

An evaluation report of the Glasgow Exercise Referral Scheme



Executive Summary



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Aim

The Glasgow Exercise Referral Scheme was established in July 1997 and has now been operational for two and a half years. The aim of the scheme is to increase physical activity levels amongst sedentary patients in General Practices in Greater Glasgow.

Background

The Scottish Health Survey 1995 indicated that almost 70% of the Scottish population fail to do enough physical activity to benefit their health. Inactivity levels are higher in Greater Glasgow than in any other Scottish Health Board area.

The exercise referral scheme is one of several joint initiatives overseen by the Glasgow Physical Activity Forum, an interagency group established to coordinate the promotion of physical activity in Glasgow. The scheme is funded by Greater Glasgow Health Board (GGHB) and delivered by Glasgow City Council (GCC), Cultural and Leisure Services Department. It is managed jointly between GGHB and GCC. All GGHB General Practitioners and their Primary Care teams can refer both low and high-risk (those with established heart disease) patients onto the scheme. As high-risk patients could only be referred to the scheme after the first year, they are not included in this analysis.

Methodology

Patients receive a one to one physical activity counselling session following recommended guidelines. They jointly agree their activity goals with the physical activity counsellors (PACs) and then gain reduced price access to any of the local authority leisure centres where they can attend classes or exercise independently (swimming, gym sessions etc). Reduced price access was initially available for a three-month period but has now been extended to one year. Patients can also get support and advice on following a home-based exercise programme.

Patients are invited back for follow-up appointments at 3,6,9 and 12-month intervals and can contact a member of the exercise referral staff for additional support or advice. Patients with established heart disease attend the local hospital cardiology units for an exercise tolerance test and are then referred onto the scheme. They can then, as appropriate, attend standard classes or specific classes led by staff qualified with the British Association of Cardiac Rehabilitation Certificate.

Use of the scheme

General scheme statistics for the first two and a half years of operation show that by November 1999

- The majority of practices in Greater Glasgow Health Board (GGHB) had been briefed on their clinical responsibilities in relation to the scheme and how to refer onto the scheme
- More than 4000 patients had been referred onto the scheme
- 76% of the 636 GP's in GGHB had referred one or more patient onto the scheme
- 78% of these patients had attended and received their first consultation

Evaluation results

The following results are taken from a non-random sample using 4 of the 8 project sites involving 751 patient records gathered for analysis in October 1998. (Sites where protocols had changed or staffing had been inconsistent were not used in the analysis).

The scheme has attracted patients from a wide range of ages and social backgrounds reflective of the GGHB population.

The scheme has successfully targeted sedentary patients who could benefit their health by becoming more active.

- 70% of patients attending the scheme were on some form of medication
- 40% had joint problems
- 30% had hypertension
- 30% had a family history of heart disease
- 30% smoked
- 58% of patients were obese or very obese
- 56% of patients showed possible or probable symptoms of anxiety and 38% showed possible or probable symptoms of depression.

Of those who were due to return for appointments prior to October 1998:

- 30% (n=173) returned at 3 months
- 17% returned at 6 months
- 13% returned at 9 months
- 8% at 12 months

Analysis of those returning at 3 months (n=173) demonstrated the following statistically significant results:

- 82% had increased their stage of behaviour change with regard to physical activity
- The mean increase in leisure time physical activity recorded through the Scottish Physical Activity Questionnaire was 65 minutes per week
- A mean weight decrease of 1.8kg (rising to a mean decrease of 2.6kgs and 3.1kgs respectively among those who were obese or very obese)
- A mean decrease in systolic blood pressure of 2.87mmHg (rising to a mean decrease of 16.89 mmHg among those who had previously recorded high systolic blood pressure)
- Favourable changes in patients categorised as experiencing possible or probable symptoms of anxiety and /or depression (based on the Hospital Anxiety and Depression Scale)

An attempt was made to make telephone contact with those patients (n=578) who did not return for their follow-up appointments.

- 40% could not be contacted due to changes in their telephone numbers, illness or holidays
- 34% reported being currently active
- 26% were currently inactive
- 30% reported being in the action or maintenance stage of behaviour change
- 37% reported being more active than prior to their contact with the scheme

Conclusions

The evaluation outcomes are in line with findings from a number of similar projects reviewed throughout the country showing consistent evidence of small but positive results.

The scheme appears to be targeting appropriate individuals who are inactive and have health conditions that may benefit from increased physical activity.

The scheme has been successful in encouraging Primary Care teams to refer patients. This has been a major block to the success of many similar schemes. The patient evaluations from both adherers (those returning for follow-up) and

non-adherers is very positive. The main barriers to returning for follow-up were time and recurring illness.

The scheme has resulted in several unexpected outcomes. There is an increased awareness of the health benefits of physical activity among local Primary Care staff and partner agencies. It has strengthened the relationship between GGHB and GCC and this scheme is now being frequently used for higher risk CHD patients in relation to GGHB's secondary prevention strategies.

The Future

The above evaluation results will be used to improve the organisation and delivery of the scheme with a view to increasing adherence.

Further evaluation will be conducted to establish the long-term adherence rates for patients now that referral numbers are high enough to provide more meaningful analysis at the 6,9 and 12-month points. An evaluation of the outcome for high risk patients will be conducted.

The long-term funding and management of the scheme in relation to the roles of the Council, Health Board and the Primary Care Trust will be negotiated during 2000.

The full evaluation report for the Exercise Referral Scheme is available on request from
GGHB Health Promotion Department.

Tel: 0141 201 4915

