BRITISH LYMPHOLOGY SOCIETY

National Lymphoedema Tariff Advisory Document

Commissioners Document 2014

Contents page

Page

4. Patients for referral
5. Staffing
6. Proposed patient pathway
7. Treatment, further assessment and surgical intervention
9. Patient and treatment categories and associated costs
10. References and advisory panel
11. Appendix 1 Lymphoedema Practitioner recommended levels of responsibility

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The Proposed National Lymphoedema Tariff

This National Lymphoedema Tariff recommended by BLS represents an average treatment schedule. **It is based on a 42 week year accounting for annual leave, bank holidays, study leave and other non-clinical activity** (PSSRU).

1. Patients to be referred

The following general patient groups would benefit from referral to a lymphoedema service (a more extensive list is available in Lymphoedema Framework 2006):

At Risk Groups:
All patients need to be referred to a specialist lymphoedema service to be diagnosed with lymphoedema.

High risk referral criteria **Does the patient have any of the following?**	Additional criteria for increased risk **Does the patient have 2 or more of the following?**
Recurrent skin infections (cellulitis)	Obesity
Family history of lymphoedema (mostly limb swelling) -genetic/inherited lymphatic anomalies	Recurrent ulceration e.g. leg ulcers (damaged lymphatic circulation secondary to the vascular disease)
Surgical removal of lymph glands (nodes) or radiotherapy treatment to this area e.g. armpit, groin or neck	Reduced mobility
Persistent swelling that has not responded to traditional treatment (elevation/diuretics)	DVTs (deep venous thrombosis)
	Coronary artery by-pass graft

(Developed by Lymphoedema Network Northern Ireland (2011) as part of at risk patient information)

All patients need to be referred to a specialist lymphoedema service to be diagnosed with lymphoedema.

2. Required elements of a safe and effective lymphoedema service:

Staffing

- The band of the Healthcare Professional (HCP) will vary depending on the complexity of the patient (please refer to appendix one).
- Staffing levels need to reflect local need and case load and be negotiated locally.
- Managers working at band 8 need to be in place with a 50/50 clinical and managerial split.
- The specialist lymphoedema service staff need to have the appropriate qualifications, knowledge skills and competency in lymphoedema to provide the service (BLS 2013b).
- Lymphoedema therapists need to participate in continual professional development to maintain and develop skills and competence. We recommend 2 days mandatory training (15 hours) and an additional 5 days of CPD per annum (37.5 hours) per whole time equivalent practitioner.
- 1 session a month is needed for in-service training, supervision and team meetings (45 hours per annum).

3. Proposed Patient Pathway:

1 unit of time = 30 minutes
The Tariff is based on mid band 7 i.e. £93 per hour (2013/2014)

Clinical Time = Direct Care Time, Indirect Care Time, Record Keeping, Reports, Training,
Clinical Governance. This is set at £40 per hour based on 40 minutes direct and 20 minutes indirect care per hour.

Overhead time = Non-Clinical Staff Costs, Facilities/Estates Costs, Rent/Capital Costs, Utilities, IT, Travel Costs. This is set at £43 per hour of care.

Non Pay Costs – Dressings, Other Costs to be provided by the Care Provider. This is set at £20 for assessment and £10 per visit but may need special negotiation in specific patient cases.

	Cost per hour
Clinical Time	£40
Overheads	£43
Non Pay Costs	£10

3.1 Referral to initial assessment

Urgent referral (palliative patients) – 2 weeks

Routine referral – 6-10 weeks as per local agreement

3.2 Allocation to the pathway

At the Initial assessment the patient will be placed onto one of the pathways and goals agreed with the patient.

3.3 Treatment

- Treatment will commence within 28 days of the treatment need being identified by the specialist lymphoedema service. See Treatment Table.
- Decongestive Lymphatic Therapy (DLT) is based on 1 hour of treatment 5 x a week for 2 weeks and modified according to the complexity of the patient. DLT may also be referred to as Complex Decongestive Therapy (CDT).
- Patient education is an essential component of treatment. The aim of patient education is to promote self-management.1 unit is included at initial assessment and additional education is included as a component of treatment in the clinic setting or within patient education programmes.
- Palliative and Advanced disease patients should come under the most appropriate tariff. The urgency of treatment will be greater.

3.4 Further assessment:

The lymphoedema specialist service will, where appropriate, request onward referral by the relevant GP for specialist investigations and assessment. These may include, but are not limited to:

- Lymphoscintigraphy, Fluroscopy, Genetic screening and Bioimpedence.
- Review by another speciality such as Vascular, Dermatology, Surgery or Tissue Viability.
- Onward referral to a specialist centre.

3.5 Surgical Interventions for Lymphoedema

The lymphoedema specialist service will, where appropriate, request onward referral for surgical intervention by the relevant GP. These may include:

- Circumferential suction assisted lipectomy (CSAL) (also known as liposuction)
- Microsurgery

4. Additional Components:

In addition to the assessment and treatment the following need to be included in the tariff:

4.1 Risk Reduction: Educating referrers with the goal of early diagnosis and referrals. This should reduce the number of more complex cases that therefore require more costly treatment.

4.2 Garments:

All compression garments will be prescribed on FP10 by the GP, apart from exceptional cases or where a local budget has been agreed. The Lymphoedema service will liaise with the GP to advise on the most appropriate garment. It is estimated that 30% of patients will need non-FP10 items (based on the 2013 Lymphoedema Network Northern Ireland Hosiery Audit) and these will need to be costed, agreed with the GP and charged separately, unless a local budget has been agreed.

4.3 Bandages, Dressings and Emollients

FP10 needs to be used as much as possible. Individual services need to consider the cost of emollients, dressings, bandages, donning aids, shoes for bandaging etc.

4.4 Donning and Doffing Aids

Donning and Doffing aids will wherever possible be prescribed by the GP on FP10 or alternative funding agreed with the GP and the patient if the most appropriate aid is not available on FP10.

5. Discharge

The tariff is based on 2 years of care for the **category A** patient with the aim that this patient group will be able to self-manage at the end of this period and be discharged to the GP. All patients will be discharged, to the GP, when stable and able to self-manage, however complex patients may need ongoing review and long-term management.

Patient and treatment category – and costs

Initial Assessment	£145	£145	£145	£145
Treatment Category	A) Simple Mild Lymphoedema with no complications requiring compression hosiery and education only	A) Modified Moderate Lymphoedema requiring treatment then maintenance.	A) Complex Complex Lymphoedema requiring intensive treatment	A) Very Complex Very complex lymphoedema requiring intensive and prolonged treatment
Treatment may include	Supported Self-Management:	One element of DLT leading to Supported Self-Management	DLT leading to supported Self-Management	DLT leading to supported Self-Management
Treatment Schedule to include education	2 units to include garment fitting £93	1 unit initial treatment 20 units of modified DLT per site of oedema £976.50	1 unit initial treatment 60 units of DLT per site of oedema £2836.50	1 unit initial treatment Approx 200 units of DLT. Treatment and length of treatment to be negotiated with the referrer before commencing.
Follow Up First 12 months	3x 2 Units £279	3x 2 Units £279	3x 2 Units £279	To be negotiated according to length of treatment agreed
Total cost of treatment first 12 months	**£517**	**£1400.50**	**£3260.50**	To be negotiated according to length of treatment agreed
Ongoing Follow Up Annually	2x 2 units until stable or discharged to the GP £186	2x 2 units until stable or discharged to the GP £186	2x 2 units until stable or discharged to the GP £186	Review and consider further treatment needed
Total cost for 2 year package	**£673**	**£1586.50**	**£3446.50**	

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Tariff Group Advisory Panel

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1. Member of the original advisory panel
2. Member of the 2014 review panel

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Appendix One

Lymphoedema Practitioner Recommended Levels of Responsibility (BLS 2013a)

Lymphoedema Assistant Practitioner Band 4	Works at all times under the direction and guidance of a state registered practitioner, who would be responsible for treatment decisions and planning care Undertakes basic assessment, e.g. measurement of limb volume and basic treatment, skin care and care of compression garments. Administers simple multi-layer Lymphoedema bandaging (MLLB) in conjunction with Lymphoedema practitioners.
Lymphoedema Practitioner Band 5	Plans care for those with uncomplicated Lymphoedema and those with stable Lymphoedema in long-term management including skin care exercise, simple Lymphoedema drainage (SLD) and compression garments. Also performs simple bandaging under guidance of a practitioner at level 6 or 7 Undertakes assessment monitoring patient support and information provision.
Lymphoedema Specialist Practitioner Band 6	Manages all types of Lymphoedema with a degree of autonomy and responsibility for own caseload under supervision of advanced lymphoedema practitioner
Lymphoedema Advanced Practitioner Band 7	Experienced clinical professional empowered to make high level clinical decisions and who has high standards of clinical skills(including assessment and diagnosis of Lymphoedema and other conditions) and theoretical knowledge
Lymphoedema Consultant Practitioner Band 8	High level strategic role in developing and managing services perhaps for a health board/authority Clinical commitment would be condensed and focus on complex cases and offering support to other clinical team members.