EDITORIAL

Even when reality bites we must sustain our enthusiasm and commitment to the specialty

John Timmons

The 2008 Wounds UK conference at Harrogate in November was a resounding success and attending the conference was an extremely positive experience. Central to the success of the conference is the excellent programme of events, put together by Pam Cooper, Keith Harding and David Gray. Year on year they manage to produce fresh ideas while maintaining momentum from previous success.

There are also some unsung heroes who work quietly in the background, making sure delegates and speakers have accommodation, checking travel details and managing venues and speakers. If you have ever had 1,300 people round for tea you will know how difficult this can be. Thanks to Vi, Lorraine, Michelle and Jane for getting it right again.

I am always amazed that so many experts in wound care from around the world all gather in one place, all of them boundlessly enthusiastic about the treatment of patients with wounds. I am sure that I am not the only person who return from Harrogate with renewed vigour and great plans for the coming year. 'This year I'm going to do the research which will change the face of wound care forever' is what I think as I travel home. A chance meeting with a more realistic colleague soon relieved me of this 'vision' but instead she replaced it with another more achievable plan for the future. She said that the work we do now will, regardless of how small it may seem,

John Timmons is Editor, Wounds UK and Tissue Viability Nurse Specialist, Department of Tissue Viability, Aberdeen Royal Infirmary, Grampian Health Services, Aberdeen help to shape the wound care research of the future. The phrase 'Standing on the shoulders of giants' comes to mind.

All too often we may get caught up in trying to produce a large scale randomised multi-centred double blind trial, but in actuality it can be the smaller projects which can inspire us and others to achieving bigger things in the future.

The Wounds UK conference had an ideal balance of both these approaches and each was equally well received. The key note sessions covered an excellent range of topics from the diabetic foot to establishing best practice guidelines, while the poster sessions were an ideal platform for an interesting and eclectic array of projects.

The conference can be so inspiring but when we return to our areas of practice, our flame of enthusiasm is often quelled by the harsh reality that is 'real life in the NHS'

The conference can be so inspiring but when we return to our areas of practice, our flame of enthusiasm is often quelled by the harsh reality that is 'real life in the NHS'. At a time when the emphasis has been on reducing dressing costs while still providing best practice across the UK, this may seem to wound care specialists as something of a paradox. My feelings are divided; I feel that the NHS should get the best possible deal to ensure that patients are treated well, however; this may come at too high a cost — and I don't mean in financial terms. If manufacturers are

forced to cut costs in the shape of large scale contracts, then they will have to find savings elsewhere. This may come in the form of cuts to research and development budgets, which could stifle the development of wound care for the foreseeable future. Other ways to cut costs may mean moving the manufacturing base out of the UK or reducing the 'value added services'. It is the value added services such as education which may prove most costly to the NHS because in many areas - rightly or wrongly — these services provide a large part of nurses' wound care education.

As well as all this, we all know that the cheapest product may not be the best because it may need to be replaced more often or it will take longer to heal the wound. Yet these 'cost-effectiveness' issues are difficult to prove when comparing similar products and attempting to justify the use of more expensive products to those involved in the procurement process

Happily the overwhelming majority of tissue viability specialists provide an excellent service, despite constraints on both time and resources. There are also those who manage to maintain their enthusiasm and also find time to produce good clinical data and projects which help to further the knowledge of this fascinating speciality. With new learning and conferencing opportunities like the wound care webinars on Wounds UKTV (see p102) and the year-long programme of events including the Advance Clinical Skills for Tissue Viability Practitioners to be held in Paris in April (www.woundsuk.com) we should have no problem maintaining our momentum. WUK