

# WILL LEG CLUBS CONTINUE TO THRIVE UNDER ANY QUALIFIED PROVIDER?

New changes to the way that the NHS is run mean that service providers need to be much more aware of the financial value of the care they are providing. This article looks at how the Leg Club model can adapt to this new era of increased financial accountability.

The past year has witnessed increasing dialogue regarding one of the coalition government's changes to health policy, namely the introduction of Any Qualified Providers (AQPs) as part of the jigsaw of services delivering health care to the UK population.

In essence any organisation that is registered with the Care Quality Commission can offer specific services to healthcare commissioners, who may purchase this care to be delivered alongside the NHS.

Superficially this new breed of healthcare provider appears to meet the needs of the Leg Club model. Throughout the life of the Leg Clubs there has been a significant weakness in the Leg Club model, as the opening and closing of individual clubs rests with the availability of keen individual clinicians, interested volunteers and a committed PCT or Health Board management.

The removal of any one of these three cornerstones leaves a club vulnerable to neglect and ultimately closure. The Lindsay Leg Club Foundation, which works to look after the interests of all Leg Clubs, is powerless to determine a strategic plan for the opening of new Leg Clubs, given the need for local interested parties to come together to form each new club. This leaves the Foundation in a position of having to react to local circumstances rather than proactively forming new clubs in areas of need.

Therefore, superficially, a programme such as the new AQPs would seem to

be beneficial to the creation of new Leg Clubs where need exists and also to the ability to manage each Leg Club, reducing the impact of changes in local circumstances.

However, the current proposed funding of AQPs is not in the best interests of the Leg Club model. An AQP delivering leg ulcer management will be paid based upon the number and complexity of the leg ulcers it treats, but, to date, there is no structure in place to pay for primary or secondary prevention of leg problems. Around 70% of people who attend a Leg Club do so for advice about keeping their legs healthy. This is an important element of Leg Clubs as it minimises future treatment that might incur NHS costs.

However, such primary prevention would not be paid for under the AQP model as it currently stands. Leaving aside this large and important group and only considering people who attend Leg Clubs with leg ulcers, then I have every confidence that healing, where possible, will be achieved, and in a timescale that would make the Leg Club model financially sound under the AQP payment schedules.

However, once an ulcer is healed, the Leg Club continues to play an important role in keeping a person ulcer-free, with its effective 'well leg' programme.

This secondary prevention leads to the Leg Clubs demonstrating a recurrence rate of approximately 16%. However, there does not appear to be payments attached to leg maintenance under the AQP programme.

**'Superficially this new breed of healthcare provider appears to meet the needs of the Leg Club model'**

MICHAEL CLARK  
Chief Executive  
Lindsay Leg Club Foundation.



*Financial management is a large factor in Any Qualified Provider.*

Putting all of these pieces in place, a Leg Club AQP would not receive payment for the majority of the members it helps, while a successful Leg Club would initially be funded under the AQP programme for leg ulcer treatment. However, this funding would then reduce over time as the Club moved its members from treatment to maintenance programmes.

The lack of reward under the AQP system for successful prevention, either primary or secondary, does not only affect Leg Clubs, but is likely to affect successful leg clinics and other models that deliver high-quality leg care. It is most unfortunate that preventive leg care will not be rewarded under the AQP programme as it currently stands, as this appears to relegate the importance of prevention to the avoidance of costly future leg problems.

**Member satisfaction**

One recent project undertaken by the Lindsay Leg Club Foundation has been to capture the views of members on their Leg Clubs (see article at: [www.wounds-uk.com/pdf/content\\_10319.pdf](http://www.wounds-uk.com/pdf/content_10319.pdf)). A member satisfaction questionnaire was developed based upon a validated questionnaire used in NHS 'walk-in' clinics. This questionnaire was

implemented across five Leg Clubs in the UK with 124 completed questionnaires received.

The survey found that new Leg Club members making their first visit were more likely to have seen their GP about their legs in the four weeks prior to attending a club, compared with other members who attended a Leg Club regularly. One-hundred and two members were very satisfied overall with their Leg Club, with the explanations provided about their legs rated highly by 88 members.

After visiting their Leg Club, 75% of members felt more able to understand their leg problems, while 77% reported they were more able to cope with their legs. Almost all members would recommend their Leg Club to their friends and family and perhaps the satisfaction felt by members was best expressed by one individual who commented, "This is a fantastic service. I can honestly say that this is the first time I have ever looked forward to health treatment!"

The Lindsay Leg Club Foundation aims to repeat this questionnaire every two years to track the happiness or otherwise of people who attend Leg Clubs. **WUK**

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