

Leg Club update

Speyside Leg Club

The author recognised diversity in the provision of care in leg ulcer management within her area and addressed this by opening a Leg Club five years ago. One of the principles of the Leg Club Model is to provide care in a non-medical setting. This not only benefits the members by providing a relaxed environment where they will more readily learn how to become active in their own treatment, it also re-builds their self-esteem which in turn builds confidence and also helps to achieve two of the essential goals for nurses; continuing education and empowerment for their client group. The Club enables the member to be a partner in their treatment. By having a greater understanding of their condition and treatment, the patient gains confidence and has the option to deliver and manage their own care. This opens up patient choice and independence, as often they can self-treat at times and days which suit them. Control of their care becomes their own and not the nurses, which is paramount within empowerment.

Each individual's quality of life issues are unique, and where some may feel that the healing of their wound is of most importance, others may identify with the need to be in normal foot wear. The practitioner therefore faces different challenges which can be addressed within the Leg Club Model. It is not only clinical advice from the practitioner that enables treatment choice for the member; but of equal importance and support is the information which the members gain from fellow sufferers.

Despite advancements in science and the development of wound care products, without a holistic assessment of the patient, education, appropriate treatment and patient concordance, the outcome for some patients may not be favourable. Patient concordance is a vital component within the holistic

care of any patient and this can only be achieved if there is a close partnership between the nurse and patient (Taylor; 2002). Lack of social support can at times be a factor which affects concordance, but the social interaction from members at the Leg Club and the peer support from those who have experienced leg ulceration, can help members to become empowered and take responsibility and ownership for their own health (Lindsay, 2005).

Outcomes observed

Members also have the opportunity to become involved in the running of the Club. This involvement, on a social level, can help to rebuild self-esteem and confidence which can have a positive influence on their management of their leg ulcer. Some of the members have taken on educational challenges to develop and enhance the service to the Leg Club members, GPs and the primary care trust.

The winter of 2009/10 was a challenging time for many, and due to the severe road conditions it was, at times, necessary to cancel the weekly meetings of the Leg Club. The community team worked hard to meet the members' needs by arranging to treat them at alternative venues. However, three of the patients felt confident in both their knowledge and ability that they did not wish to be seen by a member of the team. All of these patients continued with their own leg ulcer management for four weeks with the support of a weekly telephone call from a member of the community nursing team. The outcome for all of them was satisfying and immensely rewarding as their ulcers healed during this time.

Since the inception of the Leg Club, the knowledge and skill level of all healthcare professionals has increased immeasurably. This has been evident in not only the quality of care they have been able to provide, but also demonstrated in the confidence with

which they treat members and network with other healthcare professionals to develop the best care plan options for each individual. While the practitioners always provided the care and assessment that is recommended within the Scottish Intercollegiate Guidelines Network (SIGN) Guidelines (2010), their referral of patients onto other specialities was not as timely as it is now. This improved referral system ensures that patients are assessed by the appropriate specialist and that professionals can coordinate the care to facilitate the best outcome and ultimately aim to improve quality of life for all the members.

Conclusion

The introduction of a Leg Club into this rural area has benefited the patients enormously. It has ensured that they have access to a service that will provide specialist assessment and treatment in a friendly environment. There is evidence of improved healing rates, as concordance to treatment is greater.

There is an opportunity within the Leg Club for members to improve their quality of life on a social level, as many of the patients live in geographic isolation and gain a positive lift purely from getting out and meeting people on a regular basis. **WUK**

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References

- Lindsay E (2005) Leg clubs: personal reflections on implementing change. *J Community Nurs* 19(8): 16–21
- Taylor B (2002) Nurse-patient partnership: rhetoric or reality? *J Community Nurs* 16(3): 16–18

Ally Lister received the Wounds UK 2010 award for Quality of Life, sponsored by Wounds UK, for her paper on 'The benefits of the social setting in wound care management'.