

TVNs must work together to fight short-sighted job cuts

Pauline Beldon, Chair, Tissue Viability Nurses Association

All healthcare professionals working in the NHS are aware of the current dire financial climate. NHS trusts, in both primary and secondary care are cutting their cloth as never before — and many trusts have dramatically reconfigured their services to meet the changes in care delivery. With the emphasis being on meeting patient's treatment needs within primary care, some secondary care trusts have lost valuable revenue and jobs have been cut as a consequence. If the government's plans come to fruition, the numbers of patients treated within secondary care will continue to fall. Many of us recognise that with the rise in day-case surgery and the increasing range of outpatient treatment, fewer patients will require inpatient care — perhaps not a bad thing bearing in mind the daily struggle to stop the rise in hospital-acquired infections.

Consequently, alongside the shift in care delivery, there needs to be a simultaneous shift in nursing attitudes and responsibilities. Those patients who are admitted for care are likely to require emergency surgery due to trauma or life-threatening illness, or complicated elective surgery. They may have inter-related co-morbidities and/or be very elderly. We are seeing a sharp increase in very dependant inpatients in secondary care, while those who remain in primary care are both increasing in numbers and severity of medical problems. Unfortunately NHS trusts do not seem to recognise the need for either increased numbers of nursing

staff at ward level to deal with the increased vulnerability of certain groups of inpatients, or that increased numbers of community nurses are needed to manage the shift to primary care. The media has been at pains to broadcast the numbers of redundancies in secondary care, yet those of us working within or close to primary care are aware that lately there have also been

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few nursing posts advertised in this field. So yet again we begin the cycle of nurse shortages, this time for financial reasons. By the time the cycle reaches full turn and the financial position improved, the NHS may find it has lost its nurses to the overseas market.

A tissue viability nurse should be in a pivotal role, regardless of setting. It is vital that TVNs have a means of demonstrating their worth by auditing numbers and characteristics of patients seen and managed since their role is fundamentally clinical. However, it is a fact that in order for a TVN to be valued by their trust, they must be

financially aware and have the ability to demonstrate savings in hard cash. The executive board is unlikely to either appreciate or value a TVN's clinical skills, because their responsibility lies in the financial running of the trust. The wound management formulary is one example of such savings. The TVN should lead the selection of wound dressings based on whatever appropriate clinical evidence is available and, perhaps equally important, the thorough evaluation of the product to determine that it is not only fit for purpose but actually meets the needs of the patients and healthcare professionals within that setting. By taking a long hard look at the formulary it may be possible to effect savings. More expensive dressings should be allocated for named patients only. This could easily produce savings without compromising the quality of patient care.

In primary care it is important that the TVN does not alienate community nurses who have acquired prescribing status. But while their expertise must be acknowledged, they must also be brought to understand their financial responsibilities to prescribe within a formulary. Audit of the use of formulary products and those prescribed outside a formulary can identify problems, perhaps due to personality, teamworking or the use of an unsuitable product. TVNs need to address this as a prime responsibility.

Auditing the use of pressure-relieving equipment in both primary and secondary care is also important. Very different equipment is likely to be

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used in primary care and must be safe for use in the home while protecting the patient. Careful evaluation of such equipment, its use and the management of a lease demonstrates a trust that the TVN is of value both financially and clinically. There exists a belief among many nurses that only dynamic airflow equipment is of use in relieving pressure. Such an erroneous belief can cause both clinical and financial problems. Static equipment, such as viscoelastic foam mattresses and cushions, provide pressure reduction and do appeal to many patients who find dynamic equipment uncomfortable.

These elements of a TVN's role provide solid financial evidence of why TVNs should be valued by their trust. Does your trust know exactly what you do — and the cost-savings that you can bring them without cutting swathes of valuable nursing positions? Have you broadcasted your skills and worth to the executive board? I hope so, because

they need to recognise the importance of our role. As nurses working within wound care and tissue viability we need to remember that we are unique. There is nowhere else in Europe where nurses lead wound care.

It is time the Department of Health realised and valued nurses, but this cannot happen without some effort, and by all of us working together. It is not just a job for a few vociferous individuals, it is time for all of us to act. We should all contact our MPs to ask what they are doing for the NHS. Are they asking the right questions in the house? Do they know the right questions to ask? Perhaps they need our help to do so.

So I urge you in the first instance to investigate your local MP. All MPs have particular fields of interest which you can look up at www.theyworkforyou.com. It is also possible for an email to be sent to

you to tell you when your MP speaks in parliament. Second, please gather information about your local PCT. Are they putting wheels in motion to ensure that older people are cared for appropriately? Are there enough community hospitals, nurse specialists and community nurses? Are there problems surrounding referral to secondary care? Are patients being deprived of appropriate care due to bureaucracy or is quality care being sacrificed in order to meet targets?

Once armed with information it is your responsibility to inform your MP and put them to work. If they are unaware of the problems they will not be able to help you. We need to make them aware of what is happening to the NHS. Your actions will force trusts to realise that nurses are powerful and should not be underestimated. Nurses have been passive for too long. Please show them exactly how much a TVN is worth. **WUK**



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