The report concludes with a powerful statement of satisfaction from a Leg Club member during the course of the research:

"This is a fantastic service and I can honestly say that **this is the first time I have ever looked forward to health treatment**. The nurses and staff are all very friendly and efficient and treat everyone as individuals. We never feel rushed or unimportant. We need more clinics like this one"

6 Leg Clubs improve the wellbeing of members[8,9]

In 2013 and 2014 a team of health psychologists undertook a detailed assessment on wellbeing levels and potential changes in wellbeing while attending a Leg Club.. This research took place over two years, and had 3 distinct stages:

- A thorough literature review on quality of life and wellbeing with regards to venous leg ulceration
- Validation of a wellbeing assessment tool for patients suffering from venous leg ulceration
- Use of the assessment tool among Leg Club Members

Repeated measures provided initial evidence that Leg Club attendance impacts well-being over time. A significant interaction was found between length of time attending a Leg Club and changes in 'Personal resources' for people who had attended Leg Club between one and two years. The main conclusions from the study, however, were that:

- Leg Club attendance clearly impacts wellbeing for the better
- Social support has an important role to play in this relationship

Establishing a connection between wellbeing and wound outcomes will complete the picture of effectiveness that the Leg Club model demonstrates, but for the present it is reasonable to conclude that the Leg Club model provides an effective solution for providers and clinicians alike, when looking for outcomes, cost effectiveness, patient satisfaction and patient wellbeing.

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"At both National and Trust levels this excellent form of care resonates perfectly with current strategies to align community services, alongside primary care and improve the support that can be collectively provided to patients"

PROFESSOR CHRISTINE MOFFATT CBE, PATRON
THE LINDSAY LEG CLUB FOUNDATION

To find out how you can improve the effectiveness of leg ulcer management in your community by supporting, funding or helping to open a Lindsay Leg Club, go to www.legclub.org/contact

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The Effectiveness of the Lindsay Leg Club® Model

New Insights, Latest Research

Lindsay Leg Clubs (LLCs) have been treating those suffering from, or at risk of, leg ulceration within a social model of care for more than 20 years. Walk into one of the 30 Leg Clubs operating weekly around the UK and its clear to see just how much the model is appreciated by its members, volunteers and nurses.

But, is the treatment effective? Can it save money? How satisfied are members with the service? Can it be shown to have an effect on patient wellbeing?

Here are some of the most recent results from research carried out on the effectiveness of the Leg Club model:

1 LEG ULCERS ARE HALF AS LIKELY TO RECUR IN LEG CLUB MEMBERS AS IN OTHER LEG ULCER SUFFERERS IN THE UK[1,2]

In most countries around the world the average lifetime of a leg ulcer is 12 months with a recurrence rate of 70%. The Lindsay Leg Club network has over 10,500 members in 30 Clubs in the UK alone, and has been amassing data measuring healing outcomes and recurrence rates since its inception. At the end of 2013 these rates were calculated for all UK based Leg Clubs, with healing reported after 24, 48, 72 and 96 weeks of treatment, while recurrence was calculated at 24 and 48 weeks – the period when most leg ulcers do recur[1].

"Recurrence rates in Leg Clubs were markedly lower than reported in non-Leg Club settings" *concluded Professor Michael Clark, who performed the analysis. In fact, at 12.5%-15.8%, recurrence levels were just half the national average of 26-33% (with good concordance to treatment) and 56% (poor concordance to preventive care) as reported by Vowden and Vowden (2006).*

2 THE MAJORITY OF HEALED ULCERS WITHIN THE LEG CLUB NETWORK ACHIEVE HEALING WITHIN 2 MONTHS[3]

In early 2014 the Leg Club network initiated a 'new outcomes data entry and reporting' system. In the second half of 2015 it examined progress in 3,124 members (within our network of over 10,500) from 10 Leg Clubs using accurate reports from the system; 4,311 Legs underwent treatment, with the remainder currently in the "Well Leg" phase (meaning healed but continuously monitored). The overall leg ulcer recurrence rate was 15.15% (corroborating the recurrence rate information obtained separately and mentioned above) and the majority of healed ulcers achieved healing within 2 months.

"Recurrence rates in Leg Clubs were markedly lower than reported in non-Leg Club settings"

3 WIDESPREAD ADOPTION OF THE LEG CLUB MODEL CAN GENERATE CONSIDERABLE SAVINGS IN DISTRICT NURSING TIME[4]

The Leg Club model provides a fixed weekly time and venue for treatment. This can provide considerable savings for district nurses, who can schedule their workload more effectively. Such savings were demonstrated in Powys, Wales, in 2014, where an award winning study was conducted on savings in district nursing time. Powys has approximately 3,000 patients needing treatment for Leg Ulceration, 2,300 of which are members of the Leg Clubs:

"Based solely upon the average cost of a District Nurse visit of £78.00, with one visit per week, the gross savings to Powys Teaching Health Board per annum conservatively run at £4,056 per patient, or £932,880". "At an average of 5 nurses, once a week,the gross cost of placing nurses in a Leg Club setting equates to a cost of £227,136 for the 7 Leg Clubs in the health board. Excluding saved travel expenses this translates to an overall net saving of £705,744 for the District Nurses." Dressings, equipment and in-patient hospital stays were excluded from the report.

4 IF LEG CLUBS WERE TO BE INTRODUCED ACROSS THE UK, THE TOTAL POTENTIAL SAVINGS TO THE NHS HAS BEEN ESTIMATED AT £152 MILLION PER YEAR[5]

A review conducted by the Swansea Centre for Health Economics employed national statistics and the available data to construct simple estimates showing the change in resource and costs incurred by the NHS if a Leg Club model of care were to be implemented. The estimated cost savings from the Leg Clubs ranged from £142,000 in an urban area with a younger population, to £3.1million in a rural area with a higher proportion of the population aged 65 years and older. If Leg Clubs are introduced across the UK, the total potential savings to the NHS has been estimated at £152million per year. The review suggested several reasons for the savings, including shorter healing times, lower recurrence rates and improved allocation of resources, such as the district nursing times.

5 LEG CLUBS PROVIDE CARE IN A NON-MEDICAL SETTING WHICH IMPROVES SATISFACTION[6,7]

In 2009 an Australian study compared patient satisfaction with care received at Leg Clubs (as opposed to at home). It pointed towards improvements within the "Leg Club" cohort, with respect to:

- Quality of life with regards to health
- Functional ability and leg ulcer healing
- Morale and self-esteem
- Decreased pain.

This was further built on by a member satisfaction questionnaire (conducted in 2011) on 124 members and piloted across five Leg Clubs in the UK.

Few expressions of dissatisfaction were offered by this member group, with 92.2% and 91.2% of prior and first-time attendees respectively describing themselves as 'very satisfied' with their Leg Club. As a consequence of visiting their Leg Club, responding members further concluded that:

- 67.0% of members considered that they were better able to cope with life
- 75.5% of members felt better able to understand their leg problems
- 68.1% of members were better placed to keep themselves healthy
- 76.8% of members considered themselves to be better able to cope with their legs.