



Breaking down obstructions in lower limb care!

Rompiendo obstáculos en el cuidado de las extremidades inferiores!

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Declaration

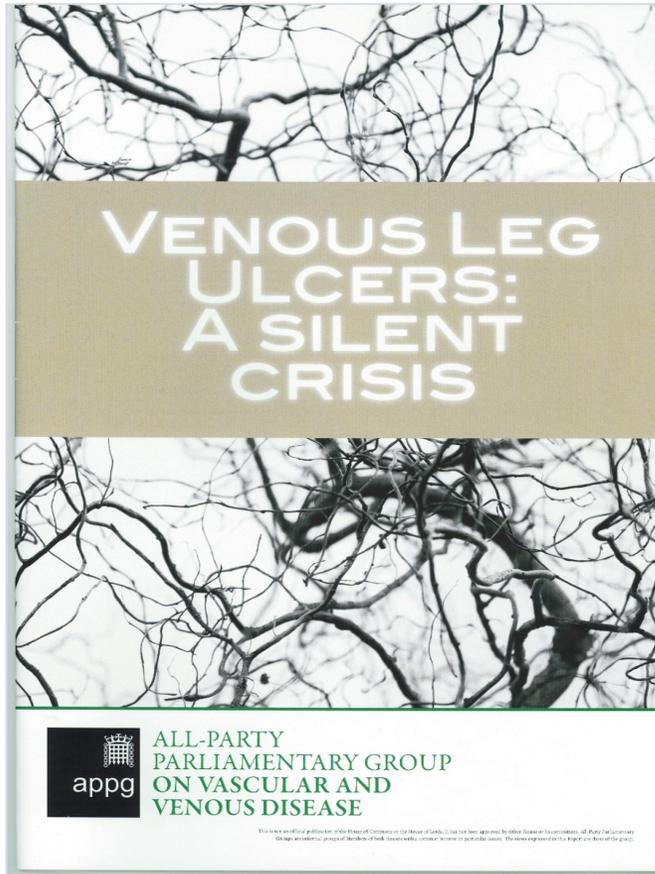
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Is chronic leg ulceration...

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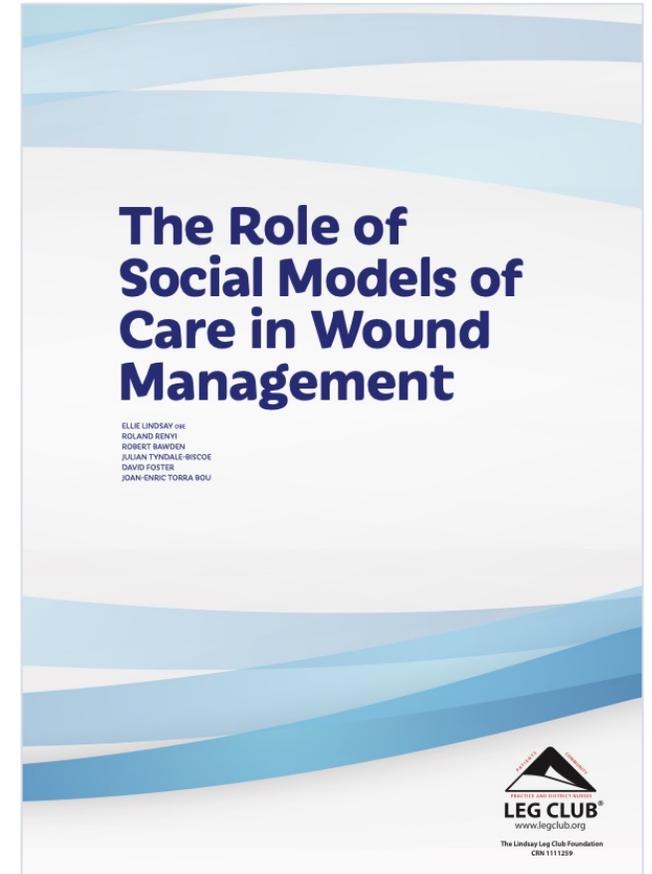
The product of an ageing society?

or

The product of an indifferent society?

El producto de una sociedad que envejece

El producto de una sociedad indiferente



Present-day challenges

Wound care is interdisciplinary – several different professionals and services may be involved in an individual's treatment journey

However, healthcare providers are faced with the enormous challenge of delivering the highest quality of care, while improving efficiency

Yet... meeting these goals while maintaining the fundamental principles of equity and ease of access to healthcare resources represents a significant challenge.

El cuidado de heridas es interdisciplinario: varios profesionales y servicios diferentes pueden estar involucrados en el proceso de tratamiento de una persona

Sin embargo, los proveedores de atención de salud se enfrentan al enorme desafío de brindar una atención de la más alta calidad y, al mismo tiempo, mejorar la eficiencia.

Sin embargo... cumplir con estos objetivos mientras se mantienen los principios fundamentales de equidad y facilidad de acceso a los recursos de atención de salud representa un desafío importante



Photos used with permission from the Leg Clubs

A global challenge

A major demographic shift is unfolding due to scientific and medical advances, population growth and change in societal age

Compounded by a global shortage of medical practitioners, this will have an impact on lower limb management in the future

This presents several global challenges as many people with problems of the lower limb and leg ulcers are elderly, financially disadvantaged and alone, bringing much suffering to the individual

Individual needs are multifactorial, but are sometimes disregarded in the quest to provide speedy clinical solutions for injury and sickness

Se está produciendo un importante cambio demográfico debido a los avances científicos y médicos, el crecimiento de la población y el cambio en la edad de la sociedad.

Esto presenta varios desafíos globales, ya que muchas personas con problemas en las extremidades inferiores y úlceras en las piernas son personas mayores, económicamente desfavorecidas y solas, lo que genera mucho sufrimiento para estas personas.

Las necesidades individuales son multifactoriales, pero a veces se pasan por alto en la búsqueda de soluciones clínicas rápidas para lesiones y enfermedades.



Care vs efficiency?

International clinical practice is under pressure and advances in medical science are put under demands by:

- ❖ Population growth
- ❖ Increases in societal age
- ❖ A global shortage of medical practitioners

Crecimiento de la población
Aumentos en la edad social
Escasez mundial de profesionales

Pressure is equally felt by people with problems of the lower limb who may be:

- ❖ Elderly
- ❖ Socially disadvantaged
- ❖ Alone and socially isolated
- ❖ Individuals may have to deal not only with their wound, but also with poor mobility, chronic pain, social isolation, depression and lack of self worth

Lack of public health promotion, support and advice on prevention of lower limb ulceration add to the crisis.

- ❖ Anciano
- ❖ socialmente desfavorecidos
- ❖ Solo y socialmente aislado
- ❖ Es posible que las personas tengan que lidiar no solo con su herida, sino también con problemas de movilidad, dolor crónico, aislamiento social, depresión y falta de autoestima.
- ❖ La falta de promoción, apoyo y asesoramiento de la salud pública sobre la prevención de la ulceración de las extremidades inferiores se suma a la crisis.

Messages to the UK Parliament from International Experts

"Venous and lymphatic disease is prevalent in most societies but more granular data in disease occurrence in particular ethnicities have been largely missing. **Governments and health providers can use such information to designate appropriate resource to provide better care for their populations.**"
Yung Wei Chi
University of California Davis, USA

"Venous and lymphatic pathological conditions are strictly interconnected and represent a severe burden for more than half of the population potentially. Lower limb varicosities inflammation increases the risk of thrombosis, which has been defined as leading cause of preventable death. The preventable nature demands our full commitment to improve such condition management. **Moreover, lymphedema has been defined as "hidden epidemic" due to the still widely diffuse lack of awareness.** Gender equality is also involved in pelvic venous disorder, a condition that has been defined "a forgotten disease" that still potentially affects one woman in every three. Institutional appointments are of paramount importance to answer to these large population health needs."

"Worldwide, people with venous and lymphatic circulatory alterations suffer from a lack of care, lack of adequate treatment, and lack of public policies that enable early treatment.

Brazil and other tropical countries also have a larger group of people in need of this care, and this event spread and serve as an example for the whole world, let's look more carefully at our circulation, let's teach our patients how to take care of themselves."

Dr Bernardo Barros
Rio de Janeiro, Brazil

Sergio Gianesini
University of Ferrara, Italy.
Uniformed Services University of Health Sciences, Bethesda, USA
President Elect International Union of Phlebology
President Venous-Lymphatic World International Network Foundation

"In Israel today, the awareness of treatment options for venous and lymphatic disease among the public but also among primary care physicians is very low.

If we can raise the awareness of available treatment options among these groups, many more patients would be able to increase their quality of daily life. And when interventions are deployed early, the treatment options and the end results increase greatly."

Alexander Kantarovsky MD
Mikael Sallimander MS, RVT
Vascular Surgery & Phlebology Clinic, Tel Aviv, Israel

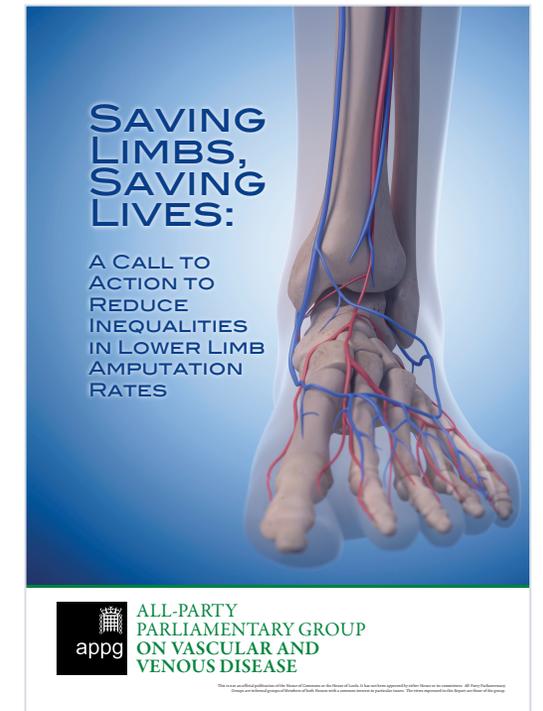
"Fatal pulmonary emboli (PE) is the leading preventable cause of death following surgery or hospitalisation ... 99% of these fatalities can be prevented using appropriate anticoagulant prophylaxis. Researchers in the UK used individual risk assessment coupled to an evidence-based pathway providing prophylaxis based on risk. Implementation was linked to reimbursement and over two years prevented more than 900 deaths from PE. Continuing this program in the UK and encouraging other countries to adopt the program could result in lowering the incidence of fatal PE worldwide."

Joseph A. Caprini, MD, MS, FACS, RVT, DDFS
Emeritus, NorthShore University HealthSystem, Senior Clinician Educator, Pritzker School of Medicine, USA

Reality in practice

Lower limb related leg and foot ulcers and its complications present a main health issue - amputation rates in the UK are a major healthcare challenge

- ❖ Every hour in England someone over 50 has a minor foot amputation and every two hours someone loses their whole leg
- ❖ Many lower limb amputations are a result of foot ulcers
- ❖ While the national focus is diabetic foot ulcers, half of all amputations are for people who do not have diabetes
- ❖ These are life changing events which increase an individual's chance of further co-morbidities, poor quality of life, depression and social isolation.
- ❖ Cada hora en Inglaterra alguien de más de 50 años tiene una amputación menor de pie y cada dos horas alguien pierde toda su pierna
- ❖ Muchas amputaciones de miembros inferiores son el resultado de úlceras en los pies.
- ❖ Si bien el enfoque nacional son las úlceras del pie diabético, la mitad de todas las amputaciones son para personas que no tienen diabetes.
- ❖ Estos son eventos que cambian la vida y aumentan la posibilidad de que un individuo sufra más comorbilidades, mala calidad de vida, depresión y aislamiento social.



Reflective practice into action!

The aim of evidence-based health care is to provide the means by which current best evidence from research can be judiciously and conscientiously applied in the prevention, detection, and care of health disorders⁽¹⁾ however.....

El objetivo de la atención sanitaria basada en la evidencia es proporcionar los medios que permitan aplicar de forma juiciosa y concienzuda las mejores pruebas actuales procedentes de la investigación en la prevención, detección y atención de los trastornos de salud(1) sin embargo.....

‘An agenda for nursing research has to start with understanding the experience of patients’ (2)

Un programa de investigación en enfermería debe empezar por comprender la experiencia de los pacientes (2).

- ❖ Holistic Approach
- ❖ Medical Needs
- ❖ Social Needs - *‘The Social Ulcer’* (3)
- ❖ Psychological Needs

- ❖ Enfoque holístico
- ❖ Necesidades Médicas
- ❖ Necesidades Sociales - 'La Úlcera Social' (3)
- ❖ Necesidades psicológicas

(1) Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *BMJ*.1996 Jan 13;312(7023):71-2.

(2) Maggs, C. (1997). Research and the nursing agenda: confronting what we believe nursing to be. *Nursing Times Research*. 1997;12:321–322

(3) Wise,G (1986) *Nursing Times*. May : 47-49.

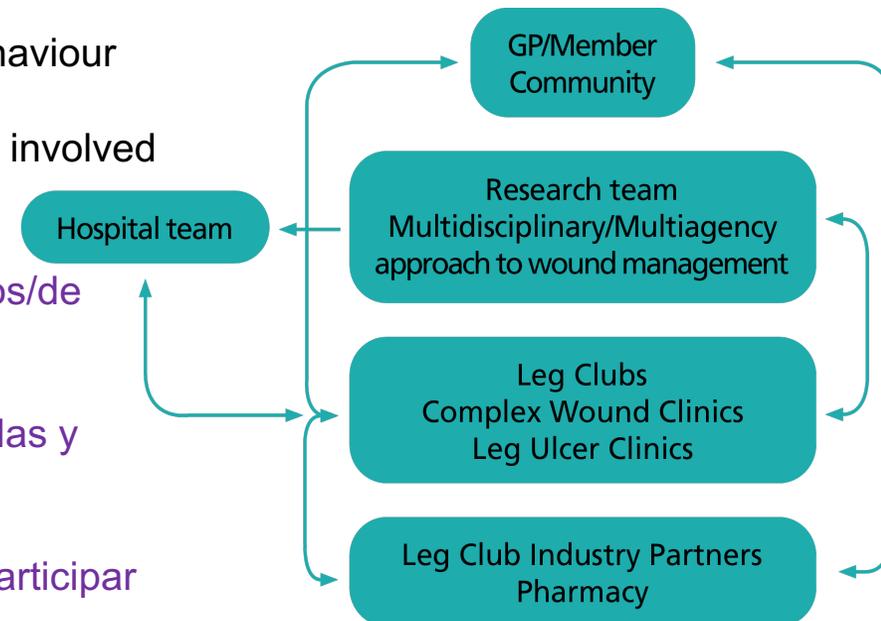


Leg Club concept

Innovation in practice through empowerment!

In 1995 the Leg Club was introduced as...

- ❖ Part of an innovative approach to health, working with multidisciplinary / multiagency teams, the public and wider community
- ❖ Aiming to achieve adherence to treatment through informed beliefs and modified behaviour
- ❖ Individuals being empowered in a social setting to make informed choices and being involved in decisions pertaining to their treatment and care.
- ❖ Parte de un enfoque innovador de la salud, trabajando con equipos multidisciplinarios/de múltiples agencias, el público y la comunidad en general
- ❖ Con el objetivo de lograr la adherencia al tratamiento a través de creencias informadas y comportamiento modificado
- ❖ Individuos empoderados en un entorno social para tomar decisiones informadas y participar en decisiones relacionadas con su tratamiento y atención.



The social Leg Club model of care!



The Lindsay Leg Club model for lower limb care was introduced in 1995 as a social approach to lower limb care

The Leg Club model is a cornerstone of an effective treatment programme:

El modelo Lindsay Leg Club para el cuidado de las extremidades inferiores se introdujo en 1995 como enfoque social del tratamiento de las extremidades inferiores. El modelo Leg Club es la piedra angular de un programa de tratamiento eficaz:

- Delivering frontline services to achieve the best possible health outcomes
- Is a cost-effective way of linking people in primary care with sources of support within the community
- It improves wellbeing for people experiencing social isolation, giving them more control over their lives
- Brindar servicios de primera línea para lograr los mejores resultados de salud posibles
- Es una forma rentable de vincular a las personas en atención primaria con fuentes de apoyo dentro de la comunidad.
- Mejora el bienestar de las personas que experimentan aislamiento social, dándoles más control sobre sus vidas.



The 4 criteria for the psychosocial model

- ❖ **A non-medical setting** – e.g., community/church/village hall. This avoids the stigma or fear of attending a medical setting and reinforces the community ownership of the Club
- ❖ **Informal, open access, no appointment required.** This encourages opportunistic attendance for information and advice, and helps people reintegrate into their community
- ❖ **Collective treatment.** People share their experience, gaining peer support, and encouraging them to take ownership of their treatment
- ❖ **Integrated 'well leg' regime, supporting maintenance of healthy legs,** positive health beliefs and broad health promotion



Social approach and wellbeing!

The Leg Club model philosophy emphasises wellness and maintenance of health by addressing social isolation in an environment where social activity is part of regular treatment through...

La filosofía del modelo Leg Club hace hincapié en el bienestar y el mantenimiento de la salud abordando el aislamiento social en un entorno en el que la actividad social forma parte del tratamiento habitual mediante...

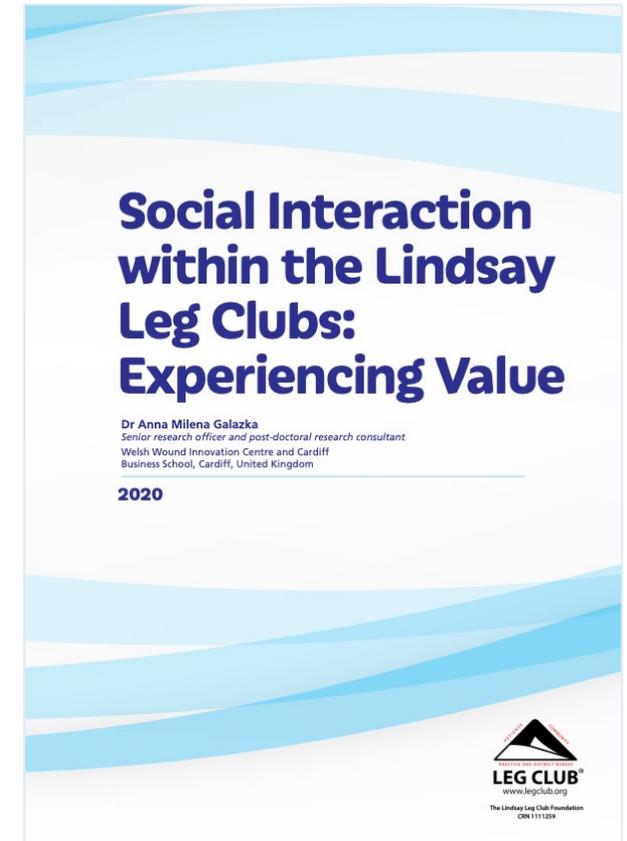
- ❖ Activities, e.g. exercise, games, walks, art or outings, improve social interaction and reduce social isolation
- ❖ 'Well leg' programme supports the maintenance of healthy legs
- ❖ Positive health beliefs are promoted
- ❖ Education and health promotion designed to reduce the risks of recurrence is provided
- ❖ Actividades, p. ejercicio, juegos, paseos, arte o salidas, mejorar la interacción social y reducir el aislamiento social
- ❖ El programa 'Well leg' apoya el mantenimiento de piernas sanas
- ❖ Se promueven creencias positivas sobre la salud.
- ❖ Se proporciona educación y promoción de la salud diseñadas para reducir los riesgos de recurrencia.



Social model structure

The psychosocial Leg Club® model for lower limb care is a unique social approach where members (patients) are encouraged to be partners in the care they receive and respected as experts in their own condition

- ❖ The model embraces the significant issues of isolation, loneliness, and the ability to empower individuals through knowledge of their condition and its treatment, with a very direct involvement in their own care
- ❖ It is far more than simply the provision of lower limb care, although this is paramount, but rather a social model that seeks to address the myriad of issues individuals face
- ❖ This approach contributes to the positive outcomes that can be achieved by members of their Leg Clubs through empathy and peer support
- ❖ El modelo abarca los temas significativos del aislamiento, la soledad y la capacidad de empoderar a las personas a través del conocimiento de su condición y su tratamiento, con una participación muy directa en su propio cuidado.
- ❖ Es mucho más que simplemente la provisión de cuidados de las extremidades inferiores, aunque esto es primordial, sino más bien un modelo social que busca abordar la gran cantidad de problemas que enfrentan las personas.
- ❖ Este enfoque contribuye a los resultados positivos que pueden lograr los miembros de sus Leg Clubs a través de la empatía y el apoyo de los compañeros.



What do our members say?

"I attended, very sceptical at first. I was in a lot of pain and was very frightened as the only person I had known with leg ulcers was my mother who had had them for more than ten years without them successfully healing"

"Nurses very good and attentive. Volunteers excellent and very helpful. The care by the nurses and volunteers is very excellent"

"The excellent warm welcome that you get from all of the volunteers and nurses that are in attendance"

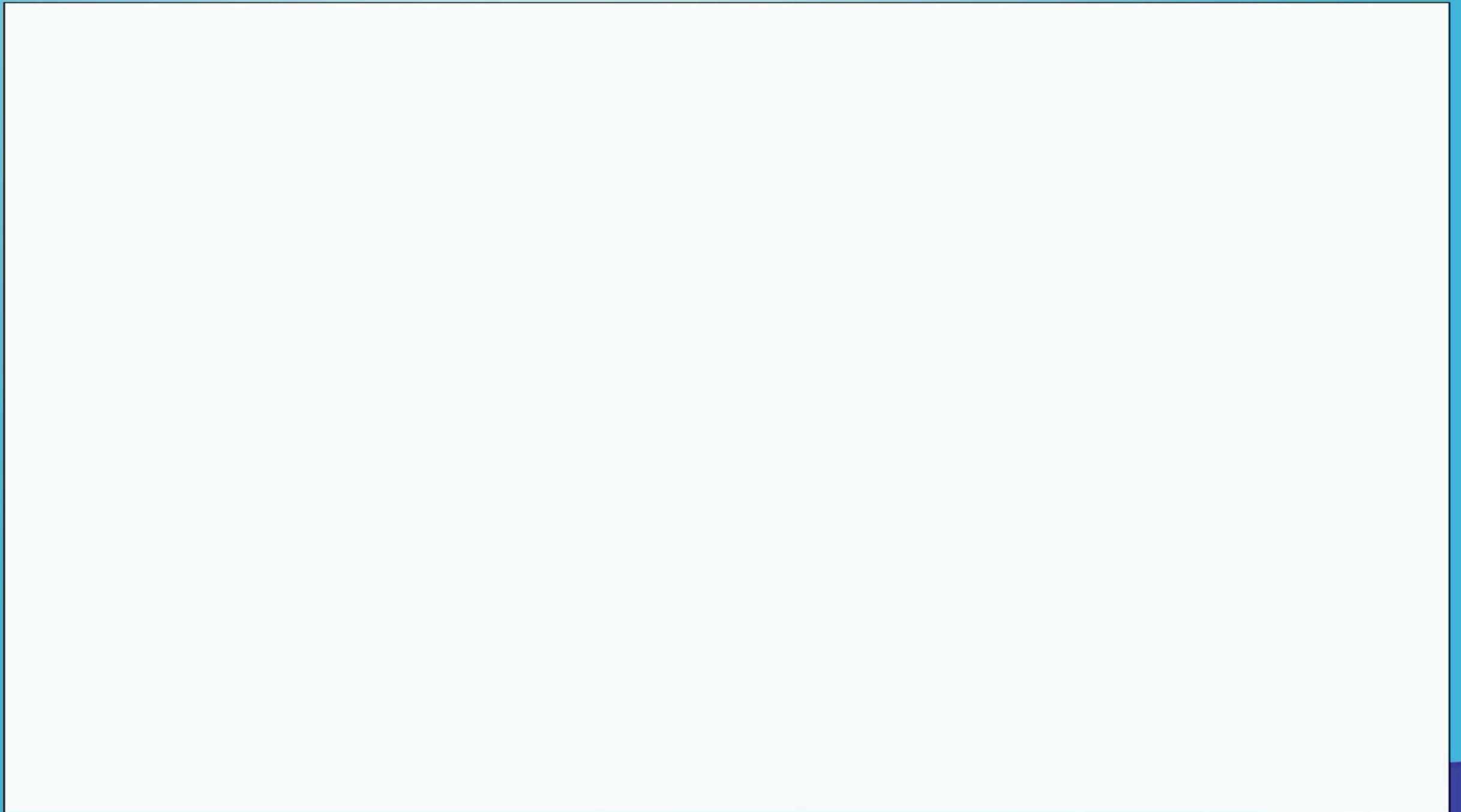
"Excellent. Much more convenient."

"The support it gives me as a carer and the knowledge that you can just walk in. If you go to the GP, they just send you down the hospital."

"I've had bad legs since last year and the staff at the Leg Club have been wonderful"

"Leg Clubs deliver 'Social Prescribing' at it's very best!"







The global near future

When are we launching the first Leg Club in
Catalunya
Spain,
Latin America ?

¿Cuándo ponemos en marcha el primer Leg Club en Catalunya?
España,
Latino América?

Conclusion

The focus of the psychosocial Leg Club model has been to introduce, develop and extend person-centred wellbeing in lower limb/foot provision using a social methodology



El objetivo del modelo psicosocial Leg Club ha sido introducir, desarrollar y ampliar el bienestar centrado en la persona en la prestación de servicios para las extremidades inferiores/pies utilizando una metodología social.

- ❖ This partnership allows individuals to contribute as stakeholders in their care from the outset, promoting a sense of ownership and involvement
- ❖ Matches the government's desire for greater individual and community involvement in the provision of health and social care
- ❖ Unless we reshape care delivery, address the whole person through social prescribing and reduce variations in the quality and safety of the care we deliver, the general public's changing needs will go unmet
- ❖ Esta asociación permite que las personas contribuyan como partes interesadas en su atención desde el principio, promoviendo un sentido de propiedad y participación.
- ❖ Coincide con el deseo del gobierno de una mayor participación individual y comunitaria en la provisión de atención médica y social
- ❖ A menos que remodelemos la prestación de la atención, abordemos a la persona en su totalidad a través de la prescripción social y reduzcamos las variaciones en la calidad y seguridad de la atención que brindamos, las necesidades cambiantes del público en general quedarán insatisfechas.

Change can be challenging when introducing collaborative social care, but relationships will evolve over time!



Thank You

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LEG CLUB ASSOCIATE ORGANISATIONS

