Quest 2016 – Gplus 35
Exercise Referral Programming
Guidance Notes

Issue 1 July 2016

Exercise on Referral Outcomes (EoR)

- The EoR programme has a clear framework, process and pathway in order to provide a consistent approach for users, including best practice from key organisations such as NICE, UKActive and the BHF.
- The EoR programme offers both physiological and psychological intervention and support for service users.
- The EoR programme provides a wide range of measures for each service user, including baseline measurements, individual measurements and wider measures, such as level of physical activity, health and wellbeing and behavioural change.
- The EoR programme offers access to a wide range of physical and wellbeing activities, with clear continuation / retention plans in place.
- The EoR programme has a clear set of measureable outputs and KPIs and can show tangible evidence of results and impact towards stated outcomes.
- The EoR programme can provide a clear picture of financial performance as well as clear links to how it is improving the local health and wellbeing agenda.

Challenge:	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
PLAN					
How do you develop a clear plan for the EoR programme, including a framework and pathway for staff and service users?	There is no plan in place for the delivery of exercise referral with no framework or pathway and little/no measurement and evaluation of the programme	There is a plan in place with some targets and KPIs, with some evidence of a framework and pathway for staff and service users	There is a plan in place with targets and KPIs for individuals and the programme, which are measured and evaluated. There is a framework and pathway in place aligned to evidenced based principles and/or best practice guidelines	There is a plan, framework and pathway in place aligned to evidence based principles and/or best practice guidance. There are specific targets and KPIs in place for the programme which are measured and evaluated, feeding into continuous improvement actions	There is an overarching strategy or longer-term (3-5 year) plan in place, with clearly identified links to local health and wellbeing priorities and agendas. There is a clear framework and pathway in place aligned to evidenced based principles and best practice guidance. There are specific programme targets and KPIs in place which are measured and evaluated effectively. There is also a clear culture and evidence of continuous improvement as well as benchmarking against

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Challenge:	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
					other programmes

DO					
How do you communicate information about the programme? How do you attract new, and retain current, service users?	The coordinator/manager is unable to describe ways in which they attract new clients to take part in the programme. There is no evidence to show how new users have increased and/or to show levels of retention in the programme	The coordinator/manager is able to explain how new clients are sought, however they cannot provide evidence of how they have increased the number of new users or how they have retained clients to show overall programme growth	The coordinator/manager is able to show evidence of a range of ways they attract new clients for example general marketing, partnerships with local healthcare providers and links to key partner groups/organisations. The coordinator can explain ways in which the programme tries to retain clients and is able to show number of new users and number of retained users	The coordinator/manager is able to show evidence of a range of ways they attract new and retain current clients including links to local healthcare providers and partner organisations. The coordinator/manager is able to evidence new client uptake, completion levels, retention levels and can show how the programme is delivering growth over the past financial year	The coordinator/manager is able to clearly explain and evidence a range of ways in which they attract new clients including clear links to local healthcare partners. They can also evidence ways in which they retain current clients using tools such as text messaging, group socials and other types of activity. The coordinator / manager is able to evidence new client uptake, completion levels, retention levels and can clearly show how the programme is delivering growth over a longer period (3-5 years or more)
How do you ensure you are delivering a quality programme in relation to the team, training,	There is no plan in place or evidence to show how the delivery of the programme is structured or how staff are trained or deemed competent	The coordinator/manager is able to explain how the programme and delivery team is structured and can show examples of relevant training undertaken for staff	There is a plan and staff hierarchy in place for the programme which can be evidenced. The coordinator/manager can explain minimum standards of qualification for staff which	There is a clear, documented plan and staff hierarchy in place for the programme which is known and understood by all team members. There are a clear set of relevant minimum	There is a clear, documented plan and staff hierarchy in place for the programme which is known and understood by all team members and the wider staff. There are a clear set of relevant minimum

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Challenge:	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
competence and resource allocation?			are relevant and show evidence of CPD for staff members. The coordinator/manager is able to provide a clear overview of financial performance and resource allocation for the programme	qualifications and standards which all staff adhere to, as well as evidence of CPD. There is a clear set budget for the programme, including income, expenditure and other resource allocation which is targeted and managed on a monthly and yearly basis	qualifications and standards which all staff adhere to and instructor development and/or CPD plans in place. There is a clear set budget for the programme, including income, expenditure and other resource allocation which is targeted and managed on a monthly and yearly basis
How do you ensure you are delivering a safe and effective programme which complies with current legislation and best practice guidelines?	There is no policy/procedure in place to explain how the programme is safe for participants. No guidance or best practice is used and there is a lack of relevant knowledge.	A basic policy/procedure is in place which provides guidance as to how the programme is safe for participants to take part in. There is some guidance to show how the programme will be effective for participants.	A policy/procedure is in place which clearly highlights how the programme is safe and effective for participants. There are some links to current legislation and best practice. The programme has considered ways in which it can ensure effective programming for participants.	The policy/procedure has been designed in line with current legislation and best practice guidance from sources such as NICE, BHF and UKActive. The policy clearly explains areas such as: how data will be handled/transferred/stored, medico-legal responsibilities and responsibilities of all partners and stakeholders. There is effective programming and evidence of positive impacts and outcomes for participants.	The policy/procedure has been designed in line with current legislation and best practice guidance from NICE, BHF and UKActive. The policy clearly explains all key aspects of safe and effective delivery. An exercise referral stakeholder/steering group has been developed in partnership with local experts such as public health, in order to review and update current practice periodically. There is effective programming and evidence of positive impacts and outcomes for participants.

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Challenge:	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
MEASURE					
How do you ensure that the programme has a range of measures for each service user and a range of overarching measures for the programme as a whole?	There are no relevant measures in place to assess the performance of the programme.	Individual participant measures are taken, for example baseline statistics such as BP, weight, BMI and peak flow are measured pre and post intervention.	As well as individual measures there are a range of 'whole programme' KPIs in place to help measure the effectiveness of the programme as a whole, such as no. of referrals, no. of completers and retention rates.	There is an overarching aim or aim(s) for the service as a whole as well as a number of specific programme KPIs. Individual participant measurement is conducted at least pre, middle and post intervention and includes baseline measures and condition specific measures.	There is an overarching aim or aim(s) for the service as a whole as well as a number of specific programme KPIs. Individual participant measurement is conducted at least pre, middle and post intervention and includes baseline measures, condition specific measures and general measures in relation to health and wellbeing, level of physical activity and stage of behaviour change.
REVIEW					
How do you ensure that the programme has regular reviews for individuals and whole programme performance and delivery?	There is no review system for capturing learning about the programme or programme delivery	There is a review system for capturing learning but no evidence in place that it is used to improve the programme or programme delivery	There is a review system for capturing learning and some examples of it being used to improve the programme and programme delivery	There is a thorough and periodical review system in place for capturing learning and there are a good range of examples of it being used to improve the programme and programme delivery	As well as a fundamental and thorough review system the organisation can demonstrate there is a culture of capturing and sharing learning which ensures continuous improvement of individual health and performance, the programme and programme

Challenge:	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
					delivery
IMPACT					
Can you show the difference the programme is making through communicating progress, achievements and impacts?	The organisation has no communication plan or clear strategy and is unable to demonstrate the impact of the programme on participants and overall.	The organisation communicates the difference it is making in an ad hoc and non-strategic fashion and is able to show evidence of the impact it is having on participants.	The organisation has an impact and communication strategy but there is limited evidence of its impact as a 'whole programme'. However the programme is able to show its impact on individual participants.	There is good evidence that the programme communicates the positive impact and outcomes it is achieving with a range of partners and stakeholders and that this has enhanced their reputation within the local area. The programme is also able to show evidence of the impact on individual participants. There is some evidence of return on investment and value for money.	There is good evidence that the communications strategy, which is sharing the positive impact of the programme, has resulted in new partners, referral lines and/or funding and the organisation has an excellent reputation for the quality and impact of its work. The programme is able to clearly show the positive impact it is having in the local area as well as with individual participants. There is robust evidence of return on investment and value for money.

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Reference Documents
- NHS England – Exercise Referral National Quality Assurance Framework - http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009671   - NICE: Physical Activity: Exercise Referral Programmes - https://www.nice.org.uk/guidance/ph54   - BHF: Exercise Referral Toolkit - http://www.bhfactive.org.uk/sites/Exercise-Referral-Toolkit/downloads.html   - UK Active: The changing landscape of exercise referral - http://www.ukactive.com/news/together-ukactive-journal/ukactive-newsletter-archive/more/8127/page/1/the-changing-landscape-of-exercise-referral   - Irwin and Morgan Risk Stratification Tool   - Transtheoretical Model of Behaviour Change – Prochaska & DiClemente
PLAN
How do you develop a clear plan for the EoR programme, including a framework and pathway for staff and service users?
EXAMPLES OF BEST PRACTICE   - Clear Purpose and Vision statement produced   - Influence and research from external strategies, guidance and legislation   - EoR Participant Framework   - PESTLE/SWOT exercises undertaken   - Self- Assessment process in place   - Audit programme   - A culture of continuous improvement   - Procedures and policies underpin safety, efficiency and effectiveness
GUIDANCE   - An effective purpose or vision statement should be clear, concise and be able to identify what the programme is trying to achieve - "the main thing"   - Objectives are influenced by external local and national strategies, guidance and legislation such as the local authority strategy, local commissioning, local health need, health and wellbeing plans as well as national policy/strategy   - A clear EoR framework is in place to show the participant pathway / journey   - Business objectives have target dates for their review and overall completion   - There is evidence of forward planning - possibly involving the development of the programme over 1-3 years with emphasis on innovation for growth and

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sustainability of the programme
- A process of self-assessment is used which feeds into an improvement planning process
- There are periodic audits or reviews carried out with partners or undertaken by experienced / trained individuals
- There is a culture of continuous improvement which is informed through staff involvement and stakeholder / user consultation
- Procedures and policies are clearly developed, defined and documented to inform continuous improvement, ensure participant and staff safety and support efficiency and effectiveness

DO

How do you communicate information about the programme? How do you attract new, and retain current, service users?

EXAMPLES OF BEST PRACTICE

- Marketing and communications plan
- A range of partnership referral pathways in place, with key local healthcare providers and health charities / organisations
- Development of a safe and effective 'self-referral' pathway
- Business minded approach to retention of participants
- Exercise Referral Direct Debit membership option
- A range of retention tools in place
- Staff contribution to the development of business objectives
- Periodical programme reviews shared with key partner organisations and stakeholders
- Development of a continuous improvement plan with actions aligned to business objectives

GUIDANCE

- A marketing and communications plan in place which links to local and national campaigns and is designed to target specific target audiences
- A wide range of referral pathways from healthcare professionals and organisations such as General Practitioners, Hospitals, Public Health Programmes, Clinical Commissioning Groups, Physiotherapists, Pharmacies and health care charities and organisations.
- A safe and effective 'self-referral' route with safeguards built in to receive final sign off by G.P / healthcare professional dependant on outcome of criteria and risk stratification.
- Development of various membership options and a variety of activity options to encourage participants to continue with their membership, or continue taking part in activity at the centre
- Inclusion of an exercise referral Direct Debit membership option to help develop individual buy in, commitment, motivation and lifestyle change leading to behaviour change and higher chance of retention
- Retention toolkits such as motivational text messaging, participant newsletters, social activities and clear goal setting are used

- Staff and team members are actively involved in future planning and continuous improvement, via suggestions and feedback
- Programme reviews and annual reports shared with key partners, stakeholders and funders such as Public Health, Local Authority, local Hospitals, G.P surgeries, clinical commissioning groups and health and wellbeing boards/partnerships.
- A continuous improvement action plan in place to ensure all comments, suggestions, feedback and improvement areas are documented and actioned.

How do you ensure you are delivering a quality programme in relation to the team, training, competence and resource allocation?

EXAMPLES OF BEST PRACTICE

- 'Quality Standard Charter'
- Staff structure in place with all staff members suitably qualified
- Staff trained in motivational interviewing and understanding behaviour change
- Instructor and Coordinator team meetings are held to discuss programme performance and highlight areas for improvement and development
- Staff have access to regular CPD opportunities
- There is a clear programme budget in place which includes income, staff expenditure and other expenditure as well as any external funding
- Stakeholders, Boards, Steering Groups and partners are involved in planning and review processes

GUIDANCE

- There is a 'Quality Standard Charter' in place which provides details of the standards that can be expected by referring health professionals and participants
- All members of staff are Level 3 Fitness Instructor qualified as well as Exercise Referral Instructor qualified as a minimum in order to lead and deliver sessions.
- Staff have received training in motivational interviewing and basic behaviour change techniques
- Regular team meetings are held to discuss programme performance and highlight areas for improvement and development
- Delivery staff are given opportunities to undertake CPD via training, seminars, networking and other industry events and courses
- A clear programme budget and P&L (profit and loss) statement is in place showing how the programme is performing financially and providing a profit which can either be re-invested into the programme or attributed towards business financial performance
- A programme steering group is in place that meets periodically and discusses the latest guidance, legislation and programme performance

How do you ensure you are delivering a safe and effective programme which complies with current legislation and best practice guidelines?

EXAMPLES OF BEST PRACTICE

- NHS Exercise Referral Quality Assurance Framework
- Best practice guidelines sought from NICE, BHF and UK Active
- External review and recommendation

- Medico-Legal aspects explained
- Participant pathway(s)
- Roles and responsibilities
- Data Protection

GUIDANCE

- The NHS Exercise Referral Quality Assurance Framework, 2001, and subsequent update, 2006, have been used to design the programme framework
- NICE guidelines for Exercise Referral, the BHF exercise referral toolkit and guidance from UK Active has been used to inform the planning and development of the programme
- External expertise has been sought in order to review the programme and framework and provide feedback and suggestions
- The programme has revised and understood its obligations in relation to medico-legal aspects of delivering the programme
- Participant pathways are clear and show how the programme will be effective and help provide a positive outcome, such as motivational interviewing, goal setting, programme development in relation to medical conditions, periodical review of progress and changes to programme, activity action plan/training cards, food diaries and participant commitments
- Roles and responsibilities of all programme staff and partners is clearly set out and explained, with agreement from all parties
- The programme involves rigorous data protection policies in regards to the taking of information, sharing of information and storing of information for the safety of all participants and health care partners involved in the programme.

MEASURE

How do you ensure that the programme has a range of measures for each service user and a range of overarching measures for the programme as a whole?

EXAMPLES OF BEST PRACTICE

- Overarching Mission, Vison or Objective
- A range of relevant KPIs used to establish 'individual' and 'whole programme' measures and set realistic and achievable targets
- Balanced Scorecard (or equivalent)
- Participant Database Management
- Participant measures
- Improve performance can be tracked and the benefits of change/improvement/innovation tracked or defined
- External Assessment
- Improvement measures

GUIDANCE

- Is there an overarching mission, vision or objective for the programme that contributes towards the business goals of the organisation?
- Has the programme manager established a range of KPIs with which to measure the success of the programme for example financial performance, no. of referrals, completion rates and retention rates are measured periodically?
- Is a balanced scorecard approach in place which actively measures the key areas of the programme – finance, people, quality and participants?
- The programme makes use of an internal or external participant database management system, such as Refer-All, in order to ensure participant's progress is tracked and participant information is safely stored.
- Is there a thorough range of participant measures including medical baseline measurements, medical condition specific measurements, health & wellbeing measurements, levels of physical activity and stage of behaviour change are in place? Measures are taken pre, middle and post with further periodical measures taken for participants who are retained with the centre to help show longer term outcomes.
- A continuous improvement plan is in place to identify ways in which the programme / programme can develop and improve
- Is there a process of external assessment of performance that is used to plan and improve efficiency and effectiveness?
- Performance Measures are well communicated and improvement is clear to see

REVIEW

How do you ensure that the programme has a range of measures for each service user and a range of overarching measures for the programme as a whole?

EXAMPLES OF BEST PRACTICE

- Periodical review of programme / programme performance
- Pre, mid and post review for participants
- Updating objectives, sharing learning and best practice
- Regular annual reviews and year on year review / improvement
- Subsequent action required to achieve desired outcome
- There is good trend data and analysis which is being well used
- Staff, partner and user surveys and improvement plans/priorities revised

GUIDANCE

- Is there a process of regular review of overall programme achievement throughout the year? Do reviews show clear links to overall objective and key KPIs?
- Are participant measures taken on at least three intervals throughout the initial 12-week intervention and are retained participants continually measured throughout their affiliation with the centre to help show long term outcomes?
- Can management change and/or amend aspects of the business / project objectives to ensure that it remains 'live' and 'real' and is there a formal review process that allows the sharing of ideas, learning and best practice?
- Is there evidence of longer term review, for example review of performance for the last 3-5 years?

- Can the measurable output action be amended to ensure that an objectives remains on course to meet the desired outcome
- Trend data is published and used-helping to set improvement priorities and targets There is evidence that the improvement plan is revised and updated as a result of the achievement to date and/or if additional resources are required in order to implement various initiatives
- Results and findings from partner satisfaction surveys, user surveys and audits reviewed to ascertain year on year improvement

IMPACT

Can you show the difference the programme is making through communicating progress, achievements and impacts?

EXAMPLES OF BEST PRACTICE

- Evidenced achievement in providing positive outcomes for both individual participants and for the programme as a whole
- Demonstrated achievement and positive impact of the 'bottom line" around efficiency and effectiveness
- Demonstrate return on investment and value for money, including cost savings to health
- Improvements to priority health conditions in targeted geographical areas
- Organisation achievement equals increased partners, referrals and external funding
- Strong links established between staff engagement and user/partner engagement/satisfaction
- Tangible improvements / growth of the service, more people, more active, more often
- Advocacy and testimonial is taken and is used well in relation to internal/external PR and annual reports

GUIDANCE
- Is the programme able to show evidence that it has had a positive impact on the local area and/or that it has contributed to improved health rates across the District/Borough/County?
- Is the programme able to clearly show positive outcomes for individual participants through the use of technology (for e.g. Refer-All) and via the use of surveys / questionnaires (pre, middle, post)?
- Can the programme demonstrate improved health and wellbeing rates in relation to key local area need / priorities (as identified on the Public Health local health profile)?
- Organisation success:
  - Has the team's (and partner) involvement in the development and delivery of the programme led to an increase in financial performance?
  - Have the achievement of business objectives and/or development of new partnerships led to additional investment/external funding?
  - Has the organisation's achievement encouraged potential partners to become involved?
- Do the satisfaction survey(s) and audit(s) findings clearly have an effective influence on the improvement plan?
- Is the programme growing and improving?
  - Is the programme attracting more referrals and sign ups year on year?
  - Is the programme completion rates rising year on year?

- o   Is the programme retention rate rising year on year?
- Is the organisation receiving and using user and partner testimony and advocacy to encourage greater participation