The Lindsay Leg Club® Foundation

WHITE PAPER

PATIENTS COMMUNITY
PRACTICE AND DISTRICT NURSES
LEG CLUB®
www.legclub.org

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Foreword

In 1995, as a district nurse in Suffolk, I became aware of evidence that social factors and isolation could significantly affect leg ulcer patients' response to treatment. This led me to introduce the concept of a community-based social clinic for lower limb care in a unique partnership between the multidisciplinary team and the local community. The psychosocial approach to lower limb care has grown into a network of evidence-based leg clinics that have subsequently won several awards. These clinics are known today as Leg Clubs.

The social clinic was spontaneously named the Leg Club® by the first cohort of members (patients) themselves. This was to reflect the informal, welcoming approach in which members are stakeholders in their care and empowered to make informed decisions regarding treatment. In such an environment, example setting and role model emulation flourished, providing powerful influences to help modify beliefs and change behaviour in non-concordant individuals, influences that were lacking in the typical one-to-one 'nurse-dominant/ patient passive' relationship.

Leg Clubs aim to provide leg ulcer management in a social environment, where members are treated collectively and the emphasis is on social interaction, participation, empathy and peer support where positive health beliefs are promoted.

Due to the international success and positive outcomes from a randomised controlled study in Australia,[1] I formed a charity known as the Lindsay Leg Club® Foundation with a diverse board of Trustees. The charity (CRN1111259) was approved in September 2005. The main objective of the Foundation is to facilitate and manage the co-ordinated growth of the network of Leg Clubs and to provide the Clubs with the information, support and materials they require.

Changing clinical practice is a major challenge for many clinicians and it is unacceptable for organisations to simply introduce a new way of working and expect there to be a positive change in practice. This White Paper has been produced in response to many questions raised during a Leg Club® presentation. I felt that some of the excellent questions/comments posed provided a good opportunity to demonstrate:

- What can be learnt through Leg Club® practice
- The evidence behind why Leg Clubs work
- How barriers to care can be overcome
- The essential role of the member
- The essential relationship between members and nurses

Patient empowerment is an essential part of our role as healthcare professionals. It leads to improved clinical outcomes, reducing pressure on the healthcare system, and more importantly to happier, healthier individuals who are engaged with their own wellbeing. I hope you find this White Paper informative and reiterate that empowerment is the cornerstone of Lindsay Leg Clubs®, which provide evidence-based wound care in a social environment.

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1. Edwards H, Courtney C, Finlayson K, Lewis C, Lindsay E, Dumble J (2005) Improved healing rates for chronic venous leg ulcers: Pilot study results from a randomized controlled trial of a community nursing intervention. Int J Nurs Practice 11: 169-76

THE ROLE OF THE LEG CLUB®

Embracing change within today's NHS requires the nursing profession to seek new ways of working, adapting to the needs of our population. It also requires the introduction of social prescribing. Naturally, this requires motivated and committed leaders to drive change. Leg Clubs provide an ideal opportunity for motivated individuals to move the profession forward for the benefit of patients and the wider healthcare professional community.

Individuals with leg ulcers who are Leg Club members are at less risk of social isolation, which is correlated with poor compliance to treatment and low healing rates. Inclusion also enables us, as healthcare practitioners, to reduce the psychological impact of wounds on individuals' self-esteem and tackle stigma in the wider community. A small survey carried out by the committee of two Leg Clubs found that the non-threatening environment provided by the Leg Clubs was important; members who were reluctant to visit a medical centre for treatment found that attending a clinic in a social setting gave them a sense of purpose, that they shared a common problem, and were not isolated.

Leg Clubs provide the ideal opportunity for healthcare professionals to share good practice, benchmark their skills and learn about developments in wound care through news and events. They deliver research-based wound care in a friendly environment that supports staff development and acts as a teaching resource. Leg Clubs facilitate early diagnosis, member education and – through post-ulcer monitoring and 'well leg' checks – minimise recurrence, which increases concordance in care and empowers the member to make informed decisions about his or her care. Through this, members can reduce pressure on nurse and clinic time, providing a cost-effective alternative to traditional models of care. Help is freely available on our website to anyone wishing to set up a new Leg Club. You can contact us for further information by email, post or phone.

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RESPONDENTS

The views of four eminent healthcare professionals have been sought in response to the questions/ comments addressed in this paper:

Clare Mechen

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Sylvie Hampton

MA, BSc (Hons), DpSN, RGN, Independent Tissue Viability Consultant Nurse, Eastbourne Hospitals NHS Trust, East Sussex

Dr David Foster

PhD, MSc, RN, RM, FCIPD, Lindsay Leg Club Foundation Chairman. Retired Civil Servant at the Department of Health, Head of the Nursing, Midwifery and Allied Health Professions Policy Unit

Amanda Brooks

Locality Projects Manager, Bradford on Avon & Melksham Health Partnership, Wiltshire

Reasons to set up a Leg Club®

STATEMENT 1

Holistic Practice

Challenge: I feel nurses already practice holistically; this is a fundamental part of being a healthcare professional. We do not look at a wound or ulcer as an ailment; we look at the person as a whole and consider other factors that may be influencing the wound, what may delay healing, and the aspects of a patient's life that may be an issue. We already address these or refer as necessary.

CM

Holistic care should be a part of all nursing/medical practice, however, seeing members outside of a clinic/medical environment encourages a very different relationship that is much more open to being able to understand all the influences that might affect someone's healing/wound. The Leg Club environment is less threatening than clinics. We may not believe that our surgery or clinics are threatening, but how does the individual feel? From personal experience, I have found members will often divulge more information about their home life in the Leg Club setting as it is on their terms. I therefore feel that this model gives a 'true and full holistic approach'.

SH

In my experience, many nurses do not have an interest in wound care. In the wound-healing centre, the patients who came to us had had their wounds for an average of 3.3 years. We healed them in 6 weeks. This was not a magic bullet but was the result of care provided consistently by the same wound care nurse each week. That nurse was given the time to care and had high knowledge in wound care.

I am aware that some district and practice teams have good knowledge of wound care but this is not always the case. Leg Clubs ensure that the nurses who work in the Clubs have access to higher education than identified by most generalist nurses.

DF

Membership of a Club, where members will open up and discuss things in a more relaxed non-clinical environment, enables information to be gathered that might not be offered during a 7-minute consultation at a GP practice, and thus enhances holistic practice.

AB

The point of the Leg Club is to enable nurses to spend as much time as required with the member. When seen in surgery, the appointments often run late or the patient has additional emotional or social needs that cannot be met during the time available.

At Leg Club, members have access to a range of professionals who are able to provide support for a wide range of needs, not just wound care treatment. Clubs include a health trainer, Age UK workers (who can have guided conversations with the member to find out more about other aspects of their lives) and a care co-ordinator (who is able to enlist the support of other healthcare professionals on behalf of the member).

There is well-documented evidence of social isolation and compliance[2]. Leg Clubs have the added benefit that they provide friendship, laughter and encourage compliance. I do not believe that a 10-minute surgery slot on a one-to-one basis with a nurse can fulfil these needs.

[2] Lindsay. E, 2017. Leg Clubs: A cost-effective social prescribing approach to lower limb management. Wound Central, Vol 1. No 2

STATEMENT 2

Meeting Members' Needs

Challenge: Many nurses believe that patients are only visited or seen as needed. Visit patterns are changed according to the wound, and reviewed at each appointment or visit, therefore leading to a change in pattern if needed. I don't feel Leg Club would alter the number of times we see a patient.

CM

The Leg Club model increases member empowerment. Self-care is encouraged as members have both clinical support (visits and Leg Club settings) and peer support (Leg Clubs only) from other people living with the same condition. Peer support should not be undervalued and can help those living with life-impacting conditions to feel they can manage, and thus be less dependent on nursing support.

SH

District nurses and practice nurses from around the UK inform me that staff shortages mean they have little time to spend with their patients. Leg Club gives them back that time as they do not have to travel between patients and do not lose time due to missed appointments, as in surgeries.

DF

Reducing visits might be usual practice for district and practice nurses, but does not address a lack of concordance or the fact that patients at home may perpetuate their condition to ensure nurses continue to visit. The peer support and social interaction at a Leg Club encourages healing and empowers members to take ownership of their treatment. There is also the possibility of continuing to attend the Club once they are healed, so they don't lack the social interaction they desire.

AB

In our surgery, patients had become reliant on seeing a particular nurse. If she was on holiday, patients would wait until she returned before seeking help. When we started the Leg Club patients became used to the idea of seeing any of our nurses and were confident that they would receive the same standard of care. The drop-in opportunity meant that members did not need to make multiple appointments 'just in case', as they knew that when they needed support or advice they could come to Club.

In the beginning, we had so many members (patients) who had two to three dressing changes per week. Over time we have been able to improve their wounds so that they only need to be seen once a week at Leg Club. Even when the member is healed, they are encouraged to drop in to have a chat and a cup of tea with our volunteers and attend for Well Leg monitoring.

STATEMENT 3

Enabling Good Healthcare

Challenge: Many practitioners feel they are already providing good healthcare, building relationships, providing patients with dignity and respect, and making them feel valued. I feel this is engrained in being a healthcare professional. How is the healthcare provided by Leg Clubs different?

CM

We do not provide different clinical care at Leg Clubs but the model adds a different dimension, fulfilling the psychosocial aspect that we cannot give in medical models.

DF

The healthcare provision described in this question is only available for the duration of the appointments at the surgery. The duration of relationships, the support and empowerment endures longer at Leg Clubs.

AB

I agree with the statement that many practitioners are already providing good healthcare. Nurses working together and learning from each other at Leg Club helps team-working and provides peer support. Having access to other wound experts can be helpful at times of member need and gives confidence to the nurses.

STATEMENT 4

Providing Evidence-based Treatment

Challenge: The skills mix may need looking at and updating before a Leg Club can be set up.

CM The Leg Cub Foundation can assist with 'up-skilling' clinical staff and provide support for training.

DF Skill mix and staffing levels should be periodically reviewed, and creating a Leg Club provides an ideal point at which to carry out a review.

AB We constantly look at skill mix and training requirements. Our Level 3 service is very supportive and provides both *ad hoc* and specific training throughout the year. As a vacancy in the practice team occurs, we include Leg Club as part of our recruitment process. Our healthcare assistants have become more expert with the group support of a bigger nursing team being on hand at Club to support them.

STATEMENT 5

Multidisciplinary Team Working

Challenge: I feel our multidisciplinary team works very well already in all aspects of care, not just with regards to wounds. Leg Clubs take away access to colleagues (i.e. GPs) as they are held outside the surgery.

CM Leg Clubs encourage integrated working with practice and district nurses, aiding understanding of each other's role. This can improve the patient journey, particularly if they need to see both practice and district nurses.

Other disciplines can work at the Leg Club, such as diabetic podiatrist, dieticians, diabetic/respiratory specialists, etc. This enables the provision of much wider healthcare for patients and develops closer multidisciplinary working relationships.

Liaison with GPs continues electronically and appointments can be made direct from Leg Clubs if required. The development of clinical skills is encouraged, as with enhanced tissue viability knowledge and if able to have a nurses with independent prescribing, most issues can be dealt with in the Leg Club environment.

SH The community nursing teams do not work within the surgery. Therefore, it is of very great value to have nurses with high and varied wound care knowledge working together in the same room, consulting and supporting each other. This encourages good working practices and raises education, especially as the community nurses do not work in a surgery alongside the practice nurses.

DF This will be a different model of multidisciplinary team working. It provides greater nursing autonomy to deal with members' various clinical issues.

AB The benefit of having a range of professionals at Leg Club, in addition to providing members with education, helps manage the member in the moment. GPs have little to do with wound care and if they are needed for prescriptions this is organised outside of Club.

Take-home points

- *Members are more likely to volunteer information in the informal atmosphere of a Leg Club than in a clinic or at the surgery*
- *Nurses can spend as much time as is required with a member*
- *Leg Clubs are multidisciplinary, including nurses, a health trainer, Age UK workers and a care coordinator*
- *Peer support and social interaction improve members' social wellbeing*
- *Members are empowered to take ownership of their treatment*
- *Integrated working is encouraged, improving knowledge and creating wider clinical networks*
- *Greater nursing autonomy and education reduces reliance on GPs*

Setting up a Leg Club®
Assessment and Administration

STATEMENT 6

Accountability

Challenge: If Leg Club is run by district nurses and all three GP surgeries, who is accountable for a patient's care and who is responsible for follow-up?

SH The nurses who run Leg Clubs are the same nurses who care for patients in the community. They are accountable throughout.

DF Leg Clubs are run by the volunteers and members. Professional accountability does not change.

AB Our Leg Club is run by volunteers, who support the practice nurses with help from district nurses. If the Leg Club member is on our registered list, the practice nurses provide follow-up care.

The Leg Club nursing teams are employed by NHS local provider services, clinical commissioning groups (CCGs) and GP consortia, and the nurses incorporate the Leg Clubs into their everyday practice.

STATEMENT 7

Policies

Challenge: Do district nurses and all GPs follow the same policies at Leg Club as in general practice?

CM Yes, district nurses and GPs should be following the same policies, as they should be working together as part of an integrated team.

DF Treatments are based on evidence and NICE (National Institute for Health and Care Excellence) guidance, so the policies do not vary between Leg Clubs and general practice.

AB In our county we follow the same policies as the district nurses. Our Level 3 tissue viability nurse sets and amends the policies. Everyone attends the same training sessions.

STATEMENT 8

Assessment and Documentation

Challenge: We are meant to use specified documentation methods: district nurses use System One and practice nurses use EMIS. There is the additional challenge in that the assessment tools and documentation templates used by practice and district nurses vary greatly. How can this issue be addressed?

CM Agree a local template for everyone to use for lower leg care. Form a working group involving tissue viability, practice and district nurses in order to create the template and to ensure that everyone receives the same best practice care. Many other geographical areas have done this to promote an integrated approach.

It is not ideal when team members are using different systems, but it is not unworkable. I and my colleagues used different systems in the past; however, our CCG now uses just one system. Different systems are used and some Leg Clubs use the original Leg Club paper system and scan the relevant records into their GP/provider system. All Leg Club documentation is numerical to ensure and maintain data protection (see statement 11).

AB We are fortunate that the community team and practices are on System One. Other than the Leg Club paperwork, therefore, we all use the same protocols and templates.

STATEMENT 9

Member Safety

Challenge: What are the health and safety implications involved in running a Leg Club?

CM A health and safety assessment to reduce patient risk is part of the review process when setting up a Leg Club. Leg Club guidelines are provided and a manual handling template. However, all Leg Club leads are responsible for identifying and recording specific risks and actions in a risk assessment document and liaising with their NHS local provider services, CCGs, GP consortia and manual handling team.

STATEMENT 10

Staff Safety

Challenge: Our clinic rooms are fitted with panic buttons if needed. What provision would there be if needed at Leg Club? We see a diverse range of service users in my practice, some of which are known to be aggressive.

CM Local risk assessments need to be made to review the need for panic alarms.

SH The Leg Club members, volunteers and nurses are all in the same room and close enough to call out if help is required.

DF This has not been an issue. There are no separate clinic rooms and members are seen in an open environment. I have no experience of members, nurses or volunteers feeling unsafe for any reason.

AB Nurses, a receptionist and volunteers are present, so there are plenty of people around if support is required.

STATEMENT 11

Data Access and Protection

Challenge: How will Leg Club staff be able to access member information and notes? What are the risks of using a laptop (data protection and theft of equipment)?

CM

Data access and protection is risk assessed. Hand-written notes are stored in a locked cabinet or a trolley in a locked cupboard.

Clinical notes are accessed on a laptop via the CCG's secure network. There is an administration person with the laptops at all times when they are in use and then they are transported back to the surgery.

DF

Laptops that are just for Leg Club Foundation data collection are to be kept in a locked storage facility. Storage assessment is undertaken prior to opening a Leg Club.

AB

We use System One with wifi and a BT Token, which gives us access to live clinical data.

STATEMENT 12

Indemnity

Challenge: What indemnity cover is required for a Leg Club?

CM

It is the responsibility of the CCG or surgery/surgeries to organise indemnity cover. District nurses are already covered by community insurance. Most policies will cover practice nurses doing the same work for their own patients in the community.

DF

The NHS employer is vicariously liable for its nurses; however, there can be issues if GP practice nurses are treating members who are not registered at their practice. This issue was raised by a GP at the meeting and is currently being investigated.

However, if practice nurses are caring for patients who are not registered with the same practice, then they are required to have individual additional indemnity insurance. The Foundation has been informed that this is about £300–350 per nurse.

AB

We have to pay around £350 extra per named nurse seeing non-practice patients. If we are seeing our own patients, no additional indemnity is required.

Take-home points

- *Guidance on choice of venue, volunteer teambuilding, fundraising, equipment needs etc. will be provided by nurses experienced in running Leg Clubs*
- *Standards, guidelines and documentation will be explained, and prospective Leg Club leads will have the opportunity to visit working Leg Clubs to see them in action and talk to staff and members*
- *Leg Club and general practice follow the same policies in accordance with evidence*
- *Form a working group to devise a documentation template for lower leg care*
- *Carry out a health and safety assessment before setting up the Club*
- *Carry out a risk assessment relating to data access and protection*
- *Indemnity cover is required; this is the responsibility of the CCG or surgery*

Practical Considerations: Setting Up

STATEMENT 13

Staff

Challenge: We would need more staff in order to set up a Leg Club.

CM In theory, no additional staff members are needed, as these are the same patients who would be on the practice/district nurse caseload. It just requires a review of the working week.

In practice, there are savings in the number of treatment room appointments. Any cost savings from reducing recurrences and improved healing rates can be re-invested into the delivery of Leg Club, which may help with funding additional staff.

DF Volunteers manage and run the clinic so nurses are able to focus on the clinical aspects of their care.

AB We moved the clinics out of the surgery, freeing us up to all work together on the same day. Due to the success of Leg Clubs many clinics transfer their patients or patients ask to attend their local Leg Club in preference to attending a medical environment. We use bank staff to fill in when there are holidays. There are still patients who prefer timed practice appointments, but the majority of patients come to the Leg Club.

STATEMENT 14

Integrated Working

Challenge: Everyone currently has his or her own role in practice. Combining all of this would lead to overlapping of others' roles.

CM Integrated working is the future direction of primary care.

SH We should be working as a 'whole' not as silos, focusing on how to best treat the patient in front of us.

AB Within the Leg Club we have the lead nurse, leg ulcer nurses and healthcare assistants. All understand their roles and if any confusion occurs over responsibilities, the lead nurse coordinates care.

STATEMENT 15

Managing the Workload

Challenge: How would combining nurses from different practices to run a Leg Club affect our workload and ability to meet targets, such as Quality and Outcomes Framework indicators? Some nurses would see the number of patients on their books increase, leaving them stretched.

CM Local discussion on working practices saves time for surgeries in the long run, leading to improved access to appointments, and can assist with meeting Quality and Outcome Framework requirements, such as flu vaccination, blood pressure readings, diabetic foot checks, body mass index measurements, etc.

AB In Devizes, five practices refer to the Leg Club. Three of these practices have trained leg ulcer nurses and two do not. The practices accept that the Level 2 leg ulcer monies will go to the practices that provide the nurses.

STATEMENT 16

Time Management

Challenge: There are time constraints in a drop-in setting, so how can we give advice on other conditions, e.g. asthma, and carry out related reviews, e.g. a peak flow test, at the same time as treating wounds?

CM I see Leg Clubs as an opportunity to work smarter, providing a good opportunity to capture the Quality and Outcome Framework requirements. They can also ease the workload as they reduce the need for set reviews.

AB We carry out flu vaccinations and health checks at our Leg Club. We bring in other staff to do this, so our time is freed up to focus on wound care.

STATEMENT 17

Continuity of Care

Challenge: There may be issues with continuity and quality of care if Leg Club members see various staff members on different occasions.

CM Continuity of care is maintained through clear documentation and photographs. Staff participating in Leg Clubs follow the same protocols and listen to the members, who become experts in their own care. There is improved continuity as care is provided by and shared between the community and practice teams.

District and practice nurses generally work in isolation, however in the Leg Club environment we have the benefit of learning from and discussing care with other colleagues (and members). In addition to this, all staff members are educated to the same level so the quality of care is consistent.

SH Having worked closely with district and practice nurses, it is rare that the patient will see the same nurse each time as agency nurses, new nurses and healthcare assistants all care for the same patient. In Leg Clubs, there is a greater ability for the same nurse to see the same member. When this is not the case, the nurse the member saw previously is likely to be in attendance and can be consulted.

DF The model is dependent on NHS nurses, so there is no compromise in the continuity of care.

AB The same staff members work at the Leg Club each week, so there is no issue with continuity of care.

STATEMENT 18

Special Needs

Challenge: How can individuals' special needs be met at Leg Club (e.g. IV drug users)?

CM Many different individuals, e.g. IV users, attend a Leg Club and are not treated any differently. Universal aseptic technique should be applied regardless of socioeconomic groups.

Take-home points

- *No additional staff members are needed to run a Leg Club*
- *Leg Club promotes integrated working and frees treatment room time*
- *Continuity of care is maintained through training, education, documentation and photographs*
- *Savings from reduced recurrences and improved healing rates can be re-invested in the Leg Club*
- *Members can be assessed for/advised on other conditions while at Leg Club*

STATEMENT 19

Purchasing Equipment

Challenge: Who provides the equipment?

CM Consider applying to CCG for set-up costs or through fundraising by the Volunteer Team.

DF Some equipment can be provided by the Lindsay Leg Foundation.

AB Most of the equipment was purchased through charitable funds.

STATEMENT 20

Equipment Security

Challenge: Where will the equipment be stored? How can it be kept safe?

CM It is important to find the right premises with allocated storage inside for equipment, e.g. lockable cupboards or a room, or secure storage outside, e.g. a garage or shipping container.

Laptops in any area are at risk of being stolen if left unattended.

AB Smaller items, laptops, hand-held Dopplers, cameras, etc, are brought to Leg Club by the staff. Bandages and larger pieces of equipment are kept in containers on site. The volunteer inputting data on the Foundation-owned laptop remains with the laptop at the reception desk throughout the running of the Leg Club.

Storage depends on the venue and Leg Club team policy. At our Leg Club, some volunteers look after the laptop provided by the Foundation or the electronic equipment is stored in a locked safe area. NHS staff members are responsible for their own electronic equipment and should have it within their sight as per normal home/surgery practice.

STATEMENT 21

Dressings

Challenge: Dressings take up a lot of space so can't be taken to and from Leg Club. How can this issue be addressed?

CM The transport, storage and distribution of dressings should be assessed locally (for the Leg Club) and individually (for each member). If transport to the Leg Club is an issue with bulk dressings, consider storage at the Leg Club venue. Providing members with their own dressings empowers them to be responsible for own care.

SH There are 31 Leg Clubs in the UK and many more in Australia and Germany. Dressing storage and giving dressings to members has never been a problem.

AB We bulk order through the NHS Supply Chain and keep dressings on site.

STATEMENT 22

Waste Disposal

Challenge: Consideration needs to be given to the disposal of waste and the cost this entails.

CM

Disposal of waste is included in the Leg Club Foundation guidelines. The same contract as the surgery/clinic uses covers Leg Club waste, and the cost is normally covered by the CCG.

Depending on the Leg Club venue, a clinical waste bin may be installed on site. The clinical waste can then be collected from the venue. If this is not an option, there are clear guidelines on transporting waste back to the surgery or a clinical waste bin at another location. Clinical bins can be provided by local NHS services.

AB

At Leg Club, we have a separate waste collection. The 350L bin is chained up next to the building. The costs of collection are built into the overall practice contract with the waste disposal company. We use a separate cubicle at the end of the hall, next to the fire escape, so we can leave the door open for fresh air.

Waste can be transported by the community nurses in their own vehicles (option 2 in HTM 07-01) providing waste is contained in rigid leak-proof containers, however arranging for direct collection from the Leg Club venue by facilities staff or the waste contractor of the clinical staff's employer is the preferred option. The community infection control nurse and the District Council Environment Department may also be sources of advice.

The infection prevention and control team will need to be assured that the Leg Club complies with all local policies in order to meet its overall Trust compliance with the Health and Social Care Act 2008. The Leg Club is a place for the provision of healthcare, and as such it is the responsibility of the local NHS Trust of the community nursing team providing the clinical care to register it along with all its other healthcare delivery venues with the Care Quality Commission in England, Healthcare Improvement Scotland or Healthcare Inspectorate Wales.

Take-home points

- *Equipment should be stored in a secure place in or outside the Leg Club venue*
- *Dressings can be kept on site and/or distributed to members*
- *The Leg Club Foundation provides guidelines on safe waste disposal*

Running a Leg Club®
Attendance

STATEMENT 23

Mobility

Challenge: District nursing patients are housebound and do not attend the GP practice. They would have problems attending a Leg Club in the community. It is difficult for district nurses to combat the social isolation these individuals experience. There are, moreover, organisations in place that are more suited to this.

CM

Clinicians are often surprised at how few patients receiving leg care are truly 'housebound'. Patients are often deemed housebound due to limited mobility, but with integrated working and problem solving such individuals can attend Leg Club, significantly reducing their social isolation and improving their general wellbeing. We have members who attend with the aid of rollators, wheelchairs and mobility scooters. Some members have been housebound for many months prior to joining the Leg Club. These members are able to go on organised social trips with the support of volunteers. As several previously housebound individuals attend Leg Club, district nurses are able to spend more time with each member as they spend less time travelling to visit patients.

SH

If not truly housebound (bedbound), then with assistance individuals can attend Leg Club on a weekly basis.

DF

Very few people are truly housebound. People have attended Leg Clubs who were previously considered housebound because their motivation to get treatment and socialise is increased.

AB

People deemed to be housebound are often disabled. We have patients whom the district nurses see at home. With the support of our local LINK service, however, wheelchair users and very frail people still attend Leg Club. These individuals appreciate the fact they are able to get out of the house, if only once a week.

To address issues of restrictive mobility, the status of the patient's ambulatory ability could be measured by a simple tool (table below) incorporated within the initial ulcer assessment. The tool could become a vehicle enabling the practitioner to measure and define exactly what degree of limited mobility the patient is experiencing. A score of 7 is the only time that the foot pump is not used and therefore the patient can be labelled immobile. Patients with scores of 2 to 6 will have full foot pump action and some calf pump involvement. Score 1 has full foot pump and calf muscle pump action.

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SCORE	AMBULATORY ASSESSMENT CHART
7	**Immobile:** unable to move unaided either in bed or chair. Cannot take own weight even with assistance.
6	**Assisted mobility:** needing physical assistance from another person/s to walk or move. Can transfer with assistance
5	**Restricted/limited mobility:** able to transfer with assistance. Can walk a few steps but limited by physical or psychological problems e.g.: shortness of breath, pain, failing sight, fear of falling, agoraphobia
4	**Poor mobility:** poor walking pattern, shuffling gait, decreased stride-length, poor posture. Muscle weakness, deformity.
3	**Independent with equipment:** able with specific (daily living) equipment to achieve independence.
2	**Independent with supervision:** physically able to take own weight but needs supervision and/or prompting to ensure correct use of equipment, walking pattern or orientation.
1	**Independent mobility:** able to walk, transfer, lie down / get up, Ability to exercise within their limitations.

Adapted for the Leg Clubs with permission from co-authors J.Muldoon, & S.Hampton. Copyright E.T.Lindsay J.Muldoon, S.Hampton 2004
Lindsay E, Muldoon J, Hampton S (2004) Short-stretch compression bandages and the foot pump. Nurs Times 99(25): 60-1

STATEMENT 24

Transport

Challenge: Who arranges transport to the Leg Club and who funds this? If individuals in care homes attend, does a member of care home staff have to travel with them? If they do, this could have an impact on care home staffing/costs.

CM

Various forms of transport are used by Leg Clubs: public transport links, friends of the practice service, the ambulance service, taxi firms (following negotiation of reduced costs), disabled minibus.

There are various funding options: CCG funding, volunteer fundraising, local charity transport, patients part-funding costs (i.e. paying a donation – once members appreciate the value of the Club they are often happy to donate towards transport costs. If members are based in care homes, it may be that the care home will pay for the cost of transportation. A local discussion should be had to determine who attends from care homes and whether a carer comes.

DF

Where transport is offered, this is usually organised and funded by volunteers.

AB

Transport is arranged in the same way as if a patient was attending the clinic. Members book taxis through our Leg Club receptionist. We also have LINK workers (voluntary care drivers) who support the Leg Club. The family of housebound members will usually bring in their loved ones to Leg Club. We do not tend to have care home patients at our Leg Club.

Take-home points

- *With assistance, such as the local LINK service, mobility-impaired individuals are able to attend Leg Club*
- *Attendance by mobility-impaired members enhances their social wellbeing and reduces the number of visits district nurses have to make*
- *There are various forms of transport available and various funding options*

Practical considerations: Running a Club®

STATEMENT 25

Who is Catered for?

Challenge: Leg Clubs appear to mainly cater for older people.

CM The Leg Club model of lower limb care is for all age groups. It is designed around local population needs.

SH Having attended the most Leg Clubs, I find that the vast majority of attendees are elderly, but I have seen younger people at the Leg Clubs and they are treated equally.

DF I have seen members of all ages at Leg Clubs. The health of younger members is generally so compromised that they are unable to work, so they do not have a problem attending Leg Club during working hours.

STATEMENT 26

Engagement

Challenge: Some individuals do not want to engage with us or may be disruptive if they attend a Leg Club.

CM There needs to be a review of needs, including liaison with members of the community to learn what they want. Each Leg Club is independent and caters for the needs of its local community.

SH People who do not wish to travel to a Leg Club are never forced to do so. This fact should not prevent those who do wish to attend from having the opportunity to do so.

STATEMENT 27

People's Belongings

Challenge: We would need to consider the safety of people's belongings in a community, social, drop-in environment.

CM Leg Clubs are run in an open environment, and so people's belongings are not left unattended at any time.

SH In my experience, Leg Club members hold onto their own property and carry it with them when having leg care.

AB Members keep their belongings with them and take them to the treatment area.

STATEMENT 28

Prioritising Members

Challenge: How do you prioritise members in a drop-in setting? Are service users happy to wait, and are there any issues with diversity or individuals becoming agitated or aggressive for this reason?

CM

Members are seen on a first come, first served basis. From experience, the majority of members enjoy the socialising while they wait to be seen. Refreshments are provided and there are often activities members can take part in to pass the time. A fast-track service can be offered for those who work or have another appointment. We find this works well. Other members are seen in turn.

Diversity is what makes the Leg Club environment unique. We often have the children/grandchildren of members come along to help the volunteers or play cards. Where else would this happen in the medical world?

Groups or individuals who may pose a challenge, e.g. drug users, should be risk-assessed locally. You should consider how such groups or individuals could be supported. Consider whether there are other agencies that you could liaise with or that could provide services to members at Leg Club.

SH

The volunteers are excellent and ensure that people are seen in turn. I visit all Leg Clubs and I find that there are occasions when someone does not like waiting, but this is rare. Generally, members love the time they spend at Leg Club as it provides the opportunity to socialise.

DF

The drop-in system is one of the benefits of Leg Clubs. Members do not feel they are kept waiting because they have other things to do at the Club. It is not like waiting your turn in a surgery.

AB

We see people on a first come, first served basis, except for Dopplers, which are by appointment. We have a couple of members with very wet, complex legs, who we do give an appointment time to. This is usually before the Leg Club opens or at the end of the session.

The Leg Club provides an alternative option to being treated in the surgery. It does not suit all patients and we don't force anyone to come. However, for those patients who can attend during the day it provides so much more than a one-to-one appointment. The whole point of drop-in is that it negates the did-not-attend factor. While waiting for the nurse, tea and coffee is provided, newspapers are available and members can chat volunteers and other members.

There are peaks in the session. First thing is always busy, and some people want to get on with their day. Others come later in the morning when the session is quieter. People are creatures of habit and quickly find a time to attend that is comfortable for them. At reception, we let members know if there is going to be a delay – they can then choose to stay or pop back later when it is quieter.

We have a formula so that we are reasonably able to predict demand and make sure that there are enough staff members on duty. As members can see how hard the nurses are working and that they are seen in order of arrival, they are generally happy to wait.

STATEMENT 29

Overflow

Challenge: What happens to people who are not seen during the allocated drop-in time?

CM Generally, we have an idea of who is coming to Leg Club. Individuals can self-refer and members can be referred from practices or community teams. On the rare occasion a patient cannot be seen during the Leg Club, an appointment is made in surgery. This only tends to occur if the member arrives late or believes that Doppler can be done as a 'drop-in'. In general, Leg Cubs reduce demand on treatment room and district nursing time.

SH Generally, the Leg Club nurses are the same nurses that care for the patient in the community. There should be absolutely no problem with that same nurse caring for the patient between visits, should it be required. However, with appropriate care, most Leg Club members can be seen weekly without having to attend midweek.

DF My experience is that everyone is seen during the Leg Club.

AB We still have dressing clinics in the surgery and make an appointment once members leave the Leg Club so they know when their next appointment is.

STATEMENT 30

Attendance

Challenge: If people do not attend how are we going to know? Who follows up non-attendance when there are no specific appointments?

CM If one of our regulars does not attend, we call them at home to find out what is happening. Then, with a team approach, we decide whether the member needs to be seen at the surgery or by the district nurse. This model has demonstrated reductions in workload and has freed-up appointments with practice and district nurses.

DF The Leg Club documentation helps with this. The volunteer receptionist and team monitor extremely rare non-attendance and will inform the clinical team. The volunteers then make direct contact with the member concerned.

AB Our nurses and receptionists get to know the members. We keep a record of them and if they do not attend, our receptionist will ring to make sure they are OK. Often members tell us when they won't be in due to holiday or other appointments. We then make an appointment in the surgery dressings clinic.

STATEMENT 31

Staff Stress

Challenge: Do nurses' stress levels not increase, as Leg Club is a drop-in clinic?

CM

Stress levels tend to be reduced both in surgery and at Leg Club as there is a reduction in ulcer recurrence rates over time. With a team approach, Leg Clubs are able to ensure the correctly skilled clinician sees the right members. Some members need more time than allocated in an average practice appointment, whereas others may need less.

DF

This is not the experience in Leg Clubs. This model focuses on the member, not the professional. It is much more stressful for patients in clinical practice to be kept waiting when appointment times are not adhered to.

SH

In my experience of Leg Clubs, there is a great deal of fun and laughter going on. We cannot laugh if we are stressed. I am always amazed at the relaxed atmosphere. The community volunteers' and members' enthusiasm and boundless energy has resulted in the creation of friendship clubs and peer groups where support and advice is offered to volunteers involved in newly-formed Leg Clubs.

Take-home points

- *Leg Clubs are open to anyone who would benefit from them and would like to attend*
- *Members are seen on a first-come, first-served basis*
- *A fast-track service or appointments can be offered in certain circumstances, e.g. for Dopplers*
- *Surgery appointments can be made if required*
- *Refreshments and activities are provided for members waiting to be seen by a nurse and members enjoy the opportunity to socialise with others*
- *Leg Club reduces did-not-attend rates*
- *Leg Clubs ensure members are seen by correctly-skilled clinicians, e.g. tissue viability*
- *Nurses' workload is reduced over time due to the reduction in recurrence rates*

Treatment

STATEMENT 32

Ankle Brachial Pressure Index

Challenge: Ankle brachial pressure index (ABPI) readings take time and space needs to be allocated so that members can lie down for this. How do ABPI readings work in a drop-in setting? How would this work with capacity and prioritisation, which is currently managed through a task system?

CM

We do not carry out ABPI readings on a drop-in basis due to the length of time needed. The volunteer receptionist books a date and specific time with the member. We carry out both first assessment and follow-up in Leg Club. Space and equipment is allocated for this purpose.

Where and when ABPI is measured depends on local policies. Some Leg Clubs may still do these in practice and only do the 6-monthly reviews in Leg Club, with initial assessments carried out in practice.

SH

Having attended nearly every Leg Club in the UK, I have never encountered a problem with ABPIs. Each Leg Club has identified a method for undertaking these important tests. Fold-up tables, small rooms and screens all ensure that the assessment is privately conducted without problem.

AB

Doppler assessment is by appointment, and while the individual is resting other members receive treatment.

STATEMENT 33

Pain and Infection

Challenge: How do you manage pain and infection? At Leg Club, there is no access to GPs, who can prescribe the necessary treatment.

CM

To reduce the need for GP input, consider up-skilling nurses. Nurses can become independent prescribers for analgesia and/or antibiotics. If there is no prescriber at Leg Club, ensure there are good communication links with GPs through which to arrange analgesia.

SH

Nurse prescribers are able to undertake some of this work. Because it is a Leg Club, it does not mean the nurse cannot have access to the GP – we can contact GPs immediately by phone if required. The same is true for any other agency required to provide assistance to Leg Club members. It is very unlikely that a councillor will be immediately available in a surgery, so the Leg Club nurses use the same referral route as a practice or district nurse.

DF

Pain and infection management would be handled in the same way as a district and practice nurse might it in a person's own home or the surgery.

AB

Pain and infection management is reported through System One, which enables us to request a prescription from the scripts team or doctor through tasks. These prescriptions are filled by the duty doctors. We have even had doctors visit the Leg Club if we have had an urgent case.

STATEMENT 34

Infection Control

Challenge: Odour can be a particular problem. We have receptionists requesting that we move patients or put them in separate rooms as the smell upsets others. How would this work in a large community centre with only partitioning between these sorts of wounds and other people?

CM

Risk assessment and liaison with local infection prevention teams, alongside the comprehensive Leg Club Foundation guidelines, will cover all infection control concerns.

A few members' wounds do have a 'strong odour'; however, we certainly do not stigmatise them and have an ethos that all are welcome. If anyone comments on a person's wound odour, we talk to them and educate them about the causes of odour and its social impact. We have found members are very understanding. Any odours are dealt with tactfully, such as dressings placed in a waste bag outside. We also use techniques similar to those in palliative care, i.e. shaving foam in a bowl works really well as the aroma from the shaving foams seems to mask odour. Other Leg Clubs have access to community hospitals, which offer washing facilities.

SH

In my experience, any odour comes from poor knowledge and mismanagement of colonisation.

DF

Odour has not been an issue in any of the Clubs I have visited. Odour is a sign of infection and can be dealt with quickly, as members attend regularly and are more concordant with treatment than in other models. All members have the same condition, so it is less likely that others attending the Club will complain in the same way as patients in a GP surgery who are there for other reasons.

AB

Odour can be a problem in a surgery as the space is limited and there are more people in the waiting room. At Leg Club, however, this is less of an issue.

STATEMENT 35

Tissue Viability

Challenge: Where does tissue viability or vascular input come into the service offered at a Leg Club?

CM

Close liaison with the local tissue viability team enables expert advice and patient needs to be addressed at the Leg Club. Our TVN visits the Leg Club every 3 months and we still refer people to vascular and tissue viability when appropriate, as per local agreements.

SH

In my experience, the TVN is often involved in the Leg Clubs and can be on the premises. Also, the practice and district nurses gain great knowledge and experience from working with each other and become extremely good at solving problems in the way that a TVN would do.

STATEMENT 36

Swabs

Challenge: How are swabs managed?

CM

Swabs are taken back to the surgery to be dealt with and this involves minimal work for the Leg Club.

DF

Swabs and bloods are taken back to the surgery with minimal interruption in the running of the Leg Club.

AB

We don't tend to do swabs in Leg Club as these are done in the surgery. We can put through the requests on the Integrated Clinical Environment (ICE) system, though.

STATEMENT 37

Well Leg Check

Challenge: Following healing, people should be re-Dopplered every 6 to 12 months to ensure they are still eligible for compression, and at this point legs should be checked, assessments done and regimens looked at. Stockings or Juxta CURES should also be re-measured to ensure they are still the correct size. If this is being done in practice, why is a Leg Club well leg check necessary?

CM

Best practice is to review individuals on a 6-monthly basis as described. Historically with this practice, however, we have had people who have failed to adhere to 'maintenance advice', whose legs have deteriorated during this time or who have delayed reporting problems. With the 'well leg' check, members can attend more frequently for a check up or maintenance practice reminder and we can prevent recurrence or deterioration. The well leg check also encourages members to report any problems early. This investment in maintenance and prevention is more effective than waiting until a problem occurs, saving time and money.

SH

Leg Club is a social occasion, not an 'assessment service'. This means that people continue to attend for the social side of the Club and any problems can be dealt with as soon as they occur.

AB

Members receive Doppler checks at 6 months, but things change and patients are encouraged to drop-in for advice or if there are problems with hosiery, rather than waiting for a call from the surgery. Identifying problems early helps members deal with problems rather than letting them fester.

STATEMENT 38

Health Promotion

Challenge: Are well leg checks useful health promotion or do they cause more worry for people?

CM

Prevention of wounds rather than reaction after they develop decreases member worry and reduces wound recurrence.

SH

Well leg checks are an extremely important part of prevention. People will worry without any assessment. Those with aching, swollen or discoloured legs will be concerned and many do not like to attend the GP with what they would consider a minor problem. They will willingly attend a Leg Club that can give them advice and set them on the right path. How wonderful that many of these people will avoid leg ulcers in the future.

Once someone has been registered at a Leg Club they are members for life, in either the Treatment Regimen (receiving treatment) or the Well Leg Regimen (receiving advice and preventative maintenance).

The concept of the social Leg Club model enables members to attend whenever they wish, and when they are transferred from active treatment they continue to attend for well leg maintenance. The Well Leg Regimen at the Leg Club is an integral part of the social model and is aimed at health education, advice, maintenance and prevention of further leg-related problems once an ulcer has healed. Members with wounds that have healed and who wish to remain healed attend on a regular 3-monthly basis for full reassessment, support and advice. A Doppler assessment (in line with local policy) is performed to ensure the ABPI remains satisfactory and, prior to prescribing new hosiery, the member is re-measured to ensure the stocking is correctly fitted. Through education and on-going advice and support, members are aware that care and the prevention of recurrence of leg-related problems are for life! And prevention is better than cure. Leg Clubs also see people with healthy legs requesting assessment and advice.

A Social, Welcoming Environment

STATEMENT 39

Social Support

Challenge: There are already social organisations available that people are signposted to by us for social support. Nurses may not have the time to fulfil this function.

CM

The volunteer team are responsible for the social aspect of Leg Club not nurses, so there is no additional work. Nurses can, however, encourage other Leg Club members (through maintenance or advice) to get involved and hence reduce social isolation.

SH

As nurses, we have to take responsibility for how socialisation impacts wound healing. In the Wound Healing Centre (WHC), we undertook an evaluation of the effect of socialisation on our patients. The WHC worked by offering tea and coffee. Someone was paid to ensure member comfort and to socialise with them. They came to us with chronic wounds of 2 and 3 years. We used high-definition ultrasound to identify the non-healing status on admission. We did not change the dressing type that was used prior to their first attendance. Through high-definition ultrasound, we found that 72% of wounds were in a healing state at 6 weeks. This was down to the social aspect and the fact they saw the same (knowledgeable) nurse on each occasion. This underlined the impact of socialisation on healing. If the socialisation comes from peers and volunteers, there is no extra work for the nurses.

AB

We used our care coordinator to develop the social side of the Club. Ex-patients or the surgery patient participation group are useful when starting out.

Members of the Leg Clubs can rely on a safe venue where their physical, psychological and social needs will be met within a social model of care. Members have access to treatment, appropriate equipment, medical education, information on leg health as well as general health, nutritional advice, social interaction and refreshments.

The community volunteers' and members' enthusiasm and boundless energy has resulted in the creation of friendship clubs and peer groups. The role of the volunteer receptionist has evolved to include newsletters, questionnaires, general information, fund-raising letters and information leaflets, the organisation of fund-raising events, maintenance of a member register and documentation.

STATEMENT 40

Non-threatening Environment

Challenge: Leg Club is a non-threatening environment, however I feel building a rapport with patients in the surgery creates this in a clean, safe environment.

CM The surgery or clinic can be threatening to some patients. They might feel stigmatised and the only one with that particular problem. At Leg Clubs, the feedback (evidenced) frequently demonstrates that members feel less stigmatised and that they welcome the opportunity to talk.

SH Surgeries can be an uncomfortable and threatening environment. In a church hall and in a social environment, people feel more comfortable.

DF The Leg Clubs are non-medical, social environments, and therefore are much more relaxed than GP surgeries.

AB Leg Clubs allow us to spend more or less time with the member, depending on his or her needs, which enables us to build a good rapport.

STATEMENT 41

Pets

Challenge: Some members bring their pets to Leg Club. Do these animals pose an infection risk?

CM Animals provide therapeutic benefits and reduce loneliness and social isolation. At Leg Club a member may attend with their dog, which provides therapeutic benefits of touch and a sense of normality. There is no increased infection risk, as pets are not allowed within the treatment area.

SH I have found no evidence of increased infection risk if animals attend Leg Clubs. The incidence of infection in Leg Clubs is extremely low. In my experience, clinical infection is often misdiagnosed and mismanaged. The nurses in Leg Clubs are better trained to identify the difference between a clinical infection and dermatitis. Far too many patients are erroneously given antibiotics for dermatitis when all that is required is two applications of steroid ointment.

Leg Club members have the opportunity to bring their beloved pet with them instead of leaving them at home. Despite this, generally only one or two dogs ever attend any of the Leg Clubs.

DF Animals are present in patients' homes when district nurses carry out dressing changes, so why would their presence be an issue at Leg Club? Animals remain the responsibility of their owners.

AB We wouldn't allow animals at our Leg Club.

Take-home point

- *In December 2016, a survey by the Royal College of Nursing of more than 750 nursing staff, 82% said animals could help patients be more physically active and 60% said they believed animals improved physical recovery*[3]

[3] Royal College of Nursing. RCN calls for better access to animals in healthcare. 2016. Available at: www.rcn.org.uk/news-and-events/news/rcn-calls-for-better-access-to-animals-in-health-care (accessed 31.10.17)

STATEMENT 42

Patient Education

Challenge: We already educate carers in leg care to ensure that they are able to correctly manage wounds and we also demonstrate how to apply stockings, Juxta CUREs and other products. What are the benefits of providing education in the community setting?

CM Leg Clubs can provide a social environment for both members and carers. They can get support and tips from other people who are also using the garments. Such education can be valuable to aid compliance.

DF Education needs to be part of the model, regardless of where care is given.

AB The Leg Club Industry Partners provide lunch and education at the end of the session. Members enjoy the social aspects of lunch and the provision of education by others frees up nursing time.

Take-home points

- *Leg Clubs provide a non-threatening environment, which many prefer to the surgery or clinic*
- *Socialisation improves healing rates*
- *Education can enhance compliance*
- *Volunteers usually organise the social aspects of Leg Clubs*
- *Pets are welcome at some Leg Clubs, and provide therapeutic benefits*

~ GP Testimonial ~

THE BEST FOOT FORWARD LEG CLUB

The Leg Club at the Adam Practice has probably been the most transformative piece of work and improvement in service delivery that I have seen in the past 25+ years of practice. I do not think any of the partners quite anticipated the impact that it could make for this particular group of patients. Historically leg ulcer treatment – particularly in the practice treatment rooms – was time intensive, often frustrating, hard to fit in and had outcomes that were slow to achieve and often relapsed soon after healing.

In the context of the Leg Club, 'cohort' care (for want of a better expression) delivered out of the practice, by a full range of nursing team members working together, sharing ideas and best practice, has had a huge impact. Healing rates have improved, patients have moved from a place of isolation to being part of something bigger, and are not 'kicked out' of the Club when legs are healed. Furthermore, the pressure to find treatment room appointments for routine care has improved with the 'hour long' appointments no longer being required in house. The care has largely been delivered by our own nursing staff but community nursing colleagues have also been involved, so the opportunity for more integrated working is being realised. A large and devoted volunteer team has developed, fund-raising events and fun activities take place on a regular basis, and the club simply seems to go from strength to strength.

To make it happen it has needed inspirational leadership, our lead nurse Clare Mechen being a key point leader in this regard, but as she most emphatically will say it is about team work, a shared vision and a removal of stigma, which in the past so often characterised individuals with leg ulcers. The Club and volunteers have fully deserved the accolades they have received, and if their work can inspire others to set up Leg Clubs they will be delighted. Good luck if you are thinking of doing it – you won't look back!

PATRICK SEAL
Executive Partner

www.legclub.org

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