

# East & West Midlands Exercise Referral Mapping Questionnaire

*This form is to be completed by the Co-ordinator or Manager of the Exercise Referral Scheme*

## ***Background information***

**1. Title of the Scheme:**

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**2. Co-ordinator/Lead Contact Name:**

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**3. Co-ordinator/Lead Contact details:**

Email:	Telephone:
Address:	

**4. What is the area covered by the scheme: i.e. Name of town, city, county covered by the scheme.**

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**5. Who is the lead agency in the scheme?**

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**6. How long has the scheme been running for?**

Length of time	Tick
Pilot phase	
1 - 3 years	
4 - 6 years	
7 - 9 years	

10 years +

**Details of the scheme**

**7. What is the overall aim of the scheme? i.e; a vision statement or overarching aim**

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**8. What are the specific target groups for the scheme?**

- People who are sedentary
- People with CHD
- People at risk of CHD
- People who are overweight or obese
- People with Diabetes
- People with musculoskeletal conditions
- People with Chronic fatigue/ME etc
- People at risk of falling
- People with Mental Health conditions
- Other (please state)

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**9. Please state or attach your inclusion or exclusion criteria for the scheme?**

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**10. What activity settings are available through your scheme and give examples of the activities available in the setting? Please tick the appropriate ones**

Setting	Tick	Number of facilities involved	Type of activities
Local Authority Leisure Facility			
Private Leisure Facility			
Sports Club			
Outdoor settings			
Community settings			

Other (please state)

**11. What is the length of referral period? E.g.10 weeks, 12 weeks etc**

- 4 weeks
- 6 weeks
- 8 weeks
- 10 weeks
- 12 weeks
- 14 weeks
- Other (please state).....

**12. If known please give an indication of the average number of activity sessions that clients attend during the exercise referral period**

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**13. Who can refer onto the scheme?**

- GP
- Practice Nurse
- Community Healthcare (Health Visitors, Community Nurses etc)
- Dieticians
- Cardiac Rehabilitation professionals
- Physiotherapists
- Occupational Therapists
- Private health professionals
- Specialist Nurses
- Hospital Department Consultant
- Community Psychiatric Nurses
- Mental Health professionals
- Other (please state)

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**14. How many GP practices are there in the area covered by the scheme?**

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**15. How many of these practices refer to the scheme?**

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**16. Which health professionals are the most frequent referrers? e.g. GP's, etc**

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**17. What is the charge to patients/clients during the referral period?**

Assessment

charge:.....

Re-assessment

charge:.....

Activity Session charges: please give the range of approximate charges for different activities if known e.g. *Free walks – community sessions £2.50 – gym session £3.50*

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**18. Please state any other charges implemented by the scheme**

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**19. Is the scheme run inline with the National Quality Assurance Framework for Exercise Referral Systems?**

- Yes
- No
- Partly
- Unsure

**20. If you answered partly to the question above please state which parts of the NQAF the scheme adheres to**

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**21. Is feedback on the client/patient's progress given to the referrer? If you answer yes, at what point is the feedback given?**

- Yes.....  
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- No
- Unsure

**22. Do referrers make follow up appointments with patients once they have completed the referral period?**

- Yes
- No
- Don't know

**23. What happens after the referral period? Where do people go next?**

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## ***Staff Training***

**24. What exercise referral qualifications do your instructors have? (please tick)**

- CYQ Exercise Referral
- Wright Foundation Exercise Referral
- Cardiac Rehabilitation Phase IV
- Gayton Group Exercise Referral
- Other (please state)

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**25. Are your instructors registered on the Register of Exercise professionals?**

- Yes
- No
- Unsure

**26. Do you organise any in house training for continuing professional development or the advancement of staff knowledge?**

- Yes (please state).....
- No
- Unsure

## ***Cost implications of the scheme***

**27. What are the core costs (if known) of running the scheme per annum?**

	Core Costs	Amount Spent
Co-ordination		
Training Staff		
Promotion		
Delivery		
Evaluation		

## ***Partnerships and Scheme Management***

**28. Please name the partners in the scheme and identify funding contributions that are made by each partner, please also give details of what resources the partners provide i.e. expertise, venues, training etc**

Partner	Funding contributed	Resource contributed
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**29. Does the scheme have a steering group to manage and develop it?**

- Yes
- No
- Unsure

**30. Please outline the team responsible for the delivery of the scheme, including a brief description of their role, employing body and contracted hours?**

Post	Organisation	Role	Contracted hours for the scheme per week
<i>Example: Coordinator</i>	<i>PCT</i>	<i>Scheme Coordinator</i>	<i>21 hours</i>
<i>Fitness Assessor (x6)</i>	<i>Local authority leisure services</i>	<i>Assessment &amp; programming</i>	<i>10 hrs x 6</i>

***Monitoring and Evaluation***

**31. Is the scheme monitored and evaluated?**

- Yes
- No
- Unsure

**32. Is the evaluation completed internally or externally?**

- Internally (please state who by:.....)
- Externally (please state who by:.....)
- Scheme not evaluated

**33. How often is the scheme evaluated?**

- Quarterly
- Every six months
- Annually

**34. Are any particular software packages to monitor the scheme?**

- Yes (please state)  
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- No
- Unsure

**35. Do you have any specific targets/objectives set for the scheme? If so please identify these targets.**

- Yes
- No
- Unsure

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**36. Please give an indication of the key aspects of the scheme that you evaluate and monitor i.e. throughputs, adherence, satisfaction, physiological and psychological measures etc**

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**37. Have you undertaken a cost effectiveness evaluation of your scheme?**

- Yes
- No
- Unsure

**38. Is your scheme currently part of a research programme? If yes please give brief details of this research.**

- Yes
- No
- Unsure

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***Current statistics***

**39. If known please give an indication of the overall number of clients/patients that participate in the scheme per annum.**

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**40. If known please give an indication of the adherence rates for your scheme (i.e: % of clients completing full period of the programme and if known the longer term adherence rates past this period.**

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***Long Term Sustainability***

**41. What is the status of the scheme? If your scheme is in a pilot phase or short term funded please indicate when the funding expires.**

- Pilot phase,  
ending.....
- Short term funded,  
ending.....
- Funded from mainstream budgets
- Other (please state)  
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**42. Please identify three successful elements of your scheme**

- 1. ....  
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- 2. ....  
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- 3. ....  
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**43. Are there any planned future developments for your scheme? If yes please describe**

- Yes
- No
- Unsure

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**44. In your opinion what improvements could be made to the scheme?**

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Print Name:.....

Signature:.....

Date:.....

Thank you for taking the time to complete this questionnaire. All individual scheme data will remain anonymous for reporting purposes. The data collated during the mapping exercise will be used to form a report on exercise referral in the West Midlands. This report will be used to inform the development of

appropriate support for exercise referral schemes in the region and the cross regional discussions into exercise referral research to meet NICE guidelines.

**Please return this form to Suzanne Gardner, Regional Physical Activity Co-ordinator, c/o Sport England West Midlands, 5<sup>th</sup> Floor, No 3 Broadway, Five Ways, Birmingham, B15 1BQ or fax to 0121 633 7115**