

Monitoring service quality: Lindsay Leg Club member satisfaction survey

Abstract

The Lindsay Leg Club network is a research-based initiative that provides treatment, health guidance, education and ongoing care for people of all age groups who are experiencing lower limb-related problems. Leg Club clinicians work in a unique partnership with patients (known as 'members') and the

local community. Working to current best-practice guidelines, they provide a high standard of care in a social and friendly setting that promotes understanding, peer support and informed choice. This article presents the findings of a member satisfaction survey, through which we aimed to identify

■ Leg Clubs ■ Health promotion ■ Lower limb ■ Community care

Leg Clubs are a community-based venture that aims to promote leg health and treat lower-limb problems in a non-medical, social setting. Leg Clubs typically meet once a week in a community environment that fosters patient empowerment and self-management (Heffer, 2016). They provide education for all aspects of leg health among health professionals, patients, their families and supporters. Leg Clubs are drop-in groups, where volunteers provide refreshments and facilitate the social aspects of the Leg Club, to reduce the stigma and isolation that can be associated with lower-limb problems and leg ulcers, while the clinical team performs assessments and administers treatment.

Leg Clubs aim to enable evidence-based wound management, provide continuity of care and improve compliance through informed beliefs and behaviour changes. It has been demonstrated that Leg Clubs:

- Improve healing rates compared to standard treatment in the clinical setting
- Reduce ulcer recurrence compared to the national average
- Improve members' mental wellbeing (Heffer, 2016).

These improvements have freed up the time of district (Lindsay Leg Club (LLC), 2015), GP and practice nurses and have led to cost savings when compared with practice-based leg ulcer treatment (Heffer, 2016; LLC, 2017). In addition, research metrics have demonstrated that Leg Club attendance leads to significant improvements in a range of quality of life indicators when compared with patients who receive treatment

at home (Lindsay, 2013).

In addition to clinical outcomes, wellbeing and cost effectiveness, the potential satisfaction that Leg Club members derive from being a part of the network is an important component of the model's success and durability.

Measuring member satisfaction

Member satisfaction survey results are one type of data collected by the Lindsay Leg Club Foundation to measure effectiveness and implement a policy of continual improvement (Lindsay, 2013). The results highlight aspects of Leg Clubs that are effective and areas that may need improvement or further exploration through research. Past member satisfaction surveys (Clark, 2012) and reports (Heffer, 2016) have demonstrated that the social approach provided by Leg Clubs enhances members' wellbeing by reducing isolation through social interaction, empathy and peer support (Lindsay, 2013).

The first Leg Club satisfaction questionnaire was designed by a statistician who was chairman of a local Leg Club. This was carried out in 1997, and members have subsequently been surveyed on a number of occasions in order to provide Leg Club teams with feedback and determine the impact of changes that have been instigated.

The Leg Club 2011 questionnaire, which was distributed in seven Leg Clubs and completed by 123 respondents, was adapted from a validated user satisfaction questionnaire used in NHS walk-in clinics (Clark, 2012). The results were very positive. The top reasons participants attended Leg Club were (Clark, 2012):

- They enjoyed the social atmosphere
- They had been referred by their GP surgery or district nurse
- They had confidence in the advice and treatment they received
- It was faster than getting an appointment at the GP surgery. The majority of participants (n=102) were very satisfied

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Table 1: Satisfaction with Leg Club (n=123)

	 n (%)	 n (%)	 n (%)	 n (%)	 n (%)	 n (%)	Missing Data n (%)
Frequency with which nurses see you	97 (78.9)	14 (11.4)	5 (4.1)	1 (0.8)	1 (0.8)	2 (1.6)	3 (2.4)
Amount of time nurses spend with you	102 (82.9)	17 (13.8)	2 (1.6)	0	0	0	2 (1.6)
Quality of care provided	101 (82.1)	18 (14.6)	0	0	0	0	4 (3.3)
Continuity of care provided	97 (78.9)	19 (15.4)	3 (2.4)	0	0	0	3 (2.4)
Advice being offered by nurses	94 (76.4)	24 (19.5)	2 (1.6)	0	0	0	3 (2.4)
Being treated in a room with other patients	84 (68.3)	24 (19.5)	4 (3.3)	4 (3.3)	1 (0.8)	2 (1.6)	4 (3.3)
Seeing other people treated	70 (56.9)	26 (21.1)	11 (8.9)	4 (3.3)	4 (3.3)	2 (1.6)	6 (4.9)

or satisfied (n=8) with the overall service they received at Leg Club. Three quarters felt better able to understand their leg problem, and 79% felt that they were better able to cope with their leg issues.

The questionnaire has developed with the service and has now incorporated the Wellbeing in Wounds Inventory (WOWI), which was developed in collaboration with the Foundation (LLC, 2015). The WOWI is a valid and reliable measure of wellbeing in this patient group (Upton et al, 2016). It was recently used to measure the impact of motivational interviewing on members' overall wellbeing in a pilot study carried out at the Lytchett Minster 'Best Foot Forward' Healthy Leg Club in Dorset (Baxter, 2018).

Survey results

The satisfaction questionnaire was completed by 123 members (Clark, 2012). The majority of members (84.6%) found their Leg Club very welcoming and friendly, and two thirds (66.7%) indicated that they would prefer to be treated at a Leg Club rather than in a practice clinic or at home (Clark, 2012). Satisfaction scores for various dimensions measured are given in *Table 1*.

The majority of participants were very satisfied or satisfied with the service. There was a positive relationship between improved mobility and decreased pain and vice versa. Improvements in pain levels were also reflected in a participant's higher total satisfaction with Leg Club services. Similarly, those whose pain had remained the same or gotten worse reported lower satisfaction with the Leg Club.

Leg Clubs provided the sole social network for 37.4% of

participants and improved the social networks of 52.8% of respondents. The social aspect of a Leg Club had a strong impact on overall satisfaction with the service: participants whose social networks had improved as a result of attendance were generally significantly more satisfied than those whose networks had not been enhanced by participating in Leg Club.

Qualitative responses

Patients provided qualitative responses about their experience with both living with a leg ulcer and engaging with a Leg Club. The respondents' most common response to the question 'what it is like living with a leg ulcer' were general dislike, pain and discomfort, negative emotions and being physically restricted. Other responses included frustration about being unable to describe their experience to other people and health professionals, lack of sleep, odour and difficulty accepting their condition, which in some cases lead to social withdrawal and depression. Many participants expressed a desire for their ulcer to heal. The most frequent responses to the survey were that respondents felt that the healing of their ulcer would result in a positive difference to their life (in both practical and emotional terms) and a return to normality (in terms of clothing worn and activities undertaken). They also hoped that the pain and discomfort would resolve. Individual responses relating to how their life would change following the healing of a leg ulcer included increased mobility, the absence of negative thoughts and emotions, the absence of bandages, improved sleep, the ability to travel, no/negative difference and a reduced burden on the healthcare system.

The main three reasons participants gave for attending a

Leg Club were for treatment, to socialise and because they had been referred to the service. Other reasons for attending included that it was easily accessible, it was necessary to help the wound to heal, they were attempting to be more active and they wanted to attend. When asked 'what is good about the Club?', the most frequent responses were that it was friendly, they received treatment, further non-specific positivity about the Club and its helpfulness and that it provided the opportunity to socialise.

Secondary themes included the caring environment, that the service was easily accessible and that food and drink were provided. Some reported that they found the Leg Club sessions relaxing, had a happy atmosphere and were regular, and that their leg was healing as a response to the care provided. Minor complaints were that participants did not always have the opportunity to see the same nurse in each session, the Leg Club was busy, it was only run on one day a week, it was understaffed and that the venue was cold and lacked privacy. The comment on staffing levels referred to one Leg Club in particular which had an acknowledged chronic staff shortage at the time the survey was conducted.

The majority of the qualitative responses to the question 'what has the Club done for you?' related to wound healing, the treatment provided, the opportunity to socialise and the emotional support provided. Minor themes and responses included an opportunity to receive education about wound care, an increased ability to self-manage their wound following sessions, significantly improved quality of life, increased confidence and the understanding that other Club Members also live with wounds and experience the same problems and concerns.

Respondents gave general praise and thanks to staff and volunteers and for the friendly environment and social aspect of Leg Club in a box at the end of the survey, which had space for respondents to provide any other comments. A few respondents praised the quality of care provided and the accessibility of venues for people with limited mobility. One participant was disappointed they were unable to attend because of other commitments. Another individual expressed a desire for greater privacy during treatment before they would feel comfortable attending a Leg Club. Leg Club guidelines state that everyone should be offered privacy if required, and when the respondent realised that everyone attending had the same problems of the lower limb, they decided to remain in collective treatment. Other comments included a desire for more visiting experts to attend sessions, dissatisfaction with the relocation of one Leg Club and frustration that they were not referred to a Leg Club earlier.

Discussion

The majority of survey respondents were satisfied or very satisfied with all aspects of the service they had received at their Leg Club, particularly the amount of time nurses spent with them and the quality of care provided. This may be directly attributed to the fact that the Leg Club model does not have timed appointments, so members do not feel rushed, and that

it emphasises health education and evidence-based practice, so members receive the standardised best care. A number of positive changes were identified, including a reduction in pain, improved mobility and larger social networks, which all have a positive impact on wellbeing. These results support the detailed 2-year assessment of levels of member wellbeing and potential changes in wellbeing while attending Leg Clubs (Upton et al, 2014; 2015).

The pain, discomfort and negative emotions experienced by many participants in relation to their leg ulcers and their desire for their wound to heal and allow them to return to normality demonstrate the impact that leg ulcers have on quality of life. Engaging members in self-care and empowering them to manage their ulcers can improve their self-esteem and positively affect healing. Leg Clubs can offer longer treatment sessions than surgeries and district nursing services as well as provide social support, empowerment and education. An average drop in healing times from 19 to 10 weeks and a decrease in recurrence rates of wounds have been reported following the implementation of Leg Clubs (Heffer, 2016). Members are encouraged to continue to attend after ulcers have healed, and it has been found that the Well Leg/Healthy Leg Clubs reduce recurrence rates and improve members' wellbeing (Lindsay, 2010; Upton et al, 2014; 2015).

Many participants stated that they would prefer to be treated at Leg Clubs rather than at home. The social benefits, which have been shown to have a positive impact on healing (Lindsay, 2013), were one of the main reasons for this. Qualitative results demonstrate that the opportunities to socialise and the friendliness experienced in Leg Clubs are the main reasons many participants attend. This may be due to the fact that a large proportion of members are otherwise socially isolated and benefit from the camaraderie and support provided by other members and volunteers in a non-judgemental environment.

The other main benefit of Leg Clubs identified from responses to the survey was the quality and variety of treatment provided, along with staff expertise. This is a reflection of the ongoing training and education provided to health professionals through the Foundation's eLearning programme and Leg Club Industry Partners (LCIPs).

The main concern voiced by participants when attending Leg Clubs was the waiting times they could experience before receiving treatment for their leg ulcer. This is because Leg clubs are run on a drop-in basis, rather than on an appointment basis. A recent Leg Club white paper identified that the prioritisation of members who attend can be an occasional issue; however, most members enjoy in engaging in the social aspects of Leg Club, and others choose to attend when it is quieter so they do not have to wait for long (LLC, 2017).

Importance of collaboration: LCIPs

The social Leg Club model aims to provide a seamless service to the local community. The Leg Club Foundation could not provide the level of service it does to members without collaborating with allied organisations such as the European Wound Management Association and the Legs Matter

coalition, as well as the healthcare industry. Industry partners play a vital role in the ongoing development of the Foundation and the Leg Club model. An example of this can be seen in this article, as the format and development of the Leg Club satisfaction survey was supported by LCIPs. The founder of the psychosocial Leg Club model and Foundation has been working collaboratively with LCIPs since 1995 and has formed a highly effective alliance that advocates the application of evidence-based care in the community setting to ensure that all socioeconomic groups have access to 'well leg' management. There is a structured corporate partnership model that includes a code of conduct and Leg Club visiting guidelines. The philanthropic partnership approach taken has led to:

- The creation and distribution of educational marketing and communications
- The production of public health information through educational grants
- Industry participation in Leg Club conference workshops
- The provision of education events, study and training days for health professionals
- The development of an innovative online teaching program.

The partnership has provided benefits for partners, health professionals and Leg Club members.

Conclusion

The majority of Leg Club members are satisfied or very satisfied with current services and prefer to attend Leg Clubs than receive treatment at home or in the surgery. The social support and friendly network provided by volunteers and members themselves, the quality and continuity of treatment provided by health professionals and the improvement in member wellbeing all contribute to high member satisfaction.

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- Baxter LM. In patients with chronic wounds, the Healthy Leg Club improves overall wellbeing by employing the 'spirit' of motivational interviewing and patients will see improved quality of life, wellbeing and a reduction in wound concerns. Masters thesis, University of East London. 2018
- Clark M. Patient satisfaction with a social model of lower leg care provision. Wounds UK. 2012;8(1):20–26. <https://tinyurl.com/ya386sv5>
- Heffer J. How we halved healing times for leg ulcers. Pulse. 2016. <https://tinyurl.com/y9o6gemx> (accessed 9 July 2018)
- Lindsay E. Leg Clubs: a clinical and cost effective approach to lower limb management. Br J Community Nurs. 2010;15(4):16–23. <https://doi.org/10.12968/bjcn.2010.15.Sup4.48379>
- Lindsay E. Lindsay Leg Clubs: clinically effective, cost effective. J Comm Nurs. 2013;27(1):5–8. <https://tinyurl.com/yc92ckbp>
- Lindsay Leg Club. The effectiveness of the Lindsay Leg Club® Model. 2015. <https://tinyurl.com/y9ya8nv9> (accessed 9 July 2018)
- Lindsay Leg Club. Lindsay Leg Club Foundation White Paper. 2017. <https://tinyurl.com/ycu5jvtt> (accessed 9 July 2018)
- Upton D, Andrews A, Upton P. Venous leg ulcers: what about wellbeing? J Wound Care. 2014;23(1):16–17. <https://doi.org/10.12968/jowc.2014.23.1.14>
- Upton D, Upton P, Alexander R. Contribution of the 'Leg Club' model of care to the well-being of people living with chronic wounds. J Wound Care. 2015;24(9):397–405. <https://doi.org/10.12968/jowc.2015.24.9.397>
- Upton D, Upton P, Alexander R. Well-being in wounds inventory (WOWI): development of a valid and reliable measure of wellbeing in patients with wounds. J Wound Care. 2016;24:114–120. <https://doi.org/10.12968/jowc.2016.25.3.114>

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