



# Lymphoedema Network Northern Ireland

**NOTES OF BOARD MEETING HELD ON: 2<sup>nd</sup> June 2015 AT: 10.30am IN: Larkin Room, Belfast City Hospital**

**Present:**

**Attended**       **Apology received**

Ms Clare McGartland (Chair)

Ms Jane Rankin

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 Myra Perrot

Ms Irvonae Glassey

Ms Peggy Moore/ Mr Ian McPherson

Ms Kay Wilson

SMT NHSCCT- Rebecca Getty

SMT WHSCT – Paul Rafferty

SMT BHSCT – Gillian Traub

SMT S HSCT –

SMT SE HSCT -

	ISSUE	CORE POINTS FROM DISCUSSION	ACTION
1.		No new members. Apologies noted above.	
2.	Previous minutes	Minutes from December 2014 agreed. JR to upload.	JR
3.	Matters arising	JR presented continued high level of maternity leaves with poor backfill. CMcG continuing to raise this as an on-going issue with PHA and HSCB.  JR presented referral stats from 2010-2014 which show the continued increase in incidence rates. Prevalence (as of 1.1.15) is 3.13 per 1000 population. The statistics also demonstrate a decrease in the 6 month reviews as a result of the new TYC discharge approach.	CMcG



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4.	Chairman's remarks	On-going challenge regarding the changing commissioning perspective. CMcG and JR continuing to lobby for agreement re commissioning stream for future service.	CMcG and JR
5.	Trust leads reports	<p>The key issues remain related to recruitment: long term vacancies and multiple mat leaves with no backfill. Services have been affected and the leads have had to dedicate themselves to clinical work thereby reducing the potential for development. The regional AHP waiting time has been increased from 9 to 13 weeks in recognition of same.</p> <p>The team leads were thanked and congratulated on maintaining leadership and guiding the teams through this very difficult time.</p>	
6.	Annual Report	JR reviewed the document with the Board. As there were no further questions, the report was ratified. JR to upload to website.	JR



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7.	Clinical Practice discussion	<p>7.1 LTC model is very much supported by the Donaldson consultation paper. The project team awaits the outcomes of the consultation.</p> <p>7.2 and 7.3 The project leads met with the regional vascular and nursing leads and agreed to have the report circulated by early summer. JR to bring to the BLS for national interest. JR to continue work with BHSCT re pilot Well Leg clinic.</p> <p>7.4 JL working with CABG surgical teams re introducing HCP IST in early 2015 to increase awareness and also availability of prevention information for patients.</p> <p>7.5 Liposuction is becoming more requested, however not necessarily appropriate; suitable referrals are being made via acute consultants/GPs. A full case study is created for all recommendations. JR to collate case studies for future service development.</p> <p>7.6 Lipoedema patients are requesting support to lobby for their condition. JR is liaising with a lead to help progress the work, potentially a study day in the autumn.</p> <p>7.7 New technology. The teams will be loaned 2 new Physio Touch negative pressure machines in Sept for regional pilot. This technology is used in some parts of the world to good effect however research literature is minimal at present.</p> <p>7.8 Paediatric work: on-going up-skilling of local staff. All babies and children now facilitated to attend the regional genetics clinic for diagnosis and potentially family history plotting. ES and JH are now members of the national group.</p> <p>7.9 and 7.10 The new discharge policy was signed off after a 6 months trial period and to date re-referrals have been appropriate in 90% of cases. Feedback has been positive from both service users and patients.</p>	<p>Project team</p> <p>JR</p> <p>JL</p> <p>Project team</p> <p>JR</p> <p>Project team</p> <p>Project team</p>
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		<p>7.11 Prescribing: The teams audited all potential compression hosiery/pharmacy spend for 3 months. This equates to approx. £100 000 per year per trust (includes GP costs).          JH has completed and passed the full prescribing course, however this cost impacts on her potential independent prescriber role. JR liaising with AHP commissioners re issue.          JR liaising with Wales re their learning and linking with regional procurement re new regional review of compression hosiery.</p> <p>GC agreed to meet with JR and PMcC re GP prescribing technology in an attempt to process map the current prescribing process.</p> <p>(Post meeting note: JR and JL met with HSCB representatives and TVN team leads re issues around prescribing as part of a new HSCB project. This allowed them to discuss the issue raised by GC re GPs being notified re requirement for compression post DVT. This looks to be an interesting development for region and one to benefit our patients.)</p>	<p>JR</p> <p>GC, JR and PMcC</p>
8.	Progress updates	<p>8.1 There has been no requirement to run a complex clinic in the past year as the teams have built their own support network in-house. All surgical opinions re liposuction now going via GP/consultant. The project team will continue to monitor this.</p> <p>8.2.1 Lymphdat contains 4340 records (original CREST estimation was 2274).</p> <p>8.2.2 The project team has been reviewing outcome measures and is creating a new Lymphdat field specifically for them to be held together to aid input and retrieval of data.</p>	<p>Project team</p> <p>Project team</p>

