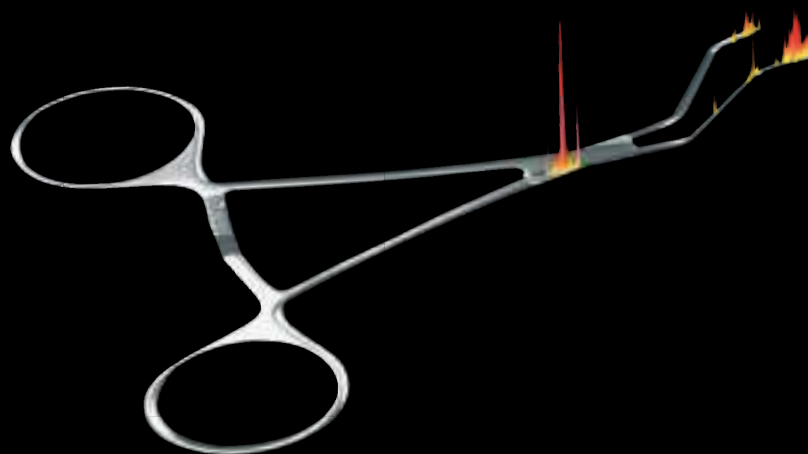


ProReveal

Fluorescence Protein Detection Test

A quick, sensitive, in-situ test to detect residual proteins using fluorescence
Making it easy to check the cleanliness of reprocessed surgical instruments

Currently the **only**
Protein Detection
Test that is fully
compliant to the
protein detection
requirements of
the updated
HTM01:01



Key features of the ProReveal Test

- A highly sensitive test able to detect less than 50ng of residual protein
- A user defined level of residual protein can be set to meet the HTM01:01 guidelines
- A rapid test with results in less than 4 minutes with a PASS or FAIL indicator
- Provides a quantitative measurement over the whole of the instrument
- A visual display as to the location of any residual protein
- 3D view of the instrument shows where protein is present and how much
- Report generation, stored data or downloadable to a USB stick or mirror storage to an external drive or network
- Patented viewer and reagent spray
- Touch a spot of contamination on the displayed image to show a localised readout of the protein mass detected for that spot
- The ProReveal generates a list of editable questions before each measurement. Washer disinfectant details etc.
- The stored measurement data can be analysed using the monitor history graph
- PCD's (Process Challenge Devices) under development



For more information:
www.synopticshealth.com

SYNOPTICS
HEALTH



Unit 4-5 Brampton Business Park
55 Brampton Road, Eastbourne, East Sussex, BN22 9AF
Tel: 01323 511038
Email: support@peskettsolutions.com