

██████████ - Lay Document and Work Report

Aim: To evaluate exercise referral schemes and to produce a lay document giving patients more information about them with justifications/development ideas

Literature Review

Obesity is rising rapidly in the UK and is currently costing the NHS around £5.1 billion a year. It can increase the likelihood of contracting diseases such as diabetes, heart and liver problems and some mental illnesses (1). In 2010, 26% of people in the UK were classed as obese and this is set to rise in the coming years (2). Decreasing calorie intake and increasing the amount of exercise you do can reduce your chances of becoming obese but some people find changing their diet very difficult. Studies recommend that adults should be doing at least 30 minutes exercise, 5 times a week but many seem to be failing; blaming reasons such as poor motivation, lack of time and not enough facilities in their community (3). The primary care setting seems like the ideal place to implement exercise advice as this is where many patients seek advice about certain obesity-related conditions as mentioned above (4). Additionally, statistics have shown that about 95% of population will be seen by their primary care physician within the period of 3 years. This shows that the GP practice is able to access more patients than any other in the healthcare system(5).

Exercise referral schemes are used when a GP selects a patient based on risk-factors to certain disease. These exercise programmes are based in the local community for the patient to attend. A NICE guideline states that “there are around 600 schemes in England” currently offering exercise participation. Although there is insufficient evidence to fully promote exercise services, many still see them as one part of a multi-disciplinary approach for tackling obesity (6). Looking at a systematic review of eight randomised trials

into exercise referral schemes, the main findings were not in favour of exercise referral schemes as not enough evidence could justify their use (7). Exercise referral schemes are currently seen as short-term solutions to improving health as most are predominantly 10 to 12 weeks in length . More needs to be looked into how to extend these to address concerns that they aren't improving long-term health issues (8).

There are still many positives to exercise referral schemes if they are used in the correct manner. One study reported that participants of exercise referral schemes were shown to have a decreased body fat percentage than others who didn't receive any exercise programmes. This shows that going on a exercise referral scheme can increase your chances of losing weight; if other weight-related factors are controlled too (9). Not only are exercise referral schemes good for physical attributes, they can also improve psychological wellbeing. Another study showed that there were significant improvements in self-esteem and mood but also a decrease in the likelihood of developing depression and anxiety too (10). Another benefit is that adhering to a exercise referral scheme shows that the patient wants to improve their health. This is a key motivational tool towards the patient obtaining a better lifestyle which hopefully leads to less obesity-related diseases (11).

In summary, I have briefly looked at both sides of the argument for exercise referral services but still feel that they can be beneficial if used as part of a multi-factorial programme to combat obesity.

Development of the lay document

The lay document I produced went through a thorough development before it reached its final draft. The ideas started when I was able to discuss the project with my partner and our “Hub and spoke” GP. We wanted to focus on the theme of “exercise science” but also link this to the GP practice we were at. We then discussed the idea of “exercise referral schemes” available in north Manchester. Our GP explained to us that there were a handful of these exercise referral services but she admitted that her, nor the rest of the GPs knew a lot about them. She also told us that there were not many referrals for eligible patients from their GP practice either. We wanted to look into this further so our first step was to gather information on the exercise services available. We condensed these down to 5 that we thought were appropriate for the GP practice. We were then able to use the GP records to produce an audit on the frequency of exercise referrals from the GP for eligible obese patients. The results showed that of the 40 obese patients sampled, 35 were eligible for referral to the exercise services using criteria for the exercise schemes. Of these 35 patients, only 3 patients were referred onto an exercise service showing that 91% of the eligible patients were then not referred onto an exercise service. This then confirmed our ideas that the exercise referral schemes in place were not being utilised correctly. We then broke down this problem into 2 areas. One problem was that the GPs did not have enough knowledge about the exercise referral schemes available and also that the patients weren’t aware of what was available to them. Our first step was to produce a questionnaire to learn about the GPs knowledge of these exercise referral schemes. The results showed that their knowledge was poor; the highest score being 7/13 and the lowest score being 1/13. We then proceeded to produce a short presentation about our findings and include brief information on the exercise referral schemes and sent this around to the GPs in our practice. The next task was to produce

the lay document. My partner and I decided to split the referral services into ones with long-term health conditions and ones without. I was given the task of providing a poster on referrals to “Manchester Community Health Trainers” and “Active Lifestyle’s Fit Families”.

The lay document had to include all the key bits of information but also had to stand out to the patient and be understandable for all abilities. At my time at the GP practice, I was able to look around leaflets and posters available to the patients and this aided me when producing mine. It first of all had to catch the eye of the reader. This is why I have put in a rhetorical question as my headline. I am using it to grab the reader’s attention to ask themselves if they want to change their appearance or not. I used the obesity statistics from the Department of Health as scare tactics for the reader. I feel as though the majority of the population still don’t understand enough about obesity and therefore wanted to include this. The facts are quite striking and I’m sure most readers would then want to read more information about it. I then included information about obesity problems. I have included this because people who are obese may know friends or family with these certain diseases and know their implications. I would’ve liked to use a graph to show the rising trend in obesity but feel that a lot of people would not understand it without a detailed explanation. I would’ve therefore had to fill up more space which would’ve made the layout over-crowded.

For the 2 boxes on the exercise referral schemes, I had to think long and hard about what was the right information to put in. There was limited space so had to only put in the most important facts. I had to display the information in short sentences so that it would be easier to understand for the reader. I calculated a fog-gunn index score for both

boxes and they were 6.6 and 8.8 respectively. I tried to use words and phrases that people with only a simple level of English understanding would be able to read. I would've liked to have reduced the fog-gunn index score for the second box but I couldn't because I was unable to cut out any of the complex words.

Lessons learned

I have learnt some valuable lessons from this PEP pilot study. Before, I had never completed an audit. I know now what is involved in this and why they are so important in the healthcare system. I have also become more competent when completing a literature review. The sessions at the start of this module gave me a better understanding of how to carry this out and where the best places are to research scientific journals. I have also learnt how to communicate better to patients through a poster. I know understand that you have to use much simpler words and phrases to produce a lay document and that I can now use the fog-gunn index score to evaluate this. All in all, I have very much enjoyed being part of this pilot PEP scheme and hope that my feedback can go on to improve it.

Total = 1493 words

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DO YOU WANT TO GET FIT?

“70% of men and 63% of women in the UK are **OVERWEIGHT** or **OBESE**”

“**OBESITY** reduces life expectancy on average by nine years”

“**OBESITY** accounts for 30,000 deaths a year in the UK”

“By 2020, at least 1/3 of adults, 1/5 of boys and 1/3 of girls will be **OBESE**”



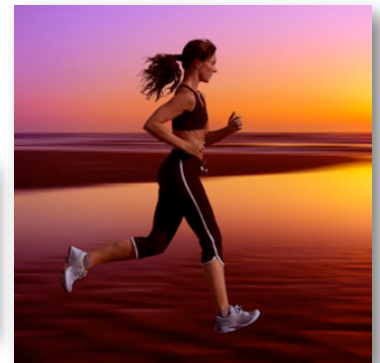
High Blood Pressure

Diabetes

Problems linked with Obesity

Heart Disease

Trouble sleeping



Sometimes you feel like it is too hard to lose weight. Changing your diet can be a struggle. Looking into an exercise plan could kickstart weight loss. Did you know that you can ask your GP about exercise services? Two that are offered in Manchester are shown below.

Manchester Community Health Trainers

Do you want help to lead a healthy life?

Health trainers are local people trained in your area

They can help you to eat healthily, become more active, sleep soundly, manage stress and become alcohol/smoke free

They will help support you by setting goals that you can achieve

Health trainers are based at various places in your community

Support will be built around you

How often you see your health trainer is decided in your first meeting

You can contact your health trainer face-to-face, over the phone or by e-mail

This is a free service

To find out more ring **0161 861 2548** and they will get the nearest health trainer to contact you



Manchester Community Health Trainers

Active Lifestyle's Fit Families

Supports families across Manchester

Helps you to reach a healthy weight

Run for children aged 5 - 16 and their siblings/parents

Sessions involve exercise tips and learning about good health

Involves personal development and motivation workshops

Looks at issues around self-esteem, confidence and motivation

Works with Hubbard Theatre Company and the Chicken Shed Company

Runs in the evenings and weekends

Fun and free for everyone

Visit www.manchester.gov.uk/activelifestyles or ring **0161 231 3114** for more



Don't delay to speak to your GP if you are keen on any of these services