

Promoting 25 years of excellence in wound care

David Gray

Next year the Tissue Viability Society will celebrate its 25th anniversary, making it possibly the oldest wound organisation of its kind in the world (Clark, 2005). During the past 25 years, we have witnessed dramatic changes both in the way wounds are managed and the clinical outcomes associated with them.

In the UK field of wound healing/management, we are fortunate to have access to cutting-edge technology and the commitment and drive of a large group of vibrant and diverse practitioners. The UK has witnessed many positive changes that have dramatically improved the quality of care for patients with wounds, such as the introduction of the multi-layer compression bandaging technique, and the widespread use of pressure-reducing foam and air mattresses. These advances, along with the widespread acceptance of moist wound healing and the introduction of innovative active wound dressings, mean that the UK has been at the forefront of technological development for the past 25 years. There can be no doubt that such progress means that patients in the UK today are treated using some of the most advanced technologies in the world.

Additionally, we have also witnessed an increased number of practitioners active in both research and clinical

David Gray is Editor, Wounds UK, and Clinical Nurse Specialist, Department of Tissue Viability, Aberdeen Royal Infirmary, Aberdeen

practice. A recent survey by Wounds UK identified over 700 nurse specialists practising in the field of wound healing/management. The number of podiatrists with an active interest in this field has also increased, particularly in the area of diabetic foot ulcers. Microbiologists, scientists, and biomedical engineers are just some of the many professional groups who play a vital role in our developing field.

As a profession, we have failed to inform the NHS and the general public of our advancements and the high standards of care we provide to patients in the UK. As a result, our field is vulnerable to attack and disruption because of the perceived costs of our technology and specialist staff.

Many educational establishments now employ dedicated wound healing/management lecturers and there are a wide variety of educational opportunities available from entry level to MSc and PhD courses.

Medical staff have traditionally been criticised for failing to engage with modern wound management. However, given the large number of surgeons who now use topical negative pressure, it is clear that many have, in fact, engaged with modern wound management and, in time, they will become more active in other areas of our specialty. All of these professionals active in the field of wound healing/management demonstrate that

it has moved on from its days as a small niche specialty, and is now edging towards mainstream acceptance within the NHS.

However, while much has been achieved, there is still much to do and we should be mindful that many of the achievements of the past 25 years are not recognised by everyone. As a profession, we have failed to inform the NHS and the general public of our advancements and the high standards of care offered to patients in the UK. As a result, our field is vulnerable to attack and disruption because of the perceived costs of our technology and specialist staff.

If we wish to be valued by the NHS and the general public, we need to communicate what has been achieved, and how these achievements have resulted in world class standards of care in the UK. If we are to maintain the standards that we have set and grow as a field constantly striving to improve clinical outcomes, we must ensure that the next 25 years are spent communicating to the NHS and the general public. They have a right to be informed of our excellent service provision, which is often the result of partnerships between different professional groups, the NHS and industry. We are best placed to inform the public and should ensure that we do so. I believe they would be rightly proud of 25 years of improvements in wound care and keen to see deficiencies in the service corrected. **WUK**

Clark M (2005) *Wounds UK Pressure Care E Newsletter*. June 1(1): www.wounds-uk.com