"If a medication existed that had a similar effect, it would be regarded as a wonder drug or miracle cure"

Sir Liam Donaldson, Former Chief Medical Officer, 2009.
Dear Health Colleague,

As we all know Physical Activity makes up an important part of the healthy lifestyles puzzle. There is a whole host of evidence to support this and even more qualitative examples to be taken from local schemes. Yet over 70% of our population in Norfolk don’t meet the government’s recommendations of 150 minutes of moderate intensity activity a week. This is the real puzzle as we all know with increased activity comes increased benefits to health.

At time of publication the health sector is seeing huge change and transition and perhaps it is as good a time as ever to promote the Physical Activity agenda and formally introduce you to a whole host of schemes in the County.

You will all see and treat patients on a daily basis who could benefit from increased activity and thus improve their health. Who better to give the advice than yourselves? This guide is intended to support and help you signpost people to appropriate physical activity opportunities in Norfolk and to further promote a long term active lifestyle.

Active Norfolk, NHS Norfolk and Waveney and its partners in recent years have been designing and developing these schemes in order to support and treat those with ill health or more importantly to prevent illness occurring and further to help halt the development of long term condition and co morbidities.

Many of the people you will see on a day to day basis may be apprehensive about starting or increasing their physical activity levels, may not know where to go or what schemes are appropriate for them and may not fully understand the variety of health problems that can benefit from increased physical activity. This is our chance to engage with these patients and really make a difference.

This guide will set out the supporting evidence, the tools and the menu of opportunities available locally to support your patients in their journey towards a more active and healthy lifestyle. It’s important that we as colleagues make ‘every contact count’ and seize the opportunities to discuss lifestyle and activity interventions wherever we can.

These brief interventions, referrals and recommendations in our opinion will support our agenda to make Norfolk a healthier county.

Jenny Harries
Director of Public Health (NHS Norfolk and NCC)

Nick Clarke
Physical Activity and Health Improvement
(Active Norfolk)

Dr Carly Hughes
GPwSI Obesity

We are here to help

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Director of Public Health (NHS Norfolk and NCC)

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(Active Norfolk)

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With thanks to Jenny Harries, Carly Hughes, Laurie Hull, Dan Goodwin and all those who contributed to the document.

Author: Nick Clarke

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Why Physical Activity?

Physical activity can help all of us to lead healthier and even happier lives, irrespective of age. Even relatively small increases in physical activity are associated with some protection against chronic disease and improved quality of life.

Lack of physical activity is one of the biggest causes of illness and death in the UK and has been described as the silent killer of our time. (World Health Organisation, 2010). In July 2011, the four Chief Medical Officers of England, Northern Ireland, Scotland and Wales collectively reinforced that adults aged 19-64 years should be physically active for at least 150 minutes per week.

They recommended that one way to approach this is to do 30 minutes of moderate intensity activity on at least 5 days of the week or 75 minutes of vigorous intensity activity spread across the week. (Start active, Stay Active, DoH, 2011).

There is a whole host of evidence to support the use of Physical Activity both for treatment and for prevention. However only 27% of the population in Norfolk (Active People Survey, 2011) currently meet the Governments recommendation of 150 minutes of moderate intensity physical activity per week.

The health benefits of physical activity are significant and well recognised. Regular physical activity of moderate intensity, such as brisk walking, can bring about major health benefits as well as significant cost savings for the NHS. Increasing levels of physical activity would contribute to achieving reductions in diseases (such as coronary heart disease, stroke and type 2 diabetes) by up to 50% and the risk of premature death by about 20-30% (At least 5 a week, DoH, 2004).

There’s more too!

Physical activity:

- is associated with a reduction in the overall risk of cancer, has a clear protective effect on colon cancer and is associated with a reduced risk of breast cancer in women after the menopause;
- reduces the risk of diabetes – physically active people have a 33–50% lower risk of developing type 2 diabetes compared with inactive people, with a particularly strong preventive effect for those at high risk of developing diabetes;
- is important for helping people to maintain weight loss over several months or years. (Those who include physical activity as part of their weight loss plan have a better chance of long-term success. Physical activity brings important reductions in risk of mortality and morbidity for those who are already overweight or obese);
- is associated with reduced risk of depression and dementia in later life, is effective in the treatment of clinical depression and can be as successful as psychotherapy or medication, particularly in the longer term.

More generally, physical activity helps people feel better and feel better about themselves, as well as helping to reduce physiological reactions to stress. The benefits, though, can go well beyond our own health and well-being.

With higher transport costs and concerns about global warming, more cycling and walking as part of daily life can save money and help the environment. Fewer car journeys can reduce traffic, congestion and pollution, feeding back into the health of communities.

Physical activity also offers us opportunities for more social interaction – whether it is by joining a walking group, being part of a team engaging in sport or simply leaving the car at home for short, local trips.

(text adapted from Start Active, Stay Active, DoH, 2011)
How will increasing ‘physical activity’ save us money?

The cost of Physical inactivity in Norfolk is estimated at £13 million (Be Active, Be Healthy, DoH, 2009). Referring and recommending your patients who are most inactive will contribute to a huge cost saving in the future. Not only will this save the NHS money but your patients will have a better quality of life, fewer side effects from multiple medicines and better resilience to health problems in the future. Research has also shown that the return on investment for physical activity demonstrated by the net costs saved per Quality Adjusted Life Year (QALY) gained varies from £750.00 to £3,150.60. In comparison, for example, to the cost of statins, at between £10’000 and £17’000 per QALY.

Quality Outcomes Framework (QOF) indicators and Physical Activity.

These are currently being considered by NICE for inclusion in the 2013/14 QOF. They will be related to cardiovascular disease, hypertension but may be considered for other long term conditions such as obesity, COPD and diabetes. The indicators put forward focus on using the General Practitioners Physical Activity Questionnaire as a screening and brief intervention tool. Please contact us, at info@activenorfolk.org, for more details and information on these.

It’s NICE to be active:
The National Institute for Clinical Excellence (NICE) has a whole host of evidence to support physical activity. All of these can be accessed at www.nice.org.uk or contact info@activenorfolk.org for more details.

These include:

PH 2 – Four commonly used methods to increase physical activity.

PH 6 – Behaviour Change.

PH 13 – Promoting physical activity in the workplace.

PH 25 – Prevention of Cardiovascular disease.

PH16 – Mental Wellbeing and Older People.

PH 22 – Promoting Wellbeing at Work.

PH 35 – Preventing Diabetes through local communities.


CG88 – Lower Back Pain.

CG113 – Reducing Anxiety.

Regular physical activity is important to the health and well-being of people of all ages; it offers direct protection against the risk of developing more than 20 different diseases and long-term medical conditions.

Physical Activity

A tool for Health Professionals: The General Practitioners Physical Activity Questionnaire (GPPAQ):

What is the GPPAQ?

Health professionals can use the GPPAQ to identify which patients would benefit from being more physically active and who in turn would also be appropriate for referral. NICE recommends primary care professionals should use a validated tool, such as the Department of Health’s General Practice Physical Activity Questionnaire (GPPAQ).

The GPPAQ is a validated screening tool for use in primary care that can be used to assess adult (16-74 years) physical activity levels. It generates a simple, 4-level Physical Activity Index (PAI) categorising patients as: Active, Moderately Active, Moderately Inactive, and Inactive.

The NICE guidance states that if (through the GPPAQ) an individual is identified as less than active, practitioners should offer a brief intervention in physical activity.

You can download the GPPAQ and how to categorise activity levels from our website at: www.activenorfolk.org/activityreferral or please contact us at info@activenorfolk.org and we will post a master copy to you. It’s also available, on the website above, as an ‘excel’ workbook (which works out the activity levels for you).

Referral and Recommendation

This should include the following recommendations:

- When providing physical activity advice, primary care practitioners should take into account the individual’s needs, preferences and circumstances.
- They should agree goals with them. They should also provide written information about the benefits of activity and the local opportunities to be active.
- Where appropriate offer a referral into a condition specific or exercise on referral programme, if they exist in your area.
- They should follow them up at appropriate intervals over a 3 to 6 month period.
- For those with CHD risk of greater than 30% over ten years, GPPAQ should be completed annually.

Questions concerning Walking, Housework, Childcare, Gardening and DIY have been included to allow patients to record their physical activity in these categories; however, these questions have not been shown to yield data of a sufficient reliability to contribute to an understanding of overall physical activity levels. They are not used in the generation of the Physical Activity Index.

Referral and Recommendation

General Practitioner Physical Activity Questionnaire

Date………………………
Name……………………..

1. Please tell us the type and amount of physical activity involved in your work.

<table>
<thead>
<tr>
<th></th>
<th>Please mark one box only</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)</td>
</tr>
<tr>
<td>b</td>
<td>I spend most of my time at work sitting (such as in an office)</td>
</tr>
<tr>
<td>c</td>
<td>My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)</td>
</tr>
<tr>
<td>d</td>
<td>My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffold, construction worker, refuse collector, etc.)</td>
</tr>
<tr>
<td>e</td>
<td>None Some but less than 1 hour 1 hour but less than 3 hours 3 hours or more</td>
</tr>
</tbody>
</table>

2. During the last week, how many hours did you spend on each of the following activities? Please answer whether you are in employment or not

<table>
<thead>
<tr>
<th></th>
<th>Please mark one box only on each row</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.</td>
</tr>
<tr>
<td>b</td>
<td>Cycling, including cycling to work and during leisure time</td>
</tr>
<tr>
<td>c</td>
<td>Walking, including walking to work, shopping, for pleasure etc.</td>
</tr>
<tr>
<td>d</td>
<td>Housework/Childcare</td>
</tr>
<tr>
<td>e</td>
<td>Gardening/DIY</td>
</tr>
</tbody>
</table>

3. How would you describe your usual walking pace? Please mark one box only.

<table>
<thead>
<tr>
<th></th>
<th>Physical Activity Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slow pace (i.e. less than 3 mph) Steady average pace Fast pace (i.e. over 4 mph)</td>
<td></td>
</tr>
</tbody>
</table>

Above is an example of the General Practitioners Physical Activity Questionnaire form.
Referral and Recommendation

How do I decide what’s best for my patient?

Making a decision about whether a patient is suitable for exercise referral or which physical activity option is best for an individual patient relies on your clinical judgement and is based on a number of factors. Generally referrals for exercise are most suitable for patients who are insufficiently active and are likely to need help with motivation, exercise programming, supervision and monitoring and/or need assistance in selecting the appropriate type, intensity, frequency and duration of activity, directed at a specific health outcome.

This table, below, may help you to decide:

<table>
<thead>
<tr>
<th>Factors to consider when assessing options to increase an inactive patient’s physical activity</th>
<th>Favours exercise referral</th>
<th>Favours recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>General health status</td>
<td>Fair/poor</td>
<td>Good</td>
</tr>
<tr>
<td>Ready to change behaviour</td>
<td>Ambivalent</td>
<td>Yes</td>
</tr>
<tr>
<td>Requires activity for specific health outcomes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Requires tailored exercise programming</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Able to safely exercise alone</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Needs motivational support</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Social circumstances</td>
<td>Living alone/not coping</td>
<td>Good</td>
</tr>
</tbody>
</table>

(adapted from the BHFNC)

The latter, exercise or activity referral requires the transfer of relevant medical information about an individual in order for an exercise professional to develop a tailored physical activity programme. Furthermore the exercise professional takes responsibility for the safe and effective design, delivery and management of this individual’s physical activity programme.

It is important to adopt an approach which best suits the characteristics and expressed needs of the individual patient. Some inactive people may find community-based physical activity programmes, such as a led walking group more accessible and more appealing than formal exercise programmes, such as an exercise referral scheme.

There are a number of both local referral and recommendation schemes and projects to choose from when discussing physical activity with your patients of which we have highlighted and provided contacts for in this booklet. (Adapted from, Exercise Referral Toolkit, BHFNC, 2008)

I was very nervous at the thought of attending but I was made to feel so welcome the worries disappeared immediately. I’ve lost weight and my blood pressure is greatly improved. I also find it much easier to play with my grand-daughter without getting puffed. I’m really grateful I was able to attend.

Veronica, 65, Coltishall

Activity / Exercise Referral Vs Recommendation

What is the difference?

Recommending a patient increase their physical activity or sign-posting a patient to any of the broader physical activity opportunities, i.e. walking scheme, is quite distinct from referring an individual to a dedicated service for the development of a tailored physical activity programme i.e. an exercise referral scheme. With the former the responsibility for taking part in any of these activities is up to the patient who is also responsible to act within the boundaries of the health professional’s recommendation.

Referral and Recommendation
Referral and Recommendation

Is it safe to refer to these schemes?

A fair question, after all these are your patients. The answer of course is ‘Yes’.

All schemes in Norfolk have specifically qualified level 3 exercise referral specialists who are trained to industry standard. Amongst other elements; aetiology and pathology of common medical conditions with reference to exercise elements, limitations and contra-indications. There is also a component on the pharmacology of the relevant referable conditions. Instructors must have base qualifications in exercise instruction before they are able to advance to this level. Many also have degree level qualifications in Sports Science or similar. In summary the qualification covers:

- Identifying the main characteristics of a range of diseases and conditions including cardiovascular disease, diabetes, multiple sclerosis and Parkinson’s disease.
- Identify a range of medications and their implications for exercise
- Recognise the benefits of exercise for a range of diseases and conditions
- Identify the exercise implications of a range of conditions and diseases
- Screen and assess clients with a variety of medical conditions

Referral and Recommendation

All the schemes in Norfolk abide by the guidelines set out in the Department of Health’s National Quality Assurance Framework for Exercise Referral schemes with the aim of improving standards. Guidance covers issues including patient selection, evaluation and long-term follow up. This ensures high standards and effective partnerships between health professionals, exercise professionals and patients.

Though all schemes in Norfolk meet and excel in all standards set they do all work slightly differently. If you are unsure of anything please get in touch with your local scheme.

The model below demonstrates the structure of a standard referral scheme.

The scheme has been wonderful for me - enabling me to increase my level of activity and to get moving again. My back pain and stiffness had resulted in me not exercising much and gaining weight. The debilitating stiffness and pain in my neck has mostly gone, my back pain is much better, I have more confidence and I now even enjoy exercise.

Kathy, 50, Norfolk.
The Referral Process

How do I refer?

Process for referral varies slightly from scheme to scheme. Usually a form is completed by the health professional following discussions with the patient over potential entry to a referral programme. Signatures are required from both the health professional and patient before the form is sent to the relevant scheme coordinator. The patient will then be contacted directly with routine feedback to the referrer.

Forms are available in paper or electronic formats and can be obtained from the referral schemes directly, contacts can be found in this document, from the knowledge management site or at www.activenorfolk.org/activityreferral.

Who should I refer?

All the schemes throughout Norfolk are designed to help people who would benefit from increased and maintained activity. They are aimed at people with medical conditions that put their health at risk. To be eligible to take part in the exercise referral schemes participants must have a medical condition. There are inclusion and exclusion criteria which you will find below:

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>All referrals must be 16+ and fulfill at least one of the following criteria:</td>
<td>Patient cannot be referred</td>
</tr>
<tr>
<td>Considered inactive: * Are not moderately active for a total of 30 minutes</td>
<td>• Severe ischaemic heart disease</td>
</tr>
<tr>
<td>more than 3 times a week</td>
<td>• Severe hypertension (over 180/110 mmHg) or uncontrolled hypertension</td>
</tr>
<tr>
<td>Exhibits at least one of the following risk factors for CHD:</td>
<td>• Unstable angina</td>
</tr>
<tr>
<td>• Smoking</td>
<td>• Uncontrolled tachycardia (over 100bpm)</td>
</tr>
<tr>
<td>• Family history of heart disease</td>
<td>• Insulin dependant diabetes with poorly controlled blood glucose levels</td>
</tr>
<tr>
<td>• High cholesterol levels (greater than 5mmol/L)</td>
<td>• Severe or poorly controlled asthma</td>
</tr>
<tr>
<td>• Obesity/ Overweight (BMI 25+kg/m²)</td>
<td>• Uncontrolled chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td>• Hip to waist ratio above 0.80 (women) or 0.95 (men)</td>
<td>• Uncontrolled Cerebrovascular disease</td>
</tr>
<tr>
<td>• Hypertension stable between 140/90 and 179/107 (British Hypertension Guidelines</td>
<td>• Severe Peripheral vascular disease</td>
</tr>
<tr>
<td>2004)</td>
<td>• Unstable or severe mental health state</td>
</tr>
<tr>
<td>• Controlled, stable diabetes</td>
<td>• Cardiac event or Cardiac surgery, within last 12 months</td>
</tr>
<tr>
<td>Exhibits at least one of the following risk factors for osteoporosis:</td>
<td>• Febrile illness</td>
</tr>
<tr>
<td>• Smoking</td>
<td>• Chronic muscle, joint or bone conditions that greatly impede mobility or require</td>
</tr>
<tr>
<td>• Heavy alcohol consumption</td>
<td>physiotherapist treatment</td>
</tr>
<tr>
<td>• Family history</td>
<td>• Patients who, in health care professionals opinion are not medically fit to</td>
</tr>
<tr>
<td>• Hysterectomy</td>
<td>undertake an exercise programme</td>
</tr>
<tr>
<td>• Taking prescribed corticosteroids</td>
<td>• Patients at the pre-contemplative stage of behaviour change (unaware/ uninterested</td>
</tr>
<tr>
<td>• Early menopause</td>
<td>in the benefits of physical activity)</td>
</tr>
<tr>
<td>• History of dieting</td>
<td>• Suffer from rheumatoid arthritis or osteoarthritis</td>
</tr>
<tr>
<td>• History of diet lacking in calcium or vitamin D</td>
<td>Must be mild to moderate</td>
</tr>
<tr>
<td>• History of amenorrhea</td>
<td>• Suffer from depression, stress or anxiety</td>
</tr>
<tr>
<td>• Suffer from rheumatoid arthritis or osteoarthritis</td>
<td>Must be mild to moderate</td>
</tr>
</tbody>
</table>

Please note this criteria is a guide, some schemes may differ slightly, please contact your appropriate scheme for further information.
Referral and Recommendation

Specialist Referral Schemes - For varying conditions:

With increasing clinical evidence and research to support the use of physical activity as a treatment and prevention of many conditions we felt that these services would be welcomed in the County. Sometimes though the activity sessions need to be adapted to suit and support these conditions so Active Norfolk and our partners have been working on setting these up. Below you will find details of these schemes, please note that you will need to speak with the coordinators for each before you start referring your patients.

Cancer:
Scheme name: Broadly Active
Coordinator name: Dan Goodwin
Area covered: District of Broadland
Website: www.broadland.gov.uk
Email: broadlyactive@broadland.gov.uk
Phone: 01603 430487

Scheme Name: ECCH GO Active NHS CIC
Coordinator Name: Charles Allen
Areas Covered: Great Yarmouth and Waveney
Website: www.eastcoastch.co.uk
Email: charles.allen@nhs.net
Phone: Justine Hopkins, 01493 744411

Pulmonary (Lung Clubs):
Scheme Coordinator Name: Mark Harmer
Areas Covered: Various locations in Norfolk
Website: www.activenorfolk.org/activityreferral
Email: Mark.Harmer@nhs.nhs.uk

Cardiac:
Scheme name: BEAT IT Phase IV Cardiac Rehabilitation
Coordinator name: Emma Howard
Area covered: Norwich
Website: www.activenorfolk.org/activityreferral
Email: beatitrehab@gmail.com
Phone: 07851 008712

Scheme Name: Heart Works – Cardiac Phase IV Rehabilitation
Coordinator Name: Geoff Dorrie
Areas Covered: Breckland
Website: www.activenorfolk.org/activityreferral
Email: geoffdorrie.plus.com

Scheme Name: ECCH GO Active NHS CIC
Coordinator Name: Charles Allen
Areas Covered: Great Yarmouth and Waveney
Website: www.eastcoastch.co.uk
Email: charles.allen@nhs.net
Phone: Justine Hopkins, 01493 744411

Referral and Recommendation

Health Walks
Fit Together

Health Walks
A health walk is a short, locally held walk, where you are encouraged to walk at your own pace, but, if possible, slightly faster than normal.

The aim of the health walks is to encourage and support people who are trying to increase their activity levels and lead a healthier lifestyle. Trained volunteers lead our walks, with leaders at the front and back of the group. The volunteers are on hand to support all walkers, whether you’re just starting out or have been walking regularly for a while.

It’s not a race or a competition and as with any exercise the important thing is to start gently and build up gradually. We have trained volunteer leaders at the front, back and in the middle of the group, so although the group may spread out you will not get left behind.

Walking at your own brisk pace is not about how fast you go, but about how you feel.

Since I started walking with Fit Together, my general health has improved & it helps to keep my weight, blood pressure & Type 2 Diabetes under control.I also have a lot more confidence now, to be able to talk to other people & have made many new friends.

Peter, 61, Norwich.

Did you know there are 45 health walks a week organised throughout Norfolk and they’re all free.

For more information or to request the latest health walks programme please visit www.activenorfolk.org/fittogether or call us on 01603 732333.

For walks in Great Yarmouth and surrounding areas, please visit www.eastcoastch.co.uk/ or email charles.allen@nhs.net

The scheme has been ideal for me, the relaxed atmosphere and excellent instruction has helped me really improve my health.

John, 72, Frettenham.
Sitting Room Circuits

The DVD has been specifically designed for people that you may think would benefit from low intensity activity in their own home. The DVD was produced in collaboration with exercise specialists, physiotherapists, GP’s and occupational therapists – its aim is simple; to give people the confidence to start being active. The programme is safe, effective and walks users through each exercise.

It also comes with a resistance band and a guidance booklet. Active Norfolk, Broadland District Council, City College Norwich and South Norfolk District Council all collaborated on the Sitting Room Circuits DVD.

We have distributed over 10,000 to date, the DVD is £3.50 to buy but each health professional may request one free copy to test it out themselves or to loan it to patients. Please email info@activenorfolk.org for more information.

I got given the Sitting Room Circuits DVD from my physiotherapist. Being in a care home means not being able to access community classes. This is perfect for me, I can choose when and how often I do it. Since using the DVD I feel young again.

Wendy, 85, Norwich.
Exercise and Activity Referral Schemes
contact details

Breckland:

Scheme Name: Dereham Scheme Exercise Referral
Coordinators: Ben Walker & Karl Ireland
Area covered: District of Breckland
Forms and info: www.exercise-referral.co.uk
Email: info@exercise-referral.co.uk
Telephone: 01362 693419

Broadland:

Scheme name: Broadly Active
Coordinator name: Dan Goodwin
Area covered: District of Broadland
Website: http://www.broadland.gov.uk/leisure_and_tourism/574.asp
Email: broadlyactive@broadland.gov.uk
Phone: 01603 430487

Further details: Scheme that provides a personal activity plan for clients with motivational support. Provides exercise classes, aqua, gyms, walking, conservation style activity and sports. Signposting to other opportunities when relevant.

Great Yarmouth and East Norfolk

Scheme Name: ECCH GO Active NHS CIC
Scheme Coordinator Name: Charles Allen
Areas Covered: Great Yarmouth and Waveney
Website: www.eastcoastch.co.uk/
Email: charles.allen@nhs.net
Phone: Justine Hopkins, 01493 744411

Further details: Exercise Referral (22 conditions). Specialist pathways - Cardiac, Physiotherapy (various), Cancer, 50+ and others being developed or just starting.

Norwich

Scheme name: Norwich Activity Referral Scheme
Scheme Coordinator name: Ben Walker and Mark Harmer
Area covered: Norwich
Website: www.exercise-referral.co.uk
Email: info@exercise-referral.co.uk
Telephone: 079168 785928 / 07920 195831

Further details: Exercise referral scheme for people with various health conditions. 5 classes over the week in various locations. Including circuits, aqua-referral, pilates and Nordic walking.

North Norfolk:

Scheme name: Well Active – The North Norfolk Activity Referral Scheme
Scheme Coordinator name: Sonia Shuter
Area covered: North Norfolk DC area. People referred to their closest DC leisure centre:
Fakenham Sports and Fitness centre (Fakenham) - 01328 850010
Splash leisure and Fitness Centre (Sheringham) - 01263 825675
Victory Swim and Fitness Centre (North Walsham) - 01692 409370
Website: www.northnorfolk.org
Phone: 01263 516173
Email: sonia.shuter@north-norfolk.gov.uk

Further details: Fully equipped gym and pool with qualified staff to deal with medical conditions such as obesity, angina and diabetes.

Stalham Community Gym

Scheme Name: Stalham Community Gym
Scheme Co-ordinator: Paul O’Connell
Area Covered: North-east Norfolk
Website: www.stalhamcommunitygym.org.uk
Email: info@stalhamcommunitygym.org.uk
Phone: 07910 478111

Further details: Stalham Community Gym offers a confidential GP referral service to all age groups and specialises in weight management and general health and wellbeing in a supportive and friendly environment.
**West Norfolk**

Scheme name: Lifestyle Referral Scheme  
Scheme Coordinator name: Mark Mitchell  
Area covered: Borough of King's Lynn & West Norfolk  
Website: www.west-norfolk.gov.uk  
Email: mark.mitchell@west-norfolk.gov.uk  
Phone: 01553 818001

Further details: The Borough Council of King’s Lynn & West Norfolk have four leisure facilities across the Borough working in partnership with local health providers to improve and promote healthy lifestyles through an inclusive approach to education and activity.

**South Norfolk**

Scheme Name: South Norfolk Exercise Referral Scheme  
Scheme Coordinator Name: Mark Harmer  
Areas Covered: South Norfolk District Council  
Website: www.southnorfolk.gov.uk/health  
Email: health@s-norfolk.gov.uk  
Phone: 01508 533921

Scheme Name: Waveney Valley Exercise Referral Sessions (WAVERS)  
Scheme Coordinator Name: Kathy Haywood-Rand  
Website: www.activenorfolk.org/activityreferral  
Phone: 01379 783740  
Areas covered: Harleston and Diss

Further information: Please call Kathy for more details on this local community scheme

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**Norfolk’s Living Well**

Norfolk’s Living Well is a new initiative from NHS Norfolk and Waveney designed to make it easier for you and your community to find local health improvement services; from weight management and stop smoking programmes to health checks and sexual health venues.

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**The Counties Sport and Physical Activity Partnership**

Our job is simple - to increase physical activity and sport participation in Norfolk and to provide opportunities to the public and guidance to our partners.

We manage a number of projects and initiatives to achieve this - many of which you can signpost your patients to and you may even want to give them a go yourself!

If there are any questions about Physical Activity, Sport or active recreation then please get in touch and we can help, or put you in contact with other local services.

Contact us on 01603 732333 / info@activenorfolk.org  
Visit our website at www.activenorfolk.org

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**Free & Local**

Norfolk’s Living Well is provided by NHS Norfolk and Waveney.
The UK Physical Activity Guidelines

We all know that being active is important for a healthy lifestyle, however many people are not active enough to reap the wide-ranging benefits. To emphasise the importance of regular physical activity, the four Chief Medical Officers have launched new guidelines for the UK.

For the first time, these guidelines cover early years and older adults, as well as addressing sedentary behaviour. This is particularly important as recent evidence shows the increased health risks associated with being sedentary, such as sitting watching TV, no matter what age.

For children over five and young people, the recommendations remain similar to before – they should take part in moderate to vigorous intensity physical activity for at least 60 minutes every day. Evidence shows the importance of activities, such as jumping, dancing and running, which strengthen muscle and bone and children should take part in these activities at least three times a week.

For children under five, the guidelines focus on the importance of movement for babies and for toddlers being active for at least 180 minutes every day.

Adults need to do 150 minutes of moderate intensity physical activity per week. We now know an individual’s total amount of activity is important but that there are added benefits in being active daily and the new guidelines allow more flexibility to reflect this.

Although the recommendations for older adults are similar to the adult guidelines, there are some important differences, particularly as older adults can vary widely in their ability to take part in activity. With this in mind, the guidelines emphasise the benefits of some physical activity rather than none, as well as the importance of improving balance and coordination to reduce the risk of falls.

Further information can be found on the Department of Health website.