

Improved communication is the key to better quality care

John Timmons

This is my first editorial as editor of *Wounds UK*. My thanks to my predecessor David Gray for the excellent job he has done and also for having faith in me to take on the role. I see this new position as a tremendous opportunity and having cut my teeth on the *Wounds UK* e-newsletter, which I have been editing for the past three years, I am keen to take on this new challenge.

The philosophy which underpins *Wounds UK* is the provision of quality, affordable education for healthcare staff in all settings. This is not only about communication of science, research, and good practice but is also about providing support. The past few years in tissue viability have produced hope and despair in equal measure. Despite the *Agenda for Change* plan for the restructuring of the NHS in which many nurse specialists were effectively downgraded, and the continued pressure on trusts to reduce the number of nurse specialist posts, it is still apparent that people working in the NHS continue to produce excellent work and are striving to improve quality for patients and relatives. This was clearly illustrated at the *Wounds UK* awards which were held on 8th June in London and demonstrated the passion which many in our field have for wound care and its related disciplines.

My role as editor is to work with the *Wounds UK* team to produce a journal

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which captures the key developments in the field and also provides a platform for practitioners to discuss and debate professional issues — issues which you feel should be covered in order to raise awareness, clinical issues which you may identify as poorly supported by literature, or issues relating to the political nature of your role. It is our job to listen, respond and support you in any way possible.

If our aim is to provide patients with the highest quality care we must ensure that nurses are prepared for the register with more than a baseline knowledge of wound care.

Having spent four years in nurse education I remain unconvinced that wound care is represented strongly enough on the undergraduate curriculum. The nursing curriculum is under pressure to include every aspect of nursing, yet the emphasis has been weighted heavily on the more technical aspects of care such as cannulation, venepuncture and electrocardiogram recording. Wound care is being squeezed into the odd hour here and there. This is contrary to the everyday experience of nurses as we are all aware that many nurses in primary and secondary care spend a major part of their day looking after patients with wounds.

If our aim is to provide patients with the highest quality care we must ensure that nurses are prepared for the register with more than a baseline knowledge of wound care. If the current system is not overhauled we will continue to produce nurses who qualify with substantial gaps in their knowledge.

The *Wounds UK* awards highlighted that there are many clinicians and educators ready to challenge the accepted norms and push the boundaries of the discipline. The Lindsay Leg Club model is an excellent example of challenging beliefs of where and how care should be carried out with the emphasis being on communication, empathy, patient empowerment and meeting social needs as well as clinical.

It is also important to recognise the role of industry in our growth as a discipline. There are more and more companies offering sponsorship for healthcare professionals to undertake postgraduate education and education for a large number of nurses. In addition these companies continue to produce research which adds to the knowledge base and challenges the norms.

One common belief links these people and it is certainly a concept that is embraced by *Wounds UK* — that every patient has the right to quality care from first contact with the service to the last. And if we continue to communicate and educate effectively, we will be closer to achieving that goal. **WUK**