

## Let's Get Moving Augmented with a Social Action Intervention

Birmingham 2015

*"The talking about walking club"*



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## Foreword

### 'Let's Get Moving'

From the doctor arrived one day  
A letter that proposed  
I join a group to help me  
Find my inner healthy self.

I thought this was a daft idea  
As exercise was hard  
With cracking knees and lots of pain  
I hobbled around my yard.

With high blood sugar and B.P.,  
I was a hopeless case  
But I took the plunge and went along  
To see... just in case!!!

Well, what a welcome awaited me  
With tea and talk around  
I felt at home immediately  
With people sitting around.

Information and ideas  
Were gladly handed out  
By people of all ages  
And disabilities to surmount.

From armchair gym and tai-chi  
To walking around the park  
Taking dietary advice  
And all having a laugh

My exercise and diet changed  
It was quite slowly done  
But with support from all the group  
My life change had begun.

Now my weight is less by two stone  
And movement is a breeze  
Giving relief to the pain I experience  
In my spine and my back and my knees.

My sugar levels are quite low  
My B.P. is the best  
Visiting the weekly group  
Is more than just a success

I've made some friends and I socialise  
It really is no chore  
To meet with friends and talk about  
Moving around once more.

*By Sylvia Davies, LGM Participant  
Birmingham*

## Executive Summary

Let's Get Moving is a behaviour change intervention that has been designed to provide a systematic approach to identifying and supporting adults who are not meeting the Chief Medical Officer's recommendation for physical activity, to become more active, for the purpose of both prevention and management of inactivity-related chronic disease.

Originally developed by the Department of Health, Let's Get Moving is a vehicle for commissioners to move towards lower-cost, more efficient and effective services. The benefits of regular physical activity have been clearly articulated - for adults, achieving 150 minutes of moderate intensity physical activity a week helps prevent and manage over 20 chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions (Davies et al. 2011).

Let's Get Moving Augmented with a Social Action Intervention was funded by the Nesta Centre for Social Action Innovation Fund and commissioned by Birmingham City Council utilising ukactive's ability to target specific patients via GP records, and bypass GP staff (including the GP themselves) by referring directly to an appropriately qualified Community Exercise Professional (CEP) placed within the surgery.

A total of 414 participants were recorded attending an initial appointment with a local CEP which included a motivational interview and completion of an International Physical Activity Questionnaire. Contact was maintained throughout the pathway with a follow up appointment at 12 weeks, and phone calls at six months. Additionally the social action pathway had weekly group sessions throughout the 12 weeks with the additional use of a Facebook group.

Physical activity levels significantly increased at 12 weeks and six months. Time spent participating in sport increased by 542.9% over 12 weeks with an additional increase in vigorous intensity physical activity (182.2%) and total physical activity (58.2%). The increase in activity levels were seen for both the standard LGM pathway and social action pathway although there were no statistically significant increases in physical activity between the standard LGM and social action pathway at 12 weeks or 6 months. Retention at 12 weeks was 41.7%, representing 173 of the baseline participants. At six months follow up included 22.2% of participants.

Let's Get Moving has, as a result of this funding, been commissioned by Essex County Council, Kent County Council, and the National Childbirth Trust – all aiming to increase physical activity levels and promote a healthier way of living across the country.

## Introduction

### Physical Inactivity

One of the prime responsibilities of a government is to maintain, if not improve, the health of its population. In the developed world, the incidence of communicable diseases that require the control of infection have been dramatically reduced through large scale immunisation programmes and the increased ability of hospitals and doctors to treat such conditions as they arise. Non-communicable diseases however are on the increase throughout the developed world (Wagner & Brath 2012). Non-communicable diseases are non-transmissible amongst people and therefore require very different methods of prevention to communicable diseases. Non-communicable diseases, such as cardiovascular diseases, cancers, respiratory disorders and diabetes are often long in duration and slow in progression. They often therefore require chronic care programmes and long courses of medication that place large financial burdens upon societies and their respective health care programmes (Barouki et al. 2012).

Promoting active lifestyles is proposed as a simple answer to many of the big health challenges facing our country today. With significant potential to improve the health of the nation, reducing all-cause mortality and improving life expectancy, promoting physical activity can save the NHS money and significantly ease the burden of chronic disease on the acute sector and public services (Foster et al. 2012).

Supporting financial balance and transforming the provision of care, the Let's Get Moving (LGM) programme as developed by the Department of Health, is proposed as a vehicle for commissioners to move towards lower-cost, more efficient and effective services. The benefits of regular physical activity have been clearly articulated: for adults, achieving 150 minutes of moderate intensity physical activity a week helps prevent and manage over 20 chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions (Davies et al. 2011).

### Let's Get Moving

LGM is a behaviour change intervention that has been designed to provide a systematic approach to identifying and supporting adults, who are not meeting the Chief Medical Officer's (CMO) recommendation for physical activity, to become more active, for the purpose of both prevention and management of inactivity-related chronic disease. The LGM approach is based on the recommendations of the National Institute for Health and Clinical Excellence (NICE) public health guidance for commonly used methods to increase physical activity (Foster et al. 2012), which endorses the delivery of brief interventions for physical activity in primary care as being both clinically effective and cost-effective in the long term.

LGM provides a physical activity care pathway which can be used by service providers systematically to recruit patients and screen for inactivity. Patients identified as not meeting the CMO's recommendations for physical activity are offered a brief intervention, drawing upon motivational interviewing (MI) techniques, which; takes a patient-centred approach to highlighting the health benefits of physical activity; works through key behaviour change stages; and concludes with a clear physical activity goal set by the patient, identifying local

opportunities to be active, including exercise on referral schemes where appropriate. Participating patients are then followed up over three, six, and 12 months after the brief intervention to check progress, encourage and reset goals.

### **Let's Get Moving – Powered by ukactive**

Originally created and tested by the Department of Health and recommended by NICE, LGM powered by ukactive has been further developed by a consortium of partners led by ukactive with support from Sport England. It has now been backed with further investment by Nesta and other Local Authorities as an intervention with high potential for replication and scalability.

Specially trained exercise professionals work within GP surgeries to inspire change in communities and re-embed movement, physical activity and sport into the lives of inactive populations through MI techniques.

Using a robust technical system, this programme aims to ensure that individuals get the support and encouragement to adopt a healthy lifestyle, while also delivering measureable outcomes for local authorities.

An information governance policy enables the utilisation of GP patient records and allows the ukactive team to proactively contact patients who might benefit from the service. Patients meeting the inclusion criteria benefit from the 1:1 service, but others (including family members) are also supported to get more active with signposting and brief advice.

The ability of ukactive to target specific patients via GP records, and bypass GP staff (including the GPs themselves) by referring directly to an appropriately qualified Community Exercise Professional (CEP) placed within the surgery provides an adaptation to the original LGM pathway which has been supported by Sport England, and previously commissioned by Luton Borough Council, Bedford Borough Council, and Central Bedfordshire Council, as part of the Get Healthy Get Into Sport fund in a programme title 'Let's Get Moving Back Into'.

### **Let's Get Moving Augmented with a Social Action Intervention**

#### **Commissioners of the intervention and funding source**

Let's Get Moving Augmented with a Social Action Intervention (LGMSA) was funded by the Nesta Centre for Social Action Innovation Fund and commissioned by Birmingham City Council with in kind services provided by ukactive. A breakdown of funding sources is detailed in table 1.

Table 1. Breakdown of funding source and amount for LGMSA.

<b>Funder</b>	<b>Amount</b>
Nesta	£57,300
Birmingham City Council	£25,000
ukactive	£52,500*

\*In kind payment

## Duration of funding

The duration of the project was March 2015 – November 2015.

## Contact details

The point of contact and relevant details for LGMSA are provided below. The LGMSA project has been supported by a dedicated central ukactive team, GP surgery staff, and CEP in each surgery.

Table 2. The ukactive point of contact and details.

Name	Position	Email	Telephone
Kenny Butler	Health and Wellbeing Manager (ukactive)	<a href="mailto:kennybutler@ukactive.org.uk">kennybutler@ukactive.org.uk</a>	020 7400 8618

## Information Governance

Targeting of specific patients based upon GP records is a unique and fundamental part of LGM as delivered by ukactive.

The ability to do this however required extensive conversations, consultations, and seeking of permissions from the Information Commissioners Office, and the Head of Information Governance at Public Health England.

As a result of these conversations the following safeguards were put in place to ensure excellent information governance and gain the required permissions:

- » GP surgeries were the only actors who were able to review patient lists and extract patient information that met the specific selection criteria for the letter.

This means the act of reviewing patient records and selecting patients for the service was completed by the practice itself. ukactive guided the practice by writing to all of the patients on that list to notify them that they were being referred into the service.

- » There was a clear data transfer agreement between the GP Practice and ukactive; clauses within the contracts of the CEPs which related to patient confidentiality; and, a non-disclosure agreement between the CEP and the GP Practice.
- » Option to opt out on two occasions:
  - » Sufficient time was given to opt out once the letter had been sent to potential patients i.e. 21 calendar days.
  - » ukactive was contracted by the Surgery to contact patients on their behalf to book them into the service. After allowing the sufficient opt out time of 21 days, ukactive were provided with the names and contact numbers of the patients. This was the only data provided to ukactive.

- » On contacting each patient, ukactive captured clear and explicit consent for the patient to be engaged in the programme. Any patient not wishing to enlist in the service had their contact details erased from the ukactive system immediately.

ukactive ensured all data and records were / are protected and stored in line with national guidance and in accordance with Data Protection Act 1998. The above points and processes gave assurance to all involved that all the necessary data protection processes had been followed.

In addition, the Information Commissioners Office and Head of Information Governance at Public Health England, the local Clinical Commissioning Group Caldicott Guardian and Commissioning Support Unit Head of Information Governance were informed of the process to be implemented, and approval was granted.

It should however be noted that GP surgeries were encouraged to consult a professional legal service with any specific questions.

## **Delivery Plan**

### **GP Surgery Engagement**

Essential to the delivery of LGMSA was the engagement of GP surgeries from whom the patients / participants were recruited, and the intervention delivered.

A systematic and methodological approach was employed that included contact with all eligible surgeries i.e. those falling within the delivery regions. This contact took the form of a letter to surgeries (Appendix 1), follow-up telephone calls, meetings with practice managers, and in some instances presentations to key members of the practice staff. A tracking document was developed allowing ukactive team members to monitor progress and understand where and when objections were raised in order to develop effective strategies for overcoming them (an anonymised example of this tracker is included as Appendix 2).

Some barriers to GP engagement included; simply arranging a meeting with relevant members of GP surgery staff, the time required to implement initial contact with patients, the filtering of medical records to identify those meeting the eligibility criteria of the programme, and an unwillingness to 'take a chance' on the service. The LGM team however developed engagement tools including videos, 'set up guides', and positive testimonials from already established surgeries to aid in this process. Gradually the refinement of the process included more and more responsibility being taken away from the GP surgeries themselves, and taken on by ukactive, and this enabled surgeries to join the programme without taking time or resource away from front line delivery - tipping the balance toward patient benefit.

The schedule below outlines the steps required for each GP surgery to begin delivering LGM (figure 1). Assuming each of the steps was met it took one month to get LGM up and running in a surgery. The LGM team provided support which included guidance, document templates and advice on which patients would benefit

the most. Once the below steps were completed the LGM team shared responsibility for booking appointments with the CEP as this allowed practice staff to concentrate on existing duties.

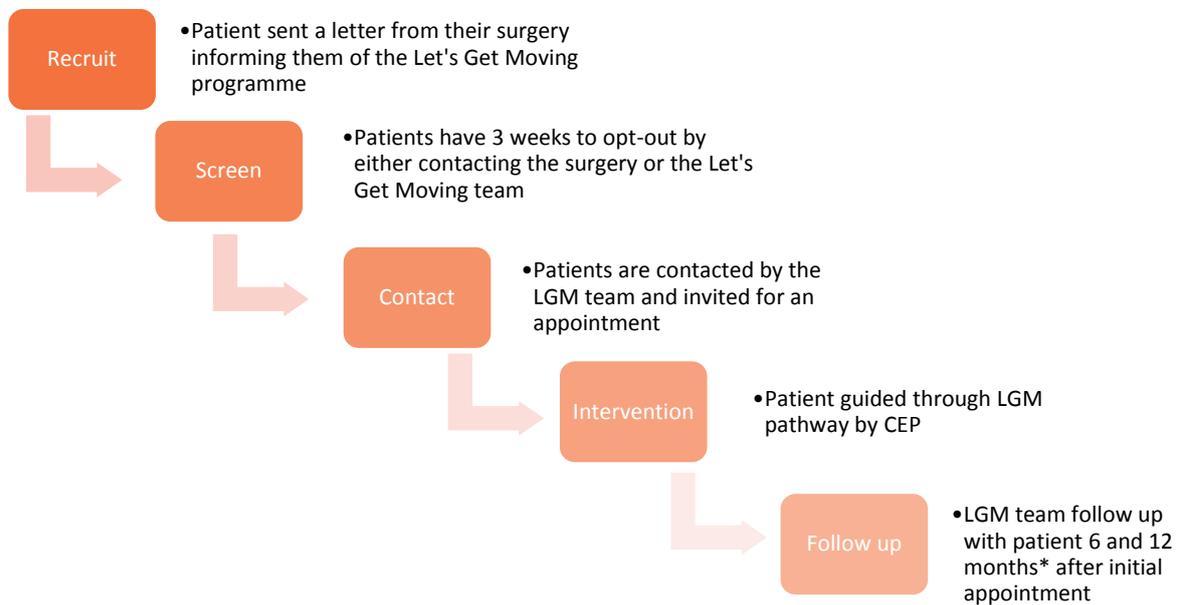


Figure 1. Steps required for a GP surgery to deliver LGMSA. \*ongoing process.

In order for LGMSA to get up and running in a surgery the following was required from the participating surgery:

- » A signed contract facilitating the release of patient details
- » A signed confidentiality agreement from the CEP and Practice Manager
- » A target patient list with contact details, filtered according to the LGM criteria below
- » An hour of proactive administrative time with support from a dedicated LGM coordinator
- » A room at the surgery for a minimum of one day a week, throughout the intervention, tailored to a time that suits the needs of the practice
- » Confirmation of weekly room availability and the contact details of a suitable member of staff to speak to, to organise rooms
- » Details of a secondary contact to liaise with if primary contact is busy
- » Confirmation of who will be responsible for Docmail and data upload
- » Support with surgery communications to ascertain how the LGM team can help ensure all surgery staff (particularly those on front of house) are fully briefed on the programme

## Location and setting

All participating surgeries were in the Birmingham Council local authority (Table 4).

Table 3. Name, location and start date of participating surgeries

Surgery Name	Start Date
Bartley Green	November 2014
Ridgeacre House Surgery	January 2015
Nechells Practice	January 2015
Northfield Health Centre	February 2015

## Project Delivery / Implementation

### Target population

LGM was targeted at sedentary individuals with a BMI between 28 and 35 who were between the ages of 18 and 74 and were:

- » hypertensive AND / OR
- » first medication for hypertension in last 6 months AND / OR
- » first medication for weight management drugs in last 6 months

They must also be residents within the catchment areas of the participating surgeries.

### Intervention description

Letters were sent from the surgery's Practice Manager (with LGM coordinator support) to patients who met the criteria outlined above. Patients were given three weeks to opt-out if they preferred not to be contacted in line with the Information Governance process. The participant was contacted by phone and offered an initial appointment with a CEP by one of ukactive's LGM coordinators. The recruited CEPs (details below – Table 5) were based at the participating surgeries for the duration of the pathway and handled all appointments.

Participants were randomised based upon the surgery they attended. The control surgery (Nechells Practice) delivered the standard LGM programme developed by the Department of Health. The LGMSA intervention surgeries (Northfield Health Centre and Ridgeacre House Surgery) delivered a programme with increased social action and peer to peer interaction. Bartley Green also delivered the LGMSA intervention as a pilot site before full roll out across all surgeries.

The LGM (control) programme involved participants attending a motivational interviewing (MI) session with a local CEP at week 1. At this session participants were encouraged to increase their physical activity levels and to attend community exercise sessions provided by local authorities. Additionally, the LGMSA intervention gave participants the option to attend weekly group MI sessions hosted and led by their CEP over the 12 week period, and join a Facebook group specifically created for participants (an overview can be seen in Table 4 with more detail in Appendix 3). Both the pathways were 12 week programmes (Figure 2). ukactive followed up with a phone call at six months following the programme (Figure 2) to assess whether there had been a

sustained increase in physical activity. An additional call will take place at 12 months as part of the ongoing process to measure the physical activity levels and sustained behaviour change over a period of time.

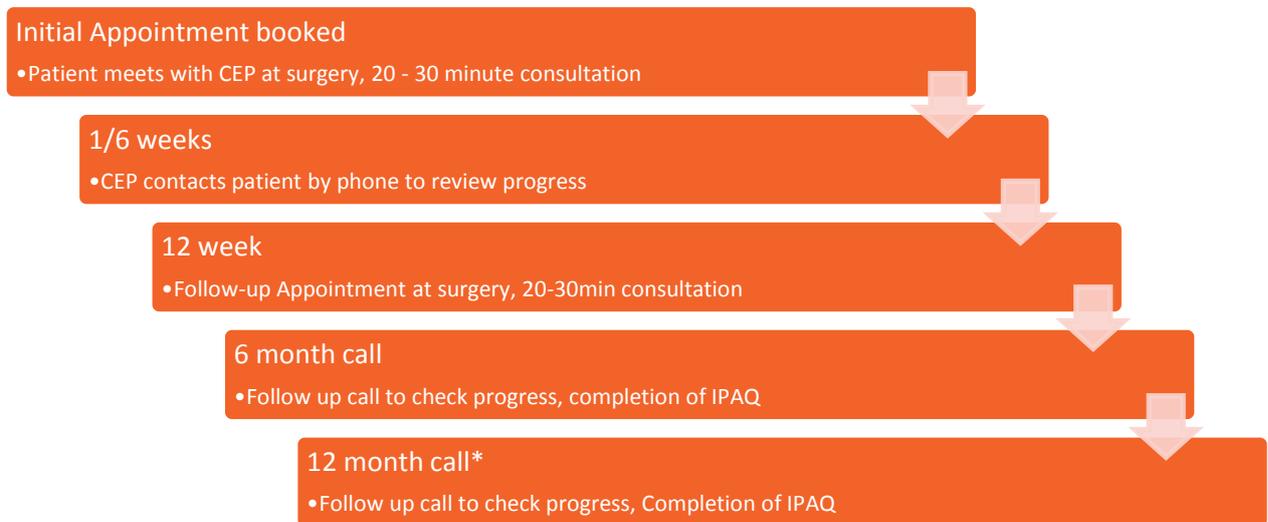


Figure 2. Participant progress through the pathway to 12 months. \*to be completed.

The social action pathway can be seen in Figure 3. This pathway shows the participants progress from initial appointment and motivational interview through to the group sessions and becoming a champion to develop and lead sessions. The social action pathway lasts for 12 weeks with each session themed around a potential benefit of a physically active lifestyle. These themes include having fun with family and friends, feeling good, weight management, confidence, support, and the great outdoors (a full list and additional details for each can be found in Appendix 3). At the end of the social action pathway participants return for a 12 week appointment as with the standard LGM pathway.

Through the 12 week pathway the LGM team asked the CEPs to identify potential community champions. The community champions were identified and recruited to initiate and lead meetings as well as signpost participants to relevant physical activities within the local area at the end of the 12 weeks. A formal job description for this role can be found in Appendix 4.

Figure 3. Social action pathway.

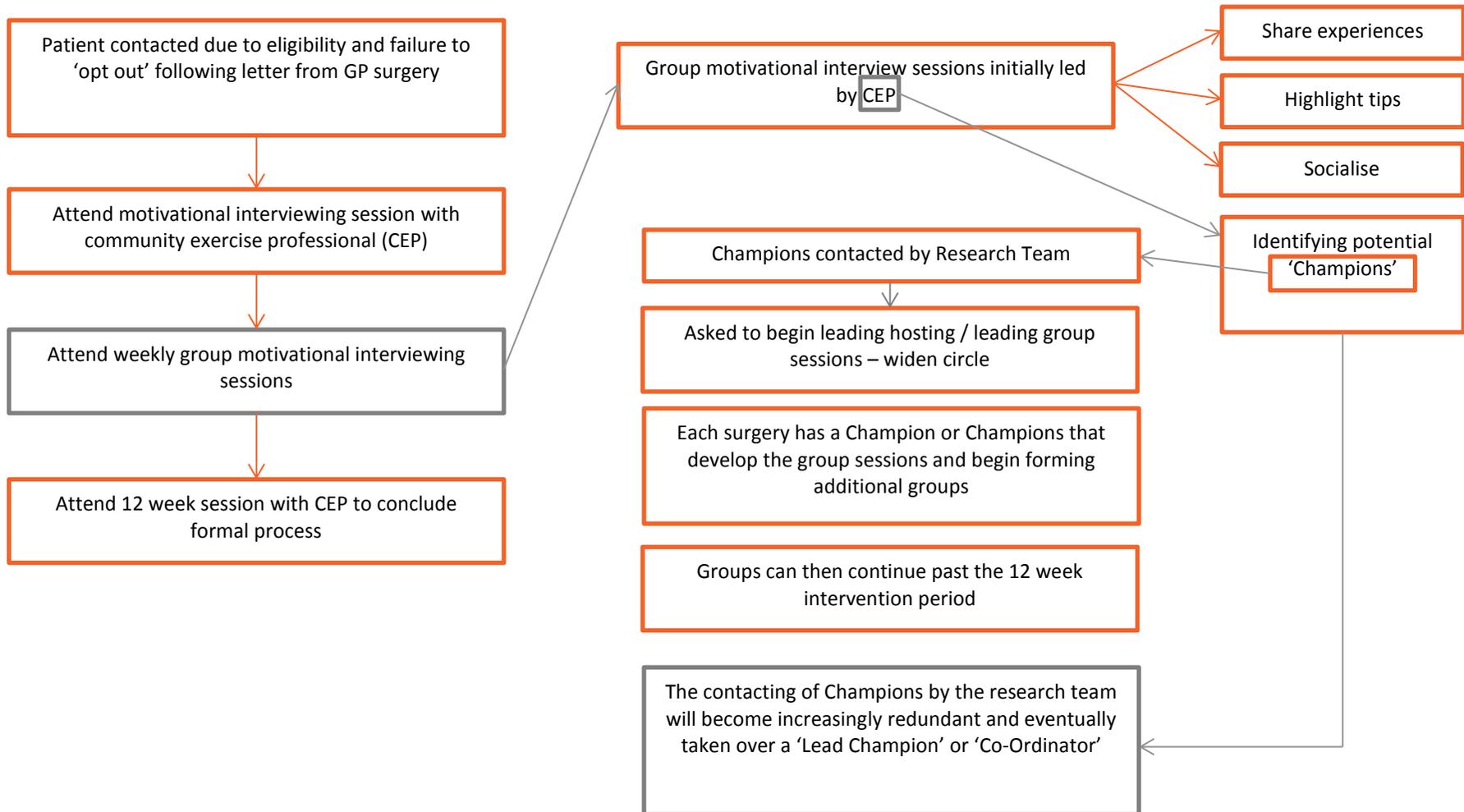


Table 4. Overview of the two pathways through the 12 weeks.

	<b>Let's Get Moving</b>	<b>LGM Social Action</b>
<b>Week 1</b>	One to One meeting with CEP Motivational Interviewing (MI) aimed to increased PA levels and signpost into available exercise sessions	One to One meeting with CEP Motivational Interviewing (MI) aimed to increased PA levels and signpost into available exercise sessions
<b>Week 2</b>	Optional Exercise Activity	Optional group MI Optional Exercise Activity
<b>Week 3</b>	Optional Exercise Activity	Optional group MI Optional Exercise Activity
<b>Week 4</b>	Optional Exercise Activity	Optional group MI Optional Exercise Activity
<b>Week 5</b>	Optional Exercise Activity	Optional group MI Optional Exercise Activity
<b>Week 6</b>	Six week follow up phone call  Optional Exercise Activity	Six week follow up phone call Optional group MI Optional Exercise Activity
<b>Week 7</b>	Optional Exercise Activity	Optional group MI Optional Exercise Activity
<b>Week 8</b>	Optional Exercise Activity	Optional group MI Optional Exercise Activity
<b>Week 9</b>	Optional Exercise Activity	Optional group MI Optional Exercise Activity
<b>Week 10</b>	Optional Exercise Activity	Optional group MI Optional Exercise Activity
<b>Week 11</b>	Optional Exercise Activity	Optional group MI Optional Exercise Activity
<b>Week 12</b>	One to One meeting with CEP to evaluate progress and signpost generally available exercise sessions	One to One meeting with CEP to evaluate progress and signpost generally available exercise sessions

Physical activity was measured using the International Physical Activity Questionnaire (IPAQ) with the addition of a single item sports participation measure. The IPAQ is valid, reliable, and an international standard developed and evaluated as an instrument for self-report, population-level research (Craig et al. 2003) and represents the most feasible approach for this population (van der Ploeg et al. 2010) – allowing for comparison between programmes and a collation of findings.

GPs were not required to commit any time to the programme, although ukactive welcomed advocates and champions of the programme. Anecdotally an attractive feature of the LGM programme versus a traditional referral-type programme was that no referral was needed, rather the database list received was used to target patients who met the required criteria.

### Incentives for attendance

The incentive for attendance was different for the two pathways. The standard LGM only pathway offered the opportunity to receive a MI session with a specially trained CEP aimed to increased PA levels and signpost into available exercise sessions. The LGMSA pathway offered this and the addition of weekly group motivational interviewing sessions and Facebook access to promote peer to peer interaction.

### Community Exercise Professional

The deliverer, a Community Exercise Professional (CEP), was positioned in at least one surgery and in some cases multiple surgeries. The table below (table 5) highlights the surgery, experience and qualifications of each recruited CEP.

Table 5. Details of recruited CEPs

Name	Surgeries	Experience	Relevant Qualifications
CEP 1	Ridgeacre House Surgery	Self-employed Move it or Lose it! Exercise Instructor working with older people and people with chronic medical / health issues and disabilities.	Move it or Lose it! Level 3 Understanding Principles and Practice of Assessment Later Life Training Level 4 Postural Stability Instructor Move it or Lose it! Level 2 Chair Based Exercise Marketing and Events Management BA (Hons) 1 <sup>st</sup> Class – University of Birmingham Postnatal Exercise Certificate – Luton University
CEP 2	Nechells Practice / Ridgeacre House Surgery	Cardiac Rehab class leader Chair based exercise class leader	Posture and Stability Instructor, level 4 (Later Life Training) Cardiac Rehabilitation Instructor, level 4 (BACPR) Chair based exercise Instructor, level 2 (Extend ) MSc Sport and Exercise Sciences – University of Aix-Marseille II, France. BSc. in Sport and Exercise Sciences, University of Paris
CEP 3	Bartley Green / Northfield Health Centre	‘Be Active Plus’ Health and Fitness Advisor – Birmingham City Council Self-employed fitness advisor – Weight Loss Surgery Group Fitness advisor – obesity services Sports Trainer – Aviation Club	Cancer and Exercise Rehabilitation – CanRehab Adapting Fitness Instruction for Adolescents – Babcock Mental Health and Exercise – Fitness Wales Nordic Walking Instructor – Nordic Walking UK Sports Studies with History (BSc) – University College Worcester

## Training

To ensure LGMSA was delivered to a high standard and that all CEPs were fully aware of what was required with appropriate knowledge and experience, mandatory training was provided. The table below (table 6) highlights the training which was attended by all CEPs throughout the LGM programme.

Table 6. Training details required for all CEPs.

Training activity	Instructor	Description	Hours
CEP Induction	Relevant Coordinator	Basic employee operations, covering project and the employee handbook.	1.5
Motivational Interviewing	Dr Tim Anstiss – Strategic Health Ltd	Motivational interviewing for CEPs.	16
Safeguarding	elearning: SAFECIC	Intermediate accounting procedures and guidelines.	1.5
Technical Training	Stephen Powell – Torque2	Basic employee operations, covering the dashboard.	1.5
CEP Get Together	LGM Team	Quarterly group training for new policies and procedures as well as refresher training for motivational interviewing, technical systems, safeguarding and best practice.	6
<b>Total</b>			<b>26.5</b>

## Quality assurance

The procedures in place included a CEP quality assurance report (Appendix 5) and a peer reviewed quality assurance report (Appendix 6) which was completed by LGM coordinators to monitor initial calls and ensure consistency. The CEP report was completed monthly and based on choosing five participants at random.

## Ethical approval and participant consent

Ethical approval for this project and the subsequent evaluation was granted by the local National Research Ethics Service (NRES) committee:

Study Title: Let's Get Moving augmented with social action intervention

REC Reference: 14/LO/1822

IRAS Project ID: 164108

All participants provided informed consent (Appendix 7) in line with ethical committee approved procedures and being provided with a participant information sheet (Appendix 8).

## Baseline Participant Details

The LGMSA programme engaged with a range of people of different ages, ethnicities, and disability status (table 7). The majority of participants were aged between 45 and 74 years of age, although the programme recruited and engaged with participants across the full range of age criteria (18-75 years). Females (62%) and disabled (57%) participants made up approximately two thirds of their respective groups. The majority of

participants were White British (64.0%) although Black or Black British Caribbean (11.1%), Black or Black British African (4.8%) and Asian or Asian British Indian (2.4%) made up a large portion of the other ethnicities.

The total number of participants at baseline was 414. In some areas incomplete information was collected or information was entered incorrectly and filtered by the research team. As a consequence not all information is available for all participants. A small percentage of over 75 year olds were recruited to LGM via referral from family members meeting the initial criteria.

Table 7. Demographic breakdown of participants at baseline.

<b>n=414</b>		<b>Baseline Demographic Information</b>					
		<b>n</b>	<b>%</b>				
<b>Age</b>	18-29 years	20	6%	<b>Ethnicity</b>	Arab	4	1.0%
	30-44 years	77	22%		Asian or Asian	1	0.2%
	45-59 years	104	30%		British Bangladeshi		
	60-74 years	140	40%		Asian or Asian	10	2.4%
	Over 75	11	3%		British Indian		
<b>Sex</b>	Male	152	38%		Asian or Asian	6	1.4%
	Female	243	62%		British Pakistani		
<b>Disability</b>	Disabled	235	57%		Asian or Asian	2	0.5%
	Non-disabled	179	43%		British other		
					Black or Black	20	4.8%
					British African		
					Black or Black	46	11.1%
					British Caribbean		
					Black or Black	4	1.0%
					British other		
					Other ethnic group	27	6.5%
					Mixed White and	3	0.7%
				Asian			
				Mixed White and	8	1.9%	
				Black Caribbean			
				Mixed Other	2	0.5%	
				White British	265	64.0%	
				White Irish	11	2.7%	
				White Other	5	1.2%	

## Evaluation Methods

The evaluation of the LGMSA project used a pre (baseline) and post (12 weeks) impact analysis approach. Self-reported physical activity levels were recorded by utilising the IPAQ to measure vigorous and moderate activity levels, walking, total physical activity levels, and sporting participation. As previously stated, the IPAQ was developed and evaluated as a standardised instrument for self-report, population-level research (Craig et al. 2003) and represented the most feasible approach for this application (van der Ploeg et al. 2010).

The IPAQ was completed during the initial baseline and 12 week appointments with help from the CEP. An additional call was made at six weeks to check on progress of each individual participant. Follow-up calls were made by the LGM team at six months (and 12 months as the ongoing process) and questionnaires were completed over the telephone.

The data analysis presented below explores the overall impact of the intervention, as well as the effect of the particular surgery and pathway. For each measurement period (baseline, 12 weeks and six months) the total energy expenditure per week was calculated for each of the activity categories (vigorous and moderate intensity, walking and total physical activity).

The self-reported weekly minutes for vigorous and moderate intensity physical activity, walking and total physical activity were weighted by a metabolic equivalent (MET; multiples of resting energy expenditure) providing a body weight independent estimate of physical activity (Bauman et al. 2009). This was expressed as MET-minutes/week and computed by multiplying METs by minutes/week of physical activity (Craig et al. 2003) (Equations 1-4). All analysis of the IPAQ data collected followed the Guidelines for Data Processing and Analysis of the International Physical Activity Questionnaire (IPAQ Research Committee 2005). The results presented in the tables below for sport are presented in minutes/week, calculated by multiplying the number of days by time spent participating in sport.

These totals were then divided by the number of participants who completed the IPAQ, producing a mean. A paired sample t-test was used to compare mean physical activity levels at baseline and at 12 weeks and six months to determine the effect of LGMSA on physical activity levels.

**Equation 1. Walking MET-minutes/week.**

$$\text{Walking MET-minutes/week leisure} = 3.3 * \text{walking minutes} * \text{walking days in leisure}$$

**Equation 2. Moderate MET-minutes/week.**

$$\text{Moderate MET-minutes/week leisure} = 4.0 * \text{moderate-intensity activity minutes} * \text{moderate-intensity days in leisure}$$

**Equation 3. Vigorous MET-minutes/week.**

$$\text{Vigorous MET-minutes/week leisure} = 8.0 * \text{vigorous-intensity activity minutes} * \text{vigorous-intensity days in leisure}$$

**Equation 4. Total physical activity MET-minutes/week.**

$$\text{Total Leisure-Time MET-minutes/week} = \text{sum of Walking} + \text{Moderate} + \text{Vigorous MET-minutes/week scores in leisure.}$$

## Results

### Cost of the intervention

The total cost of LGMSA per person was calculated using Equation 5. The calculation takes into account the funding provided by the Nesta Centre for Social Action Innovation Fund (£57,300) and Birmingham City Council (£25,000) and was divided by the total number of participants who booked an initial appointment with their local CEP. The cost of the LGM programme was £198.79 per person (based on the number of baseline participants). This figure did not take into account additional funding in kind from ukactive (£52,500) (highlighted in Table 1). The programme was free to access for all participants and there were extra charges for the surgeries that took part in the programme outside of their normal running costs.

Equation 5. Calculation of cost per person of LGM taking into account the Nesta Centre for Social Action Innovation Fund and Birmingham City Council funding and total participants

$$£82,300 \div 414 = £198.79$$

### Physical Activity Levels

#### Overall

There were significant increases in physical activity at 12 weeks compared to baseline. Vigorous intensity physical activity ( $t(172) = -3.3, p=0.001$ ), total physical activity ( $t(172) = -3.3, p=0.001$ ), and sport ( $t(172) = -1.5, p<0.001$ ) all demonstrated statistically significant increases in physical activity (Table 8). Sport demonstrated the highest percentage increase from baseline to 12 weeks with an increase of 542.9% (Table 9). All activity types had a positive percentage difference at 12 weeks. There was a high retention rate between baseline and 12 weeks of 41.7%.

Table 8. Paired samples t-test to compare physical activity levels MET-minutes/week<sup>#</sup> from baseline to 12 weeks. ( $\alpha=0.05$ ).

n=173	Baseline		12 weeks		t	df	p
	Mean	SD	Mean	SD			
VIG	208.8	720.1	589.1	1554.1	-3.3	172	0.001*
MOD	412.4	1396.7	549.3	875.3	-1.3	172	0.195
WALK	517.0	877.9	642.7	964.7	-1.5	172	0.140
Total PA	1124.1	2061.1	1778.7	2261.8	-3.3	172	0.001*
Sport <sup>#</sup>	6.3	26.8	40.3	77.8	-5.5	172	0.000*

<sup>#</sup>Note – for sport the mean and standard deviation values are in minutes/week. \* signifies a significant difference,  $\alpha=0.05$ .

Table 9. Percentage change in activity MET-minutes/week<sup>#</sup> from baseline to 12 weeks.

	Mean difference	SD	% Diff
VIG	380.3	1519.2	182.2%
MOD	137.0	1385.2	33.2%
WALK	125.7	1115.2	24.3%
Total PA	654.6	2616.6	58.2%

<b>Sport</b>	34.0	81.5	542.9%
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<sup>#</sup>Note – for sport the mean and standard deviation values are in minutes/week.

### Impact Of: Surgery

All four surgeries demonstrated statistically significant increases in sport (Table 10). Bartley Green also statistically significantly increased vigorous (t (21) =-2.4, p=0.023), walking (t (21) =-2.9, p=0.009), and total physical activity levels (t (21) =-3.1, p=0.005). Northfield Health Centre and Nechells Practice saw statistically significant increases in vigorous physical activity (t (63) = -2.3, p=0.028) and total physical activity (t (41) =-2.1, p=0.039). Moderate intensity physical activity was not significantly increased by any of the four participating surgeries.

Table 10. Paired samples t-test to compare physical activity levels (MET-minutes/week<sup>#</sup>) from baseline to 12 weeks for all surgeries.

		Baseline		12 weeks					
	Surgery Name	n	Mean	SD	Mean	SD	t	df	p
<b>VIG</b>	Bartley Green	22	0.0	0.0	505.5	970.2	-2.4	21	0.023*
	Northfield Health Centre	64	290.0	695.3	871.9	2266.8	-2.3	63	0.028*
<b>WALK</b>	Bartley Green	22	329.3	414.6	756.0	833.7	-2.9	21	0.009*
<b>Total PA</b>	Bartley Green	22	454.0	698.2	1484.2	1718.8	-3.1	21	0.005*
	Nechells Practice	42	1212.0	1898.5	1834.6	2115.7	-2.1	41	0.039*
<b>Sport<sup>#</sup></b>	Bartley Green	22	6.8	32.0	38.9	66.7	-2.1	21	0.049*
	Nechells Practice	42	6.3	20.5	43.6	99.2	-2.4	41	0.022*
	Northfield Health Centre	64	8.6	33.3	33.8	66.4	-2.7	63	0.008*
	Ridgeacre House Surgery	45	2.7	17.9	47.3	77.1	-3.9	44	0.000*

<sup>#</sup>Note – for sport the mean and standard deviation values are in minutes/week. \* indicates significant effects ( $\alpha=0.05$ ).

### Impact Of: Groups

An independent samples t-test was used to compare percentage change in activity levels between groups for baseline to 12 weeks and baseline to 6 months (table 12). There were no significant differences in the change in physical activity levels between LGM and LGMSA at 12 weeks or 6 months.

There were statistically significant increases in physical activity for vigorous intensity, moderate intensity, total physical activity, walking and sport across the two pathways (Table 11). The standard LGM pathway saw significant increases in moderate intensity (t (41) = -1.8, p=0.084), total physical activity (t (41) = -2.1, p=0.039), and sport (t (41) = -2.4, p < 0.022). The LGMSA pathway demonstrated statistically significant increases in vigorous intensity (t (108) = -2.6, p=0.011), total physical activity (t (108) = -2.1, p=0.043) and sport (t (108) = -4.6, p < 0.001).

Table 11. Paired samples t-test to compare physical activity levels (MET-minutes/week<sup>#</sup>) from baseline to 12 weeks within groups..

	Surgery Name	n	Baseline		12 weeks		t	df	p
			Mean	SD	Mean	SD			
<b>VIG</b>	LGMSA	109	215.4	563.7	619.8	1786.4	-2.6	108.0	0.011*
	LGM	42	301.0	1142.9	553.3	1111.7	-1.1	41.0	0.280
<b>MOD</b>	LGMSA	109	477.8	1592.5	595.6	886.2	-0.7	108.0	0.459
	LGM	42	383.8	1175.0	600.5	972.1	-1.8	41.0	0.084*
<b>WALK</b>	LGMSA	109	551.0	1025.9	605.2	1063.2	-0.4	108.0	0.657
	LGM	42	527.2	592.3	680.8	747.3	-1.2	41.0	0.223
<b>Total PA</b>	LGMSA	109	1225.5	2279.8	1816.6	2419.4	-2.1	108.0	0.043*
	LGM	42	1212.0	1898.5	1834.6	2115.7	-2.1	41.0	0.039*
<b>Sport<sup>#</sup></b>	LGMSA	109	6.1	28.0	39.4	71.0	-4.6	108.0	0.000*
	LGM	42	6.3	20.5	43.6	99.2	-2.4	41.0	0.022*

<sup>#</sup>Note - for sport the mean and standard deviation values are in minutes/week. \* indicates significant effects ( $\alpha=0.05$ ).

Table 12. An independent samples t-test to compare percentage change in activity levels between groups (baseline - 12 weeks; baseline - 6 months).

	Percentage Change (%)							
	12 weeks				6 months			
	Mean difference	t	df	p	Mean difference	t	df	p
<b>VIG</b>	18.0	0.8	149	0.433	28.4	1.3	90	0.192
<b>MOD</b>	35.3	0.4	149	0.667	-51.2	-1.5	90	0.142
<b>WALK</b>	20.1	0.4	149	0.668	-89.0	-0.9	90	0.377
<b>Total PA</b>	40.3	0.5	149	0.610	50.6	1.0	90	0.321
<b>Sport</b>	10.1	0.9	149	0.394	9.6	1.3	90	0.195

## Physical Activity – 6 Months

### Overall Physical Activity Levels

There was a statistically significant increase in walking from baseline to 6 months ( $t(112) = -3.9, p < 0.001$ ) (table 13). Vigorous physical activity, total physical activity and sport decreased between baseline and 6 months with the total physical activity decrease being statistically significant ( $t(111) = 3.4, p = 0.001$ ). The follow up percentage change between baseline and 6 months was 22.2%.

Table 13. Paired samples t-test to compare physical activity levels (MET-minutes/week<sup>#</sup>) from baseline to 6 months.

n=92	Mean differences	SD	t	df	p
VIG	-186.4	1891.5	1.0	111	0.299
MOD	78.4	829.1	-1.0	111	0.319
WALK	548.3	1489.5	-3.9	112	0.000*
Total PA	-859.7	2652.3	3.4	111	0.001*
SPORT	-5.0	128.3	0.4	112	0.677

<sup>#</sup>Note – for sport the mean and standard deviation values are in minutes/week. \* indicates significant effects ( $\alpha=0.05$ ).

## Analysis and Interpretation

Overall, the results demonstrate that LGM was successful in increasing physical activity levels of participants. Increases in activity levels were seen for all activity categories, with statistically significant increases seen for three out of the five activity categories: vigorous, total physical activity and sport (Table 8). The largest percentage increases in activity levels were seen for sport and vigorous activity with percentage changes of 542.9% and 182.2% recorded over 12 weeks respectively. The 12 week retention of 41.7% was similar to previous observational exercise referral studies (Pavey et al. 2012) although the participants for LGMSA were targeted and not self-referred as in previous research.

When the results were analysed by surgery, all four surgeries produced statistically significant increases in physical activity across four of the five activity categories (Table 10).

One of the aims of this project was to understand the effect of increased social action through group MI sessions against the standard LGM programme developed by the Department of Health. Analysis shows that both the LGMSA sessions and standard LGM sessions (control) significantly increased physical activity levels. There was no difference in the size of the effect that each pathway had on the participant's activity levels, however LGMSA significantly increased vigorous intensity, physical activity, total physical activity and sports participation (Table 11). Further analysis revealed that there were no significant percentage differences between the two pathways (Table 12).

Caution must be shown when interpreting these results due to the comparatively small sample size of the LGMSA group, (n=42 LGMSA, n=109 LGM). This small sample size would have considerably reduced the power of statistical analysis conducted and this should be considered when interpreting the results from the between group analysis.

Retention at 6 months was 22.2% (n=92). Walking was the only activity category showing significant increases from baseline to 6 months (table 13), even though this was not significant at 12 weeks. Moreover, moderate intensity physical activity was the only other activity category to increase at 6 months (although not significantly). Vigorous intensity physical activity, walking and sport all decreased from baseline to 6 months with the decrease in walking statistically significant. Data will continue to be collected for the 6 month data

collection as this was not complete at the cut-off point set for this evaluation. The continuous process of 6 and 12 month data collection is part of the long term sustainability of LGMSA.

## Process evaluation

### Delivery

#### Participants

Retention rates and participant numbers are highlighted at each stage of the pathway in Figure 4. Key to the success of LGMSA was the dedicated work of the support team in converting 45.8% of participants spoken to into a booked appointment, with 95.2% of those completing a baseline IPAQ. Follow up at 12 weeks and six months was similar in terms of retention rate, although this will look to be increased in future

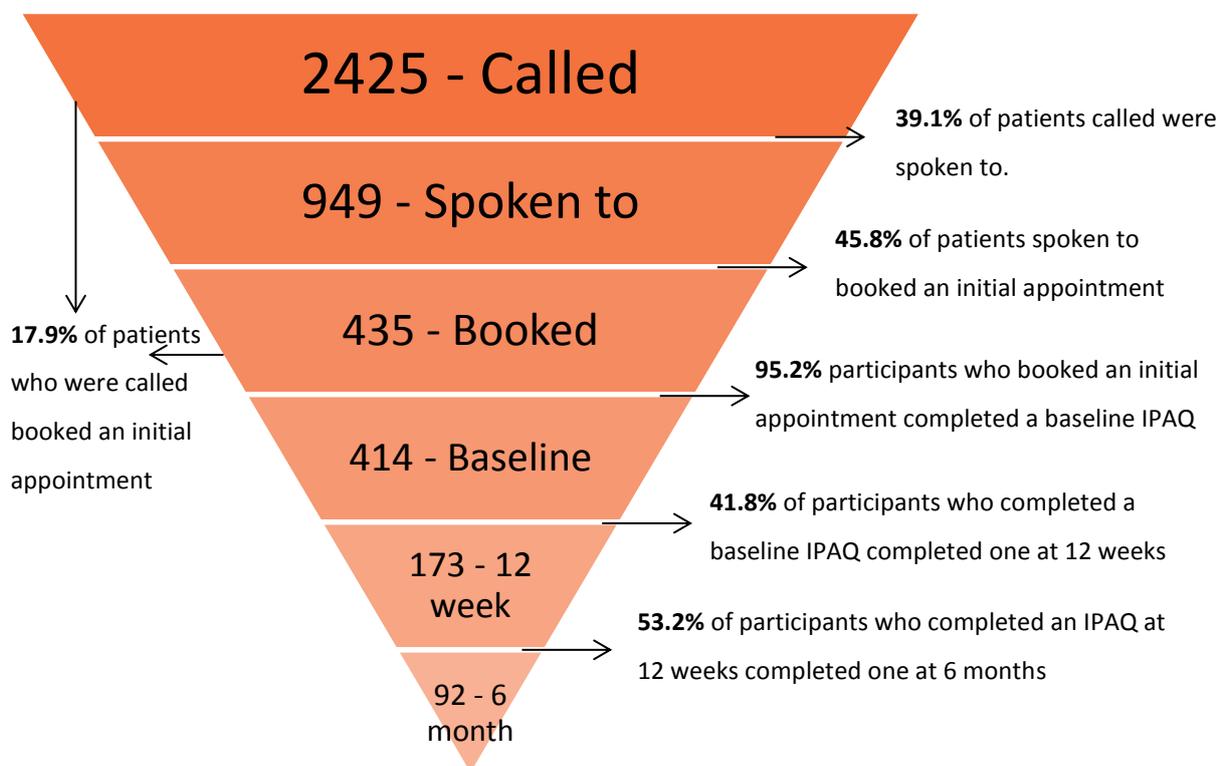


Figure 4. Diagram of the number of participants and retention percentages at each stage of the programme.

#### Social Action Group Sessions

Motivational interviews (MI) which aimed to increased physical activity levels and signpost into available exercise sessions were conducted for all participants at week 1 of the programme. The social action pathway then received a group session on the remaining weeks (an overview can be seen in Table 4 with more detail in Appendix 3).

The group sessions were held in a community hall which was more popular than a room in the participating surgery, plus the ability to make refreshments upon arrival helped attendance. This venue was accessible to all as it was on the ground floor with free parking and a nearby bus stop. The time of day was important and was adjusted to meet the needs of the demographic attending with morning and evening sessions available. There were 33 participants who attended a group session and filled in an IPAQ at baseline. On average 8-10 participants attended the weekly sessions and a total of 18 went on to complete the programme and the week 12 IPAQ.

The positive anecdotal case studies and stories have helped to shape and develop the group sessions into a powerful tool which has been refined throughout the process. Furthermore, the Northfield Health Centre group wanted to continue meeting and have since been offered the indefinite use of the room at Holloway Hall for free to facilitate the continuation of their group sessions. These group sessions are able to continue due to the recruitment of community champions and enthusiasm of the group as a whole. The continued success of the group sessions and ongoing developments will be implemented in future LGM programmes such as with Essex County Council and National Childbirth Trust.

## **Sustainability**

Since the commissioning and funding for LGMSA in Birmingham, ukactive has expanded the delivery to include further programmes with Essex County Council, Kent County Council and a Legal and General sponsored LGM approach is being adopted by National Childbirth Trust.

In order for LGM to be developed and applied in new locations there were seven key learnings from the LGMSA programme. This will ensure continued success and sustainability of LGM. The learnings include:

1. **Session Timing:** The 60 year old and over demographic attended morning sessions more frequently than afternoon sessions. Bartley Green participants did not like attending after dark, which was particularly problematic over winter. Northfield patients liked attending their session at 10am due to transport links as free travel for over 60 years olds begins at 9.30am.
2. **Session Timing:** Evening session hosted at Bartley Green suited a younger demographic but were not well attended and older participants stopped attending. To widen the demographic of people attending group sessions, two group sessions are now running in Essex, one in the morning and one in the evening.
3. **Location:** The Northfield Health Centre sessions were held at Holloway Hall, a community centre located in a park. Participants felt as though the location and venue made a huge difference as they enjoyed going there. The venue is also used for other activities such as ParkLives, Tai Chi and Line Dancing. Participants were able to collect information about such sessions following the group session.
4. **Engagement:** Engaging a GP practice to take part in the programme can take a lot of time and resource. From experience the best and quickest approach was to secure support from a local authority-led / CCG level physician who can begin the conversation on behalf of ukactive and open

doors. This dramatically reduced the time taken to set the intervention up in a new delivery area. Monthly reporting to the practice manager is in place to increase their engagement in the programme. This summarises the projects progress, key statistics, and case studies.

5. **Tracking:** Tracking group attendance has been adapted with participants automatically falling into the following lists so that the LGM team can follow up with appropriate communications to encourage them back to group sessions:
  - a. Inactive interested – people who registered interest in the group sessions, but have not attended any yet.
  - b. Two weeks inactive – people who have attended at least one group session but have not attended for the past two weeks.
6. **Feedback:** Additional group session feedback to be gathered at 12 week appointment.
7. **Content:** Feedback from a CEP said week 6 was about stress and did not go well. Given their age, this session focused a lot on bereavement and patients got very upset. Discussions with the LGM programme in Essex have involved this week being replaced with a session on Mindfulness.

Learnings from previous LGM programmes were implemented to improve the service provided. The key findings and learnings here will be implemented and discussed for future programmes as part of the continuous product development of LGM. The LGM programme is continuously adapting to the needs of the participants through insight and feedback received.

## Case Studies and Testimonials

Case studies and testimonials are vital to the evaluation of the LGMSA programme. Such information can help to provide an overall picture of effectiveness. Included below is a snapshot of the many case studies and testimonials obtained over the duration of the project. Case studies were collected by members of the central team, and not the CEP with whom the participant had been engaged, to allow for more objective feedback. The foreword to this evaluation is a moving poem written by a LGM group attendee. It summarises the LGM pathway and its impact on her life.

### Participant Testimonials

#### Northfield Group Attendee 'Write Up' of LGM

##### Let's Get Moving – Weekly Sessions

We call it “The Talking About Walking Club” and have a little laugh about it because we only 'talk' about it – BUT – don't be fooled, it actually works.

You go for the first few sessions to see what it can do. You sit and talk and Michelle gives you the theory for the day and it gives you something to work on. Then you are all having a natter about the current subject and discussing what the others in the group do.

Next you decide to leave the car on the drive and walk to the supermarket, or wherever? Yes? Well maybe not, but be sure of this, next week the group will find out because these little sessions are confession sessions.

Our group are lucky to meet in a nice little room overlooking a park. Whether this has an influence or not I don't know. What I do know is – we all enjoy getting together. The group has gelled. We do walk more. I can only speak for myself and my close friend but the others are moving as well. Some swim, some exercise, some line dance. We shall go on getting together when the sessions end, which I hope won't be for a while yet.

Whether we meet for a coffee, or a coffee followed by a walk, I don't know. Maybe it will be to plan an outing on a sunny day. BUT it will be to keep moving. So – it's a success.

Congratulations on the motivation.

### **Let's Get Moving – Northfield Health Centre**

Hi Michelle

Further to our meeting earlier today I would like to thank you for introducing me to this course.

When I first received the invitation I must admit I was a little put off by the title. I imagined it to be an exercise class which I didn't think would suit me, however, I decided to give it a try.

I have found that it encouraged me to take up aqua aerobics, which I had not previously considered. This has helped me get fitter without worrying about the weight on my knees and hips and has proved to be a real enjoyable experience.

I also enjoy the companionship and shared experiences of the other members. As you are aware we also meet at other times during the week and firm friendships have been formed. It is interesting and helpful that other people are having similar difficulties and together we are able to offer possible solutions.

Thank you again

Best Regards  
Sandy

Name: Irene

Surgery: Northfield Health Centre

#### **What was your motivation for joining Let's Get Moving?**

Having had Osteoarthritis since I was 7 years of age and following two knee replacements, I found my mobility was slowly decreasing. I wanted to find a way to halt my decreasing mobility.

#### **What did you enjoy most about Let's Get Moving?**

I was put in touch with Move It or Lose It Movement and now go to seated exercise classes, which I do at my own pace.

**Has there been an increase in your physical activity?**

I am encouraged to find that I can now do more strenuous exercise and my mobility is slowly improving.

**Has your wider family benefited, and if so how?**

My family have benefitted as I can now stand in the kitchen and cook meals. My husband has seen the improvement which helps us both to participate in our hobbies. In fact I managed to walk around a model railway show. Something I have not been able to do for some time.

**Have there been any additional positive outcomes, e.g. self-esteem, energy etc.?**

Yes I have more energy a more positive outlook, I made new friends, and we meet outside of our support meetings and share each other's interests over a cup of tea and a chat.

**How did the Community Exercise Professional help to achieve the changes made?**

Michelle Coyle, at the support group each week has enabled us to focus on the different points of discussion each week. In fact at the end of our 12 weeks, we all decided to carry on as we enjoyed the meetings so much. She is a mine of information, and is the person that has helped to hold the group together.

**Do you have a particular statement we could use as a quote?**

Let's Get Moving is flexible and helps people of all abilities to become more active, in a way appropriate to their needs which benefits and helps them to find a happy and healthy lifestyle.

**Would you recommend Let's Get Moving to any family or friends?**

Yes most definitely.

**Do you have any other comments?**

I am so glad that my doctor's surgery enabled me to take part in this programme. Also a very big thank you to Michelle Coyle an inspirational leader.

**Brief Case Studies**

Patient 1 has recently lost his wife and was very socially isolated prior to joining the LGM group. He was very emotional about his new social life and is pleased that he now has friends to do things with.

Patient 2 suffers from arthritis and has had both hips replaced, since her initial appointment she has taken up Aquafit. She is feeling less stiff and has noticed she can do more and more for example, swimming with granddaughter, which she really enjoys.

Joining the group after her 12 week appointment, Patient 3 is the newest member and was a self-confessed 'complete couch potato' prior to joining LGM. She now regularly attends Park Life sessions, Tai Chi and walking groups. She suffers from Asthma and has found she is not as breathless as she used to be.

Patient 4 used to walk with a stick. Since increasing her activity level she has found she no longer needs it. She came along to the group with a friend who was taking part in LGM. Although she did not have an LGM appointment, she has been attending the groups for 2 months and has significantly increased her activity levels. She said the world was now her oyster and is planning on visiting Barcelona.

Patient 5, used to use stick all the time, now only needs it occasionally. She does walking now and has noticed she has way less aches and pains than she used to.

### **Christmas Party**

To celebrate the success of the social action group sessions in Birmingham the LGM team hosted a Christmas party in Northfield. All Northfield patients who attended a 12 week appointment were invited. There was a raffle, a presentation from ukactive on collective results, a presentation from the group themselves, a buffet and time for socialising.

### **BBC Radio Solent Interview**

Michelle Coyle, a Community Exercise Professional, was interviewed as part of ukactive's Blueprint For An Active Britain release on the BBC Radio Solent. Michelle discussed and championed the benefits of LGM in Birmingham, how this can work within a surgery, and the positive increases in physical activity.

## **Discussion**

### **Limitations and generalisability**

The LGMSA programme has taken numerous steps to ensure the quality, accuracy, and reliability of the data collected. Support and management by ukactive, expert training, and considered research design and data analysis have helped ensure the evaluation was rigorous and scientifically robust. However, as with all real world research there were limitations and these are discussed below.

The disadvantages of a self-report methodology are well known (Sallis & Saelens 2000) and include over-reporting of activity levels, a lack of understanding terms such as 'physical activity', 'moderate intensity' and 'leisure time', and the suitability of the questionnaire to the target audience. However, self-reporting, of physical activity in this case, represents the most feasible approach for population-level research (van der Ploeg et al. 2010). The IPAQ was developed and evaluated as a standardized instrument for this purpose (Craig et al. 2003). Therefore, in this context, the use of self-reported physical activity was the most accurate, reliable and feasible approach to meet the needs associated with the target population.

Additionally, the relatively small sample size of the LGMSA group in comparison to the LGM group and between surgeries means the results should be interpreted with caution. These small sample numbers considerably reduce the power of statistical analysis conducted.

## Key Findings and Recommendations

The results, both quantitative and anecdotal, suggest an overall positive impact of the LGMSA intervention. Four key findings were:

1. Physical activity levels significantly increased from baseline to 12 weeks with sport demonstrating the highest percentage increase from baseline overall.
2. Physical activity levels increased for the standard LGM and LGMSA pathways.
3. There were sustained increases in physical activity levels at six months for walking.
4. Key learnings were taken for collateral production, CEP recruitment and technological systems.

LGMSA has further developed and progressed the LGM programme originally developed by the Department of Health and more recently LGM powered by ukactive. This programme has developed seven key learnings (discussed in the sustainability section) that will provide both present and future LGM programmes with a firm working knowledge to implement a successful programme. Recommendations for future projects include:

1. Group session timing needs to be adapted to the demographic
2. The location of group sessions needs to be enjoyable and accessible, preferably not in the GP surgery.
3. GP engagement is key, allow plenty of time and provide reports to maintain engagement
4. Tracking of participants is vital and can be adapted.
5. Gain as much feedback as possible from all sessions.
6. Tailor group session to suit the demographic of the attendees and include flexible activities that have been designed to account for differing group sizes.

## Conclusions

LGMSA demonstrated statistically significant increases in the physical activity levels of participants. The results indicated this to be true for vigorous intensity physical activity, walking, sport, and total physical activity from baseline to 12 weeks. Additionally, walking was significantly increased over 6 months. The decrease in

vigorous, total physical activity and sport over 6 months highlight the importance of structured support and motivational interviewing to maintain the increase in physical activity levels. Additional support, as demonstrated by the Northfield Health Centre social action group continuing their group sessions, could be used as a model for future programmes.

There was no significant difference in physical activity levels found between LGM and LGMSA from baseline to 12 weeks and 6 months. Nevertheless, the augmentation of social action within the standard LGM programme highlighted a significant increase in vigorous intensity physical activity, total physical activity and sport although due to the small sample size a conclusion cannot be drawn as to the overall effectiveness of this intervention. These findings provide a benchmark for future social action interventions within LGM, with the opportunity to use key learnings from this project to increase participation and retention.

Analysis indicated the successfulness of not only recruiting 414 inactive and overweight individuals but also providing them with the support, guidance and encouragement to positively change their behaviour and lead a healthier, active life.

The anecdotal evidence, in the form of case studies and testimonials, supplement the data collected through self-reported physical activity questionnaires. The real life stories and real life positive changes attributed to LGMSA highlight the importance of this programme at increasing physical activity levels as well as other areas of physical and mental wellbeing.

LGM has been successful and provided ukactive and the central LGM team vital information that will help more people to benefit from increased physical activity.

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## Appendices

### Appendix 1 – GP engagement letter

Name

Address 1

Address 2

Address 3

Address 4

Dear [Name]

September 2014

### Don't lose out

We have secured additional funds to support the wellbeing of patients in your surgery, through increasing their levels of physical activity, and want to work with you to invest these funds to maximum benefit.

### What's the issue?

We all know the need to get people more active. The cost of physical inactivity is enormous while the benefits of becoming more active are well evidenced; only about a third of people are active enough. Patients often look to their GP to help them become more physically active (94% think GPs prescribing physical activity is a "very good" or "quite good" idea) but extreme pressures on your time and other constraints often make the reality of engaging seriously with patients on this issue a challenging one.

### Who's it aimed at?

In this case people aged 18-74, overweight and with a history of physical inactivity. There is a dose response relationship between increased levels of physical activity and reduced disease burden, particularly for many of the common population morbidities such as type 2 diabetes and CVD. The greatest benefit is delivered when people move from no or very low activity to some activity; this is important as it is a realistic expectation of your patients.

### And the solution is...?

ukactive together with Birmingham Council are undertaking a research project to examine the effectiveness of the Let's Get Moving Back Into pathway with the addition of a social action interaction. Participants will be randomised based upon the surgery they attend. Control surgeries will deliver the core Let's Get Moving programme as advised by the Department of Health. Intervention surgeries will deliver the Let's Get Moving programme with increased social action and peer to peer interaction.

The Let's Get Moving pathway consists of motivational interviewing (MI) delivered by community exercise professionals in GP surgeries. The aim is to encourage participants to enter a community sports pathway comprising of 12 exercise sessions, and to go on to sustain increased levels of physical activity.

In addition to the above, participants receiving the intervention will also have the option to attend weekly group MI sessions hosted and led by their CEP over a 12 week period, and join a facebook group specifically created for participants.

Physical activity levels will be monitored via electronic attendance registers throughout the intervention and follow up period to determine effectiveness. Self-report physical activity levels will also be monitored throughout the intervention.

The Let's Get Moving care pathway has been fully evaluated (see below) and proven to be highly cost effective. This pathway involves GPs referring a target group to specialist professionals (community exercise practitioners) who use motivational interviewing to encourage participants to become more active over a series of spaced interviews. The programme has been designed and tested by The BHF National Centre (BHFNC) for Physical Activity and Health based at Loughborough and is based on NICE guidance; it has been run in many locations across the UK including Practices with good results.

## Is there any kind of evidence base for this?

The "Let's Get Moving" pathway has been evaluated by the BHF National Centre for Physical Activity & Health at Loughborough University and underpinned by NICE's review of brief physical activity interventions. It was found to deliver QALYs (quality adjusted life-years) at a cost of between £20-£440 (NICE, 2006), compared with £6/10,000/QALY for statins and a widely accepted maximum investment threshold of £20,000/QALY. What is more this investment generates a return on investment of between 1:2 and 1:16 (NICE, 2006) in reduced health costs. Therefore the evidence base supports this intervention as a low-cost, high return behavioural intervention with which to tackle physical inactivity.

## But I don't have the resources!

This intervention is funded in its entirety by Birmingham Council and Nesta. There is no cost to the GP or Practice. The programme is managed and delivered by ukactive with a consortium of specialist providers who have already successfully run the intervention across the whole of Essex in 2011 and Luton & Bedfordshire in 2012-2014.

## What's in it for my patients?

There is strong evidence of the positive physical and mental health benefits of greater physical activity (see Table 1). We would be keen to discuss with you which patients could benefit from a programme of this nature, in particular those for whom increased physical activity could prevent, delay or reduce the need for pharmacological approaches to treatment.

## What's in it for me?

Apart from the health benefits to your patients there are potential benefits to your Practice, ranging from a reduction in appointment frequency of some regular patients to empowering patients to take greater responsibility for their own health. to participating in an innovative programme that could be scaleable and fits well with latest thinking on cost effective prevention. It carries no risk for you and is fully funded.

## Appendix 2 – Anonymised GP Tracking Document Example

Table 14. GP engagement tracking table.

Surgeries					
Group session site					
<b>GP Contact information - Birmingham</b>					
Title					
Initial / First name					
Surname					
Address 1					
Address 2					
Address 3					
Postcode					
Email					
Telephone					
Patient number on list					
Status					
<b>GP Engagement Checklist</b>					
Initial letter sent					
Initial phone call made					
Contact made with GP / PM					
GP visit arranged					
Contract signed					
Letter signed off by practise					
Patient report run by practise					
Doc mail set up and letters sent					

CEP recruited					
CEP visits surgery					
Final list of patients sent to T2					
NDA's signed					
FAQ's & contact details sent to surgery					
Agreed suitable dates and times with surgery					
Dashboard calendar updated					
Calls begin					
First patient seen					
Slots available					
Patient Volunteer selected					
Volunteer training in place					
First patient lead group session held					
Surgery closed					
Post surgery report generated					

## Appendix 3 – 12 Week Motivational Interview Guide

### Let's Get Moving – Social Action Intervention

#### Group Session Guide

The aim of this document is to provide you with a guide to running your group support sessions.

Each of the 12 sessions has been themed around a potential benefit of a physically active lifestyle.

This document will provide you with some background to each theme, and links with underlying theories / techniques you may be able to employ within the group session to support those seeking to increase their physical activity levels.

To increase engagement in the group sessions participants will be asked to bring an object with them that they associate with the topic in hand. An outline of these objects will be provided for the participants, but it should be emphasised at both the initial motivational interview and subsequent group sessions.

A proposed structure for each session is provided below:

**Opening** - Welcome from the CEP – **5 minutes**

**Participant Check In** – Each group member introduces themselves and reflects briefly on the previous week, specifically in relation to the goal that was set in the previous session – **10 minutes**

**Theme of the Week** – The CEP should introduce the topic for the week, providing an outline of the benefit, some of the negative consequences where applicable – **5 minutes**

**Group Discussion** – The CEP should at this point ask the group to present their item, explain why they have selected it, and how they feel that this programme / increasing their physical activity levels will contribute to the desired outcome e.g. more fun, less stress, healthier weight etc. Each member should have the opportunity to present their object, and the group to discuss / help the participant make conclusions and plans for next steps. In this instance the CEP should help to stimulate these discussions with comments such as; “has anybody else had a similar issue?”, “how have you dealt with it?” “What did you find were the best solutions?”, “Can anybody offer suggestions?” etc. – **30 minutes**

**CEP Summary** – The CEP should summarise the discussion, relating the conversations back to the theme of the week and benefit of a physically active lifestyle. Link this summary to a goal for the week moving forwards. – **5 minutes**

**Participant Check Out** – Each group member tells the group a goal they have for the week ahead following the discussion. This can be specifically related to the theme of the week, or a more general aim. These can be recorded in the Let's Get Moving – Becoming More Active pack. – **5 minutes**

## Week 1 – Having fun with family and friends

**Object Description - This week's all about getting to know each other and having fun. Bring along something you associate with a fun activity or memory.**

### Overview

As the pace of life has increased for many of us it's often at expense of enjoying time with family and friends. But scientific research highlights the importance of doing something fun with our partner, family and close friends.

It makes us and them happier and it strengthens our relationships, which in turn leads to greater overall well-being.

Positive emotions make us more social and open to new experiences and ideas as individuals. Experiencing them together makes us feel closer and leads to long lasting bonds.

Sharing novel experiences helps us and our relationships to grow and several studies have shown that it also increases relationship satisfaction.

So finding ways to have fun and do new things with your loved ones is a great way to build your happiness.

By incorporating physical activity into these experiences you can take steps toward a healthier lifestyle, whilst enjoying quality time with those close to you.

### Tips for engagement

- Be aware of local activities designed for / appropriate for families that you can signpost people toward
- Be aware of local activities that are designed for group engagement that friends or family can feed into
- Link behavior change to benefits in others as well as the participant e.g. do you think that your children / partner / friends would benefit from the activity also?

## Week 2 – Feeling good

**Object Description - Be it a candle, cricket ball or a DVD grab whatever makes you feel good and bring it to this session.**

### Overview

Sure, you know exercise is good for you. But did you know that exercise can also make you a happier person? It's true.

When you stay active on a regular basis, it's not just a coincidence that you feel less stressed out, less anxious, and generally happier.

Here are some reasons why exercise makes you happy:

### **1. It releases happy chemicals into your brain.**

Dopamine, a chemical that plays a role in happiness, is a neurotransmitter in the brain that's necessary for feelings of pleasure and happiness.

### **2. It makes you less stressed out.**

Not only will working out ease stress in the short term by helping you sweat out the day's worries, regular activity will help you become less stressed out in the long term as well.

That's because when you exercise, you're actually subjecting yourself to a low-level form of stress by raising your heart rate and triggering a burst of hormonal changes. When you subject yourself to the stress of exercise enough, your body will eventually get better at handling the rest of life's stressors.

### **3. It energises you.**

You no doubt have days when you just feel too tired to exercise, when working out is the last thing in the world you want to do. But no matter how exhausted you are from a long day at work, taking care of your family or recovering from a busy weekend, do your best to muster up all the willpower you have and still work out, because more likely than not, you'll feel more energized *after* your workout than you did before it.

### **4. It boosts your confidence.**

When you don't feel good about your body or how you look, it's all too easy to have low self-esteem. And that can have a negative effect on all areas of your life including your relationships, your career, and your goals and aspirations.

But when you start to exercise and see your body transform, that can quickly change. Because exercise will not only make you like how you look, it will also make you feel stronger, more independent, and more confident. There's nothing like a boost in confidence to increase overall happiness.

**Be active, and be happy.**

### **Tips for engagement**

- Link what currently makes people feel good, to potential future activities
- We are not looking to criticise peoples current suggestions, but help them see that activity may be able to elicit similar feelings
- Link behavior change to other benefits i.e. not only will you feel good but . . .

### **Week 3 – Weight management**

**Object Description - What's your guilty pleasure? We all have our weak spot so bring along whatever food or drink craving you just can't resist.**

### **Overview**

Looking to get to or stay at a healthy weight? Both diet and physical activity play a critical role in controlling your weight.

You gain weight when the calories you burn, including those burned during physical activity, are less than the calories you eat or drink.

When it comes to weight management, people vary greatly in how much physical activity they need. You may need to be more active than others to achieve or maintain a healthy weight.

When you engage in physical activity, you burn calories. The more intense the activity, the more calories you burn. You don't need to set aside large chunks of time for exercise to reap weight-loss benefits. If you gradually become more active throughout the day in simple ways — by taking the stairs instead of the elevator or revving up your household chores.

Understanding energy balance is key to maintaining a healthy weight and fitting all foods and drinks into an active healthy lifestyle that includes a sensible diet based on balance, variety and moderation, and regular physical activity

So, there is nothing wrong with a guilty pleasure – just remember to balance it with an increase in physical activity!

#### Tips for engagement

- Outline the idea that this process is not a weight loss program, but that maintaining a healthy weight is important for health, and physical activity is a big part of that.
- Link guilty pleasures to the energy balance – nobody wants to stop people having what they enjoy, what activities can they do bring back the balance between energy in and energy out?
- Weight / body shape related outcomes may well be a goal for many – can you link these targets to tangible steps toward an active lifestyle e.g. ok, you want to lose 5kgs, what are some active steps you can take towards that goal.

#### Week 4 – Staying Healthy

**Object Description - There are tons of things you can do to be healthy. For this session bring something that you use to stay healthy. This might be something like Diet Coke or a golf ball.**

#### Overview

Step right up! It's the miracle cure we've all been waiting for. It can reduce your risk of major illnesses, such as heart disease, stroke, diabetes and cancer by up to 50% and lower your risk of early death by up to 30%. It's free, easy to take, has an immediate effect and you don't need a GP to get some. Its name? Physical Activity.

Regular exercise or physical activity helps many of the body's systems function better, keeps heart disease, diabetes, and a host of other diseases at bay, and is a key ingredient for losing weight. Benefits of a physically inactive lifestyle include:

- Improves your chances of living longer and living healthier
- Helps protect you from developing heart disease and stroke
- Helps protect you from developing certain cancers, including colon and breast cancer

- Helps prevent type 2 diabetes and metabolic syndrome
- Helps prevent the loss of bone known as osteoporosis
- Reduces the risk of falling and improves cognitive function among older adults
- Relieves symptoms of depression and anxiety and improves mood
- Prevents weight gain, promotes weight loss
- Improves heart-lung and muscle fitness
- Improves sleep

If exercise and regular physical activity benefit the body, a sedentary lifestyle does the opposite, so remember to keep active alongside anything else you may do to improve your health!

### Tips for engagement

- There is a good chance people in the room will be suffering from, or at high risk of some of the conditions that physical activity can benefit – this could be used to increase engagement.
- Link what people do a the minute to stay healthy, with activity and the joint benefits that combining them could have e.g. Diet Cokes- energy balance i.e. you are watching energy in, now let's work on the energy out.
- Goals around health specifically are hard to set, so emphasise the dose-response relationship between activity and health i.e. the more you do, the greater the benefit – especially when previously sedentary.

### Week 5 – Feeling Fitter

**Object Description - What would you do if you were fitter? Bring along a photograph or a magazine clipping of something you aspire to do.**

#### Overview

Winded by grocery shopping or household chores? Regular physical activity can improve your muscle strength and boost your endurance. Exercise and physical activity deliver oxygen and nutrients to your tissues and help your cardiovascular system work more efficiently. And when your heart and lungs work more efficiently, you have more energy to go about your daily life.

When your heart and cardiovascular system function more effectively the heart will build up less plaque and become a more efficient pump. Within only a couple days after you start exercising, the body readily adapts to the stimulus it's getting and it becomes easier. You will feel less fatigue. It will not take as much effort when it comes to breathing and you shouldn't have as much pain or soreness.

So alongside all the other health benefits, a physically active lifestyle could just make the rest of your life that little bit easier!

### Tips for engagement

- There is a good chance people in the room will have goals or aims associated with being fitter and/or healthier – can you link these with activities they can take up?
- Link what people want to achieve with small short term achievable steps.
- Links to family, friends and significant others may be important. Being fitter for the benefit of relationships could be a significant motivator.

## Week 6 – Confidence

**Object Description – Confidence is key so come armed with something that makes you feel successful.**

### Overview

Feeling confident in a rational and realistic manner is a sound safeguard against several physical, mental and emotional problems. Here are some ways in which exercise boosts confidence:

**Sense of Achievement:** Whenever you exercise it gives you a feeling that you have done something rather than sitting passively and brooding over issues.

**Enhanced well-being:** When you exercise, the body releases chemical substances known as endorphins which relieve stress and make you feel good psychologically.

**Physical Health:** Regular physical activity makes your immune system strong and well equipped to fight various diseases and infections.

**Appearance:** Physical activity can help improve your body. Feeling attractive and good about the way you look pumps up your self-confidence.

**Change of Mindset:** On some occasions when you are lost in anxious and negative thoughts, physical activity can shake this mindset and make you feel confident and positive.

**Socialisation:** Whether it is joining a gym, walking in the local park, attending a yoga or dance class, physical activity gives us space and opportunity to meet people and form bonds.

**Attention and Concentration:** Exercise also increases your attention and concentration, which means that you can focus on your work a lot better and this becomes an important feel good factor.

### Tips for engagement

- Confidence will likely be a significant barrier for many people in the room – can you find an area they are confident in and link this back to beginning activity? Perhaps something they were not sure about initially but grew to enjoy and thrive at?
- This confidence may be manifested in the success they have achieved (associated with the object presented).

## Week 7 – Stress

**Object Description – Have a think about what you found stressful last year. Bring in an object you associate**

**with stress. This could be anything from a mobile phone to a recipe book.**

### Overview

Human beings were designed to move, not sit on chairs. Physical activity is an essential part of good body function and the good news is that physical activity is your shortest route to a feeling of well-being and a physical glow. Everyone knows that exercise is good for you but many don't know that it is one of the best stress combatants available - however the majority of peoples' excuse is that they are too busy and stressed to fit it into their routines.

Not only does it keep the heart healthy and get oxygen into the system, but it helps deplete stress hormones and releases mood-enhancing chemicals which help us cope with stress better.

Endorphins are often classified as the happy hormones. Any form of physical activity leads to the release of these feel good neurotransmitters. The increase in endorphins in your body leads to a feeling of euphoria, modulation of appetite, the release of different sex hormones and an enhancement of immune response. This helps combat the negative effects of stress.

Physical activity relaxes tense muscles and tissue. These can strongly contribute to stress-related aches and pains such as neck or back pains and headaches.

Whatever physical activity you try, you will soon discover that a major benefit is that it helps you to forget your problems. Activity helps you to shed the day's irritations and the focus you place on your feel good physical activity results in higher energy levels and optimism can help you feel clearer and calmer. Not only do you become completely absorbed in what you are doing at the time. But the positive endorphins that exercise releases will also help you maintain a more positive outlook afterwards

### Tips for engagement

- Can you link the object people associate with stress with an opportunity to be active e.g. you can't use your phone in a swimming pool, or a walk could be an opportunity to leave work at lunchtime and relieve a little stress
- The concept of stress being both a barrier and a benefit is an interesting area to explore. Using the typical day approach it may be possible to build in some activity and relieve that feeling of being constantly overwhelmed / under pressure
- Stress release can be an attractive proposition, finding the right type of activity for the right people can however be a little more challenging. A good local knowledge of available activities will be useful.

### Week 8 – Support

**Object Description – Feeling supported can make all the difference. This week come with a photo of someone who supports you.**

### Overview

Having somebody significant to you that are invested in what you are trying to achieve, may make you more likely to succeed.

Research has shown that the closer you are to that significant person the more likely you are to achieve your

goals.

An even better method might be to tell that person what you're doing and bring them in to help / support you.

This could be a partner taking on some of your jobs around the house so that you can attend an activity class or walk with friends. A friend may suggest activities that relate to your goals as opposed to an evening in the pub or at home watching a film. A parent may be able to offer motivation when you are feeling low and can't be bothered to do any activity.

The more people that are invested in what you are trying to achieve – the more supported you are going to feel. With this in mind however, setting short achievable goals alongside your long term aims is important. This can make the whole process seem more enjoyable!

Can the people in the photo you have brought help you in achieving your physical activity goals? In what way? Are they the only ones or do you think there are others around you that you would like to talk to?

### Tips for engagement

- Can you link the object people associate with support with an opportunity to be active e.g. would they do something with you? Are they active themselves?
- Do people always associate that particular person with support? Or do they sometimes cause stress too? Can you link back to last week and the idea that stress release can be an additional benefit of an active lifestyle?
- Do people like the idea of other knowing they are trying to make a change in their life? Is this always a good thing?

### Week 9 – Inspiration

**Object Description – What inspires you to succeed? Come along to this session with something or a photo of someone you find inspiring.**

### Overview

Inspiration and motivation is the key to getting active and staying that way over a lifetime.

Lack of motivation is the reason many people drop out of their physical activity routines and then find it hard to start them up again. Everyone's enthusiasm for activity naturally wanes sometimes, and a little inspiration and motivation is required to give the brain a boost and the body moving again.

### So what can you do to stay motivated?

Decide why you want to be active and what you are hoping to achieve. Take inspiration from the aim.

Find an activity that you enjoy, or pick a few different ones so that you can rotate them. It is much harder to keep doing an activity you find boring or arduous, so do yourself a favor and do something you will enjoy.

Think about what will help motivate you. Sometimes all it takes to inspire you to do your daily physical activity is to combine it with something else you love. Long daily walks can suddenly become much more appealing with a friend to chat to, a dog to walk or a camera in hand. Also, think carefully about the location of your planned activity; exercising close to home or the office works best for most people.

Remember, your brain is your best inspiration and motivation tool so make it work for you. Think smart, get inspired, and stay motivated!

### Tips for engagement

- Identify what it is about the photograph that they find inspiring and link to potential motivators.
- What activities do people enjoy? Are they things they can build into their everyday lives?
- What are people's aims? Are they achievable? What inspiration can you link to these aims?

### Week 10 – Socialising

**Object Description – What do you like to do with your friends? Be it a coffee and a slice of cake or a football, bring along something that you associate with socialising.**

### Overview

As your emotional health and self-esteem improves with a physically active lifestyle, your social relations may also improve.

This can be influenced by a multitude of factors:

- You may be more likely to reach out to others due to your increased self-confidence
- Participating in a sport or aerobics class will introduce you to new people that share a common interest
- Meeting others may be the first step toward establishing new friendships and developing a support network
- If you are not interested in a group activities, you still may be able to reap the social benefits of exercise by asking an acquaintance to meet you for regular walks, or by meeting people at a swimming pool or park
- You may be able to spend more time with friends and family – improving those relationships, and building new ones

### Tips for engagement

- Can a link be made between the activities people like to do with their friends, and things they can do to be active?
- What activities are in the local area? Are they things that people can do with their friends?

- What activities can people do with smaller groups of friends that might help develop long term behavior change?
- Looking back on the sessions that discussed support and inspiration – are there links that can be made between the involvement of friends, family, support networks, inspiration, and the ability to socialise?

## Week 11 – The Great Outdoors

**Object Description – Getting outdoors can be really energising. Come with something that reminds you of a happy outdoors memory**

### Overview

Walking around the park in the cold may not sound like an instant mood-booster - but research suggests otherwise. Just five minutes of physical activity in a 'green space' - such as your local park - is enough to make you feel happier and less stressed. The effect is apparently due to the oxygen boost from fresh air, which encourages production of the feel-good brain chemical serotonin. The results were the same for other types of exercise, such as cycling, or even just spending a few minutes pottering around in the garden which can cheer you up.

Gardening it seems can do more than just cheer you up - could find that you shed the pounds just as well! A recent study at the University of Utah compared the vital statistics of keen gardeners with the measurements of their non-gardening relatives and neighbours. The results? Women were 46 per cent less likely to be overweight or obese than those who didn't garden, while men were an even more impressive 62 per cent less likely to have a weight problem.

Structured outdoor activities such as gardening can also help improve memory and quality of life for older people at risk of dementia or Alzheimer's disease, according to research from Bangor University. It is worth noting that enjoying a hobby and staying active - both socially and physically - are among the most important things you can do to reduce risk of developing dementia.

### Tips for engagement

- Can a link be made between the happy memories people associate with being outside – and opportunities to be active?
- Some ideas - Volunteer on a community gardening or wildlife conservation project, find out about open-air fitness classes in your area, join a cycling club or walking group..

- What local outdoor facilities are there? Parks? Green areas? Or is it a case of finding other areas to build in activity e.g. active transport. Emphasise the additional benefits associated with outdoor activity.

## Week 12 – Rewarding

**Object Description – Rewarding yourself is an important part of every process. Bring along a well-deserved treat for a member of the group**

### Overview

Being physically active on a regular basis is one of the healthiest things you can do for yourself. As well as helping you maintain a healthy weight and improving your sleep, it lowers your risk of serious health problems such as heart disease, diabetes, stroke, and high blood pressure. And not only is exercise good for your body, it's also good for your mind, mood and memory too.

Being physically active can ease depression, relieve stress and anxiety, enhance self-esteem, and improve your whole outlook on life. What's more, you don't have to spend long, boring hours in a gym to reap these benefits. Whatever your age, health limitations or fitness levels, you can develop an exercise program that's fun and rewarding and fits in with your life.

To keep healthy, you need to be active every day in as many ways as you can. Being active in small ways throughout the day can make a big difference. For example, short bouts of 10 minutes of activity can be beneficial when they add up to 30 minutes or more on most days of the week - the recommended amount of daily activity for good health.

### Tips for engagement

- Fun, Fun, Fun! This should be a session dedicated to all the benefits and positive things associated with being active
- Focus on any small changes that have been made thus far, and emphasise their benefits
- Use this to motivate those who are new, and celebrate those who are a long way through the pathway

## **Appendix 4 – Community Champion Job Description**

### **Let's Get Moving – Community Champion**

Let's Get Moving delivered by ukactive aims to encourage those adults who will benefit most to live a healthier lifestyle through being more physically active. To provide a simple pathway for physical activity that is motivating, supportive and signposts onto a whole range of locally available or commissioned activity related services. Its aim is to ensure that support is available to help inactive people to get moving and to demonstrate a sustained increase in participants' activity.

As a part of this pathway participants are offered the opportunity to attend group sessions that enable the sharing of experiences, highlighting of tips, and the ability to socialise with peers who are moving through a similar pathway to themselves.

These group sessions run weekly during the 12 week intervention period and are facilitated directly by ukactive and a Community Exercise Professional. We have noticed however that there is a real appetite amongst members of these groups to continue to meet and outside of this period as a result of the networks and friendships that have been formed.

We, therefore, want the groups that are formed as part of this process to continue outside of the formal intervention period and are recruiting Community Champions to help facilitate this.

The role of the Community champion will be to continue engagement with willing Let's Get Moving participants and act as conduit between formal, organised, groups, and ongoing social groups created as a result.

*What does this mean in reality?*

- Continue to attend formal group sessions where required to discuss the on-going support that is available to members of the group as they finish their initial 12 weeks
- Able to host continued group sessions outside of formal ukactive setting (direct intervention) in a facility provided by ukactive in the short term. These meetings will be informal and delivered on a drop in basis that requires no formal delivery structure
- Able to sign post toward activities that have been initiated / are being attended by previous LGM Movers
- Initiate conversations with other potential Community Champions from the intervention groups or beyond where applicable

It is expected that the role be completed on a voluntary basis and as such there will be no formal employment or expected terms of reference.

Community Champions will however be asked to keep in regular contact with the Community Exercise Professional delivering Let's Get Moving.

## Appendix 5 – CEP Quality Assurance Report

\*Note – to be completed on five random participants.

### Monthly Record

**Month:**

**Surgery:**

**CEP:**

**Coordinator:**

*The following data recorded is based on a method of choosing 5 patients at random.*

**Patient ID:**

#### **Initial Appointment (IA)**

- Was the patient's IPAQ completed? Yes  No
- **(Kent specific)** Were the additional questions asked? Yes  No
- Is the patient booked in for their 12 week appointment? Yes  No
- Choose either 'Yes' or 'No' to describe the patient notes written by the CEP:
  - Were they clear and understandable? Yes  No
  - Were they detailed? (e.g.: health issues, rapport building info) Yes  No
  - Did they point to any immediate next steps the patient should take? Yes  No
  - Did they provide some sort of a 12 week goal for the patient? Yes  No
- Did the patient receive 1-2 week follow up calls? Yes  No

#### **12 week appointments** (*Applicable only for those who attended*)

- Did the patient receive 6 week follow up calls? Yes  No
- Did the CEP make 6 week call notes? Yes  No
- Was the patient's 12 week IPAQ completed? Yes  No
- Choose either 'Yes' or 'No' to describe the patient notes written by the CEP:
  - Were they clear and understandable? Yes  No
  - Were they detailed? (e.g.: health issues, rapport building info) Yes  No
  - Did they point to any next steps the patient should take? Yes  No
  - Did they provide some sort of a long-term goal for the patient? Yes  No
  - Did they contain any additional information that would be useful? Yes  No

## **Appendix 6 – Peer Review Quality Assurance Report**

### **Peer Review Form**

#### **Ideal initial calls**

#### **Starting the Conversation**

- Polite, confident telephone manner and tone of voice
- Starting with ‘Hello/Good morning/afternoon/evening’
- Asking ‘Is now a good time to speak?’
- Where necessary, arranging an opportunity to call back

#### **Introducing the service**

- Being transparent and clear
- Say you are ‘calling on behalf of the surgery’
- Where necessary, clear description of who we are and how we got their details
- Mention that we offer group sessions (where applicable)

#### **Reassuring the Patient**

- Highlight that this is a FREE Service and there are no hidden charges
- There is no pressure to take part
- Explain the role of the CEP

#### **Screening the patient**

- Find out how active they are and respond accordingly

**MI Consistent**      **Notes, examples and/or memorable phrases**

Flexible and responsive to patient (**change talk**)

Patient feels no pressure to take part

Reflective listening

**Booking an appointment**

- Read back the date and time of the patient's appointment
- Mention the name of the CEP the patient will be meeting
- Ask the patient for their email id
- Thank the patient for their time

**Memorable Phrases**

**Key Strengths**

**Areas of improvement**

## Appendix 7 – Participant Informed Consent Form

### Let's Get Moving Information/Consent Form

#### What is Let's Get Moving?

Let's Get Moving is:

- The provision of trained professionals (Community Exercise Professionals) within a GP surgery to support you to understand what stops you from living a more active lifestyle, why it might be beneficial to change your habits with the provision of support to explore ways that you might become more active

#### Client responsibilities:

During your time on the Let's Get Moving Programme we expect you to adhere to the following conditions:

1. You should continue to take medicines as prescribed by your GP throughout your period on the programme.
2. If you feel unwell whilst exercising or have any concerns about increasing your physical activity/taking part you will speak to your GP.
3. If you cannot attend a Motivational Interviewing session, you will phone the office on 020 7420 8587.

During your time on the Let's Get Moving Programme you can expect the team to:

1. Provide a structured Motivational Interviewing initial appointment and deliver a health check (including measurement of blood pressure, cholesterol levels body composition and blood glucose levels).
2. At the appropriate time, signpost to locally available sporting activities and services, with a friendly, welcoming and supportive environment in which you can try new things.
3. Call you for a six week follow up
4. Offer support and encouragement throughout the programme.
5. Conduct a final interview and health check, and provide feedback to your referee regarding your progress on the scheme.
6. Provide group drop in support at agreed times.
7. Provide a discount for 10 weeks of sporting activity via our local partners at Bedford Borough Council and teamBeds&Luton.

1. I confirm that I have read the information sheet dated 05.07.2014 (version2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

3. I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant                      Date                      Signature

\_\_\_\_\_  
Name of Person                      Date                      Signature

taking consent

## **Appendix 8 – Participant Information Sheet**

### **Let's Get Moving - Free health and well-being service at your surgery**

What is Let's Get Moving?

- The provision of trained professionals (Community Exercise Professionals) within your GP surgery to support you in achieving a more active lifestyle. We'll work with you to explore ways that you might want to become active and how we can support you in doing this.
- This investigation has been designed to research the impact of this programme and the effect of an additional social action interaction component.

What's involved?

- Attending a 60 minute appointment with a community exercise professional to have a chat about what your current activity levels are, what your barriers are and where activity could possibly fit into your lifestyle.
- If you wish, the exercise professional will help you set some personal goals and tell you about activity opportunities that may be of interest, whether that be to a walking group, swimming or starting a sport.
- You will be offered a 6 week follow up call to see how you are getting on and a 12 week appointment with the same exercise professional, who will offer support and encouragement throughout the programme.
- In addition to the above, participants receiving the social action component will have the option to attend weekly group motivational interviewing sessions hosted and led by their exercise professional over a 12 week period, and join a Facebook group specifically created for participants.
- You will be provided with a discount for 10 weeks of sporting activity via our local partners at Birmingham Borough Council should you wish to take this up.

What would taking part involve?

- We would really like you to attend both sessions with the Community Exercise Professional i.e. one at the start and one at 12 weeks
- What you do between these sessions is completely up to you!

What are the potential benefits of taking part?

- There are countless benefits to getting active. From a healthier heart and body, to a great way to meet new friends in your community, getting active will give you more energy, reduce the risk of developing dangerous health conditions, and can make you more confident. Healthy adults should achieve 30 minutes of moderate intensity activity every day. While this can sound daunting at first, making small changes with the help of the Let's Get Moving can make achieving 30 minutes of activity a day a reality

What are the possible disadvantages and risks of taking part?

- There is a certain degree of risk associated with all physical activity. All participants will be screened using standard professional processes prior to partaking in the exercise programme. All fitness professionals involved in the delivery of community physical activity sessions will be trained and qualified in the response to these. Likewise all facilities involved will have clearly defined emergency procedures.

Further Supporting Information:

- This service is for people who are currently inactive and would benefit from becoming more active
- If you are currently physically active, well done, keep it up. If you do have any questions about where to find a particular activity we will do our best to help – however the Let's Get Moving service is more focussed on helping those people who want support in getting active to reach their goals.
- All data (so that's the information collected on the accelerometer and via your free health checks) will be passed to researchers from Aberystwyth University (all confidential and anonymous of course) who will use it to measure the effectiveness of the Let's get moving programme.

A few key facts . . . . .

- The study has been reviewed by NHS Research Ethics Birmingham
- You are free to withdraw from this process at any point without reason or explanation
- All services provided are based upon the best available evidence and designed to improve your health and wellbeing, these results are however not guaranteed
- External complaints can be made to the Patient Advice and Liaison Services Heart of Birmingham on 01212550707 or [PALS@HOBTPCT.nhs.uk](mailto:PALS@HOBTPCT.nhs.uk)

For more information please contact [HimashMarikkar@ukactive.org.uk](mailto:HimashMarikkar@ukactive.org.uk) or call 02074208587.