Commissioning and Leg Clubs – making the case

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Since 1989 I have worked with the various NHS organisations — from GP fundholding to now Clinical Commissioning Groups (CCGs) — that have controlled the funding and allocation of resources for the NHS. One thing has been constant: the aim and desire to put patients at the centre of their own care, promote concordance rather than compliance and offer patients enhanced care as close to their home as possible.

Combining health and social care has also been a key factor and trying to separate what is a health need and what is a social need is difficult. The two are inexorably intertwined and need to be considered in equal measures. 'Wellbeing' describes success in meeting both health and social needs.

At the Lindsay Leg Clubs, members are involved in care decision-making and their own care, promoting not only the healing of their leg ulcers but enhancing their whole wellbeing.

I often get enquiries from nurses working in the community, who are are interested in establishing a Leg Club in their area. Often the barriers are finding a way to include the staffing of the Leg Club within the local operations or commissioning plan. This is where I am able to help, by helping to produce the evidence and documentation to support both the clinical and financial case for establishing a Leg Club.

Leg ulcers are mainly long-term conditions that require specialist management by appropriately trained clinicians. By commissioning a Leg Club, the CCG can provide an innovative facility that will enhance patient experiences, promote lower limb health and contribute to improved outcomes, which are also extremely cost effective. Importantly, the Lindsay Leg Club Model promotes wellbeing for all stakeholders: patients, families and carers as well as nursing staff (International Consensus, 2012).

CCGS – THE CASE FOR LEG CLUBS

Commissioners and GPs

Leg Clubs are a model of care that every commissioner should consider, in addition to supporting domain 2 (effectiveness) and 5 (safety) of the NHS Outcomes Framework (2013), there are other benefits.

Cost effectiveness

Leg Clubs offer a cost-effective alternative to traditional models of care. Placing nurses in Leg Clubs, as opposed to making individual visits to patients, can make considerable savings. Leg Clubs are operated on a walk-in basis so there are no 'did not attend' (DNA) appointments and little time is wasted. It also avoids patients choosing to use overstretched care services, as they know that they can get advice and support from their Leg Club.

Examples:

- With over 2,300 members, Powys Teaching Health Board has registered net savings of £705,744 excluding dressings and equipment.
- Barnstaple Leg Club has estimated at a minimum saving of £10,527 per every 100 patients compared to traditional leg ulcer treatment.

Healing rates

The Leg Club offers patients the chance to be truly at the centre of their care. This has an extremely positive effect on concordance, and experience shows that patients become committed to regular attendance. For a CCG this means that they are delivering their commitment to place patients at the centre of their care, delivering care closer to home and with enhanced healing rates.

Example:

- Within 12 months of opening the Barnstaple Leg Club, half of the 30 patients who had been referred by a GP or community nurse had healed leg ulcers. In a clinical setting, an average healing rate of just 10% would be expected. Leg ulcers are half as likely to recur in patients attending Leg Clubs as in the national average.

Prevention

The Leg Clubs deliver an innovative well-leg prevention programme that is referenced by the (quality, innovation, productivity and prevention) QIPP programme as a community-owned model of care (NHS England, 2015).

Enhancing wellbeing

The Leg Club model has been shown to improve the wellbeing of members. Volunteers work with nurses to help tackle the problem of social isolation, an issue especially for those with leg ulcers.

Managing comorbidities

Leg Club members may have additional long-term conditions. The Leg Club model offers the opportunity for comorbidities to be assessed and subsequent treatment to be arranged. Some Leg Clubs also use their sessions to offer flu vaccinations and nail cutting services.

Clinical governance

The Lindsay Leg Club Model has adopted the essential elements of good clinical care: staff training, use of evidence-based guidelines, and quarterly audit of processes and outcomes.

Patient satisfaction

A 2012 study of five Leg Clubs demonstrated that: **67%** of members were better able to cope with life, **68%** of members felt better placed to keep themselves well, **75%** of members felt more able to understand their leg problems, **76%** of members felt better able to cope with their condition and **91%** of members enjoyed the social interactions.

REFERRALS TO A LEG CLUB

Members may be referred through a district nurse, general practitioner, practice nurse, or dermatology or other health care professional or may refer themselves. Self-referral is common and may indicate an unmet need for lower leg care. It encourages the patient to begin to take ownership of managing their condition.

SERVICE ADVANTAGES PROVIDED BY THE LINDSAY LEG CLUB MODEL

Leg Clubs provide a high-quality service; the treatments provided are audited on a three-monthly basis and results are fed back for monitoring purposes. The Club is also clinically audited annually and works to defined safe working practices and best practice guidelines, which cover areas such as infection control and risk analysis.

The blood pressure, height, weight, and blood glucose levels of members are regularly monitored and findings are shared with local medical practices. The first screening has proved to be valuable in highlighting health concerns, such as arterial compromise, which may require urgent vascular surgery, hypertension and diabetes. As well as promoting health, the clinics provide early detection and preventive action against diseases — relieving the burden on the NHS — as well as timely referrals to specialist services. State-of-the-art medical equipment is in use by the Leg Clubs, and links with other care agencies are established in fields such as podiatry and dermatology.

CONCLUSION

The Lindsay Leg Club model is a living, breathing example of delivering the NHS's patient empowerment agenda by truly putting patients at the centre of their care. It addresses its members' health and social care needs and acts as a vehicle for personal wellbeing.

Initiatives for change such as the Five Year Forward View, Multi-speciality Community Provider schemes and integrated primary and acute care systems are all aimed at joining GP, Community and Acute services as well as focusing on delivering specialist care within the Community (NHS England, 2015). The Leg Clubs are an excellent example of how the NHS can deliver many of the key aspects of these initiatives to a key group of their patients who attend the Leg Clubs and are highly concordant with their care.

Leg Clubs are already demonstrating excellence of care, but also offer an ideal opportunity for GPs and Practice Nurses to use this facility for many other health and social care needs, reducing the demand on already overstretched practice appointments, and ensuring that care can be delivered to a group of patients with a high incidence of multi-morbidities that can easily be managed within the Leg Club environment. WUK

REFERENCES

NHS ENGLAND (2015) *New Care Models: Vanguards - Developing a Blueprint for the Future of NHS and Care Service.* Available at: https://www.england.nhs.uk/wp-content/uploads/2015/11/new_care_models.pdf (accessed 5.09.2016)

International Consensus (2012) *Optimising Wellbeing in People Living with a Wound. An Expert Working Group Review.* http://www.woundsinternational.com/media/issues/554/files/content_10309.pdf (accessed 5.09.2016)