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Welcome to your May Procurement Guide

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Journal of Perioperative Practice Procurement Guide information

In print within the AfPP Journal of Perioperative Practice covering national AfPP members, but also with a dedicated print and e-distribution to supplies and purchasing managers.

Key Sectors: NHS Supply Chain, Independent Hospitals, Higher Education, Medical Device Companies.

Published 6 times a year we will focus on procurement issues in every edition as well as specialist subjects which for the following year include:

July 2012
Infection Control + Procurement

September 2012
Consumables + Innovation + Procurement

November 2012
Safety + AfPP Congress + Procurement

January 2013
Recovery + Procurement

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Clinical procurement specialist: a personal perspective

What exactly is a clinical procurement specialist?
A Clinical Procurement Specialist is deemed as a Registered Nurse or Allied Health Professional. We work within the procurement structure of our organisation to assist in the procurement of clinical products and services. Our role is to provide clinical support, technical and professional advice to the procurement function and to maximise engagement between procurement and clinical teams within the trusts. We drive change and support innovative procurement practices to achieve compliance and product standardisation which seeks to optimise best value and improved patient care. Our main duties include developing, co-ordinating and facilitating the evaluation and utilisation of medical and surgical products and to engage with relevant stakeholders to ensure projects are supported clinically. We manage the introduction of new products in relation to clinical medical and surgical products ensuring that objective rationale is applied to clinical governance and value for money issues when making clinical product selection decisions. Our role helps ensure that any subsequent purchasing decisions are backed by credible clinical evidence and detailed evaluation criteria.

All this significantly increases demonstrable financial savings that can be made through the end users being as engaged as possible in the procurement process. These savings can then be re-targeted back to patient care/ experience and improving outcomes.

What type of special training or schooling did you have to complete?
Coming from experienced clinical backgrounds means that the majority of CPS’s come into the role with a minimum of 5 years experience in a senior clinical position and therefore have proven track records of leading, developing and managing teams and projects in a fast moving environment. However, many of us enter the procurement world with limited knowledge of the complexities of procurement policies and procedures.

A comprehensive knowledge of tender processes, EU procurement legislation, procurement and supply chain management, effective negotiation techniques and computer literacy are all requirements that need to be learnt to a competent level.

There are study days/courses to facilitate improving knowledge on all the required subjects which are organised by The Chartered Institute of Purchasing and Supplies (CIPS). To assist with understanding the logistics process there are opportunities to spend time with the ‘on site’ logistic team as well as at one of the national logistic centres. ‘On the job’ training provides valuable schooling particularly when working alongside experienced sourcing and contract specialists/commercial managers who can guide a novice CPS through the procurement process. We have The National Network of Clinical Procurement Specialists (NNCPS) that advises on national, regional and local purchasing initiatives and processes that affect patient outcomes.

The network provides a valuable forum for sharing the learning, process and outcomes of projects undertaken by members and is invaluable as a source of knowledge and support to all CPS’s across the UK.

The NNCPS functions efficiently via communication between members, and also is accessible via the NHS Networks site where a membership forum is posted. http://www.networks.nhs.uk/nhs-networks/national-network-of-clinical-procurement/

How did you get involved in this line of work?
Having been a Clinical Leader for 12 years I was ready for a different challenge. I was looking for a position that would engage a wider perspective within the trust but still hold a clinical focus. The
The role of a CPS is a relatively new role having only been developed within the last 10 years. Up until my appointment in 2008 it was a position unprecedented within our trust. In order to gain knowledge and an insight into the role I contacted local members of the NNCPS and arranged to meet and work with them for a couple of days. This gave me a valuable ‘no frills’ insight into all aspects of the job as well as confirmation that the criteria this role offered would not only match my expectations and be suitably challenging, but confidence that my experience would enhance the clinical balance in the procurement setting.

**What do you like most about your job? What do you like least?**

The thing I like most about my role is the diversity, and the fact that I am able to use my clinical knowledge and experience to promote best practice in the clinical and procurement arena. I have several projects in hand at any given time and work across the whole trust sometimes collaborating with neighbouring trusts on projects.

I enjoy all aspects of my role but it can be a lonely position we are ‘one of a kind’ in a trust and we have to be quite tough with some of the decision making.

However, by virtue of the uniqueness of the role, it is being rapidly recognised as a resource to bring financial and clinical requirements together. Subsequently, wise purchasing decisions are made as a result.

Through influencing product choice and how products are utilised, the CPS can ultimately have a dramatic impact on the quality of care delivered across a trust. In an ever changing market place new projects present regularly, leading to a never ending learning opportunity.

**Why is your job important?**

The best medical procurement decisions are based on a balanced blend of both clinical and commercial considerations (best value). The clinical procurement specialist bridges the interface between these two areas and is a vital link that enhances the balance between ensuring clinical needs are fully considered by procurement and value for money requirements are fully understood by all clinical areas.

We are involved in leading, developing and managing projects in a fast moving environment and leading clinical teams through change management and decision making processes. By building confidence in teams, confidence is built amongst patients that the products in use have the best available evidence for use in practice whilst optimising standardisation and best value.

**Do you have any stories to share about your work?**

One requisite of the job is the ability to be resourceful. For example during a recent theatre gown tender a well known high street clothing company was utilised for extracting a range of coat measurements from petite to extra large/long. These measurements were given to the suppliers to demonstrate the size ranges required in the tender.

**The National Network of Clinical Procurement Specialists (NNCPS) that advises on national, regional and local purchasing initiatives and processes that affect patient outcomes**

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ALWAYS WITH YOU
Barema: the Trade Association for suppliers of Anaesthetic & Respiratory devices

British Anaesthetic & Respiratory Equipment Manufacturers Association is far too much of a mouthful, and so what is Barema, and what is the role of the Association?

Barema is the specialist Trade Association for suppliers of anaesthetic, respiratory and related products. It is unique in that there is no other equivalent trade association in any other country. It is an independent, non-profit making organisation, and exists to promote the industry collectively, and to further the interests of its members, through:

- working closely with clinical and medical staffs to discuss issues of concern to either users or suppliers, particularly relating to patient safety,
- maintaining a regular dialogue with the Medicines and Healthcare products Regulatory Agency (MHRA),
- providing representation to Product Standards Committees,
- working with, and being a channel of communication for, agencies within the Department of Health,
- keeping members abreast of legal, regulatory and other mandatory requirements,
- liaison with other trade associations in both UK and Europe on matters of common interest, e.g. revision of the Medical Devices Directive (MDD).

Currently there are fifty companies in Barema membership, ranging from SMEs to large international organisations. They manufacture anaesthetic workstations, anaesthetic consumables, regional anaesthesia, resuscitation, lung function, medical gas pipeline and respiratory therapy products. The full listing of members, and the devices they supply, is available on our website: www.barema.org.uk

In order to be members of the Association, companies must adhere to our Code of Practice and Training Policy. In brief, the Code of Practice aims to promote the highest standards of business practice at all levels in companies, for example by:

- ensuring business courtesies are appropriate,
- maintaining a high standard of ethical conduct for staff in the discharge of their duties,
- requiring that all promotional materials are legal, accurate, balanced, fair and not misleading,
- any financial support of conferences and exhibitions should be to the organising group.

Our Training Policy recognises the need for a structured system of education and training within companies, thereby enabling consistency in the introduction of new procedures, techniques, technology and equipment to users - who are usually healthcare professionals but may also be patients. Company staff that interface with users, and who provide advice and guidance on products, should have an appropriate level knowledge in human physiology in addition to a thorough working understanding in all aspects of the company’s devices. Additionally, those members of company staff responsible for giving training, both internally and to users, must be able to demonstrate their competency, either through holding a teaching qualification or holding down a training role over a number of years. All company developed courses must be documented, and be consistent with external accreditation.

There is no other equivalent trade association in any other country

Barema has no part to play in the selection of products by purchasers. However, as an Association our highest priority is to continually strive for improving patient safety, and by implication minimise pain for patients as they undergo treatment. This can only be achieved, in our opinion, if healthcare professionals are able to use their devices of choice. As new or updated products are continually being introduced, and no more so than with airway devices over the last 15-20 years, then it is even more important that user choice is paramount.

Members of AfPP together with consultant colleagues have a huge role to play in demanding they get to use the devices they want, and in so doing provide patients with the best possible treatment experience. In today’s financial climate, this is not straightforward, but sometimes the ramifications of ‘bargain basement’ prices can be very costly in the longer term.

Reference was made earlier to Barema being a unique Trade Association: so why should this be the case, and based here in UK? Partly the answer lies in the fact that, during the last 150 years, there has been considerable innovation in this country in the fields of anaesthesia and respiratory medicine, resulting in many companies being started, especially since 1945, to supply the machines and consumables to enable new treatments to be administered. It was a natural development for some of these companies to form Barema here in the early 1970s, which now has grown to include businesses based in Europe and beyond. Innovation is key to long term success, both for an affordable NHS and suppliers, and Barema is currently working with all European Trade Associations to make sure the pathway for the introduction of safe new devices is maintained, with the continuation in the medium term of the existing regulatory framework of the Medical Devices Directive.

Over a long period Barema has invested its energies to attain recognition, within the healthcare sector, as the voice representing suppliers of anaesthetic and respiratory devices. In no small measure this is due to the leadership of the Chairman of thirty years, Maurice Freeman, and the considerable support given by members of the Association’s Management Committee.

More information about Barema is available on the website, or by e-mail to info@barema.org.uk.

Harrie Cooke
Secretary
Nurse Betty had never fully grasped the importance of a clean scope until the day she was scheduled for her own colonoscopy.

Some things in life shouldn’t be left to chance, and the risk of using a contaminated scope is one of them.

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Endozime® AW Triple Plus (with A.P.A.) No Scent Specifically designed for customers who are susceptible to allergic reactions when using cleaning chemicals containing dye and perfume.
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Endozime® Sponges Mini Contoured to safely fit around small flexible and rigid scopes with outer diameters of 2 to 6mm.

All the above products are available direct or from NHS Supply Chain. Please contact our office for samples or further information.

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EORNA: European Operating Room Nurses Association

The 6th Congress of the European Operating Room Nurses Association was held in Lisboa, Portugal on the 26–29 April 2012.

‘Sailing to the future’ was the theme of the congress, attended by specialised perioperative nurses from most European countries as well as representatives from the USA, Australia, Japan and Russia. Participants numbered around 2,200; many of them senior managers and budget holders within hospitals, private clinics and community areas. The host city is steeped in culture and history and offered something for everyone; architecture, art, museums, shopping, a vibrant nightlife and a port complimenting its maritime past.

The Organising Committee had prepared an interesting educational, networking and cultural experience for all. The Scientific Committee had planned a diverse programme providing a rich educational opportunity for all delegates, which included plenary and parallel sessions with oral presentations, poster exhibition and workshops. Special attention was given to the following topics:

- Scientific research
- Perioperative/clinical practice
- Education
- Leadership/Management
- Patient safety

The organisers of the 6th EORNA congress were committed to developing the exhibition to meet with the needs of the medical device exhibitors, professionals in the perioperative environment and those active in the procurement area. Consequently the international medical devices industry exhibition was another key attraction for the delegates giving access to some of the most up to date technology and information in the field from colleagues in the industry. Held in a focal area of the Congress Centre it was a permanent feature for the duration of the congress.

This congress offered a great opportunity to renew old acquaintances and meet new friends, share experience and information in the interests of expanding the knowledge and enhancement of patient care.

www.eornacongress.eu
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ABHI: Association of British Healthcare Industries

The ABHI is the industry association for the UK medical device sector. Our purpose is to promote the rapid adoption of medical devices to ensure optimum patient outcomes throughout the UK. ABHI’s strategic review focuses on advancing access to medical technology with its core mission centring on championing the benefits and use of safe and effective medical technologies to deliver high quality patient outcomes. Our vision encompasses leading the advocacy of the UK medical technology industry.

ABHI advocates policies which allow members to operate in favourable business environments in the UK market and international markets with appropriate Regulations and Standards and Ethics and Principles. We represent companies whose output makes up for around eighty five percent of the industry’s total. Our membership includes some of the leading multinational businesses in the sector in the UK right the way through to small and medium sized enterprises (SMEs).

Our membership includes some of the leading multinational businesses in the sector in the UK right the way through to small and medium sized enterprises (SMEs).

For businesses operating in the UK market ABHI works to ensure that the commercial environment is optimised to provide a favourable market for businesses and to get the best deal possible for the NHS. In order to achieve this ABHI works with the NHS and policy makers to put in place a system that supports the rapid evaluation, reimbursement and adoption of medical technologies by the NHS.

ABHI led industry input into the NHS Chief Executive’s review of the uptake of innovation in the NHS - ‘Innovation Health and Wealth’ and is currently involved in a number of the ‘Task and Finish Groups’ charged with ensuring that the objectives set out in the report are carried out.

This report set out the importance of innovation to a healthy population and a successful economy. According to the report the NHS contributes to the UK economy in four ways:

i. Through the services it provides, a healthy population is more productive, and more economically active;

ii. By adopting innovation to improve its own productivity, the NHS can deliver more health benefit for a given public resource;

iii. By accelerating adoption and diffusion of innovation throughout the NHS, it supports growth in the life sciences industry;

iv. By exporting innovation, ideas and expertise, working in partnership with UK industry, it provides new business opportunities abroad for UK-based companies.

An important element of the recommendations of real importance to industry is the proposed ‘Procurement Strategy’

Developing our People - a joint NHS / industry training and education programme is envisaged. This will reduce suspicion between both parties and help improve collaboration.

This report and the intentions contained in it represent a step forward in the way that policy makers perceive innovation and the role of procurement in ensuring that patients get access to it. In a landscape of a changing NHS and increased pressure on services there is a need to harness the benefits of innovative technology. This will only happen effectively if industry and the NHS work together.

OPPORTUNITIES FOR SMALL AND MEDIUM ENTERPRISES

To celebrate a year since the launch of reforms opening up government contracts to Small and Medium Enterprises (SMEs), the Department of Health has made available a progress update on its action plan and has published a selection of case studies which show how relationships have been built with SMEs through their tendering activity.

For more information go to: www.dh.gov.uk/health/2012/03/small-and-medium-enterprises
Omnicell

Exciting ‘point-of-use’ patient costing & stock control that makes lean easy...

Avantec have installed Omnicell systems in over 40 NHS trusts to reduce wasted products, cut spend per patient, save clinical time, provide accurate patient costing, automated stock control, full traceability of product usage and interfaces to existing trust systems.

Sheffield Teaching Hospitals have had Omnicell in their cardiac theatres since 2008 controlling supplies and medicines in theatres, anaesthetic rooms, store rooms and barcode scanning instrument trays per procedure.

Stock is protected from blood splashes or contamination and is accessed quickly and easily by clinical staff. Valuable space has been saved and a strong cultural change is helping the department to consistently under spend on stock. Staff efficiencies have been realised and patient costing data allows the Trust to understand their spend.

Following these proven cost savings the system has been expanded into ICU and recovery.

“We’ve more than halved our central stores and reported initial stock savings of £185,000 in our 4 theatres. More importantly we can spend more time on our patients, because we aren’t bogged down finding products and counting and restocking shelves. We’ve already hit many of the key objectives of the Productive Theatres initiative long before the government guidelines have been published”. Nigel Roberts, Clinical procurement specialist leading the cardiac team at Sheffield.

Omnicell’s automation and interfaces streamline your existing stock control processes, releasing clinical staff to do what they’re best at – helping the patient. This is bringing improved productivity to all installations such as wards, theatres and A&E.

Most ‘open’ stock control scanning systems have free access to supplies that mean the actual stock level is always in doubt. This can lead to stock outs, and also to overstocking that can cost the department dearly with disruptions to procedures and expired stock.

Omnicell’s ability to both maintain stock in ‘closed’ cabinets provides strict traceability and control over stock levels as well as usage. Ensuring far fewer stock outs and possibilities of overstocking.

Quick and easy access
Finding what you want quickly is critical and Omnicell cabinets include quick fingerprint access, and guiding lights that help users find the right product and record LOT numbers to patient.

Identify opportunities
Dashboard reporting quickly analyses the stock usage, re-order levels, supplier performance and recommends areas to reduce stock holdings and make adjustments to the re-ordering criteria to reduce any risk of stock outs.

This ensures a dynamic approach to keeping stocks in-line with real usages levels and changes in procedure needs as new products are introduced.

Making real savings
Improved reporting on actual spend has allowed informed decisions on where opportunities exist for savings, e.g. products that are not being used or to ensure PaR excluded reclaims are being fully recovered. This level of data reporting is critical for the right procurement decisions:

“In the current financial climate it is essential for organisations to have a full understanding of where their costs are committed if the challenging efficiency targets are to be delivered. In investing in our Service Line Reporting systems, of which Omnicell is an integral part, the Trust is well placed to ensure continued financial success whilst improving quality and the patient experience in years to come.”

Aaron Cummins, LHCH Finance Director and Project Sponsor

Flexibility
Each system can be easily reconfigured and adapted or expanded to meet changing needs within the Trust so that it continues to meet future needs and deliver on-going savings.

Not only can the Omnicell system manage supplies, but it includes comprehensive software to allow the management of medicines which includes the latest electronic CD register and Electronic Prescribing (EP) – enhancing patient safety.

The payback
The payback can be as quick as 12 months with initial stock savings, plus accumulative annual savings in terms of staff time and consumptions spend.

The reduced stock and storage space required with Omnicell, releases areas in an often cramped theatre environment for either more staff/office space or storage for equipment.

Omnicell cabinets are mostly located at the point of use within the theatres and prep rooms, resulting in a more productive work flow, saving precious theatre time.

To find out more about the Sheffield installation or if you would like a free assessment and consult please contact Avantec on 0870 4328 250.
‘When it comes to medical storage, one name stands out among the rest. Gratnells, of course.’

Martin Kurzer MB BS FRCS, leading specialist hernia surgeon

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‘I’ve been using Gratnells medical storage for many years, and I honestly think it’s the very best you can get.

The trays can hold an assortment of syringes, needles, gauzes, mesh, tubes, bandage materials and other essential medical items with no trouble at all. What’s more, I find that I can combine baskets, trays and shelves to suit my different needs, depending on whether I am in surgery, an examination room, my office or the recovery ward.

Gratnells medical trolleys are excellent value for money, especially as they are so hard wearing and long-lasting. The NEW Compact range is excellent when space is at a premium. So there’s a storage unit to suit every hospital department. And when it comes to larger areas like sterile rooms, you just can’t beat the tall frame storage which integrates perfectly with the medical trolleys.

For me, when choosing medical storage, it has to be Gratnells Medical. Every time.’

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History and Background

Tameside General Hospital is situated eight miles to the east of Manchester, serves a population of approximately 250,000 and forms Tameside Hospital NHS Foundation Trust.

The laparoscopic service had, for some time, been averaging approximately 300 cases per annum with laparoscopic cholecystectomy being the most common procedure performed. Issues began to arise with their existing surgical instrumentation and ultimately patients were in danger of their procedures being cancelled as the sets were in such poor condition. The old and damaged sets incurred high repair costs and contributed to sets constantly being out of commission. In addition theatres were experiencing reduced capacity due to there being limited sets as they were only averaging four cases per session.

Additionally, there was extremely poor staff morale and overall dissatisfaction with the service that the surgical team was able to deliver.

Tameside had two gynaecology and three general surgery theatres but this increased to seven theatres in total in November 2010.

Action Plan for Change

In partnership with the Aesculap Division of B. Braun Medical Ltd a proposal was made to offer a complete ‘Managed Service’ where new bespoke but standardised laparoscopic sets would be commissioned into the hospital. Aesculap would undertake preventative service and maintenance after every 25 uses, maintaining the instrumentation in ‘good as new’ condition in order to maximise operating time. This service is funded by a set monthly fee determined by the number of trays required and the number of procedures per annum.

Aesculap worked with all clinicians involved to ensure full compliance and acceptance of the final sets prior to the introduction.

Implementation of the general sets took place in July 2008 and a further Aesculap Lap RENU contract was initiated in July 2009 for a number of gynaecology sets. It was agreed that nine general sets, nine diagnostic and five operative gynaecology sets would ensure maximum operating time was achieved and full confidence that theatres were being utilised to their full potential, at least five procedures per session could be achieved.
Financial Implications

As with many NHS Trusts, Tameside had begun to rely heavily on single use items due to the poor condition of their reusable sets. Cost savings were immediately realised on single use scissors, graspers and trocars. This totalled £250,000 per annum.

Prior to the implementation of Aesculap Lap RENU a number of laparoscopic cholecystectomy cases were being performed as open procedures in order to meet waiting list initiatives. This resulted in an average hospital stay of 6 days at an approximate cost of £225 per day. After the implementation of Aesculap Lap RENU most procedures are being undertaken as day cases, saving the Trust up to £1,125 per procedure. Tameside perform up to 100 open procedures per annum, leading to savings of up to £112,500 per annum. HM Revenue and Customs deem Aesculap Lap RENU to be a ‘Managed Service’ which has enabled Tameside to claim back the VAT element of the service charge.

Following the implementation of Aesculap Lap RENU further service developments have taken place as a direct result of the improved reliability of the instrumentation. Tameside now offers laparoscopic hernia and laparoscopic appendicectomy to its patients instead of the previous open surgery. The improved quality of care for the patient and the further reduction in inpatient stay is already significant and is set to further improve as the new services develop. The Trust has additionally noted a 1.5 day reduction in inpatient stay against its 128 cases which were planned in 2010.

The improvement in the sets has also eradicated the need for weekend working and, based upon current theatre session costs at £6,200 per session, this realised an additional annual saving of £124,000.

As a direct result of the Aesculap Lap RENU implementation, the Trust has also noted a significant decrease in its reprocessing costs, mainly driven by only a single set being required per procedure. It had been previously necessary to process two trays and often additional trays were opened due to inferior quality instrumentation. The current costs to process a single tray are £25.00 and therefore the annual saving is in the region of £7,875.

Aesculap Lap RENU has been in service at Tameside for nearly three years and following the planned maintenance every set has been returned on or within our specified five day turnaround.

<table>
<thead>
<tr>
<th>Saving Area</th>
<th>Saving over 3 year period</th>
<th>Saving over 10 year period</th>
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</thead>
<tbody>
<tr>
<td>Bed day savings (Cholecystectomy)</td>
<td>£337,500</td>
<td>£1,125,000</td>
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<tr>
<td>Bed day savings (Laparoscopic hernias)</td>
<td>£129,600</td>
<td>£432,200</td>
</tr>
<tr>
<td>Single use trocars</td>
<td>£468,000</td>
<td>£1,560,000</td>
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<tr>
<td>Single use instruments</td>
<td>£282,000</td>
<td>£940,000</td>
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<tr>
<td>Weekend theatre costs</td>
<td>£372,000</td>
<td>£1,240,000</td>
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<td>Reprocessing costs</td>
<td>£23,625</td>
<td>£78,780</td>
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<td>Repair costs</td>
<td>£88,500</td>
<td>£295,000</td>
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<td><strong>Total savings</strong></td>
<td><strong>£1,701,225</strong></td>
<td><strong>£5,670,980</strong></td>
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Summary

Total savings over a 10 year period **£5.67m**

Testimonial from Karen Rowland – Business / Nurse Manager (Anaesthetics, Theatres and DSEU)

"Prior to Aesculap Lap RENU being implemented we spent many hours constantly chasing sets that were away for repair and emailing the surgeons to make them aware of the number that were out of action. This dictated the number of cases that we were able to put on a list and it was also affecting our income generation. Staff morale of both nurses and surgeons was pretty low and I constantly had emails complaining about our service level. We now have a completely different outlook, with confidence at an all time high. Being able to operate with sets fit for purpose, surgeons confident that their cases can be properly planned for with high level instrumentation has resulted in less headaches for me and everyone else involved"  

To explore how Aesculap RENU could benefit you and your Trust please contact:

Steve Gibbs
National Sales Manager
07977 248 086

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