The Barnstaple Leg Club, Devon

Andrew Kingsley, Sylvie Hampton, Ellie Lindsay and Roland Renyi discuss how the social model of care has proved its worth in the South West of England

The Barnstaple Leg Club follows the pathways set by the Lindsay Leg Club Foundation (LLCF) in that it was created to relieve suffering from leg ulcers and associated conditions through the delivery of a dedicated leg ulcer service while providing a social environment that motivates and empowers patients to take ownership of their care, alleviate their suffering and reduce the stigma attached to their condition. It also seeks to further advance education in all aspects of leg health for sufferers, carers, the general public and the healthcare professions.

However, the Barnstaple Club is unique; not only is it the first of its kind in the South West, it is also the first one to be 'commissioned' in the UK. The Club provides care and support for members who were previously treated at home by community nurses (or seen by the nurses for one of the general practices in the Barnstaple Cluster, who had withdrawn from this aspect of service provision under the terms of the primary care contract) to be seen in a social environment.

The success of the Club in terms of greatly improved healing rates and reduced reoccurrence rates among members compared with the average, with resulting cost savings, has led to the approach being marked for wider use.

Format of the Club

The Barnstaple Leg Club is operationally overseen each week by a community nurse who is appointed to act as the clinical coordinator. The clinical co-ordination provides continuity and means that members' (patients') care plans are monitored and reviewed and there is training and supervision of the skill-mixed nursing team who staff the sessions. This helps to ensure the best outcomes are achieved in the treatment and well-leg phases of care.

There are several volunteers who ensure the members are comfortable and refreshments are served, help residents to find suitable seating in preferred social groupings, stimulate interaction, and lead bingo and other games and raffles for those who wish to take part. They also organise trips out and a Christmas party for the Club members and ensure birthdays are celebrated.

The volunteer aspect of the Club was developed in concert with the council-run volunteer services team (North Devon Voluntary Services Ltd), who helped to find the volunteers and guide the development of the committee. Among other duties the committee are responsible for raising funds to pay the rent for the social venue, which was first held in a free church hall and is now settled into an ex-servicemen's club building.

The Leg Club does not provide appointments as it is a Club where people can socialise. Members are treated in a first-come first-served rotation and many but not all members are keen to arrive early and stay for the whole session to enjoy the company and the Club's morning programme.

Commissioning

The Barnstaple Leg Club has been a multi-agency project, developed initially under the oversight of NHS Devon, and continued to a commissioning and funding decision by the Northern Locality Board of the Northern Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG). It remains clinically supported through the Barnstaple Cluster Community Nursing Team, with specialist input as required from the Tissue Viability Nursing service at Northern Devon Healthcare NHS Trust (NDHT).

The Barnstaple Leg Club pilot was launched in April 2012 and was the first Lindsay Leg Club in the South West Peninsula of England and the first Club in the country to be commissioned into service by a CCG (which commissioned the pilot and provided some start-up costs). Commissioning means that the Club is a listed service from the NHS Trust provider of clinical staffing, which adds some stability to its continuity in the financially challenging and changing service delivery landscape that the NHS finds itself in.

In order to commission the service it was necessary to secure the flow of patients from specific sectors and prevent overload, which might destabilise provision, so in this way Barnstaple Leg Club differs slightly from the established LLCF model, which caters for all comers irrespective of previous place of care delivery. The community nursing caseload only delivers to those that are considered housebound. However, this contains a cohort that might be better described as semi-ambulant and able to attend appointments outside their home with suitable assistance. Those from the general practice cohort were ambulant and independently able to attend appointments. The mix of members in the Club was therefore ambulant and semi-ambulant (including some wheelchair users).

Costs and savings

An audit was taken of Barnstaple Leg Club 12–18 months after the start of the pilot to review cost savings in preparation for presenting a business case to the Northern Locality Board of the NEW Devon CCG. The audit produced evidence on clinical outcomes from which financial data were calculated in order to inform the CCG Locality Board's decision about whether to fully commission the Barnstaple Leg Club following the pilot.

The cost of maintaining the model as at the point of commissioning was £11 000 full-year effect (however, £7 000 (the cost of the band 6 nurse for one day per week to act as clinical co-ordinator) was included in the

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NDHT contract for 2013–14 so the part-year effect costs for 2013–14 were minimal, around £4000). An additional potential cost of not commissioning the Barnstaple Leg Club following the pilot would result from some patients having no service and attending at A&E for care at a cost of £77 000 full-year equivalent.

The outcome results from comparison of the difference (33%) in healing rates at 6 months (24 weeks) between the Club (42%) and national published data (9%) and factors in the weekly cost of dressings and nurse time in treating an unhealed venous leg ulcer (£29, in line with the European Wound Management Assocation (2003)).

Table 1 and *Table 2* provide full data.

Barnstaple Leg Club also demonstrates a 24% improvement against the National Leg Club average performance figure of 31%.

Table 1. Barnstaple Leg Club savings and costs (approximately 50 active members)

Prospective savings of Barnstaple Leg Club	
Outcome one: quicker healing and improved healing rates	£5263
Outcome two: reduction of ulcer recurrence	£13 224
Total savings	£18 487
Cost of the Barnstaple Leg Club Pilot	
Band 6 nurse 0.2 WTE (Nurse co-ordinator)	£7157
Rental of venue (initial start-up commitment)	£2600
Setup costs	£981
Running costs (e.g. medical supplies/waste)	£896
Total cost of the pilot:	£11 633

Table 2. Evidence of effectiveness

National rates of leg ulcers healed at 6 months (Vandongen and Stacey, 2000)	9%
Barnstaple Leg Club rates of leg ulcers healed at 6 months (April 2012–June 2014)	42%

We have seen from the pilot audit data that for patients receiving care through the Leg Club model, there is a marked improvement in the healing rate at 6 months of 33% above the national figures

Quality outcomes

Club members have experienced quicker healing and improved healing rates compared with other healthcare settings. There has been positive patient feedback and increased satisfaction. National rates of recurrence at 6 months are 46% (Vandongen and Stacey, 2000) whereas Barnstaple Leg Club rates of recurrence at 6 months were 7% (93% of Leg Club members did not suffer a further recurrence of leg ulceration at 6 months).

The Club offers 'well-leg' care and early intervention, which helps prevent wounds becoming chronic; concordance with treatment (compared with non-Leg Club patients) has been excellent. It is thought that reduced social isolation of patients may improve compliance and reduce reoccurrence. Also, the offered peer support (member engagement) and encouragement may improve compliance with dressing regimes.

This initiative has reduced prescribing costs through adherence to approved formularies and training. It has provided a consistent standard of quality care across the whole community. This is leading to a re-defined and centralised pathway of clinical care, which will standardise the care delivered across the whole system.

Barnstaple Leg Club acts as a route for input from other services dealing with chronic conditions such as podiatry, nutrition, lymphoedema and tissue viability.

Many members of the Club have informally shared their transformative stories with the Club team, including getting out of the home after years of isolation, re-engagement with family, and making new friends. The Club was on the final shortlist of projects for the 2014 *Health Service Journal* Awards for Innovation in Primary Care and a supporting video for that was produced and can be viewed here https://youtu.be/vQW7PUcC3SQ

Going forward the success of this Club has convinced the NEW Devon CCG that the social model of care exemplified by the LLCF will be included in new service design across all the localities of the CCG, taking effect in 2018-19. The model is flexible and can be tailored to suit local circumstances.

Implementation issues

The initial approach to the nursing and quality directorate of NHS Devon was approximately 18 months in advance of the initiation of the pilot. This request to consider the establishment of a Lindsay Leg Club came from the lead nurse for infection control and tissue viability (IC & TV) at NDHT. Meetings with key personnel from the provider trust and the commissioner (covering operational nursing, community nursing management, health and social cluster managers, tissue viability nursing specialists, contracting, patient safety and quality specialist and senior commissioning nursing colleagues) were supported by visits from Ellie Lindsay, LLCF President. There were mixed feelings between different parties to the meetings and an impasse developed. This was overcome by undertaking project team visits to see established Clubs in Worcester and Cirencester. The clear sense of the need to overcome barriers and achieve the excellent patient experience that was witnessed was forged on these trips. A pilot was initially agreed for a 12-month period but extended to 18 months to enable a fuller collection of data on which decisions could be made for commissioning. During this period NHS Devon became the NEW Devon CCG and the lead nurse IC & TV for NDHT joined the CCG as lead nurse for healthcare-associated infections (also covering tissue viability issues), so converting the 'push' factor to a 'pull' factor for the advancement of this project. **BJN**

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Vandongen Y, Stacey M (2000) Graduated compression elastic compression stockings reduce lipodermatosclerosis and ulcer recurrence. *Phlebology* **15**(1): 33–7