

Exercise by Referral in Derbyshire

Active Derbyshire commissioned Move Consulting to review the Exercise by Referral service in Derbyshire to understand potential for reducing complexity, identifying opportunities to improve and make services more accessible.

Service
Implementation

February 2025

Based on the report undertaken by Move Consulting, service implementation requires consideration to ensure it is consistent, accessible, effective and aligned with both local needs and national best practices. This is a summary of the report findings and considerations regarding service implementation:

1.0 Person-Centred & Flexible Approach

- Tailor services to individual **needs, motivations, and readiness to change**.
- Offer a **menu of activity options** including gyms, walking groups, community activities, home-based activities and digital programs.
- Ensure **shared decision-making** is embedded.
- Develop a **county-wide consistent service framework**, but allow for **local adaptations** based on assets, staffing and population needs.
- Maintain minimum service standards

2.0 Diverse and Inclusive Activity Options

- Move beyond leisure centres—include **community venues, outdoor spaces, and voluntary sector providers**.
- Broaden the activity offer to accommodate different abilities, preferences and cultural backgrounds.
- Ensure services are accessible for **priority and underserved groups**, including people from low-income backgrounds.

3.0 Robust Onboarding and Exit Processes

- Provide a **comprehensive induction and triage process** to assess readiness, health needs and preferences.
- Ensure continuity through **post-program support**—e.g. discounted memberships, signposting, peer support.
- Use **motivational nudges and follow-ups** to sustain engagement.

4.0 Skilled and Supported Workforce

- Ensure delivery is by appropriately **qualified staff** (minimum Level 3 Exercise Referral).
- Encourage **multi-disciplinary models**—e.g. co-delivery by fitness professionals, volunteers and social prescribers.
- Embed evidence-based Behaviour Change Techniques throughout the service (goal setting, motivational interviewing, social support, etc.).
- Upskill staff in **behaviour change, data collection, inclusivity** and safeguarding.

5.0 Clear Inclusion and Exclusion Criteria

- Align with **NICE PH54** and local priorities for inclusion (e.g. people with long-term health conditions).
- Be transparent about criteria and **provide alternative options** for those who fall outside of them (e.g. LLBD or community referral).
- Regularly review criteria in response to national updates and workforce capabilities.

6.0 Effective Communication and Marketing

- Improve **referral materials and participant information**—make the offer clear and motivating.
- Educate healthcare professionals and referrers to increase confidence in the service.
- Deliver a **coordinated internal campaign** so all stakeholders understand the vision and model.

7.0 Data-Driven Service Delivery

- Collect and use service data to **evaluate success, identify gaps** and improve delivery.
- Track **attendance, dropouts, outcomes** and **participant experience** to inform planning.

8.0 Continuous Learning and Feedback

- Build in **feedback loops** with delivery staff, referrers and service users.
- Use data and lived experience to **refine the offer** and respond to emerging needs.

Service implementation should be **high-quality, consistent and person-centred**, supported by **skilled staff**, a **broad activity offer** and **clear pathways**. It should enable people to access the right support, at the right time, in a way that works for them – while maintaining a balance between local flexibility and system-wide standards.