

## The Leg Club® model has transformed care for our patients.

Dr Patrick Seal is executive partner at The Adam Practice in Poole, Dorset:

At the Adam Practice in Poole, Dorset, we've been running a very successful Leg Club since 2015.

Set up by our lead nurse Clare Mechen and her team, it has gone from strength to strength, outgrowing its locations and transforming healing rates for our patients. In fact, it's one of the most transformational service changes that I have seen in 25 years.

The NHS spends £5.3 billion a year treating about 700,000 patients with leg ulcers, but we found that the traditional, purely clinical focused model of treatment was inefficient and expensive.

For example, patients who were able to visit the surgery made sometimes weekly visits for appointments that could last up to an hour. Those who were housebound were visited by a district nurse. With some healing rates taking up to two years, this wasn't the best use of time for the patient or the surgery.

Traditional models of care also fail to tackle one of the more life-changing side-effects of leg ulcers. Leg ulcers are a hugely stigmatised condition, which, through extreme pain, lack of mobility and an associated embarrassing odour, can lead to patients becoming increasingly isolated. Once active and sociable, patients may cut themselves off from friends and family, stop attending functions or regular meetings and spiral into loneliness and depression.

Clinical evidence shows that social factors and isolation can also significantly affect how leg ulcer patients respond to treatment.

By taking on the Leg Club model and providing care in community settings such as church halls, with expert care from practice and district nurses, we have transformed the lives of many patients. Healing rates were greatly improved with some patients finding that ulcers which had previously taken up to two years to heal were now healed within three to six months.

Members made new friends and became volunteers, attending the weekly sessions for coffee and a catch up, even if they no longer needed treatment for their legs. Some became fundraisers, raising enough money to cover the cost of hiring a minibus which is used to pick up patients who are home-bound.

It has also made a difference in the surgery, freeing up nursing time and treatment rooms, allowing us more slots to treat other conditions, without spending more money on nursing hours.

There were challenges setting it up, for example finding the right location, somewhere with storage – and eventually finding somewhere bigger as membership grew.

However, it has all been a huge team effort. You do need seed money to get it going and you also need a champion to lead it, someone who gets the idea and can run with it. In our case Clare. We also have a large volunteer group.

The delivery of leg ulcer care in this way is changing lives for everyone. Primary care nurses are now working side by side with community district nurses, sharing experience and information. It is about sharing a vision, removing stigma and giving patients a whole new lease of life.

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