

Swine flu will test us but we need to support NHS principles of free, quality care for all

John Timmons

Early in 2008, my editorial discussed the American's fear of having a state run National Health Service (Timmons, 2008). The republican voters were aware that both Barack Obama and Hilary Clinton would have pushed for such a service to be implemented, and now it would appear that this may become a reality. Adding fuel to the fire was one of our own politicians, who felt it necessary to dismiss the NHS as a dinosaur which is no longer fit for purpose. Not only is this factually incorrect, but it betrays the trust of the people of Britain and, in particular, the huge numbers of dedicated staff who work for the NHS. My first reaction was to think about the many people who have received life-saving treatments such as chemotherapy, given not because of their ability to pay, but because it was the best possible available treatment. Similarly, trauma patients who require life-saving emergency care are not first questioned about how much care they can afford, and the choices made by clinicians are not clouded by financial concerns.

In wound care, where there are many complex issues involved, factors such as chronicity of wounds could create financial concerns if we worked within a reimbursement system, not to mention the complicated issues of chronic lower limb oedema and infection. Above all, the current system allows staff the freedom to choose

the most cost-effective product for the patient. Without this, we risk not only delivering lower quality care, but also creating further costs in the future. Most staff are unlikely to use costly products if there is no perceived benefit for the patients.

While the burden on the NHS over the coming months will undoubtedly be great, there is consolation in the belief that we are working in a system which, although not without its flaws, offers patients quality care when they need it most, and without financial penalty.

I am not suggesting that the NHS should never change, on the contrary, many of us realise that there is a need for the NHS to adapt to the changes in technology and society which affect the way care is delivered. However, any changes should still be based on care being free at the point of delivery.

So, as we batten down the hatches in preparation for the expected winter swine flu pandemic, the NHS will again be stretched beyond capacity. However, as always, staff will dig deep and provide the best care they can. With the expected rise in elderly patient admissions there will potentially be an accompanying increase in the numbers of patients developing pressure damage.

While it is difficult to prepare for these events, it is vital that staff are aware of the level of risk which patients

may face if they are admitted to care areas. Patients who are suffering from swine flu may present with symptoms which render them less mobile. In addition, many elderly patients will have concurrent conditions which will compound the effects of the flu virus. While we often debate the true value of risk assessment tools, I am convinced that application of sound risk assessment principles helps to remind staff of the factors which require to be acted upon in order to minimise the risk of pressure damage. There may also be a need to increase provision of specialist support surfaces and the application of turning charts, with increasing numbers of at-risk patients being admitted.

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Congratulations to Dr George Cherry who received the Wounds UK Major Contribution Award at the June Wounds UK ceremony. Dr Cherry has devoted a huge amount of time and effort into the field of wound care, encouraging education and developing events and conferences, which has truly impacted on practice and, together with his wife Chris, has done a fantastic job in organising the European Pressure Ulcer Advisory Panel (EPUAP) events. **WUK**

Reference

Timmons J (2008) Free healthcare should be a reality on both sides of the pond. *Wounds UK* 4(1): 6

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