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Sources searched: Embase, Medline, NHS Knowledge & Library Hub, Advanced Google Search, BING

Time taken: 4 hours

Date Range: None applied

Other Limits: UK material prioritised

Search terms and notes:

leisure centre

community sports centre

exercise referral physical

activity physical exercise

exercise programme

cardiovascular risk heart

risk

cardiovascular disease

NHS health check

Search requested by:	
Email:	
Required by:	
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Date(s) search carried out:	23 rd Feb - 2 nd March

Results

The results of your search are displayed on the following pages. Some results may provide live links directly to the articles. These may not be highlighted/underlined but should still be active. If these are not present and you require access to the full text of the article, please contact Knowledge Services and we will try and source the text for you.

Disclaimer: It is recommended that you check the references for their relevance and that they are critically appraised before being applied to a clinical decision. Please be aware that published journal articles will have been peer reviewed, however, other evidence such as pre-prints, reports and other grey literature may not have been through this process.

Observations on this search

There was not a huge amount of material specifically looking at heart risk programmes in relation to leisure centres. But the broader evidence base around exercise referral programmes yielded a little more and may contain some useful information.

A pragmatic randomised controlled trial of the Welsh National Exercise Referral Scheme: protocol for trial and integrated economic and process evaluation

Type Journal Article
Author Simon Murphy
Author Larry Raisanen
Author Graham Moore
Author Rhiannon Tudor Edwards
Author Pat Linck
Author Nefyn Williams
Author Nafees Ud Din
Author Janine Hale
Author Chris Roberts
Author Elaine McNaish
Author Laurence Moore

Abstract BACKGROUND: The benefits to health of a physically active lifestyle are well established and there is evidence that a sedentary lifestyle plays a significant role in the onset and progression of chronic disease. Despite a recognised need for effective public health interventions encouraging sedentary people with a medical condition to become more active, there are few rigorous evaluations of their effectiveness. Following NICE guidance, the Welsh national exercise referral scheme was implemented within the context of a pragmatic randomised controlled trial. METHODS/DESIGN: The randomised controlled trial, with nested economic and process evaluations, recruited 2,104 inactive men and women aged 16+ with coronary heart disease (CHD) risk factors and/or mild to moderate depression, anxiety or stress. Participants were recruited from 12 local health boards in Wales and referred directly by health professionals working in a range of health care settings. Consenting participants were randomised to either a 16 week tailored exercise programme run by qualified exercise professionals at community sports centres (intervention), or received an information booklet on physical activity (control). A range of validated measures assessing physical activity, mental health, psycho-social processes and health economics were administered at 6 and 12 months, with the primary 12 month outcome measure being 7 day Physical Activity Recall. The process evaluation explored factors determining the effectiveness or otherwise of the scheme, whilst the economic evaluation determined the relative cost-effectiveness of the scheme in terms of public spending. DISCUSSION: Evaluation of such a large scale national public health intervention presents methodological challenges in terms of trial design and implementation. This study was facilitated by early collaboration with social research and policy colleagues to develop a rigorous design which included an innovative approach to patient referral and trial recruitment, a comprehensive process evaluation examining intervention delivery and an integrated economic evaluation. This will allow a unique insight into the feasibility, effectiveness and cost effectiveness of a national exercise referral scheme for participants with CHD risk factors or mild to moderate anxiety, depression, or stress and provides a potential model for future policy evaluations. TRIAL REGISTRATION: Current Controlled Trials ISRCTN47680448.

Date 2010-06-18

Short Title A pragmatic randomised controlled trial of the Welsh National Exercise Referral Scheme

Library Catalogue PubMed

Extra PMID: 20565846 PMCID: PMC2896943

Volume 10

Pages 352

Publication BMC public health

DOI 10.1186/1471-2458-10-352

Journal Abbr BMC Public Health

ISSN 1471-2458

Date Added 24/02/2023, 09:43:16

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Active 4 Health exercise referral - Dorset Council

Type Web Page

URL <https://www.dorsetcouncil.gov.uk/sport-leisure/sport-and-leisure/active-4-health-lifestyle-hub>

Accessed 23/02/2023, 09:50:33

Date Added 23/02/2023, 09:50:33

Modified 23/02/2023, 09:50:33

Adherence to exercise referral schemes by participants - what do providers and commissioners need to know? A systematic review of barriers and facilitators

Type Journal Article
Author Fiona Morgan
Author Alysia Battersby
Author Alison L. Weightman
Author Lydia Searchfield
Author Ruth Turley
Author Helen Morgan
Author James Jagroo
Author Simon Ellis

Abstract BACKGROUND: Physical inactivity levels are rising worldwide with major implications for the health of the population and the prevalence of non-communicable diseases. Exercise referral schemes (ERS) continue to be a popular intervention utilised by healthcare practitioners to increase physical activity. We undertook a systematic review of views studies in order to inform guidance from the UK National Institute of Health and Care Excellence (NICE) on exercise referral schemes to promote physical activity. This paper reports on the participant views identified, to inform those seeking to refine schemes to increase attendance and adherence. METHODS: Fifteen databases and a wide range of websites and grey literature sources were searched systematically for publications from 1995 to June 2013. In addition, a range of supplementary methods including, a call for evidence by NICE, contacting authors, reference list checking and citation tracking were utilised to identify additional research. Studies were included where they detailed schemes for adults aged 19 years or older who were 'inactive' (i.e. they are not currently meeting UK physical activity guidelines). Study selection was conducted independently in duplicate. Quality assessment was undertaken by one reviewer and checked by a second, with 20 % of papers being considered independently in duplicate. Papers were coded in qualitative data analysis software Atlas.ti. This review was reported in accordance with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement). RESULTS: Evidence from 33 UK-relevant studies identified that support from providers, other attendees and family was an important facilitator of adherence and 'making exercise a habit' post programme, as was the variety and personalised nature of sessions offered. Barriers to attendance included the inconvenient timing of sessions, their cost and location. An intimidating gym atmosphere, a dislike of the music and TV and a lack of confidence in operating gym equipment were frequently reported. CONCLUSIONS: These findings provide valuable insights that commissioners and providers should consider. The main themes were consistent across a large number of studies and further research should concentrate on programmes that reflect these findings.

Date 2016-03-05

Short Title Adherence to exercise referral schemes by participants - what do providers and commissioners need to know?

Library Catalogue PubMed

Extra PMID: 26944952 PMCID: PMC4779205

Volume 16

Pages 227

Publication BMC public health

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Journal Abbr BMC Public Health

ISSN 1471-2458

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An evaluation of the effectiveness and cost effectiveness of the National Exercise Referral Scheme in Wales, UK: a randomised controlled trial of a public health policy initiative

Type Journal Article

Author Simon Mark Murphy

Author Rhiannon Tudor Edwards

Author Nefyn Williams

Author Larry Raisanen

Author Graham Moore

Author Pat Linck

Author Natalia Hounsoume

Author Nafees Ud Din

Author Laurence Moore

Abstract BACKGROUND: The Wales National Exercise Referral Scheme (NERS) is a 16-week programme including motivational interviewing, goal setting and relapse prevention. METHOD: A pragmatic randomised controlled trial with nested economic evaluation of 2160 inactive participants with coronary heart disease risk (CHD, 1559, 72%), mild to moderate depression, anxiety or stress (79, 4%) or both (522, 24%) randomised to receive (1) NERS or (2) normal care and brief written information. Outcome measures at 12 months included the 7-day physical activity recall, the hospital anxiety and depression scale. RESULTS: Ordinal regression identified increased physical activity among those randomised to NERS compared with those receiving normal care in all participants (OR 1.19, 95% CI 0.99 to 1.43), and among those referred for CHD only (OR 1.29, 95% CI 1.04 to 1.60). For those referred for mental health reason alone, or in combination with CHD, there were significantly lower levels of anxiety (-1.56, [corrected] 95% CI -2.75 to -0.38) and depression (-1.39, [corrected] 95% CI -2.60 to -0.18), but no effect on physical activity. The base-case incremental costeffectiveness ratio was £12,111 per quality adjusted life year, falling to £9741 if participants were to contribute £2 per session. CONCLUSIONS: NERS was effective in increasing physical activity among those referred for CHD risk only. Among mental health referrals, NERS did not influence physical activity but was associated with reduced anxiety and depression. Effects were dependent on adherence. NERS is likely to be cost effective with respect to prevailing payer thresholds. Trial registration Current Controlled Trials ISRCTN47680448.

Date 2012-08

Short Title An evaluation of the effectiveness and cost effectiveness of the National Exercise Referral Scheme in Wales, UK

Library Catalogue PubMed

Extra PMID: 22577180 PMCID: PMC3402741

Volume 66

Pages 745-753

Publication Journal of Epidemiology and Community Health

DOI 10.1136/jech-2011-200689

Issue 8

Journal Abbr J Epidemiol Community Health

ISSN 1470-2738

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Broxbourne-Final-Protocols-Forms.pdf

Type Attachment

URL https://www.enhertscceg.nhs.uk/sites/default/files/content_files/referrals/Broxbourne-Final-Protocols-Forms.pdf

Accessed 24/02/2023, 11:35:36

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Cardiac rehabilitation and Healthy Hearts

Type Web Page

Abstract Cardiac rehabilitation and Healthy Hearts is a programme of education and exercise to help people manage their heart condition. What cardiac rehab

URL <https://www.bristol.gov.uk/residents/social-care-and-health/health-and-wellbeing/physical-activity-referral-programmes-for-peoplewith-health-conditions/better-breathing-classes/cardiac-rehabilitation-and-healthy-hearts> **Accessed** 23/02/2023, 09:48:55

Website Title Bristol City Council

Date Added 23/02/2023, 09:48:55

Modified 23/02/2023, 09:48:55

Cost-effectiveness of a national exercise referral programme for primary care patients in Wales: results of a randomised controlled trial | BMC Public Health | Full Text

Type Web Page

URL <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-13-1021> **Accessed** 23/02/2023, 10:00:35

Date Added 23/02/2023, 10:00:35

Modified 23/02/2023, 10:00:35

Effect of exercise referral schemes in primary care on physical activity and improving health outcomes: systematic review and meta-analysis | The BMJ

Type Web Page

URL <https://www.bmj.com/content/343/bmj.d6462.long>

Accessed 24/02/2023, 12:06:31

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Modified 24/02/2023, 12:06:31

Effect of exercise referral schemes upon health and well-being: initial observational insights using individual patient data meta-analysis from the National Referral Database | Journal of Epidemiology & Community Health

Type Web Page

URL https://jech.bmj.com/content/74/1/32?_gl=1*_zhxpqb*_ga*MjIOTM1NTcxLjE2MzU1MTc4NDY.*_ga_EXTSVLH45V*MTY3NzIzMjIxMi4yOS4wLjE2NzcyMzIyMTIuNjAuMC4w*_f

Accessed 24/02/2023, 09:51:54

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Modified 24/02/2023, 09:51:54

Evaluation of cardiovascular risk-lowering health benefits accruing from laboratory-based, community-based and exercisereferral exercise programmes | BMJ Open Sport & Exercise Medicine

Type Web Page

URL <https://bmjopensem.bmj.com/content/2/1/e000089>

Accessed 23/02/2023, 10:04:57

Date Added 23/02/2023, 10:04:57

Modified 23/02/2023, 10:04:57

Evaluation of the Liverpool Cardiac Phase-4 Rehabilitation Programme: A service user-led community-based investigation

Type Journal Article

Author Norman J Heritage

Author Edward Barnes

Author Brian Perry

Author Belinda Nelson

Author Matthew Shaw

Author Bashir M Matata

Abstract In Liverpool, standard Cardiac Phase-4 Rehabilitation Programme varied from 3 - 9 months depending on centre attended. Evidence for setting the duration and patient contact frequency for communitybased cardiac rehabilitation is uncertain. This study was carried out to explore how participants rated the 3 months Cardiac Phase-4 Rehabilitation Programme, whether it was long enough and whether it changed their lifestyle for the better. Questionnaires were administered at the end of the Cardiac Phase4 Rehabilitation Programme and during 3 and 6 months follow-up in the community. The results indicated that about 90% of responders rated the programme to be excellent or good and that the score remained similar even when participants were followed-up at 3 and 6 months after discharge from the Cardiac Phase-4 Rehabilitation Programme. A similar pattern of response was observed for active lifestyle and duration of the Cardiac Phase-4 Programme. Interestingly, the MacNew Heart disease health-related quality of life scores remained similar even at 3 and 6 months after rehabilitation was completed. The result of this study indicates that a 3-months Cardiac Phase-4 Rehabilitation Programme in Liverpool was sufficiently long and that service users rated the programme very highly.

Library Catalogue Zotero

URL <https://www.internationalscholarsjournals.com/articles/evaluation-of-the-liverpool-cardiac-phase4-rehabilitation-programme-a-serviceuserled-communitybased-investigation.pdf>

Date Added 02/03/2023, 15:44:46

Modified 03/03/2023, 09:18:57

Exercise Evaluation Randomised Trial (EXERT): a randomised trial comparing GP referral for leisure centre-based exercise, community-based walking and advice only

Type Journal Article

Abstract Health Technology Assessment Volume: 11, Issue: 10, Published in April 2007

Date 2007/04/02

Short Title Exercise Evaluation Randomised Trial (EXERT)

Library Catalogue www.journalslibrary.nihr.ac.uk

URL <https://www.journalslibrary.nihr.ac.uk/hta/hta11100/>

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Volume 11

Publication Health Technology Assessment

DOI 10.3310/hta11100

Issue 10

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Exercise referral to promote cardiovascular health in stroke and TIA patients: a pilot feasibility study

Type Journal Article

Author Sheharyar Baig

Author Bethany Moyle

Author Jessica Redgrave

Author Arshad Majid

Author Ali Ali

Abstract Objectives Exercise programmes studied after stroke often involve specialist supervision. Determine the feasibility and safety for people with stroke (PwS) or transient ischaemic attack (TIA) participating in readily accessible, non-stroke specialised, communitybased exercise programmes. Methods Participants were recruited into a structured, group-based, 12-week programme of aerobic and resistance exercise delivered two times per week at one of five local leisure centres. Completion rates, successful attainment of intended exercise intensity (Borg Rating of Perceived Exertion (RPE)) and safety outcomes were recorded. Measures of physical activity (International Physical Activity Questionnaire), health-related quality of life (EQ-5D) and blood pressure (BP) were recorded at baseline and day 1 post intervention. Results 79% of participants completed >75% of the intended sessions, with >90% attainment of intended RPE. Exercise was safe with no serious and very few minor adverse events related to exercise. Exercise led to significant increases in EQ-5D (Best of Health $p<0.001$), levels of weekly moderate physical activity ($p<0.001$) and decreases in systolic BP (mean change [95% CI] = -5.4 mmHg [-2.84 to -7.96]; $p<0.001$). Conclusion Generalised exercise programmes delivered through existing local services, appears feasible, safe and may improve quality of life, physical activity and systolic BP, for PwS and TIA.

Date 2020/10/01

Short Title Exercise referral to promote cardiovascular health in stroke and TIA patients

Library Catalogue bmjopensem.bmj.com

URL <https://bmjopensem.bmj.com/content/6/1/e000929>

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Extra Publisher: BMJ Specialist Journals Section: Short report

Volume 6

Pages e000929

Publication BMJ Open Sport & Exercise Medicine

DOI 10.1136/bmjsem-2020-000929

Issue 1

ISSN 2055-7647

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Modified 24/02/2023, 10:01:23

General practice referral of 'at risk' populations to community leisure services: applying the RE-AIM framework to evaluate the impact of a community-based physical activity programme for inactive adults with long-term conditions

Type Journal Article

Author E. L. Bird

Author M. S. Y. Biddle

Author J. E. Powell

Abstract In the UK a high proportion of adults with long-term conditions do not engage in regular physical activity. General practice (GP) referral to community-based physical activity is one strategy that has gained traction in recent years. However, evidence for the real-world effectiveness and translation of such programmes is limited. This study aimed to evaluate the individual and organisational impacts of the 'CLICK into Activity' programme - GP referral of inactive adults living with (or at risk of) long-term conditions to community-based physical activity.

Date 2019-10-17

Short Title General practice referral of 'at risk' populations to community leisure services

Library Catalogue BioMed Central

URL <https://doi.org/10.1186/s12889-019-7701-5>

Accessed 22/02/2023, 13:03:51

Volume 19

Pages 1308

Publication BMC Public Health

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Issue 1

Journal Abbr BMC Public Health

ISSN 1471-2458

Date Added 22/02/2023, 13:03:51

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GP exercise referral schemes: Improving the patient's experience

Type Journal Article

Author Helen Wormald

Author Lee Ingle

Abstract Objective The main objective of this study was to explore patients' perceptions of general practitioner (GP) exercise referral (ER) schemes with a view to providing a better service for future patients. Design A qualitative focus group methodology. Setting Meeting rooms or communal areas in leisure centres across North Yorkshire. Method Thirty participants took part in six focus groups. Data were analysed using a content analysis technique based on the 'framework' approach. Results Participants were generally very positive about the ER schemes and reported numerous benefits including: improved self-confidence, wellbeing and quality of life; increased physical

activity behaviour and awareness; and improved physical health and fitness. Access to the ER scheme appeared to be restricted due to a lack of awareness amongst primary health care staff. Participants were content with the activities provided by the leisure centres, but felt that there should be more group activities and opportunities to meet other people. Conclusion Findings from this study provide support for the use of ER schemes for promoting physical activity and improving health. Despite existing evidence supporting a move towards promoting informal, unstructured, unsupervised physical activity, ER schemes provide participants with support, supervision, structure and opportunities for social contact, which act as powerful motivators for some people. In terms of a population approach, however, the ER scheme must be considered as just one method for promoting physical activity, and must be part of a broader strategy encompassing a wide range of initiatives in a number of settings.

Date 2004-12-01

Short Title GP exercise referral schemes

Library Catalogue SAGE Journals

URL <https://doi.org/10.1177/001789690406300407>

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Extra Publisher: SAGE Publications Ltd

Volume 63

Pages 362-373

Publication Health Education Journal

DOI 10.1177/001789690406300407

Issue 4

ISSN 0017-8969

Date Added 24/02/2023, 09:49:34

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Home-Based HIIT and Traditional MICT Prescriptions Improve Cardiorespiratory Fitness to a Similar Extent Within an Exercise Referral Scheme for At-Risk Individuals

Type Journal Article

Author Katie Hesketh

Author Helen Jones

Author Florence

Kinnafick

Author Sam Shepherd

Author Anton

Wagenmakers

Author Juliette Strauss

Author Matthew Cocks

Abstract Exercise referral schemes (ERS) are used to promote physical activity within primary care. Traditionally, ERS are conducted in a gym or leisure-centre setting, with exercise prescriptions based on moderate-intensity continuous training (MICT). Home-based highintensity interval training (Home-HIIT) has the potential to reduce perceived barriers to exercise, including lack of time and access to facilities, compared to traditional MICT prescription used with ERS and improve health related outcomes. We hypothesized that HomeHIIT would mediate greater improvement in cardiorespiratory fitness (CRF) by virtue of greater

adherence and compliance to the exercise prescription, compared to MICT. Methods: Patients enrolled on an ERS (Liverpool, United Kingdom) were recruited for a pragmatic trial. Participants self-selected either 12 weeks of MICT (45–135 min/week at 50–70% HRmax) or Home-HIIT (4–9 min × 1 min intervals at ≥80% of HRmax, interspersed with 1 min rest). The primary outcome was the change in CRF (VO₂peak) at postintervention (12 weeks) and follow-up (3-month post intervention), using intention-to-treat analysis. Results: 154 participants (age 48 ± 10y; BMI 30.5 ± 6.1 kg/m²) were recruited between October 2017 and March 2019, 87 (56%) participants chose Home-HIIT and 67 (44%) MICT. VO₂peak increased post-intervention in both groups (MICT 3.9 ± 6.0 ml.kg⁻¹.min⁻¹, Home-HIIT 2.8 ± 4.5 ml.kg⁻¹.min⁻¹, P < 0.001), and was maintained at follow-up (P < 0.001). Fat mass was only reduced post MICT (MICT -1.5 ± 6.3 kg, P < 0.05, Home-HIIT -0.2 ± 2.0 kg, P = 1.00), but the reduction was not maintained at follow-up (MICT -0.6 ± 5.1 kg, Home-HIIT 0.0 ± 2.2 kg, P > 0.05). Adherence to the prescribed programs was similar (MICT 48 ± 35%, Home-HIIT 39 ± 36%, P = 0.77). Conclusion: This is the first study to evaluate the use of Home-HIIT for individuals in a primary care setting. Contrary to our hypothesis, adherence to both exercise prescriptions was poor, and CRF improved to a similar extent in both groups with improvements maintained at 3month follow-up. We provide evidence that, although not superior, Home-HIIT could be an effective and popular additional exercise choice for patients within primary care based ERS.

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Library Catalogue University of Birmingham

Volume 12

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DOI 10.3389/fphys.2021.750283

Issue 750283

ISSN 1664-042X

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Physical activity: exercise referral schemes

Type Journal Article

Library Catalogue Zotero

URL <https://www.nice.org.uk/guidance/ph54/resources/physical-activity-exercise-referral-schemes-pdf-1996418406085>

Publication Physical activity

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Modified 03/03/2023, 09:23:19

Attachments

Physical activity exercise referral schemes.pdf

Pragmatic evaluation of a coproduced physical activity referral scheme: a UK quasi-experimental study | BMJ Open

Type Web Page

URL <https://bmjopen.bmj.com/content/10/10/e034580.abstract>

Accessed 24/02/2023, 09:50:49

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Randomised controlled trial to examine the effects of a GP exercise referral programme in Hailsham, East Sussex, on modifiable coronary heart disease risk factors

Type Journal Article

Author A. H. Taylor

Author J. Doust

Author N. Webborn

Abstract **OBJECTIVE:** To examine the effects of a GP exercise referral programme on modifiable coronary heart disease risk factors. **DESIGN:** Randomised controlled trial. A battery of validated measures were carried out at 0, 8, 16, 26, and 37 weeks. **SETTING:** Two community health centres and a leisure centre in Hailsham, East Sussex. **SUBJECTS:** 389 patients (smokers, hypertensive or overweight) were selected from medical records, screened for contraindications to exercise and 345 were invited into the study. Of 142 patients randomly allocated, 40 (41%) completed the study in the exercise group and 31 (69%) in the control group. Sixty (35%) invited smokers (48% of non-smokers), 71 (38%) invited hypertensive patients (45% of non-hypertensive patients), and 107 (45%) overweight patients (33% of non-overweight patients) were randomised. Of those randomised, 27 (45%) smokers, 52 (48%) overweight, and 43 (61%) hypertensive patients completed the study. **INTERVENTION:** The exercise group was offered 20, half price sessions over 10 weeks at a leisure centre. Patients engaged in moderate and vigorous aerobic type activity on various exercise machines, in a semi-supervised, informal environment. **RESULTS:** 87% of those referred used the prescription and 28% (high adherers)(45% of obese patients) did at least 15 sessions. The exercise group reduced sum of skinfolds by 8.1% (2.9 to 13.3, 95% confidence intervals) more than the control group, up to 16 weeks after baseline. High adherers reduced sum of skinfolds by 9.2% (0.9 to 17.5) more than the control group, up to 26 weeks. High adherers reduced systolic blood pressure by 7.2% (-0.7 to 14.9) (that is, 9 mm Hg) more than low adherers, up to 37 weeks. Nonsmokers and obese patients attended more prescribed sessions than smokers and non-overweight patients. **CONCLUSIONS:** Reduction in sum of skinfolds was maintained up to 26 weeks, among high adherers compared with controls. Reduction in systolic blood pressure was evident up to 37 weeks among high adherers, but only in comparison with low adherers. Selection of appropriate referees and use of other strategies to improve exercise adherence will help to maximise the benefits from GP exercise prescription schemes. ,

Date 1998-9

Library Catalogue PubMed Central

URL <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1756762/>

Accessed 23/02/2023, 10:20:03

Extra PMID: 10320861 PMID: PMC1756762

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Pages 595-601

Publication Journal of Epidemiology and Community Health

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Journal Abbr J Epidemiol Community Health

ISSN 0143-005X

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The effects of exercise referral schemes in the United Kingdom in those with cardiovascular, mental health, and musculoskeletal disorders: a preliminary systematic review | BMC Public Health | Full Text

Type Web Page

URL <https://bmcpubhealth.biomedcentral.com/articles/10.1186/s12889-018-5868-9> **Accessed**

24/02/2023, 09:56:27

Date Added 24/02/2023, 09:56:27

The National ReferAll Database: An Open Dataset of Exercise Referral Schemes Across the UK

Type Journal Article
Author James Steele
Author Matthew Wade
Author Robert J. Copeland
Author Stuart Stokes
Author Rachel Stokes
Author Steven Mann

Abstract In 2014, The National Institute for Health and Care Excellence (NICE) called for the development of a system to collate local data on exercise referral schemes (ERS). This database would be used to facilitate continued evaluation of ERS. The use of health databases can spur scientific investigation and the generation of evidence regarding healthcare practice. NICE's recommendation has not yet been met by public health bodies. Through collaboration between ukactive, ReferAll, a specialist in software solutions for exercise referral, and the National Centre for Sport and Exercise Medicine, which has its research hub at the Advanced Wellbeing Research Centre, in Sheffield, data has been collated from multiple UK-based ERS to generate one of the largest databases of its kind. This database moves the research community towards meeting NICE's recommendation. This paper describes the formation and open sharing of The National ReferAll Database, data-cleaning processes, and its structure, including outcome measures. Collating data from 123 ERSs on 39,283 individuals, a database has been created containing both scheme and referral level characteristics in addition to outcome measures over time. The National ReferAll Database is openly available for researchers to interrogate. The National ReferAll Database represents a potentially valuable resource for the wider research community, as well as policy makers and practitioners in this area, which will facilitate a better understanding of ERS and other physical-activity-related social prescribing pathways to help inform public health policy and practice.

Date 2021-04-30

Short Title The National ReferAll Database

Library Catalogue PubMed

URL <https://pubmed.ncbi.nlm.nih.gov/33946537/>

Extra PMID: 33946537 PMCID: PMC8124854

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Issue 9

Journal Abbr Int J Environ Res Public Health

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Modified 03/03/2023, 09:24:08

Understanding Leisure Centre-Based Physical Activity after Physical Activity Referral: Evidence from Scheme Participants and Completers in Northumberland UK

Type Journal Article
Author Jordan Bell
Author Lis Neubeck
Author Kai Jin
Author Paul Kelly
Author Coral L. Hanson

Abstract Physical activity referral schemes (PARS) are a popular physical activity (PA) intervention in the UK. Little is known about the type, intensity and duration of PA undertaken during and post PARS. We calculated weekly leisure centre-based moderate/vigorous PA for PARS participants (n = 448) and PARS completers (n = 746) in Northumberland, UK, between March 2019–February 2020 using administrative data. We categorised activity levels (<30 min/week, 30–149 min/week and ≥150 min/week) and used ordinal regression to examine predictors for activity category achieved. PARS participants took part in a median of 57.0 min (IQR 26.0–90.0) and PARS completers a median of 68.0 min (IQR 42.0–100.0) moderate/vigorous leisure centre-based PA per week. Being a PARS completer (OR:

2.14, 95% CI: 1.61–2.82) was a positive predictor of achieving a higher level of physical activity category compared to PARS participants. Female PARS participants were less likely (OR: 0.65, 95% CI: 0.43–0.97) to achieve ≥30 min of moderate/vigorous LCPA per week compared to male PARS participants. PARS participants achieved 38.0% and PARS completers 45.3% of the World Health Organisation recommended ≥150 min of moderate/vigorous weekly PA through leisure centre use. Strategies integrated within PARS to promote PA outside of leisure centre-based activity may help participants achieve PA guidelines.

Date 2021/1

Short Title Understanding Leisure Centre-Based Physical Activity after Physical Activity Referral

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