Improving wound care through reducing variation in practice

I have always been passionate about wound care and, as a practising district nurse, I learnt by experience and training to measure wounds, take photographs and undertake Doppler assessments (a non-invasive method to identify arterial insufficiency in the leg). This helped me to establish the treatment that each wound needed.

What I did not know was the effectiveness of my prescribed care and how my healing rates compared with another nurse’s care. I also could not say with any accuracy how quickly a patient could expect their wound to heal. I wish I had known…

So, my questions to you would be: Do you know? And, why is it important?

A nurse recently said to me, ‘wound care is everyone’s job, but no one’s responsibility’. She said it was seen as a procedure where you, ‘just pop a dressing on’, having a low priority for clinicians when they have so many other things to do. Another talked to me about being challenged within a 10-minute appointment time to provide effective wound care.

The annual cost of managing wounds and associated comorbidities in the NHS is £5.3 billion. When you compare this to the £5 billion spent on managing obesity, the potential opportunities are evident. Over a year, approximately 4.5% or 2.2 million adults in the UK will have a wound. However, a recent research study has found that about 30% of wounds lacked a documented diagnosis in clinical records (Guest et al, 2015).

‘Wound care is everyone’s job, but no one’s responsibility.’

Wound care takes time and needs comprehensive evidence-based assessment to ensure the right care is provided. As part of the national implementation of Leading Change, Adding Value: a framework for nursing, midwifery and care staff (Chief Nursing Officer [CNO], 2016), I have been working with RightCare and NHS England colleagues, frontline clinicians, academic colleagues and patients on a series of wound care projects led by Margaret Kitching, regional chief nurse north, NHS England. It is great to see so many people leading on and actively supporting this important and vast piece of work, which demonstrates the commitment of so many to the importance of wound care in the NHS.

One of these projects has been to create a RightCare scenario about ‘Betty’, who has a leg ulcer (NHS England, 2017). The scenario describes both what Betty’s usual care might be like and what her care could be like. Not only is there a
hugely difference in healing times, but most importantly, there is also an overall better outcome for Betty. The case study provides an opportunity to have discussions with colleagues, GPs and commissioners about the care provided for people with wounds and identify what could, and should be done differently.

In addition to this project, a colleague at Leeds University is working with a wide variety of stakeholders, such as tissue viability nurses, researchers and community nurses, about what should be included, as a minimum, in a generic wound assessment tool to support nurses when assessing wounds in practice.

THE FACTS...

Most interventions for the treatment and care of leg ulcers will occur in the community, but there is unwarranted variation in the costs for non-elective admissions per 100,000 patients per clinical commissioning group (CCG) from £8,000 to £184,000. The average cost of admissions is £75,000. Is this unwarranted — can this be justified by reasons of geography or demography? Why is there such a difference?

If you go to the NHS RightCare scenario (NHS England, 2017), the variation in resources used across the country can be seen; such as spend on compression hosiery, compression bandaging and admission to hospitals for leg ulcers. This is presented to enable local areas to look at why there is variation and if it is unwarranted. Consequently, I urge you to use this to prompt discussions with your colleagues, and perhaps ask the following questions:

- What is the impact on patients — how do you know?
- Improved wound care, including effective assessment, diagnosis, treatment and prevention of wound care complications, can improve outcomes and the experience for people living with a wound, as well as minimise treatment costs.
- When speaking to patients, many also stress the psychosocial impact of living with a wound. A patient recently said to me: ‘What many clinicians dealing with wounds fail to see is the mental impact such a wound can have’. He stressed that, ‘it can really get you down’, which can have a massive impact on other areas of both the patient’s life and the NHS, as ‘every additional week and day with a wound makes a difference’.
- It is therefore crucial that nurses, as people who provide care, recognise this when treating patients.
- But, how will you know that you are providing high value care and what evidence will you use to recognise success?

LEADING CHANGE, ADDING VALUE (CNO, 2016)

The framework, Leading Change, Adding Value, is underpinned by ten commitments, which have been developed by staff and people who use health and care services (Moger, 2016). By adopting commitment four, i.e. ‘we will be centred on individuals experiencing high value care’, nurses can help provide better care and outcomes for people with wounds.

This framework also highlights unwarranted variation in wound care. Nurses, midwives and care staff have an important opportunity to decrease variation, reducing the care and quality gap, as well as the funding and efficiency gap, to deliver better outcomes, experience and use of resources through improved wound care.

WHAT IS NHS RIGHTCARE?

NHS RightCare is a methodology that focuses relentlessly on increasing value in health care and tackling unwarranted variation (http://bit.ly/2lGAbEp). It is underpinned by intelligence and robust evidence, showing commissioners and local health economies ‘where to look’, i.e. where variation and low value exist.

Low value care not only wastes resources, but can also result in harm for some people. An example of this might be putting a daily dressing on someone’s leg ulcer, but not doing the assessment to identify whether compression is needed, which could lead to a weekly dressing change instead. The approach goes on to support health economies through ‘what to change’ and ‘how to change’.

Remember, as a community nurse you are in a unique position to help patients with their wound healing and be part of that journey. Engaging with the work currently being done by NHS England and RightCare can help to identify unwarranted variation in practice and thereby improve day-to-day wound care.

REFERENCES


