Evidence: the available body of facts indicating whether a proposition is valid

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Evidence for many interventions in tissue viability is or has been in short supply, the conclusion of most Cochrane reviews is a woeful chant of insufficient or poor-quality evidence and more research is needed. Very few companies can rebut the "do you have a randomised control trial (RCT) to support your product" and there has been many an argument over the complexity of carrying out RCTs in our world of complex patients in complex environments. The retrospective reviews of the THIN database, e.g. Guest et al, 2015; 2017, and real-world evidence, e.g. Fletcher et al (2016) papers have given us a great start but for many, they cannot replace the rigour of RCTs.

What is evident is that some companies have now made significant investments and have been able to offer RCTs to support their products. They have even invested time and effort to have the National Institute for Health and Care Excellence (NICE) review their evidence in a series of technology appraisals. Yet it seems that this is still not sufficient for some.

SEPARATE MARKETING FROM RESEARCH

It appears that some companies are perhaps overdoing the marketing a little, with clinicians commonly complaining that they feel 'pestered.' But this does not take away from the availability or quality of the evidence being provided and I sincerely hope the 'pester' factor doesn't put clinical staff off actually reading the research and judging it on its merits, especially as we seem to be at a real turning point regarding the availability of products and the need to understand the evidence (rather than the marketing message) well.

CONCERNS ABOUT PROCUREMENT

A recent editorial (Cutting and White, 2019) and two open responses (Harding et al, 2019; SMDA, 2019) highlighted the impact of the NHS Supply Chain e-tenders currently underway and how they will drastically limit options of available dressings. These decisions have had significant impact on clinicians who have dedicated many hours to deciding their formularies based on review of the evidence and clinical evaluation of the products in practice to provide the best standard of care for those in their care.

WHAT SHOULD WE FOCUS ON?

There have been calls for the National Wound Care Strategy Programme (NWCSP) to intervene, but it has been made very clear in the recent August newsletter that they do not see this to be their role. The Director of the NWCSP stated very clearly that they are not responsible for:

- Tendering or procurement processes for wound care products
- Reviewing NHS procurement approaches
- Primary care prescribing system policies.

So where does this leave clinicians and their patients? What 'ammunition' do we have to fight these changes that appear to be designed to be purely cost saving with little thought to patients and their quality of care?

All of the large scale studies that have looked at the costs of wound care (Vowden and Vowden 2009; Hall et al 2014; Phillips et al 2015; Guest et al 2015; Gray et al 2018) have very clearly identified that both poor outcomes and high costs relate primarily not to products but systems of care, lack of appropriate assessments, failure to follow pathways and poor/late referrals. Yet the focus at present appears to be only on reducing the product costs. Whilst making effective and efficient use of products is important, much greater savings could be made by focusing effort on where best outcomes could be achieved. What exactly the NWCSP wants to focus on, and their wording is very clear, is the reduction in 'unwanted variation' with the expected outcome of improvements in practice — not a reduction down to three products.

NWCSP SUPPLY AND DISTRIBUTION WORKSTREAM

The NWCSP is clear about the role of the Supply and Distribution workstream. Their focus is to:

- Develop a wound care product classification system that could be adopted by others to improve clinical practice
- Contribute clinical expertise to NHS partners' development of wound care product specifications
- Develop a set of principles of good practice for systems of supply and distribution of wound care products
- Review unwarranted variation in product usage at national, regional and local level and to develop recommendations to reduce such variation
- Identify examples of good practice for widespread implementation.

PART OF A WIDER FRAMEWORK

But even these objectives sit within a much broader framework. The role of the Clinical workstreams (Pressure Ulcers, Lower Limb Ulcers, Surgical Wounds) is much wider. They are aiming to improve the barriers identified in large scale studies by:

- Developing pathways or decision tools
- Reviewing the referral systems
- Examining the availability of specialist clinicians and experts in the field
- Ensuring an appropriately skilled and educated workforce are available to deliver this care.

The Research and Education streams are working hard to fill the gaps, to review existing research and commission new research that answers clinically relevant questions and to ensure that the answers are disseminated quickly so that staff have the knowledge and skills to provide good quality care.

IT'S NOT ALL ABOUT THE MONEY

The focus on cost is draining the specialist resource with expert tissue viability nurses distracted with procurement challenges, fire fighting on a daily basis as their long fought-over formularies are disrupted with products being withdrawn almost overnight with little thought about the quality of the replacement and the impact on the staff using them and the poor patient in receipt of the care.

I hope that the renewed focus on chronic wounds will help to bring this situation back into balance quickly. WUK

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