Woundcare fundamentals and changes in practice highlighted at Harrogate

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Welcome to the Harrogate issue of the journal. As always, we hope you have a great time at the conference and make the most of all of the opportunities available.

The conference at Harrogate always reminds me of when I first became interested in tissue viability and was awestruck at such a massive event and seeing all those people whose articles I had read, plus being totally overwhelmed at the amount of information and new things available in the exhibition. I always left full of excitement with a 'To Do' list of all the great things I had heard. Even now, many years later, I still find I leave with a list of creative and innovative things I have heard or seen. The posters are available electronically this year — a new innovation, so we hope you make the most of them.

EVIDENCE AND EXCELLENCE

Evidence is always a strong theme of the conference and this year we will be looking at audit data as much as the traditional randomised controlled trial and how it can be used (or abused) to inform and direct changes in practice. The debate will also be challenging, as we are discussing whether 'good enough' is good enough. Do we need to aspire to excellence? And is that a realistic aspiration in the pressured environments in which we all work?

Looking at the abstracts also reminds me how little some things have changed, how the fundamentals remain constant. Patients are still at the heart of what we do and there are some stunning case studies showing what a difference good care can make.

ON MY BUCKET LIST

The abstracts also highlight how much some practices have changed, although I am not always sure why. We have recently been challenged about our working practices regarding leg ulcer patients. Using buckets of water to soak their legs in is apparently no longer acceptable. The reasons for this are that patients may develop cross infections in their wounds from their feet or vice versa (although I have yet to see any evidence provided of this) and a bucket with water in is too heavy to lift for the average nurse. While I agree we must practise in a safe environment, it does make me wonder how some people go about their daily lives if they never have to lift anything slightly heavy. Or, indeed, if they cannot bathe if they have a wound as their feet may infect the rest of their body (perhaps they just lie with their legs up in the air — who knows?). It is frustrating to see large organisations taking on board such ideas that seem completely unfounded without considering what the impact on the patient may be. Patients generally enjoy that brief period of the week when the bandages come off and they get to have their legs cleaned and all the dried-on exudate and dressing residue removed. It is perhaps the only time they actually feel properly clean. So if we have to stop using buckets of water, what are we going to replace them with? I cannot image that fiddling about with a squirt of saline or other solution will feel half as good to patients, or achieve the same effects. Perhaps we need to stand up to the tyranny that infection prevention and control can sometimes be, and assert that we may know better when it comes to patients with chronic wounds. The level of asepsis required for an acute wound in a hospital setting is not the same as that for a chronic wound in the patient's own environment. A bucket of water is not suitable in every environment, but where it works well, and until somebody can show me some evidence that I am doing my patients harm, I intend to keep on using it!

NEW REGULATIONS FOR POWERED SUPPORT SURFACES

Some changes do, however, seem to be for the good, and I was interested to hear that there

are to be changes to the regulations for powered support surfaces — a powered support surface is a mattress that depends on an external power supply so would cover any type of mattress that needs to be plugged in or uses a battery. The Medicines and Healthcare Products Regulatory Agency (MHRA)'s new regulation 'lifts' powered support surfaces from a class I to a class IIa medical device, which means that manufacturers are now required to meet more stringent safety standards, and this will be externally assessed by an independent assessor. This up-classification will help assure patient safety, not only across acute care settings, but also in the community.

However, in finding out about this, I was surprised (perhaps 'naive' is a better word) to learn that not only does some equipment in widespread use not meet these standards, it seems that several manufacturers buy the same equipment from one source and brand it as their own — just calling it something else! This is incredibly frustrating when you think of all the time and effort clinicians put in to evaluating what they believe to be completely different products for effectiveness — when in reality they are the same, with perhaps a different colour cover and/or a different badge on the pump — personally I don't think this is morally right (what a waste of NHS time and money) so, hopefully, these new regulations will help to tighten up on this too.

ENGAGE WITH SOCIAL MEDIA

I could not write an editorial without mentioning pressure ulcers, so do not forget Stop Pressure Ulcer Day on 19 November. I have been keeping an eye on what people are up to on Twitter, and it looks like there will be huge amount of activity. I know there are several people trying to ensure it trends on the day so do not forget to engage with social media, both at the Wounds UK conference (#Harrogate2015) and on 19 November (#stopthepressure), also @StopPUday2015.