Suffolk Public Health Exercise Referral
One year on .......

Philip Lown – Most Active County, Partnership Programmes Manager
Stuart Stokes - ReferAll
Warren Smyth – CEO Abbeycroft Leisure
Public Health Suffolk perspective
one year on ..........

Philip Lown – Most Active County, Partnership Programmes Manager
ERS – what are we referring to?

- An assessment involving primary care/ allied health professional to determine that someone is inactive
- A referral by that professional to a physical activity specialist or service
- A personal assessment to determine what programme of physical activity is required for the individuals specific needs
- An opportunity to participate in a tailored physical activity programme

NICE guidelines (PH54)
Creating a quality standard: WHY?

- ERS not being used at scale by eligible referrers across the county
- A lack of awareness of ERS among GPs
- Inconsistent data collection, reporting and evaluation of schemes, making it difficult to determine impact
- Limited mechanisms for learning and sharing of best practice locally
- Variations in referral protocols, making it time consuming for those referring into schemes
- Lack of understanding whether schemes are operating in line with NICE (2014) guidelines for exercise referral and other local initiatives to improve PA levels

Need to develop a shared, coordinated and quality assured approach to ERS in Suffolk
Creating a quality standard: WHY?

Proposed objectives:

- To support the growth of exercise referral schemes in Suffolk
- To strengthen the local evidence-base on the effectiveness of schemes
- To facilitate understanding and navigation of referral processes, making it easier for referring healthcare professionals to engage with schemes and individuals to participate in ERS
- To facilitate continuous learning and sharing of best-practice
- To promote continuous improvement of schemes, ensuring the residents of Suffolk receive high-quality exercise programmes which are tailored to their needs
A collaborative approach

- Initial information gathering
- Provider/partner workshop
- Presented at various forums
- Standard reviewed by partners
Putting into practice

Steering group put in place to provide a set of quality operating standards which would address the challenges identified, and drive improvements in scheme delivery in Suffolk.

Implementation of standards will ensure ERS across Suffolk operate in line with NICE guidelines and that pathways in place for exercise referral are aligned to best practice guidelines; as well as local health and wellbeing priorities.
Key documents

Suffolk Exercise Referral Quality Standards
Guidance Document
September 2018

SERQS guidance document

SERQS template referral form

Initial assessment framework
### Key documents

**Assessment criteria**
Where are we now …..

➢ 11 of the proposed 15 sites now accredited
➢ 13 of the 15 sites currently utilising ReferAll
➢ Evaluation method devised with ReferAll for BREQ-3 behavioural criteria
➢ Talks ongoing regarding evaluation partner
➢ Comms plan being developed for stakeholder awareness and marketing
➢ Some early indicators from data showing positive signs
Success ……

➢ Average increase of IPAQ scores across all sites participants after 12 week intervention (average 25% increase in score)

➢ Average increase of Warwick Edinburgh Wellbeing Scale (average 8.3% increase in score)

➢ Great engagement from sites in achieving standard

➢ Increasing awareness within PH & CCG regarding the standard and willingness to engage with it
Challenges

➢ One site lost staff so have withdrawn from the scheme & another had to close for refurbishment
➢ Staff utilising the system and completing the referrals journey
➢ Utilising the full potential of the monitoring system due to incompatibility of membership systems
➢ Ensuring sites have a system in place to track the participants post 12 weeks & up to 12months
Monitoring and evaluation

Stuart Stokes - ReferAll
Review of evidence

Even with large numbers the story for EoR is not as hoped
- There are positives
- There are challenges
- There is work to do
- Everyone has a part to play
Client Journey

Real-time reporting
Health outcomes Ongoing

SCHEME EFFECTIVENESS

Activities Triggers MemberApp

NEW

Referral routes in Process management Automation

Referral routes in Process management Automation

COMPLETED

PARICIPATING

INITIAL ASSESSMENT

Left Early

INTENDS TO PARTICIPATE

Initially referred

Bookings Communication Questionnaire

NOT PARICIPATING

Left Early

NEW

Participating

Referral

Referral routes in Process management Automation

Completed

New

Paricipating

Not Participating

Paricipating

Left Early

Paricipating
It’s all about the A to the B

Once a process has been enabled
  o Recruitment is key
  o Knowing what works is important
  o Communication is a key driver
    o To increase take up
    o To increase levels of completion
  o Once the A to B happens
    o Data will be available
    o Ongoing behavior will be cemented
    o Potential for further opportunities
An operators perspective ......

Warren Smyth – CEO Abbeycroft Leisure
Why?

- **Public health profile** - accreditation offered stamp of approval, and opportunity to strengthen our case with Public health partners

- **Test ourselves** - with an external lens to develop and support our 5 year strategy to build stronger public health partnerships

- **Better understanding** - develop levels of monitoring and evaluation i.e. at 12 months, performance of our scheme against Suffolk schemes
Opportunity for co-creation

- **Opportunity to shape and influence** - better understand what Public health partners expect, want from ERS
- **ERS not being used at scale** - by eligible referrers across West Suffolk and lack of awareness of ERS among some GPs
- **Align our scheme** - having had 3 trusts come together, inconsistent data collection, reporting and evaluation of schemes, making it difficult to determine impact
- **SCC support to fund resources to grow** - ReferAll system and QS Quest assessment audit modules
- **Limited mechanisms for learning** - sharing of best practice locally
- **Need to develop** - a shared, coordinated and quality assured approach to ERS in Suffolk to achieve shared goal, more referrals
Our objectives?

- To support the growth of exercise referral schemes in our localities and develop further services through:
  - Better understanding and navigation of referral processes, making it easier for referring healthcare professionals to engage with schemes and individuals to participate in ERS
  - To facilitate continuous learning and sharing of best-practice
  - Continuous improvement of schemes aligned with Public health, ensuring communities receive high-quality exercise programmes which are tailored to their needs
  - Use Public health approved criteria for relevant monitoring and evaluation that meets the expectations of partners
Where are we now?

- Early indicators around physical activity and wellbeing scores strengthen local evidence-base on the effectiveness of schemes

- To facilitate understanding and navigation of referral processes, making it easier for referring healthcare professionals to engage with schemes and individuals to participate in ERS

- To facilitate continuous learning and sharing of best-practice

- To promote continuous improvement of schemes, ensuring the residents of Suffolk receive high-quality exercise programmes which are tailored to their needs
Where we are now:

Some data already being collated via “admin function” which shows:

- PARQ scores on average increasing in individuals across the scheme’s from 1.7 (low) to 2.2 (moderate)

- Edinburgh Warwick Wellness scores on average increasing across the schemes from 23.9 to 27.1
Next steps.....

- Working with SCC to leverage the QS to engage with more health partners, to drive referrals and positively impact on more of our communities

- 12 month review against measures, hope to create compelling evidence-base on the effectiveness of schemes

- Facilitate continued improvement using the quality standard, particularly our 12 month engagement

- To develop the tools to improve the 12 month monitoring and review insight to create services accordingly
Platform for the Future:

- A better conversation with health colleagues and engagement in the “system”.
- Social Prescribing link
- Development of Physical Activity Referral Pathways
- Use of pathway and ReferAll for other client groups to deliver a more effective programme.
Thank you for listening.