



Physical Activity Referral Learning Exchange

#### **NHS Health Scotland**

## **Morning Programme**

10:00	Registration
10:30	Welcome and Introduction Emma Berry, Path for All
10:40	Physical Activity Referral Taxonomy Update Dr Coral Hanson, Research Fellow, Napier University
11:10	CIMSPA Professional standards Colin Huffen, Head of Regulation and Standards, CIMSPA
11:40	Tea / Coffee Break
12:00	Local Intelligence Support Team Linking HSCP Data with Physical Activity Referral Jackie Burman, Principal Information Development Manager, NHS National Services Scotland
12:20	ReferAll Stu Stocks, Commercial Director, ReferAll
12:40	International Physical Literacy Association Dr Cara Shearer, PhD Researcher, Research Institute for Sport and Exercise Sciences at Liverpool John Moores University
13:00	Lunch and Networking



# Physical Activity Referral Learning Exchange

**Emma Berry** 

Senior Development Officer, Paths for All

Scotland's health Physical Activity Referral Learning Exchange

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Physical Activity Referral Taxonomy Update

Dr Coral Hanson, Research Fellow, Napier University

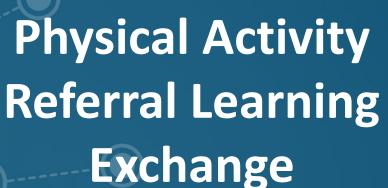
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Physical Activity Referral Learning Exchange

CIMSPA: Professional Standards

Colin Huffen, Head of Regulation and Standards, CIMSPA





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**Tea / Coffee Break** 

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Linking HSCP Data with Physical Activity Referral

Jackie Burman, Principal Information Development Manager, NHS National Services Scotland

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ReferAll

Stu Stocks, Commercial Director, ReferAll

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Literacy Association

Dr Cara Shearer, PhD Researcher, Research Institute for Sport and Exercise Sciences at Liverpool John Moores University





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Lunch and Networking

#### **NHS Health Scotland**

## Afternoon Programme

14:00	National Physical Activity Pathway Flora Jackson, Health Improvement Manager, NHS Health Scotland
14:20	Tiered Approach to Physical Activity Referral and Signposting Eileen McMillan, Senior Health Improvement Officer, NHS Health Scotland
14:40	Tea / Coffee Break
15:00	<b>Physical Activity Referral Standards</b> Dr Paul Kelly, Lecturer in Physical Activity and Healthy, Physical Activity for Health Research Centre (PAHRC) and Eileen McMillan, Senior Health Improvement Officer, NHS Health Scotland
15:45	Summing up and next steps
16:00	Session Close

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**National Physical Activity Pathway** 

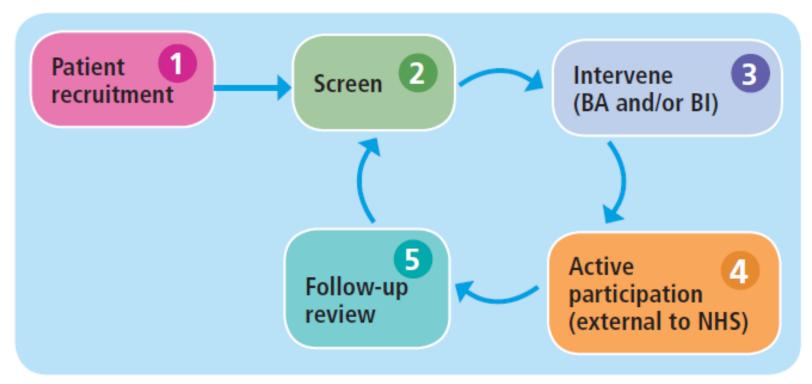
Flora Jackson, Health Improvement Manager, NHS Health Scotland



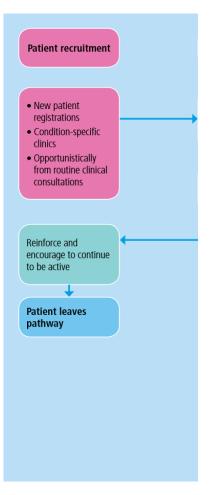
# The NHS National Physical Activity Pathway to Physical Activity Referral

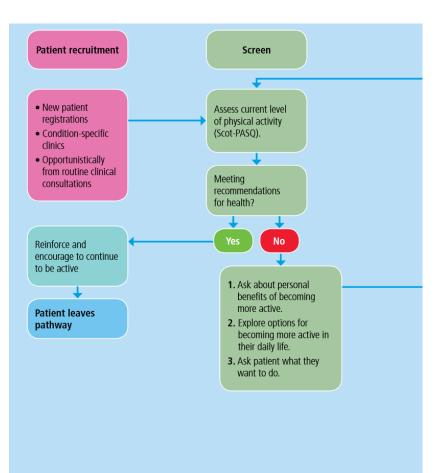
Flora Jackson NHS Health Scotland

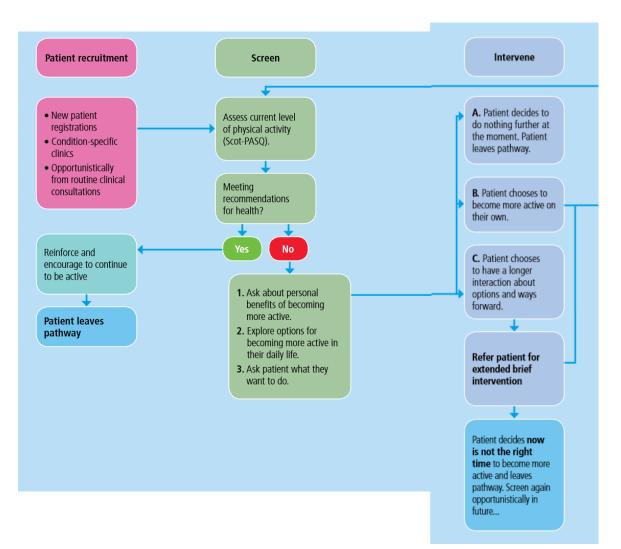
### **NHS National Physical Activity Pathway**

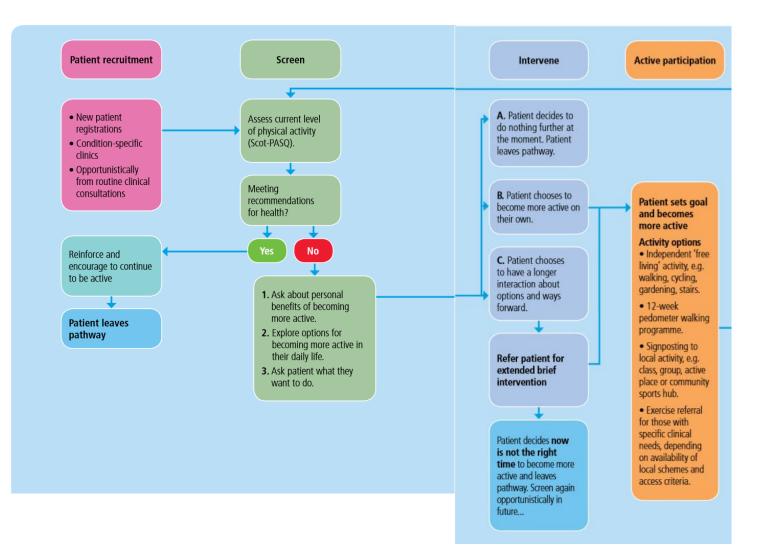


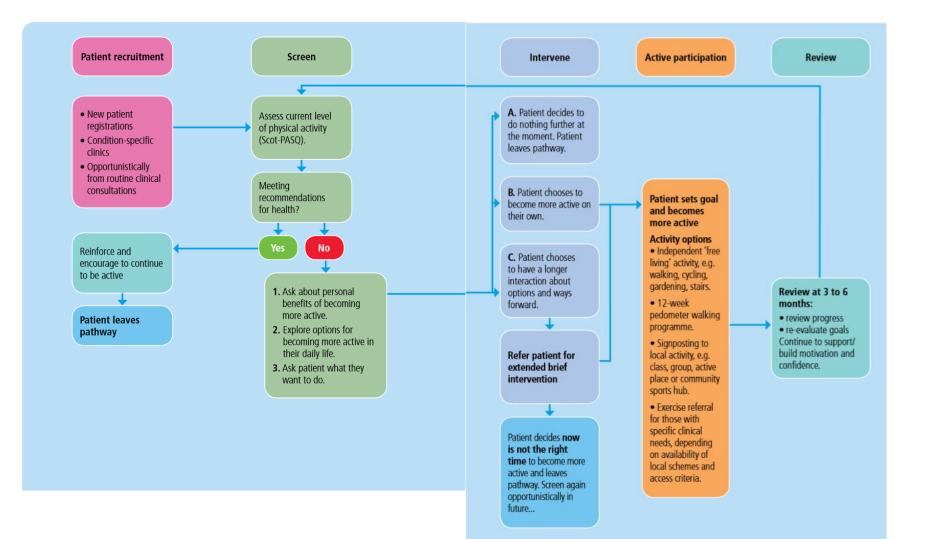
The cyclical nature of the National Physical Activity Pathway



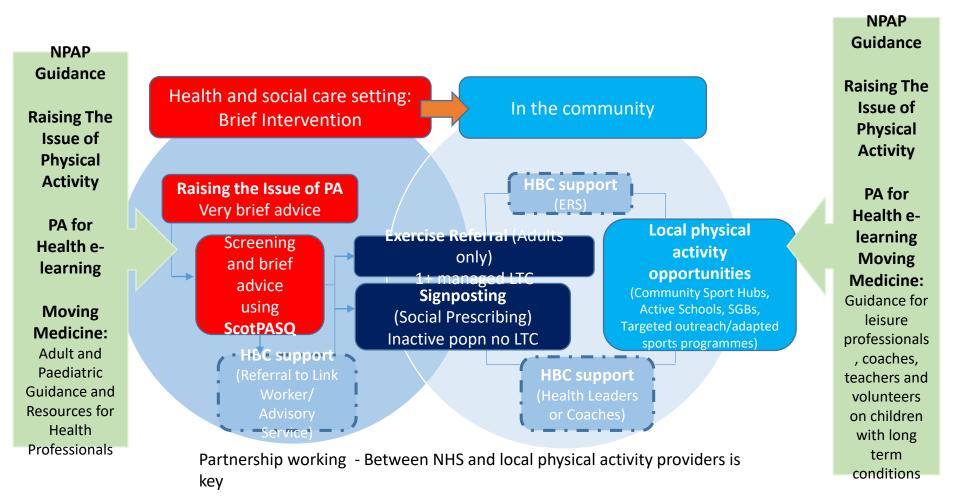








### **NHS National Physical Activity Pathway**



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Tiered Approach to Physical Activity Referral and Signposting

Eileen McMillan, Senior Health Improvement Officer, NHS Health Scotland



## Tiered Approach to Physical Activity Referral and Signposting

Eileen McMillan, Senior Health Improvement Officer, NHS Health Scotland



### **DRAFT** Tiered Approach to Physical Activity

<u>Tie</u>	r <u>Target Audience</u>	HCP Consultation	Physical Activity Delivery Method		<u>Deliverers</u>	<u>Workforce</u>
5	Meeting the CMO guidelines		Positive Reinforcement of Active Lifestyle		Anyone in direct contact with the general public	
4	Inactive* but otherwise healthy people in contact with health and social care	Very Brief Interventions		S o c i a	Anyone in direct contact with the general public	Informed
3	Inactive* with, or at risk of, one or more controlled long-term conditions and DO NOT NEED behaviour change support for physical activity	Brief Interventions	Physical Activity Programme Self-management with low level of support and no explicit health behaviour	I P r e s c r i	Staff / volunteers with the opportunity to encourage and support people whose health andwellbeing could be at risk	Skilled
2	Inactive* with, or at risk of, one or more controlled long-term conditions and NEED behaviour change support for physical activity	Extended Brief Interventions		b i n g	Staff in regular contact with inactive people with, or at risk or developing, one or more controlled long-term condition	CIMPSA standards (i.e. inactive and long-term conditions)
1	Poorly controlled or unmanaged conditions such as cardiac, pulmonary, stroke or cancer	High Intensity Interventions	Clinical Pathway Exercise rehabilitation		Specialist practitioners	Expert
* Not meeting the Chief Medical Officers physical activity guidelines as assessed by SCOTPASQ						



## Tier definitions

#### Tier 1: Exercise rehabilitation

An exercise rehabilitation programme usually for a person with an unstable long term condition, who requires a full supported physical activity intervention with explicate health behaviour change element. Provided by expert clinical staff.

#### **Tier 2: Physical activity Referral Scheme**

A physical activity scheme for a person who is inactive with a long term condition or at risk of, who requires supported physical activity participation with explicate health behaviour change element. Provided by skilled staff complying with inactive and LTC CIMSPA standards.

#### Tier 3: Physical activity programme

A physical activity programme for a person who is inactive with a long term condition or at risk of, who requires little to no support to participate in physical activity and has no explicit health behaviour change element. Provided by skilled staff who are capable of managing LTC or those at risk of.

#### Tier 4: Physical activity signposting

A physical activity programme for a person who is inactive but otherwise healthy, who requires some encouragement to be more active. Staff will have a variety of qualifications but do not require HBC or LTC condition management training.

#### **Tier 5: Positive reinforcement**

No onward referral or signposting required.



#### **NPAP KSF Framework for HSC**

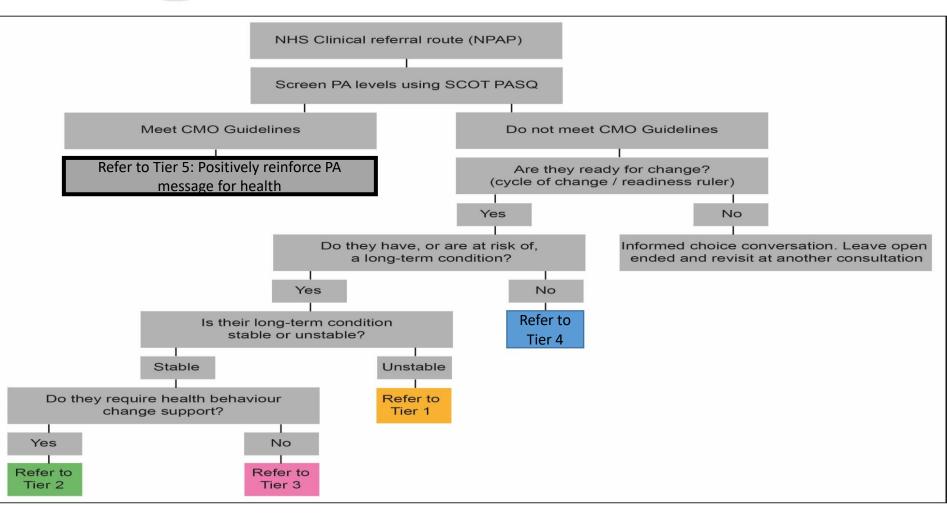
	What people need to know (knowledge)	What people need to do (skills)	Where people can access learning	
Informed	UK CMO Physical activity Guidelines Benefits of physical activity Risks of inactivity How to raise the issue of physical activity How to screen for inactivity Health behaviour change Inequalities	Deliver very brief physical activity advice	RIPA HEE PA Health eLearning module MAP Moving Medicine online resource Inequalities eLearning	
Skilled	Person centred physical activity advice Knowledge of how and where to signpost or refer HBC and appropriate techniques	Brief intervention	Motivational Interviewing Scottish Services Directory (ALISS) Physical activity areas lead contact	
Enhanced	Health behaviour change	Extended brief intervention	CIMSPA Professional Standards (Inactive and Long Term Conditions)	
Specialist	Clinical exercise	High intensity HBC interventions		



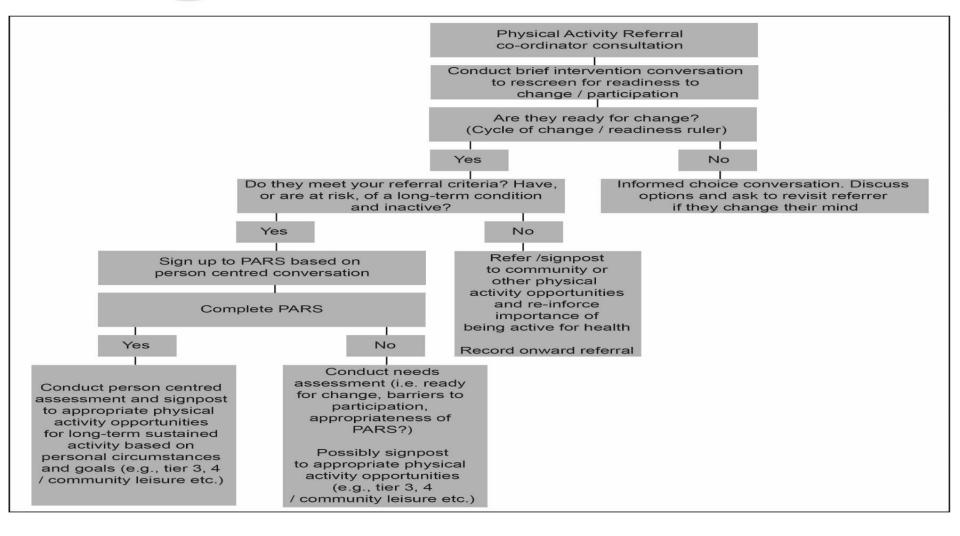
### NPAP KSF Framework for PA Providers

	What people need to know (knowledge)	What people need to do (skills)	Where people can access learning	
Informed	UK CMO Physical activity Guidelines Benefits of physical activity Risks of inactivity How to raise the issue of physical activity How to screen for inactivity Health behaviour change Inequalities	Deliver very brief physical activity advice	RIPA HEE PA Health eLearning module MAP Moving Medicine online resource Inequalities e-learning	
Skilled	Person centred physical activity advice Knowledge of how and where to signpost or refer HBC and appropriate techniques	Brief intervention	Scottish Services Directory (ALISS) Physical activity areas lead contact Motivational Interviewing HEE eLearning	
Enhanced	Health behaviour change enhanced skills and techniques	Extended brief intervention	CIMSPA Professional Standards (Inactive and Long Term Conditions) CIMSPA Level 3 and 4 approved qualifications (unless delivering low risk activities such as community based walking)	
Specialist	Clinical exercise	High intensity HBC interventions	CIMPSA Level 4 approved qualifications	













# Thank you!

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**Tea and Coffee Break** 

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Physical Activity Referral Learning Exchange

Physical Activity Referral Standards

Dr Paul Kelly, Lecturer in Physical Activity and Health, Physical Activity for Health Research Centre (PAHRC) and Eileen McMillan, NHS Health Scotland



## Physical Activity Standards Dr Paul Kelly and Eileen McMillan

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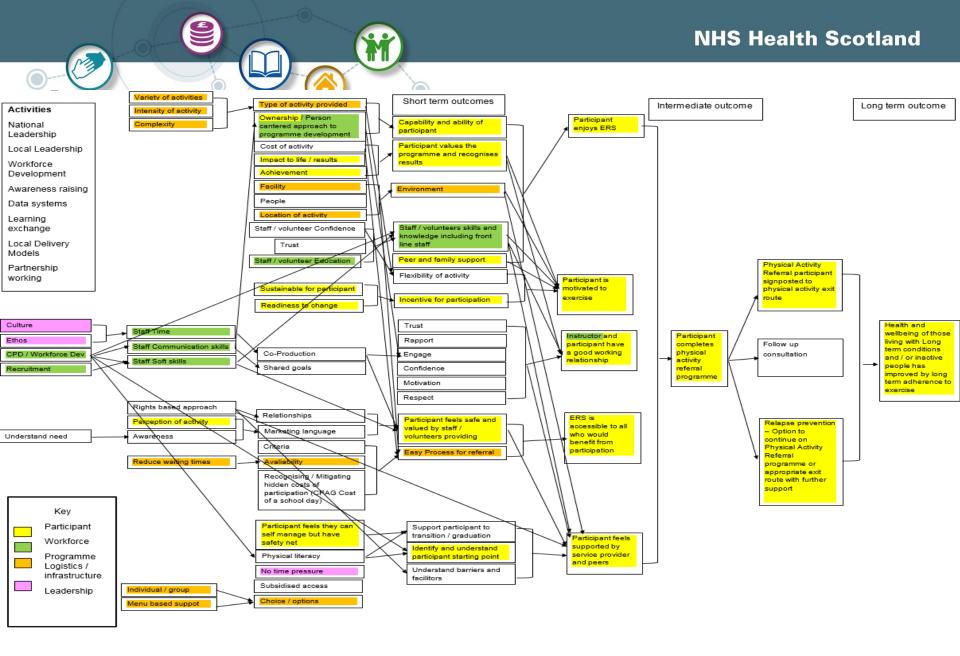
We asked, you said...

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#### **NHS Health Scotland**

Funding					
Referral		Start / Engagement		Enjoy	Complete / Graduate
Referral Criteria	Scheme open days (Monthly?)	Workforce Dev	Person		
Partnership / Relationship	(monting t)		Centred	Variety of activities	Peer support
between referrer and providers	Waiting times	Affordability		Workforce dev / CPD / Support / Resilience	Signposting
Data set	Non Engagers	Communication with participants		Social aspect	Price
Technology (Integrated to health system?)	Understand why? What is needed that is different?	Place and space of delivery		Feedback	HP / Refer feedback
Method of referral <ul> <li>Online</li> </ul>	More intense or different	Accessibility		Touch points <ul> <li>Encouragement</li> </ul>	Awareness of what is available and the process
Paper	intervention - Stage	Transport		Behaviour change Monitor         Meaningful / Valued participation         Consultation with participant	to refer
Referrer training /	<ul> <li>Need</li> <li>Rural</li> <li>Cost</li> <li>Text support</li> <li>Mental health support</li> <li>Online support</li> </ul>	Initial contact method			Internal and external pathways
understanding / awareness MI training		Phone     Letter     ??			Exit consultation
Pathway (If not ERS where?)		Measurement of engagement			Relapse prevention
Infrastructure Systems		Time of session		Satisfaction questionnaire	
Process				Tech support	
Assessment				Instructor relationship with client	
Who refers <ul> <li>Self</li> <li>HP</li> </ul>				People skills Recruitment process	
Care     3 <sup>rd</sup> sector				Quality over quantity	
Quality assurance / confidence					

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# What does good look like in physical activity/exercise referral in Scotland?

## What does good look like in physical activity/exercise referral in Scotland?

1. Effective Partnership working

2. NPAP embedded in HSCP for appropriate referral

3. CIMSPA Professional standards adhered to

4. Infrastructure within HSCP and PARs providers established to enable delivery

5. Minimum datasets embedded across schemes

6. Appropriate exit routes throughout process

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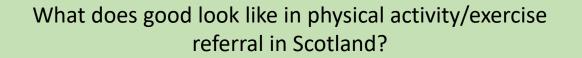
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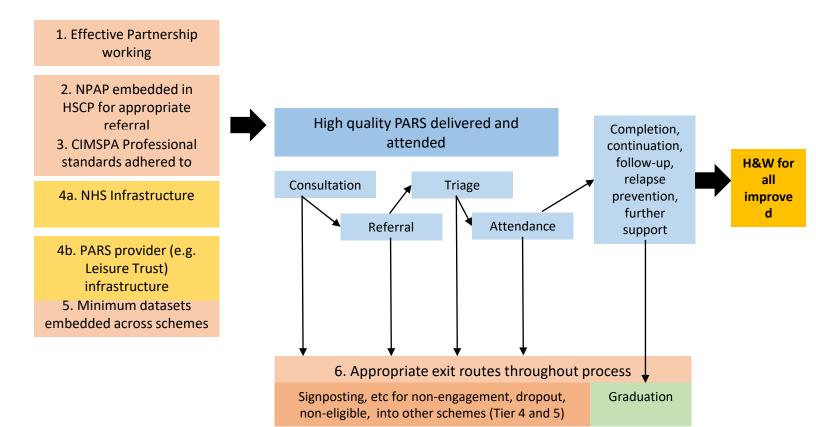
6. Appropriate exit routes throughout process

High quality PARS delivered and attended



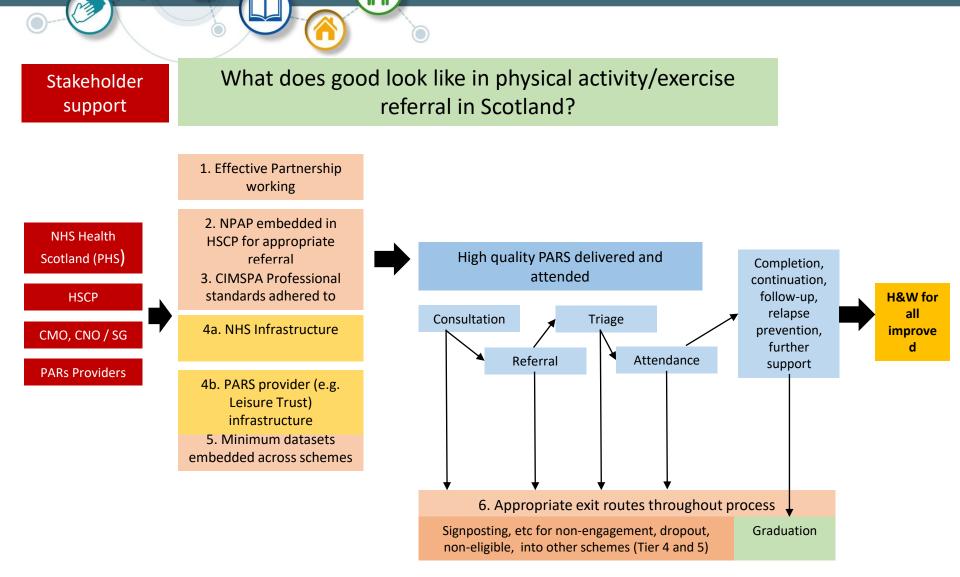
### How does this fit together?







### How do stakeholders support this?





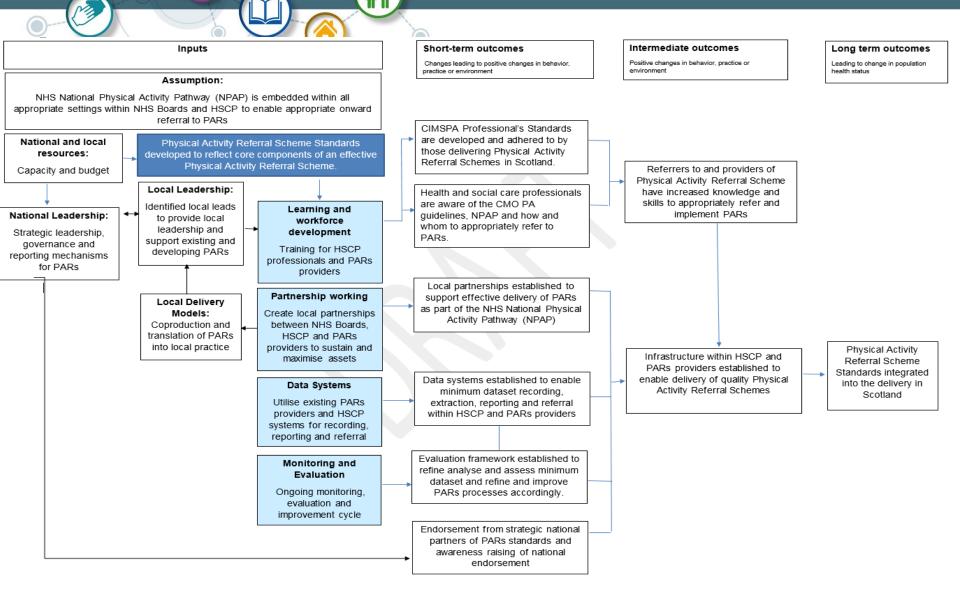


## How you can use in practice?



## National model

#### **NHS Health Scotland**





## Next steps



# Physical Activity Referral Learning Exchange

Summing up and Next steps

Emma Berry, Paths for All

**#ScotPARs** 





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Health Scotland

## Thank you!

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