

Healthcare community needs to have pressure ulcers in its sights



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On 8 June, 2010 the Secretary of State for Health, Andrew Lansley, laid out his plans for the future of the NHS and the provision of 'patient-centred care'. At the heart of the proposals was a desire to empower healthcare professionals to deliver quality services and provide patients with the information necessary for them to make decisions about their own care.

The proposals specifically targeted pressure ulcers (PUs) and healthcare-associated infections (HCAs):

'High levels of infection, VTE, emergency readmissions, falls, pressure sores ... all lead to more suffering and more cost' (Department of Health [DoH], 2010).

Enormous gains have been made in tackling infection and a high-level campaign aimed at both healthcare professionals and the general public has resulted in a near zero-tolerance policy toward HCAs. Unfortunately, attempts to achieve a similar reduction in the incidence of pressure ulcers have been patchy. In the light of this, it is encouraging to see the appointment of a National Improvement Adviser at the DoH, with a remit to work with NHS staff to achieve the following aims:

- ▶▶ Eighty percent reduction in hospital-acquired pressure ulcers (grade 3–4)
- ▶▶ Thirty percent reduction in community-acquired pressure ulcers (grade 3–4).

The DoH has also recently developed a pressure ulcer productivity calculator aimed at helping NHS commissioners assess the cost issues associated with treating pressure ulcers. At last it seems that the focus is being placed firmly on this area of healthcare, where the cost to the NHS of treating chronic wounds associated with pressure ulcers has been estimated at between £2.3bn and £3.1bn per annum (Posnett and Franks, 2007).

Your turn

In his recent speech, the Secretary of State put significant emphasis on 'action to empower patients through access to information'. However, despite significant advances in the prevention and treatment of pressure ulcers and the advancement of tissue viability as a specialism in recent years, many clinicians believe that awareness of pressure ulcers among GPs and others in the community is still poor. There is also a feeling that the public need to be more aware of the risks of pressure ulcers and how to prevent them when caring for family members.

To this end, a national campaign called Your Turn was launched in June 2006 with the aim of raising public awareness (www.your-turn.org.uk). The objectives for the campaign were two-fold:

- ▶▶ To support the NHS by delivering simple messages about pressure

ulcer prevention and driving the general public to a website which would provide basic information about risk and prevention

- ▶▶ To campaign for mandatory reporting of pressure ulcer prevalence by healthcare providers.

As reducing the prevalence of pressure ulcers has risen to the top of the healthcare agenda, the interest in the campaign, especially from tissue viability teams who have largely been tasked with carrying out the changes, has also been increasing. TVNs have been working hard to find solutions, train staff and improve care — but the task in front of them is huge. They have the experience, knowledge and commitment, but typically lack resources, budgets and access to a high profile national education campaign to back up their efforts. The Your Turn campaign has been working hard to support healthcare professionals in delivering 'safe care' in this area.

Working with trusts

Working with trusts has become key to the ongoing success of the campaign. Your Turn developed a trust toolkit for healthcare professionals to 'brand' the work they are already doing. This includes a worksheet detailing ideas for implementing the campaign locally, badges and logos, and a starter pack of 1,000 patient information leaflets, designed to educate patients in the basics of pressure damage.

The campaign has also developed a 'Patient at Risk' card that can be given to patients and their families so that

they can request the appropriate care solutions. All of these items can be downloaded from the campaign website. The campaign is continually evolving and recent additions include providing patient information in different languages and a forum on the website for exchange of best practice and ideas.

Working collaboratively

The campaign aims to share best practice and engage with other agencies. It is currently linked with the National Patient Safety Agency (NPSA), which has taken the lead on pressure ulcer prevention. This forms one of the NPSA's '10 for 2010' projects, which focuses on issues that present a real risk to patients (see: <http://www.nrls.npsa.nhs.uk/resources/collections/10-for-2010>).

The NPSA is promoting a zero-tolerance approach to pressure ulcers and supporting the NHS in implementing best practice. It is also encouraging organisations to sign up to the 'Your Turn' campaign, which reflects the values of the NPSA project, in that it encourages reporting of pressure ulcers while also providing support to both healthcare staff and patients. The campaign also retains good links with both the Tissue Viability Society (TVS) and The Wound Care Alliance (WCA).

The founder industry members continue to support the campaign and are pleased with the progress so far. However, they would welcome additional financial support from other companies and agencies.

Despite the positive work done so far, public education remains a huge task. If healthcare professionals are to widen the campaign, information needs to be readily available in GP surgeries, libraries and a whole myriad of other places — in other words, a comprehensive public health campaign.

Using the campaign locally

Research

- ▶▶ Review prevalence data and targets — how much are pressure ulcers costing your trust?
- ▶▶ Undertake an audit of staff to assess pressure ulcer training needs

- ▶▶ Engage the communications department to help with articles in the trust newsletter; the trust intranet, bulletin boards and trust-wide computer screensavers.

Senior buy-in:

- ▶▶ Send official letters about the campaign to the chairman, chief executive, director of nursing and clinical director of your trust
- ▶▶ Request that reporting on pressure ulcer prevalence becomes an agenda item for board meetings
- ▶▶ Try to recruit a board member to act as a 'champion' for the campaign, to represent your work in top level meetings.

Involving staff

- ▶▶ Develop and launch a series of study days to ensure all staff have the required knowledge to make the campaign a success
- ▶▶ Run a competition with link nurses to develop ward poster displays and teaching aids
- ▶▶ Design an intranet site to display information about the campaign, which all staff can access
- ▶▶ Consider developing staff quizzes, newsletters and promotional activities to keep the campaign fresh in people's minds
- ▶▶ Appoint 'Your Turn' champions in the hospital.

Communicating with patients, carers and the public

- ▶▶ Print off and distribute the information leaflets and posters provided on the 'Your Turn' website (www.your-turn.org.uk)
- ▶▶ Contact the organisers of Your Turn to see what additional help is available (Claire James: 07890 922757; or Emma Sumner: 07931 138 095)
- ▶▶ Put posters up in wards, corridors and waiting rooms
- ▶▶ Create a patient/carer questionnaire for feedback
- ▶▶ Engage the help of hospital volunteers and patient groups to assist with handing out leaflets and manning stands
- ▶▶ Set up a carer forum
- ▶▶ Set up a direct phone line for patients and carers to speak to a consultant nurse for any advice

- ▶▶ Include information letters, and leaflets in packs for at-risk patients who are being discharged
- ▶▶ Disseminate the information as widely as possible, starting with the most at-risk wards, then moving into large health centres and GP surgeries.

Where are we now?

Your Turn is now actively working with more than 20 trusts throughout the UK. Some have chosen to launch and run Your Turn as their own campaign, some have preferred to re-brand it and use the campaign's team for support.

The campaign's work to date has largely taken place in hospitals, but with the push to treat patients at home and the risk of a growing incidence of community-acquired pressure ulcers, there is huge scope for it to be taken up by community nurses and residential homes. This is an area that the campaign is currently trying to encourage, starting with the development of a residential home pack and accreditation scheme for nursing homes.

Conclusion

The hope is that if enough people support the Your Turn initiative it will be possible to emulate the great success of the anti-HCAI campaign. By getting on board with Your Turn, healthcare professionals will be helping to eradicate the spectre of pressure ulcers from our hospitals and communities. **WUK**

The seven British Healthcare Trades Association (BHTA) member companies sponsoring 'Your Turn' can be found on the Your Turn and BHTA websites (<http://www.bhta.net> and www.your-turn.org.uk).

Reference

DoH (2010) *Speech by the Rt Hon Andrew Lansley CBE MP, Secretary of State for Health, 8 June 2010: 'My ambition for patient-centred care'*. Available online at: www.dh.gov.uk/en/MediaCentre/Speeches/DH_116643 (accessed 17 August, 2010)

Posnett J, Franks PJ (2007) *The Cost of Skin Breakdown and Ulceration in the UK. Skin Breakdown – The Silent Epidemic*. The Smith & Nephew Foundation, Hull