



	<b>LNNI Work Plan for 2016-17</b>
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<b>Summary</b>	This document provides the background and timetable for the proposed 2016-17 LNNI work plan.
<b>Purpose</b>	To inform stakeholders of the proposed programme of work
<b>Operational date</b>	
<b>Review date</b>	annual
<b>Version Number</b>	V1
<b>Supersedes previous</b>	-
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Date	Version	Author	Comments
	1.0		
	2.0		
	3.0		
	4.0		
	5.0		
	5.0		

### Policy Record

		Date	Version
Author (s)	Approval		
Lead Responsible	Approval		

### Approval Process – Trust Policies

LNNI Board meeting	Authorise		
LNNI Chair	Sign Off		



## 2016-17 Work Plan – Lymphoedema Network Northern Ireland

The Lymphoedema Network Northern Ireland (LNNI) provides regional professional clinical leadership for the management of Lymphoedema. Lymphoedema is a long term condition (LTC) which if diagnosed early results in better outcomes for the patient and a more efficient use of resources. Lymphoedema is an elective service monitored by the AHP 13 week access criteria.

The Network has continually modernised to ensure value for money by:-

- Agreeing regional referral criteria and pathways for access to the service ensuring appropriate use of limited resources. This has included the integration of CCG and ECR.
- Developing (and updating) patient information in a number of formats utilising PPI to inform potential service users and to aid self-management of the condition.
- Maximising capacity by introducing telephone reviews, enhancing role of band 3 staff, and informed and supported discharge to GP (with direct access back into system if required)
- Enhancing the roles of specialist staff and continuing to develop local professional networks, thereby reducing the necessity of regional complex clinic medical input
- Locally provided quality services have resolved the need for ECRs (apart from surgery)
- Reviewing and employing new technologies to improve effectiveness and efficiency

Despite all service development, the continued increase in referrals, and the impact of increasingly more severely obese patients, has significantly impacted on services, especially those with no legacy staffing capacity (i.e. pre LNNI). The NHSCT and WHSCT in particular have a limited resource to continue to meet AHP standards. The NHSCT has breached access targets from April 2016.

The network is also cognizant of new patient groups being referred, which do not fall into the original funding for pure lymphoedema category including: lipoedema and chronic oedema; this is covered in point 2 of the key programme of work.

### Summary of key programmes of work for 2016-17

	Action	Impact
1.	Quantify current demand and referral routes	Meet 13 week AHP access targets <ul style="list-style-type: none"> <li>- NHSCT and WHSCT: review new referral management, and implement review opt in practice (for those able to participate)</li> <li>- Monitor referral, review, re-referrals and breaches.</li> </ul>



2	Quantify the impact that changing demographics (obesity, lipoedema and chronic oedema), specialist Lymphoedema liposuction and the need for a pediatric Lymphoedema service will have on the demand to the Lymphoedema service	To be able to describe and quantify new referral sources which in turn will allow for demand to be managed. <ul style="list-style-type: none"><li>- Identify any training required for all staff levels: Psychology has been highlighted as a need to impact re long term condition and obesity management</li><li>- ECR (surgical) collated along with costs</li><li>- Introduce the BLS Children's Charter (due Autumn 16)</li><li>- Vascular assessment / Doppler agreement</li><li>- Pilot Healthy Legs clinic (ST 2016 Chairman's award funding)</li></ul>
3	Continue to pilot a self-management model to roll out a programmed of supported self-management for lymphedema patients.	Direct patients to a self-management model to reduce the number of review appointment and increase capacity within current resources. <ul style="list-style-type: none"><li>- Easy Read versions of information</li><li>- Review and re-launch LNNI website</li><li>- Evolve different focused models for physical activity engagement</li><li>- App development re limb volume and BMI calculations (initially HCP focused with a view to later models being for service users)</li><li>- Long Term Conditions Alliance NI</li></ul>
4	Roll out the education and communication strategies	To develop a specialist workforce required for Lymphoedema <ul style="list-style-type: none"><li>- To raise awareness of the condition with a range of Health Care professionals</li><li>- To work with key stakeholders and strategic partnerships, research and development of new practice</li><li>- New cultural populations</li><li>- Prescribing</li><li>- Succession planning</li><li>- Enhanced band 3 roll (development of band 4 job descriptions and competencies) and education</li></ul>
5	All Ireland service development	Engage with new HSE lead <ul style="list-style-type: none"><li>- Plan for Donegal post new Radiotherapy Centre opening (Nov 16)</li><li>- Shared learning with new HSE Lead</li><li>- Partnership planning: 2017 All Ireland conference</li></ul>