

New frontiers in wound management



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It sometimes feels like nothing in wound care is new. After spending a half day this week helping the NHS Business Services Authority (BSA) team sort out the British National Formulary (BNF) categories of dressings, I began to seriously wonder how many more 'just the same' products we can sustain. That's not to say that there aren't some really great products available — just that there are also a lot of 'me too' ones and an awful lot of 'almost the same' ones. The products overlap so much and the names can be similar, it's no wonder that clinicians get confused or stick to the products that they know.

LINKING TECHNOLOGY AND SELF CARE

On the other hand, it seems like we are arriving at a time where things are about to change dramatically. I've recently looked at a virtual reality (VR) tool, which is currently used in surgery but is being adapted for wound care applications. Now, how amazing is that? The potential for use astonished me and I could happily have sneaked it off the table and taken it away to play with if it wasn't for the fact I wouldn't have a clue how to set it up. Technology offers clinicians a massive potential to improve our practice but it also offers myriad ways of engaging our patients, something that should be mandatory if we are to combat the growing burden of patients with wounds. Engaging patients in their own wound care used to be something we *allowed* — as it were a favour when in reality it is a right and in many instances improves patient healing rates and quality of life. We just need to work out how to safely support our patients to do this whilst keeping us in the loop (and VR could do just that).

A HEALTHIER FUTURE

But technology isn't the only answer, I'm also lucky enough to be working with a really creative, innovative team of clinicians on their Sustainability and Transformation Plans (STP) towards standardising wound care for

Hertfordshire and West Essex. Nothing high tech — simply trying to do the best for patients across the whole area rather than only in some places. These changes in service delivery patterns could make a massive difference for patients but also for staff. We hear so much about how nurses are 'on their knees' 'demoralised' 'struggling'. Whilst I am sure this is true what I actually see is staff rising up and doing an amazing job, working out how to make the best of what we have but also speaking up and demanding better — this is the NHS I know and love.

THE CONNECTION? COMMUNICATION!

What's the common theme? Communication; whether it is using advanced technology to reach out in ways we haven't previously been able to (putting your hand 'on' the patient with VR from your office) or simply finding ways of making the myriad different electronic systems we use in the NHS talk to each other. This could allow us to look for data rather than having to create and carry out a whole new audit. We have so much data already but as the saying goes: we are data rich but information poor. This is certainly true in the world of pressure ulcers, where we seem to be inputting the same data into countless different systems. Hopefully, the new reporting recommendations from NHS Improvement, which are due soon, will help reduce this burden a little.

FUNDING AND FITTING IT ALL IN

Even though these improvements and innovations all help with patient care or reduce and prevent harm, they are costly and need to be funded.

As well as funding, anything that is new and an additional task needs to be fitted into our daily routines, and, as I've mentioned previously, we seems to be very good at adding things on — but less so at taking things away. So if technology enhances care, we need to ensure we stop doing the things it replaces.

