University Hospitals of North Midlands NHS Trust

Theatre Equipment Product Evaluation Group (TPEG)

Meeting held on 6 October 2021
at 2:30 pm to 4 pm
Venue: Supplies & Procurement Meeting Room, Royal Stoke

MINUTES OF MEETING

Members Present:

[redacted]

CB	Clinical Director of Surgery (Chair)
SW	Head of Clinical Procurement, ISPD
PR	Senior Health & Safety Advisor
AS	Deputy Head of Clinical Technology
BW	Clinical Nurse Advisor, NHS SC
KL	Lead for Tissue Viability & Continence
JK	Procurement Operational Manager, ISPD
LKW	Clinical Advisor Procurement - ISPD
CS	Business Support Manager for Surgery
SD	Medical Device Safety Officer
EB	Contracts Manager
EP	Sustainability Support
JB	Sustainability Manager
EG	Materials Management Supervisor, ISPD
SR	Midlands Representative for Meril
SC	Head of Clinical Technology
ST	Oral and Maxillofacial Surgeon
JAB	European Lead for Meril

Apologies:

[redacted]

TJ	Theatre Practitioner
JS	Operational Procurement Officer, ISPD
BB	Senior Operational Procurement & Supply Chain Manager
PA	Theatre Practitioner
DM	Critical Care Nursing Team
HB	Infection Prevention Lead Nurse
JOL	Clinical Development Nurse
AC	Theatre Matron

No.	Action	
1.	**INTRODUCTIONS**	
	Introductions were given at the start of the meeting and attendees recorded above.	
2.	**APOLOGIES RECEIVED**	
	Noted above	
3.	**APPROVAL OF THE MINUTES FROM THE LAST MEETING**	
	Previous minutes from 14 July 2021 approved.	

4.	**DROP IN SESSION TO PRESENT APPLICATION TO EVALUATE NEW PRODUCTS**	
	Item [redacted] – -- Item 2 [redacted] – Maxillofacial - Implantable Doppler device Item 3 [redacted] – Suction Tubing	

SUMMARY OF ACTIONS AGREED		
No.	**Action**	**Person Responsible**
5.1	**Smoke Evacuation –** EB to discuss with -[redacted]- and CB to discuss with AC	**EB/CB/AC**
8.3	**Cook-Swartz Implantable Doppler –** CB to progress with -[redacted] and [redacted]	**CB**
9.1	**Tympanic Thermometers –** CB to report to EIG to report issues.	**CB**
9.2	**Naso-Gastric Tubes –** Discussion with Critical Care outside of meeting to resolve.	**JK/SF**

No.	**Action**	**Person Responsible**
5.1	**<u>Smoke Evacuation</u>** EB advised that samples were issued to the end user, but Conmed have not received any results. [redacted] and -[redacted]- were chased for feedback but EB has only heard that staff were struggling to change tips. EB to obtain more information from CS. CB to discuss with AC	EB/CS/CB/ AC
5.2	**<u>Epidural Sets</u>** EB advised that the training session has occurred. [redacted] is due back on 14th October to complete final part and stated that it is a smooth transition. EB confirmed that -[redacted] moved all stock into particular area and EB questioned the next steps. JK, CB and LKW advised that old stock should be moved to Maternity to use up. JK asked whether new stock has been delivered and EB confirmed that a delivery has been made to main Theatres, Maternity Theatres and the Delivery Suite for training purposes. This was organised by [redacted] JK questioned if the Material Management Team has new codes to order. EB confirmed that this list was distributed to the team, including old codes and new equivalent products. EB to email Oliver for assistance in moving old stock to Maternity.	EB
6	**MATTERS ARISING**	
6.1	**<u>BD Cannulas</u>** SF questioned whether there was a discussion of ported versus non-ported cannulas, as Wolverhampton would like to introduce non-ported into general areas. CB advised that we were looking at introducing non-ported in wards and ported in to theatres.	SF

	SF to discuss with Infection Prevention Team at Wolverhampton. To be discussed at next TPEG meeting	
6.2	**<u>Intermittent Compression Garments</u>** SF stated that they have implemented catheter trays which have a device to attach the catheter to thigh, however Theatre staff cannot fix these catheters because they predominantly use thigh length sequential intermittent compression. This is different from standard compression as it has 3 air bladders which pump blood through vessels rather than applying compression using an on/off format. Nice have advised that clinically the outcome in relation to flow velocity and clot incidents is the same and evidence points to using calf compression rather than full length. SF looked at national picture and stated that in Theatres, calf compression with a single bladder is used rather than sequentials. There is currently a historical contract with [redacted]. SF has spoken to VTE quality nurse and asked for direction regarding use. She believed all codes should be available and that it should be a clinical decision. SF to take case to group to discuss. CB challenged previously and was told by VTE that they must use thigh length. SF confirmed that as they cannot fix catheter it may be a patient safety issue. SF claimed only Theatre patients will use calf on table and static for more than 30 minutes as they should have form of compression. CB claimed Recovery Nurse working in Theatres queried as they get patients with TET and SEDs and she believed that it was either or. SF confirmed that the National Guidance and Nice states that it is one or the other and manufacturer's advise use without a stocking underneath. SF advised that both continue to be used to support transits between areas, as patients will not have pumps on because that will cause deficit in the number of pumps within the Trust. If both are not used there would be a downtime in compression when in transit and when the pump is being reattached. Having a stocking underneath can also cause further constriction and pressure damage which has been seen previously causing tissue viability issues. SF to discuss with [redacted] and [redacted]	SF
7	**PRODUCT TRIALS**	
7.1	**<u>VR & Phaco</u>** CB confirmed trial has been approved and they are awaiting feedback. **LKW has chased evaluation and received no response. This form needs further chasing.**	
7.2	**<u>Diathermy</u>** CB confirmed trial has been approved and they are awaiting feedback from [redacted] Consultant Plastic Surgeon. **LKW has chased evaluation, but the form has not been received. This requires further chasing.**	
7.3	**<u>Endosee/Operascopes</u>** [redacted] stated that costing has been requested through the [redacted] fund and this has been awarded for a 12 month period. CB confirms that it is ok to proceed with the trial.	

	LKW queried that as the item has been previously trialled can the evaluation documents be forwarded to her for audit purposes. **Update – No further information**	
7.4	**Suture Trial – Meril** JAB confirmed that the trial was successful, however the evaluation forms need to be completed by the nurses. [redacted] will keep in touch with nurses in case they require assistance.	
7.5	**StealthStation S8 Surgical Navigation System** SG and EA presented their request to trial the StealthStation S8 Surgical Navigation System from Future GB and stated that training for the use of the equipment would be provided in early September and is in the process of being arranged. CB stated that ok to trial. Although [redacted] - confirmed that there are no plans to buy the equipment and that the loan of the device would be for the trial only, LKW explained that an evaluation to show what the research shows would be needed for audit purposes and in case the equipment is considered for purchasing in the future. **Update – No further information**	
7.6	**Karl Storz Stack** HD Bronchoscopy trial TPEG form to be submitted for trial within Cardiothoracic. LKW advised that evaluation forms are to be completed. **Update - LKW states that she has chased the evaluation form, however this has not yet been received. This form requires further chasing.**	
7.8	**Clearway 2 – Cough Assisted Device** CB stated that the Clearway 1 was used within the trust but it is no longer in production, so the Clearway 2 is the replacement. Philips also have alternative however this is more expensive so if Clearway 2 is of the same standard as Clearway 1, CB confirmed he is happy approve the trial. **Update – No further information.**	
7.9a **7.9b** **7.9c**	**Approved Outside of Meeting by Dr [redacted]** • Stryker Camera [redacted] and [redacted] 11/08/2021 • Smith and Nephew Fluid Management Console – [redacted] – 14/09/2021 - Arthoscopic pump to replace current device. CB discussing [redacted] • Viscoseal Hyaluronic Acid Supplement - Post Arthroscopy Drug [redacted] 27/09/2021 – CB clarifies fluid improves pain and movement with this injection. Approved trialling product free of charge.	
	Postponed to the next TPEG Meeting Tina MistryPain – Plasma/Bipolar Turp Kit	
8	**NEW PRODUCTS**	

8.1	**Skin Adhesive** Dermaflex skin adhesive has been very well received in A&E and at County for skin closures on minors. Following this CB advised to trial the product in other areas where they are using skin adhesive. **Update - SF confirmed that a representative is chasing PA to organise training.** **SF confirmed that [redacted] advised that there was a minimal usage in Theatres, but the product has been used in CTS and Cardiac Cath Lab, with them agreeing to the switch and the training. Waiting on answer from Theatres.** **When reviewing spend is down from £30,000 and is now £16,000. SF advised that they don't know who is sourcing skin adhesives[redacted] is going to investigate further.** **SF confirms switch is still going ahead as a quality improvement and staff prefer product.**	SF/Leah Meakin
8.2	**-[redacted]Sutures** JAB presented introducing [redacted]Sutures and advised that [redacted] have same molecular structure and so will have the same clinical outcome. [redacted] have colour-coded their sutures and used similar codes as -[redacted] for convenience and to eliminate confusion. They are also not dependent on any third party as they make their own products. JAB stated that Cardiac and Cardiothoracic have had a successful trial with these products. They used a range of sutures and feedback provided to [redacted] was excellent, very good and good responses. JAB stated that assuming this trial is successful and that the trust agrees to switch from [redacted], we would achieve savings from the start of implementation and confirmed that there would be no disruption during the change. JAB advised that -[redacted]would be providing 11 sutures for trial free of charge, which covers all varieties. [redacted]l is working with NHS Supply Chain to rationalise and reduce the usage of sutures in tandem with Clinicians. Their objective is to reduce the lines of sutures used and eliminate duplicates. If this can be done without disruption and in conjunction with Clinicians, this will reduce direct and indirect cost and will support logistics and inventory management. JAB explained that a 6 month stock commitment would be provided on a rolling basis, ensuring stock at all times. JAB stated that based on the annual usage figures of all sutures within UHNM, by switching [redacted]- and using their alternative, we would have savings of around £400,000. JB raised concern regarding the trusts Carbon Footprint about logistics as the manufacturer is located in USA and India and also the quantity of packaging used. JAB responded that the rationalisation and reduction of the lines of sutures will therefore impact the amount of packaging. JK requested copy of presentation used.	CB/JT

	LKW stated sutures have gone to Theatres. CB to check with Julie Turner regarding trial commencement date. PR confirmed that he has not been able to identify any new hazards being introduced by this switch and therefore has no Health and Safety concerns regarding [redacted] sutures.	
8.3	**Cook-Swartz Implantable Doppler Device** ST presented his request for Implantable Doppler Device as currently they are using handheld Dopplers to monitor free-flaps, however when skin is not on the surface, they are not able to use usual monitoring. ST stated that the implantable Doppler has become a necessary tool with great success rate. ST stated if an issue arises with a buried free-flap that they may not know and the chance of salvaging the flap is much better with Doppler. ST explained that they require at least 4 or 5 monitors which are £2500 each and the disposables (probe/wiring) are £400 per case. ST to send further details and stated that there is a discount if we buy more than one monitor. Application has been sent by [redacted]. CB to review. CB asked whether the implant is left in the body. ST advised that the implant stays on the vein or artery and will dissolve, but the cable is removed. Therefore, no additional surgery is required to remove the implant. CB questioned whether this product is an accepted standard and ST confirmed this and advised that questions may arise if they are not being used during an investigation of a failing flap, therefore potentially missing the window of salvation. ST stated that training is not required to monitor patients using this device and continuous or intermittent monitoring can be used. CB asked whether the request is for a trial or purchase of this product. ST stated that they would like to purchase the monitors and disposables and all of the Maxillofacial Surgeons are in agreement. JK questioned if a Capital bid is required. CB says that if bundle is purchased or whether it is treated as revenue. SF suggested whether we could get the monitors free of charge if we committed to the consumables. CB confirmed happy to progress and will discuss at division level to see if it is an appropriate resource to purchase. CB will progress with [redacted] and [redacted] JK suggested that we need to know cost of a case compared with current Doppler scenario and SF further explained that a cost of breakdown of a flap against the cost of a patient not being able to have on-going therapies, should be revised as this may be a death situation.	CB CB
8.4	**Suction Tubing** EB stated that we have had stock in of Pennine tubes relating to a cost saving to Walsall, Wolverhampton and UHNM, but the tubes may not be suitable for UHNM across the board as they cannot be used with a chest drain and require a different connector. EB advised that it is possible to order the separate connector required to	

	enable tubing to fix to chest drains, but this attachment is an added risk and there are two similar products in the hospital already. The cost saving based on the Pennine stud is approximately £2000, however when the adapter is purchased this negates the saving as they are 0.18p and our average monthly usage is 14,000 single tubes. SF clarified that it is not just the chest drain and that the tube would be used for deep suction also and advised that the only adapter that would attach to the tube would be a Yankauer sucker. JK stated that they are only having supply concern issues from CTS and Ward 113 and they are requesting the original product, of which we have a small amount of stock. All other areas are using Pennine and they have received no complaints about tubing. JK explained that she feels that there is of no benefit switching to the Pennine tubes, as an adapter would be needed which may be a clinical risk and infection prevention issue. JK suggested having one-off closed circuit tubing with adapter already attached. JK stated that Pennine is being used currently as there was a stock issue with [redacted] and Pennine tubing had been used previously and so was convenient switch. JB advised that we need to confirm whether [redacted] can supply stock moving forward and can guarantee stock in volume if we were to standardise throughout our range. EB stated that [redacted] have increased their freight cost and prices, but we have managed to place a bulk order before this occurred. EB to look at further options with -[redacted] and -[redacted] and forming contract. SF to go on to ward 113 and CTS to clarify issue regarding tubing.	EB SF
9	**ANY OTHER BUSINESS**	
9.1	**<u>Tympanic Thermometers</u>** SD explained that the evaluation was completed weeks ago and report was submitted to MDSO group but primarily went to [redacted] for direction from Executives. He stated that PRO6000 has evaluated very well. SD believed that the Genius issues have not gone and that people are just no longer reporting them. He believed that this is due to departments having Welch Allyn alternatives and so are using those. SD stated that we are currently waiting on [redacted]- regarding an answer from Executives on whether to replace the Genius items. CB advised that there is an Executive Infrastructure Group (EIG) meeting on Friday 8th October and so will submit a report from TPEG to them to advise. SD stated that as we are further into the contract the call off penalty may have reduced. SF explained that she has been contacted by Genius regarding usage figures, but has not responded. JK stated that we received a free palette during Covid and so are	CB/SC

	using that stock, which may affect the reduced usage figures. SC advised that Clinical Technology have seen a drop in reported faults on Genius, but a conversation with Team Leaders in section have advised that it is down to fatigue, and Clinicians have said that they do not trust the device. SC stated that they have stock of this item this month in order to recalibrate the entire fleet, but will see how many fail calibration.	
9.2	**Naso-Gastric Tubes** CB stated that he had received a message from [redacted] in Critical Care regarding tube sizes being restricted to 8s and 14s. CB to investigate whether Critical Care are to have 12s also. JK stated that Critical Care have a range of sizes. SF advised that Critical Care need all sizes in order to provide for any eventuality, whereas other Clinical areas can be rationalised. SF and JK to have separate discussion with Critical Care to discuss this issue. JK stated that bridles needed to be ordered to go with tubes and SF explained that they were using the incorrect bridles for the tubes, which caused nasal injuries to patients.	SF/JK/CB
9.3	**Admin staff member** JK to discuss matter with CB outside of meeting.	JK/CB
	Endoscopy Water Flush Bottles	
9.4	JB stated that someone from Endoscopy has reported the sterile water bottles for flushing, questioning whether tap water could be used. The individual completed an audit over 7 days and 3 out of 4 procedure rooms each used 103 bottles for flushing only. JB would like support in progressing to seek approval. LKW advised that the matter may need to be discussed with Infection Prevention and the Water Safety group to see if tap water can be used, rather than continuing to order the plastic water bottles. JB to check with [redacted] in Infection Prevention regarding water safety.	JB
10	**DATE AND TIME OF NEXT MEETING**	
	TBC	