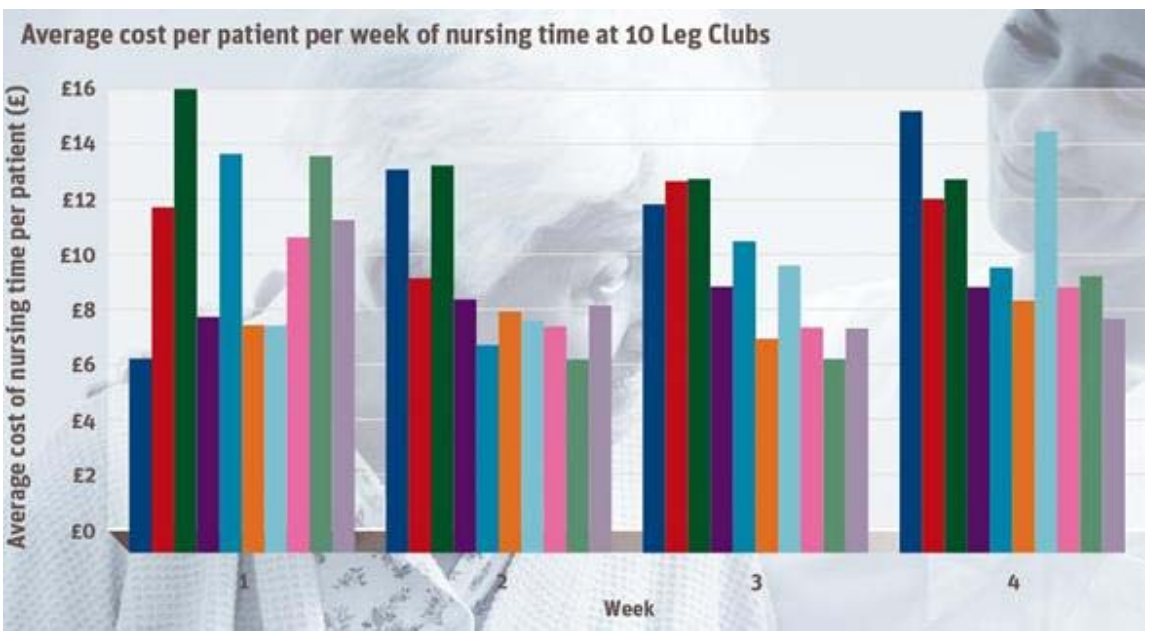
HEALTH SERVICE JOURNAL hsj.co.uk
HSJ
MEDICAL PUBLICATION OF THE YEAR

Lower leg care: no one left out on a limb

19 October, 2009



Leg Clubs are a social model for managing treatment such as ulcer care, where patients can feel in control and share information, says Julian Tyndale-Biscoe

Leg ulcers affect 55,000-90,000 people, mostly aged over 65, in the UK at any one time. Traditional care pathways see patients treated in their homes by district nurses, or in GP clinics. However, evidence shows this is costly with slow healing rates and a high incidence of recurrence.

> Treatment is undertaken in an area where two or three people can have their legs washed and dressed in the same room, giving them the opportunity to compare healing and treatments

One approach - now being referenced by the Department of Health in its QIPP (quality, innovation, productivity and prevention) programme - is the Leg Club model. This has been shown to improve healing, reduce recurrence and offer a cost effective framework for the treatment of lower leg problems.

It is a social model of lower leg care developed by former Nurse of the Year Ellie Lindsay.

“Collaborative working is the bedrock of each Leg Club,” says Ms Lindsay.

“Patients and nurses work together in an open environment (patients can be treated in private if they wish), where interactive learning is paramount. Treatment is undertaken in an area where two or three people can have their legs washed and dressed in the same room, giving them the opportunity to compare healing and treatments.”

Patients are encouraged to discuss treatment openly with the care team, carers and other patients, and this offers them control over their own leg problems. Clubs are run once or twice a week depending on local need and resources, with up to 40 patients attending each session. Leg Clubs currently operate in 20 locations across England, Wales and Scotland.

Input from GPs is kept to a minimum. Requests are made for antibiotics when needed and for appropriate onward referral to vascular surgery when Doppler assessments reveal arterial problems.

Community partners

Established and run by volunteers in partnership with nurses, they are self-funding, with patients and the community

finding various ways of raising money for the rent and equipment. The cost to commissioner is in nursing time and dressings.

Clubs are supported by The Lindsay Leg Club Foundation, which provides guidance and training during the setting up phase. Health and safety and infection control are primary considerations, clearly covered by documented guidelines and risk assessment.

The foundation provides a handbook to ensure all staff in Leg Clubs have a reference book that is simple and instructive.

During the embryonic stage of each club, nursing teams are encouraged to meet and liaise with their tissue viability nurse, lymphoedema nurse, consultant vascular surgeon/nurse specialist, infection control nurse and the director of provider services.

“The ethos of the Lindsay Leg Club Model is to encourage wellness rather than treat illness in all age groups. It is a proven alternative to the traditional management of leg conditions. The fact that Leg Clubs encourage people to be fully involved in their treatment provides real motivation to individuals who are living with chronic wounds,” says Ellie Lindsay.

Case study: changing lives in Worcester

For patients like 79 year old Vera Barrett, Leg Clubs help them turn their lives around. She says she rarely went beyond her front door and was effectively house-bound. Her contact with the outside world included the twice daily visits from her district nurse.

“Sometimes my legs were so bad I couldn’t get to bed,” she says.

Now she and around 30 others with lower leg problems can visit one of two Leg Clubs in Worcester. They meet in a social environment where they can chat and have their legs treated by one of a team of community district nurses.

Quality care for all

The Department of Health references the benefits of the Leg Club model, which include:

- reduced costs as a result of fewer home visits
- care delivered in non-medical setting without the need for appointments
- patients encouraged and supported by peers
- care co-ordinated with other services

Leg Club principles

Non-medical setting (eg, community/church/village hall) This avoids the stigma or fear of attending a medical setting and reinforces the community ownership of the club.

Informal, open access, no appointment required This encourages opportunistic attendance for information and advice, providing greatly increased opportunities for early diagnosis and leg ulcer prevention and helps isolated older people reintegrate into their community.

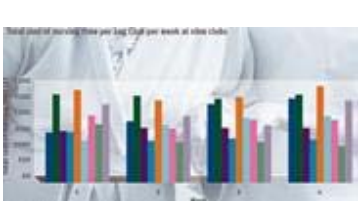
Collective treatment People share their experience, gaining peer support, and encouraging them to take ownership of their treatment.

Integrated “well leg” regime. This supports maintenance of healthy legs, positive health beliefs and broad health promotion.

FIND OUT MORE

www.legclub.org

0



Related Jobs

Sign in to see the latest jobs relevant to you!

- Commissioning Manager - Older People, LTC and End of Life

  £250 - £300 per day

- Commissioning Manager - Older People, LTC and End of Life

  £250 - £300 per day

- Executive Director of Nursing

  c£90,000

- Pediatric Advanced Clinical Nurse Specialist

  £Competitive

- Director of Nursing

  Generous expatriate package

- Care Home Manager

  Competitive Salary + Benefits + Pension + Achievable Bonus

Find more jobs

Sign up for HSJ's email newsletters