

The fight is on to protect investment in tissue viability

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Nurse specialist posts were the focus of a recent House of Lords debate in which the government was asked 'what they can and will do to prevent primary care trusts and hospital trusts reducing spending on specialist nursing services in the treatment and support of patients with long-term conditions'. While the focus was on long-term conditions, similar arguments could be applied to tissue viability specialist services. However, this was not mentioned which may be because tissue viability is not disease specific, or perhaps because the specialty lacks powerful champions in the form of medical consultants.

Tissue viability is often overshadowed by other specialties which are perceived as more prestigious. It should not be associated only with pressure ulcer care in older people. Specialist TVNs care for individuals across their lifespan, irrespective of the nature of their disease. While services are provided in both primary and secondary care, the lion's share of the work (and therefore spending) falls within the primary care sector. The impact of primary care commissioning is yet to be fully realised.

There are many challenges and opportunities for services to provide the best evidence-based care with the resources available. It has been estimated that pressure ulcer care alone costs the NHS £2bn, but despite this expense there is no 'joined-up' strategy to

adequately address the issue. Given the rising older population and the predicted increase in individuals suffering from long-term conditions, the situation is likely to become significantly worse with increased costs to the NHS as well as the impact on patients' quality of life.

In the House of Lords debate, it was acknowledged that: 'The Department of Health has emphasised that the onus is on local trusts to deploy specialist nurses in accordance with their needs. The Healthcare Commission demands compliance with NICE guidelines as well as with

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the national service frameworks...' However, cash-strapped trusts who need to balance their budgets may aspire to meet such guidance but may be forced to let services suffer when cost savings have to be made. This can result in fragmented care and a workforce that is not entirely fit for purpose. This will inevitably continue to increase costs and the problem will escalate as more resources are used without an attempt to understand the cause of problems or create more cost-effective solutions. To reduce spending on specialist nurses is a false economy. Education and training

creates an informed workforce that is able to deliver evidence-based care. However, when cost savings have to be made, it is one of the easiest budgets to 'raid' and this has clearly been the case in the last few financial years.

One way forward would be to increase investment in research and education to ensure patients are cared for using the best evidence. Having a lead consultant with an interest in tissue viability at each trust would strengthen tissue viability's hand at no extra cost. While tissue viability should remain a nurse-led service, it must be given the same recognition as disease-specific services if patients' needs are to be met and costs are to be contained and ultimately reduced. Another way forward would be to increase collaborative working between NHS trusts and universities to increase research and provide education to meet specific needs.

A debate is now needed about how to create a fully integrated national tissue viability service network with TVNs at local level, nurse consultants at county level and regional professorial research units in each strategic health authority region. The service needs to be based on the epidemiology of wounds and skin problems which must be made a research imperative. The TVNA's chronic wound audit is an excellent start but we need to explore the wider picture so that accurate costings can be calculated and presented to the nation. The demands on tissue viability are set to increase over the coming years. Now is the time to address the issues raised here. **WUK**