

Healthcare furniture

are hospital purchasers missing an opportunity?

A bleak outlook

Are modern hospital developments being let down by old-fashioned, uninspiring furniture choices?

Design matters

Architects call for more input into furniture procurement processes amid concern health trusts are failing to embrace innovation

Tough challenge

Healthcare furniture manufacturers talk about current procurement challenges and how they are designing a new generation of products



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Healthcare furniture - are hospital purchasers missing an opportunity?

Over the past decade, the face of healthcare in the UK has changed beyond all recognition, with traditional concrete hospital estates being replaced with state-of-the-art new buildings. But what goes on behind these futuristic walls? This special report explores how healthcare providers, in particular NHS trusts, procure furniture for surgeries and hospitals and asks whether the impact of the new estate is being compromised once patients and staff step through the doors

Furniture is a major element in trying to design a particular atmosphere within a building and it is a shame there appears to be this disconnect

The scene is one most of us will be familiar with. You walk up to the entrance of your brand new local hospital and as impressive as the outside of the building is, as soon as you are through those doors, you are faced with row upon row of plastic chairs, formica tables and featureless reception desks.

Despite the millions of pounds spent over the past decade on bricks and mortar to create purpose-built new medical centres, it is often the case that the decision on the furniture that goes into these facilities is not treated with the same level of importance.

"Where the NHS is concerned, often it is a trust procurement manager who will make the final decision about what furniture to use and his decision may be based on financial criteria rather than a concern for the healing environment," explains Andy Law, director at Reiach and Hall Architects in Scotland.

"Often they go with what they have had in the past and they choose it because it does the job it is required to do, being robust and safe and meeting infection control standards. There were no complaints before, so they go with what they know."

The result of this is that, while trusts rely on the vision of architects to create forward-thinking and inspiring buildings, they often seek no such support when it comes to the furniture that goes inside.

Law says: "It varies from board to board in terms of their approach to procuring furniture for healthcare buildings, but we have only managed to influence that decision once!

"When architects plan a building we look at how people will use it and how they will move around in it as a space and of course furniture has an impact on this. In terms of creating an environment, it is the things you touch that are among the most important. We may provide ceiling and floors and walls, but the chairs you sit on have an enormous impact on your overall view of a space.

"Furniture is a major element in trying to design a particular atmosphere within a building and it is a shame there appears to be this disconnect."

This view is supported by Sarah Waller, director of the Enhancing the Healing Environment project at The King's Fund. She told BBH: "Bad furniture can absolutely spoil a scheme. It is vitally important as this is often the first thing people see when they walk into a building and while they may not understand the minutiae of design, they know if it makes them feel comfortable in terms of providing a warm welcome and a degree of reassurance.

"In hospitals it is important that furniture is practical, easy to clean and robust, but that is no reason for these buildings to look so uninspiring and institutional. There are some really great furniture ranges out there that do all these things, but also help to create a healing environment, and, in my experience, if you get good furniture then people will look after it."

So why are suppliers finding it so hard to get their innovative products into NHS hospitals, and what is the solution? "I am not suggesting that procurement departments cannot be involved ►



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and do the actual buying,” says Law. “But, in terms of choosing the right furniture for a building, it is the criteria used and the skill and knowledge of the person that will make a difference and it is a shame that architects are not more involved. After all, procurement managers have not been chosen for their expertise in interior design or for choosing the right furniture for modern healthcare buildings.

“Teamwork between designers and procurement teams is what is really needed to move forward, but quite often we are not involved in the process at all.”

An example of this lack of forward thinking on behalf of some trusts is perfectly illustrated by Law’s involvement with one hospital development.

He explains: “Rather than just designing a building, we wanted to finish the job off and drafted a number of specifications for furniture, offering various things within different price ranges, and it wasn’t the case that the best options were the most expensive. “What actually happened is that these were largely ignored and instead local framework suppliers were invited to put their furniture into a room and staff were invited to sit on it and make comments and we were told the decision was made on that feedback. As a result, it looks the same as any other hospital. “Absolutely staff and patients should be

involved, but we would have liked to have contributed to the discussion too. I am not sure that in that case the hospital saw the full range of modern furniture available.”

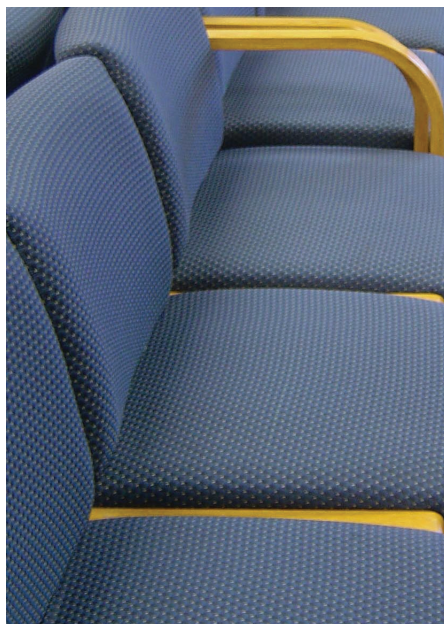
He adds: “Trusts do understand a certain amount of what we say to them, but somehow more needs to be done to convince them that it is important. It is an education process for people who might not understand how much it matters and who need to understand that it does.

“I would like to see furniture included in the architect’s remit to some degree and for this to happen in parallel with the design of the rest of the building.” Supporting the involvement of architects in the selection of furniture, Waller added: “They have a role to play and I have worked with architects who make sure it is written into their contract that they get to specify the furniture.

“Vitality important though is input from clinical staff and patients. Through the Enhancing the Healing Environment project we get furniture into hospitals to be trialled. This is important as some chairs might be too low for the elderly or don’t have arms people can use to push themselves up. They are also testing durability, sustainability and ease of cleaning. It is about communicating this to procurement managers and making it a decision based on more than just what has

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traditionally been used and what might be the cheapest option.”

There are a number of publications relating to best practice in hospital design and Improving the Patient Experience, Welcoming Entrances and Reception Areas¹, a publication by NHS Space for Health, supports the positive impact good furniture can have on a space.

It states: “The design of interior spaces – through the use of materials, finishes, colours and contrasts for building elements, furniture and artwork – can greatly enhance the hospital environment. This requires a skilled and experienced interior design team, selected by the hospital on the basis of similar projects successfully completed.” A study by the Center for Health Design² in the US also highlights the issue. It states: “Healthcare administrators often consider furniture a sunk cost, similar to walls, lighting, and heat; a facility must have furniture in order to serve patients, families, and the healthcare team.

“Facility managers, designers, and others charged with the responsibility of recommending furniture purchase approval face a dizzying assortment of choices, complicating the furniture evaluation and selection process. First-time costs frequently dictate furniture selection, overlooking life cycle costs and organisational performance

improvement goals.

“Maximising infrastructure investments like the building, technology, equipment, and furniture to achieve strategic outcomes requires an internal synergy of effort between leaders who can transform organisational culture and a staff that can re-engineer clinical and administrative processes.”

And it warns against using hotel-style furniture, adding: “Hospitals are not hotels. Patients are vulnerable and at high risk of many of the patient safety issues plaguing healthcare today. Just as with all objects and individuals involved in the complex choreograph that healthcare delivery depends on, research reveals that furniture can play a role in eliminating patient harm and improving the healthcare experience for patients, their families and caregivers.” And there is certainly plenty of choice in the marketplace. Over the past decade manufacturers have concentrated on developing new ranges that offer an alternative to traditional hospital furniture.

Key changes include using antimicrobial materials and designing individual parts so they are easier to clean. The huge increase in overweight patients has also meant dedicated bariatric ranges as well as products aimed at more challenging environments such as mental health facilities.

Richard Spencer, chairman of manufacturer, James Spencer & Co, said manufacturers routinely experience difficulty getting good products into the marketplace.

“We get a lot of feedback about what staff and patients want and we get innovative products to market based on this, but then often trusts don’t buy them in favour of what they have always had,” he added.

“Private healthcare operators are easier, but the NHS is much more difficult as it seems so set in its ways.

“To try and help trusts we have even put a video together that explains just what the options are in relation to shower chairs, commodes and portering chairs and the real benefits they reap over their outdated predecessors. While these are obviously not ‘front of house’ products, a great deal of thought and research has been put into their

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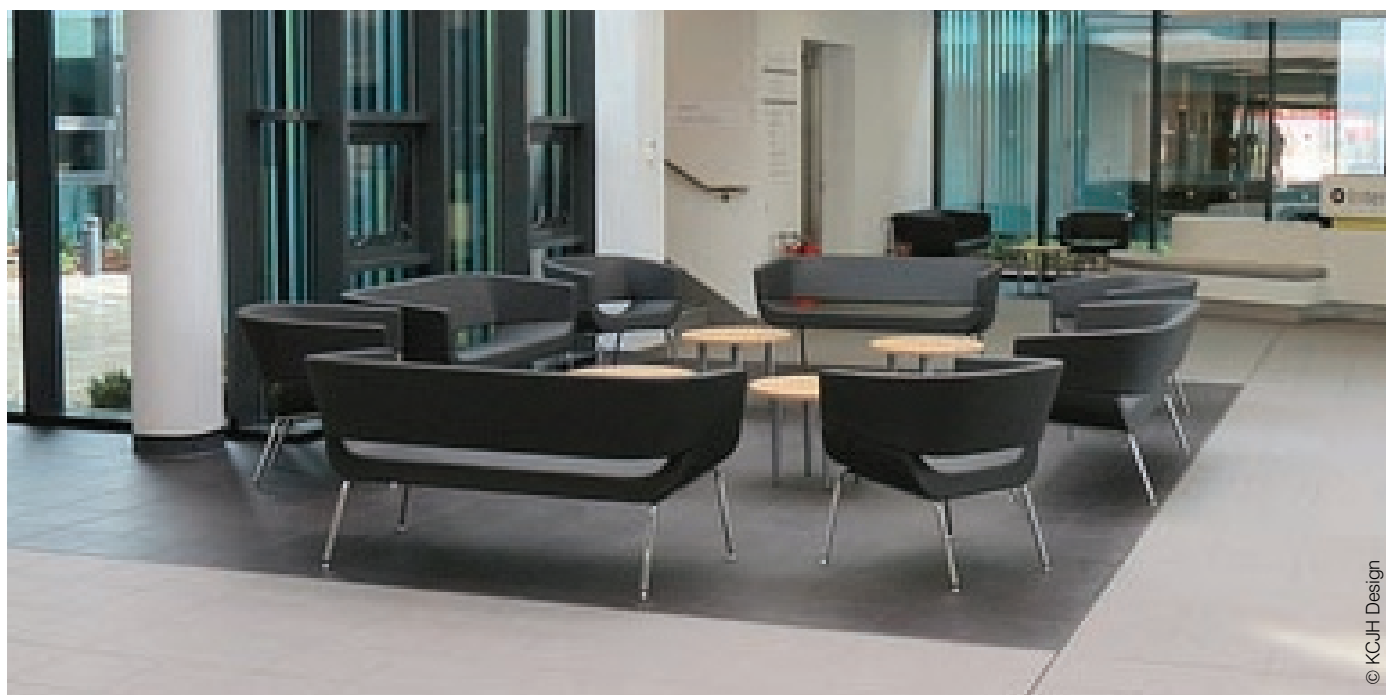
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terms of cost, but it is not right to say that the most desirable furniture is at the top end of the scale.” Alan Towns of Knightsbridge Furniture adds: “We have worked on several



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If you have a relationship and a history with a client then you are going to be in a better position to influence the decision and ensure they are making choices for the right reasons

with foresight are already reaping the benefits of using these products while others, regardless of our bringing their attention to them, seem genuinely unaware of the fact we are now in 2013 and the days of products rusting on wards are not acceptable.”

The solution, according to Peter Bright of BHC Furniture, is for architects to work with the incumbent supplier if there is one, or work in partnership with suppliers who have experience in this field.

He explained: “You need to know your client and understand the demands of the trust and where the money may be spent? Often architects work with trusts on a single project, but procuring furniture goes on throughout the lifetime of the building. If you have a relationship and a history with a client then you are going to be in a better position to influence the decision and ensure they are making choices for the right reasons.

“Of course there has to be a limit in

schemes where we have had a lot of success in terms of delivering quality furniture that really helps to enhance a space, including the Macmillan Cancer Care Centre at University College Hospital London and Roseberry Park mental health centre in Middlesbrough.”

An important consideration, he advises, is that with a limited budget, the forward-faces areas, such as patient waiting rooms and entrances, will be where much of the money is spent.

“It’s not always apples for apples,” he said. “The best product does not always have to be the most expensive and it is a learning curve to get people to realise that.

“Often a trust will not tell you its budget, but it is much better to know what they want to spend and what they hope to create because you get a much better result.

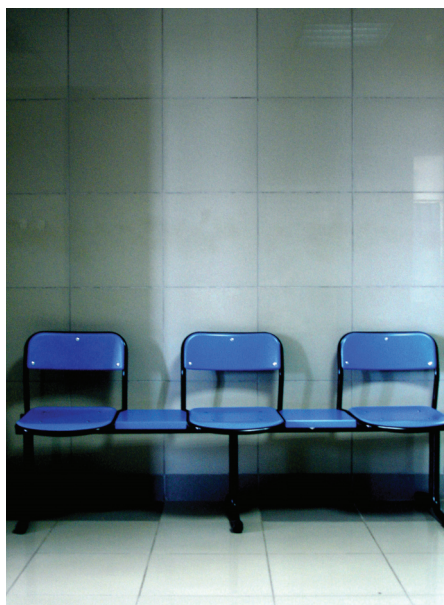
“The NHS is changing and I think there is evidence that trusts are paying more attention to this sort of thing, but

suppliers need to really build relationships and trusts need to be prepared to be more adventurous and to think about furniture procurement at a much earlier stage.”

Turn the page to find out more about the modern healthcare furniture ranges available on the market today

References

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2.
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