How I got Leg Club up and running

Ellie Lindsay

Receiving an OBE in the 2015 Queen’s Birthday Honours was an overwhelming surprise, especially as I received it for services to nursing, a profession with which I’m proud to be associated. I owe thanks to many eminent mentors and friends who have encouraged and supported me over the years, and on hearing the news I was led to reflect upon my past and current career.

My nursing background

My nursing background comprises 10 years in a general hospital followed by 15 years’ community nursing, latterly as a district nursing sister and specialist practitioner responsible for a nursing team in a rural community. On starting as a district nurse, I was struck by the number of patients in my caseload suffering from long-standing and recurrent leg ulcers, and numerous examples of poor concordance with treatment.

Our nurse training encourages us to be creative and intelligently directed, and to synthesise nursing theories. This foundation enabled me to explore new approaches and increase my understanding of the ‘open-holistic system’ and its application to wound management.

Rationale for change

Health beliefs play an important part when treating and managing patients with leg ulcers. In partnership with the local community, I founded a social leg-ulcer clinic—aptly named a ‘Leg Club’ by patients. Its social pathway provided a creative response to the increased need for concordance and wound healing by delivering a psychosocial model of care where:
- Treatment takes place in a non-medical setting
- Patients (members) are treated collectively
- There is ‘drop in’ access—no appointments required
- Ongoing care is given in an integrated ‘well-leg’ regime.

The Leg Club also tackles head on the social isolation such long-term conditions can cause.

Challenge of bringing about change

Successful introduction of change requires clear objectives, a well-defined strategy with realistic and achievable goals, and good communication. I had to be self-confident and resilient, as I soon discovered that barriers to change are a constant challenge for anyone trying a different approach in nursing. As Machiavelli observed in The Prince (1513), there is ‘nothing more difficult, more perilous to conduct, or more uncertain in success, then to take the lead in a new order of things, because the innovator has for enemies all those who have done well under the old conditions and lukewarm defenders in those who may do well under the new’.

Therefore, it was important that the idea of the social health belief framework I wanted to introduce was conveyed with enthusiasm and imagination. However, I quickly learned that change, especially if it involves empowering patients, inevitably brings about conflict within teams, and it is so easy for individuals and managers to default to a comfort zone of old habits and traditional ways.

When attempting to introduce this new social methodology to wound management, I received minimal support from my then employing trust and encountered opposition from local peers and elements of the nursing fraternity, even when Leg Clubs began to be recognised within the wider nursing community. But rather than leaving me discouraged, the experience strengthened and developed me personally, and opened new (and international) doors. Also, I have personally gained insight into true holistic care, seeing patients providing empathy and support, comparing their leg ulcers and the stages of healing, and sharing their wound-care knowledge and experiences.

To take the concept forward, it was ultimately necessary for me to resign my NHS post in 2002 and seek to work as an independent practitioner.

The Leg Club Foundation

By 2005, it was clear that demand was exceeding the capabilities of a single individual and that a supporting infrastructure would be needed if the opportunities arising were to be addressed. I therefore established the Leg Club Foundation, a registered charity to promote and further the aims of Leg Clubs. From the outset, I received invaluable encouragement and support from some leading health professionals, and from members of the wound-care industry—a relationship that was formalised in 2010 by the formation of the Leg Club Industry Partners (LCIP). Examples of the fruits of this unique partnership include the launch of an online education and training resource for nurses, and our participation in the yearly Parliamentary Medical Technology Group (MTG) showcase and All Party Parliamentary Group (APPG).

In my role within the field of lower-limb management, I’m well-placed to disseminate findings through conference presentations at local, national and international levels. This provides an ideal platform to share recommendations, stimulate debate, and generate problem-solving strategies to address the need for alternative models of wound care.

My work is now focused on disseminating the Leg Club model, facilitating the setting up of Leg Clubs in the UK and overseas, and generally promoting patient advocacy and empowerment. I travel extensively to talk to GPs, practice managers, patient-participation groups, practice and community nurses, volunteer organisations and primary care organisations (PCOs), advising and assisting them in setting up their own Leg Clubs. One example is the advent of the foundation working with general-practice management and commissioned services for leg-ulcer management in the community. It has presented the Leg Club Foundation with new exciting pathways to expand its patient-centered, socioeconomic approach to lower-limb management.

Giving thanks

The honour of receiving my OBE truly belongs to my patients, communities, nurses and members of the LCIP. Without these wonderful people, I would not have been able to bring about change in clinical practice.

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