

The PARCS Project

Person-centred Activities for people with Respiratory, Cardiac and Stroke conditions

Quick Reference Guide: Recommendations and Key Findings



Person-centred Activities

For people with respiratory, cardiac and stroke conditions



Background

In Scotland, people are living longer than ever before. It is the ambition of the Scottish Government and of health charities to ensure that those lives are as healthy as possible. It is recognised that more people are living with one or more conditions that impact on their health and quality of life.

Services must evolve and respond to people's circumstances; new ways must be found to reach those in need, deliver a quality assured service and keeping costs low. The Scottish Government Health Department invited the partner charities to explore how more and improved generic exercise opportunities could be offered to people with long-term conditions (LTC) throughout Scotland, in an integrated way.

The report details the work of the PARCS project and is companion to the electronic resource pack which will be produced by the end of 2014, aimed at service planners and managers and service delivery staff, enabling them to provide the highest quality service in their area.

Intended readers

- NHS, leisure, social care and third sector staff working with and for people with a LTC or at risk of developing LTC
- People with a LTC, or at risk of developing a LTC

Purpose

The project informs practice around service delivery for the transition from health, to community based activity, in the prevention and management of LTC. This is based on the evidence from the project. Recommendations are made to maximise recourses whilst providing person centred and quality services.

The PARCS partnership project

The PARCS project evaluated community based physical activity (PA) and exercise maintenance (EM) and other community based activities for LTC, focusing on cardiac, respiratory and stroke conditions.

Health care professionals (HCP), other experts and people using services were consulted throughout.

- Chest Heart & Stroke Scotland (CHSS) scoped services available across Scotland
- The British Heart Foundation (BHF) evaluated comparable services across the rest of the UK
- The British Lung Foundation (BLF) commissioned a qualitative evaluation of the experiences and needs of both engagers and non-engagers (of services). An economic evaluation of services was also produced.

Recommendations

- 1) **A national framework for service delivery is proposed, as part of a strategic approach to the prevention and management of cardiovascular, respiratory and other LTC's**
- 2) **A local service delivery which incorporates the key elements of: a person centred, multimorbidity/LTC and partnership approach, single point of referral, service co-ordinator, peer and professional support, and innovations and telehealth**
- 3) **Resources to facilitate implementation which include an integrated approach**
- 4) **Tackle inequalities, to ensure services are inclusive and accessible**
- 5) **A standardised national approach to specialist instructor training in Scotland**
- 6) **A standardised approach to audit, evaluation/data collection, to maximise impact and resources**

Key messages

CHSS scoping of services available across Scotland

- a structured approach to service delivery with menu-based options incorporating professional and peer support
- service availability is varied across Scotland, and often a lack of knowledge and signposting/referral to services that are available
- deliver NHS rehabilitation in the community and link this to community based PA and EM with local access, professional and peer support/social interaction
- service users (with cardiac, respiratory and stroke conditions) of exercise classes report:
 - improvement in their condition(s)
 - achieving physical activity targets
 - benefits of social support/interaction
 - motivation to exercise and remaining more active
 - no admissions to hospitals in the last year (74%, n=165)

BHF evaluation of services across the rest of the UK

- value of an overarching national framework (Wales) sensitive to local need and demographics
- single point of referral via regional co-ordinators
- multi-tiered process matching level of required support with instructor qualification/training
- clear interface between health and community support services
- significant variability (England and Northern Ireland) in service inclusion criteria, outcomes measured, terms of engagement and methods of support available

BLF qualitative evaluation (Scotland) and economic evaluation

- Qualitative
- follow up and 'safety nets' to engage and re-engage people at the right time
- motivators, enablers and barriers were multi factorial; social interaction, tailored supervised exercise, local access, and accessibility were important
- HCP's are key influencers on people's likelihood to engage
- pathways are system centred rather than person centred