

# Leg Clubs and the Big Society

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2010 has been an exciting and challenging year for the Lindsay Leg Club Foundation with the introduction of the Big Society and The NHS White Paper: *Equity and excellence: Liberating the NHS* (Department of Health (DH), 2010). The coalition government's vision of a society where individuals and communities have more power and responsibility, and are encouraged to create better neighbourhoods and local services and fits well with the Leg Club philosophy. This is a philosophy that encourages patients to become shared decision makers in their treatment and is based on a psychosocial model of care. In addition, the government has said it wants to give clinicians greater control over the way health and social care services are delivered. The Leg Club model gives health professionals the opportunity to improve local health services in partnership with local people – it removes them from clinical settings and puts them at the heart of the community.

The Lindsay Leg Club model is founded upon people with leg problems 'owning' their community social clinic which is located in a non-medical setting such as a church or village hall. The Clubs are housed at social non-medical community venues and are supported by committed teams of nurses and the outstanding involvement of community volunteers.

The members themselves are delighted to be involved and previously non-concordant patients have taken on the responsibility of self-management of their condition. This has made a real impact in all areas of their lives, delivered excellent healing rates and notably low recurrence. It also provides an informal support network to carers, family and friends.

The nursing teams have built important relationships with other professionals while putting the patient at the centre of care delivery.

## Discussion

The introduction of the social Leg Club model in 1995 was followed in 2005 by the creation of a charity called The Lindsay Leg Club Foundation. Both are examples of innovative and creative change by a clinician who listened to her community, pre-empting the core themes of the Big Society.

Ensuring the Foundation and the Leg Clubs continue to improve the lives of people with chronic leg conditions requires a consistent and systematic approach. It means making sure that the voices of the patient, volunteers and communities are heard. Indeed this collaborative approach between health professionals and the community drives creativity within the network of Leg Clubs. Patient transportation is a good example of nurses working with other community organizations, e.g. Dial a Ride, Age Concern.

Each Leg Club has its own identity which is shaped by members and each is able to deliver care and treatment in a cost-effective manner with improved healing rates.

Better outcomes within the Leg Club model are achieved in many ways; through clinical and demographic audit, formal research and the motivation to strive for constant improvement. However, originality requires commitment, leadership and is a team effort. Most successful transformation occurs at the boundaries of patient-centered care, where problems and needs of users and the potential of modern cost-effective technologies are linked together.

## Improving patient outcomes using a cost-effective model of care

The UK has no national method of auditing standards of care, costs or infection rates with regard to chronic leg conditions. Leg Clubs, however, are subject to quarterly data and annual clinical audit. Findings have shown that where Leg Clubs are already in existence, non-concordance with treatment and occurrence of infection has been virtually eliminated. Many long-standing ulcers have been healed, and an exceptionally low incidence of recurrence has been recorded. During the past year measurements (Clark, 2010) have overwhelmingly demonstrated increases in patient wound recovery and overall wellbeing, in practitioner expertise and confidence, and in standards of care and practice.

The model provides semi-autonomous health care which



*Annual Leg Club Volunteer Award 2010 presented by Dr Timothy Cutler, Patron & Earl Howe, Health Minister*



*LCIP at the 2010 Leg Club Conference Charity Dinner*

leads to significant practitioner and patient empowerment, as well as relieving pressure on other health professionals/ services that offer traditional methods of treatment.

Independent research highlights an improvement in patients' quality of life in conjunction with substantial savings in the cost of treatment (Edwards et al, 2005). Leg Clubs have proved to be extremely cost-effective in the use of nursing resources, saving travel costs, reducing need for the duplication of equipment, simplifying planning and administration, and eliminating wasted home visits (Lindsay, 2010).

The Leg Club model has been referenced by the DH in its Quality, Innovation, Productivity and Prevention (QIPP) programme – as a community-owned model shown to improve healing, reduced recurrence and offering a cost-effective framework for the treatment of lower leg problems.

### **Industry partnership with Leg Clubs**

Advancement in providing holistic patient care requires a collaborative process where individuals from a broad spectrum of organizations contribute to the creation and implementation of new ideas. Following extensive consultation with a coalition of companies, there was general agreement that a corporate health-care partnership was the best way to help the Foundation Trustees to achieve its goals.

Partnerships between health and social care organizations are evolving rapidly in the private and primary health sectors, with an aim to provide a most effective seamless service meeting the needs of local populations. The advent of commissioned services for leg ulcer management

in the community has presented the Lindsay Leg Club Foundation with new challenges to its patient-centred, non-medical approach.

Building collaborative partnerships has been challenging. It has involved identifying opportunities for change, finding the resources to bring about these changes, choosing an effective group structure, developing a vision of long-term change and building trust among collaborators alongside developing opportunities for partners.

Establishing a network of Leg Clubs that provide the highest standard of evidence-based care for local communities and ensuring that prescribed standards are maintained through education, training and audit requires time, manpower and above all capital.

Working with industry partners together, Lindsay Leg Club Foundation have removed traditional barriers between supplier and health professionals which has ultimately enabled it to turn a vision into reality.

The partnership is an alliance between the health-care industry and the Lindsay Leg Club Foundation and has the following aims:

- ♦ Advocating evidence-based care in a non-medical social environment to Leg Club patients (members), volunteers and communities
- ♦ Raising awareness of preventative care relating to all aspects of lower limb disease
- ♦ Ensuring that all socio-economic groups are given access to 'well leg' management

In collaboration with our corporate partners we have been able to develop a collaborative philanthropic approach to educational marketing and effective communications strate-

gies, for example:

- ♦ Educational web-based generic teaching programme - available March 2011 via the website Leg Club learning zone
- ♦ Competences for Leg Club nurses
- ♦ Leg Club Position document
- ♦ Members/Patient educational information handbook

### Outcomes during 2010

A milestone for the Foundation in September 2010 was the organization of its fourth national 'Healthy Legs for Life' week, raising the public's awareness of the importance of looking after their legs. The week's events included Leg Clubs throughout the UK holding local 'raising awareness' days, attracting local and national media coverage, Foundation public events. The ultimate goal is to establish an annual, national 'Healthy Legs for Life' day thereby enhancing the perception of maintaining healthy legs as glamorous and desirable as well as important and necessary for continued mobility and good health.

Despite the uncertainties and economic pressures, Leg Clubs have continued to expand (Lindsay and Tyndale-Biscoe, 2010). A major area of focus is the development of a business model to maximize the potential for growth in a commissioning environment and GP pathways. The challenges of 'resistance to change' we have encountered are slowly improving.

There is growing evidence that patient participation in health decisions leads to better outcomes, and health 'nudges' are being used to encourage people to think about the implications of health choices and the benefits to them. The 2010 analysis of the data gathered within UK Leg Clubs has highlighted some surprising trends. Many people with lower leg problems made the decision to attend a Leg Club themselves suggesting that there is large unmet need for help with lower leg problems that may not be seen in GP surgeries or by district nurses. The results also showed that people join a Leg Club to receive advice and preventive care to maintain healthy legs. In fact this was a more common reason for joining than attendance for treatment of an active leg ulcer. In the absence of a local Leg Club it is challenging to see where these people would have turned to for advice (Clark, 2010).

During the past year the Foundation has demonstrated its delivery of patient-centered care through the development of case studies that focus on example where Leg Clubs have made a difference to an individual's life (these are used by many patient groups).

However, one example that illustrates the ethos of the Leg Club Foundation well is the partnership that was announced in December 2010 with RAFT – The Restoration of Appearance and Function Trust. RAFT is an independent charity carrying out pioneering research into practical and affordable ways to save and repair skin. It is currently working on taking Smart Matrix, an artificial skin scaffold, to patient trial, for a 'clean' wound, by the end of 2011. The partnership will see the two charities combine

their strengths with the ultimate aim of providing a better quality of life for patients with leg ulcers.

### Future challenges

Despite limited funds in 2010 the Foundation engaged a consultant to provide a strategic framework for our future in this evolving climate of NHS change.

A review of fund raising options to put the Charity on a more stable financial footing is presently taking place, and one of the business models currently being investigated is Social Enterprise.

Another area of work in progress is in the provision of appropriate statistical information to provide robust evidence of both the cost of leg ulcers to the NHS and the cost effectiveness of the model. This remains a priority for the Foundation, as we believe that this type of evidence will raise the profile of leg ulcers and lower limb related conditions at government level and hopefully help secure funding and support for our initiatives.

### Conclusion

The Leg Club Foundation has continued to show innovation both through the support it provides Leg Clubs and in the progress of the Leg Club model itself. Leg Clubs have allowed nurses to challenge the traditional clinical role of the district nurse and instead create a role where they become more involved in the community they serve and are able to support patients in shared decision making. We believe this role matches the government's desire for greater individual and community involvement in the provision of health and social care, as highlighted in the recent health and social care bill.

The Leg Club movement has made considerable progress, raising the level of awareness of its activities within government, the NHS and with the public at large. Together with our corporate and charity partners we have forged a strong, productive working relationship. The result is that nurses have benefited from the generic education and support the corporate partners have provided, leading to improved patient care and appropriate product usage. As a partnership our latest project has been to, with an aim to achieve recognized approval by the European Wound Management Association.

Corporate Partner feedback is crucial to enhance the performance of our working relationship as we perceive this collaborative approach as a long-term commitment where we seek to maximize the benefits for all community partners.

**BJCN**

Clark M (2010) A Social Model for Lower Limb Care: The Lindsay Leg Club Model. *EWMA Journal* 10(3): 38-40

Department of Health (2010) White Paper: *Equity and excellence: Liberating the NHS*. Department of Health, London. <http://tinyurl.com/2a8ljeo> (Accessed 23 March 2011)

Edwards H, Courtney M, Finlayson K, Shuter P, Lindsay E (2008) A randomised controlled trial of a community nursing intervention: improved quality of life and healing for clients with chronic leg ulcers. *Journal of Clinical Nursing* 18(11): 1541-9

Lindsay E, Tyndale-Biscoe J (2010) Leg Club Update. *Wounds UK* 6(1)