

# Leg Clubs



## **Leg Clubs: Changing policy and practice to empower people living with chronic wounds**

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# Healthcare needs & associated costs

In the coming decades, the demographic composition of almost all populations in the developed world will change substantially.

This change will impact:

- ❖ The elderly being the highest users of health and care services\*
- ❖ Higher rates of chronic disease are found in older people
- ❖ Ageing, said the report\*
  - "Increasing longevity is one of humanity's greatest achievements. People live longer because of improved nutrition, sanitation, medical advances, health care, education and economic well-being"



If the NHS and wider healthcare sector is to match these growing demands, we must rethink how healthcare organisations manage resources more effectively, sharing best practice and be more commercial in our approach

# **Modernisation programme**

- ❖ The UK Government talks of putting patients and the users of services at the heart of health and social care and empowering them to take greater choice and control in treatment and prevention
- ❖ Government plans to 'revolutionise NHS accountability through a power shift from Whitehall to patients, communities and the public'
- ❖ Working against these concepts are the ongoing battles over NHS expenditure and petty political issues which can sometimes mean patients' views simply get brushed aside



# The current agenda in the NHS:

## Patient information/clinician education

- ❖ The Government's vision for the new NHS is for patients to be at the centre of their care
- ❖ They will have more choice and control over where their care is delivered and by whom
- ❖ **In short, patients will be empowered to make decisions about their care!**
- ❖ For patients to exercise truly informed choices, information needs to be presented at appropriate stages of the care pathway in a manner that is clear, concise and understandable to the patient at their level



# The current agenda in the NHS:

With an ageing population, increasing incidence of long-term conditions and a very challenging financial environment, healthcare services across the globe have a significant challenge.

However.....

there are two things which matter to all of us in the NHS:

- ❖ to deliver high-quality care now, and to improve services in the future.

\*At its heart are two simple principles:

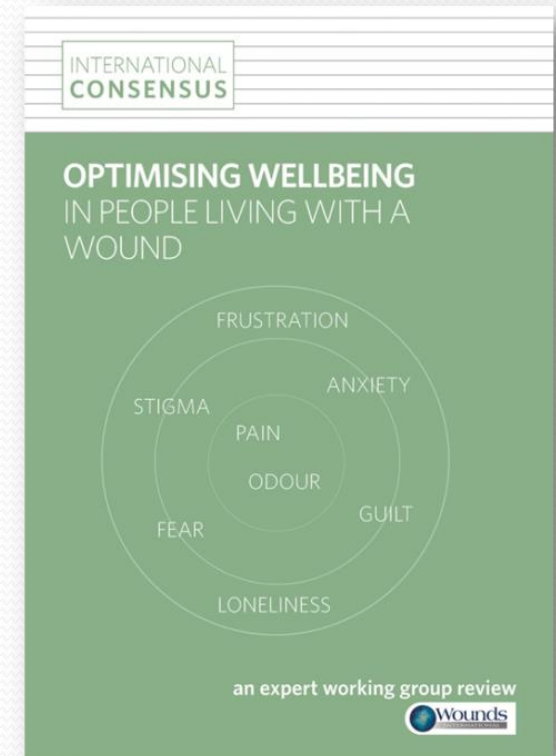
- ❖ Patients should share in every decision about their care:

  - ❖ ***“no decision about me, without me”***

- ❖ Those responsible for patient care should have the freedom and powers to lead an NHS that delivers continually improving care for its patients

# Current culture & nursing practice

- ❖ The views of older people with high support needs have rarely been sought
- ❖ Empowerment, or lack of it, in the elderly is an increasingly important issue due to rapid demographic change
- ❖ The experience of diagnosis, psychological support and attitudes from both professionals and society represent critical chapters in the lives of older people living with chronic wounds
- ❖ Patients living with a heavily exuding leg ulcer often experience social stigma, lack of wellbeing and poor quality of life as leg ulcers can be unsightly, painful and malodorous



# Demographic challenges

Reduction of the number of problems relating to the lower limb becomes increasingly difficult to achieve and maintain due to:

- ❖ an ageing population
- ❖ an increasing incidence of diabetes - now accounts for 70 per cent of all lower limb amputations\*
- ❖ the UK has the highest rate of obesity in Europe (2012)\*\*

The global challenges of a community intervention program are:

**Poverty, HIV/AIDS, Diet, Smoking and Lifestyle habits**



\*The Times, December 8, 2008

\*\* BJN, 2012. Vol21, No 8

# The Primary Health Care Team

In recent years there have been outstanding developments in wound and skin care technology, including the availability of new evidenced based wound products within the primary, secondary and nursing home setting.



Yet, the Associate Parliamentary Group on Skin (APGS 2000) reported that the skin care needs of the elderly were unmet, training was lacking and preventative interventions were inadequate.

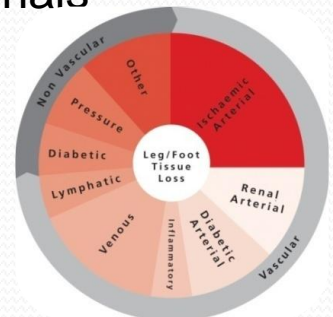
*We need to raise awareness of.....*

❖ The community population and amongst health care professionals

*By.....*

❖ Ensuring early referral to relevant disciplines

❖ Make certain clinical practice keeps pace with changing environments and community expectations of standards of care



# Innovation in the NHS:

## Importance of innovation

- ❖ Innovation remains vital for the NHS
- ❖ Any large institution needs to keep up to date with the latest developments in order to remain effective and viable
- ❖ \*The Innovation Report recognised that the UK is particularly slow, relative to other developed economies, adopting innovative concepts

I'm not going to let them sit on the Leg Club concept!!





# **Leg Club Concept**

## **Innovation in Practice**

### **Holistic care through patient empowerment!**

In 1995 the Leg Club was introduced as.....

- ❖ Part of a innovative approach to health, working with the public and wider community
- ❖ Aiming to achieve concordance to treatment through informed beliefs and modified behaviour



# **Changing policy and practice:**

- ❖ The Leg Club model was developed to address limitations of existing mechanisms, such as home visits and leg ulcer clinics, in meeting patients' needs
- ❖ The objective was “to enhance the standards of clinical skills available within the community setting and the appropriate and safe use of wound and skin care products”
- ❖ To provide a highly cost effective framework in which, in a departure from the traditional nurse dominant / patient passive relationship, patients are educated and empowered to take ownership of their care and make informed decisions regarding treatment

# **Creating a collaborative relationship**

- ❖ The Leg Club model encourages nurses to shift from being pure providers to being collaborators, not just with patients but with existing voluntary sector and third sector organisation
- ❖ Most successful modernisation occurs at the boundaries of patient-centered care delivery, where the problems and needs of users and the potential of modern cost-effective technologies are linked together in a creative and collaborative process
- ❖ Building collaborative partnerships is a challenge that Leg Club nurses have to meet and overcome

# Creating a Collaborative Relationship

- ❖ 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
- ❖ This collaborative approach with patients, volunteers and the community has maintained care delivery successfully using a social and effective methodology thus bringing creative ideas to life
- ❖ Patient transportation is a good example where Leg Club nurses have worked with voluntary sector groups to ensure members are able to attend

# **Creating a collaborative relationship**

- ❖ 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

# Leg Clubs



## Leg Clubs: Reality in Practice



**Mary James**  
District Nurse & Leg Club Lead

# Leg Club Model

## **Leg Clubs are social leg ulcer clinics that differ from conventional clinics in that:**

- ❖ they are held in a non-medical environment, in partnership with members and local community
- ❖ members are treated collectively sharing their experience and gaining peer support
- ❖ they operate on a 'drop in' basis (no appointments necessary) this encourages opportunistic attendance for information and advice
- ❖ they incorporate an integrated 'well leg' regime supporting maintenance of healthy legs, positive health beliefs and broad health promotion



# How a Leg Club functions in practice

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- ❖ Leg Clubs are places where anyone with problem legs can receive treatment, education and follow-up care in a social environment



The Tolly Centre, Worcester



Reception Area

# **Leg Club Team**

Patient assessment and the treatment of their legs is carried out by District Nurses who have extra qualifications in leg ulcer care.

- ❖ The reception staff are volunteers
- ❖ The kitchen staff who make tea and coffee are volunteers
- ❖ The committee who raise money for equipment and outings (e.g. Christmas lunch) are volunteers



# Who can attend?

- ❖ Anyone who has worries about their legs
- ❖ Anyone with swollen legs, varicose veins, leg ulcers, painful legs, cellulitis, wounds that are slow to heal or has eczema
- ❖ They can be referred by their doctor, practice nurse, district nurse, the hospital or just come in because they heard about us from a friend



# What does a Leg Club look like

- ❖ Worcester Leg Club is held in a large hall. We use one end for people to socialise and the other end for them to receive treatment
- ❖ We treat each person in the order he/she arrives and then he/she can return to the social area for another cup of tea if wanted
- ❖ People are treated collectively



# Patient's First Visit

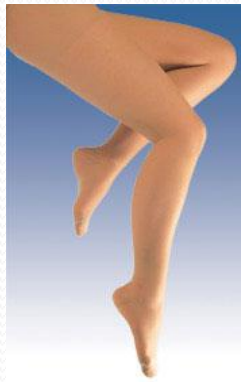
- ❖ A full holistic assessment of the patients health history is taken
- ❖ The skin on the legs is examined and ulcers are measured and photographed
- ❖ Blood pressure, blood sugar level, weight and height are measured
- ❖ Patients are referred to their doctor if readings are abnormal
- ❖ As soon as possible after the 1<sup>st</sup> visit a Doppler assessment is performed



# Attendance at Leg Club

Members return weekly for treatment or attend for:

- ❖ Well leg monitoring
- ❖ Advice
- ❖ Three or six monthly re-assessment for hosiery



# Prevention is Better Than Cure!

## **The 'Well Leg' regime is an integral part of Leg Clubs!**

- ❖ It is better to prevent leg ulcers than to treat them
- ❖ It is much less costly for our NHS and is much better for the member
- ❖ We try to persuade all patients who are suitable to wear compression hosiery

# Transport/ Costs

- ❖ Many of our patients were 'housebound'
- ❖ They now get to Leg Club by private car, bus, by volunteer drivers and by ambulance. A few walk
- ❖ The hall costs £70 (Eur 81.75) for an afternoon and this is raised by a weekly raffle and other grants and fund raising activities
- ❖ The treatment is free. Nurses are employed by the NHS. Dressing are free to people over 60 years

# Advantages of a Leg Club

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- ❖ Patients socialise and help each other - feeling of self worth and encourage each other
- ❖ Increased mobilisation – increased blood flow
- ❖ They are more in control of their own health

# Advantages of a Leg Club

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- ❖ Nurses do not have to travel to see patients in their own homes
- ❖ Nurses have become more expert at leg care
- ❖ Nurses can consult each leading to better patient care

# Quality of Life

The social model of care, on which the Leg Club philosophy is founded, emphasises:

- ❖ wellness and maintenance of health
- ❖ places equal emphasis on social health
- ❖ skilled communication
- ❖ prevention of depression and the development of an active community
- ❖ how members think and feel, rather than what they do or have done to them!



# IT IS FUN



FreakingNews.com



ANY QUESTIONS?



# Thank You

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## LEG CLUB ASSOCIATE ORGANISATIONS

