

Tissue viability: Time for a change? Time for a coalition?

Mark Collier

As the dust begins to settle after the recent general election and the associated political upheaval, despite the general enthusiasm for and some surprise at how the new Conservative/Liberal Government appear to be working together — ‘focusing on their commonalities instead of dwelling on their differences’ — it is clear that with the widely reported financial constraints that are to be placed on all public sector services in the next few years, including the National Health Service (NHS), all nurse specialists (including tissue viability nurses/services) will have to ‘prove their worth’ in some way.

The need for this was first highlighted by Lord Darzi, a former health minister, in his review of the NHS (Department of Health [DH], 2008) and further reinforced within the publication, *The NHS 2010–2015: from good to great. Prevention, people-centred, productive* (DH, 2009), in which there is a clear emphasis on the need to provide improved quality services while accommodating financial constraints.

It could be argued that tissue viability nurses (TVNs) should see this as a challenge, not a threat, especially as during the next twelve months a number of related issues, such as pressure ulcer incidence and prevalence have already been the focus of some identified key quality outcome indicators (DH) and are set to inform the work being undertaken by the National Patient Safety Agency (NPSA) and the Royal College of Nursing

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(RCN), to name just a couple of the other interested external agencies.

Why is this the case? FACT: The management of patients with wounds within the health service has been estimated to cost in excess of £3bn GBP per annum (4% of the total NHS budget, White 2010), and this is not taking account of other funds that are utilised

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for the ongoing management of patients with chronic wounds and the various preventative strategies that are being employed within the NHS, many of which fall under the remit of the TVN — the demand for which increases year on year with the ever increasing ageing population and demographic changes.

I was therefore both delighted and honoured when approached by the RCN at the end of last year to assist and advise them regarding specific issues related to project-focused work and also to act as their Professional Adviser, Tissue Viability during a short-term secondment, which started in February 2010. Not only does this allow me the opportunity to represent all my hard working colleagues

around the country, many of whom go unrecognised, but it also gives me the opportunity to strive to give the speciality of tissue viability a national voice. If the government of the day wishes to know anything that relates to nursing, who do they turn to? The Royal College of Nursing.

So, what is my remit while seconded to the RCN? In short, the following is a summary of the major objectives that have been agreed:

- ▶ Assist the RCN (in collaboration with other associated agencies) to identify the true extent of highlighted tissue viability related issues, such as the incidence and prevalence of pressure ulcers
- ▶ Represent the RCN and influence media stories related to a number of tissue viability matters
- ▶ Review the evidence and related guidelines already in the public domain relevant to the tissue viability issue in question
- ▶ Develop strategies to assist the RCN to help nurses nationally (throughout the United Kingdom) to address the highlighted problems
- ▶ Identify what the RCN can do to contribute to raising awareness of and the further development of the subject matter nationally
- ▶ Scope whether the RCN should get involved in developing and cascading specific subject related audit/activity tools, which in turn could assist TVNs to ‘prove their worth’
- ▶ Scope future RCN activity related to tissue viability and wound care (on-line resources/suggested interventions that can assist with promoting best practice) and the development of an all-encompassing internet community

that can both inform the RCN and others, be they professionals, commercial partners or patients/carers.

The final objective, in particular, personally excites me, as it has long been an objective of mine to bring all of the related national groups together — 'focusing on their commonalities instead of dwelling on their differences' — for the 'greater good' and to ensure that the tissue viability voice is being heard and truly represented.

The RCN is an organisation which already has over 400,000 members nationally — many of whom will be dealing with patients' tissue viability needs every working day. Therefore, I would envisage the RCN working collaboratively and in partnership with representatives of a number of associated groups/societies, for example, the Tissue Viability Society (TVS), the Leg Ulcer Forum (LUF), the Wound Care Alliance (WCN), The Infection Prevention Society (IPS), the Lymphoedema Network, and national

representatives of the European Wound Management Association (EWMA) and the European Pressure Ulcer Advisory Panel (EPUAP), towards the development of a 'virtual' internet-based community that works for the mutual benefit of all.

Of course, the feasibility of such a community and the finer details still need to be discussed and agreed. To start this process off I will be planning to arrange a meeting with interested parties in the very near future. My vision would be that everybody involved would win, as 'members' could discuss/debate related clinical matters with each other online at a time to suit themselves. The RCN would be kept up to date with topical issues and have access to a unique resource — numerous nurses in tissue viability related roles — in order that they have to hand the answers to questions that might be asked of them by the government of the day. Finally, patient's would win, as the internet community would provide a conduit for the dissemination of evidence-based best practice across the country. Should you

have a view on this proposal, or wish to inform this process in the immediate future, please do not hesitate to contact me electronically (mark.collier@ulh.nhs.uk and/or mark.collier@rcn.org.uk).

I am certain that a coalition involving tissue viability nurses and the RCN can be a real success, and that together, the path taken during the next few challenging years will be all the smoother and more easily negotiated with the support of each other — only time will tell. **WUK**

References

Department of Health (2008) *High Quality Care for All*. DH, London. Available online at: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085828.pdf

Department of Health (2009) *NHS 2010–2015: from good to great. Prevention, peopled-centred, productive*. DH, London

White R (2010) Tissue viability can tackle the financial burden of wounds. *Nurs Times* (23rd April). Available online at: www.nursingtimes.net/5012754.article

