



Cynllun Atgyfeirio Cleifion
i Wneud Ymarfer Corff Cymru
Wales National Exercise
Referral Scheme (NERS)

Exercise Referral Study Day

NHS Scotland

Edinburgh

March 13th 2019

**National Exercise Referral Scheme Manager for Wales,
Welsh Local Government Association**



Cynllun Arfer Da Iechyd Cyhoeddus Cymru
Public Health Wales Good Practice Scheme



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CYMRU
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Iechyd Cyhoeddus
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Public Health
Wales



CLILC • WLGA



Llywodraeth Cymru
Welsh Government

Aims of Presentation



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My background leading to NERS

Why did WG invest in a LA delivered ERS

SLA Development

The barriers to change

RCT Evaluation Results

Impact of RCT Results

What is NERS

What is our performance like today

What does the future hold

Why Did Welsh Government Invest in a LA Delivered ERS



The National Institute for Health and Clinical Excellence (NICE) 2006 document highlighted that there was:

“insufficient evidence to recommend that use of Exercise Referral Schemes (ERS) to promote physical activity other than part of a research trial where their effectiveness can be evaluated.”

SLA Development



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- Audit and literature review
- Training contract
- Evaluation contract
- Support for local areas
- Local Service Level Agreements between Welsh Government and Local Authorities.

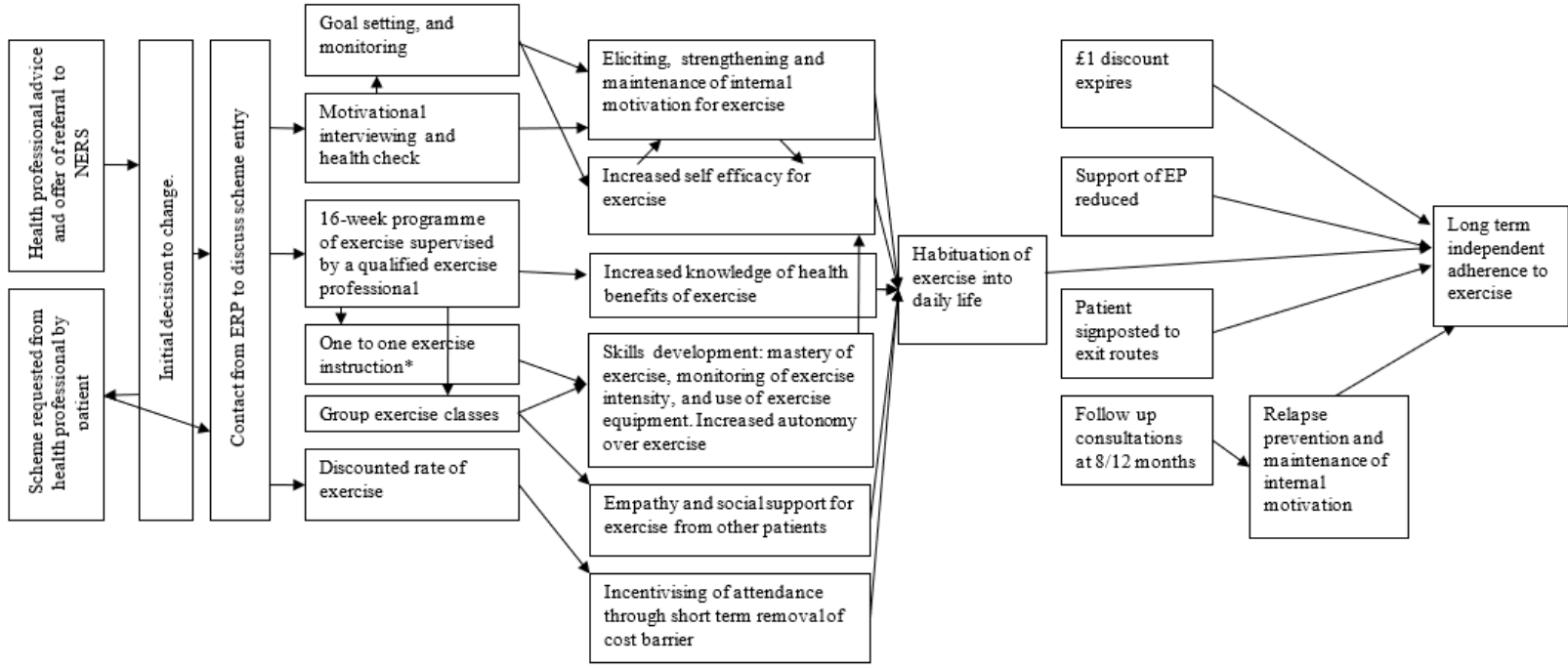


“What if we don’t change at all ...
and something magical just happens?”

Logic Model for NERS RCT Evaluation



Pre-scheme entry		0-16 weeks		16 weeks to 12 months		12 months plus
Programme activity	Out-come	Programme activity	Outcome	Programme exit routes	Outcome	Outcome



* anticipated to be minority activity, for patients who don't wish to enter under the group model

The Barriers to Change



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- Unwillingness to adopt standard protocol
- Reluctance to collect and upload the required dataset
- Reluctance of Health Professionals to refer to a Random Control Trial.
- Recruitment of qualified exercise referral instructors willing to undertake another exercise referral qualification.
- Lack of understanding by Research team of the need to provide Motivational Interviewing and or Behavioural Change training for Exercise Referral Instructors delivering the programme.

The Barriers to Change



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It did feel like this a lot of the time whilst
NERS programme was in development



Mission Accomplished



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But it was worth it – we were successful

RCT Evaluation Results

- The conservative base case analysis was robust to a range of sensitivity analyses, leading to the conclusion that **NERS is 89% likely to be cost effective at just over £12,000 per QALY**, and for those who adhere to the full programme is likely to be **marginally cost saving (-£367 per QALY)**.
- The National Institute for Health and Clinical Excellence (NICE) has suggested that **interventions delivering a cost per QALY of under £20,000-£30,000 are likely to be an acceptable use of NHS resources**. Primary care referral to the National Exercise Referral Scheme falls well within this range and is potentially cost saving, particularly where participants pay a nominal fee per exercise class.

<http://wales.gov.uk/about/aboutresearch/social/latestresearch/?lang=en>

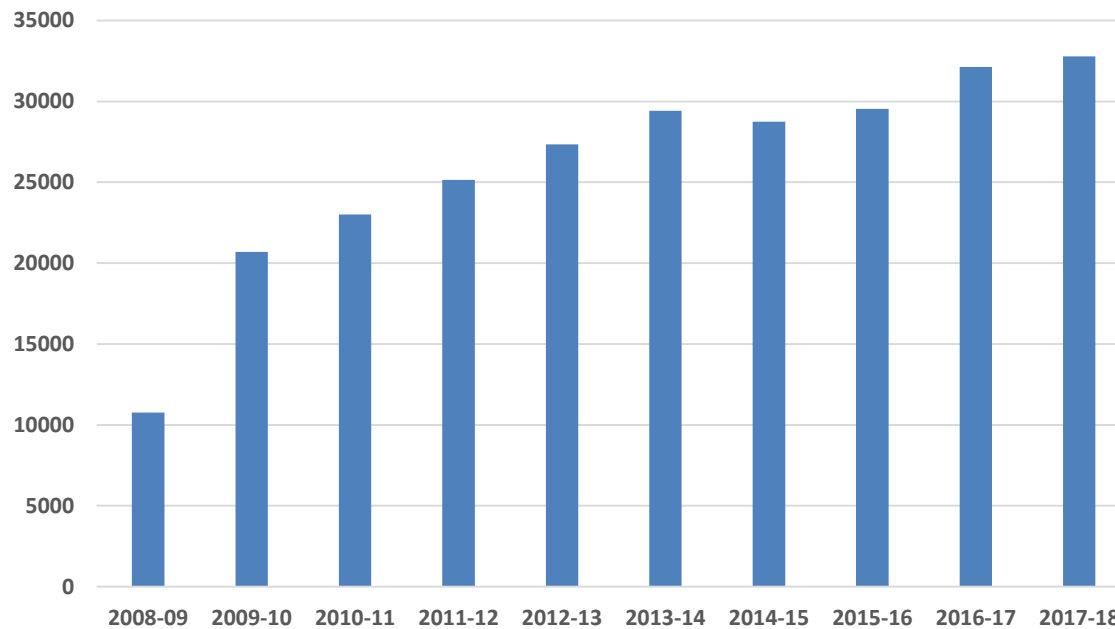
What impact did these results have on NERS delivery?

Referral Rate Year on Year Increase



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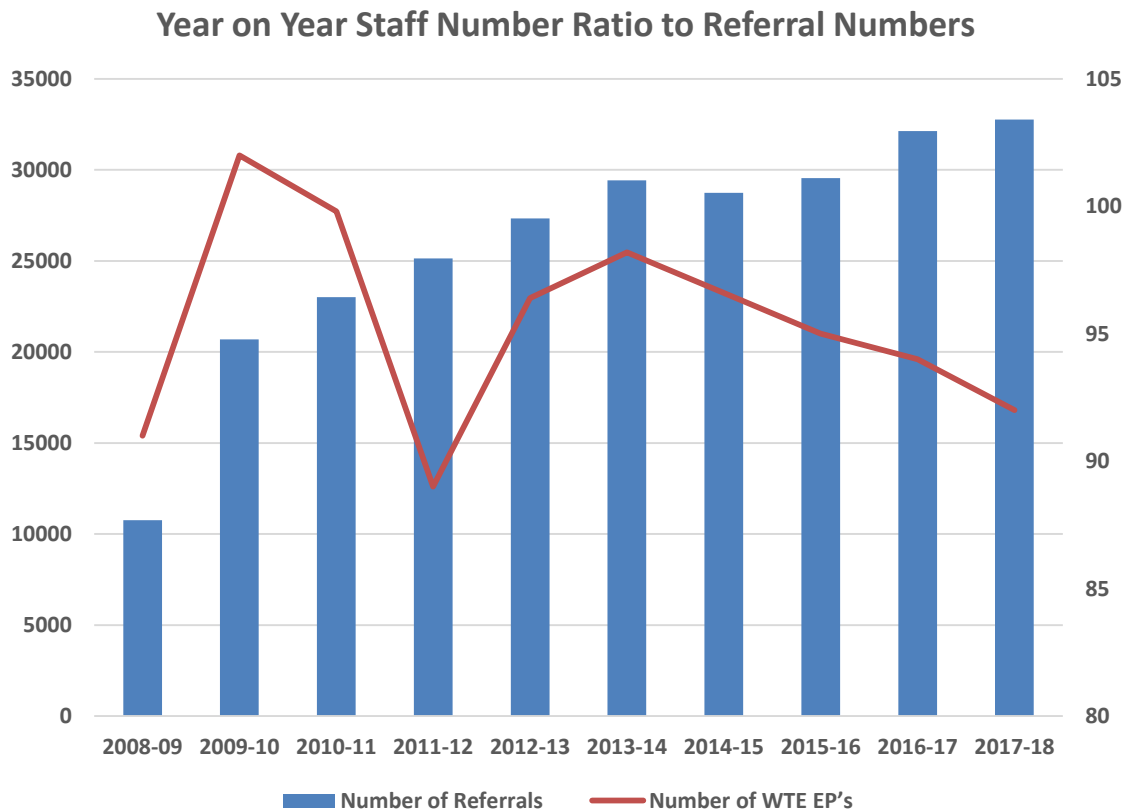
Year on Year Number of Referrals



Year on Year Staff Ratio to Referrals



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What is NERS



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NERS is an evidenced based health intervention that incorporates physical activity and behavioural change to support people in Wales to independently make and maintain healthier lifestyle changes, reducing the avoidable burden of preventable disease.

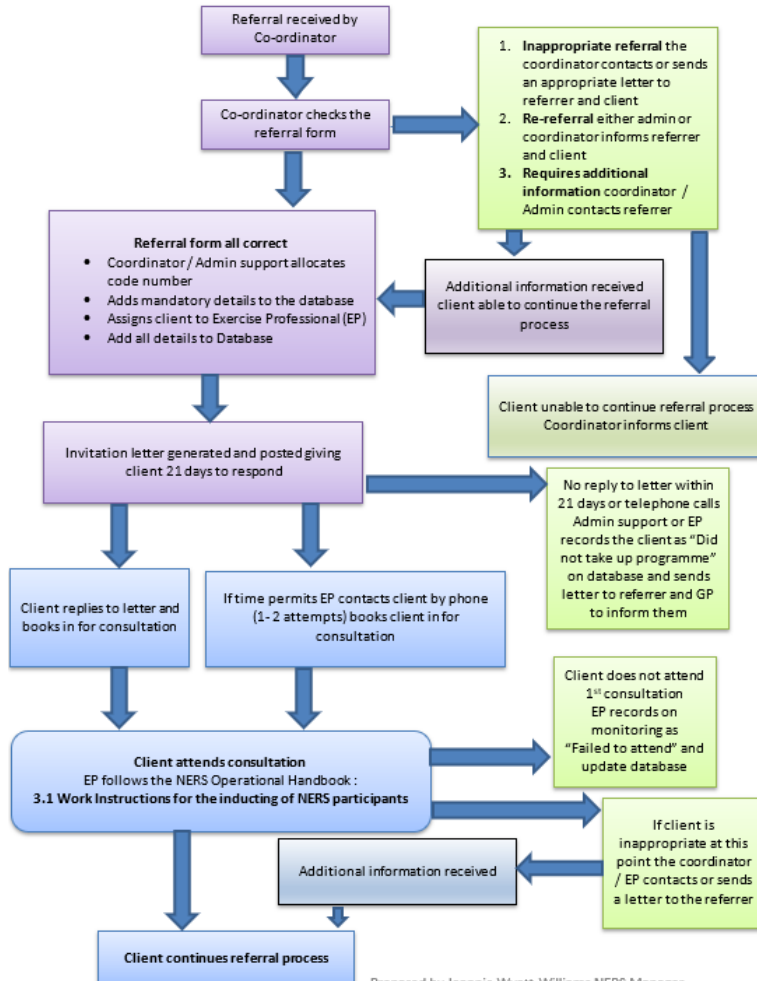
The two distinct but interlinked elements of NERS

- Exercise Professionals that are registered at Level 3 of Register of Exercise Professionals (REPs) provide 'generic' NERS sessions for 'low risk' population groups that need some support to increase fitness and reduce general risks of developing chronic conditions. (16-week programme)
- Exercise Professionals that are registered at level 4 are qualified to deliver more specialist NERS sessions for population groups deemed to be 'higher risk' and who need to undertake tailored exercise sessions as part of their rehabilitation following an intervention by the NHS or to manage a chronic condition and use physical activity as a means of secondary prevention (16-48 weeks)



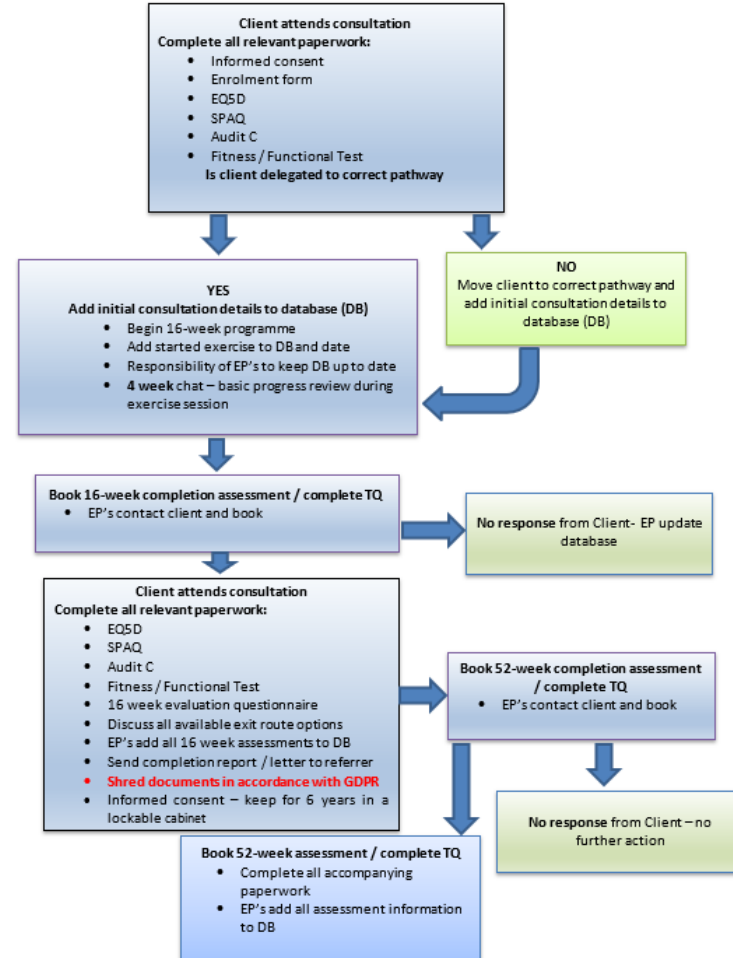
NERS Current Process Chart

Referral to 1st Consultation Process Flow Chart



Prepared by Jeannie Wyatt-Williams NERS Manager
April 2018

1st Consultation to completion Process Flow Chart



Prepared by Jeannie Wyatt-Williams NERS Manager
April 2018

What is the Aim of NERS



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To offer a high quality National exercise Referral Scheme that provides exercise opportunities for people at risk of chronic disease and “higher risk” populations.

- To increase the long term adherence in physical activity of clients.
- To improve physical and mental health of clients
- To ensure the scheme supports chronic disease pathways in Local health Boards.

Structure of NERS



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1 NERS Manager & 1 NERS Policy Support Officer employed by WLGA

**There are 22 Local NERS
Coordinators in Wales
1 for each Local Authority
area in Wales**

**There is a new research review
group being set up to re-visit
the Return on Investment of NERS**

**There is a joint WLGA
& PHW NERS
Management Team**



**92 whole time equivalent
Exercise Professionals
across Wales = 170 approx. EP's**

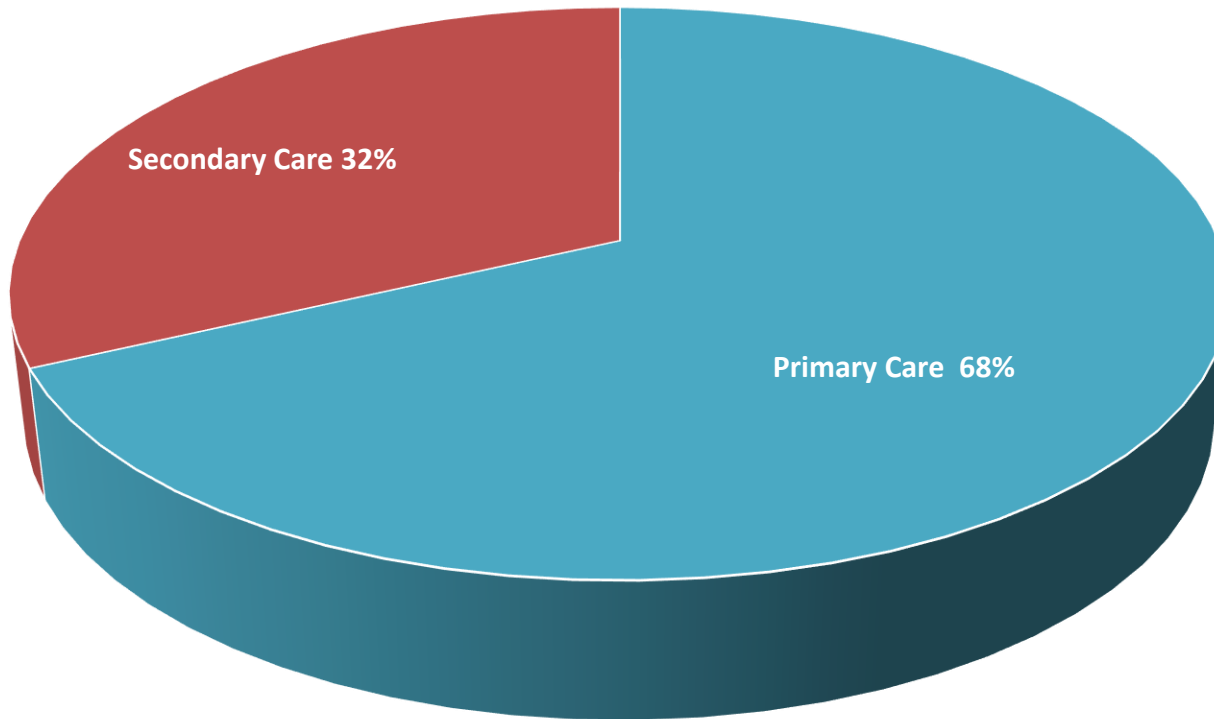
There is a Multi –Disciplinary /agency NERS Advisory Group

Referral Ratio



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2017-18 Primary/Secondary Care Referral Ratio

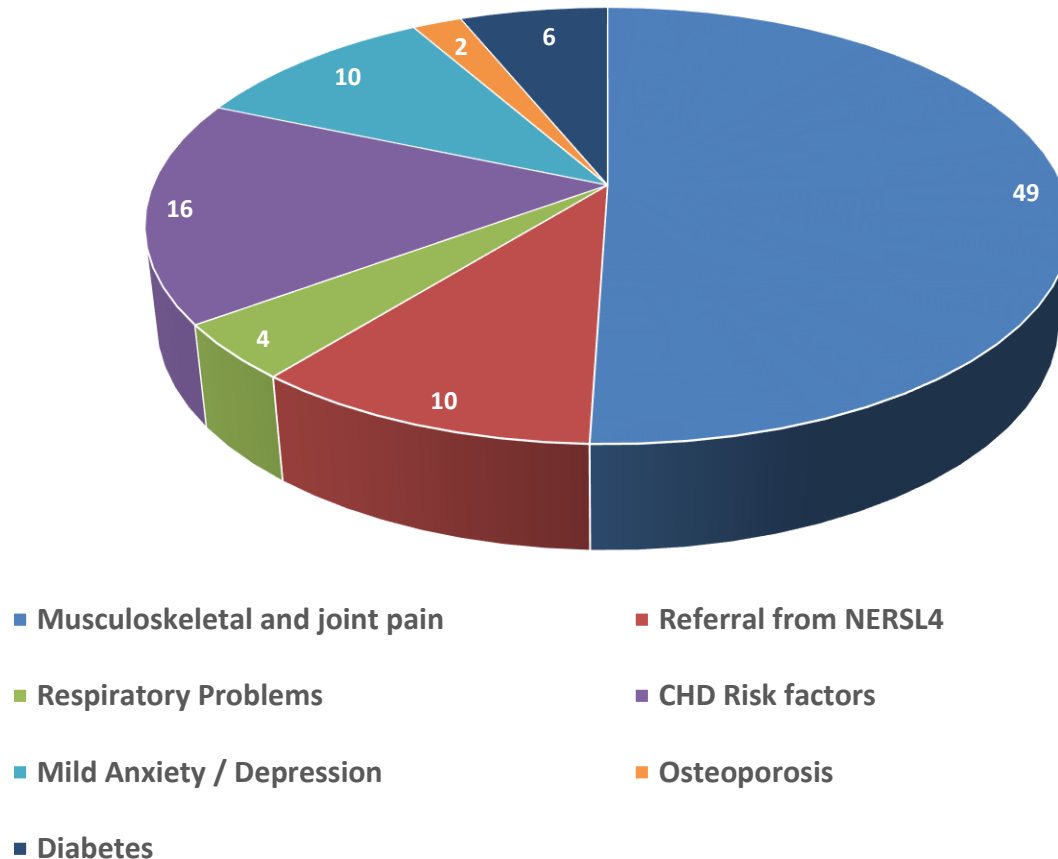


Generic Pathway Referral Ratio



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Generic Pathway Referral Criteria as % of Total Referred for each Criteria

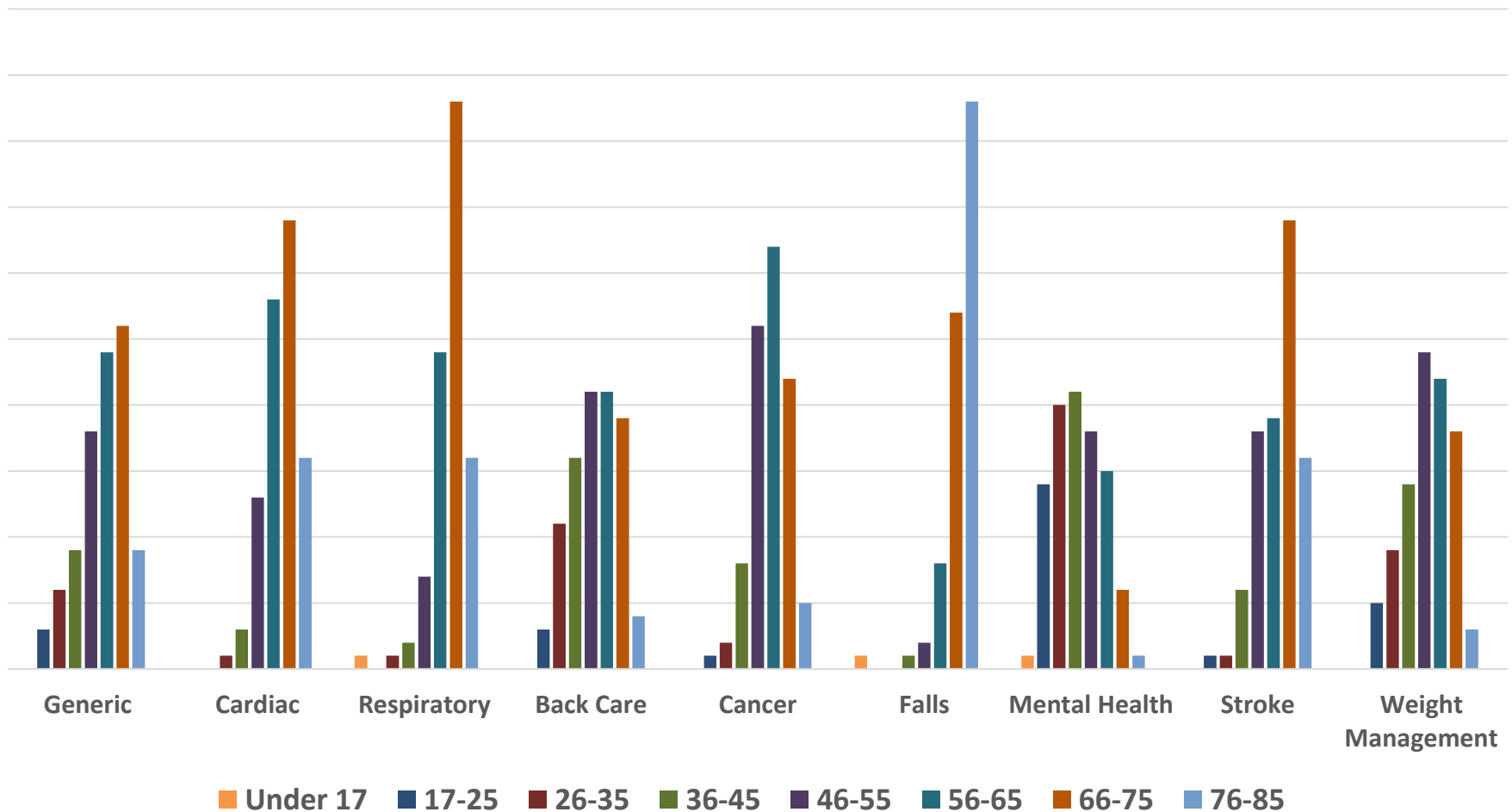


Age Range of Referrals



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Referral Age Ranges Comparison Across Pathways 2017-18

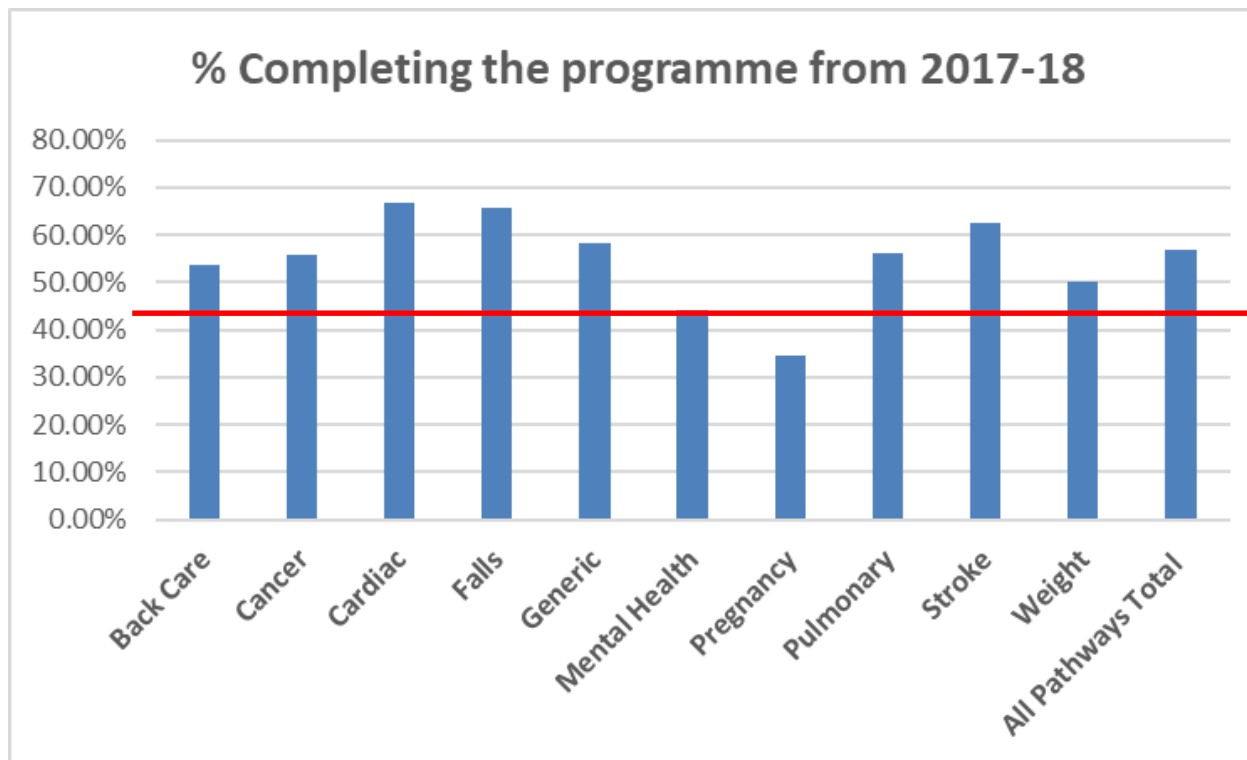


Current Performance



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Retention of Referrals made between April 1st 2017 and March 31st 2018



The red Line indicates the 44% retention identified by RCT as being cost saving

SPAQ Questionnaire



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Scottish Physical Activity Questionnaire (SPAQ)

The following questions relate to your physical activity over the **previous week**. Please mark in the appropriate box the number of minutes spent doing a particular activity. Please try and think carefully and be as accurate as possible with your answers and only include activities of either **moderate** or **vigorous** intensity. Examples are given of what should and should not be included.

✗	LIGHT INTENSITY - Your heart rate and breathing rate are no different from what they are when you are standing, sitting etc
✓	MODERATE INTENSITY - Your heart rate and breathing rate are faster than normal. You may also sweat a little. Brisk walking or sweeping and mopping are good examples of how you might feel
✓	VIGOROUS INTENSITY - Your heart rate is much faster and you have to breathe deeper and faster than normal. You will probably sweat. Playing football or squash are good examples of how you might feel

LEISURE TIME PHYSICAL ACTIVITY - Remember, do not include light intensity activities

In the **past week** how many minutes did you spend each day:

	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL
Walking outwith work? <i>DO include</i> ✓ e.g. walking to the shops, walking to work, walking the dog, stairwalking ✓ <i>DO NOT include</i> ✗ e.g. standing, sitting, driving, walking whilst at work ✗								
Manual labour outwith work? <i>DO include</i> ✓ e.g. cutting grass, decorating, washing car, DIY, digging ✓ <i>DO NOT include</i> ✗ e.g. weeding, planting, pruning ✗								
Active housework? <i>DO include</i> ✓ e.g. vacuuming, scrubbing floors, bed making, hanging out washing ✓ <i>DO NOT include</i> ✗ e.g. sewing, dusting, washing dishes, preparing food ✗								
Dancing? <i>DO include</i> ✓ e.g. only include time actually spent dancing ; disco, line, country ✓ <i>DO NOT include</i> ✗ e.g. time spent not actually dancing ✗								
Participating in a sport, leisure activity or training? <i>DO include</i> ✓ e.g. exercise classes, cycling, football, swimming, golf, jogging, athletics ✓ <i>DO NOT include</i> ✗ e.g. darts, snooker / pool, fishing, playing a musical instrument ✗								
Other Physical Activity if not already covered (please write in)								

PHYSICAL ACTIVITY AT WORK (Only complete if you are currently employed and remember not to include light intensity activities)

In the **past week** how many minutes did you spend each day:

	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL
Walking whilst at work? <i>DO include</i> ✓ e.g. walking up or down stairs, to and from your desk, "doing the rounds" ✓ <i>DO NOT include</i> ✗ e.g. standing, sitting at desk etc; i.e. time spent not actually walking ✗								
Manual labour whilst at work? <i>DO include</i> ✓ e.g. lifting, stacking shelves, climbing ladders, building work, cleaning ✓ <i>DO NOT include</i> ✗ e.g. sitting at desk, answering telephone, driving, check-out operation ✗								

Was last week typical of the amount of physical activity you usually do?

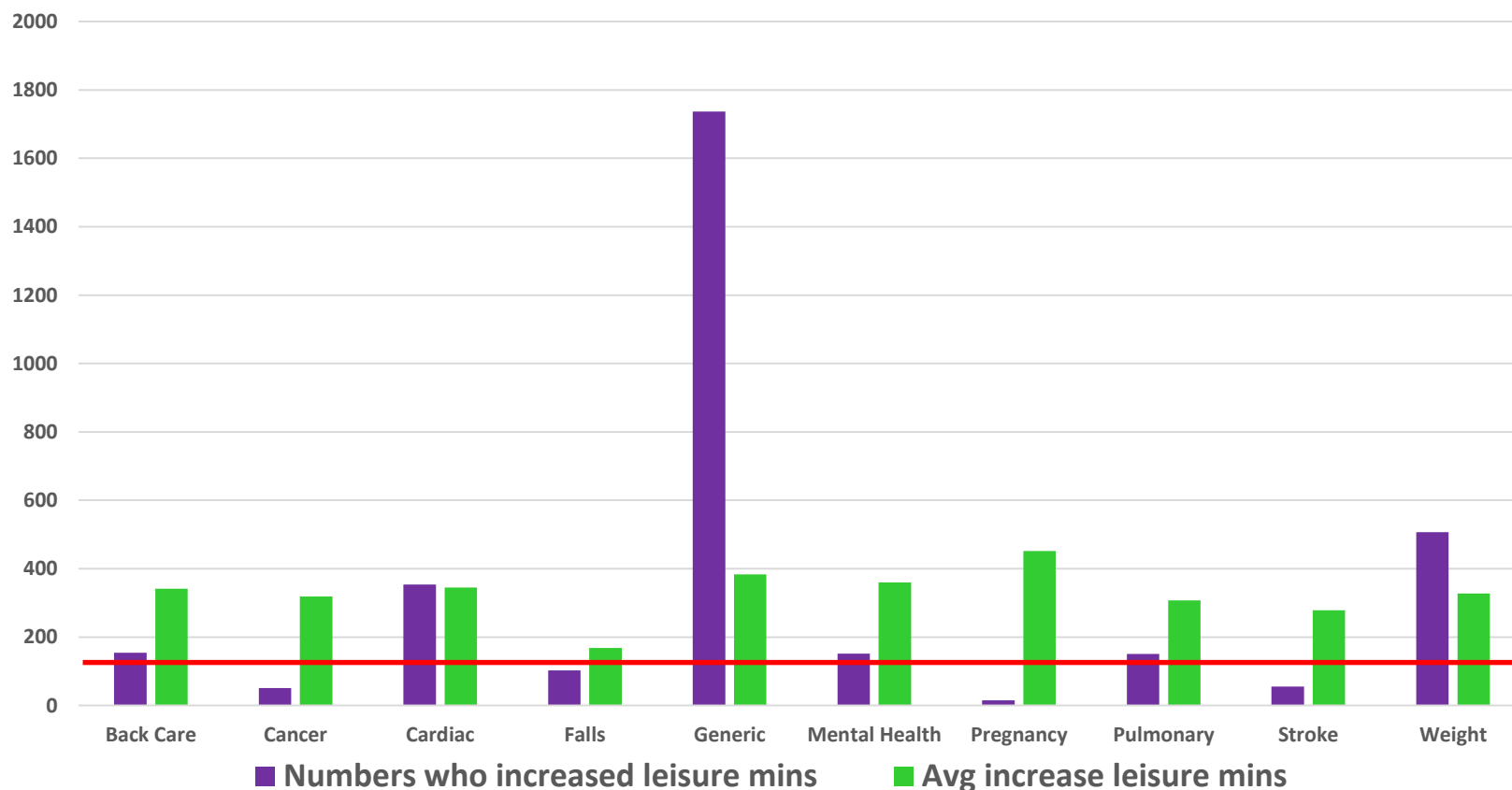
YES								TOTAL
NO - I usually do more		Normally, how much more?		Of which activity?				
NO - I usually do less		Normally, how much less?		Of which activity?				

SPAQ Results Overview



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All Wales, All pathways Numbers & Mean Average Increase in Leisure Minutes
Calculated from SPAQ Pre and Post data
2017-18



The red line indicates the CMO's 150 minutes Leisure Minute weekly target

EQ5D Questionnaire



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EQ-5D is a standardised measure of health status developed by the EuroQol Group in order to provide a simple, generic measure of health for clinical and economic appraisal.

https://euroqol.org/wp-content/uploads/2016/09/EQ-5D-5L_UserGuide_2015.pdf



EQ5-D QUESTIONNAIRE

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

MOBILITY	
I have no problems walking about	<input type="checkbox"/>
I have slight problems in walking about	<input type="checkbox"/>
I have moderate problems in walking about	<input type="checkbox"/>
I have severe problems in walking about	<input type="checkbox"/>
I am unable to walk about	<input type="checkbox"/>



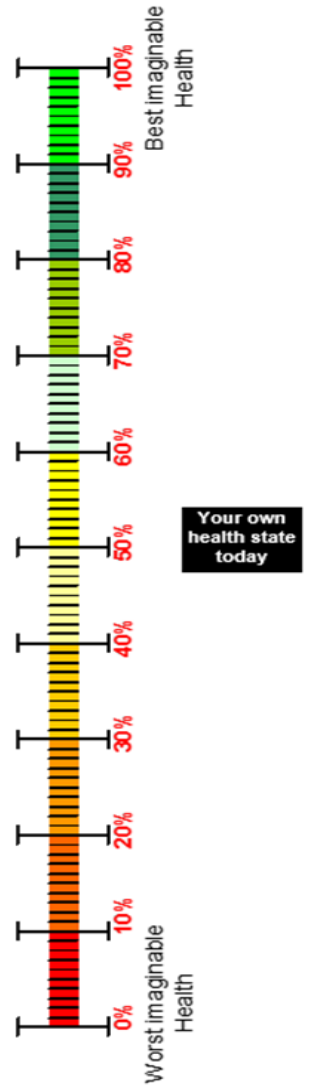
SELF CARE	
I have no problems washing or dressing myself	<input type="checkbox"/>
I have slight problems washing or dressing myself	<input type="checkbox"/>
I have moderate problems washing or dressing myself	<input type="checkbox"/>
I have severe problems washing or dressing myself	<input type="checkbox"/>
I am unable to wash or dress myself	<input type="checkbox"/>

USUAL ACTIVITIES	
I have no problems doing my usual activities	<input type="checkbox"/>
I have slight problems doing my usual activities	<input type="checkbox"/>
I have moderate problems doing my usual activities	<input type="checkbox"/>
I have severe problems doing my usual activities	<input type="checkbox"/>
I am unable to do my usual activities	<input type="checkbox"/>

PAIN / DISCOMFORT	
I have no pain or discomfort	<input type="checkbox"/>
I have slight pain or discomfort	<input type="checkbox"/>
I have moderate pain or discomfort	<input type="checkbox"/>
I have severe pain or discomfort	<input type="checkbox"/>
I have extreme pain or discomfort	<input type="checkbox"/>

ANXIETY / DEPRESSION	
I am not anxious or depressed	<input type="checkbox"/>
I am slightly anxious or depressed	<input type="checkbox"/>
I am moderately anxious or depressed	<input type="checkbox"/>
I am severely anxious or depressed	<input type="checkbox"/>
I am extremely anxious or depressed	<input type="checkbox"/>

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box above to whichever point on the scale indicates how good or bad your health state is today.

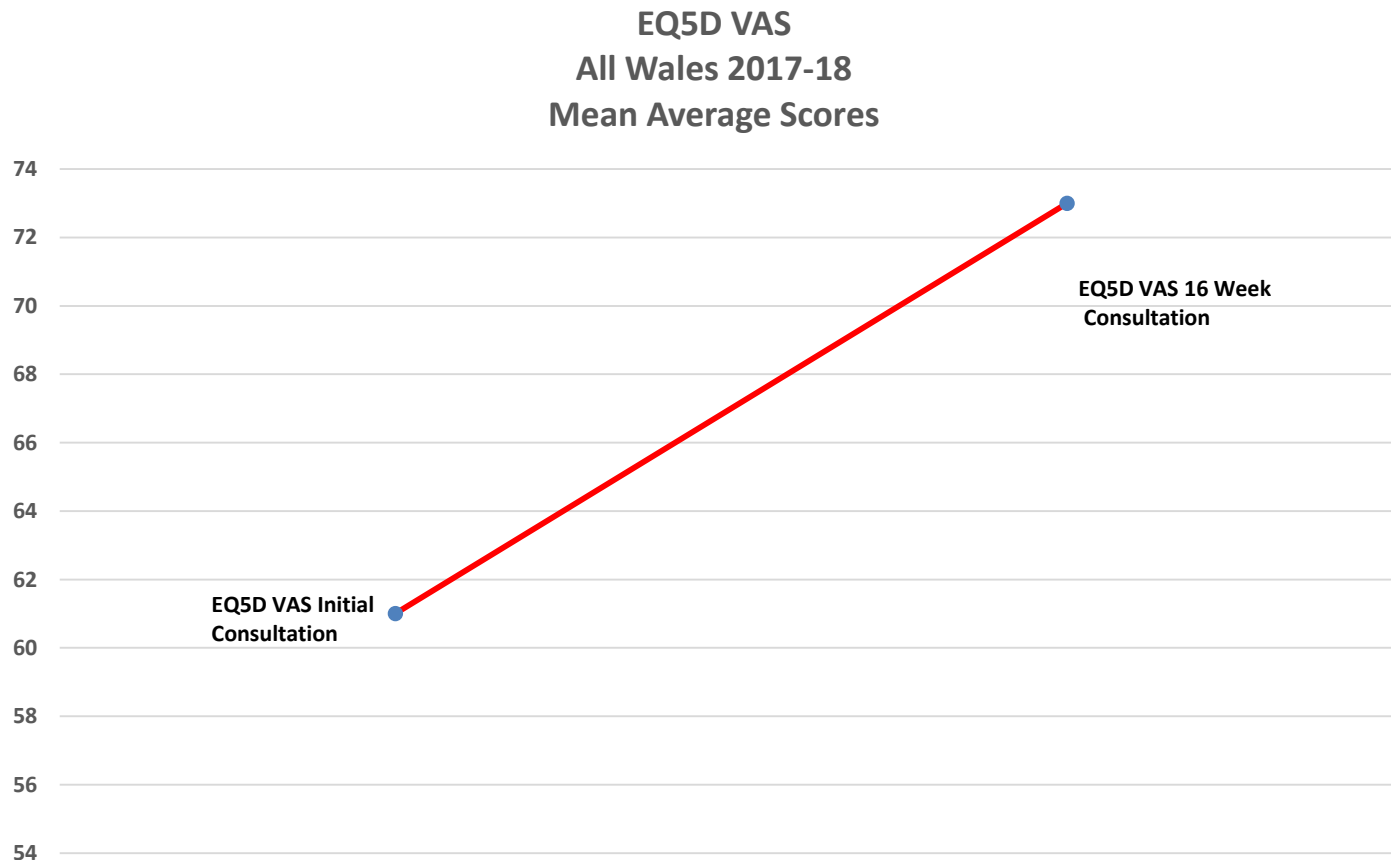


All Wales all Pathways Mean Average EQ5D Results



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EQ5D VAS Score relates to the 0-100 Scale as shown on the EQ5D Questionnaire that clients complete- the increase here of 12 points is seen as a significant improvement for future health outcomes.

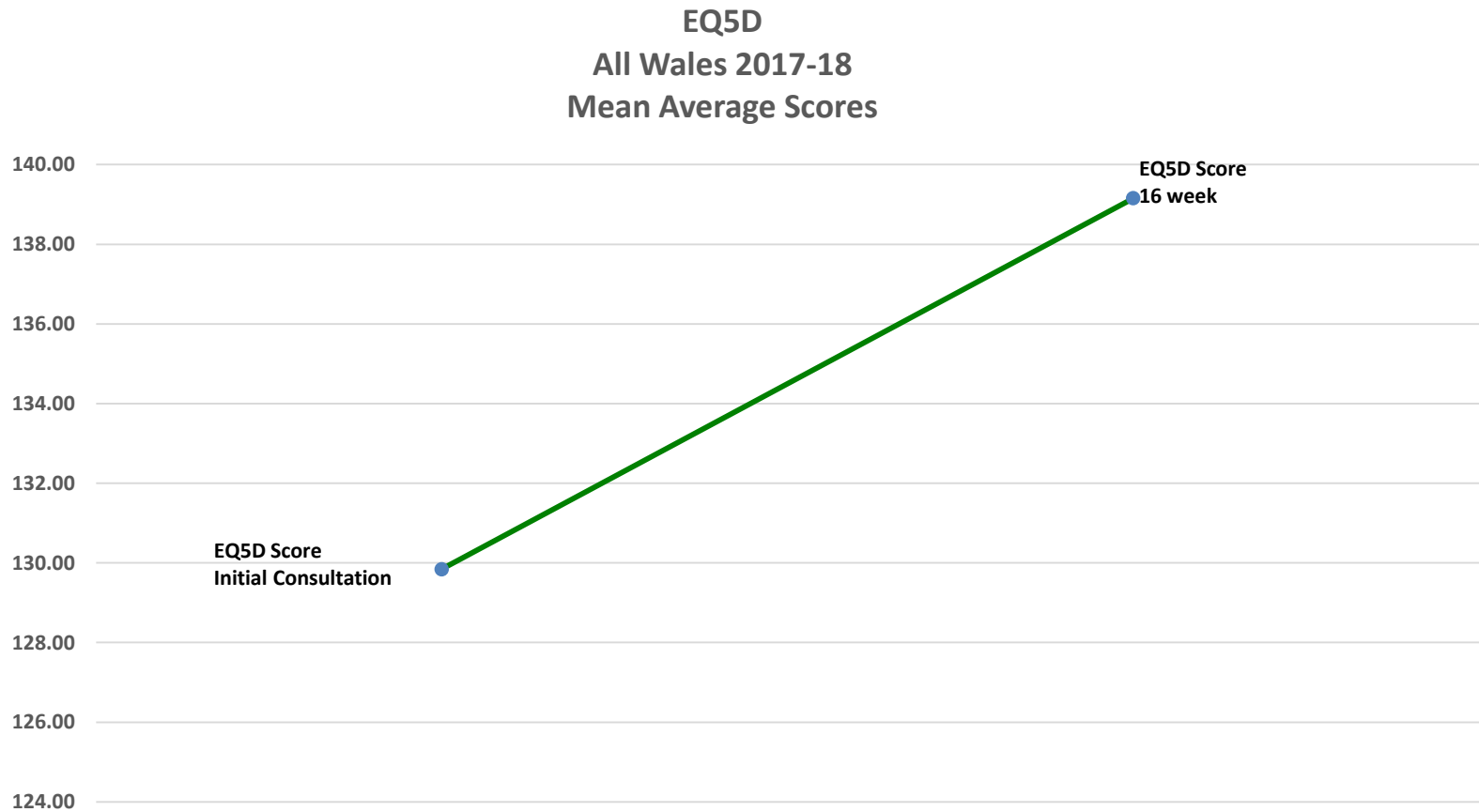


All Wales all Pathways and Mean Average Results



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EQ5D Score relates to the actual scores as calculated by the NERSDB internal algorithm.

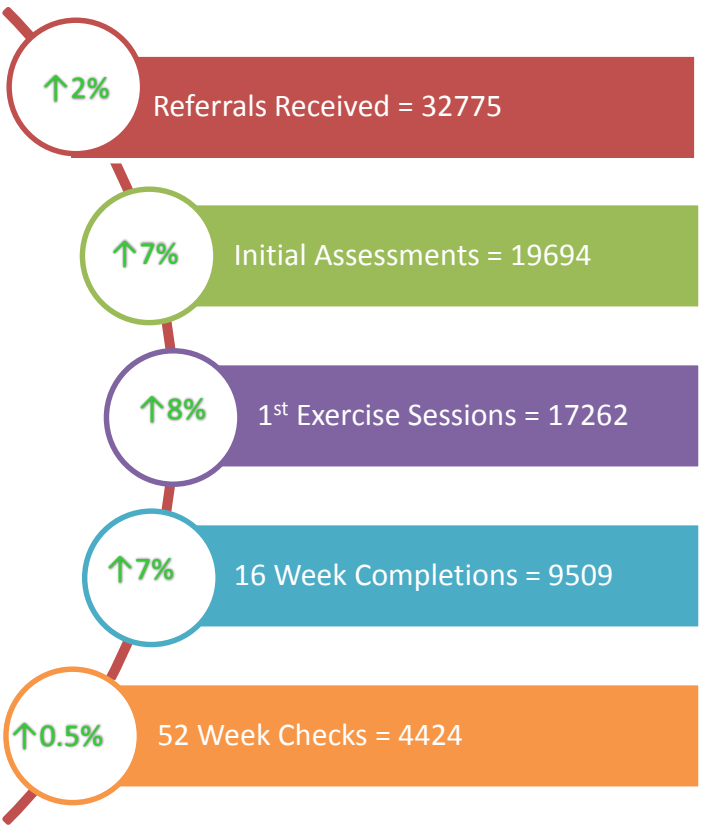


All Wales Infographic 2017-18



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All Wales figures and percentage difference from 2016-17 to 2017-18



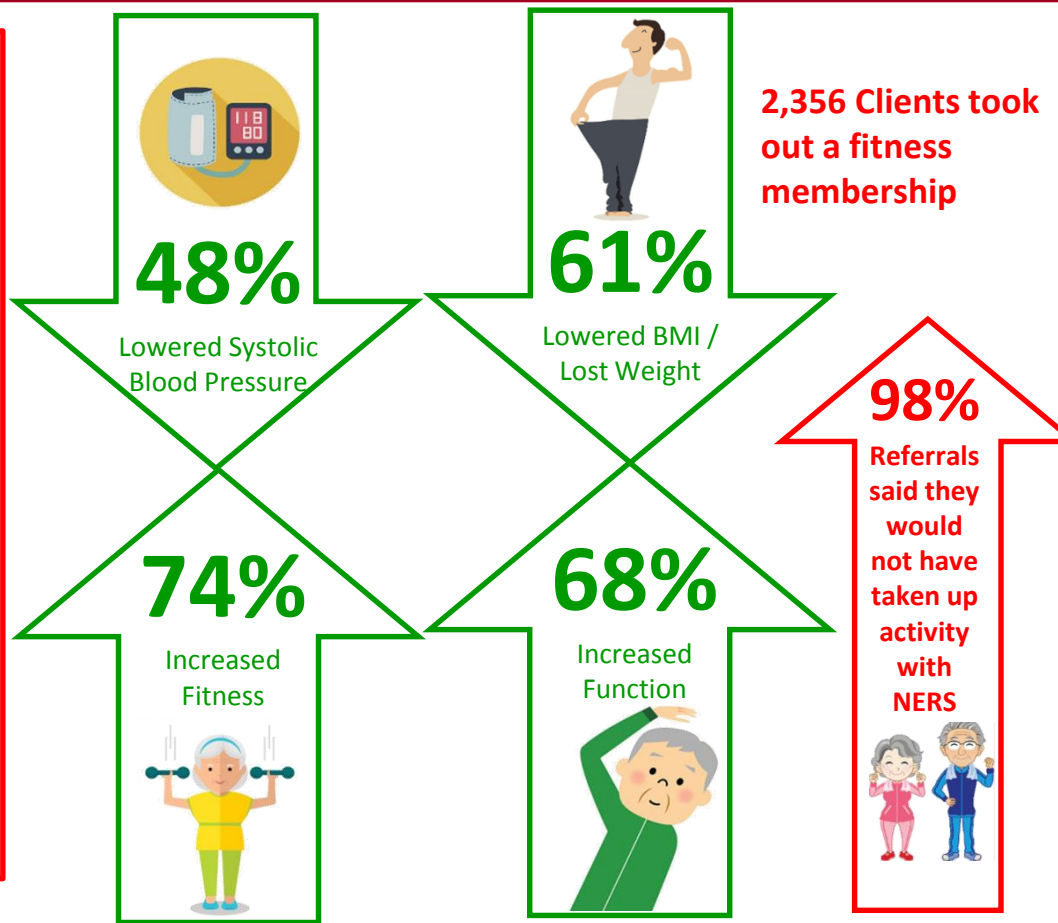
56%
of referrals were female

44%
of referrals were male



52%
of our referrals were for the generic NERS programme

48%
of our referrals were for a chronic health condition

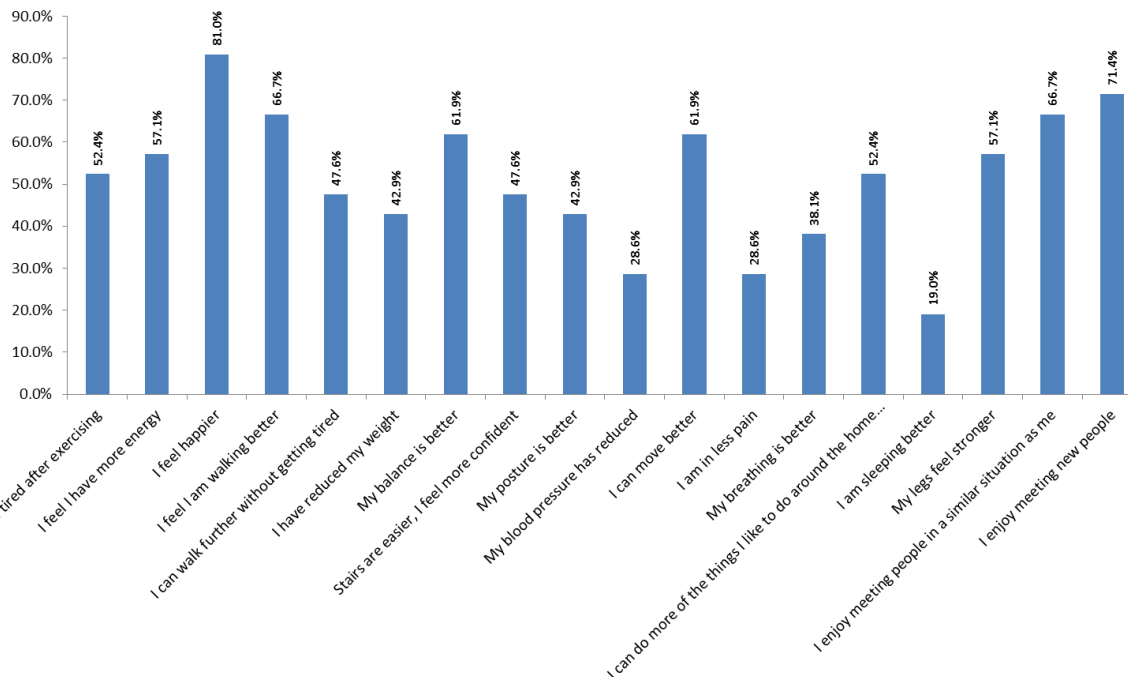


2017-18 Participant 16 Week Evaluation Questionnaire



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Please tick as many statements as you feel are true of how you feel since you have been exercising regularly



100%

Said that they felt safe and comfortable whilst exercising.



86.7%

Felt that their programme was reviewed regularly.



100%

Felt that the session time suited them.



94.7%

Felt that they received enough information about opportunities for exercise in the future.



100%

Felt that they received enough information about NERS before starting.



100%

Said that their experience of being on the programme was a positive one.

100%

Said that other staff they came into contact with made them feel welcome.



Results taken from sample 16 week evaluation questionnaires

What does the future hold



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- Increased collaboration with health- integrated pathways
- Seeking an increase and longer term funding for NERS
- Publishing more collaborative research papers to support the evidence of NERS and it's Return On Investment.



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Many thanks for listening

Any questions

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Website: <http://wlga.cymru/national-exercise-referral-scheme-ners>
<http://wlga.wales/national-exercise-referral-scheme-ners>

Facebook: <https://www.facebook.com/National-Exercise-Referral-Scheme->



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