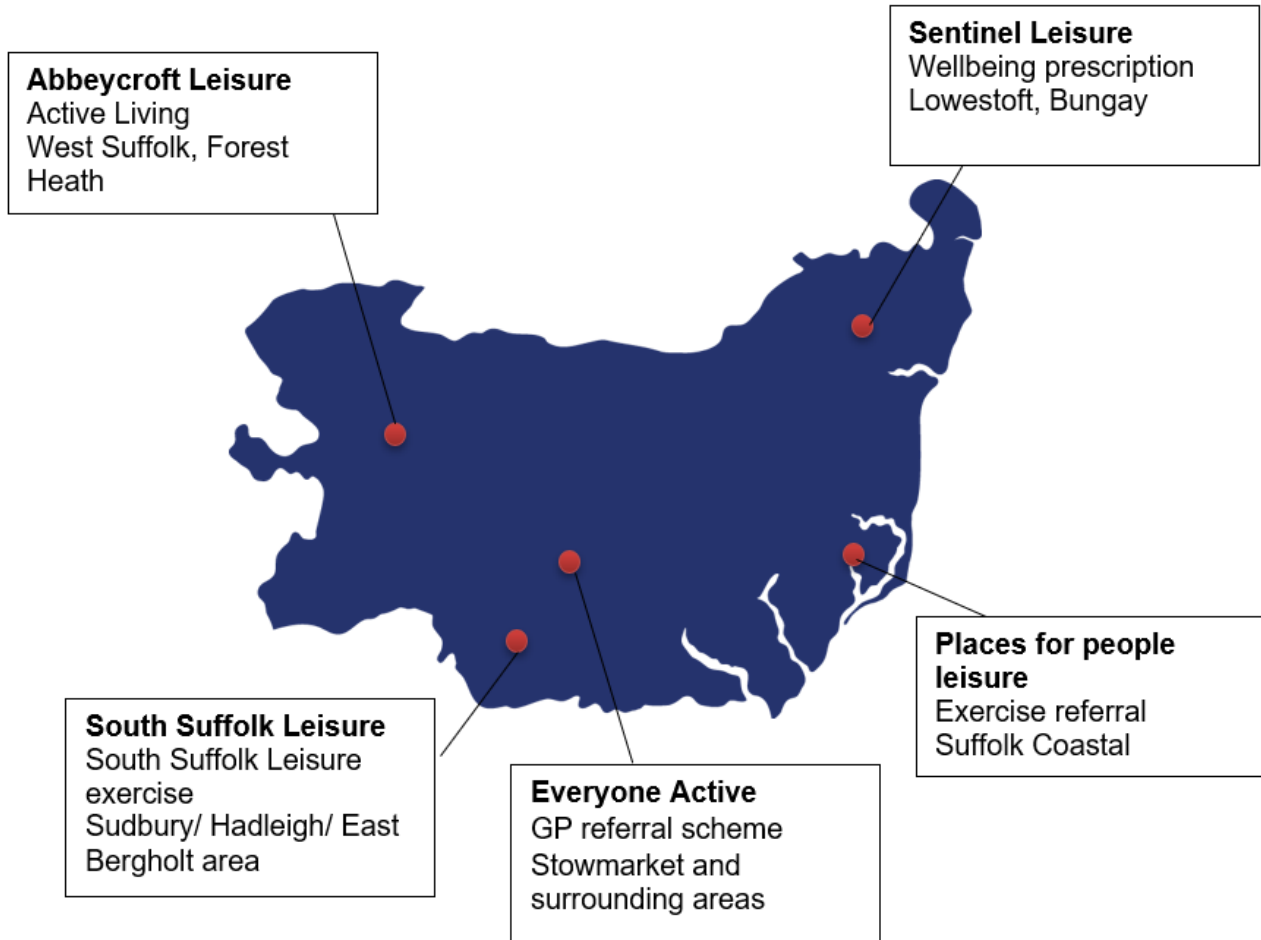


Suffolk Quality Standard for Exercise Referral: a collaborative approach

Sharna Allen – Health Improvement Commissioner, Public Health Suffolk
Phillip Lown – Most Active County, Partnership programme manager
Warren Smythe – CEO, Abbeycroft Leisure

Exercise referral in Suffolk



Strategic context

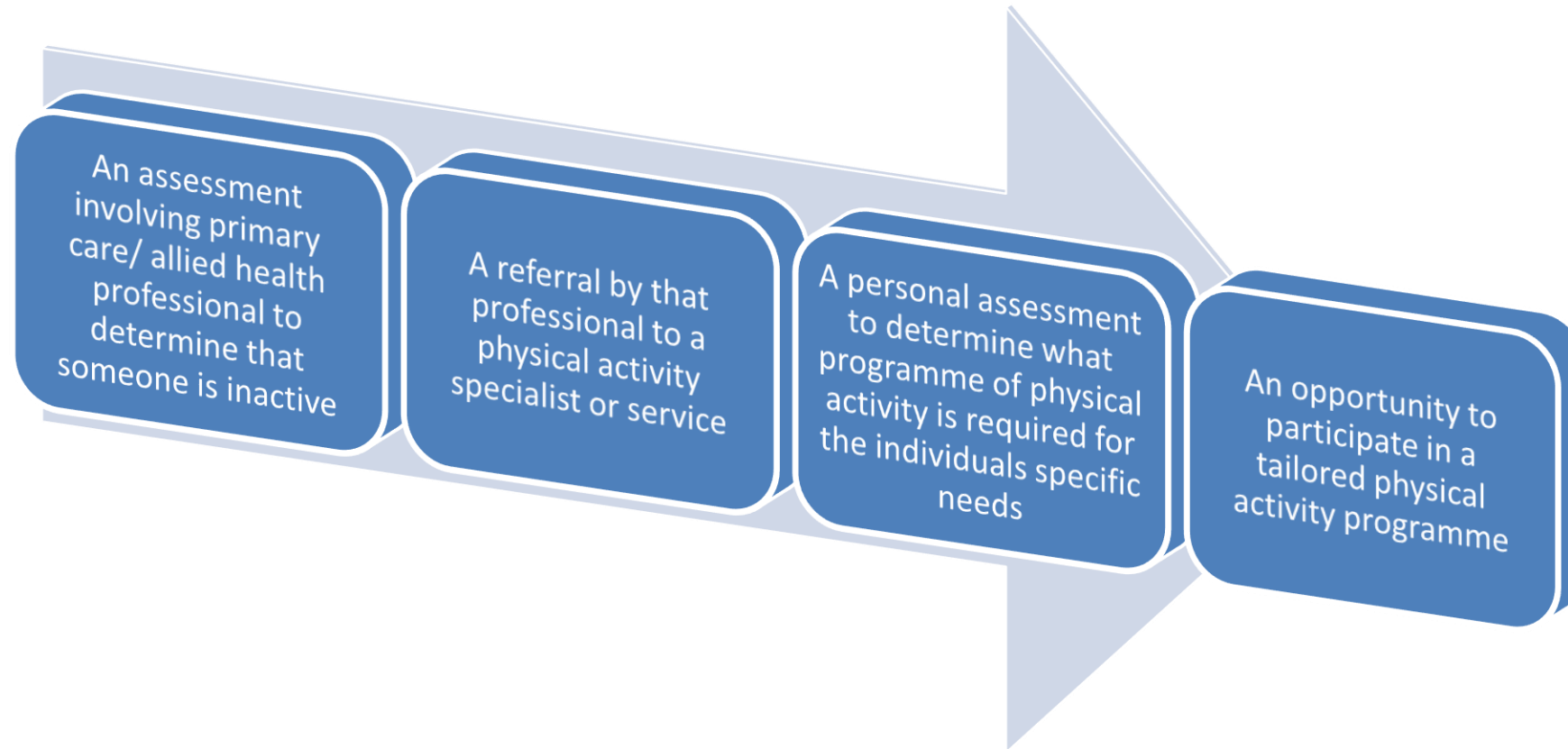
Locally...

- Physical activity needs assessment 2017
- Most Active County partnership vision
- Development of a physical activity strategy
- Health and wellbeing board prevention strategy

Building on national strategy such as:

- Sport England strategy – towards and active nation(2016)
- PHE – everybody active, everyday (2014)

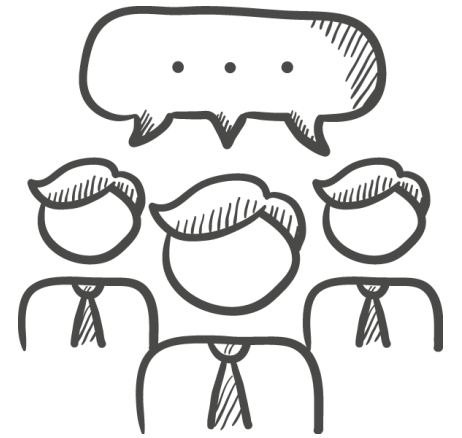
ERS – what are we referring to?



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

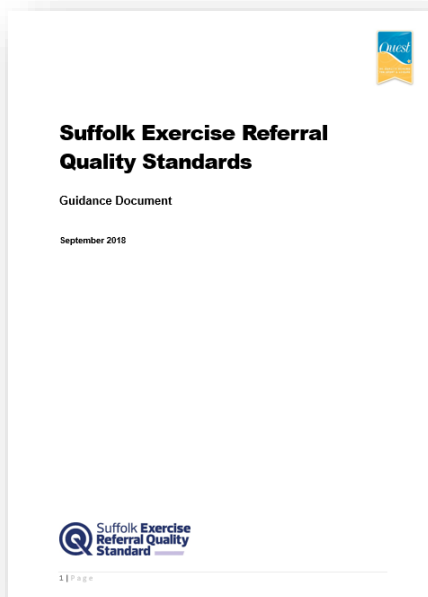
Putting into practice

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



SERQS guidance document

SERQS template referral form

Initial assessment framework

Key documents

DRAFT Quest 2018 – Splus xx Suffolk Exercise Referral Module	
<p>Outcomes</p> <ul style="list-style-type: none"> 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. 	
QS1 Scheme Safety	Scoring
Scheme operated by appropriately trained professionals who hold relevant qualifications and valid professional indemnity insurance.	Yes/ No
<p>Evidence Required</p> <ul style="list-style-type: none"> Schemes will be required to provide an overview of staffing structure for the delivery of the scheme, along with staff certificates/ evidence of qualification and professional registration status for all staff involved in the design and monitoring of schemes, and those conducting pre-exercise consultations. For example - Staffing Structure; proof of qualification. 	
At least one exercise professional on duty during each session of the scheme holds a current First Aid award which includes cardio-pulmonary resuscitation award	Yes/ No
<p>Evidence Required</p> <ul style="list-style-type: none"> First Aid Certificates. 	
The scheme ensures the appropriateness of referral, incorporating a mechanism for referring healthcare professionals to relay relevant health information to inform the design of a safe and effective exercise scheme	Banding
<p>Evidence Required</p> <ul style="list-style-type: none"> Referral form should include the space to provide relevant health information. Effective use of the Suffolk ERS referral form will demonstrate adherence to this standard. 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. For example - Case studies; staff interview; referral form. 	
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-centred and incorporates principles of behaviour change. Schemes should provide an overview of their initial assessment process, including any paperwork. This should include evidence of appropriate assessment of health and risk and evidence that the participants goals and preferences are considered and recorded to shape the design of the exercise programme. Schemes who can demonstrate they are effectively using the Suffolk template for initial assessment will be expected to be achieving this assessment element. For example - Assessment documents; staff interview. 	
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 categorise 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 	
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Assessment criteria

Monitoring and evaluation



Quality Standard - Assessment Process

- Assessment process managed by Right Directions
- Two methods of enrolling:
 - Quest - facilities will chose the Exercise Referral module as one of their day 2 modules, in their Quest plus assessment.
 - Standalone - facilities not in Quest will complete the standard as a stand alone process. They will submit an application form to info@rightrightdirections.co.uk
- Award is for 2 years with no requirement for a “maintenance” assessment in the intervening year
- Assessment involves observational based assessment in the same way all Quest modules/ other standalone accreditations are assessed

Quality Standard - Assessment Process Continue.....

- Elements/ questions are graded using a combination of:
 - Yes/No or
 - Banded (U-S –G-VG-E) as per a normal Quest module/scoring
- Overall banding for the Quality Standard (Quest Module & Standalone) is:
 - Unsatisfactory – Satisfactory – Good – Very Good – Excellent
- Overall module banding is the banding on the day, no evidence will be assessed after the report has been submitted for proofing
 - If a facility would like to improve their overall Quality Standard banding they will need to go through the assessment process again

Project On-going delivery

- Project delivered in conjunction with 5 organisations in Suffolk across 18 sites
- Suffolk County Council funded project for a 2 year evaluation programme
- Scheme promoted via Public Health pathways directly to referrers such as GP's, CCG's, Physio's etc.
- Continuous oversight provided by Suffolk County Council through a “user” group based on original development partners.

Provider perspective: drivers and implementation on the ground



**The sums
must add up!**

