

The importance of a patient-centred approach to care

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As a result of recent healthcare initiatives, the Government is aiming to increase the involvement of patients and families in directives/decision-making. This is to reduce the emphasis on waiting lists and refocus on the individual patient journey. This may prompt a response of 'heard it all before', but there is value in having a patient-centred approach, which should concentrate on improving the experience of the patient throughout their contact with all healthcare workers, irrespective of the clinical setting.

Wound care clinicians continually strive to have patient-focused services, so necessary in a field where there is no 'one size fits all' solution. Regardless of the setting, care will involve relatives as well as patients. The constraints on the time that we have to spend with patients often includes a review/assessment of the patient and the wound, a discussion with staff both before and after seeing the patient, a discussion with relatives and, if specialist therapy is needed, carrying out the specific procedure, such as debridement or undertaking topical negative pressure (TNP) therapy.

The fact that our roles are based on short contact times may lead to a perception that we are in some way detached from the day-to-day providers of care, making many patients and families feel uncomfortable about asking the questions that they may not normally

ask, but for which they are keen to have answers and explanations.

On a recent visit to a primary care trust, I met with a nurse consultant who spends a great deal of her time 'treating' her patients' families as well as the patients, and views this as a key part of her role. It is apparent that this is the norm not the exception, and that many of us do involve families in making major decisions, yet this is part of the unseen work of wound care specialists.

Although it is essential that targets are met and that high levels of performance are maintained across our services, it must be remembered that it is the management of the individual patient which is of the utmost importance, and that the patient journey should be monitored at every stage to maintain high standards.

The Lindsay Leg Club® Model is an example of a hugely patient-focused care delivery model, which changes the focus of leg ulcer care to be more about the person and not the wound.

This level of patient and family involvement is nowhere more visible than in the hospice movement. The hospice ideal is encapsulated by their highly-motivated staff across all disciplines, whose main focus is to provide individualised care in dignified surroundings for patients at the end of life. End of life care is not driven by

targets and performance indicators, but rather with the ethos that you only get one chance to get it right (Pearce, 2007).

Due to the set-up of our services, this is a difficult model to mirror in wound care. However, the ethos of individualised multiprofessional care with family involvement is inherently visible in wound care, yet it is not something that we choose to celebrate.

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Wounds UK in Harrogate this year is the biggest event of its kind to be held in the UK, with two parallel conferences running alongside; Continence UK and Dermatology UK. Delegates are entitled to attend all three events, giving them the opportunity to create their own personal learning environment.

Science, research and practice development in wound care will be presented at Wounds UK 2007 by national and international speakers. Some of the most recognised names in wound care will share their insights into innovations in technology, education, ethics and health economics. We look forward to seeing you there. **WUK**

Pearce L (2007) One chance to get it right. (Interview with Sheila Payne.) *Nurs Standard* 22(6): 20-1