

# LEG CLUBS: A COST-EFFECTIVE SOCIAL PRESCRIBING APPROACH TO LOWER LIMB MANAGEMENT

**F**rom the patient's perspective, the experience of a non-healing wound is often secondary to its effect on quality of life. For chronic wounds this may be caused by restricted mobility, chronic pain, wound exudate or malodour. In all cases a therapeutic approach that combines patient-centred research with patient-centred care has the greatest chance of success.

Responding to literature citing a correlation between social isolation and non-concordance, and mindful that in this condition the aim is not merely to heal, but also to prevent recurrence, the author developed the Lindsay Leg Club Model, in which patients (known as members) are stakeholders in their care and are empowered to make informed decisions regarding treatment.

Collaborative working is the bedrock of each Leg Club. Members and nurses work together in an open environment where interactive learning is paramount. Treatment is undertaken in an area where two or three people can have their legs washed and dressed in the same room, giving them the opportunity to compare healing and treatments. Members are encouraged openly to discuss treatment issues with the care team, carers and other members, and this offers them control over their own leg ulcer. Treatment is undertaken with, rather than on, the members. Members can be treated in private if they wish, but this is very rarely requested.

Leg Clubs have the following objectives:

- To empower patients to be involved in making decisions related to their own treatment
- To meet the needs of socially isolated people by providing a venue for interaction, peer support and positive role models
- To implement strategies that destigmatise and rebuild the self-esteem
- To provide an informal forum for health promotion and education, encouraging informed beliefs and positive health behaviours.

These are characterised by four principles that differentiate them from conventional medical clinics:

- A non-medical setting—such as community/church/village hall. This avoids the stigma or fear of attending a medical setting and reinforces the community ownership of the Club
- Informal, open access, no appointment required. This encourages opportunistic attendance for information and advice, providing greatly increased opportunities for early diagnosis and leg ulcer prevention and helps isolated older people reintegrate into their community
- Collective treatment. People share their experience, gaining peer support and encouraging them to take ownership of their treatment
- Integrated 'well leg' regime, supporting maintenance of healthy legs, positive health beliefs and broad health promotion.

The Leg Clubs currently operate in across England, Wales and Scotland, Germany and in Australia. They are self funding rather than 'owned' by the health-care provider, and are run by volunteers in partnership with nurses. Running costs and equipment purchases are provided through volunteer fundraising, the only cost to the National Health Service (NHS) being nursing time and dressings.

## Clinical and cost-effectiveness of the Leg Club model

In the UK, Leg Clubs have achieved notable success in terms of increasing healing rates and prevention of recurrence,<sup>1</sup> and apart from totally housebound patients, home visits for leg ulcer management have virtually been eliminated by certain Leg Clubs, yielding significant savings for NHS provider organisations. They are also cost-effective in the use of nursing resources, saving travel costs, reducing need for the duplication of equipment, simplifying planning and administration, and eliminating wasted home visits.

Evidence demonstrates that the Leg Club principle leads to better rates of healing and lower recurrence than conventional practice in which patients are treated individually in a surgery or in the home,

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*Nurse, volunteers and members at the Bradford-upon-Avon Leg Club*

**References**

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without the opportunity for long-term monitoring. Furthermore, levels of satisfaction among patients and nurses are very high.

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 3124 members (within our UK network of over 10,500) from 10 Leg Clubs using accurate reports from the system; 4311 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 recurrence rate information obtained separately) and the majority of healed ulcers achieved healing within 2 months.<sup>2</sup>

The social and supportive style of the Leg Club Model is acknowledged as being responsible for the sharp rise in healing rates and general wellbeing.<sup>3,4</sup> By being treated collectively, Leg Club members gain peer support and empathy for a condition that can be very socially isolating. It also encourages self-management of this long-term condition through a ‘well leg’ regime. This change in mind-set of both member and practitioner to prevention, along with the Leg Club’s continuing welcome to members after their wounds have healed, has resulted in low recurrence rates in many Leg Clubs. Above all, healing rates and quality of life have improved as a result of the Leg Club initiative.<sup>5</sup> Members can follow their peers’ progress each week and through the ‘well leg’ regime are able to communicate and interact freely with members whose ulcers are now healed. They are empowered and encouraged to discuss treatment issues with the team, carers and other members.

Statistical data has been collected and independently analysed since the inception of the

first Leg Club in 1995. Clinically, non-concordance to treatment has been virtually eliminated and there is evidence of greater healing rates, illustrated by many members whose long-standing ulcers either healed or greatly improved as a direct result of this change in approach. This was further built on by a member satisfaction questionnaire on 124 members and piloted across five Leg Clubs in the UK.<sup>3</sup> Few expressions of dissatisfaction were offered with 92.2% and 91.2% of prior and first-time attendees respectively describing themselves as ‘very satisfied’ with their Leg Club.

The Leg Club Foundation provides guidance, support and training during the setting-up phase. This comprises of health and safety, infection control and risk assessment. To date there has been no incidence of Leg Club acquired infection. The Foundation has its own documentation, guidelines and referral pathways, however each area incorporates its own local protocols and procedures.

**Social prescribing and benefits**

The ethos of the Lindsay Leg Club Model is to encourage wellness rather than treat illness in all age groups. It is a proven alternative to the traditional management of leg conditions. The fact that Leg Clubs encourage people to be fully involved in their treatment provides real motivation to individuals who are living with chronic wounds. The experience of visiting the Leg Club is wholly positive. Many patients who rarely venture out of their houses attend the Club. Many of them have made new friends and relationships have blossomed.

Many nurses work in the community in isolation from their colleagues but the collective treatment undertaken in the Leg Club enables them to share best practice and constructively critique their own clinical skills.

**Conclusion**

Clinicians, industry and health-care organisations tend to focus on wound healing as a key outcome measure for patients. While this is clearly very important, a focus on the patients’ quality of life tends to get left behind. Leg Clubs are about re-integrating a stigmatised and socially isolated group into their community, providing a sense of involvement and improving quality of life by addressing a root cause of poor healing and high incidence of recurrence. The Leg Club concept offers an opportunity to improve outcomes for patients, save time for nurses and GPs, without any net cost to the practice or the NHS. ■