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A SOCIAL MODEL FOR LOWER LIMB CARE*

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A social model for lower limb care.

One model for the delivery of lower leg care creates local social networks of people with active or healed leg ulcers receiving care in non health care settings albeit with professional nursing staff in attendance and following rigorous clinical protocols and firm audit pathways. Within this model all members take part in regular audit of the progress of their leg ulcer and/or their healthy legs.

The aim of this presentation is to report upon the experience of 4282 leg club members who attended one of nineteen leg clubs between 2006 and 2009. The 4282 members made 29285 documented visits to their leg clubs. Only 28.1% (n=1205) attended primarily for treatment of a leg ulcer with 1166 presenting for advice on leg ulcer prevention. Other reasons for attending a leg club included management of skin tears (n=92) and lower leg pain (n=144). Over 25% (n=1146, 26.7%) attended a leg club as a self-referral with 862 and 806 referred by a District Nurse or General Practitioner respectively. Almost 300 members (n=281) attended on the advice of family or friends.

For those with a leg ulcer, 867 were reported to have healed wounds following participation in their leg club (71.9%) while of these 140 had recurrent leg ulcers (16.1%). The consistent audit of leg club members over time suggests the value of this care model with over 70% healed and relatively few recurrent leg ulcers.

*The Lindsay Leg Club Model