Exercise Referral Scheme
Exercise Referral

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1.0 Overview

1.1 Background

The Chief Medical Officers’ (CMOs’) guidance recommends that adults complete at least 150 minutes (2½ hours) of moderate level physical activity each week in order to reduce their risk of a range of conditions\(^1\). For example:

- **All-cause mortality**: An approximate risk reduction of 30%, when comparing all-cause mortality in the most active with the least active.
- **Cardiorespiratory health**: Being physically active lowers the risk of cardiovascular disease and stroke by between 20% to 35%.
- **Metabolic health**: The risk of metabolic syndrome and type 2 diabetes is lowered by 30% to 40% when people are active.
- **Falls**: Older adults who participate in regular physical activity have an approximately 30% lower risk of falls.
- **Cancer**: Adults participating in daily physical activity benefit from an approximate risk reduction of 30% for colon cancer and 20% for breast cancer.
- **Mental health**: Adults participating in daily physical activity benefit from a reduced risk of 20% to 30% for depression and dementia.

Physical inactivity is estimated to cost the UK economy around £8.2 Billion\(^2\)

Nationally, 56% of the adult population are moderately active for at least 150 minutes, each week\(^3\). Meanwhile, 28.5% are considered to be inactive (completing less than 30 mins each week) In East Sussex these figures are as follows:

<table>
<thead>
<tr>
<th>Area</th>
<th>% completing &lt;30 mins of physical activity each week</th>
<th>% completing 150+ mins of physical activity each week</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Sussex</td>
<td>26.6</td>
<td>60.2</td>
</tr>
<tr>
<td>Eastbourne</td>
<td>32</td>
<td>54.8</td>
</tr>
<tr>
<td>Hastings</td>
<td>30.1</td>
<td>56.5</td>
</tr>
<tr>
<td>Lewes</td>
<td>23.3</td>
<td>62.8</td>
</tr>
<tr>
<td>Rother</td>
<td>26.6</td>
<td>61.6</td>
</tr>
<tr>
<td>Wealden</td>
<td>22.9</td>
<td>63.5</td>
</tr>
</tbody>
</table>

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\(^1\) Department of Health. (2011). *Start Active, Stay Active: A report on physical activity from the four home countries’ Chief Medical Officers*. Crown Copyright

\(^2\) NICE. (2006). *NICE public health guidance 2: Four commonly used methods to increase physical activity*. National Institute for Health and Care Excellence

\(^3\) Sport England (2013). *Active People Survey 6 [online]*. Available: [www.sportengland.org](http://www.sportengland.org)
The Public Health team have already established good working relationships with a number of partners to tackle these low participation rates and provide pathways that support local people to increase their physical activity levels, to improve their health. This service contributes to that work and to the healthy lifestyle priorities identified in the East Sussex Health and Wellbeing Strategy.

The National institute for Health and Care Excellence (NICE) recommends that Primary care practitioners should identify adults who are not meeting CMO guidelines and provide brief advice to them regarding the benefits of physical activity in a way which takes into account the patients motivation and goals; current level of activity and ability; circumstances, preferences and barriers to being physically active; and health status (for example whether they have a medical condition or a disability)\(^4\). This service supports NICE guidance by focusing on promoting physical activity in a primary care setting to those at moderate to high risk stratification for exercise, whose options to engage in physical activity opportunities may be limited by their health, disability or chronic condition.

### 1.3 Aims

Public Health are working towards the long term government target to increase physical activity participation to the recommended level. ‘Let’s Get Moving’\(^5\) (LGM), a new physical care pathway for the NHS is a behaviour change intervention designed to provide a systematic approach to identifying and supporting adults who are not meeting the Chief Medical Officer’s recommendation for physical activity.

Start active, stay active, published by the Department of Health in 2011 found that there was a strong relationship between physical activity and the following health outcomes:

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-cause mortality</td>
<td>An approximate risk reduction of 30%, when comparing all-cause mortality in the most active with the least active.</td>
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<td>Being physically active lowers the risk of cardiovascular disease and stroke by between 20% to 35%.</td>
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<td>The risk of metabolic syndrome and type 2 diabetes is lowered by 30% to 40% when people are active.</td>
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<tr>
<td>Cancer</td>
<td>Adults participating in daily physical activity benefit from an approximate risk reduction of 30% for colon cancer and 20% for breast cancer.</td>
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</table>


\(^5\) Department of Health/Physical Activity Policy, Let’s Get Moving – A new physical activity care pathway for the NHS. 24 September 2009
The target group for referral can include anyone who the clinician assesses as not meeting the basic prescribed level of exercise (150 minutes (2½ Hours) of moderate intensity physical activity a week for adults). Practices may wish to target a specific population group via screening, refer as part of an existing condition clinic, or refer opportunistically. The Physical Activity Care Pathway (see appendices) illustrates the process.

1.4 Service Outline
An exercise referral scheme directs someone to a service offering an assessment of need, development of a tailored physical activity programme, monitoring of progress and a follow-up. Patients identified as being appropriate for the scheme should be referred into their nearest exercise provider. Currently, in Hastings and Rother, these are

- Freedom Leisure at Falaise (Hastings) and Bexhill Leisure Centres,
- 20/20 Health in Bexhill
- Harbour Health Centre in Rye

The aim of the Scheme is for patient to be comfortable with the idea of exercise. The exercise providers are fully trained to work with patients to develop a programme that will match their personal aims and abilities. The programme covers twenty sessions over a ten week period and to gain the maximum benefit, patients should try to attend twice a week. Patients’ exercise level will be gradually increased as their fitness improves and additional assessments will be done mid-way through and at the end of their referral. A report will then be compiled for the patients’ GP. Through supervised exercise, the eventual goal of the scheme is for patients to become largely independent and exercise regularly as a matter of habit. For more detailed information on the Scheme please see appendix 6 Operations Manual.

Inclusion and exclusion criteria to the scheme to guide clinicians’ referral decisions is available in appendix 2.

2.0 Gym Obligations

2.1 Monitoring
The exercise provider receiving the referral will return a standard letter to the referring Practice at initial contact and 10 weeks, to enable the Practice to code the patients’ progress and to complete their returns to the Council.

2.2 Accreditation
Freedom Leisure, 20/20 Health and Harbour Health, the providers of the Exercise Schemes, must provide evidence to the Council that their GP Referral Team are trained to industry recognised standards for GP Referral.
3.0 Practice Obligations

3.1 Procedure for Making a Referral

The GP or PN completes the Gym Exercised referral form. This is given to the patient and the patient should be asked to contact their preferred Gym to arrange their first appointment. They should then bring their referral form with them to this appointment to be eligible for the Scheme. Please find referral form in appendix 3.

3.2 Monitoring Requirements

A standard monitoring form will be used per patient and these will be retained by the referrer and a summary submitted quarterly to ESCC. They will contain the following information:

• Date of patient’s first attendance
• Date of patient’s ten week follow up assessment (with objective fitness assessment info or step increase if available)
• Patient’s age
• Ethnic group
• Occupation

A copy of the monitoring form is available in appendix 5.

In addition to the referral and monitoring requirements of the service, each Practice must sign and Practice stamp page 22 of the Gym Handbook (appendix 6). This ensures the Gym has a reference copy of all signatures of potential referring GPs and PNs from the Practices to prevent fraudulent referrals.

3.3 Payment

In 2014/15 each practice contracted to provide this service will receive a payment per patient:-

£5.22 for each patient, referred for exercise therapy (Number of patients referred, suggested Read Code 8H7q.00 [Referral for exercise therapy])

£10.44 for each patient who engage in the activity (Number of patients engaged, suggested Read Code 8BAH [Exercise on prescription])

£5.22 for each patient still engaged and meeting targets at 10 weeks (Number of patients engaged and meeting targets, suggested Read Code 661L [Exercise assessment completed])

Please note that the submission of monitoring forms (as outlined in paragraph 3.2) to the Public Health, Health Improvement team is a mandatory requirement of this Service. Practices that do not return these forms will be unable to claim payments for this Service.

Payments will be made quarterly in arrears in line with other enhanced services
This information will also be made available on the HARMLESS/DXS website, along with other documentation relating to the service, including the referral forms for Gym Exercise and Cardiac Rehab. Each Practice will also be provided with a hard copy of this information.

**Termination & Suspension**

This Service may be terminated by either the Council or the Contractor through the service of 3 months written notice.

The Council may require the Contractor to suspend the provision of the service immediately if it has reasonable grounds for believing that patient health or safety is at risk as a result of continuing performance of this Service.