Reflections on my year with the Lindsay Leg Club® Foundation

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To provide a context for these personal reflections, I'd like to take you back to the beginning of February 2011, when I stepped onto a plane to Cape Town to attend my first Wounds International conference. I don't usually talk to strangers, but on this occasion I had a very pleasant conversation with a lady who was also travelling to the conference, and who, it transpired, was Ellie Lindsay OBE, the Founder and President of the Lindsay Leg Club Foundation. Although our conversation was not focused on any aspect of healthcare, the flight itself was the beginning of a personal and professional friendship that remains to this day. To coin a phrase, I was "Ellied". Ellie and I spent some time together at the conference and I got to appreciate a small part of her world and the respect she commands within it. Some months later, I was asked to be a trustee of the Foundation, and for the next few years I was fortunate to get know the patients, volunteers and nurses — the backbone of the Leg Club network — as well as my fellow trustees.

Coinciding with a change in my business life, affording me more free time, I became chair of the Foundation in the summer of 2014. As a charity, we have had some challenges to face as we continue to adapt to support the steady increase in the number of Leg Clubs worldwide, and to provide education and research on leg health and treatment. A permanent challenge is to support the growth of UK Leg Clubs by keeping close contacts with all stakeholders in the model. That means all those who work in Leg Clubs, but also the people in industry who support the model, the clinicians who see the benefits of the model and the healthcare providers who see that the model, fits in with their commitment to provide treatment options within their regions. One big change we have witnessed has been a move towards GP-commissioned services. It took longer to make an impact than we anticipated, but this year has seen a considerable expansion of our network through the establishment of GP-commissioned Leg Clubs.

So what have we done over the past year? First, with the increased exposure of the Leg Club model comes the increased need to demonstrate its effectiveness. We successfully presented the effectiveness message at our own conference and at Wounds UK last year, and published materials on this topic, including a Compendium of Best Practice (Department of Health [DH], 2015). We will continue to prioritise our work over the coming year, through peer-reviewed publications and the establishment of a new data reporting system. We also operate a smaller and leaner board of trustees with key deliverables, and by contracting projects to professional clinical, marketing and fundraising experts.

Moving forward, what do we need to do in the coming year? First, we will need to provide strategic support to the growth of Leg Clubs: working closely with our market development and clinical consultants, we need to target decision-making groups and provide them with evidential and cost-effective cases for expanding our network. We will also continue to encourage the growth of Leg Clubs managed by GPs. Secondly, we need to provide education within our network: with continued support from the DH, we will use the Compendium of Best Practice to educate our patients, nurses, and volunteers. This will include meetings at our Leg Clubs where we will demonstrate the Compendium, as well as producing a second and expanded edition. Thirdly, we will build the evidential case for Leg Clubs: we have an active publication programme that will focus on the evidence for the effectiveness of the Leg Club model. We will produce a health economics paper and publish our two wellbeing studies. With regard to clinical outcomes, we will conduct a detailed analysis of the outcomes achieved so far with our new outcomes data reporting system, now in use throughout our network. And finally, we will focus on education among our peers, explaining and discussing the Leg Club model with professional colleagues around the world, including the International Association of Gerontology and Geriatrics Congress (Chiang Mai, October 2015), Wounds UK (Harrogate, November 2015) and the World Union of Wound Healing Societies (Florence, September 2016).

For me personally, it has been a very fruitful journey. I have met some exceptional people, and I sincerely hope that I can play my part, with my fellow trustees, in getting the message across that Leg Clubs are not just clinically effective, but cost-effective, providing measurable improvement to wellbeing among our members.

REFERENCE

Sylvie Hampton and Deborah Glover (2015) *Compendium of Best Practice for Leg Club Service Delivery (1st edn).* Department of Health, the Stationery Office, London