Exercise on Referral Scheme

Year 1: Annual Report
1st April 2013 to 31st March 2014

Contents

1. Executive Summary

Introduction

The Exercise on Referral Programmes' core aim is to provide individuals referred by their GP and other health professionals, with an introduction to the benefits of exercise with the aim of facilitating the process whereby they include physical activity in their lifestyle.

Participants with a variety of medical conditions, such as, hypertension, diabetes, obesity, high cholesterol and depression, learn how to exercise safely and effectively, as well as how to achieve psychological behavioural change. By re-educating and supervising participants we aim to empower them to continue exercising regularly and thus benefit from a more active lifestyle.

The scheme offers 13 hours a week in total, which includes initial assessments, programme setting, end assessments and regular attendance. We have seen a significant increase in referrals to the previous City and Hackney commissioned Exercise on Referral scheme.

73 participants have been referred, of them 62 attended an initial assessment (85% of participants). 21 are still completing their programmes of which all should complete within the statuary 12 weeks. 3 are due to finish by 31 March 2014. (The remaining participants referred in April 2013 - March 2014 are due to have all completed by the end of June 2014.) 25 people have completed the whole programme (34%) of those referred since April 2013, with a further 18 completing of those who were referred between January 2013 and March 2013. 14 have been referred back to the doctor due to a change in their medical circumstance / being too ill to take part at the present time or non attendance which is an 19% decrease since the pilot programme.

The scheme has been very well received with partners. Since the pilot programme, the scheme has continued to grow and embed itself in the City of London. The focus has been to increase the referrals and awareness to all partners and create new partnerships. The completion rate has been gradually improving and now the focus is to minimise the number of re-referrals.

2. Overview

Background

Physical inactivity is an independent risk factor in the development of serious long terms conditions such as coronary heart disease (CHD), type 2 diabetes and strokes.

National data suggests 61% of people in England are overweight in England with 25% of that being classed as obese. It shows that 66% of adults are not achieving the recommended minimum of at least 30 minutes of moderate intensity physical activity on 5 or more days of the week with only 25% of obese people achieving the

recommended minimum. Further to that, National data shows that only 27% of people in England eat the recommended 5 a day.

In London, 21% of the population are obese with 45% of these having high blood pressure.

In 2007 the Department of Health published Best Practice Guidance for the Commissioning of Exercise on Referral Services. This recommended that exercise on referral services should be available for those people who would gain health benefits from regular physical activity as part of the medical management of a chronic condition, and/or who are at risk of CHD.

Strategic Context
The Exercise on Referral Programme will contribute to local plans and strategies including:

The City Together Strategy
The City Together; the Heart of a World Class City which…

Key Themes	Key Goals
… Supports our communities	To protect and improve the health and well being of our communities, by encouraging healthy lifestyles and taking a preventative approach through accessible health promotion and early intervention, while giving our communities greater choice and influence in the use of health and care services
	To enhance services for older people to enable them to enjoy greater independence and better health for as long as possible

Corporate Plan

Deliver against the key target to "encourage more local residents, business, workers and children to participate in sporting activities".

Health and Wellbeing Board

The Exercise on Referral Programme recognises the aims and actions within the Health and Wellbeing Board and aligns with the following Joint Health and Wellbeing Strategy Priorities:

- Improve the Health and Wellbeing of the Community.
- Increase participation in physical activity for all of the city's communities.

JHWS priorities -

- Mental Health - More people with mental health issues can find effective, joined up help.
- More people in the City are socially connected and know where to go for help. (JSNA priority -Social Isolation)
- More people in the City take advantage of Public Health preventative interventions, with a particular focus on at-risk groups.
- Older people in the City receive regular health checks – with referral exit routes to the City of London Exercise on Referral scheme.
- More people in the City are physically active (JSNA priority – Cardiovascular disease and social isolation).

Service Aims

- To offer effective exercise for participants with medical conditions
- To empower and motivate participants to make informed choices to improve their physical, mental and social well-being through physical activity
- To advise, support and motivate participants who would benefit from increased physical activity
- To empower participants to make positive changes to their lifestyles and create long term change in exercise behaviour
- To allow participants to meet the 5x30 physical activity for health message
- To promote access to sport and physical activity facilities
- To undertake health assessments and subsequent exercise prescription

Recruitment of participants and referral pathway

- Participants must be a City of London Resident
- Participants registered with a GP in the City of London (Neaman Practice, City Wellbeing practice) and / or GP's in surrounding boroughs.
- Participants diagnosed with a health condition as per the exercise referral programme inclusion criteria (see below).
- Referral pathway is followed as per the referral pathway below.

Eligibility for the Programme

Inclusion Criteria

The service is intended for people who meet the following criteria:

- Aged 18 years +
- Participant's current physical activity levels must either be sedentary or insufficiently active to be accepted into the programme.

Sedentary: less than 30 minutes of physical activity a week

Insufficiently Active - less than 5x30 minutes moderately intensity physical activity per week.

They want to receive support to become more active, in conjunction with at least one of the following:

- Type 1 or type 2 diabetes
- Hypertension (<180/100mmHg)
- Hyperlipidaemia (> 5mmol/l)
- BMI >30 (BMI>25 if another risk factor present)
- chronic respiratory disease
- Neurological conditions such as Multiple Sclerosis
- Asthma/COPD
- peripheral vascular disease
- stable angina
- diagnosed coronary heart disease
- osteoporosis
- long-standing back pain
- arthritis
- Physical disabilities where independent physical activity is suitable
- People with mental health conditions e.g. depression and anxiety.
- The capacity and motivation to increase their levels of physical activity

assessed by the referrer as either 'low' or 'medium' risk, using the risk stratification tool (See section 14 Medical Risk Stratification Tool). The condition of the participant specified on the referral form, determines the contact time and level of supervision provided. The higher risk participants will have more contact time within the allocated sessions than the lower risk participants. Experience from the pilot has shaped the programme to allow lower risk participants to attend the gym at any time once the initial assessment and individual programme is set. Medium risk participants can only attend in instructor led sessions.

Exclusion Criteria

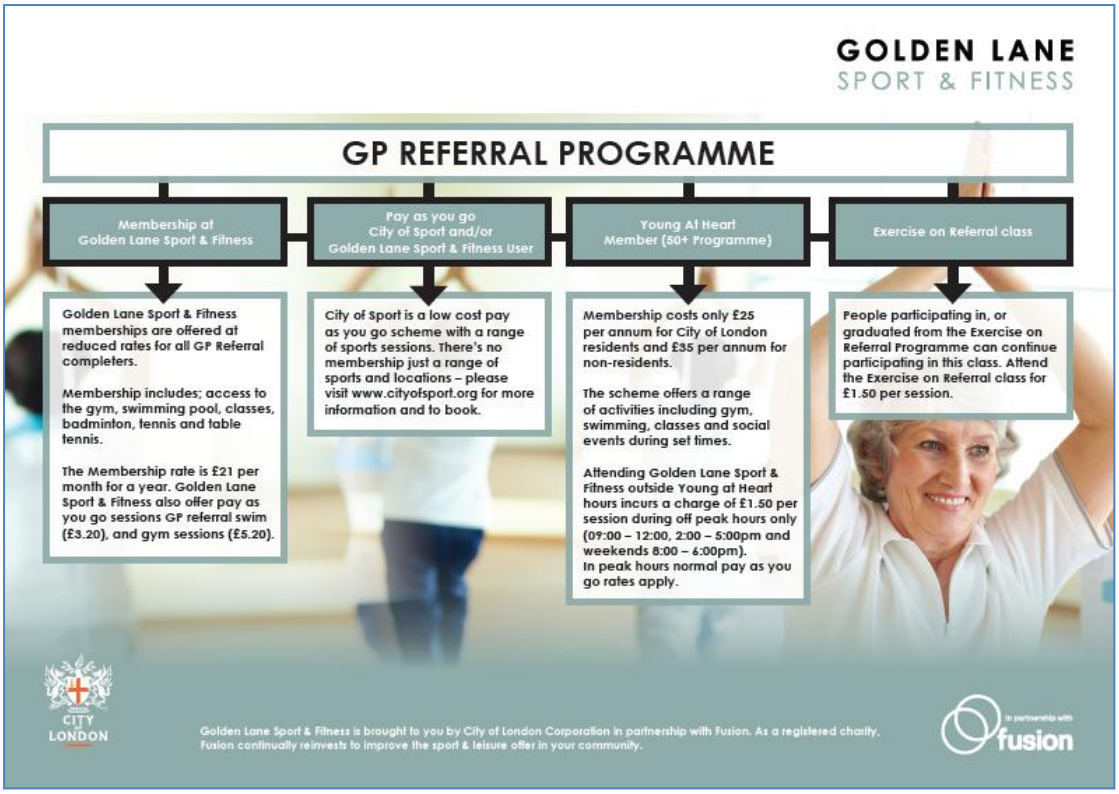
Inappropriate referrals include:

- Over 65 and at risk of falls
- Unstable or uncontrolled cardiac disease or a recent cardiac event
- Heart failure
- Angina
- Uncontrolled BP over 180/100
- Claudication
- Recent Stroke/TIA (unless referred by neuro-rehabilitation)
- Severe osteoarthritis
- Dizziness or syncope
- Orthopnoea or PND
- Severe or brittle asthma COPD
- Poorly controlled Diabetes
- any medical condition not controlled
- any muscoskeletal conditions that do not allow independent exercise individuals

GP Referral participants pathway

GP Referral Exit Routes

There are four exit routes for the Exercise on Referral programme; these are highlighted below in the table.



Instructor Profiles

Rachel Luker

- BSc Sport and Exercise Science (University of Northampton)
- Level 3 personal trainer
- Aqua aerobics instructor
- Exercise with disabled people
- GP Referral qualified
- ETM
- Les Mills qualified

Ahmet Mehmet

- GP referral qualified
- Diploma in person centred therapy
- Advanced certificate in CBT
- Mindfulness for those in the supporting professions
- Level 3 Personal Trainer
- Circuits instructor

Ayo Shodimu

- BSc (HONS) Sports Therapist
- GP Exercise Referral Qualified
- Personal Trainer (REPs Level 3)
- Coaching Assistant Qualified (England Athletics)
- Emergency First Aid Qualified

3. Monitoring and Evaluation of the programme.

The programme from April 2013 to March 2014 has seen 73 people referred so far.

Of them 62 attended an initial assessment (85% of participants), 21 are still completing their programmes (29%) with all of them due to complete within the stated timeframe. 25 people have completed the whole programme (34%) with a further 9 people (12%) due their final assessments. They have missed weeks due to a number of reasons including ill health, holidays and being too busy.

10 of the 24 people have completed the whole programme within the specified 12 weeks (42%) with many on course to finish but have been delayed due to missing

classes and assessments due to a variety of reasons. We continue to monitor the individuals to ensure they finish the programme albeit not within the specified timeframes in these cases.

14 people (19%) have been referred back to their doctor due to lack of contact in both attendance on via telephone/mail, with 2 people (14%) due to a change in their medical circumstance / being too ill to take part at the present time. 1 person unfortunately died before they were able to complete the programme. This is a decrease in 13% since the pilot programme and is a big focus of ours. These 16 (1 deceased) can be re-referred to the programme but they will not complete their programme within the specified 12 weeks.

11(15%) never attended the Initial Assessment after multiple contact so have never started the programme.

Monitoring of KPI's for the Exercise on Referral programme

KPI	**Target**	**Achieved from 1 April 2013**
Number of referrals received	60	73 received (121%) 67 (92%) Neaman Practice
Time between receipt of referral and provider making contact with patient	72 hrs (3 working days)	90% within 72hrs (66 people) 88% same day (64 people)
Time between provider making first contact and first assessment	No more than 3 weeks (15 working days)	73% within 3 weeks (53 people) **average 12 days**
Number attending first appointment for assessment	48 (80% of target)	62 attended (85%)*
Number starting first training session	42 (70% of target)	62 attended (85%)*
Number completing the programme	40 (67% of target)	**25 (out of 73) (34%)***** 43 (out of 104) (41%)
Number of completers with an increase in activity from baseline *	40 (67% of target)	**16 (out of 25) (64%)***** 26 (out of 43) (60%)
Number of people that improved at least one physiological health indicator at week 12 of the programme (End Assessment statistics).	70% of completers achieved a reduction in their blood pressure, BMI and/or resting heart rate.	improved BP *** **76% (19 out of 25**) 77% (33 out of 43) improved weight **76% (19 out of 25)** 72% (31 out of 43) improved BMI **52% (13 out of 25)** 56% (24 out of 43)
Number of 6 month follow-ups successfully contacted (from Initial Assessment date).	80% of the number that completed the programme	86% (32 of 37 completers)**
Number of people that took up an identified Exercise on Referral exit route and still active at 6 months after their Initial Assessment.	75% of the number that completed the programme	**88% (22 out of 25)***** 93% (40 out of 43)*****
Number of 12 month follow-ups successfully contacted (from Initial Assessment date).	80% of the number that completed the programme	n/a
Number of people that took up an identified Exercise on Referral exit route and still active at 12 months after their Initial Assessment.	70% of the number that completed the programme	n/a

Table 2.

*** 11 (15%) people did not respond to contact therefore did not attend their IA or first training session. They have been referred back to the GP via the SLA procedure. 1 was referred back to his GP due to being a Cardiac Patient.**

****The majority of participants were within the date range, however two participants were out of the country for periods of time so skewed the data.**

***** The first number, those who started and finished in this financial year. The second number is the total number of completers including those who started in the pilot programme but finished in this financial year.**

****** This is actually 38% from all initial referrals , Still active is defined as still participating in their exit route of our Young at Heart program or a membership at Golden Lane Sport & Leisure.**

*******Of the 69 people due their 6 monthly follow ups, 31 (44%) didn't complete the programme and 1 (0.1%) is still in the programme for various reasons, therefore they are not included in the statistics.**

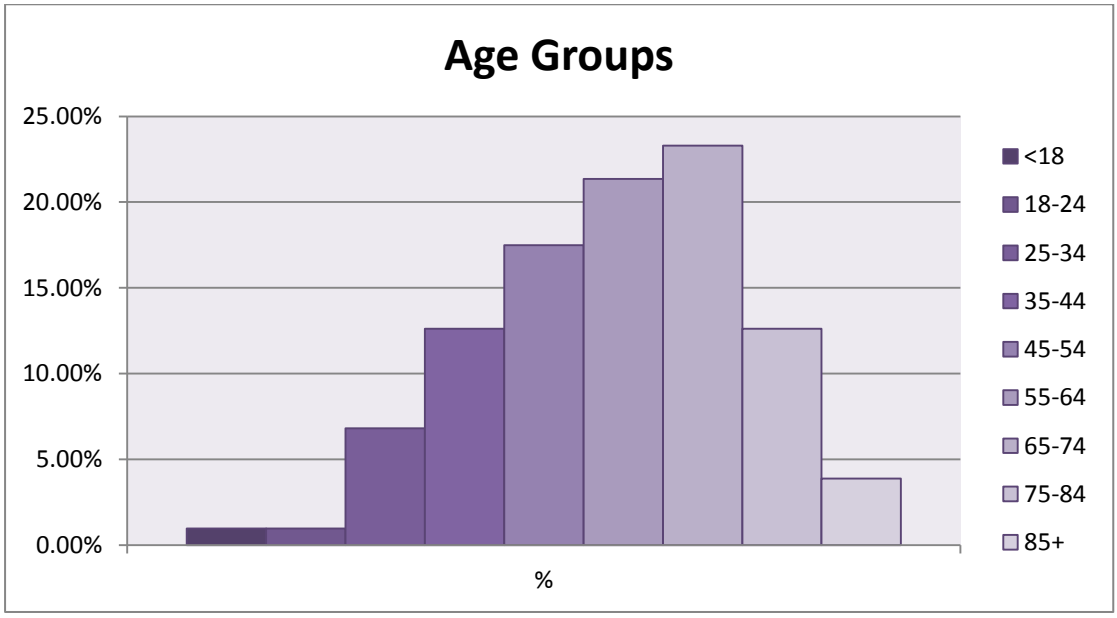
******* *37 completers' includes those from the pilot scheme who 6 month update was due in this financial year**

Demographic data:

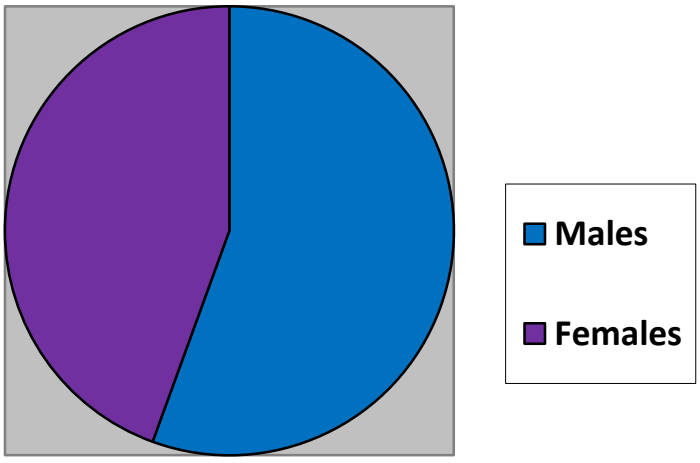
All 73 referrals:

Referrers demographic	
Age	Average 58 (Range: Lowest – 16 Highest: 89)
Gender	Female: 40 Male: 32

Table 3.



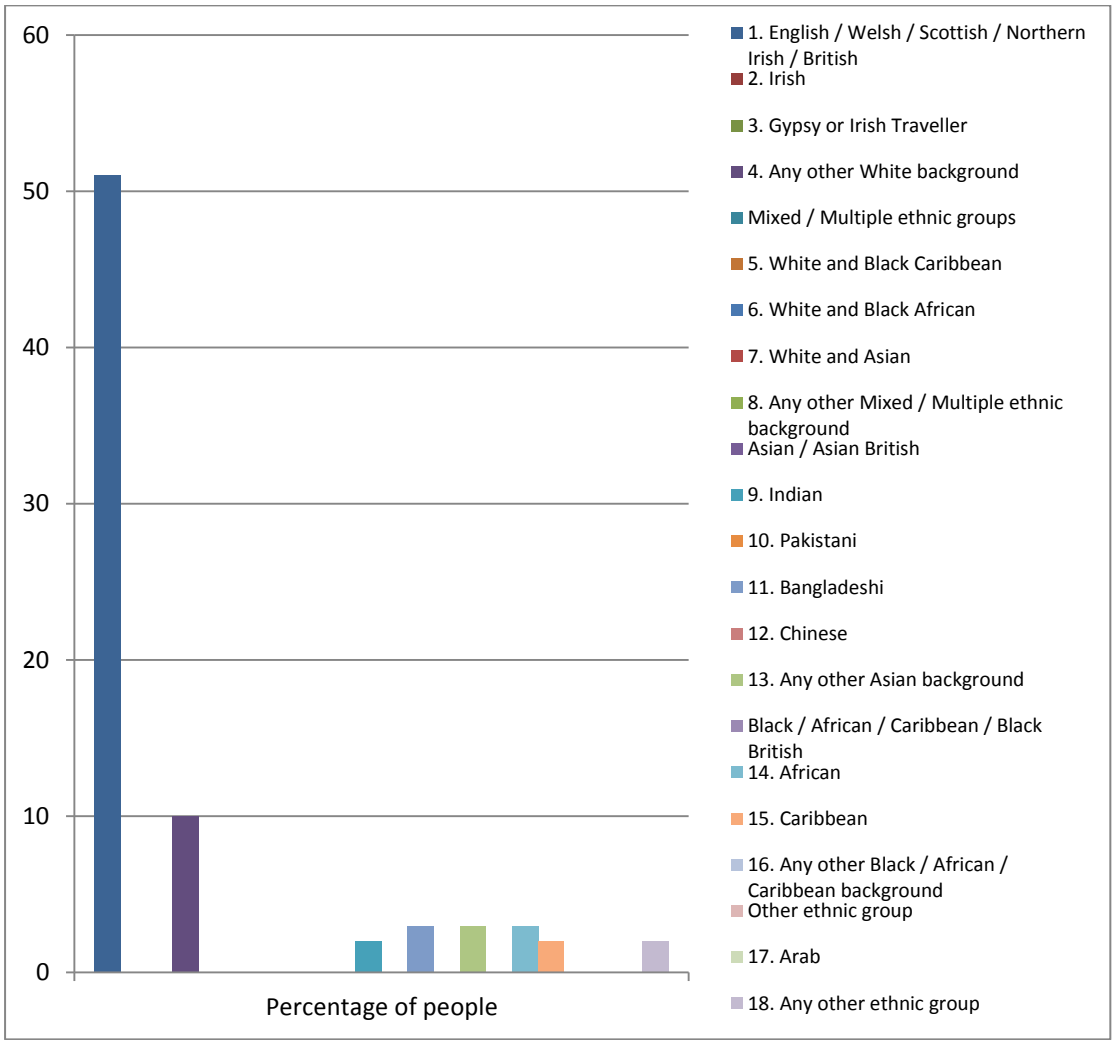
Graph 1: Age of referrals



Graph 2: Gender of Referrals

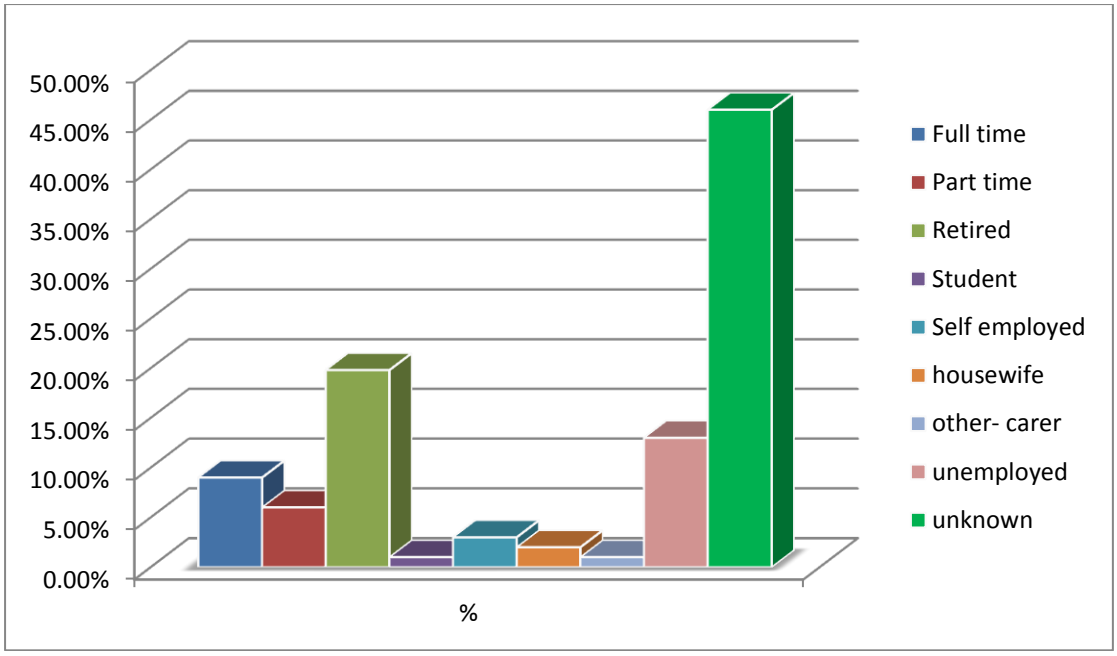
Graph 1 shows that the average age of our participants is 58, but we have a range of 73 years giving us strength in depth. We typically see more females in most of our

programmes targeting older people / health, but Graph 2 shows a strength of the programme in that we have slightly more males in the programme showing the programme caters well for both genders.



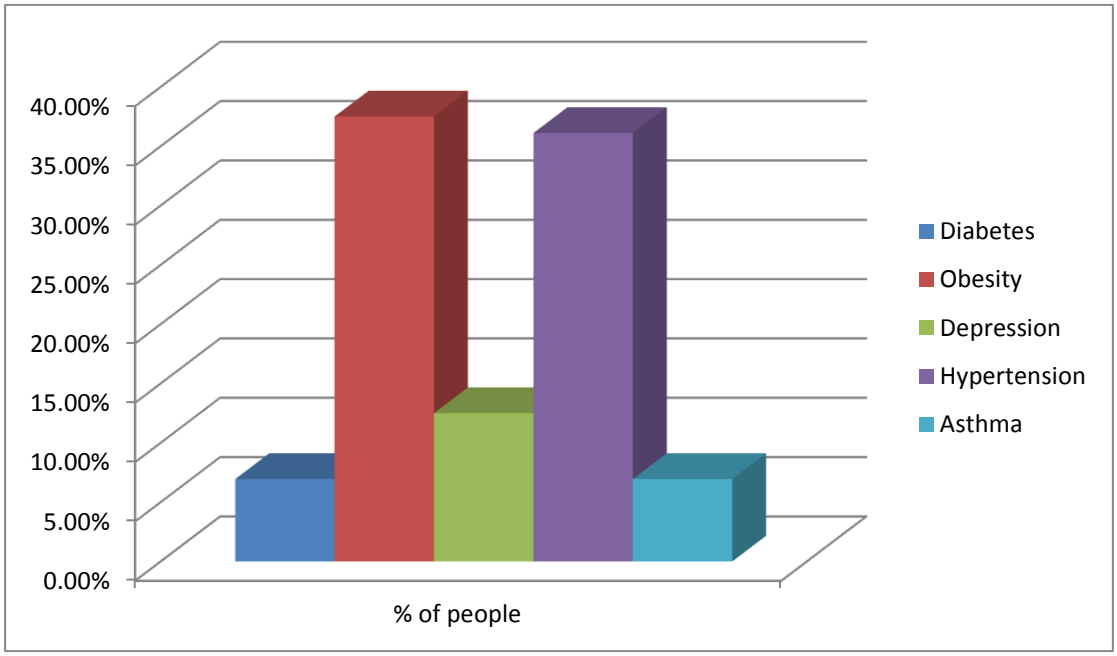
Graph 3: Ethnicity of referrals.

The above graph shows the ethnic breakdown of the pilot participants. English, Welsh, Scottish, Northern Irish and British and other white background are the main referred groups with a large percent unknown or not disclosed.



Graph 4: Employment Status

The above graph shows that most of our referrals that we have information about, are retired or unemployed which gives us a basis of what time of day is best to engage most of our clients.



Graph 5: Types of medical conditions.

The vast majority of users on the scheme have multiple health conditions, individuals are rarely referred due to one condition. The majority of referrals are from those who are obese (37%) followed by hypertension (36%) and Depression (12%).

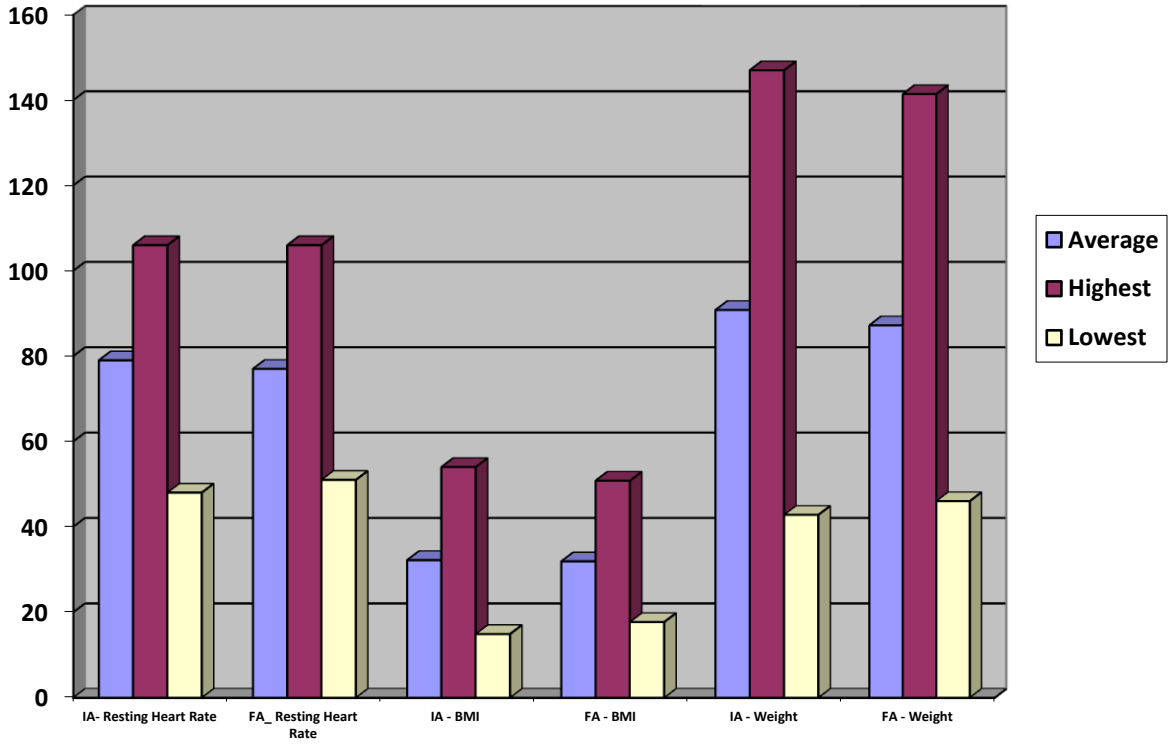
Physiological measurements at Initial Assessment.

62 people attended their Initial Assessment out of 73 referrals.

Physiological measurement	At Initial Assessment	After programme
Resting Heart Rate	Average 79 (Range: Lowest: 48 – Highest: 106)	Average 77 (Range: Lowest 51 – Highest 106)
Blood Pressure	Average 148/86 (Range: Lowest: 98/73 – Highest: 162/116)	Average 134/85 (Range: Lowest: 98/73 – Highest: 145/89)
BMI (height/weight)*	Average 32.2 (Range: Lowest: 14.9 – Highest: 54)	Average 31.9 (Range: Lowest: 17.70 – Highest: 50.8)
Weight	Average 91 (Range: Lowest: 42 – Highest: 147	Average 87 ((Range: Lowest: 46 – Highest: 141)

Table 4: Physiological measurements at Initial Assessment and Final Assessment

Out of the 62 people that attended their Initial Assessment 25 have completed the programme:



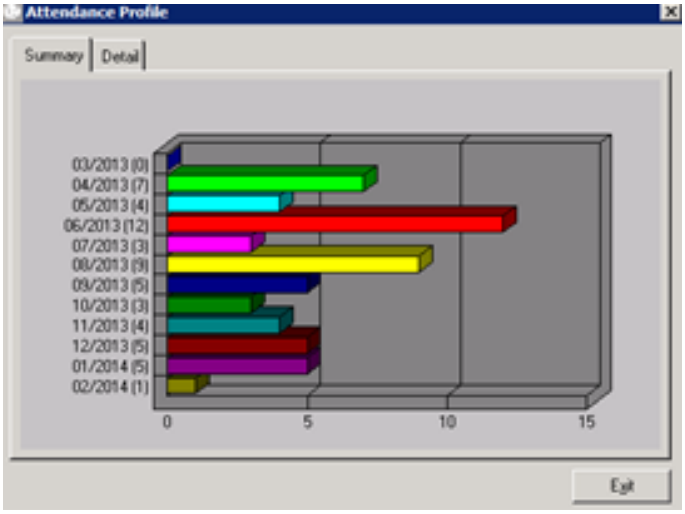
Graph 6: Average physiological measurements at End Assessment of the completers.

Of the 25 people that have currently completed the course, 23 people (92%) improved at least one physiological health indicator at the End Assessment and 16 had an increased activity from baseline with the other 9 maintaining their activity. 18

out of 25 saw a decrease in their resting heart rate (RHR), 19 out of 25 saw a decrease in their blood pressure and 19 of the 25 saw a weight loss.

Exit routes

Of the 25 people that have completed the programme, 12 have gone on to the Young at Heart programme and 10 are now on discounted memberships with one moving back to the USA, one moving away and one was undisclosed.



Graph 7: Membership attendance of former EoR client

The above graph shows the attendance to Golden Lane Sport and Fitness, by month, from a former Exercise on Referral client. This shows that our exit routes are being utilised well.

6 Monthly Follow ups

Since the start of the programme, including the pilot scheme we have 69 people who are due their 6 monthly follow up appointments. Of these 69, 31 people have not completed the programme therefore have not been accounted for. Of the 37 who have completed, 32 have had their 6 month follow up. 29 of the 32 completers (90%) have stated they feel their health has improved since being on the programme and have continued with physical activity.

Evaluating re-referrals and overdue assessments

Of the 73 referrals, 14 have been re-referred back to the GP. Of these, 11 were due to non attendance for the initial assessment and no contact since then, 2 were due to illness which affected their attendance on the programme and 1 was deceased.
There are currently 9 final assessments outstanding with these not completed due to 5 people having no contact after 3 attempts of the follow up and 4 people being due to non attendance in the latter stages of their programme, therefore not having their final assessment. These will be re-referred after 3 months of no contact.

Partnerships and referrals to the programme.

We have undertaken extensive partnership work to ensure the schemes are operating effectively, in line with local needs and the national quality assurance

framework for exercise on referral schemes. Of the 73 referrals, 67 came from the Neaman Practice, 2 from the City Wellbeing practice, 1 from Goswell road pharmacy 1 from the Substance Misuse Team, 1 from St Peter's Street Medical practice and 1 from Donald Winicott Centre.

The two City of London GP practices have been met with and individually and explained the referral procedure, strategic fit and benefits of the programme.

The central referral point is the Neaman Practice in the City of London. Other referral points include;

- City Advice Service, Toynbee Hall
- Substance Misuse Team.
- Homeless services including Broadway
- Adult Social Care
- Physiotherapists
- Pharmacies
- Dentists
- GP's
- Practice Nurse
- Community Nurse
- Mental health professionals
- Occupational therapists
- Specialist nurses

Summary of the programme to date.

Key strengths

- The number of referrals made.
- Easy transition to exit routes including reduced membership, CoL resident pay as you go rates and Young at Heart.
- Excellent staff involved with the programme who are essential to the programme, who are all trained in exercise referral and are registered REPS (register of exercise professionals) level 3, have an enhanced CRB check and have a minimum expected competence level in first aid training.
- Extended staff training, one instructor has completed their aqua course so we can offer this as a class and further training is planned for the coming year.
- Programme has been commissioned to run for an additional full year in 2014/15.
- The procedure for referral has now been ingrained at the Neaman Practice.
- Extensive partnership work has taken place and the scheme has benefitted from this and continues to do so.

Key issues:

- During the April 2013 to March 2014 we experienced a number of issues during the programme with the amount of participants who are on holiday during the summer months and also Christmas holidays; as a result our end assessment dates have been over target.
- Monitoring participants through the BMI scale seemed to be an issue as this is not a reliable form of measuring, due to it not being able to distinguish between muscle mass and body fat. We would look to utilise a body circumference measure or body fat percentage instead going forward.
- We have received numerous referrals for City workers that we have had to decline as they are not City residents. We feel that they are in need of the programme and may not have programmes where they live thus would like to accept City of London providers participants going forward in the scheme.

Proposals for 2014/15

- Increase the number of City residents referred and open up the avenues for City workers to be referred. (Target 73 residents. Target for City workers to be determined.
- Increase the number of completers. (Target 60%)
- Monitor Customer satisfaction.
- Ensure participants complete 12 consecutive weeks. (16 weeks with a 4 week grace period for holidays and illnesses)
- Increase the number of partners contacted.
- Work with and accept referrals from GP surgeries outside of the City of London.
- To develop the programme to enable City workers to access the GP Referral scheme. The service will be targeted at City of London low paid/high risk workers within the square mile, working in the following sectors: Manufacturing, Construction, Retail, Food Service, Transport and Storage.
- To enhance the awareness of the programme becoming Cardiac phase IV accredited programme and increase awareness to referrers.
- To monitor the number of Stroke and Cancer rehabilitation referrals in order determine the need for up skilling instructors in these areas.
- Incorporate monitoring of physiological measurements at 6 months and 12 months to track progress.

SWOT analysis of the City of London Exercise on Referral Scheme

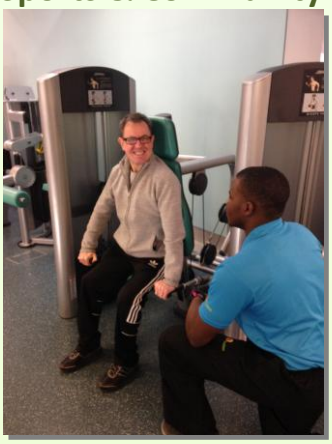
Strengths	**Weaknesses**
1. There is 1 to 1 tuition for 12 weeks not 1 to group sessions like most other GP referral schemes. 2. Partnership work with other services promotions of cross referrals. 3. Fusion Lifestyle Sports Development team have an in depth understanding and knowledge of the local area and variety of exit routes. 4. The scheme is hosted in a newly refurbished leisure centre which has a greater variety and range of activities on offer. It is a sports specific environment compared to the doctor's surgery and has changing rooms that are fully accessible. 5. The geographical location is an advantage for the residents, and is less than a mile from the main GP surgery. 6. Consistency of the instructor from the Exercise on Referral scheme through to the exit routes and weight management course. 7. Offer specific weight management course.	1. Do not have a measure of the total number of residents that would be eligible for the scheme. 2. Gym based sessions only until participant numbers grow. 3. Do not accept cardiac rehab patients. 4. The monitoring and evaluation will not be substantial until the 12 month marker for each individual. *See risk mitigation section.
Opportunities	**Threats**
1. Long term potential to include City Workers. 2.The pilot was a success, there is the potential to increase the programme to include permanent evening and weekend sessions. 3. Measure the requirement for class based exercise when there are more participants, classes and swimming based activities. 4. Long term potential to include cardiac rehabilitation in the scheme. 5. Opportunity to work with Tower Hamlets public health commissioners and surgeries to refer Portsoken Ward residents. 6. On the findings from the pilot we are to introduce a high/moderate/low risk induction / programme card to clearly identify risk categories.	1. Health and Wellbeing boards are newly established, funding may not re-commission Exercise on Referral programmes after 31.3.15. 2. Changeover of staff from the GP practices and partners, loss of knowledge. 3. Need to build new relationships. 4. Saturate the number of City residents needing the scheme.

Risk mitigation

1. Do not have a measure of the total number of City residents that would be eligible for the scheme – Working with Adult Social Care and their database to produce a procedure on cross referrals.
2. Need to establish effective referral pathways for City workers - in discussion with the public health team around this.
3. Gym and Aqua based sessions only until participant numbers grow – We continually review the timetable and look to deliver additional class's dependant on feedback from current participants.
4. Do not accept cancer or stroke rehab patients – The number of stroke and cancer rehabilitation referrals will be measured, with the long term aim of recruiting/up skilling specialised rehabilitation instructors if needed.

This will help us develop and evolve the scheme over the next 12 months.

Sports & Community Case Study



Exercise on Referral – Jan 2014: CS No 2.
City of London

Target Group: Exercise on Referral Participants

Funded Scheme: The City of London GP Referral Scheme is funded by City of London Health and Wellbeing Board

Scheme Summary: Supporting participants and encouraging an active healthier lifestyle.

Participation Impact: From limited/no exercise participants become regular gym users.

Key Outcomes:

On starting the programme this participant was 5 month post-stroke. He had been discharged from the hospital in February 2012 and joined our scheme 3 weeks later. Initially the participant was only able to maneuveor with the assistance of a care worker and his zimmer frame. Due to issues with his balance all exercises were performed in a comfortable seated position and were supplementing the exercise program previously prescribed by his last care worker. Cardiovascular exercises for both the upper and lower body were favoured to begin with as they also allowed the participant to work on his co-ordination. As the participants strength and confidence grew he was gradually progressed onto strengthening exercises using resistance machines, this was a process the participant had been looking forward to as regaining his strength was a top priority he had set himself. Alongside the home-based balance and co-ordination exercises he was performing, the participant eventually progressed to a level of strength and mobility that he was comfortable at as he was able to perform most of his daily tasks: regaining his independence. This participant was highly motivated and the team found him a great pleasure to work with.

	1st Assessment	Exit Assessment
Blood pressure	123/84 hr84	126/74 hr65
Weight	58.8kgs	65.9kgs
Height	160cm	160cm
BMI	22.9	25.7

Sports & Community Case Study

Exercise on Referral – Jan 2014: CS No 1.
City of London

Target Group: Exercise on Referral Participants
Funded Scheme: The City of London GP Referral Scheme is funded by City of London Health and Wellbeing Board
Scheme Summary: Supporting participants and encouraging an active healthier lifestyle.
Participation Impact: From limited/no exercise participants become regular gym users.

Key Outcomes:

At the start of the programme this participant was extremely cautious and nervous about exercise particularly concerning his lower back and knee. The instructor started off by prescribing a cardio-vascular work out which was low impact and focused on improving fitness. As the participants confidence grew we added additional strength and conditioning exercises to his programme. These were mainly focused on his lower back and legs. With some trial and error we managed to work through the technique in these exercises and the participants programme grew. Just over half way through the scheme the participant reported that he no longer had pain in his knee or back and that he wanted to try and increase the intensity of his workout. The instructor then set about gradually increasing the intensity and integrated some interval training. Overall the participant has been a pleasure to work with and a very determined person. The Exercise on referral team has no doubt that with continued support he will go on and achieve more fitness and weight loss gains.

Please find the key performance indicator statistics below highlighting his success on the programme through weight loss.

	1st Assessment	Exit Assessment
Blood pressure	122/86 hr70	123/87 hr55
Weight	97kgs	86.9kgs
Height	180cm	180cm
BMI	29.7	26.8