

# HOW LEG CLUBS CAN HELP COMMISSIONERS MAKE EVERY CONTACT COUNT

There are many reasons why GP commissioning consortia should look to the voluntary and third sectors for help with service delivery. This article examines how Lindsay Leg Club has proved that it is better placed than most to aid in this process.

**‘Leg Clubs empower patients to become stakeholders in their own care’**

As GP commissioning consortia ready themselves for the challenge of commissioning health and social care services from April 2013, voluntary and third sector organisations are also preparing for the opportunity to demonstrate that they have a significant role to play in the delivery of these services.

The Lindsay Leg Club Foundation is no exception and it has already started to work with commissioners (currently primary care trusts [PCTs]), as well as emerging consortia, to help them understand the benefits and advantages of the Leg Club model.

There are four ways that Leg Clubs can help commissioners deliver services that meet the healthcare needs of their populations. First, the Leg Club model is cost-effective in terms of nursing resources. By providing care in a social environment, Leg Clubs make cost savings in terms of nursing time by cutting down on lengthy domiciliary visits.

Second, Leg Clubs have a strong track record in providing ‘well leg’ programmes. These ensure that, once healed, individuals can stay free from leg problems for longer. Maintaining individuals within the well leg programme has helped to reduce recurrence rates to approximately 16%, (Clark, 2012).

Third, Leg Clubs help commissioners make every contact count. At a time of considerable financial restraint,

commissioners have to make sure that services dovetail effectively and that health issues are picked up sooner rather than later.

In the past, a silo mentality has seen patients passed from one clinician to another with health problems being tackled in isolation. However, health conditions often present together, especially when dealing with older patients.

As a result, some commissioners have been working to develop Leg Clubs so that they become hubs for other disciplines, such as podiatry, diabetic care and flu clinics.

And last but not least, Leg Club members themselves see significant benefits. The reason is simply that Leg Clubs empower patients to become stakeholders in their own care, thus increasing healing rates and providing enhanced quality of life, a lower level of recurrence, and more positive health beliefs.

This can only add to potential savings from the perspective of concordance and continued contact with clinicians.

A recent survey of 124 Leg Club members found that after their Leg Club visit, more than three-quarters felt better able to cope with their condition. Almost all members would recommend their Leg Club to their friends and family — a test that the government has now decided should be used for all healthcare services.

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*Leg Clubs can act as a venue for services normally provided in traditional healthcare settings.*

Commissioners appear to be listening and one in particular has become the first to commission a Leg Club with a view to rolling out the model across the country. NHS Devon, Plymouth and Torbay has given its backing to a community-based Leg Club in Barnstaple, which opened its doors to the public in April this year. The Leg Club, in Braunton Road, Barnstaple, has been funded for an initial 12-month period. Nursing staff are being provided by the Northern Devon Healthcare NHS Trust and there are plans to open more clubs across North Devon. Barnstaple Leg Club will be held at the Living Wells Church, Braunton Road and is open from 9.30am to 1.30pm every Thursday.

The PCT has recognised that it needs to make every contact with patients and the public count. It is hoped that if successful, the club will form a hub for other disciplines. Dr Tim Burke, a GP from Chulmleigh, Devon and chair of the Northern locality Commissioning Group, declared: "This is a fantastic opportunity to work closely with our colleagues in secondary care, community nurses and the voluntary sector, to co-develop a sustainable model. It will not only benefit the members of the club,

but it will also benefit the health and social care community by making better use of resources.'

Professor Michael Clarke, chief executive of Lindsay Leg Club Foundations, which is behind the initiative, said: 'We are naturally delighted that Northern Devon Healthcare NHS Trust is working with us to implement this innovative model throughout North Devon.'

NHS Devon, Plymouth and Torbay is not the only commissioner to have realised the benefits of Leg Clubs. A second commissioned Leg Club will open in September in Bromley, Kent. In addition, a GP consortia in Worcester has given financial backing to its local Leg Club.

Ellie Lindsay, president and founder of the Lindsay Leg Club Foundation, explained: 'We have good evidence to show that the model is cost-effective in terms of nursing resource and healing rates. When you couple this with the benefits members see for themselves and the opportunity for adding other health and social services into this environment, it all adds up to a must-have for commissioners.' [WUK](#)

## **'Northern Devon Healthcare NHS Trust has recognised that it needs to make every contact with patients and the public count'**

### **References**

Clark M (2012) Patient satisfaction with a social model of lower leg care provision. *Wounds UK* 8(1) 20-26