

# Implementing government policies in clinical practice

There are a plethora of government policies that relate to the NHS. These have a major impact on how we practice the science and art of tissue viability. In many instances practitioners are unaware of policies, or are uncertain of how to implement these into their own practice. Some practitioners may also find it difficult to identify how these policies impact on their practice and patient care. The purpose of this issue of the *Journal of Tissue Viability* is to explore these issues further. We hope to offer readers a number of different points for discussion and provide information which may be woven into practice. As well as considering policy the papers in this issue should provide reassurance on our progress in the multidisciplinary field of tissue viability.

The overall aim of the current NHS policy is to ensure equitable high quality care and to do away with the 'post-code lottery'<sup>1</sup>. It is difficult to disagree with such an aim as health-care professionals want their patients to have the best possible care delivered in an appropriate and timely manner. Many in the field of tissue viability were encouraged that the National Service Frameworks (NSF) for Older People and Diabetes included sections pertaining to tissue viability. One viewpoint is that any mention is better than no mention. However, the articles by Checkland and Harrison (p. 133) and Barry and colleagues (p. 124) provide us with much that is thought provoking. These papers stress some uncomfortable facts that make it clear that it is not sufficient for a topic to be included within a NSF, the topic must be addressed in a way that is relevant to the health-care organisation, the practitioner and the patient. It makes it obvious that 'any mention' is not better than 'no mention'. If the mention has no relevance to the health-care professional charged with delivery of the policy it is more likely to be ignored than acted upon.

Otter et al (p. 137) take another perspective on the implementation of a different aspect of government policy, that of evidence-based practice. Again, on the whole, this concept is widely supported by the tissue viability community, as is regularly reflected within this journal. Most of us aim to provide effective care based on good evidence, but in order to monitor effectiveness, we need to measure objective outcomes. What evidence is there to help with clinical evaluation of change? What tools, frameworks or outcome measures are applicable in the clinical context? Some professions involved in tissue viability have a number

of outcome measures, some of which are specific and sensitive, while others are more general.

Simon Otter and colleagues explore outcome measures relating to rheumatology and the rheumatoid foot, and the need for suitable sensitive and specific information about both the clinical state and the patient's perspective. This raises some important issues. They suggest that valid and reliable measures need to be thought of in the wider context of the multiprofessional team and the patient perspective. To quote an over-used cliché – this is not rocket science – but common sense, which leads one to ask: why are we not doing it already? Maybe this article could be the start of a debate, either within the *Journal of Tissue Viability*, or at a future Tissue Viability Society conference.

With the advent of the conference season for the political parties (at the time of writing) there will be much talk of the importance of patient choice and partnership between the patient and the health-care professional. While some of this will surround the right to choose which hospital to attend for a surgical procedure, it is also about involving patients in treatment decisions. It is therefore essential that we have a better understanding of the patient's perspective, so that we can approach any explanations and discussions appropriately.

One approach to exploring the issues that matter to patients is through qualitative research methods. These, as discussed by Alison Hopkins (p. 142), are often misunderstood by those who undertake quantitative research. Her paper encapsulates much useful information about this approach to research. She also provides examples that epitomise the power of qualitative research in giving us a much deeper understanding of the patient and their life with a chronic wound. There is also some insight in the impact our care can have on a patient that shows how we can fail our patients.

In the light of the papers presented within this issue of *Journal of Tissue Viability*, if anyone has any further comments or contributions they would like to make the Editor and ourselves would be delighted to hear from them.

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<sup>1</sup> Department of Health. Building on the Best: choice, responsiveness and equity in the NHS. London: Department of Health, 2003.