Supporting Leg Clubs with a benchmark process

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The non-medical psychosocial Leg Club Model approach to lower limb care has proven to be a very cost-effective way of treating conditions of the lower limb, especially leg ulcers which have often led to social isolation and a lower quality of life for elderly sufferers.

The Leg Club approach provides for treatment of its members in an open, collective environment where nurses can focus entirely on providing a full lower limb assessment and wound and/or skin-related care by providing a weekly meeting and enabling clinical best practice.

Volunteers from the local community fundraise to provide the non-clinical venue and provide valuable assistance to make their members feel welcomed and comfortable to share experiences and so much more.

Once healed, members become part of the Well Leg Regime which provides regular advice and assessment to help maintain their well being and 'nip any problems in the bud' as many lower limb related problems and leg ulcers recur, e.g. following a skin tear, tissue breakdown or leg injury.

It is widely acknowledged through Leg Club informatics that this approach leads to consistently high ulcer healing rates, lower recurrence rates, and improved well-being.

The Leg Club model was established in 1995 and in 2005 the Leg Club Foundation charity was created with one of the aims being to facilitate and support clinicians wishing to embrace the model within their community.

The foundation uses the services of an external clinical nurse consultant with extensive experience of lower limb conditions, to provide advice and consultancy to nurses and other healthcare professionals, healthcare commissioning, management teams and independent sector organisations on all aspects of the model.

The foundation also operates a simple, yet very effective, metrics programme to enable its trustees to have a view of the performance of the clubs and to be able to demonstrate the success and benefits of the Model of Care to the wider healthcare community and beyond.

When individuals first visit a Leg Club, they are registered as members and information is obtained regarding their date of birth and gender, recorded together with their self or GP referral route and reason for attendance. This is undertaken by the volunteer team. All information is anonymous, but this enables an age and gender profile to be built which is useful when comparing differing club outcomes, as one club may serve an inner-city community while another may be a seaside resort with a large care home community and may have a completely different age range and conditions.

Recognising that the nursing team are fully engaged with their clinical work during their time at the Leg Clubs, and must input data into their own NHS systems, the foundation has devised a straightforward process to capture its own information. Essentially, each time a member visits a nurse, they leave with a ranking of Assessed, Treated or as Well Leg. This information, together with a subset of information recording whether the condition affects the left or right leg, is a skin condition, an injury or a leg ulcer (which is further defined as either a simple or complex ulcer, dependent on size), enables a treatment timeline to be created. The volunteer assembles the data from all members for that session on a dedicated Leg Club computer and sends them to the central database.

From here, things get interesting. From the assembled timelines, heal times and recurrence times for individual members, individual clubs and groups of clubs can be calculated. The database has amassed a huge amount of information since its inception in 2015 and so, has been able to demonstrate unequivocally the value of the Model of Care.

The clinical consultant will be in at the start of a new Leg Club and will provide the computer with specifics for that club and then deliver initial training for the data entry and ensure that the clinical and volunteer team are happy using the simple A, T, W codes. They will also provide the clinical teams with all the support needed to work within the Model of Care.

It is quite usual, especially for the newer clubs, to ask the clinical consultant how they are doing and how their outcomes compare against the more established clubs.

By producing simple bar charts of percentage of healed ulcers within given time periods and similarly for ulcer recurrence, the consultant can discuss their results and

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identify things that might help them.

This is currently done quarterly and has proved to be very successful, as the nurses can see the rewards for their efforts directly and are able to demonstrate outcomes to their own management and the wider community.

The gold standard is for a simple ulcer to heal within 12 weeks, and the amassed Leg Club data has shown that the average simple ulcer heal rate over a 5-year period was 69%. Simple ulcer recurrence rates, usually very high within the first 3 months of healing are recorded at about 13% within Leg Clubs (McIntyre et al, 2023).

New Leg Clubs may not achieve this straight away as they will inherit existing cases, but the consultant is able to look at outcomes monthly and identify if the trend is going upwards and seems encouraging.

The accepted standard is that an ulcer is not claimed as Well Leg until it has stayed healed for two consecutive weeks after the initial Well Leg assessment or more specifically with no drainage from the wound and no need for a primary wound dressing for at least two consecutive weeks.

Some Leg Clubs may have fallen into the trap of not passing that criteria onto new staff members or the member might choose not to come back the next week after the first Well Leg ranking and thus the database does not record it as a heal and statistics are adversely affected. The clinical consultant can identify this from the timelines and work with the clubs to refresh their training accordingly. Clubs are usually very pleased when they find that their outcomes were better than they had realised.

The Foundation regards the work of the clinical consultant as being very necessary and effective in the operation of the Model of Care and very gratifying to see how the metrics programme helps the Leg Clubs achieve their best. ●

Reference

McIntyre N, Finlayson K, Galazka A, et al (2023) The Lindsay Leg Club® Well Leg Regime: an evidence review. *J Wound Care* 32(10): 642–50. doi: 10.12968/jowc.2023.32.10.642