The Lindsay Leg Club® Foundation

BRIEFING PAPER

PATIENTS COMMUNITY
PRACTICE AND DISTRICT NURSES
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Pulse opinion, 14th February 2018 – Dr Patrick Seal

'LEG CLUBS' ARE HELPING US TACKLE LONELINESS

Anyone who has suffered from loneliness, or social isolation, will know it is a situation that seems impossible to overcome, leading to depression and low self-esteem. For patients, this can be a vicious circle that prevents them making any positive moves to help themselves.

A strategy to deal with loneliness by new Minister of Loneliness Tracey Crouch MP should be welcomed, but one area to highlight and investigate is loneliness caused by some medical conditions.

Leg ulcers, for example, are a hugely stigmatised condition involving lengthy healing times, extreme pain, lack of mobility and social isolation, not just because of pain in walking but also the embarrassment caused by the odour from the wound. Once active and sociable, patients may cut themselves off from friends and family, stop attending functions or regular meetings and spiral into loneliness and depression. The condition is life-changing.

Traditional models of care are not normally conducive to tackling social isolation. Purely clinically focused, the home-bound are treated by district nurses and those who can reach the surgery do so for an appointment that can take anywhere between 30 to 60 minutes. It is a costly and inefficient way to treat patients, some of whom have wounds that can take up to two years to heal. The cost to the NHS to treat more than 700,000 a year is £5.3 billion, more than the £5.0 billion that is currently being channelled into tackling obesity. Lord Hunt has already highlighted in parliament the need for change and for a national strategy to deal with wound care.

In 2015 at The Adam Practice in Poole, we made the biggest transformational change to a service that I have seen in 25 years. By taking on the Leg Club model and providing care in community settings such as church halls, with expert treatment from practice and district nurses, the lives of many of our patients have been transformed.

Clinical evidence shows that social factors and isolation can significantly affect how leg ulcer patients respond to treatment. Healing rates were greatly reduced with some patients finding their ulcers that normally took a couple of years to heal were healed within three to six months.

Gradually, the numbers at each session increased. The socially isolated became volunteers, they made new friends who had been through the same challenges they had, they attended the weekly sessions for a coffee and a catch up, even if they no longer needed treatment for their legs.

Some of them found a new focus, fundraising for this much needed community facility. In fact, enough money was raised to buy a minibus which is used to pick up patients who are home-bound and would normally be treated by a district nurse.

Leg Clubs are an initiative started by former district nurse Ellie Lindsay and are a psychosocial model which see patients treated by nurses in non-clinical environments in concordance with strict clinical guidelines. They empower members to take control of their own conditions, giving them treatment as well as preventative advice while giving the opportunity to meet others in their situation. It is a model tackles loneliness head on as well as helping to address a £5.3 billion annual cost.

There were challenges setting it up, for example finding the right location, somewhere with storage – and eventually finding somewhere bigger when it grew out of its existing location.

However, it has all been a huge team effort. Primary care nurses are now working side by side with community district nurses, sharing experience and information. It is about sharing a vision, removing stigma and giving these patients a whole new lease of life and we would of course welcome a visit from Tracey Crouch MP.

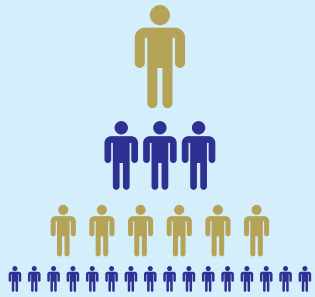
Dr Patrick Seal is executive partner at The Adam Practice in Poole, Dorset

LEG CLUB® BRIEFING PAPER

A Social Model for the Better Management of Lower Leg Problems

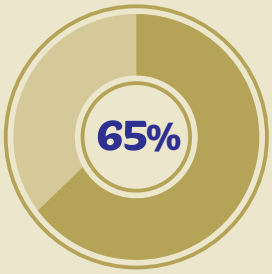
Traditional management of lower leg problems, such as ulcers, sees patients attending leg clinics at hospitals and GP practices, or being visited at home by district and other nursing staff. In contrast, the Leg Club model treats individuals (known as members) on a drop-in basis in community settings, often village halls and other community buildings. Ellie Lindsay OBE, RN, DN who designed the Leg Club model in 1995, based on the wealth of evidence that highlights the importance of addressing individuals' psychosocial needs and health beliefs, and of education in the prevention and treatment of leg ulcers. By de-stigmatising members and involving them in their care, Leg Clubs have achieved notable success by improving overall healing rates and preventing ulcer recurrence. Through a unique partnership between nurses, patients (referred to as members) and the local community, care is provided in a social, non-medical setting.

THE CURRENT SITUATION



Leg ulcers affect about 700,000 people in the UK. Figures indicate that the annual financial cost of leg ulcer treatment and management is around £1.94 billion (Guest et al, 2017)

£1.94 billion



District nurses in the UK spend up to 65% of their time on leg ulcer management, often attempting to support elderly and isolated patients (Hampton and Lindsay, 2005)

The Leg Club Foundation® is a charity that promotes the social Leg Club model

There are Leg Clubs in the UK, Germany and Australia

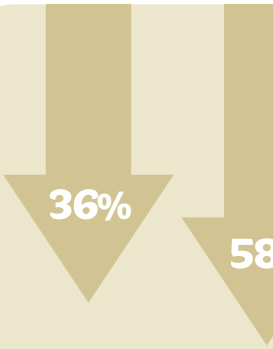
Each Leg Club typically has between 50 and 200 active members who attend for treatment, well-leg regime, advice and social interaction

50 — 200

The success of Leg Clubs is a partnership between clinicians, volunteers and people with leg ulcers. Getting Leg Clubs started is often the result of innovative leadership by nurses

THE OPPORTUNITY

The cost of setting up a Leg Club is minimal and is usually funded through the activity of volunteers



A two-year randomised controlled trial (RCT) in Queensland, Australia, concluded that nursing time and related costs decreased by 36% using the Leg Club model. As a result of the improved healing rates, costs per healed leg ulcer reduced by 58% (Gordon et al, 2006)

The Leg Club model of care in the community empowers people with leg ulcers to take more interest in their care and treatment – and when their leg ulcers heal, to keep their legs well and healthy in the future

Leg Club members are individuals who attend a Leg Club for treatment of lower limb conditions. By being called a Leg Club member those seeking treatment are empowered to become stakeholders in their care through partnership-working with professional staff and volunteers. Leg Club membership removes the implication of passive care the traditional label of 'patient' gives and instead promotes peer support, social interaction, shared knowledge, experience and empathy.

THE LEG CLUBS' MANDATORY FOUR CORE ELEMENTS

Four mandatory principles differentiate Leg Clubs from conventional clinics. In combination they counter stigmatisation and social isolation, promote positive health beliefs and behaviours, and provide an environment for role models and peer support.

1

The Leg Clubs are community based and held in a non-medical setting

2

Members are treated collectively

3

The Leg Clubs operate on a drop-in basis (no appointments required)

4

Leg Clubs incorporate a fully integrated 'well-leg' regimen.

Leg Clubs are subject to regular clinical audit to ensure continued adherence to Leg Club standards and to enable comparative benchmarking to be undertaken. Routine data collection and analysis is an important component of the model that provides a measurement tool for clinicians to identify opportunities for continual improvement and sustained best practice.

The Foundation ensures Leg Clubs have policies and procedures which protect the people in our care and ensure safe practice.

Volunteers from the local community provide additional, complementary services, such as administrative support, refreshments and transport. Fundraising within the community helps with the purchase of specialised equipment, such as Doppler ultrasound devices and medical cameras, often supplemented by support from the healthcare industry.

The 'well leg' programme at the Leg Club is an integral part of the social model and is aimed at health education, advice, maintenance and prevention of further leg-related problems once an ulcer has healed. Members that have healed and wish to remain healed attend on a regular three-monthly basis for a full reassessment, support and advice.

MEETING HEALTH POLICY OBJECTIVES

The first is that we should do everything we can – as individuals, as communities – to prevent, postpone and minimise people's need for formal care and support. The social Leg Club model is built around the simple notion of promoting peoples' independence and wellbeing. The second principle is that **people should be in control of their own care and support**. Leg Clubs are a unique partnership between members, volunteers, the community, Leg Club Industry Partners (LCIP) and the NHS. Members can rely on a venue where their needs will be met within a social model of care, and the psycho-social and health belief benefits of the non-medical environment are well documented. Members have access to treatment, equipment, medical education, leg health, general health and nutritional advice, social interaction and refreshments. Leg Clubs are one of the few healthcare initiatives that encompass all of the UK government's strategic initiatives in one care model and have been praised by the Department of Health.

They accomplish:

2 **Domain 2 of the NHS Outcomes Framework, which is to enhance the quality of life for people with long-term conditions, including providing guidance and support for self-management (NHS Digital, 2017)**

3 **Domain 3 – Recovery from episodes of ill health or injury by failing to identify lower limb disorders and providing early intervention, this can lead to exacerbations such as cellulitis, lower limb ulcers, which can result in periods of unnecessary secondary care admissions. Early intervention could prevent many of these incidents.**

4 **Domain 4 – Ensuring a positive individual's experience by providing a social proactive treatment and screening service more suited to patient needs this will greatly enhance the overall patient experience and satisfaction.**

5 **They accomplish Domain 5 of the NHS Outcomes Framework, which is to treat and care for people in a safe environment (NHS Digital, 2017).**

NEW OPPORTUNITIES WITH SOCIAL PRESCRIBING

Loneliness can be of great significance to the older population. Retirement, poor mobility, death of family and friends and the demographic changes of the family unit can all add to feelings of isolation. Social prescribing is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

General Practices are faced with major challenges of using resources more efficiently and meeting the needs of their communities. Social prescribing is a way of linking patients in primary care with sources of support within the community and the Leg Club model provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being. The rationale of social prescribing is to promote integrated health and social care, partnered with the voluntary and community sector and GPs.

WHAT IS THE LINDSAY LEG CLUB FOUNDATION®?

The Lindsay Leg Club® Foundation was established as a charity to disseminate and promote the Leg Club model. It seeks to advance the education of its members, the general public and healthcare professionals. A partnership has been established with the healthcare industry known as the Leg Club Industry Partnership. This is a unique collaboration with industry dedicated to lower limb conditions.

PARTNERS

- **Leg Club Industry Partners (LCIP)**
- **The Restoration of Appearance and Function Trust (RAFT)**
- **The Wound Guy, Australia**

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ASSOCIATES

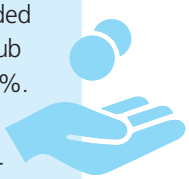
- **College of Phlebology**
- **European Wound Management Association (EWMA)**
- **The Medical Technology Group**
- **National Societies and patient organisation**
- **World Union of Wound Healing Societies (WUWHS).**

WHAT ARE THE COSTS ASSOCIATED WITH LEG CLUBS?

The primary cost for the Leg Club organising committee is the rent for the premises used. In practice, this is readily covered by funds raised within the community and available grants. Clinical care in the Clubs is given by NHS nurses or GP practice nurses so the cost is borne by these two groups.

WHAT ARE THE SAVINGS?

As mentioned previously, an RCT in Queensland, Australia, concluded that nursing time and related costs decreased by 36% using the Leg Club model, leading to the cost per healed leg ulcer being reduced by 58%.



Comparison of the total cost of treatment at a Leg Club versus home visits has demonstrated significant savings for the NHS. For clinicians, a significant reduction is made in unproductive travelling time, which allows for specialist expertise to be optimally deployed. Leg Clubs also provide an opportunity to enhance the productivity of junior grades through the application of skill mix.

In the medium term, significant additional savings arise as a result of the changing treatment profile. In an environment of high healing rates and very low recurrence levels, the composition evolves from inherited high levels of active treatment to an ongoing regimen of cost-effective prevention and maintenance.

WHAT ARE THE SAVINGS?

Research has demonstrated significant improvements in a range of 'quality-of-life' indicators for members attending Leg Clubs compared to those receiving home treatment. Benefits were recorded in measures of healing rates, pain levels and patient morale (Lindsay, 2013).

HEALTH PROMOTION, PREVENTION AND EARLY TREATMENT

Self-referral is one of the most common sources of attendance at Leg Clubs. The unintimidating, non-medical setting encourages people of all age groups to seek advice when they might not consider attending a formal clinic or surgery. It presents an opportunity for early diagnosis, health promotion and prevention of more advanced leg problems.

NURSES' MORALE, TEAM WORKING AND NETWORKING

Community and practice nursing tends to be solitary occupation with few occasions for teamworking. Experience has shown that Leg Clubs offer an ideal opportunity for nurses to work together with a common goal and to get to know the community they serve. There are many examples of motivated teams developing professionally as a result of the shared challenge and satisfaction of setting up and running a successful Leg Club. On a wider scale, the Leg Club Forum allows Leg Club nurses from around the UK and overseas to meet and share experience and best practice, providing a support network for help and advice.

BEST PRACTICE GUIDELINES AND STAFF TRAINING

Leg Club staff work to defined best practice guidelines developed in conjunction with some of the UK's leading wound care specialists. Members and care providers can therefore be confident that all Leg Clubs operate within a consistent framework for quality assurance and standards of care. Prior to setting up a Leg Club, teams are offered workshops on wound management, equipment and products.

CLINICAL, HEALTH AND SAFETY RISKS

A full, written risk assessment is required by the NHS providers Infection Control Nurse and Manual Handling team prior to the opening of a new Leg Club, and premises must possess public liability insurance. Comprehensive written guidelines cover areas such as environment, infection control procedures, use of equipment. Clinicians work to their respective commissioner's policies and procedures. Adherence to defined standards is monitored through documentation and audit.

FRAMEWORK

To ensure that the integrity of the model is safeguarded and its standards and guidelines fully adopted, the name Leg Club® and logo are protected by a registered trademark. Only Leg Clubs working in alliance with the Lindsay Leg Club Foundation charity (for which there is no cost) may use the title. Leg Clubs benefit from a wide range of informative documentation, and nurses have access to free e-learning, attendance at a major wound care conference and workshops, and the support of clinical experts. Naturally, all Leg Club documentation and literature is copyright and may not be copied or distributed without permission. To promote best practice, Leg Clubs participate in a nationwide data tool assessing patient outcomes and are subject to an annual audit of Leg Club processes.

ORGANISATION

Leg Clubs are the product of motivated, open-minded nurses – "change agents" – within their locality. However, unless change is supported and enshrined in management policy, it may prove unsustainable in the event of staff changes. Patient empowerment is a concept that, while supported in principle, is in practice resisted by some nurses and nurse managers who equate it with a loss of status or control. There is also a realisation that delivering care in a collective environment exposes clinical practice to a level of scrutiny not normally experienced in one-to-one treatment. In this context, change agents may experience lack of support or even hostility towards their proposals. And without management direction, new staff who lack understanding and ownership may be unable or unwilling to provide essential continuity.

FOR FURTHER INFORMATION

Visit the Leg Club website at **www.legclub.org**

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