Exercise Referral Summit Meeting: Workshop Feedback

2nd July 2019, 10.00 – 13.00

Rose Hill Community Centre, Carole's Way, Rose Hill, Oxford, OX4 4HF

Workshop 1 - What does good look like? The key principles of an Exercise Referral scheme.

Summary of recurring / key themes from feedback sheets below:

- Consistent county-wide model
- Single point of access
- One website
- Online options
- 'One-stop shop' referral system with triage
- Avoid confusion
- Increase activity opportunities (type) and county-wide
- Accessibility
- Training – funding required
- Affordable
- Widen offering beyond referral

Group 1

- Single point access
- Online portal
- Cost – subsidise
- Local to all (access)
- Ambassadorship
- LTC specific (someone understands; specific)
- Variety – breadth of offers
- Peer support ('tinder style' search options?) – build sense of community
- Higher standard of GP level accreditation
- Long-term maintenance?
    - Record?
    - Sustain willpower
    - Peer ownership?
    - Not time limited?

Group 2

- Consistent scheme across the county
- Who leads on this? Ownership of Ex R steering group set up
- Database of information of providers / schemes and sharing of knowledge

- Clear inclusion / exclusion criteria at all phases
    - Clear pathway of referral into E Ref & out of to other services
- Accessible
- 'One stop shop' referral system
- Triage system
- Less confusing
- Branding / variety of names
- GP – social prescribing link – provider
    - Social prescribers overwhelmed with referrals – need more SPs.
- Provider ability to accept a wide range of referrals (various HCPs & other services, e.g. MIND).
- Funding for specialist qualifications for providers

Group 3

- More provision – more rural
- Varied programme – not just gym
- Easy access to people to gain qualifications
- Affordable training
- Same across all districts (avoid confusion)
- Government funding to financially support
- Longer term and sustainable funding
- Early point of referral by GP (prevention)
- Transport
    - Services working together
    - Link to volunteer schemes to medical appointment
    - Transport vouchers (to pay for taxi, bus etc.)
    - Appointment buddies in Barton
- Ex Ref taking place at GP surgeries
    - solves transport issues
    - one-stop shop
- Online appointments
- Mandatory exercise for everyone
    - School
    - Employment
    - College / Uni
    - Disability allowance
    - Job seekers
    - Pension state

Group 4

- Knowing what has happened post-referral
- Pre-pathway:
    - Contact prior to facility appointment
    - Different tools / record system
- Do we exclude those who need it most?
    - Travel needs
    - Assessment of need
    - Effective conversations prior to
- Allow 'informal' referral
- Central resource / needs assessment
    - Opportunities / promotion

- Social prescribing – 'holistic'
- New language 'exercise' v. 'activity'
- Creativity around the opportunities made available
  - Social elements
  - Green gym, walking etc.

Group 5 (Vicki G. group)

The Perfect Referral:

- Quality Assurance
  - GP educated on provision
  - Moving Medicine
  - Safe provision
- Self-referral routes / groups – opportunity?
- Affordable (funding?)
- Opportunities for patients to be referred back to GP if needed
  - Feedback to referrers as to where patients went
  - On-going feedback from patients to sustain them in programmes
- Wide variety of activities
  - Accessible in workplaces too
  - Social prescribing (not just Ex & PA)
  - Walks
  - Classes
  - Gym
  - Swim
  - Sport
  - More provision – evenly distributed across Oxon
  - Exit routes after programmes
    - Support long term behaviour change
    - Incentive & reward
- Funding for training – staff highly qualified
- Easy - clear & simple referral route
  - Activity diary in one place?
  - Co-ordinated system – hard-copy & online
  - District / county borders not an issue
  - Each surgery has a Ex R champion
  - Triage / nurse
  - Timely – no delay for patients

Group 6

- 1 website, 1 phone number
- Single point of referral
- Criteria:
  - Inactive
  - Chronic disease
  - Triage / holistic assessment
- More trainers / delivery
- Social support / buddy / stability
- Free transport

- Gym bus (Aspire)
- Continue low cost for exercise
- Equal across the county
- Behaviour change / independence / self-management
- Education around self-management – increased motivation
- Multiple settings / opportunities / familiar places / environment – 'healthy towns'
- Cultural needs – women / men only
- Activities within trusted locations
- Family orientated (all ages / childcare needs)
- Good public awareness
- GP engagement/ role model
- Staff being welcoming

Summary of recurring / key themes from feedback sheets below:

- Consistent county-wide model
- Single point of access
- One website
- Online options
- 'One-stop shop' referral system with triage
- Avoid confusion
- Increase activity opportunities (type) and county-wide
- Accessibility
- Training – funding required
- Affordable
- Widen offering beyond referral

Workshop 2 - 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'.

Summary of key points from feedback sheets below:

- One responsible organisation
- Funding
- Single point of access – triage process
- Inclusive of social prescribing
- Flexible approach to provision
- Consistent validated & standardised measures
- Current lack of infrastructure to support single database
- 1 QA standard / accreditation process
- PA champions at Practice level
- GP training
- Up to date information

Standard 1: *Provision of an uncomplicated, streamlined and seamless referral / self-referral pathway that reflect the needs of the local community*

a) How can this be achieved?	b) Barriers

▪ Referral by GP / Practice Nurse / Link workers / other HCPs
▪ Self-referral
▪ Single-point of access:
  ○ 1 telephone number
  ○ 1 website
  ○ 1 application process
▪ Conduct triage using motivational interviewing
  ○ Referral to activity – could be accompanied (e.g. link worker)
  ○ Signpost to activity
▪ Review process:
  ○ Barriers
  ○ Readiness
  ○ achievement
	▪ flexible approach to accommodate various readiness of exercise
	▪ cost / funding

Standard 2: *Use appropriate measurement tools, monitoring frameworks and data collection systems to demonstrate local impact.*	
a) How can this be achieved?	b) Barriers

▪ A consistent, validated & standardised measure of PA & wellbeing
  ○ Patient focused outcome
  ○ Reduced GP appointments & hospitalisation
  ○ Reduced medication
  ○ Reduced falls
  ○ Standardised assessment – App?
▪ Need to have meaningful measures for all the key stakeholders
▪ Needs to be standardised across organisations
▪ Short & long term feedback
▪ Lived experience stories
	▪ Systems don't talk to each other / share data
	▪ GDPR issues
	▪ Finance
	▪ Infrastructure isn't there
	▪ Low response rates to self-report surveys
	▪ Time / resource

Standard 3: *The Exercise Referral scheme is aligned to evidence-based principles and best practice guidelines.*	
a) How can this be achieved?	b) Barriers

▪ 1 national occupational standard (or preferred one for Oxon)
▪ Accreditation route for providers (gym based & swim / community based)
  ○ Qualified staff
  ○ Protocol for referrals
  ○ Variety / options also QA
  ○ Sustainability / continuity
	▪ REPs vs CIMSPA
	▪ Finances
	  ○ Money to set up
	  ○ Keep up to date
	  ○ Train staff
	▪ Keeping all up to date

○ H&S / RA for venue ○ Keeping info up to date ▪ Steering Groups – sharing best practice ○ Providers ○ Professionals ○ Referrers ▪ QA audits – how? ▪ EMIS / info on referral route	
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.*	
a) How can this be achieved?	b) Barriers
▪ Initial assessment of referred individual to understand their issues, barriers, preferences & goals ▪ GP introduction to importance of PA ○ training for GPs on this ○ in-depth conversation continues with service / hub ▪ PA champions within GP practice – at PCN level? Or in community centres? ▪ Module-based approach to PA based pm their condition and goals ○ Set a clear timeframe ▪ Comms / marketing of self-referral ▪ Clarity on who owns the process of Ex Ref. Hold them accountable. ▪ Sustainability – being clear with individual on what their next steps are.	▪ Clarity on who is accountable for Ex Ref ▪ Lack of ownership of the problem from the individual ▪ Time for the individual / clinician to dedicate to this ▪ Social isolation ▪ Transport issues ▪ Finance ▪ CCG & CC operating / funding separate strands in the same field.
Standard 5: *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.*	
a) How can this be achieved?	b) Barriers
▪ Online system ○ Book appointments ○ Send form securely to the Ex Prof. ▪ Moving Medicine module great educational tool ○ Ensure all practitioners access it ▪ CPD training for GPs that's compulsory ○ Choose PA / Nutrition etc. ▪ GPs refer to behavioural change model to identify what level and what information / response that is appropriate ▪ Having social prescribing / one stop shop under 1 roof	▪ Numerous referrers – would all need to access relevant system ▪ Currently service user takes paperwork to Ex Professional ▪ Cost/ time / enthusiasm for CPD? ▪ Patient panel groups – not all feel empowered as CCG still make choices ▪ Stop firefighting and look at longer term impacts. How can we be pro-active & not just reactive? ▪ Current schemes hard to learn about as they are all differently run, different conditions etc.

▪ Promote / increase awareness through GP Champions
  o e.g. Dr William Bird – could he do workshops / link to Universities who have knowledge & training?
  o Build workshops into locality meetings
▪ Patient panel groups to promote.
▪ CCG funding the scheme, unity. Promoting schemes, e.g. community health nurses
▪ Focus on health & wellbeing starting with families / schools etc.
▪ Currently disjointed schemes, one county scheme would increase clarity, increase awareness & make it easier to refer
▪ 1 form only on EMIS, 1 point of contact, clear instructions on how to use it.	

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.*	
a) How can this be achieved?	b) Barriers

1. Lead / Ownership:
▪ Organisation to chair / co-ordinate
▪ Shared – develop a steering group:
  o Clinicians
  o Other HCPs
  o Patients
  o Physio
  o Social Prescriber
  o Voluntary sector
  o Phase III
  o Community care
  o Provider
  o Mental health
  o Each District councils' rep
2. Referral
▪ Need to review the barriers, issues then –
▪ Pathway
▪ Referral forms
▪ Agreements / Ts & Cs
▪ QA of provider organisations
▪ Access to referral (barriers) to consider across various GP systems (e.g. EMIS)
▪ Promotion of pathway
▪ One stop shop (website / database of all information in one place)
  o Lead organisation to manage / update
	▪ Need to review the barriers
	▪ Identify lead organisation / ownership

3. Develop a consistent approach ▪ Cross border agreements ▪ Consolidated / SOP ▪ Same branding ▪ Inclusion / exclusion criteria ▪ Provider / PA instructor qualification	

Names of those interested in working with us:

Name	Organisation
Erin Byrd	Oxford Brookes
Christine McBride	Cardiac Rehab, JR
Brenda Kelly	5k Your Way / Cancer Fit / Exercise in Pregnancy
Janette Smith	OCC
Maggie James	OCCG
Mandy Richens	Age UK
Cihan Redknapp	Hedena Health and Manor Surgery
Frauke Eicker	Achieve
Annie Sillence	Oxfordshire MIND
Julia Burson	Fusion
Emma Tucker	Pulmonary Rehab Lead, Oxford Health
Richard Claydon	Park Club
Tracy Barnett	Active Hospital Pilot, Moving Medicine
Sarah Flex	Social Prescriber, Hedena Health
Cath Dale	SODC / WWHDC
Anna McKay	Age UK
Vicki Galvin	OCC