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Report for:

**Fife Sport and Leisure Trust
Evaluation of Active Options 2**

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Section 1: Introduction and methodology

Introduction

In its physical activity strategy “Let’s Make Scotland More Active”, the Scottish Government recognises the health benefits of a physically active lifestyle, particularly in reducing the incidence of chronic conditions such as cardiovascular disease, obesity, and Type 2 diabetes. Indeed, research conducted by the British Heart Foundation indicated that physical inactivity is linked to around a fifth of coronary heart disease (CHD) and over one in ten cases of Type 2 Diabetes and strokes.

In addition to reducing the risk of chronic health conditions, physical activity has been recognised as helping people with long term conditions manage their conditions more effectively through easing physical symptoms and improving their emotional health and wellbeing.

Active Options 2 is a programme of health classes, provided by Fife Sport and Leisure Trust (FSLT) in partnership with Active Fife and NHS Fife, which are aimed at encouraging people with long term conditions such as CHD, diabetes and chronic obstructive pulmonary disease (COPD) to participate in regular exercise based on functional ability. The classes are conducted by specially trained FSLT instructors who tailor the exercises to suit the participant.

There are four levels of classes in the programme, from Level 1 which is chair based exercises for people who have limited standing balance to Level 4 for people who are independently mobile and already physically active. Clients are referred to the programme by a health professional (ie Practice Nurse, GP, Physiotherapist etc) who recommends, based on their assessment of the client, the level of class suitable. The classes are made up of clients with a variety of health conditions but similar functional ability and available in a variety of FSLT leisure centres and community centres throughout Fife.

The programme has been operating since 2012 and the Fife Physical Activity Strategy Group has funded an evaluation of its first year of operation in order to determine:

- The extent of uptake amongst those referred to the programme
- The extent to which it is encouraging behavioural changes amongst participants
- The extent to which it has enhanced participants' quality of life (ie benefits gained)
- Any barriers to engaging with the programme and what might encourage greater uptake in the future
- Any improvements required to the programme.

Methodology

In order to achieve these objectives, the evaluation was conducted in four phases as follows:

- A review of the Active Options 2 database to profile the participants on the Programme
- Telephone interviews with representatives from referring organisations, including:
 - Physiotherapists
 - Dieticians
 - Practice Nurses

- Specialist clinics
- Telephone interviews with a sample of participants
- Focus groups with participants from each of the Programme levels.

The research was conducted between June and November 2013. The findings and recommendations from this evaluation are detailed in Sections 2 - 5 of this report. Tabular data from the database analysis can be found in Appendix 1, with copies of the discussion guides and questionnaire used in the interviews and focus groups in Appendix 2.

Section 2: Client profile

FSLT receives a form from the referring organisations in NHS Fife for each individual they refer to Active Options 2. The form details information on the client's medical condition and also suggests the level of class the referrer anticipates that their patient should attend. Clients are primarily referred by physiotherapists, dieticians, practice nurses and nurses in some specialist clinics.

Information from these referral forms is entered into a database by FSLT. The database records:

- Age
- Gender
- Location
- Health condition
- Level of class.

The information contained in the database was analysed to determine:

- The number of clients who were referred to the Programme
 - Overall
 - By location
 - By age group
 - By gender
 - By health condition
 - By level of class

It has been intended to profile the number of referrals and attendances by type of referrer. However this was ultimately not possible as the referral form did not collect this information and attendances were not recorded on the database.

The findings from the analysis of the database are outlined below (copies of the tabular data produced from this analysis can be obtained in Appendix 1).

Referrals

A total of 379 referrals were made to the Programme between May 2012 and April 2013. Just over half of the referrals (57%) were females and 43% males. Almost two thirds of the referrals were individuals suffering from the following conditions:

- COPD (28%)
- Stroke (15%)
- Diabetes (12%)
- MS (11%)
- Pain (5%).

Just over three quarters of the referrals (78%) were either a Level 3 or a Level 2 class. The most common class to refer individuals was a Level 3 class (49% of referrals) with Level making up 29% of referrals. Just under one in ten participants (9%) were a Level 1 and 11% were a Level 4.

Unfortunately data on location of referral was missing for a third of the referrals. However for the remaining two thirds of referrals, the overwhelming majority were referred from two areas, West Fife (31%) and Kirkcaldy and Levenmouth (28%). Only 6% of referrals came from the North East area in Fife.

Attendances at the Programme between April 2012 and March 2013 increased by 30% from the previous year. Half (50%) of the participants were aged 65 and over, with 41% aged under 64. Ages for 9% of participants was not known.

Section 3: Perception of Referrers

In-depth telephone interviews were conducted with 18 representatives of organisations which refer people to the Active Options 2 Programme. These included:

- Physiotherapists
- Dieticians
- Practice Nurses
- Nurses from specialist clinics.

The discussion was based on a topic guide, agreed with the FLST project team, which explored:

- Awareness and understanding of the Programme
- Reasons for referring patients
- The referral process
- Perceived benefits gained.

3.1 Awareness and understanding of the Programme

All of the interviewees were aware of the Programme, having referred people to it for a number of months. The interviewees described the Programme as being suitable for people who have chronic illnesses or long term conditions and who would benefit from increasing their physical activity.

They were aware that the Programme had different levels of activity and that the exercises were tailored to the capability of participants to encourage them to increase their physical activity. As one interviewee explained:

“The people I refer have a physical mobility problem and often can’t exercise properly. I suggest the classes to hopefully spur them on to do more and may be even to do things for themselves”.

Whilst all were aware of the Programme and the different levels of ability, some of the interviewees were not as clear on what exactly takes place in the classes. A few, particularly Practice Nurses, were unaware of the duration of the classes or of the range of locations in which they take place. Whilst some of the interviewees had looked at the FSLT website to find out more about the Programme, the majority had not, relying on the leaflets provided by FSLT. In some cases the Health and Wellbeing Co-ordinator had visited some of the referrers to talk about the Programme – these interviews were the most informed of all about the Programme, its content, structure and benefits.

Whilst interviewees were aware that the Programme targets people with chronic illnesses, those who work in the specialist clinics or had specialist roles were more clear on the type of patient they could refer to it. Other interviewees with more general roles such as Physiotherapists or Practice Nurses were less clear on the full range of patients they could refer. These practitioners will see patients with a range of illnesses which could benefit from physical activity and they were uncertain if they were referring everyone who would be eligible to the Programme.

3.2 Reasons for referring

The reasons given by the interviewees for referring them to the Programme were all health related and specific to the individual. There were two main benefits suggested which tended to reflect the type of referrer and the type of support they were providing to the patients. The individuals who were referred by specialist clinics and services, such as physiotherapists, dieticians etc had been seeing the practitioner for a number of weeks who had been taking them through a specific support programme related to their health condition. This generally involved an exercise regime within the programme. As a result of this, these referrers tended to send patients to the Active Options 2 Programme to encourage them to continue with their exercise. As one physio explained:

“It would be so easy for someone to stop exercising after they are discharged from us. The Programme gives them a reason to keep exercising and maybe even do more”

The individuals who were referred from Practice Nurses and GPs were not in any exercise programme and these practitioners wanted to encourage the patients to increase their physical activity levels. As one Practice Nurse explained:

“These patients don’t want to go to a gym. They need something to encourage them to exercise and to do so safely”.

3.3 The referral process

Individuals who are eligible for the Programme should be referred by a health practitioner who completes a referral form which outlines the patient’s health condition and reasons for referral. Patients being referred to the Programme should receive an information leaflet which is produced by FSLT. There is also a DVD for referring organisations which outlines the Programme content and structure and information on the Programme on the FSLT website.

The interviews with the referrers suggested that the process being adopted when referring an individual to the Programme varies considerably, particularly in the extent of discussion with the patient prior to their referral. In general it would appear that practitioners in the specialist clinics and services have the most discussion with their patients prior to referral, whereas Practice Nurse tended to rely on the printed leaflet. In some cases they went over the leaflet with the patient but more often the patient was given the leaflet to read at a later date.

The extent to which the practitioner encouraged the patient to attend also appeared to vary, with those in specialist clinics appearing more likely to spend time positively reinforcing the benefits to the individual of participating in the Programme than those in GP practices. It is not known if this is due to some Practice Nurses’ lack of understanding of the Programme or perceived lack of time in the surgery consultation to have a full discussion. This difference in approach may also be due to a difference in perceived role between Practice Nurses and other practitioners in specialist clinics or services. Feedback from the Practice Nurses interviewed suggests that they may see their role as more of a signposting than actual referral. As one Practice Nurse explained:

“It’s up to the patient to decide if they want to go. I give them the leaflet and leave it up to them to choose what they want to do”.

The feedback from the interviewees suggested that they were referring all the patients they felt were relevant to the Programme. The only patients who would not be referred would be patients with health conditions that significantly affected their mobility or patients who, in the case of specialist clinics, were irregular attenders and who, the practitioner felt, might not be committed to attending regularly.

However, it should be noted that, in some cases, some of the interviewees were not fully aware of all types of patients eligible for the Programme and admitted that some patients might be missing out because of this.

3.4 Benefits gained

Interviewees were asked to what extent their patients had benefitted from participation in the Programme. The interviewees felt unable to answer this. Their patients are referred to the Programme after they have been discharged from clinics and specialist services and, as a result, the referring practitioner, is unlikely to see them again unless there has been some kind of relapse. .

The interviewees also highlighted that they do not, as a rule, receive feedback from FSLT on the patient after they have referred them. Therefore there is no opportunity for the referrer to get feedback from the patient on their experiences on the Programme.

Section 4: Participant feedback

Telephone interviews were conducted with 40 people who had attended the Programme. These individuals were selected at random from the Active Options 2 database. The interviews were based on an agreed questionnaire, a copy of which can be found in Appendix 3. A copy of the graphs illustrating the results from the survey can also be found in Appendix 4.

In addition to the telephone interviews, current Programme clients were invited to participate in one of four focus groups held across Fife (in Cowdenbeath, Dulloch, Michael Woods Centre and Templehall Community Centre). A copy of the discussion guide used in the focus groups can also be found in Appendix 3.

4.1 Findings from the telephone interviews

4.1.1 Respondent profile

Just over half (55%) of respondents were female and 45% were male. Just over half (57.5%) were over 65, with 40% aged 45 and 64. A small number (2.5%) were aged 35 – 44. This breakdown broadly reflects the profile of total attendances to the Programme.

All of the respondents had participated in the Programme. Just over half (55%) attended a Level 3 class, 30% attended Level 2, 8% Level 4 and 7% Level 1.

4.1.2 Reasons for attending the Programme

Fitness was a key outcome respondents hoped they would achieve from the Programme. Just over two thirds (63%) suggested that they wanted the Programme to help them to get fitter. In addition to this over a third (38%) wanted to get healthier and a third (30%) wanted help with improving their mobility.

Physiotherapists had referred the majority of the respondents (58%), with Practice Nurses being the next key referrer (30% of respondents). Other referrers included dieticians and cardiac nurses (10% of referrals). Few respondents had been referred by their GP (3%).

Almost all (90%) of the respondents had received information on the Programme prior to attendance. This was primarily through the leaflet produced by FLST (68% of respondents who had received information). In addition to this, a third of respondents (32%) had discussed the Programme with the practitioner who referred them. This tended to be physiotherapists or dieticians. Few of the respondents referred by GPs or Practice Nurse had discussed the Programme with them prior to referral.

All of the respondents who had not received any information prior to attendance (10% of the sample) had been referred either by a Practice Nurse or GP.

Increasing physical activity and improving fitness were key goals for the majority of respondents (68% and 60% respectively). Easing the symptoms of health conditions (30%) and losing weight (23%) were also important for some respondents. Other goals highlighted by one in ten of respondents were related to improving moods and increasing social contact.

4.1.3 Satisfaction with the Programme

All of the respondents interviewed felt that the Programme had meet their needs. 85% suggested that it had completely meet their needs, with 15% stating that it had mostly met their needs. Those who felt that it mostly met their needs tended to be attending a Level 4 class or slightly younger participants (aged 35 – 44).

The main reason were given by respondents for their satisfaction with the Programme was that the exercises were achievable for them. This was highlighted by two thirds of respondents (60%). Encouragement to exercise and increasing mobility was also raised by 40% and 23% of respondents respectively. Indeed over three quarters (80%) of respondents stated that they would not have exercised if they had not participated in the Programme.

Giving people the opportunity to meet other people or just get out the house for a while was also considered important by one in ten of the respondents. Indeed the social aspect of the Programme was highlighted by three quarters of the respondents (75%) who felt a key benefit was that it allowed them to get out for a while.

Being able to do more as a result of participating in the Programme was raised by two thirds of respondents (65%) as a key benefit. Almost half of respondents (48%) put being able to walk further down to their participation in the Programme with a third (33%) highlighting that they could now walk unassisted compared to before their attendance at the Programme classes. Helping people lose weight was also suggested by just under a quarter (23%) of respondents as a benefit from participation.

All of the respondents (100%) indicated that they would continue to attend the Programme classes. Indeed increasing the number of classes was suggested by just under half of the respondents (45%).

The only two other issues raised by respondents as potentially improving the Programme was improving GP awareness of the Programme (raised by 48% of respondents) and updating some of the equipment (raised by 43% of interviewees). Many interviews felt that GPs were unaware of the Programme and that this might prevent other people who would benefit from it being referred to it. Others suggested that some of the equipment used in the classes was old and tended to break down, occasionally limited the exercises available for some people in the classes.

4.2 Feedback from the focus groups

A total of 75 clients, with a range of health conditions, attended the focus groups which discussed their experiences of the Active Options 2 programme. The groups reflected each of the four Levels of the Programme.

The focus group participants were a mix of males and females and a mix of ages - although the majority were over 55 years of age. The majority of people who attended the focus groups had been involved with the Programme from the start, although there were a small number of participants who had only recently started attending. The majority of participants attended a class once per week and, for these participants, the Programme was their only form of exercise. A small number of participants (round 15) attended exercise classes more than once per week.

Despite the large attendance and the participation of people from the different levels of class, reaction to the Programme was very consistent. There were no differences in attitudes

towards it amongst males or females or amongst different locations or different class levels. As a result, the collective views of participants are presented below in relation to the following issues:

- Understanding of the Programme's objectives
- Reasons for involvement in the Programme
- Benefits of participation
- Suggestions for the future.

4.2.1 Understanding of the Programme's objectives

The majority of participants had received information on the Programme when they were referred to it and as a result had a good understanding of what the Programme was trying to achieve. All of them were aware that the exercises would be supervised and targeted to their individual capabilities and had all been given the printed leaflet produced by FSLT.

These clients had been referred to the Programme by physiotherapists, cardiac rehabilitation, dieticians and some Practice Nurses. Whilst all had received the leaflet, the participants who had been referred by the specialist clinics tended to have the most information on the Programme. These clients, who had been referred by physiotherapists, dieticians and cardiac rehabilitation nurses, had also had a discussion with the practitioner about the Programme before they were referred. This discussion appeared to focus on how they would individually benefit from participating in the Programme, particularly in relation to their own health condition. One client explained:

“My physio spent a lot of time talking about the Programme – she really felt it would be good for me and would keep me exercising. She told me that the instructor would give me exercises that would suit me”.

However, in general, the clients who had been referred by Practice Nurses or GPs appeared to have received very little information on the Programme. One client explained:

“The nurse gave me a leaflet but never really spoke about the classes. She said I could go along if I wanted. I never knew there were different levels of class till I got here and the instructor told me. I just picked this class because the time suited me.”

It should also be noted that a few clients (around 15) had only found out about the Programme through word of mouth. They stated that their GP or Practice Nurse was unaware of the Programme and the clients had asked to be referred. These clients had no information on the Programme and were unaware of what to expect from it.

All of the clients at the focus groups stated that their class instructor talked to them about their health and their exercise needs when they had joined the Programme.

4.2.2 Reasons for involvement in the Programme

Participants attended the Programme to improve fitness and/or to maintain/increase their exercise. Very few of the clients had exercised before they attended the Programme and saw it as a way of introducing exercise into their weekly routines. Those who had been referred by a physiotherapist had been exercising as part of their clinics and considered the

classes as a good way of ensuring that they continued to exercise after discharge from the physio service.

Some of the clients had also been advised by health practitioners that they needed to lose weight and felt that the exercises in the classes would help with this.

All of the participants stated that they had been concerned about exercising before they joined the Programme. They were encouraged to attend because it had been recommended by health professionals which gave it credibility - participants assumed it would be beneficial for them because it was being recommended.

Many of the participants were encouraged to attend by the fact that there were specialist instructors supervising the classes who would be knowledgeable about their health condition and would design the exercises to suit their needs. As one client explained:

“I was worried I wouldn’t be able to exercise and that I would be conspicuous in the class. But I was told everyone can do something in the class and that I wouldn’t be forced into trying something I couldn’t do. I won’t go to the gym because I feel awkward. I’m unsteady on my feet and I wouldn’t want to fall”

4.2.3 Benefits of participation

All of the clients who participated in the focus groups were very satisfied with the Programme. Many expressed the enjoyment they felt from being able to exercise safely, amongst people with similar health conditions and who would both understand their limitations and encourage them to achieve their potential. The views of one client summed up the opinions of everyone:

“I have MS. Everything to do with my condition is about what I can’t do. This place is great – this is about what I can do. It really gives me a lift knowing I can achieve something each week”

Everyone who participated in the consultation groups believed that they had benefited from the Programme. The benefits could be categorised as follows:

- Health
- Social
- Psychological.

Health

For all of the people attending the focus groups, improvements to their health was a key benefit. However, improvement meant different things to different people depending upon their health conditions. For many it was about improving their fitness, as described by one participant:

“I can walk now. When I started coming here I was in a wheelchair – now I am walking with a stick” (client with MS).

For others it was about increasing their fitness:

"It used to take me 40 minutes to walk a mile, now I can do it in ten" (client who suffered a stroke).

Weight loss was vital for many people as this helped alleviate many of their symptoms:

"I have lost two stone – I couldn't have done that without the exercise" (client who suffered a stroke).

Other benefits included reduced blood sugar, improvements in mental health and improvements in breathing:

"My blood sugar level is down and is staying down" (client with diabetes)

"I used to get very down – but I come here and people make me laugh" (client with COPD)

"I don't use my inhaler as often now as I used to" (client with Asthma).

Social

All of the participants cited the social contact and camaraderie of the classes as one of the Programme's key benefits. Participants talked about the social isolation which resulted from their health conditions – the fear of going out in case something happened. They found it helpful to be able to meet people who had shared the same experiences.

Many of the clients had been attending their class for a number of months and friendships had developed both with other clients and with the instructor. They found this encouraged them to open up about their worries and concerns and overcome some of their fears.

Many of the participants talked about the importance of the group dynamics and social interaction in making sure they kept attending the class. Clients commented:

"The company is great – I live on my own and it makes me get up and get out"

"We all meet for coffee on some of the days we are not coming here".

Psychological

In addition to helping people's physical health and addressing social isolation, the participants also felt that the classes helped give them confidence and made them feel more independent – two key factors which many of them felt their health conditions had taken away from them.

"I get up and come here – I was really reluctant to do anything or talk to anyone before" (client who had suffered a stroke)

"I can do my housework again – I couldn't manage it before" (client with COPD)

"I am going for my own shopping – I had to rely on other people to help me before" (client with asthma).

The participants also found it reassuring to have the classes led by instructors who were trained in their health conditions. Many of them spoke about the anxiety they felt when they were diagnosed and the feeling that their lives were changed forever. As these participants explained:

"The instructors know what you should and should not do. They also can tell when you are not having a good day and will alter the exercises to fit in with what you can do on that day".

"I have MS, I need someone like (the instructor) because they understand what is wrong with me and how it affects me physically as well as psychologically. I feel they give me exercises which are meant for me – I can do them and I go home feeling better about myself".

4.2.4 Suggestions for improvements

Such was the level of satisfaction with the Programme that participants did not have many suggestions for improving it. Similar to the participant survey, they suggested:

- More information on the Programme for GPs
- More up to date equipment
- More classes.

The participants who had attended their GPs felt that they had a very limited understanding of the Programme, indeed some appeared unaware of its existence. The clients felt that this meant that either people who would benefit from the Programme would not get the chance of referral or some might decide not to participate because they wouldn't understand how they could benefit.

Participants from Cowdenbeath and Duloch suggested that the classes there needed more up to date equipment. They gave examples of equipment such as treadmills and bikes which were broken and could no longer be used. They felt that this was compromising their exercises to some extent as planned exercises had to be changed to accommodate available equipment.

The only other suggestion participants had was to increase the number of classes available to enable more people to attend and to expand the number of classes across Fife to make them more accessible for residents in more rural areas.

Section 5: Conclusions and recommendations

5.1 Conclusions

From a participant's perspective the Active Options 2 programme is a great success. It offers them an opportunity to exercise regularly and safely, with instructors who are knowledgeable about their individual health condition. For the majority of people who took part in the evaluation it is their only form of exercise and for at least half of them the Programme introduced them to exercise. Several had never or rarely exercised prior to developing their health condition.

The participants described what was, for them, a good balance between being encouraged but not feeling pushed beyond what they feel they are capable of doing. The design of the exercise programme with exercises tailored to meet individual needs is a key factor in encouraging people to participate and the instructors appear critical to sustaining that participation.

The two main barriers to participation do not appear to be related to the Programme, its format or content but rather to people's awareness of it, particularly those who should be referring into the programme, and to the perceived role of the referrers in supporting patients access it.

Several of the participants indicated that their GP or Practice Nurse were unaware of the Programme and this was also confirmed in the interviews with the referring organisations. Some interviewees were not clear on who could be referred to the Programme or what took place within it.

There also appeared to be a difference in approach taken by practitioners in referring people to the Programme and therefore to the amount of information they give to potential participants. Some of the interviewees take time to discuss the patient's situation and the potential benefits to them of attending the Programme, others provide leaflets only. This may suggest a difference in perception of role between referring and signposting. It is possible, therefore, that patients who would benefit from the Programme are not attending it because the signposting approach taken by some referrers fails to convince them of the need to do so.

From the perspective of the individuals who are currently referring to the Programme, it provides them with an opportunity to refer patients to a service which will encourage them to keep exercising. None of the referrers interviewed were aware of any other such service in the area.

However there appears to be two aspects of the Programme which are not as effective as they might be. Firstly, some of the referrers are not completely clear on the eligibility criteria and, as a result, may not be referring patients who could benefit from participating in the Programme. Whilst information on the Programme is available in leaflets and a considerable amount on the FSLT website, there appeared to be a considerable variation in the extent to which referrers seek out information on it. Awareness appeared lowest amongst Practice Nurses and it may be that this group of practitioners has more limited access to the internet and therefore is unable to source information on the Programme in its current format.

Secondly referrers were unaware if their patients had attended the Programme and/or benefitted from it. The nature of many of the referring organisations means that they have

little or no follow up with patients and therefore no means of establishing the outcome of the Programme. This lack of information may affect the extent to which individuals continue to refer in the future. This may be a particular risk with practitioners who currently make low levels of referrals and may need more encouragement to increase the number of eligible patients they refer to the Programme.

It was noted when conducting analysis of the Programme database that there were gaps in the data provided to FSLT by some referrers. It may be the case that lack of understanding of the Programme impacts on the referrers understanding of FSLT's information needs about the patients being referred to Active Options 2.

Attendance at classes was not recorded in the database and it was also not possible to identify the sources of some of the referrals in the database, making it impossible to track the relationship between referral sources and attendance of patients. This is a key information need for future monitoring of the Programme in order to determine the equality of access to the Programme for potential participants across Fife.

5.2 Recommendations

Our recommendations following this consultation are presented as follows:

- Marketing
- Communication
- Administration

5.2.1 Marketing

The feedback from the Programme clients who participated in the evaluation suggests that there may be a number of organisations who should be referring people to the Programme and who appear unaware of its existence. These are primarily practitioners in GP surgeries. There were clients in this evaluation who were only able to attend the Programme because they found out about it through word of mouth and who approached their GP or Practice Nurse and asked to be referred. Feedback from the Practice Nurses who participated in this evaluation suggested that they do not have time to search for information on support available in the community.

It would be beneficial, therefore, if FSLT were to consider a programme of awareness raising with GPs. Some of the best informed practitioners who took part in this evaluation were those who had been visited by the Programme Co-ordinator. Whilst a personal visit to all GPs may not be possible due to the numbers involved, it might be possible to arrange to visit meetings which are attended by a number of Practice Nurses to present details of the Programme and help improve their understanding of it.

5.2.2 Communication

It would also be beneficial to consider issuing all potential referrers with a list of the health conditions which can be referred to the Programme. The feedback from the practitioners who were referring to the Programme, even regular referrers, suggested that some were uncertain if they were referring everyone eligible for the Programme.

It might also be beneficial if, in this communication, FSLT were to reinforce the role of the referrer and if this could also be re-iterated by members of the Fife Physical Activity Strategy

Group to the peer group that they represent on the Strategy Group. This should emphasise the importance of a discussion about the Programme with the patient prior to referral to help overcome any concerns they may have and to help encourage their attendance at the Programme. If practitioners feel that a patient would benefit from attending the Programme it would seem vital to ensure that the patient has sufficient understanding of the reasons for this in order that they can make an informed choice about whether or not to attend the Programme.

5.2.3 Administration

A key issue for referrers was lack of feedback from FSLT as to whether their patient had attended the Programme. It would be beneficial for FSLT to consider introducing a short feedback form, which could enable them to confirm to referrers that their patient had attended the Programme. It may be possible to provide this feedback electronically and it may help, in the longer term, to keep referrers engaged with the Programme if they can see patients continuing their exercise journey.

In order to provide feedback the referrers would need to make clear on the referral form their name and the organisation they were referring from. This would need to be communicated to the referrers to ensure the data was provided. This information had not been consistently provided in the referrals to date. Such information would also enable FSLT and the Fife Physical Activity Strategy Group to review levels of referrals from particular areas and/or organisations.

Providing referrers with feedback on attendances would also enable referrers to follow up with non-attenders to establish the reasons for this. This would also help provide FSLT with feedback as to why some choose not to attend – particularly those referred to Level 4 classes where there were the highest rates of DNAs. It was not possible to follow up with non-attenders in this evaluation for fear that, due to the time lapsed between referral and the evaluation, such as follow up may distress patients or their relatives if the patient's health had deteriorated.

The feedback from practitioners and clients who participated in this evaluation suggests that if these issues can be addressed it will enable patients from across Fife to have equal access to the Programme if they meet the referral criteria and are eligible to attend.