South Tyneside
Exercise Referral and Weight Management Programme

Referral Guidance Document
2011/2012
South Tyneside Exercise Referral and Community Weight Management Programme

Introduction

An Exercise Referral and Weight Management Programme exists in South Tyneside, delivered in partnership with South Tyneside NHS Trust, PCT and South Tyneside Council. A 5 ‘tiered’ model of delivery was developed and adopted to ensure an effective adult weight management programme can be delivered. The Exercise Referral and Weight Management Programme caters for clients with low (tier 2), moderate (tier 2/3) and high risk factors (tier 3).

The aim of the programme is to shift the balance from treatment of lifestyle related diseases, towards maintenance and prevention by providing safe physical activity opportunities, nutrition advice and education as an alternative or support for treatment.

The programme is available to South Tyneside residents and people who are registered with a South Tyneside GP, and lasts for 12 weeks. An individual may be referred to the programme if the GP or other health care professional believes that they would benefit from a personalised physical activity programme and /or dietetic support and advice, and are willing to attend.
Qualifications and Accreditation

Exercise Referral

All staff delivering the Exercise Referral programme are appropriately experienced and qualified in accordance with National Quality Assurance Framework (NQAF) for Exercise Referral and hold the following qualifications as a minimum requirement:

- Level 3 Advanced Gym Instructor
- Level 3 Recognised Exercise Referral Qualification
- Accredited training in fitness testing/assessment
- Current First Aid/CPR certificate
- Automated External Defibrillator

Individuals delivering to high risk clients will hold the British Association of Cardiac Rehabilitation (BACR) nationally recognised Cardiac qualification.

All practitioners are members of the Register of Exercise Professionals (REPs) and follow the code of ethics laid down by REPs.

Weight Management

Free nutrition groups are available to individuals with a BMI > 28kg/m² (with or without co-morbidities), either alongside exercise or independently.

All sessions are delivered or supported by registered qualified dietitians and trained nutrition assistants who are able to give appropriate, evidence based, nutritional support and advice.

The aim of the nutrition groups is to provide individuals with the knowledge and skills to make sustainable, long-term diet and lifestyle changes resulting in weight loss and associated health benefits. Groups are held at a variety of locations throughout South Tyneside.

Benefits of the Exercise Referral and Weight Management Programme

It is well documented that a combination of a healthy balanced diet and regular physical activity can make a significant contribution to a person’s health and well-being. Specifically it has been shown to have the following benefits:

- Regular physical activity decreases the risk of cardiovascular disease mortality in general and of CHD mortality in particular. Physically inactive people have approximately double the risk of CHD
- Regular physical activity prevents or delays the development of high blood pressure, and reduces blood pressure in people with hypertension
- Physical activity is also important in helping people to control their body weight, and in controlling diseases
- Specific forms of physical activity can help to reduce the risk of falls and accidents, by improving bone health and maintaining strength, co-ordination, cognitive functioning and balance
- Physical activity reduces the risk of colon cancer, and evidence is growing to support links with other forms of cancer. Moderate intensity physical activity enhances the immune system
- A balanced diet is important for good health. A varied diet can help weight management, improve general wellbeing and reduce the risk of conditions including heart disease, stroke, some cancers, diabetes and osteoporosis
South Tyneside Exercise Referral and Community Weight Management Programme

**Who can be referred to Exercise Referral?**

Adults 16 years +
- BMI 28 ≥ with or without a stable co-morbidity
- Those with a BMI ≤ 28 with one or more of the co-morbidities listed below (Please note this list is not exhaustive if unsure please contact programme administrator on 0191 424 7773)

- ✓ Osteoporosis
- ✓ Arthritis or joint problems
- ✓ Anxiety, depression or stress
- ✓ Asthma/bronchitis/emphysema/COPD
- ✓ Angina, Post MI, CABG, PCI, Completed Phase III
- ✓ Mild to moderate heart failure
- ✓ Suffered from or are recovering from stroke
- ✓ Claudication
- ✓ Balance problems as a result of Parkinson’s Disease, MS etc
- ✓ Awaiting or recovering from surgery (not cardiac)
- ✓ Non acute severe mental illness
- ✓ Family history of heart disease
- ✓ Cholesterol levels consistently over 5 total cholesterol
- ✓ Hypertension (less than 100 diastolic)
- ✓ All types of stable Diabetes
- ✓ Hyperlipidaemia
- ✓ Inflammatory bowel disease
- ✓ Food intolerance or allergies
- ✓ Renal/liver problems
- ✓ Other dietary problems i.e Coeliac disease
- ✓ Hyperglycaemia – HbAIC level ≤ 10 at least 15 months

**Who can not be referred to Exercise Referral?**

The following patients cannot be referred onto the programme:
- People with BMI ≤ 28 with no co-morbidities
- People who have been previously referred to the Exercise Referral Programme *
- People who are already exercising on a regular basis
- Younger people under the age of 16
- People who are not motivated and demonstrate no desire to make lifestyle changes
- People whose mental health or ability to learn would not allow them to participate in the programme
- Those showing symptoms or traits considered absolute contraindications to exercise ie
  - Unstable angina
  - Unstable to acute heart failure
  - Specific cardiac problems
  - Active myocarditis,
    - Exercise induced ventricular arrhythmias
    - Hypertrophic obstructive cardiomyopathy
    - Significant aortic stenosis
    - Resting blood pressures above the recommended levels (cardiac patients 180/100, general population and patients diagnosed with hypertension 180/110)
    - Uncontrolled tachycardia, a resting heart rate ≥100bpm (≥120bpm for COPD)
  - Unstable Diabetes
  - Any unstable condition
  - Severe COPD with FEVI < 40% with functional limitations disproportionate to the severity of the disease.

**Who can be referred to Weight Management?**

Adults (16 years+) with a BMI ≥ 28 with or without co-morbidities

**Who can not be referred to Weight Management?**

- People under the age of 16
- People who are not motivated to make lifestyle changes
- People with BMI ≤ 28 with no co-morbidities
- People whose mental health or ability to learn would not allow them to participate in the programme

* A second referral may be considered between the referring agent and exercise referral consultant depending on individual’s circumstances
How does the Exercise Referral and Weight Management programme work?

An individual can be referred to the programme if the GP or other health care professional believes that they would benefit from a personalised physical activity programme, nutritional advice and the individual is at the appropriate stage on the behaviour change model, i.e. are willing to attend.

The process is as follows:

1. The GP or other healthcare professional completes the referral form
   • 1 copy is posted to the programme administrator
   • 1 copy to the patient (Yellow copy)

2. The GP or other healthcare professional gives the patient an information leaflet and a copy of the Exercise Referral and Weight Management form to the patient.

3. If the referral form is not completed correctly, the administrator will contact the GP or other healthcare professional for further information (in the meantime, the initial assessment can take place but an exercise programme cannot be designed until the additional information is received).

4. The programme administrator will contact the patient by letter to make an initial appointment. If the patient has not made contact after 2 weeks the programme administrator will contact the patient via telephone to make an initial appointment.

5. Written confirmation of the initial appointment is sent to the patient 2 weeks prior to the appointment (nutrition groups).

6. The initial consultation includes a discussion with both an exercise professional and a nutritionist to identify the patients readiness to change, the individual’s goals and to establish specific conditions that need to be considered. The initial consultation also evaluates the individual’s lifestyle in terms of alcohol consumption, smoking status, healthy eating and current physical activity levels. Consent form and pre course health and fitness assessments are completed at this point.

Should the individual not attend an initial consultation a letter will be sent inviting them to reschedule their appointment. If there is no response from the patient after 2 weeks, a letter will be sent to the referring agent to advise of non attendance and withdrawal from the programme

7. An appropriate exercise programme is devised for the individual based on the lifestyle evaluation and fitness assessment, along with additional information signposting the patient, if appropriate, to other support services i.e.: smoking cessation.

8. At any point during the programme individuals may be deemed able to exercise without the specific guidance and supervision of the exercise referral staff if they are:
   • Low risk and/or minor stable condition
   • Able to monitor their own responses
   • Competent to use the equipment

9. If the patient does not attend the agreed re-assessment and/or exercise sessions contact will be made to ascertain whether they wish to continue with the programme. If there is no reply within 2 weeks of contact, they will be considered to have left the programme and the GP or referring agent will be informed.

10. Once the patient has completed the first 6 weeks on the programme, they will be invited to attend a second assessment to measure their progress and discuss how they can continue to exercise. This assessment will also be mirrored at the end point of the programme. The end of course evaluation form will be completed at this point and a summary of the results will be sent to the GP or other referring healthcare professional.

11. At the end of the 12 week weight management component of the programme, client’s will be encouraged to attend a regular weigh in session. Where appropriate patients may also be invited to attend a specialist 1:1 weight management clinic

Please see Appendix (ii) for simplified exercise referral process.
What happens after the exercise referral programme?

All clients who have completed the initial 12 week programme will be offered a further 24 weeks graduate membership which will entitle the client to continue to exercise at a reduced rate.

To ensure safety, programme progressions/amendments will be made by appropriately qualified staff and relevant details passed to the facility staff for information and reference.

The following information will be sent to the GP or other healthcare professional for their records:

- A comparison report of test results (pre and post programme)

It should be noted that individuals can only be referred to the programme once, and should not be referred again after completion of 12 week programme. However changes in health or individual circumstances may be considered for re-referral following discussion between the referral agent and exercise referral consultant.
**Exercise Referral Route**

- The exercise referral programme administrator will contact the patient via letter to arrange an initial assessment.

  - Complete initial assessment with an exercise coordinator and nutritionist and sign the formal consent form.

    - Exercise programme and/or nutrition group devised and additional signposting to other services if appropriate. Information entered onto database.

      - If the patient has not made contact after 2 weeks, the programme administrator will contact the patient via telephone/letter to make an initial appointment.

        - If the patient does not attend initial consultation, contact made with patient to reschedule.

          - If patient does not attend exercise or nutrition groups for 3 weeks, contact will be made to find out if they want to continue.

            - On completion of the 12 week programme, invite patient for final assessment and advice on continuing exercise and attending the follow up weigh in sessions.

              - Complete evaluation form and send a comparison report of test results to the GP of healthcare professional.

                - Follow up questionnaires are sent out post programme for evaluation purposes.

          - If patient does not attend final assessment, send evaluation questionnaire via post to evaluate the programme.

            - If no reply in 2 weeks of sending the letter, patient referred back to the GP or health care professional for reassessment.
South Tyneside Exercise Referral, Community Weight Management and Maternity Lifestyle Programme

Please note that ALL information must be complete. Referral forms will be sent back to the referring agent if not fully completed.

<table>
<thead>
<tr>
<th>GP/Referrer Name</th>
<th>GP Practice Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Gender</td>
</tr>
<tr>
<td>Address</td>
<td>Ethnicity</td>
</tr>
<tr>
<td>Tel No (Daytime)</td>
<td>Mobile</td>
</tr>
<tr>
<td>Height</td>
<td>Weight</td>
</tr>
<tr>
<td></td>
<td>Recent BP Reading</td>
</tr>
</tbody>
</table>

**Reason for Referral:** Please tick appropriate box(s)
- BMI ≤ 28
- BMI ≥ 28

I am referring this patient to:
- Maternity –
- Ante-Natal
- Post-Natal
- Exercise Referral
- Nutrition Groups
- Both

<table>
<thead>
<tr>
<th>Anxiety/Stress</th>
<th>Asthma (mild/Controlled)</th>
<th>Heart Attack (completed phase III)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression (mild/stable)</td>
<td>Arthritis or Joint pain</td>
<td>Hypertension (on B Blockers)</td>
</tr>
<tr>
<td>Osteoporosis prevention</td>
<td>Back pain</td>
<td>Stroke</td>
</tr>
<tr>
<td>CHD prevention (No cardiac symptoms)</td>
<td>Osteoporosis</td>
<td>Medication controlled Diabetes (stable)</td>
</tr>
<tr>
<td>Family history of heart disease</td>
<td>Bronchitis</td>
<td>IGT/Diet controlled Diabetes</td>
</tr>
<tr>
<td>Hyperlipidemia (total cholesterol &gt; 5mmol/L)</td>
<td>Falls prevention (no fractures)</td>
<td>Breathing problems including COPD (moderate)</td>
</tr>
<tr>
<td>Other dietary related problems i.e. coeliac disease</td>
<td>Surgical preparation/recovery (not cardiac)</td>
<td>Falls prevention (with fractures/frail)</td>
</tr>
<tr>
<td>Severe Mental Illness (non acute)</td>
<td>Hypertension (not on B Blockers)</td>
<td>Heart failure (mild/mod symptoms)</td>
</tr>
<tr>
<td>Muscle injury</td>
<td>Claudication</td>
<td>CABG/PCI (Completed phase III)</td>
</tr>
<tr>
<td>Weight Management (BMI ≥ 28)</td>
<td>Neurological (e.g. Epilepsy)</td>
<td>Angina (must be stable)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is this person currently participating in structured physical activity? Yes ☐ No ☐

Is this person registered as disabled? Yes ☐ No ☐

**Please note:** Patients with a history of cardiac problems may need to be assessed by a cardiac rehabilitation professional before being accepted onto the programme. To ensure that the patient is suitable, please complete this section:

<table>
<thead>
<tr>
<th>History of cardiac problems?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, have they completed the Exercise Phase of Cardiac Rehab (Within the last 6 months)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Additional relevant information**

**Current Medication/Patient summary**

I agree to the above information being passed to the Health and Wellbeing Programme. I understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any new or unusual symptoms. I will also inform the instructor of any changes in my medication, the results of any investigations or treatments.

Patient's signature: ___________________________ Please print: ___________________________ Date: __________

I confirm that the above named person has met the approved criteria (see protocol document) for inclusion in the Health and Wellbeing Programme.

Printed name of referring agent: ___________________________ Date: __________

Return to: Exercise Referral and Weight Management Administrator
Temple Park Leisure Centre, John Reid Road, South Shields, NE34 8QN
Tel: Exercise Referral 0191 424 7773 Nutrition groups 0191 424 7714
Fax: 0191 423 4935
Email: Healthandwellbeing@southtyneside.gov.uk

* Please note this referral form is **not** to be used for the Specialist Weight Management Service (Tier 4). For further information regarding this service please contact 0191 424 7770
If you know someone who would like this information in a different format contact the communications team on 0191 424 7385