

**2**010 brings a series of challenges for endoscopy suites in the form of new regulatory standards, sustained pressure from targets and the potential for a change in government as well as a deep cut in capital spending.

If your hospital is being measured for compliance and productivity, you are essentially being judged by the company you keep.

The support of an AE(d) will help you pick your way through the minefield of specifications, modelling workflows and processes and determining the preferred supplier but then what?

The responsibility for getting it right still sits with you, as does the accountability for sorting out any problems that you encounter.

This is where 'industry' needs to raise its game.

The National Framework Agreement for endoscope washer-disinfectors, managed by the NHS Supply Chain, referenced over 70 standards, HTMs, regulations and statutory acts against which suppliers had to evidence their ability to comply.

Over the period of the contract, some of these standards have been superseded and more will be added for the next generation of washer-disinfectors, but interestingly, despite many of these being European standards, machines designed and built on the continent do not comply with the whole range of UK controls.

For this reason, washer-disinfectors imported to the UK need to have upgrades and modifications added that were not part of the original design. Conversely, machines built in the UK that are exported to the US are typically stripped of many of the control and monitoring systems to keep



## 2010, 0106 and all that

them price competitive while still achieving clearance from the US Food and Drug Administration.

So, the good news for patient safety is that we are living and working in what is probably the World's most tightly regulated market but this brings its own difficulty.

If the control and monitoring processes are working correctly in the washer, they will detect occlusions, leaks and poorly cleaned scopes more sensitively than older machines that would have previously passed as they simply did not sense the problem. So the failure rate goes up and more cycles have to be run.

In addition, the operator needs to be comfortable with working a PC to run modern machines and manage all the data they produce.

All this technology leads to more complex machines and inevitably a higher number of breakdowns.

For the hospital, this adds pressure to running costs as more scopes need more wash cycles, more competently qualified staff expect better rates of pay, down-time potential of machines brings a more intense backlog of work and unscheduled overtime.

Can anyone help you?

On the basis that your ability to get the job done is limited by the capability of the suppliers you work with, there are clear factors that will give you the support you deserve:

*British manufacturer* - it is not just about domestic loyalty, there is genuine value in using machines that have been designed and built to meet UK standards, that have all their spare parts and components based in the UK and have the largest team of dedicated engineers all trained in the factory where the manufacturing takes place.

*Product options* - 'if the only tool you have is a hammer, everything looks like a nail', so if the sales person only has one product to offer it may be the best in their opinion, but does your hospital work like everybody else's or do you need to have options on the choice of chemistry, size and nature of washer and the layout of the decontamination process?

*Budget choices* - do you really want to start the process of applying for a huge capital spending project or do you worry that your department will have to compete with more 'media-friendly' capital spending initiatives? Many hospitals are getting the equipment they need much quicker with a range of financial packages. Leasing is one, but there are many others that do not need to tie you to onerous contracts or penalties. One example is 'Endoscopy on Demand', popular with hospitals that see the potential for changes in their workload over the next three to five years and want the flexibility to change their decontamination

equipment to suit their changing needs. With Endoscopy on Demand you may also be able to recover the VAT, saving you 15% or more.

In August 2009, PuriCore acquired Labcaire Systems. This has created a new leader in the market in terms of breadth of portfolio and number of field engineers, together with clinical and microbiology teams to provide a comprehensive support programme to hospitals.

PuriCore has since expanded the manufacturing and distribution facility in Clevedon, Somerset while retaining its offices in Stafford.

Daniel Bee, PuriCore's managing director, said: "There has never been more freedom of choice for hospitals from a single supplier." In response to frustrations expressed by hospital managers at the limitations of working with single product suppliers, he added: "Our role is to work with hospitals to fit a decontamination suite around their individual needs. That may include different types of machines, multiple chemistries and some inventive ways of fitting it all within the available budget."

For further information, visit [www.puricore.com](http://www.puricore.com)

**ENQUIRY NO. 602**



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