

## Absorbing the shock

**Kinespring** is an innovative [medical device](#) that screws onto the inside of the knee under the skin surface. It acts as a shock absorber to deal with the effects of osteoarthritis. I got this bone-on-bone affliction from too many marathons – totally self-inflicted. Instead of a full or partial knee replacement, Kinespring should give me 5-10 years of greater mobility, and running, before the inevitable replacement surgery.

I've reflected on this procedure and three inter-related things strike me: disability, innovation and access to the NHS. For three weeks I joined the disabled population. Using crutches, I found that everyone, without exception, offered their seat, held doors, carried things, and generally made life easier for me. I'm sure that those with permanent disability have many stories of less satisfactory experiences, for instance the [wheelchair user](#) who was not allowed to get on a bus. I became more aware of others with disabilities too, and noticed how they were treated. It gave me a good feeling about human nature, and also the way that public policies have been implemented to enable better access.

But what about the disability that can't be seen? Back pain, dyslexia, mental illness? We're great when we see things, but how do we handle the unseen? I had much greater need of a seat on the Tube when I had my sciatica and I didn't have crutches to lean on. But I didn't ask for a seat, and wasn't offered one. Lesson: maybe I should have been more open in letting people know of my unseen disability.

So I'm now wearing a medical device that is still undergoing development. This latest Atlas version has a polyurethane spring and, after speaking to a previous user of the device, I decided it was worth the risk. Mine is low risk compared to what others have gone through to enable innovation in medicine. You might recall the drug trial that went disastrously wrong at [Northwick Park Hospital](#). The risk taken by those patients paid unwanted dividends, and did not offset the payment they received to support innovation.

Innovation also raises the question of what is best for customers/patients. When [Steve Jobs](#) was asked what research Apple carried out for the iPad, he stated "**None. It's not the consumers' job to know what they want**". Though we didn't ask for the iPad, many of us now have one. Not all innovations such as the Kinespring are about risk, whether to the developer or patient. Many innovations around process are low risk, but still rub up against "the way we do things around here". This is where leadership is required to challenge established orthodoxy – variation is too great, standardisation too little, duplication too extensive. There are plenty of opportunities to innovate in health and social care processes.

Finally, access to NHS services. When I turned up at the hospital, I was told that my operation was cancelled – no bed, taken by a trauma patient. Had I been that patient, I'd have wanted the bed too. However, I'd set time aside for my post-op recovery, and didn't fancy going back into the lottery of dates. So, I stayed put, kept fasting, spoke to the surgeon, and arranged for the operation 24 hours later. [Brian Clough's](#) observation came to mind: "**If I had an argument with a player, we would sit down for twenty minutes, talk about it and then decide I was right**". It worked for me because I know how the system works. But what about those citizens who do not know how to navigate the NHS labyrinth?

My experience getting the Kinespring fitted taught me a few important lessons about NHS access:

- **Empathy** – the service is stretched to breaking point, and it does no good to get mad at people, rather to work with them to find a way to resolve the problem
- **Perseverance** – keep ownership of the problem, since if you pass it to others it will get lost in the system; I hung around for 5 hours instead of going home, so maintained my presence
- **Solutions** – help staff solve the problem by offering solutions, even if they are off the wall; for instance, I said I'd find my own bed, I just needed them to carry out the procedure
- **Equality** – maintain equal status instead of becoming the junior partner in the relationship; I stayed on first name terms with staff
- **Expectations** – be clear on what you expect to happen; so I said the following day would be fine, but not the next week or 3 weeks later

It was the disempowerment of a cancelled operation that really hit home. While I was able to absorb that shock, and do something about it, other patients would have found it more difficult to challenge the system. I have my Kinespring, but sadly others will still be waiting for their procedure. And sometimes that is too much of a shock to absorb.

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