The Mottingham Leg Club in South London opened on 5 September, 2012. As well as the fantastic nurses, volunteers and patients who are the beating heart of any Leg Club, also in attendance were Marc Courtney, Chairman of the Lindsay Leg Club Foundation, the Deputy Mayor, Councillor Ian Payne and Jonathan Lewis, Chief Executive of Bromley Healthcare.

All those familiar with the Leg Club Model will understand how its basic principles — a holistic approach to treatment delivered in a friendly welcoming atmosphere, where people with lower leg problems can benefit from mutual encouragement, have fun and enjoy refreshments together — are likely to deliver better patient outcomes.

Very few would disagree that these principles ‘feel’ right. However, the aim of the Lindsay Leg Club Foundation is also to provide facts, statistics and evidence of improved patient outcomes — a hard edge to the undoubted feel-good factor of watching a successful Leg Club in action.

While we are all used to the NHS being in a seemingly endless state of flux, previous authors of this column have described the efforts by the Foundation to steer through shifts in decision making and budgetary policy, and establish the Leg Club model as a ‘gold standard’ example of the benefits that these changes are supposed to be bringing.

Indeed, as the current Government seem to be consigning their ‘Big Society’ concept to the long grass, Mottingham may be a reason to hang onto those principles for just a little longer.

To those of us present, it felt as if something significant was happening in the evolution of the Leg Club model. Marc Courtney spoke, as he always does, about the ‘above average’ nurses that commit to opening Leg Clubs and how those excellent nurses often fail due to a lack of management support.

What had encouraged Marc about the Mottingham Leg Club, however, was that this was a commissioned Leg Club. At last, management (in this case Bromley Clinical Commissioning Group) were committing funds to a social enterprise as a way of making tangible improvements in healing outcomes.

In this case, funding did not mean a huge amount — a grant to seal the floor of the hall and install a proper sluice room was all that was required. But this financial commitment means that those who fund care have a stake in the outcome of Mottingham Leg Club.

At the opening, Jonathan Lewis represented the investors, and to have him involved in the project — professionally as well as financially — greatly improves the chances of success for this Club.

Jonathan’s words echoed what everyone in the room was feeling, when he commented:

‘We are delighted to support the Leg Club. Patients will receive better care if community providers like us and voluntary sector organisations work in partnership. This will be the first
of many partnerships we form to look after our patients better.'

Another guest, pivotal to the Club’s success, was the Chair of the Bromley Clinical Commissioning Group and with more power being devolved to those on the ground, this Group is taking the lead and commissioning innovative services, as well as partnering the Third Sector in attempting to improve patient care.

The CCG had also brought along their care pathway managers, whose job it will be to make absolutely sure that the Leg Club improves healing rates, reduces hospital admissions and provide access to a vulnerable section of society all-too often missed until it is too late. All the stakeholders have a vested interest in seeing a positive outcome, which can only be a good thing for patient care.

So, private money, a new CCG, NHS staff, volunteers and patients all came together, supported by members of the Foundation and industry, to herald a new day in the journey of the Leg Club model.

Somehow, the future felt a bit brighter and the new Club perhaps even represents the green shoots of a new landscape, in which patient-centred models like the Leg Club are finally given a chance to integrate properly with broader healthcare systems.