

“Commissioning Guidance for Lymphoedema Services for Adults in the United Kingdom”

6 in every 1,000 people in the UK live with lymphoedema – appropriate commissioning could save the NHS up to £220 million annually

- Lymphoedema is a chronic swelling caused by a failure or incompetence of the lymphatic drainage system. It can affect anyone of any age, gender, orientation, ethnicity, or social, economic or cultural background.
- The condition is incurable. It can be debilitating and impacts on the quality of life of those affected.
- Lymphoedema can have a significant negative impact on a person’s ability to cope and function on a daily basis as well as their ability to work.
- Patients with lymphoedema have a significant risk of developing a skin infection called cellulitis and incurring hospitalisation. Research shows that of 228 lymphoedema patients diagnosed in one urban locality, 65 had had at least one recent episode of cellulitis; 16 of whom required hospitalisation as a result.
- Cellulitis places a significant burden on the NHS accounting for 400,000 bed days (2011–12 data) costing up to £254 million pounds in that year alone. The recent introduction of a London lymphoedema service demonstrated a 94% decrease in cellulitis incidence, with an 87% reduction in associated hospital admissions, i.e. a potential annual NHS saving of £220 million.
- There are further savings to be realised when there are appropriate lymphoedema services. Savings include reduction in GP footfall/ community nursing hours, wound care dressings and bandages.
- Approximately £15.48 million pounds is spent annually on prescribed compression garments for lymphoedema management. The lack of appropriate knowledge (and specialist input) in the correct prescription of these garments leads to significant mistakes, and hence harm and consequential waste. A reduction of 20% in this waste would save the NHS over £3 million per annum.
- The commissioning of lymphoedema services across the UK is varied and complex. Commissioners may be unclear about what is currently commissioned for this service, the local population need and what ‘good care’ looks like.
- A national audit showed significant, disturbing and discriminatory variances in access to lymphoedema care based on the underlying cause i.e. if it is linked to cancer, the part of the body which is swollen, and postcode of the patient. Some areas have no commissioned services, others only provide care for cancer survivors, and others provide care on an expensive case by case basis utilising non-NHS resources.

The current situation in lymphoedema care costs the individual, society and the NHS

NLP NATIONAL LYMPHOEDEMA PARTNERSHIP

Produced by the National Lymphoedema Partnership
View the Commissioning Guidance Document at
www.lymphoedema.org or www.thebls.com

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