



Lymphoedema Network Northern Ireland

NOTES OF BOARD MEETING HELD ON: 8thDecember 2021 AT: 10.30pm via Zoom

Present:

Attended **Apology received**

Ms Michelle Tennyson (Chair)

Ms Ceara Gallagher

Ms Jane Rankin

Dr Graeme Crawford, Primary Care

Ms Joan Hardy, DOH (JHy)

Ms Jill Hamilton (JH)

Ms Pippa McCabe (represented by Ms Elaine McNeill)

Jill Lorimer

Ms Lynne Whiteside (represented by Ms Catherine McClelland)

MR Kevin Campbell

SHSCT PPI Vacant

Ms Carolyn McKeown, PPI NHSCT

SEHSCT PPI Vacant

Mr Ian McPherson, PPI BHSCT

Ms Kay Wilson, PPI BHSCT

Ms Claire Henderson, PPI WHSCT

SMT NHSCT- Rebecca Getty/Lynne McCartney

SMT WHSCT – Paul Rafferty

SMT BHSCT – Ms Lisa Houlihan for Ms Debbie Wightman

SMT SHSCT – vacant

SMT SEHSCT – Vacant

	ISSUE	CORE POINTS FROM DISCUSSION	ACTION
1.	Welcome and apologies	<p>Apologies noted above. As PHA Zoom sound not working, JR chaired session with MT communicating via chat link.</p> <p>JR formally thanked Ms Elaine Stowe for the role she had played in initiating and developing services in the NHSCT, and wished her a happy retirement.</p> <p>JR welcomed:</p> <ul style="list-style-type: none"> - Ms Ceara Gallagher as the new LNNI Vice chair. Ceara is an AHP Consultant at the PHA - Mr Kevin Campbell who is the new Trust Lead in the NHSCT - Ms Elaine McNeill representing SET and PMcC - Ms Catherine McClelland representing ST and LW. 	
2.	Previous minutes	<p>Minutes from Dec 19 agreed. JR to upload.</p>	JR



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3.	Matters arising	<ul style="list-style-type: none"> - New SHSCT PPI rep to be appointed - New SET PPI rep to be appointed - LNNI Children’s event: was due spring 21 but delayed with covid – will review plans at June 22 meeting dependent upon covid level - Draft children’s pathway project – delayed with covid and then retirement of lead consultant. Will pick up again in mid-June 22 (dependent upon covid levels etc.) - bariatric surgical access concerns as SWAH service has not been established - 2020 PHS Breast cancer review group met prior to covid but group not reconvened. 	<p>LW PMcC JR</p> <p>JR</p>
4.	Trust Lead Reports	<p>The five trust reports were presented. The Board congratulated the leads on developing new ways of working with the pandemic and on continued local developments and education. It was recognised that some actions were delayed because of covid, however that the work of the project team had progressed where possible.</p> <p>JL – was asked to ensure that her H&N quality project was also embedded into key prehab education and surveillance role with Oncology Team Lead. EMcN – highlighted the increasing number of new domiciliary patients being referred, and this was agreed across the region, and because of reduced DN availability. This was also noticed in residential care referrals. The Board agreed that CG, MT and JR would link with Mary Emerson at PHA regarding AHP workforce impact. CMCC – agreed with above, and mentioned the proposed ST pilot of domiciliary nursing support worker role which is due to commence in 2022. CMcC to share outcomes with project team. KC- discussed his modernization of the ICT systems and the Board thanked LMCC for her SM financial support to KC to enable his team to work with waiting list.</p>	<p>JL</p> <p>MT, CG and JR</p> <p>CMcC</p>



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5.	Clinical Practice planning	<p>5.1 Covid 19 impact and adaptations – JR briefly described the huge efforts made by the leads and their teams to cope with the pandemic and maintain services. This included learning new ways to communicate which will continue to have a role for all teams in the future – where clinically appropriate and acceptable for service users. Referral numbers dropped in 2020, however the latter half of 2021 has seen an increase in numbers again:</p> <ul style="list-style-type: none"> • 2019 - 2105 • 2020 – 1402 • 2021 – 1634 (10 months data only) <p>5.2 ‘Red Legs’ – pharmacy / ED / Dermatology – this work started at the 2019 conf, and teams continue to provide education where relevant to clinical groups. Regular under/post grad sessions now include this as standard. The project team is also continuing its cellulitis /red leg work.</p> <p>5.3 Garment supplies (local and UK work) / NMP update – the national garment pressure work has been on hold from March 19, however NMP has been progressing under PHA leadership. The ST and SET continue to be pilot sites and whilst paperwork is heavy, there has been a reported decrease in prescribing/transcribing errors. It was noted that JH in the WHSCT is also a NMP but is unable to practice as WT not a pilot site.</p> <p>With the introduction of new nursing members to teams/new roles it is now recognised that there are other levels of NMP education taught at the UU which may be useful for the teams. One level includes prescribing compression and emollients, but not drugs such as antibiotics. The Board agreed that it would be good to continue these discussions, initially with Eamon Farrell (Lead AHP Consultant PHA), and to investigate a hierarchy of need NMP model.</p> <p>5.4 Support / technology for cancer surveillance programme –LNNI continues to be part of the evolving cancer strategy workforce review. CG is co-chair of the prehab/rehab AHP/Pysch subgroup. The project team will continue to support the role of prehab and screening/surveillance where possible, and will link with the new Prehab leads when in post (communicated post meeting). The Board agreed to support the upgrading of surveillance U400 technology to SOZO if agreed aby SET and WT. JR to contact.</p>	<p>Project team</p> <p>JR</p> <p>Project team</p> <p>JR</p>
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6.	Progress Updates	<p>6.1 Ireland Lymphoedema Guidelines project – this work started in Nov 19 has progressed well. It has had two internal reviews and one external review. Comments will be returned to external reviewers for final discussion in late Dec. The document will be launched on 9th March 22 as a half-day conference. MT has agreed to write the foreword. The BLS are planning to endorse the work. The new pathways created to support the document will facilitate future LNNI developments as per our 2018 plan. JR thanked CMcK for her continued work as the PPI (N.I.) rep on the steering group, alongside another family who have worked with the children’s subgroup.</p> <p>6.2 Cancer Strategy and prehab/rehab working group – already covered in 5.4</p> <p>6.3 Surgery PHA paper update – the LNNI/PHA paper was discussed at Specialist Services Commissioning group in Dec 2019 but has not progressed. This was picked up again in late 2021, but now awaits a NICE update (due March 22) prior to revision.</p> <p>6.4 Lymphdat development update – in response to the 2019 BSO request to upgrade Lymphdat’s aging platform, the Board agreed to invest in a new short form (SF2) MDS version to provide data capture whilst awaiting launch of Encompass. Work commenced in Jan 2020 and after internal and external reviews, was completed in April 21. A poster depicting the development was presented at the BLS 2021 conference. We are still awaiting the new BSO platform to launch SF2. Teams continue to use the old SF1.</p> <p>6.5 Encompass (and ECR patient portal work) – the project team continue to lobby to stay involved in the developing work for the new regional electronic health record. The project team worked with the ECR patient portal team to develop this practice in order to prepare for Encompass. It is expected that there will be a wide option of patient facing activities available from the Encompass portal.</p> <p>All formal assessment paperwork was reviewed again in early 2020 in preparation for this work.</p>	<p>Project team and CMcK</p> <p>JR</p> <p>JR</p> <p>JR</p> <p>JR</p>
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7.	Education	<p>The teams have continued to access and provide a variety of education events: 2020/21 Lymphoedema Certification course, 2000 Psychology support training, 2020 and 21 virtual BLS conferences, 2020 Klose Head and Neck course, 2021 ILF virtual conference, Local training and use of virtual updates, 2021 Dermatology trg supported by the BHSCT,</p> <p>The project team would like to plan another certification course for 2022-23 for succession planning with lymphoedema, oncology and SPC teams. The Board agreed for this to be progressed.</p> <p>The guideline will be launched on 9th March 2022 at a half-day virtual All Ireland conf. JR and HSE contact continuing to work through plans.</p>	<p>Project team</p> <p>JR</p>
8.	Communication	<p>The Network continues to work with:</p> <ul style="list-style-type: none"> - British Lymphology Society - International Lymphoedema Framework - National Lymphoedema Partnership <p>The Network is involved in 2 research projects via UU and Galway. The UU project will encourage positive behaviour change (around diet and well-being) via a wrist mounted 4-app device. LNNI will be encouraging participation to suitable service users, and the mainstay of the research will be completed by the UU. The Galway post-PhD entrepreneurship work is developing a device to measure pressures when bandaging, and potentially under garments. Whilst initially envisaged as a teaching tool, this will eventually have a remote option for allowing data to be accessed from the patients' home. This is a longer-term project.</p> <p>This discussion raised the topic of psychological support, which is difficult to access regionally for those without a cancer-related lymphoedema diagnosis. CH suggested peer support (in a mental health role) for new patients (or those who are finding lymphoedema and its life-long management challenging). The Board all agreed that this was a fantastic idea, and JR to liaise with CH in early 2022 to discuss a plan forward.</p>	<p>JR and CH</p>



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9.	AOB	nil	
10.	Dates for 2022 meetings	JR to liaise with MT and CG re suitable June and December dates, and share with Board.	JR