The complexities of improving services

JACQUI FLETCHER
Clinical Editor, Wounds UK

This year there is much consternation about broad issues without there always being the depth of understanding required. There was considerable anxiety about what seemed to be the one project around dressings, which turned out to be two. The concern about up-classifying powered mattresses appears to have slid away as the Medicines and Healthcare products Regulatory Agency (MHRA) has backed down and made it a recommendation rather than a requirement. In addition, I've spotted more than one organisation asking for feedback about whether it is possible to step out of Safety Thermometer collection — and indeed this seems to be happening by stealth, with the number of data points reducing month-on-month despite increased input from care homes.

THE DRAMA WITH DRESSINGS

Let us start by focusing on dressings. There are two separate initiatives: the national formulary and the Generic Specification Project.

In the first initiative, the Department of Health (DH) has commissioned a review of dressings with the aim of creating a national formulary for England. This review is being led by NHS staff and senior clinicians who have recently been recruited to carry out the work. This group is tasked with developing a formulary that will be made available to all — but my understanding is that it is advisory, not compulsory. At present I think this will be an immensely challenging job. The chances are the team will upset a large number of companies or a lot of tissue viability nurses, or possibly both, and I'm not sure what the actual purpose of the exercise is. Yes there are other national formularies, but nowhere as large as NHS England. And I am not sure what the likelihood will be of achieving anything that will substantially improve care, as it is widely accepted that the dressing is only a small part of the overall process of wound care and the major improvements in care (and cost) will only be achieved if there is a significant overhaul of the way wound care as a service is delivered.

The Generic Specification Project (the procurement exercise) is the second, completely different, initiative — although its similar launch dates and very similar language to the national dressings formulary has led to much confusion. The NHS Supply Chain exercise is part of the key national savings programmes through which it suggests its NHS customers are on track to 'unlock £150m savings from procurement by March 2016, with £100m already delivered' (NHS Supply Chain, 2016). This is the project that has raised such a ruckus and works on procuring items that are good enough for 80% of the population (NHS Supply Chain, 2016). It is believed that NHS Supply Chain wants to significantly reduce the number of product categories and the number of products within each category, thereby severely limiting what is available from its supply route. A lot of the anxiety has arisen because this exercise has been conducted in secret, with all participants signing stringent non-disclosure agreements. Why is this necessary? This is NHS business, and requires much wider consultation than the people who happen to be able to attend the meetings (especially given the very short notice for such meetings). Any clinician who attends should be able to report back and discuss the consultation with his or her regional groups. No one is expert in everything, so it is much better to get support and guidance.

The challenge is also in the timing. If the Generics Specification Project speeds ahead as planned, when it comes to the DH group formulating the national formulary there will be hardly anything available via one of the main supply routes for them to include. So, although the procurement exercise has nothing to do with the national formulary, it could have significant impact on it!

MHRA DEFLATES UP-CLASSIFICATION OF MATTRESS PUMPS

The MHRA changing its stance on up-classifying the pumps for all powered mattresses is a blow

for standards, as this was designed to ensure that every powered mattress had the appropriate quality assurance systems in place and appropriate documentation to evidence this. It would have identified companies that import kit and do not have full traceability, and also companies in the UK who do not follow the same standards. Surely this is the minimum we should expect for equipment we use for patients. I would also really like it if the manufacturers clearly identified the provenance of their equipment so I could tell whether two companies were selling the same equipment but just with different branding.

FOAMING ABOUT LACK OF CLARITY

On the subject of mattresses, following discussions with the British Healthcare Trades Association, I am pleased to hear it has formed a working group to look at what a 'high specification foam' may or may not be. I am sure it will be quite broad and based on technical aspects of the foam, but it's a start. Perhaps it could be extended to other foam products, such as the heel boots. It would be really helpful to understand the specifications, as I am sure that several companies are selling the same product at different prices just because the foam is a different colour, but I do not know enough about foam to say for certain.

A COMPLEX FIELD

Do these challenges raise the bigger issue of the complexities of working in our field? Like most wound care professionals I trained to be a nurse. I then trained to be a teacher. Along the way, however, I have had to learn much more: biochemistry (those silver dressings are to blame for that one), some mechanical engineering (to better understand about the impact of physical forces on the occurrence of pressure ulcers), regulatory affairs (it seems I need to know more about these to deal with some of the current activity) and materials science (to understand some of the new technologies, as well as simple materials like foam). I won't even mention the strides I have had to make in the digital world ...

Box 1. Recommendations 8 and 11 from the Carter Report (Carter, 2016)

8. NHS Improvement and NHS England should establish joint clinical governance by April 2016 to set standards of best practice for all specialties, which will analyse and produce assessments of clinical variation, so that unwarranted variation is reduced, quality outcomes improve, the performance of specialist medical teams is assessed according to how well they meet the needs of patients and efficiency and productivity increase along the entire care pathway

11. NHS England and NHS Improvement should work with trust boards to identify where there are quality and efficiency opportunities for better collaboration and coordination of their clinical services across their local health economies, so that they can better meet the clinical needs of the local community.

LORD CARTER OF COLES

The Carter report (DH, 2016) has made a series of recommendation, some which may not seem particularly relevant to our field, e.g. recommendation 4 on pathology, others which definitely are, e.g. recommendations 8 and 11 (*Box 1*). At the heart of all these recommendations is that the way forward is to improve systems and processes, to measure real and meaningful outcomes (although there will be a significant underpinning of cost counting). This could be of real benefit to our field, we know that the way to improve outcomes (and reduce costs) is to look at better wound care services rather than buy cheap mattresses or dressings; perhaps this 'organisational level' focus can finally be used to leverage delivery of better services for our patients.

It looks like it is going to be an interesting year ahead. There are lots of new initiatives out there, and people are starting to focus much more strategically on how we can improve wound care for all of our patients. Maybe Lord Carter's 'model hospital' or 'model community' will be the way forward. Even if it is not, if it is challenging us to look at how services are delivered so that they are more effective, it will be a great step forward. WUK

REFERENCES

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NHS Supply Chain (2016) *Customers on Track to Unlock £150m Savings through NHS Supply Chain*. Available at: www.supplychain.nhs.uk/Home/News/Company/On%20Track%20To%20Unlock%20150m%20Savings (accessed 11 February 2016)