SECTION A

RECOMMENDATIONS OF THE PARCS PROJECT

Alignment with Scottish Government policy objectives and improvement programmes

Background
A substantial body of evidence supports the efficacy of physical activity and exercise for people with cardiovascular, respiratory and other conditions in enhancing physical and mental recovery, health and wellbeing, and cognitive function.

These recommendations build on the work undertaken by the partnership of Chest Heart & Stroke Scotland, British Heart Foundation Scotland and British Lung Foundation Scotland, at the request of and with funding provided by the Scottish Government Health Department (SGHD), to identify the extent of generic (multi-condition) exercise-based activities for people in Scotland with cardiovascular disease, respiratory and other long-term conditions; analyse critical success factors and key barriers to engagement, and deliver a strategy to enhance these activities.

The recommendations are based on:

- a comprehensive scoping exercise and extensive consultations with service providers from all parts of Scotland
- a review of provision elsewhere in the UK
- a detailed engagement with service users and non-participants through a commissioned evaluation project.

Scottish Government health policies
The proposals are fully in line with the Quality Strategy emphasis on activity which is person-centred, safe and effective, and with a particular emphasis on collaborative working. They meet precisely the aspiration in the 2020 Vision towards *"integrated health and social care, a focus on prevention, anticipation and supported self-management"*. They address key challenges identified in the Route Map including inequalities and multimorbidity, and support key elements of success such as partnership working, promoting independence, and effective use of resources. Appendix 1 of Section A evidences their alignment with the 3-Step Improvement Framework for Scotland's public services.

Health Improvement Plans
In terms of the Heart Disease Improvement Plan, the recommendations meet the HD Management and Rehabilitation priority to support patients to live longer, healthier and independent lives, and contribute to other priorities including prevention of coronary heart disease, enhancing mental health, support for people with heart failure, and patient engagement.

Within the Stroke Improvement Plan, they meet the Supporting Self-management and Living with Stroke priority to improve wellbeing and quality of life for people affected by stroke, and contribute to other priorities including secondary prevention and transition to the community.

The proposals also align with the 2014 Multimorbidity Strategy, and with the planned cardiac rehabilitation improvement programme; in particular with the role of the proposed cardiac rehabilitation clinical champion in facilitating self-management programmes for people with heart disease. In terms of physical activity, they support the objectives set out in *Let's make Scotland more active: a strategy for physical health* (Scottish Government, 2003) and the

2014 Ten Year Implementation Plan *A more active Scotland: building a legacy from the Commonwealth Games.*

Recommendation 1: National service framework

As part of its strategic approach to the prevention and management of cardiovascular, respiratory and other long-term conditions, SGHD should adopt the proposed national service framework for community-based physical activity, and promote this to NHS Boards, Local Authorities, and Health and Social Care Partnerships:

- the adoption of the proposed framework (see Figure 1 below) on a national basis will help address inequalities in current service provision, including inequities in services offered by condition and locality, socio-economic circumstances and ethnicity
- referral to the proposed service framework is designed to facilitate integration with health-based rehabilitation services, including the proposed redesign of cardiac rehabilitation, exercise after stroke and pulmonary rehabilitation services
- referral pathways should also interface with primary care and self-referral routes, ensuring equitable access for all patients
- discharge from the proposed model aligns with and supports current work in tackling multimorbidity and promoting self-management.

Recommendation 2: Local service delivery

The proposed national service framework should to be implemented equitably across Scotland reflecting the diversity of demography, health status and established service infrastructure, but ideally should incorporate the following key elements:

- a person-centred focus based on generic rather than condition-specific approaches, recognising the significance of multimorbidity and long-term conditions
- collaboration and partnership working: effective models of service delivery have been identified for city, urban, rural and remote/islands areas
- a single point of referral to programmes within each Health and Social Care Partnership area
- incorporation of peer and professional support, addressing mental as well as physical health and wellbeing
- telehealth and other innovative approaches, where relevant, to ensure the widest possible accessibility to services.

Recommendation 3: Resources

The following resources should be deployed to facilitate local delivery of the service framework:

- potential use of the Integrated Care Fund to help resource local service improvements
- the PARCS Resource Pack, which offers a range of resource materials to help establish the business case for local services, and deliver and manage services once established (see Figure 2 below)
- a PARCS implementation co-ordinator, to be employed for a two-year period to facilitate local service development through promoting the sharing of good practice, networking and 'buddying' initiatives; working in co-ordination with key staff from the Joint Improvement Team, Multimorbidity Strategy, and the proposed cardiac rehabilitation clinical champion

- to stimulate and kick-start this process, the partner charities and SGHD should arrange a national learning event, to be held after April 2015, to bring together the multi-agency and multi-disciplinary stakeholders involved.

Recommendation 4: Tackling inequalities

Community-based physical activity services should be as widely accessible and inclusive as possible, with a clear person-centred approach and capacity to take services to the person where required:

- services need to be adapted to the needs of all potential beneficiaries, taking account of health status and mobility, socio-economic circumstances, employment status, transport issues, ethnic and cultural diversity
- models of good practice have been identified which demonstrate innovative and replicable approaches to promote inclusion
- linkages should be established with related activities (e.g. the Alliance ALISS programme) to maximise opportunities to 'signpost' access to services, particularly for traditionally difficult-to-reach groups
- the PARCS Resource Pack offers guidance and support to service providers to engage service users and maximise take-up of services offered.

Recommendation 5: Instructor training

A standardised national approach should be adopted for specialist instructor training in Scotland, with one or more academic institutions invited to develop a generic course, integrating and expanding the range of condition-specific courses now offered:

- the sub-group of the PARCS Reference Group which was established to explore this issue should be re-convened and tasked with developing a specification for the proposed course
- this should take into account existing provision of training and levels of qualification, potential registration requirements, quality assurance and cost-effectiveness
- the proposed course(s) should be endorsed by SGHD, and Scottish academic institutions should then be invited to tender for course development and delivery; ideally training should be available on a regional basis.

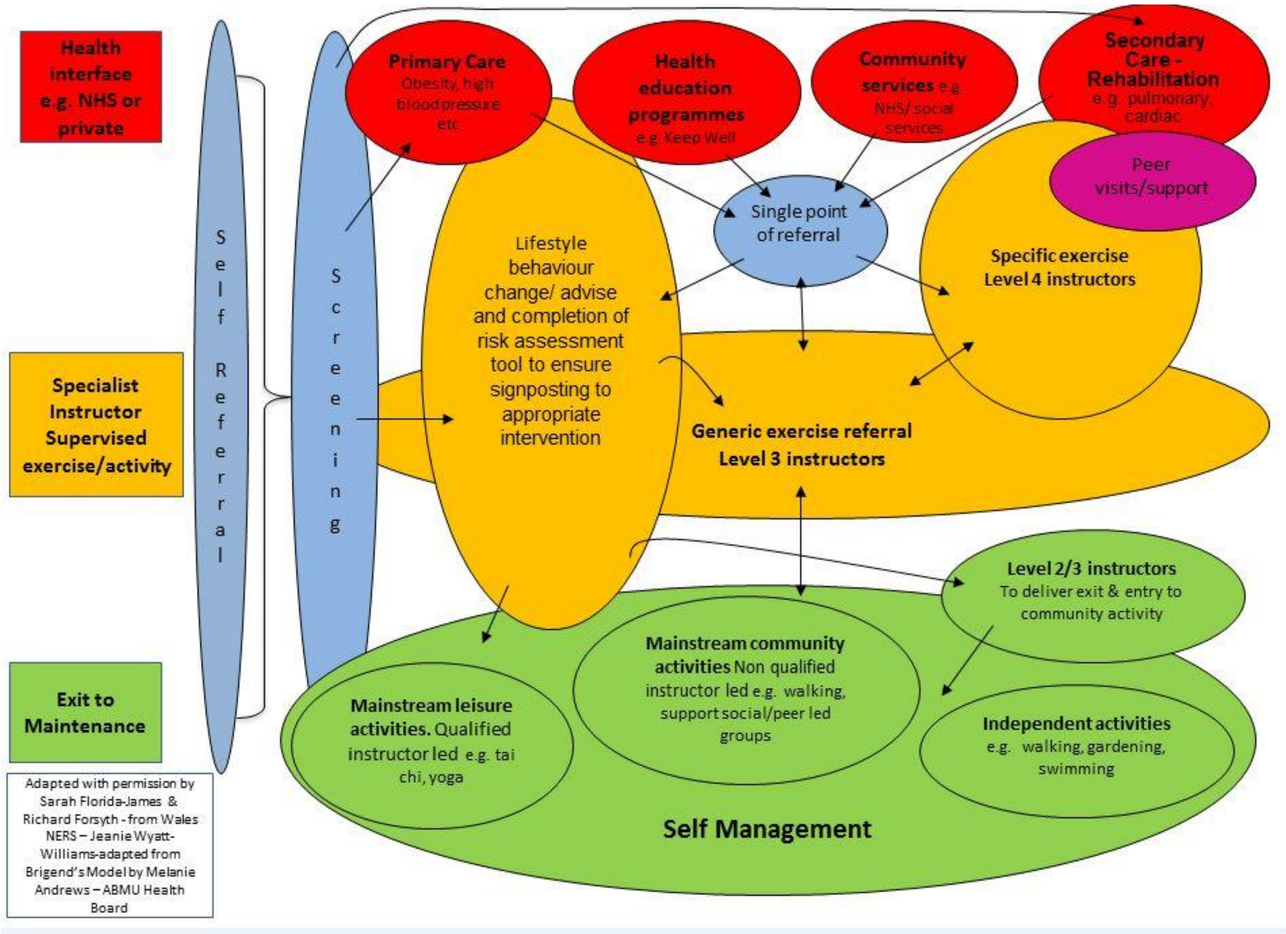
Recommendation 6: Audit and evaluation

A standardised national approach should be taken to data collection, audit, health evaluation and cost-benefit analysis:

- a working group should be established of service managers, health researchers, health economists and ISD to identify an appropriate national dataset, taking into account work in related areas such as cardiac rehabilitation
- issues to be addressed should include: standardisation of outcome data and logistics of data collection by multi-disciplinary and multi-agency staff; ethics, data protection and patient confidentiality; licensing, data ownership, and data linkage (CHI, SCI)
- securing the potential for long-term follow-up is a pre-requisite of any meaningful evaluation of both health and economic benefit, which should also incorporate measures of patient experience
- as services mature, methodologies which facilitate continuous quality improvement through small cycles of change and use of patient-reported outcome measures (PROMs) should be encouraged
- SGHD should consider funding for this exercise.

Figure 1

Proposed national framework for the transition from health to community based activity in the prevention and management of chronic conditions



Basis for the proposed national framework

The proposed framework for Scotland is based on the framework for exercise referral currently in place in Wales, the National Exercise Referral Schemes (NERS). This provides:

- a national approach to training specialist instructors across a variety of conditions
- a standardised single local point of referral, with one national and 22 regional co-ordinators
- standardised pathways and interventions which link with rehabilitation
- a multifaceted model of delivery (including professional and peer support)
- defined exit strategies.

The proposed framework defines the transition from health to community-based physical fitness and activity, rather than operating solely in an exercise referral context. It aligns with the strategic drivers of shift of care to the community, and the integration of health and social care. The framework retains the focus in the Welsh model on a national duty of care for patients/service users and established professional minimum standards, qualifications and training pathways.

Description of the framework

The framework provides a multi-intervention approach, including professional and peer support.

Health Interface tier (red)
Ideally there should be multiple entry points into services:
Health interface: this includes NHS services or private provider equivalent.
All sectors should be addressing lifestyle factors including physical activity either as strategies for primary prevention (screening and identification of individuals at risk) or secondary prevention (for those with established disease).
Primary care: For example, GPs and specialist nurses working largely in the community. In relation to long term conditions (LTC), the regular reviews often scheduled with primary care should be used as opportunities to discuss lifestyle issues including physical activity.
Health Education programmes: such as 'Keep Well'; largely involved in primary prevention.
Community services: both NHS and social services in line with health and social care integration.
Secondary care: involved in the treatment and management of those with ill heath including those having falls and LTC, e.g. pulmonary conditions. This includes rehabilitation such as cardiac rehabilitation (CR), stroke rehabilitation/exercise after stroke and pulmonary rehabilitation (PR).

Specialist Instructor Supervised Exercise/Activity tier (amber)
Lifestyle behaviour change/advice and completion of risk assessment tool to ensure signposting to appropriate intervention:
It is helpful to have discussions with service users to support behaviour change and ensure potential risks are addressed. This is an area of particular importance for those with LTC considering undertaking exercise/physical activity, and can be approached in different ways dependent on regional infrastructure. This would ideally be started by HCPs within the health interface tier and be evident throughout the tiers. Some regions offer specific support in relation to this, e.g. lifestyle advisors within primary care and instructors within leisure services offering one-to-one support for behavioural change. This can range from one-off support and referral/signposting to regular follow up throughout a longer period, such as three to twelve months.
Specialist exercise instructors
Approaches to delivery include:

- specialist level 4 instructors working alongside HCPs to deliver rehabilitation programmes, such as cardiac and pulmonary rehabilitation.
- specialist level 3 and 4 instructors delivering physical activity/exercise maintenance classes employed by different providers (e.g. leisure, third sector, private sector) or self-employed, to deliver classes in various community venues.

The Exit to Maintenance tier (green)
This tier encompasses the principles of self management and offers a person-centred approach to delivery including menu-based options:

- Mainstream leisure activities – a wide range of organised physical activities, e.g. yoga, tai chi
- Community activities, e.g. walking, and non-physical activities including social and peer support groups, cultural activities
- Individual activities, e.g. walking, gardening and swimming.

Quality assurance and duty of care within this tier
It is important those referring into these options clarify the differences in insurance and quality assurance, and personal responsibility between the qualified instructor and non-instructor led options, in relation to the standards of supervision and exercise delivery.
Qualified instructor led options: The qualified instructor led options would be delivered by instructors with the specialist skills, knowledge and expertise detailed in the section above. This could include mainstream L2/3 instructors or continuing at specialist L4 instructor dependent on the assessed need of the individual and the service offered in the regions, e.g. some regions offer a specialist L4 instructor (not time-limited).
Non-qualified instructor led: This could include a variety of peer-, volunteer- or carer-led activity. Peers/volunteers could have often undergone training to deliver an activity, e.g. Paths for All Walk leader training, or completed a specific course, e.g. seated exercise, to deliver the respective activity. This is not always the case.
Guidance for service users: All options listed in this tier would ideally include guidance for service users with LTC when they are choosing a group, which may include a disclaimer. This guidance could include:

- a checklist for the person exercising which offers practical guidance when choosing a group
- appropriate details of the group, e.g. whether this is peer or qualified instructor led.

Pathways within the framework
It is intended that there is fluidity and flexibility within the individual's pathway to respond to service user need. In cases of change in condition, for example, this is represented by the double-headed arrows. The pathway is also intended to facilitate ongoing communication between all stakeholders.

Figure 2

PARCS Resource Pack (cover)

PARCS Resource Pack (template page)

Creative service design

There are a number of successful rehabilitation and exercise services that already exist across Scotland which may provide inspiration for those currently developing new delivery models. The examples on the next few pages demonstrate some of the ways in which services have been creatively designed to successfully meet the needs of their users.

USING TECHNOLOGY TO EXTEND THE REACH OF EXERCISE SERVICES
The e-Pulmonary Rehab Project

The service
COPD patients can struggle to access exercise services: just travelling to a session can be exhausting. This project provides COPD patients with a tablet computer pre-loaded with exercises for them to complete at home. The results are relayed back to a physiotherapist who monitors their progress.

Evidence of success
The project reports improved self-management, and a reduction in unnecessary hospital admissions.

Further details
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"Example quote... on the next few pages demonstrate some of the ways in which services have been creative designed to successfully meet the needs.

Shirley Clayton
XXXXXXXXXXX

Appendix 1

Alignment with The 3-Step Improvement Framework for Scotland's public services (Scottish Government, 2013)

Step 1 – Seven points to 'change the world'

- **A vision:**
  Every person in Scotland who can benefit has access to an exercise/physical activity programme tailored to their individual needs.

- **A story:**
  Parts of Scotland already have excellent programmes and there are lessons to be learned from elsewhere in the UK, and most importantly from service users. We need to spread good practice across the country and extend the programme equitably to cover all relevant conditions and all communities.

- **A set of actions:**
  - Working with NHS, Local Authority, Health & Social Care partnerships, Leisure Services, third sector and other partners to identify and overcome barriers to successful local implementation of the strategy
  - Securing early implementation in priority areas
  - Promoting collaboration between local agencies to ensure the spread of good practice
  - Ensuring services are as inclusive as possible, including through promoting telecare, home-based and community approaches, and addressing the needs of people in remote and rural areas, BME communities and disadvantaged areas
  - Working nationally with a academic partners to implement a new generic exercise training qualification
  - Working towards establishment of a national audit of activity to help evaluate the effectiveness of the programme.

- **A clear framework for improvement:**
  The project sits centrally within the policy framework established by the Quality Strategy and the Route Map to the 2020 Vision. The integration of health and social care through local H&SC Partnerships offers an empowering statutory structure through which its objectives can be delivered. The multi-agency, multi-disciplinary Reference Group established to 'steer' the project provides a supportive guidance framework to facilitate delivery. The comprehensive baseline of current service provision (PARCS 1) and the planned national audit will provide a framework for evaluation.

- **A strategy to engage and empower the workforce:**
  The PARCS project manager has established a network of health professional and service management contacts throughout Scotland who are enthusiastic about developing their own services locally and collaborating with others to secure broader service improvement. The workforce will be further empowered through implementation of the recommendation in the PARCS 1 Report to rationalise and modernise exercise training.

- **An understanding of how the change will work locally (everywhere):**
  Over the last two years, the PARCS project manager has developed an unrivalled knowledge of the range of exercise / physical activity-based services for people with long term conditions across Scotland, the critical success factors and barriers to engagement which influence take-up of services, and the management and governance structures within which they operate. The wider Reference Group (see point below) includes representation from throughout the country and from the range of stakeholders involved.

- **A guiding coalition:**
  We already have an established coalition of stakeholders, including health professionals, service managers, third sector organisations, academics, patients and carers who have provided the guidance for the first phase of the project. This Reference Group will continue to offer its experience and expertise to help steer the next phase of work.

Step 2 – Creating the conditions

The PARCS implementation improvement plan meets the criteria set out in Step 2:

- There is a clear, agreed aim, i.e. implementation of the proposed national service framework in line with local needs and circumstances
- Phase 1 of the PARCS project has generated a comprehensive dataset of current provision and local priorities for improvement
- Local change 'champions' have been identified who can facilitate improvement in the methods and structures most appropriate for local circumstances
- PARCS phase 1 provides a comprehensive baseline of existing services, while the proposals in phase 2 for standardised audit and evaluation will enable progress to be measured and reported
- PARCS phase 1 provides models of service delivery in different areas (city, urban, rural, remote/islands) which can provide guidance on deployment of staff and financial resources to secure improvement
- The improvement programme will be implemented throughout Scotland.

Step 3 – Making the improvement – aim big – start small

The implementation plan for PARCS is fully compatible with the 'Act, Plan, Do, Study' methodology.