

CATALYSTS FOR CHANGE

FINAL REPORT GUIDANCE

Your project report should follow the guidance set out below. If you wish to adapt the headings, please contact amanda.regan@qnis.org.uk

Please feel free to design your own report in a creative way whilst demonstrating the impact of the funding you have received. **The report should be between 5,000 and 7,000 words (not including the summary).**

Cover Page:

Project Title: Get Moving!

Keywords: activity; walks, exercise, activity, health, wellbeing

Duration of project: 12 months (and ongoing)

Date of submission: 22/8/18

Project Lead: Christine Stuart

Project Team: Christine Stuart (practice nurse); Dr Emma Douglas (GP); Lisa McDaid (healthcare assistant); Rachel Bruce (pharmacist)

Contact email address for further information (this will be publicly available on the website):

christinestuart@nhs.net

1. Summary (Mandatory)

There is a wealth of literature on the benefits of exercise on physical and mental health. There are also many challenges in engaging people to participate in or increase their physical activity. This project describes our practice approach to increasing physical activity in a socio-economically deprived area.

Our theory was by promoting exercise as a “health intervention” and by introducing and delivering exercise from the practice itself, rather than just an onward referral, we would improve participation in physical activity.

There were two parts to this project: the first was to set up a practice walking group open to all our patients which is led by the practice staff on a weekly basis. The second was a more “intensive” education and exercise programme, introduced and delivered by a Glasgow Life Live Active advisor initially based in the practice.

We measured quantitatively and qualitatively the outcomes for patients. Both parts evaluated very positively with measureable improvements in health outcomes such as weight, waist circumference, body mass index (BMI), blood pressure and HbA1c (where applicable). Patient feedback was also very positive.

Despite positive feedback, there have also been challenges in recruiting new participants and continued engagement with the programme.

Overall, the project was successful and we are in discussion with Glasgow Life on delivering another 12 week programme and are increasing our advertising of the practice walk to increase patient numbers. As well as improved patient outcomes, the benefits on the practice team at getting out for a walk with our patients has been hugely beneficial for our own health!

2. Background

Tell us why this project was important to your community.

There is a wealth of evidence highlighting the link between health inequality, inactivity and increased risk of chronic illnesses. Our practice is a 'deep end practice' ¹ meaning we are in the top 100 most deprived practices in Scotland, and in fact have never been out of the top 20. In 2015, a British Heart Foundation study ² showed only 63% of adults in Scotland met the current physical activity guideline recommendations. As a practice we became increasingly aware of inactivity and lack of self management in our deprived population. Although there are numerous physical activity programmes in Glasgow, a number of these delivered by the Glasgow Life Good Move ³ team (such as the Live Active programme - a service for inactive individuals), we found there were barriers to our patient group accessing this service. This project aimed to break down barriers to participating in physical activity, to improve patient engagement with services and increase activity levels by embedding this within the practice. Two main areas to increase physical activity in our patient population were identified – to initiate and maintain a practice-led walking group and to increase the number of patients undertaking the Glasgow Life 12 week Live Active programme. We felt that both increasing accessibility and the integration of existing services within this project would be key.

3. The Project

What did the project set out to achieve and how did you do it? Please clearly set out any ethical considerations and how they were addressed.

The overall aim was to engage patients who have previously had barriers to participating in regular exercise or attending groups. We wanted to promote activity as an alternative/adjunct to medicines and support patients to make meaningful lifestyle changes. We had two proposed intervention models – the first of which was to set up a weekly walking group for our patients. Initially this was to be targeted to those with long term conditions and physical health needs. By embedding the walking group into the practice as a health intervention we planned to improve health, wellbeing and activity levels in a very deprived population in familiar surroundings with staff they already know and trust.

The second part of the project was to increase those attending the 12 week Live Active programme. Although we refer patients to this programme we know that referral to actual attendance rates can be low. Live Active's data showed that "non-completers" sit at 86% from deprived communities (SIMD 1 and 2). This was felt to be due to a lack of confidence, finding attending a gym intimidating and "fear of the unknown". We hoped by embedding a Live Active advisor in the practice who could see patients whilst they were still motivated would improve attendance rates and make it more accessible to our patients. By meeting the advisor prior to attending the gym we anticipated this would help break down barriers and have a familiar face before their first attendance.

1. Walking Group

This was easy to establish as the practice team members were enthusiastic and motivated to both set this up and deliver it. One of the team attended walk leader training organised and delivered by the Good Move team at Glasgow Life to learn what makes a good walk and how to support participants. We had our first walk in August 2017, with attendance increasing to between 10-14 patients per week.

It required the GP practice to free up staff time to set up, identify and engage patients and to undertake the actual walk itself on a weekly basis. We have a beautiful park about a 5 minute walk from the practice and a lovely walkway along the river Clyde about 10-15 minutes from the practice which form the basis for our weekly walk destinations. These walks were assessed as suitable for a variety of abilities and the routes assessed for any hazards.

Posters were displayed to advertise the walk in the practice reception and patients were also told about the walks opportunistically at GP, nurse, healthcare assistant and pharmacist appointments.

Patients were provided with a pedometer and Live Active water bottle after they had attended 3 walks. Step count was collated on a weekly basis.

We have held 2 “celebratory” events – one a Christmas lunch at Tollcross Park and the other as part of the Big Fit Walk in June 2018.

2. Practice specific 12 week Live Active Programme

Live Active is a joint partnership between NHS Greater Glasgow & Clyde (NHSGGC) and Glasgow Life. The Scheme started in 1997 due to GP requests to be able to refer patients for exercise. Engagement of GP practices in this service is variable and participant completion from deprived areas is low. The Scheme is a 12 month one to one behavioural intervention that aims to increase levels of physical activity, improve weight management and equip participants with the skills to lead a regularly active life. We worked with Glasgow Life to agree a tailored 12 week programme specifically for our patients. This was a programme of both healthy lifestyle advice as well as a tailored exercise programme. The 12-week programme was made up of 12 x 1.5 hour group sessions on a weekly basis which took place at Tollcross International Swimming Centre then the Emirates Arena. Each session consisted of a 30-minute workshop on a range of health topics followed by a 60-minute physical activity session (see Appendix 1 for details). Patients were identified and recruited during their chronic disease management reviews mainly by the healthcare assistant and practice nurse. Initially, a Live Active advisor had clinics set up in the practice and patients who had agreed to participate in the programme were given individual appointments for advice and had an individual baseline assessment carried out in the practice. Due to a number of “did not attend” and wasted appointments for the Live Active advisor, for the second pilot it was agreed that the advisor would see the patients in the practice as a group for their first appointment. The patients were then seen in the gym environment (Tollcross Swimming Centre and/or Emirates Arena) for the group education and training sessions with the same Live Active advisor. Patients were seen weekly for 12 weeks – each week had a different “health message” and then the patients went on to undertake a programme of activity. At the end of the 12 week programme our patients were given 3 months free Glasgow Club gym membership to encourage ongoing attendance, with support and follow up from the same Live Active advisor.

Through both these interventions our fundamental aim was to improve the health and wellbeing of patients in our practice. We planned to measure this through a combination of health data (quantitative data) and patient experience feedback (qualitative data).

Our measures were defined as follows:

- To help patients set and achieve personal and health goals eg reduce BP, reduce weight, reduce medication, reduce HbA1c (in diabetics), increase step count
- To improve sense of well being and social connections through regular exercise and group activity
- To establish a walking group which long term can become self sustaining with some patients eventually taking on a walk leader role
- To work with Glasgow Life Live Active team as an experienced community asset in improving and evaluating impact of physical activity

We recruited patients by actively promoting the walking group during chronic disease reviews. Disease registers were also reviewed and patients we thought would be interested were contacted by phone. The practice team promoted the walking group during clinical time and through practice leaflets/posters. We did not exclude anyone from the walking group as this only furthers inequality.

Although our initial focus was on improving physical health we quickly realised that our patients who were more socially isolated and those whose mental health may be improved by engaging in physical activity and group contact

should be included. Thus, we did not restrict the walk based on having a physical clinical condition and made it open to anyone and everyone of all ages and abilities.

As this project aimed to improve the uptake and participation of physical activity and was evaluated through patient experience and health information collated as part of otherwise routine care, it was deemed service evaluation by NHS GGC and did not require ethical approval.

4. Impact

Quantitative data

The quantitative data was obtained from the 12 week programme. This was for 11 participants. 5 of these participants also regularly attended the practice walking group.

Summary		
	Total	Average
Total Weight Loss (kg)	-42.5	-3.9
Total BMI change	-15.0	-1.4
Total Waist Circumference change (cm)	-65.0	-5.9
Blood Pressure	135	80 mmHg

Sessions Attended	94
Gym Attendances	158

Number of participants with BP reduction	5
Number of participants with BP to target	6 (1 already at target)
Number of diabetics with an HbA1c reduction	3 (total diabetics = 4)
Missing data for BP and/or HbA1c	3

The number of gym attendances for the participants is detailed below. The free membership as part of the programme expired on the 28th Feb 2018.

Patient	Gym Visits to Date	Last Visit Date
1	101	15/08/2018
2	43	13/08/2018
3	28	31/05/2018
4	18	22/02/2018
5	17	22/02/2018
6	13	15/02/2018
7	33	05/02/2018
8	21	26/01/2018
9	20	23/01/2018
10	13	14/12/2017
11	3	01/11/2017

Over the project time period, participants have walked the equivalent distance of the North Coast 500, the length of the Western Isles and around Arran.

Qualitative data: Walking group

Throughout the project we have collated formal and informal feedback from participants, both by ourselves as a project team and by an “external” interviewer from NHS GGC. This has been overwhelmingly positive and many of these quotes were detailed in our interim report (see Appendix 2). The last feedback and quotes collated externally on the practice led walk is detailed below:

Benefit the walks have had on their health:

- “I’m now going to the gym 3-4 times a week”
- “I’m now motivated to walk”
- “My energy levels are returning”
- “Medicines for my heart has reduced since walking”

Benefits on their well being:

- “Has helped improve my health and wellbeing”
- “Makes you feel confident”
- “Meeting with others motivates you”
- “Gets me out of the house, out and about”
- “I missed the company of other people. I was a bit low”

Comments about the practice staff:

- “ Staff coming with us help get us going”
- “Feel looked after....safe”
- “Listening to what the staff have to say”
- “So supportive and helpful”
- “They motivate you”
- “They have helped us build our confidence”
- “Everyone loves the walk and loves the girls”
- “They are good nuts, that’s what I like”
- “There’s no big stick – come if you like”

Other benefits:

- “The company”
- “The gossip”
- “Nice chatty people”
- “Like walking and talking”
- “The Christmas lunch”
- “Tea in the cafe”

Qualitative data: 12 week programme.

The Glasgow Life Live Active team also collated feedback displayed below as word clouds. The first described the patient’s motivations for attending:

organised health walks whilst on our walk has been really good. We would have not known these to be the patient's goals if we had not been able to have just a general chat about what's important to them on our walk. Although our initial focus was on improving "health" outcomes, the most benefit we have seen in the walking group is the social connections (which also impacts on health and wellbeing). Many of the patients despite living in the area for many years (if not their whole life) had never been down to the Clyde and some had never been to the local park. Some are now visiting these places on their own now they know how to get there and that it is a safe walk.

We have only had to cancel 3 walks since we started a year ago due to extreme adverse weather conditions.

Having 2 practice staff leading the walk allows us to spend time with both the faster and slower members of the group so no-one feels left out. It has also had a really positive impact on us as a practice team. We also get to increase our physical activity and mental wellbeing by going for a walk. We have a diverse range of characters on the walk and every week there are a lot of laughs! We feel we are really getting to know these patients out with a "health" setting – getting to know what really matters to them.

Lessons learned: No matter how enthusiastic we are, we can't always convince people to attend or to keep attending. Despite our assumption that attendance would increase in the summer months, actually the opposite has happened. I have spoken with Glasgow Good Move time and they also see this for their health walks, with attendance tending to pick up again in the autumn. This will be discussed under the next steps section.

2. The 12 week programme

Challenges: Communication and discussions across two different sectors can always be challenging. Our biggest challenge in the project was ongoing Glasgow Life commitment to run the 12 week course again for our patients. Thus over the year of the project only 2 x 12 week courses were run with a total of approximately 16 patients in total. This was a new way of delivering their programme and involved a change in role, delivery and setting for the Live Active advisors. Staff shortage also contributed to challenges in delivery.

Numbers were small and retention of patients throughout the full 12 week programme was also a challenge and made meaningful measurements in health and well being more challenging. However, for the 2nd pilot, the numbers enrolled and completing the programme were greater and improvements were demonstrated as seen in the results section. We hoped that based on the success, particularly of the 2nd pilot, we would have been successful at securing ongoing sessions to run this programme. This unfortunately did not happen despite attempts by the practice team to engage to set this up which may be in part due to Glasgow Life staffing issues, insufficient demonstrable ongoing patient engagement and concerns/challenges for them to be able to support the potential roll out of this approach on a wider basis to more practices. This has unfortunately left some of our patients disappointed as we offered a service to patients that we were then unable to fulfil. However, there is still a commitment from Glasgow Life to carry out a 3rd session once other priorities such as the 2018 European Games have passed. Data from ongoing gym attendance shows that attendance is variable and since the free membership provided by Glasgow Life expired there has been a significant drop off in the participants continuing to attend.

Successes: There were clear demonstrable improvements in "health" outcomes and patient feedback was very positive. The Live Active advisor in particular was very highly praised by all participants. The physical activity portion of the session was set up to run at the same time as the scheduled Live Active Supervised Gym session, meaning staff were on hand to oversee participants on the gym floor while also attending to other Live Active participants attending on a weekly basis. This was also beneficial in the long-term, as our patients could get into the habit of attending at the same time after the programme had finished and still have regular contact with the Live Active advisor.

From the practice perspective, patients we did not think would complete the programme were highly engaged, made demonstrable improvement and have continued to engage. The provision of ongoing free gym membership the ongoing support from the Live Active advisor was also a success.

In particular in the 2nd pilot, there was a real camaraderie and 5 of those undertaking the 12 week programme also attended the weekly walks. It was a really positive group.

We also did not factor in the positive effect it would have on us – it's been great for our health and wellbeing to get out at lunchtime and connect on a more personal level with our patients. The stories and chat really brighten up our day!

Lessons learned: From the first pilot, individual 40 minute patient appointments were made for the Live Active advisor. Due to a number of patients not attending, this was time wasted for the adviser. For the 2nd pilot, the format was changed to a group meeting at the practice of all participating patients. This may have also had a positive effect on ongoing attendance as they had all met each other together in the practice prior to their first session and more participants completed the 2nd 12 week programme. The pharmacist also met the patients outside the Emirates prior to their first session so there was a familiar face to welcome them (as it can be quite an intimidating building!). It is felt that the inclusion of free gym membership was an incentive and supported motivation.

Professional Development

We have made stronger links with Glasgow Life and despite the challenges have shown we can work closer together to improve patient outcomes in a deprived area. We have been able to feed back that for GP practice referral numbers to increase it is better to target their marketing and awareness raising towards practice nurses, healthcare assistants and practice admin (front of house) staff.

Successes: an unexpected effect is the positivity of others who have heard about our work and have nominated us for several awards! We won the British Heart Foundation "Team of the Year" award for our work on this and other interventions to improve the cardiovascular health of our patients. We also won the NHS GGC Chairman's Award for "Improving Health."





5. Sharing your work

What plans do you have to share the results of your project with others, including any links to publications or resources already developed?

This project will be discussed at GP North East Glasgow meeting. It has been shared with the Practice Nurse Forum for Glasgow and at a House of Care training event in Glasgow. The project has been discussed by Clyde Gateway for consideration of rolling it out wider to other practices. There has been interest from other practices to set up their own walking groups and from the Braveheart Association in Falkirk.

The “Team of the Year” Award which acknowledged this project as part of our work was a motion at the Scottish Parliament

<http://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5M-12873>

We have also produced a poster and leaflets to promote the service within the practice.



6. Next steps

How will you build on this work and take it forward?

We are back in discussion with Glasgow Life to try and set up a 3rd session of the 12 week programme.

Due to reducing and stagnant participants on the weekly walk we have recently had posters and leaflets designed which will be displayed in the reception and the leaflets sent out to the practice population.

We are still hopeful we can recruit a patient walk leader if we get an increased pool of patients attending the walk.

Other practices have expressed an interest in setting up a similar project and we would be happy to let others know of our experience in doing this.

7. Conclusion

The project has brought the practice team together. The staff involved in the walking group enjoyed getting to know the patients on a more personal level through chatting while walking and also enjoyed the benefits for their own health. The wider practice team enjoyed the enthusiasm from both the staff and patients involved and looked forward to greeting the patients on walk days. Patients reported increased confidence in their ability to go out a walk in their local area – something many of them had never considered doing before and were starting to do out with the walking group also.

Our hopes for the future are to continue to recruit more patients and retain those who are already attending. We still hope that we can encourage some members of the group to undertake walk leader training.

8. References

1. <https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/>
2. <https://www.bhf.org.uk/information-support/publications/statistics/physical-activity-statistics-2015>
3. <https://www.glasgowlife.org.uk/communities/good-move/live-active>

9. Financial report (Mandatory)

A summary of how the money was spent please use this table. See attachment.

Item	Detail	Budget	Actual
Staff Costs (<i>detail number of staff and number of hours allocated to project</i>)	Health care assistant, Practice nurse, pharmacist, GP and admin staff involved in project. Costs are primarily for Health care assistant and locum cover for GP attending QNIS workshops		2063
Travel Costs (<i>detail travel for staff and for participants, including travel to two QNIS workshops</i>)	Includes cost of Health care assistant, practice nurse, pharmacist and GP attending QNIS workshop. Attendance at award ceremony in Edinburgh		262
Venue Costs (<i>include hire costs for rooms</i>)			0
Other (<i>materials, postage, evaluation etc</i>)	Includes pedometers, umbrellas, leaflets, stamps, refreshments and ink cartridges		2665
Total			£4990



12 WEEK PROGRAMME CONTENT

Week	Workshop Content (30 mins max.)	Physical Activity <i>examples</i>	Date
1	Welcome Session <ul style="list-style-type: none"> Welcome & overview of programme Weigh-in & BMI explained Intro to pedometers & Walking Challenge 	<ul style="list-style-type: none"> Led walk around Tollcross Park to introduce pedometers Gym tour /induction /paperwork 	28 th Feb
2	Guide to Physical Activity <ul style="list-style-type: none"> PA Guidelines Game Barriers & Benefits activity 	<ul style="list-style-type: none"> Supervised gym session 	6 th March
3	Eatwell Plate & Food Models <ul style="list-style-type: none"> Food Groups Portion Control 	<ul style="list-style-type: none"> Easy Exercise (Sylvia) 	13 th March
4	Food Labelling <ul style="list-style-type: none"> Terminology What to look out for Traffic Light System 	<ul style="list-style-type: none"> Supervised Gym Session 	20 th March
5	Sugars <ul style="list-style-type: none"> Types of sugars Sugar content in our foods 	<ul style="list-style-type: none"> Supervised gym session 	27 th March
6	Fats <ul style="list-style-type: none"> Types of fats Fat content in our foods Take away alternatives 	<ul style="list-style-type: none"> Fitness Class 	3 rd April
7	Halfway Weigh-in & Review <ul style="list-style-type: none"> Progress so far? Goals for rest of programme 	<ul style="list-style-type: none"> Circuits Class 	10 th April
8	PUBLIC HOLIDAY		17 th April
9	Alcohol (external provider/ "optional") <ul style="list-style-type: none"> Alcohol facts Booze in relation to weight gain 	<ul style="list-style-type: none"> Fitness Class 	24 th April
10	Mental Wellbeing (external provider/ "optional") <ul style="list-style-type: none"> Link between emotions and behaviour 	<ul style="list-style-type: none"> Supervised gym session 	1 st May
11	Activity Choice <ul style="list-style-type: none"> Supervised gym Circuit/Fitness Class 		8 th May
12	Debrief Session <ul style="list-style-type: none"> Final weigh-in Review of Goals 	<ul style="list-style-type: none"> Next steps, review goals etc 	15 th May

Venue: Tollcross International Swimming Centre
Workshop: 2.30pm – 3.00pm
Physical Activity: 3.00pm – 4.00pm

Appendix 2: Feedback and progress reported in Interim report.
Case Studies: Crail Walking Group

Patient 1:

Quotes

I've always got a really sore back but it feels much better after walking
This is the furthest I've ever walked
I managed to walk today without stopping
When I was on holiday I walked loads and I wouldn't have been able to before
I've not had to use my inhaler once today and I'd usually need it two or three times a day
I walked more than 10,000 steps today

Progress: now joined Live Active 12 week programme
Has lost 14 cm off her waist and lost nearly a stone

Patient 2:

Quotes:

I needed to get more active. Since I retired I was just sitting about my conservatory and watching TV and eating.
My nephew says I've lost one of my chins!

Progress: has lost a stone. Joined the Live Active 12 week programme.
BP now to target

Other: reconnected with someone on the walk he used to work with

Patient 3:

Quotes:

I would never have walked around this park on my own before so it's good in the group
All I usually do is just hang out my window and do nothing

Progress: on his baseline assessment he did zero minutes activity a week. He is now swimming (up to three times a week), cycling (he cycled to Uddingston and back along the Clyde walkway route) and coming on our walks

Other: confided he couldn't read or write so we arranged one to one reading classes for him at the local library. He started last week. His goal is to learn to drive but can't do that until he can read the road signs!

Patient 4:

Quotes:

It's a lovely thing the practice are doing. It's good to get out.
Husband came with this patient one week – he very much enjoyed hill walking but stopped after his close friend he went on the walks with passed away. Although the practice walk wasn't for him he is back hillwalking and the patient feels he wouldn't have done this without being prompted as part of this walking group. Patient is really delighted he has taken it up and enjoying the outdoors again.

Other: has offered to help another patient with his reading. Signposted to other of the Glasgow Health Walks and she has done these with her husband.

Patient 5:

Quotes:

I've had to throw out my old joggies they are too big for me.

Progress: Has lost 8kg

Other: he has agreed to be one of the practice walk leaders and is attending training in 2018. He maps our walks and records our step count and calories burnt! At our Christmas lunch wants to raise money for charity by wearing Christmas jumpers or doing the Conga!

Patient 6:

Quotes: I like exercising because it's good for my depression. I get depressed with my COPD

Progress: has always been pretty active but is now doing the Live Active 12 week programme

Patient 7:

Quotes:

I've really enjoyed myself!

Patient 8:

Joined Live Active 12 week programme

9. AP:

Joined Live Active 12 week programme.

Progress: BP to target

Other observations:

Patient dancing in the waiting room with his walking stick!

On walk down to the Clyde no-one had been down there before although it's only a 15-20 min walk away from the practice

Very few had even been round Tollcross park although it's only 5-10 mins from the practice and others hadn't been there for years.

It's been really good for the staff too – chatting to people outwith with “health” interactions and increasing our physical activity too.