Lymphoedema Network Northern Ireland

NOTES OF BOARD MEETING HELD ON: 6th December 2016 AT: 10.30am IN: Seminar Room 1, Cancer Centre, Belfast City Hospital

Present:

☑ Attended ☒ Apology received

☑ Ms Michelle Tennyson (Chair)
☑ Ms Jenny Keane (Vice Chair)
☑ Ms Jane Rankin (Network Lead)
☑ Dr Graeme Crawford
☑ Mr Joe Magee
☑ Ms Jill Hamilton
☑ Ms Pippa McCabe
☑ Ms Lynne Whiteside
☑ Ms Gillian McCollum/Jill Lorimer
☑ Ms Elaine Stowe
☐ Ms Tara Murphy
☑ Ms Carolyn McKeown
☒ Ms Irvonae Glassey
☑ Ms Peggy Moore/ Mr Ian McPherson
☒ Ms Kay Wilson
☑ SMT NHSCT- Lynne McCartney
☒ SMT WHSCT – Paul Rafferty
☒ SMT BHSCT – Gillian Traub
☐ SMT SHSCT – vacant
☐ SMT SE HSCT – Margaret Moorehead

	ISSUE	CORE POINTS FROM DISCUSSION	ACTION
1.		JR welcomed Ms Michelle Tennyson as new LNNI chair. Ms Jenny Keane is now vice chair. Apologies noted above.	
2.	Previous minutes	Minutes from May 2016 agreed. JR to upload.	JR
3.	Matters arising	All items covered by agenda.	

	ISSUE	CORE POINTS FROM DISCUSSION	ACTION
4.	Chairman's remarks	Bengoa Report launched in Sept 16 which highlighted the importance of networks in clinical planning/ delivering. It is planned that lymphoedema will be placed in the Long Term Conditon commissioning group which has good reporting lines to the HSCB. MT and JK to keep all informed.	JK and MT
5.	Trust leads reports	. Key issues related to the increasing number of non-lymphoedema referrals including lipoedema. Some trusts seem to have a recent increase in domiciliary referrals. Also mentioned are the prescribing issues, which have improved on the whole, but are still causing basic issues. Prescribing audit was sent to JK. -The BHSCT is at capacity at present due to long term absences and delayed recruitment; all service development is currently stopped to get on top of waiting list. -The NHSCT is at capacity and has not received any additional funding from set-up or legacy; it is no longer able to meet waiting time targets and much of this is blamed on the roll out of CCG and move to new HWBC. ES is working with her service manager using the LNNI capacity/demand template to address. The other teams are attempting to support referrals in bordering areas. -The SEHSCT is progressing well and is looking to progress the role of bd 3s. LNNI has already made a bid to PHA re potential to provide an enhanced service. MT highlighted the option of some temp non-recurrent funding opportunities for proactive/prevention activities. -SHSCT is working very well and won the chairman's award winning £90k to pilot a new healthy legs initiative. -WHSCT is also working hard to get back to normal waiting times after slow recruitment and a mat leave. The team leads were thanked and congratulated on maintaining leadership and demonstrating inspiration and energy in all aspects of their role.	

6.	Clinical Practice discussion	6.1 The LNNI work plan was adopted. JR to upload to website.	JR
		6.2 After discussion, the Board agreed to support the NT and WT to allow a 12 week period of increased band 3 support to help with waiting lists.	JR/ES/JH
		6.3 The 3 new models re rehab re discussed and commended. Potential for roll out to other areas.	
		6.4 JR has been leading a regional paper to support the development of palliative care (chaired by Corrina Grimes and with the regional AHP Leads) –due early 2017.	JR
		New palliative care posts for the WT have commenced in role. Each trust now has some SPC AHPs. A review of this workforce will begin in 2017. JR to continue to link.	JR
		6.5 The new PHA pharmacy education package for both patients and pharmacists/GPs was launched in Sept 16. LNNI and the TVN Network were the co-contributors.	
		JR is also working with the PHA to establish the use of product codes to aid correct prescribing (from GP). Several companies have been shown to have this prescribing option, and this has been shared with all teams. The outcome of this work has been shared nationally and JR is working with the manufacturers to try to expand this for all use.	JR
		MT has suggested influencing the prescribers by utilising bd 3s to do transcribing education sessions in surgeries. This was successful with dietetic assistants. Discuss at next project team meeting.	Project team
		6.6 The vascular/Doppler regional agreement paper was agreed in November 16 and hard copies are to be circulated. LNNI were co-contributors to this regional work.	JR
		JR and the Lead TVN continuing to try to raise support in the BT re pilot Well Leg clinic. There has been a block regarding new projects from start of year. However there may be an option to progress in 2017 to support the Vascular Framework.	PMcC and GMcC
		6.7 The hydrotherapy trials have had varying results. The leisure center MSK based option has been very successful as opposed to the hospital based venture. Each to be reviewed and continued with amendments as needed.	

		6.8 The PhysioTouch pilot in 2015 was very successful. All leads to look for end of year monies and to approach local charities.	Leads
		6.9 Two therapists have completed the full prescribing course and another is currently involved; however there remain issues regarding the practical aspect of this role. JK, as the AHP commissioner leading this work, is continuing to develop the practice.	JK
		6.10 The teams have identified the new role of a band 4 assistant. JR has convened a national group to look at job descriptions and competencies; the LNNI team is amending for local use.	Project team and BLS sub group
		6.11 The LNNI team has been working with the PHA ENT project to streamline H&N patient referrals. The ST team audited referrals from their new H&N surgery team and approx. 1 referral a month – majority are extremely complex. A new H&N assessment tool has been piloted by the BT and will be rolled out regionally.	JR Leads

7.	Progress updates	7.1 The team has had one complex clinic in the past 2 years (Oct 15) to review vascular cases with Ms Reid. No current need to run at present. All surgical opinions re liposuction now going via GP/consultant. The project team will continue to monitor this and plan according to need. On average we have 4 patients per year applying for liposuction consideration. This is still not a sufficient number to consider a staffing bid for local services. PHA guidance was sought over the increasing costs associated with re long term follow-up and it has been agreed that the compression costs should be added to the original bid. This has been shared and agreed by the Vascular Lead (with an interest in lymphoedema) Ms Julie Reid. All leads to share with potential referrers. 7.2. The project team has developed an e-outcome measure section for Lymphdat which is now live. 7.3 A new volume calculator has been developed to aid assessment and is also embedded in the Lymphdat data set. This work has been extended to become a project with the UU and PHA to develop an App – for vol measurement and BMI calculations. Stage 2 will involve an App for patient use.	Leads JR and PMcC

8.	Additional work streams 8.1 Education:	8.1.1 General: focusing on CEC awareness day and preparation for LAW	Leads
		8.1.2 Undergraduate trg – all as planned	Leads
		8.1.3 Specialist: Foldi update (June 16), BLS (Oct 16) and Generalist up date for those trained but not part of lymphoedema teams (Jan 17).	
		8.1.4 - Future specialist trg: psychology support. MT suggested contacting the PHA Obesity group to see if they could provide some education re obesity.	JR/MT
		- To discuss next band 3 trg in line with the national competencies being developed.	Project team
		- funding agreed to support 2 to attend the ILF conf (June 17); JR to also look for sponsorship	JR, JL and JH
		- funding agreed to fund 1 to attend the Foldi advanced update (June 17)	JR and PMcC
		- Coban trg for new therapists (Feb 17)	JH
	8.2 Communication:		
		8.2.1 Continuing to build relationships with BLS, CLSIG, the National Lymphoedema Partnership, the International Lymphoedema Framework and the Irish Framework.	All
		8.2.2 It was agreed that LNNI would work in partnership with the new lead from the HSE to plan an All-Ireland conference in the autumn 2017and potentially provide a small amount of funding and MT to also investigate getting some funding. JR to write to Private Sec's Office (Via JM) to invite Minister.	JR - > JM MT
		8.2.3 It was agreed that the project team could continue to review and print the various LNNI patient information leaflets.	JR
		8.2.4 2 BLS – 3 posters submitted and 2 award winning posters (JH, LH and PMcC). Congratulations to teams.	
		8.2.5 The regional participation in Lymphoedema Awareness week (March 16) was highlighted in the BLS newsletter. LNNI won the 2016 BLS national award for educating HCPs about lymphoedema. Planning has started for LAW 2017.	Leads
		8.2.6 10.1 LNNI are formal advisors to a New Zealand lymphoedema strategic development plan. GMcC is also sitting on a national group looking at research priorities.	JR and GMcC

9	AOB	JR to write a draft press release for JM re: - All-Ireland conf plan (when date confirmed) - Launch of updated website - BLS awards MT thanked the Board and wished everyone a Merry Christmas!	JR
10	Date of next meetings	13th June 2017 at 2.00-4.00pm 5th December 2017 at 11.00am-1.00pm	For all diaries