

# Innovation Procurement: patient experience, patient environment – what was done.

- 2014 Hungarian survey of hospital managers: high priority to the near-bed, in-patient environment – hydration, nutrition, comfort, security, safety
- 2015 Pan-European survey of hospital managers, facility planners and designers: priorities were safety, privacy, dignity and communications
- 2016 Desktop research: recent literature on trends in improvements and gaps in the patient experience and patient environment:
  - Academic journals (e.g. HERD)
  - ‘Grey literature’ (e.g. Health Service Journal)
  - Policy forums, think tanks and professional associations (e.g. King’s Fund, Health Foundation, European Patients’ Association, EHMA)
- Review of EuHPN conferences and seminars over 8 years
- Interviews with key informants in EuHPN member organisations

# Outcomes

- What isn't the patient environment and the patient experience?
- Surveys showed clear differences in priorities across jurisdictions in Europe and beyond – reflecting health system development and variations in existing and potential resources.
- Desktop research suggests that:
  - We are still (mostly) designing health systems to solve yesterday's problems.
  - Hospitals and clinics are still essential elements of healthcare, but the focus of attention should shift to the wider continuum of care.
  - The patient environment, and the patient experience, is less and less confined to wards and clinics and pharmacies.
  - The policy and research communities should explicitly and actively address the above points in relation to innovation procurement activities.
- Everyone takes the patient environment and the patient experience seriously, but ... almost no one asks the patients. We need genuine co-production of innovative goods, services and processes.

## Lesson learned for policy development – where should innovation procurement in healthcare focus?

- Home – community – public spaces – healthcare environments: in that order.
- Chronic illness, long-term conditions and social care.
- Wellness as much as illness.
- Self-care and patient/carer education.
- Devices, tools and services for integrating care.
- Making the most of expert knowledge – in short supply.
- Giving greater control to patients, and using them as a resource.

## The research gap:

- Differences between needs of different regions, countries and health systems
- A critical mass of evidence that innovation procurement makes a significant contribution to improvements in the patient environment and experience

# Patients, what patients?

“Hospital design and construction is vital, yet costly, to our health care system. An estimated \$200 billion will be spent on new hospital construction across the United States in the next 10 years. Among the factors driving the market for hospital design and construction are:

- Competition for patient market share.
- Technology innovation and diffusion.
- Efficiency and cost effectiveness.
- Regulatory compliance.”

Agency for Healthcare Research and Quality. U.S. Department for Health and Human Services. 2005.

“We need to radically improve our procurement capability, raising and maintaining it to world-class standards. Doing so will reduce our costs, improve patient outcomes and, at the same time, make the NHS a better place in which to do business.”

Better Procurement Better Value Better Care. Department of Health. London. 2013.