

Please find attached a copy of Aquatics and Recreation Victoria, Kinect Australia and Smart Connection Companies submission:

National Exercise Referral Scheme –

As the primary health care system realigns to encompass a stronger focus on prevention it is imperative to provide systems that will support these efforts.

A consortium consisting of Aquatics & Recreation Victoria (ARV), Kinect Australia, Australian Leisure Facilities Association and Smart Connections Company propose that Australia establish a National Exercise Referral Scheme (ERS), with facility and non-facility based community referral pathways.

“An ERS can be defined as an intervention where there is a referral by an appropriate professional to a service where there is a formalised process of assessment of that person’s needs; the development of a tailored physical activity programme to meet that need; and monitoring of the individual’s progress”.

(NICE Public Health Collaborating Centre 2006)

ERS consistently show evidence of small, but positive results, successfully targeting sedentary patients who could benefit from becoming more active (1).

This project will be based on the successful UK National ERS and New Zealand Green Prescription program which generated 20,000 referrals from General Practice in 2007 (2). The main focus will be on facilitating the operation of a systematic referral pathway utilizing the ‘Lifescrript’ physical activity prescription and assessment tool, National Division of General Practice Network, and 1900 Local Government managed Aquatic and Recreation Facilities (ARF). It is also crucial that the scheme be linked to MBS Item 713; the diabetes risk review for patients 40-49 years of age, MBS Item 717; 45-49 year health check, and Lifestyle Modification Programs.

In addition, there will be a system of centrally located Community Health Facilitators that will support participants at 2 levels;

- 1) Through evidence based health behavioral change (Health Coaching) support via the telephone for up to 12 months.
- 2) Through communication systems that foster sustainable linkages between General Practice and local resources.

KEY RECOMMENDATIONS

- In order to reinvigorate and make Lifescripts relevant, the physical activity assessment tool and prescription would be the mandated referral tool. E Lifescripts tools and resources made available for all practices nationally for this purpose.
- Utilize the estimated 1900 Local Government managed ARF and staff throughout Australia as referral destinations for low risk participants to access healthy living, lifestyle and physical activity programs.
- Medium and high risk patients to be referred to accredited Australian Association of Exercise and Sports Science Exercise Physiologist prior to engagement in an ARF or community based program. Ideally EP to be employed within all community centers and ARF, or contracted to service a number of ERS providers.
- Expand ARV project, funded by The Department of Health and Ageing, to further establish ERS in ARF and strengthen links with the health sector.
- Develop and implement a nationally recognized code of practice for ERS, reinforcing existing and broader initiatives, and providing safe, controlled, and supervised environments for people that require it (3, 4).
- Provide additional funding to subsidize ERS ensuring socioeconomically disadvantaged people have affordable access to ARF and community programs (5, 6, 7).
- Develop a National Quality Assurance Framework (NQAF) for ERS ensuring systems and networks to operate in consistent, coordinated and effective partnerships between primary health, allied health, community, and aquatic and recreation industries.
- Guidelines for best practice nationally, to be enforced by peak bodies of partner industries would include: planning and implementation; safe and effective practice; appropriate training and education; evaluation and approval systems.
- ERS training should be based on a proven model of behaviour change emphasizing the role of primary care, allied health, and leisure centre staff in motivating referred individuals towards long-term increases in physical activity (8, 9, 10).
- Education, endorsement and marketing of ERS to primary healthcare professionals, general practice and the divisions will be necessary to ensure confidence in the use of ERS and clarity of the system.
- ERS should incorporate all aspects of exercise, as evidence also shows the success of programs that promote active living and home based activities (11). The health coaching component of this model is integral to providing support with this goal in mind.

References

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