Can simple changes dramatically reduce wastage in the NHS?

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It seems that everywhere we look there are stories about the funding crisis in the NHS and how we must make savings. Now, I love the NHS – it's been part of my life for over half of my life so I want to do what I can to save it, but the more I look the more I think: we waste such a lot of money, perhaps if we wasted less we would have to save less? Take, for example, the paper by Guest et al (2016), which identified how few patients have a proper assessment, diagnosis and treatment and therefore fail to heal for a year … or 2 years … or even longer — if we just provided their care appropriately in the first place, how much money would we save? I hear examples from clinicians all the time of local activities that save significant amounts of money — if we all did them, it would really make a difference. For example, we all know how easy it is for a GP in particular to prescribe a product with silver rather than a cheaper base product because the one with Ag always comes alphabetically before the one without — instigating a switch script system flags the mistake and, in some instances, changes the prescription without further commands — instantly saving money. In another example, an acute tissue viability nurse (TVN) told me how she had removed a potentially useful product from the formulary because it is designed to act for 7 days yet the ward staff were changing dressings daily ready for doctors' rounds or a whole host of other things — now how unnecessarily expensive does a weekly dressing product become if you change it once a day?

IS IT THE SYSTEM?

Perhaps the most shocking story I heard was that sometimes nurses take several different dressing products to the patient and open them all because they haven't seen the patient or the wound before and the wound may have changed since the last set of documentation — and if they didn't have the right dressing they would need to remove gloves and apron and trail to the clinical room for the right one, then reapply fresh gloves and apron and trail back again. All of this is very time consuming, especially as they can pretty much guarantee they will be stopped for something else the minute they leave the security of being behind the curtains! So, for the sake of time, several unused — but opened — dressings are disposed of at the end of the dressing procedure. Doesn't this seem like a ridiculous waste of money? How about the community patients who have so much 'stock' it seems almost criminal — who is at fault here? It's certainly not the patient. Is it the prescriber? Do they over-prescribe quantity? Do they constantly change their minds? Or is it the system that has stopped us returning unused, but still packaged, items to stock and using them for someone else?

CAN WE PREVENT DOUBLE HANDLING?

If we look beyond wound care, it occurs to me that we have so many ridiculous anomalies. How many of you have seen patients with 'double pads' — wearing an all-in-one incontinence pant but with a pad inside, or sat on an incontinence sheet? Or what about observations charts? Taking temperature, pulse, respirations and blood pressure are a standard part of care — and the results need to be recorded concisely — but across the NHS how many different observation charts exist? And how much time has been wasted designing all those different charts and then going out and printing them? I'm pretty sure that if you worked for a fast food restaurant and you needed to record the temperature of the food, the chart you would use would be same from one end of the country to another! So why can't we follow suit? Maybe we need to be a little less precious about what is 'ours' and think of the greater good? The same could be said for a wound assessment chart, so it is good to see that NHS England (2016) is now working towards a minimum data set for wound assessment — and that there is a Commissioning for Quality and Innovation (CQUIN) scheme for wound assessment in the community — although perhaps this doesn't really go far enough; maybe it should also address practice nurses? Still, we've come a

long way since we started with the pressure ulcer CQUIN — the target for the first year was to fill in the form — so hopefully we can improve the targets for assessment and leg ulcer care.

Perhaps the most exciting thing personally is that I've just started working on the Stop the Pressure Programme with NHS Improvement and there is going to be some really exciting work carried out around:

- Definitions (Working Group Leader Tina Chambers @TinaChambers3)
- Measurement (Working Group Leader Jacqui Fletcher @jacquifletcher3)
- Education (no working group so far but I am scoping the work)

Patient involvement and flagging innovation are also on the agenda so if you see a tweet, an email or a survey from Tina or me — please respond! Tina and her group are currently fighting their way through a whole range of queries about what we call things and why, and we hope to put out a Delphi-type survey followed up by a consensus meeting to clarify what you want. I will be scoping out what pressure ulcer (PU) education is available pre- and post-registration, provided locally and by commercial companies.

We need your input into all of these work streams — so it is important that you keep in touch. We will be using social media, but will also circulate information via the regional TV groups so if you are concerned that we may not have your current chairperson's details — get in touch.

So, despite the doom and gloom about money, maybe it is going to be an exciting year in England because we will have:

- Outputs from the Clinical Evaluation Team providing some guidance on some of our dressing products
- A wound assessment CQUIN
- A leg ulcer CQUIN
- A minimum data set for wound assessment
- A relaunched national Stop the Pressure Programme for the whole of England.

Similar activities have already been launched or are being considered in Scotland, Northern Ireland and Wales — so perhaps with a little joint working we can make even more savings. Oh, and it's not too soon to say, what are you doing for National Stop the Pressure Day? It's less than 9 months away so if you haven't already put the date in your calendar (16th November 2017), put your thinking hats on — and don't forget to share any great ideas you have! WUK

REFERENCES

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