The Intervention: Exercise Referral, a changing landscape
NICE contains a wealth of guidance & quality statements, relating to PA
Quality statements

Statement 1 Local authorities and healthcare commissioning groups have senior level physical activity champions who are responsible for developing and implementing local strategies, policies and plans.

Statement 2 Local authorities prioritise pedestrians, cyclists and people who use public transport when developing and maintaining connected travel routes.

Statement 3 Local authorities involve community members in designing and managing public open spaces.

Statement 4 Workplaces have a physical activity programme to encourage employees to move more and be more physically active.

Statement 5 Schools and early years settings have active travel plans that are monitored and updated annually.
Physical activity: walking and cycling

Public health guideline
Published: 28 November 2012
www.nice.org.uk/guidance/ph41

Behaviour change: individual approaches

Public health guideline
Published: 2 January 2014
www.nice.org.uk/guidance/ph49

Physical activity: exercise referral schemes

Public health guideline
Published: 24 September 2014
nice.org.uk/guidance/ph54
Summary of NICE 2014 guidelines [PH54]: exercise referral schemes

• Aim to encourage physical activity adoption to support the management and prevention of disease
• To improve and maintain the H & WB of adults, through reducing levels of physical inactivity amongst people with or at risk of developing long-term health conditions.
• It involves medical practitioners and allied health practitioners, working in partnership with exercise or fitness professionals, to promote health and prevent disease at a community level.
• Referral into these exercise schemes provides an opportunity for an individual to access a dedicated service for the development of an affordable, tailored physical activity programme suited to their needs.
NICE definition:

NICE (2014) defines an exercise referral scheme (ERS) as having the following key characteristics:

• A referral with **transfer of meaningful information**, to a physical activity specialist or service from primary care or an allied health professional

• A **personal assessment** with the physical activity provider to determine a programme of activity

• An opportunity for the individual to then participate in a programme of physical activity
The Specialist Exercise Professional

- Deliver and **adapt physical activity and exercise programmes** based on individual assessment of client aspirations, need, **medical condition(s), level of risk during exercise and functional capacity**

- Monitor client progress during physical activity and exercise sessions with a knowledge of **when to consult with and/or refer back to a health professional if signs or symptoms suggest the client’s LTC / medical condition is no longer stable /significant changes to the individual’s health status**

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**THE FITT PRINCIPLE**

- **Frequency**
  - 3+ times weekly
  - e.g. 2 classes and 1 home circuit

- **Intensity**
  - Dependent on assessment findings
  - HRR / VO2max / METmax
    - 40-70%HRmax
    - RPE 2-6 RPE (CR 0-10 Borg scale), 11-14 RPE (Borg scale)

- **Time**
  - 20-30 minute conditioning phase (plus warm up, cool down)

- **Type**
  - Aerobic, CV endurance training
  - Large muscle groups, Low skill
  - Amenable to standardised prescription, Fun!
CIMSPA – launched new standard

Working with People with LTC
May 2019
Someone who has achieved the standard to work with people with long term medical conditions will:

Work with those who are at risk of or have pre-existing long term conditions including:

• comorbidities and multi-morbidities, undiagnosed conditions and who may also be sedentary, inactive or not meeting the national recommendations for physical activity

• Ensure care pathways are joined up

• Provide **triage** for referrals from both the health and social care sector and self-referral sources

• Use a **person-centred approach** agree to devise an action plan that takes account of **functional capabilities and limitations, medical history including comorbidities and level of risk** associated with PA.
Fig 1 - Physical Activity for Health and Wellbeing – Practitioner and Management Roles

- Facility Reception Teams
- Health Navigator / Champion
- Health Professionals
- Local Authority teams
- Volunteers
- Pharmacists

- Group Exercise Leaders
- Gym Instructors
- Personal Trainers
- Sports Coaches
- Swim Instructors
- Walk Leaders

- Advanced Physical Activity Practitioner (LTC)
- Exercise Referral Practitioner

- Activity / Health Manager

A. Wider Workforce (Brief Advice/Intervention)

B. Mainstream Provision

C. Working with people with LTCs

D. Specialist PA Services

Wider Workforce management

Level 4 Specialist Instructor Qualification

Level 3 Exercise Referral Qualification
The Exercise Referral Practitioner will.....

- Oversee the entire client journey quality assuring ensuring they work within agreed levels of delegated responsibility and their own professional boundaries.
- Understand the importance of the collection of robust performance management data against key service outcomes
- The construction of an appropriate evaluation framework and the communication of both to key programme stakeholders.
National Exercise Referral Scheme (NERS)

Overview

The National Exercise Referral Scheme (NERS) is a Public Health Wales (PHW) funded scheme which has been in development since 2007. The Scheme targets clients aged 16 and over who have, or are at risk of developing, a chronic disease. The scheme is centrally managed by the Welsh local Government Association and has secured funding until March 31 2020.

NERS is an evidence-based health intervention incorporating physical activity and behavioral change techniques to support referred clients to make lifestyle changes to improve their health and wellbeing.

The principal aims of the scheme

- To offer a high quality National Exercise Referral Scheme across Wales
- To increase the long term adherence of clients to physical activity
- To improve the physical and mental health of clients
- To determine the effectiveness of the intervention in increasing clients’ activity levels and improving their health

Quality standards

- All protocols used on the Scheme represent the best current known practice and meet with current national guidance. All exercise professionals operating the Scheme are appropriately trained and registered.
National Drive: Manchester - an Agent of Change

- GM Active – association of Greater Manchester Leisure & Cultural organisations: 87 leisure & sports facilities, across 10 LAs
- They work as a collective to stop silo working, by sharing knowledge, expertise & resources to deliver and co-produce the best, most cost-effective solutions to meet local needs.
- Supported by the Health & Social Care partnership, endorsed by the CCG

**Aim:** to develop more consistent, best practice approaches for ERPs across GM.
Embed the delivery of a standardised approach to PA interventions for people with LTC & at risk of LTC, across localities, enabling growth of an evidence-based approach which delivers outcomes at scale.

GM Exercise Referral Programmes – Standards Framework

- Theme 1: referral pathway, signposting & participants:
- Theme 2: Interventions
- Theme 3: duration, monitoring & support
- Theme 4: sustainability & transition into long term activity
- Theme 5: Exercise Referral professionals

Informed by Behavioural Insights to help more people begin and complete ERPs.
Challenges:

- ERPs not used at scale
- Lack of awareness in PC
- Inconsistent data collection
- Variations in referral protocols
- Unsure of evidence-base approaches – operating in line with NICE guidance?
Key documents

- SERQS guidance document
- SERQS template referral form
- Initial assessment framework

Suffolk County Council
Public Health Suffolk
Putting into practice

Steering group put in place to provide a set of quality operating standards which would address the challenges identified, and drive improvements in scheme delivery in Suffolk.

Implementation of standards will ensure ERS across Suffolk operate in line with NICE guidelines and that pathways in place for exercise referral are aligned to best practice guidelines; as well as local health and wellbeing priorities.
Aim:

• Develop a QAF for PA opportunities for people with LTC that provides guidance to dispel myths and give clarity / steer on risk factors when signposting or referring those to PA (including social prescribers).

• To ensure the journey to PA is seamless, frictionless and support a best patient / customer experience

• Key is not to stifle - keep it simple

• De-medicalise the model

• Address: medico-legal issues – provide a consensus statement to dispel myths
This is a timely opportunity for Oxfordshire to collectively review and refresh our Exercise Referral scheme, in line with opportunities across the entire PA pathway, specifically for people with LTC.
Workshop 2 Task:  
**Developing a consistent quality assured Exercise Referral Scheme**

‘Developing an Exercise Referral intervention across Oxfordshire that is one part of the wider Physical Activity spectrum, to meet the increasingly complicated health needs of the population’.

a) Review the standard outlined on the task card and consider *how* that can be achieved.

b) What *barriers / obstacles* would need to be overcome to achieve this?

Document a) & b) on separate flip-chart paper, per standard.
Standard 1

Provision of an uncomplicated, streamlined and seamless referral / self-referral pathway that reflect the needs of the local community.

• What would this look like?

Prompts - consider: referral process / from HP to Exercise Referral Professional; entry points, Single Point of Access; programme/ intervention length)
Standard 2

Use appropriate measurement tools, monitoring frameworks and data collection systems to demonstrate local impact.

• What? When? How?

Prompts - consider: consistent dataset; baseline and follow-up – comprehensive assessments; meaningful, measurable outcomes – demonstrating impact; research opportunities
Standard 3

The Exercise Referral scheme is aligned to evidence-based principles and best practice guidelines.

- How could this be quality assured?

Prompts: production of a quality standard; achieving an agreed quality mark; appropriately trained workforce with relevant qualifications to prescribe exercise for people with LTCs / chronic disease
Standard 4

Provide a person-centred intervention based on the individual’s assets and strengths, preferences and long-term goals, facilitated through a diverse range of activities which are facility and non-facility-based.

• How could a person-centred approach be fully embraced to ensure longer-term sustainability for individuals.

Prompts: a menu of choice; broad range of approaches to service location across the county; one to one and group led programmes; recommending / signposting for physical activity; self-directed (self-referrals); sufficient resources & trained workforce.
There is a simple, but meaningful transfer of relevant information from the referring professional to the Exercise Professional. This will allow the EP to conduct a comprehensive initial assessment to determine safe and effective exercise prescription.

- How can we increase understanding amongst Health Professionals on the benefits and importance of increasing PA & exercise for people with, or at risk of LTC; and appreciating the importance of transferring relevant clinical information for the more complex patient?

**Prompts:** Facilitate trust between HPs and EPs. Utilise GP Champions, Primary Care Networks, CCG / PH colleagues to disseminate consistent information regarding interventions; clear communication. Clear inclusion / exclusion criteria
Standard 6

The Exercise Referral scheme should have a clear framework in place, with clearly defined outcomes and objectives, that can be monitored and evaluated.

• How can a succinct framework be developed, and collectively owned and shared, between Health Professionals, Exercise Professionals and key stakeholders?

Prompts: shared standard operating procedures; shared documentation; collaborative development with a representative stakeholder group; clear communication channels including 2-way information sharing – from referring HP to EP and back to HPs