

## **The Lindsay Leg Club Foundation**

On the 10<sup>th</sup> July 2007 I had the privilege of visiting the Leg Club in Aberlour, the only one that exists in Scotland. There are around fourteen Leg Clubs in England and four in Australia.

As documented in 'The Lindsay Leg Club Foundation' information book Ellie Lindsay introduced the concept of treating leg ulcers in a social setting, reducing the social isolation experienced by many leg ulcer sufferers. It was to be a partnership between District Nurses and the Community, giving ownership to the patients. The foundation was formed in 2005 to facilitate, manage and co-ordinate the growth of Leg Clubs.

The four key features of Leg Clubs are:

- They are community based, held in a non medical setting e.g. a community centre
- Members are treated collectively
- They operate on a drop in basis i.e. no appointments.
- They incorporate a fully integrated well leg regime.

Leg Club staff work to defined evidence based best practice guidelines, training is given to nurses involved on all aspects of documentation, wound care theory and practical workshops at no cost to them and their practice is regularly audited.

Leg Club is highly cost effective, leg ulcer treatment costs in a rural setting show a saving of approximately 85% (Home visit £65. Leg Club £8.15)

Ally Lister is the district nurse in Aberlour, the area that Ally and her team cover is vast spreading over Spey side up to Tomintoul. Ally had been finding it nearly impossible to find time to travel and treat her leg ulcer patients. She read some information about Leg Club and decided to investigate and the out come was that a Leg Club was set up in Aberlour. The club has been running successfully for eighteen months and just had their 100<sup>th</sup> patient through the door.

The Leg Club runs every Tuesday afternoon and when I arrived the members of the club were busy setting up. In Aberlour they were able to get two rooms - free- in the local nursing home. The members of the Club (the Patients) have formed a committee, and it is their responsibility to run the Club and fund raise for anything that is required e.g. buckets, doppler, cameras, transport etc. This fundraising brings members together in other settings e.g. sale of work, ceilidhs.

Some Club members are responsible for helping new members to complete the front 'personal' information sheet for their notes, number each set of notes and file them at the end of the afternoon, others provide transport for those who do not have, initially the community transport was used but soon was not required as the members helped each other using their own transport. Other members provide refreshments, organise raffle prizes etc. There was so much chatting it was obvious that the members were amongst friends and were enjoying the experience

Members are not discharged from the Club after healing, but are encouraged to drop in whenever they want and of course have regular doppler re-assessments.

Whilst the socialising continues, nurses are busy in the second room doing doppler assessments, and in the main meeting room there is an area screened off in the corner where the members have their legs washed and re-dressed, prescriptions given and any change of treatment information provided. Members arrive with their own dressings, they are given the option of having their dressing done in private but all are happy to have it done in the social Club setting. There has been no evidence of any cross infection in the time the Club has existed. During their time in the Club nurses take the opportunity to promote health and provide education.

I could see enormous benefits in providing care in this setting. Patients benefit by belonging to a 'club'. Having peer support has shown to improve compliance and treatment outcomes. There is evidence from the Leg Clubs around UK and Australia that patient quality is enhanced through a combination of improved healing rates, remarkable low recurrence and positive health beliefs and the importance of being able to come to the Leg Club after the ulcer is healed is a real bonus.

The benefits for the nurses are team working, sharing evidence based practice. Delivering cost effective care, reducing the time spent on home visits. Keeping skills up to date, having access to ongoing training and auditing practice.

Marie Milton  
District Nurse  
marie.milton@nhs.net