Tissue viability services must start to prove their value

John Timmons

With the NHS once again becoming the focus of manifesto promises in the lead up to a general election, it is inevitable that public sector spending will be scrutinised and pored over, regardless of which party forms the next government. This mean that clinicians will have to get used to justifying their services against a backdrop of NHS budget cuts.

However, tissue viability is in an excellent position to prove its real value. During the past two years in Scotland, for example, the specialty has become a major driver in improving practice and education across the various professional boundaries — the link between soft tissue infection and chronic wounds has been the impetus for this. Improved tissue viability provision and education will also have a positive impact on healthcare-associated infection (HAI) rates across the UK.

The upcoming election must be viewed as an ideal opportunity for tissue viability clinicians to promote an agenda which ensures that every patient in the UK has a thorough wound assessment at first contact, and access to a tissue viability specialist within a reasonable time-frame.

Wound care and wound care education need to be higher on the NHS agenda. With many community nurses spending the majority of their working day treating patients with wounds, we should not be relying solely on industry-based education — although this is always welcome — to highlight the importance of tissue viability.

To prove the value of wound care services, healthcare professionals need to provide data that demonstrates the positive impact that tissue viability and leg ulcer specialists can have on prevention and improved patient management. It is also incumbent on wound care clinicians to provide guidance for purchasers in order that they buy in the appropriate equipment and services.

Unfortunately, some recent wound care studies may have damaged the specialty by making broad assumptions about wound care practice (see Viewpoints, *pp. 156–157*). For example, in the recently published VULCAN trial, patients were allocated to antimicrobial or non-antimicrobial dressings based not on the presence or absence of infection, but by random selection (Michaels et al, 2009). This resulted in some of the patients receiving antimicrobial therapy for which there appeared to be no clinical necessity.

However, studies such as these often lack input from recognised wound care experts, whom, if they were involved from the outset, might help to produce more meaningful results. Tissue viability nurses should be leading research projects and helping to avoid the kind of results that are more or less meaningless to everyday practice.

I am aware that I have discussed the role of randomised controlled trials (RCTs) before, but it seems that many scientists still view them as the 'gold standard' for measuring clinical interventions. However, when considering an RCT for chronic wound treatments, the probable exclusion criteria, for example patients with diabetes, cardiovascular disease or respiratory disorders, would rule out the very patients for whom the treatment is intended. Similarly, other leg ulcer trials have excluded ulcers that were larger than 2cm in diameter, which in my experience would disqualify most of the patients in the clinic.

The scientific community often comments negatively on the lack of evidence in wound care, but little of this criticism is constructive. If it is accepted that RCTs are not a viable method for studying wound care outcomes, the scientific community should instead work with wound healing experts to determine methods that do provide adequate levels of evidence.

There are two messages to take from this thinly disguised rant. Firstly, I would urge academics to involve wound care experts in the design of studies to ensure that the results actually benefit patients — this is, after all, why we are all here. Secondly, those clinicians involved in wound care should take the lead in developing clear, practical and relevant wound care guidance. Only then will we get the evidence that the specialty deserves. WUK

John Timmons is Editor, Wounds UK and Tissue Viability Nurse Specialist, Department of Tissue Viability, NHS Grampian, Aberdeen

Reference

Michaels JA, Campbell B, King B, Palfreyman SJ, Shackley P, Stevenson M (2009) Randomized controlled trial and cost-effectiveness analysis of silver-donating antimicrobial dressings for venous leg ulcers (VULCAN trial). *Br J Surg* **96(10)**: 1147–56