

Social Prescribing: A Cost-Effective Non-Medical Approach for Individuals Experiencing Problems of the Lower Limb and Leg Ulceration

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- A major demographic shift is unfolding. Scientific and medical advances, population growth and a change in societal age, compounded by a global shortage of nurses, will have an impact on lower limb management in the future.
- The UK's National Health Service (NHS) managed an estimated 2.2 million patients with a wound during 2012–13, equivalent to 4.5% of the adult population. The annual cost to the NHS of wounds and their associated comorbidities is an estimated £5.3 billion.¹
- Social prescribing aims to improve patients' quality of life, health and wellbeing by recognising that health is affected by a range of social, economic and environmental factors.

Introduction

Finding meaningful ways for people to experience a good quality of life while continuing to participate in and contribute to society is a major challenge for ageing populations. There are human and financial costs of living longer, as well as an increased likelihood of living with one or more chronic diseases. Of these diseases, chronic wounds often go unnoticed but represent a significant burden to individuals and healthcare systems.

With a financial cost to the UK's NHS of almost £5.3 billion annually,¹ the individual costs are also considerable. These costs include the social stigma, pain and uncertainty attached to problems of the lower limb and leg ulceration. Leg ulcers are a major subset of chronic wounds and frequently lead to clinical depression, social isolation, a marked deterioration in overall quality of life and poor clinical outcomes.² Many individuals have lived with open wounds for many years. They have been through endless cycles of healing and breakdown, with each cycle lasting many weeks or months. These factors can contribute to depression, loss of self-esteem, and self-neglect.

Method

The social prescribing Leg Club model for lower limb care is truly person-centred, valuing and listening to individuals and treating them with compassion, dignity and respect. Those involved motivate others to play a key role in a multidisciplinary team, ensuring their views, experiences and interests are central to treatment decision-making. The Leg Club model promotes psychological health – including hope, optimism and resilience – to enable increased concordance and improved healing rates.

There is now a consensus that clinical treatment alone (without reference to the social environment of the individual person) has only a limited effect. For individuals suffering leg ulceration, the combination of social isolation and physical symptoms can lead to low self-esteem and depression. Leg Clubs encourage people to be fully involved in their treatment, providing real motivation to individuals living with chronic wounds. The experience of visiting Leg Club is wholly positive. Many individuals who rarely venture out of their houses attend the Club and have made new friends.

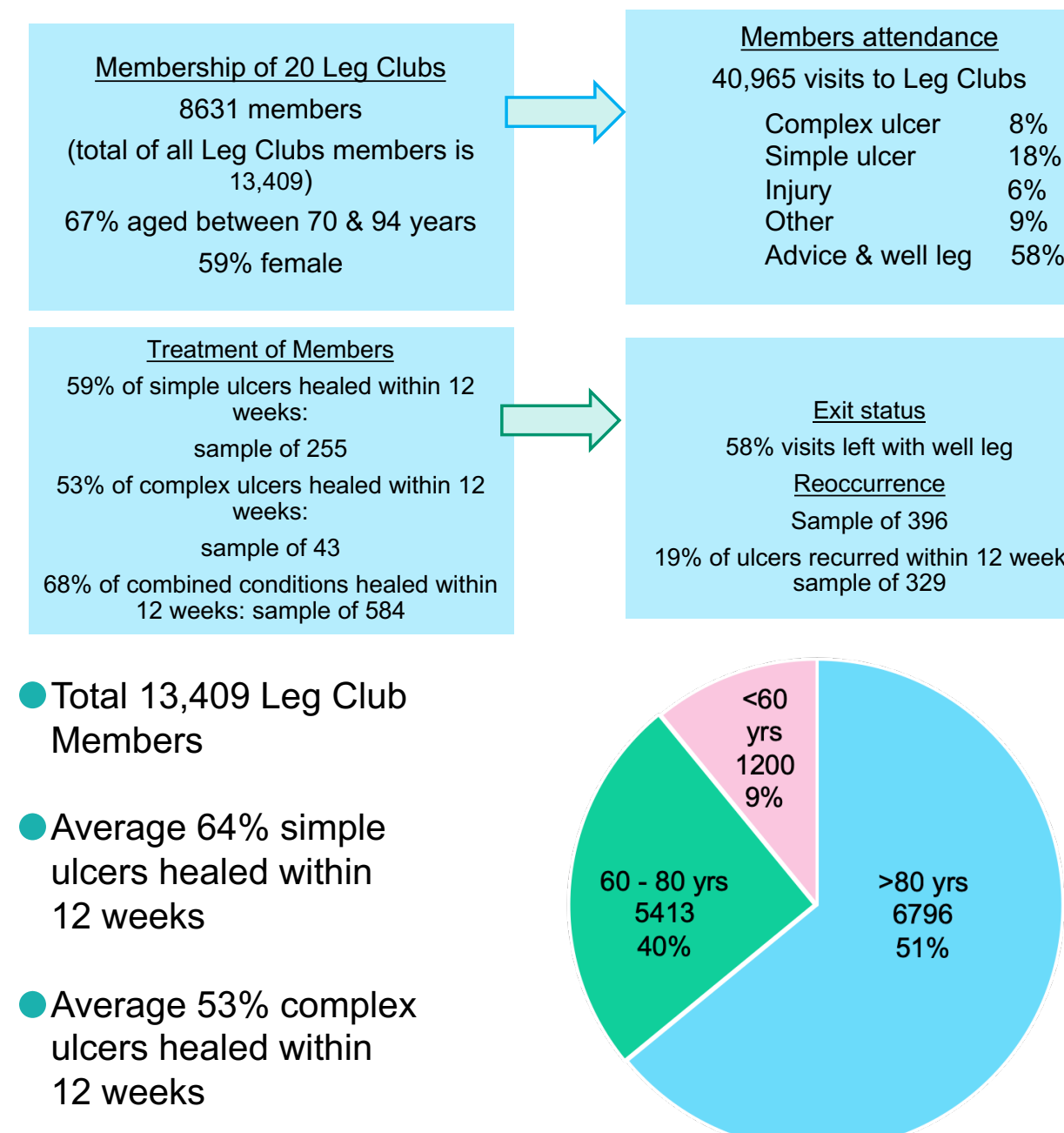
Results

The Leg Club has examined the effectiveness of its social model not only in terms of clinical outcomes but in terms of member (patient) satisfaction, quality of life, wellbeing and cost-effectiveness. Much of this research has been retrospective. The Leg Club Foundation has spent years creating a data entry system that is robust and simple to use at the local level but can be analysed in a variety of ways at the macro level. It is now focusing on producing evidence relating to outcomes, recurrence and cost-effectiveness.

Building an evidence base is one of the key priorities, as this demonstrates to the clinician and NHS provider how basic digital information-sharing can provide evidence and bring change within a Leg Club. Since the introduction of digital technology within the Leg Club network, the board of trustees has started to obtain good evidence of cost, healing rates and recurrence.

To help ensure the implementation is successful and get the most value from the Leg Club data system, new clinical and volunteer teams are currently receiving training on data capture prior to their official opening. The revamped Leg Club eLearning package now has a link to the data training programme in addition to a visual data element process flow diagram and process charts. These are all available on the Leg Club website (www.legclub.org).

Data from 20 Leg Clubs



Discussion

The field of wound management raises some interesting questions about modern society, the way in which Western healthcare is currently delivered, and to what extent reliance on our medical model of care alone can be sustained. In some ways, advances in medical science have made us victims of their success as they have occurred during a period of great social change, where emphasis on the extended family providing long-term holistic care has been replaced by a reliance on the state and the clinical services it provides.

If a "model of care" broadly defines the way in which health services are delivered, the medical model that prevails today is one that is focussed on the diagnosis and treatment of disease.² Encouraging patient participation in care enhances adherence to treatment and contributes to improved healthcare outcomes.

Conclusion

- The rationale for social prescribing is to promote integrated health and social care through a partnership between the voluntary and community sector and GPs.
- Social prescribing is a cost-effective way of linking people in primary care with sources of support within the community and provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing by recognising that health is affected by a range of social, economic and environmental factors.
- By championing social prescribing in practice, the collaborative Leg Club approach with members (patients), volunteers and the community has successfully delivered care using a social methodology and allowed creative ideas to prosper, enabling members to challenge the traditional healthcare structure, empowering them to be actively involved in decision-making.