A journey of discovery in the Lindsay Leg Clubs

Having had a career in telecommunications research and development, working on technologies ranging from satellite and undersea cable communications to integrated circuits and computer systems to manage and automate the vast telephone network, I have always appreciated the need for good, reliable data to underpin the smooth working of systems and operational effectiveness.

I was aware, to an extent, of Lindsay Leg Clubs and the benefits they provide for their members, as my wife was a community nurse working in the very first Club in Debenham, Suffolk, with Ellie Lindsay, whom we would get to know well over the coming years.

Leg Clubs had always recorded information on their performance and, as the number of Clubs expanded under the umbrella of the Lindsay Leg Club Foundation (LLCF), the amount of data recorded outgrew the paper-based approach. Her late husband Richard, in collaboration with some of the Leg Club clinical leads and a tissue viability nurse, sought views on what they thought was needed to demonstrate effectiveness. Following constructive meetings, he designed and developed templates and a teaching package for the clinical teams and created a specification for a computer-based data collection system for each of the Leg Clubs and a central database to hold all the data.

Due to deterioration in Richard's health in late 2017, he asked if I would consider analysing the wealth of data that he had collected and was ready to be exploited. Hence, I became a trustee of the foundation to further the work on analysing the data in support of Leg Clubs and to highlight the evidence of their invaluable contribution to lower-limb wound treatment.

Working as a trustee

The first year as a trustee was spent educating myself on the workings of the foundation as I found myself in a completely new world filled with health professionals and key figures in the wound care industry—a million miles away from a life in telecommunications!

I also took the time to develop a more in-depth understanding of the working of Leg Clubs and the value of wound healing in a social environment.

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While researching the world of health economics to see what other data were available to compare results, I was surprised that there were relatively few contributors in the field, and the Leg Club data, based on over 17000 members making over 250000 visits to Leg clubs over a 5-year period, was a large and comprehensive source of data available, as illustrated in *Figure 1*.

The database was already providing a set of quarterly reports covering the performance of individual Leg Clubs, but the downside of data is that it comes in lists and tables (some with up to 48000 rows of data in them). From past experience of time in management meetings, I knew that even professionals can look at a spreadsheet or graph all day and still not see key trends. Thus, it was decided to keep things simple and focus on the three key pillars of Leg Club performance: cost, ulcer healing times and recurrence times.

Making this data available opened up another new world to me—that of health economists and university professors—which enabled the LLCF to make a contribution to the National Wound Care Strategy for England, promoting the merits of wound healing in a social environment.

While looking at the Leg Club outcomes, that is, the ulcer healing and recurrence rates, it was useful to compare the performance of individual Clubs against the 5-year Leg Club

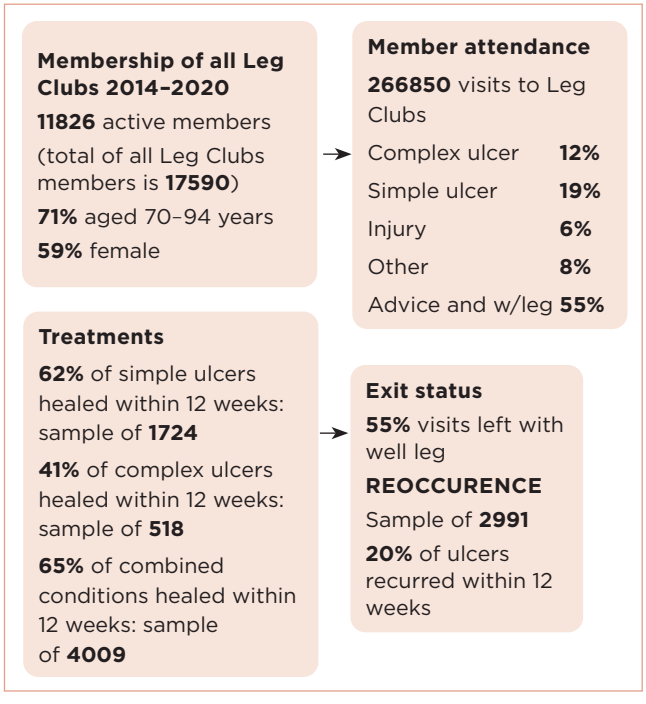

Figure 1. Statistics on Leg Clubs gathered over 5 years

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average and form a performance table to benchmark against. However, with the benefit of being able to combine the healing data with other membership data, it quickly became apparent that some Clubs had a markedly different age range than others, and this offered a different interpretation of outcomes.

I have learnt that Leg Clubs are very open in the way they operate. As well as encouraging people to just drop in and talk to somebody about their lower limb concerns, wounds are treated in a collective community setting rather than in a one-to-one fashion in isolation at home or in a room in the doctor's surgery. This openness enables the members to socialise and empathise with each other as well as those who attend and get their legs checked on a regular basis as part of the Well Leg regime. 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 programme 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 whose wounds have healed and who wish to remain healed attend on a regular 3-monthly basis for a full reassessment, support and advice. The data showed that this important part of the Leg Club model can account for over 50% of visits for some Clubs, playing an important social role in the wellbeing of members.

On the theme of openness, I was able to work with a group of people from the Leg Club network and academia to publish findings from some of the Leg Club data on how the Clubs are staffed, the cost, the time and how the member gets to spend with the nurse (McIntyre et al, 2020). A comprehensive review of outcomes when the Leg Club methodology is followed was performed.

Conclusion

It has been a really interesting journey of discovery in the world of wound care and a great privilege to be able to work with experienced health professionals to promote the sterling work of the Leg Clubs and their ever-increasing role in providing the social dimension to healing in an ageing society. Building an evidence base is one of the key priorities for the LLCF, as this demonstrates to the clinician and NHS provider how basic digital information-sharing can provide evidence and bring change within a Leg Club. With the volume and diversity of data held in the database, there seems to be potential yet for more analysis in the future. CWC

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