

## Experiences from the frontline: a visit to Mottingham Leg Club®



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If only the cab driver had been a district nurse, he would have known the way from Mottingham station to the Leg Club®. Fortunately, Michelle, the district nurse who got me back to the station at the end of the Club, knew all the rat runs, back streets and short cuts. But that was not the only skill the district nurses at the Club demonstrated that afternoon.

On arrival, I was greeted by Annabelle Barton, a volunteer for the Lindsay Leg Club Foundation, who explained that members and volunteers fund the social activities and running costs of the Club, while the nursing care and clinical supplies are provided by Bromley Healthcare Community Interest Company.

Leg ulcers are debilitating and can be painful. And they can also be stigmatising. The dressings and bandaging can be bulky and obvious and, if the ulcers become infected, smell badly. All of which creates a recipe for social isolation and depression. People with leg ulcers do not want to go out and can be embarrassed by their condition.

By bringing together people with the same or similar conditions, as the Leg Club does, effectively gets around this problem of social isolation. There was an extraordinary camaraderie as one would expect of a club, but also a sense of the shared experience itself being therapeutic. Those whose ulcers were healing well were reassuring those with new ulcers that, although the healing process can be lengthy, the success of the Club in healing ulcers completely is undeniable.

One of most striking features of the Club was that its members were real people, not medicalised as 'patients'. They were happy to talk about their home lives, their interests and hobbies. For some, this was their only outing of the week; their only human contact during the course of a week. Mr Mortimer (all members' names have been changed) was 80, lived alone and maintained his independence because he could still drive, despite the condition of his legs.

Mrs Brown's legs had nearly healed. She had been having compression dressings for six weeks and was full of enthusiasm for the Club. She not only enjoyed the company of the other members, but also contributed to the education of student nurses. Heidi and Nicole were fully involved with washing and massaging legs with emollient and learning the intricate compression bandaging technique.

On a normal day, the nurses would see about 25 members with an age range from 35 to 92. Today, there were 32 members. They usually start at 2p.m. but since members started arriving at 1.30p.m., they've opened earlier. Because it's a drop-in service, getting there early means you get seen more quickly. You can then spend the rest of the afternoon enjoying a chat over tea, biscuits and exercise classes. Everyone is seen regardless of the finish time of 4p.m. — the last two members received their dressings at about 5p.m.

And the service is not a conveyor belt of dressings. Dawn, a tissue viability nurse, not only dressed Mr Crisp's legs, but also explored how well his diabetes was being controlled. This is not just idle interest, but a real clinical desire to promote his health and make Dawn's contact with him on this weekly basis as meaningful as possible. She also explained the thorough assessment that new members undergo.

I had been concerned about was the lack of privacy during dressings changes — the dressing area was in the centre of the hall, where everyone can see the state of your legs. But no one I spoke to seemed to mind. One lady said it took a little getting used to, but when the nurses offered to screen her from view she declined. And it's all part of the sociable nature of the Club.

I suppose that in reality if this isn't the model for you, you don't come back. But many do and with a healing rate of 73% and a low recurrence rate, there is good reason to continue coming. Its supportive nature is also vital — 77% of the members say the Club helps them cope better with their ulcer and their daily living.

I also had a chat with Frank, a district nurse with decades of experience. He is so committed that he runs half-marathons to raise funds so the charity can continue to rent the church hall. Then it struck me that I hadn't experienced any offensive odours all afternoon. Frank was clear: malodorous wounds are a failing. They are either infected and/or have had the dressings on too long. His standards were such that they should never occur.

With values and principles like that, and the founding drive still evident from Ellie Lindsay to spread this model around the NHS and the country, this social model of care is effective and strong. It's an unglamorous field of nursing, but the positive impact on the lives of those 32 people I saw at the Club in Mottingham is profound.

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