

PATIENT SATISFACTION WITH A SOCIAL MODEL OF LOWER LEG CARE PROVISION

Abstract

Background: The Lindsay Leg Club model provides lower limb care delivered by district nurses within a non-healthcare setting, such as a church or community hall. **Aims:** To assess the effectiveness of leg clubs by gathering information from club attendees on their levels of acceptability and satisfaction with the Leg Club model, looking specifically at the care they receive and the social interactions they experience. **Methods:** A member satisfaction questionnaire was developed based on a validated questionnaire to assess satisfaction levels at NHS 'walk-in' clinics. This was piloted across five Leg Clubs in the UK. **Results:** A total of 124 completed questionnaires were received. Almost half of the first-time attendees visited their GP about their legs in the four weeks prior to attending a Leg Club. Fewer prior attendees at a Leg Club had visited their GP in the four weeks before the survey. Few expressions of dissatisfaction were offered, the majority of prior and first-time attendees rating themselves to be 'very satisfied' with their Leg Club. As a consequence of visiting their Leg Club, most members considered they were better able to cope with life and most were better placed to keep themselves healthy. The majority of members felt better able to understand their leg problems and most considered themselves better able to cope with them. A high majority of members considered their Leg Club to be 'friendly' or 'very friendly' and most enjoyed the social interactions. **Conclusion:** The questionnaire identified high levels of club member satisfaction, regardless as to whether the respondent was an established member or a first-time attendee. A high proportion of respondents reported that they would recommend their club to family and friends and a high majority would be willing to use a club again.

KEY WORDS

- ▶ Lindsay Leg Club
- ▶ Questionnaire
- ▶ Lower leg care
- ▶ Patient satisfaction.

The Lindsay Leg Club model provides lower limb care delivered by district nurses within a non-healthcare setting. People with lower leg problems are able to attend their Leg Club without an appointment and care, when provided, is communal, with members treated alongside each other. Within each Leg Club there are three key partners:

- ▶ District nurses
- ▶ Patients (members)
- ▶ Volunteers who provide administrative help and raise funds.

Clark (2010) reported on the numbers of people who visited Leg Clubs and the clinics outcomes achieved across approximately 25 Leg Clubs operating in the UK. Between 2003 and 2009, 4,171 people attended Leg Clubs, amounting to 29,132 separate visits. Of these, 1,193 had established leg ulcers, with 867 (72.7%) out of the 1,193 reporting that their leg ulcers had healed during the time they were Leg Club members. Of the group with healed leg ulcers, 140 (16.1%) experienced leg ulcer recurrence while attending Leg Clubs for preventive care.

Michael Clark
Visiting Professor of Tissue Viability,
Birmingham City University,
Birmingham, UK

A comparison between the outcomes of care received at Leg Clubs with that delivered at home was reported by Edwards et al (2009). The group (n=34) allocated to the Leg Club reported improvements in:

- ▶▶ Quality of life with regards to health
- ▶▶ Morale and self-esteem
- ▶▶ Functional ability and leg ulcer healing
- ▶▶ Decreased pain.

This small study highlighted the potential for Leg Club care to offer positive clinical and psychosocial outcomes. Although the potential for improved quality of life, morale and esteem were noted by Edwards et al (2009), these observations did not prompt a routine gathering of information from club attendees on their levels of acceptability and satisfaction with the Leg Club model. The present study reports, for the first time, the views of Lindsay Leg Club members regarding their participation within a Leg Club.

METHODS

Given that Leg Clubs essentially operate as 'walk-in' clinics where members are free to attend at any time during opening hours, the member satisfaction questionnaire administered within the clubs was adapted from a validated user satisfaction questionnaire developed for use in NHS walk-in clinics (Salisbury et al, 2002). Additional questions were formulated to gauge members' comments on the social interactions that take place within Leg Clubs, which include having tea and cake with fellow members taking part in quiz nights and attending social outings.

The anonymous questionnaire contained a mix of checklist questions, 'yes' or 'no' closed questions, rating scales that asked members for their level of satisfaction regarding different aspects of their Leg Club and an opportunity to supply free text comments. The first section of the questionnaire was completed at the beginning of the Leg Club visit and the second half was completed after the member had seen the district nurses for treatment or advice. The questionnaire was initially to be supplied to five Leg Clubs, each providing comments from 20 members. This pilot exercise was intended to check for problems in understanding and completing the questionnaire.

RESULTS

One hundred and twenty four completed

questionnaires were returned from seven Leg Clubs (three in England, three in Wales and one in Scotland), with 13–24 questionnaires received from each Leg Club.

The original plan of distributing the questionnaire to five Leg Clubs as a pilot study was extended from five to seven Leg Clubs as other clubs wished to take part. Of the 124 respondents, 86 had attended a Leg Club prior to the survey with 37 making their first visit at the time of the questionnaire distribution. One of the respondents did not report whether they had attended a Leg Club previously. Since it may be the case that regular Leg Club attendees have stronger preferences for their Leg Club than a first-time Leg Club visitor, the responses from the two groups will be considered separately in this publication.

Members who have previously attended a Leg Club

Of the members who had attended a Leg Club prior to the survey, 55 were female (64.7%). Their ages ranged from 45–95 years, the mean being 75 years. Twelve members were aged under 65 years.

Members tended to travel short distances to attend their Leg Club, with 73.8% (n=62) travelling less than five miles and only three members travelling over 10 miles. Most members first heard about a Leg Club through their contacts with health professionals. Seventy seven per cent of members heard about their Leg Club through a GP, practice nurse or district nurses, while 11 were informed about the Leg Club through friends or family. Two members heard about the club through an advertisement.

Most members used their own transport to get to their Leg Club (n=45; 52.3%) while 10 used public transport or taxis. Five Leg Club members walked to their Club, while 12 used voluntary car services. The Leg Club was generally considered 'fairly' to 'very easy' to attend (n=73; 86.9%), in a 'good' or 'excellent' location (n=70; 83.3%). The opening hours were thought to be 'good' to 'excellent' by 90.6% (n=77) of members. For each question a maximum of two respondents did not provide answers.

First-time attendees at a Leg Club

First-time Leg Club attendees shared similar characteristics to those who had attended a Leg Club prior to completing the

References

Clark M (2010) A Social Model for Lower Limb Care: The Lindsay Leg Club Model. *EWMA Journal* 10(3): 38–40

Edwards H, Courtney M, Finlayson K, Shuter P, Lindsay E (2009) A randomised controlled trial of a community nursing intervention: improved quality of life and healing for clients with chronic leg ulcers. *J Clin Nurs* 18(11): 1541–9

NHS Choices (2011) *All About Choice*. Available at: www.nhs.uk/choiceintheNHS/Your-choices/allaboutchoice (accessed 13 February, 2012).

Salisbury C, Manku-Cott T, Moore L, Chalder M, Sharp D. (2002) Questionnaire survey of users of NHS walk-in centres: observational study. *Br J Gen Pract.* 52(480): 554–60

KEY POINTS

- ▶ People with lower leg problems are able to attend their Leg Club without an appointment and treatment, when provided, is communal
- ▶ First-time Leg Club attendees shared similar characteristics to those who had attended a Leg Club prior to completing the questionnaire
- ▶ The most common reason given by member for attending the Leg Club was because they enjoyed the social atmosphere.

questionnaire. The majority were female (n=23; 62.2%) and elderly, with a mean age of 76 (SD 8.9), the age range being 54–96 years. Just two were aged under 65 years.

Few travelled more than 10 miles to their Leg Club (n=4), with 70.3% (n=26) travelling under five miles. Most discovered their Leg Club through health professionals (n=28) and family and friends (n=5). Twenty one (56.8%) first-time attendants travelled to the club using their own transport. Six (16.2%) used a voluntary car service, while three (8.1%) used public transport. Thirty two first-time attendees reported that the Leg Club was ‘easy’ to get to (86.5%), in a ‘convenient’ location (n=33; 89.2%) with ‘good’ to ‘excellent’ opening hours (n=34; 91.9%). First-time attendees completed all questions regarding their views upon the location and access to their Leg Club.

Why members attended the Leg Club

Members were asked to select as many options that described why they had attended their Leg Club on the day the questionnaire was issued. For those who had attended a Leg Club previously, between one and two respondents did not answer this question, while all first-time attendees did.

Table 1 illustrates the number of members who selected each reason for attending. None of the differences between the responses of the members

who had attended a Leg Club prior to the questionnaire and the first-time attendees achieved statistical significance (chi-square such that $p > 0.05$). For both the first-time attendees and those who had attended a Leg Club before, the most commonly cited reason for attending the Leg Club was because they enjoyed the social atmosphere.

In the majority of cases members would have gone to see their GP or practice nurse if a Leg Club had not been available to them. For first-time attendees this number was 32 (91.4%), while for previous attendees it was 65 (80.2%).

First-time Leg Club attendees were more likely to have visited their GP about their legs in the four weeks prior to attending a Leg Club, with 14/33 first-time attendees having recently seen their GP. Fewer prior attendees had visited their GP in the four weeks before the survey, with 22/83 attending their GP surgery. This difference approached statistical significance (chi square 2.79, $df=1$, $p=0.09$).

Satisfaction with Leg Club visits

Members were asked to rate the 10 dimensions of their visit to a Leg Club (Table 2), rating their answers from ‘not satisfied at all’ to ‘very satisfied’ Multiple missing entries were observed when questions were completed following treatment by the district nurses, with

Table 1
Reasons for attending a Leg Club compared with NHS facilities, such as GP surgeries

| <i>Reasons for attendance</i> | <i>Members who had previously attended</i> | <i>First-time attendees</i> |
|--|--|-----------------------------|
| <i>More convenient location</i> | 34 | 10 |
| <i>More convenient opening hours</i> | 33 | 13 |
| <i>Enjoy the social atmosphere</i> | 55 | 26 |
| <i>Quicker than getting an appointment at a GP surgery</i> | 38 | 14 |
| <i>Had more confidence in the advice/treatment I would get</i> | 44 | 16 |
| <i>Wanted to see a nurse rather than a doctor</i> | 27 | 14 |
| <i>Better range of services</i> | 29 | 10 |
| <i>Didn't want to bother the doctor</i> | 25 | 6 |
| <i>Sent here by GP surgery or my district nurse</i> | 44 | 15 |
| <i>Didn't think of going anywhere else</i> | 23 | 8 |

between 13 and 41 missing responses across each of the 10 dimensions. The largest number of missing responses occurred when members were asked about their satisfaction with the other activities offered by their Leg Club, possibly reflecting uncertainty about what additional services were available.

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. Combining the responses from first-time and prior attendees developed a rank order of dimensions members were 'very satisfied' with. These were:

- ▶ One hundred and two people rated themselves to be 'very satisfied' with their Leg Club overall
- ▶ One hundred rated their welcome highly
- ▶ Ninety nine rated the attitude of the Leg Club nurses

- ▶ Explanations about their legs was rated highly by 88 members
- ▶ Treatments and advice rated well by 87 members.

As a consequence of visiting their Leg Club, 63 out of 94 (67.0%) members who completed the questionnaire considered that they were better able to cope with life and 62 out of 91 (68.1%) were better placed to keep themselves healthy.

Focusing specifically on members' legs, 71 out of 94 (75.5%) felt better able to understand their leg problems and 73 out of 95 (76.8%) considered themselves to be better able to cope with their legs. Lower proportions of members (56/97; 57.7%) considered that they were more confident about their health and 57/99, (57.5%) felt they were better placed to help themselves as a consequence of attending their Leg Club. Only three out of 101 members reported that they

Table 2

The 10 dimensions of a leg club visit that members were invited to rate, from 'not satisfied at all' to 'very satisfied'. Numbers that correspond to members with previous visits are in bold. Otherwise, the numbers reflect first-time attendees.

| <i>Dimension</i> | <i>Not satisfied at all</i> | <i>Not very satisfied</i> | <i>Uncertain</i> | <i>Fairly satisfied</i> | <i>Very satisfied</i> |
|---|-----------------------------|---------------------------|------------------|-------------------------|-----------------------|
| <i>The welcome you received</i> | 0 1 | 1 2 | 0 0 | 5 0 | 72 28 |
| <i>That you didn't need to make an appointment</i> | 1 1 | 2 0 | 2 0 | 4 1 | 60 25 |
| <i>The time you waited to see a nurse</i> | 0 0 | 1 1 | 1 0 | 15 8 | 58 21 |
| <i>The attitude of the nurse</i> | 0 0 | 0 0 | 1 0 | 5 1 | 70 29 |
| <i>That treatment is provided alongside others</i> | 0 1 | 2 1 | 1 0 | 11 3 | 56 24 |
| <i>The company of other members</i> | 0 1 | 0 0 | 3 0 | 10 6 | 62 23 |
| <i>The explanations given about your legs</i> | 0 0 | 1 0 | 1 0 | 8 6 | 65 23 |
| <i>The treatment of advice you were given</i> | 0 0 | 0 0 | 1 1 | 6 4 | 63 24 |
| <i>The other activities offered in the Leg Club</i> | 0 1 | 0 0 | 5 3 | 8 1 | 37 17 |
| <i>Overall, how satisfied were you with the service you received.</i> | 0 0 | 0 0 | 0 1 | 6 2 | 71 31 |

had unanswered questions after their interaction with the Leg Club nurses.

Members were asked to rate their overall view of the 'friendliness' of their Leg Club, with 110 out of 113 (97.3%) considering their Leg Club to be 'friendly' or 'very friendly'. A similar proportion, 103 out of 112 (91.9%), enjoyed the social interactions within the Club. A high proportion of questionnaire respondents reported they would recommend their Leg Club to friends and family (111 out of 113; 98.2%) with 110 out of 112 (98.2%) willing to use a Leg Club again.

Thirty seven members also offered free text comments. These could be broadly grouped into comments about:

- ▶ Social activities (n=7)
- ▶ The overall experience of the Leg Club (n=15)
- ▶ Comments regarding the Leg Club nurses (n=10)
- ▶ General comments (n=5).

DISCUSSION

'Giving people more choice is a priority of the modern NHS. This is because research in the UK and overseas has shown that treatments are more effective if patients choose, understand and control their care' (NHS Choices, 2011).

The Lindsay Leg Club model is one example of a healthcare service chosen by the patients (members) because it offers an environment that helps them to better understand their leg problems and become involved in their own care.

Throughout the member questionnaire, high levels of patient satisfaction were reported, regarding logistical aspects, such as location and opening hours, through to the welcome they received, explanations provided regarding their leg problems and treatments and advice delivered. An uncontrolled audit of Leg Club member satisfaction cannot be compared with the experience of those receiving leg care at home, at the GP surgery or in specialist leg clinics. However, the value of Leg Clubs lies in the fact that they clearly provide a service that is both acceptable and well-regarded by patients.

The assumption made prior to conducting this survey was that first-time visitors to Leg Clubs may exhibit different views and

responses compared with members who have made at least one prior visit and, in many cases, multiple visits. This assumption was not substantiated by the survey results, which showed that new and established Leg Club members expressed similar levels of satisfaction with their Leg Clubs. In fact, the single difference between the two groups that can be said to approach statistical significance was that established members visit their GP surgery less frequently than first-time attendees. If substantiated, this trend might indicate an unexpected benefit Leg Clubs have in reducing the demand on GPs and practice nurses.

Few issues arose in this pilot study regarding the comprehension, and completion of the questionnaire by the typically elderly Leg Club membership. High levels of questionnaire completion were recorded in the section filled in prior to nursing intervention with the number of missing responses increasing after intervention. This may have been due to oversight or perhaps because they were engaged in the social activities of the Leg Club.

A small number of apparent inconsistencies were noted in responses. For example, a member might rate their Leg Club to be 'very friendly' but then select 'definitely not' when asked if they would recommend the club to their family and friends. Such incongruities might simply reflect changes in the presentation of the order of the Likert scales. The questionnaire was lengthy, spanning seven pages, which may make it too unwieldy for routine day-to-day use. Discrete periods of use are, perhaps, better in order to keep up to date with the views of Leg Club members.

CONCLUSION

Leg Clubs provide well-regarded care with members expressing clear benefits achieved through their participation — in particular their enhanced ability to understand and cope with their lower limb problems. One comment offered in the free text section from a member perhaps best summarises the experience of attending a Leg Club: 'This is a fantastic service I can honestly say that this is the first time I have ever looked forward to health treatment. The nurses and staff are all very friendly and efficient and treat everyone as individuals. We never feel rushed or unimportant. We need more clinics like this one.' [WUK](#)