

HEALTHWISE YORK: PHYSICAL ACTIVITY REFERRAL SCHEME

REFERRER'S MANUAL



In partnership with



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WELCOME MESSAGE

Better in partnership with City of York Council, are working to encourage residents to get active through an innovative physical activity referral scheme.

The scheme provides local residents with a high quality service at affordable prices for both community and leisure centre activities.

The Healthwise scheme has a special focus on people with medical conditions or other specialist needs that might discourage or prevent them from exercising, helping them to find a suitable way to get fit and stay healthy.

After referral from a doctor or other health professional, a dedicated team of exercise professionals will assess the patient to take account of current fitness levels and any special requirements they may have. A suitable, safe and personalised exercise programme will then be designed.

The Healthwise team are on hand within the leisure centres to offer advice on exercise, diet and healthy lifestyles. As for all community and leisure facility activities, progression is monitored and the exercise programme can be adjusted accordingly.

We are sure that you will find the community activities and our leisure centres offer great facilities for all and we are certain that we can help individuals get fitter and healthier in an enjoyable way!

For more information on the Healthwise physical activity referral scheme, please contact the Coordinator on **01904 403917**.

Steve Ward
Chair

GENERAL INFORMATION



WHAT IS HEALTHWISE?

Healthwise is a physical activity referral scheme, where health professionals can refer patients to a low cost physical activity programme.

It is designed for individuals with existing health conditions, such as CHD and asthma, as well as those at risk of developing health conditions, such as diabetes, obesity and depression.

The Healthwise scheme aims to encourage people of all abilities to become and remain more physically active, helping to increase fitness levels and improve health and well-being.

WHO'S RUNNING IT AND WHERE?

Better are offering this service throughout York and surrounding areas. Better will be continuing existing community activities and at the following centers:

- **Energise Leisure Centre**
- **Yearsley Pool**

The Healthwise team are a highly qualified team based in the leisure centres, who are dedicated to the provision of safe and effective exercise. All facilitators are Level 3 exercise referral qualified as a minimum.



WHO SHOULD YOU REFER?

Healthwise is designed for the Vale of York residents and their GP or Doctors surgeries which are based in the same locality.

We recommend that you explore thoroughly with each patient whether they are ready to start an exercise programme. An individual's readiness to change refers to the patient's state of mind regarding exercise. If an individual is ready to become more active evidence suggests that this helps to facilitate physical activity in the long term.

We ask that you read the inclusion criteria carefully before referring a patient. Please only refer patients with whom you have discussed the Healthwise scheme and you feel are ready to participate in a physical activity programme.

The scheme is not a long term solution for those requiring one to one attention but one that helps individuals increase knowledge and confidence in becoming more active.

WHAT ACTIVITIES ARE AVAILABLE?

All patients will receive an individually tailored exercise programme dependent on their needs. Exercise options include, but are not limited to:

- Supervised group gym sessions
- Community group exercise sessions
- Health walks
- Nordic Walking
- BACPR Phase IV classes (British Association of Cardiac Prevention and Rehabilitation)
- Pulmonary rehabilitation classes
- Weight management courses
 - Specialist cancer instructor lead group classes - Nordic Walking and gym based

All customers receive an inclusive membership card to the leisure centres in York with a wide range of specialist benefits at a low cost.

THREE EASY STEPS TO REFER

1. **Complete a Healthwise referral form**
(*subject to your assessment)
2. **Get your patient to sign the form**
3. **Send your patients form to Healthwise**

Once done, the Healthwise team will contact your patient directly to arrange an appointment.

WHAT'S THE COST?

Each individual will be offered a membership at one third of the cost of a standard membership.

On successful completion of the programme this low cost membership is extended for a three year period.

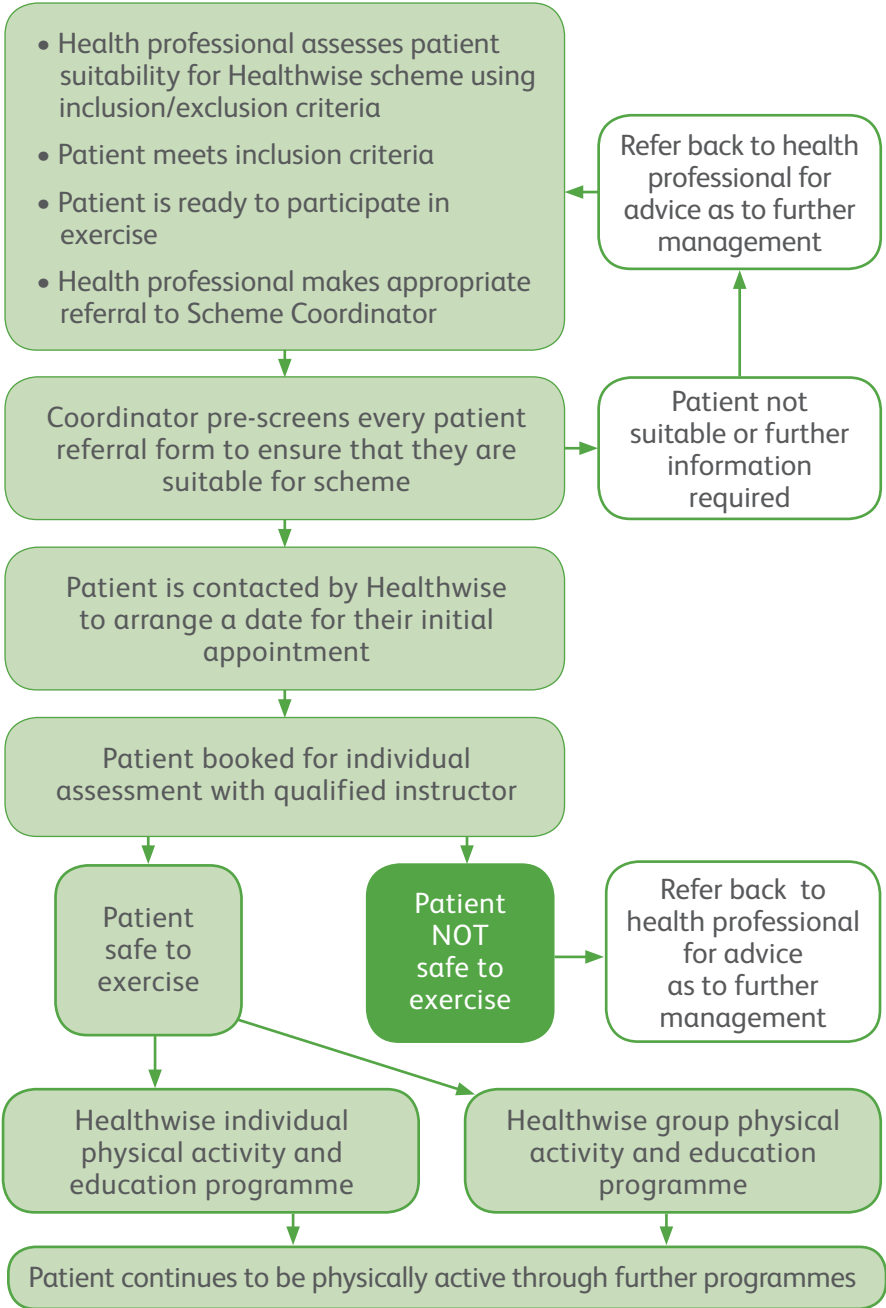
The membership subsidy is incremental on an annual basis and after three years a full standard membership rate will apply.

The membership includes a supervised, individually tailored exercise programme including access to gym, swim and group exercise classes across all leisure centres listed on page 20.

HOW TO MAKE A REFERRAL



THE REFERRAL PATHWAY



Any questions? Call and speak to one of the Healthwise coordinator 01904 403917

HOW TO MAKE A CARDIAC REFERRAL



CHD PATIENT REFERRAL PATHWAY

Phase III referral route 1 Healthwise CHD form

Following Phase III cardiac rehabilitation
Healthwise CHD form completed
IMPORTANT NOTE
Referral form from Phase III to Phase IV is valid for 6 months from discharge from Phase III

CHD GP referral route 2 Healthwise referral form

To be completed in cases where:

- i) more than 6 months has elapsed since cardiac event OR
- ii) more than 6 months since discharge from Phase III OR
- iii) CHD history but no recent acute event

IMPORTANT NOTE
If less than 6 months since acute event without clinical assessment or participation in Phase III redirect patient via Phase III

Clinical assessment (GP or other designated health professional)

Patient meets referral criteria

Patient does not meet referral criteria

GP/
Cardiologist
assessment

BACPR Phase IV sessions. Initial assessment and exercise sessions supervised by appropriately qualified Phase IV exercise instructors

Any questions? Call and speak to one of the Healthwise Coordinator on 01904 403917

INCLUSION / EXCLUSION CRITERIA



INCLUSION CRITERIA

All clients for the Healthwise Physical Activity Referral Scheme must be:

- Over 18
- Vale of York residents and their GP or Doctors surgery is based in the same locality
- Considering or ready to make a change to their physical activity levels i.e. contemplation, preparation, or action stage
- Not currently active

And with one or more of the following conditions:

Cardiovascular	Description
Established CHD	Stable angina, post MI, CABG, percutaneous coronary intervention (PCI/stent), valve replacement (only after Phase III rehab and stable)
Family history of premature CHD	Female <65, male <55 and two other CVD risk factors
Hypertension	Medication controlled ≥ 140 –180 SBP and or ≥ 90 –100 DBP
Peripheral vascular disease	No symptoms of cardiac dysfunction
$\geq 20\%$ CVD risk over next 10 years	Multiple risk factors as identified by QRisk or JBS2 risk tools

Cancer	Description
Cancer	Patients who are receiving or post cancer treatment (<1 yr ago), referral from hospital department only

INCLUSION CRITERIA

Mental Health	Description
Depression	Mild to moderate
Anxiety disorders	Moderate

Metabolic health	Description
Hyperlipidaemia	$\geq 6.0\text{mmol/l}$ and/or raised triglycerides
Overweight/Obesity	BMI 30 +
Type 1/Type 2 Diabetes	With adequate knowledge regarding Hypoglycaemia awareness and management. If relevant: With adequate advice about adjustment of carbohydrate/ treatment dosage (Insulin or oral hypoglycaemics)

Musculoskeletal	Description
Back pain	After back rehabilitation, referral from hospital physiotherapist
Fibromyalgia	Associated impaired functional ability
Chronic fatigue syndrome	Significantly deconditioned due to long standing symptoms
Osteoarthritis	Mild/moderate with related mobility problems (includes joint replacements e.g. hip, knee, shoulder)
Osteopenia	BMD between 1 and < 2.5 SD below young adult mean
Osteoporosis	BMD 2.5 SD below young adult mean or >4 on fracture index with no history of previous low trauma fracture or history of falls
Rheumatoid arthritis	With related mobility problems

INCLUSION CRITERIA

Neurological	Description
Neurological conditions	e.g. Young onset Parkinson's disease (stable), Multiple Sclerosis
Stroke/TIA	> 3 months since stroke and < 1 yr ago. Stable CV symptoms, no assistance required

Respiratory	Description
Asthma/COPD	Grade 1-2 MRC dyspnoea scale: 2 – Short of breath when hurrying on the level or walking up a slight hill



EXCLUSION CRITERIA

Diagnosis	Description
Clinical diagnosis Osteoporosis	BMD > 2.5 at from young adult mean, combined with one or more documented low trauma or fragility fractures
COPD	Patients grade 3-5 MRC to be referred into Pulmonary Rehabilitation (PR) for a 4-10 week multidisciplinary programme before referral to Healthwise (if appropriate)
Type 1/Type 2 Diabetes	With advanced complications
Psychiatric illness/cognitive impairment/dementia	AMT score < 8
Severe Osteoarthritis/Rheumatoid Arthritis	With associated mobility problem
Sports/other injuries	Individuals requiring a rehabilitation programme after an injury
Stroke /TIA	Recent, < 3 months ago

CONTRAINDICATION

Resting SBP > 180mmhg: DBP > 100mmhg

Uncontrolled/unstable angina

Experiences significant drop in BP during exercise

Uncontrolled resting tachycardia > 100 bpm

Unstable or acute heart failure

New or uncontrolled arrhythmias

Experiences chest pain, dizziness or excessive breathlessness during exertion

Hypertrophic obstructive cardiomyopathy

Symptomatic severe aortic stenosis

Acute pulmonary embolus or pulmonary infarction

Acute myocarditis or pericarditis

Suspected or known dissecting aneurysm

Uncontrolled mental health condition

Acute uncontrolled psychiatric illness

Uncontrolled diabetes

Osteoporosis (T score >2.5)

Neuromuscular, musculoskeletal or rheumatoid disorders that are exacerbated by exercise

Febrile illness

Other rapidly progressing terminal illness

Acute infections/illness/fever

Any questions? Call and speak to one of the Healthwise Coordinator on 01904 403917

CONTACT US



PARTICIPATING CENTRES

- 1. Better Energise Leisure Centre**
Cornlands Road
Acomb
York
YO24 3DX
Tel: 01904 403900
- 2. Better Yearsley Swimming Pool**
Haley's Terrace
York
YO31 8SB
Tel: 01904 403860
- 3. York Stadium Leisure Complex**
June 2018
- 4. Better Burnholme Community Hub**
November 2018

Email: healthwiseyork@gll.org

BETTER CENTRES

CONTACT US

Should you have any queries relating to the Healthwise scheme, please do not hesitate to contact:

Better Energise Leisure Centre

Jason Minto

Cornlands Road

Acomb

York

YO24 3DX

01904 403917 or 07483 002421

healthwiseyork@gll.org

APPENDICES



HEALTHWISE: PHYSICAL ACTIVITY REFERRAL SCHEME

How to make a referral

Please remember the Healthwise physical activity referral scheme has been designed for individuals who have not had previous access to leisure centres. It is important that you follow the referral procedure as closely as possible in order to ensure your patient's referral is processed promptly.

At the end of your patient's appointment, please ensure that you have followed this procedure:

- The patient being referred is a low to medium risk patient and is suitable to undertake a physical activity programme
- All sections of the referral form have been completed in full (with specific detail given to previous medical history and medication including all contact details and signatures)
- The patient understands that they are being referred to an exercise referral programme for a 12 week period, which is not a one to one training service
- The patient understands that there will be assessments throughout the programme that are compulsory for their continuation on the Healthwise programme
- The patient understands that they will need to make a payment to the leisure centre for this programme
- For a CHD referral please refer to the Referrer's manual



For more information relating to **inclusion and exclusion criteria**, please refer to your Referrer's manual.

Inclusion criteria

- Established CHD
- Family history of premature CHD
- Hypertension
- Peripheral vascular disease
- 20% CVD risk over next 10 years
- Depression
- Anxiety disorders
- Hyperlipidaemia
- Overweight/obesity
- Diabetes type 1 or type 2
- Back pain (referral from physiotherapy)
- Chronic fatigue syndrome
- Fibromyalgia
- Osteoarthritis
- Rheumatoid Arthritis
- Osteopenia
- Osteoporosis
- Neurological conditions
- Stroke/TIA
- Asthma/COPD

Exclusion criteria

- Acute coronary event/intervention or diagnosis (within the last 6 months)
- Clinical diagnosis osteoporosis
- COPD (patients with grade 3-5 MRC to be referred to Pulmonary rehabilitation)
- Diabetes type 1 or type 2 (advanced)
- Psychiatric illness/ cognitive impairment/ dementia
- Sports/other injuries
- Severe osteoarthritis or rheumatoid arthritis
- Stroke/TIA (recent, < 3 months ago)

Contraindications

- | | |
|---|---|
| • Resting SBP > 180mmhg; DBP > 100mmhg | • Acute myocarditis or pericarditis |
| • Uncontrolled/unstable angina | • Suspected or known dissecting aneurysm |
| • Experiences significant drop in BP during exercise | • Uncontrolled mental health condition |
| • Uncontrolled resting tachycardia > 100 bpm | • Acute uncontrolled psychiatric illness |
| • Unstable or acute heart failure | • Uncontrolled diabetes |
| • New or uncontrolled arrhythmias | • Osteoporosis (T score >2.5) |
| • Experiences chest pain, dizziness or excessive breathlessness during exertion | • Neuromuscular, musculoskeletal or rheumatoid disorders that are exacerbated by exercise |
| • Hypertrophic obstructive cardiomyopathy | • Febrile illness |
| • Symptomatic severe aortic stenosis | • Other rapidly progressing terminal illness |
| • Acute pulmonary embolus or pulmonary infarction | • Acute infections/illness/fever |

For more information about **Healthwise Coordinator**, please contact the team:

Better Energise Leisure Centre

Jason Minto

Cornlands Road

Acomb

York

YO24 3DX

01904 403917 or 07483 002421

healthwiseyork@gll.org



HEALTHWISE: REFERRAL FORM

Please complete in BLOCK CAPITALS. All items in this section must be completed.

1. Patient details	Referrer's details
Name:	Name:
Date of birth:	Profession:
NHS number:	Surgery/Dept:
Address:	Address:
Postcode:	Postcode:
Telephone/work:	Telephone:
Mobile:	Email address:
Email address:	GP name (if not the referrer above):
Ethnicity:	Surgery/Dept:
Occupation:	

Medical details (*items are compulsory and must be completed)

2. Baseline measurements (within the last 6 months)					
*BP: Required BP < 180/100	*Resting HR: Required RHR < 100	*Height (cm):	*Weight (kg):	*BMI:	HbA1c: _____ % Required HbA1c < 11 %

3. Primary reason for referral

4. Medical history (please tick/circle all that apply and attach additional details if applicable)					
Asthma/COPD	<input type="checkbox"/>	Established CHD (state in section 6)	<input type="checkbox"/>	Osteo/Rheumatoid arthritis	<input type="checkbox"/>
Anxiety disorders	<input type="checkbox"/>	Family CHD (premature) + 2 risk factors	<input type="checkbox"/>	Overweight/Obesity (BMI>27.5)	<input type="checkbox"/>
Back pain (referral from physio)	<input type="checkbox"/>	Hyperlipidaemia	<input type="checkbox"/>	Peripheral vascular disease	<input type="checkbox"/>
Cancer (referral from hospital)	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Stroke/TIA date:	<input type="checkbox"/>
Chronic fatigue syndrome/Fibromyalgia	<input type="checkbox"/>	Neurological conditions (state below)	<input type="checkbox"/>	Type 1/Type 2 Diabetes	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Osteopenia/Osteoporosis	<input type="checkbox"/>	> 20% CVD risk (next 10 years): ___ %	<input type="checkbox"/>

5. Current medication (please attach prescription list/additional sheet)

6. Cardiac history (if applicable - established CHD)				
Cardiac conditions:	Yes <input type="checkbox"/>	Current <input type="checkbox"/>	Past <input type="checkbox"/>	Date:
Nature of condition:				
(Include level for Heart failure)				
Please give more information regarding present condition and attach any test results, investigations, and any relevant paperwork				

7. Preferred site/activity		
Energise <input type="checkbox"/>	Yearsley Pool <input type="checkbox"/>	Community Outdoor activity <input type="checkbox"/>
Cornlands Road, Acomb, York, YO24 3DX	Haley's Terrace, York, YO31 8SB	

8. Community Based outdoor activities		
<input type="checkbox"/> Tick here to confirm agreement of the following: I have discussed the Healthwise scheme with this patient and I believe them to be ready and suitable to participate in the physical activity programme. The information on this form is an accurate representation of this patients health status. The patient is clinically stable and compliant with medications. If I become aware that this status changes, I will endeavour to inform the Healthwise Manager.		
Referrer signature:	Print name:	Date:
<input type="checkbox"/> Tick here to confirm agreement of the following: I agree for the information on this form to be passed on to the Healthwise department and for Healthwise to either request further medical/clinical information from other Health Professionals if required, or to pass the referral onto an appropriate service (e.g. Phase 3 Cardiac, Pulmonary Rehabilitation). I agree for my data to be shared for the purpose of evaluation and to be later contacted for follow up.		
Patient signature:	Print name:	Date:

Please ensure this form is completed and signed by both referrer and patient. Provide a copy to the patient for them to give to the Coordinator or post to:

Jason Minto Healthwise Manager, Better Energise Leisure Centre, Acomb, York, YO24 3DX

Please mark the envelope Private and confidential, Email: healthwiseyork@gll.org

CONTACT US

Better Energise Leisure Centre

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