Oldham Exercise Referral Scheme

April 2015
Exercise Referral Scheme April 2015

From April 2015 Oldham Community will be changing the format of delivery of the Exercise Referral scheme to ensure that all activity is in line the National Institute for Health and Care Excellence (NICE) guidelines.

The (NICE) Guidelines was issued In September 2014 on Exercise referral scheme to promote physical activity.

The evidence collated identified key focus areas which included:

- People who are sedentary or inactive
- People who have an existing health condition, i.e. Coronary heart disease, diabetes or depression.
- People who have other risk factors for disease, such as being overweight, raised blood pressure or cholesterols, anxiety or stress.

The evidence suggests that exercise referral schemes have a marginal added effect relative to other ways of increasing physical activity.

The guidelines offered key recommendations:

1. Policy makes and commissioners should not fund exercise referral schemes for people who are sedentary or inactive but otherwise apparently healthy.
2. Policy makers and commissioners should only fund referral schemes for people who are sedentary or inactive and have existing health conditions or other factors, that put them at increased risk of ill health.
3. Public Health England should develop and manage a system to collate local data on exercise referral schemes. This system should be based on the essential criteria outlined in the Standard Evaluation Framework for physical activity interventions. This outlines programme details, evaluation details, demographics of individual participants, baseline data, follow up data and process evaluation. In order to fulfil this recommendation OCL will be following the National Exercise Referral Scheme for Wales programme which includes all of the above. This programme is evidenced based and was evaluated in 2010 by Cardiff University.
4. NICE recommend structured exercise programmes tailored to individual need. These include myocardial infarction, stroke, chronic heart failure, chronical obstructive pulmonary disease, depression, low back pain and chronic fatigue syndrome. These programmes will vary in format and can include components of phase 3 and 4 or rehabilitation activities. The classes should be structured, tailored and supervised by a specialist physical activity and exercise instructor (Level 4).
OLDHAM COMMUNITY LEISURE EXERCISE REFERRAL SCHEMES

Primary Care
- Obesity
- Blood Pressure
- Musculoskeletal
- Depression
- Impaired Glucose Tolerance

Health Educational

Rehab Programme with Specific Exercise Component
- Cardiac Pulmonary
- Falls
- Heart Failure
- Pain
- Stroke
- PAD

Exercise Referral
- Generic Exercise Referral Level 3 Instructor
  - Lifestyle behaviour change/advice intervention delivered by a qualified exercise referral advisor

Level 2 Instructor
- To deliver exit for Exercise Referral and entrance to

Level 3 Instructor

- Swimming
- Walking Football
- Yoga
- Pilates
- Chair Based Exercise
- Dance
- Low Impact aerobics
- Tai Chi
- Bowls
- Gym Based Activity

MAINSTREAM LEISURE AND COMMUNITY ACTIVITIES
Health Interface

Referrals can be sent via fax from:

- Primary Care – GP, Hospital, Physio
- Health Education Programmes – Mental Health, Condition Specific Education, Type II Diabetes
- Rehab Programmes
  - Coronary Heart Disease
  - Pulmonary Rehab
  - Falls Prevention Team – Age UK/NHS/OCL
  - Stroke
  - Peripheral Arterial Disease (PAD)

Exercise Referral

- Rehab Programmes – clients will be seen by a level 4 instructor who specialises in Specific Health Condition. They will attend at tailored class. Duration of class attendance vary depending on health condition.
- Clients who are referred for other health conditions will be seen by a level 3 Exercise Referral Instructor and will undertake a 16 week programme. Each participant will be monitored for one year period. (See chart flow chart below). Initially participants will attend supervised classes only for the first four weeks.

Ongoing

- After all programmes are completed it is important that participants continue to exercise. OCL provide a large variety of classes to suit all needs. Including maintenance classes for rehab programmes. Support can at this stage, continue to be provided by the level 4 or 3 instructor. For some health conditions, support can be from a level 2 instructor at this stage.
Inclusion/Exclusion Criteria

The patient **must be sedentary** (defined as not moderately active for 3 or more times per week or deconditioned through age or inactivity), and have at least one of the following medical conditions:

<table>
<thead>
<tr>
<th>CHD risk factors</th>
<th>Mental Health</th>
<th>Musculoskeletal</th>
<th>Neurological Conditions</th>
<th>Respiratory/pulmonary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised blood pressure more than 140/90 (either) but less than 180/100 (either)</td>
<td>Mild anxiety, depression or stress</td>
<td>At risk of Osteoporosis</td>
<td>Multiple sclerosis</td>
<td>Chronic obstructive pulmonary disorder (COPD)</td>
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<tr>
<td>Weight Management</td>
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<td>Arthritis (mild)</td>
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<td>Mild/moderate well controlled (Asthma, bronchitis, emphysema)</td>
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<td>BMI greater than 35</td>
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<td>Poor mobility</td>
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<td>Heavy Smoker</td>
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<td>Controlled diabetes</td>
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<td>Musculoskeletal pain including back pain</td>
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<td>Chronic Fatigue</td>
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<td>High cholesterol greater than 5.0</td>
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<td>Family history of heart disease or diabetes</td>
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<td>Referral from Cardiac Rehabilitation (only from phase IV).</td>
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<td>Stroke</td>
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<td>PAD</td>
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**Exclusion Criteria**

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<thead>
<tr>
<th>Aged 16 or under</th>
<th>Unstable Angina</th>
<th>Blood Pressure 180/100 (in either) or above and/or uncontrolled or poorly controlled hypertension</th>
<th>Cardio Myopathy</th>
<th>Uncontrolled Tachycardia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardio Arrhythmia</td>
<td>Valveular Heart Disease</td>
<td>Congenital Heart Disease</td>
<td>Unexplained dizzy spells</td>
<td>Excessive or unexplained breathlessness on exertion</td>
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<tr>
<td>Uncontrolled or poorly controlled diabetes</td>
<td>Uncontrolled or poorly controlled epilepsy</td>
<td>History of falls or dizzy spells in the last 12 months</td>
<td>Uncontrolled or poorly controlled (severe COPD)</td>
<td>First 12 weeks of pregnancy</td>
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<tr>
<td>Awaiting medical investigations</td>
<td>Already taking part in regular exercise and not exercised for the last 6 months</td>
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