

## The Lindsay Leg Club Foundation: update

### Resignation of the Chief Executive Officer

The Leg Club Foundation is due to undergo a period of change as a number of members are reaching the end of their tenure. Michael Clarke has resigned to work with the Welsh Wound Innovation Centre, although he will remain involved in some future research projects. This is his farewell statement:

‘Followers of the Lindsay Leg Club model may already know that I have resigned from my part-time Chief Executive post within the Lindsay Leg Club Foundation (LLCF). The recent creation of the Welsh Wound Innovation Centre offered me a great opportunity to get involved in the improvement of wound care for all people across Wales. Sadly there are not enough days in a week to work effectively in the Welsh Wound Innovation Centre and the LLCF and a vibrant organisation such as the LLCF needs much more than a one-day-a-week Chief Executive! I will continue to help the development and spread of the Lindsay Leg Club model within Wales and help the LLCF with specific projects from time-to-time.

‘Reflecting upon the Lindsay Leg Club model as I leave my role as Chief Executive, there are many challenges ahead. The recent changes to the organisation of health care in England with the active working of care commissioning groups has widened the differences between the health services in the four constituent parts of the United Kingdom. These changes have significance for a national third-sector organisation such as the LLCF for this organisation has to deliver a Leg Club model acceptable to widely different service needs and structures. The English health service management need to understand and account for each staff member’s time and actions. This is a challenge for the Lindsay Leg Club model with its ethos of a drop-in centre in a non-medical setting. One natural tendency would be to adjust the Leg Club model to allow reporting of staff



contacts with people requiring health care to be achieved. Perhaps this would require booked appointments and the removal of collective treatment, another cornerstone of the Lindsay Leg Club model? My firm belief is that the Lindsay Leg Club model works because it is focused upon its members, and this may be lost if the model is adapted to better fit the prevailing winds of care commissioning. I hope the LLCF and the Lindsay Leg Club model will continue to thrive in these challenging times but will not lightly change the ethos of Leg Clubs to match short-term goals of health service management’.

Mike has been tireless in his commitment to the Leg Club model and has researched and evaluated both outcomes and qualitative data on its behalf. He has refined systems and streamlined data collection while developing clinical governance and research strategies resulting in the publication of many articles on behalf of the Foundation. It is good to know that his commitment continues, and recruitment for a replacement CEO is underway.

### Developments Down Under

Leg Clubs are continuing to flourish in Australia. The following extract is from the *Eastern Shore Sun* in Tasmania.

‘The Eastern Shore Community Nursing team has celebrated the first birthday of its highly successful Leg Club. A unique model of care developed in the UK by leg ulcer expert Ellie Lindsay, the Leg Club gives a social outlet and professional advice to people suffering from leg ulcers.

‘Eastern Shore Community Health Nurse Lea Young, who started the Leg Club at the Clarence Integrated Care Centre (CICC), said the results had been incredible. “Leg ulcers are a huge problem in Tasmania, particularly as we have an ageing population,” Ms Young said. “Sadly, social isolation and depression are common factors among older Tasmanians, and they are also significant contributors to wounds not healing. The Leg Club provides a welcoming social environment where people can come along, have a cup of tea and make friends, while at the same time receive treatment for their wounds, or just have an assessment and get information on wound prevention.”

‘Ms Young said the Leg Club was the only social outing for the week for some people, with many members choosing to return long after their wounds were healed. “I think the positive encouragement they give to each other definitely makes a difference to how fast they heal,” she said. “We’ve seen people who were told their wounds would never heal, but after spending some time with the Leg Club, they’ve cleared up completely—it really is amazing.”

‘While the CICC Leg Club was the first in Tasmania, Ms Young said there had been plenty of interest shown in the concept and hopefully more Leg Clubs would be started throughout the State.’

### Announcement

The ‘Leg Club Industrial Partners’ have offered an educational grant to sponsor Leg Club nurses to attend the 2014 European Wound Management Association conference in Madrid. To win the prize you will need to provide a statement of no more than 500 words outlining your achievements at your Leg Club and how you think that the sponsorship will help improve the work you do. All expenses will be paid for the Leg Club winner to attend the three-day conference. Please contact Ellie Lindsay ([ellie@legclub.org](mailto:ellie@legclub.org)) for entry forms.