

The role of a volunteer telephone support service (VTSS) in supporting a lymphoedema service

Authors: Yolande Borthwick, Lymphoedema Specialist/University Lecturer, Strathcarron Hospice/ University of Glasgow, Specialist Lymphoedema Out Patient Clinic: yolande.borthwick@nhs.scot; Margaret Anne Garner, Lymphoedema Specialist, Strathcarron Hospice

Introduction: It is recognised that self-management in a long term condition is difficult to sustain. This service was developed to provide ongoing support for patients to maintain or reach their agreed goals using a supported self-management approach without using clinical time or specialist input.

Method: The VTSS was developed with input from both service users and experienced volunteers. All were very positive about this service and its potential impact. This was initially expedited by reduced clinic contact available during the Covid19 pandemic but has continued as services have returned to normal capacity. The documentation, established in collaboration with patients and volunteers, assists the volunteers with background information, purpose of the call and a reminder of any “red flags” which need urgent follow up. The phone service runs fortnightly. Outcomes of the calls are documented and there is a debrief for the volunteer with a specialist lymphoedema practitioner to highlight any issues or follow up required. The contacted patients decide whether they wish further input, and the timescales are mutually agreed with the volunteer. Documentation generated is added to the clinical notes electronically.

Results: Since introducing the service in March 2021 until end of December 2022, 121 patients had been contacted by the service. There was a wide range of areas of oedema, but the majority were living with lower limb oedema (73.5%). The number of calls received from the service ranged from 1 to more than 5 with 74% only requiring one phone call. Reasons for the call were on varied topics including skincare, exercise, compression, self-lymphatic drainage, weight management and for social contact. Compression had the highest rate of inclusion in the conversation (59%). The outcomes reported were collated and only 15% prompted a face to face appointment with a lymphoedema specialist. 35% of the patients using this service did not need any further input other than to continue on with their self-management. Others continued to use the service to support them towards attaining their goals. The CARE questionnaire was used to gather feedback from the service users, and it evaluated very highly.

Plans: To continue to develop this service to provide support and increased confidence with self-management but also to allow quick and timely input from the service identified by the patient and volunteer without any requirement of clinical time.