

Addressing some misconceptions about the Leg Club® Model



ELLIE LINDSAY
OBE FQNI
*President and Founder
of the Lindsay Leg Club
Foundation®*

Despite numerous articles written over the years relating to the psychosocial Leg Club model of lower limb care, I and some of my colleagues are being challenged by statements that imply that the only difference of running a Leg Club compared with a conventional medical clinic is that staff offer tea/coffee. The psychosocial Lindsay Leg Club® model of care has been in operation since 1995 and was specifically designed to provide a social, non-medical model of care for people suffering from or at risk of leg-related issues and ulceration. The conceptual framework of the Leg Club model was based on Becker's Health Belief model (1974) that identified the relationship between a person's belief and behaviour. The Health Belief model assumes that wellbeing is a common objective for all and that locus of control is associated with the mastery of health information, motivation, effective problem solving, sense of responsibility and desire for active participation in health care. Health beliefs play an important part when treating and managing individuals with problems of the lower limb and leg ulcers. When treating an individual in his own home, one of the main problems, the district nurse is confronted with, is poor adherence to treatment. It is vital that the nurse cooperates with the person to achieve compliance of treatment and prevent further leg ulcers developing.

Hence the main purpose of utilising Becker's framework was to provide a better quality of life for individuals with lower limb conditions through its psychosocial Leg Club model approach that addresses the individual's beliefs, attitude, motivation and social behaviour.

WHY IS THE LEG CLUB MODEL TRADEMARKED AS A SERVICE?

To maintain the standards of the research and evidence-based Leg Club model framework for lower limb care, the Leg Club title, the Leg Club logo and text are all protected by a Registered Trademark (classes 16, 41 & 44), and the training materials we provide within our Leg Clubs are all subject to copyright. Trademark law protects a trademark owner from the use of a 'confusingly similar' name

for 'related' services. This means that once you've established trademark rights in a word or phrase, a competitor would not be able to use a confusingly similar name to yours, e.g. Well Leg. Trademarks and copyrights, protect different types of intellectual property and the named Leg Club trademark typically protects the brand names and logos used on goods and services of the Foundation and copyright protects the original literary work. The overall purpose of trademark law is to prevent unfair competition by protecting the use of a symbol, word, logo, slogan, design, domain name, etc. that uniquely distinguishes and provides the legal framework for a strong brand relating to the services of a Leg Club.

This means that the term 'Leg Club' can only be used with express authorisation as the Trademark holder. Similarly, no part of any Leg Club copyright materials may be reproduced or transmitted in any form or by any means without express permission, from the copyright holder.

Following email enquiries and presentations, which we have fulfilled, requesting information about the Leg Club model and for fact/information sheets, the recipients of this information may not have been fully aware of their potential infringement of a trademarked intellectual property, depending on how that information may subsequently be used. Nor would these recipients necessarily have been aware of the tremendous amount of time, effort, research and refinement that have all gone into making the Leg Club model such an effective approach. Sadly, information shared in good faith and subsequently plagiarised with the intent of a hybrid set up, has occurred in some areas, demonstrating a lack of professionalism from the individual.

Whilst we are always pleased to hear about any colleagues/CCGs that may wish to set up a hybrid considered with the best intent for patient care, it is likely to present an outright infringement on the Leg Club trademarked model and potentially risks a diluted standard of care being offered, as compared with the psychosocial Leg Club model itself. Unfortunately, this has the potential to undermine the basis upon which the whole Leg Club model has been proven to be so effective

WHAT MAKES THE SOCIAL MODEL DIFFERENT FROM A CONVENTIONAL MEDICAL CLINIC?

In the Lindsay Leg Club model of social care in the community setting, the membership (patients) nature of the Clubs is as important as choosing the right dressing. The Leg Club model not only seeks to treat and manage leg ulcers, but it also offers a Well Leg service to prevent future problems, maintain healed legs and prevent a recurrence. This programme offers health education, advice, the prevention and maintenance of further leg health once an ulcer has healed. Members with ulcers that have healed and wish to remain healed, attend on a regular 3-monthly basis (or earlier if needed) for a full reassessment, support and advice. Through education and ongoing advice and support, members are aware that care and the prevention of recurrence of leg-related problems is for life! Just as importantly, the programme aims to empower its members to live well and prevent the social isolation that is so often associated with living with problems of the lower limb and leg ulcers.

The psychosocial Leg Club clinics are provided in a non-healthcare facility and are staffed by a multidisciplinary team of nurses and other healthcare professionals. This innovative approach to wound care helps to give Leg Club members a greater say in their treatment, which is in line with current government thinking as research and evidence show that this improves adherence and satisfaction for those undergoing treatment. The types of medical treatment available in Leg Clubs range from a full holistic assessment of the individual and their lower limb, including a Doppler assessment and bandaging in complex cases, such as extreme circulatory problems. In addition to further consultation and discussion, use of equipment, medical education, leg health and nutritional advice, with an opportunity to interact with others in similar positions to them.

Alongside this, a Well Leg programme that has been an integral part of the model since 1995 includes straightforward leg washes, repeat ankle-brachial pressure index (ABPI), as stated in NHS/

CCG provider guidelines, and stocking replacement. In today's climate of health promotion and prevention, having a number of members together at the same time is an opportunity to provide other services such as diet, walking, exercise and balance classes, blood glucose testing, podiatry and flu vaccination to name a few innovative programmes. There are Leg Clubs in the UK, Australia, Germany and Finland. The Finnish nurses are passionate about the Leg Club model and it is wonderful to see the success and expansion of the Leg Clubs in Finland, with a third planned in Kirkkonummi, a small town near Helsinki, towards the end of this year, showing that the principals of the Leg Club model can be applied universally to improve health outcomes for sufferers of lower limb conditions everywhere. Leg Clubs in the UK have a network of over 13,000 members and the Leg Club Foundation has spent some years developing an integrated data collection system that accurately records treatment cost, healing and recurrence rates (Box 1).

ALIGNING WITH THE NATIONAL AGENDA

There is now a Minister for Loneliness, Baroness Barran, to address the problems inherent in social isolation in the UK, especially among the elderly (Figure 1). A number of government initiatives are already in place to help reduce loneliness, including improved mental health support and giving lonely people the chance to join volunteering groups. The Leg Club model has long anticipated the problems of loneliness, and its members and volunteers have benefited from an environment where interaction with others and the possibility of engagement in social activity is a guaranteed part of regular treatment. From research to date, we can conclude that the Leg Club model is a positive reflection of a social model of care, proven to be effective on several levels and, in the light of current demographic, social and economic conditions, more relevant than ever.

REFERENCES

Beck MH (1974) The health belief model and sick role behavior. *Health Education Monographs*. 2(4): 409–19

Box 1. Fact sheet

- 20 UK Leg Clubs
- A total 13,409 Leg Club members
- An average 64% simple ulcers healed within 12 weeks
- An average 53% complex ulcers healed within 12 weeks.

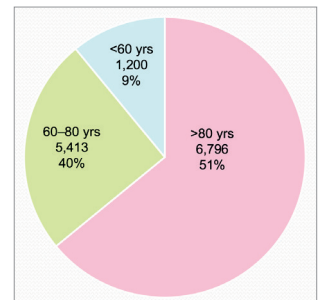


Figure 1. The average age structure within UK Leg Clubs