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Ousey, Karen

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# General elections — a new era for health care and tissue viability?



KAREN OUSEY  
Clinical Editor, Wounds UK

Welcome to the March edition of *Wounds UK*. This has already been a busy year for practitioners, with Accident and Emergency departments full, hospitals closing to non-emergency admissions and elective surgery being cancelled. In addition, all the political parties are using the NHS as a priority area for the upcoming general election. Health care and its funding continues to be an issue that dominates headlines, with each political party promising it will be safe in their hands. But what are the major parties promising?

The Conservatives have pledged £2 billion of additional funding for the frontline NHS in England in 2015/16 to include a £200 million transformation fund to kick-start the NHS five-year forward view (NHS England, 2014), incorporating the first share of a proposed £1 billion investment in GP services over four years.

The Liberal Democrats have stated they will increase NHS spending by £8 billion a year by 2020/21, in line with the minimum requirement for additional funding set out in the NHS five-year forward view.


They would also repeal the NHS Health and Social Care Act (Department of Health, 2012). The Act stated that in the future the NHS needed to change to meet the challenges it faces — only by modernising can the NHS tackle the problems of today and avoid a crisis tomorrow; by putting clinicians at the centre of commissioning, providers would be freed up to innovate, empower patients and give a new focus to public health. Labour believes this has not happened and as such they manifest that the Secretary of State has a duty to guarantee a national service free at the point of use. They state that they would remove enforced competition, ensure private patients are not put before NHS patients, and would tackle conflicts of interest.

UKIP have promised to keep the NHS free at the point of use and oppose plans to charge patients for visiting their GP. They want visitors to the UK

and migrants who have paid National Insurance for fewer than five years to have NHS-approved private medical insurance, which they claim will save the NHS around £2 billion per year.

What does this all mean for tissue viability? All parties have pledged to increase nursing numbers yet still require efficiency savings and to show that the care given is effective. Tissue viability needs to continue measuring outcomes relating to interventions delivered to the patient. Indeed, the NHS five-year forward view (2014) sets out that:

*“Primary care services of the future will build on the traditional strengths of ‘expert generalists’, proactively targeting services at registered patients with complex ongoing needs such as the frail elderly or those with chronic conditions, and working much more intensively with these patients. Future models will expand the leadership of primary care to include nurses, therapists and other community based professionals. It could also offer some care in fundamentally different ways, making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients.”*

This is where tissue viability can make a difference. The service is already using telehealth, developing new skills, including innovative preventive techniques for maintaining skin integrity, and ensuring that patients and their families and carers are involved in the decision-making process. Practitioners must publish areas of good practice and share with others across the country to make sure that funding in this specialty is maintained and that evidence-based practice which, in turn, enhances patient care, is continued. 

## REFERENCES

- Department of Health (2012) *NHS Health and Social Care Act*. Available at: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted> (accessed 28.01.2015)
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# Finding the right approach to managing minor wounds

It has been interesting to see how the intense focus on Accident and Emergency (A&E) departments has highlighted the misuse of services by patients as a source of added pressure. The Herts Valleys Clinical Commissioning Group (2015), for instance, reported in January:

*"More than 240 people arrived at Watford General's A&E department on Monday, including several people who thought they may have flu asking for prescriptions, people with toothache and some women asking for the morning after pill or a pregnancy test."*

While none of these relate to wound care, they do illustrate how little the general public know or understand about our services and how to use them. Engaging and involving the general public in anything related to wound care has always been a challenge. The many amazing events that clinicians carried out for 'Stop The Pressure' day show there is a will to engage the general public, but also highlights how hard that can be. Perhaps we need to rethink our strategy, as it seems that we are sometimes our own worst enemy, providing conflicting information about how to treat minor injuries.

I recently attended an exceptional update on first aid management of burns by Kristina Stiles at The Lindsay Leg Club conference in Worcester (September 24–25, 2014), which showed up my slightly rusty first aid knowledge. Via social media, I immediately shared this freshly learned information\* about how long to immerse a burn in water for and what temperature the water should be, only to have a quick response on Facebook from a colleague (and parent) saying that the information I posted varied from that she'd been given only recently on a St John's first aid course, which begs the question: "If we don't know, how is the general public supposed to know what to do?"

Do we have any good guidance for the management of other minor wounds, even around who to present to and how quickly? I have seen so many people (family, friends, neighbours) who

do not consider going to A&E because, unlike the people referred to in the quote, they do not want to waste precious A&E time — and/or don't want to wait hours in a room full of drunken, abusive individuals who do not seem to appreciate how hard the A&E staff are working. However, these individuals are then at a loss about what to do and frequently resort to a range of lotions, potions and unguents, relying on old wives' tales and outdated first aid books for guidance. To be fair, in the majority of cases this doesn't cause any real damage, but in others it can become an issue.

How do we keep the general public safe, but ensure good use of our services? Perhaps we should start to engage with community pharmacists more, including the ones in the large supermarket chains, who a patient may be far more likely to consult than a tissue viability nurse. Perhaps we should be working with NHS Choices to look at offering quick online guidance about when to access which service, directing patients to the most effective first point of contact: [www.nhs.uk/asap#getting-help](http://www.nhs.uk/asap#getting-help)

In the current Welsh Government strategy (2014), co-production, for example – working with patients on how best to meet their needs – is seen as crucial. Perhaps this is an area that has been overlooked? We tend to focus on more severe or difficult wounds, but what about that huge number of minor injuries? By engaging with patients and community pharmacists, and by giving them coherent, up-to-date guidance, perhaps we can stop minor wounds from becoming challenging wounds in the future. **WUK**

*\*It is important to have a consistent approach to first aid and the application of 20 minutes of cool water is still effective for up to 3 hours post-injury.*

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- Herts Valleys Clinical Commissioning Group (2015) Available at: <http://www.sjl.herts.sch.uk/assets/files/newsletters/AE-advice-January-2015.pdf> (accessed 28.01.2015)
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JACQUI FLETCHER  
Clinical Editor, Wounds UK