Implementation of 'CLICK into Activity' in South Somerset: Social Prescribing through primary care referral of 'at risk' populations to community leisure services

Final Evaluation Report: Executive Summary

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This final report executive summary was produced by Emma Bird and Jane Powell from the Centre for Public Health and Wellbeing at the University of the West of England, Bristol (UWE Bristol).

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Background

Physical inactivity is an important and largely avoidable cause of ill health, costing the National Health Service and the UK economy billions in direct and indirect expenditures (Public Health England, 2016). An increase in long-term conditions and an ageing population has created pressure on the delivery of services in general practice. This has led to General Practitioners (GPs) and commissioners advocating and developing collaborative working practices with social prescribing services in the community (Kimberlee, 2015). Social prescribing schemes allow GPs to refer patients to a non-medical service with the aim of improving patients' health and wellbeing (Bickerdike et al., 2017).

In March 2013, Sport England launched a Lottery-funded initiative called 'Get Healthy Get Active' (GHGA), investing in numerous UK-based projects designed to tackle inactivity through participation in sport. CLICK into Activity, a social prescribing initiative based in South Somerset, was one of sixteen projects to receive backing in 2015 from Sport England during round two of GHGA funding. The preventive approach taken through CLICK into Activity was to refer inactive people from general practice and encourage individuals to play a central role in engaging with exercise specialists in community leisure services to improve health and wellbeing and support them to become more physically active.

CLICK into Activity

Aims and objectives

Briefly, the CLICK into Activity programme was a twelve-week physical activity programme for inactive, hypertensive, pre-diabetic, diabetic or overweight/obese people residing in South Somerset, UK. It works through referral from general practice to a tailored physical activity programme delivered in community leisure centres and venues by trained exercise specialists.

The overall aim of CLICK into Activity was to engage individuals in sport and physical activity in an area where there are known to be high levels of physical inactivity. At the time of funding there were 12,181 CLICK Federation patients diagnosed with pre-diabetes (N=443), type II diabetes (N=2,674), or hypertension (N=9,064). In response to

these figures, the specific target outcomes for CLICK into Activity agreed with Sport England were as follows:

- To engage 2,160 adults diagnosed with hypertension, pre-diabetes, or diabetes with CLICK into Activity.
- To support 1,080 inactive adults diagnosed with hypertension, pre-diabetes, or diabetes to participate in at least one 30-minute session of sport or physical activity.
- To support 780 inactive adults diagnosed with hypertension, pre-diabetes, or diabetes to participate in at least one 30-minute session of sport or physical activity per week for 12 weeks.
- To support 550 inactive adults diagnosed with hypertension, pre-diabetes, or diabetes to participate in at least one 30-minute session of sport or physical activity per week after 6 months of intervention.
- To support 432 inactive adults diagnosed with hypertension, pre-diabetes, or diabetes to participate in at least one 30-minute session of sport or physical activity per week after 1 year of intervention.

Project partners and project management

CLICK into Activity was led by South Somerset District Council. Project partners included:

- Somerset Activity and Sports Partnership (SASP)
- CLICK GP Federation
- Somerset Health and Wellbeing Board
- Public Health at Somerset County Council
- University of the West of England, Bristol (UWE)

A steering group, comprised of members representing project partners was formed at the start of the project, with meetings held roughly every three months. Two exercise specialists employed by South Somerset District Council were responsible for programme delivery in community leisure centres and venues located across the target area.

Project funding

CLICK into Activity commenced in September 2015 and was funded for three years. It was funded through Sport England's 'Get Healthy Get Active' funding stream. A total of £334,140 was awarded to South Somerset District Council in 2015 to deliver and evaluate the programme. A further £45,000 was provided by Somerset Health and Wellbeing Board, £22,500 from South Somerset District Council, £56,160 from the Broadway, Chard, Crewkerne and Ilminster (CLICK) Federation, and £16,000 from Somerset Activity and Sports Partnership (SASP). The total funding for this project was £453,800.

Target audience

Referral to the CLICK into Activity programme was conducted in nine general practices. Patients diagnosed with pre-diabetes, type II diabetes, hypertension, or those that were obese of overweight were invited to participate in CLICK into Activity via two channels:

- Direct contact with surgery staff during a routine appointment.
- Mail-out by GP surgery to patients diagnosed with one of the stated long-term conditions.

Surgery staff were able to make direct referrals to an exercise specialist, either making an appointment or directing the individual to reception to book an appointment. As the programme became more established, newspaper stories, social media, leaflets, posters and word of mouth were all used to promote the programme in the target area. An 'inactive' individual was defined according to the Sport England screening tool: The Single Item Measure for Physical Activity (SIM PA). Referred patients reporting a total of 30 minutes or more of physical activity on zero or one days in the past week were deemed eligible to participate in the programme.

Changes to programme management, partners and delivery

During the project, there were changes in project personnel:

- The South Somerset District Council (SSDC) project manager changed roles during the first year of the project (January2016). The role was quickly filled by

an existing SSDC member of staff with knowledge of the CLICK into Activity programme.

- One of the original project partners, Intelligent Health, was removed from the project in February 2016. Their role was to collect and process participant data for the purposes of the evaluation. The collection and processing of data was filled by existing project partner, UWE, who extended their remit to complete this task. The change in study protocol was approved by the UWE Ethics Committee on 16th October 2016.
- In March 2017 one of the two exercise specialists employed by SSDC left the project. The role was filled in May 2017 by another locally-based exercise specialist experienced in working with inactive or low-active individuals.

Changes in project delivery:

- Due to technical software issues there was a six-month delay in initiating participant recruitment.
- There was difficulty in recruiting participants from two of the CLICK GP Federation surgeries. In November 2017, following consultation with the project steering group Crewkerne Health Centre surgery was removed from the programme. This was after the surgery had left the GP Federation and the project was no longer a priority for them. In June 2018, West One surgery – also located in Crewkerne – was removed from the project after leaving the GP Federation.
- One surgery, originally located outside of the CLICK GP Federation, expressed interest in joining the programme and after joining the Federation was invited to join the project in June 2017.
- In response to participant feedback, adapted sports sessions delivered by exercise specialists were reduced for the final year of the project, with additional and more popular circuit training sessions provided.
- In the original evaluation protocol 10 randomly selected participants were to be invited to wear an accelerometer (an electronic device that measures physical activity levels) for seven days at baseline and then again for seven days at the end of the programme, to compare self-reported questionnaire responses with objectively measured physical activity. There was difficulty recruiting

participants to this aspect of the evaluation, and of those that did agree to wear an accelerometer the data were found to be invalid.

Changes to patient eligibility criteria:

- In an attempt to boost recruitment, the eligibility criteria were discussed with the steering group and Sport England and it was agreed that inactive obese/overweight adults (with a body mass index (BMI) >25) were eligible to participate in the programme (December 2017) in addition to those diagnosed with pre-diabetes, type II diabetes, or hypertension.

Evaluation of CLICK into Activity

Centre for Public Health and Wellbeing (UWE, Bristol)

In September 2015 a research team from the Centre for Public Health and Wellbeing Research, UWE Bristol, was commissioned to undertake an evaluation of CLICK into Activity. The Centre is multidisciplinary and spans physical, health and social sciences. Its aim is to impact directly on population health and wellbeing, and to enable ethical and reflexive contributions to policy and practice. Its mission is to advance knowledge, inspire people and transform futures, addressing the grand challenges and wicked issues in public health locally, nationally and internationally.

Evaluation aims and objectives

The evaluation was based on the RE-AIM framework (Glasgow et al., 1999). RE-AIM is a multi-level framework that allows for the measurement of public health effects of complex interventions and also identifies the barriers and facilitators to implementation. Using a combination of **process**, **outcome** and **economic** evaluation methods, RE-AIM generates evidence about the public health impact of a programme for communities, organisations, or regions interested in replicating promising practices (Jauregui et al., 2015).

The broad aim of the evaluation was to better understand the **population impact** of CLICK into Activity on inactive adults diagnosed as pre-diabetic, diabetic, hypertensive, or overweight/obese (body mass index (BMI) >25).

To achieve these aims, the evaluation had five specific objectives:

1. To better understand the **REACH** of CLICK into Activity through the measurement of intervention engagement, participation rates and participant characteristics
2. To better understand the **EFFECTIVENESS** of CLICK into Activity through the measurement of changes in primary and secondary outcomes relating to physical activity, sport, and quality of life
3. To better understand CLICK into Activity **ADOPTION** through an assessment of delivery settings and staffing
4. To better understand CLICK into Activity **IMPLEMENTATION** through an assessment of programme delivery and programme costs
5. To better understand CLICK into Activity **MAINTENANCE** over time through an assessment of long-term follow-up outcomes

Methods

A mixed methods approach was utilised to generate evidence about the process, outcomes and economic costs of CLICK into Activity.

- Survey data were collected from CLICK into Activity participants at four time points (baseline, 3-month follow-up, 6-month follow-up, 12-month follow-up).
- Qualitative telephone interviews were conducted with programme participants and a range of project stakeholders.
- Attendance data were collected from all CLICK into Activity sessions.
- Data on resource use and actual costs incurred were recorded to estimate training and programme delivery costs.

Key findings

Summary results are presented according to each domain of the RE-AIM framework.

Reach

Respondent characteristics

- A total of 621 adults were recruited to the project and provided baseline data. Of these, 602 were found to be 'inactive' and eligible for the programme (96.9%). These individuals formed the baseline sample.
- The majority of participants were referred due to a diagnosis of pre-diabetes, diabetes, or hypertension (N = 558, 92.7%). 22 obese or overweight individuals were referred to the programme (3.65%) and 22 individuals diagnosed with one of the original long-term conditions and obesity/overweight were referred (3.65%).
- Most participants were female (N = 379, 63%) and more than half of participants were aged 70 years and above (N = 309, 51.3%).
- The vast majority of participants identified as being of White ethnic origin (N = 580, 96.3%).
- Just over one fifth of individuals were qualified to degree level (N = 128, 21.3%), and the majority of participants reported an annual household income in the £10,000-£19,999 bracket (N = 177, 29.4%).
- Roughly two thirds of respondents described themselves as being in a relationship (N = 394, 65.5%).
- Approximately 60% reported having a long-term illness or disability.
- More than 80% of respondents were categorised as overweight (N = 134, 22.3%, BMI 25-29kg/m^2) or obese (N = 369, 61.3%, ≥30.0kg/m^2).

CLICK into Activity participation

- A total of 326 attended at least one 30-minute CLICK into Activity session during the 12-week programme (54.2%).
- There were no differences in sex, ethnicity, education, marital status and body mass index (BMI) among those that attended at least one CLICK into Activity session compared with non-participants. However, a significantly larger

proportion of participants was aged 70 or above compared with non-participants (55.2% vs 46.5%, respectively), and a significantly higher proportion of non-participants reported having a long-term disability compared with participants (65.5% vs 56.4, respectively).

Qualitative feedback

- Feedback indicated that the programme was reaching the target population but there was disappointment among respondents regarding the number of people that joined the 12-week programme.
- Interviews identified a range of barriers and facilitators to programme participation, from individual-level factors such as personal motivation, management of existing health issues, and the importance of joining a group containing 'people like me', to social-/environmental-level factors including class scheduling, social support from friends and family and health care professionals, and perceptions of the physical environment (e.g. weather, access, safety, area aesthetics).

Effectiveness

Changes in survey responses from baseline to three-month follow-up

- A total of 602 participants eligible for the CLICK into Activity programme completed baseline measures, with 186 participants completing measures at 3-month follow-up, 80 participants at 6-month follow-up and 41 participants at 12-month follow-up. Follow-up survey response rates were relatively low (particularly at 6- and 12-month follow-up) so the findings presented should be interpreted with caution.
- A comparison of baseline and 3-month follow-up data revealed significant positive changes in:
    - Total minutes of sport per week
    - Total minutes of physical activity per week
    - Total vigorous physical activity per week
    - Total moderate physical activity per week
    - Total walking per week

    - Mental wellbeing score
- There was a positive trend from baseline to 3-month follow-up body mass index and grip strength scores, but these trends were not found to be statistically significant.
- A comparison of respondent outcomes according to participation in CLICK into Activity revealed no significant differences in:
    - Total minutes of physical activity per week
    - Total vigorous and moderate physical activity per week
    - Total walking per week
    - Body mass index
    - Grip strength
- Total minutes of sport per week and mental wellbeing scores were found to be significantly higher among those that did not attend a CLICK into Activity session.

Qualitative feedback

- Individuals described numerous positive changes in their general outlook and perceptions of their health and wellbeing as a result of being referred to CLICK into Activity.
- A range of positive changes, including increased mobility, weight loss, reduced symptoms from long-term conditions, increased core strength, increased purpose and feelings of happiness were identified.

Adoption

Surgery recruitment

- The majority of participants were recruited from Springmead surgery (N = 123, 20.4%), closely followed by Essex House surgery (N = 106, 17.6%).
- Two of the original surgeries (Crewkerne Health Centre and West One) did not have adequate resources to recruit participants to the programme, and were therefore withdrawn as CLICK into Activity referral locations.

- One surgery, originally located outside of the CLICK GP Federation, expressed interest in joining the programme and after joining the Federation was invited to join the project in June 2017.

Qualitative feedback

- Most agreed that GP referral to social prescription is a good idea, but there was also consensus that more needs to be done to improve GP surgery engagement with projects similar to this.
- Project participants and stakeholders alike reported issues and concerns related to the process of GP referral to CLICK into Activity.
- Exercise specialists valued mail-drops by GP surgeries as a good method for alerting eligible individuals to the study and credited the strategy with boosting recruitment figures.
- There was also acknowledgement that the referral process is not simple; GPs and primary care services are under increasing pressure.
- Some respondents provided suggestions for improving the referral process. Interviews also explored setting-based feedback, with respondents highlighting the need for activity-appropriate space.

Implementation

Attendance

- Attendance registers revealed that 54.2% (N = 326) of those recruited to the programme participated in at least one 30-minute CLICK into Activity session provided.
- The average number of sessions attended by those that attended at least one session was nine (Mean = 8.63, SD = 5.97).
- Adherence among participants that attended at least one session ranged from 1 session (N = 25, 8%) to 32 sessions (N = 3, 0.94%).
- A total of 104 participants attended at least 12 sessions during the course of the 12-week programme (32%).

Costs and resources

- Our findings showed that the total cost of implementing CLICK into Activity over three years was £175,000, with an average cost per person attending at least one CLICK into Activity session of £535.
- The estimated cost of CLICK into Activity implementation compares favourably with the direct costs of disease management and common health conditions related to physical inactivity (not including costs to other parts of the NHS and wider health and social care system).
- This demonstrates the potential value for money of referring inactive adults living with a long-term condition to physical activity delivered in a community setting.

Qualitative feedback

- The role of exercise specialists in providing a safe and supportive environment for participants to not only engage with the programme but also to participate in programme activities was seen to be a critical feature of programme success. Participants described the importance of the exercise specialists' interpersonal communication skills in providing them with the confidence to attend the first sessions, and frequently mentioned the value of having a 'friendly face' supporting them from their initial appointment right through to the end of the 12-week programme.
- The content of CLICK into Activity sessions was popular, with particular praise for circuit-style activities, and the way that sessions were tailored according to individuals' needs.
- Participants also described feelings of increased control over their activity levels at CLICK into Activity sessions as sessions progressed. The exercise specialists were seen to provide support and guidance to aid participants to work towards a suitable activity target.
- Class attendance was generally perceived to be good, and most respondents were keen to interact and build social relationships with others in a similar situation.

- CLICK into Activity sessions were found to promote social support and build a sense of connectedness, with many respondents reporting feelings of social isolation prior to referral to the programme.
- Respondents identified concerns with the advertising and promotion of CLICK into Activity, and they made suggestions for improving programme uptake.
- Communication between project stakeholders was also seen to be integral to successful implementation. Support provided by the project lead (SSDC) was particularly valued by the exercise specialists delivering the programme. Exercise specialists also referred to communication difficulties with software providers during the early stages of the project and reported that they would prefer to use paper-based methods for recording information.
- The main implementation issue described by the exercise specialists related to technology failures during the early stages of project delivery. They described problems with recording attendance due to a lack of signal in rural areas, and the negative implications of this on their work load.

Maintenance

Changes in survey responses from baseline to six- and 12-month follow-up

- Follow-up survey completion rates at 6- and 12-month follow-up were particularly low (6-month N = 80; 12-month N = 41) and means that interpretation of findings should be considered with caution.
- A comparison of baseline with 6- and 12-month follow-up data revealed significant positive changes in:
    - Total minutes of sport per week
    - Total minutes of physical activity per week
    - Total vigorous physical activity per week
    - Total moderate physical activity per week
    - Mental wellbeing score
- Total walking per week was found to be significantly higher at 6-month follow-up, although this was not observed at 12-month follow-up.

Qualitative feedback

- The exit route strategy for participants leaving the programme after 12-weeks was highlighted with respondents commenting favourably on the numbers of options available and reporting positive intentions engaging with services offered.
- Interviews with project stakeholders identified the importance of CLICK into Activity as a means for developing links with agencies interested in promoting a similar health and wellbeing agenda.

Recommendations

Programme development

1. Establish a strong multi-agency team. Schedule regular meetings throughout the life of the project that ensure all stakeholder views are valued.
2. Careful consideration of programme eligibility criteria is important. The initial CLICK programme criteria were restricted to those diagnosed with pre-diabetes, diabetes, or hypertension. Once eligibility was relaxed to include obese and overweight participants, recruitment was seen to improve and more inactive individuals targeted by the programme were reached.
3. Consider possible barriers related to individuals' engagement and how these will be mitigated during programme delivery. Barriers might be individual (For example, personal motivation, lacking confidence or self-efficacy, etc.), or social (For example, concerns about making friends, class scheduling, etc.) or environmental (For example, class location, access to venue, safety concerns, adverse weather).
4. Consider the programme infrastructure that will be required (For example, IT systems) and put in place contingency plans to mitigate possible problems (For example, software failure or access issues).
5. Employ a programme delivery team that is passionate about physical activity and cares for every individual to pass through the programme. Employees should be supportive and positive role models that have experience working with, or an appreciation of, inactive individuals and how to tailor programme activities to their specific needs.

Marketing and recruitment strategy

6. A multifaceted approach to marketing GP referral programmes such as CLICK into Activity should be developed and implemented in advance of project recruitment. Strategies such as targeted mail-drops from GP surgeries to potentially eligible patients were perceived to be particularly effective and may help to boost recruitment from the outset of a project.
7. An enthusiastic marketing and recruitment strategy should be maintained throughout the life of the project, with continual investment from project partners. This will help the project to build momentum and increase engagement.
8. Work with GP surgeries in promoting the programme, while appreciating the workload pressures that primary care is facing. Reassuring practices that the GP referral programme is working towards improved health outcomes, and should not be viewed as competition may help to foster positive relationships.

Programme implementation

9. Class content should be tailored to the individuals' needs and abilities. This will help to promote feelings of self-worth, self-efficacy and increased control over one's health and wellbeing outcomes.
10. Programme delivery teams should recognise and value individuals' improvements in mental health in the same way as progress in physical health outcomes.
11. Programme delivery teams should be aware that not all health professionals will appreciate the value of physical activity for prevention and may need further information or training to develop their knowledge base.
12. Be aware of existing community assets, beyond primary care, and consider how to engage them in promoting the programme to the community (For example, Health Trainers).
13. Promote the social benefits of group-based physical activity. It provides an opportunity to meet new people, make friends, and participate alongside people in a similar situation.
14. If a programme is time-limited, offer a wide range of alternative activity groups in the local area. Encourage participants to attend taster sessions recommended by the

delivery team before exiting the programme to aid transition. Building relationships with locally-based group leaders is strongly recommended.

Conclusions

CLICK into Activity, a social prescribing initiative based in South Somerset, was one of sixteen projects to receive funding in 2015 from Sport England. The preventive approach taken through CLICK into Activity was to refer inactive people from general practice and encourage individuals to play a central role in engaging with exercise specialists in community leisure services to improve health and wellbeing and support them to become more physically active. The 12-week programme targeted inactive individuals diagnosed with hypertension, pre-diabetes, diabetes and those who were classed as overweight or obese. The RE-AIM framework provided a useful approach to measure the public health effects of CLICK into Activity and also to identify the barriers and facilitators to programme implementation.

Numerous challenges including low recruitment, limited long-term follow-up data, changes to project management, project partners and programme delivery, were encountered during implementation. The ongoing monitoring of programme implementation during meant that many of these challenges were mitigated by the hard work of the project management team and dedication of exercise specialists, evidence of which is clear from the positive findings reported. This evaluation has identified key learning points from the implementation of CLICK into Activity that should be used to inform the development of future community-based physical activity programmes.

Overall, the short-term findings reported here suggest that CLICK into Activity has resulted in positive outcomes for many participants, with significant improvements observed for a range of outcomes assessed through this evaluation: total minutes of sport per week; total minutes of physical activity per week; total vigorous physical activity per week; total moderate physical activity per week; total walking per week; and, mental wellbeing score. These findings are complemented by in-depth qualitative feedback from CLICK into Activity participants, project partners and exercise specialists responsible for programme delivery, with CLICK into Activity perceived favourably as a strategy for promoting physical activity among the inactive. An assessment of programme resources and costs indicated that the opportunity costs of implementing

CLICK into Activity demonstrate the potential value for money of GP referral to physical activity programmes delivered in a community setting.

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