



Lymphoedema Network Northern Ireland

NOTES OF BOARD MEETING HELD ON: 1st December 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 NHSCT- Lynne

McCartney/Rebecca Getty

SMT WHSCT – Paul Rafferty

SMT BHSCT – Gillian Traub

SMT S HSCT –

SMT SE HSCT -

	ISSUE	CORE POINTS FROM DISCUSSION	ACTION
1.	Welcome	Lynne McCartney was welcomed as the new Physiotherapy Services Manager in the NHSCT. Apologies noted above.	
2.	Previous minutes	Minutes from June 2015 agreed. JR to upload	JR
3.	Matters arising	JR presented the main issues which relate to the WT vacancies i.e. a new vacancy with its permanent bd 6 post. However a new 0.2wte bd 6 post in the SWA hospital has commenced which will save on travelling time and costs.	



Lymphoedema Network Northern Ireland

4.	Chairman's Report	<p>CMcG updated the Board regarding the Health Minister's announcement re strategic change. The impact on LNNI is tbc as awaiting further high level announcements and discussion.</p> <p>CMcG will continue to liaise with the PHA and DH.</p> <p>CMcG also announced that she would be retiring and that this was her last meeting. IMcP thanked her on behalf of the Board for her support and guidance from 2008.</p>	CMcG
5.	Trust Lead's report	<p>All of the trusts, bar the WHSCT, are currently fully recruited.</p> <p>A key issue is the increase in "non-lymphoedema" ,but chronic oedema, referrals; this reflects the UK picture. LNNI had produced a capacity demand paper in 2014 outlying issues and potential solution. However it does impact on the staffing allowance provided for the network (based purely for lymphoedema); however the needs of those referred has also to be recognised as they currently do not have anywhere else to attend.</p> <p>BHSCT TVN services are working with LNNI to progress a nursing development for a" well leg clinic" which would support this vulnerable group of patients and act as a regional pilot. JR to follow up with BHSCT TVN lead.</p> <p>There is also a continued increase in the number of obese patients.</p> <p>The on-going issues with ordering garments/GP prescribing is regional; JR has brought this to the PHA who is working with JR and the pharmacy team to improve. Product codes are also being assessed re use on GP prescribing systems to reduce error and increase efficiency. JR has also initiated a national group to look at this too.</p> <p>The team leads were thanked and congratulated on maintaining leadership and guiding the teams through this very difficult time.</p>	<p>JR</p> <p>JR</p>



Lymphoedema Network Northern Ireland

<p>6.0</p>	<p>Clinical Practice Discussion</p>	<p>6.1 The Doppler /DVT project continues but it has been very slow to gain full engagement of some of the other regional bodies for sign off.</p> <p>6.2 JR working with the PHA Palliative Care Group re a briefing paper for commissioners regarding lymphoedema: evidence, resources requirement and access.</p> <p>6.3 LNNI has facilitated 3 lymphoedema liposuction assessments and surgery over 2015. As the demand for this service is very low, albeit a necessary option to have access to, it remains prudent to utilise out of area funding for such cases.</p> <p>6.4 New technology: PhysioTouch –a new negative pressure device has been piloted in N.I. The results have been surprisingly good and have already led to one patient’s family already purchasing a device for their home use. The Board agreed that JR could pursue purchasing at least one of these devices for regional use.</p> <p>6.5 Paediatric. Three of the trust leads attended the BLS conference in Oct 15 which featured paediatric management for one of the days and provided new insight which will be followed up at the strategic planning day in early Jan 16. JR and a lead (tbc) is also attending a neonatal group in Jan 16 to advise re diagnosis and service access to improve regional communication awareness and referral pathways.</p> <p>6.6 New D/C scheme and statistical record: Within the first 10 months of 2015 we have had 1112 new referrals (96% of 2014’s total, 1718 review appointments (64% of 2014’s total) and only 6.7% re-referrals of the patients discharged on the GP surveillance programme.</p> <p>This shows a continued good referral figure, plus a good decrease regarding reviews as patients are moving successfully to the partnership arrangements with supported self-management skills and GP surveillance for those deemed stable and competent. The re-referral rate supports this move.</p> <p>6.7 JR and the PHA continue to develop a list of active product codes to improve prescribing. A national group is to be established in 2016.</p> <p>6.8 JH has completed her training as an Indep prescriber and is to be congratulated! A SHSCT Bd 7 is also completing this qualification. There are however local on the ground practical issues remaining.</p>	
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Lymphoedema Network Northern Ireland

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7.	Progress Updates	<p>7.1 Complex Clinics LNNI have not run CCs in 1.5 years however it was felt that there was a cohort of complex patients requiring early vascular assessment. A clinic was run with Miss Julie Reid, Vascular Surgeon on 22nd Oct 15 and greatly facilitated the onward care of the patients attending. It is intended to continue with this flexible approach re patient need rather than formal set date clinics.</p> <p>7.2 Website update: the website is now out of date re technology and becoming more difficult to manage. It is also not tablet friendly as was created pre tablet! The Board agreed to fund an updating. JR to progress.</p> <p>7.3 Lymphdat project: Lymphdat is slowly evolving from a min data set to have additional outcome measure functions. This is in pilot form at present. Currently 4494 records are held on the system.</p>	<p>JR</p> <p>JR</p>



Lymphoedema Network Northern Ireland

8.	Additional Work Streams	<p>8.1 Education Strategy: All trust leads requested that their trusts supported the LNNI requests for lymphoedema awareness trg and also specialist attendance at a conference.</p> <p>8.1.1. Generic awareness day to held in CEC- date tbc)</p> <p>8.1.2 LNNI supported the Lipoedema awareness day on 17th Oct 15.</p> <p>8.1.3 Undergraduate –continuing with UU project but having difficulty with nursing due to the review of their course design and staffing allocation.</p> <p>8.1.4 Specialist: 4 staff attended the advanced Foldi trg in June 15; the Board agreed to fund another 4 places for June 16. 3 staff attended the BLS conf in Oct 15. LNNI ran an awareness and garment course in Oct 15 for its bd 3s and 4s.</p> <p>Plans: April 16-paediatrics and obesity; skin changes and management date tbc as previously cancelled by education supplier.</p> <p>8.2 Communication Strategy:</p> <p>8.2.1 National lymphoedema Partnership continuing and agreement of new definition of chronic oedema. Pilot of national min data set.</p> <p>8.2.2 All trusts now utilising ECR and CCG with great results</p> <p>8.2.3 BLS poster: JL won the best post award for expert presenter. Congratulation JL! This is the 3rd year in a row that LNNI has won a poster award and JR encouraged the leads to consider a presentation next year.</p> <p>8.2.4 JR working with PHA re creating a newsletter for pharmacies re hosiery usage and care.</p> <p>8.2.5 LNNI continuing to update patient leaflets as required. The Board agreed to continue to fund the printing of same.</p>	
9.	AOB	<p>JR thanked CMcG again for her guidance and support from 2008, thanked the Board for its on-going commitment, and closed the meeting.</p>	



Lymphoedema Network Northern Ireland

10	Date of next meeting	31 st May 2016	For all diaries
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