TE WAIORA Nelson Marlborough Health

DHB Office
Braemar Campus

Private Bag 18
Nelson, New Zealand

17 October 2019

[redacted]

Response to a request for official information

Dear [redacted]

Thank you for your request for official information received 3 October 2019 by Nelson Marlborough Health (NMH)[1] where you seek the following information:

1. ***Does your DHB currently have a specified lymphoedema service?***

The Nelson Marlborough region has Lymphoedema Therapists based in Nelson Hospital and Wairau (Blenheim) Hospital. One Level 2 Therapist with the Golden Bay Primary Health Organisation (PHO) sees DHB patients. Several Level 1 and 2 Therapists work in the private sector and the Hospice.

2. ***What services are provided for patients with lymphoedema in your DHB?***

- Monitoring at risk patients pre and post operatively
- Assessing patients to confirm Lymphoedema and Lipoedema
- Treatment including Complete Decongestive Therapy (CDT) according to International Consensus *Best Practice for the Management of Lymphoedema Guidelines* e.g. intensive and self-care phases.

3. ***How much funding is allocated for lymphoedema services within your DHB annually? Also, please include % of total budget. Please provide information for the last 3-5 years.***

Remuneration

Funding allocated to lymphoedema services includes salaries for 1.1 Full Time Equivalent (FTE) allied health personnel. Given the 1.1 FTE employed directly with lymphoedema services is such a low number, and salary information is considered by many people to be sensitive and personal to them, NMH declines to disclose salaries which may effectively disclose the identity of individuals under Section 9(2)(a) *'to protect the privacy of natural persons, including that of deceased natural persons'*. In the circumstances, the withholding of that information is not outweighed by other considerations which render it desirable, in the public interest, to make that information available.

[1] Nelson Marlborough District Health Board

Therapeutic Garments

TABLE 1

Financial Year	Budget
2018/19	$94,148
2017/18	$65,148
2016/17	$57,148
2015/16	$44,148
2014/15	$36,148

It is estimated that Lymphoedema services equate to 4% of total allied health Department personnel resource, and 3.5% of the total Department costs.

4. ***How many FTEs are allocated in your DHB for lymphoedema therapists?***

1.1 FTE.

5. ***How many lymphoedema therapist position vacancies have you had over the past year?***

One 0.3 FTE permanent position.

6. ***Does this service provide publicly funded lymphoedema services for cancer patients/ survivors?***

Yes.

7. ***What is the eligibility criteria to access lymphoedema service for cancer patients/survivors in your DHB?***

Cancer patients/survivors with suspected or confirmed Lymphoedema or surveillance, and monitoring for anyone at high risk (e.g. axillary, inguinal or abdominal node removal).

8. ***Please list lymphoedema services / procedures available/ offered for cancer patients/ survivors in your DHB (including education and early signs detection).***

a) Surveillance model: as per the Australian Lymphology Association (ALA) Position Statement *Monitoring for early detection of breast cancer related Lymphoedema* (attached) – pre and post operative monitoring and education
b) Active treatment for Lymphoedema consists of education, base line measurements and monitoring, CDT, multi-layered bandaging, compression garment provision, night bandaging, night garments, manual lymphatic drainage techniques, skin and nail care, exercise etc.

9. ***Is there a funded provision for compression garments in your DHB? If so, please specify what provision is funded (how many sets of compression garments per year).***

- Basic garments are provided free to patients with confirmed Lymphoedema of which usually consists of 2 garments every 6 months
- Compression garments are supplied as a prophylaxis on flights
- Additional fashion garments are self funded by patients

10. ***How can cancer patients/survivors access lymphoedema services in your DHB? Do they need a referral and who can provide the referral?***

NMH accepts referrals from Oncology nurses, Hospital specialists, General Practitioners (GPs) and Practice Nurses, Allied Health professionals, District Nurses, and self-referrals.

11. ***What is the average waiting time for cancer patients/ survivors to access lymphoedema services within your DHB?***

This is dependent on the reason for referral and clinical triage and can range from same day service to 4 weeks.

12. ***If you currently provide a lymphoedema service, what is the current waiting list status in your DHB? How many people are currently awaiting appointments? How many days is the waiting list currently at?***

On receipt of referral and clinical triage the patient/survivor is booked into the next available appointment. Wait list time is minimal.

13. ***Is there a protocol on pre and post-surgery lymphoedema surveillance in your DHB and if so could you please provide it?***

We are guided by the ALA Position Statement *Monitoring for early detection of breast cancer related Lymphoedema*, noting new evidence suggesting a shift of 6.5 on L-Dex from baseline (previously stated as 10).is clinically significant.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602.

If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz

I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely

Dr Peter Bramley
Chief Executive
cc: Ministry of Health via email: SectorOIAs@moh.govt.nz

AUSTRALASIAN LYMPHOLOGY ASSOCIATION

POSITION STATEMENT

MONITORING FOR THE EARLY DETECTION OF BREAST CANCER RELATED LYMPHOEDEMA

Approved by the ALA National Council October 2012

The position of the ALA

The Australasian Lymphology Association (ALA) endorses the need to monitor for the early detection of lymphoedema following breast cancer treatment. The early detection and management of sub-clinical lymphoedema may reduce the long term physical, functional and psychological effects caused by a later diagnosis and delayed management of the condition.

The ALA endorses the use of bioimpedance spectroscopy (BIS) as a validated and reliable tool to enable early detection of breast cancer related lymphoedema (BCRL) of the arm.[1,2]

Background

This position statement has been developed by the Australasian Lymphology Association (ALA) to provide an Australasian perspective and to promote consistency in the monitoring for early detection of breast cancer related lymphoedema. The importance and benefits of early diagnosis of lymphoedema for medical practitioners is explained on the ALA website www.lymphology.asn.au.

The ALA acknowledges the position statement of the National Lymphedema Network: "Screening and Measurement for the Early Detection of Breast Cancer Related Lymphedema" updated April 2011 www.lymphnet.org.

Monitoring of breast cancer patients for lymphoedema

An improved outcome for the quality of survival following the treatment of breast cancer requires the recognition and management of the lifelong risk of lymphoedema development.[3,4] Early identification and management of lymphoedema results in improved outcomes and reduces the impact of the condition on the survivor's quality of life.[5-7]

The components of successful monitoring for early detection of lymphoedema should include:

- Consent for breast cancer treatment to include lymphoedema as a potential sequelae of
  treatment for at-risk patients.[8,9]
- Written policies and protocols for early detection, assessment and management of lymphoedema in all breast cancer care services.

- A breast physician, breast care nurse and/or allied health professional with lymphoedema training as part of the multidisciplinary team managing breast cancer.
- Consistently applied and objective measurements, including baseline pre-treatment measurement of both arms.

Guidelines to achieve early detection of BCRL

- All persons undergoing treatment for breast cancer should be made aware of their risk of lymphoedema and be provided with evidence based best practice risk reduction education and guidelines and local lymphoedema service information.[8,9] This information should also be available at subsequent reviews.[10,11]
- All persons diagnosed with breast cancer should have pre-treatment measurements recorded and should have similar measurements repeated at 3 to 6 monthly intervals for the first 2 years post treatment.[11] Both arms should be measured to reduce standard measurement error.[1]
- Patient reports of symptoms such as heaviness, tightness, swelling, and/or aching in the at-risk arm should be assessed and recorded at each review.[10]
- Examination of the limbs should occur at each review, and include testing for pitting using timed pressure.
- Adjuvant therapy, such as chemotherapy and radiotherapy should be considered in interpreting changes.

Criteria for early diagnosis of BCRL

- Bioimpedance spectroscopy: L-Dex® values that are above the normal range of 10 units, or have changed +10 L-Dex® units from baseline, or are showing an upward trend over time.

- Sustained +5% increase in volume of the at-risk arm compared to the non-affected arm calculated by circumferential measurement (see ALA Guidelines for Circumferential Measurement at www.lymphology.asn.au) or perometry.[12]

Referral for treatment

When the above criteria are met, there should be a documented management plan developed, which is understood and accepted by each patient, and identifies intervention options including referral for lymphoedema treatment.[9] Referral should be made to a lymphoedema practitioner eligible for inclusion in the National Lymphoedema Practitioners Register (NLPR) www.nlpr.asn.au. NLPR practitioners fulfil the accreditation and registration requirements of the ALA, including 135 hours of specialised training in lymphoedema management (as recognised by the ALA Training Guidelines), and participation in continuing professional development.

References

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