PrescQIPP
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Lymphoedema garments

This is one of a number of bulletins providing further information on products contained in the PrescQIPP PROP-List (Products to Review for Optimised Prescribing). The PROP-List is an accumulation of medicines and medical devices that are regarded as low priority, poor value for money or medicines for which there are safer alternatives. The PROP-List also includes products for which there are specific medicines optimisation issues to be addressed to ensure appropriate use and/or to minimise waste.

This bulletin focuses on lymphoedema garments and provides the rationale for ensuring that they are used as part of a local pathway that incorporates appropriate assessment and review, and an ordering process which ensures the correct items are selected.

In England, Wales, Northern Ireland, Isle of Man and Scotland £46million is spent annually (NHSBSA Oct-Dec24 and Public Health Scotland Sep-Nov24) on the prescribing of lymphoedema garments (note that this figure does not capture supply via non-prescription routes).

An extensive range of lymphoedema garments is listed in the Drug Tariff and it can be difficult to identify the correct product on GP prescribing systems. It is not possible to tell what proportion of the annual spend is due to the incorrect item being prescribed and dispensed, leading to wastage and the need for another prescription. However, anecdotal evidence and audit data[1,2] suggest that this is an issue.

A 20% reduction in prescribing (by reducing wastage) would produce savings in the order of over £9 million annually. Savings made by reducing product selection errors and using cost-effective choices could be used to support the local lymphoedema service.

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 and, if relevant, tertiary care as well as all other relevant providers, 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.
- When recommending lymphoedema garments, clinicians should use their clinical judgement to provide the best garment(s) suited to each individual patient. The cost of the garment should be considered e.g. by prescribing from the local formulary where possible.

Recommendations

- 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.
- 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.
- 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.
- 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.

Background

Lymphoedema is a chronic condition that causes swelling in the body's tissues. It can affect any part of the body, but usually occurs in the arms or legs.[3]

It develops when the lymphatic drainage system is unable to work properly,[3] resulting in lymph (a protein-rich fluid) accumulating in the interstitial space.[4]

The swelling may come and go; it may get worse during the day and go down overnight. Without treatment, it will usually become more severe and persistent. It can be difficult to fit into clothes, and jewellery and watches can feel tight.[3]

Other symptoms in the affected body part can include:[3]

- An aching, heavy feeling
- Difficulty with movement
- Repeated skin infections
- Hard, tight, thickened skin
- Skin folds developing
- Wart-like growths developing on the skin
- Fluid leaking through the skin

There are two main types of lymphoedema:

Primary lymphoedema – caused by faulty genes that affect the development of the lymphatic system; it can develop at any age, but usually starts during infancy, adolescence, or early adulthood.[3]

Secondary lymphoedema – caused by damage to the lymphatic system or problems with the movement and drainage of fluid in the lymphatic system; it can be the result of injury, cancer treatment, inflammation of the limb, a lack of limb movement[3] or nematode infection (filariasis).[4]

Most cases of lymphoedema can be diagnosed by history and physical examination. Laboratory tests are non-specific for lymphoedema and should be obtained only to rule out other conditions or confirm suspicions of underlying filariasis.[4]

If the patient presents to a primary care setting, the GP may choose to conduct some initial screening investigations to exclude other causes of swelling before referring the patient for confirmation of the diagnosis of lymphoedema.[5] When the history and physical examination are equivocal, specialists may use imaging (such as lymphoscintigraphy using a radiolabelled marker) to facilitate the diagnosis.[4]

There is no cure for lymphoedema, but it is possible to control the symptoms using techniques to minimise fluid build-up and stimulate the flow of fluid through the lymphatic system.[3]

The recommended treatment is Decongestive Lymphatic Therapy (DLT). DLT takes time and effort, but can be used to bring lymphoedema under control. There are four components:[6]

- Compression bandages and garments – to complement exercise by moving fluid out of the affected limb and minimise further build-up.
- Skin care – to keep the skin in good condition and reduce the chances of infection.
- Exercises – to use muscles in the affected limb to improve lymph drainage.
- Specialised massage techniques – known as Manual Lymphatic Drainage; this stimulates the flow of fluid in the lymphatic system and reduces swelling.

Some patients need an intensive phase of therapy at first, during which they may receive daily treatment for several weeks to help reduce the volume of the affected body part. This is then followed by a maintenance phase, which some patients may be able to move straight to without intensive therapy, depending on their initial assessment. During the maintenance phase the patient is encouraged to take over their care using simple self-massage techniques, wearing compression garments, and continuing to exercise.[5,6]

Lymphoedema garments are either flat-bed or circular knitted garments.

- Seamless, circular-knitted garments (in standard sizes) can be used to prevent swelling if the lymphoedema is well controlled and if the limb is in good shape and without skin folds.
- Flat-knitted garments (usually made-to-measure) with a seam, provide greater rigidity and stiffness to maintain reduction of lymphoedema following treatment with compression bandages.[7]

The compression values for lymphoedema garments are different to graduated compression hosiery. Compression hosiery values are based on British standard values, while lymphoedema garments compression values are based on the European classification.[7] It is important to note that the pressure range used to define class varies between the standards (see table 1):

Table 1. Compression values for hosiery and lymphoedema garments[7,8]

Class		Compression hosiery – British standard	Lymphoedema garments - European classification
Class 1	Light/mild	14–17 mmHg	18–21 mmHg
Class 2	Medium	18–24 mmHg	23–32 mmHg
Class 3	Strong	25–35 mmHg	34–46 mmHg
Class 4	Extra strong	Not available	49–70 mmHg
Class 4	Super	Not available	60–90 mmHg

When choosing a garment, a holistic approach and consideration of the patient's needs is required (e.g. body mass index (BMI), limb shape, disease severity, patient preference and ability). As the pressure range used to define each class varies between the different standards, it is useful for practitioners to consider the compression dosage (in mmHg) required for the patient's individual needs, rather than just the compression class of the garment.[8]

Many (but not all) of the products listed in the lymphoedema garments section of the Drug Tariff have compression values that fit into the European classification.[9]

The Drug Tariff lists many different types of lymphoedema garments, including:[9]

- Stockings
- Tights
- Toe caps
- Foot pieces and foot caps
- Armsleeves
- Combined Armsleeve – with hand piece, gauntlet, glove, mittens
- Gloves with and without fingers
- Gauntlets – wrist length, elbow length
- Pants – one legged, two legged, Capri, Bermuda

The garments have different variants, some examples include stockings which can be below knee, thigh length, open toe and closed toe. Gloves come with or without fingers and gauntlets can be wrist or elbow length. Additionally, garments are available with optional extras which are priced separately. Some examples are oblique toes, ankle pads, silicone bands, shoulder caps, zips, adjustable waistbands, pockets, fly openings and reinforced gussets.

National guidance

National Institute of Health and Care Excellence (NICE)

NICE have not produced any individual technology appraisals for lymphoedema garments. However, their use is included in some NICE guidance documents, such as the NICE interventional procedures guidance, Liposuction for chronic lymphoedema [IPG723].[10]

This guidance advises that current evidence on the safety and efficacy of liposuction for chronic lymphoedema is adequate to support the use of this procedure. Immediately after liposuction, a compression bandage is applied to the limb to control any bleeding and to prevent postoperative oedema. After the procedure, a custom-made compression garment must be worn for life to maintain the volume reduction. This garment needs to be revised multiple times until the oedema volume has been reduced as much as possible and a steady state has been reached, but must be worn for life.[10]

The NICE guideline on the prevention and management of lymphoedema in people with early, locally advanced, and advanced breast cancer [NG101] was published in February 2025. It makes recommendations on lymphoedema management including to offer compression therapy as the first stage of lymphoedema management. Make a shared decision with the person about the form of compression that is best for them.[11] Previous recommendations on lymphoedema in NICE clinical guideline [CG81] Advanced breast cancer: diagnosis and treatment have been stood down and superseded by NG101.[12]

All-Ireland Lymphoedema Guidelines

In 2022, the Health Service Executive (HSE) of the Republic of Ireland, and Health and Social Care (HSC) of Northern Ireland published All-Ireland Lymphoedema Guidelines.[13]

The guideline includes recommendations for lymphoedema diagnosis, assessment and management. Compression is recommended to control lymphoedema, which is typically required life-long. A number of general recommendations relating to compression garments are made, including the following:

- During the maintenance phase the patient is measured and fitted with an elastic or inelastic compression garment to use during waking hours.
- Every patient requires a thorough assessment, and clinicians should always use their clinical judgement to provide the best garment(s) suited to each individual patient.
- When selecting appropriate compression for a patient with lymphoedema, consider the patient's vascular status, ability to tolerate compression and ability to manage the garment.
- Patients who cannot tolerate off-the-shelf garments or those with misshapen limbs should be considered for custom made garments, in accordance with patient choice.
- Compression garments should be replaced according to manufacturer guidelines, which would typically be every six months or sooner. The need for replacement garments should be reviewed every three to six months, or when they lose elasticity. Very active patients may need replacement garments more frequently.
- Patients should be supplied with a minimum of two garment sets per body part at each six month review.
- Damaged garments should be replaced to ensure adequate compression is applied.
- In cases of significant weight or oedema fluctuation, such that garments no longer fit correctly or are uncomfortable, garments should be remeasured and new sets supplied.
- Patients should wait 30 minutes after applying moisturiser (which is recommended for skincare) before attempting to apply a compression garment. This is because emollients may damage the elastic component of compression garments.
- Healthcare professionals, patients and carers should be aware that some paraffin-based emollients present a fire hazard particularly if soaked into garments or bandaging, therefore choice of emollient may need to be risk-assessed based on individual risks such as smoking status and use of oxygen therapy.
- Where possible, compression garments should be removed daily. They should be washed as per manufacturer instructions and replaced with a clean, dry garment.[13]

Regarding the fitting and evaluation of lymphoedema compression garments, the guideline states that a lymphoedema therapist or trained healthcare professional should:

- Check the fit of a newly prescribed compression garment and ensure patients have the information they need to use their garments effectively and appropriately including the manufacturer laundering instructions; in general, garments should be washed daily.
- Demonstrate garment application and removal, and check that the patient or carer can perform these tasks.
- Educate patients regarding application aids and strategies to prevent garment slippage.
- 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.
- During reassessment, seek to understand the patient's perspective of their progress and ensure that the level of compression is adequate. They should evaluate the patient/carer's ability to manage the garment and care for the affected limb.
- Pay particular attention to the presence of pain, which may indicate a problem such as ischemia, infection, or deep vein thrombosis. Patients should be evaluated to ensure that the garment does not cause damage to the foot or ankle.

- Reassess the patient if deterioration occurs to determine whether there is a change in overall health status and to explore whether there are issues affecting the patient's ability to self-manage e.g. their access to carer support.[13]

The guidance addresses the question of whether an assessment of Ankle Brachial Pressure Index (ABPI) is necessary prior to providing compression. The following recommendations are made:

- Routine ABPI measurements for patients who present with lymphoedema are not required in the absence of significant cardiovascular risk factors and clinical signs or symptoms of Peripheral Arterial Disease (PAD), provided the vascular status has been thoroughly assessed. If there are concerns in terms of reduced arterial flow, a referral for further vascular assessment and possible intervention should be pursued.
- All lymphoedema clinicians should be competent to assess vascular status.[13]

The following contraindications for medical compression are recommended:

- Severe PAD with an ABPI <0.6, ankle pressure <60 mmHg, toe pressure <30 mmHg, or transcutaneous oxygen pressure <20 mmHg
- Severe cardiac insufficiency (New York Heart Association class IV)
- Suspected compression of an existing epifascial arterial bypass
- Confirmed allergy to compression material
- Severe diabetic neuropathy with sensory loss or microangiopathy with the risk of skin necrosis (this may not apply to inelastic compression exerting low levels of sustained compression pressure, or modified compression).[13]

The guideline also includes specific sections on lymphoedema in children and young people, in people with obesity and in palliative care, with recommendations specific to these groups.[13]

A range of resources including lymphoedema pathways, assessment forms and patient information leaflets is available alongside the guideline at https://www.hse.ie/eng/services/list/2/primarycare/lymphoedema/

Lymphoedema Wales Clinical Network (LWCN) guidance

In 2014, NHS Wales Shared Services and Lymphoedema Network Wales (the former name of the LWCN), completed an all Wales lymphoedema compression garment contract following collaboration with lymphoedema clinicians, stakeholders, surgical material testing laboratory and NHS Wales shared services.

The contract was developed to ensure that patients received the best product (through product testing) for the best price from a procurement perspective. Subsequently, the All Wales Lymphoedema Compression Garment Formulary was created in 2015.[14]

The latest version of the LWCN compression garment formulary was published in May 2023, for use in NHS Wales. The formulary is divided into sections according to body area (e.g. lower limb, upper limb) and whether garments are off the shelf or made to measure. In each section, the clinical indications for garment use are provided as a guide. Details of the measurements required to select the correct size of garment are included, as are product codes (where available) for prescribing/ordering garments.

LWCN have also published a Chronic Oedema Wet Leg Pathway (August 2022). As well as addressing lymphorrhoea (leaking lymphatic fluid through the skin surface, also called wet legs) management, it advises on the use of compression garments for ongoing management of lymphoedema once the patient's lymphorrhoea has ceased.

Right Decision Service, Healthcare Improvement Scotland

In Scotland, guidelines on the management of lymphoedema can be found on the Right Decision Service website. The resources, which include pathways, clinical guidelines and a compression hosiery formulary were developed by NHS Highlands.

Other recommendations

An International consensus document on best practice for the management of lymphoedema is available.[5]

This is an industry sponsored document that was derived from a UK national consensus on standards of practice for people who are at risk of, or who have lymphoedema. The document was reviewed by an international panel. It was produced by the Lymphoedema Framework who are a UK based research partnership involving specialist practitioners, clinicians, patient groups, healthcare organisations, and the wound care and compression garment industry. It is an older document published in 2006 and has not been updated.

The document emphasises the need for compression garments to be fitted by appropriately trained practitioners. Measurement for ready to wear or custom made compression garments requires that the practitioner has appropriate training, and access to a practitioner with training at specialist level.[5]

Prescribing of lymphoedema garments in primary care

The appliances section of the Drug Tariff for England and Wales and the Drug Tariff for Northern Ireland includes 'lymphoedema garments'.[9,15] They are also included in the dressings section of the Scottish Drug Tariff.[16]

The lymphoedema garments that are listed can be prescribed on an NHS primary care prescription.

An extensive range of garments are listed in the Drug Tariff which are available in different compressions and colours. Garments may also have different features and optional extras which are available at additional costs. The numerous sizes, colours and designs mean that there are tens of thousands of lymphoedema garment lines available to prescribe.[14]

The Dictionary of Medicines and Devices (dm+d) is a dictionary of descriptions and codes which represent medicines and devices in use across the NHS.[17] A unique code can be used to identify precisely which product is required thus contributing to safe and effective use of medicines. Lymphoedema garments do have dm+d codes, but because there are a wide range of products available, and commonly used GP prescribing systems do not recognise these codes it can be difficult to identify the intended product.

Lymphoedema garments also have product codes and PIP codes (in most cases), but again these are not always recognised by GP prescribing systems. It is easy to pick the wrong product when prescribing and when dispensing lymphoedema compression garments, which can lead to:

- Waste of the garment
- Potential harm e.g. exacerbation of oedema due to the wrong size or style of garment being issued
- Delays in patients receiving their garments and commencing treatment.[14] Fitting appointments may need rescheduling.[1]

In 2018, an audit of the experience of patients receiving lymphoedema garments via primary care NHS prescription, 83% of the 112 respondents experienced one or more issues, with 30% of respondents receiving the wrong item. By working with commissioners to enable negotiations with manufacturers for direct purchase the percentage of patients experiencing issues with the drug formulary route dropped from 83% to 10%. In addition, the deal negotiated with the manufacturers led to a saving for the NHS.[1] Another audit undertaken over three years, looked at whether patients received the correct requested garment via a GP prescription route. Despite responding to audit cycles with improvements in process, the audit standard was not met in any of the audits.[2]

The risk of harm and the expense of wasted garments means that it is important that checks and processes are in place to prevent the wrong garment being prescribed or dispensed. Different strategies have been used to address some of the problems encountered in prescribing lymphoedema garments. These include the development of lymphoedema garment formularies and the use of alternative models of garment provision to the FP10 route (see 'Models of garment provision' section below).

Lymphoedema garments should only be prescribed after a full assessment of the individual by an appropriately trained practitioner.[5,13] The local care pathway should state who provides the patient with their initial and ongoing supplies of lymphoedema garment after assessment.

Lymphoedema teams should consider the role of non-medical prescribing to improve the effective and efficient prescribing of garments and other lymphoedema-related products.[13]

The choice of lymphoedema garment should take into account factors such as the stage and severity of the lymphoedema, the patient's comfort, preferences, lifestyle, psychosocial status, concurrent disease, and ability to apply and remove garments. Details on the prescription should include:[5]

- Quantity of garments (at least two – one for wearing, one for washing)
- Manufacturer, style and garment code. Note that more than one code might be needed for garments that are available with additional options e.g. the basic garment code plus further codes for options such as non-standard colour, closed toe, silicone band, zip etc.
- Level of compression required (including compression dosage in mmHg)
- Knitted texture, i.e. circular knit or flat knit
- Length
- Fixation and attachment, if needed, e.g. silicone top, waist attachment
- For ready to wear garments, state size
- For custom made garments, provide measurements required by the manufacturer
- Sex of the patient
- Colour

The prescribing information above is general. For individual products, the manufacturer's ordering instructions can usually be found on their website. Where there is uncertainty, items should be confirmed with the lymphoedema service before they are ordered.

Dispensing lymphoedema garment

Prescriptions for appliances can be dispensed by pharmacies, dispensing appliance contractors (DACs) or General Practice Dispensing Practices.

Some pharmacies may not dispense lymphoedema garments, so if the person wants to use their usual pharmacy it is necessary to check that the pharmacy provides this service.

An alternative is to use a DAC. It is advisable to request a timeframe for supply from the chosen dispenser so that fitting can be planned and so that the patient knows when to collect their item or check for an update if an item hasn't been received.

Pharmacies and DACs can often provide a delivery service to the patient's home.

Models for the provision of lymphoedema garments

A variety of models are used for obtaining lymphoedema garments across the UK. They are comparable to the models that exist for provision of wound care products and can be broadly divided into 'prescription routes' and 'purchase routes'.

In 2022, the National Wound Care Strategy Programme (NWCSP) published A Review of the Routes of Supply and Distribution of Wound Management Products in England. The review outlines the key features of the different routes of supply.[18] Although focused on wound care products, the content is likely to be useful to those responsible in ICB/HB for making decisions about the supply and distribution of lymphoedema garments.

The NWCSP review describes the prescription routes (FP10 from either community or hospital) and a number of different purchasing routes, including:

- NHS Supply Chain
- Other NHS frameworks e.g. the NHS Shared Business Services manages an advanced wound care and lymphoedema products and services framework agreement, which is used by some community trust providers
- Local tender or commissioning arrangements.

Models of lymphoedema garment provision are also discussed in Commissioning guidance from the National Lymphoedema Partnership published in 2019.[19] Table 2 is an adaptation of their summary of the different models.

Table 2. Models for garment provision [adapted from reference 19]

Route	Features
Prescription routes (FP10)	Prescribed by GP or non-medical prescriber Options in Drug Tariff, under appliances, there are >65 pages of products
Purchasing route (direct order)	Processing and ordering system established by provider in conjunction with the NHS Either through locally agreed budget for direct purchase Or as a commissioned component of service with a proportion of prescribing budget allocated and NHS reconciliation
Combined model using FP10 and direct order	First garment provided (purchasing route) Subsequent garment prescribed by the GP or non-medical prescriber
Local garment formulary (can be incorporated into any of the models above)	Local formulary is agreed Garments are selected based upon quality and cost

Lymphoedema garment formularies

Formulary development is an opportunity to assemble a local stakeholder group and use their expertise to select products that offer the best quality and value. The development of the All Wales Lymphoedema Compression Garment Formulary is an example of this (see 'National Guidance' section above).[14]

Formularies can help to address the risk of ordering the wrong garment by providing those involved in the process with all the information they require to select the intended garment (such as codes or specific descriptions to use for within the GP prescribing system). See the formularies from LWCN and NHS Highlands for examples of how to incorporate this information.

Examples of services providing lymphoedema garments via direct purchasing

In 2021, LWCN published a service evaluation to estimate the potential impact of changing from a prescription to a procurement process for compression garments.

A number of problems were cited in relating to the prescription route, including the number of unnecessary steps involved, e.g. writing prescriptions or referral to the GP for prescriptions, obtaining the garment via the community pharmacist, and (for most patients) returning to the lymphoedema service for a fitting appointment. This process took on average four weeks, but was sometimes delayed taking over six weeks. If the wrong garment was dispensed, the process would begin again.[14]

The main objectives of the service evaluation were to estimate the costs of the service redesign and investigate any delays in patients receiving compression garments.

Some high usage ready to wear compression garments were purchased and kept in stock at the two participating centres. Garments that were not in stock (including made to measure garments) were ordered via the procuring process. Data was collected over 12 months.

The prescription route was found to be more costly than the procurement route. Overall costs suggested the potential for substantial savings to NHS Wales (£71.10 per patient, P<0.001).

Furthermore, the procurement route allowed 52% of patients to be fitted on the day of their appointment. For those patients waiting, the average time was ten days for ready to wear and 14 days for made to measure garments. Throughout the procuring process all patients received the correct garment.[14]

Accelerate CIC have done direct garment provision in one London borough since 2018. This was following a commissioning proposal based on:

- Saving GP time
- Avoiding treatment delays
- Efficiencies in the system – having the right person request the right garment thus reducing errors in the system.

This scheme is called 'garments made easy'. The clinician raises the order directly within the patient management system, emailing the suppliers directly with a purchase order. The garment is then delivered to the patient's home or to the treatment centre.[2]

Implementation

Lymphoedema garment provision is just one aspect of effective lymphoedema care and should form part of a local lymphoedema service. Commissioners should ascertain what local lymphoedema services are already in place, including services for managing cellulitis and wet legs. If no service is currently in place (or if gaps in the service are identified) develop, implement and review an integrated care pathway for lymphoedema. The use of lymphoedema compression garments should be incorporated into the pathway.

A lymphoedema service should be developed with funded links to multi-professional services required for diagnosis and management. Services should include allied health professionals, health and social care professionals, tissue viability, dermatology, vascular services, psychology, bariatric services, oncology, paediatrics and associated surgical disciplines.[13]

Local pathways should be written and reviewed in conjunction and consultation with local primary care clinicians, secondary care and if relevant, tertiary care providers.

A garment formulary that reflects local needs should be developed. Formularies should include the necessary product description (including product codes and/or PIP codes) to ensure that the intended garment can be identified on GP clinical systems correctly.

The model of garment provision and funding arrangements should be agreed and defined within the pathway. If primary care prescribers are to provide prescriptions for lymphoedema garments, the pathway must incorporate a robust communication process between the lymphoedema service and the GP practice, ensuring that all necessary product details are clearly conveyed. A contact number for the

specialist service should be provided so that any issues or queries can be resolved before garments are prescribed or ordered.

Resources to support the commissioning process include Commissioning guidance from the National Lymphoedema Partnership published in 2019.[19] It states that an ideal service model would be structured to deliver a service specification, in line with the management of chronic disease and its prevention, through an integrated care pathway approach. The document discusses what good lymphoedema care looks like and how to commission it.[19] It also includes the British Lymphology Society (BLS) National Tariff Guide as an appendix,[20] which sets out a breakdown of patient treatment categories and costs as well as suggested staffing levels both in terms of specialist staff and support staff. The BLS have also developed an online Lymphoedema Service Cost-Calculator.[21] An Addendum to the Tariff Guide and Cost-Calculator was published in 2021 and should be used alongside these documents.[22]

In 2020, the Healthy London Partnership published Commissioning Guidance for Lymphoedema Services for Adults Living with and Beyond Cancer.[23] The guidance aims to support ICS's in delivering high quality personalised care for people living with lymphoedema. It includes a detailed service specification to aid the commissioning of lymphoedema services. The service specification focuses specifically on services for people who develop lymphoedema following a cancer diagnosis and treatment, but may be equally applicable to those with primary or other cause lymphoedema. Other resources available for use alongside the Commissioning Guidance include a template business case (which can be accessed alongside other associated resources at https://www.transformationpartners.nhs.uk/resource/commissioning-guidance-lymphoedema/#mds).

The potential financial benefits of planned investment in lymphoedema services are discussed in both of the commissioning guides above.[19,23] Financial gains can be achieved through more accurate prescribing of garments, improved patient self-management and reductions in cases of cellulitis resulting in decreased numbers of hospital admissions, reduced length of stay and decreased primary/community healthcare visits.[23] Both commissioning guides note data which has shown financial benefits from the investment in specialist lymphoedema care:

- Economic analysis from the Swansea Centre for Health Economics on the value of Lymphoedema Network Wales has shown that implementation of the service has resulted in reductions in waste, harm and variation. Data showed a range of financial benefits including reductions in GP and home visits, community nursing care and hospital admissions due to cellulitis. Savings were also highlighted in dressing and bandaging costs, as well as improvements in quality of life.
- Accelerate CIC reported that, of the 496 patients treated in the first year following introduction of a new community-based service for City & Hackney CCG, 30% had incidents of cellulitis in the year prior to treatment. They demonstrated a 94% decrease in cellulitis episodes for the same group following commencement of treatment, with an 87% reduction in cellulitis related hospital admission.[19,23]

Strategies that focus on reducing waste, supporting self-management and reducing the need for healthcare through prevention also support sustainability in healthcare.[24] See PrescQIPP bulletin 340. Sustainability in medicines optimisation for a broader consideration of sustainability issues and reducing the carbon footprint of medicines and devices.

Prescribing review

Consider auditing the provision of lymphoedema garments locally. Where lymphoedema garments are provided via FP10, audits using the GP prescribing system could help identify issues such as:

- garments being ordered more frequently than expected
- supply of incorrect items
- over-use of non-formulary items
- lack of timely review by an appropriately trained practitioner.

The data can be used to identify individual patients for review, as well as identifying patterns of issues within the system that could support the case for change.

Areas that use non-prescription routes of lymphoedema garment supply should ensure arrangements are in place to monitor lymphoedema garment provision.

Costs

Cost comparison charts for lymphoedema garments are available at https://www.prescqipp.info/our-resources/data-and-analysis/financial-reports/cost-comparison-charts/ (login required).

Savings

It is not possible to tell what proportion of the annual spend is due to the incorrect item being ordered leading to wastage and the need for another prescription.

A 20% reduction in prescribing (by reducing wastage) would produce savings in the order of over £9 million annually. Savings made by reducing product selection errors and using cost-effective choices could be used to support the local lymphoedema service. Table 3 illustrates the cost avoidance from a 20% reduction in prescribing of lymphoedema garments.

Table 3. 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

Data for PrescQIPP subscribers

In addition to the bulletin visual datapack, PrescQIPP subscribers can access the PrescQIPP scorecards data. The reports include organisational level data through to practice level data for a wide range of indicators, including items included on the PROP list (such as lymphoedema garments). The reports can be filtered by indicator – select 'Lymphoedema garments cost per 1000 patients'.

Summary

- Lymphoedema garments are an integral part of lymphoedema management.
- An extensive range of lymphoedema garments is available and they can be difficult to identify on GP prescribing systems. Robust processes are needed to ensure that patients receive the correct garments.
- ICBs/HBs should review how lymphoedema garments are provided in their area, which could form part of a broader review of the local lymphoedema care pathway.
  - This should include the development of a local lymphoedema garment formulary.
  - Alternative models of garment provision to the traditional prescription route could also be considered.

Sources of further information

For healthcare professionals

Two BMJ Learning Modules on lymphoedema are available at https://new-learning.bmj.com/. They are free for healthcare professionals to undertake:

- Chronic oedema and lymphoedema: overview and assessment
- Clinical pointers: Managing chronic oedema/lymphoedema in primary care

A series of videos initially funded by Welsh Government, have been made by Lymphoedema Network Wales (the former name of the LWCN), and were produced by eHealth Digital Media. There are multiple videos on different aspects of lymphoedema for people living with the condition, for health and social care professionals and some videos specifically for young people living with lymphoedema. A video on compression garments forms part of the series.

The British Lymphology Society (BLS) have produced a variety of resources for healthcare professionals and for people with lymphoedema. A summary of some of their resources can be found here.

A guide for pharmacists dispensing to patients with lymphoedema or chronic oedema has been developed by the Macmillan Lymphoedema Association in partnership with Macmillan Cancer Support.

For patients

The lymphoedema section of the NHS website includes information about the condition and its causes, diagnosis and treatment.

BMJ Learning have produced a Top compression garment tips leaflet for patients.

The Macmillian Cancer Support website includes sections on managing and treating lymphoedema and compression treatment for lymphoedema.

BLS resources (as above). Patient resources include a Frequently asked questions leaflet, and a Tips before you attend your first appointment leaflet.

Resources produced by the Lymphoedema Network Wales (as above) include several videos for patients, on topics such as compression garments and skincare.

The Lymphoedema Support Network is a UK charity that provides information and support to people with lymphoedema due to any cause and those 'at risk' of developing the condition.

For Commissioners

Commissioning guidance from the National Lymphoedema Partnership published in 2019.

The BLS National Tariff Guide, Lymphoedema Service Cost-Calculator and Addendum to the Tariff Guide and Cost-Calculator

Healthy London Partnership Commissioning Guidance for Lymphoedema Services for Adults Living with and Beyond Cancer and associated resources.

NWCSP Review of the Routes of Supply and Distribution of Wound Management Products in England. (Nb. NWCSP resources are moving to the Improving Wound Care: Building on the NWCSP FutureNHS workspace from around June 2025)

NHS Shared Business Services advanced wound care and lymphoedema products and services framework agreement

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Additional PrescQIPP resources

Including implementations resources and data	https://www.prescqipp.info/our-resources/bulletins/bulletin-367-lymphoedema-garments/

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Contact https://prescqipp.info/help/ with any queries or comments related to the content of this document.