

Emphasis on pressure ulcers can only improve quality of life

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Despite a global recession and cutbacks in health services affecting all areas of the UK, one thing clinicians do not appear to be short of is guidance. Last year saw the release of yet another government White Paper, *Equity and Excellence: liberating the NHS* (Department of Health [DH], 2010a), which outlines plans to shape the NHS into a measurable and cost-efficient service by putting patients first and improving how clinicians deliver services. It also highlights the need to provide measurable outcomes while making efficiency savings.

This follows the recent focus on pressure ulcers, which have become a high priority since the National Institute for Health and Clinical Excellence (NICE) published guidance in 2005 and the European Pressure Ulcer Advisory Panel (EPUAP, 2009) document was adopted by the NHS.

If this were not enough, we also have clinical benchmarking (DH, 1999), the Quality, Innovation, Productivity and Prevention (QIPP) agenda (DH, 2010b) and High Impact Actions (DH, 2009), all of which emphasise the importance of pressure ulcer prevention.

The prevailing message of all this guidance appears to be that the NHS has a clear vision and in the next five years we must stop being only 'good' at what we do and instead become 'great', mainly through the delivery of high-quality care that will be measured

against agreed quality indicators (Dowsett and White, 2010).

However, this kind of service comes at a price. The demands on all healthcare organisations to reduce pressure ulcer incidence and to meet both the quality and financial targets are immense. On the other hand, no clinician would question the impact that living with a pressure ulcer has on individual patients, with research pointing to restricted lives filled with constant pain and the inability to cope with day-to-day life (Hopkins et al, 2006; Spilsbury et al, 2007).

Having returned to the NHS after six years of working within industry, the recent changes were particularly noticeable, especially in the requirement to deliver safe patient care, maintain budgetary constraints and demonstrate that robust processes are in place. There has been a very obvious culture shift within tissue viability services, especially with the monitoring, reporting and delivery of pressure ulcer prevention and management.

However, clinicians often react negatively to being asked to provide in-depth reports on incidents such as pressure ulcer development as, rather than being viewed as something that might prevent untoward incidents in the future, the gathering of such statistics can be seen as a distraction from bedside care. Thus, the debate continues around exactly how clinicians can accurately reflect the true extent of pressure ulcer incidence across different healthcare organisations and, until we can agree on a standard tool, we must resign ourselves to agreeing to disagree.

However, it is not all negative. On a positive note, those of us working within tissue viability can applaud the fact that we are finally being listened to. Personally, I look forward to contributing to the reduction in pressure ulcer incidence and increasing patients' quality of life, one of the fundamental reasons why I became a nurse 26 years ago. **WUK**

References

- Department of Health (1999) *The Essence of Care. Clinical benchmarking*. DH, London
- Department of Health (2009) *High Impact Actions for Nursing and Midwifery*. Available online at: www.institute.nhs.uk/building_capability/general/aims [accessed 26 August, 2011]
- Department of Health (2010a) *Equity and Excellence: Liberating the NHS*. DH, London
- Department of Health (2010b) *The NHS Quality, Innovation, Productivity and Prevention challenge: An introduction for clinicians*. DH, London
- Dowsett C, White RJ (2010) Delivering quality and High Impact Actions. *Br J Health Care Manage* 162: 609–10
- European Pressure Ulcer Advisory Panel (2009) *Quick Reference Guide*. Available online at: www.epuap.org/guidelines/Final_Quick_Treatment.pdf [accessed 26 August, 2011]
- Hopkins A, Dealey C, Bale S, Defloor T, Worboys F (2006) Patient stories of living with a pressure ulcer. *J Adv Nurs* 56(4): 345–53
- National Institute for Health and Clinical Excellence (2005) *Pressure Ulcers: The management of pressure ulcers in primary and secondary care*. NICE, London. Available online at: <http://guidance.nice.org.uk/CG29/guidance/pdf/English> [accessed 26 August, 2011]
- Spilsbury K, Nelson A, Cullum N, Iglesias C, Nixon J, Mason, S (2007) Pressure ulcers and their treatment and effects on quality of life: hospital inpatient perspectives. *J Adv Nurs* 57(5): 494–504