# Social isolation and lower limb management during the pandemic: a streamline approach

ELLIE LINDSAY
OBE FQNI
*President and Founder of the Lindsay Leg Club Foundation®*

DEMELZA SPENCER-VEALE
*Trustee of the Lindsay Leg Club Foundation® Weymouth Leg Clubs Lead Nurse*

The ageing process starts when we are 20, and provided you have otherwise good health, does not cause significant problems until we turn 90 (Muir Gray, 2015) yet, there is a belief that old age is not fun and It has been stated that the ideal shelf life for many people is 70 year and many refer to seniors as 'past it' yet the very idea that humans have a 'shelf life' is nothing more than an inconvenience to society is a profoundly depressing one. With demographic changes, we are increasingly seeing the over 65 age group living alone in poverty and social isolation owing to movement of their families and communities becoming more fragmented due to the changes in social classes. This can be a major factor in both an urban and rural community where people with problems associated with the lower limb and foot may experience a further sense of isolation and loss of social contact due to immobility.

These factors can have a serious effect on physical, mental and social health, furthermore the risks of social isolation can impact not only on who you are, but also on where you live. For individuals suffering leg ulceration the combination of social isolation and physical symptoms, can lead to low self-esteem and depression.

## Rationale for reviewing practice: streamlining a Leg Club service in a COVID era

Traditionally, individuals experiencing life with a leg ulcer are either treated in their home by district nursing teams, who then lose time travelling between patients or, for those who can reach the surgery or clinic.

As a long-term condition, leg ulcers can also progressively restrict a persons' social interaction either through pain preventing them from going out or because of embarrassment due to odours that can be caused by the wound. Working in partnership with integrated teams and volunteers, Leg Clubs address this struggle with social isolation through collective treatment and a sociable club environment. This model, with its peer support, has been shown to improve healing rates, facilitate health promotion and help reintegrate individuals experiencing problems of the lower limb back into their community.

As experts in living with a wound, each individual deserves the opportunity to choose treatments which suit them, their lifestyle and their desired outcomes. Promoting a person-centred approach gives individuals the confidence to contribute as a stakeholder in their care and promotes a sense of ownership and involvement.

However, it is also important to understand the psychosocial issues that the individual may be experiencing and how to facilitate socialisation and peer support that empowers individuals to actively participate in, and take ownership of, their treatment. The trend today is for public involvement and the field of wound management raises some interesting questions about modern society, the way that western healthcare is currently delivered and to what extent a reliance on our medical model of care alone can be sustained. In some ways the huge advances in medical science have made us victims of their success, as they have occurred during a period of great social change where the emphasis on the extended family for providing long-term holistic care has been replaced by a reliance on the state and the clinical services that it provides (Lindsay, 2018)

It has been well documented by the first author that the Leg Club social model for lower limb/foot care emphasises wellness and maintenance of health, and places equal emphasis on social health, communication, prevention of depression, development of a community network within the facility and the maintenance of social position in the surrounding community. In such an environment, example setting and role model emulation can flourish, providing powerful influences to help modify beliefs and change behaviour especially in noncompliant individuals — influences that are not present in the typical one-to-one 'nurse dominant/patient passive' relationship.

There are hypotheses in the community that some patients in their care have poor adherence to

treatment, removing the dressings in-between visits, to ensure the clinical team will continue to attend and thus provide continuing social contact.

Positive thinking by the team has been the key, incorporating creative thinking and reflection to introduce current directives in a positive and productive way Lindsay reasoned that clinics held in a formal medical setting have negative 'sick-role' connotations and can be impersonal and intimidating, effectively discouraging the social interaction that is so desirable. Furthermore, the practice of treating the person in isolation restricts the opportunity for peer support and education and reinforces feelings of stigma they may already be experiencing.

Although primarily targeted at seniors, the informal 'drop in' nature of the clinic encourages all age groups to attend for advice and treatment, creating opportunities for early diagnosis, education and health promotion as well as emotional support aimed at promoting a sense of wellbeing.

When the first cases of COVID-19 were diagnosed here in the UK, the pandemic suddenly took hold, and an imminent lockdown was looming, the Weymouth Leg Club team had to think on their feet and take immediate action to decide the fate of Leg Clubs during this period. The team looked at the alternatives regarding how lower limb care would be managed and the impact it would have on its members in the community. On review the team were determined that the Leg Club would not close its doors and for this to succeed some lateral thinking was required as the Club is a resounding success story and a lifeline to its members and many of its volunteers.

The Leg Clubs in Weymouth run out of a community hall in a different locality within the town five days a week. The local NHS federation approved a contingency plan proposed by the Leg Club lead to enable the Club to operate during lockdown and through the pandemic. A decision was made that the Leg Club would operate from the largest hall and on an appointment system and received permission to have sole use of the venue for as long as required.

The hall was reconfigured with four treatment stations situated two meters apart, with nurses' stations also situated apart at this distance and a separate area in the hall was set up for doppler assessments. All advised infection control measured were implemented and monitored, education given, and appropriate PPE worn. The team immediately reviewed our members list to ascertain which members had 'well legs' and those who were actively receiving treatment. The members were then divided into three groups those with 'well legs' who were contacted and given maintenance advice and a contact number to enable them to be able to contact the Leg Club and speak to the nurses regularly or as needed. A high majority of our members in the 'at risk' group or over 70s and were advised to stay at home and shield. During the review process the team identified the 'very high risk' members whom were contacted and home visits were organised, and the remaining group were contacted and offered appointments to attend their Leg Club. An explanation and reassurance were provided and members were asked not to arrive before their appointment time, to wear a mask and informed that an allocated nurse would meet the member on arrival and accompanied them into the hall.

A core group of Leg Club nurses have been maintained throughout lockdown and the pandemic to reduce the risk of transmission to our members and to our nurses. Strict infection control measures are implemented and unfortunately due to this we were unable to let members have a friend or relative accompany them into the hall when receiving treatment. Sadly, during the lockdown period, we had to ask our volunteers to stay at home so we could ensure their safety. As a result of these changes to Leg club we did lose a significant element of the psychosocial model which sadly couldn't be avoided, however we ensured appointment times reflected the need for 'holistic 'care and to allow members to have time to chat and relax. Fortunately, as we continued to operate from a community hall, we managed to maintain a relaxed environment. Despite the changes many members told us that it was the highlight of their week and at least we were able to break the isolation many were experiencing alone at home.

As a team we decided to start a mini foodbank which was located outside of the hall for individuals to help themselves if needed. We felt that many of

**The current lay out of Weymouth Leg Club**

**Weymouth Leg Club volunteers Ken and Chris welcoming members. Permission obtained for photographs to be incorporated**

**CONFERENCE UPDATE**

In line with Government guidance, the 2020 annual Leg Club conference has been cancelled and will instead take place on September 29 and 30 2021. For more information, visit our website: https://www.legclub.org/

our members were struggling but felt uncomfortable attending the food bank in town as they felt that others in the community were more in need. The food bank contained essential items and received positive feedback.

### The importance of team positivity

Positive thinking by the team was key to reflect and introduce current NHS directives in a positive and productive way and in recent weeks the Leg Club has moved forward and we have welcomed back our volunteers and reintroduced refreshments and a social element back into our clubs. This is a very gradual controlled social element where the hall has been reconfigured and measured so members can enjoy a cup of tea in a safe controlled environment. A maximum of four members are in the refreshment area at any one time and operates on a rotation system. All advised infection control measures are implemented and monitored to ensure everyone's safety. It's a delight to have this reinstated along with the return of our volunteers and has breathed life back into our Club. A strong concern of the second author has been for our members with well Legs who despite receiving advice and support have remained isolated at home. We have now made available eight appointments a day for those members to enable them to attend and receive maintenance treatment while enjoying the social element and interaction that is so desperately needed and has an overwhelming impact on general wellbeing. Our Leg Club has also welcomed back scheduled visits from our Vascular nurse consultant and Leg Club Industry Partners (LCIP) who offered support and guidance to members regarding compression garments and have provided members of our nursing team with wound care updates and developments. We will soon be welcoming our social prescribers back into the Club and our latest venture is to have a hairdresser available on scheduled days. We believe the key is to stay positive and are look forward as well as using some creative thinking.

One of the four core elements of the Leg Club model is providing a non-appointment system to facilitate early intervention. We anticipate continuing running on an appointment system into the new year and possibly longer. However, we have received feedback from some members who would like the appointment system to continue. These individuals tend to be our younger members. Eventually when hopefully normality returns, we will revert back to the core element of the drop-in system but allocate one nurse offering appointments which would enable this small group to accommodate their lower limb care around work commitments more easily. Although we generally operate from five different community centres, we have made the decision to continue for the foreseeable future running from the one venue to enable us to accommodate social distancing effectively. We have been very fortunate that Dorset has had a very low 'R' number and has consistently throughout lockdown and the pandemic be one of two counties in Great Britain to have the lowest number of cases per 100,000. The decision to keep the hall stagnant was made partly as the 'R' number is rising again and extra restrictions are being enforced, along with the possible threat of another lockdown. We felt that due to the current climate we would be better operating out of one hall as we will be reducing movement and therefore reducing the risk of transmission. This also allows us to see more members and give us more flexibility to accommodate members should a member of our team fall ill or be required to isolate. One of our members recently reached her 90th birthday, sadly her party was cancelled so as a team we provided a surprise celebration with a cake, balloons and a sing song. She was very emotional and we could all see what it meant to her. These small gestures make a massive difference to our members and we must not forget the significance social interaction brings to general wellbeing, healing maintenance and feeling of belonging to a community

Living and ageing well are key components of the UK governmental health promotion strategies. Yet, the aging population is changing rapidly because of numerous issues including economic need, poverty, social isolation and comorbid illnesses are not being addressed

The COVID review process for our Leg Club required not only skilled management but careful

planning, good interpersonal communication skills and realistic timescales with all our Club stakeholders. The Leg Club clinical team, volunteers and members were extremely positive about the 'social' aspect back into the Leg Club being reintroduced and everyone is delighted the volunteers are offering refreshments daily in a social distanced and controlled manner. We are all excited about this and interestingly at the other venue we would be unable to offer refreshments as the hall doesn't have the capacity to social distance for treatments stations and refreshments. A few members asked us there if we would be able to offer tea and the ability to socialise with their Club friends when we advised them that we wouldn't be able to at the moment due to distancing requirements, but will be offering refreshments at our other hall they told us that 'in that case I'll go to Wyke.' (Wyke being the community hall we are currently using) This emphasised how important it is to get the social element back in motion and confirmed my dilemma whether to return to the one venue. I believe this is more important than trying to open up other venues where we wouldn't be able to offer this, especially as no one has complained or experienced difficulty getting to the Leg Club at its current venue, and it's the social element that our members so desperately need. The other news is that our volunteers are back! Unfortunately, not all of them have returned due to health issues or personal issues but we have one if not two volunteers now present at each Leg Club. This is wonderful and is bringing the Leg Club back to life. Not only this but a few of our volunteers have been very isolated and in need of the Leg Club as much as we need them.

We will have social prescribers returning shortly and I'm trying to find a podiatrist who will be happy to return and attend at regular intervals. We receive outstanding support from our vascular nurse consultant who is back visiting our Club at regular intervals providing support and sharing her expertise. My most recent idea/venture is getting a friend/neighbour of mine who is a hairdresser to visit the Leg Club. Several of our members are desperate to get their hair cut but will not visit the salons and are unable to get a hairdresser to visit. Denise (hairdresser) is very keen and has listened to me endlessly chatting about the Leg Club. Fingers crossed this will be in place very soon. Obviously will be a dry cut but will make our members feel so much better within themselves and give them a boost.

## CONCLUSION

Partnerships between health and social care organisations are evolving rapidly in the private and primary health sectors, with an aim to provide a most effective seamless service meeting the needs of local populations. Since the introduction of the first GP practice opening their doors by providing the social Leg Club into the community they serve, the concept has been successfully implemented at other locations within the GP Dorset consortium.

With outstanding support from the GPs and in response to requests from the members themselves, keen to reflect its informal welcoming atmosphere and emphasise being a stakeholder in its success, this new initiative was instrumental in expanding into a five-day service.

The holistic needs of our Leg Club members in a COVID-19 era has been addressed through the innovative streamlining of the five-day service by positive thinking nursing and volunteer teams who introduced a modified system that continues to meet the social needs of their members while adhering to NHS provider policies. By continuing to socially empower our members, combating the effects of isolation on compliance and wound healing, response to treatment and quality of life have been enhanced. Also, the importance of an integrated 'well leg' regime has been demonstrated by members' ongoing adherence to the correct use of compression hosiery and readiness to attend for systematic aftercare and monitoring during these unprecedented times. WUK

## REFERENCES

Lindsay E, Renyi R, Bowden R et al (2018) The Role of Socials Models of Care in Wound Management. The Lindsay Leg Club Foundation, Ipswich, UK

Sir Muir Gray- Daily Mail August 2015

## SUPPORT US

The world is going through a very difficult time right now and charities need your support. To support The Lindsay Leg Club Foundation, please visit this website: https://uk.virginmoneygiving.com/charity-web/charity/finalCharityHomepage.action?charityId=1001744