



TOPICAL NEGATIVE PRESSURE* (TNP) IN THE COMMUNITY

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Aim: TNP has become a recognised and efficacious technique in the management of challenging contaminated, difficult acute, and chronic wounds (Moues et al, 2004, Argenta and Morykwas, 1997). However, availability to those who require such treatment in primary or secondary care settings is sporadic and not equitable across the country. This perceived inequity of access (postcode lottery) prompted further investigation

Method: A postal questionnaire was sent to 371 Tissue Viability (TVN) / Wound Care nurses to investigate the current usage and access to TNP across primary and secondary care settings. The project explored specific issues relating to clinical access to therapy, responsibility of the clinician in training, procurement/rental processes, use of protocols and guidelines.

Results: A 28% (104) return rate was achieved. The highest use of TNP is in secondary care (67%) followed by joint responsibility for primary and secondary care (18%) and finally, primary care (15%) mostly obtained through rental agreements between individual Trusts and KCI Medical Ltd. Few units were loaned between care environments. Lack of PCT funding, education and nursing competence in use were key barriers identified. There was lack of agreement regarding whether the length of patient stay in hospital was reduced when TNP was used. Lack of PCT and hospital funding and protocols were also reasons for patients not receiving TNP on discharge.

Discussion: In a few areas, patients have access to the equipment as part of a discharge from hospital scheme but these are rare. Early discharge may not save money, but the benefits to patients include their timely return home and the reduced risk of hospital acquired infection. The lack of dedicated funding, education and competence arose repeatedly as barriers to provision.

* V.A.C.®