

Moving wound care up the political agenda

Dai Havard, MP

With approximately 30% of my constituents suffering from a long-term illness and an above average prevalence of diabetes in Merthyr Tydfil, I have taken a close interest in how the NHS decides on how best to treat these conditions.

In June this year, I secured an Adjournment Debate in the UK Parliament, which the responsible government Minister had to attend and reply. In that debate I called for improved responses to wound care calling for new and revised technologies to be more quickly adopted. There are many pressing priorities facing the NHS, but clearly wound care desperately needs to be moved up the political agenda. The use of therapies such as vacuum-assisted closure, larvae therapy and honey dressings, may all help capture the imagination and help to place wound care in the political consciousness as a major driver in improved health care and infection control.

During the Adjournment Debate in June, I described wound care as being something that Admiral Nelson might still recognise. While that was in part said to gain attention, and I know there have been significant developments in practices, medicines and technologies associated with wound care, in some ways this invective is not wrong. We have processes in the modern NHS which recognise budgets for amputations, but not budgets to fund modern technologies

and alternatives. My concern is two-fold: I wish to see better efficiency of health delivery and spend in the NHS, as well as better quality of patient care. What I see now are old-fashioned responses which hinder both.

There are many pressing priorities facing the NHS, but clearly wound care needs to be moved up the political agenda.

How do we cost what is the most efficient and how do we value what is the best quality of care? We are at best confused. The National Institute for Health and Clinical Excellence (NICE) and similar agencies in Scotland and Wales evaluate the adoption of new medical technologies on the same basis as medicines. I fail to see how you can carry out a randomised controlled (blind) trial of a vacuum pump – I suspect the patient might just spot it! Clearly medical technologies need an evaluation process that can see their real value. There are absurdities in the system as well as a lack of ability to judge full and total worth of such interventions.

We also have to face up to the fact that many of these new innovations and their associated costs challenge vested practices and processes. This may cause resistance from some who are worried about their current structures of budgets and practices. Wound care deserves better:

I have opposed many of the 'managerial' and 'marketisation' responses to the reform of the NHS but that does not mean I am not a champion of efficiency and change. It is our ability and willingness to see the real value and cost of modern practices and adopt them quickly that will help realise real value for patients and the economic efficiency and 'payback' we all want.

Wound care is a good example of a potential 'virtuous circle' of benefits. If patients are treated in modern ways with new technologies such as vacuum technologies, tissue management and treatment given to prevent and avoid hospitalisation, allowing individuals to self manage and remain in work, there is not only a better quality of care but also a 'liberation' of resources. Others do not become or remain 'carers', patients do not become 'claimants', knowledge of care is improved, and health and other resources are used more efficiently. International standards may even be achieved.

As the latest step in my campaign, I hosted a major reception in the House of Commons on the 19 October to continue to promote wound care issues in both Parliament and the Department of Health. I hope this editorial will help stimulate debate both outside and within the wound care community so that together we can help place wound care more centrally in considerations about resources as well as improved health care. **WUK**

Dai Havard is MP for Merthyr Tydfil and Rhymney