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Procurement & Supply Chain – Innovation & Efficiency Projects

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Urolift: innovation in patient care for BPH

OUH was a very early adopter of Urolift, a new technology for Benign Prostate Hyperplasia (BPH). Our Procurement & Supply Chain team worked closely with our Urology clinical team to support the efficient adoption and implementation of the technology in the Trust.

The procedure alleviates the issues faced by these patients.

This video shows how the procedure and technology works:

An introduction to the UroLift system: www.youtube.com/watch?v=ADuZHhNfyxI

The procedure using this technology has a number of benefits for patients.

- Reduced complication and side effects.
- Shorter procedure duration.
- Procedure carried out under local anaesthetic and delivered outside of theatre as an outpatient day case.

The efficiency benefits are also significant, with less theatre time required and a reduction in the requirement for patient admissions and the demand on hospital beds.

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Optimised Orthopaedic Pathways: Corin O2P Hip Project

The Procurement & Supply Chain team worked closely with the clinical team at the Nuffield Orthopaedic Centre and with the orthopaedic supplier Corin to rationalise and reduce the amount of equipment required in theatres to carry out a hip replacement procedure. The aim of the project was to work in partnership to deliver improvements for patients whilst improving efficiency and reducing costs across the supply chain.

The project focused on the surgical instrumentation associated with primary hip ,with the goal of rationalising instruments based on patient specific CT scans and X-rays (which were used to estimate hip acetabular and femur size). This enabled the instrumentation sets required in theatres to be reduced from six trays to two trays.

The new approach and the reduction in instrument sets required in theatre during the procedure has significant benefits for the clinical teams and the patients. Theatre efficiency is improved and a significant saving of around £200 per procedure in sterilisation costs has been achieved.

The volume of Corin hips used has increased significantly as this has become the preferred approach for the clinical team for the vast majority of primary hip procedures.

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Calprotectin testing to reduce unnecessary IBD treatment and costs

In April 2018, the faecal calprotectin test was made available from our laboratory after the Procurement & Supply Chain team worked with Clinical Biochemistry to support the implementation, with samples being tested under the existing joint managed laboratory service contract with Abbott.

Calprotectin is a protein biomarker, the concentration of which increases in the faeces when intestinal inflammation occurs. Faecal calprotectin testing prevents the need for unnecessary endoscopy procedures on many patients by screening out those with Irritable Bowel Syndrome (IBS). The symptoms of disorders such as IBS and organic Inflammatory Bowel Disease (IBD) can be very similar in presentation, but are two very different medical conditions. Historically, clinical gastroenterologists have had to use invasive endoscopy to diagnose between these conditions, but by using calprotectin as a first-line test in patients presenting with gastrointestinal symptoms indicative of IBS or IBD, the team can rule out IBD and avoid the need for IBS patients to undergo endoscopy, preventing patient stress, shortening waiting lists and cutting costs for the NHS.

Testing was previously carried out off-site by a third party. The benefits include reduction in invasive endoscopy for diagnosis, improved patient care, service efficiencies and significant savings