

# Physical Activity Referral Schemes

## Background

Physical inactivity is recognised as the fourth leading cause of mortality worldwide. Regular physical activity is proven to help, prevent and treat a range of non-communicable diseases such as heart disease, stroke, diabetes and some cancers. It also helps prevent hypertension, overweight and obesity and can improve mental health, quality of life and wellbeing.

One of the main objectives included in “the Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012 – 2022 “A Fitter Future for All” is to increase physical activity levels, in line with CMO guidelines. The PHA seeks to improve health and wellbeing by a range of methods, including by creating an environment that promotes a physically active lifestyle. PHA is working with a range of partners to address the key objectives of this strategy which seeks a 4% reduction in obesity in adults and a 3% reduction in overweight and obesity adults.

The 2015-2019 revised outcome framework for “Fitter Future for All” identifies a number of actions relating to physical activity in order to address the problem of overweight and obesity. One of these is “increased promotion of physical activity within health and social care settings through development of physical activity referrals pathways”.<sup>1</sup>

The Health Survey for Northern Ireland 2017-18 found that overall, 64% of adults surveyed were either overweight (37%) or obese (27%).<sup>2</sup> The most recent statistics show that in 2016/17, 55% of adults in Northern Ireland (19 and over) were currently meeting the CMO guidelines of 150 minutes per week. 45% were not meeting recommended levels of physical activity.

## Physical Activity Referral Schemes (PARS)

PARS provide clients with the opportunity to engage in a structured programme of physical activity or exercise under the guidance of a suitably qualified exercise professional.

In Northern Ireland (NI) PARS (previously known as exercise referral schemes) have been operational in many areas for 10 plus years. These schemes all operated independently and

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<sup>1</sup> DoH. A Fitter Future For All. Outcome Framework revised for 2015-2019. Available at <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/fitter-future-for-all-outcomes-framework-2015-2019.pdf>

<sup>2</sup> Department of Health, 2017. Health Survey NI, 2017/18 <https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland>

were initially commissioned under legacy arrangements and funded from various funding streams. Each scheme had its own inclusion/exclusion criteria, resulting in different referral criteria for different areas of NI. Schemes also differed in terms of client charging mechanisms, programme duration, content and monitoring arrangements.

### **Regional Physical Activity Referral Scheme.**

The Public Health Agency (PHA) has worked with providers of these legacy exercise referral schemes to develop a new pilot regional PARS at Level 3. The introduction of this regional scheme will ensure that each of the legacy schemes across NI adheres to regional standards and criteria including; the same inclusion/exclusion criteria, charging mechanism and an agreed specification for programme delivery supported by the implementation of a regional database for referral management, monitoring and evaluation.

PHA has commissioned PARS throughout Northern Ireland which allow GPs and other relevant health professionals to make referrals directly to Community and Leisure Centres. Currently PARS are delivered across 11 councils and in approximately 58 centres throughout Northern Ireland.

A specification for delivery of PARS is provided in **Appendix 1**.

## Appendix 1

### Physical Activity Referral Scheme (PARS) Specification (May 19)

#### Aim

To provide a 12 week Physical Activity Referral Scheme (PARS) which adheres to regional standards and guidelines for Level 111 exercise referral programmes.

#### Objectives

- To offer a high quality PARS within each Council area.
- To support clients in meeting the CMO physical activity recommendations for adults and older people.
- To improve the physical and mental health of clients participating in the scheme.
- To increase the long term adherence in physical activity of clients.

#### Inclusion Criteria for PARS

Clients must be:

- 19 years or over and
- Inactive (not currently meeting the PA guidelines of 150 minutes of moderate activity or 75 minutes of vigorous activity per week) and
- motivated to change.

In addition only the clients who fit within the following criteria should be referred:

- Obese (with a BMI of  $\geq 25\text{kg/m}^2$  and  $< 40\text{kg/m}^2$ ) and have one or more of below:
  - Hypertension
  - Hyperlipidaemia
  - Impaired glucose levels or diabetes
  - Family history of heart disease
  - Asthma, bronchitis or COPD
  - Musculoskeletal conditions
  - Mild or moderate mental health conditions.

#### Absolute Contraindications to Exercise

The referrer must confirm that the client has no absolute contraindications to exercise.

Patients with any absolute contraindications should not exercise until such conditions are stabilised or adequately treated.

#### Hours of Service

A PARS should be available to clients across a range of days/times including evenings and weekends.

## Service Requirements

1. Referrals will be received from a range of registered health professionals (HSC NI employees and GP practices) for clients who meet the Inclusion Criteria for PARS and have no absolute contraindications to exercise. All referrals will be made electronically via CCG.
2. Providers should work closely with HSC physical activity specialists and key referral partners to promote sustainable partnerships and encourage uptake of the programme.
3. Clients will be offered the opportunity to participate on a group basis appropriate to their needs, however 1-1 support may be offered on exception.
4. Providers must offer a choice of activities to suit all clients such as gym, group based activities (e.g. circuit based, Pilates, aqua aerobics), walking, cycling and any other activities which may be appropriate to the client's needs and abilities.
5. Clients must not be charged by the provider for participation in this scheme.
6. Targets and funding for delivery of the scheme will be agreed locally between local PHA teams and providers.
7. All clients should have a consultation at weeks 1, 4, 8 and 12.
8. Providers will be expected to fully utilise the PARS IT system. Training and a user manual will be provided on this system.
9. Supervision/support for clients will depend on the client's needs and risk stratification. As a minimum all clients should be supervised twice a week for the first four weeks. Supervision should include up to one hour of contact with the client in each supervised session.
10. Supervision is determined as group contact ensuring everything is done correctly during the activity and appropriate support is provided. On exception supervision may be 1-1.
11. Clients should be monitored appropriately throughout the period of exercise and during engagement with the service.
12. Once the client completes the programme or exits, feedback should be sent to the referrer using the appropriate documentation.
13. Follow up will take place with a sample of clients once they complete or exit the scheme. This will be undertaken by PHA Health Intelligence Staff as part of the evaluation of the scheme.
14. Providers and exercise professionals must participate in the evaluation of PARs as required.
15. Providers must ensure the provision of relevant monitoring and evaluation information and adhere to PHA Service and budget agreement requirements.
16. All providers must adhere to any protocols and guidelines provided by PHA and amend practice upon receipt of these as required.
17. It is the provider organisations responsibility to ensure that all exercise professionals;
  - hold recognised and approved qualifications for their profession as a minimum, Wright Foundation qualification in Level 3 exercise referral and other qualifications depending on the specific client group with which they are working
  - only cater for clients within their competencies and qualification level
  - are adequately covered by public liability insurance

- are registered with a relevant professional body e.g. The Register of Exercise Professionals (REPs) or CIMPSA.
- participate in ongoing regional training to enhance skills for the PARS e.g. motivational interviewing, mental health etc.
- hold a suitable up to date basic life support qualification and have a recognised first aid skills qualification.

*The specification will be updated following a full consultation on PARS. Any adaptation to the specification will also need to take cognisance of the impact of changing measures to address COVID-19.*