

Change for the better?

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We are all aware of the challenges within the NHS and also the discussions about its future. Nurses need to be increasingly highly skilled and yet the changes to funding for continuing professional development (CPD), learning beyond registration (LBR), and access to higher educational institute courses and modules has been reduced.

The last 9 months have brought a new political landscape here in the UK and abroad. Planning for the future is important and the announcement in 2015 of the new nursing associate role has been followed by consultation and planning. Nursing associates will work alongside healthcare support workers and fully qualified nurses, focusing on patient care. The role will also present a route to a registered nurse qualification. Over 1000 people will begin training for the role in 2017. It is a clearly defined role with national education and training standards (Health Education England, 2016). The objective will be to support registered nurses to deliver care effectively and safely and to support the provision of quality care with an emphasis on public health. In January 2017, the Nursing and Midwifery Council (NMC) formally agreed to a request from the Department of Health to be the regulator for the new nursing associate role.

I have been thinking about this new role and what it might mean to tissue viability. Will it pose a challenge or an opportunity? How will nursing associates fit into the team and what will be their role? Our patients certainly need highly skilled professional care and, as demand increases, we cannot meet it with the existing workforce.

This set me reflecting on the current provision of care and the role of the registered nurse, or indeed registered health professional, in providing tissue viability care. The focus on pressure ulcer prevention over the last 5 years has taught us about how we classify, count, review and learn when care is less than optimum, and praise when high-quality care is delivered. The interest nationally in tissue viability continues to grow and the scrutiny in relation to pressure ulceration remains a clinical challenge. This should be seen as a positive development, however, and there has been a reduction in the number of patients with pressure ulcers (May, 2014). The introduction of the Continuous Quality Improvement Network (CQIN) in wound assessment will provide a focus on the skills needed the importance of differential diagnosis and the impact of wound assessment. Whether or not the CQIN is measured in your particular clinical area, it is a time to consider wound assessment and the skills you and your colleagues need to undertake this. Whether you are measured or not, getting this right makes a real difference to patients and their outcomes.

Having sufficient staff to provide a service is essential, being able to delegate to appropriately skilled staff is crucial and access to specialist CPD should be a priority. Sometimes funding for CPD has to be sought out and there are opportunities such as scholarships from the Florence Nightingale Foundation (FNF) Trust. The FNF raises funds to provide scholarships for nurses, midwives and health visitors, to enable them to extend knowledge and skills, and to promote innovation in practice. Research, travel and leadership scholarships are available via the website (<http://www.florence-nightingale-foundation.org.uk/>).

The Wound Care Alliance UK (WCAUK) board has been discussing patient expectations in relation to wound assessment and we will be covering this at our annual conference and skills day.

Health Education England (2016) Nursing associate—a new support role for nursing. <http://tinyurl.com/zqbmeko> (accessed 8 March 2017)
May R for NHS England (2014) Reflections on Pressure Ulcer November. Guest blog. 10 December. <https://www.england.nhs.uk/2014/12/ruth-may/> (accessed 8 March 2017)

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