

# Are you ready to improve standards of care?

Keith Harding

In the UK, the standard of care for patients with wounds has unquestionably improved in recent years. This has been due to many factors, including commercial pressures and the support of new products and educational initiatives, increasing numbers of patients with wounds in the health care system, and health care professionals developing a focus and expertise in this clinical area.

All of this should have led to NHS managers increasing investment in the strategic development of models of service provision across the country. Unfortunately, this has not occurred and many innovative services have arisen only as a result of the determination of a group of individuals to develop such services to provide care for patients in an individual facility or locality.

While such dedication and vision should not be constrained, there is no suggestion that adequately funded and appropriately staffed wound healing services are an essential requirement for all providers of health care in this country. The increased funding for the NHS, while welcomed, is not sufficient at this stage to ensure sufficient resources are made available for all new developments that can and do improve patient care. At a time when services are struggling to find enough beds and ensure that patients with cancer have their treatment within a

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Frustrating as it may seem, the subject of wound healing has, to date, not been able to generate sufficient publicity or demand from society to ensure support is developed. This is surprising in view of the increasing litigation associated with pressure ulcers, and the death of Christopher Reeve from complications related to such a wound. Bad press has, however, led to a significant increasing awareness and funding for MRSA prevention and treatment strategies. What is needed for wound healing to achieve such a high profile and obtain sufficient funding for such provision across all aspects of health care in all parts of the country? What can we do to engage politicians, health care professionals and patients in demanding such investment?

Despite this lack of investment significant progress in wound healing has occurred as a result of the energy and determination of a small, but expanding,

group of individuals who are focused in this area. Nurses would, with justification, claim to be the professional group that has led this change in provision of wound healing services in both primary and secondary care sectors. Podiatrists would disagree, even if their prime focus is in the care of patients with diabetic foot disease. Pharmacists often have a significant impact on what is available for treating patients with wounds. The role of therapists has not been identified at all. Medical and surgical staff are often said to be not interested or engaged in this area. The role of the dietician and nutritional support for patients with wounds is only in its infancy. How will we be able to provide optimal care for patients with wounds if all these professional groups are not involved, valued and respected by everyone else in the team?

Wound healing is a complex and diverse clinical challenge. The awareness and acceptance by health care professionals that multidisciplinary/interdisciplinary team working is essential is a key step to improving both the credibility of all working in this area and the standards of care we provide. This, coupled with initiatives that improve the profile and importance of wound healing in a cash-constrained health care system, and clinicians developing mutually beneficial partnerships with an industry that has a reasoned and mature approach to their activities in wound healing, will help to move things forward. The challenges are significant and complex. Are you ready to improve the care of your patients? **WUK**

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