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—Editorial—

Glasgow 2007, the European Wound Management association and the End of Tissue Viability in the United Kingdom?

This month's pressure ulcer newsletter appears a little later than usual given that the first days of May were invested in participation at the 17th Conference of the European Wound Management Association held in Glasgow. With around 2000 participants this will probably be the largest single wound conference in Europe this year and from early morning to late nights delegates were both kept busy and then subjected to Scottish hospitality!

Personally it was a delight to have been invited on behalf of the UK associations who participated in the event (Leg Ulcer Forum, National Association of Tissue Viability Nurses Scotland, Tissue Viability Nurses Association and the Tissue Viability Society) to take part in the opening ceremony of the conference. Looking around at the delegates during this ceremony there were many familiar faces but also it must be said relatively few from the United Kingdom. Overall the UK contributed around one quarter of the conference participants and many would have anticipated a stronger, larger delegation from the UK.

Many have voiced concerns that there may be a recession in tissue viability activity in the UK - with manufacturers working to meet price targets that may preclude investment in education and research, with specialist nursing posts reduced in number and those remaining having less time to invest outside their place of work to maintain associations and other tissue viability events. I contributed my own views on this matter in a plenary session on pressure ulcers - these views may be controversial but bear repetition here. One major contributor to any recession, in my opinion, has been the reduced influence and numbers of tissue viability workers (both clinically and in research) from outside nursing. Consider the Chairs of the Tissue Viability Society - there have now been 14 chairs over the life-time of the Society - of the first seven only one was a nurse; among the most recent seven chairs only one has NOT been a nurse! The growing dominance of a single profession in leading tissue viability gives rise to an inherent weakness - anything that affects this single profession (such as reducing specialist nursing posts) may have a disproportionate influence upon tissue viability. Accepting this there is a clear need to encourage other professional groups to engage in tissue viability - this is not to say groups other than nursing should take the lead role but rather that a strong multi-professional focus should be revived.

In the current climate within the UK such a multi-professional focus will take time to nurture and in the meantime pressure will continue to be exerted upon the tissue viability community. How can this best be addressed? First of all consensus should be

reached regarding the nature of the external and internal challenges we face - having agreed upon the threats (which can normally be considered under four headings - political, environmental, socio-economic and technological) a further consensus needs to be reached regarding which of these challenges poses the greatest risk to the future of the tissue viability community. At this point action to nullify or at least moderate the key challenges can sensibly be taken.

These may be controversial views but I do not shy away from making them - we are all in this together and if we do not get the right actions in place soon then the numbers of people working in tissue viability will reduce along with our capacity and capability to meet the challenges all agree are present. If this happens we undoubtedly face a significant recession in our activities to the eventual detriment of people with, or vulnerable to pressure ulcers.

Michael Clark
Editor

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Pressure ulcer conferences

Debate rages over pressure ulcer classification.

The perennial question of how to classify pressure ulcers has emerged again with recent moves in the United States to include 2 new grades of pressure ulcer - the first for pressure ulcers that are impossible to grade and the

second those pressure ulcers deemed to be the result of a deep tissue injury. These grades anecdotally help US clinicians to avoid significant risks for litigation especially the deep tissue injury grade which infers that the pressure ulcer would have appeared despite preventive actions.

The question is whether Europe should follow suit?, or retain the present EPUAP classification? or simplify this to superficial or severe pressure ulcers? To help answer these questions the European Pressure Ulcer Advisory Panel have devised a short questionnaire to gather the views of European clinicians, educators and researchers on this topic. This questionnaire can be accessed at

www.pressureulcerguidelines.org/classification. Please take the time to take part in this project to make sure as many voices in Europe are represented when and if any changes to the EPUAP pressure ulcer classification are made