



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

Guidance for exercise referral scheme
commissioners

Introduction

Welcome to the exercise referral toolkit - a guide to commissioning exercise referral schemes.

Commissioners have an essential role to play in ensuring that high quality services are commissioned to meet local needs and priorities and verifying that these services are delivered efficiently and effectively. This resource aims to guide commissioners through the key steps of commissioning exercise referral schemes. A four stage model of commissioning is suggested as a logical approach for commissioners to improve the quality and outcomes of exercise referral schemes.

There are implications for the commissioning of exercise referral schemes in the accompanying toolkit documents; it is therefore recommended that commissioners consult these when drawing up exercise referral scheme service specifications.

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 professionals** - a resource which outlines the roles and responsibilities of the exercise professional and includes some practical tips for working with referred patients.
- **Guidance for exercise referral scheme coordinators** - a resource outlining the key steps to developing and coordinating a high quality exercise referral scheme.
- **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 commissioners

Contents

Terms of use	3
Using the toolkit	4
Acknowledgements	6
Executive summary	9
A guide to commissioning exercise referral schemes	10
1.0 Towards world class commissioning of ERS	11
2.0 Commissioning steps	13
2.1 Step 1: Analyse	14
2.2 Step 2: Planning	15
2.3 Step 3: Delivery	19
2.4 Step 4: Review	25
Summary	29
References	30
Sharing Practice Examples	
1 Sheffield Community Healthwise ERS	18
2 Dudley Exercise Referral Programme	23
3 Greater Glasgow and Clyde Live Active Referral Scheme	27

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.

This resource was written and produced by the British Heart Foundation National Centre for Physical Activity and Health. It was last updated March 2010.

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.

This document could not have been completed without the assistance of many professionals involved in the delivery, coordination and commissioning of exercise referral schemes. We 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.

Activity Alliance Coordinator NHS Health Scotland; Nicola Brown, former Physical Activity Lead for the Health Promotion Agency Northern Ireland and the Department of Health Regional Physical Activity Leads for their assistance in identifying relevant professionals and convening the national and regional consultation workshops.

We would also like to acknowledge and thank those people and organisations who responded during the consultation phase, their comments have helped shape the final toolkit. Following the consultation process a national exercise referral toolkit working party was established to assist us in finalising the toolkit.

We would, therefore like to acknowledge the following individuals and organisations for their contribution to the working party and for their support in ensuring the comprehensiveness of the toolkit.

- Elaine McNish, Physical Activity Specialist, Welsh Assembly Government.

We would also like to extend our gratitude to Flora Jackson, Physical

- Suzanne Gardner, Regional Physical Activity Coordinator - West Midlands, PANWM
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- Suzanne Mee, former Healthy Lifestyles Manager, London Borough of Tower Hamlets.
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- Ruth Shaw, Programme Manager (Health Inequalities, PA Lead), NHS Greenwich.
- Martin Skipper, former Policy Officer, Fitness Industry Association.
- Steven Ward, Public Affairs and Policy Manager, Fitness Industry Association.

- Victoria Smith, Development Officer - Fitness, Skills Active.
- Jeannie Wyatt-Williams, National Exercise Referral Scheme Coordinator, WLGA.

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A number of other have also contributed to the development of this toolkit in various ways and I would like to acknowledge these individuals for their valuable input.

- Sonia McGeorge
- Sandra Prickett
- Sarah Wortley

Finally I would like to thank Rob Adams for his assistance with the templates and graphics included in the toolkit.

Supporting Partners



**East of England Regional
Physical Activity Alliance**



Executive Summary

Commissioners have a crucial role to play in ensuring that high quality services are commissioned to meet local needs and priorities and verifying that these services are delivered efficiently and effectively.



This resource aims to guide commissioners through the key steps of commissioning exercise referral schemes. A four stage model of commissioning is suggested as a logical approach for commissioners to improve the quality and outcomes of exercise referral schemes.

This four stage model focuses on:

- Assessing individual and community needs.
- Designing the service and establishing operational standards in partnership with service users and stakeholders.
- Commissioning services to meet local needs and agreed standards.
- Managing and evaluating the service provider's performance.

A series of questions are raised under each stage of the commissioning cycle which are drawn from existing exercise referral policy, national guidance for world class commissioning and local commissioners' experiences with the goal of improving the effectiveness of exercise referral schemes.

Guidance for ERS commissioners

The aim of this guide is to provide commissioners with an overview of the protocol issues and national guidance for developing and improving the commissioning of local exercise referral schemes. The guidance takes account of, and supports the Government's intent for 'World-Class Commissioning'.



ⁱTo this end, this section will highlight the key steps advised for commissioning exercise referral schemes in order to demonstrate world class commissioning competencies. However this guidance recognises that, although in many cases the commissioning will be carried out by a PCT or Local Health Board, there may also be joint commissioning arrangements, other single commissioning organisations, and in some circumstances the commissioners and providers may exist within the same organisation, for example as in the case of a charitable trust.

This advice for commissioners has been identified from a review of national guidance and from consultation and discussion with a number of healthcare professionals engaged in exercise referral schemes. In addition to the steps outlined in this section, it is recommended that commissioners familiarise themselves with the whole of the toolkit and do not just read this section, there are implications for commissioning of schemes across all of the guidance chapters which will aid commissioners in developing a high quality scheme.

ⁱ Further information on world class commissioning and the competencies described above is available at www.dh.gov.uk/commissioning

1.0 Towards world class commissioning of ERS

Improving the commissioning of exercise referral schemes is at the heart of improving the quality and effectiveness of such interventions. World class commissioning is a statement of intent to invest public funds:

“To secure the maximum improvement in health and well-being outcomes from the available resources”

p2 DH Commissioning (2007)¹

The emphasis of world class commissioning is to achieve better outcomes through:

- Better health and well-being for all
 - People live healthier and longer lives.
 - Health inequalities are dramatically reduced.
- Better care for all
 - Services are evidence-based, and of the best quality.
 - People have choice and control over the services that they use, so they become more personalised.

- Better value for all
 - Investment decisions are made in an informed and considered way, ensuring that improvements are delivered within available resources.
 - PCTs work with others to optimise effective care.

p4. DH Commissioning (2007)¹

The eleven organisational competencies require world class commissioning PCTs to:

- Locally lead the NHS.
- Work with community partners.
- Engage with the public and patients.
- Collaborate with clinicians.
- Manage knowledge and assess needs.
- Prioritise investment.
- Stimulate the market.
- Promote improvement and innovation.
- Secure procurement skills.
- Manage the local health system.
- Make sound financial investments.

p2 DH Commissioning (2007a)²



The Scottish Government's strategy for a healthier Scotland 'Better Health, Better Care: Action Plan' has central aims to improve:

- Patient participation.
- Healthcare Access.
- Scotland's Public Health.
- Health Inequalities.³

In Northern Ireland one of the key aims of the 'Health and Social Care reform' process, being led by the Department of Health, Social Services and Public Safety is to ensure commissioning is constantly improving to meet priorities to deliver the services people need. Focusing on a quality approach to public health commissioning including for example, the commissioning of high quality exercise referral schemes, is key to achieving these strategic aims.

'Our Healthy Future' is the first strategic framework for public health in Wales, it aims to:

- Improve the quality and length of life.
- Achieve fairer health outcomes for people in Wales.⁴

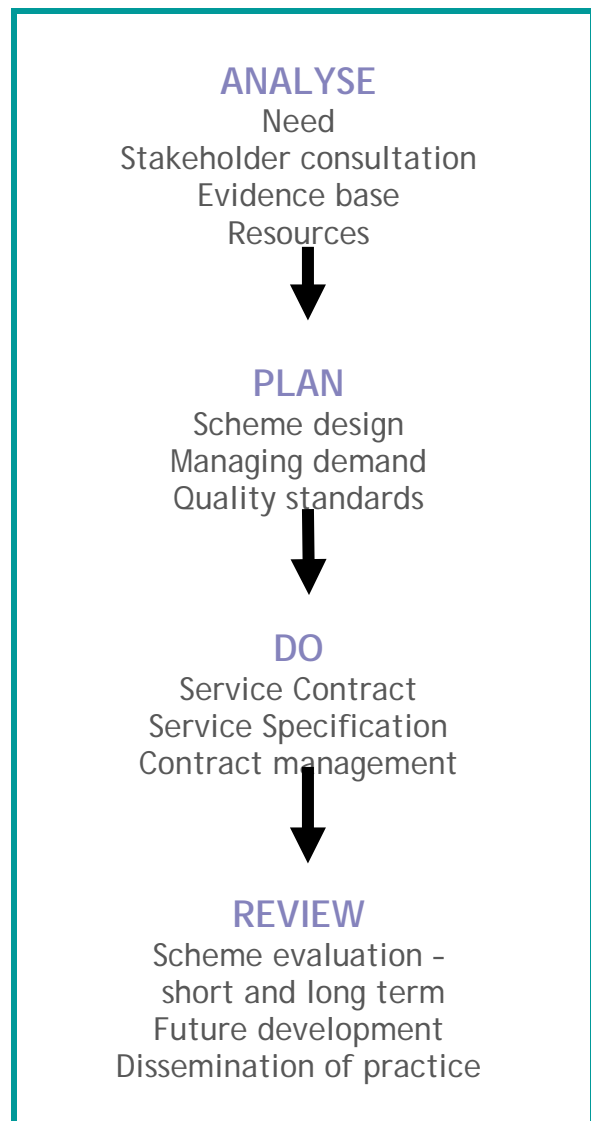
'Our Healthy Future' is a platform for strategic planning and delivery. Work is underway to embed it into an integrated planning system with the NHS and partners. There is an emphasis on prevention and early intervention and increasing physical activity is one of the 10 priorities identified. The physical activity action plan 'Creating an Active Wales' lists some of the actions the Welsh Assembly Government and key stakeholders will be taking to achieve this aim. In Wales the Welsh Assembly Government provides funding for the delivery of a national exercise referral scheme.

2.0 Commissioning steps

This guidance brings together the Department of Health commissioning cycle with the world class commissioning competencies in the context of improving the outcomes of exercise referral schemes. In the Department of Health and the Department of Children Schools and Families 'Guide to Commissioning Weight Management Services' a four step planning and commissioning model is recommended.⁵

The core elements of any commissioning process are fundamentally the same, thus the Guide to Commissioning Weight Management Services provides a logical approach for commissioning exercise referral schemes. The four step commissioning cycle puts people at the centre of the intervention and provides commissioners with a process to ensure that commissioning contributes to meeting the organisation competencies for world class commissioning.

The following guidance is drawn and adapted from tool 1 in the Guide to Commissioning Weight Management Services and outlines the four key steps of the commissioning cycle:



The questions outlined in the subsequent sections are intended to alert commissioners to the key areas for consideration when commissioning exercise referral schemes.

2.1 Step 1: Analyse

Taking account of the NICE guidance⁶ on exercise referral schemes and the Department of Health positional statement⁷ for the focus of exercise referral schemes, world class commissioners need to set up systematic frameworks to guide the development of local schemes. Commissioners must consider:

Assessing Need:

Guideline 1 of the National Quality Assurance Framework⁸ recommends that exercise referral schemes must address:

“Issues of the individual’s health need as well as the health needs of the local community...”

p18 NQAF (2001)⁸

The needs analysis should take account of existing and potential needs of target groups, both from the client’s perspective and from health professionals and exercise professionals in contact with the target groups.

- What is the size of the problem?
- Who is affected, are some groups/localities more affected than others?
- Which groups are most sedentary?

- How do we capture the views of those most hard to reach?
- How does local need compare to other areas?
- Contextual issues - what are local issues, socio-economic and geographical, that impact on the problem?
- How will individuals/target groups benefit?

Identifying Outcomes:

- How is success measured?
- Short term (interim measures for the duration of the scheme).
- Long term (one year post-scheme completion).
- What are the benefits to specific target groups?
- What are the wider population health gains?

Establishing Levers and Priorities:

- What are the national/strategic priorities and levers for physical activity and health?
- What are the local/ward priorities and indicators? For example, LAA/HEATⁱⁱ targets.

ⁱⁱ HEAT targets are a core set of Ministerial objectives, targets and measures for NHS Scotland. HEAT targets are set for a three year period and progress towards them is measured through the local delivery plan process.

- What national, regional and local strategies or preventative services can be employed to incentivise GPs to refer into exercise referral schemes? For example, Quality and Outcomes Framework,⁹ Practice Based Commissioning,¹⁰ NHS health checks.¹¹
- What are the targets/priorities of existing local physical activity strategic plans/interventions?

Mapping and Analysing Exercise Referral Scheme Provision:

- What ERS are operating locally?
- Who are the existing local providers?
- What is the geographical coverage of the schemes?
- How do they operate?
- What data exists on uptake and impact of current provision?
- Are schemes meeting the NQAF standards?
- How effective are existing schemes?
- What improvements are needed?
- Are there gaps in current provision?
- Are there new potential local providers?

Resource analysis:

- What resources are currently invested in ERS, public, private, community, individual?
- What data exists on cost effectiveness of schemes?

- Is there a framework for ensuring best value for investments?
- What resources are available for future investments?
- What resources are committed to monitoring and evaluation?

Assess evidence for effective interventions:

- What should be done differently in light of existing studies and reviews?
- What can be drawn about the effectiveness of local schemes from the local monitoring and evaluation data?
- What evidence of good practice is available from other areas?

2.2 Step 2: Planning

The planning stage of commissioning concentrates on quality issues to shape the service in line with the findings of the analysis undertaken in step one. Five key issues have been identified for commissioners to consider in the planning stage these include: the design of the exercise referral scheme; engaging with service users; working with partners; managing demand and establishing operational quality standards. A series of questions relating to these five issues are presented below to guide commissioners in the planning process.

The design of the exercise referral scheme:

- Who are the champions to drive the intervention forward?
- Who is responsible for co-ordinating the planning and design of the scheme?
- How will the scheme design take account of the findings of the needs analysis?
- Are health inequalities addressed in the scheme design?
- Does the service scheme meet the needs of those most hard to reach?
- What measures are included to motivate service users reluctant to be more active related to socio-economic issues?
- Who will refer into the scheme?
- What are the agreed referral routes for the scheme?
- What mechanisms are in place to ensure that exercise professionals have appropriate skills and qualifications as recommended by NQAF?
- What procedures are in place to ensure effective communication between service co-ordinators, clients, referrers and providers?
- Is there a comprehensive and clear agreement about inclusion and exclusion criteria for the scheme?
- Does the referral pathway provide the target group with choice and control for a personalised service?

- How does the exercise referral scheme fit with other activities within local strategic plans to increase uptake of physical activity?

Engaging with service users:

- Who will commissioners need to engage with?
- What mechanisms/ community links exist to engage with target groups?
- What resources are required to facilitate the target groups' involvement in the planning process?
- What procedures are in place to agree options for achieving outcomes with users?
- What steps are in place to agree delivery standards and specifications with users?

Working with partners:

- Who are the stakeholders?
- What strategic planning arrangements are in place to facilitate partnership approaches to planning and service design?
- What resources are required to facilitate partners' involvement in the planning process?
- What procedures are in place to agree options for achieving outcomes with partners/providers?
- What steps are in place to agree delivery standards and

specifications with users and providers?

- Have all potential providers from the public, private and voluntary sectors been considered?

Managing Demand:

- What level, nature and sources of resource will be committed to the scheme? Long term, short term, recurring, mainstream, specialist?
- What level of investment is needed to ensure maximum outcomes from available resources?
- What options are to be offered for people not targeted, or appropriate for referral into the scheme?
- What systems are in place to ensure the scheme is accessible to users to motivate uptake and adherence levels?
- What are the justifications for de-commissioning a scheme?

Establishing Operational Quality Standards:

- What standards are in place to demonstrate quality assurance? For example, does the scheme meet the NOAF guidelines in the planning and delivery of the scheme? Do operators meet industry quality assurance standards such as QUEST, FIA Code of Practice and Inclusive Fitness Initiative standards?
- What mechanisms are in place to ensure that the staff employed by providers and operators meet national guidelines for levels of competency for delivering exercise referral schemes? (Refer to the guide to qualifications and training for further information on this issue.)
- What standards are in place to ensure commissioners meet world class commissioning competencies?

Sharing practice: Community Health Wise ERS, Sheffield

Community Healthwise is a local authority physical activity referral scheme, funded by NHS Sheffield and operates on a citywide basis. Healthwise staff are based in GP surgeries around the city where they see referred patients for their initial consultation to discuss their activity and exercise options.

These options may be based in the local leisure centre, home based, walking programmes swimming or any activity that the patient and referral officer decide is appropriate. The scheme has a coordinator whose role is to manage the service and ensure good practice in other stand alone

external referral schemes that exist across Sheffield.

In Sheffield a physical activity referral accreditation system has been developed to maintain quality across the stand alone schemes. Providers are required to meet a number of quality standards to be an accredited provider.

There are also plans to develop these standards to include quality assurance of the exercise and activity sessions patients are signposted to. The aim is to provide appropriate physical activity for patients in their local area that is convenient for them rather than just being fed straight into a gym in the hope that they may one day sign up as a member.

Experiences in Sheffield suggest that local authorities retain control of a city-wide referral scheme, create

partnerships with leisure and sports facilities across the region to provide appropriate physical activity provision in the area and employ referral officers to be based in GP Surgeries to assess and refer patients.

Aimee Pearce, Physical Activity Referral Co-ordinator, Community Healthwise, Active Sheffield. Email aimee.pearce@sheffield.gov.uk



2.3 Step 3: Delivery

The third step in the commissioning cycle focuses on the contractual arrangements for the delivery and management of the exercise referral scheme. This involves 4 key elements:

Conducting procurement:

Commissioners should consult within their own organisations, to ensure they comply with their internal procurement processes and procedures.

Compliance with a procurement process is necessary because it:

- Ensures best value for money.
- Meets world class commissioning competencies.
- Allows commissioners to evaluate a range of market providers and ensures the 'best fit' for the service specification.
- Reviews current contracts towards performance improvement.
- Fulfils legal obligations under European Union procurement rules.

Consequences that may arise if commissioners do not follow a procurement process might be a challenge and/or complaint from other parties; this could then lead to a delay in the commissioning of services and potential litigation.

The following table offers an example timeline of a procurement process for an exercise referral scheme. These practical actions will fall across steps 2 and 3 of the commissioning steps.

Cost envelope for proposed exercise referral scheme: £500,000 per annum	
Action	Timeframe
<p><u>Convene procurement panel</u> - to develop local process including assessment of the tenders</p> <p><u>Suggested representatives locally:</u> Commissioning Finance Procurement Public Health Primary Care Clinician with special interest/ clinical champion Leisure sector Potential service user</p> <p><i>Panel agree end date for the start of the new contract and "work back" to develop the procurement timetable</i></p>	
<p>Panel prepare and issue invitation for Expressions of Interest</p> <p>Advert to be issued in publications as advised by procurement guidelines and for issue through local networks as appropriate</p>	<p>Allow 4 weeks for potential bidders, e.g. leisure providers, to complete</p>
Panel arrange and hold potential provider forum	1 day
Panel issue pre-qualification questionnaire (PQQ)	Allow 4 weeks for bidders to complete
Panel evaluate PQQ	1-3 weeks depending on number of responses
Panel shortlist to Invitation to Tender (ITT)	Allow 3 days to complete
Panel issue ITT to shortlisted providers	Allow 4 weeks to complete
Panel evaluate ITT	Allow 2 weeks to complete (depending on the no. of responses)
Panel shortlist to presentation stage	Allow 3 days
Presentations to Panel	1 - 3 days dependent on number
Panel make final evaluation and award decision	1 week to complete
Prepare recommendation for appropriate "Board" approval	1 week to complete
Award and sign contract	4 - 8 weeks to complete

Developing the Service Level Agreement:

In developing the Service Level Agreement (SLA), commissioners will need to consider the following issues:

- What are the key local issues that need to be included in the SLA?
- Are partnership roles and responsibilities clearly defined?
- Is the purpose and period of the agreement stated?
- Are locally agreed quality standards listed?
- Do local standards reflect NQAF performance indicators?
- Are the provider's responsibilities to manage, run and evaluate the scheme to meet agreed quality standards clearly defined?
- Are the expectations for ensuring suitably qualified staff are recruited and trained clearly stated?
- Are the medical liability issues explained?
- What are the funding arrangements?
- What are the formal monitoring and evaluation procedures and responsibilities?
- Which organisations will be represented on the scheme management committee?

- What are the responsibilities of the management committee?
- Does the agreement address important organisation issues such as public liability insurance, complaints procedures, equal opportunities, health and safety and confidentiality?

Developing the Service Specification:

The Service Specification should answer the following questions:

- What is the purpose and objectives of the scheme?
- What are the quality standards of the scheme?
- How will the scheme be managed?
- How will the scheme operate?
- What are the staffing arrangements for the scheme?
- Who will be referrers to the scheme?
- How will referrals be made and received?
- What are the inclusion and exclusion criteria?
- How will clients be assessed to ensure an appropriate motivational behaviour change model is employed?
- What support will be provided and for how long?

- Is the cost of participating in the scheme affordable for the target group?
- What physical activity opportunities are available to offer choice and flexibility for service users?
- What actions are in place to develop sustainability of the scheme?
- What steps are in place to ensure service users are encouraged to be more responsible for their commitment to be more active in the longer term?
- How will the service encourage continued improvement in physical activity post intervention?
- What monitoring information will be recorded for the scheme database?
- What evaluation procedures are in place to measure outputs and impact of the scheme?
- Are systems in place to enable regular and open communication between the service provider and commissioners?
- Are opportunities for ad-hoc communication as well as formal meetings encouraged?
- Are providers given the opportunity to share experience/practice?
- What mechanisms are in place to facilitate timely problem solving?
- Are the quality standards and specifications of the service agreement being met?
- What action will be taken if standards and specifications are not upheld?
- What procedures are in place to make improvements/adjustments to the agreement?
- How will service users be involved in contract management?
- What are the consequences if the provider exceeds the contract?
- What are the opportunities for developing capacity/variety to meet consumer demand?

Contract Management:

Whilst deliberating contractual management arrangements, commissioners will need to consider:

- Who has responsibility for managing the contract?
- Are providers aware of who is the main commissioning contact?

Sharing practice: Dudley Exercise Referral Programme

The Dudley Exercise Referral Scheme is designed to offer 4 tiers of referral for adults according to identified need.

Tier 1: Brief Intervention Leaflet

- The brief intervention leaflet has been designed to be used as a tool by GPs and other healthcare professionals to promote physical activity as part of routine consultations. The leaflet is also available in waiting areas for motivated/interested patients to pick up. The leaflet contains information about the recommended levels of activity, the benefits of an active lifestyle, and all the activity opportunities available in Dudley.

Tier 2: Self Referral 'Pink Letter' / referral to 'Green exercise'

- Tier 2 Interventions are targeted at patients with low risk conditions, who do not require supervised exercise but do not meet the Department of Health recommendation of 5x30.
- The Self Referral 'Pink Letter' offers a 50% subsidy at any of the Dudley Council Leisure Centres for a one off period of 3 months. This allows the patient to do activities including swimming, yoga and aerobics classes, and use of the gym or playing sports such as badminton and squash.

- The 'Green Exercise' referral is a signposting service to outdoor activities such as walking, cycling and exercise sessions in the parks. The majority of the activities offered through the 'Green Exercise' referral are free of charge.

Tier 3: Exercise Referral Service - moderate risk

- Patients with moderate risk conditions are referred to one of three Dudley Council leisure centres that deliver the exercise referral service. These patients are given a 12 week, supervised programme of exercise that is tailored to their individual needs. The patient is given a 50% subsidy during this period.

Tier 4: Exercise Referral Service - high risk

- Patients with high risk conditions are referred to the Action Heart Cardiac Rehabilitation Centre. These patients are given a 12 week, supervised programme of exercise that is tailored to their individual needs. Referrals to Action Heart are free of charge.

Balraj Johal, Dudley Exercise Referral Service,

Email: Balraj.Johal@dudley.nhs.uk



2.4 Step 4: Review

The purpose of the review stage is to assess the impact of the scheme and measure to what extent planned outcomes have been achieved. A number of questions have been identified for commissioners to bring up in the review stage; these have been grouped under the following three headings:

Impact evaluation and outcome monitoring:ⁱⁱⁱ

- What systems are in place to assess if targets and expected outcomes have been achieved?
- What measures are in place to assess long term adherence levels?
- What is the accuracy and efficiency of the data collection processes?
- Does the database provide the information required to assess the effectiveness of the scheme?
- Does the monitoring and evaluation data provide enough detail to assess the value of investment?
- How will service users be involved in the review process?
- Does the performance of the scheme meet the expectations of the commissioners?

Future Developments:

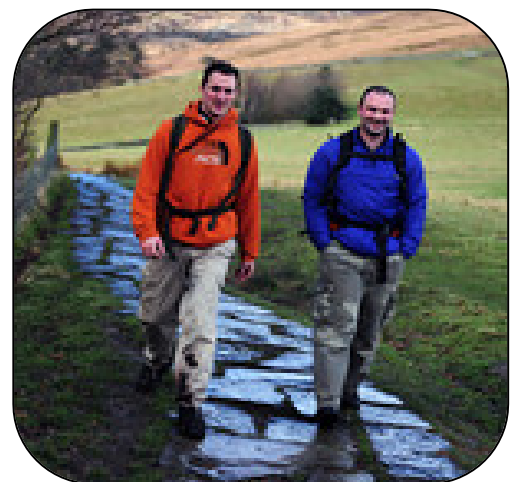
- What are the strengths/examples of good practice of the scheme?
- What are the weaknesses/gaps?
- What opportunities will support development of the scheme?
- What threats may affect future development of the scheme?
- What service changes are needed to make improvements?
- How will the challenge of improving long term adherence levels be best met?
- What steps are needed to ensure that the scheme can be adapted for future requirements?
- What are future training needs of all parties engaged in the exercise referral scheme to ensure the scheme continues to meet national and local quality standards?
- How will service users be enabled to comment on the commissioning process?
- Where necessary, how will de-commissioning decisions be implemented?

Sharing Good Practice:

- What mechanisms are in place to share impact evaluation and outcome monitoring data to inform local and national practice?

ⁱⁱⁱ Refer to section 8 for further information on evaluation design, managing evaluation expectations and essential process and outcome evaluation indicators.

- What opportunities are provided for service users to comment on evaluation findings?
- What opportunities are provided for service providers to comment on evaluation findings?
- Has due concern been given to how data is collected, stored and shared to ensure personal information is secure and protected according to national and local standards?



Sharing practice: Greater Glasgow and Clyde Live Active Referral Scheme

The Live Active Referral Scheme was established in 1997. This scheme was created, developed and is continually managed utilising a partnership approach. The key partners being NHS Greater Glasgow and Clyde and all partner Local Authorities/Trusts. Within each partner organisation various departments were and are still involved. Initially the Scheme was only developed within Glasgow City Council. After a positive evaluation in 1999 the scheme has gradually expanded to include other Local Authority areas, namely, East Dunbartonshire, South Lanarkshire, West Dunbartonshire, East Renfrewshire, Renfrewshire and Inverclyde. One of Glasgow city's Universities also delivered the scheme (Glasgow Caledonian).

The scheme is a behavioural intervention based on evidence-based tools and techniques combined with counselling skills to support patients in their physical activity behaviours for a period of 12 months. It currently employs 24 full time exercise/health counsellors and also links into other local health behaviour services - smoking cessation, healthy eating groups etc. Cross referral pathways between services have been established.

The Live Active Referral Scheme continually undergoes monitoring and evaluation and is developed accordingly. For example an external research company completed a full evaluation in 2002, which produced various recommendations and developments. Yearly the scheme is audited and statistics are produced at a local and NHS wide level. This is made possible by having created and developed a Live Active patient database storing all patients and referral details, consultation information and outcomes and appointment attendance records.

NHS GG&C fund the scheme by paying for the employment of the exercise counsellors and the scheme is delivered by the Local Authorities/Trusts. Service Level Agreements, which follow NHS GG&C procurement policy, are in place for all service providers detailing roles and responsibilities, service provision specifications, quality standards and auditing and monitoring guidelines ensuring quality assurance and performance guidelines are adhered to.

Senior managers from all partner agencies meet on a regular basis to ensure that exercise referral and related topics are discussed strategically.

The Local Authorities/Trusts deliver and provide the scheme ensuring that exercise counsellors are integrated within their local health and fitness teams; have appropriate space to provide exercise consultations and there is a wide range of physical activity options available for people. They also pay for all resources, materials, administration requirements and activity passes for the scheme (discounted rates for patients for the 12 months).

NHS GG&C centrally directs and manages the scheme ensuring quality and consistency across all areas. NHS GG&C :

- Provide leadership and expertise ensuring appropriate and evidence-based guidelines and quality assurance is maintained.
- Provide a full induction programme and update training for exercise counsellors in partnership with service providers and support exercise counsellors to access relevant training opportunities.



- Ensure strong links are made and maintained with primary care and acute services.
- Develop protocols and processes to ensure consistency of access across the scheme and to ensure all aspects of the patient pathway are considered.
- Provide access to a medical screener if staff are unsure about a client's medical suitability for the scheme and screen/risk stratify patients if need be e.g. if patient cannot complete an ETT.

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Summary:

The information above provides guidance for professionals responsible for the commissioning of exercise referral schemes. It draws upon evidence from national exercise

referral policy and world class commissioning guidance. It includes a number of questions for consideration before commissioning an exercise referral scheme or when reviewing existing service level agreements.

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