Service improvements alongside budget cuts: a dilemma for tissue viability

John Timmons

According to our new Prime Minister there are lean times ahead, and in particular this will affect the public sector.

The NHS is used to budget cuts, but at this point in time so many departments are operating with the bare minimum of staffing levels, it is hard to imagine further reductions in service provision.

Earlier this month, news was leaked that over 1,500 nursing and midwifery posts are to be axed in Scotland, with 669 posts in Greater Glasgow and Clyde and 333 posts in NHS Lothian to be phased out over the next 18 months. These cuts are the result of increases in the costs of non-staffing expenditure.

Interestingly, there is a belief that these cuts will not affect patient care or services, however, analysts do not share this optimism. With the expected increase in the numbers of elderly patients, the impact of any cuts to services are likely to be felt most in patient care areas. In addition, there is likely to be an increasing reliance on the untrained workforce. I have no problem with these members of staff doing more rewarding work, but to discuss moving nursing to become an all-graduate profession (see debate in this issue, *pp. 140–143)*, and at the same time try to marginalise core nursing activity, there is surely a dichotomy here. If it is the case that healthcare assistants (HCAs) are to carry out the work of qualified staff, there must also be a call for regulation. It would be unfair to allow HCAs to practice an extended role if the staff nurse in charge was still responsible for their colleagues' actions, particularly if there are low levels of qualified nursing cover.

What makes these potential cuts more difficult to accept are the recent quality initiatives from the Department of Health (DH, 2009). The document, *From Good to Great* (DH, 2009), identifies service developments which would help improve the quality of service which the patient receives while in contact with the NHS. The Government has also placed high importance on patient reported outcome measures (PROMS), which would surely be affected by job losses in key areas.

In wound care, there is always a need to drive home the cost-effective message, but in times of impending crisis, this is a message which should not be lost in the need to cut costs. If the NHS is to honour its promises about quality and improving the quality of life of its patients, there is a true need to focus on the long-term benefits of high quality care, that will result in reduced readmissions, reduced infection rates and improved patient satisfaction (Farrar, 2009).

As this will be my last editorial before I move to my new role with Smith and Nephew as Clinical Education Manager (NPWT), I wish to thank all the staff at Wounds UK for being such excellent friends and colleagues. I would also like to thank you, the readers, for your continued support, loyalty and your many contributions to the journal. Thanks to the excellent editorial team who do a great job despite the eleventh hour arrival of my editorials. And, to industry, I thank you for continuously supporting this journal over the past six years — without your support we would not have got this far. WUK

References

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John has been an integral part of the success of Wounds UK and has contributed enormously to all of our activities, initially as a Consultant and for the last four years as Clinical Manager and Editor of both the e-newsletter and *Wounds UK*. John has made a huge contribution to the field of tissue viability during the last 15 years and I have no doubt that this will continue as he moves into his new role. John will remain an Honorary Clinical Nurse Specialist in the Department of Tissue Viability in Aberdeen. We would like to thank John for his contribution to Wounds UK and wish him the very best for the future.

David Gray, Clinical Director, Wounds UK
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Erratum

The publishers wish to apologise for the omission of Peter Vowden, Consultant Vascular Surgeon, Bradford Teaching Hospitals NHS Trust and Visiting Professor of Wound Healing Research, University of Bradford from the list of project team members (*Box 1, p. 92*) that appeared in the following article:
Jacqueline Fletcher (2010) Development of a new wound assessment form. *Wounds UK* **6(1):** 92–99