



The Lindsay Leg Club: supporting the NHS to provide leg ulcer care

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Public health services in the UK will need to cope with additional demands due to changes in patient demographics, such as an ageing society and the increasing prevalence of long-term conditions such as leg ulcers and diabetes. The population in Scotland, for example, is projected to both increase and age significantly; between 2008 and 2033 the number of people aged 60 and over is projected to increase by 50% (Macniven, 2010). This is estimated to equate to an increase of 3.5 billion in the annual care budget by 2031 (Scottish Government, 2010).

The NHS is faced with the enormous challenge of delivering the highest quality of care while improving efficiency (NHS Quality, Innovation, Productivity and Prevention Programme, 2012).

Primary care nursing is also at present undergoing significant changes and district nurses are required to develop new ways of working and to take on long-term condition management. Attaining these goals while maintaining the fundamental principles of the NHS, such as equity and ease of access to healthcare resources, represents a significant challenge.

Lower-limb ulceration is a long-term, life-changing condition which can be chronic. Leg ulcer management

is a major component of the district nursing caseload and can present staff with great challenges. The annual cost of leg ulcer treatment to the NHS was estimated to be £600 million in 2007 (Posnett and Franks, 2007); much of this cost is incurred by district nurse time, which has been estimated to be as much as 50% for this patient group (Simon et al, 2004). The annual cost for individual healthcare providers within the NHS is substantial, with a total prescribing budget for community nursing in 2010/11 of £1.783 million (NHS Lothian, 2011). This includes district nurses and health visitors, but does not include all wound management prescribing, as these products are also prescribed by GPs and practice nurses. It is therefore essential to consider other ways of providing services which are economically efficient, but still maintain service quality, equity of care, and patient acceptability and accessibility, as these are all necessary requirements for a comprehensive health service.

Community leg ulcer clinics

Community leg ulcer clinics emerged several years ago as a new approach to leg ulcer management. There is a general belief that the provision of leg ulcer care within a dedicated clinic increases both ulcer healing rates and members' quality of life (Moffat et al, 1992; Morrell et al, 1998), when compared with individualised nursing care. A recent randomised controlled trial (RCT) (Harrison et al, 2008), however, found no difference between healing rates provided by specialised care at home or in a clinic, indicating that healing rates may be influenced by organisation of care, not the location in which the care is delivered. This observation may have implications for leg ulcer services in the UK, as alternatives to either home- or clinic-based care are available; one of which is the Lindsay Leg Club model (Lindsay, 2004).

The Lindsay Leg Club model

The Lindsay Leg Club model was founded to provide a unique partnership between community nurses, people with leg ulcers (members) and the local community. The Leg Clubs provide leg ulcer management with a 'well leg' programme of care for patients vulnerable to lower-limb problems in a non-medical, social environment such as a

ABSTRACT

Public health services will need to cope with additional demands due to an ageing society and the increasing prevalence of chronic conditions. Lower-limb ulceration is a long-term, life-changing condition and leg ulcer management can be challenging for nursing staff. The Lindsay Leg Club model is a unique partnership between community nurses, members and the local community, which provides quality of care and empowerment for patients with leg ulcers, while also supporting and educating nursing staff. The Leg Club model works in accord with core themes of Government and NHS policy. Patient feedback on the Leg Club model is positive and the Leg Clubs provide a service to members which is well accepted by patients, yet is more economically efficient than the traditional district nursing practice of home visits. Lindsay Leg Clubs provide a valuable support service to the NHS in delivering improved quality of care while improving efficiency.

KEY WORDS

Chronic wounds • Leg Club • Leg ulcer • Nursing • Treatment



community hall or day centre. Members are cared for in an environment of empathy and peer support where they can receive treatment and information on their condition.

This model may differ from a traditional leg ulcer clinic, but the Lindsay Leg Club model has also adopted the essential elements of good clinical care: staff training, use of evidence-based guidelines, and quarterly audit of processes and outcomes. Each club completes a series of paper audit forms for each member, which is audited every three months and any errors or gaps in the data collected are reported back to individual Leg Clubs.

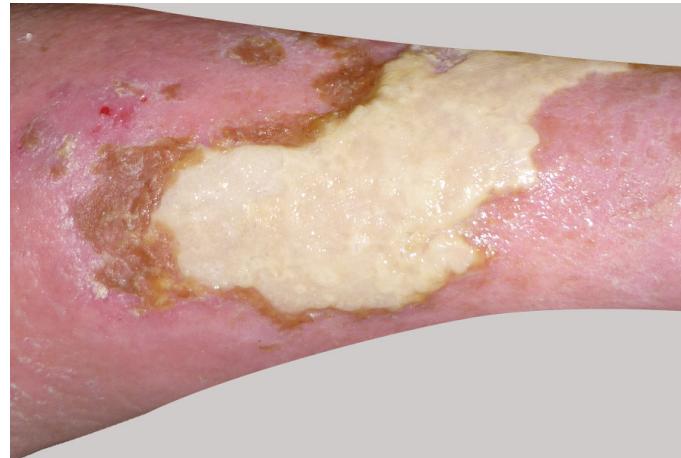
The Lindsay Leg Club model also works in accord with core themes of Government and NHS policy in the UK (see *Further Reading*), including:

- ◆ NHS Scotland Delivering For Health (2005)
- ◆ The Healthcare Quality Strategy for NHS Scotland (2010)
- ◆ Our health, our care, our say: a new direction for community services (2006)
- ◆ The NHS Plan 2000, a plan for investment a plan for reform (2000)
- ◆ Department of Health. Improving care for people with long term conditions (2010)
- ◆ The expert patient: a new approach to chronic disease management for the 21st century (2001)
- ◆ Christie C Commission on the future delivery of public services (2011).

Box 1. How does the Lindsay Leg Club model differ from Leg Ulcer Clinics?

- ◆ Community based so not in a healthcare environment
- ◆ Members are treated collectively
- ◆ 'Drop-in' clinics so no appointment required
- ◆ Easy access and not intimidating
- ◆ Encourages people to attend and seek advice
- ◆ Incorporates a fully integrated 'well leg' treatment regimen
- ◆ Managed by a community committee, necessary equipment is bought and owned by the club

The objectives of the Lindsay Leg Clubs are to empower members to take a sense of ownership and involvement in their own treatment, while providing an informal support network that meets their social needs and destigmatises their condition, rebuilding their self-esteem, while providing continuity of care and a coordinated approach to its delivery (Clark, 2010). The Leg Club model also aims to deliver research-based wound management in a friendly, non-threatening environment, using a simple, flexible, drop-in approach that encourages attendance. Information and advice are provided, facilitating early diagnosis and education. The aim is to achieve concordance with treatment through informed beliefs and behaviour.



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CLINICAL FOCUS

Referral to a Leg Club may be through a district nurse, GP, practice nurse, dermatology (or other) professional, or members may refer themselves. Self-referral is common and may indicate an unmet need for lower-leg care. This two-way system benefits patients, as they can be referred by a healthcare professional, but may also refer themselves. This encourages the patient to begin to take ownership of managing their condition.

Service advantages provided by the Lindsay Leg Club model

The Leg Club model provides a high quality of service; the treatment provided is audited on a three-monthly basis and the results are fed back to enable the Leg Club to monitor its function and benchmark its results against others. The club is also clinically audited annually and works to define safe working practices and best practice guidelines, which cover areas such as infection control and risk analysis.

The Lindsay Leg Clubs screen all new members at initial visit for blood pressure, height, weight and blood glucose level. Leg Clubs also provide ongoing member screening, monitoring blood pressure, weight and body mass index (BMI) and checking for signs of diabetes. These findings are then shared with local medical practices.

This initial screening has proved to be valuable in highlighting several significant health concerns in Leg Club members which have required medical attention, including arterial compromise requiring urgent vascular surgery, hypertension and diabetes requiring medical intervention by the GP (see *Box 2*). As well as providing health promotion, the clinics also provide early detection and intervention, and preventive action against disease recurrence, relieving the burden on the NHS. Member referral to specialist services is also often quicker. State-of-the-art medical equipment is in use by the Leg Clubs and links with other care agencies are established in fields such as podiatry and dermatology.

The Leg Clubs provide continuity of care for members, providing support for lifestyle changes, while the social group model encourages concordance with treatment through peer support.

Staff morale, teamwork and networking are also important considerations within the Leg Clubs and practical training is provided with free e-learning modules for Leg Club staff. Use of the Leg Club model can analyse existing staff behaviour, highlighting training needs, encouraging reflective practice and exposing staff to new ideas and

Box 2. Medical referrals highlighted by Leg Club staff

- ◆ Urgent vascular referrals (angioplasty, right-to-left crossover graft, bilateral profundaplasty and a femoral endarterectomy)
- Hypertension requiring medical intervention
- Podiatry referral
- Diabetic screening
- Cholesterol screening

practices. The group model also means that nursing staff have reduced travelling time and can work more closely with individuals and communities to understand their needs, particularly as the social model of the Leg Clubs encourages patients to relax and confide in nursing staff in a way that is not seen in the clinic or at home. It also provides members who may be more isolated with a social environment that improves their quality of life and enables them to interact with others who have chronic leg wounds, helping them to further understand their condition and reducing any associated stigma.

Leg Club role in chronic disease management

Lindsay Leg Clubs provide a valuable support service to the NHS if there is no local leg ulcer clinic. It is important to note that:

- ◆ Vascular and dermatology referrals have long waiting lists
- ◆ Referrals to district nursing services are increasing
- ◆ Numerous mobile patients on local caseloads have active leg ulcers or are in compression hosiery
- ◆ There is frequently an inconsistent approach to leg ulcer management across the locality, with best practice not being sustained.

As well as meeting an urgent need for consistently available leg care in the community, Leg Clubs provide members with more choice, which is a priority of the modern NHS. Research shows that treatment is more effective if members choose, understand and control their care (NHS Choices, 2007).

The Lindsay Leg Club model provides an example of a model where members have chosen to receive care in an environment that helps them to better understand their medical problems and become involved in their care. This in itself promotes wellbeing, which is an important factor in wound care, one that should be a consideration for the stakeholder and carer, as well as for the member (International Consensus 2012). Coming to Leg Clubs enhances wellbeing for both members and nursing staff (Edwards et al, 2009).

Savings associated with the Leg Club model

The Leg Club model is associated with significant cost savings to local authority health services. A RCT in Queensland concluded that nursing time and related costs, reduced by 36% using the Leg Club model. Because of improved healing rates, costs per healed leg ulcer reduced by 58% (Gordon et al, 2006). These include: no rental costs and no equipment costs (as equipment is purchased by funding raised from the Leg Club committee and savings in nursing time (both by the introduction of new equipment, for example the Dopplex Ability which reduces the time required to complete a vascular assessment and the reduction in wasted home visits)). The need for duplication of equipment is reduced and services such as administrative support and refreshments are provided by local community volunteers (retired nurse and GP staff, family of district



nurses' patients, representatives of companies who support the Lindsay Leg Club and local residents who have an interest in the wellbeing of the community. Guidelines and procedures developed by the Leg Club model can be utilised by local health services, while staff can gain skills and competencies with no additional financial outlay to the NHS. This leads to reduced treatment costs; a comparison of total cost of treatment at a rural Leg Club versus home visits showed an average saving of 85% (home visit £65, Leg Club £8.15 per member treatment). Over a period of six months these costs are £9 033 and £5 708, respectively, therefore demonstrating significant cost effectiveness for the Leg Club model of care (Gordon et al, 2006).

Patient feedback on the Lindsay Leg Club model

Members at the Ormiston Leg Club in east Lothian, Scotland, were asked to participate in a questionnaire to capture the views of those members who have attended the club to date. The member satisfaction questionnaire was developed by the author with assistance from Stuart Cameron, Clinical Governance Practitioner, NHS Lothian. It consisted of a mix of scaled questions and space for free text comments. Although the initial cohort was small, the responses indicate that the club is a welcome addition to the community. Both the multiple choice questions and

FURTHER READING

- ◆ The Lindsay Leg Club Foundation. www.legclub.org
- ◆ Christie C Commission on the future delivery of public services, APS Group Scotland DPPAS11647 (06/11), June 2011. www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf
- ◆ NHS Scotland Delivering For Health, Scottish Executive, Edinburgh, 2005. www.scotland.gov.uk/Resource/Doc/76169/0018996.pdf
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* Clinical efficacy of a new monofilament fibre - containing wound debridement product, Journal of Wound Care, Vol 20, No 5, May 2011.

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LEARNING POINTS

- ◆ Public health services will need to cope with additional demands due to an ageing society and the increasing prevalence of long-term conditions
- ◆ Leg ulcer management can present nursing staff with great challenges
- ◆ The NHS needs to deliver improved quality of care while increasing efficiency
- ◆ The Lindsay Leg Club model provides patient quality of care and empowerment, while reducing pressures on nursing staff
- ◆ The Lindsay Leg Club model can provide a valuable support service to the NHS

the more qualitatively based free responses indicated high overall patient acceptance of the club and high levels of member satisfaction in logistical aspects such as location.

This demonstrates that the Leg Club clearly provides a service to members which is both acceptable and well regarded. This resonates with a member satisfaction questionnaire, which was based upon a validated questionnaire for use in NHS 'walk-in' clinics and piloted across five Leg Clubs in the UK (Clark 2012).

These identified high levels of member satisfaction with Leg Clubs regardless of whether the respondent was an established member or a first-time attendee.

Conclusion

Changes in patient demographics, such as increasing population age and prevalence of chronic conditions, such as leg ulcers and diabetes, are placing an increasing burden on the NHS. Leg ulcer management can be costly both in terms of district nurses' time and financially. There is therefore value in considering other ways of providing services that can work alongside the NHS to improve quality of care for patients.

Quality of care should also take wellbeing of patients and nursing staff into account, and this is an important consideration for the Lindsay Leg Club model. Members are provided with a social environment in which they can also receive medical care, while being encouraged to take ownership in their own treatment; nurses are provided with practical training within a team environment, while receiving peer support. The model also reduces travelling time for nurses, reducing time pressures and increasing time spent with members. For members, improved quality of life, enhanced function ability, greater socialisation and choice are the main benefits.

With an ageing society and increased prevalence of long-term conditions such as leg ulcers, Lindsay Leg Clubs can provide an important and economic support to the NHS as well as a valuable model in nurse-patient interaction.

In the current healthcare climate, it is important to demonstrate how services are driving up quality and increasing productivity and patient satisfaction. The three domains of quality are safety, effectiveness and patient experience, and the service at the Leg Clubs has addressed the quality agenda and demonstrated that taking a different approach to the delivery of care can improve patient outcomes and experiences. The Leg Club model has been demonstrated to be more economically efficient than traditional or usual district nursing practice of home visits, due to the excellent health outcomes that it provides, such as health promotion and reduced costs of delivering the service. This can only be achieved and continue with the collaborative support from volunteers, committee members, the local community and the NHS.

With an ageing society and increased prevalence of long-term conditions such as leg ulcers, Lindsay Leg Clubs can provide an important and economic support to the NHS as well as a valuable model in nurse-patient interaction. **BJCN**

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