

## Harrogate 2013: Shaping the future of wound care



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Welcome to Harrogate 2013. We hope you enjoy the conference and make every opportunity to attend the sessions and to network with colleagues from other healthcare areas – as well as academics, researchers and industry representatives – to share ideas and develop new skills and knowledge.

The chance to spend 3 days learning about, and discussing, subjects relating to skin integrity is a privilege for many. The ever increasing pressures on time and funding within healthcare areas often prevents practitioners from being able to take time away from their clinical responsibilities. However, this opportunity allows for the development of knowledge, and will reassure attendees that their everyday practices are up-to-date and based on the best available research and evidence.

We urge you to network with others at the conference and to discuss any ideas you have that you feel could enhance patient care and make the best use of the finite resources we have access to in clinical practice.

Over the past 12 months, there has been debate surrounding best practice, safe patient care, and the improvement of communication, which has been forefront in both the national media and Department of Health [DH] guidance. We have seen the publication of the Francis (2013), Keogh (2013) and Berwick (2013) reports, which have highlighted areas of practice that failed to make acceptable standards. In addition, NHS England (2013) published *Compassion in Practice*, in which it is stated that:

*We need to strengthen our capacity to prevent ill health and delay dependency in the first place and learn new skills in supporting people to manage their own health and well-being, and in particular, when they have long-term conditions.*

These sentiments reflect the great work that practitioners who have an interest, or a specialist role, in tissue viability are carrying out.

When reviewing the abstracts for the conference, we saw clear evidence of practice development, the importance of promoting wellbeing, patient-centred care, evaluation of care and research into new and established products to promote an adverse event-free patient journey. Remember that your ideas for enhancing practice (however small or grand) can make a difference since they are often based on real clinical situations. During the conference we urge you to share your ideas with others through networking, questioning authors about their posters, and listening to the free paper sessions. If you have an idea while at the conference that you wish to develop, discuss it with others to see if effective collaborations can be forged.

It was good to see a variety of wounds being discussed in the abstracts, as it seems the focus this year for many has been on pressure ulcers. I [JF] recently attended the 13<sup>th</sup> Annual Leg Club Conference and – aside from being bowled over by the continued enthusiasm and commitment shown – I was impressed by the work being done by so many to keep the focus on this group of patients, which are often forgotten about.

The Leg Club Conference follows the same format every year and entails a day of practical workshops – and, believe me, it is hard work presenting the same information seven times in a row. This is followed by conference sessions the following day. The energetic and enthusiastic response to the workshops served as a timely reminder of how much clinicians value their time being spent on the practical things many of us take for granted. One workshop was on wound measurement and showed how few people had received either theoretical or practical information on basics, such as linear wound measurement or tracing using a wound grid. Surely these are essential techniques within wound care management?

In an era focused on outcome – rather than process – measurement, how are we supposed to

manage when nurses have not been shown how to reliably measure or trace a wound? It begs the question: how valid is much of the information we rely on in daily practice? If we are to use outcomes to determine treatment options, it is fundamental that we measure/count properly, but it seems this is not the case.

Recent discussions with clinicians and several papers to be presented at the Harrogate conference suggest that some large pressure ulcer data sets are far from accurate. Outcomes should only be measured when they can improve care. A prevalence study published in this issue (Fletcher et al, 2013) identifies that only 61% of pressure ulcers found by the prevalence team were correctly identified (23% had not been identified at all and a further 16% were incorrectly categorised) it is necessary to view published data with great caution, unless we can be entirely sure about the rigour with which it was collected.

Recently, NHS England have commissioned a deep dive of several pressure ulcer root cause analyses (RCA). At the first meeting of the RCA team, the NHS members were surprised to hear from the clinicians present that some of the issues in managing pressure ulceration revolve around definitions and have said that they will look at trying to put together some definitions as part of this work!

Do enjoy the conference as there is some amazing work being presented. Sharpen your pencils and get your to-do list ready, as this will be a fantastic opportunity to enhance your knowledge base.

For those of you not able to attend the conference, we will put as many of the materials as we can online at [www.wounds-uk.com](http://www.wounds-uk.com) and will be working hard to encourage all presenters (of main sessions, free papers, or posters) to publish their work in future editions of *Wounds UK*.

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## REFERENCES

- Department of Health (2013) *Compassion in Practice*. Available at: <http://bit.ly/YIhXDN> (accessed 11.10.2013)
- Fletcher J, Crook H, Harris C (2013) Monitoring pressure ulcer prevalence: a precise methodology. *Wounds UK*9(4):48–53

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