Edinburgh Napier University

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Edinburgh Napier University 1st Cardiovascular Health Conference: A focus on physical activity interventions

Towards a better understanding of the active ingredients within Scottish exercise referral schemes

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BE THE DIFFERENCE

Reporting of ERS	Referral from HCP	Choice to uptake and stay at ERS	What is delivered FITT & BCT

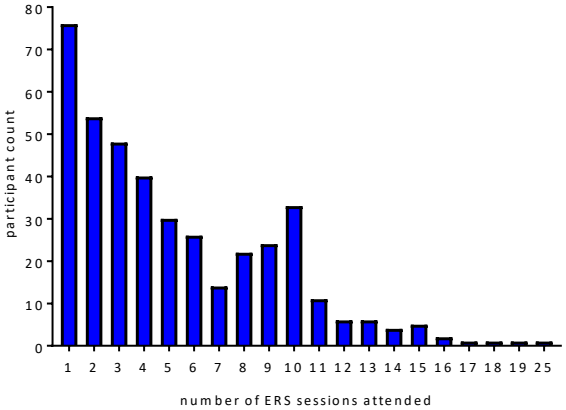
Outcome measures of exercise referral schemes might not be appropriate

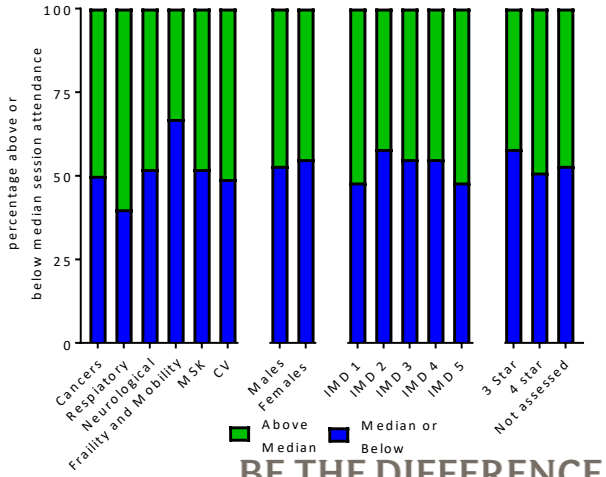
No review reported characteristics for participant who failed to take-up ERS
(Shore et al., 2019)

No statistical significant differences between participants classified as non-attenders or attenders.

Female, 65 >, SIMD 1/2, CVD

Reviews report the term adherence; understood as a reference to attendance. More appropriate term of attendance / session count
(Shore et al., 2019)



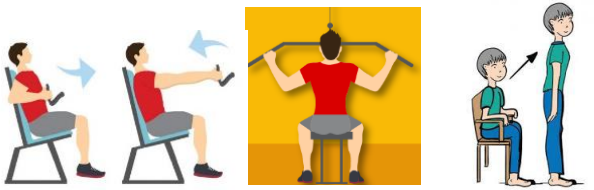


No review detailed the type of exercise prescribed and limited evidence on use of BCT to increase uptake, attendance and adherence. (Shore et al., 2019)

38 different types of exercise
4 (1-11) different exercises per session

2 (0-5) aerobic based
35 (5-54) min's per session
Moderate intensity

1 (0-9) resistance based
59% upper body
35% legs



The frequency, intensity, type and time of exercise prescription is to be safe based upon referred condition and comorbidities, however, **primary focus** of prescription is **improving activities of day living.**

Instructors use recognised BCT, however, use is not based in theory, rather ad-hoc and dependant on the developed relationship.

Health professionals (HCP) perspectives of PA promotion and referral to ERS

- Conflict - HCP's see themselves as role models / Are we medics or public health professionals?
- Decision making process for promotion & referral based on primary condition / Time, patient chaotic lives, more complex problems.
- Try and do more than you currently are / HCP personal knowledge
- Cardiovascular disease (Nurses) / Mental Health (GP's)
- ERS referral needs to be simple, easy, sustainable, **we need to know about it.**

Implications for practice and future work

Reporting of ERS	Referral from HCP	Choice to uptake and stay at ERS	What is delivered FITT & BCT

Current reporting makes it difficult to say what does or does not work for who and why – requirement for a consistent and minimum data set and reporting process.

Demographics not clear uptake* / early drop out* and prescription unlikely to have a physiological impact*

Are current outcomes measures (PA/health) the most appropriate

- *Inequalities: those going traditionally not reached by PA older, < SIMD, Female, Multimorbidities
- *Prescription is being prescribed to improve ADL – this is where ERS instructors and participants report having the greatest impact – QoL measures
- ***NEED** to understand why many drop out so early
- Data linkage – scheme attendance linked to NHS records pre and post (health literacy – are people now going to the right HCP?)

Thanks and questions

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Prof Gill Hubbard
Prof Trish Gorely
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Thank you to the staff and participants across the various exercise referral schemes