



Issues in Implementing a Policy Evaluation of the National Exercise Referral Scheme (NERS) in Wales



Authors: Larry Raisanen, Elaine McNish, Janine Hale, and Simon
Murphy, Laurence Moore



Typical Exercise Referral Schemes

- Run in leisure centres
- Referrals from health professionals
- Tailored physical activity programme, monitoring, and follow-up
- Time-limited
- ‘Exercise on prescription’
- Proliferation of schemes in the UK during the 1990’s *1
- Not usually evaluated well
- Standards of practice not typically followed



* 1 from an estimated 200 schemes in 1994 (Fox, Biddle et al. 1997) to 816 in 2004 (CSP 2004)

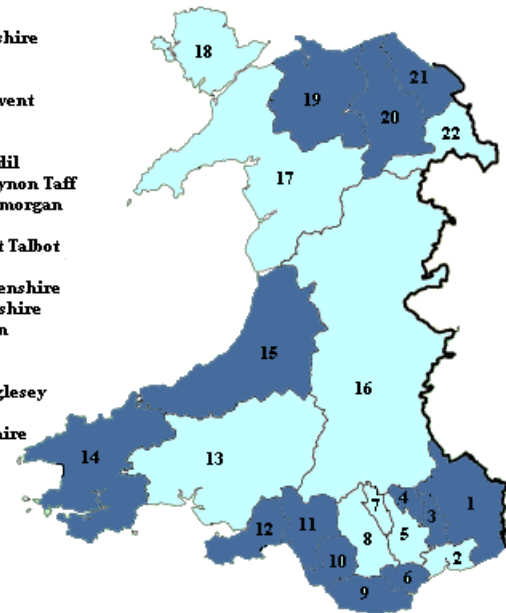


National Exercise Referral Scheme

- NERS funding is provided by Welsh Assembly Government
- Standardised referral criteria, format of delivery, staffing
- Seeks to increase physical activity
- Running in 13/22 local authorities
- 1 exercise coordinator per area
- Level 3 qualified exercise professionals
- Policy evaluation from start

Unitary Authorities of Wales

1. Monmouthshire
2. Newport
3. Torfaen
4. Blaenau Gwent
5. Caerphilly
6. Cardiff
7. Merthyr Tydil
8. Rhondda Cynon Taff
9. Vale of Glamorgan
10. Bridgend
11. Neath Port Talbot
12. Swansea
13. Carmarthenshire
14. Pembrokeshire
15. Ceredigion
16. Powys
17. Gwynedd
18. Isle of Anglesey
19. Conwy
20. Denbighshire
21. Flintshire
22. Wrexham





Reasons to evaluate

- NICE (2006) guidance
- Evidence from systematic reviews *2
- Ensure evidence-based policy
- Help secure future funding



* 1 from an estimated 200 schemes in 1994 (Fox, Biddle et al. 1997) to 816 in 2004 (CSP 2004)

*2 from (Morgan 2005, NICE 2006) suggest there is insufficient evidence that these changes can be effectively sustained over time



The evaluation of the NERS

- Evaluating a ‘social intervention’ using a pragmatic effectiveness trial
 - Findings highly dependent on real-world conditions/ context / circumstances in which delivered
- A mixed method design to evaluate a national policy
 - RCT design to measure primary outcomes; limits bias
 - Process evaluation to answer why or why not it is working
 - Economic evaluation to determine if cost-effective



Methodology

- 2,104 participants recruited over 1 year
- 50% of these through GP referral and 50% through practice database searches
- Treatment group (16 week intervention) & control group (PA leaflet)
- Measurements at baseline, 6 months, 12 months across a range of indicators



Outcome Measures	Abbr.	Category	Time-line		
			BL	6m	12m
1. General Practice P.A. Questionnaire	GPPAQ	Physical activity	X		
2. Seven-day Physical Activity Recall	7D-PAR	Physical activity			X
3. Baecke Questionnaire of Habitual P.A.	Baecke	Physical activity			X
3. Hospital Anxiety and Depression Scale	HADS	Mental health			X
4. EuroQol-5D	EQ-5D	Quality of life		X	X
5. Short Form 12 Health Survey	SF-12	Physical and mental health		X	X
6. 6-minute Walk Test	6MWT	Fitness		X	
7. Physiological		Physiological	X _i		X
Explanatory Measures	Abbr.	Category	Time-line		
6. Beh. Regulation in Exercise Questionnaire	BREQ-2	Psycho-social		X	
7. Self-efficacy and Exercise Habits Survey	SEHS	Psycho-social		X	
8. Social Support and Exercise Survey	SSES	Psycho-social		X	



Biggest challenges & how to handle

Programme issues

- **Formation:** difficulty of winning hearts & minds of various stakeholders
input into design, regular meetings, highlight benefits of scheme / evaluation, obtaining ethical approval
- **Securing referral avenues:** converting old referral partners to new scheme with evaluation attached
presentations, regular visits, simple procedures
- **Standardising delivery:** when exercise staff could be reluctant to move to new format, different facilities and funding arrangements
training, support meetings, flexibility, supervision
- **Cost:** absorbing current funding arrangements & staff
work with each area individually, 'equity'



Biggest challenges & how to handle

Research issues

- **Sampling:** when typically passed directly from referrer to exercise staff
centralised referral handling
- **Recruitment:** obtaining a large, representative sample with minimal effort / cost
point of referral also the point of trial entry
- **Measuring physical activity:** given the scale, costs, need for accuracy
7 day physical activity recall handled at research call centre, timing entry to trial



Thanks for your attention!

- Contact Details

- Larry Raisanen, Researcher, Cardiff University, RaisanenL@Cardiff.ac.uk
- Elaine McNish, Physical activity specialist, Welsh Assembly Gov't, Elaine.McNish@Wales.GSI.Gov.UK
- Janine Hale, Contract Manager, Welsh Assembly Gov't, Janine.Hale@Wales.GSI.Gov.UK
- Simon Murphy, Project Manager, Cardiff University, MurphyS7@Cardiff.ac.uk



References

- CSP. (2004). "500% Growth in GP NHS Exercise Referral Schemes, says CSP." Retrieved 8-4-2004, 2004, from <http://www.cps.org.uk/mediagovernment/media/mediareleases.cfm?id=667>.
- Fox, K., S. Biddle, et al. (1997). "Physical activity promotion through primary health care in England." British Journal of General Practice 47(419): 367-9.
- NICE (2006). A rapid review of the effectiveness of exercise referral schemes to promote physical activity in adults, Public Health Collaborating Centre for Physical Activity. National Institute for Health and Clinical Excellence.
- Morgan, O. (2005). "Approaches to increase physical activity: Reviewing the evidence for exercise-referral schemes." Public Health 119(5): 361-370.