NORTHAMPTONSHIRE

COUNTY STANDARD PROTOCOL
2016
Summary for Referrers

The purpose of this document is to provide a set of guidelines for referring Healthcare Professionals, Exercise Professionals and Scheme Coordinators. It also formally documents the roles and responsibilities of the professionals involved by way of Service Specification and Quality Standards.

Referring Healthcare Professionals will make a referral on to the scheme by using the ‘Step by Step Referral Pathway Guide’ (see page 8) based on the ‘Scheme Referral Criteria’ (see pages 11 - 13), and completing the Activity on Referral form. The referral form is available to Healthcare Professionals via Pathfinder www.pathfinder.northants.nhs.uk. It is also available in PDF or Microsoft Word format on request, (contact: j Browne@northamptonshire.gov.uk).

Healthcare Professionals should ensure that the patient’s medical history is complete and correct to the best of their knowledge at the time of referral and must sign the referral form.

The patient must sign the referral form; agreeing to data transfer and information sharing with the leisure provider.

The referring Healthcare Professional must send one copy of the referral form directly to the patient's preferred Activity on Referral accredited leisure facility, (contact details for each accredited leisure facility can be found on pages 23 – 24). A copy of the form should be retained with the patient's medical records, and a copy of the form should be given to the patient.

The Exercise Professional has the right to refuse acceptance of a referral if the medical information shared on the referral form is incomplete, or if the health condition of the patient is not included in the ‘Referral Criteria’.

Please Note: It is the patient's responsibility to contact their chosen leisure provider site to book an appointment for their initial induction with an Exercise Professional.

More information and general enquiries:

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Email: j Browne@northamptonshire.gov.uk

www.activityonreferral.co.uk/
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SECTION 1: Introduction

1.1 Purpose of the County Standard Protocol

The purpose of this document is to provide a set of guidelines for referring Healthcare Professionals, Exercise Professionals and Scheme Coordinators. It also outlines the roles and responsibilities of the professionals involved by way of Service Specification and Quality Standards.

1.2 General Overview

A General Practitioner (GP), Practice Nurse or nominated healthcare professional can refer a patient to the Activity on Referral (AoR) scheme. The patient being referred will receive a 12 week course of exercise at a concessionary rate with an accredited leisure facility within the AoR Scheme. Patients are only eligible for referral if they are over 16 years of age, have been living a sedentary lifestyle for the last 3 months and meet the requirements of the Scheme Referral Criteria (see Section 4, P10).

The patient attends the preferred accredited leisure facility where he/she will receive an ‘Induction’ with an Exercise Professional holding a recognised exercise referral qualification. The patient will then be provided with an appropriate personalised exercise programme to be followed over a 12 week period, but reviewed at 6 weeks.

The patient attends the facility to undertake the exercise programme and the leisure facility keeps a record of attendance. An Exercise Professional qualified to NVQ Level 2 or above must be present during the periods when the AoR patient exercises. The induction process will identify whether a higher qualified person is required to be on hand, which may well be the case if a patient falls within the ‘High Risk Population’ of the scheme criteria.

At the 6 week review, the AoR qualified Exercise Professional reviews the patients exercise programme and makes amendments where necessary. On completion of the scheme at 12 weeks, the AoR qualified Exercise Professional completes an ‘exit interview’ with the patient, recording the same data set during the Induction. The patient will also be provided with information on how to maintain an active and healthy lifestyle, either by becoming a member at the leisure facility or by signposting on to other local sport and physical activity opportunities or exercise classes within the centre or in the community.

For more information on local sport and physical activity programmes in the community visit: www.northamptonshiresport.org
1.3 Outcomes of the Scheme

The service is part of 2020 Northamptonshire which highlights the county’s aim to be a happier and healthier county by the year 2020 and will help to achieve Public Health outcomes as listed in Public Health Outcome Framework.

1.4 Principle Aims and Objectives of the Scheme

Aims:

- To provide equitable access to a wider range of AoR service providers to the registered population of Northamptonshire.
- To target those adults who currently lead a sedentary lifestyle and who have specified health risk factors and/or specific existing medical conditions who will gain the most health benefits through an increase in their level of physical activity.
- To equip participants with the knowledge and confidence to become regular, independent exercisers.
- To contribute to improving health and reducing health inequalities in local communities.

Objectives:

- To develop and expand the AoR scheme and to make the scheme more accessible to local communities.
- To continually improve and ensure a standardised approach in the delivery of the scheme across the county.
- To increase the number and range of Healthcare Professional’s referring onto the scheme and the number of appropriate referrals made.
- To provide participants with a tailored and varied programme of physical activity under the guidance of qualified Exercise Professionals which will ultimately result in encouraging the uptake of regular physical activity into their lifestyles.
- To provide participants with information about additional local physical activity opportunities such as walking and encourage them to increase their levels of physical activity in everyday life.
SECTION 2: The Quality Standards

2.1 Exercise Professional Qualifications

All leisure facilities delivering the AoR Scheme in Northamptonshire will work towards the Quality Standards of this protocol ensuring the following is adhered;

a) Exercise professionals delivering the AoR Scheme:
   • It is recommended that all Exercise Professionals delivering the scheme should be Level 3 REPs registered.
   • Should at a minimum be qualified to NVQ Level 2 or equivalent REPs with additional training in Exercise Referral.
   • Should undergo continued professional development to include update training on special health conditions and other key lifestyle factors and scheme procedures every two years.

b) Exercise professionals supervising AoR Patients in the gym:
   • Should be qualified to NVQ Level 2 or equivalent REPs* accredited.
   • Should undergo continued professional development to include update training on special health conditions and other key lifestyle factors and scheme procedures every two years.

*Register of Exercise Professionals (REPs) is an independent public register which recognises the qualifications and expertise of health enhancing exercise instructors in the UK. www.exerciseregister.org

2.2 Health and Safety

a) The Leisure Facility:
   • Must be able to demonstrate that it meets an acceptable quality threshold, and must fully meet the Disability and Discrimination Act 1995.
   • Ensure that the venue meets health and safety regulations and standards and is suitable for receiving patients at all times.
   • Should have up to a minimum of £2,000,000 public / employee liability insurance.

NB: Only patients who meet the agreed criteria for referral are covered by the above insurance and should be accepted on the scheme.

b) The Equipment:
   • The leisure facility will be responsible for all set up costs and maintenance, repair and replacement of equipment, with all equipment conforming to health and safety regulations and regular maintenance checks.
2.3 Acceptance on the scheme

- All leisure facilities will work within the standardised referral criteria (on pages 11 – 12). The Exercise Professionals reserve the right to decline a referral based on patient’s health condition being outside the acceptance criteria or in the case of high risk populations the Exercise Professional feels that they do not have the specific knowledge of training to be accept a particular condition.

2.4 Providers of Activity on Referral

- All leisure facilities providing the AoR service have undergone the necessary checks by Northamptonshire Sport to ensure they adhere to the County Standard Protocol.
SECTION 3: Referral Pathway

3.1 Referral Pathway Guide for Healthcare Professionals

Patient presents for consultation with Healthcare Professional.

Healthcare Professional identifies that physical activity will be of benefit to the patient and applies AoR criteria.

Healthcare Professional assesses the patient’s readiness to change and desire to take part in physical activity.

No change desired

Offer support literature – direct patients to Change4Life materials &/or Pathfinder Information (via Holistic Care / Lifestyle choices / Exercise for Health).

Change Desired

Refer to the AoR Scheme

Healthcare Professional completes the Referral form. Patient signs to consent to referral and Health Professional signs to confirm accuracy of medical information

Referral Form:
The referral forms can be accessed via:
- *Pathfinder [www.pathfinder.northants.nhs.uk](http://www.pathfinder.northants.nhs.uk) or contact Northamptonshire Sport on 01604 366455 for a PDF or MS Word version

A copy of the completed form is provided for:
- The Leisure Facility
- The Patient
- Health Professional records

*Pathfinder – The Referral Form is located via Holistic Care /Lifestyle Choices / Activity on Referral
3.2 Referral Pathway Guide for Exercise Professionals

Patient referred to scheme by registered Healthcare Professional

Patient contacts the preferred AoR site to book an initial consultation

Assessment completed by Exercise Professional (Exercise Referral qualified) according to the County Standard Protocol

A personalised exercise programme is developed for the patient/participant

Appointment made with the Exercise Professional (Exercise Referral qualified) for a one-to-one induction

Mid way (6 week) assessment and review of the exercise programme by Exercise Professional (Exercise Referral qualified)

At the end of the programme (12 weeks) the Exercise Professional (Exercise Referral qualified) conducts an Exit Interview on the participant.

No contact made by patient within 4 weeks of referral

Leisure facility scheme coordinator contacts patient to book initial consultation

Unsuitable or inappropriate referrals are sent back to the referrer

Participant declines and opts out of the service

The participant is offered gym membership (reduced rate at some sites) and/or signposted to local physical activity/sports groups for additional support and continued behaviour change.

The Exercise Professional (Exercise Referral qualified) provides feedback to the referrer informing them that the patient has completed the programme and to include any other information on overall health and fitness improvements.
### 4.1 Referral Criteria

Patients are only eligible for referral if they have been living a sedentary lifestyle (for the last 3 months) and meet the requirements of the scheme referral criteria outlined below:

<table>
<thead>
<tr>
<th><strong>a) Low Risk Populations</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Disease Prevention</td>
<td>People with family history of heart disease but no current symptoms or other risk factors</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Moderately raised readings &gt;6.5mmol/l or no medication</td>
</tr>
<tr>
<td>Stress/Depression</td>
<td>Mild to moderate sufferers.</td>
</tr>
<tr>
<td>Diabetics Type II</td>
<td>Who are controlled through dietary restriction alone</td>
</tr>
<tr>
<td>Impaired strength or mobility / Osteoarthritis / Osteoporosis</td>
<td>Providing the condition is not so far advanced that there is a risk of fracture</td>
</tr>
<tr>
<td>Obesity</td>
<td>BMI &gt;30 or &gt;28 with co-morbidities</td>
</tr>
<tr>
<td>Smokers Attempting to Quit</td>
<td>Providing there are no CHD risk factors or symptoms of impairing respiratory function</td>
</tr>
<tr>
<td>Back Pain</td>
<td>Chronic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>b) Medium Risk Populations</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthmatics</td>
<td>Controlled and stable. Must carry an inhaler when exercising</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>Low – moderate symptoms</td>
</tr>
<tr>
<td>Diabetes Type I and II</td>
<td>Who are on drug therapy and their condition is stable</td>
</tr>
<tr>
<td>Hypertensives</td>
<td>Controlled &lt;160/100mmhg</td>
</tr>
<tr>
<td>Neurological Conditions</td>
<td>Static neurological conditions such as Parkinson’s Disease or Multiple Sclerosis</td>
</tr>
<tr>
<td>Severe Depression</td>
<td>If they have a carer or support worker they are required to attend with a patient</td>
</tr>
<tr>
<td>Fibromyalgia</td>
<td>History given</td>
</tr>
</tbody>
</table>
### c) High Risk Populations

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Preparation/Recovery</td>
<td>Pre and post operative hip/knee replacements and general surgery, NOT cardiac. Guidance from Physiotherapist of contra-indicated exercise.</td>
</tr>
<tr>
<td>COPD/ Pulmonary related</td>
<td>Disease stable and controlled</td>
</tr>
<tr>
<td>Intermittent Claudication</td>
<td>Providing there are no symptoms of cardiac dysfunction or any previous history of M.I or CABG</td>
</tr>
<tr>
<td>Stable Angina</td>
<td>Stable angina with no evidence of pain at rest. The patient must be assessed by the local scheme co-ordinator. (No history of M.I or bypass)</td>
</tr>
<tr>
<td>Valvular Heart Disease</td>
<td>No history of M.I or bypass. Full medical history to be given</td>
</tr>
<tr>
<td>Arrhythmias</td>
<td>Must be on medication and stable.</td>
</tr>
<tr>
<td>Coronary Surgery Rehabilitation</td>
<td>Should have attended phase 3 post event or attended phase 4</td>
</tr>
<tr>
<td>Angioplasty/M.I/Bypass</td>
<td>1 year post event</td>
</tr>
<tr>
<td>Stroke</td>
<td>Stable and cleared to exercise by the healthcare professional</td>
</tr>
<tr>
<td>Head/Brain Injury</td>
<td>Stable and cleared to exercise by healthcare professional. The patient will be assessed on the complexity of the injury and whether they are able exercise independently.</td>
</tr>
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**Please Note:** If you wish to refer a patient under the criteria for “High Risk Population” please contact the Scheme Coordinator in the first instance.
4.2 Acceptance of Certain Conditions

Conditions listed above can only be accepted if the Exercise Professional at a particular site has the specialist training and knowledge within that field. Patients with the following conditions can only be accepted at the sites indicated due to the specialist training of the AoR Fitness Instructors.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sites</th>
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<tbody>
<tr>
<td>Cancer</td>
<td>The Nene Centre, East Northants</td>
</tr>
<tr>
<td></td>
<td>Reach for Health Exercise &amp; Rehabilitation Centre, Daventry</td>
</tr>
<tr>
<td>Cardiac Rehab</td>
<td>Lodge Park Sports Centre, Corby</td>
</tr>
<tr>
<td></td>
<td>Kettering Swimming Pool, Kettering</td>
</tr>
<tr>
<td></td>
<td>Lings Forum Sports Centre, Northampton</td>
</tr>
<tr>
<td></td>
<td>Danes Camp Leisure Centre, Northampton</td>
</tr>
<tr>
<td></td>
<td>The Mounts Baths, Northampton</td>
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4.3 Exclusion Criteria

The County Standard Protocol cannot accept referrals for the following conditions:

- Heart Failures
- Back Surgery
- Complicated Surgery
- Hypertensives Medicated or with BP >160/100
- Patients who are in process of Treatment for Cancer (apart from the site listed above)
4.4 Who Can Refer

The following registered healthcare professionals may refer patients to the AoR scheme.

- General Practitioners
- Practice Nurses
- Health Visitors
- Physiotherapists
- Mental Health Professionals
- Dieticians
- Specialist Consultants & Nurses

The referral should be completed after consultation with the patient regarding their referral condition.

If any Healthcare Professional does not feel appropriately informed about a patient’s condition to make a referral, he/she should direct the patient to their GP for referral to the programme.

4.5 Guidelines on Re-referrals

As a rule repeat referrals onto the scheme will not be accepted, particularly if it is evident that the patient is already using the leisure facility or has used the leisure facility within a 3 month period. Repeat referrals will only be accepted if the patient has dropped out of the scheme due to personal problems or if the patient's medical condition has changed. Ultimately, the decision to accept re-referrals onto the scheme is at the site’s discretion.
SECTION 5: Clinical & Legal Responsibilities

5.1 Transfer of Responsibility

All parties concerned with the scheme (Healthcare Professionals, Exercise Professionals, Scheme Coordinators, Facility Managers and the Patients themselves) need to be clear about medico-legal aspects of referrals for exercise. When the individual is specifically referred for exercise it must be in accordance with the County Standard Protocol. The responsibility for safe and effective management, design and delivery of the exercise programme will then pass to the exercise and leisure professionals. Exercise Professionals are insured through their local AoR leisure facility employer.

5.2 Insurance and Liability

The issue of insurance is an important factor on any AoR scheme. Please note the following points:

- Patients who fall outside the agreed medical acceptance criteria MUST NOT be placed on the AoR scheme, as they would not be covered by the public/employee liability insurance.
- Patients will be required to complete a medical questionnaire before participating in the scheme.
- The leisure contractor is required to have public/employee liability insurance up to a minimum of £2,000,000.
- A referred patient must agree to adhere to their exercise programme and must advise the fitness professional of any health changes.

5.3 An Integrated Partnership

The Healthcare Professional’s role is to make a referral into a system which is quality assured and to retain overall clinical responsibility for the individual patient. By making a referral on to a local scheme, the Healthcare Professional is not assuming responsibility for the administration or delivery of the exercise programme. Furthermore, once the patient has had the initial consultation at the gym and accepts responsibility on to the scheme the overall responsibility of the patient’s participation is passed on to the leisure provider. There must be a meaningful transfer of relevant medical information to the person who will be conducting the exercise intervention. Responsibility for consenting to take part in the exercise programme and observing the programme design and guidance rests with the patient, who must give informed consent.

If a patient does not have the capacity to consent then such a referral will need to be made by the Healthcare Professional in consultation with the carer or other appropriate person, with due regard to the patients best interests.

5.4 Referrals to the Local Scheme

The decision to refer ultimately lies with the patients Healthcare Professional. Patients should only be referred if they are over 16 years of age, have been living a sedentary lifestyle (for the last 3 months) and meet the requirements of the scheme referral criteria.

When assessing risk, referrers should use their discretion at all times. If in doubt concerning the appropriateness of a referral the exercise professional may be contacted. The referral should be deferred until such advice is received.
5.5 Transferring Information and Confidentiality

All Exercise Professionals involved in the scheme are required to comply with the Data Protection Act 1998 in accordance with the terms and conditions of employment. Once a Healthcare Professional has decided to make an exercise referral and the patient has agreed by signing the referral form; information about the referred patient is transferred by the agreed local method addressed to the AoR Scheme Coordinator.

Healthcare Professionals need to ensure that the clinical information is completed on the referral form. Exercise Professionals are advised not to accept responsibility for a referred patient until this clinical information is available.
SECTION 6: Service Specifications

6.1 Healthcare Professionals

The following principles outline the involvement of Healthcare Professionals in the AoR scheme. The essential elements to the role of the Healthcare Professional are:

- Any Healthcare Professional other than the GP who refers a patient to the scheme must inform the patients GP that a referral has been made.

- Decide which patients should be referred according to the scheme referral criteria. NB: A carer must accompany people who are usually dependent on the services of a carer during the physical activity sessions.

- Introduce the scheme to the patient with the aid of promotional material provided and give support and encouragement to the patient to act upon the referral.

- Reinforce the benefits of long-term exercise adherence and use other appropriate motivational strategies to encourage an active lifestyle.

- Inform the patient about contra-indications to exercise or symptoms specific to their chronic pathology that may indicate that their exercise programme needs to be adapted.

- Complete the scheme referral form in full ensuring that full information on contraindications to exercise, plus past and present medical history is included.

- To obtain the patients consent to the transfer of health information and agreement to the referral for the exercise instructor/scheme co-ordinator and to ensure the referral form is signed.

- Respond to specific enquiries about the patient from the exercise instructor or scheme co-ordinator in a timely manner (within 72 hours where possible) to ensure both parties are fulfilling their duty of care to the patient.

- See the patient at the end of the referral period, where necessary, to discuss progress.

- Maintain a profile with the other members of the referral scheme, for example Practice Nurses and Scheme Co-ordinators, to discuss issues, promote the programme and provide information as needed.
6.2 Scheme Co-ordinators

The following principles formally outline the involvement of the scheme co-ordinators in the AoR Scheme and take into account the guidelines of the Exercise Referral Systems: A National Quality Assurance Framework. It is the responsibility of the Scheme Co-ordinator to:

- Receive and review referral forms to ensure clients meet the scheme referral criteria and if they do not, to refer them back to the Healthcare Professional.

- Organise and where necessary carry out regular scheme induction sessions according to documented induction procedures to ensure that new referrals are dealt with in a timely manner from point of referral.

- Contact non-starters within four weeks of receiving the referral form.

- Organise cover for AoR sessions where necessary and ensure that the Exercise Professionals have undertaken and passed an appropriate training courses, for example the Wright Foundation.

- Attend exercise sessions and fitness suite inductions at regular intervals to ensure quality and effectiveness is maintained.

- Monitoring and evaluation – Collate data detailing the number of referrals, inductions, gym session attended and exit interviews. The data should then be submitted to the County AoR Coordinator at Northamptonshire Sport on a quarterly basis.

- If and when requested, send out participant surveys to a random sample of participants and return directly to Northamptonshire Sport. The participant data and surveys will be analysed and measured against key performance indicators and be used to inform partners about the effectiveness and impact of the scheme.

- Ensure that all staff (eg: Receptionists, Duty Managers, Exercise Professionals) are aware of scheme procedures, session details and are informed of any changes in the programming.

- Ensure each participant is provided with an ‘Induction Pack’ and ‘Scheme Exit Pack’, to include predetermined material and information.

- Ensure any ‘new’ guidelines regarding disease specific exercises are forwarded to the Exercise Instructors.

- Promote the scheme at every opportunity (eg: displays, leaflet drops etc), if necessary as well as promote additional local physical activity opportunities, where appropriate (eg: health walks and home-based exercise guidelines etc).

- Ensure that all communications and correspondence with participants, Healthcare Professional’s and other relevant people are documented and filed appropriately (eg: photocopies of letters, records of telephone calls made).
6.3 Exercise Professionals

The following principles formally outline the involvement of exercise instructors in the AoR Scheme and take into account the guidelines of the Exercise Referral Systems: A National Quality Assurance Framework.

- Create a warm and friendly atmosphere to encourage participants and put them at ease.

- Check the information on the referral form with the participant at their pre-exercise assessment/induction to ensure that all relevant information has been disclosed so that the information is considered in the development of their exercise programme.

- Ensure the client has completed a Physical Activity Readiness Questionnaire (PAR-Q). Refer the client back to the Healthcare Professional if additional undisclosed health complications are identified.

- Only accept referrals for clients they are confident they can safely and effectively prescribe and advise exercise for. Exercise Professionals reserve the right to decline referrals.

- Conduct a pre-exercise assessment/induction, which should be adapted to the nature of the session. The induction should include the following:
  - Instruction and demonstration about safe and effective use of equipment (where used).
  - Participant specific contra-indicated exercise considerations, adaptations and advice.
  - The importance or warm-ups and cool downs, including the need for stretching and mobility exercises.
  - Advice on self recognition of warning signs and symptoms.
  - Instruction about how to self-monitor exercise intensity (eg: heart rate monitor, use of the Talk Test, Borg scales (RPE)).
  - Determine the participant’s likes and dislikes.
  - Time available to exercise/advice about how to overcome barriers.
  - Benefits, risks to contra-indication to exercise.
  - Inform participants of the current national recommended guidelines about physical activity (eg: 150 minutes of moderate intensity physical activity per week, including muscle strengthening exercises).
  - General healthy lifestyle advice where appropriate and where qualified.
  - Goals of the client – what they want to achieve.
  - Further explanation as to how the scheme operates if necessary.

- Follow-up and/or inform the Scheme Co-ordinator of persistent non-attendees (eg: someone who has not attended for one month plus) and contact them to try to determine why they’re not continuing to exercise.

- Monitor and observe participants during their sessions to ensure they are exercising safely, effectively, at a suitable intensity and advise accordingly.

- Ensure that the participant’s form and exercise programmes are regularly reviewed to maintain constant awareness of participant’s specific health needs and implications for exercise.
• Act immediately upon receipt of any health change information from the Healthcare Professional.

• Ensure that the exercise venue meets health and safety requirements and is suitable for receiving clients at all times, for example lighting, acoustics, ventilation and accessibility.

• Provide feedback to inform the future developments of the scheme.

• Take responsibility for continually updating and revising knowledge with regards to disease specific guidelines to ensure exercise programmes/sessions are safe and effective.

• Enable Scheme Co-ordinators to access participant exercise programmes and other relevant documentation when necessary to ensure the scheme protocol and quality standards are being met and adhered to.

• Adhere to the Data Protection Act with regards to participant information.

• Permit Scheme Co-ordinators to carry out unscheduled spot checks to ensure the schemes quality standards are being met and adhered to.

• Promote additional local physical activity opportunities, where appropriate (eg: health walks and home-based exercise guidelines).

6.4 Activities included in the Scheme

All clients must be inducted by an Exercise Professional (Exercise Referral qualified). The Exercise Professional is responsible for setting, monitoring, reviewing and if appropriate amending the participant’s 12 week programme. The exercise programme should be based on the patient’s needs, preferences and long-term goals.

The recommendation from the Department of Health states that adults should accumulate at least 150 minutes (2 hours and 30 minutes) of moderate intensity aerobic activity such as cycling or fast walking every week, and muscle strengthening activities on 2 or more days a week that work all major muscle groups. AoR participants will be encouraged to meet this recommendation by attending at least 3 fitness sessions per week at the site over a 12 week period, as well as incorporating and increasing their physical activity levels as part of their daily routine. (NB: the 12 weeks can be extended if participant misses a period due to holiday, sickness or injury).

The scheme aims to embed physical activity into participants’ lifestyles by offering a wider choice of activities to meet participants’ needs and interests. The fitness sessions on offer as part of the scheme have traditionally been gym-based. However fitness sessions can now include a range of physical activities such as swimming and exercise classes as well as gym work provided the following approach is adopted:

• All sessions must be part of the fitness programme set and monitored by the responsible exercise instructor.
- Participants who prefer to exercise in the community or elect alternative activities are only directed to activities with an appropriately qualified and experienced professional and that any additional activities are proposed in an advisory capacity and not ‘prescribed’.

- Additional activities cannot be part of the formal ‘referral process’ but can be recommended to appropriate participants as ways of supplementing their core AoR programme, (this is a continuation of existing practice).

- Medium/High Risk participants can be referred onto organised activities under the supervisions of qualified instructors/staff*. These staff must be made aware that the participant is on the AoR Scheme.

- Low Risk participants can be referred onto a range of activities, not necessarily supervised, which should include swimming.

*Qualified to deliver the type of session or exercise class in question. The AoR Exercise Professional is responsible for ensuring that they only signpost clients to sessions which meet this criteria.
SECTION 7: Appendices

Appendix 1: Definition of Terms

**Healthcare Professional**
The Healthcare Professional refers to any person who has completed a course of study in a field of health, such as a GP, registered nurse or physician. The person is usually licensed by a government agency or certified by a professional organisation and uses their skills and knowledge to treat patients and promote wellness in a clinical environment.

The following registered Healthcare Professionals may refer patients to the AoR Scheme; General Practitioners (GP’s), Practice Nurses, Health Visitors, Physiotherapists, Mental Health Professionals, Dieticians, Specialist Consultants and Midwives

**Scheme Co-ordinator**
The Scheme Co-ordinators are based at the AoR accredited leisure facilities. In most cases they will also be the Fitness Manager. The Scheme Co-ordinators are responsible for the overall co-ordination of the scheme at that leisure facility site. The Scheme Co-ordinators are a point of contact for enquiries at each site and provide ongoing support to health professionals and members of the public. They provide ongoing support to the exercise instructors and are responsible for collating participation data and implementing the monitoring and evaluation of the scheme at their site.

**Exercise Professional**
The Exercise Professional refers to the member of staff at the AoR accredited leisure facility who has undertaken and passed an appropriate accredited ‘Exercise Referral’ training course which equips them with the knowledge to design safe and effective exercise programmes for people with a wide range of health conditions. It is the Exercise Professionals who have the hardest task in terms of motivating clients to adhere to their programmes and encouraging them to adopt healthier lifestyles.

**Patient**
The Patient refers to an individual who has been referred onto the AoR scheme by their Healthcare Professional, and as a result of their health condition, would benefit from an increased level of physical activity.

**Participant**
The Participant refers to the Patient who has been referred on AoR scheme who is fully engaged in the programme at the AoR accredited leisure facility

**Leisure Facility**
The Leisure Facility refers to an organisation which is a provider of sport and leisure services and facilities to their local communities, working in partnership with the statutory, private or voluntary sectors.

**Accredited AoR Leisure Facilities**
Accredited AoR Leisure Facilities refers to the leisure facility which has undergone the County AoR Accreditation Process and complies with the County Quality Standards of the Scheme. These leisure facilities deliver the AoR service within the schemes Minimum Operating Standards
Appendix 2: The National Quality Framework

In 2001 the Department of Health produced Exercise Referral Systems: a National Quality Assurance Framework. The framework aims to:

- Promote good practice nationally
- Provide a liberal and robust approach tailored to local needs and capacities.
- Focus existing efforts on safe and effective practice.
- Assist with identifying training needs.
- Guide planning and implementation of new projects such as Healthy Living Centres.
- Facilitate and co-ordinate evaluation at all levels as well as disseminate the research findings and examples of good practice.
- Underpin an approval system for exercise referral at county and borough level on which service commissioners can rely.
- Enable health professional to comply with guidance and meet milestones contained in the National Service Frameworks, most particularly that for Coronary Heart Disease.
- Complement other local sports and exercise strategies.
- Exercise referral is not seen as the only approach to promoting exercise and other forms of physical activity. Where appropriate, those working within the health services should always recommend or advise patients to increase levels of physical activity for prevention and treatment of health problems. This should be given equal priority to offering dietary advice or smoking cessation clinics.

Exercise referral schemes involve more than advice giving, recommending exercise, or offering patients vouchers to attend exercise facilities. They offer a systematic individualised process:

- Establish a formally agreed process for the selection, screening and referral of specific patients.
- Conduct appropriate assessment of patients prior to the exercise programme.
- Provide a specific range of appropriate and agreed physical activities for a defined period of time, which maximise the likelihood of long-term participation in physical activity.
- Ensure any assessments and the exercise programmes are delivered by professionals with appropriate competencies and training which match the needs of the patient being referred.
- Incorporate a mechanism for the evaluation of such a referral process.
- Facilitate long-term support for patients to maintain increases in physical activity.
- Ensure the patient is consulted and involved throughout the referral process and is encouraged to take responsibility for their health and physical activity participation.
- Ensure confidentiality of patient information through secure and appropriate storage of records.
Appendix 3: Accredited Leisure Facility Sites

See Separate Document
**Appendix 4: Accredited Referral Sites**

### Activity on Referral Form

**Patient Information (Please print clearly)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex: Male □ Female □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Date of Birth: / /</td>
</tr>
<tr>
<td>Post Code</td>
<td>Registered GP:</td>
</tr>
<tr>
<td>NHS No.</td>
<td>Ethnicity Categories (See appendix 6):</td>
</tr>
</tbody>
</table>

**Referral Information**

- Overweight/Obesity BMI > 30 or > 28 with co-morbidities □
- Diabetes (Type I/Type II) **please circle** □
- Moderate cholesterol > 6.5mmol/l □
- Controlled hypertension (> 160/100 mmHg) □
- Smoker attempting to quit □
- Stable Angina (Controlled & stable for 6 months) □
- Asthma □
- COPD/Pulmonary (lung related) □
- Impaired Strength or Mobility □
- Neurological (Parkinson's/MS) □
- Back pain (not acute) □
- Mild Depression/Anxiety/Stress □

**Current Medication**

Please check for contraindications for physical activity

**Additional Information**

Any relevant medical conditions? (e.g. mobility or cardiac problems etc) or any specific activities/exercise that would be inappropriate for this patient.

**Baseline Measures**

BP: Resting HR: Height: (m) Weight: (kg) BMI: Waist Circumference:

**Referrer’s Information**

I refer this patient to the exercise referral scheme under the agreed terms and conditions.

Name of HC Professional: Signature:

Medical Practice: Tel Number:

Please confirm that the patient is motivated and has agreed to this referral □ Date of referral: / / 

**Patient Informed Consent**

This scheme has been fully explained to me. I wish to increase my current activity levels by participating in this scheme.

I give my consent for any relevant clinical information about my health and participation on this scheme to be used for evaluation and monitoring purposes. I consent to my information being stored on a database for audit purposes.

Patient’s Signature: Date: / / 

Please ensure a copy of this signed and completed form is:

- Sent to the Leisure Centre that is most accessible to for the patient
- A copy is given to the patient
- A copy is retained for your records
Appendix 5: Using Pathfinder to Make a Referral

What is Pathfinder?
Pathfinder is commissioned by Nene Commissioning and is available to GP Practices throughout Northamptonshire. Pathfinder contains:

- Easily accessible local referral guidelines for GP’s and referrers.
- Information relating to where to send referrals.
- Reusable proformas - providing a structure to the information required by Service Providers.
- Templates which extract administration data (patient and practice demographics) together with patient specific clinical data.
- Web links to Clinical Knowledge Summaries (Prodigy) and other useful websites.

Why use Pathfinder?
- It provides referrers with easily accessible guidance.
- Enables referrers to provide Service Providers with appropriate information.
- Enables referrers to access latest referral guidelines.
- Promotes awareness of new services.
- All information relating to a service can be located in one place.
- Referral guidelines reflect NICE Guidelines.
- Contains easily accessible Community Service information and guidance.

How to utilise Pathfinder Forms for Activity on Referral
Pathfinder provides referrers with a reusable referral form for the AoR service. Once completed the reusable form can be copied and pasted into a template which extracts the administrative and patient specific clinical data. This template can be saved into the patient's clinical record.

Practices should print out two copies of the completed template ensuring the patient signs both of them and then give one copy to the patient and post one to the relevant leisure centre. Pathfinder provides a list of the AoR Accredited Leisure Facilities participating in the AoR scheme.

Where to find Pathfinder
Pathfinder is available to GP Practices via the Internet. The website address is www.pathfinder.northants.nhs.uk

Activity on Referral is listed under the Lifestyle Choices section in Holistic Care.