

GLOBAL TEAMWORK IS KEY FOR TREATING COMPLEX DISORDERS

Christine Moffatt

There appears to be a growing acknowledgement that lymphoedema is an important healthcare issue in all countries of the world. In the UK, the work of the Lymphoedema Framework Project (LFP) with its partnership approach, has led to increasing awareness of the size and complexity of the problem and has attracted interest from the Department of Health. NHS Live (www.institute.nhs.uk/nhs_live/introduction/welcome_to_nhs_live.html), a branch of the Department of Health, will profile the work of this project later in the year. It has selected the project as an example of good partnership with healthcare agencies, professionals, the wound and compression industry and patients all working together to develop effective services. All of the LFP's documents will be featured on the NHS Live website.

The LFP has highlighted the importance of working collaboratively if real improvements in care delivery are to be developed and sustained at a national and international level. While there is no doubt that considerable expertise and skill exist to underpin lymphoedema management, the variations in the level of care provision worldwide are enormous. Changing the profile of this condition will certainly require a great deal of effort and determination.

One of the greatest barriers to quality care is the lack of robust evidence about the size of the problem and the level of unmet need. We have to challenge the widely-held belief that lymphoedema is a rare condition. Lymphoedema is a large healthcare problem which is encountered

in the majority of healthcare settings. Lack of professional knowledge leads to a delay in correct diagnosis and treatment unless the patient is fortunate enough to be referred to a specialist lymphoedema service or, as is occurring more frequently, seeks out information for themselves that will lead them to correct diagnosis and care. For some this may take months, or years, and will have a huge psychological impact.

Lymphoedema is a large healthcare problem which is encountered in the majority of healthcare settings.

Previous arguments about how to research the outcomes of lymphoedema care have centred on the belief that the complexity of this condition prevents such studies from being undertaken. While its complex nature cannot and should not be denied, the academic community must rise to the challenge of developing methods that can determine the differences in outcome between the patient groups and the interventions that are used. As the overall age of patients increases, so will the level of complexity faced by clinicians and healthcare agencies. Complexity is not unique to lymphoedema, but is found in the majority of chronic conditions and must not be used as an excuse to ignore these issues. It is only by the development of a robust evidence base that the case for services can be fought. At present in many countries a select group of patients with lymphoedema are given a very high level of care and the others remain untreated, suffering from a silent epidemic. Failure to identify and treat patients who are at risk of developing the condition and those in the early stages will lead over time to an

increasing number of patients developing severe, complex conditions that use a high level of healthcare resources.

The LFP is now developing a global perspective. The aim is to facilitate the development of effective care provision throughout the world for all patients suffering with lymphoedema, irrespective of the underlying cause. This will require the development of effective partnerships with agencies and societies throughout the world. Such an initiative will require an understanding of the way in which care is reimbursed and organised in different countries.

This year the LFP will publish a template for management that will give advice on how to develop lymphoedema services. Clinicians are increasingly being expected to be able to tackle these issues and many feel ill-equipped for the task. The first article in this template discusses how to develop a case for funding a service and the principles can be adapted for use in different healthcare models. The second article provides practical advice on developing a service for patients, drawing from the success of an excellent service developed in Enfield in the UK. The third article discusses the important issue of training and competency for practice and helps to clearly delineate the differences between these roles and the different educational requirements. The final paper discusses how to evaluate care provision and the use of different methods.

It is necessary for the international lymphoedema community to rise to the challenge of developing more equitable and accessible care. The international LFP is committed to learning from others and working together for a better standard of care across the globe. **JL**

Christine Moffatt is Professor of Nursing at the Centre for Research and Implementation of Clinical Practice (CRICP), Thames Valley University, London