



**GP EXERCISE REFERRAL SCHEMES/EXERCISE ON
PRESCRIPTION**

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This paper provides an overview of the use of 'exercise on prescription' in the United Kingdom. Reference is also made to academic studies which have assessed the effectiveness of such schemes, and the demographic group(s) most likely to avail of the service.

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SUMMARY OF KEY POINTS

'Exercise on prescription' has been available experimentally for more than fifteen years. As of 2004, there were over 800 schemes in the UK.

As part of the scheme, participants typically receive free or inexpensive gym sessions for approximately three months, followed by a low-priced annual subscription to the gym.

In Northern Ireland exercise on prescription is operated through a partnership approach between the legacy Health & Social Services Boards, Health & Social Services Trusts, (Primary and Secondary Care) Local Councils and Healthy Living Centres.

The NHS 'National Quality Assurance Framework', which outlines guidelines for exercise on referral schemes, notes that:

'Around 95% of the population will see a medical practitioner within any three-year period, yet only around one in four of these people is likely to be physically active on a regular basis.'

One 2007 survey found that 49% of GPs in the UK had access to exercise referral schemes, and that 25% of those GPs would refer patients to the scheme 'fairly' or 'very frequently'.¹

Research suggests that the highest rate of referral is amongst men aged 55-64, followed by women in the same age bracket.²

Research has also shown that exercise referral schemes have increased the *moderate* activity levels of sedentary populations. However it would appear that the success rates for such schemes are low, with studies suggesting that for every 17 referrals only one patient usually becomes moderately active.³

In terms of demographics, evidence suggests that physical activity promotion schemes tend to attract the white, middle-class, well-educated sections of the population.

Those who drop out of such schemes tend to do so for a number of reasons: illness, injury, lack of time, work pressure, wanting to attend with someone, transport problems, and sessions stopping for holidays.

Suggested ways to maximise the effectiveness of exercise on referral/prescription include:

- Ensuring local referrers have an understanding of what is on offer and an ability to judge the 'right time' in a person's recovery to suggest referral.

¹ Mental Health Foundation, *Moving On Up* (2009), p.10
<http://www.mentalhealth.org.uk/EasySiteWeb/GatewayLink.aspx?allId=73299> (accessed 29/03/2010)

² R.A. Harrison, F. McNair & L. Dugdill, 'Access to exercise referral schemes – a population based analysis', *Journal of Public Health*, Vol. 27, No. 4, p.327

³ N.H. Williams, M. Hendry, B. France, R. Lewis, and C. Wilkinson, 'Effectiveness of exercise-referral schemes to promote physical activity in adults: systematic review', *The British Journal of General Practice* (2007), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2084138/> (accessed 24/03/2010)

- Providing local information about what is available.
- A prompt and clear referral process with minimum delay between referral and initial assessment.
- Individualised support for the person as they initially engage with the programme and motivational support throughout.
- Providing consistency.
- Utilising experienced exercise leaders.
- Having a choice of exercise options available.
- Allowing flexibility in the times of exercise classes and venues used.
- Keeping schemes or exercise classes of a reasonable size to promote the social aspects of engagement.
- Providing avenues into other exercise activities on completion of the exercise referral programme.

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1. INTRODUCTION

This paper provides an overview of the use of 'exercise on prescription' in the United Kingdom. Reference is also made to academic studies which have assessed the effectiveness of such schemes, and the demographic group(s) most likely to avail of the service.

2. BACKGROUND INFORMATION

There is now substantial evidence that physical activity is conducive to physical and mental wellbeing, and has great potential for improving health. As such, many primary care providers have advised on, and have encouraged, greater physical activity through the medium of Exercise Referral Schemes (ERS), or 'Exercise on Prescription' (EoP).

'Exercise on prescription' has been available experimentally for more than fifteen years. As of 2004, there were over 800 schemes in the UK, mostly run by councils and/or primary care trusts that encourage patients to take more exercise. Participants typically get free or inexpensive gym sessions for approximately three months, followed by a low-priced annual subscription to the gym. They usually receive higher quality supervision than the average gym member, with individual instruction and special classes.⁴

In Northern Ireland physical activity/exercise referral programmes are facilitated through a partnership approach between the legacy Health & Social Services Boards, Health & Social Services Trusts, (Primary and Secondary Care) Local Councils and Healthy Living Centres.⁵

3. EXERCISE REFERRAL SCHEMES AND THE NATIONAL HEALTH SERVICE

Such was the increase in the use of such schemes that the National Health Service introduced a 'National Quality Assurance Framework' for ERS. The purpose in doing so was to improve 'standards among existing exercise referral schemes, and help...the development of new ones'.⁶

The Framework focuses primarily on the most common model of exercise referral system, where the GP or practice nurse refers patients to facilities such as leisure centres or gyms for supervised exercise programmes. Guidance covers issues including patient selection, evaluation and long-term follow up.⁷

The guidance notes:

'Around 95% of the population will see a medical practitioner within any three-year period, yet only around one in four of these people is likely to be physically active on a regular basis. There is therefore an ideal opportunity for the health

⁴ 'Exercise on Prescription', The Times (28/02/2004)

⁵ Public Health Agency, Submission to the Committee for Culture, Arts and Leisure's Inquiry into participation in sport and physical activity in Northern Ireland (March 2010)

⁶ National Health Service, *Exercise Referral Systems: A National Quality Assurance Framework* (2001) http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079009.pdf (accessed 24/03/2010)

⁷ Ibid

professional to encourage people to increase their level of physical activity. This may be done in a variety of ways, from issuing routine advice to all patients on being more active; offering specific counselling services; recommending facilities or services such as local walking programmes; or referring into a specific 'exercise referral system'.⁸

4. AVAILABILITY

Surveys⁹ conducted by the Mental Health Foundation in 2007 found that 49% of GPs in the UK had access to using ERS/EoP schemes. 25% of those GPs who do have access would refer 'fairly' or 'very' frequently.¹⁰

5. WHO IS MOST LIKELY TO BE REFERRED?

Figure 1 below shows the age and sex distribution of over 6,000 exercise referrals made over 5 years in a region of the North-West of England (non-specified). It is evident from the data that the highest rate of referral is amongst men aged 55-64, followed by women in the same age bracket.

FIGURE 1: AGE AND SEX DISTRIBUTION OF REFERRED PATIENTS¹¹

Age Band (years)	Women	Men	Total
18-24	2.90%	1.50%	2.30%
25-34	11.40%	8.80%	10.40%
35-44	18.90%	15.10%	17.40%
45-54	26%	26.70%	26.20%
55-64	29.10%	32.30%	30.30%
65-74	10.60%	14.20%	12%
75+	1.20%	1.50%	1.30%

⁸ Ibid

⁹ A nationally representative quota controlled group of two hundred NHS GPs were surveyed. The majority of GPs surveyed were from England, a tenth of GPs were from Scotland, just under a tenth from Wales, and 3% from Northern Ireland.

¹⁰ Mental Health Foundation, *Moving On Up* (2009), p.10

<http://www.mentalhealth.org.uk/EasySiteWeb/GatewayLink.aspx?allId=73299> (accessed 29/03/2010)

¹¹ R.A. Harrison, F. McNair & L. Dugdill, 'Access to exercise referral schemes – a population based analysis', *Journal of Public Health*, Vol. 27, No. 4, p.327

6. EFFECTIVENESS

Research has shown that some exercise referral schemes (ERS) have resulted in statistically significant increases in the number of sedentary people becoming *moderately* active. However reduction in 'absolute risk' has been small: it has been suggested that, on average, only one of every 17 of those who have been referred to ERS become moderately physically active.¹²

Some academics have argued that exercise referral schemes are unlikely to raise the overall population levels of physical activity, but add that there is potential to develop 'area-based' interventions which target sedentary groups in specific neighbourhoods – adding that Primary care has an important role to play in this.¹³

There is evidence that physical activity promotion schemes tend to attract the white, middle-class, well-educated sections of the population.¹⁴

Research into those who drop out from ERS points to a number of reasons: illness, injury, lack of time, work pressure, wanting to attend with someone, transport problems, and sessions stopping for holidays.¹⁵

7. MAXIMISING EFFECTIVENESS

Studies¹⁶ which have examined methods of best practice, and the most common ingredients of successful exercise referral programmes, have highlighted important criterion for maximising the effectiveness of exercise referral schemes:

- Local referrers with an understanding of what is on offer and an ability to judge the 'right time' in a person's recovery to suggest a referral to an exercise programme.
- Local information about what is available, what attendance entails and what the programmes cost, alongside various effective dissemination channels such as GP surgeries, local health centres, libraries and other community settings.
- A prompt and clear referral process with minimum delay between referral and initial assessment.
- Individualised support for the person as they initially engage with the programme and motivational support throughout.
- Consistency of support throughout the assessment process and at least the first few exercise classes.

¹² N.H. Williams, M. Hendry, B. France, R. Lewis, and C. Wilkinson, 'Effectiveness of exercise-referral schemes to promote physical activity in adults: systematic review', *The British Journal of General Practice* (2007), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2084138/> (accessed 24/03/2010)

¹³ R.A. Harrison, F. McNair & L. Dugdill, 'Access to exercise referral schemes – a population based analysis', *Journal of Public Health*, Vol. 27, No. 4, p.329

¹⁴ Ibid

¹⁵ Ibid, p.182

¹⁶ *Moving On Up* (2009), pp.28-29; <http://www.mentalhealth.org.uk/EasySiteWeb/GatewayLink.aspx?allId=73299> (accessed 29/03/2010)

- Experienced exercise leaders with the ability to empathise with people referred for mental health needs and to adjust the delivery of a programme or individual exercise class to account for variations in mood, confidence and ability to concentrate.
- Having a choice of exercise options available (not just gym-based options) that span different fitness levels, different interests and are offered at an appropriate pace to the needs of the client.
- Flexibility in the times of exercise classes and venues used; with the latter being of a high quality, with good levels of cleanliness and a good supply of equipment.
- Schemes/exercise classes of a reasonable size to promote the social aspects of engagement.
- Clear avenues into other exercise activities on completion of the exercise referral programme.

8. CASE STUDY: CAMDEN EXERCISE REFERRAL SCHEME

The Camden Exercise referral Scheme was established in 2004 and has a team of specialists for specific conditions and disorders. They deliver the exercise to those referred into the scheme.

The scheme is open to people aged eighteen and over who have one or more of the following chronic health conditions – obesity, diabetes, osteoporosis, coronary heart disease, cardiovascular disease, and chronic obstructive pulmonary disease. People with mental illnesses (neurotic and psychotic disorders) and people aged sixty or older, who are sedentary and at risk of losing their independence, are also eligible.

The Active Health Team, whose exercise leaders are all qualified to level 3 on the Register of Exercise Professionals, accepts referrals from a range of local health professionals including GPs, practice nurses, physiotherapists, mental health nurses and occupational therapists.

Once a referral has been made, the individual will have their first consultation within two weeks and, at this time, the team use validated outcomes monitoring tools to look at health and the level of exercise.

The exercise scheme in Camden provides activities such as green gym, sports groups, yoga and Pilates and those referred to the scheme receive an eight week programme free of charge. Those considered to be at risk of losing their independence because of a health condition that limits their ability to leave their house, are offered one-to-one sessions in their home. After the first programme, participants can then choose to continue with any classes or activities that they are doing for the cost of £1.00 a session or to join a local gym for around £16.00 a month.

All GPs are sent feedback after the eight week programme and there is follow-up at nine months. Operation of the Camden scheme during its first fourteen months was evaluated by Middlesex University, with the results showing:

- High rates of completion of the initial exercise programme.
- Many patients report improved mental health as a result of participation in the scheme, including increased level of positive mood.
- That whilst the referrals were limited, referrers to the scheme had received positive feedback about the scheme from their clients.

The findings also highlight the importance of using easily accessible venues, the importance of having sufficient facilities that are large enough and in adequate condition, and the important role that the exercise leader plays in supporting engagement.¹⁷

¹⁷ Mental Health Foundation, *Moving On Up* (2009), pp.19-20
<http://www.mentalhealth.org.uk/EasySiteWeb/GatewayLink.aspx?allId=73299> (accessed 29/03/2010)