

Patients will pay for NHS' short-sighted penny-pinching

Pauline Beldon

Tissue viability nurses (TVNs) across the country are reporting that their hours are being reduced or their posts are being suspended as part of NHS attempts to cut costs.

It is worrying that those TVNs have been unable to justify their existence sufficiently to their employers to protect their jobs. Most TVNs appreciate the value of audit and how it justifies expenditure for our time and expertise. As a result of cuts, I suspect there may be a rise in clinical incidents concerning patients due to the reduced access to TVNs or wound specialists. An audit of clinical incidents may be the evidence needed to reinstate a reduced or lost tissue viability service.

Not only is financial pressure being placed on industry to focus on profit margins, TVNs are reporting pressure imposed by NHS trusts that are desperate to reduce their spending on pharmacy budgets as a way to balance the books. Some nurses have been asked to re-evaluate dressings formularies and to replace ostensibly expensive products with cheaper alternatives.

It would seem that those trusts are failing to take into consideration value for money which of course doesn't

Pauline Beldon is Nurse Consultant, Tissue Viability, Epsom Hospital, Epsom and St Helier NHS Trust, and Chair, Tissue Viability Nurses Association

always mean using the cheapest option, but evaluating with careful consideration all that a wound dressing may provide: reduced frequency of dressing change due to better exudate management and reduced discomfort possibly leading to reduced use of analgesia, to name but two possibilities.

Trusts are failing to take into consideration value for money which of course doesn't always mean using the cheapest option, but evaluating with careful consideration all that a wound dressing may provide.

I wonder if the company who produces the cheaper product will help with the change in formulary and all the additional staff training that will be necessary? These must be important considerations for any trust and may be extra costs that have been overlooked.

Cost reductions may also lead to reduced quality, something which patients are quick to observe and criticise. I believe the saying is, 'buyer beware'.

It would appear that the NHS is determined to reduce costs in wound care, while failing to realise that it will only be making short-term savings. It is time that those of us working in this field raised our voices and force the DoH to recognise that with the increase

in the number of older people, as our country's demographic make-up shifts, the biggest area of spending by the NHS should be on the treatment of chronic wounds.

The current population is estimated at 59.8 million, 16% of which is aged 65 years and older; within which the proportion of those aged 85 years and older is 12% (Office for National Statistics, 2004). Those of us working in the NHS believe that prevention is better than cure, so surely now is the time for investment to prevent diabetic foot ulcers, leg ulceration and pressure ulcers. I urge all TVNs to work with their union or professional organisation to make sure that the DoH is truly aware of the reality of our situation in the NHS and to warn of the dire consequences of short-sighted, short-term savings.

Following many responses to the consultation document *Arrangements for the Provision of Dressings, Incontinence Appliances, Stoma Appliances, Chemical Reagents and Other Appliances to Primary and Secondary Care*, the DoH has opted for further consultation *Arrangements for the Provision of Dressings and Chemical Reagents to Primary Care*. Once again the Tissue Viability Nurses Association will be responding on behalf of its members, however all TVNs are also encouraged to respond individually; the more voices heard the better. **WUK**

Office for National Statistics (2004) www.dh.gov.uk/PublicationsandStatistics/Statistics/Statisticalworkareas/statisticalhealthcare/fs/en