



Exercise On Referral: The Good, The Bad and the Challenge

Introductions

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Everyone Active

Everyone Active is the brand name for Sport & Leisure Management Limited (SLM Ltd)

160 leisure and cultural facilities across the UK. We manage these facilities in partnership with 48 different local authorities.

Our centres stretch from the north in Sunderland to Mid Suffolk in the east, Fareham in the south and Plymouth in the south west.

Definition

Referral by a primary care clinician to a tailored programme of increased physical activity with an initial assessment, and monitoring and supervision throughout.

Source: Effectiveness of exercise-referral schemes to promote physical activity in adults: systematic review. 2007.

Conditions include:

Weight problems.

Hypertension.

Asthma.

Diabetes.

Inactivity.

Osteoporosis.

Arthritis.

Raised blood cholesterol.

Chronic obstructive pulmonary disease.

Coronary heart disease risk factors

Mental Health

National Background

In some areas programmes have been running for over 20 years.

These programmes have had a number of titles and structures.

Previously funded through Public Health and it's previous iterations (PCT, NHS, CHC)

National Guidance

National Quality Assurance Framework for exercise referral schemes (NQAF) was developed in 2001 by the NHS that outlined a 'Patient Centred' Model and professional competencies.

A 'Tool Kit' was also developed by British Heart Foundation National Centre for Physical Activity and Health (updated in 2010) to be used in conjunction with the NQAF.



A Toolkit for the Design,
Implementation & Evaluation of
Exercise Referral Schemes

Guidance for referring healthcare professionals

In Redcar & Cleveland

A 12 week programme of physical activity

The offer is gym, swim and chair based exercise sessions

Sessions cost £2.25

Initial assessment consists of extensive PAR-Q, with height, weight and BMI information provided by referring clinician.

The Good

- The programme has developed positive working relationships with primary care professionals and the programme is valued by them.
- The programme averages 85 referrals per month over a 12 month period.
- There is potential to extend the programme beyond the initial 12 weeks for participants.
- Well qualified and experienced co-ordinator.

The Bad

- Referrals come from a relatively small number of health professionals.
- Information about participants can often be incomplete.
- Across the programme, drop out of the programme is high; usually less than 50% complete.
- At specific locations/sites drop out can be as high as 75%.
- Cost is often cited as the main barrier to continuing participation.

Our Challenge...

- Increase the number of health professionals referring into the programme.
- Improve the quality of information we receive from health professionals.
- Develop our offer to participants (range/types of appropriate activities).
- Improve overall adherence/retention on the programme.

Your challenge

- **Group/s No.1:** Consider how you would tackle the four key challenges if had additional funding/resources to utilise.
- **Group/s No.2:** Consider how you would tackle the four key challenges if had **NO** additional funding/resources to utilise.