

Leg Club update

I started to work with the Bullen Health Care Group in July of this year, and was keen to understand their partnership with the Lindsay Leg Clubs. On visiting Leg Clubs in Wales and Worcester, it was amazing to see the level of commitment and support that is generated. The nurses clearly have the respect and support of patients and volunteers alike.

The social element that the patients enjoy from the Leg Club camaraderie is as important as the hands-on care and health promotion advice that they receive from the multidisciplinary team involved in their treatment plans and support framework.

During my visit, I witnessed a number of patients who were accessing care and advice in the Leg Club for the first time. Many reasons are evident as to why some patients do not wish to attend a healthcare facility. However, the Leg Club provides a less threatening, non-judgemental environment, with people who share similar problems, similar goals and who can offer a helping hand if needed.

One morning in Wales I observed a patient with quite severe wounds who, due to complex social and physical issues, had not been to the Leg Club before. The reaction to his attendance from the tissue viability nurse and the district nurses was that of personal pride that he had come, and a commitment to treat his wound to eventual healing. The nurses worked together to ensure that best treatment was promptly delivered.

Leg Clubs were conceived as a unique partnership between community nurses, patients and the local community, to provide leg ulcer management in a social, non-medical setting. Patients are empowered with a sense of ownership and recognition that they are stakeholders in their own treatment. Emphasis is placed on social interaction, participation, empathy and peer support.

A Leg Club is characterised by four features that differentiate it from conventional leg ulcer clinics, namely:

- ▶▶ It is community-based, held in a non-medical setting
- ▶▶ Patients are treated collectively
- ▶▶ It operates on a drop-in basis, so no appointment required
- ▶▶ It incorporates a fully-integrated 'well leg' regimen.

Both quality of care and cost-effectiveness are delivered and, without doubt, the physiological psychological support that exists in this environment delivers health promotion at its best, thereby reducing NHS spend on chronic wounds.

This was certainly the right environment for this needy and vulnerable individual who needed the help of a skilled and dedicated nurse.

A cup of tea, a piece of cake and a raffle ticket focus patients on the social element of the day, while the nursing team deliver the health care needed — a recipe for success that is truly working in many areas throughout the UK.

I was really impressed to see the level of commitment delivered by the volunteers who work hard to ensure that the nurses can do what they do best, i.e. treat the patients, while they ensure the organisation and social calendar continues to deliver for the members.

Nurses are extremely busy at Leg Clubs. With an average of 30 members coming to the clinic and a maximum of five nurses, they work hard to make sure that everyone gets the treatment and time they need and want. Although busy, as Mary James the nurse who set up the

Leg Club in Worcester five years ago said, 'It's the most satisfactory hard work you can do'.

What is clear is that the nurses could not do it without the volunteers, as they make it work and create the culture and environment that fosters the whole idea of the Leg Clubs. A volunteer did say, 'When you have had a leg ulcer and you are desperate for help — the people that do help you — it makes you want to give something back'.

I enjoyed visiting the Leg Clubs and witnessing for myself all the fantastic work that is going on. Both quality of care and cost-effectiveness are delivered and, without doubt, the physiological and psychological support that exists in this environment delivers health promotion at its best, thereby reducing NHS spend on chronic wounds.

I do ask myself why there are not more of these clinics nationally. There are only 25, and yet, every primary care trust/community provider could realise financial and clinical governance targets affected positively by these community owned initiatives.

If you are a reader who is looking to support or set up a Leg Club, both myself and the Bullen Health Care Group would be more than happy to help, as it would be a pleasure to see more of these clubs up and running and delivering for more patients.

I have also now attended my first Leg Club Industry Partners meeting. It is fantastic to see the pool of resources from 15 different companies working together to achieve the same goal and deliver for the charity, the patients they serve and the healthcare professionals who need to access the resources and support that can be delivered as a true partnership. **WUK**

Denise Williams-Cox, RGN, MSc, Healthcare Practice; Sales Director, The Bullen Health Care Group