Wound management in the UK is a healthcare success

David Gray

t is rare to see a positive story about the NHS in the popular press, and yet the vast majority of patients in the UK receive a high standard of treatment from exceptionally qualified professional staff.

This is not considered newsworthy in the media, whose coverage is generally dominated by blame, scandal and novelty. If wound care does appear in the press, stories tend to fall into these three categories. We are told of novel treatments, flesh-eating bugs, and the impact of MRSA on patients, rather than genuine healthcare innovations that have a positive impact on the lives of patients with wounds.

The question we must ask is what can we change this situation? Do we do enough to positively represent the reality of our specialty to our colleagues in the NHS and the wider public? Along with the increase in the prevalence of cardiac and circulatory disorders, diabetes, obesity and cancer in our increasingly ageing population, there has also been an increase in the number of wounds developing and requiring treatment, in some cases, over a prolonged period of time. Is the general population aware that without the rapid development of modern wound management during the past two decades, the quality of life experienced by patients with these wounds would be dramatically lower?

David Gray is Editor of Wounds UK, and Clinical Nurse Specialist, Department of Tissue Viability, Aberdeen Royal Infirmary, Aberdeen They would have increased pain, higher infection and slower healing rates associated with traditional wound healing.

Imagine if we had to manage dehisced surgical wounds on the abdomen with twice-daily saline soaks... How successful would we be at managing leg ulcers without multi-layer or short-stretch bandages? It is fair to say that neither professionals nor patients would like to treat the wounds we face today using products that were commonplace 30 years ago.

Imagine if we had to manage dehisced surgical wounds on the abdomen with twice-daily saline soaks, and the only topical antimicrobials we had to use were iodine solution or sodium hypochlorite. How successful would we be at managing leg ulcers without multi-layer or short-stretch bandages? It is fair to say that neither professionals nor patients would like the wounds we face today to be treated with products that were commonplace 30 years ago.

We have made so many advancements in our field that we should shout them from the rooftops to remind ourselves, our colleagues, and the public of how far we have come. In June we have two opportunities to celebrate our achievements and communicate with our colleagues and the public at large in a more positive manner.

The first of these opportunities, the Wounds UK Awards, will be held at the Imperial War Museum North in Manchester on the 9th of June. This event will be hosted by BBC newscaster Natasha Kaplinski and will be a chance for the 400 guests to recognise the outstanding achievements and innovations in clinical practice of more than 30 wound care professionals. It is vital that we remind ourselves of the excellent work that is produced in the UK as a first step to communicating our positive message to a wider audience.

National Wounds Day, on the 22nd of June, offers a second opportunity to celebrate our achievements. There will be a press conference in London for the national press, the launch of a patient information leaflet, three *Wounds UK* events at Stoneleigh Park, Warwickshire, with others being held in Oxford and Brighton.

In addition to these events, there will be a major effort to engage with healthcare and mainstream media before, during, and after the day. It would be unrealistic to assume that with one single day we could reverse the trend of the past two decades of ignoring wound management's achievements, but we can make a determined start. We urgently need to communicate our message, and I encourage you to play your part in embracing wound management's magnificent achievements. WUK