Lymphoedema garments

An extensive range of lymphoedema garments is listed in the Drug Tariff[1] and it can be difficult to identify the correct item on GP prescribing systems. Robust processes are needed to ensure that patients receive the correct garments.

Key recommendations

- Integrated Care Boards (ICBs) / Health Boards (HBs) should develop, implement and review local pathways for the use of lymphoedema garments as part of a broader lymphoedema care pathway.
  - » Undertake this in conjunction and consultation with primary care, secondary care, if relevant tertiary care and all other relevant providers/stakeholders involved in the care of patients with (or at risk of) lymphoedema.
- Consider the different models of lymphoedema garment provision available (prescription, purchasing or a combination of both) and decide which route(s) is/are appropriate locally.
- Develop a local lymphoedema garment formulary as part of the pathway. Use the expertise of the local stakeholder group to select products that offer the best quality and value. Include all the information required to select the intended garment on the GP prescribing systems (such as the specific description to use and product/PIP codes).
- Be aware that lymphoedema garments should only be prescribed/supplied after a full assessment of the individual by an appropriately trained practitioner.[2]
- When recommending lymphoedema garments, clinicians should use their clinical judgement to provide the best garment(s) suited to each individual patient.[3]
- Replace lymphoedema garments every three to six months, or when they begin to lose elasticity or are damaged. Very active patients may need replacement garments more frequently.[3]
- The cost of the garment should be considered e.g. by prescribing from the local formulary where possible.
- If prescriptions for lymphoedema garments are to be provided via GP practices, ensure that the local pathway incorporates a robust communication process between the lymphoedema service and the practices.
  - » Ensure product details are clearly conveyed (garment description and product/PIP codes).
  - » Provide a contact number or email for the specialist service for queries.
- To reduce the risk of harm, wastage and treatment delays, all reasonable steps should be taken to ensure the correct items are ordered.
- Provide the patient with two garments per body part - one to wear and one to wash. Advise patients that garments should be washed frequently according to the manufacturer's instructions.[3]
- Be aware that a lymphoedema therapist or trained healthcare professional should review new patients (face to face or by telephone) three weeks after fitting, and then after three to six months, at the practitioner's discretion, if fit and response to compression are satisfactory.[3]
- Practices should consider what process they use to manage this e.g. using the variable repeat function for appropriate patients, adding a review date to prescriptions, consider if patients need reviewing and remeasuring before new prescriptions are issued.

Prescribing review

Consider auditing the provision of lymphoedema garments locally. Audit cycles have been shown to reduce supply errors and have led to NHS savings.[4] See 'Additional resources' below for a link to an audit.

Savings

In England, Wales, Northern Ireland, Isle of Man and Scotland £46million is spent annually (NHSBSA Oct-Dec24 and Public Health Scotland Sept-Oct24) on the prescribing of lymphoedema garments (note that this figure does not capture supply via non-prescription routes). A 20% reduction in prescribing (by reducing wastage) would produce savings in the order of over £9million annually.

Lymphoedema garments 12 months cost avoidance by country (NHSBSA England and Wales (NHSBSA Oct-Dec24 and Public Health Scotland Sep-Nov24).

	12 months cost avoidance (£)	Cost avoidance per 100,000 population (£)
England	£8,218,564	£12,900
Isle of Man	£24,351	£27,189
Northern Ireland	£302,917	£14,687
Scotland	£555,462	£9,229
Wales	£59,588	£1,804
Total	£9,160,882	£12,185

References

1. NHS Business Services Authority. Drug Tariff February 2025. https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff
2. Lymphoedema Framework. Best Practice for the Management of Lymphoedema. International consensus. London: MEP Ltd, 2006. https://www.lympho.org/uploads/files/files/Best_practice.pdf
3. All-Ireland Lymphoedema Guidelines for the Diagnosis, Assessment and Management of Lymphoedema 2022. Clinical Guideline. Published September 2022. https://assets.hse.ie/media/documents/ncr/lymphoedema-guidelines.pdf
4. Board J, Anderson J. Improving patient access to compression garments: an alternative approach. Journal of Lymphoedema 2018;13(1):54-58 https://woundsinternational.com/journal-articles/improving-patient-access-to-compression-garments-an-alternative-approach/

Additional PrescQIPP resources, including implementation tools and data: https://www.prescqipp.info/our-resources/bulletins/bulletin-367-lymphoedema-garments/

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