

Redesigning a Lymphoedema Service Through Clinical Support, Pathway Transformation, and System Level Collaboration

Aims

This service development initiative sought to stabilise an overstretched lymphoedema service in Lincolnshire experiencing unprecedented demand, extended waiting times, and misalignment between capacity and population need. The objectives were to address root causes of service pressure, redesign pathways in line with national guidance, and strengthen capability across primary and community care to deliver a sustainable, equitable, system wide model of lymphoedema management.



Methods / Description

A comprehensive, multicomponent transformation programme was implemented following detailed analysis of caseload data, referral patterns, and population health intelligence. Key actions included:

- **Immediate clinical stabilisation:** Additional specialist clinics were delivered to reduce the backlog and ensure timely assessment for patients with complex or high risk lymphoedema (totalling 88.5 hours of clinic support with patients).
- **Referral optimisation:** System level analysis identified that a substantial proportion of referrals did not require specialist intervention. Referral criteria and triage processes were refined to prioritise chronic, complex, or high risk cases, reducing inappropriate specialist appointments.
- **Pathway redesign:** Imaging pathways were aligned across primary and community care to support earlier differentiation between lymphoedema, venous disease, and other causes of swelling. Standardised care pathways were developed, supported by a three year implementation plan.
- **Upskilling and workforce development:** Primary care clinicians, community teams, and link nurses were trained to manage uncomplicated lymphoedema, improving capability and reducing dependency on specialist services.
 - Undertook 3 study days equating to 16 hours of training (2 Practice Nurse study days and 1 training day arranged through the ICB)
 - 35 Practices trained
 - 62.5 hours of training dedicated to the pathway, compression products, and prescribing training
- **Self management strengthening:** Accessible education, personalised care planning, and empowering communication approaches were introduced to support long term condition management.
- **Business case and service expansion:** Workload analysis informed a business case that supported the establishment of an additional lymphoedema clinic in the west of the county, complementing the existing clinic in the East. This improved geographical balance and enhanced equity of access without full centralisation of services.

Evaluation and Outcomes

The redesigned model delivered measurable improvements across access, quality, and system efficiency:

- **Reduced waiting times** and earlier intervention prevented deterioration, reduced urgent care utilisation, and improved patient experience.
- **Improved self management** and clearer escalation routes contributed to fewer cellulitis episodes and reduced A&E attendances.
- **Streamlined referral processes** and strengthened primary care capability reduced unnecessary specialist appointments and freed capacity for complex cases.
- **System wide efficiencies** were achieved through reduced hospital admissions, improved infection prevention, and better alignment of service capacity with population need.
- **Enhanced equity of access** was achieved through the establishment of a second clinic in the West, reducing travel burden and improving service reach across the county.

Impact on Practice

This initiative demonstrates how targeted clinical support, combined with strategic pathway redesign and population health intelligence, can transform a pressured lymphoedema service into a resilient, scalable, and sustainable model of care. The approach strengthened cross system collaboration, embedded national guidance into local practice, and increased workforce capability across primary and community care. The findings provide a transferable model for lymphoedema services seeking to address rising demand, reduce inequalities, and deliver high quality, cost effective care.

Between 2023 and 2026, support from Essity provided targeted clinical stabilisation through specialist triage clinics, seeing 84 patients in 2024 and a further 21 patients in 2025. This intervention:

- **Reduced the longest wait from 2 years and 2 weeks to 49 weeks (54% reduction)**
- **Halved the overall patient waiting list size**
- **Significantly decreased the number of patients waiting over 52 weeks from 127 to 19 patients (85% reduction)**

The collaboration enabled earlier intervention, reduced deterioration, improved antimicrobial stewardship, and strengthened referral accuracy across the system. These outcomes directly support the redesigned lymphoedema model, demonstrating measurable improvements in access, equity, and system efficiency.

