Oxfordshire’s Exercise Referral Summit Meeting
2nd July 2019
Purpose and Objectives of this Summit

Purpose:
• Health partners suggest: ‘review and refresh’ the scheme
• Widely recognised: the scheme operates in silos and seen as ‘broken’ – lacks connectivity
• Widespread appetite to address these issues – review, refresh and develop the scheme along the PA pathway

Objectives:
• Be aware of national guidance & national drive to enable people with, or at risk of LTC / chronic conditions to access PA / exercise programmes
• Utilise the expertise in the room to conduct ‘Blue sky thinking’ – what the scheme should and could look like in Oxfordshire.
• Identify willing experts to form a Task group to work collaboratively to develop the agreed & achievable model for Oxfordshire.
Oxfordshire’s Exercise Referral Scheme: Are we meeting the need – a pathway of opportunities?
Meeting the Need? Our population is increasing....

- Oxfordshire - expected to see the 65+ population grow by 50% by 2038, compared to 47% nationally

- 85+ is expected to increase by 63% (+10,900) by 2032
The prevalence of LTC is increasing

- Nationally, the prevalence of LTC, predominantly NCD, is increasing
- There are more people living now with multiple LTC than single conditions
- Multi-morbidity is more common among deprived populations

Oxfordshire does better or similar to the national average on most PH indicators - however, health inequalities remain: life expectancy is lower in more deprived areas
In Oxfordshire – causes of death and health conditions…

- Over half of deaths in those under 75 were considered preventable
- CVD, cancer, depression and osteoporosis have higher prevalence in GP recorded data than national average
- Mental health needs are increasing: depression diagnosis among adults is increasing
- Falls are the largest cause of emergency hospital admissions for older people (65+)
- MSK: 13.7% of participants in GP patient survey, report a long-term musculoskeletal condition
- Over half of adults are overweight or obese
Levels of Physical Activity 2017/18

Active Lives Adult survey April 2019
Inactive behaviour: age by gender

Source: Sport England, Active Lives, May 17 to May 18, age 16+, excluding gardening
Health benefits of physical activity

Source: The value of getting people active from different starting points. HM Government, A New Strategy for an Active Nation
Exercise is one of the most powerful medicines available.....

BUT..... for many it is a bitter pill to swallow!
How to achieve a changing landscape....
WHO Global action plan on physical activity 2018-2030: more active people for a healthier world

WHOLE OF GOVERNMENT SOLUTIONS FOR PHYSICAL INACTIVITY

This global action plan provides a "systems-based" roadmap for all countries to enable national and subnational action to increase physical activity and reduce sedentary behaviour.

Increasing physical activity requires a systems-based approach – there is no single policy solution.

WHAT IS A ‘SYSTEMS-BASED’ APPROACH?

A systems-based approach recognizes the interconnectedness and adaptive interaction of multiple influences on physical activity. It shows the numerous opportunities for policy action by different stakeholders to reverse current trends in inactivity and how they interact on multiple levels.

Implementation requires a collective and coordinated response across the settings where people live, work and play by all relevant stakeholders, at all levels, to ensure a more active future.

Numbers shown refer to the recommended policy actions. For full details refer to the main report.
Encourage and enable access, with appropriate supported interventions

Physical Activity

Whole Population approach – across the Physical Activity spectrum
Participant Risk and Activity Modification

- High risk populations
- Medium risk populations
- Low risk populations
- Apparently Healthy Population
Behaviour change – person-centred care
Cardiac Rehab service + links with Phase IV/Exercise Referral

CARDIAC REHABILITATION TEAM
JOHN RADCLIFFE HOSPITAL
Cardiac Rehabilitation – OUH Hospital Trust

- MDT – Nurses and Exercise Physiologists
- Inclusion criteria: Myocardial infarction, bypass surgery, elective PCI (self-refer), heart failure diagnosis.
- Phase I – inpatient education
- Phase II – home based
- Phase III – clinic assessment and option to attend 8 week supervised exercise sessions at Abingdon, Witney, Blackbird Leys or Horton Hospital.
- Educational component; topics include risk factors, medication, healthy eating, mental wellbeing and physical activity.
- Signposting to other services such as smoking cessation, talking space plus, lipid clinic, weight loss service, diabetic weight loss programme.
OUH Rehab Uptake & onward referral

- 2017 – 2018 MI, bypass, elective PCI.
- Phase II to Phase III uptake 64% compared NACR average is 57%.
- 75% completed Phase III
- 52% of those completing phase III were referred to Phase IV or exercise referral.

- Heart Failure Data 17 – 18
  - 67% of patients referred started phase III
  - 74% of patients completed.
  - 41% referred phase IV (mainly South & Vale – where appropriate instructor)

- 80% completed rehab
- 47% referred to phase IV or exercise referral
Abingdon 2018 – 2019 onward activity following phase III

85% of these patients referred to phase IV completed (GLL stats).
West Oxfordshire (Witney) onward activity following phase III.

79% of those referred to phase IV completed (GLL stats).
Central/East Oxfordshire onward activity following phase III

- Phase IV: 23
- Exercise Referral: 6
- EX Ref if scheme running: 9
- Other: 23

Total: 51

Central/East Oxfordshire onward activity following phase III

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Total: 51
Cherwell (Horton) onward referral following phase III

- 47% Exercise Referral
- 29% Independent gym
- 11% Independent exercise
- 5% BHF
- 1% Patients still in rehab
- 7% Phase IV
Mapping of Phase IV/Exercise Referral in Oxfordshire

https://www.zeemaps.com/view?group=3475602&x=-1.313758&y=51.747028&z=7

https://www.zeemaps.com/view?group=3475602
Patient Testimonials when asked why they attend and what they get out of the phase IV exercise sessions.

- “I’ve attended this class for the last 2 years to improve my general fitness since phase III. I enjoy the variety of exercises and meeting fellow cardiac recovery patients. Group exercises are challenging when added together as a combined one hour session”. (Rob)

- “Meeting people and I enjoy it” (Sue)

- “It is much easier to exercise with a group. The exercises are set so that each person can manage depending on how fit they are” (Richard)