

National Institute for Health and Clinical Excellence

Pressure Ulcers

Stakeholder Comments – Draft scope

<p>Please enter the name of your registered stakeholder organisation below.</p> <p>NICE is unable to accept comments from non-registered organisation or individuals. If you wish your comments to be considered please register via the NICE website or contact the registered stakeholder organisation that most closely represents your interests and pass your comments to them.</p>		
Stakeholder organisation:		Spinal Injuries Association
Name of commentator:		Daniel Burden
Comment No.	Section number	Comments
	Indicate number or 'general' if your comment relates to the whole document	<p>Please insert each new comment in a new row.</p> <p>Please do not paste other tables into this table, as your comments could get lost – type directly into this table</p>
Example	3.4.6	Our comments are as follows
Proformas that are not correctly submitted as detailed in the line above may be returned to you		
1	3.1a	Spinal Cord Injury (SCI) nearly always results in double incontinence. The role that this incontinence plays in the development of pressure sores should be specifically acknowledged, particularly in a district general hospital setting, where the mismanagement of bladder and bowels and failure to appreciate that SCI patients lack skin sensation may directly lead to a pressure ulcer in SCI patients.
2	3.1d	Some medical professionals within the Spinal Injuries Centre Service estimate that up to 25% of all cases of pressure sores may be attributed to SCI people. As such there should be specific reference in this document to the effects of pressure ulcers on Spinal Cord Injured patients. SIA would strongly support any research into this area which could bring clarity to the incidence of pressure sores in SCI people.

3	3.1f	The financial costs are substantially increased when considering the incidence of pressure sores in SCI people that are acquired in district general hospitals whilst they await transfer to a specialist Spinal Cord Injuries Centre. The subsequent treatment of pressure sores in these SCI Centres, comes at a great cost to the NHS and one which could be easily avoided with the correct preventative treatment of an SCI patient whilst they await transfer. Subsequent rehabilitation is delayed, inpatient-time is extended, as well as huge implications for future well-being of the patient.
4	3.2a	“Spinal injury” should be rephrased as “Spinal Cord Injury”, thereby acknowledging the impact that paralysis, incontinence and lack of sensation have on the development of pressure sores.
5	3.2 b	Spinal Cord Injured people experience full or partial paralysis of either the lower or of all four limbs. As such they have no option but to sit or lie for long periods as the vast majority are unable to stand.
6	3.2 f	SIA supports the call for guidance to rationalise the approaches used for the treatment and care of established pressure ulcers and to ensure practice is based on the best available evidence. This would be greatly facilitated by establishing a nationally recognised grading system for grading existing Pressure Ulcers.
7	4.1.1b	SIA welcomes the proposal to give specific consideration of those with a neurological disease or injury, including the estimated 40,000 SCI patients in the UK.
8	4.2b	The scope should also specifically look at care in a person’s own home, such as where a care package is provided through NHS Continuing Healthcare.
	4.2d	The guidelines will also be important for those administering care to relatives at home.
9	4.3.1 4.3.1c	As per point 6, above, SIA believes that a nationally recognised grading system for grading existing Pressure Ulcers for use across NHS/care system should be established to facilitate better understanding and treatment across the health service.
10	4.3.1.b	SIA believes there should be a holistic approach to the treatment and prevention of pressure sores. In terms of prevention this scope should also consider: Mobility and other equipment (e.g. wheelchair cushions) Continence devices Clothing Moving and handling techniques
11	4.3.1d	There are numerous early treatments to a pressure sore which SIA feels should be included in this scope, including specific dressings and barrier creams which may halt the progression of a pressure sore before the need for those treatments listed. Emphasis should be placed on the need to relieve pressure from sitting/lying on the affected area of skin.

12	4.3.2	Moisture lesions which are formed as a result of incontinence should be considered within this scope, due to the high incidence of incontinence/moisture leading to tissue breakdown instigating pressure ulcers or exacerbating existing ones in SCI people.
13	4.4	When assessing quality of life, this study should seek to understand to ongoing effects that a pressure ulcer may frequently have on the life of a SCI patient (e.g. curtailment of sitting times in a wheelchair and thereby ability to participate in normal activities of daily living) as these are likely to be lifelong, as is the condition. The assessment should be holistic and try to appreciate all aspects of an SCI patient's life.
14	4.5	Cost effectiveness should take into account not only the cost effectiveness of a treatment, but also the money that is saved in correctly treating SCI patients to prevent them acquiring pressure ulcers in a community setting. As mentioned under point 3, the cost of dealing with pressure sores in specialist SCI Centres is substantial, yet these are costs that can often be prevented by simply ensuring the right preventative care (e.g pressure relief) whilst a patient is awaiting transfer to an SCI Centre. SIA believes it is unacceptable for an SCI patient to leave any hospital in a worse state due to avoidable complications (notably pressure ulcer) than when they were admitted, and this occurs all too frequently in acute SCI patients admitted to District General Hospitals or not transferred to specialist SCI Centres in a timely manner.

Please add extra rows as needed

Please email this form to: Pressure_Ulcer_Management@nice.org.uk

Closing date: 5pm on 30th November 2011

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