

Pilot study to identify the need for lymphoedema input at community virtual wards

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Introduction: Virtual wards are an initiative currently implemented by Swansea Bay University Health Board and are wards made up of a group of patients in their homes, instead of in hospital. The patient still receives hands on personal care as usual, but the team involved can communicate electronically to review and plan care accordingly. Lymphoedema Clinical Network Wales were approached by Welsh Assembly Government to identify the need for attendance at these virtual wards and assess level of need for these patients.

Aims: To evaluate the need for lymphoedema input at a community virtual ward level. To establish early identification in order to provide timed intervention, initiate referral and prevent readmission to hospital. The outcome would inform future service provision or needs related to education programmes and raising awareness of lymphoedema initiatives.

Method: Lymphoedema Wales Clinical Network attended each virtual ward round within Swansea Bay University Health Board for 2 months, in order to identify patients that required lymphoedema intervention. Any patient identified would receive an initial assessment, intervention and review within 1 month depending on clinical need. Any patients that required further lymphoedema input would be referred into Swansea Bay University Health Board Lymphoedema team.

Following the pilot, evidence would guide whether regular attendance at MDT was required by a lymphoedema specialist or alternatively identify the education needs for the virtual ward in order to provide early advice and open referral pathways.

Results: 471 patients were discussed during 71 clinics that a member of staff attended, accounting for a minimum of 141 staff hours. 8% (37) identified as needing lymphoedema review, 7% (31) patients received 1st appointment (45.5 hours) and 5% (24) patients fully assessed- minimum of 50 hours in total (without travel time) 4% (16) that received an initial and review deemed appropriate for further lymphoedema input and therefore new pathways were opened with Swansea Bay University Health board. Out of the 16 handed over, 13 were deemed routine referrals and 3 had wounds that were being treated at care homes or by district nurses.

Conclusion: The number of patients that required Lymphoedema intervention and their clinical need, suggested that regular attendance to the Virtual ward MDT was not required and that an education package delivered to the MDT would be the most effective and efficient way to enable an MDT to provide early intervention and allow for prompt referral into the local service.