Physical Activity Pathways
in Healthcare Model

Contents

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The Royal College of Physicians in Ireland (RCPI) have called physical activity a 'wonder drug'. We know from research and experience that at an individual level, being more physically active regularly improves health and wellbeing and reduces the risk of chronic disease. At a population level, increasing the proportion of people who are regularly physically activity is an important policy goal that will yield both economic and health benefits. Achieving this requires action across a range of sectors. The health service has a role to play in this by ensuring the promotion of physical activity is integrated into all levels of service delivery.

A Physical Activity Pathway in Healthcare is a series of steps that can be easily integrated into routine clinical practice in primary and secondary care. It is an evidence based and cost effective approach that leverages the scale and capacity of the health service in Ireland to contribute to increasing population levels of physical activity. Given the reach of primary healthcare services in particular, the routine implementation of a Physical Activity Pathway in Healthcare has the potential to contribute significantly to national efforts to increase population levels of physical activity.

To achieve this investment, building capacity through training, the provision of tools and technology as well as working with external partners is required. The Physical Activity Pathways in Healthcare Model (PAPHM) outlined in this document is designed to inform and guide how we can build capacity across the organisation to support and enable individual healthcare professionals to integrate promotion of physical activity into routine clinical practice.

We would like to particularly acknowledge and thank the members of the Advisory Group as well as the many healthcare professionals and other stakeholders who gave of their time to contribute to the various events and workshops that informed the PAPHM. We look forward to continuing to work with you as the PAPHM is implemented.

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Executive Summary

A large body of national and international evidence recognises the health benefits of participation in regular physical activity. Being regularly physically active:

- reduces risk of cardiovascular disease, high blood pressure, type 2 diabetes, obesity, some cancers, depression, anxiety and cognitive decline;
- improves quality of life for those living with chronic disease.

Even for those who cannot or do not meet the minimum guidelines for weekly physical activity, small increases in physical activity levels are associated with reduced risk of premature mortality.

The World Health Organisation (WHO) has identified health services and health care professionals, particularly those working in primary care, as being uniquely placed to raise the topic of physical activity and deliver key messages to promote physical activity. In this context, health services play an important role in the 'whole-systems' or 'whole of society' approach to increasing physical activity across the population.

A Physical Activity Pathway in Healthcare (PAPH) is a set of steps a healthcare professional can take to encourage people to be more physically active. These include screening, intervention, participation and review. All healthcare professionals can integrate a PAPH into their clinical practice. Those working in primary care have the opportunity to reach a greater proportion of the population who are inactive.

A Physical Activity Pathways in Healthcare Model (PAPHM) is a range of organisational enablers that build the capacity for individual healthcare professionals to implement the PAPH in clinical practice. Implementing a PAPHM for the Irish context is a key priority in the governments National Physical Activity Action Plan 2024-2029. Informed by evidence and stakeholder engagement, 10 key recommendations will guide the work of the HSE in this. A suite of priority actions have been identified to drive implementation of these over the period 2024-2029. The capacity to deliver on these actions is dependent on leveraging existing and new resources over this time.

Summary of **Recommendations and Actions**

Recommendation 1

Increase awareness of Every Move Counts – Physical Activity and Sedentary Behaviour Guidelines for Ireland.

Actions 2024 -2029

- Develop a suite of resources to support communication and dissemination of guidelines and key messages by health care professionals and others.
- Integrate Every Move Counts key messages into relevant HSE delivered public campaigns.
- Integrate Every Move Counts key messages into public campaigns and strategic communications plan supporting the National Physical Activity Framework (2024-2040) & National Physical Activity Action Plan (2024-2029).

Recommendation 2

Provide all healthcare professionals with Brief Intervention training via the MECC-BI e-learning modules and skills-to-practice sessions.

Actions 2024 -2029

- Review and update physical activity content in Making Every Contact Count (MECC) online training to align with national physical activity and sedentary behaviour guidelines.
- Continue to promote MECC-BI training, setting annual targets and monitoring activity as well as implementing recommendations from research & evaluations.
- Prioritise delivery of MECC implementation supports to primary care services.

Recommendation 3

Provide healthcare professionals with the opportunity to avail of further training & education in physical activity and behaviour change.

Actions 2024 -2029

- Develop and deliver a CPD accredited short-course on physical activity and behaviour change for healthcare professionals.
- Collate and disseminate information on short courses (accredited for CPD or micro-credentialed) on physical activity and behaviour change for health professionals delivered by Higher Education Institutes.

Recommendation 4

Embed delivery of MECC-BI and physical activity behaviour change training into curriculum for undergraduate health care professional training.

Actions 2024 -2029

- Continue work with Higher Education Institutes to embed delivery of MECC-BI training as part of the national undergraduate curriculum for the prevention and management of chronic disease.
- Encourage Higher Education Institutes to strengthen integration of knowledge and skills for physical activity behaviour change into undergraduate education of health professionals in particular the national undergraduate curriculum for the prevention and management of chronic disease.

Recommendation 5

Integrate the promotion of physical activity with sign-posting/referral to community physical activity supports into health promotion services including in delivery of Smoking Cessation and Social Prescribing services.

Actions 2024 -2029

- Agree processes, including training and monitoring, to support Health Promotion & Improvement officers working with Community Health Networks, Chronic Disease Management Teams and Integrated Care Older Person Hubs to establish sign-posting and referral pathways to community physical activity supports.
- Agree processes, including training and monitoring, to support Smoking Cessation officers to integrate the promotion of physical activity into the delivery of the standardised smoking cessation programme.
- Agree processes, including training and monitoring, to support Social Prescribing link workers integrate promotion of physical activity into delivery of Social Prescribing services.

Recommendation 6

Integrate physical activity promotion into the curricula and delivery of nationally agreed structured patient education and self-management support programmes.

Actions 2024 -2029

- Work with relevant Clinical Programmes to strengthen capacity to integrate physical activity promotion into delivery of structured patient education and self- management support programmes.
- Develop new content and resources to support integration of physical activity promotion into existing structured patient education and self-management support programmes.

Recommendation 7

Provide physical activity information and behaviour change support via HSE.ie and HSE App, using health behaviour change theory and user feedback to inform design and functionality of content and supports.

Actions 2024 -2029

- Develop content and a behaviour change support programme to be delivered through HSE.ie and the HSE App.

Recommendation 8

Develop national specifications and a funding model to support commissioning of local Exercise Referral Schemes (ERS) or programmes.

Actions 2024 -2029

- Co-ordinate, including stakeholder engagement, the development of guidance document for HSE managers to support commissioning of local ERS.
- Engage with Department of Health to develop a business case and funding model for local ERS.
- Collate data on existing local ERS including activity and outcomes.

Recommendation 9

Support implementation of the Competency, Qualification and Accreditation Framework for Long-Term Conditions Exercise Instructors.

Actions 2024 -2029

- Publish a Competency, Qualification and Accreditation Framework for Long-Term Conditions Exercise Instructors informed by evidence and stakeholder engagement with relevant sectors.
- Establish a multi-sectoral group, for an initial three-year term, to enable and monitor implementation of the Competency, Qualification and Accreditation Framework for Long-Term Conditions Instructors.

Recommendation 10

Continue collaboration with Sport Ireland to develop and evaluate the Physical Activity for Health Officers (PAfHO) initiative.

Actions 2024 -2029

- Co-ordinate the establishment and development of PAfHO initiative in Local Sports Partnership (LSP) pilots.
- Commission evaluation of PAfHO initiative in LSP pilots and implement recommendations.
- Establish a cross-sectoral group to inform development and expansion of the PAfHO initiative.

Physical Activity and Health – The Evidence

A large body of national and international evidence recognises the health benefits of participation in regular physical activity[1,2,3,4]. Being regularly physically active:

- reduces risk of cardiovascular disease, high blood pressure, type 2 diabetes, obesity, some cancers, depression, anxiety and cognitive decline;
- reduces the risk of premature death from all causes; and
- improves quality of life for those living with chronic disease.

Despite these benefits, national surveillance shows that approximately 60% of the population is not meeting the guidelines, with high rates of sedentary behaviour[5,6]. Even for those who cannot or do not meet the minimum guidelines for weekly physical activity, small increases in physical activity levels are associated with reduced risk of premature mortality[7].

The National Physical Activity and Sedentary Behaviour Guidelines for Ireland[8] set out the recommended amount of physical activity required to realise these benefits. The guidelines recommend that all adults, including those living with a disability and those aged 65+, should:

- do at least 2 hours and 30 minutes to 5 hours moderate-intensity or 1 hour 15 minutes to 2 hours and 30 minutes vigorous-intensity physical activity throughout the week
- engage in muscle strengthening activities on at least 2 days of the week
- limit the amount of time spent being sedentary, replacing sedentary time with physical activity of any intensity, including light intensity.

The guidelines can be met through a combination of everyday physical activity including walking or cycling to work, the shops, school or just for fun, as well as everyday opportunities like taking stairs instead of the lift, walking part of the way when taking public transport, and gardening. As well as recreational physical activity and sport.

The World Health Organisation (WHO) has identified health services and health care professionals, particularly those working in primary care, as being uniquely placed to raise the topic of physical activity and deliver key messages to promote physical activity. In this context, health services play an important role in the 'whole-systems' or 'whole of society' approach to increasing physical activity across the population. Figure 1 illustrates how health services fit in the systems-approach used in the Global Action Plan on Physical Activity (GAPPA)[9] and the International Society for Physical Activity and Health's (ISPAH) Eight Best Investments for Physical Activity[10].

In Ireland, the National Physical Activity Framework (2024-2040)[11] sets out a vision and strategy for a whole of society approach to increasing physical activity across the population. The PAPH is a key component of health service mobilisation and contribution to the National Physical Activity Framework (2024-2040). Building capacity to implement the PAPHM is a key priority in the National Physical Activity Plan 2024-2029. The HSE is the lead agency responsible for delivery of this priority.

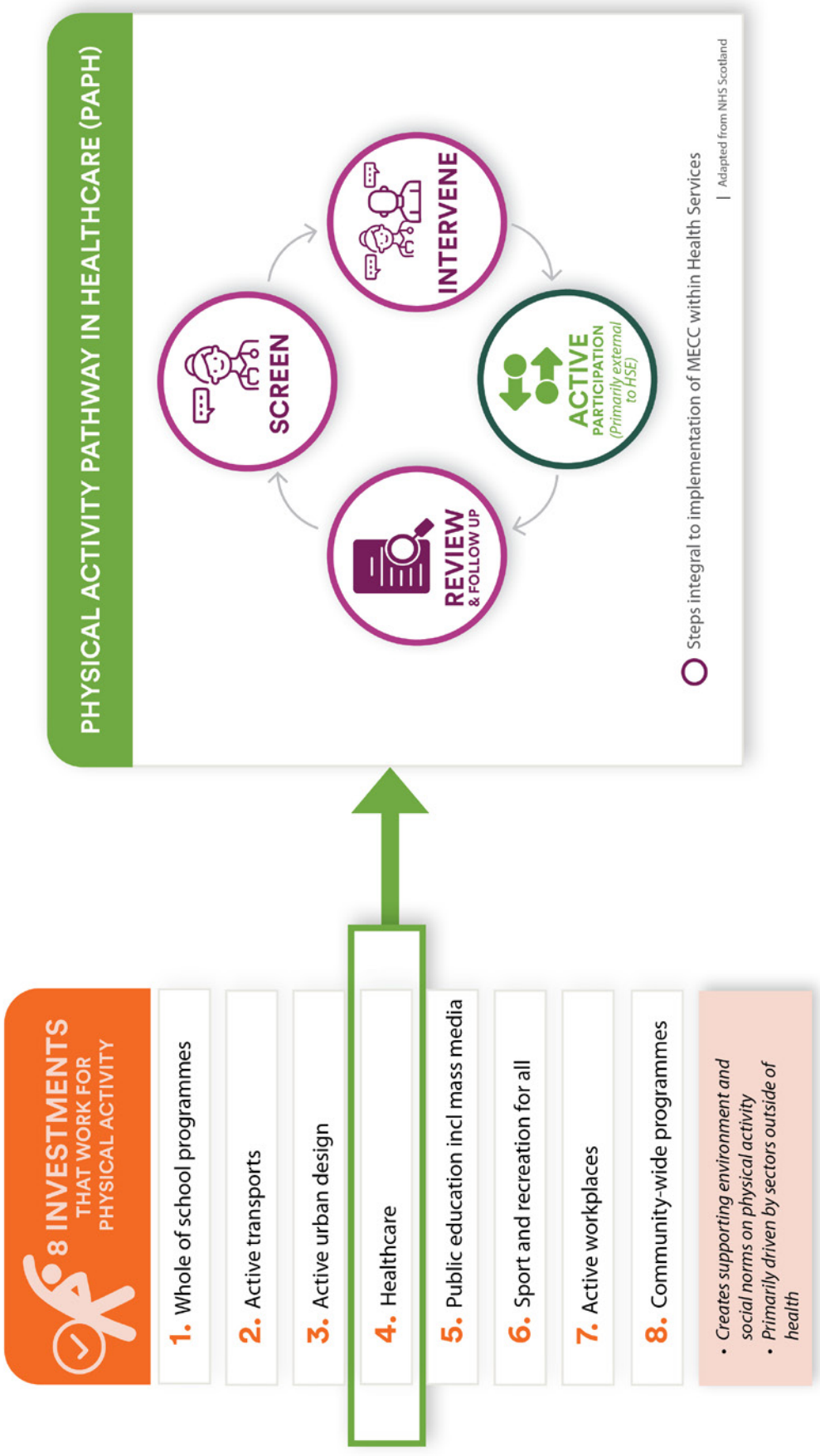

Figure 1 PAPH within a Systems Approach to Promoting Physical Activity

What is a **Physical Activity Pathways** in Healthcare Model?

- A **Physical Activity Pathway in Healthcare (PAPH)** is a set of steps a healthcare professional can take to encourage people to be more physically active.
- A **Physical Activity Pathways in Healthcare Model (PAPHM)** describes a series of organisational enablers that can support and build capacity of healthcare professionals to implement a PAPH.

Physical Activity Pathway in Healthcare (PAPH)

The PAPH is a set of steps a healthcare professional can take to encourage people to be more physically active. These include:

1. Screening
Raise the issue and assess levels of physical activity

2. Intervention
Brief intervention and person -centred physical activity advice

3. Participation
Sign-post/refer to supports that will help them to be more active

4. Review
Check in on progress

All healthcare professionals can integrate a physical activity pathway into their clinical practice. Those working in primary care have the opportunity to reach a greater proportion of the population who are inactive. It is easy to integrate into existing clinical pathways and complements the delivery of the Making Every Contact Count programme.

Person-centred physical activity advice can include recommendations to increase everyday physical activity such as walking or cycling to work, the shops, school or just for fun as well as recreational physical activity and/or sport. Everyday opportunities like taking stairs instead of the lift, walking part of the way when taking public transport, and gardening also count particularly for older adults and those living with chronic disease. Just as with other health behaviours, it may take raising the issue of physical activity at more than one consultation for some people to change their behaviour. For this reason, the PAPH is a circular process.

By integrating PAPH into their everyday practice healthcare professionals can support the all adults not meeting the physical activity guidelines, who are at risk of developing a chronic disease and would benefit from regular physical activity to be more active.

A small proportion (5-10%) of the population living with chronic disease will need additional supports and clinical supervision when becoming more active. However, those at Functional Levels 1-3 (see Table 1) can generally can engage in structured physical activity without clinical supervision.

Description of Functional Level Categories [12]	
Functional Level 1:	*Illness diagnosed, but not interfering in any way with normal activities.*
Functional Level 2:	*Illness diagnosed, can carry out all normal daily activities, but with symptoms.*
Functional Level 3:	*Illness diagnosed, can carry out some but not all normal daily activities (independently) because of symptoms. Patients who have completed a structured programme of rehabilitation or clinically supervised exercise and are being discharged by supervising healthcare professional with recommendation to continue to exercise and participate in physical activity in the community.*
Functional Level 4:	*Can carry out very few normal daily activities independently because of symptoms.*

Table 1 Description of Functional Level Categories

Physical Activity Pathways in Healthcare Model (PAPHM)

The **Physical Activity Pathways in Healthcare Model (PAPHM)** is a range of organisational enablers that build the capacity for individual healthcare professionals to implement the PAPH in clinical practice. Capacity refers to the ability of an individual, group, organisation or system to deliver intended outcomes, while capacity building refers to improving the ability of an entity to perform[13]. A range of techniques can be used to build capacity including training, use of tools and technology, technical assistance, assessment and feedback, peer networking and incentives.

Consultation with Irish healthcare stakeholders and qualitative research with service users identified[14] the following key enablers for the PAPH:

- Training for healthcare professionals
- Easy access to appropriate resources and supports including a digital platform
- Communication and public awareness of health benefits of physical activity
- Appropriately trained workforce delivering community based physical activity interventions
- Data collection for monitoring and evaluation

The logic model in Figure 2 illustrates the shared relationship between resources, activities and outputs and anticipated short, medium and long-term outcomes for the PAPHM.

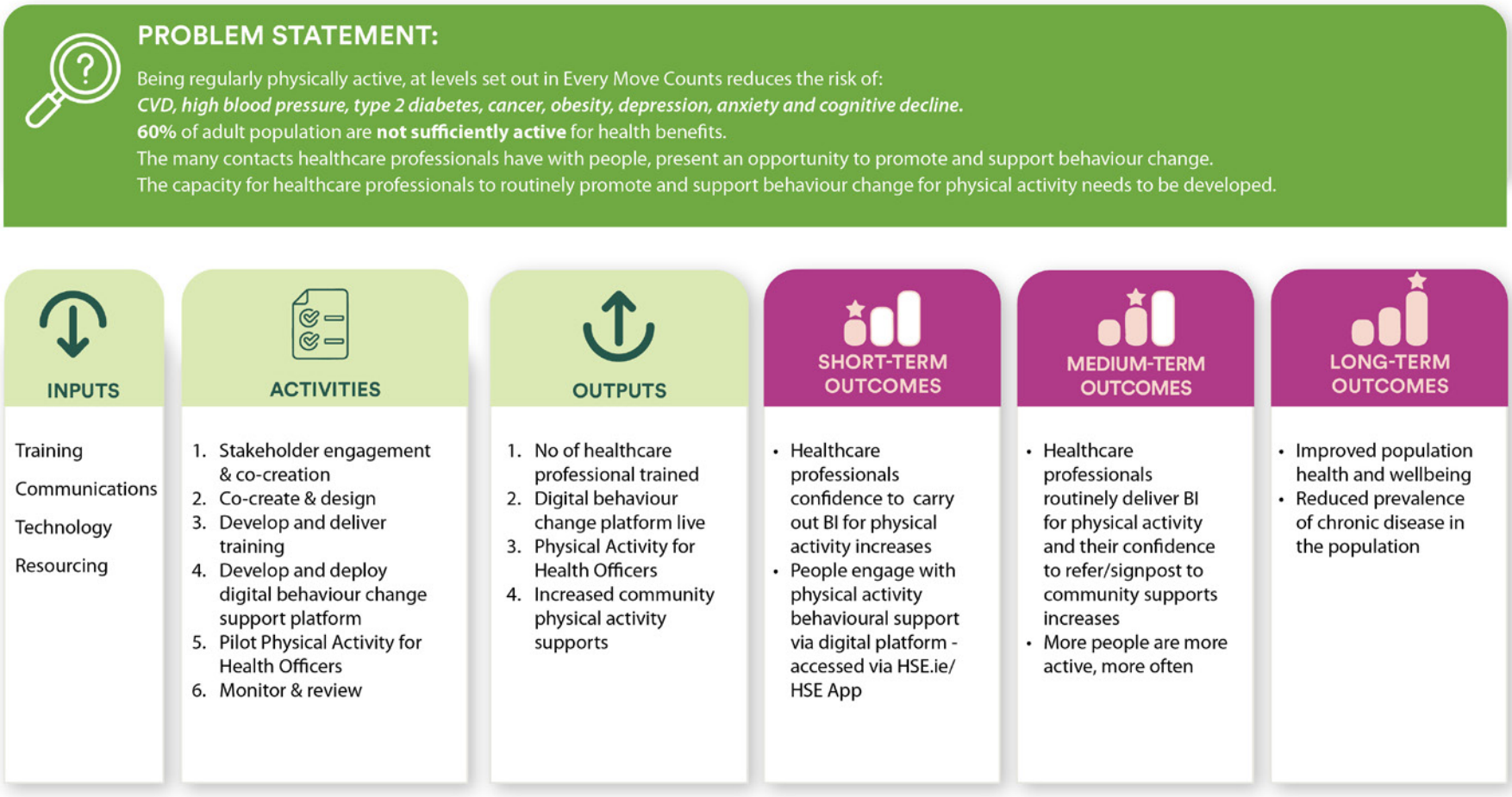

Figure 2 PAPH LOGIC Model - Physical Activity Pathways in Healthcare Model

Building Capacity for Physical Activity Pathways in Healthcare Model (PAPHM) Implementation

Informed by evidence and stakeholder consultation this section sets out a suite of recommendations for building organisational capacity for PAPHM.

Development of capacity for specialist physical activity provision in health services are not addressed here. Planning for Phase 1-3 cardiac or pulmonary rehabilitation, acute injury/post-surgery rehabilitation, integrated exercise professionals as part of mental health services should be considered in the implementation of clinical models of care.

These recommendations have informed the development of the PAPHM Action Plan on page 24, which provides details of the priority actions for the period 2024-2028.

1. Every Move Counts – National Physical Activity and Sedentary Behaviour Guidelines

Every Move Counts - Physical Activity and Sedentary Behaviour Guidelines for Ireland provide a set of evidence-based recommendations on the frequency and type of physical activity required to achieve health benefits.

The guidelines were primarily developed to provide policy makers, healthcare professionals and those working in other sectors with information and key messages to enable them to understand the value of physical activity for health and to integrate the promotion of physical activity into their work. They also provide guidance and key messages for the public.

Recommendations

1. *Increase awareness of Every Move Counts – Physical Activity and Sedentary Behaviour Guidelines for Ireland.*

2. Making Every Contact Count (MECC)

The WHO and others[15,16] recommend the integration of physical activity counselling in primary healthcare. The aim of physical activity counselling is to develop the patient's own views and skills to support their health, wellbeing and functional fitness[17]. Barriers to physical activity counselling in primary healthcare include time constraints as well as lack of knowledge and skill of healthcare professionals.

Making Every Contact Count (MECC) is the national programme in the Irish health service that aims to systematically embed delivery of MECC-Brief Intervention (MECC-BI) in clinical practice to address the four key risk factors for chronic disease – smoking, alcohol use, physical inactivity and diet[18]. A MECC-BI is a short, opportunistic counselling intervention which aims to enable positive change in an individual by increasing their psychological capability to undertake a behaviour change. Figure 3 outlines how a PAPHM integrates with MECC.

Please see Figure 3 page 19

Brief advice and brief interventions have been shown to be both clinically-effective and cost-effective in increasing levels of physical activity in the general population[19,20]. They have also been determined to be a scalable, replicable and cost-effective approach to chronic disease prevention in the Irish health system[18], and have been shown to be effective at increasing physical activity in the medium term[21]. The addition of sign-posting or referral to opportunities for participation and as well as approaches to supporting motivation to be physical active increase the effectiveness of MECC-BI.

Training in brief intervention is required to build the knowledge, skills and capacity of healthcare professionals to enable the systematic

implementation of MECC-BI. Further training opportunities to build on the foundation MECC-BI can enhance healthcare professionals capacity to support physical activity focused behaviour change.

The MECC national team will continue to provide leadership and direction for embedding MECC-BI delivery across health services, including the in the areas of KPI's, reporting and performance monitoring. They will also continue to work with Higher Education Institutes to embed MECC-BI into undergraduate curricula. The Healthy Eating Active Living Programme will work with bodies that provide training for healthcare professionals and Higher Education Institutes to increase opportunities for physical activity and behaviour change training that builds on the foundation of MECC-BI. Additional training opportunities may include short-courses that are accredited for CPD or micro-credentialing in Higher Education Institutes.

Recommendations

2. *Provide all healthcare professionals with Brief Intervention training via the MECC-BI e-learning modules and skills-to-practice sessions*
3. *Provide healthcare professionals with the opportunity to avail of further training & education in physical activity and behaviour change*
4. *Embed delivery of MECC-BI and physical activity behaviour change training into curriculum for undergraduate health care professional training*

3. HSE Health Promotion & Improvement

Health Promotion & Improvement teams in Integrated Health Areas (IHA) have a key role to play in supporting the implementation of the PAPH through:

- Provision of training and implementation support for local health services to integrate MECC-BI into routine clinical practice
- Building the knowledge of and connecting staff in Community Health Networks (CHNs), Chronic Disease and/or Older Persons Hubs and Hospitals with relevant community physical activity resources and supports
- Promotion and dissemination of key messages from Every Move Counts – national physical activity and sedentary behaviour guidelines to key stakeholders

Health Promotion & Improvement teams also have the opportunity to embed physical activity promotion into delivery of services that they have responsibility for such as Smoking Cessation and Social Prescribing. These services are delivered directly to individuals providing the opportunity for delivery of brief intervention to promote physical activity.

Smoking Cessation is a service managed and delivered across the health services primarily by Health Promotion & Improvement but also by hospital and contracted community partner organisations. Delivery of MECC-BI on topics other than smoking could be integrated into routine clinical practice of smoking cessation officers. While there is no conclusive evidence that physical activity is correlated to smoking status or can be used as an intervention for smoking cessation[31], there is evidence that a change in one unhealthy behaviour can have an impact on another. This phenomenon is known as a spill-over effect and creates an opportunity wider health behaviour change.

Social Prescribing Services offer GPs and other health professionals a means of referring people to non-clinical community supports which can have significant benefits for their overall health and wellbeing. Evidence from the UK points to a positive relationship between socially prescribed physical

Figure 3 Making Every Contact Count and the Physical Activity Pathway in Healthcare

activity and health outcomes such as physical health, mental health, patient empowerment and loneliness[28,29].

Recommendations

5. *Integrate promotion of physical activity with sign-posting/referral to community physical activity supports into health promotion services including Smoking Cessation and Social Prescribing services*

4. Structured Patient Education and Self-Management Support

Structured patient education and self-management support is a core element of HSE chronic disease models of care. Models of care are informed by evidence and set out how health services will be designed and delivered to achieve best outcomes for patients. A number of nationally agreed and resourced structured patient education programmes have been rolled out across the country in the areas of Diabetes, Cardiovascular Disease and Obesity, as well as the HSE Living Well Chronic Disease Self-Management Programme. Structured patient education and self-management support programmes like these provide an opportunity for person-centred physical activity promotion, goal setting, behaviour change and peer support. Figure 4 *(page 21)* illustrates how a PAPH can be integrated into the existing models of care for chronic disease.

The curricula, development and delivery of these structured patient education programmes, including KPI's, reporting and performance monitoring, are led by the relevant clinical and integrated care programmes. The Healthy Eating Active Living Programme will work with Self-Management Support Co-ordinators and relevant clinical programmes to develop resources to support integration of physical activity promotion into these programmes.

Recommendations

6. *Integrate physical activity promotion into the curricula and delivery of nationally agreed structured patient education and self-management support programmes*

5. Digital Behaviour Change Support

The use of technology and the digitisation of health and social care services has the potential to increase capacity and access to services and supports for people across the country[22]. Developments such as the HSE App provide new opportunities for integrating and supporting health behaviour change into health service delivery. Figure 5 *(page 22)* illustrates how a digital behaviour change support platform will be used as part of the PAPH.

E-health interventions to support health behaviour change are increasingly common, and are often cited as being cost-effective. The most effective internet-based interventions are informed by behaviour change theory and use a number of evidence based, behaviour change techniques. Evidence suggests that physical activity behaviour change in this environment is best supported by[23,24,25]:

- Prompting (to stimulate behaviour, e.g. telephone or text reminder),
- Self-monitoring (recording behaviour, e.g. an activity diary),
- Personalised messages (tailored to stage of change, resources and context),
- Goal-setting and monitoring (e.g. step-goals monitored with pedometer).

The use of additional communication methods, particularly text/SMS (short message service) or email to send motivational messages e.g. reminders of the benefits of exercise, facilitates behaviour change[26].

Figure 4 Physical Activity Pathway in Healthcare and Chronic Disease Model of Care

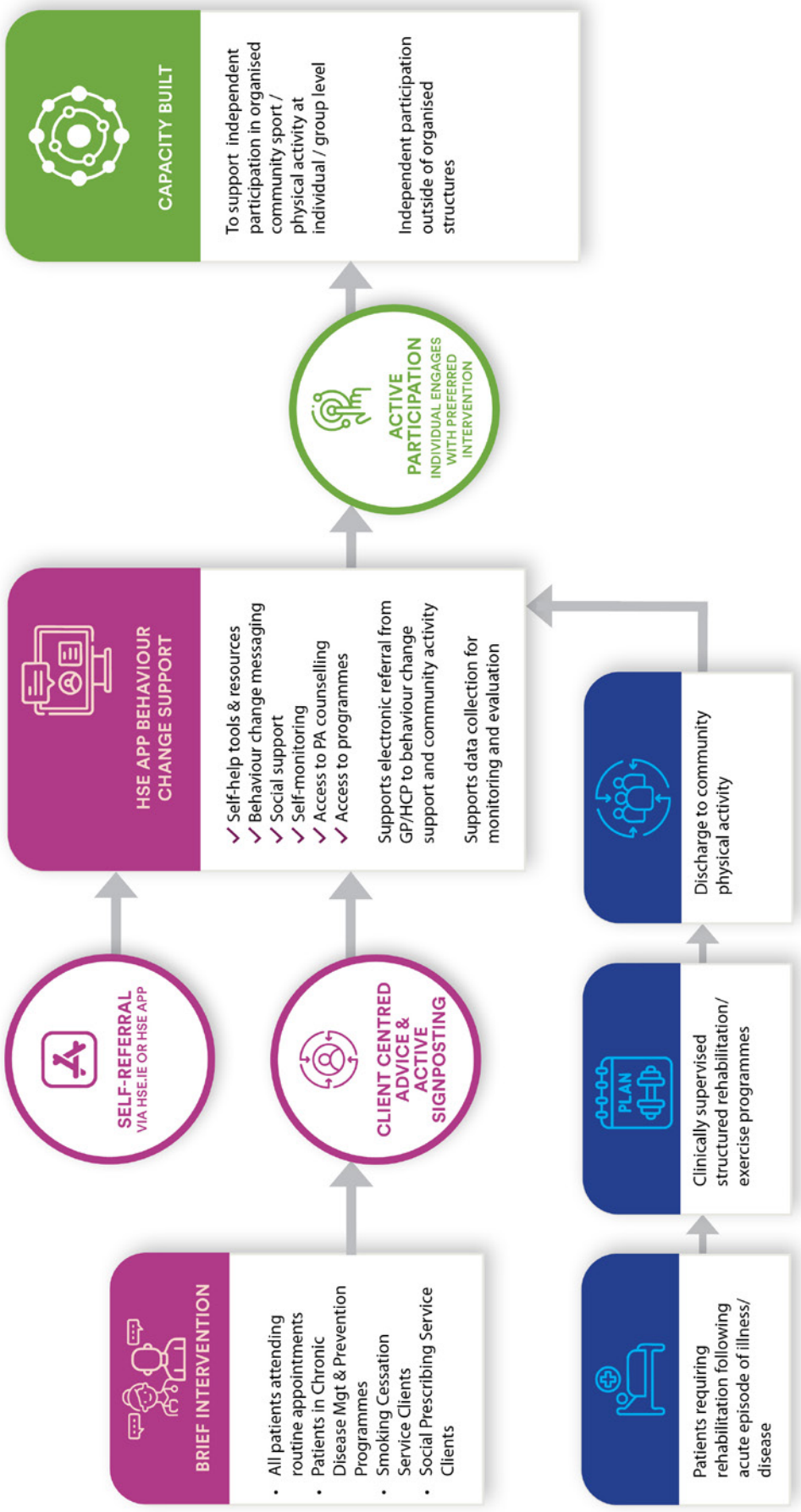

Figure 5 Service User Experience of Digital Support for the Physical Activity Pathway in Healthcare

Physical activity e-health interventions can range from provision of information in text, video or audio formats; responsive communications and behaviour change support; signposting to community based supports; access to live virtual exercise classes or behaviour change support groups; as stand-alone interventions or in any combination.

Qualitative research commissioned by HSE[14] indicates that e-health and digital technologies have a role to play in supporting physical activity behaviour change. The research also showed that service users see the HSE as a trusted source that could help them navigate health information and supports in the online environment.

Recommendations

7. *Provide physical activity information and behaviour change support via HSE.ie and HSE App, using health behaviour change theory and user feedback to inform design and functionality of content and supports*

6. Commissioning of Local Exercise Referral Schemes

Exercise Referral Scheme (ERS) *"involve referral from a primary healthcare professional due to an underlying condition and access to a structured programme of exercise"*[27].

NICE[19] criteria for what an ERS should consist of are:

1. *An initial assessment by a primary care physician or an allied healthcare professional to assess whether they meet the national physical activity guidelines;*
2. *A referral made by the primary care physician or allied healthcare professional to a specialist in physical activity or to a physical activity service;*
3. *A personal assessment undertaken by a physical activity specialist or service to determine what programme of physical activity would be suitable to meet the persons specific needs;*
4. *The opportunity to participate in a physical activity programme.*

ERS can form part of the Active Participation component of a PAPH, but are not pre-requisite for healthcare professionals to integrate a PAPH into their clinical practice.

A literature review to assess the evidence and cost-effectiveness of ERSs (see Appendix 1), concluded that while ERS have been shown to increase the number of people achieving 150 minutes of moderate-to-vigorous intensity physical activity at 6-12 month follow-up, they are significantly less cost effective than brief advice and brief interventions delivered in primary care. Therefore, it is recommended that commissioning of local ERS should only be under taken in areas where there is an already robust commitment to implementation of MECC-BI across all services coupled with the integration of physical activity promotion and sign-posting to community physical activity opportunities in services such as health promotion, smoking cessation and social prescribing services, structured patient education and self-management support programmes. Local ERS type programmes should be used to provide additional support to specific cohorts such as those who are inactive and living with at least one chronic disease/long-term condition and have low self-efficacy for engagement with community physical activity opportunities.

Figure 6 *(page 25)* illustrates a tiered approach to interventions. It takes a progressive universalism approach – promotion of physical activity takes place with everyone engaging with health services, with a greater investment of time and resources targeted to those who need it more. Local ERS type programmes are located in Tier 2.

A small number of HSE areas have trialled local ERS type programmes, primarily with a focus on providing a step-down service from rehabilitation or clinically supervised exercise for patients with chronic disease/long-term conditions including diabetes, cardiovascular disease, respiratory disease and cancer. Healthcare professionals are required to use their clinical judgement to determine when these patients are suitable for discharge from rehabilitation or clinically supervised exercise to local ERS or community physical activity supports.

The HSE currently lacks a national consensus and approach for needs assessment, commissioning, resource allocation and monitoring of local ERS. There is a need to ensure that local ERS programmes include a focus for service users not just on exercise but also on building self-efficacy and capacity for independent participation in physical activity as well as pathways to community based physical activity opportunities.

Recommendations

8. *Develop national specifications and a funding model to support commissioning of local Exercise Referral Schemes (ERS) or programmes*

7. Training and Education for Exercise Professionals

Exercise professionals represent a workforce with the potential to facilitate increased availability of and access to community physical activity supports for a large proportion of the population. The term exercise professionals can include personal trainers, physical activity officers, sport and exercise scientist and others. Consultations with health and exercise stakeholders highlighted that:

- many healthcare professionals were not comfortable sign-posting/referring people living with chronic disease to community based physical activity opportunities. This was due primarily to a lack of knowledge of opportunities and confidence in the training and capability of exercise professionals.
- many exercise professionals were not comfortable working with people in community settings who were referred by a healthcare professionals; particularly those with a diagnosed chronic condition.

One in every two adults aged 50+ in Ireland live with at least one chronic condition[30]. Around 7 out of 10 people with chronic conditions are considered uncomplicated and the majority of people with chronic conditions can exercise safely in community settings[11].

The standardisation of training and accreditation of exercise professionals particularly in relation to working with people living with chronic or long-term conditions is an important element of building confidence of both healthcare professionals, exercise professionals and the public. In 2023, Sport Ireland and HSE through the Physical Activity Chronic Conditions (PACC) initiative, commissioned a project to develop a nationally agreed standardised education and accreditation framework for exercise professionals working with chronic disease. The project involved a review of international standards and extensive consultation with stakeholders in Higher Education Institutes, health services and the sport and exercise sector.

Recommendations

9. *Support implementation of the Competency, Qualification and Accreditation Framework for Long-Term Conditions Exercise Instructors.*

8. Physical Activity for Health Officers

In a PAPH, active participation in physical activity happens primarily outside the health sector. In Ireland, the network of 29 Local Sports Partnerships (LSPs) across the country have a remit to help people get active and remove barriers to sport and physical activity participation. Publicly funded through Sport Ireland, LSPs put a focus on targeting their programmes and supports towards groups in the population who least likely to be active. This includes unemployed, disadvantaged areas, ethnic minorities, people with disability, women & girls, young people and older people. Key initiatives

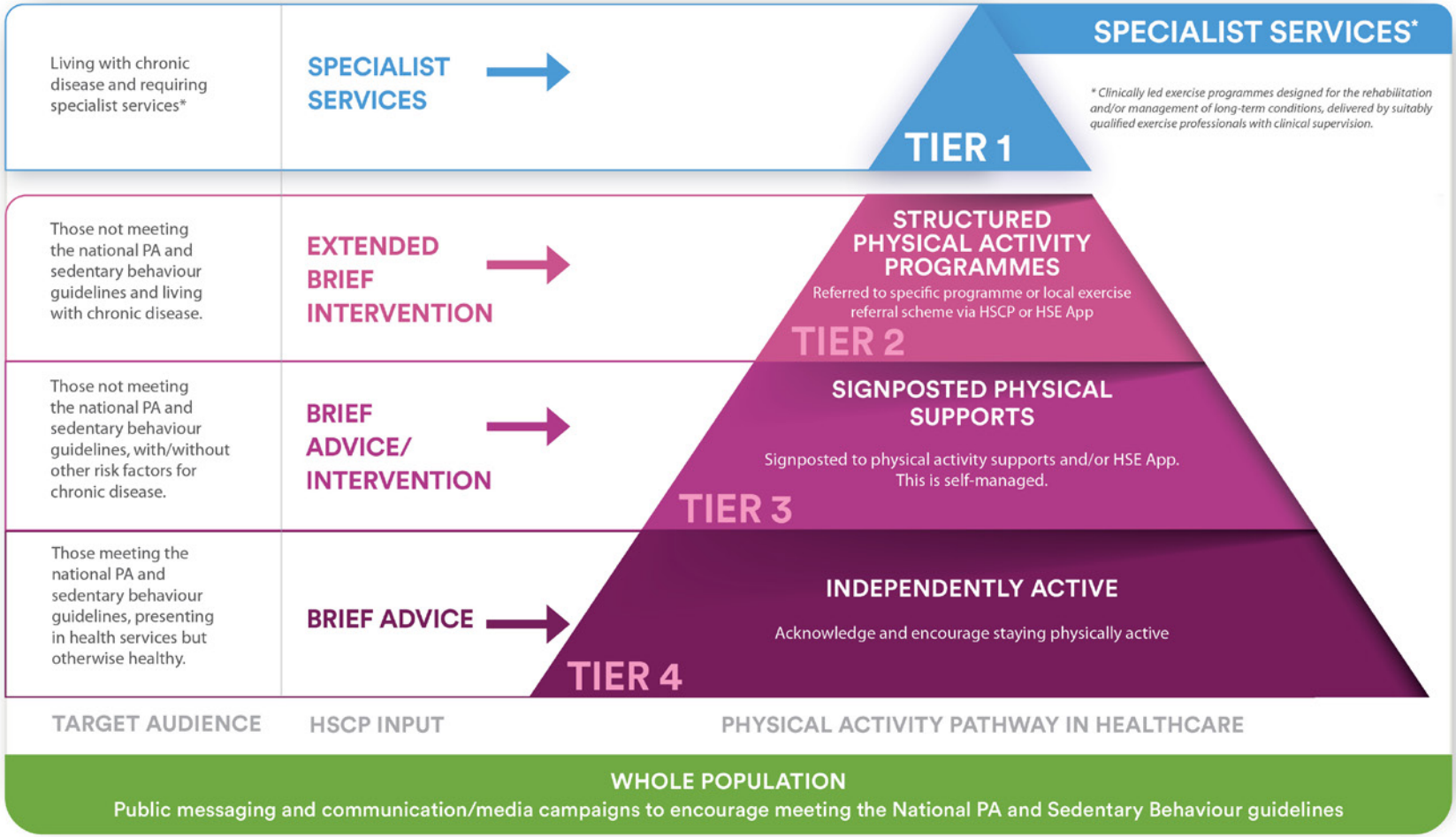

Figure 6 Physical Activity Pathway in Healthcare and Chronic Disease Model of Care

in LSPs in recent years that support and promote participation in recreational sport and physical activity include expansion of Sports Inclusion Disability Officer role, development of Community Sports Hubs and investment in Active Communities programmes in all LSPs.

In 2023, the Department of Health provided resourcing to Sport Ireland, to establish on a pilot basis a Physical Activity for Health Officer (PAfHO) role in seven LSPs – Mayo, Limerick, Cork, Waterford, Wexford, Wicklow and Laois. The purpose of the role is to put a focus on people living with chronic disease/long-term conditions as a target audience for LSP activity by:

- reducing barriers to participation and ensure better connections and pathways from health sector to general LSP programmes and activities, and
- work with local health and community stakeholders to identify priorities and increase access to and specific provision of opportunities for this target group.

The work with local health stakeholders in the pilot areas is facilitated by HSE provision of seed-funding to facilitate stakeholder engagement, training and communications and provision of specific programmes. Initial programme delivery is focused on chronic disease including diabetes, COPD, cardiovascular disease, as well as falls prevention.

Recommendations

10. *Continue collaboration with Sport Ireland to develop and evaluate the Physical Activity for Health Officers (PAfHO) initiative.*

Physical Activity Pathways in Healthcare Model Action Plan 2024-2029

This sections sets out the priority actions that will be taken forwards over the period 2024-2029 to enable implementation of the PAPHM. Leads have been identified for each action, with key stakeholders who have a role in supporting delivery of the action also identified. Specific timelines have not been assigned as it is recognised that for each Action the assigned Lead will negotiate commitments and deliverables to achieve actions as part of the annual service planning process.

Action		Lead	Stakeholders
1.	*Develop a suite of resources to support dissemination of Every Move Counts key messages*	Healthy Eating Active Living Programme	Department of Health, HSE Health Promotion & Improvement
2.	*Integrate Every Move Counts key messages into relevant HSE delivered public campaigns*	Healthy Eating Active Living Programme	HSE Communications, Health Promotion & Improvement
3.	*Integrate Every Move Counts key messages into public campaigns and strategic communications plan supporting National Physical Activity Framework & Action Plans*	Healthy Eating Active Living Programme	Department of Health
4.	*Review and update physical activity content in MECC online training to align with national physical activity and sedentary behaviour guidelines*	MECC Programme	Healthy Eating Active Living Programme
5.	*Continue to promote MECC-BI training, setting annual targets and monitoring activity as well as implementing recommendations from research & evaluations*	MECC Programme	Health Promotion & Improvement

	Action	Lead	Stakeholders
6.	*Prioritise delivery of MECC implementation support to primary care services*	Health Promotion & Improvement	MECC Programme
7.	*Develop and deliver a CPD accredited short-course on physical activity and behaviour change for health professionals*	Healthy Eating Active Living Programme	National Institute of Preventative Cardiology (NIPC)
8.	*Collate and disseminate information on short courses (accredited for CPD or micro-credentialed) on physical activity and behaviour change for health professionals delivered by Higher Education Institutes*	Healthy Eating Active Living Programme	Higher Education Institutes
9.	*Continue work with Higher Education Institutes to embed delivery of MECC-BI training as part of the national undergraduate curriculum for the prevention and management of chronic disease*	MECC Programme	Higher Education Institutes
10.	*Encourage Higher Education Institutes to strengthen integration of knowledge and skills for physical activity behaviour change into undergraduate education of health professionals in particular the national undergraduate curriculum for the prevention and management of chronic disease*	Healthy Eating Active Living Programme	Higher Education Institutes

	Action	Lead	Stakeholders
11.	*Agree processes, including training and monitoring, to support Health Promotion & Improvement officers working with Community Health Networks, Chronic Disease Hubs and Integrated Care Older Person Hubs to establish sign-posting and referral pathways to community physical activity supports*	Healthy Eating Active Living Programme	Health Promotion & Improvement
12.	*Agree processes, including training and monitoring, to support Smoking Cessation officers to integrate the promotion of physical activity into the delivery of the standardised smoking cessation programme*	Healthy Eating Active Living Programme	Tobacco Free Ireland Programme, Health Promotion & Improvement
13.	*Agree processes, including training and monitoring, to support Social Prescribing link workers to integrate promotion of physical activity into delivery of Social Prescribing services*	Healthy Eating Active Living Programme	Mental Health & Alcohol Programme
14.	*Work with relevant Clinical Programmes to strengthen to integrate physical activity promotion into delivery of structured patient education and self-management support programmes*	Healthy Eating Active Living Programme	Relevant Clinical Programmes
15.	*Develop new content and resources to support integration of physical activity promotion into structured patient education and self-management support programmes*	Healthy Eating Active Living Programme	Self-Mgt Support Coordinator, Relevant Clinical Programmes

	Action	Lead	Stakeholders
16.	*Develop content and a behaviour change support programme to be delivered through HSE. ie and the HSE App*	Healthy Eating Active Living Programme	HSE Digital Team
17.	*Co-ordinate, including stakeholder engagement, the development of guidance document for HSE managers to support commissioning of local ERS*	Healthy Eating Active Living Programme	Relevant HSE Managers
18.	*Engage with DoH to develop a business case and funding model for local ERS funding*	Healthy Eating Active Living Programme	Department of Health
19.	*Collate data on existing local ERS including activity and outcomes*	Healthy Eating Active Living Programme	Relevant HSE managers
20.	*Publish a Competency, Qualification and Accreditation Framework for exercise professionals working with chronic disease informed by evidence and stakeholder engagement with relevant sectors*	Physical Activity Chronic Conditions Intiative & HSE	Sport Ireland, Higher Education Institutes
21.	*Establish a multi-sectoral group, for an initial three-year term, to enable and monitor implementation of the Competency, Qualification and Accreditation Framework for Long-Term Conditions Instructors.*	HSE & Sport Ireland	Higher Education Institutes, Accreditation bodies

	Action	Lead	Stakeholders
22.	*Co-ordinate the establishment and development of Physical Activity for Health Officer (PAfHO) in Local Sports Partnership (LSP) pilots*	Sport Ireland & HSE	Relevant Local Sports Partnerships (LSP)
23.	*Commission evaluation of PAfHO in Local Sports Partnership pilots*	Sport Ireland & HSE	Relevant LSPs
24.	*Establish a cross-sectoral group to inform development and expansion of the PAfHO initiative*	Department of Health	Sport Ireland, HSE, Patient Support Organisations

Community Physical Activity Supports

Being more physically active doesn't need to be complicated or require a lot of equipment and organisation. It can include everyday physical activity, such as walking or cycling to work, the shops, school or just for fun. Everyday opportunities like taking stairs instead of the lift, walking part of the way when taking public transport, and gardening also count. It can also include recreational physical activity and sport. Some people will find more structured support such as walking groups, exercise classes, swimming sessions or joining a local sports club helpful.

What is important is that people are encouraged to move more every day – to be more active and reduce time spent sedentary. Connecting with the right community physical activity opportunities can help with support and motivation to start being more physically active and to maintain it over time. Evidence supports the benefits of being part of a group or community participating in physical activity together – the social dimension of physical activity can improve sustainability of the behaviour[32].

Get Ireland Active website
www.getirelandactive.ie

Éirigh Gníomhach in Éirinn
Get Ireland Active

Get Ireland Active website provides free access to a searchable database of facilities and amenities for physical activity and sport. The interactive website is designed to connect everyone who wants to move and be active with resources around them that can help them begin or improve their physical activity journey.

Developed by Sport Ireland, it brings together data on amenities and facilities from multiple government and state agencies at national and local level, to provide a central authoritative managed database.

Organised recreational physical activity and sport opportunities

The following organisations are supported by DoH-Healthy Ireland to provide organised recreational sport and physical activity opportunities in communities:

a) Get Ireland Walking

GET IRELAND WALKING

Walking is an activity that is suitable for people of all ages and abilities. It is free and easy to access. It can be done independently or in groups. Get Ireland Walking is a national initiative that aims to empower and support people to choose to walk more often for recreation, transport and health every day.

The website www.getirelandwalking.ie provides resources to guide people to walk more as well as a list of walking groups and access to training for walking group leaders.

b) Local Sports Partnerships (LSPs)

Working with local communities and organisations LSPs increase opportunities for recreational sport and physical activity by:

- providing targeted programmes, events and initiatives;
- providing information about sport and physical activity;
- developing clubs, coaches and volunteers; and
- providing access to training and education on sport and physical activity.

Contact details for LSPs available LSP Contact Finder | Sport Ireland

c) Parkrun Ireland

Parkrun Ireland is a free weekly 5k event that takes place on at 9am on a Saturday morning at around 150 locations across the country. Participants of all ages and abilities can walk, jog or run. For information on local events visit home | parkrun Ireland

Patient Support Organisiations

Patient support organisations offer support and practical guidance on living with a particular condition or circumstance. Often this includes information on and promotion of physical activity to improve quality of life and self-manage symptoms. Sometimes this includes opportunities to join a dedicated exercise classes or a physical activity programme in-person or virtually. Some organisations that provide this type of support include:

Age & Opportunity: www.ageandopportunity.ie

Arthritis Ireland: www.arthritisireland.ie

Asthma Society of Ireland: www.asthma.ie

COPD Ireland: www.copd.ie

Croí: www.croi.ie

Diabetes Ireland: www.diabetes.ie

Irish Cancer Society: www.cancer.ie

Irish Heart Foundation : www.irishheart.ie

Vision Ireland: www.vi.ie

MS Ireland: www.ms-society.ie

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Appendix 1:
The clinical effectiveness and cost effectiveness of exercise referral schemes: an updated literature review

Executive Summary

Title:

The clinical effectiveness and cost effectiveness of exercise referral schemes: an updated literature review

Background:

In 2016, a literature review was conducted to explore the effectiveness and cost-effectiveness of exercise referral schemes (ERS). This review concluded that whilst ERS did change physical activity at both the short and long-term, ERS were significantly less cost-effective than brief advice. Therefore, there was no strong recommendation for supporting ERS in the Irish healthcare system (HSE) at that time.

Recognising the increased literature in the area of ERS, and as the HSE begin to develop and implement a national Physical Activity Pathway in Healthcare (PAPH), there is a need to update the previous literature review and ensure there has been no change in the recommendations regarding ERS.

Aim:

To update a previous literature review, conducted in 2016 that examined the literature pertaining to the clinical effectiveness and cost effectiveness of ERS, in order to inform the introduction of such a scheme in Ireland.

Methods:

A systematic search was conducted in July 2024, supported by HSE Library Services, and replicating the methods from the 2016 review. Databases searched included; Medline, Embase, Cinahl, Cochrane, Web of Science, Policy Commons, MedXriv and Google scholar.

Results:

After initial eligibility screening, the search identified 175 records which required a full-text review. Applying the inclusion/exclusion criteria, 9 articles met the criteria for inclusion. Reasons for exclusion included, not examining effectiveness, review studies, not ERS and qualitative studies. Out of these 8 articles, 6 were randomised control trials (RCTs) and 2 were cohort studies all of which either examined effectiveness and/or cost-effectiveness. However, 3 out of the 6 RCTs were examining the same ERS. All included articles were reviewed for their effectiveness and cost-effectiveness data, and a narrative synthesis was conducted to summarise the results. This showed, whilst ERS did demonstrate effectiveness for short-long term physical activity behaviour change, these changes were not more significant than brief advice or other interventions. In addition, cost-effectiveness of ERS remains unclear.

Conclusion:

The previously conducted literature review was updated, yielding 8 additional articles. However, the conclusions remain the same and there appears limited evidence to support significant investment into ERS in Ireland at this time.

Physical Activity Pathways
in Healthcare Model

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