

An overview of the achievements of the National Stop the Pressure Programme in England and its current focus

KEY WORDS

- ▶ National strategy
- ▶ Pressure ulcer damage
- ▶ Quality improvement
- ▶ Stop the Pressure

The National Stop the Pressure Programme (NSTPP) is an important Quality Improvement (QI) programme to support the delivery of improved patient care in relation to pressure ulcers. Within the NSTPP, good progress has been made in developing key approaches to deliver an improved profile to avoid patient harm in England. It is key that the new approaches are now consistently implemented to achieve the desired changes in practice. This article gives an overview of all recent pressure ulcer-related initiatives that have taken place across England and discusses the current focus of the NSTPP.

Pressure ulcers (PUs) remain a challenge for the patients who develop them and the healthcare professionals involved in their prevention and management. Data from the NHS Safety Thermometer (NHS, 2018) suggests that despite extensive programmes of prevention the annual incidence (April 2018 to March 2019) is still 0.9% in England. The data does not include patients who had existing pressure damage. Economic analysis (Guest, 2017) also suggests an estimated annualised cost of over £500 million per year, equating to £1.4million per week relating to the care and treatment of pressure ulcers.

These are important statistics; however, the most important aspect of pressure damage is the impact it has on the individual's health and quality of life — the constant pain and restrictions to patients' lives and others often for long periods of time. There is no doubt that pressure ulcers and their treatment affect patients' lives emotionally, mentally, physically and socially (Spilsbury et al, 2007)

The Stop the Pressure (STPP) campaign originally commenced in 2012 as a regional campaign in the Midlands and East. The reduction in pressure damage following the introduction of the programme led to STPP becoming a national campaign (the National Stop the Pressure Programme [NSTPP]), which launched in November 2016 with the key aims of driving demonstrable betterment in the incidence and severity of pressure ulcers (NHS Improvement, 2017).

Since September 2018, the programme has been linked to the overall National Wound Care Strategy Programme (NWCSP), providing an opportunity for the NSTPP to further its impact across all health and social care settings in England (the previous iteration had applied only to health). Pressure ulcers are now one of the primary clinical workstreams (along with Lower Limb Ulcers and Surgical Wounds), so a number of elements of the NSTPP are now driven through the NWCSP, alongside the Quality Improvement programme which is driven through the Chief Nurse Officer (CNO) Nursing QI programme. Importantly, the NSTPP is also aligned with the National Patient Safety Strategy (NHS, Improvement 2019a) and the NHS Long Term plan (NHS, 2019) within the wider workstream for Older People's Care, placing it firmly in the work of the NHS in England.

IDENTIFYING CHAMPIONS TO FURTHER THE CAUSE

One of the key success factors of the NSTPP is the commitment of individuals at all levels of the organisation to drive Stop the Pressure in a bid to improve pressure ulcer care. Ruth May, the Chief Nursing Officer for England, has led the programme as Senior Responsible Officer (SRO) since its inception and is a passionate champion of Stop of Pressure. The NSTPP has a small central programme team and delivery is via a highly motivated England-wide network of colleagues working across tissue

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viability in wider clinical, research and education roles, all with the collective key aim of improving care, embodying the #teamCNO's ethos of shared leadership and coproduction.

Patients and carers are also key stakeholders within the process, NSTPP has had mixed success with achieving strong Patient and Public Involvement (PPI) engagement. The NWCSP's Patient and Care Stakeholder Forum group is a positive development and the forum would welcome more patients and carers to step forward and sign up (NWCSP, 2019). During 2019/20, work will be undertaken with a PPI group in the QI programme to co-design information on pressure ulcers for patients and carers.

The Stop the Pressure brand, which is affiliated with the EPUAP's Stop Pressure Ulcers campaign (Beeckman, 2014), is recognised both nationally and internationally and is continually expanding its network.

CREATING A DISTINCTIVE IDENTITY

The brand is an important factor in the engagement and promotion of the NSTPP, and raising the profile of the topic of pressure ulcer treatment and prevention more widely in the community. During the Stop the Pressure day in November 2018, social media activity on Twitter was estimated at 11.56 million impressions, with over 2,000 participants and over 45 Tweets per hour related to the topic. Education, fun and games were also important elements that day and the Red Dot Challenge designed by a small team of Tissue Viability Nurses has been a great tool to engage staff in activities/learning about pressure ulcers, and generated significant social media activity/ interest (MacDonald, 2017).

Since 2016, there have been a number of achievements within the NSTPP that have been important building blocks to support sustained improvements in care. These priority areas were initially identified by the programme team and colleagues.

AN IMPORTANT NEW DOCUMENT

The definition and measurement of pressure damage used within an organisation or within a pathway of care are important drivers that inform what QI activities need to be undertaken, and to understand where interventions are having a positive impact. It was identified early in the programme that there was significant variation in the approach to the recording

of pressure damage across different organisations, leading in some cases to false assurance about the levels of harm experienced by patients.

A two-stage consensus and expert working group meetings led to the publication of Pressure Ulcers: Revised Definition and Measurement (NHS Improvement, 2018) — a summary and recommendations for NHS Providers across England. The framework, which was implemented from April 2019, will continue to be evaluated to understand the impact it has on care delivery. Guidance about how the framework links with the National Incident Reporting System (NRLS) (NHS Improvement, 2019b) as well as a Pressure Ulcer Safeguarding Adults Protocol by the Department of Health and Social Care (2018) have also been published. Linking the various elements of the reporting system is fundamentally important for patients care and practitioners.

A NEW PU AUDIT TOOL

Alongside this work, it is helpful to gain assurance at an individual hospital provider level about the framework for delivery of pressure ulcer care across wards and departments. The NSTPP team have designed a new PU audit tool which has been piloted in 2019 across 18 Trusts, 23 sites, over 10,000 patients. Within each Trust, patients were reviewed with regards to their pressure ulcer care. This was a significant undertaking but has provided a rich understanding of PU care in practice, with approximately 10,000 patients surveyed. The findings from the audit will be shared with each individual participating Trust but also at a higher level, informing the NSTPP. This large dataset also provides an opportunity for further research and work to participating in the audit.

IMPORTANT PUBLICATIONS

Evidence from the review of recorded clinical incidents as to why patients develop pressure ulcers in healthcare settings suggested a lack of staff education as a key factor (Greenwood and McGinnis, 2016). However, there is no standard curriculum for pressure ulcer education for nurses or other healthcare professionals.

Recent data (Schofield, 2017) suggested inconsistencies in the frequency and length of time organisations spent on pressure ulcer education. In response to this, an expert working group was established to support the design of a Pressure

Ulcer Core curriculum, subsequently published in 2018 (NHS Improvement, 2018b). The curriculum is structured to support academic delivery, provider level courses and individual professional development. Partnership working with the National Institute of Health and Care Excellence (NICE) has supported the publication of a pressure ulcer guide for care home staff as well as other useful resources for staff to access (NICE, 2019)

IN THE CURRENT SPOTLIGHT

The NSTPP's current focus is to address a range of specific clinical issues. To start, there will be a shift from the prevention of pressure ulcers to improving the treatment times of pressure ulcers. Evidence (Guest et al, 2017) indicates that there is significant variation in the time taken for pressure ulcers to heal, based on the timing and effectiveness of treatments that individual patients receive. This impacts not only on the experience of individual patients as previously described, but also the capacity and workload of specialist staff. Working to understand how we measure the healing rates of pressure ulcers is a first step to a much larger programme of work in the coming months.

There will also be a focus on pressure ulcers in the community setting, e.g. how to accurately report the level of harm within this setting to inform local QI activity; what can be put in place to support the adoption and spread of good practice already underway in the community and how to enable the effective use of data from point of care testing to support care delivery.

Evidence relating to risk assessments (Moore and Patton, 2019) indicates that a number of risk assessment tools are being used in practice, but not always used accurately or promptly and do not lead always to appropriate care interventions. Actions including the development of educational materials and specific clinical patient care pathways are planned. Where higher levels of pressure damage have been reported — for example in intensive and critical care areas — work has commenced to design bespoke specialist materials to support effective actions in practice.

CONCLUSION

The NSTPP has made good progress to date thanks to the support of many colleagues who helped to

spread the message of Stop the Pressure. It is now key that all new tools, guidelines and pathways are consistently implemented to achieve the desired changes in practice and that specific clinical issues are being addressed. The NSTPP programme works across all health and social care settings to influence and improve pressure ulcer care provisions that will benefit those involved in wound care but above all patients and carers affected by pressure ulcer damage. A big thank you to everyone who has been involved in the work to date.

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