

BEING TRUE TO YOUR SPECIALISM, IS BEING TRUE TO YOUR PATIENT

Justine Whitaker

As we are at the infancy of 2012, we too are at the infancy of the plethora of change within the NHS in the UK. Although the idealism was set out in 2011, it is this year where we will experience the impact of what the reforms truly mean to both patients and those involved in delivering and coordinating their care.

The present climate in nursing in the UK is uncertain, subject to change and challenging. This is no different to what we see and do in everyday practice when working within the areas of wounds and lymphoedema? The distinction is, of course, when we examine our expertise and specialities and remember to put them at the forefront of everything we do. With health policy undergoing a radical change at a pace which is quite alien to most of us, we sometimes need to take stock and reflect on why we do what we do. Our code of practice underpins the fact that what we do in our profession is for the benefit of the patient and their wellbeing. It is sometimes difficult not to rise to the overwhelming feeling of self-indulgence when what are at stake are potentially our jobs, businesses and careers, which, at times, might put patients in second place.

We can, of course, be the masters of our own destinies when change is afoot. Regardless of what stage we are in our speciality, there has been a huge amount of investment both financially within the public sector and personally from each individual, to gaining the position of being competent with patients. Specialising

in different areas of health care, builds up expertise which gives kudos to an individual and the care they deliver. Following a speciality ensures passion and drive, giving the area of practice the respect it deserves. It is this respect of a speciality which ensures that patients' needs are catered for appropriately. Should we lose sight of ensuring that patients are treated as individuals and given, at the very least, the best, we may then begin to see the demise of our profession.

There are many similarities within the fields of wound care and lymphoedema management, none so much as the fact that the initial treatment is at skin level. Understanding other comorbidities, pathophysiology, dietary factors and how they may influence the outcome are parallels across the two fields. We could consider the word chronic and align the associations too. It may be tempting to have a 'one-stop shop' approach to health care. This is, indeed, seen by some as an ideal model, however, if the 'one-stop shop' is only delivered by one person and not a team of specialists, can we truly be offering individualised specialist patient care? That is not to say that certain groups of patients will not have similarities and experience will manifest into competence with these patients, but it will not necessarily give the best evidence-based practice and there is a chance that new emerging techniques and approaches to care may be missed due to lack of expertise within the given speciality.

One approach which can ensure patients get the best care is that of 'sharing'. Sharing is a word which is often used, but is it often 'truly' carried out? There are many examples to support that it is. For example, specialist practitioners who lecture on the subject. One day they

are in the classroom teaching, critiquing and debating the latest evidence, and the next they are on their hands and knees bandaging a leg. Gaining knowledge and expertise within a speciality is truly an honour, which should be passed on to ensure that you are not the only one with those skills. It is tempting to keep certain aspects of all you know to yourselves and near on impossible to pass it all on, however, not doing so could at some stage cost an individual personal unsettlement in this climate of reform. That is not to say every specialist practitioner needs to become a university lecturer; but by keeping knowledge and expertise 'elite', could lead to an ivory-tower approach at the expense of dealing efficiently with practical matters. Losing the ability to deal with matters (change in the NHS) efficiently and practically may contribute to losing the ability to stand up and sing about your corner of patient care, which is of high quality and a valuable aspect to the wellbeing of patients.

Many of the readers of this journal in the UK will shortly be going through the process of tendering for their services, either as Any Qualified Provider (AQP), or as a block contract. It is perceived that they will be up against independent businesses (non-NHS) and could lose out to them. This may be the case in some instances; however, there is a misconception around, as one of the biggest threats could well be your neighbouring NHS provider; your friends and colleagues. Remember; this process is about what is best for patients.

Be proud of your specialism and profession, embrace other specialities, work together and share knowledge and expertise. Good luck in your quests for safeguarding your patients and your professional future. JL

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