

**REFERENCES**

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Panca M, Cutting K, Guest JF (2013) Clinical and cost-effectiveness of absorbent dressings in the treatment of highly exuding VLU. *J Wound Care* 22(3):109–10, 12–8

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2015; Panca et al, 2013) have demonstrated inconsistency in management, with often unexplained treatment changes.

**WHAT WILL THE FUTURE HOLD?**

The Five Year Forward View ([5YFV], 2014) identified a national need for a different integrated model of health and social care that is ‘joined up’ and that addresses the needs of patients with long-term illnesses. The data derived from this health economic’s study demonstrates the case for change in the service delivery model for wound care and suggests moving towards a service that provides:

- » Enhanced support for safe selected self-care
- » Integration with pharmacy support and care delivery and supervision
- » Improved diagnostic support underpinned by:
  - » Education
  - » Medical device development and faster adoption

» Integrated progressive care pathway with agreed defined trigger points for:

- » Senior involvement
- » Onward referral
- » Consistent care and integrated care with unified supporting documentation
- » Defined outcome measures (Quality Indicators), audit and standards
- » Joined-up management by health and social care
- » Wider commissioning and involvement of qualified tissue viability specialist
- » Dedicated woundcare clinics in the community
- » Prevention strategy
- » Holistic assessment of patients, recognising that patients’ comorbidities impact on the probability of wound development and healing.

These changes fit well with the new care models described within the 5YFV and provide an opportunity for us to define an integrated woundcare service fit for the 21st Century. **WUK**

**PROFESSOR PETER MOLAN (1943–2015)**



Peter Molan was a biochemist renowned for his role in elucidating the therapeutic properties of honey. Without his extensive research into the complex biochemistry of honey and his tireless promotion of honey as a modern medicine, it is doubtful that licensed woundcare products containing honey would be available in the armamentarium of conventional medicine today. He was born in Cardiff, studied biochemistry at the University of Wales and dental science at Liverpool University before he moved to New Zealand in 1973 where he worked as a biochemist in the University of Waikato for 41 years. It was here that he learned of the medicinal properties

of Manuka honey from Maori legends and started to explore its antibacterial activity, as well as its ability to promote wound healing. His knowledge of honey was unsurpassed and his ingenuity led to the development of several innovative ways of delivering honey into wounds and to the surfaces within the mouth and throat. He was awarded an MBE in the Queen’s Birthday honours list in 1995 for services to the honey industry. Peter’s advice and generous support of many researchers around the world (including myself) has made a significant contribution to the re-introduction of honey into modern wound care. He will be sorely missed.

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