2017 MA Healthcare Ltd

Leg Club scholarships: from global learning to local implementation

Natalie Freeman, Tissue Viability Nurse, Leg Club Lead for Brentwood Leg Club and **Clare Mechen,** Nurse Manager at The Adam Practice and Poole Leg Club Lead

eg Clubs are special partnerships between nurses, patients (members) and the local community, providing care in a social, non-medical, setting. The Leg Club model represents a paradigm shift from the 'paternal' model of care delivery in a 'clinical' environment, to delivery in a familiar place of social activity in the community, such as a village hall. The model also allows for the provision of health promotion, education and ongoing care for people experiencing leg-related problems.

A Leg Club is also the perfect setting for staff development and a wonderful teaching environment where nurses and other health practitioners can learn from one another other and from Leg Club members.

Continuing professional development and education are high on the Leg Club Foundation's agenda, so Leg Club nurses are encouraged to ensure evidence-based, up-to-date practice is adhered to in the Leg Club. The Leg Club hosts an annual conference that provides teaching sessions and workshop-style training. It also provides an environment for shared learning.

Leg Clubs are provided with a *Compendium* of best practice guidelines (Hampton et al, 2015), patient and staff educational handbooks and the opportunity to access e-learning and online resources, all available via the website (www.legclub.org).

In 2016, the Lindsay Leg Club Foundation (LLCF) gave nurses the opportunity to apply for two educational scholarships. One scholarship, supported by the Leg Club industry partners, offered the opportunity to attend the 2016 European Wound Management Association (EWMA) annual conference held in Bremen, Germany, which took place in May. The second scholarship, supported by the Leg Club Foundation, provided the opportunity to attend the 2016

World Union of Wound Healing Societies (WUWHS) congress held in Florence, Italy, that took place in September. The scholarships were open to health professionals at all levels: Leg Club tissue viability nurses, other nurses, and all those who work with wounds on a daily basis.

Natalie Freeman won a scholarship to attend the WUWHS congress and Clare Mechen won the EWMA scholarship. Each author was runner up in the other's scholarship, so each attended both conferences.

Natalie's scholarship application was based on an initiative where the tissue viability service works to engage more widely with social care to improve quality of care for patients suffering with lower-limb disorders and to prevent recurrence of previous complaints using the Lindsay Leg Club model. The Leg Club in Brentwood, where Natalie is the Leg Club lead, offers 'well leg' advice, treatment and care to the local community away from a traditional medical healthcare setting.

There is, however, a cohort of patients who do not wish to attend a Leg Club or are housebound and therefore unable to attend. These patients often have difficulty obtaining good and effective long-term lower-limb care. Leg Club nursing staff felt that working innovatively and engaging with social care partners could improve outcomes and reduce recurrence rates by providing education to carers.

The project involves collaborating with social services and other social care providers to ensure an inclusive service for all patients. Social care providers will be offered training at Brentwood Leg Club for their staff to attend; this will also promote the Leg Club within the local community. This means that people who may not attend Leg Club can benefit from their home carers being trained. This should ultimately have a positive impact on



NHS services, as compliance with long-term maintenance may reduce leg ulcer and oedema recurrence, and early recognition by carers will aid effective management and early referral.

Clare Mechen's application was based on the recognition of need within the local community for people with lower-limb problems such as leg ulcers. With local GP treatment rooms already busy with patients with leg ulcers, it was time to change practice. The well-established Leg Club model empowers patients to become partners in their own care within a community-based non-medical setting and encompasses a social aspect that has been identified to improve wellbeing—an aspect that is often not achievable in typical medical settings.

With an agreed vision for a collaborative working approach between practice nurses, district nurses and volunteers, the Best Foot Forward Leg Club in Poole was formed. It provides a holistic and evidence-based approach to treatment, advice, ongoing support and social activities. Members (patients) who were previously deemed to be housebound were encouraged to attend with the assistance of funding for an adapted minibus.

The benefits of opening a Leg Club were quickly demonstrated with improved compliance and healing rates, with case studies highlighting how some previously hard-to-heal wounds have now healed. This has helped gain continuing support for the well-leg

regime. The Leg Club has become a lifeline for many members, who never miss their weekly visit to meet and chat with friends. There are many new ideas to evolve different elements of the Leg Club, focusing on the needs of our members and the local community.

These successful scholarship entries show how an integrated working approach with GPs and community nurses and volunteers, can take the Leg Club model and develop it to meet the needs of the community.

Each year the EWMA conference has a different theme and this year the theme was 'Patients, Wounds, Rights'. The emphasis was on the patient always being at the centre of care and how care should be designed and delivered around the patient, with close involvement of the patient in the decision—making process. Such an approach can help to identify patient fears, improve knowledge and lead to realistic patient expectations.

Often medical approaches are not designed to deal with chronic illnesses, which are often prolonged and unresolved and may not be cured. At the conference, presenters from across Europe discussed different approaches to the traditional model of care, demonstrating positive outcomes when patients are engaged in their own care. The conference also provided an opportunity to listen to industry partners presenting recent research and new techniques/approaches to treatments.

The WUWHS congress is held every 4 years and has a guiding principle of 'One Vision, One Mission'. With over 6000 delegates, the conference brought scientific societies from all over the world together to promote a united approach to wound management issues. There were symposia, workshops, oral presentations and focus sessions, exploring topics such as skin tears, compression therapy and diabetic foot management revisited, alongside newer topics such as extracellular matrices and adjunct therapies.

The Leg Club Foundation, as a sister society, hosted a symposium on the opening day of the congress: 'Patient-centred care: a call to action for wound management'. This symposium encapsulated the ethos of the Leg Club model and demonstrated how this

topic is addressed on an international level, with speakers from the UK, Australia, Canada and the USA. It identified issues surrounding the implementation of patient-centred care in practice and the development of a patient charter to ensure patients are at the centre of their care. The session also explored the importance of the nurse advocate role in wound care.

As award winners we feel that these educational scholarships, supported by the Leg Club Foundation, have given us an amazing overview of the international healthcare agenda. The emphasis internationally on patient-centred care, which is also at the heart of the Leg Club model, has provided us with the ambition to continually drive forward improvements in practice. Therefore we aim to make sure there is effective education in our local areas to ensure excellence in care and we work to empower our patients. **BJN**

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