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The Lindsay Leg Club Foundation
CRN 1111259

A social partnership for the delivery of leg care: **the Lindsay Leg Clubs**

Introduction

Many thousands of people need lower leg care and advice each year. Such care can be delivered in people's own homes, at GP surgeries or in specialist leg clinics. Since 1995 a new approach to the delivery of lower leg care has become established in the UK, mainland Europe and in Australia - the Lindsay Leg Clubs. Lindsay Leg Clubs are a partnership between the local community and the health service where leg care is provided by nurses within a social 'club' environment with local Volunteers helping to establish each Leg Club and to raise funds to support their Club.

Over 6000 people have benefi ted from their Leg Clubs in the UK. Where people have joined their Club to receive treatment for a leg ulcer the majority (73%) heal[1]. Others attend for advice about keeping their legs healthy helping to prevent future demands for health care.

The Lindsay Leg Club model has won numerous awards over the years and embodies a true example of local communities becoming partners with health care - one tenet of the Big Society concept. There are now around 25 Lindsay Leg Clubs across the United Kingdom addressing the lower leg health needs of around 1000 people each week. Each Leg Club has its individual characteristics in terms of the services offered, the venue (often a church or community hall) and the opening times (usually one morning or afternoon each week) however there are a small number of key elements that are consistent across all Leg Clubs that ensure a similar quality service is provided nationally. Each Leg Club is audited annually, detailed records are taken of the help and treatment delivered to each Leg Club member while nursing staff have access to an on-line educational programme (the Leg Club Learning Zone) to ensure that all are fully competent in their delivery of leg care and have access to state-of-the-art knowledge upon all aspects of leg care.

Each Leg Club belongs to a wider network - the Leg Club Forum where ideas can be shared rapidly between Leg Clubs through the Lindsay Leg Club Foundation website (www.legclub.org), individual Leg Club websites and through regular Forum meetings. Each September there is a Leg Club Conference where Volunteers and nurses can fi nd out about the latest research and new products and innovations that can be integrated with their Leg Club practice.

This document sets out the steps required to establish a Leg Club with the goal of expanding the number of Leg Clubs across the UK to allow many more people to benefi t from participating in a Leg Club while helping to enhance patient experience, to heighten quality of care and ultimately to save money for the National Health Service.

For more information see the Leg Club website: www.legclub.org.

Why establish a Leg Club?

Integrating a Leg Club within the commissioning of lower leg care delivers substantial benefi ts:

Successful treatment of leg ulcers – 73% of leg ulcers heal after joining a Leg Club compared with 12% and 48% healing rates observed in home care and in specialist leg clinics respectively[1],[3]

Low recurrence of healed leg ulcers – 16% recurrence in Leg Clubs compared with 27.8% where Class II hosiery were used[4] and almost 100% where no secondary preventive care is provided[5].

Improved prevention of lower leg problems – Almost 40% of Leg Club members attend to receive help on keeping their legs healthy[1]. This will reduce future leg ulcers so providing reductions in future expenditure on the treatment of avoidable leg ulcers.

High patient satisfaction with their care[2] – Leg Club members find their Leg Clubs to be friendly (97% of respondents) and 92%enjoy the social interactions within their Club[2]. Having attended a Leg Club 77% of members feel better able to cope with their legs with 68% more able to keep themselves healthy.

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Reduced costs for the NHS – Given the healing rate and level of recurrence in Leg Clubs, in home care and in specialist clinics after six months treatment of 100 people 92 people will still have leg ulcers in home care (12% healing rate, 28% recurrence), 65 will still have leg ulcers in specialist clinics (48% healing rate, 28% recurrence) and only 39 will still have their leg ulcer in a Leg Club (73% healing rate and 16% recurrence). The reduced number of people with leg ulcers after treatment in a Leg Club may save a PCT or Health Board £9906 per individual leg ulcer patient. Additional cost savings will also accrue through the health promotion advice given in Leg Clubs helping to prevent new leg ulcer cases developing.

The role of Leg Clubs within the range of NHS leg care services has been recently recognised by the National Institute for Health Research's Health Technology Assessment programme which has requested research proposals to fully evaluate the Leg Club model. In time this research will provide independent data and conclusions upon the clinical, cost and quality of life benefits that can accrue through participation in the Leg Club model.

The partnership between the NHS, the Leg Club and the Lindsay Leg Club Foundation

A successful Leg Club requires commitment from three constituent stakeholders;

a) the local community based NHS services and their nursing staff and management (referred to as the commissioner, Primary Care Organisation throughout the document),
b) the members of the community who support the Leg Club, known as the Leg Club Volunteers and,
c) the Lindsay Leg Club Foundation, a registered charity (registration number 1111259) created to help foster the development of the Leg Club model.

Each stakeholder in the Leg Club must pledge to support the Leg Club's development and subsequent growth through a series of commitments set out in a Memorandum of Understanding which each stakeholder must sign. While these commitments do not have the force of a legal contract all parties will be considered to have agreed to meet each of their respective responsibilities once work begins upon the initiation of a new Leg Club.

Setting up a Leg Club

The Lindsay Leg Club Foundation has produced detailed guidance upon setting up a new Leg Club this document is included in a folder with this document and the Memorandum of Understanding.

It is not the purpose of this document to reproduce in detail the steps required to establish a Leg Club. To illustrate the level of detailed guidance available from the Lindsay Leg Club Foundation a flowchart has been reproduced from the 'Setting up a Leg Club' document (Figure 1).

What are the responsibilities towards each Leg Club from the commissioner, the Volunteers and the Lindsay Leg Club Foundation?

The respective responsibilities and associated commitments of each stakeholder are set out in the Memorandum of Understanding included with this document.

Through the acceptance of these commitments each Leg Club will have the greatest potential to become a strong, vibrant part of lower leg care in the community.

References

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3. Ghauri ASK, Currie IC, Grabs AJ, Whyman MR, Farndon JR, Poskitt KR. Improving the diagnosis of chronic leg ulcers: A one-stop vascular assessment clinic in a community service. Phlebology 1998;13(4):148-52
4. Franks PJ, Oldroyd MI, Dickson D, Sharp EJ, Moffatt CJ. Risk factors for leg ulcer recurrence: a randomised trial of two types of compression stocking. Age Ageing. 1995, 24(6): 490-4
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6. Posnett J, Franks PJ. The costs of skin breakdown and ulceration in the UK. In Skin Breakdown: the Silent Epidemic. Smith & Nephew Foundation, Hull, 2007, pp 6-12

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Figure 1: **Setting up a Leg Club**

Typically the process of setting up a Leg Club takes 3-4 months:

Leg Club concept and rationale presented to nurses / team leaders / managers interested in the model and prepared to innovate

Leg Club visit to see the model in action

Elect to set up a Leg Club?
- No →
- Yes ↓

Nursing team present case to management for approval to proceed

Approval to proceed?
- No →
- Yes ↓

Plans communicated to General Practices and local community via colleagues, acquaintances, current and ex patients, local media etc.

Steering committee, volunteers recruited. Constitution enacted, roles designated

Committee set up Leg Club bank account

Nurses and committee locate appropriate premises, ensuring environmental, health and safety, and public liability criteria are addressed

Local events organised in co-operation with community to raise public awareness and generate funds, e.g. health promotion, nursing awareness, coffee mornings

Other sources for funding and support explored, e.g. local grants, businesses, community support groups, individual fundraising initiatives

Nurses receive reference copies of Leg Club guidelines and documentation templates

Nurses / committee purchase equipment, guided by Leg Club recommendations

Training for documentation, Leg Club procedures and, as appropriate, wound care theory and practice delivered to prospective Leg Club staff

Nurses conduct documented risk assessment prior to opening

LAUNCH DAY