Exercise Referral Scheme: Information & Guidance

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Visit: www.oneyoukent.org.uk
Contents

Section 1: Introduction to Exercise Referral Schemes
   Introduction
   Aims and Objectives

Section 2: The Exercise Referral Pathway

Section 3: Patient Eligibility Criteria

Section 4: Health Professionals
   Who can refer into the scheme?
   Guidance for all professionals referring into the scheme

Section 5 Leisure Providers
   Guidance on referrals
   Delegated Authority

Section 6: Leisure Provider Requirements for the Exercise Referral Scheme
   Becoming an Exercise Referral Site
   Patient Safety
   Workforce
   Duration of the scheme
   Information governance
   Quality Assurance Process for Leisure Providers of the Exercise Referral Scheme
   Evaluation & Monitoring

Section 7: Further Information

Annexes
   Annex 1 Exercise Referral Form
   Annex 2 Exercise Referral Scheme – Post Evaluation
   Annex 3 Quality Assurance Procedures
   Annex 4: Evaluation & Monitoring
Exercise Referral Scheme

1 Introduction

Exercise Referral Schemes are designed to promote physical activity for people who have an existing health condition and are physically inactive.

This document provides information on the Exercise Referral Scheme (ERS) delivered by participating leisure providers in partnership with Kent County Council (KCC). This relates to schemes running in the east of the county covering the following districts; Ashford, Canterbury, Dover, Shepway, Swale and Thanet. It will outline the pathway, quality standards and referral criteria throughout the scheme.

Aim

The purpose of the scheme is to improve the health and wellbeing of inactive individuals who have a medical condition that will benefit from exercise and require support from a structured intervention to encourage a long-term lifestyle change.

KCC work with Leisure operators to deliver a safe and effective service for residents.

Objectives

- To provide a holistic approach through a range of physical activity options for inactive clients to initiate long term lifestyle change, enabling them to take responsibility for their own health.
- To work with local exercise referral providers to ensure a safe and effective service of the highest quality.
- To provide an opportunity for raising a variety of health promotion messages as appropriate.
- To continuously monitor, evaluate and develop the scheme to meet the needs of the local population.
2. The Exercise Referral Pathway

Referrals are made by healthcare professionals using the patient pathway set out in figure 1. Individuals are referred to the Exercise Referral Scheme via a referral form (Annex 1), which is completed by the health professional and given to the patient. The patient should be advised that the scheme is not free of charge.

The patient can find details of their local quality assured provider through the One You Kent website to contact their chosen ERS provider. Clients who do not have access to the internet can call Kent Community Health Foundation Trust on the number indicated on the referral form.

The healthcare professional has a duty of care to include all information on the form including the medical conditions the individual presents with, and complete it in its entirety. Once a referral form is completed the client must notify the exercise professional of any changes in their health status. The ER provider can go back to the Health professional or GP if they require any further information.

The leisure provider will arrange a convenient appointment time with a Level 3 exercise referral trained professional. The exercise professional will undertake an initial assessment to ensure the patient meets the criteria for the scheme and seek further information. If the patient does not meet the criteria for the scheme, the patient could be signed posted to other services.

A programme of physical activity will be developed and tailored specifically to meet the needs of the individual and medical conditions that they present with and are detailed on the referral form.

The individual continues with the exercise programme for a 6 to 12-week period, attending as often as is deemed appropriate by the exercise professional. Individuals are supervised by the exercise professional and are then assessed at a midpoint and at the end of the programme. At the exit session the ER provider should work with the client to agree an exit strategy; this may include continued exercise at the Leisure Centre, sign posting to other activities in the community, apps or referral into other One You Kent services e.g. Smokefree services.

At the end of the programme the results are recorded by the ER provider so that outcomes can be reported to KCC. ER providers may choose to send a letter to the rerefer to notify them of the outcomes of the programme.
Figure 1: The Exercise Referral Pathway

- **GP/HP identifies Exercise Referral need**
- **Client requests [via GP] to be placed on Exercise Referral scheme**
- **ONE YOU identifies Exercise Referral need and directs to GP/HP**

**Client NOT ELIGIBLE**

- 1. Client given information i.e. OneYou Kent website, Apps etc.
- 2. Signpost onto other local services and activities e.g. local dance group, leisure centre provision

**END**

**ELIGIBLE**

- **GP/HP checks:**
  - A. Client meets criteria and is interested in proceeding with referral

**END**

- **ClientNOTELIGIBLE/DECLINES offer but wants to engage in other physical activity**

**ELIGIBLE**

- **Client accesses programme, starting with planned induction session**

**END**

- **Evaluation completed pre and post intervention inc. follow-up calls to enable measurement of outcomes & to support refinement of the service. Client offered membership package.**

- **Client signs up to gym as new member**
3 Patient Eligibility Criteria

The criteria set out in this document considers the guidelines set out in NICE guidance 54 Physical activity: exercise referral schemes (September 2014), and wider public health benefits.

Those referred under the scheme will have a health related problem that may have impacted on their ability to undertake regular, structured physical activity but are now clinically stable and motivated and wish to participate in appropriate exercise to improve their health and well-being.

Patients must be:
- Inactive\(^1\) (less than 30 minutes of moderate physically activity per week) \textbf{and};
- Aged 19 years and over\(^2\);
- Committed to making a long-term lifestyle change;
- Clients must be clinically stable and compliant with their medication;
- A Kent resident;
- Have an existing health condition, recovering from an operation or other risk factors for disease (as set out below)

Existing health conditions for referral into the scheme:
- Alcohol/drug rehabilitation
- Cancer
- Cardiovascular disease
- Completion of cardiac rehabilitation
- Completion of pulmonary rehabilitation
- Diabetes
- Family history of coronary heart disease
- Heart failure
- Hypertension
- Joint/mobility/musculoskeletal problem\(^*\)
- Mental health/emotional wellbeing\(^*\)
- Neurological condition\(^*\)\(^2\)
- Obesity (BMI >30kg/m)\(^*\)
- \textbf{Overweight (BMI 25 – 29.9kg/m\(^2\))}
- Smoker

Conditions highlighted in \textbf{bold} (Overweight and Smoker) are contributory factors and are not reasons for referral on their own. Patients who have just one of these two factors should be directed to One You Kent for lifestyle advice, information and support. Clients can be referred to the exercise referral scheme if they have both of these factors.

\(^*\)Asterisked items should have further information on the specific condition provided on the referral form

\(^*\)\(^2\) Where clinically appropriate it is expected that following a TIA or stroke the patient will have already completed neurological rehabilitation

See overleaf for conditions excluded from the scheme.

\(^1\) Further information to establish if the patient is physically inactive can be obtained by completing the GPPAQ (Physical Activity Questionnaire available from: https://www.gov.uk/government/publications/general-practice-physical-activity-questionnaire-gppaq

\(^2\) Based on NICE guidance. Flexibility for a young cohort based on the parameters of their ER accreditation may be locally considered
The following are excluded from the exercise referral scheme:

- Aortic stenosis
- Resting tachycardia >100bpm
- Systolic blood pressure (BP) >180mmHg and/or BP >100mmHg
- Uncontrolled arrhythmias
- Uncontrolled diabetes
- Unstable angina
- Unstable mental health status
- Unstable or acute heart failure
- Any other condition which may be exacerbated by exercise

The referral form to be completed by healthcare professionals is set out in annex 1.

4. Health Professionals

Who can refer into Exercise Referral Scheme?

A wide range of primary care of allied health professionals can refer to reach inactive clients who may not access their GP or practice nurse regularly and would benefit from the programme. This can include:

- General Practitioners (GP’s)
- Practice / Community/ District Nurse
- Physiotherapists
- Respiratory or Exercise Physiologists
- Dieticians
- Healthcare Assistants
- Cardiac and Pulmonary Rehabilitation Specialists
- Hospital Consultants, Doctors and Nurses

In addition to the health professionals identified above in line with NICE guidance on referrals, low risk referrals can be accepted from One You Kent Lifestyle Advisors (employed by Kent Community Foundation Trust). Advisors must have completed the KCHFT mandatory training for the scheme and be able to meet the following criteria.

Conditions deemed as low risk are:

- High Cholesterol
- Overweight (BMI 25-29.9kg/m²)
- Smoker
Guidance for all professionals referring into the scheme

All referrers must:

- undertake an assessment to determine the patient is inactive based on current UK physical activity guidelines (currently less than 30 minutes of moderately physical activity per week). Further information on establishing if the patient is physically inactive can be obtained by completing the GPPAQ questionnaire available from: [https://www.gov.uk/government/publications/general-practice-physical-activity-questionnaire-gppaq](https://www.gov.uk/government/publications/general-practice-physical-activity-questionnaire-gppaq)
- have knowledge of the patient’s medical history, current health status and medication
- can make a judgement clinical or otherwise as to the suitability of the scheme for the patient
- has identified a valid reason as to why the client should participate in exercise and would benefit from a structured programme over other physical activity options
- can provide the necessary information about the patient (e.g. date of birth, blood pressure)
- ensure patients are aware of the information set out in the referral form and are motivated to participate in the scheme
- refer patients based on the scheme criteria (incomplete referrals or those not meeting the criteria will not be accepted by leisure providers)

All referrers can access the referral form through the One You Kent website [https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/one-you-resources](https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/one-you-resources).

A digital format is also available so that it can be uploaded directly onto the clinical system.

5 Leisure Providers

Guidance on referrals

ERS assured providers will accept referrals from health professionals/referrers who:

- have completed the referral form in its entirety
- assure themselves the referrer's details are valid and verify if necessary.
- Match a known occupation listed under the above section, and contact details are clearly legible.
- Meet the referral criteria of the scheme
- If the patient does not meet the criteria for the scheme on initial assessment the Leisure Provider is able to decline the patient and could offer them alternative options or sign posting to other services. It is recommended that the Leisure Provider notifies the referrer to prevent further inappropriate referrals
Delegated Authority

If a referrer is unsure about the client's suitability to exercise or potential contra-indications, they should try to seek additional information from the referrer and may deem it necessary to seek additional information from the clients registered GP/HP. The patient should consent to the service and sign a disclaimer as per the Leisure Providers own policies and procedures.

6 Leisure Providers Requirements for the Exercise Referral Scheme

Becoming an Exercise Referral Site

All ERS Providers/Leisure Centers working in partnership with KCC to deliver the ERS must be quality assured to ensure an equitable, effective and safe service. An online quality assurance process will be hosted by KCC and all partners who sign up to the exercise referral scheme will have details of their scheme displayed on the One You Kent website.

All Leisure Providers participating into the scheme must have a qualified Level 3 Exercise referral qualification in order to deliver the scheme and be willing to operate in line with NICE guidance.

Contact information can be found at the end of this document.

Patient Safety

The Leisure Provider is responsible for risk assessing and providing a suitable environment and facilities, ensuring staff have the relevant qualifications and continued professional development, relevant insurances, and comply with the organisational wide policies and those specific to the exercise referral scheme.


Knowledge of the following frameworks and toolkits is also useful for providers in developing their programmes and standards:


Workforce

All ERS programmes will be supervised by a Level 3 ERS accredited professional and as such only individuals who meet the scheme criteria and in line with the accreditation parameters should be accepted onto the scheme. Programmes will be designed to meet the needs of the individual based on their reason for referral, health status and preferences. (There may be circumstances where staff with equivalent or higher qualification may be suitable to deliver the scheme, please contact KCC if applicable).

The workforce delivering the scheme and key reception staff must also be:

- Familiar with the ERS scheme and referral process to the ER scheme coordinator/ local processes
- Aware of One You Kent

Relevant staff should be encouraged to complete free e-learning to support effective brief advice on lifestyle topics. http://www.makingeverycontactcount.co.uk/training/e-learning/health-education-england-e-learning/. Materials to support this may be requested from KCC.

As a minimum, the programme will include:

- An initial assessment/induction and health screening including completion of a physical activity scale (GPPAQ is included within the evaluation form, but any validated scale can be used to establish the patient is inactive).
- A mid-point review between 3 and 8 weeks
- Evaluation at scheme exit or end with discussion on maintenance plan and onwards sign posting/referral

Each client is entitled to only one complete referral (for the same condition) as an introduction to physical activity with the expectation that they will continue to be physically active throughout their life from the referral point onwards. Clients can be referred for separate conditions. For example, a patient with a long-term condition could be referred and then later if they are recovering from an operation, they could be referred for this specific reason.

Duration of the scheme

Typically, most exercise referral schemes are 10 to 12 weeks in length. It is recognised that in some cases a shorter time frame at an increased frequency may meet the needs of the individual (e.g. a six-week scheme involving 4 one hour sessions per week). The scheme should operate for a minimum of six weeks taking into account the duration, intensity and frequency to meet the individual requirements of the patient. This does not override any limitations set out by the provider’s insurance and parameters for accreditation which take precedent.
Information Governance

Leisure Providers are responsible for ensuring their documentation meets General Data Protection Regulations (https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/). Leisure Providers will be the data controller for the purposes of this service and KCC is not liable for any data breaches as result of the Leisure Providers failure.

To monitor outcomes, KCC will require anonymised results to be made available for statistical purposes. Leisure providers must ensure this is explicit in their communications and be prepared to submit their forms for auditing.

Leisure Providers will be responsible for retaining and destroying information in line with their own data retention policies.

Quality Assurance Process for Leisure Providers of the Exercise Referral Scheme

The online assurance process is designed to evidence key policy and procedures have been considered and the centre demonstrates the necessary competencies required of the scheme. The complete list of requirements is set out in Annex 3.

Generally, the intention is that for policy documentation where this may be in existence for a period of time, policies only have to be uploaded on an annual basis unless it has expired or changes have been made. The rest of the requirements are based on evidencing key quality measures on a quarterly basis. Indicators should be returned 15 working days after the end of the quarter. The quarterly returns are defined overleaf.

Quality Assurance Submission Dates

<table>
<thead>
<tr>
<th>Time frame</th>
<th>Submission date</th>
</tr>
</thead>
<tbody>
<tr>
<td>April to June 2018</td>
<td>23rd July 2018</td>
</tr>
<tr>
<td>July to September 2018</td>
<td>24th September 2018</td>
</tr>
<tr>
<td>October to December 2018</td>
<td>21st January 2019</td>
</tr>
<tr>
<td>January to March 2019</td>
<td>22nd April 2019</td>
</tr>
</tbody>
</table>

The information should be uploaded to the digital form provided by KCC. Failure to complete the return information within this timeframe may result in Leisure Providers information being removed from the One You Kent website.

Continual approval to participate as a provider of the Exercise Referral Scheme will be subject to the audit reviews, demonstration of evidence against quality assurance indicators. The questionnaire is not a pass or fail questionnaire. KCC’s Public Health Quality Lead will review the uploaded information and contact the ERS sites directly if there are any outstanding questions.

KCC Officers should be allowed to audit the scheme on request.
Evaluation and Monitoring

To support the scheme, KCC require monitoring of the number of people coming through the scheme and the outcomes for those individuals. The following information should be recorded on a monthly basis and submitted each quarter. Each month should be treated as a cohort and data uploaded on outcomes as the information becomes available.

An example is shown in annex 4. In this template 20 patients start the scheme in April. Their journey is measured in the subsequent outputs and outcomes in the April column regardless of the month they exit the programme. All of the data in the April column relates to the 20 patients only regardless of when they complete the scheme.

The template will be available on the Quality Assurance upload towards the end of Quarter 1 2018.

Outputs

- Number of people referred within the month by source of referral (GP, Physio, Dietician, other healthcare professional, One You Lifestyle Advisor, Other)
- Number of people who started ERS following assessment in a specified month
- Of those who start within the specified month, the number still engaged at the mid point review (3-8 weeks)
- Of those who start within the specified month, the number who complete the programme
- Of those who start within the specified month, the number who complete the programme and continuing within exercise at the Leisure Centre

Outcomes

The following indicators aim to capture an improvement in physical activity levels. All individuals starting the scheme should be inactive. This is demonstrated through completion of a validated physical activity scale (e.g. GPPAQ). The difference should be measured at scheme exit (the point the individual completes or exits the scheme).

GPPAQ is not mandatory and any validated scale can be used. However, feedback from providers indicated a preference for one scale. GPPAQ has therefore been included in the evaluation form template in annex 2. When uploading your data, please indicate if you are using a different physical activity scale to GPPAQ.

Further information on GPPAQ can be found at: https://www.gov.uk/government/publications/general-practice-physical-activity-questionnaire-gppaq

Outcome Metrics

- Of those who start within the specified month, the number who were inactive who completed a physical activity scale at initial assessment
- Of those who start within the specified month, the number who at exit
improved their physical activity level (specified as moderately inactive, moderately active, active)

- Number on exit who are sign posted to lifestyle services

Leisure Providers can capture this information on their own templates or use the example provided in Annex 2. The forms do not need to be returned to KCC. Only the overall numbers within the scheme should be submitted via the online upload.

7. Further Information

The One You Kent website contains a wealth of information on other services and apps useful to patients to complement the exercise referrals scheme and support a holistic approach to health and wellbeing. Please visit www.oneyoukent.org.uk

If you require any further information, please contact PHAdmin@kent.gov.uk
Annex 1: Exercise Referral Scheme Referral Form (page 1)

Exercise Referral Scheme - Referral Form

Please PRINT all details carefully using BLOCK CAPITALS

Patient Eligibility Criteria
Patients must be:
- Aged 19 years and over
- Inactive (less than 30 minutes of moderate physically activity per week)
- Meet at least one of the inclusion criteria listed below
- Committed to making a long term lifestyle change
- Clients must be clinically stable and compliant with their medication

The following are excluded from the exercise referral scheme:
- Aortic stenosis
- Resting tachycardia >100bpm
- Systolic blood pressure (BP) >180mmHg and/or BP >100mmHg
- Uncontrolled arrhythmias
- Uncontrolled diabetes
- Unstable angina
- Unstable mental health status
- Unstable or acute heart failure
- Any other condition which may be exacerbated by exercise

Patient Details

Client name: ...........................................................................................................

Date of Birth:........................................................................................................

Reason for referral (please tick (✓) all boxes that apply)

<table>
<thead>
<tr>
<th>Alcohol/drug rehabilitation</th>
<th>High cholesterol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Cardiovascular disease*</td>
<td>Joint/mobility/musculoskeletal problem*</td>
</tr>
<tr>
<td>Completion of cardiac rehab</td>
<td>Mental health/emotional wellbeing*</td>
</tr>
<tr>
<td>Completion of pulmonary rehab</td>
<td>Neurological condition*</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Obesity (BMI &gt;30kg/m²)</td>
</tr>
<tr>
<td>Family history of coronary heart disease</td>
<td>Overweight (BMI 25-29.9kg/m²)</td>
</tr>
<tr>
<td>Heart failure</td>
<td>Smoker</td>
</tr>
</tbody>
</table>

*Where clinically appropriate it is expected that following a Transient ischemic Attack or Stroke the patient will have already completed neurological rehabilitation

*pPlease include specific condition ...........................................................................................

Relevant past and present medical information, additional information and specific considerations
Please write any information that could affect your client’s ability to exercise or that the exercise professional may need to know in order to ensure a safe and effective programme of activity is developed (including any relevant medication).

...........................................................................................................................

...........................................................................................................................

This is a double sided form; the reverse must be completed for the referral to be accepted
Annex 1: Exercise Referral Scheme Referral Form (page 2)

<table>
<thead>
<tr>
<th>Height (m)</th>
<th>Weight (kg)</th>
<th>Blood pressure (mmHg)</th>
<th>Resting heart rate (bpm)</th>
</tr>
</thead>
</table>

Referring health professional (Please PRINT using BLOCK CAPITALS or your practice stamp)

Name:
Job title:
Contact number:
Address:

To the best of my knowledge, the information provided is an accurate representation of the above patient’s health. I believe the named patient to be clinically stable and medically safe to participate in a structured exercise referral programme.

Signature........................................................................................................................................................................ Date..............

Please make sure you have informed the client of the next steps to join the scheme and make them aware of the notes below. The patient should be made aware that they will need to take this form to their chosen Leisure Provider who will use the relevant medical information to design their exercise programme. The patient is aware that participation in the scheme is voluntary and they will be required to give consent to the Leisure Provider for participation.

Visit the following website to select an Exercise Referral Scheme

www.oneyoukent.org.uk

If you do not have access to the internet please call 0300 123 1220
Monday to Friday so they can let you know the location of your local scheme

This form is available in alternative formats and can be explained in a range of languages

One You Kent is a brand used by a number of providers and partners working with KCC to deliver healthy lifestyle interventions and support.

Notes for client: Please read the following before registering with the scheme:

- The exercise referral scheme is for inactive people, those not used to structural physical activity.
- You must be committed to making a long term lifestyle change and be ready to start a programme of physical activity.
- The scheme is not free. The cost will vary depending on the activity and exercise provider you choose.
- You are entitled to only one referral. It is not appropriate to be continuously referred for the same condition.
- When you contact the Exercise Referral provider, they will book an induction/assessment to discuss the next step and options available with you. This assessment could identify that you do not meet the eligibility for the scheme and the local provider has the right to decline your engagement on the scheme. You will be required to consent to the scheme at this point.
- Activities vary depending on the exercise provider you go to. There are many options available so please call the provider if you are unsure about what you would like to do or where you might like to go.
- Please ensure that you know or are able to read the full name of the health professional referring you.
- This referral form is valid for 1 month from when it is signed by the health professional (unless there are significant changes in your health status; in this instance a new form is required).
- It is your responsibility to inform the exercise professional of any changes to your health status.
- Please take this referral form and a list of any medications you are taking with you to your first appointment. The exercise professional will not carry out an appointment without the signed form.
- The Exercise Referral provider will be responsible for holding and processing of your data in line with data protection regulations.
Annex 2: Exit/Post Evaluation Form (page 1)

EXERCISE REFERRAL SCHEME - EVALUATION

INSTRUCTOR TO COMPLETE
Please fill in all information requested for each referred client. Do not estimate any of the measurements. * Compulsory

<table>
<thead>
<tr>
<th>Client Measurements</th>
<th>Induction</th>
<th>Completion</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date*</td>
<td>/ /</td>
<td>/ /</td>
<td>Non Starter*</td>
</tr>
<tr>
<td>Client Ref No</td>
<td>Height (m)*</td>
<td>Weight (kg)*</td>
<td>Engager: Induction plus one other session attended*</td>
</tr>
<tr>
<td>Smoker*</td>
<td>Number of sessions attended</td>
<td>Duration of programme (weeks)</td>
<td>Completer: Engaged and attended at least 10 sessions*</td>
</tr>
<tr>
<td>Y / N</td>
<td>/ /</td>
<td>/ /</td>
<td>Reason client dropped out (Non-Starter/Engager) if known:</td>
</tr>
</tbody>
</table>

Please copy this form for your records and send copies as listed tick when actioned.

Centre Member Casual User Other

Referral Source
Circle one
GP Other Healthcare Professional e.g. Physio One You Kent Lifestyle Service
GP Weight Loss Programme, Lifestyle Advisor, Stop Smoking

Other

Physical Activity Levels
GPPAQ questionnaire to be completed below.
Results calculated using: https://www.gov.uk/government/publications/general-practice-physical-activity-questionnaire-gp-paq
This will generate the result recorded in POST INTERVENTION OUTCOME

1. Please tell us the type and amount of physical activity involved in your work. Please tick one box that is closest to your present work from the following five possibilities:

<table>
<thead>
<tr>
<th>Mark one box</th>
<th>2. During the last week, how many hours did you spend on each of the following activities? (Please answer whether you are in employment or not)</th>
<th>Mark one box only on each row</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Some but less than 1 hour</td>
<td>1 hour but less than 3 hours</td>
</tr>
<tr>
<td>1 hour or more</td>
<td></td>
<td>3 hours or more</td>
</tr>
</tbody>
</table>

- A I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)
  - A Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.
- B I spend most of my time at work sitting (such as in an office)
  - B Cycling, including cycling to work and during leisure time
- C I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)
  - C Walking, including walking to work, shopping, for pleasure etc.
- D My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)
  - D Housework/Childcare
- E My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffold, construction worker, refuse collector, etc.)
  - E Gardening/DOY
Annex 2: Exit/Post Evaluation Form (page 2)

**EXERCISE REFERRAL SCHEME – EVALUATION**

<table>
<thead>
<tr>
<th>3. How would you describe your usual walking pace? Please mark one box only.</th>
<th>Slow pace (less than 3mph)</th>
<th>Steady average pace</th>
<th>Brisk pace</th>
<th>Fast pace (over 4mph)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. POST INTERVENTION OUTCOME circle one option</td>
<td>Inactive</td>
<td>Moderately Inactive</td>
<td>Moderately Active</td>
<td>Active</td>
</tr>
</tbody>
</table>

Since starting your exercise programme have you noticed any improvements to your health and wellbeing?  
If yes, then please tell us how your health has improved. (Please tick all that apply)  
I feel better in myself  
I’ve lost weight  
I have made new friends  
I have more energy  
My blood pressure has gone down  
I’ve increased my levels of physical activity  
Other – please tell us about this here

Instructor Name __________________________________________ Signature __________________________________________ Centre attended: __________________________________________
Annex 3: Quality Assurance Procedures

All indicators should be submitted 15 working days after the end of the quarter

1. **Organisation name:** Text box citing the organisation you work for and the site location e.g. Kent Council, Sessions House, Maidstone or Kent County Council, Kroner House, Ashford

2. **Reporting period:** the online form will generate a down box with each of four quarters in the year to submit data for. Please select the quarter your return relates to

3. **Completed by:** please specify your name and job title

4. **Email address:** Please provide the email for the person we need to speak with for any follow up queries

5. **Approved by:** The response should be approved by a centre manager

6. **Date of submission:**

7. a) **How many staff hold the necessary ERS qualification and up to date CPD to deliver ERS?** specify the number of staff currently holding the qualification

   b) **Please upload certificates and evidence here:** certificates for all staff currently delivering the ERS qualification should be provided

8. **Have there been any changes to staff who deliver the ERS scheme during the reporting period?** Yes/No If yes, upload the new certificates icon to upload for initial set up, please select no for this option.

9. a) **How many unresolved, written complaints have you received about the scheme during the reporting period?** Specify the number of unresolved written complaints specific to the scheme that require escalation in line with Leisure Providers policy.

   b) **Please upload any additional information relating to these complaints (optional)** optional box for additional information

10. a) **How many compliments have you received about scheme during the reporting period?** Specify the number related to the scheme

    b) **Please upload any additional information relating to these complements (optional)** optional box for additional information

11. **How may serious incidents have been reported during the reporting period in relation to clients on the scheme?** Please specify the number of incidents Please do not leave blank. If there have not been any, please specify zero. If one or more, please provide details

12. **Of the ERS in post, how many staff have received the relevant**
mandatory training?: this refers to the centre’s mandatory training not the ERS specific training. As a minimum this must include adult and children safeguarding, Information Governance/Data Protection, The Centre Induction programme including health and safety, and first aid.

13. a) How many people have completed a satisfaction survey within the reporting period? specify number. This can be based on your own forms or the current template is available to use

b) Of those surveyed, how many were satisfied or very satisfied with the ERS service? specify number.

14. Does your One You Kent website content require updating? Yes/No Each provider will have an entry on the One You Kent page to list details of their scheme. If you wish to update this page, a box will be available to provide details. KCC will make the necessary amendments and contact the provider to confirm the change.

Information in this section only needs to be updated if you are a new provider, annual update, a policy has expired or changed.

15. Please upload a copy of your business continuity plan for ensuring the delivery of ERS An exemplar template will be provided with the types of information which should be covered. If a general policy operates to which ERS applies this is sufficient.

16. Have you had any external or internal inspections/audits within the reporting period?: e.g district council or QUEST Yes/No It is recognised that this may not be an exercise undertaken every quarter. If this is annual, please include details in the comments box of when these tasks are due.

17. Have you undertaken any quality audits related to ERS that you have completed during the reporting period? Yes/No Please upload copies of the audit findings and associated action plans arising from these: It is recognised that this may not be an exercise undertaken every quarter. If this is annual, please include details in the comments box of when these tasks are due.

18. Do you have up to date policies and procedures relating to the ERS scheme? (By ticking each box you are declaring each item is valid):

- Quality governance
- Safeguarding children
- Safeguarding adults
- Human resources (including safer recruitment and DBS)
- Staff supervision
- Escalation of concerns and whistleblowing
- Mandatory training
- Risk management, serious incidents, near misses and learning
- Duty of candour
- Information governance
- Storage of records
- Health and safety
- Business continuity plans

19. Please upload a copy of the risk management, serious incidents, near misses and learning policy/procedure(s):

20. If you would like to receive an email with a copy of your form attached, please include your email address:
Annex 4: Evaluation and Monitoring - example

<table>
<thead>
<tr>
<th>Outputs</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. referred within the month (total) by source of referral</td>
<td>30</td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td>GP</td>
<td>15</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Physio</td>
<td>5</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Dietician</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Other Healthcare Professional</td>
<td>2</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>One You Kent Lifestyle Advisor</td>
<td>1</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Number who start ERS programme following assessment (and inactive)</td>
<td>20</td>
<td>17</td>
<td>23</td>
</tr>
<tr>
<td>Of those who started in the month, the number who are still engaged at the mid point review</td>
<td>20</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Outcome</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of those completing, the number who improved their physical activity level (total)</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately inactive</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately active</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of those completing, the number continuing to engage in activity at the Leisure Centre after scheme completion</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number who are signposted to One You Kent on exit from the ER Scheme</td>
<td>17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>