



	<b>LNNI Work Plan for 2018-19</b>
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<b>Summary</b>	This document provides the background and timetable for the proposed 2018-19 LNNI work plan.
<b>Purpose</b>	To inform stakeholders of the proposed programme of work
<b>Operational date</b>	15 <sup>th</sup> June 2018
<b>Review date</b>	annual
<b>Version Number</b>	V1
<b>Supersedes previous</b>	-
<b>Lead Responsible</b>	LNNI Lead
<b>Author(s)</b>	Jane Rankin, Michelle Tennyson and Jenny Keane
<b>Contact details</b>	Lymphoedema Network Northern Ireland (LNNI), <a href="mailto:janeP.rankin@belfasttrust.hscni.net">janeP.rankin@belfasttrust.hscni.net</a> 028 95048545

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		



## 2018-19 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:-

- Updating 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, and linking Lymphdat with the H&C Index.
- The development of an App to aid patient assessment and review
- Maximising capacity by agreeing regional band 3 and 4 competencies and reviewing skill mix
- Enhancing the roles of specialist staff and continuing to develop local professional networks; focusing on relationships with the Third Sector particularly regarding co-morbidities and self-management
- Cross border working including the inaugural All Ireland Lymphoedema conference (Nov 17) and specialist training (Sept and Oct 17)
- Reviewing and employing new technologies to improve effectiveness and efficiency with introduction of Toe Brachial Pressure Index technology (vascular assessment systems)
- Publication of the regional AHP palliative care symptom management document to provide evidence base for practice

Despite all service development, the continued increase in referrals, and the impact of increasingly more severely obese patients, has impacted on services. The NHSCT has breached access targets from April 2016. LNNI and the NHSCT have temporarily supported the service to reduce waits whilst awaiting further review.

### Summary of key programmes of work for 2018-19

	Action	Impact
1.	Continue to quantify current demand and referral routes	Meet 13 week AHP access targets <ul style="list-style-type: none"> <li>- NHSCT: monitor referral, review, re-referrals and breaches</li> <li>- Review activity changes provided by temporary funding support and impact</li> </ul>
2	Continue ICT development to support information management to be able to quantify the impact that changing demographics (obesity, lipoedema and chronic oedema,	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>- ECR (surgical) collated unmet need</li> <li>- Paediatric: further integrate the National Children’s Charter alongside continued liaison with trust paediatric teams. Children’s day -autumn 18</li> </ul>



	palliative care), specialist Lymphoedema liposuction and paediatric lymphoedema service will have on the demand to the Lymphoedema service	<ul style="list-style-type: none"> <li>- Lipoedema: formal engagement with voluntary sector and progressive awareness HCP provision (focus on HV and SMs)</li> <li>- Chronic oedema: continue to develop partnerships with GP Federations/ trusts/PHA/ pharmacy contacts re care of non-complex case bids</li> <li>- Bariatric: data base, engage with diabetes teams/Arthritis Care/Diabetes UK - voluntary sector/psychology, PHA/HSCB/Pre-diabetes transformation Group</li> </ul>
3	Continue to pilot a self-management model to roll out a programmed of supported self-management for lymphedema patients. Include increased sharing with Third Sector alongside tailored education.	<p>Direct patients to a self-management model to reduce the number of review appointment and increase capacity within current resources.</p> <ul style="list-style-type: none"> <li>- Continue to evolve different focused models for physical activity engagement including SHSCT's Healthy Legs outcomes (Oct 17 – on going)</li> <li>- Long Term Conditions Alliance NI engagement: Diabetes/Macmillan Move More</li> </ul>
4	Roll out the education and communication strategies including: <ul style="list-style-type: none"> <li>- Electronic library of self-management information</li> <li>- Further development of App 1, and review of plans for App 2</li> </ul>	<p>To develop a specialist workforce required for Lymphoedema</p> <ul style="list-style-type: none"> <li>- To continue to raise awareness of the condition with a range of Health Care professionals; focus on palliative care, paediatric and diabetes teams</li> <li>- Joint working with ACPOPC</li> <li>- New cultural populations</li> <li>- Prescribing (NMP)</li> <li>- Succession planning</li> <li>- Enhanced band 3 / 4 role</li> <li>- Lymphorrhoea “Wet Legs” programme</li> <li>- Links with HSE border services</li> </ul>
5	Develop Non-medical Prescribing roles	This will enable teams to independently prescribe alongside reducing unnecessary GP footfall
6	All Ireland service development	<p>Joint working with new HSE lead</p> <ul style="list-style-type: none"> <li>- Shared learning with new HSE Lead</li> <li>- Partnership planning: 2<sup>nd</sup> All Ireland conference</li> <li>- All Ireland masterclass</li> </ul>
7	UK and International relationships: <ul style="list-style-type: none"> <li>- National Lymphoedema Partnership (NLP)</li> <li>- International Lymphoedema Network (ILF)</li> <li>- British Lymphology Society (BLS)</li> </ul>	Continue to work with and build upon relationships for shared working and learning outside of regional work base.