



‘Having fought for recognition of the importance of pressure ulcer prevention for so many years, only now is it becoming clear what a can of worms we have opened’

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THE IMPORTANCE OF REACHING CONSENSUS ON PRESSURE ULCERS

What a summer it's been — after dismay at all the early rain, we finally got some much-needed sunshine as well as an Olympic party.

I'm hoping we will soon be able to apply the same positivity to pressure ulcers — after all the hard work around achieving targets, completing Safety Thermometers and trying to reduce incidence to zero (against a backdrop of poor standardisation of terminology and a lack of thought about how any of this would apply in practice), we may finally see some reduction in the numbers of pressure ulcers as we move forward into next year.

However, having fought for recognition of the importance of pressure ulcer prevention for so many years, only now is it becoming clear what a can of worms we have opened.

Consensus and standardisation are much-needed, but even where it seems this has been reached, there will always be one group who wants to go it alone and do something different. It's difficult to explain that, however imperfect a system may be, applying it consistently allows for benchmarking and accurate comparison, and that by doing this, real flaws can be identified and a process of improvement implemented.

The NHS is a huge and often unwieldy organisation with individual elements functioning as a law unto themselves — take, for example, the NICE guidelines on pressure ulcers, which, despite the massive amount of time and effort put into developing them, we know are only being implemented in a piecemeal fashion.

The issues with pressure ulcers are complex, but then most things in health are. So, where to start? Of course we need to make sure that we have clinicians in place with the right knowledge and skills to deliver good

preventative care, but we also need to ensure that systems and processes are in place to allow them to do this. Equally, we need to ensure that students are being given the correct information and support to enable them to go into practice prepared. Hopefully, this is an issue being addressed by the new Health and Education Boards (<http://www.dh.gov.uk/health/files/2012/06/Introducing-Health-Education-England-accessible-version.pdf>).

However, if we are to really tackle the thorny issue of pressure ulcers, we need to agree on so many things. A quick list would include:

- ▶▶ Is it a pressure ulcer or a moisture lesion? There is still a lack of clarity
- ▶▶ When do we actually need to record an ulcer — there seems to be an ongoing debate about the significance of so-called 'tiny' pressure ulcers
- ▶▶ How do we record prevalence?
- ▶▶ How do we record incidence?
- ▶▶ What is unavoidable — there still seem to be different definitions used?
- ▶▶ What grades/categories are we going to use?

Hopefully, you will see many of these questions answered at the Wounds UK conference in Harrogate, with its theme of sharing good practice and a focus on ensuring that we represent what is happening in Scotland, Wales and Ireland — as well as England. We will also be showcasing the popular Wounds UK debate, which will seek to offer clarity on some of the aforementioned issues.

If you have an aspect of good practice you would like to feature in our sharing zone — an area in the exhibition where you can display items either on a table top or as posters — then please contact Sophie Webber at: Sophie@sbcommunicationsgroup.com

Also, do check out the supplement that comes with this issue, which focuses on the management of pressure ulcers. **WUK**