

## Is wound care provision equitable?



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It seems that 2013 has started really well. Firstly, we had a very well-attended pressure ulcer conference in Manchester which sold out several weeks in advance and received fabulous feedback from both delegates and industry.

There has been funding for two major new national initiatives: the Welsh Wound Innovation Centre (BBC, 2013) and the NIHR Bradford Healthcare Technology Co-operative in Wound Prevention and Treatment (Telegraph & Argus, 2013). Although different, both of these initiatives are focusing on standardising care so that every patient has a chance of receiving high-quality care, wherever they are in the UK.

This should be something that we take for granted, yet only last week I had to visit a family member after she fell off her bike. She had been sent home from a minor injuries unit and was only given the information: “You have broken a small bone in your foot – and we don’t do anything about that. Yes, the wound is infected, take these antibiotics, but leave it uncovered so it dries out.” I was quite horrified when she rang in tears with the pain and then texted me a picture (*Figure 1*). It wasn’t a significant wound in terms of many things we deal with, being fairly superficial, but it was very sloughy and dripping pus. She had to take time off work so she could keep rinsing it under the shower because the pus was running down her ankle.

So where is the thinking here? Didn’t her wound matter, didn’t they think to address her pain, didn’t they care about her going to work? I can’t believe that any of these were true. What I do believe is that there are still a huge number of people who don’t even know the fundamental aspects of wound care. When we have these amazing initiatives in some areas, how can other areas of health provision seem to be so poor and backwards?

It is a source of increasing concern – how do we reach the people who aren’t interested in wound care in order to educate them about

the fundamentals. It doesn’t matter where you work or what your speciality is, you are almost guaranteed to come across a wound or two.

Increasingly we are focusing on the provision of e-learning, delivering as much as possible online so that healthcare professionals can access it when they have the time and do not need to be removed from the clinical area. But does this actually work? If those who are not all that interested will not attend real education sessions for which they may have been given time and funding, just how likely are they to do an online course (particularly if it is in their own time)?

We have seen online courses evaluating and working well. The Masters modules in tissue viability and management of leg ulceration at the University of Huddersfield ran for the first time in September 2012 and were well attended. During the development of the modules, the team were worried that students would not engage or would not feel a part of a community.

However, these concerns proved to be unfounded and evaluations of both modules have been positive, with students stating that they had learnt “loads” and enjoyed the online group tutorials that made them feel a part of a learning



Figure 1. Would you send this wound home uncovered?

Figure 2. The Great Skin campaign resources use a simple traffic light system.



culture. They also liked the fact that they could access all the resources at a time that met the needs of their professional and personal lives. The inclusion of group and individual tutorials allowed for knowledge to be developed and, more importantly discussed, between the lecturers and the students.

Although these students are arguably the ones who are motivated to learn and are willing to learn in their own time, they are the knowledgeable practitioners of the future. They will be able to help those who feel they have no time to study to develop their skills and knowledge, and they will try to prevent incidents like the one I described above from happening.

In a healthcare service where it is becoming more difficult to obtain funding and time away from clinical work, we must continue to offer education that meets the needs of clinical areas and the ever-changing health needs of an ageing population. It is a priority for all practitioners to challenge inappropriate practices and to help those who may be less willing to update their skills and knowledge in a formal education setting to learn and develop within the workplace.

There are large groups of people who do not seem to have good access to education sessions and wound care updates of any sort, for example those working in small residential or nursing care

homes who may not be able to afford conference fees or have sufficient staff to allow people to attend.

Wounds UK recently worked with Midlands and East SHA to develop some pressure ulcer prevention resources specifically for these staff. The Great Skin Campaign uses a simple traffic light system to focus on key issues (Figure 2).

Education for this sector has been the topic of some considerable debate amongst TVNs who have been discussing if the NHS should be charging people from non-NHS services to attend our study days. I have heard everything from “yes, and we charge them more” to “no, of course they should be free”.

Perhaps the most sensible option I have heard was that attendance is free for all delegates, but if you fail to attend without a reason, you are charged because someone else could have used that place. The rationale behind this is great from two perspectives. It makes people see that there is a value (rather than a cost) to education and it also recognises that all those people cared for in care homes have the potential to be patients, and that if we can keep them as people, not patients, that is best both for them and the NHS.

So the take home message has to be that there is plenty of education available and what works for one doesn't work for all. If you hate PowerPoint sessions, group work, role play, self-directed learning or sitting at your computer, then find a version that works for you. Most importantly, share what you have learned. That way we may eventually get the message to everyone wherever they may be working, and our patients, wherever they are, might just receive the wonderful care that is available in so many places.

There are lots of great educational activities coming up this year – Summer Conference, Roadshows and, now I think about it, isn't all that far off to Harrogate 2013... Look forward to meeting you at one of them!

WUK

## REFERENCES

- BBC (2013) £4m wound research 'will save NHS cash,' Prof Harding says. *BBC News* 19 March. Available at: <http://bbc.in/15YJcLI> (accessed 13.05.2013)
- Telegraph & Argus (2013) Surgeon heads wounds conference. *Telegraph & Argus* 15 March. Available at: <http://bit.ly/12tZcmL> (accessed 13.05.2013)