

Exercise Referral Standard Assessment Guidance

Introduction

This document is intended to support the implementation of the quality standard for exercise referral. The information in this document is aimed at exercise referral scheme (ERS) leaders/ coordinators, or those involved in the oversight and management of an ERS. The purpose is to provide detailed guidance on the application process, implementation, and maintenance of the quality standards to support with continuous improvement of an ERS.

About the Quality Standard

The Quality Standard for exercise referral was developed in Suffolk in collaboration with ERS scheme leaders, health professionals, and other key stakeholders in the county, to provide a set of locally tailored operating standards for exercise referral schemes. The implementation of these standards will ensure exercise referral schemes across the county were operating in line with the 2014 National Institute for Health and Care Excellence (NICE) guidelines for exercise referral and behaviour change, and that pathways were in place for exercise referral aligned to evidence-based principles and best practice guidelines; as well as local health and wellbeing priorities.

The standard is intended to cover all elements of exercise referral and is split into four key assessment areas which include:

- Scheme Safety
- Scheme delivery (including governance)
- Information sharing and the provision of information
- Scheme monitoring and evaluation

To support with the achievement of the standard, applicants are provided with a series of implementation checklists which provide an outline of the activities that should be undertaken to meet the standards for each of the assessment areas. These checklists can be found within the Exercise Referral Quality Standard document provided.

Assessment Process

Right Directions manage the assessment process and the assessment of the quality standard for ERS delivered through either Quest ([Home - Quest \(questaward.org\)](https://questaward.org)) the Sport England recommended continuous improvement tool for leisure facilities and sports development teams or as a standalone assessment.

Leisure facilities already enrolled onto the Quest scheme will have the option to select the Quality Standard as a Quest Assessment module at no extra cost, and assessment will be carried out as part of the ongoing Quest process.

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For those leisure facilities who are not already enrolled onto the Quest scheme, there will be the option to select the quality standard for ERS as a standalone module. If this route is selected, there will not be an expectation to enroll onto the full Quest scheme to obtain the standard. However, providers are encouraged to review the benefits of enrolling with Quest as a tool for promoting continuous improvement across the wider areas of service delivery.

Once your application is submitted, a quest representative will be in touch to arrange a date for your assessment. This is typically set for around 6-8 weeks after the receipt of your application, depending on the availability of assessors. All dates are agreed in advance to provide adequate time for preparation leading up to assessment. The Quest Assessment is carried out over 2-days and will involve a combination of both desk- and site-based observations, depending on the element of scheme delivery that is being considered. It is preferred that assessment days are scheduled during times in which exercise referral activities are being delivered, as this will improve the quality of assessment. However, in circumstances where this cannot be achieved, allowances will be made.

For standalone assessments, these will take half a day, approximately three to four hours, ideally when an activity is taking place.

Assessment will need to be undertaken every two years to maintain the quality award. The assessment process is designed to be a constructive learning experience, and detailed feedback and key areas for improvement will always be provided to support with the ongoing development of the scheme.

Scheme Grading

Schemes will be scored using a combination of 'Yes or No' and scaled banding questions, from unsatisfactory, satisfactory, good, very good and excellent, depending on the nature of the element of scheme delivery being assessed. Some elements of scheme delivery are seen as essential and must be performed to achieve the standard. Other elements will be scored on a scale to reflect where there is room for progress and flexibility in terms of locally tailored approaches to delivery. An overview of assessment elements and scoring is provided in **Exercise Referral Quality Standard document**.

There are five essential questions that schemes must achieve for organisations to achieve the quality standard (marked as **E** on criteria below) and overall achieve a minimum score of 'Satisfactory' to obtain the standard.

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Cost

1. Quest Plus sites – As part of the Quest Fee
Schemes already enrolled with Quest as Quest plus site will have the option to select the quality standard module.
2. Non-Quest Plus sites - £495 plus VAT

For schemes wishing to take the quality standard as a stand-alone module (i.e., those who are not enrolled as Quest Plus sites), application and assessment will be undertaken at a cost of £495 plus VAT per site.

Applying for the standard

Schemes already involved in Quest	Application should be made using the standard quest application form which can be found at Ensuring select Exercise Referral Quality Standard GPLUS 38 as part of day two options Apply for Quest - Quest (questaward.org)
Schemes wishing to take as a standalone module	Applications can be made by contacting Right Directions using the details below: Paula Kearney - quest@rightdirections.co.uk

Quest – GPLUS 38

Exercise Referral Module

Outcomes

- The scheme achieves all mandatory requirements of the standard and provides evidence of meeting criteria to an 'excellent' standard. Multiple examples of best practice and evidence that the scheme is producing consistent positive outcomes for the population.
- Elements that have **E** in front of them are **ESSENTIAL** and **MUST** be passed to attain accreditation.

QS1 Scheme Safety	Scoring
E - Scheme operated by appropriately trained professionals who hold relevant qualifications; is a member of a valid body and is covered by a valid indemnity insurance if required/necessary.	Yes/ No
Evidence Required <ul style="list-style-type: none"> Overview of the staffing structure Staff certificates/evidence of qualifications/professional registrations Insurance indemnity arrangements. 	
E - At least one exercise professional on duty during each PLANNED session of the scheme holds a current First Aid award & evidence of ongoing training is available. Evidence of First Aid arrangements for "general" sessions/attendance of people enrolled on an Exercise Referral Scheme	Yes/ No
Evidence Required <ul style="list-style-type: none"> Evidence of current/in date First Aid certificates for nominated staff Explanation as to how covered in "general sessions" if needed e.g., Risk Assessments/Emergency Action Plan's etc. 	
The Scheme – and scheme activities – are operated within a safe and suitable environment.	Yes/No
Evidence Required <ul style="list-style-type: none"> Visual observation of where activities take place Documentation detailing assessment of risk and arrangements e.g., risk assessments, EAP, NOP etc. Evidence of regular re-assessment/up-dating. 	
E - The scheme has a process for referral and ensures the appropriateness of that referral, incorporating a mechanism for referring healthcare professionals to relay relevant health information to inform the design of a safe and effective exercise scheme	Yes/No
Evidence Required <ul style="list-style-type: none"> Referral form should be appropriate, include the space to provide relevant health information and has at a minimum the information shown on the template provided in the quality standard guidance document Staff should be able to demonstrate how they have dealt with occasions where there was uncertainty about the health status of the participant, and how further information is obtained. The scheme has clear referral and exclusion criteria which are understood by ERS personnel 	
<i>Demonstrated via case studies; staff interview; referral form.</i>	

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E - An appropriate pre-exercise health assessment is conducted prior to designing the exercise programme	Yes/ No
<p>Evidence Required</p> <ul style="list-style-type: none"> • There is evidence that the assessment is person-centered and incorporates principles of behavior change • Schemes should provide an overview of their initial assessment process, including any paperwork • This should include evidence of appropriate assessment of health, risk, and evidence that the participants goals and preferences are considered and recorded to shape the design of the exercise programme <p><i>Demonstrated via assessment documents, staff interview.</i></p>	
The scheme demonstrates effective management of risk	Banding
<p>Evidence Required</p> <ul style="list-style-type: none"> • Evidence of use of health commitment statement and a PAR-Q assessment to determine suitability for exercise • Further risk-stratification processes are in place for those who screen positively on any of the PAR-Q questions and there is evidence that extra risk mitigation is carried out for those patients who categories as medium- or high-risk (i.e., further liaison with health professional or alteration of exercise programme/ allocation to more specialist staff/ onward referral) • Risk stratification documentation should be provided and examples of the appropriate use of the stratification process should be explored during the staff interview. Together these should clearly demonstrate the process of risk mitigation and associated patient pathways • Case studies may be prepared, or example patient notes be provided to offer examples of how the risk stratification process has been used to inform the design of the exercise programme • Schemes should also be able to evidence (where appropriate) that patients who are not suitable for the exercise programme are rejected from the scheme or directed for onward referral to an appropriate organisation/ back to the referrer <p><i>Demonstrated via an appropriate risk stratification documentation; case studies; staff interview.</i></p>	
QS2 Scheme Delivery	Scoring
E – There is a clear framework in place for the delivery of the exercise scheme with clearly defined outcomes and objectives [see page 13 of guidance document]	Yes/No
<p>Evidence Required</p> <ul style="list-style-type: none"> • The scheme documentation clearly demonstrates the aims of the ERS, and a framework is in place for delivering the scheme which shows evidence that activities directly contribute to the achievement of scheme outcomes. 	
Scheme accessibility is supported through a range of referral pathways involving external partner organisations.	Banding
<p>Evidence Required</p> <ul style="list-style-type: none"> • Evidence can be provided that clearly shows engagement from a range of different referrers, with a sustainable volume of referrals coming from a few key referral sources • There is evidence of proactive engagement with potential referrers, and good streams of communication in terms of raising awareness of the ERS and encouraging participation <p><i>Demonstrated via data, documentation evidence, testimonials, Staff interview.</i></p>	

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Staff are trained in motivational interviewing and understanding behavior change.	Banding
Evidence Required <ul style="list-style-type: none"> Competencies of staff are demonstrated through staff training records Evidence of application of behavior change techniques and motivational interviewing is provided (e.g., through scheme documentation/ staff interview or participant case study). 	
Information around programme performance is shared with staff, and used to inform the ongoing development of the scheme	Banding
Evidence Required <ul style="list-style-type: none"> Evidence of communication/ information dissemination across ERS team Evidence that instructor and coordinator team meetings are held to discuss programme performance and highlight areas for improvement (i.e., meeting schedule, minutes) Staff are provided with opportunities to feedback on scheme development Evidence of forward planning and the use of data and feedback in the development of the programme 	
The exercise programme is tailored to the needs and expectations of the individual and an appropriate range of exercise opportunities are offered which encourage long-term exercise adherence	Banding
Evidence Required <ul style="list-style-type: none"> Evidence that there is a range of exercise opportunities & that delivery considers participant needs; "offer" is comprehensive Documentation/data indicates good post 12-week retention Evidence/case studies that special arrangements to accommodate preferences and health needs are utilized and that participant needs are re-visited during the programme (and that the programme is altered accordingly) Evidence of partnerships with other local organisations/use of local community assets and joint working to provide seamless transition into post-scheme activity. 	
The scheme involves close monitoring of patient progress, with reviews carried out at least pre-, mid- and post- programme	Banding
Evidence Required <ul style="list-style-type: none"> There is adequate evidence that reviews are carried out at least pre-, mid- and post-programme, and there is evidence that the patient's goals and needs are revisited to ensure the exercise programme remains suitable and effective <p><i>Demonstrated via case study, staff interview participant interview.</i></p>	
Participants who fail to attend are identified and followed up, and where reasons for non-attendance are recorded	Yes/No
Evidence Required <ul style="list-style-type: none"> Review of attendance records, with evidence of follow up process and examples. 	

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QS3 Information sharing and the provision of information	Scoring
A data protection policy is in place which is GDPR compliant, and staff are aware how to access it.	Yes/No
Evidence required <ul style="list-style-type: none"> Review of documentation to include process, policy Policy includes data disposal criteria appropriate to the monitoring and evaluation requirements of the scheme. 	
Participant data is stored on a secure database and any paper copies are safely and securely filed	Yes/ No
Evidence Required <ul style="list-style-type: none"> Method – On-site observation. 	
There is an appropriate referral form which includes a participant privacy notice that clearly outlines who information will be shared with and patient responsibilities in relation to their participation in the scheme	Yes/ No
Evidence Required <ul style="list-style-type: none"> Referral form includes a GDPR compliant participant privacy notice that clearly outlines who information will be shared with and patient responsibilities in relation to their participation in the scheme Consent should be obtained from all scheme participants <p>Assessment method – review of referral form.</p>	
QS4 Scheme monitoring and evaluation	Scoring
There is a system in place to monitor Participant levels of attendance	Yes/No
Evidence Required <ul style="list-style-type: none"> Scheme can demonstrate a system is in place for monitoring participant attendance <p>Assessment method- Review of attendance records.</p>	
Information is collected in line with a standard evaluation framework and includes participant measures for pre-, middle, and post-programme.	Yes/ No
Evidence Required <ul style="list-style-type: none"> The scheme can demonstrate that they are effectively monitoring participant progress and outcomes using an evaluation framework <p>Assessment method - Review of system for evaluation.</p>	
An agreed mechanism is in place for patient 6 and 12-month follow up i.e., scheduled follow up time, system reminders	Yes/ No
Evidence Required <ul style="list-style-type: none"> Evidence that data on post attendee activity is in place and follow ups have occurred Evidence to show HOW that data has been used (i.e., accessing health system funding bids etc.) <p>Assessment method - Staff interview.</p>	

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Data collected is shared securely with partners as required	Yes/No
Evidence Required <ul style="list-style-type: none"> Any evidence or confirmation from partners and/or feedback documentation 	
The collection of participant information and evaluation data is participant-centered and used to motivate participants to change behavior	Banding
Evidence Required <ul style="list-style-type: none"> The scheme can demonstrate that the process of evaluation is embedded into the delivery of the scheme, and that mechanisms are in place to feedback relevant information to participants to inform their progress through the exercise programme <p>Assessment method - <i>On-site observation / staff interview. Assessor will need to observe a 121 consultation or a specialist exercise referral class or gym session.</i></p>	
A culture of capturing and sharing learning to drive continuous improvement is actively promoted	Banding
Evidence Required <ul style="list-style-type: none"> There is evidence that those delivering the scheme engage wider communication/ Information sharing forums The scheme can demonstrate that they are effectively capturing and sharing learning and best practice <p>Assessment method - <i>Staff interview; review evidence of sharing.</i></p>	