Education in wound care: the need to improve access
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The cost of treating wounds in the UK is comparable to obesity or cancer, and has a considerable impact on healthcare budgets. However, wound care receives surprisingly little attention, with education on this topic overlooked within the wider healthcare sector. Inadequate training can result in varying levels of care, impacting on patient outcomes, quality of life, and time and money spent on care. This article discusses the importance of accessible and flexible education. It looks at the National Wound Care Strategy Programme, which aims, among other goals, to improve access to education for practitioners, patients and carers. The importance of continued professional development (CPD) and its impact on patient outcomes and quality of service is also addressed. It then goes on to look at the types of education available, and how we can keep up with the rapid developments in wound care science and available treatments.

Dr Leanne Atkin
Lecturer practitioner/vascular nurse consultant,
School of Human and Health Sciences,
University of Huddersfield and Mid Yorkshire NHS Trust

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- Wound dressings

BURDEN OF WOUNDS

Approximately 4.5% of the UK population are living with a wound at any one time. This has a significant social and economic burden on healthcare budgets. The cost of caring for patients with a wound is comparable to that of treatment for obesity or cancer (Guest et al, 2015; 2017). On this basis, the management of wounds accounts for an enormous portion of community services, with a huge impact on NHS resources. However, it receives surprisingly little attention.

There has been a growing awareness of the unwarranted variation in the care of patients with wounds, based on a more informed understanding. This is thanks to publications such as the 'burden of wounds' studies (Guest et al, 2015; 2017), public awareness campaigns, such as Legs Matter (legsmatter.org), and NHS-led initiatives, such as the National Wound Care Strategy Programme (NWCSIP).

However, in the author’s clinical opinion, this area of education is still being overlooked within the wider healthcare sector. Whether it is during initial training or as part of professional development, clinicians are not receiving adequate training in wound care. As a result, the quality of care can vary enormously, with patients bearing the brunt of these inadequacies, and subsequently the consequences (NHS England, 2017).

If wounds are not treated effectively, patients can find themselves requiring extensive ongoing treatment, which has a profound impact on their health, lifestyle and wellbeing, much of which could be avoided with improved care (NHS England, 2017).

Lack of a clear strategy and adequate training can have a significant impact on healthcare resources. NHS costs continue to spiral and the need for cost-effective care is more important than ever. The total planned spending for the Department of Health and Social Care in England was £139.3 billion in 2019/2020. Although funding has grown year on year, it lags behind historical trends and inflation. Over the past 10 years, the NHS has received the lowest increases in budgets since it was established (King’s Fund, 2019a). In real terms,
the Department of Health (DH) budget has grown on average by 1.5% per year between 2009/2010 and 2018/2019 (King's Fund, 2019a). In contrast, before 2009/2010, the average increase on health spending since the establishment of the NHS had been 3.7%. According to the Office of Budget Responsibility, a 4.3% increase is necessary to maintain standards at the current levels (Nuffield Trust et al, 2017). In reality, the NHS is experiencing real-term cuts when compared to previous budgets, the rate of inflation and future needs.

These financial pressures all come at a time when the NHS faces a serious problem of recruitment. According to the King’s Fund (2019b), the NHS employs one million people in full-time roles, with around 30% being nurses and health visitors. Furthermore, the health service is increasingly struggling to fill positions. Right now, the NHS workforce is struggling to cope, as there are currently 41,000 nurse vacancies, which equates to one in eight posts unfilled (King’s Fund, 2019b).

These staffing pressures make effective wound care all the more critical, but also harder to achieve. The majority of wound care takes place in the community and primary care setting and the desolation of district nurse numbers over the past decade is a cause for concern for many. Since 2010, there has been a 46% decline in the number of qualified district nurses (Royal College of Nursing [RCN] and Queen’s Nursing Institute [QNI], 2019), resulting in many community teams becoming ‘task focused’, thus reducing their capacity to exercise a population health approach to care (Malbin et al, 2016). In the author’s clinical opinion, providing task-orientated wound care, where the dressing is simply changed, rather than assessing the underlying cause, potentially has serious impacts on the wellbeing of patients and NHS resources. This can lead to unnecessary readmissions and additional costs via negligence claims.

Appropriate funding of the NHS is always going to be a national challenge and, because of this, all services need to ensure that they spend smarter, identifying unnecessary causes of cost and waste, as well as ways of improving patient outcomes and quality within the existing resources we have today. In the author’s clinical opinion, the wound care arena offers great opportunities to reduce costs while simultaneously improving patient outcomes.

NATIONAL WOUND CARE STRATEGY PROGRAMME

A greater focus on wound care is being provided by the NWCSWP, which offers recommendations to improve how patients are assessed, treated and monitored. The aims of the strategy are to:
- Reduce the variation in standards across different health services
- Improve the speed of delivery and availability of products and services for wound care.

The NWCSWP also aims to provide access to education for healthcare practitioners, carers and patients. The formulation of the strategy has been recognised by the wider NHS authorities, and it is hoped that this will ensure that they develop a focused, consistent attitude to improve the care of patients with wounds.

New wound dressing technologies are continually being introduced and marketed, some of which might be viewed as ‘expensive forms of treatments’. Some of these may be more effective than others, potentially impacting on the number of dressing changes and helping to fight against antimicrobial resistance. However, clinicians are often lacking confidence in their ability to evaluate the evidence about overall clinical effectiveness (Benner et al, 2008). It is vital that education keeps pace with technological developments, allowing clinicians to have the platform to stay informed of the latest developments and have the skills required to assess overall clinical effectiveness.

Developing effective education for the workforce is a key component of the NWCSWP. To be successful, the strategy will need to improve focus on training, both at the start of a nursing career and through continued professional development (CPD). However, these changes will prove challenging; although wound care is predominantly the provision of nursing, the profession does not always have powers to introduce change across the whole healthcare system, with other authorities, such as Health Education England (HEE) and NHS England, setting the undergraduate training curriculum and CPD budgets.

CONTINUED PROFESSIONAL DEVELOPMENT (CPD)

The health and care needs of the population continue to present growing challenges to the clinical workforce, owing to the ageing population living with increasingly complex needs and comorbidities (RCN, 2018).

Healthcare professionals need to continually update their skills and competencies to meet the changing health needs of the population effectively. CPD ensures that staff have the appropriate knowledge, skills and competencies that lead to an effective workforce, prepared to deliver high-quality care. The RCN has developed a set of principles outlining what best practice in CPD should look like. It includes the following five principles, stating that CPD should:
- Be each person’s responsibility and be made possible and supported by employers
- Benefit service users
- Improve the quality of service delivery
- Be balanced and relevant to each person’s area of practice or employment
- Be recorded and show the effect on each person’s area of practice.

Employers and governments have a fundamental role to play in ensuring access to and availability of CPD. In England, Health Education England has been responsible for providing ‘workforce development’, which includes nurses’ CPD. However, access to nursing CPD has been confounded by budgets being...
slashed — CPD budgets have been cut by 60% over the last few years (www.nursingtimes.net/news/workforce/nurse-cpd-funding-will-increase-each-year-to-aid-staff-retention-07-01-2019/). This is in contrast to ‘future workforce’ funding for postgraduate medical and dental professions, which has seen an increase in funding over the same time period. These cuts within nursing have significantly limited access to ‘top-up’ modules for diploma nurses to degree level. This is seriously worrying given that there is clear evidence firmly linking a graduate-level nursing workforce with improved patient outcomes (Aiken et al, 2014).

Access is also dependent upon the extent to which the employer provides protected learning time and backfill, and the difficulty is perpetuated across the UK, as there are no mechanisms to ensure that there is sufficient funding/access to CPD opportunities.

As demand for services rises and patient needs change, it is vital that there is appropriate investment in developing a healthcare workforce to meet the challenges of the future. It is important that organisations value their staff by investing in their learning and development, and the RCN calls for every employer across the healthcare system to ensure their staff have access to CPD education and are guaranteed protected time to undertake any required CPD (RCN, 2018).

**WOUND CARE DISCIPLINE**

It could be argued that part of the problem is that wound care provision is facing issues from the fact that wounds do not have their own position within the NHS. Instead, they are a part of the overall treatment process for almost every other specialism.

Unlike in America, there is no formal education in place within the UK for clinicians to train and certify. Wound care has experienced a host of scientific advances over the past 20 years, from an environment where simple wound dressings were the only treatment available, to one where wound clinicians have access to an arsenal of dressings, such as biological tissue replacements, gene therapy and cell-based treatment options (Ennis, 2012). However, training has not kept up with these advances, which, in the author’s clinical opinion, has perpetuated the issues with inequalities in the quality of care across the health service.

**EDUCATION**

Clinicians need to have access to the best formal and informal training to improve their knowledge, so that they can stay up to date with the latest developments in wound treatments and develop more effective pathways — ensuring patients are seen more quickly by the most appropriate clinicians. By doing so, they can reduce the strain on their services, while also improving the lives of their patients.

Education needs to be accessible and flexible to fit into service provision and professional development. Training platforms harnessing online, video and mobile technology are a potential solution to releasing staff from the clinical workplace. These platforms have the potential to provide education to clinicians at all stages of their career, covering everything from basic anatomy, dressing selection and underlying pathophysiology, to cellular wound response, tissue engineering and advanced wound management techniques. Multi-tiered education solutions that provide the right education level for all clinicians, from foundation stage through to the higher modules, could, in effect, provide a portfolio of evidence certifying the clinician’s ability to practice within the wound care discipline.

Technology advances are not limited to wound dressings — technology has the ability to transform wound care education, too. Virtual reality (VR) and augmented reality (AR) are starting to emerge in wound education. AR allows for computer images to be overlaid on the physical world, providing clinicians with a view of the projected trajectory of a wound. VR training simulations could also provide a more realistic training experience. Smartphone technology and telehealth are already making it possible to improve engagement with patients in the community. Indeed, technology has the ability to reduce the cost of education and deliver flexible education, supporting clinicians in the decision-making process.

**WOUND CARE PACKAGING**

With the challenges described in relation to workforce and education, it is essential that wound care companies consider the impact of their packaging. Effective packaging design has been identified as an important consideration by the NHS Clinical Evaluation Team when reviewing the performance of wound dressings (NHS Business Services Authority [NHSBSA], 2018).

Effective packaging has the potential to improve appropriate use and reduce waste, whereby:
- The product category is clearly visible on the box and individual dressing
- The dressing size and shape can be clearly identified without opening the packaging
There are clear and easy to follow instructions for application on each individual dressing.

It is important to remember that a wound dressing’s performance is inherently linked to the knowledge of the clinical team using it. Therefore, to optimise this, suppliers need to consider the impact of their packaging. Providing clear, simple packaging that identifies the primary function of the dressing, maximum wear time and fluid-handling capacity will help manage clinical performance and patient expectations of products being applied (NHSBSA, 2018).

CONCLUSION

The science of wound care and wound dressing technology has seen huge advances over the past 20 years. However, the practical training and education for those treating non-healing wounds has not changed (Ennis, 2012).

The need for clinicians to use their knowledge, skills and training to assess, diagnose and create evidence-based treatment plans, especially in patients with increasing complexities remains paramount to the delivery of effective care. But, the restrictions being placed on training/CPD are a direct obstruction to accessing essential education.

The NHS continues to face significant issues with funding. And, while the field of wound care continues to evolve, the future focus needs to be on education to ensure that healthcare professionals get the fundamentals of wound care correct and that they optimise healing for every patient, ensuring that advanced technologies are used appropriately. This can only be achieved by investing in the workforce and by ensuring access to high quality, wound-focused CPD. GPN

REFERENCES


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