

# Leg Club update

## How I set up a Leg Club

I first encountered the Leg Club model at the Wounds UK summer conference in 2005. Although I was intrigued, it was not until I started my district nursing course later in the year that I had the opportunity to examine the model in detail and look at the supporting evidence. I soon realised that Leg Clubs are the ideal framework for both meeting key government policy objectives and also dramatically improving patient care.

In early 2006 I was privileged to attend a seminar led by Ellie Lindsay and subsequently had the opportunity to discuss with her the introduction of the model. She encouraged me to visit an established Leg Club to see how they work at first hand.

Accompanied by colleagues, I visited two Leg Clubs in 2006, one in Combs Ford in Suffolk and the other in Mablethorpe and Sutton on Sea in Lincolnshire. We talked to the members, volunteers and nurses who ran the clubs and discussed any anxieties and concerns that we had.

I am a strong believer in not reinventing the wheel and these visits helped our planning process immeasurably, as we were able to learn from the experience of people who had set up a Leg Club themselves. I would strongly advise anyone considering implementing the model to visit an established club – you are guaranteed a warm welcome, a cup of tea and plenty of useful advice.

After our visits we returned to Leicestershire inspired and motivated. We were eager to proceed with implementing the model to ensure our patients could benefit from this innovative approach to leg ulcer management as soon as possible.

Unfortunately, the intensity and demands of the district nursing course

prevented me from implementing the model straightaway. However, upon successful completion of my course in August 2006 I was appointed as a district charge nurse in South Wigston, Leicester. At interview I indicated that if I were to be successful, one of my primary objectives would be to open a Leg Club in the locality.

As a newly qualified district nurse the most daunting task was presenting the model to my new colleagues and although the idea was generally well received, a small number were unsure of the potential benefits. Following a short presentation I reluctantly agreed to take questions. Thanks to careful preparation I got through it and at the end one of the more sceptical nurses congratulated me for remaining positive and arguing my case so thoroughly.

After we had agreed to go ahead with the Leg Club, we arranged for Ellie Lindsay to present to our local management and nursing team. Her presentation was a success and everyone was keen to participate.

As a team, we decided that it would be appropriate for us to have a short induction period. This would enable us to become familiar with a very different way of working and deal with any teething problems that might arise. In preparation for the opening we asked all the local district/community nurses to begin informing their patients about the Leg Club and prepare them for the change in care delivery.

Initially, some patients were understandably reluctant to switch from their home or practice-based clinics to the Leg Club. To aid the transition, we set up a Leg Club nursing team, the members of which were drawn from across the five district nursing teams. It was hoped that this would reassure patients by providing contact with a staff member

they were familiar with. We also encouraged any nurses that worked locally to call in whenever they wanted to. This has been particularly beneficial as it helped to foster the social aspect of the club and only this week a volunteer commented on the warm friendly atmosphere.

Alongside the development of closer relationships with the local community, the introduction of the Leg Club has also provided an ideal opportunity for the team to further develop effective working relationships between primary care disciplines. We have recently met with our colleagues in podiatry and are planning to include a podiatrist in the Leg Club team in the near future. This will improve patient care by providing a joined-up approach to treatment and will also enable nurses and podiatrists to learn from each others' specialist skills. We are also negotiating with other local services that we hope will operate on an occasional basis from the Leg Club.

The Oadby and Wigston Leg Club, opened to members on February 27 this year. As I write this piece we are seeing a weekly increase in new members – it appears that word is spreading fast across the borough!

Reflecting upon the past 18 months I have to acknowledge that the introduction of a new way of working has not been easy. At times it has felt like a race with too many hurdles.

However, with the support of colleagues, volunteers, management and an excellent Chairman, the project is starting to deliver improved care for patients. I would advise anyone considering setting up a Leg Club to take a deep breath and go for it! **WUK**

**Mark Millar, District Charge Nurse and Leg Club Lead, Leicestershire County and Rutland Primary Care Trust, South Wigston Health Centre, Leicestershire**  
([mark.millar@lcrpct.nhs.uk](mailto:mark.millar@lcrpct.nhs.uk))