Celebrating a collaborative-care approach within the Leg Club network

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Enabling individuals to care for themselves forms an important part of the nurses' role in the management of the lower limb. Research has long highlighted the significance of social and psychological factors in societies and individuals' health beliefs and valuable work is currently undertaken on patients' wellbeing and quality of life when managing lower limb and foot ulceration.

Successful leg ulcer management is based upon a sound understanding of anatomy, physiology and pathology, and a knowledge of current research. However, equally important is a holistic approach to assessment, which encompasses gaining an understanding of the whole person, his/her values and beliefs, whilst looking out for signs of lower limb-related complications.

THE UNIQUE LEG CLUB APPROACH

Over the years, I observed that the majority of clinicians I liaise with who provide lower limb and leg ulcer management, do not have experience of living with a leg ulcer nor any of the associated factors, such as social isolation. The uniqueness of the psychosocial Leg Club approach to lower limb care in the community is that it encourages individuals to share their lived experience for the benefit of the clinicians and fellow members. Alongside the nurses' excellent clinical skills, heightened communication skills are used by the Leg Club staff to empathise with members (patients), demonstrate respect and respond genuinely. To help others, staff have turned this unique approach into practical, person-centred pathways for implementation at other Leg Clubs. Within the Leg Club environment, example-setting and role-model emulation flourish, providing powerful means to help modify beliefs and change noncompliant behaviour. Influences that are not present in the typical one-to-one 'nurse dominant/patient passive' relationship.

The ethos shared by the psychosocial Leg Club network is to promote individuals to have greater control over their care. This is achieved by forming an interactive partnership with the Leg Club's clinical team and becoming more involved in individualised wound management and treatment.

The Leg Over Club team lead Tracy and Amber, the clinical manager, welcome the Mayor

COLLABORATIVE CARE

Many nurses working in the community are isolated from their colleagues, which can lead to becoming entrenched in a rigid way of working, not calling on colleagues for further advice, not sharing information — overall communication is usually poor in these situations. Collaborative care occurs when multidisciplinary and multiagency teams meet healthcare needs by delivering frontline services to achieve the best possible outcomes. This collaborative approach includes comprehensive services by working with people, their families, care providers and the community to deliver the highest quality of care across all settings.

Collaborate working is the foundation of The Leg Club culture, with individuals in our care and nurses working together in an open environment, where interactive learning is paramount. This requires effective communication, which is an essential part of nursing excellence, and clinical teams working in collaboration and partnership for their members' care. Hence, the relationships within the psychosocial Leg Club network focus on values such as collaboration, cooperation and equality.

Clearly, partnerships work best when differences in power are overt rather than covert and genuine collaboration/partnership is more likely to be achieved if they include common aims and values. Social integration and sharing of knowledge are the vehicles for an important process, where the clinician

can influence through health education and be a buffer for reducing members' stress.

Lower limb conditions present several challenges: the individual's suffering, clinical resource costs, protracted healing time and high recurrence rates. An increased average life expectancy is making their prevalence more common. As practitioners we should constantly reflect on our practice by seeking the perspective of the persons we care for, obtaining their views on what is convenient and questioning how the service delivery could be improved. This should be complemented by sharing or seeking experience from others as this ultimately gives us our best knowledge by merging insights with actions. Openness is necessary to provide people with a sense of collaboration in their care. Individuals are treated together, so they can listen to others and observe different treatments. It encourages questioning, information giving and possibly increased adherence to nursing requests. Psychological support, far from being viewed as additional to the nursing care, can be viewed as complementary and delivered at the same time as medical treatment and care.

PERSON-CENTRED EMPOWERMENT

Empowerment provides people with an active interest in their treatment and care options, leading to a sense of wellbeing and enhanced quality of life. Also, equally important is how the psychosocial Leg Club model unites primary care commissioners, nurses, general practitioners, members (patients) and the community to achieve the common objective of improving people's health and wellbeing.

The Leg Over Club in action

Health beliefs play an important part when treating and managing persons with leg ulcers. Socially empowering individuals helps to combate the effects of social isolation, enhances compliance and wound healing as well as response to treatment and quality of life. The importance of an integrated 'well-leg' regimen has been demonstrated by members' ongoing compliance to the correct use of compression hosiery and readiness to attend for systematic aftercare.

Best Foot Forward Leg Club promoting 2019 Legs Matter week

The Leg Clubs have demonstrated that positive changes can be achieved through the commitment and motivation of nurses, volunteers and communities. Since the inception of Leg Clubs, the emphasis has been on person-centred empowerment and collective treatment, and this ideal is reflected in the care given and improved healing rates achieved. Leg Clubs also aim to enhance adherence to treatment through close working partnerships where informed beliefs and modified behaviour are a key objective for the nursing team. The clinical team ensures continuity of care and a coordinated team approach, with health promotion and education as a vital component for members, carers and nursing team.

Through the social approach, the Leg Club empowers people to share their concerns and to be equal partners in the process of their care, facilitating the disclosure of sensitive and/or emotional issues, with the nursing team and where appropriate between fellow members and volunteers.

The ethos of care, social support, friendship and medical treatment is what makes this form of nursing care so unique and successful. WUK