

Leg Club update

The Woodhall Spa Leg Club opened in June 2007 after many months of planning and fundraising undertaken by nursing staff and volunteers. It now has over 120 members and seem to be going from strength to strength. Before opening, it was important that we considered guidelines and referral pathways.

Guidelines are systematically developed statements designed to help practitioners and patients decide on appropriate health care for specific clinical conditions and/or circumstances (Field and Lohr, 1992). This is particularly important as part of the Leg Club philosophy is to empower patients to become stakeholders in their own treatment, promoting a sense of ownership and involvement. The National Institute for Health and Clinical Excellence (NICE) state that clinical guidelines aim to improve the quality of health care and help healthcare professionals in their work. Guidelines do not, however, replace knowledge and skills.

The Leg Club staff use their knowledge and skills both to assess and treat the members with leg problems, as well as educating them to help to prevent future problems. Education is given face-to-face and through the Leg Club Handbook that all members receive. Some clinicians may be concerned about the legal status of guidelines, and, the potential litigation from non-compliance may be a barrier to their implementation, but they should remember that in the UK deviation from a guideline is unlikely to be accepted as evidence of negligence by a court of law (Hurwitz, 1999).

All Leg Club patients receive a Doppler assessment. This is carried out by a nurse who has the ENB N18 or equivalent and who follows both the Leg Club and local primary care trust (PCT) guidelines. Following these guidelines enables us to plan

appropriate treatment, or make any necessary referrals.

Guidelines also help with the choice of dressings. The Leg Club handbook gives guidance in dressing selection, based on the colour of the wound, the smell, the pain, the exudate and whether we are looking for a primary or secondary dressing. This is all valuable information but at the Woodhall Spa Leg Club we also have our local PCT's wound management formulary, devised by our local tissue viability nurse, which we must consult during our dressing selection. While this may seem a little restrictive, it does make dressing selection easier as you do not have too many dressings to consider. However, if we feel that a dressing off formulary is more appropriate, we can use it as long as we evaluate its use.

In the current climate, the infection control guideline is of utmost importance, as it puts our members' minds at ease over such a well publicised issue. Infection was one of the major concerns that was voiced at our official opening day, with the fact that the Leg Club was to be run from a public place which was carpeted, and the patients were in close proximity to each other. The Leg Club guideline on this clearly states that the principles are based on standard precautions of infection control: a work safe at all times system irrespective of the knowledge of carriage of pathogens by the patient. The guideline goes into great detail addressing the specific areas of the Leg Club, e.g. the work station, equipment and products. This guideline is present at the Leg Club should anyone wish to read it for themselves. It is important that our members are happy with this guideline as without them our Leg Club would disappear.

There are many ways that a patient may be referred to a Leg Club. The

main methods of referral for our patients include self-referral, district nursing service, GP, practice nurse and friend or family. Our lead nurse, Chris Young, occasionally gives talks to local groups. This usually results in an influx of new patients the following week, many of whom have well legs and are coming for education and guidance. Referrals from GPs and practice nurses usually come with the appropriate documentation, giving us the history and treatment programmes that have already been tried by the patient.

As nurses working in the Leg Club we have various referral pathways. These are for venous and non-venous ulceration, vascular, diabetic and dermatology referral. These pathways help us deliver equitable care and decide on a treatment plan for the patient and whether they need referral to another healthcare professional. They also ensure that all referrals are appropriate and that each patient has had a thorough assessment and the necessary treatment before a referral is made. We also have documentation to send with the referral stating the presenting complaint, assessment date, ankle brachial pressure index (ABPI), diagnosis and current treatment plan.

In conclusion, guidelines and referral pathways form an integral part of Leg Clubs, as they enable us to deliver a gold standard of care to all. **WUK**

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Field MJ, Lohr KN (1992) *Guidelines for Clinical Practice: From Development to Use*. National Academic Press, Washington DC

Hurwitz B (1999) Legal and political considerations of clinical practice guidelines. *Br Med J* 318(7184): 661-4

National Institute for Health and Clinical Excellence. Available online at: www.nice.org.uk/usingguidance/