A crucial time for wound care in the UK

David Gray

elcome to the first edition of Wounds UK. Many of you will be familiar with the Wounds UK Conference held in Harrogate each November, the success of which is testament to the growth of our specialty over the last decade. At Wounds UK, we are continually impressed by the sheer volume of innovative, original, and ground-breaking presentations submitted to us by so many of our peers, yet sadly, many of these presentations remain unpublished, and thus unshared, with the majority of those active in the wound healing/ management field.

By launching this new journal, we hope to provide a vehicle for the dissemination of this valuable information arising from the annual Wounds UK conferences. Each issue, the journal will contain a core of papers in the areas of Research/Audit, Education, Practice Development, and Review. In addition, regulars such as Debate, Comment, and Correspondence will provide a forum for discussion for all those working in wound healing/ management. Our active editorial and advisory boards will ensure that all information published is peer-reviewed, relevant, and of the highest standard. It is our aim to provide a platform for the publication of new and innovative work which can help shape practice here in the UK.

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The importance of wound healing is not always recognized

Sadly, beyond our field, there remains little understanding of the implication of wounds, both for the NHS as an organization, and for those individuals who suffer from them. The importance of wound healing/management and its impact on the NHS is often overlooked.

By the end of this decade we will either be regarded as a valued, relevant field within the NHS, or our treatments will be reduced to commodity status with shrinking numbers of specialists and clinics.

However, as our population grows older and we see an increase in the prevalence of obesity, and diseases such as diabetes and cancer, we are also seeing a rise in the number of people with wounds related to these conditions, and will continue to do so. Unfortunately, our role in the treatment of these individuals is not always recognised by NHS management and the wider public. However, if there were no tissue viability services to assist staff in the prevention of pressure ulcers, where would that leave the patients in long-term care? If there were no wound care services to ensure effective treatment, thus reducing complications such as infection and amputation, and no leg ulcer services (reducing the time spent with a leg ulcer from a lifetime to a matter of weeks), where would the NHS be?

The truth is that while we, within the profession, all recognise the benefits associated with an active tissue viability/ wound care field, do the decision makers in the NHS, or the public whom we serve?

The next decade is likely to be key in the development of wound healing and management. By the end of it, we will either be regarded as a valued, relevant field within the NHS, or our treatments will be reduced to commodity status with shrinking numbers of specialists and clinics. It is up to us to act now and alert both the NHS and the wider public as to the impact of wounds on society, and the need for effective services to prevent and manage wounds.

Wounds UK will provide a platform for the advancement of knowledge in our field, and we look forward to working with all interested parties to raise the profile of wounds in the United Kingdom. We hope that you enjoy this launch issue of Wounds UK and that it proves to be interesting, relevant, and informative. The future success of this publication will depend on our active involvement in, and communication with, the Wounds community in the UK, and we welcome your contributions to our journal, website, and events.

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Please e-mail your views, articles and queries to editor@wounds-uk.com, and visit www.wounds-uk.com for journal and events information.