

Long-term Individual Fitness Enablement (LIFE) study

Report to the Department of Health

November 2010

Professor Helen Dawes
LIFE Study Chief Investigator
Movement Science Group
Oxford Brookes University

The LIFE Steering Group –

Karen Barker, James Bateman, Charlotte Elsworth, Patrick Esser, Jane Freebody, David Hilton-Jones, Charmaine Meek, Catherine Minns Lowe, Sandra Paget, Richard Parnell, Cath Sackley, Andy Soundy, & Derick Wade.

Disclaimer

The views and opinion expressed are those of the author and do not reflect those of the Department of Health.

Executive Summary of Research Findings

People with neurological and neuromuscular disorders are interested in increasing their participation in regular physical activity, thus providing access to the health benefits from exercise participation experienced by people without disease. The study aimed to use complex intervention trial methodology developed by the Medical Research Council, to work with service users to model a physical activity support system (PASS) to enable individuals to participate in exercise in community leisure centres.

Our initial focus group questionnaire and community mobility Phase I studies found low levels of physical activity in people with long-term neurological conditions (LTNC). People with LTNC expressed a desire to have the opportunity to be physically active. But they reported physical, environmental and social barriers to participating within community leisure centres and a lack of NHS support for ongoing exercise. When asked to contemplate exercising using community facilities, 30% of people in our sample stated they would be happier to exercise at home if supported, however the majority (60%) stated a preference to exercise in a community facility with people and ideally with people with some form of disability rather than with non disabled people. The most requested physical activities by this group were those involving walking, stretching and swimming. Community facilities are available for people to exercise in their locality; however during pilot testing we found variability in the ability of community centres in Oxfordshire to meet the needs of people with LTNC. Inclusive Fitness Initiative Centres met the exercise needs of people with LTNC, but there are areas in the UK

where when there are no local IFI centres. These facilities would need to be evaluated for adequate access, equipment and appropriately skilled staff on an individual basis. The exercise environment is extremely important to the success of achieving a physically active lifestyle for people with LTNC; staff attitudes, skills and appropriate facilities were highlighted as extremely important for successful use of community centres in both our Phase I studies and in our exit poll of participants of the Phase II study.

From our Phase I pilot work we developed a method for supporting exercise in community facilities. We set out to enable people with LTNC to develop and control their own exercise programme to suit their personal needs with the support of an information booklet, a community Register of Exercise Professionals (REPs) level three or above Fitness Professional and the support of a health professional (physiotherapist). The initial appointment in the community centre was arranged by the physiotherapist who introduced the patient to the community facility and fitness professional. The exercise prescription provided by the Fitness Professional was directed by the participant with the Health Professional providing support. In our Phase II RCT evaluation we found that people with LTNC were able to safely and effectively exercise in community fitness centres. Participants achieved comparable adherence (44%) over the 12 week trial to other exercise referral schemes in the same facilities with 30% of participants continuing to exercise at the end of the 12 week intervention. Provisional data from the trial demonstrated a positive effect of community exercise on body function, health and wellbeing measures, supporting the implementation of a Phase III trial.

**The Findings of this study in relation to the National Service
Framework for Long Term Neurological Conditions**

We conclude this Summary with a digest of the findings in relation to the NSF (see over).

NSF Quality requirement	Evidence from this study	Potential contribution of NSF
<p>QR1 <i>A person-centred service</i></p> <ul style="list-style-type: none"> • Coordination of services through the integrated assessment and planning of their health and social care needs, especially at transition to adult services • Requires a care co-ordinator with responsibility for developing a comprehensive 	<ul style="list-style-type: none"> • Individuals reported a desire to participate in community activities and be physically active as statutory services were limited but no obvious coordinated approach between NHS services and community facilities as seen in cardiac rehabilitation services 	<ul style="list-style-type: none"> • Remind commissioners of the importance of linking NHS services to community services • Encourage health and fitness professionals to collaborate to enable this process

<p>care plan</p> <ul style="list-style-type: none"> Information needs reviewed regularly 	<ul style="list-style-type: none"> The Physiotherapist acted to link NHS to community services. This worked well with approximately 1/3 of people achieving ongoing physical activity Careful assessment and feedback to health professionals/clinics should be encouraged 	
<p>QRs 4,5,6 <i>rehabilitation, adjustment and social integration</i></p> <ul style="list-style-type: none"> Enable people with a LTNC to lead a full life in the community 	<ul style="list-style-type: none"> Barriers for this group appear to be overwhelming for most 	<ul style="list-style-type: none"> A role for health professionals to actively integrate people into community exercise with fitness professionals.

The Findings of this study in relation to other policy

The concept of the supported community exercise intervention which encourages self-efficacy and management also fits with the proposals in the recent Green paper 'Independence, Well-being and Choice. Our vision for the future of social care for adults in England' [24] by supporting choice.