

A business-like approach to care will streamline services

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There is no doubt that the current climate in the NHS is leading to widespread changes. Initiatives such as payment by results and practice-based commissioning are forcing clinicians to take a more business-like approach to services. Irrespective of our opinions on the politics behind them, as clinicians we are faced with managing these changes to the best of our ability to ensure that our patients receive a high-quality service. So, how do we do this?

For many years tissue viability nurses (TVNs) have struggled with the same old problem – it doesn't matter how many times you tell 'them' (them usually being ward staff or junior community nurses), they still do not follow instructions and heed warnings. If this happened elsewhere in life consumers simply would not stand for it. If a train is delayed, for example, an angry queue immediately forms, the passengers eager to get their hands on the reimbursement form.

If only that were the case in the NHS. Imagine a utopia where the only referrals received were appropriate, all the necessary forms were filled in before you even arrived and when you gave advice it was immediately followed to the letter. But is this too much of a fantasy?

Not necessarily. What if services were delivered in a different way so that you were contracted to see a certain amount of patients? The trust would soon start making changes if even 5% of those appointments were wasted because of poor referrals. What if staff could be released to receive education on how to refer appropriately? What would happen

if you could demonstrate that poor referring was overburdening the service so that appropriate risk management and prevention of litigation could not take place? If you are in doubt about whether these changes would have an effect, think about how strictly you manage your own bed contracts.

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However, working in this way requires a change in thinking both from those delivering the care and those commissioning the services. It is not inconceivable that in the near future tissue viability posts will no longer sit within the NHS as they do currently. Entrepreneurship is being positively encouraged and small groups of TVNs are already beginning to grasp the nettle and set themselves up in business.

But what does this mean for our patients and what if making a business out of care really is not your thing? Handled positively a more business-like approach can offer a more patient-focused and streamlined service; handled badly it can mean services are even more piecemeal than they already are.

At a recent meeting my colleagues discussed how much time was wasted on 'faff', our unaffectionate term for those annoying little things that happen every single day — forms not being

filled in, results not being available, dressings having been done before the wound is reassessed. Perhaps the current climate provides a shining opportunity to cut out the faff.

It certainly is amazing how you begin to appreciate the value of something when you have to pay for it. Many of my colleagues agreed that they are seen as just another trust employee. However, when someone external is brought in and provides exactly the same expertise, they are viewed as somehow more valuable. It was agreed that nurse specialists and nurse consultants should be seen as justifiably expensive commodities.

So how do we achieve this? We can start by being more business-like in our daily practice. Audit may be tedious but used appropriately it can be a powerful weapon. Saying 'no' to inappropriate referrals may make you unpopular but you have a job to do and it should not involve doing the tasks that others cannot be bothered with.

TVNs also need to demonstrate that they are competent to do the job they are employed for. There needs to be a structure that allows clinicians to demonstrate their increasing skills. This should not simply be a competency framework where a list of tasks is ticked off, but a mechanism of assessment that rewards good practice.

TVNs are at a turning point. How we go forward depends upon the foresight and the commitment of the clinicians involved. It is time to stand up and be counted or be prepared to lose what many of us hold dear. **WUK**