Leg clubs: a runaway success

Erin Dean reports on a model of care that enables older people to drop in for leg ulcer treatment and socialise at the same time

Abstract

The Barnstaple Leg Club has been running for almost two years in north Devon providing treatment and support to older people with leg ulcers on a weekly basis. This article examines the concept of leg clubs and describes how the community nursing team that leads the club offers holistic care to local people. The nurses are able to see more patients than they would by carrying out home visits, healing their wounds and boosting their self-esteem and confidence, while at the same time reducing social isolation.

Keywords
Community nursing, leg club, ulcers

ROY PEARCE has been attending the Barnstaple Leg Club for about 18 months for ulcers on his right leg. They are now successfully healed, but he still goes along to catch up with the other members of the club and have his leg checked by a nurse. ‘When I first came it was basically raw flesh from my ankle to my knee,’ the 78-year-old retired sailor says. ‘But the nurses here know what they are doing and after a week there was new skin forming.’

He is speaking at the church hall where the leg club has been held for almost two years, on the outskirts of Barnstaple, in north Devon. Three community staff nurses are seeing people in one room, while in another room, filled with tables, members are drinking tea and coffee while they wait to see the nurses. The room reaches capacity when a game of bingo begins.

Mr Pearce is one of the many successes that the leg club has had with patients with leg ulcers. He had his left leg amputated four years ago as a result of an injury decades earlier while working for the merchant navy. He says he feared losing the right leg if he had not come under the expert care of the leg club nurses, led by community staff nurse Megan Mew. ‘If you go to a GP or a hospital, no one speaks to each other in the waiting room, and you sit there in silence and trepidation. At first I didn’t want to come here, I thought it was a waste of time but it has been brilliant. Everyone is friendly and welcoming,’ Mr Pearce says.

Community-based model

The club follows the Lindsay Leg Club Foundation model developed by district nurse Ellie Lindsay, who began the first leg club in Suffolk in 1995 (Box 1). She wanted to introduce the concept of community-based leg ulcer care which would tackle the social isolation that affected many of the older people she cared for with leg ulcers.

Treating leg ulcers is an expensive and difficult job for the NHS. Research published by the British Medical Journal in 2004 revealed that venous leg ulceration was estimated to cost the NHS £400 million a year. Much of this cost is accounted for by community nursing services, with district nurses spending up to half of their time caring for patients with ulcers.

According to NHS Choices, venous leg ulcers, which are the most common type of leg ulcer, affect about one in 500 people in the UK. However, this rate rises sharply with age, with an estimated one in 50 people over the age of 80 having these wounds.

Leg clubs aim to provide leg ulcer management in a social environment, where patients are treated collectively and the emphasis is on social interaction, participation, empathy and peer support. The Lindsay Leg Club Foundation states that the model affects healing and recurrence rates positively, and helps isolated older people reintegrate into their communities.

The main components for leg clubs are that they are in a non-medical setting, such as a village hall, they are informal with no appointment required, that people access peer support from other members, and that there is a ‘well leg’ regimen, so that people can continue to come after their wound has healed to support maintenance of their healthy limbs.
The nursing team runs the leg club but pharmaceutical companies are encouraged to support leg clubs locally, ensuring that equipment, dressings and new therapies are available.

Higher healing rates
Research suggests that the clubs are a successful way to help people with leg ulcers, which are notoriously difficult to heal, often recur, and have a significant impact on quality of life. A study in Australia, published in the Journal of Clinical Nursing in 2009, assigned 34 patients to a Lindsay Leg Club model, and 33 to the traditional community nursing model of home visits by a registered nurse. The study found improved outcomes for leg club members in quality of life, morale, self-esteem, healing, functional ability and pain.

Ms Mew, who is the team lead for the Barnstaple Leg Club, says healing rates are much higher than for patients under general community care. On average about 30 patients are seen every week at the club, which is held between 9.30am and 2pm on Thursdays. She says that in the first six months, the leg club had a wound healing rate of 42%. In the community the rate was between 7% and 10%. Figures show that on a national level, after six months of treatment, almost half of patients experience a recurrence in their leg ulcers, but this happens in less than one in 14 patients at the Barnstaple Leg Club.

'The social aspect of the leg club is as important at the care aspect. It is such rewarding work, I would like to do it every day,’ Ms Mew says. ‘It is so important that people get together to talk to each other, and hear about their coping mechanisms and encourage each other. Often patients may not want something, such as a compression bandage, but they will come in and start talking to someone else and hear about their success with their ulcers by using compression.’

Nurses see a lot more patients at the club than they would doing home visits, and can share their expertise with each other. They have developed close links with secondary care vascular, tissue viability and dermatology teams, for patients who need these aspects of care. They also have useful equipment to hand at the club, for example, a Doppler ultrasound machine to measure ankle brachial pressure index, which they may not have if they were visiting a patient at home. ‘We can also give patients more time, often spending 45 minutes with them, compared with the 10-minute appointments at a practice,’ Ms Mew says.

Running costs
The Barnstaple Leg Club is the first in the country to be commissioned by its local clinical commissioning group (CCG). The Northern, Eastern and Western Devon CCG (NEW Devon CCG) paid for the first year of rent, and pays a small amount for Ms Mew to act as team leader. She and the other clinicians work for Northern Devon Healthcare NHS Trust. However, it is still essentially a charity, and the team of volunteers that support it must raise £75 a week for rent to use the church hall. Members pay a small fee each week to cover drinks and biscuits, and many contribute more than necessary to support the club’s running costs.

Cin Richards, a rehabilitation nurse who works for the club as a volunteer, runs the reception desk and also arranges fundraising activities, such as barn dances and coffee mornings. She says for many members it is their only trip out each week. ‘Some patients may not have left their home for a long time, so coming here can make a difference to their self-esteem and lifestyle,’ she says.

NEW Devon CCG says the club is a cost-effective approach for dealing with leg ulcers; it costs about £11,000 a year to run, compared with an estimated £77,000 for treatment and admissions to hospitals and emergency departments if the club did not exist, according to a CCG spokesperson. The group is now planning to launch more clubs in Devon.

Julie Carr, chief executive officer of the Lindsay Leg Club Foundation, says the charity hopes to work with commissioners more in the future to gain greater support and funding for new leg clubs. There are 24 leg clubs in the UK and ten in Australia. New clubs are being developed in South Wales, north Devon and Teesside, Ms Carr says. She adds: ‘Practice nurses do their best with limited resources and skills but it is vital to have more leg clubs in the future. We want to create sustainability and support mechanisms for members, who talk about how the leg clubs take them away from social isolation. They start to heal, and become more active, and it gives them their life back.’