



A Toolkit for the Design, Implementation & Evaluation of Exercise Referral Schemes

Guidance for exercise professionals



BHF National Centre
physical activity+health

Making physical activity a priority

Introduction

Welcome to the exercise referral toolkit - guidance for exercise professionals.

Exercise professionals have an essential role to play in ensuring an exercise referral scheme is delivered efficiently and effectively. Therefore, they need to be clear about local scheme operating procedures; their roles and responsibilities in relation to these; and ensure they have the appropriate qualifications and training before embarking on work with referred patients.

This guide outlines the roles and responsibilities of the exercise professional responsible for developing the exercise programme for a referred patient. It draws upon evidence from relevant exercise referral guidance^{1, 2} and information gathered from a number of existing schemes and offers some practical tips for working with referred patients.

To accompany this resource, we have also developed:

- **Guidance for referring healthcare professionals** - a resource which provides background information on exercise referral schemes, detailing information about the referral pathway, clinical governance and scheme governance.
- **Guidance for exercise referral scheme coordinators** - a resource outlining the key steps to developing and coordinating a high quality exercise referral scheme.
- **Guidance for exercise referral scheme commissioners** - this resource provides an overview of the national guidance and protocols for developing and commissioning local exercise referral schemes.
- **A guide to evaluating exercise referral schemes** - this guide includes helpful hints on how to improve the evaluation of exercise referral schemes. It provides a checklist for evaluating schemes.
- **A guide to qualifications and training** - includes guidance on qualifications and training for professionals involved in the delivery, coordination and commissioning of exercise referral schemes.



Guidance for exercise professionals

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Terms of Use

The aim of this toolkit is to provide an easy-to-read, practical guide for all those professionals involved in the delivery, coordination, commissioning and evaluation of exercise referral schemes. These professionals include general practitioners, practice nurses, community nurses, allied health professionals (physiotherapists, dieticians etc.), exercise professionals, health promotion/public health specialists, commissioners and researchers.

The toolkit has been developed in consultation and collaboration with a range of professionals involved with exercise referral schemes and key national stakeholders.

It draws upon current Government policy for the design and delivery of quality assured exercise referral schemes; it is **NOT** a replacement for such national policy. Furthermore it **should NOT** be used in isolation from the National Quality Assurance Framework for exercise referral schemes (NQAF).

It is a tool to aid the design, delivery and evaluation of exercise referral schemes, but is **NOT POLICY**. It uses the evidence base and local scheme practice to support schemes in meeting the guidelines set out within the National Quality Assurance Framework and to raise standards within schemes.



Using the toolkit

It is recognised that capacity, resources and funding vary across schemes and that some schemes are struggling to implement elements of the National Quality Assurance Framework and consequently may struggle to adopt some of the recommendations set out within the toolkit.

The toolkit is not designed as a 'blueprint' for how exercise referral schemes must be designed, implemented and evaluated; it offers some best practice principles for all those involved in the delivery, management and commissioning of exercise referral schemes. It is for individual schemes to consider whether the implementation of these principles will improve the design, delivery and effectiveness of their scheme, given the capacity and resources available.

Many schemes may already be meeting the recommendations outlined within the toolkit, in which case the toolkit can be used as a resource for professionals to take a fresh look at their scheme or as a guide for on-going reflection.

Some local health boards and primary care trusts may have developed an integrated system for the promotion of physical activity, which offers a range of physical activity opportunities for the local population, such as led-walks, green-exercise, exercise referral schemes and/or specialist condition specific whole exercise classes. This toolkit is predominantly concerned with exercise referral schemes designed for low to medium risk patients which

involve the transfer of medical information from a healthcare practitioner to an appropriately qualified level 3, exercise professional.

Whilst it is recommended that, where appropriate, primary care professionals should advise patients to increase their physical activity it should be noted that recommending or sign-posting patients to local physical activity opportunities such as lay-led walking schemes is quite

distinct from referring an individual to a dedicated service and transferring relevant medical information about this individual to this service.

Where schemes offer specialist condition specific whole exercise classes for patients/clients with any conditions covered by the level 4 national occupations standards these schemes should ensure they comply with the relevant governance arrangements and quality assurance guidelines.

Acknowledgements

This document could not have been completed without the assistance of many professionals involved in the delivery, coordination and commissioning of exercise referral schemes. The BHFNC would like to thank all those professionals who responded to the audit questionnaire; kindly provided us with sample forms, scheme protocols and service level agreements and attended the consultation workshops to help shape the toolkit.

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Supporting Partners



**East of England Regional
Physical Activity Alliance**





Executive Summary

Exercise professionals have an essential role to play in ensuring an exercise referral scheme is delivered efficiently and effectively. Therefore, they need to be clear about local scheme operating procedures; their roles and responsibilities in relation to these; and ensure they have the appropriate qualifications and training before embarking on work with referred patients



This guide outlines the roles and responsibilities of the exercise professional responsible for developing the exercise programme for a referred patient. It draws upon evidence from relevant exercise referral guidance^{1, 2} and information gathered from a number of existing scheme protocols which outlined the exercise professional's role.

Tips for working with referred patients:

- Check the appropriateness of the referral and ensure the referral paperwork contains all the relevant information about the patient's health status.
- Ensure the patient is adequately informed about the referral scheme and is consulted and clear about their responsibilities whilst participating in the scheme.

- Conduct an appropriate pre-exercise assessment prior to designing the exercise programme.
- In consultation with the patient design, agree and deliver an exercise programme which takes into consideration their health status and meets their needs and preferences.
- Provide an appropriate range of exercise opportunities, for a defined period of time, which encourage long-term exercise adherence.
- Periodically monitor the patient's progress and review the patient's exercise programme.
- Identify and follow-up patients who fail to attend.
- Ensure the referring health professional is kept informed about their patient's progress throughout the scheme.
- Ensure the confidentiality of patient information and adhere to the data protection and freedom of information act procedures.
- Facilitate long-term support for patients to maintain increases in physical activity.

Recommendations for Exercise Professionals:

This section makes a number of recommendations which aim to strengthen the role of exercise professionals working within exercise referral schemes in the UK.

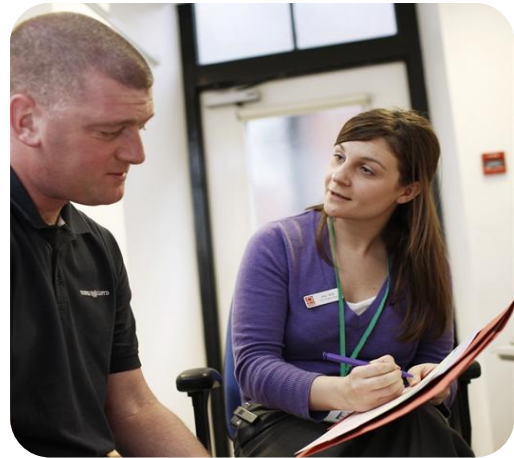
- Undertake appropriate Level 3 training necessary for working with referred clients.
- Become familiar with the scheme operating procedures and their roles and responsibilities.
- Undertake training in relevant theory-led behaviour change techniques and monitoring and evaluation procedures.
- Keep records of the nature and extent of all inappropriate referrals.

- Keep records of patient characteristics, e.g. age, gender, ethnicity, socioeconomic status, reason for referral.
- Keep records of the initial patient consultation and the patient's progress throughout the referral period.
- When developing the patient's personalised physical activity plan include information on strategies for overcoming barriers.
- Provide opportunities for patients to sample a diverse range of activities which are facility and non-facility based.
- Provide opportunities for referred patients to socialise with other referred patients, e.g. offer exclusive exercise sessions, buddy systems and group inductions.
- Provide on-going monitoring and support for patients.
- Regularly update the referring health professional about their patient's progress.
- Regularly engage in continuing professional development.



Guidance for exercise professionalsⁱ

The aim of this section is to provide general guidance on the roles and responsibilities of exercise professionalsⁱ working with referred patients. A guide to training and qualifications for exercise professionals involved in the delivery of exercise referral schemes in the UK has also been developed to accompany this resource and it is recommended that exercise professionals become acquainted with these guidelines.



It is recognised that in some schemes the exercise professional and the scheme co-ordinator may be the same person, where this is the case it is recommended that these professionals familiarise themselves with the whole of the toolkit and do not just read this section and the guidance for scheme coordinators. There are implications for the development of schemes contained across all sections of the toolkit which will support exercise referral coordinators in developing high quality schemes.

ⁱ In this context the exercise professional is identified as the person responsible for developing the exercise programme for a referred patient.

1.0 Exercise professional's roles and responsibilities

If the aim of an exercise referral scheme is to provide patients with a positive exercise experience with the objective of achieving self-sustaining physical activity levels in the longer term, the role of the exercise professional is crucial in this process.

According to the National Quality Assurance Framework (NQAF) (2001)¹ and information from the operating standards for a number of existing schemes the generic roles and responsibilities of exercise professionals involved in the delivery of exercise referral schemes are to:

1.1 Check the Appropriateness of the Referral

The exercise professional should ensure there is a written referral/transfer form for each patient which has been signed and dated by the referring health practitioner.



The referral documentation must state clearly the reason for the referral and provide all relevant information about the patient's health status, for example:

- Relevant current and past health problems.
- Details of any medications being taken and known impact on everyday functional ability.
- If known, the possible effects of diagnoses and medications on activities of daily living and on physical activity.
- Standard measures, such as blood pressure, heart rate, body mass index and lifestyle factors, for example, smoker, heavy drinker.
- Any special considerations or advice given to the patient, for example, a patient with osteoarthritic knees may have been advised to recognise and respect an increase in pain, stiffness or swelling.
- Information about any exercise already being undertaken for which the patient or referrer has expressed a preference may also be included.

“Referral letters or forms with insufficient information about the patient’s health status or containing only blanket phrases such as “I know of no reason why Mrs X should not engage in exercise” are not acceptable as part of a quality referral system.”

“Exercise professionals are advised not to accept responsibility for a referred patient until all relevant clinical information is available.”

p15 NQAF (2001)¹

Where a referral is initiated by another allied health professional, working with delegated authority in a scheme, the exercise professional will still require all relevant information about the patient’s health status. If the allied health professional is unable to provide such information about the patient’s health status and provide a current blood pressure and heart rate reading then the referral must go via the patient’s GP.

Until such information is obtained the position given above from the NQAF should be followed.

Where the allied health professional is able to provide the relevant information, it is good practice to inform the GP of the referral and use

the recommended question to the GP from the Medical Defence Union ‘Is there any medical reason why this patient of yours should not take part in an exercise programme of this sort?’ (As ample courtesy letter for the patient’s GP is included in appendix 1; to download a word version of this letter go to www.bhfactive.org.uk/sites/Exercise-Referral-Toolkit/downloads.html

The NQAF explicitly states that:

“ONLY a medically qualified individual, or another allied health professional working within a protocol with delegated authority, can initiate a referral into an exercise referral scheme.”

p39 Guideline 6 NQAF (2001)¹

Where there is uncertainty or ambiguity regarding a patient’s suitability for the exercise referral scheme the exercise professional should contact the referring health practitioner to discuss any potential clinical reasons for exclusion which may be borderline or modifiable. In circumstances where a patient is considered to be unsuitable for a scheme, it is good practice for the exercise professional to provide the referring health practitioner and the commissioning organisation with

written details of why the patient has been declined entry to the scheme, this should be done within a timely manner of any such decision being made. Furthermore the NQAF states that:

Exercise professionals **must not** accept a person through a referral system where the patient's medical practitioner, or other health professionals undertaking delegated responsibility for referrals, has declined to make a referral."

p14 NQAF (2001)¹

1.2 Ensure the patient is consulted and involved in the referral process and is encouraged to take responsibility for their health and physical activity participation.

It is vital that the patient has a clear understanding of how the scheme will operate and their role whilst participating in it.

At the first meeting with the patient, it is good practice for the exercise professional to provide the patient with an information sheet which outlines how the scheme works from entry to exit. This information sheet

should also include details of the patient's commitment to the scheme, what to do if they are unable to attend and what to do should any problems arise. This should be discussed with the patient as it will help clarify what the patient is expected to do and will provide an opportunity for the patient to raise any concerns they might have about participating in the scheme. An example patient information/pre-exercise screening consent form is included in appendix.2; to download a word version of this form go to www.bhfactive.org.uk/sites/Exercise-Referral-Toolkit/downloads.html

Responsibility for consenting to take part in the exercise programme and adhering to its design and guidance remains with the patient, who must give informed consent. Obtaining informed consent from patients' prior to undertaking the pre-exercise assessment and commencing exercise is an important ethical and legal consideration.

Although the content of a patient consent form may vary, according to the American College of Sports Medicine (ACSM)³ enough information must be present in the informed consent process to ensure that the patient knows and understands the

purposes and risks associated with any pre-exercise assessments and participation in the exercise programme.

In addition to the patient consent form, some schemes use a patient contract as a way of formalising the patient's commitment to the scheme and encouraging the patient to take responsibility for their health and physical activity participation.

1.3 Conduct an appropriate pre-exercise assessment prior to designing the exercise programme

For most people, physical activity should not pose any problem or hazard; however it is essential that some form of screening or pre-exercise assessment is undertaken with all referred patients. The pre-exercise screening/assessment should be for the purposes of developing an exercise programme which encourages the patient to adopt an independent, physically active lifestyle.



Pre-exercise screening or assessment can range from self-administered questionnaires to sophisticated diagnostic exercise tests. Exercise professionals should establish pre-exercise screening or assessment procedures appropriate for their clients. As an initial, minimum step, it is good practice to obtain a health and physical activity history of the patient which can be checked against the information from the referring practitioner.

The modified American Heart Association (AHA)/ACSM Health/Fitness Facility Pre-participation Screening Questionnaire³ and the Physical Activity Readiness Questionnaire (PAR-Q)⁴ represent examples of pre-exercise screening questionnaires suitable for prospective exercisers. (A sample PAR-Q is included in 3).

Pre-exercise assessments are usually conducted immediately after pre-exercise screening at the initial ER consultation. The pre-exercise assessments may include a battery of physiological, psycho-social, functional or lifestyle tests, for example blood pressure, heart rate, body mass index, physical fitness, quality of life, mood, sit-to-stand and an assessment of physical activity levels. The purpose and nature of any pre-exercise assessment should be clearly explained and discussed with the patient.

According to the NQAF:

“The content of a pre-exercise assessment should be based on the patient’s needs and characteristics (e.g. risk stratification), the exercise professional’s competencies and/or availability of the supervising medical practitioner. Local policies, circumstances and resources will also play a part. Assessments should be neither solely for the purposes of monitoring and evaluation, nor for demonstrating practitioner competence to the patient.”

p.21, NQAF (2001)¹

In some circumstances pre-exercise assessments are conducted for purposes other than diagnosis and/or

prescription (i.e. audit and/or research), it is therefore good practice to clearly outline this during the consent process and this should also be reflected on the Informed Consent Form. In the case of research, applicable ethical policies on human subjects for research must be implemented. Where information is being used for audit purposes only, Caldecott or equivalent clearance must be obtained.

The exercise professional should explain pre-exercise assessment results so that patients understand what was measured as well as the implications of the results and the recommended action, such as acceptance into the scheme, referral back to the GP, referral to other specialist/exercise professionals or temporary deferral. An example patient information/pre-exercise screening consent form is included in appendix 2; to download a word version of this form go to www.bhfactive.org.uk/sites/Exercise-Referral-Toolkit/downloads.html



1.4 Design, agree and deliver an exercise programme which matches the health status, needs and preferences of the patientⁱⁱ

The primary role of the exercise professional is to design a safe and effective personalised exercise programme which takes account of the patient's characteristics, health status and is matched with risk stratification. The law would expect reasonable care and skill to be shown in minimising any potential risks for the patient participating in the exercise programme it is therefore, important that the exercise professional considers the referring clinician's intention and advice when developing the exercise programme. The exercise programme should be based on the patient's needs, preferences and long-term goals.

A written, personalised exercise plan should be produced and agreed with the patient and the patient should be given a copy. The written copy of the

exercise programme provides an opening to explain fully what the patient is expected to do and discuss any potential risks if the programme advice is not carried out as directed. A copy of the exercise programme should also be kept on the patient's file. Patients should also be encouraged to keep a personal record of their activity, possibly in the form of a log, diary or chart. If applicable, at the initial consultation the exercise professional should also inform the patient of any leisure facility protocols or other relevant information, for example, evacuation or emergency procedures, dress code, who to contact if a problem arises, how to use equipment and facilities safely etc.

Given that the initial exercise referral consultation involves a range of activities from pre-exercise screening, pre-exercise assessments, patient feedback and exercise programme design and prescription, developing a basic checklist of points to cover in the initial consultation meeting may be a good way of standardising delivery. An example checklist is presented in appendix.4, this list is by no means definitive and schemes are advised to develop a list based on their protocol for the initial exercise referral consultation.

ⁱⁱ It is beyond the scope of this guidance to outline the principles of exercise programming and prescription for referred clients, the exercise instructor should have gained these competencies from the relevant Level 3 qualifications and exercise referral training. Exercise instructors working in ER schemes are advised to regularly update their knowledge and skills on the latest guidelines and exercise testing and prescription for specific medical conditions.

1.5 Provide a specific range of appropriate and agreed physical activities for a defined period of time

Adherence to exercise programmes has been shown to average from 50 to 80% for the first five to six months of a programme. The majority of people dropout of an exercise programme during the first 12 weeks.⁵ Therefore, exercise programmes should be designed not only to improve health and fitness, but also to enhance long-term adherence.

Some patients entering an exercise referral scheme will not find traditional structured activities based at leisure facilities, such as gyms, desirable or convenient for initiating and/or maintaining an increased level of physical activity. Thus, it is imperative that exercise referral schemes include activities that patients are interested in and provide experiences that encourage long-term behaviour change. Even the most motivated patients will only stay with a displeasing activity for a limited time.

The nature of the exercise programme itself has a significant impact on participation and adherence to exercise interventions:

- Exercise programmes which are enjoyable and include variation in the types of activities on offer are most successful and have been shown to influence long-term adherence.⁵
- Poorer exercise compliance has been observed in exercise programmes where individuals exercise alone compared to exercise programmes incorporating opportunities for social interaction.⁶
- High intensity exercise programmes appear to be neither enjoyable nor well tolerated by the average participant who is exercising for general health and fitness. To promote long-term adherence the intensity should be sufficient to elicit and maintain health and/or fitness benefits, but not so intense as to be off-putting.¹⁴



In addition, opportunities for physical activity should be at convenient times for potential participants and they should also be perceived as easily accessible. Accessibility and convenience are both necessary if physical activity is to become a lifelong habit. The patient should therefore be provided with a choice, where possible, which includes quality assured activities that are run external to those offered by the scheme providers.

Furthermore, where appropriate, patients should be offered home-based programmes, as evidence suggests that home based programmes appear to be superior to centre-based programmes in terms of adherence to exercise (especially in the long-term).⁷

Community-based programmes or outdoor activities may well be the most popular options, particularly if they are convenient, safe and affordable and can be sociable. Supportive evidence for the use of outdoor activities is presented in a paper by Vuori; the author reported that the most popular venues for physical activity were outdoor sites especially walking and cycling trails.⁸



It is important however, that exercise referral schemes ensure that patients who prefer to exercise in the community or elect alternative activities, such as tai-chi or dance, are only referred to activities/programmes with an appropriately qualified and experienced professional. This is extremely pertinent for patients who have conditions which may place them in either the medium or high risk category in an exercise environment.

1.6 Monitor patient progress and review the patient's exercise programme

Patient monitoring is critical in the exercise referral context as many patients are likely to be new to exercise and uncertain about what to expect. Furthermore, due to the

nature of the medical conditions an exercise professional is likely to encounter, there is a need to review the patient's exercise programme prior to exercise and to monitor the patient's progress during the exercise session to ensure patient safety.

The patient review prior to the exercise session allows the exercise professional to:

- Check for any contraindications to exercise.
- Gather information about any changes in the patient's health status, such as new symptoms, drugs or a deterioration of an existing condition.
- Modify the patient's exercise programme, if necessary.

During the exercise session, monitoring enables the exercise instructor to:

- Determine how well the patient is coping with the exercise programme.
- Check how the patient feels about the exercise programme.
- Identify any changes in the patient's response to exercise.

- Identify any changes that need to be made to the exercise programme.
- Provide continuing help and support to the client.

At the end of the exercise session the exercise professional should discuss progress and developments with the patient and agree any necessary adjustments to the exercise programme. An end of exercise session review also provides an opening for the exercise professional to raise any concerns about non-compliance to the exercise programme and to discuss the potential risks if the programme advice is not carried out as directed.

A well-trained, highly motivated and enthusiastic exercise professional is one of the most important factors in promoting exercise adherence.⁴

Furthermore, the support and supervision offered by the exercise leader has been found to be crucial in maintaining motivation and adherence to an exercise referral programme.⁹

According to the NQAF exercise professionals should review the patient's progress at the middle, and at the end of the referral period.

At the middle of the referral period (often about five or six weeks) it enables the exercise professional to review and/or modify the patient's exercise programme, if necessary, and to set new goals. It also presents an opportunity to monitor changes in any health and fitness indicators and it provides a progress update for the referring health professional.

As previously reported only one-half of schemes conduct mid-point reviews and collect data about patient progress, however this assessment provides important feedback for the patient. It allows patients to see their progress, which can be motivating and help prevent drop-out from the scheme.

Guideline 11 (NQAF) recommends appropriate assessments should be conducted at the end of the referral period to monitor changes in exercise behaviour and relevant health and fitness indicators. The end of programme review also allows the exercise professional to discuss the patient's progress and strategies for maintaining an active lifestyle.

Details of the review and summary of progress should be forwarded to the referring health professional.

1.7 Identify and follow-up dropouts

As previously mentioned the exercise professional is an important factor in promoting exercise adherence and long-term behaviour change, therefore exercise professionals need to have a good understanding of behaviour change and how to identify and manage dropout.

Physical activity programmes based on established behaviour change models can help patients new to physical activity anticipate and plan for events which might cause them to drop out of the scheme. It should be acknowledged and discussed with the patient that most people experience lapses in their physical activity at some point or another, either due to illness, injury or other factors.

Because most drop-out usually occurs early in the exercise programme it is important that exercise professionals are able to quickly identify patients who fail to attend. The majority of schemes collect routine data on patient attendance during the referral period either electronically at the point of entry to a leisure facility or via patient registers at each exercise session. The exercise professional and/or the scheme coordinator should

regularly scrutinise this data to identify patients who are not attending.

The National Quality Assurance Framework recommends that:

“If a patient does not attend the exercise programme for an unknown reason for successive sessions, for example two weeks, the exercise professional should phone the patient to investigate, monitor and resolve non-attendance. If no contact has been made within a further week, the patient should be contacted by letter”.

p23 NOAF (2001)¹

As previously reported most schemes have systems in place to follow-up patients who fail to attend during the referral period, however for those schemes that do not this should be considered. It may be that one short phone call will make the difference in someone continuing with the scheme.

The exercise professional’s ability to identify and follow-up dropouts can be an important factor in preventing a lapse in behaviour becoming more permanent dropout.

If a patient terminates their involvement in the exercise referral scheme, it is good practice to notify the referring practitioner and to keep a record of any communication and the patient’s reason for dropping out, if known.

1.8 Ensure the referring health professional is kept informed of the patient’s progress

According to the NOAF it is the exercise professional’s responsibility to keep the referring health professional informed about the patient’s attendance and progress throughout the scheme. Therefore it is important for the exercise professional to keep clear and accurate records whilst the patient is participating in the scheme.

While approximately 70% of schemes provide feedback to the referring health professional about their patient’s progress, it should however, be acknowledged that a lack of feedback about patient progression has been identified as a barrier to referring for some health professionals.¹⁰

Scrutiny of several good quality scheme protocols has highlighted that information should be fed back to the referring health professional on a regular basis. These protocols suggest the most appropriate times for feedback are: after the patient's initial assessment; mid-point during the referral period and after the end of scheme assessment.

After the initial exercise referral consultation the NQAF stipulates that it is good practice for the exercise professional to send the referring health professional summary of the patient's initial assessment results and basic details of the proposed physical activity programme (for example, frequency, duration, intensity and type of activity).ⁱⁱⁱ This gives the referrer the opportunity to consider whether the proposed programme aligns with their intention and the initial advice given to the patient and the exercise professional.

At the middle of the referral period (often about five or six weeks) it is recommended that the exercise professional provides the referring health professional with an update on the patient's progress. The level of

detail provided in this mid-point update will depend on what systems are in place for monitoring patient progress within the scheme and level of feedback required by the referring health professional.

The exercise professional should also provide the referrer with an end of scheme progress report about their patient. The content of this report will depend on the referring healthcare professional's preference, but as a minimum it should include the results of any end of scheme assessments. A more detailed report may include an outline of the patient's physical activity programme and the patient's strategies for maintaining an active lifestyle.

Feedback about the patient's progress is vital as this is an integral part of the health practitioner's ability to maintain clinical responsibility for the patient. Furthermore the Medical Protection Society (2000)¹¹ stated that:

"It would be expected that the exercise professional would feed back to the GP any problems that are encountered and the progress that is made through the programme."

ⁱⁱⁱ It is recommended that exercise professionals check with referrers what level of detail they require regarding the proposed activity programme.

Information about patient progress can also be used to make a successful business case for exercise referral schemes.

1.9 Ensuring confidentiality of patient information

As participation in an exercise referral programme requires the disclosure, accumulation and maintenance of medical information NQAF states that:

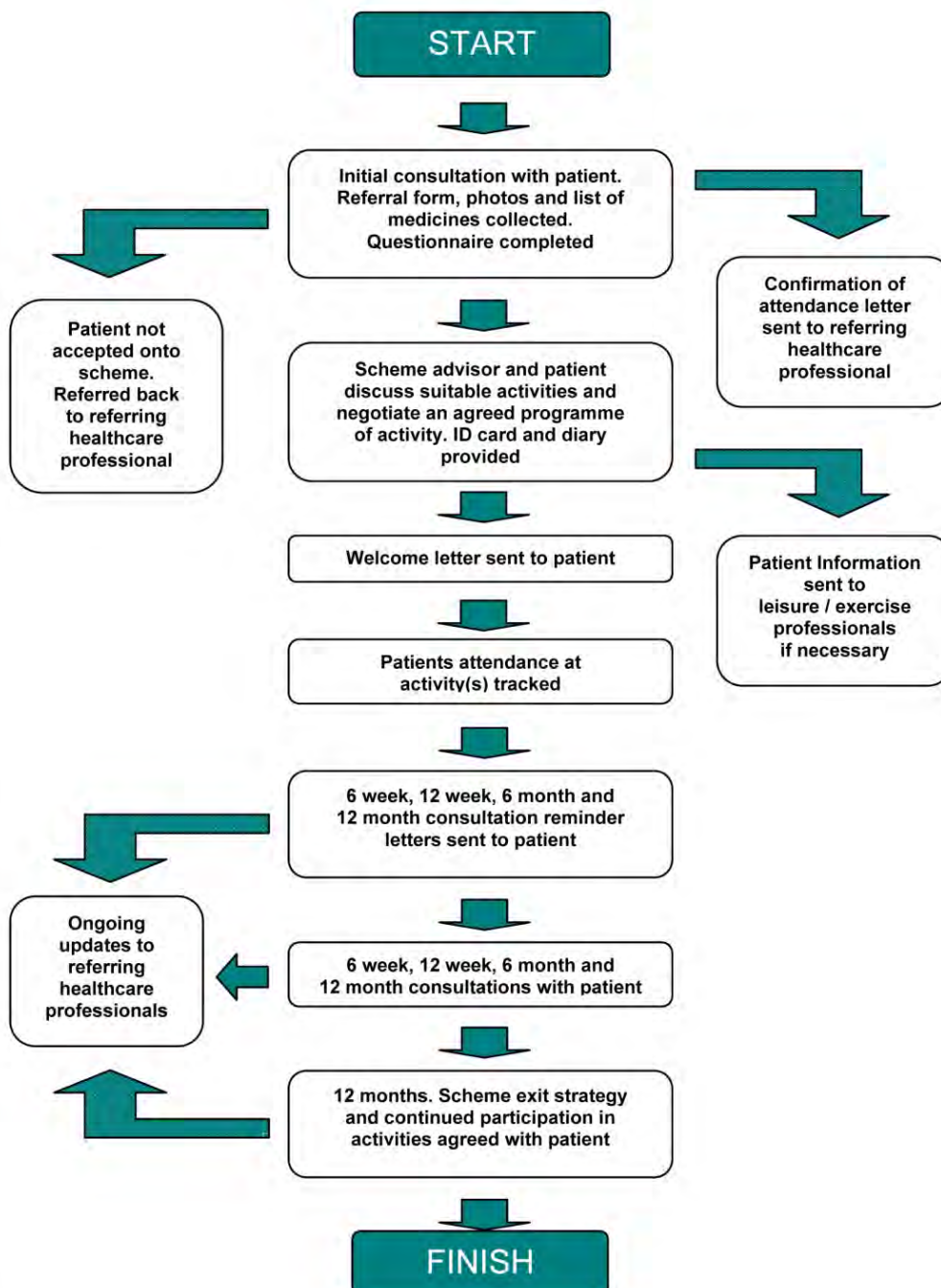
“It is essential that the personnel delivering exercise to referred patients on an exercise referral scheme are bound by confidentiality.”
p15 NQAF (2001)¹

Procedures must be followed to ensure that all patient information is securely stored with access limited to authorised personnel only. Staff should be trained in the legal framework covering the disclosure of confidential patient information. They should also be provided with the procedures for obtaining explicit consent and guidance on where to seek advice if they are unsure whether they should disclose such information.

No members of staff employed by leisure providers or exercise professionals should discuss individual patient details with other customers or other staff members who are not trained or designated to work with exercise referral scheme patients.

Sharing Practice – activeSTART Central and Eastern Cheshire PCT

Consultation and Communication Pathway



1.10 Facilitate long-term support for patients to maintain increases in physical activity

The objective of an exercise referral scheme is to provide sedentary individuals and individuals with long-term medical conditions with a positive introduction to being physically active. The introductory exercise programme should enable patients to maintain a physically active lifestyle, without dependence on the exercise professional in the longer term.

Thus, in order to achieve this objective the role of the exercise professional is crucial.

The exercise professional can facilitate long-term behaviour change by:

- Providing positive feedback during the exercise sessions - feelings of success will help build the patient's confidence in their ability to be active.
- Attributing positive changes in physical activity to the patient - this will help reinforce their sense of personal responsibility for having successfully made changes to their physical activity and it will foster independence.
- Encouraging patients to sample a variety of activities - some activities will be more appealing to some than others; patients need to find activities that they enjoy.
- Reinforcing the benefits of being physically active - the more benefits people perceive will result from being physically active the more likely they are to make a strong personal commitment to being active.
- Helping patients to anticipate and prepare for brief lapses in their behaviour - the more prepared patients are for any lapses in their behaviour the less likelihood of failure.
- Helping patients to set short-term and realistic long-term goals.
- Identifying sources of social support - make use of existing networks such as walking groups, activity motivators or buddy systems.
- Offering a supportive environment or a boost of support from time to time: regular contact with an exercise professional tends to encourage sustained changes in physical activity, simple follow-up telephone calls can promote long-term adherence.¹²
-



- Having an appropriate exit strategy in place.
- Ensuring that clients are signposted to appropriate quality assured physical activity options after the programme. If possible look to providing subsidised rates.

Summary

The information above provides background guidance on the roles and responsibilities of an exercise professional working within an exercise referral scheme. It draws upon evidence from relevant exercise referral guidance^{1,2} and information

gathered from a number of existing schemes and outlines several recommendations which aim to strengthen the role of the exercise professional working with referred patients.



References

1. Department of Health (2001) Exercise Referral Systems: A National Quality Assurance Framework. London: Department of Health.
2. Welsh Assembly Government (2006) Exercise referral a guide to developing high quality schemes. Cardiff: Welsh Assembly Government.
3. American College of Sports Medicine (2006) ACSM's Guidelines for exercise testing and prescription 7th edition. London: Lippincott Williams and Wilkins.
4. Canadian Society for Exercise Physiology (2002) PAR-Q and you. Gloucester, Ontario: Canadian Society for Exercise Physiology.
5. Dishman, R.K., Sallis, J.F. & Orenstein, D.R. (1985) The determinants of physical activity and exercise. *Public Health Reports*, 100, 158-171 Cited in: R.K. Dishman (Ed) *Exercise Adherence: Its impact on public health*. Champaign, IL: Human Kinetics. 1988.
6. King, A.C., Taylor, C.B., Haskell, W.L. & De Busk, R.F. (1990) Identifying strategies for increasing employee physical activity levels: Findings from the Stanford/Lockheed exercise survey. *Health Education Quarterly*, 17, 269-285. Cited in: R.K. Dishman (Ed) *Advances in Exercise Adherence*. Champaign, IL: Human Kinetics. 1994.
7. Ashworth, N.L., Chad, K.E., Harrison, E.L., Reeder, B.A. & Marshall, S.C. (2005) Home versus centre-based physical activity program in older adults. *Cochrane Database Systematic Review* 2005 Jan 25; (1):CD004017.
8. Vuori I, Lankenau B, Pratt M. (2004) Physical activity policy and program development: the experience in Finland. *Public Health Reports* 2004; 119: 331-45.
9. Wormald, H. & Ingle, L. (2004) GP exercise referral schemes: improving the patient's experience. *Health Education Journal* 63 (4):362-373.
10. Graham, R.C., Dugdill, L. and Cable, N.T. (2005) Health Professionals perspectives in exercise referral: implications for the referral process. *Ergonomics*, 48 (11-14): 1411-1422.
11. Statement issued by the Medical Protection Society - 29 March 2000.
12. Taylor, A., Doust, J. & Webborn, N. (1998) Randomised controlled trial to examine the effects of a GP exercise referral programme in Hailsham, East Sussex, on modifiable coronary heart disease risk factors. *Journal of Epidemiology and Community Health*, 52: 595-601.

Appendices

1. Sample Courtesy letter to Patient's GP
2. Sample content of a patient information sheet and pre-exercise assessment/ screening consent form
3. Physical Activity Readiness Questionnaire
4. Sample Checklist for Initial ER Consultation Meeting



Appendix 1 Sample courtesy letter to patient's GP^{iv}

USE SCHEME HEADED PAPER (if available)

Reply to: <<Insert your name>>
<< Address>>

<<insert GP's Name
<<Address>>
<<Postcode>>

<<insert date>>

Dear Dr XX,

Re: (Patient name, age, DOB and address of patient)

Patient X came to see me today, as part of the <<insert name of the exercise referral scheme>>, after being referred by X <<insert referring practitioner's details>>. Patient X was referred into our scheme for the following reason <<insert reason>> and would like to increase their physical activity.

<<Insert referring practitioners name>> has provided me with the following information <<insert details >> about patient X's medical history.

Patient X has also given me the following information <<insert details>> about their medical history and current medication <<insert details>>.

Patient X has told me about their current physical capabilities <<insert details e.g. finds it difficult to walk comfortably for more than a mile etc>> and their occupation, family life and current physical activity.

The results of the pre-exercise assessments today were as follows:

Insert relevant information:

Height	XX	Weight	XXkg
BMI	XX	Waist to Hip ratio	XX
Body fat %	XX		
Resting heart rate	XX	Blood Pressure	XXX/XXmmHg

I am proposing a programme that will support patient X to become more physically active and help to improve his/her long term health. I have agreed the following programme with patient X <<insert details of the physical activity programme agreed>>. Patient X has consented for me to contact you to obtain any further relevant information. Please could you let me know if there is any medical reason why this patient of yours should not take part in an exercise programme of this sort?

If no reply has been received within X (14?) working days, we <insert name of the exercise referral scheme> assume patient X is suitable for our programme. Please do not hesitate to contact me if you have any queries.

Yours sincerely,

Exercise Professional X

Note: *you must have current blood pressure and heart rate measurements before you can accept this patient, if you do not have this information please request that the GP provides you with this information.

^{iv} Produced by Dr John Searle, Chief Medical Officer, FIA with the permission to reprint.

Appendix 2 Sample content of a patient information sheet and pre-exercise assessment/ screening consent form

Brief Introduction about your scheme

Include details about how long it has been running, its purpose, who is involved, number of patients who have participated.

What's the benefit of being physically active?

Physical activity is extremely important to health and well-being and can help in the prevention, treatment and management of a range of health problems, such as diabetes, high blood pressure, asthma, arthritis, obesity and many more conditions <<you may want to include examples based on the conditions included in your programme>>. Being active also improves feelings of well-being, boosts self-confidence, improves sleep and helps with stress management. It's a great way of meeting new people and having fun.

What's the benefit of the scheme?

The physical activity programme that you will be following will be individually designed for you by a well-qualified exercise professional and will be based on your medical needs, present physical activity/fitness levels and your interests and preferences. Depending on your needs, you will be encouraged to be physically active <x times per week for x minutes> - at a level you can cope with. The activities you will be taking part in will be explained and discussed with you in detail. In addition, throughout the referral programme, your progress will be monitored and you will be given continued support and advice.

During the physical activity referral period, you will experience the positive effects physical activity can have on your quality of life. You will also meet new people and hopefully enjoy yourself!

In order to develop a physical activity programme specific to your needs the exercise professional will need to conduct some pre-exercise assessments/screening. It is necessary to carry out a pre-exercise assessment to find out what activity is most suitable for you and your health.

What will the pre-exercise assessments/screening involve?

Provide details about the pre-exercise assessments that will be conducted, the purpose of these and what they involve.

We will send a copy of your activity programme to your GP for their information.

Are there any risks to my health?

There will always be an element of risk associated with being physically active, however these risks need to be put into context. Many thousands of patients have taken part in physical activity referral schemes and there remain very few reported serious adverse events.

The pre-exercise screening is undertaken to identify any underlying risks and the exercise professional understands the importance of designing and developing a progressive physical activity programme to suit your needs and your abilities. To avoid the risk of injury you should follow the physical activity programme exactly as directed by the exercise referral professional.

If I agree to take part in the referral scheme what do I have to do?

- Agree to regularly attend the sessions.
- Follow your physical activity programme as directed.
- Keep the exercise professional informed if you are unable to attend.
- Inform the exercise referral professional of any changes in your physical/emotional condition or if your GP changes your medication or treatment programme.
- Let the exercise professional know if you experience any problems with your physical activity programme.
- Inform your exercise professional and your GP if you feel any of the following symptoms during physical activity:
 - Dizzy/faint
 - Unusually short of breath
 - Chest pains
 - Musculoskeletal injury

Questions?

Any concerns or questions you have about your pre-exercise assessment or taking part in the scheme are encouraged. You are also encouraged to ask the exercise professional questions about your physical activity programme or the scheme at any time.

Freedom of Consent.

Please tick

- I understand that my participation in the physical activity referral scheme is entirely voluntary and that I am free to withdraw at any time.
- I have read this form and I understand what I will be asked to do.
- I consent to participating in the physical activity referral scheme
- I will undertake to keep the exercise referral professional informed about any changes in my condition and/or medication.
- I have read this form and I understand what I will be asked to do during the pre-exercise assessments/screening.

Patient Name: _____

Patient Signature: _____

Date: _____

Appendix 3 Physical Activity Readiness Questionnaire

Physical Activity Readiness
Questionnaire - PAR-Q
(revised 2002)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If you answered YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT _____ WITNESS _____
(or GUARDIAN (for participants under the age of majority))

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

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To download a PDF version of PAR-Q visit: <http://www.csep.ca>

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Appendix 4 Sample checklist for the initial ER consultation

Exercise Referral Patient Consultation

- Check the details on the referral form.
- Complete pre-exercise screening.
- Explain procedures for pre-exercise assessments.
- Obtain patient consent.
- Complete appropriate pre-exercise assessments.
- Discuss results and proposed actions.
- Assess patient's motivation and preferred activities.
- Explore possible barriers to increasing physical activity and identify solutions.
- Establish patient's goals.
- Design a safe and effective exercise programme which matches the patient's risk stratification and reflects current guidelines for the patient's medical condition.
- Discuss and agree exercise programme with the patient.
- Provide the patient with a written personalised exercise programme.
- Discuss how to keep a record of the exercise programme with the patient.
- Explain relevant leisure facility protocols, e.g. evacuation, emergency procedures.
- Outline what to do if a problem arises – who to contact etc.
- Place a copy of the personalised exercise programme on the patient's file.

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