

# Developing a non-clinical skill set for tissue viability

There is no denying that clinical and non-clinical skills are both required to provide a quality service in healthcare. This article reviews the mix of skills required by those clinicians working within the area of tissue viability. The authors' focus in the article is on a Service Provision Workshop, provided by Smith & Nephew Healthcare, that allowed them to identify and develop the non-clinical skill set, such as marketing and creating business plans, that is necessary in today's NHS. In this article the authors provide an understanding of their experience at the workshop and highlight the importance of developing these vital skills.

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## KEY WORDS

Wound management

Non-clinical skills

Service provision

Industry

Wound management is a constantly evolving healthcare specialty. The challenge for the clinician working in this dynamic field is to identify relevant theory and correctly apply the knowledge gained to practice. This article suggests that non-clinical skills such as marketing and creating business plans to help protect funding and support for tissue viability services are becoming increasingly more important in today's NHS.

According to Colley (2003) nursing theory should provide nurses with an understanding of their purpose and their role in the healthcare setting. Changing roles require nurses to develop new skills. Although the importance of solid evidence-based skills are widely acknowledged, the importance of non-clinical skills such as marketing and business planning are often overlooked.

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A study by Gibson and McAloon (2006) examined nurses' perceptions and understanding of the tissue viability nurse specialist role within an acute trust in Glasgow. The authors discovered several positive themes recognising the role to include the provision of education, support and assistance. Bethall (2006) reflects these findings but goes further and considers that the role of the clinical nurse specialist requires the individual to act as a role model employing interpersonal skills to influence professional cooperation. This is achieved by the individual acting as a:

- ▶▶ Practitioner
- ▶▶ Consultant
- ▶▶ Educator
- ▶▶ Change agent
- ▶▶ Staff and patient advocate
- ▶▶ Researcher
- ▶▶ Manager and auditor (Bethell, 2006).

*The NHS Improvement Plan* (Department of Health, 2004) expects trusts to provide services in new and innovative ways to provide community services to meet their population's needs and to become commissioners of service rather than providers. Castledine (2006) explains that the health service is becoming more business orientated. While some see this as a threat, others see the changes to be a time of opportunity for staff to work differently and to maximise their contribution to the service.

These changes have prompted tissue viability nurses to not only continue

providing support, consultancy and education to colleagues and other professionals, but to embrace perhaps more diligently than before, the manager/auditor role.

Although formal education in these non-clinical skills is available, experience has demonstrated that these opportunities are sparse. In the future the reduction in lecturers (Kendall-Raynor, 2007) at universities could result in further restrictions in the availability of education. Also the financial restraints of the NHS has resulted in organisations cutting training budgets which will in turn threaten the continuing professional development of those working in this sector (Flanagan, 2006).

Industry regularly provides opportunities for nurse education, particularly in tissue viability. If educational support is offered by industry there needs to be assurance that the relationship between the healthcare practitioner and the company concerned is maintained at a professional working level which remains transparent at all times. By doing so both parties can adhere correctly to the relevant codes of professional conduct and healthcare practitioners can then ensure that their professional judgement is not influenced by any commercial consideration (NMC, 2004).

In accordance with both the code of practice of the Surgical Dressings

Manufacturers Association (SDMA, 2006) and the Nursing and Midwifery Council's (NMC, 2002) code of conduct the educational and learning aspect of conferences and events should be uppermost in the minds of those attending such events (Shorney and Rush, 2006).

This article will now look at the content of a company-sponsored Service Provision Workshop to develop non-clinical skills that can be used to express the value of a tissue viability service. Delegates on the course were able to develop skills needed to formulate meaningful business plans to successfully market the tangible value of the service they provide.

The Service Provision Workshop was provided by Smith & Nephew Healthcare and Springboard Consultancy. The objectives of the workshop were:

- ▶▶ To review where the provision of wound care services fits within the overall health reforms (Department of Health, 2005; 2006)
- ▶▶ To evaluate service provision options that are available to wound care clinicians
- ▶▶ To understand how to market the new service to commissioners, patients and other stakeholders
- ▶▶ To use business planning and business case formats to take the process forward.

The primary documents that are driving changes in the NHS are *Commissioning a Patient-Led NHS* (DoH, 2005) and *Our Health, Our Care, Our Say* (DoH, 2006). These documents define change as a positive progression and present a challenge to provide a patient-focused service that demonstrates robust governance, supports collaboration and innovation, promotes clinical quality and the health of the public and can also demonstrate economic viability.

Education and learning cannot be achieved by a 'one-size fits all' approach. Differentiation in learning styles is required to ensure learners are engaging in the learning process (Rogers, 2000; Reece and Walker, 2003). In addition, each student has their own personal aims for attending study days and courses (Rogers, 2002).

**Table 1**

**Analysis made by course delegates of the strengths, weaknesses, opportunities and threats (SWOT) to tissue viability services**

<p><b>Strengths</b></p> <p>Knowledge of the following:</p> <ul style="list-style-type: none"> <li>▶▶ Clinical experience</li> <li>▶▶ Wound care</li> <li>▶▶ Patients</li> <li>▶▶ Education</li> <li>▶▶ Guideline writing</li> <li>▶▶ Effective use of products</li> </ul>	<p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>▶▶ Commercial knowledge</li> <li>▶▶ Outcomes and costs are difficult to measure</li> <li>▶▶ The service is under-promoted</li> <li>▶▶ Not aware of range and depth of skills</li> <li>▶▶ Not on political agenda</li> <li>▶▶ Reactive, not proactive</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>▶▶ Constant market (not going away)</li> <li>▶▶ Government push/support for provider service</li> <li>▶▶ Raised awareness of tissue viability                             <ul style="list-style-type: none"> <li>— Your Turn campaign</li> <li>— Parliament</li> <li>— Healthcare Commission</li> </ul> </li> <li>▶▶ Essence of Care – benchmarks</li> <li>▶▶ Income generation opportunities                             <ul style="list-style-type: none"> <li>— Prevention of admission</li> <li>— Early discharge</li> </ul> </li> <li>▶▶ Role of clinical nurse specialists</li> <li>▶▶ Opportunity to market skills</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>▶▶ Trusts reducing number of CNS posts</li> <li>▶▶ Budget cuts/financial pressures</li> <li>▶▶ Other tissue viability providers                             <ul style="list-style-type: none"> <li>— Individuals</li> <li>— Companies</li> <li>— District nurses</li> </ul> </li> <li>▶▶ Lack of external understanding of tissue viability and the importance of the service</li> </ul>

To meet these needs during the Service Provision Workshop, business planning and marketing were explored during small discussion groups. During these sessions tools such as SWOT analysis (which involves identifying strengths, weaknesses, opportunities and threats) using circles of influence and group work were used to pose questions about marketing tissue viability services. The circles of influence exercise identified those variables in everyday practice that are seen as either areas for concern or areas where the clinician can have an influence and make a positive difference. By doing the exercise it is observed that the number of variables that are identified as being a concern are reduced due to the group realising they have influence over them and can make a difference.

Studies have been conducted to evaluate whether or not educational courses have a positive impact on a nurse's development (Flanagan, 2005). One method used to evaluate an educational course is the assessment of pre- and post-course knowledge. Wong

(2003) assessed the impact of a leg ulcer management course using questionnaires before and after participation. The findings of this study revealed that the nurses' knowledge of leg ulcer management had improved by the end of the course. This shows that the course had succeeded in increasing the knowledge of the nurses involved. However, the study did not identify whether or not this affected their practice, or indeed if this knowledge gained improved patient outcomes.

Harding (2000) stated that there is a tremendous variation in the knowledge and skills involved in wound care and this variance is compounded by the fact that clinicians may be knowledgeable and possess sound research evidence but this is not always translated into their practice (Gray et al, 1997). Improving the knowledge base is essential but it is how the knowledge gained is applied into practice that is of paramount importance. The workshop detailed in this article addressed this by allowing the group to identify specific projects where they could use the skills gained on the course. The

course was structured in such a way as to first give the attendees an insight into helpful business skills and tools. Thereafter group work was done to apply these new learnt skills to practice-specific scenarios. The objective of the workshop was to allow the delegates to realise that good business acumen is indeed required in providing a quality tissue viability service.

**Developing a business case**

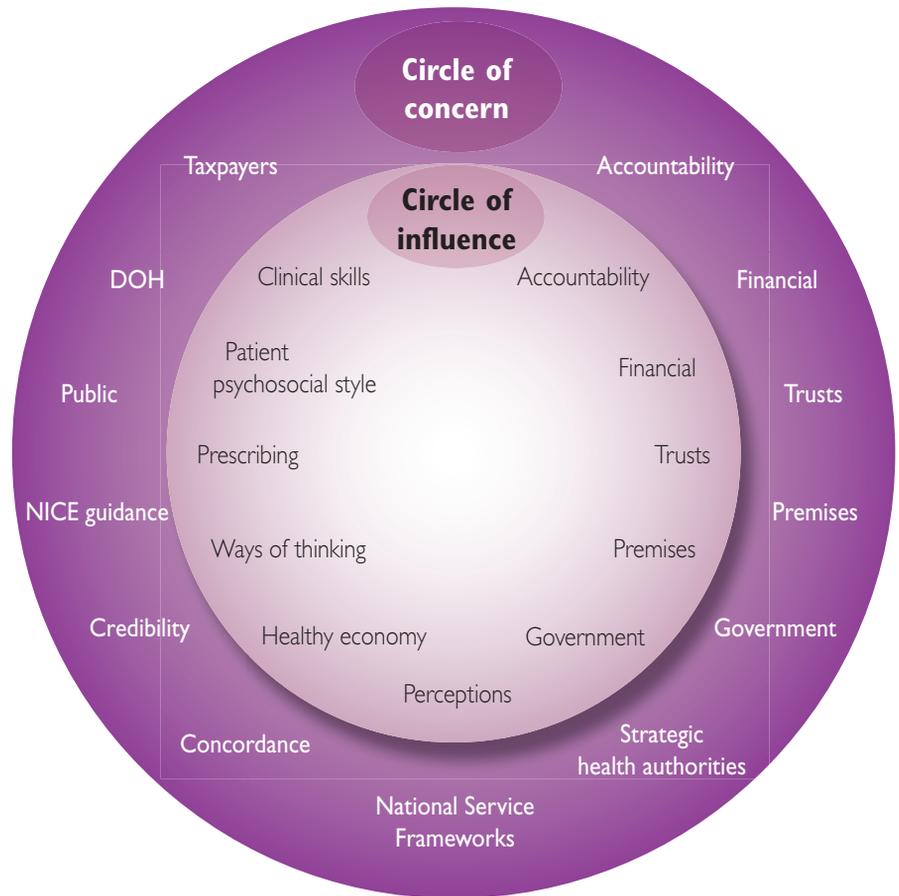
The workshop was offered to clinicians working in wound care who wanted to develop their business skills. The group consisted of tissue viability nurses, healthcare managers and podiatrists. This course was one of five similar workshops that were held around the country and that centred on developing the attendees' non-clinical skill set. The workshop described in this article took place in Slough in May 2007.

The support for specialist nurses varies from trust to trust. Identifying strengths and weakness across the group at the Service Provision Workshop was useful to identify commonalities (Table 1).

Sharing ideas in small groups encouraged discussion and debate, however; we cannot ignore the content of the analysis. In practice SWOT analysis enables us to identify our strengths that we should be actively advertising to others. Weaknesses should be constructively addressed and changes made to reduce the threats. Opportunities should be seized upon and developed while threats need to be overcome.

An example of this from practice can be given. Locally, at the authors' trust Medway PCT, there was an opportunity to develop tissue viability services when GPs decided to opt out of wound care provision. There is a constant market for wound care (an opportunity), tissue viability nurses have the clinical experience and expertise to care for these patients (a strength), outcomes and costs are not easily measurable (a weakness) and budgets/financial pressures are under scrutiny (a threat).

A business case was developed that identified the financial savings through reduction in workload and/or alteration



**Figure 1. Circles of influence and concern identified during the workshop.**

in types of care for practice nurses and district nurses by providing a 'specialist' service thereby converting a threat into a strength. By providing consistent wound treatments using evidence-based practice, patient satisfaction outcomes were more readily audited and costs monitored resulting in a weakness becoming at once a strength and an opportunity. This is a basic representation of how a case for wound clinics can be made.

Circles of influence and concern were also identified during small discussion groups (Figure 1). This theory can help business development and the marketing of tissue viability. Returning to the example given previously for acquiring funding for and starting up wound clinics, the circle of influence can be considered. New ways of working were required to fill the gap left by GPs opting out of provision of wound care. In addition to reducing the workload of district nurses and practice nurse clinics there was opportunity to offer out-of-hours services to patients who required assessment and treatment

of wounds. Concordance is mentioned in both the circle of concern and the circle of influence. The authors' experience has shown that concordance crosses both, as on initial contact patients are sometimes unhappy to travel to clinic but once they attend and notice the depth of assessment, commitment and knowledge provided by the nurses in clinic, concordance with treatment and satisfaction is improved. This demonstrates that in practice the areas of concern can move to become areas of influence. This knowledge is used in practice by ensuring that clinicians do not get too worried about the areas of concern but more importantly focus on areas where they can have a positive influence and make a difference to both their service and their patients.

During this exercise the government and the Department of Health were identified within the circle of concern. Havard (2006) states 'Wound care desperately needs to be moved up the political agenda... the treatment given should prevent and avoid hospitalisation,

allowing people to self-manage and remain in work, allowing not only a better quality of care but also a 'liberation' of resources'. In addition, it is necessary to dispel the myth that tissue viability is basic rather than a complex and essential specialty (Stephen-Haynes, 2005). These messages should be focal to business cases and marketing where tissue viability services are redesigning services to meet local needs.

### Marketing — selling tissue viability

The Department of Health (2004) recognises that the role of the clinical nurse specialist continues to develop. The role is a valuable resource which contributes towards improving patient care. The need for specialist nurses has never been greater due to the rapid and continuing changes in the health service (Madge, 2007). So in addition to clinical skills, tissue viability nurses need to develop marketing skills to promote themselves and their services.

During the workshop a small discussion group was asked to look at promoting or 'selling' tissue viability. Consideration was given to service provision, benefits to patients, expected improvements in efficiency and effectiveness and the management resources that would be required to effectively do one's job. The second session explored technical, sociological, economic and political issues that could contribute or inhibit the success of being able to market tissue viability services (Table 2).

### Marketing tissue viability services

Creating the business plan and exploring issues that can inhibit or contribute to selling and developing services needs to be complemented by an effective marketing plan. There is no point having a service if no-one knows what it provides, how they can access it and its benefits to the consumer — whether this be patients or commissioners of services. The following information has been collated from the discussions of two groups of delegates.

The delegates at the workshop discussed ways they could promote the service and agreed that they could:

**Table 2**

Notes captured from group work that assessed the technical, sociological, economic and political issues that could affect the success of marketing tissue viability services

<b>Technical</b> <b>National:</b> <ul style="list-style-type: none"> <li>» Research influence of NICE</li> <li>» Advanced wound care — justification of cost effectiveness</li> </ul> <b>Local:</b> <ul style="list-style-type: none"> <li>» Local access to diagnostics</li> <li>» Training/education</li> <li>» Internet access</li> </ul>	<b>Sociological</b> <b>National</b> <ul style="list-style-type: none"> <li>» Ageing population</li> <li>» Breakdown of extended family</li> <li>» Better knowledge of population</li> </ul> <b>Local:</b> <ul style="list-style-type: none"> <li>» Access to transport</li> <li>» Cultural diversity of patient groups</li> </ul>
<b>Economic</b> <b>National:</b> <ul style="list-style-type: none"> <li>» Ageing population/economic savings by the government/loss of jobs/merging PCTs</li> </ul> <b>Local</b> <ul style="list-style-type: none"> <li>» House pricing in areas affecting ability to recruit</li> <li>» Private enterprise</li> <li>» Availability of support services for patients</li> </ul>	<b>Political</b> <b>National:</b> <ul style="list-style-type: none"> <li>» NICE/NSFs</li> <li>» 'Fit for the future' paper</li> <li>» Ageing workforce</li> <li>» Reduced numbers of nurses being made redundant</li> <li>» Changing agenda of medical service (e.g. GP services)</li> </ul> <b>Local</b> <ul style="list-style-type: none"> <li>» Formation of new PCT structures</li> <li>» Level of education/training budgets being reduced</li> <li>» Uncertainty of nurses — influenced by Agenda for Change</li> <li>» Morale</li> </ul>

- » Publish articles
- » Give interviews: to local radio and newspapers
- » Attend multidisciplinary meetings
- » Produce leaflets/flyers
- » Print business cards
- » Volunteer for strategy groups
- » Use solution promotion to identify problems, e.g. litigation/complaints
- » Produce tissue viability web pages, e.g. Q and A section and contact page on the trust's website
- » Presentation/intro session on services as well as producing service leaflets
- » Use screen savers to advertise services
- » Attend tissue viability exhibitions
- » Encourage recommendations by third party references.

The second group considered who to engage when selling services, what tissue viability can offer and how they could sell the services (Table 3).

Looking at the list of what tissue viability nurses can offer, it is noticeable

that the term 'skills' is used, but these are not clarified other than organisational skills. Business planning and marketing skills are not identified, indicating that the nurses attending this workshop either still saw these skills as irrelevant to their roles, for others to undertake or lacked the confidence in offering these skills as part of a package. This reflects the need for further education in this area to enable tissue viability nurses to sell themselves and their service.

In summary the Service Provision Workshop demonstrated, through set presentations and group exercises, that business or non-clinical skills can be utilised in tissue viability. The workshop allowed the delegates to gain skills on how to market the service that they provide and how to construct a successful business model for their service provision.

### Conclusion

Gray (2006) stated that wound management in the UK is facing several challenges, including: inappropriate grading

Table 3

Notes captured from group work to assess how to market tissue viability as a service

Who to engage?	What can you offer?	How to sell?
Other TVNs/nurses	Reputation	Intranet/internet
GPs	Skills	Via management
OTs	Cost-effectiveness	Directors
Podiatrists	Reduced administration times	Strategic groups
Pharmacists	Case studies	Email
Companies	Organisational skills	Industries
Company representatives	Innovative practice	Patient involvement
Unions	Education	Local news
Universities	Training	Radio
Boss	Increased quality of life for the patient	Forums
Patients	Rapid service/audit	TV link groups
Procurement	Research	Leaflets
Prescribing team	Trials	Newsletters
MPs		
Nursing homes		

## Key Points

- ▶▶ Changing roles require nurses to develop new skills.
- ▶▶ The health service is becoming more business orientated.
- ▶▶ The Service Provision Workshop allowed the delegates to formulate meaningful business plans and market the service they provide.
- ▶▶ Education and learning cannot be achieved by a one-size fits all approach.

of tissue viability nurses, restriction of certain treatment options and the possible reduction in the provision of industry-provided education.

Flanagan (2005) considered that educational strategies should be targeted specifically to maximise effectiveness to equip specialist nurses with the skills, knowledge and attitudes to disseminate and implement evidence-based wound care locally. It could be argued that to prevent restriction in treatment options, business planning and marketing skills are also a necessary skill set for tissue viability clinicians.

A wound care clinician should be able to prepare business cases that support the use of the most appropriate treatment, using cost-effective rationale to present to budget holders using well-developed marketing skills.

It may be that the relationship between industry and clinicians in educational programmes does require regulation as suggested by Morgan et al (2005), but if education from industry is reduced, workshops such as the one described in this article would not be available.

As the threat to specialist nurses and the services provided remains high (Fletcher; 2006; Madge 2007), it is

important that clinicians know how to present sound business cases to develop services and to learn how to positively promote tissue viability services.

Innovative educational programmes are required and future service provision and development will require a strengthened business-led approach. **WUK**

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