

For the way forward, we need new questions, innovation and debate



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It feels like it has been a very busy summer — that quiet August time somehow didn't happen — but perhaps this is unsurprising as we are so close to the World Union Conference of Wound Healing Societies in Florence and, of course, Wounds UK in Harrogate (#Harrogate2016).

HOW MUCH FOR AN OUNCE OF PREVENTION?

Pressure ulcers have remained high on the agenda and I was pleased to receive an email with a freshly-angled question: could I help with any evidence that highlighted the limits of prevention. I know of one Japanese paper (Hagisawa and Barbenel, 1999). Furthermore, would I know of any literature that could illustrate the number of pressure ulcers that risk identification and appropriate intervention had prevented? Proving that something didn't happen is quite tricky. Is this why getting funding for good health education and health promotion programmes is so difficult?

Take leg ulcers, for example. I'm sure you all do as I do: get that nervous twitch when you're out and about, spot someone with 'those legs' ... the kind that make you want to rush up and start discussing hosiery, exercise and lifestyle. How much better would it be if we caught those people and prevented them getting a leg ulcer, than invested in treating them. We are clearly not doing the best of jobs, if recent findings about leg ulcers are correct (Guest et al, 2016).

There are some good cases of prevention of harm, for instance, some regions have invested in using the fire service to prevent burns (rather than investing in ever-bigger burns units). How much better to never suffer the pain of a burn and the subsequent impact on one's life. Can we do the same for other wound aetiologies, I wonder?

TIME TO BE MORE INNOVATIVE

How can we improve what is happening overall, how do we energise and enthuse those that aren't interested in our speciality — so that patients do

receive a good assessment and diagnosis and, if necessary, are referred onwards to the correct people. Perhaps we need to look at *how* we do things as much as we look at the *things* we do. Current government strategies — e.g. NHS Scotland (2014), Carter (2015) — suggest that the biggest and most sustainable improvements come from innovating processes. We need to start working outside traditional boundaries and learn from other teams, which requires transparency and openness. Everyone is facing many of the same challenges at a time when cost pressures are ever present. How do we ensure that quality remains more important than cost? When is good enough 'good enough'?

COSTS AND TRANSPARANCY

How many of you have invested days (and nights) working on specifications and tenders only to find later that it was awarded to someone you didn't believe had won the bid — based on cost.

How transparent are some of the companies about who their parent companies are and what shenanigans go on based on being able to offer a 'similar' product at a reduced cost behind our back? How can we use the strength we have — collaboration — to ensure that our patients receive fabulous care and that work is rewarding rather than demoralising? I think some of that is about the freedom to be flexible and innovate, and using our time and efforts, as well as picking our battles wisely.

WEDNESDAY'S HARROGATE DEBATE

Perhaps a good example would be contributing to this year's Harrogate debate, which asks:

► Should we allow companies free access to Tissue Viability Nurses (TVNs) — as innovation happens all of the time or are planned rep-days 2 or 3 times a year a better use of the TVNs time, helping to focus commercial people's minds?

I am sure many of you will have strong opinions about this and I'm looking forward to hearing your views and a good turn out on Wednesday morning. Come prepared for a lively debate! 

REFERENCES

- Department of Health (2016) *Operational Productivity and Performance In English NHS Acute Hospitals: Unwarranted Variations. An Independent Report for the Department of Health by Lord Carter of Cole*. Available at: <https://www.gov.uk/government/publications/productivity-in-nhs-hospitals> (accessed 22.08.2016)
- Guest JG, Ayoub N, McIlwraith T et al (2016) Health economic burden that different wound types impose on the UK's national Health Service. *Int Wound J* doi: 10.1111/iwj.12603. [Epub ahead of print]
- NHS Scotland (2014) *2020 Framework for Quality, Efficiency and Value*. Available at: http://www.qihub.scot.nhs.uk/media/607430/2020framework_12062014_final.pdf (accessed 22.08.2016)
- Hagisawa S, Barbenel J (1999) The limits of pressure sore prevention. *J R Soc Med* 92(11):576–8