

# Accessing Lymphoedema Services in Fife

C Bulley PhD

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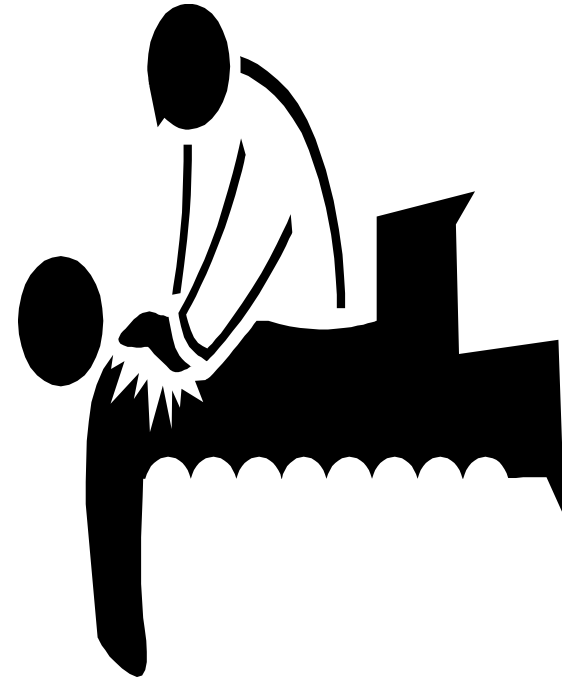
# Lymphoedema

- Failure in the lymphatic system →
- Chronic accumulation of fluid in the tissues
- Affects both upper and lower limbs
- Primary lymphoedema (no external cause) → predominantly lower limb
- Secondary lymphoedema (e.g. from treatments for breast cancer) → predominantly upper limb
- (Badger & Jeffs, 1997)



# Lymphoedema Management

- Lymphoedema leads to reduced function and quality of life (biopsychosocial impacts)
- Evidence and expert consensus: lymphoedema management has positive impacts on limb volume
- Lymphoedema management requires specialist training and service provision
- (Badger & Jeffs, 1997)



# Lymphoedema Services in Fife

Services in Fife (2003):

→ 1 part-time physiotherapist provides a specialist service (Dunfermline)

→ 2 clinicians provide lymphoedema management in a palliative care setting (Kirkcaldy)

→ 1 private practitioner (Glenrothes)

Concern that services were not adequate → Needs Assessment



# Needs Assessment of Lymphoedema Services in Fife

- One of the questions addressed in the needs assessment:

HOW ACCESSIBLE ARE  
LYMPHOEDEMA SERVICES?

- 2 sources of information:
  - Referrers
  - Providers



# Methods

## 1.) Referrers:

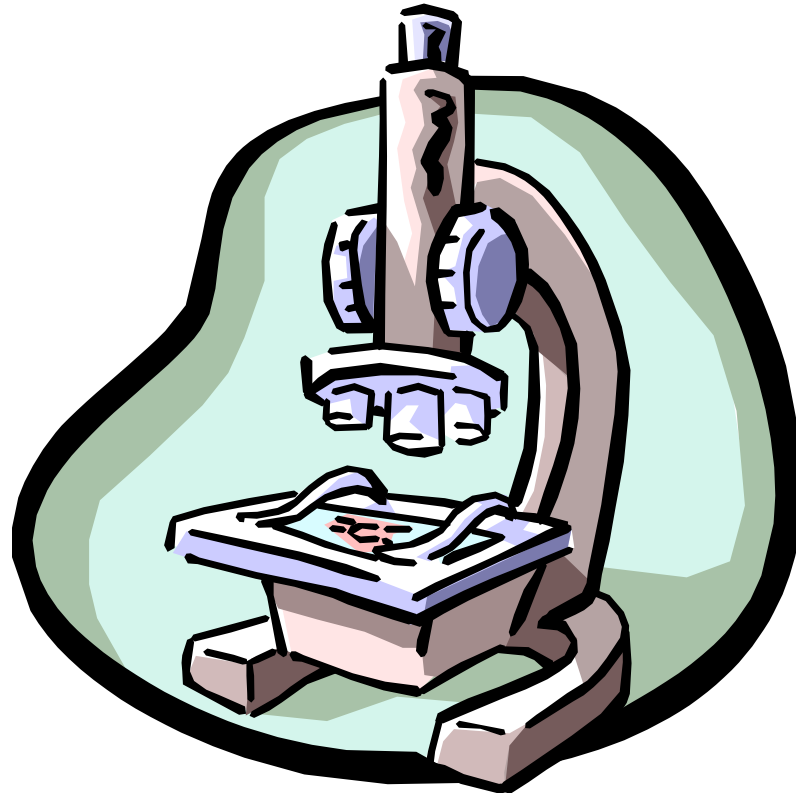
- short targeted telephone survey → awareness of lymphoedema and referral practices; descriptive analysis
- stratified random sample of 44 general practitioners (8-10 from each LHCC); GPs from 62% of listed practices participated

## 2.) Providers:

- qualitative interviews with providers from 3 services → experiences of access for clients;
- thematic analysis within a postpositivist framework



# Results: Triangulated Findings



# 1.) Poor likelihood of referral for investigations and management

- Lack of awareness of lymphoedema
  - 36% of referrers had diagnosed no cases; 16% had no previous experience at all;
- Low credibility given to the potential for management
  - 23% unsure/felt there was little a GP could do; providers: *“they’re not sure how to deal with it”*
- Lack of awareness of lymphoedema services
  - only 11% would refer directly to specialist services
- All leading to poor likelihood of referral
  - 30% described delaying referral, e.g. until symptoms deteriorate





## 2.) Limited geographical access

- Impact of geographical proximity to services → greater awareness and likelihood of referral
  - 4 out of 5 GPs who would refer to specialist services are in close proximity to those services
- Impact of geographical distance and centralised services → reliance on private transportation
  - provider comment: “North-East Fife is very out on a limb”; the independent practitioner manages clients who travel long distances



# Conclusions

- Access to lymphoedema services in Fife is limited by:
  - poor referral practices
  - centralisation of services
- Recommendations:
  - evaluate different models of service delivery
  - explore methods of promoting specialist services

