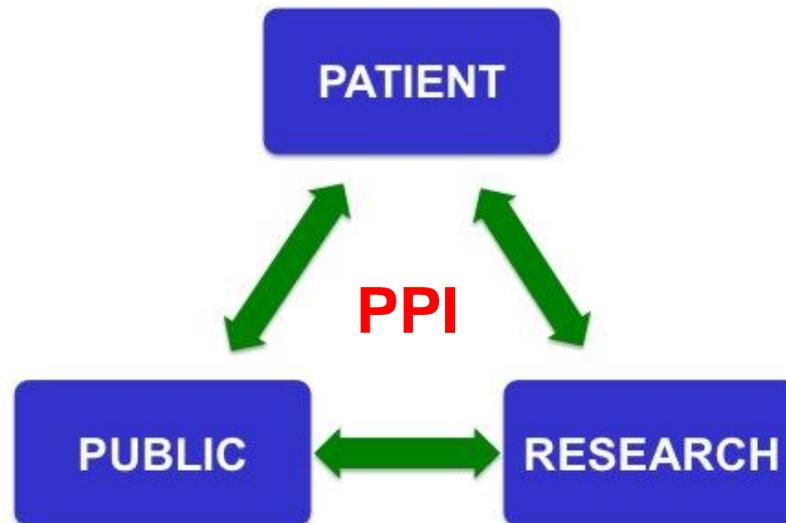


## A ROAD MAP TO INVOLVING PATIENTS IN YOUR RESEARCH



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University of Bath and University of Bristol

*Affiliated to:*

Institute of Orthopaedics and Musculo-Skeletal Science, UCL

Princess Elizabeth Orthopaedic Centre, Exeter



## RESEARCH FOCUS

## ENGINEERING SCIENCE - CLINICAL ORTHOPAEDICS

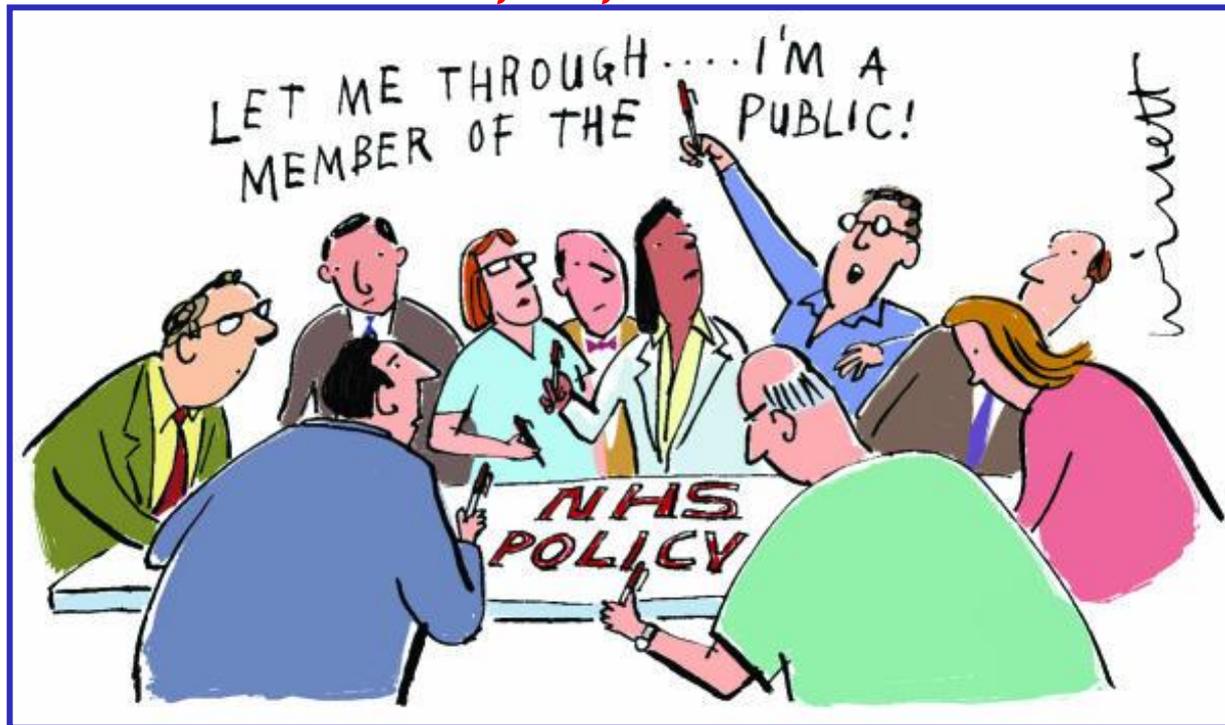
To address the physical interface between engineering design, mechanics and materials with the biological materials and structures of the musculo-skeletal system

# PATIENT PUBLIC INVOLVEMENT IN HEALTHCARE

## GOOGLE

“patient and public involvement in healthcare”

**19,300,000 hits!!**



BMJ. 2004 January 17; 328(7432): 159–161

## What is patient and public involvement?

- Gives people the chance to:
  - *Influence their own care and treatment*
  - *Have a say in the way services are planned and run*
  - *Help bring about improvements to the way care is provided*

## Who are patients and the public?

- People who use, or have used, health or social care services.
- Carers and families.
- Healthcare professionals.
- Members of the general public.
- Organisations which represent users of NHS services and community groups.

*We are all actual (or potential) patients!*

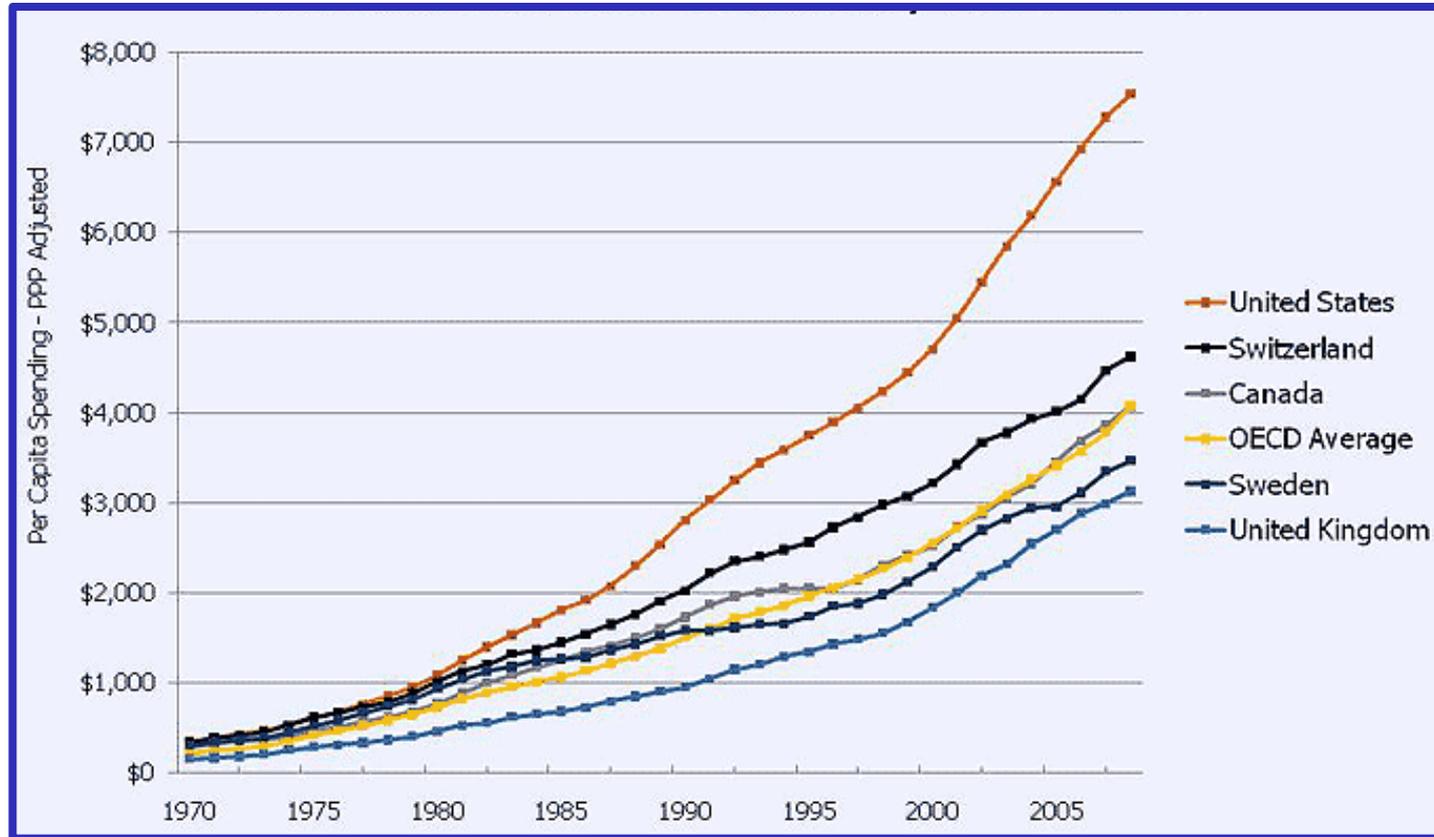
[http://www.bma.org.uk/patients\\_public/toolkitforpatientandpublicinvolvement.jsp](http://www.bma.org.uk/patients_public/toolkitforpatientandpublicinvolvement.jsp)

## Why should patients be involved?

- Patients are central to everything we do
- To improve clinical care and the overall experience patients receive
- Listening to patients will help deliver a better service
- Involving patients in their own care will help to reduce health inequalities
- Patients and the public should be involved in the planning, monitoring and development of health services

[http://www.bma.org.uk/patients\\_public/toolkitforpatientandpublicinvolvement.jsp](http://www.bma.org.uk/patients_public/toolkitforpatientandpublicinvolvement.jsp)

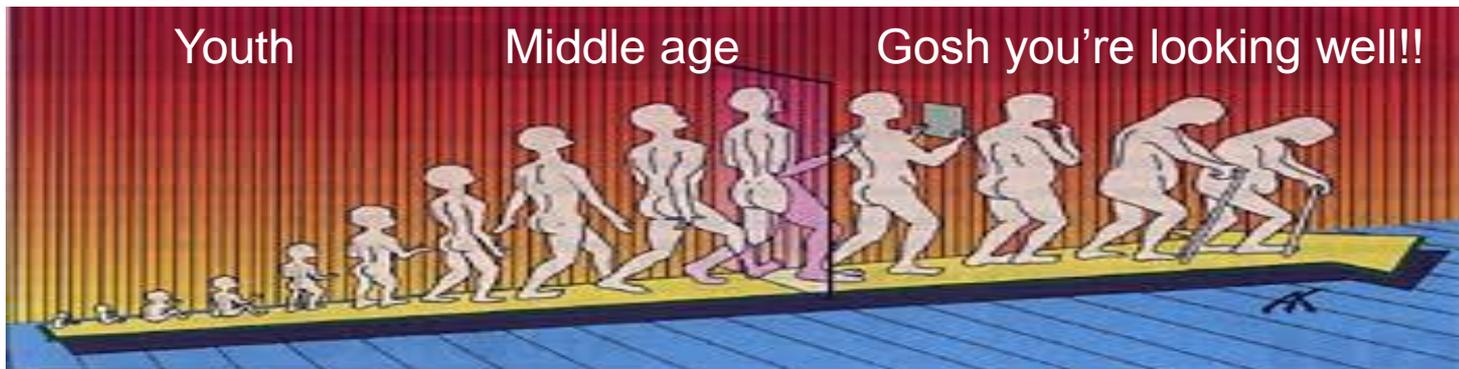
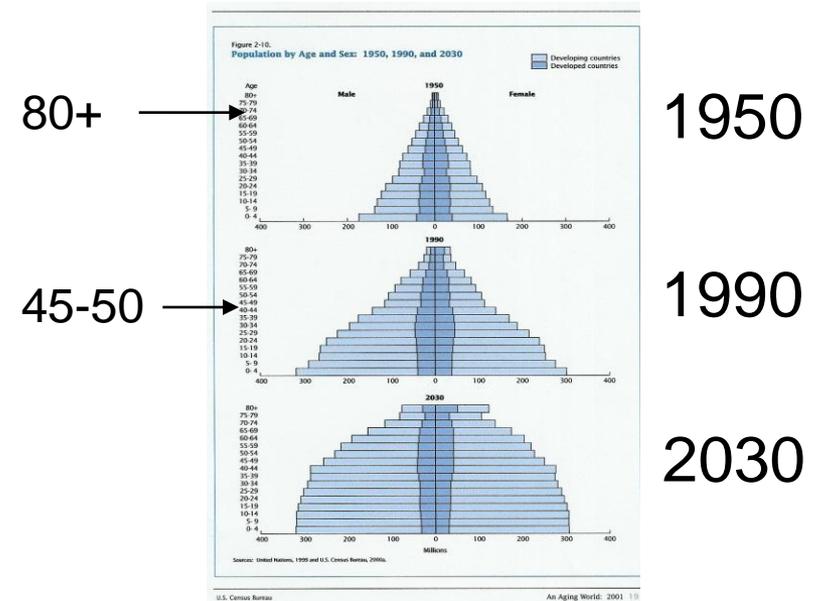
# HEALTHCARE SPENDING/CAPITA



*The rise in costs of healthcare delivery is unrelenting and.....  
unsustainable in its present form!*

# ECONOMICS OF HEALTHCARE

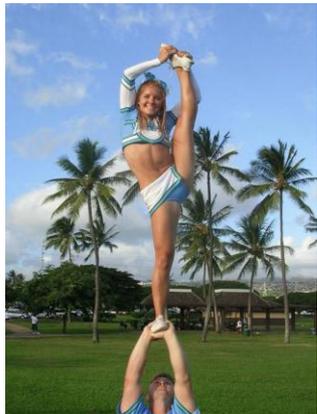
- Healthcare is world's largest industry
- USA 16.2% GDP, Germany 11.6%  
UK 9.6%
- Increasing aging population:
  - In 2000, estimated 180,000 centenarians in world by 2050 projected number is 3.2 million!
- Increasing expectations on quality of life



# MILLENNIUM CHALLENGE

## Millennium patient

↑ longevity



activity profile ↑



*Increasing expectations!*

# NEW PATIENTS : NEW CHALLENGES

- Patient demographics are changing
- Today's patients are:
  - 20% heavier
  - More physically active
  - More likely to be female
  - 25% longer life expectancy
  - Web based educated rather than peer review
- **Expectations are different**



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www.glasbergen.com



**"More and more patients are going to the Internet for medical advice. To keep my practice going, I changed my name to Dr. Google."**

# FUTURE DIRECTIONS

## PATIENTS

- More personal responsibility
- Life style
- Diet
- Personal care - maintenance

## PUBLIC

- Provide adequate healthcare resources
- Health monitoring
- Provide appropriate education

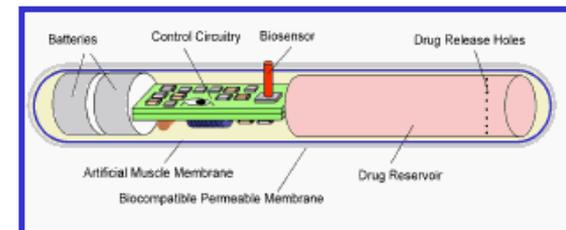
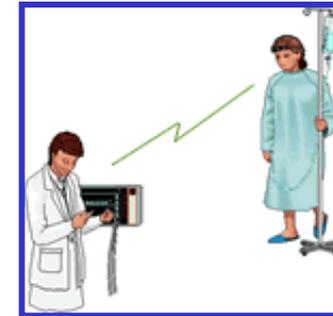
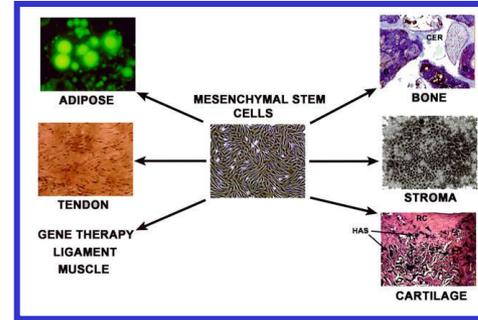
## *Team Approach*



# FUTURE DIRECTIONS

## RESEARCH OPPORTUNITIES

- New and smart technologies
- Early diagnosis (*and early intervention?*)
- Provide responsible information
- Involve clinicians in research
- Educate patients and healthcare providers
- Demonstrate cost benefits
- Influence government and healthcare providers



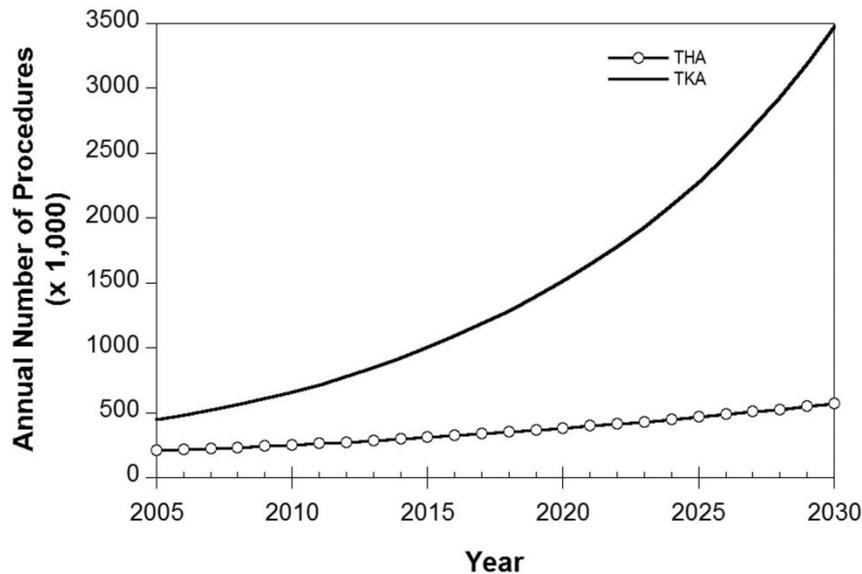
# PUBLIC LECTURE



*“Replacement Joints  
History and Research”*

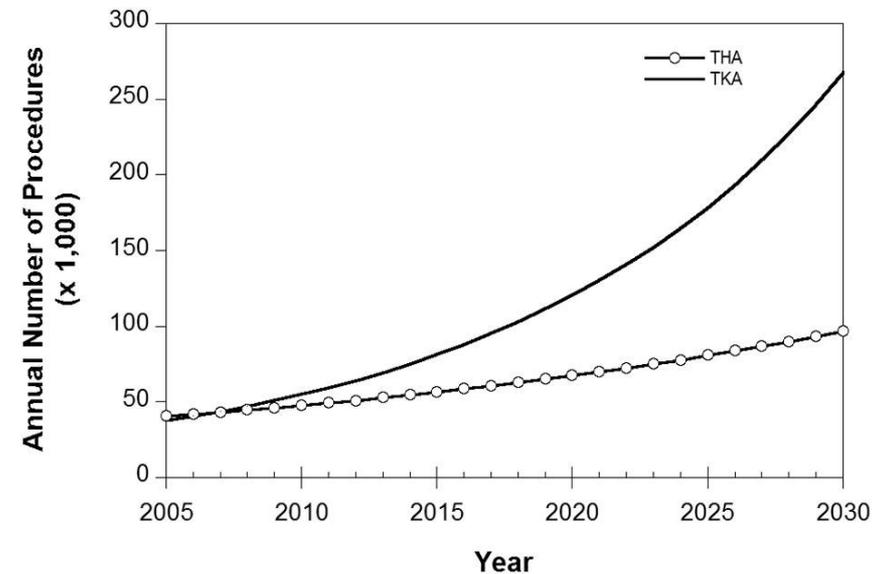
Museum of  
**Bath  
at  
Work**

# EXAMPLE OF GROWTH IN JOINT REPLACEMENT 2005-2030 USA



## Primary Joint Replacement

- Steady growth in primary hip replacement and **exponential** (sevenfold) growth in knee replacement
- Significant increases predicted in revision hip and knee replacement



## Revision Joint Replacement

# VICTORIA'S STORY

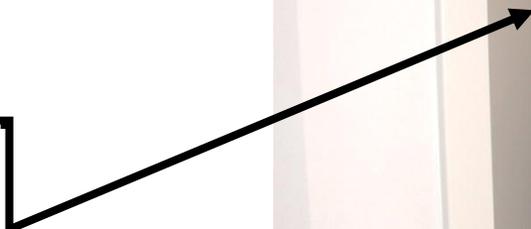
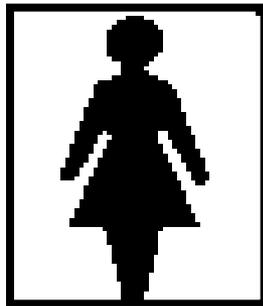


# CHOOSE YOUR SURGEON!



***Ultimately the quality of the surgery is the biggest determinant of the outcome!***

# PROFESSOR IAN LEARMONTH



# BEFORE SURGERY



What I looked like before my surgery my hip joints were near my waist!

# AFTER SURGERY!

## QUOTE FROM PROF IAN LEARMONTH



2 inches taller!

*“Surgery contributes only in part to a successful outcome. The contribution of nurses, physiotherapists and occupational therapists cannot be underestimated.*

*Probably the most important factor determining a good outcome is the mental strength, resilience, determination and commitment of the patient. Victoria has all of these.*

*It is with humility that I reflect on what a great privilege it is to contribute to relieving pain and restoring function in a young woman in the prime of her life”.*



*The Patient  
the Researcher  
& the Surgeon*



UNIVERSITY OF  
**BATH**

# SUMMARY

## CHALLENGES

- Unsustainable growth in healthcare expenditure
  - *taxation, private health insurance*
- Changing demographics of patients
  - *fitter, bigger, increased life expectancy*
- Political and Company led agendas
  - *performance targets, league tables, misleading advertising etc*
- Dramatic rise in patient demands/expectations
  - *lifestyle choices, activity levels, lifespan etc*

## OPPORTUNITIES *Patient Public Involvement Team approach*

- Education and information
- Better informed research agendas

# ENJOY THE DAY!

