

The Leg Club® model: improving the care and wellbeing of patients



Daylesford is a beautiful spa town about 80 miles north of Melbourne, Australia. The centre of the town is lined with small, independent shops and cafes, and on the edge of the town is a serene lake with elegant and scrupulously maintained gardens. It is no surprise that many people come to Daylesford from Melbourne for the weekend, or plan to settle here after retirement.

Daylesford is also the site of Australia's most recent Leg Club, bringing the total number of clubs in the country to 11. The Daylesford Leg Club was started by District Nurse Patty McKibbin in April 2014, and has benefited from her immense commitment and enthusiasm toward bringing a social model of wound care to the local inhabitants. This enthusiasm is equally shared by Patty's clinical colleagues as well as the volunteers and members of the club.

I have visited the Daylesford Leg Club on a number of occasions (*Figure 1*). It started small but I have had the privilege of watching it grow quite rapidly as people have seen the multitude of benefits that the Club can bring to the community. The Club meets once a week like many of the clubs in England and Australia, but outside these hours, Patty and her colleagues work tirelessly, presenting and promoting the Club at conferences and events, as well as putting together data to demonstrate the effectiveness of the model. The Club has earned the respect and support of the local health authority, whose chief nursing officer, who has also visited several UK clubs, remains in close contact.

Marianne Crowe, Clinical Nurse Consultant at the nearby Base Hospital in Ballarat, the closest large town to Daylesford, has also visited Daylesford many times and is impressed by the service that it provides, which complements the acute work that she undertakes. 'Working in an acute setting, it's wonderful to know that evidence-based clinical excellence in wound care continues to be provided in such a unique social setting, and that so many people benefit from this service,' says Marianne.

Daylesford is of course just one of several Leg Clubs providing this service in Australia. A unique challenge will be

Figure 1. Roland Renyi (third from left) with the Daylesford Leg Club team



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finding a way for Australian Leg Clubs to collaborate and share best practice. Patty and others are reviewing ways in which to do this more formally, and they plan to do this with the help of the Lindsay Leg Club Foundation in the UK. 'This is a significant period of growth for us, and not just in the UK where we have opened three new Leg Clubs in the past 3 months alone,' says Leg Club Foundation President Ellie Lindsay OBE. 'Leg Clubs continue to grow in Australia, and we have had some very encouraging signs in Europe, where we already have a Leg Club in Germany. But every Leg Club is special, and I'm delighted that Daylesford continues to provide such a special and much-needed service.'

Effectiveness of the Leg Club model

Lindsay Leg Clubs (LLCs) have been treating those suffering from, or at risk of, leg ulceration within a social model of care for more than 20 years. While addressing the social isolation that often comes with this condition, new work is emerging that can demonstrate its effectiveness in not 1 but 4 areas: clinical effectiveness, cost-effectiveness, patient satisfaction, and wellbeing. By showing that we can be effective in treating chronic conditions in several ways, we are ensuring that we meet all the current criteria for our model of care.

Clinical effectiveness

Leg ulcers are half as likely to recur in Leg Club members compared with the rest of the UK population. A recent analysis

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by Professor Michael Clark (2013) on recurrence rates at all UK Leg Clubs shows that recurrence levels were just half the national average of 26%–33% (with good concordance to treatment) and 56% (poor concordance to preventive care), which were reported by Vowden and Vowden in their review article in 2006.

Cost-effectiveness

Leg Clubs can be a cost-effective alternative to traditional methods of care. They provide a fixed weekly time and venue for treatment. This can lead to considerable savings for district nurses, who can schedule their workload in a more effective manner. Such savings were demonstrated in Powys, Wales, in 2014, where an award-winning study was conducted on savings in district nursing time (Griffin, 2014). Based solely on the average cost of a district nurse visit at £78, with 1 visit per week, the gross savings to Powys Teaching Health Board per annum conservatively ran at £4056 per patient, or £932 880 in total (Griffin, 2014).

Patient satisfaction

The findings of a questionnaire published in the *Journal of Wound Care* in 2012 (Upton et al, 2015) sent to 124 members in 5 Leg Clubs suggest that Leg Clubs provide care that improves satisfaction. Here are the percentages obtained from the questionnaire:

- ◆ Members who felt better able to cope with life: 67.0%
- ◆ Members who now felt better placed to keep themselves healthy: 68.1%
- ◆ Members who felt better able to understand their leg problems: 75.5%
- ◆ Members who felt better able to cope with their legs: 76.8%.

Wellbeing

The findings of a soon-to-be published study (Upton et al, 2015) by a team of health psychologists on potential changes in wellbeing while attending a Leg Club show that repeated measures provide initial evidence that Leg Club attendance affects wellbeing over time. A significant interaction has been found between 'length of time' attending a Leg Club and changes in 'personal resources' for people who attended a Leg Club for 1 to 2 years. The main conclusions drawn from this study show that:

- ◆ Leg Club attendance clearly improves wellbeing
- ◆ Social support is important in improving wellbeing.

What effectiveness means to a Leg Club member

Mr G went through a period when he kept needing to go to the toilet. One day, he watched a health documentary on television, where the doctor talked about diabetes in detail, and Mr G realised that he possessed a number of the symptoms. On getting tested at the GP, it was found that he had diabetes. He was prescribed Metformin and Gliclazide to control the blood sugar and given advice on his diet.

Mr G also had arthritis in the knees and left hip, and soon began to develop leg ulcers. The ulcers continued for about 8 years, during which time, he was also given compression therapy for his legs, which was not successful. He was referred to an orthopaedic consultant for a hip-and-knee operation and had consultations with three top surgeons. Unfortunately, surgery was not an option because he had developed lymphoedema and carried about a 'gallon of water in each leg' from the knees down. The surgeon told him that the fluid could overload his heart if they operated on him.

Mr G was not happy with his situation and was advised to attend the local Leg Club. He was welcomed by the volunteers who made him feel at home and thoroughly enjoyed the social side of the Leg Club. The nurses carried out a full assessment of Mr G's condition using Doppler ultrasound, which was difficult to perform because of his swollen legs. It was also difficult for him to climb on the couch for the assessment, which felt like he was lifting 'a ton of weights'.

Following the assessment, the nurses explained that he needed to keep his legs raised as much as possible to bring down the fluid build-up. However, owing to the weight of his legs, Mr G found this task quite difficult. Soon, a riser recliner chair was available for him, and he began to sleep in it. He found this position extremely comfortable, and could elevate his legs while watching television as well as when he slept; gradually, his legs returned to their normal size. The surgeons were now happy to operate on his hips and knees, but since Mr G was nearly 80 years old and very used to walking with crutches, he decided not to have the operation.

If it wasn't for the nurses in the Leg Club insisting that he put his legs up, he would never have had a recliner chair and experienced such a rapid improvement in his condition. Moreover, while he received care at the Leg Club, he never had an infection, and it has been 3 years since he had a leg ulcer. He continues to enjoy a good quality of life, visiting the Leg Club every week, which also gives him the opportunity to interact with people socially.

Conclusion

These are fascinating threads of information that we are putting together to prove our case for complete effectiveness. Our own emerging data, coming from the new data entry system that we launched a year ago across all our UK Leg Clubs, will complete the picture, as will a full health economic study, but we can already see a very encouraging impression of the potential of the Leg Club model emerging. **CWC**

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