Welcome to the first issue of the new look *Wounds UK* journal

This year sees some important changes to the *Wounds UK* journal. Hopefully you will have already noticed the new design, which we think has bought a fresh clinical look to the journal. We have also launched a series of *Wounds UK* supplements, with the first one accompanying this issue and focussing on leg ulcers.

This year also will see the implementation of some more of the grand schemes proposed in the NHS Plan (Department of Health [DH], 2009). Perhaps the initiative of most relevance is the Any Qualified Provider (AQP) service specification for the Assessment and Management of Venous Leg Ulcers.

I have listened to many people's anxieties about this initiative and I am not without reservations myself. However, the fact is the changes are going to happen so we may as well get on board, rather than have change enforced upon us. There seem to be two main points of contention:

- Why venous leg ulcers? The number of patients with mixed disease is growing and we still do not have a real idea of how many patients this specification applies to
- Will this allow commercial providers such as supermarkets to deliver an 'easy' service, leaving the community nurses doing the real hard work?

My view is, why not venous leg ulcers? Of all the wound aetiologies that could have been chosen, this is the only one for which we have evidence of Gold Standard practice. We have known since the early '90s that the way to manage these patients is through assessment, basic skin care and high-level compression.

Yet, 20 years on I still regularly see patients with leg ulcers who have been inappropriately managed for long periods of time before being referred. Following a structured pathway of care they have 'miraculously' improved within a very short period of time. So, if patient care can be improved by writing a service specification, however imperfect, and setting key performance indicators, I am all for it.

As for the market being overrun with commercial AQPs, well I'm sorry but there is a huge group of people out there who are perfectly qualified to provide services — the community teams who already manage these patients, mostly with spectacular results. They should be the ones bidding for this service specification.

The team involved in writing this specification are very aware of the imperfections and see this simply as the first version. A balance had to be struck between something which was robust, evidence-based and measurable, but still deliverable and clinically relevant.

So what happens next is up to you, the clinicians. Only you can make this service specification work to your advantage and improve the service we deliver to patients.

'I regularly see patients with leg ulcers that have been inappropriately managed'

Pressure ulcers top the agenda

Tissue viability nurses recently participated in an online survey on how they collect pressure ulcer data, which was circulated on behalf of a Tissue Viability Society working group. Responses were received from 147 organisations across the UK, which highlighted discrepancies in the data that is collected and how it is collected, making benchmarking all but impossible.

One of the main issues of contention was grading/categories of pressure damage and there were major inconsistencies in how this was recorded. For more information, see the News on p6.

All that is left for me to say is that I hope you enjoy the new look *Wounds UK* and find it as useful as ever. WUK

JACQUI FLETCHER
Clinical Editor of Wounds UK

DH (2009) NHS 2010–2015: from good to great. Prevention, peopled-centred, productive. DH, London