Final Report 2009

Live Active – Motivator

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Executive Summary

Introduction

This report explores the findings from the Live Active Referral Scheme with the addition of the Motivator enhancement. The Motivator is based on a peer support/buddying concept. The role of the Motivator is intended to provide support and encouragement to individuals or small groups engaging in physical activity through the scheme. The Motivators are based in a variety of settings, for example, gyms, classes and First Steps classes. Their roles are mainly to welcome new participants to the activity session by:

- Socialising with participants in the activity session ensuring they all feel comfortable and
- Linking with the Live Active exercise counsellor and informing the counsellor if new participants do not attend the class. The Live Active exercise counsellor can then set in place support mechanisms to encourage attendance.

The ultimate aim of the motivator is to decrease attrition by increasing social support. It is a voluntary role and undertaken by those who have completed the full 12 months of the Live Active Referral Scheme and have demonstrated a positive attitude towards maintaining an active lifestyle.

The motivator enhancement is available to all participants on the Live Active Scheme regardless of their stage on the scheme.

Objectives of this report

The objectives of this report are:

- to identify the user profile of the scheme and the motivator enhancement
- to identify the differences between those that use the motivator enhancement and those that do not
- to identify the wider aspects of the scheme and long term behaviour change
- to identify the operational role of the Motivator, the advantages and disadvantages of the role from the perspective of the motivator, exercise counsellor and exercise instructor.

Method

There were three parts to this investigation. Firstly, the database analysis which identified participants who had used the motivator (149 participants) and compared their characteristic to those who had not used the motivator, or First Steps enhancement (3,190 participants were identified).

Secondly, telephone interviews were conducted with 30 motivator participants 6 months after they had completed the full 12 months on the scheme. This allowed identification of the long term impact of the scheme and wider effects of the scheme.

Lastly, a series of focus groups and interviews were conducted to identify the operational role of the motivator, the advantages and disadvantages of the role. A focus group was held with the Motivators, another was held with the exercise counsellors and interviews were conducted with the exercise instructors.

Results and discussion

Only a minority of participants experienced the motivator enhancement (just 149 participants) compared to 3,190 that experienced Live Active but did not participant in enhancements during the same time period (June 2007-November 2007). The small

numbers who attended the motivator enhancement makes the level of analysis that can be conducted limited. However, some interesting observations have been identified.

Referral type

There was no statistical difference in referral route patterns between the motivator participants and those who did not attend the motivator. However, this is not surprising given that participants are referred to the scheme rather than to the motivator enhancement. That said, there was a statistical significant difference in WHO referred to the scheme. With a greater proportion of motivator participants being referred by the physiotherapist and cardiologist and proportionally fewer referred by general practitioners.

Who attended the motivator

Participants who attended the motivator did not differ from those who did not attend the enhancement by ethnic group or gender. However, participants who attended the motivator were more likely to be over the age of 45; retired due to age or on medical grounds or have ill health or a disability. Whereas, proportionally more employed people or students attended the scheme without the motivator. This may be due to confounding factors such a timing of the activity session where the motivator was present (motivators were only available in certain classes which tended to be held between Monday – Friday between 9 am – 5 pm).

Stage of Change (see page 21 for more details) was used to determine if the participant was regularly physically active. In total 95% (3,033 participants) of those who did not experience the Motivator were not taking regular physical activity whereas 88% (131 participants) who experienced the Motivator were not taking regular physical activity. While participants who attended the motivator were more likely to be physically active, still the vast majority were not taking regular physical activity when they started the scheme.

Proportion completing the scheme

A greater proportion of motivator participants completed the scheme. Once inappropriate referrals and positive drop outs were excluded from the analysis 67% (91 participants) of motivator participants attended the 6 month appointment compared to just 48% (1,046 participants) of participants who did not attend the motivator.

39% (50 participants) of motivator participants attended the 12 months stage of the scheme whereas only 17% (472 participants) of those who did not attend the motivator made it to this stage.

This indicates the motivator enhancement is successful in encouraging participants to complete the scheme and reap the benefits of being regularly physically active.

Impact of the scheme

The impact of the scheme can be gauged by exploring the differences in independently assessed outcomes at baseline and 12 months. Participants who attended the motivator gained similar benefits to those who attended the scheme but did not participate in the enhancement. For example, decreases in body mass index were observed in both groups and both were more likely to be exercising independently. However, the motivator participants did not have outcomes that were better than participants who did not attend the enhancement.

The impact of the scheme can also be measured using differences in participant perception at baseline and 12 months. Participants who attended the motivator perceived similar levels of improvement to those who did not attend the enhancement. For example, decreases in anxiety and depression in both groups and improvements were seen in the proportion of participants who were reporting to be regularly physically active and to be in a better state of health. However, those attending the motivator were not more likely to experience these benefits than those who did not attend the motivator.

Long term impact of the scheme

Six months after they had completed the scheme, 30 participants were followed up through telephone interviews. Participants were positive about the Live Active Referral Scheme and the benefits they had gained. All participants felt the scheme had a positive impact of their physical health and the majority (29/30) reported it helped them to be more physically active. The majority had either increased of maintained their levels of physical activity since leaving the scheme.

The impact on mental health was also positive. The majority felt the scheme had a positive impact on their mental health and improved how they felt about themselves.

The motivator enhancement was well received by participants, with the benefits of the Motivator including having someone to talk to/ someone to ask, the fact that the Motivator was friendly/helpful/motivating and the benefit of seeing someone of a similar age or with similar health problems who had already been through the Live Active Referral Scheme.

Disadvantages of the scheme were given by only 5 participants and were specific to each respondent. Four were criticisms related to accessibility within the centres, cost, timings and the working of the machines.

Views from the motivators

A selection of motivators were invited to take part in a focus group which would explore their views of the role. Motivators reported a range of reasons for taking on this voluntary role and included: the benefits of seeing someone who had already been through the scheme; offering peer support; preventing new members feeling isolated and to assist themselves in continuing with regular activity.

The motivators felt their role was flexible and was dependant on their interests, the exercise counsellor and what setting they were motivating in. Respondents reported their role to include: setting up equipment; ensuring the notice board is up to date; assist new participants and to represent the views of participants.

Motivators felt they benefited participants on the scheme by encouraging them to stay on the programme and ensuring participants were managing their activity adequately. The motivators also felt they benefited the exercise instructors and counsellors by: acting as an assistant, supporting the counsellor; taking on the role of a “spotter” within the gym or class setting.

Motivators explained they received personal benefits from their role which included: benefits to their physical health and satisfaction gained from helping others. Motivators could not identify any disadvantages to their role neither could they make any recommendations for improvement to the scheme.

Views of the exercise counsellors

The findings from a mixed gender focus group of exercise counsellors were generally positive. Exercise counsellors felt the role of the motivator was to provide an extra pair of hands to enable them to focus on the participants who needed the most support by keeping the notice board of events and classes up to date. Motivators acted as a “look out” and identified participants who required extra input. Counsellors reported the motivators provided benefits for participants in that the participants gained the support of someone with similar health problems that was a similar age. The motivators themselves gained benefits in improving personal confidence, gaining employability skills and assistance in maintaining their own physical activity levels.

Exercise counsellors reported increasing the number of motivators could further enhance the scheme as a wider demographic range of people could be recruited to the role and a wider range of classes and gym sessions would have the benefit of having a motivator present.

Views from the exercise instructors

Some exercise instructors were not sure of the exact role the motivator could play whilst others reported the motivator assisted with meeting and greeting participants, welcoming and allaying the fears of participants; setting the class up and reminding the exercise instructor of other Live Active events. The motivators were perceived to highlight the benefits of the scheme and to provide a link between participants, exercise instructors and exercise counsellors.

Exercise instructors had not experienced any disadvantages from having a motivator present in their class, however, it was acknowledged that a potential disadvantage could occur if the motivator tried to take over or advise participants on areas out with their remit.

Conclusions

The motivator appears successful in encouraging participants to stay on the scheme. Whilst motivator participants had improved outcomes following the scheme, the outcomes were not superior to those who had not attended the motivator.

Views from the participants, motivators, exercise counsellors and exercise instructors were generally positive regarding the motivator. All felt they added value to the scheme by offering an extra pair of hands, social support, encouragement and directing trained staff to participants who required professional input. Neither the participants, motivators, exercise counsellors nor exercise instructors had experienced any disadvantages although some reported on the potential disadvantage if motivators tried to take over or offer advice participant on areas out with their remit.

Terminology

This is an explanation of some of the terminology used in the Live Active Referral Scheme, and in this report.

Baseline
Baseline in this context refers to the chronological stage of the Live Active Referral Scheme when participants have their first consultation with the counsellor, after they have been referred onto the scheme. The other chronological stages of the Live Active Referral Scheme are at 6 and 12 months.

Participant exercise details and health related measurements are taken by the counsellor at baseline, 6 and 12 month points and are held in participants' files. These data allow a participant's progress on the Live Active Referral Scheme to be assessed.

Blood Pressure
Blood Pressure is the pressure of blood in your arteries, measured in millimetres of mercury (mmHg). Your blood pressure is recorded as two figures, the first number is the systolic pressure (the pressure in the arteries when the heart contracts) and the second is the diastolic pressure (the pressure in the arteries when the heart rests between each heartbeat).
High blood pressure (Hypertension) – 140 over 90 or higher
Normal range - between 120 over 80 and 140 over 90
Low Blood Pressure (Hypotension) – 90 over 60 or lower[1]

BMI, Body Mass Index
A measure of someone's weight in relation to height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters (m) squared.

Central administration system
The Live Active Referral Scheme central administration system is a secure web based diary which is linked to Glasgow City based exercise counsellors only. The day to day operation of this administration system is predominantly the responsibility of the designated central administrator. However the ability to view and edit appointments is available to all Glasgow City based exercise counsellors, under a secure log in protocol. A flexible administration system such as this, promotes a far more user friendly experience, as participants can book or change appointments both through the central administrator or their exercise counsellor.

CHCP, Community Health and Care Partnership
Community Health (and Care) Partnership is the name of the organisations that have been set up across Scotland to provide a wide range of community based health services delivered in homes, health centres, clinics and schools. In Glasgow City and East Renfrewshire the Partnerships are also responsible for many local social care services provided by social work staff[2].

CHD
Coronary heart disease is when the small blood vessels that supply blood and oxygen to the heart become partially or wholly blocked.[3]

[1] The Blood Pressure Association, http://www.bpassoc.org.uk/Home

[2] http://www.chps.org.uk/content/default.asp?page=s363.

[3] http://www.nhs.uk/Pathways/coronaryheartdisease/Pages/Landing.aspx

Exercise Counsellor
A Live Active Referral Scheme staff member who is specifically trained to deliver health behaviour change intervention in relation to physical activity and delivers the Live Active Referral Scheme in a local area.

Exercise Instructor
A self employed coach (freelance) who instructs designated exercise classes for the Local Authority. One such class may be the Live Active First Steps physical activity class/session.

Exercise Tolerance Test (ETT)
This is a pre-screening test for participants with established heart disease prior to starting physical activity. This is a treadmill test at a local hospital cardiology unit to assess the participant's heart response to exercise and to therefore assess their suitability to undertake physical activity in the community.

First Steps
First Steps is an eight week rolling programme that offers participants more contact with the exercise counsellor and a chance to taste a variety of activity options. It also aims to increase social support with fellow scheme participants. First Steps takes the form of:

- a physical activity taster session (for example various forms of exercise classes (circuits; tai chi etc), use of the gym and walking;
- a social support component with the exercise counsellor present; and
- an occasional education component.

Due to the rolling nature of First Steps, participants are able to join at any time.

FMR
FMR Research Ltd, the social research firm commissioned to conduct this evaluation.

GP
General Practitioner

HADS
The hospital anxiety and depression scale (HADS) is a widely used and popular self-report measure designed to detect the presence and severity of mild degrees of mood disorder, anxiety and depression. The participant is asked to answer fourteen questions (7 for anxiety and 7 for depression) relating to their mental attitude. The maximum score possible for Anxiety or Depression on the HADS scale is 21 (totally anxious or depressed), and the lowest score is 0 (totally lacking in anxiety or depression).

- 0-7 Normal
- 8-10 Mild
- 11-15 Moderate
- 16-21 Severe.

HADS is completed at the discretion of the participant; it is not used as a psychological screening tool.

Keep Well
Keep Well is a pilot Scottish Executive primary care based approach to enhancing anticipatory care. In Glasgow the Keep Well pilot has funded an additional Live Active counsellor. This additional post is based in the same sites as the Live Active exercise counsellor. The aim of the post is to "fast track" participants referred from a Keep Well screening to the Live Active Referral Scheme and to enhance the Live Active Referral Scheme to also include weight management and nutrition as health behaviours being addressed.

Live Active 2005
The Live Active Referral Scheme prior to the introduction of further Scottish Executive enhancements.

Low Risk (LR)
Low Risk is the category which encompasses the majority of participants referred onto the Live Active Referral Scheme. These are inactive participants who do not have established heart disease and who require support to become more active.

Mean
The arithmetic average.

mmHg
Millimetres of mercury, a measure of pressure. Used in this context in respect of blood pressure.

Motivator enhancement
The Live Active Motivator enhancement is based on the peer support/buddying concept. The role of the Motivator is intended to provide support and encouragement to individuals or small groups engaging in physical activity through the scheme. It is voluntary and undertaken by those who have completed the full 12 months of the Live Active Referral Scheme and have demonstrated a positive attitude towards maintaining an active lifestyle.

NHS GGC
NHS Greater Glasgow and Clyde.

Post Cardiac Referral (PCR)
These are direct referrals from the hospitals cardiac rehabilitation programme. Participants are referred by cardiac physiotherapists to support their post cardiac rehabilitation.

Participant
This is the term used by the Live Active Referral Scheme to denote those referred to the Live Active Referral Scheme and participating in it.

SIMD, Scottish Index of Multiple Deprivation
The official measure for identifying small area concentrations of multiple deprivation across all of Scotland.[4]

SPSS
Originally Statistical Package for the Social Sciences. SPSS is a computer software package designed to accommodate and facilitate the analysis of arrays of numerical data. FMR used SPSS software to analyse the database.

Stage of change
This is an assessment tool which looks at people and categorises their current behaviour and attitude towards health behaviour change. There are five stages of change:

Pre contemplation:	I am not regularly physically active and do not intend to be
Contemplation:	I am not regularly physically active but I am thinking about starting in the next 6 months
Preparation:	I do some physical activity but not enough to meet the description of regular physical activity
Action:	I am regularly physically active but only became so in the last 6 months
Maintenance:	I am regularly physically active and have been so for longer than 6 months

[4] http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=14765&Pos=&ColRank=1&Rank=208.

People’s stage of change is a transitory cyclical measure and can go forwards and backwards on the scale. But the observed result is that people are increasingly likely to move closer towards maintenance with every cycle around the stages.

1 Introduction

This report covers FMR Research's investigation of the Live Active Referral Scheme with the addition of one of the enhancements to the scheme, the Motivator enhancement. The analysis for the report uses two datasets to achieve the investigation of the addition of the Motivator enhancement: part of a database of over 25,000 records (comparing those who participated in the Motivator enhancement, with those who had not) and a telephone survey of 30 participants of the Motivator enhancement.

1.1 Background

NHS Greater Glasgow established the Live Active Referral Scheme in 1997 in partnership with Glasgow City Council. After an initial positive evaluation in 1999 the scheme gradually expanded to include the following local authority areas within the NHS Greater Glasgow area – East Dunbartonshire, South Lanarkshire, West Dunbartonshire and East Renfrewshire. One of Glasgow City's Universities also delivered the scheme (Glasgow Caledonian).

In 2008 the Live Active Referral Scheme continued to expand, was rolled out across the full NHS Greater Glasgow and Clyde area in partnership with local authorities and is now also delivered in Inverclyde and Renfrewshire. The scheme employs 24 full-time exercise/health counsellors working within partner local authority areas.

The scheme aims to increase levels of physical activity amongst sedentary individuals who are specifically referred by their health professional (e.g. GP, practice nurse, cardiac healthcare staff, etc). Exercise counsellors provide these participants with the skills, knowledge and confidence necessary to lead an independent, regularly active lifestyle. Benefits and barriers to change are addressed, and participants are offered access to a variety of appropriate physical activity opportunities. There is also an opportunity for referral onto support services for other health behaviours, e.g. nutrition and smoking cessation.

1.1.1 Live Active Referral Scheme with enhancements

The Live Active Referral Scheme involves the following stages. Referred participants are enrolled onto the scheme for a period of 12 months and receive an evidence based one-to-one physical activity counselling service. This is in the form of a structured consultation at the baseline stage, and two further recall consultations at six and twelve months. Additional support given to participants throughout the twelve month scheme includes telephone calls, letters and the option of supported exercise sessions.

The participant attends the initial baseline consultation for advice on appropriate levels of physical activity. During the consultation, baseline data are recorded on measures such as height, weight, BMI, blood pressure, smoking, alcohol consumption levels, levels of physical activity and self perceptions of physical and mental wellbeing. These recordings are repeated at 6 months and 12 months.

Within the health behaviour change consultation the exercise counsellor and participant, discuss and agree a personalised goal setting plan. The goal setting plan is completed in triplicate, and provides the participant with a detailed account of their agreed physical activity aims and objectives over a six month period. On completion the plan is signed by both the exercise counsellor and participant, one copy is retained by the exercise counsellor, one by the participant and the third copy is forwarded to the referrer. In addition the referrer would receive a covering letter detailing the participant's date of consultation.

Participants receive reduced price access to local authority leisure centres where they can take part in a variety of activities; counsellor led supervised sessions or independent exercise. Support and advice is also provided for home-based exercise.

Following the results from the evaluation of the Live Active Referral Scheme in 2002, Scottish Executive funding enabled a series of enhancements to be developed. Three enhancements have been introduced to the Live Active Referral Scheme in order to improve the quality of the scheme and encourage participants to continue exercising and complete the full 12 months on the scheme. These are:

- First Steps – a social support initiative;
- the introduction of a Central Administration System for the scheme; and
- the introduction of Motivators (peer mentors).

A previous report has already investigated the scheme prior to these enhancements. The enhancement that this report will investigate is the addition of the Motivators within the scheme.

1.1.2 The Motivator enhancement

The Live Active Motivator enhancement is based on the peer support/buddying concept. The role of the Motivator is intended to provide support and encouragement to individuals or small groups engaging in physical activity through the scheme. The Motivators are based in a variety of settings, for example, gyms, classes and First Steps classes and their roles are mainly to welcome new participants to the activity session by:

- socialising with participants in the activity session ensuring they all feel comfortable; and
- linking with the Live Active exercise counsellor and informing the counsellor if new participants never attend the activity session or fall away from the class. The Live Active exercise counsellor can then set in place support mechanisms to encourage attendance.

The ultimate aim of the Motivator is to decrease attrition by increasing social support. It is a voluntary role and undertaken by those who have completed the full 12 months of the Live Active Referral Scheme and have demonstrated a positive attitude towards maintaining an active lifestyle. At the time of the research there are currently 17 Motivators from across the NHSGGC area supporting new people into physical activity.

The Motivator enhancement is designed to support Live Active participants in their decision to adopt a healthier lifestyle by attempting to overcome some of the social barriers around exercise.

1.2 Objectives

The aim of this evaluation was to assess the Motivator enhancement to the Live Active Referral Scheme in the following ways:

- to interrogate the database to identify the user profile of the scheme with reference to specific groups that use the scheme (e.g. minority ethnic groups, participants with specific conditions such as Coronary Heart Disease (CHD), participants with mental health problems, participants from deprived areas), levels of inappropriate referrals and levels of attrition;
- to examine the key differences between those that utilise the Motivator element of the scheme versus those that do not;
- to use the database to identify the changes in a range of outcome measures such as blood pressure, weight, frequency of exercise, Hospital Anxiety and Depression Scale (HADS) scores and physical activity levels during the course of the Live Active Referral Scheme;
- to follow up a sample of participants (n=30) from the database six months after completing the full 12 month scheme to identify the longer term behaviour change, changes in knowledge (including physical activity targets and other health behaviours), attitudes and exploration of barriers to the scheme, confidence to exercise independently, and why participants continue with the scheme;

- to identify the wider impacts of the Motivator support and the effects of the scheme;
- to identify Motivators' views about their role in the scheme through one focus group;
- to identify the exercise counsellors' views about the Motivators' role through one focus group; and
- to identify the exercise instructors' views about the Motivators' role through semi-structured interviews.

2 Method

There were three prongs of investigation used in this analysis: the database of participants, the telephone survey, and the focus groups/semi structured interviews. This element of the evaluation was designed to explore the difference in attrition and behaviour change of two groups:

- participants who experienced the Motivator enhancement and
- participants who did not experience the Motivator enhancement.

2.1 Database interrogation

FMR used the records of those who had been referred to the Live Active Referral Scheme between June 2007 and November 2007 inclusive, which amounted to 4,969 participants.

The exercise counsellors identified 193 Live Active participants during this period who had experienced the Motivator enhancement. To allow comparisons between those participants experiencing the Motivator enhancement and those experiencing no enhancements, 56 participants who had attended the First Steps enhancement were excluded from the analysis. Of the 56 First Steps participants excluded, 44 of these also experienced the Motivator enhancement.

The number of records therefore used for the database interrogation amounted to 4,913 scheme participants overall, including 149 participants who had experienced only the Motivator enhancement.

In order to get the most from the information, the database was cleaned and checked for key factors such as gender, age at baseline, area of deprivation and postcode. Some of the information on the database was used to determine various factors such as CHCP (determined by postcode), and BMI (calculated using the recorded information from the database). This information was coded and, from this, data tables were generated.

For the database interrogation, data were analysed comparing those who had experienced the Motivator enhancement to participants who had not experienced this enhancement. In cases where the differences are significant this is stated (as it will be for cases that were not significant). Significant results are reported at the 95 percentile point.

It should also be noted that percentages may not always add up to 100%, due to the effects of rounding.

2.2 Telephone survey

The questionnaire used in the telephone survey had four sections:

- the first section investigated how the participant found out about the scheme;
- the second section measured participants' responses to questions linked to the Hospital Depression and Anxiety Scale;
- the third section included a 7 Day Physical Activity Recall, questions about how participants felt about their physical and mental health, confidence when exercising, any disadvantages of the scheme, and changes in activity levels; and
- the final section asked the participants' age, sex, ethnicity/cultural background and if they considered themselves to have a disability, for analysis purposes.

Participants who took part in the telephone survey were selected from those who had completed the Live Active Referral Scheme at least six months prior to the survey and had also participated in the Motivator enhancement. This amounted to 50 participants, who were contacted by letter by FMR, to gain their agreement to take part in the survey. Each

participant was sent an information letter and a consent form. These documents are all appended. In total, 30 participants agreed to take part and were interviewed.

2.3 Focus groups and interviews

Two focus groups were held; one with Motivators and one with Live Active exercise counsellors. In addition interviews were undertaken with exercise instructors.

The Motivators' focus group was held at NHSGGC premises, following on from a prearranged training day. Motivators were recruited by the Live Active Referral Scheme. The focus group with the Live Active exercise counsellors was held in NHSGGC premises.

Due to the difficulties associated with the timings of a focus group with exercise instructors who had experience of the Motivator enhancement to the Live Active Referral Scheme, four semi structured interviews were carried out, three over the telephone and one face to face.

The details of all exercise instructors who had contact with a Motivator were collated by the Live Active Referral Scheme. All exercise instructors were sent an SMS text message informing them of the research and then followed up by telephone in order to determine their willingness to participate in the research and to arrange a suitable time and date to conduct the interview.

Topic guides were developed for the focus groups and interviews, these were submitted to the reference group, who made suggestions and the topic guides were amended accordingly prior to the groups and interviews being conducted (topic guides are included in the appendices).

3 Results and discussion

This section looks at the results of the database interrogation, the telephone survey, focus groups, semi structured interviews and includes discussion around the findings.

3.1 Who refers to the scheme and at what level

3.1.1 Type of referral[5]

Examination of the database for the period between June 2007 and November 2007 inclusive showed that the number of participants who experienced the Motivator enhancement per referral type compared to participants who did not experience the Motivator enhancement was as follows (Table 1):

- 76% (113 participants) were LR participants compared with 88% (4,197 participants) of participants who did not experience the Motivator enhancement ;
- 19% (28 participants) were referred from the Post Cardiac Rehabilitation process (PCR), compared with 7% (316 participants) of participants who did not experience the Motivator enhancement ; and
- 5% (8 participants) were referred via the referral route for participants with established heart disease i.e. Exercise Tolerance Test (ETT), this is the same proportion of participants who did not experience the Motivator enhancement (5%, 251 participants).

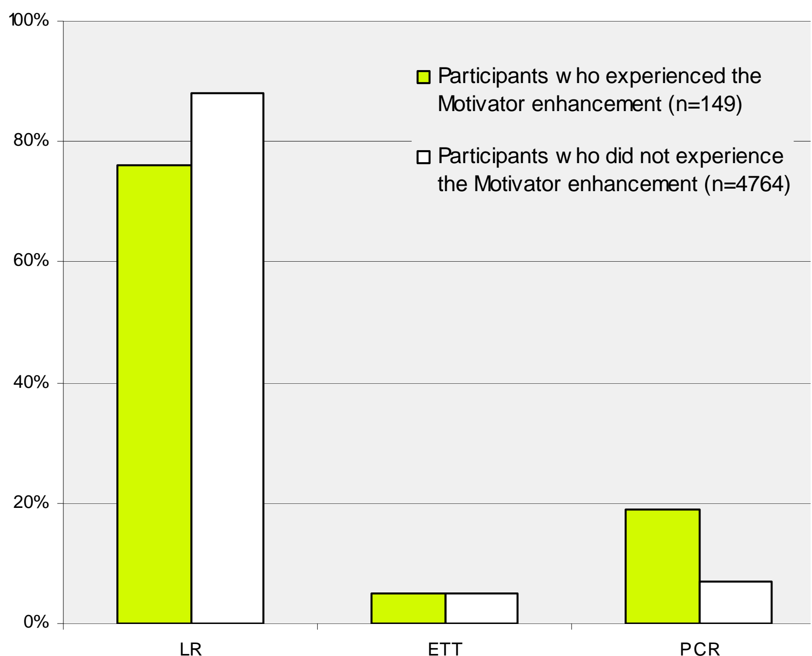
The difference between referral type for participants who experienced the Motivator enhancement and those who did not is significant ($p<0.001$) (Table 2).

It was suggested in the previous analysis of the First Steps social support programme that participants referred through the PCR route may require less support than those referred through other routes. Given that they have already completed a 12 week hospital based exercise programme, it would be expected that they may be more established in their exercise patterns. However, given the relatively high numbers of participants referred via the PCR route experiencing the Motivator enhancement compared with participants who did not experience the Motivator enhancement it would appear that this is not the case. One possible explanation for this is that the class suitable for those referred via the PCR route happened to be one in which the Motivator was present. However, it may also be that participants referred via the PCR route benefit from the presence of a peer mentor in making them feel at ease, as previous exercise was undertaken in a hospital environment which is very different from that of a public leisure centre.

[5] Please note that in the text, tables and charts the three groups of referrals will be annotated as follows:

- Participants without established heart disease – LR
- Participants with established heart disease – ETT
- Participants referred as part of their post cardiac rehabilitation - PCR

Figure 1 Participants who experienced the Motivator enhancement and participants who did not by referral type



The majority of Live Active participants who experienced the Motivator enhancement were referred by either their GP (48%, 58 participants), physiotherapist (30%, 36 participants) or practice nurse (18%, 21 participants). The remainder were either self referrals (i.e. initiated by the participant and referred by the health professional) (9%, 11 participants) or those referred by their Cardiologist (5%, 6 participants) (Table 3).

This is significantly different for participants who did not experience the Motivator enhancement. Of these participants, 60% (1,610 participants) were referred by their GP, 18% (473 participants) were referred by their physiotherapist, 15% (393 participants) were referred by their practice nurse, 10% (274 participants) were self referrals (i.e. initiated by the participant and referred by the health professional), 4% (101 participants) were referred via other referral sources and the remaining 2% (56 participants) were referred via their Cardiologist ($p<0.001$) (Table 3 & Table 4).

These differences may be a result of the difference in referral types between those participants who experienced the Motivator enhancement and participants who did not. Given that a higher proportion of Live Active participants who experienced the Motivator enhancement were referred through the post cardiac rehabilitation (PCR) route it may be expected that a higher proportion will have been referred via their physiotherapist or cardiologist. Likewise, given that a significantly higher proportion of participants who did not experience the Motivator enhancement were referred via the low risk referral route, therefore it would be expected that a higher proportion of these would be referred via their GP.

3.1.2 Summary

There is a significant difference in the type of referral between participants who experienced the Motivator enhancement and those who did not, with:

- a lower proportion of participants who experienced the Motivator enhancement recorded as LR; and
- a higher proportion of participants who experienced the Motivator enhancement recorded as PCR.

There is also a significant difference in the referrer, as would be expected given the significant differences in the type of referral, between participants who experienced the Motivator enhancement and those who did not, with:

- a lower proportion of participants who experienced the Motivator enhancement referred by their GP; and
- a higher proportion of participants who experienced the Motivator enhancement referred by their practice nurse, physiotherapist or cardiologist.

3.2 Who experiences the Motivator enhancement

3.2.1 Referral stage profile data

This section looks at the data recorded on the referral form and differences between those who took up the option of the Motivator enhancement compared to those who did not.

All Participants

The profile of the participants who experienced the Motivator enhancement was as follows.

Gender

There were no significant differences between the gender of participants who experienced the Motivator enhancement and those who did not. The majority of participants who experienced the Motivator enhancement were women, 58% (86 participants). This is the same proportion as participants who did not experience the Motivator enhancement, of whom 58% (2,746 participants) were women (Table 5). From this it would appear that the Motivator enhancement to the Live Active Referral Scheme is equally successful in attracting both males and females, unlike the First Steps social support programme where there were significantly lower numbers of male participants than were represented in the Live Active Referral Scheme without enhancements.

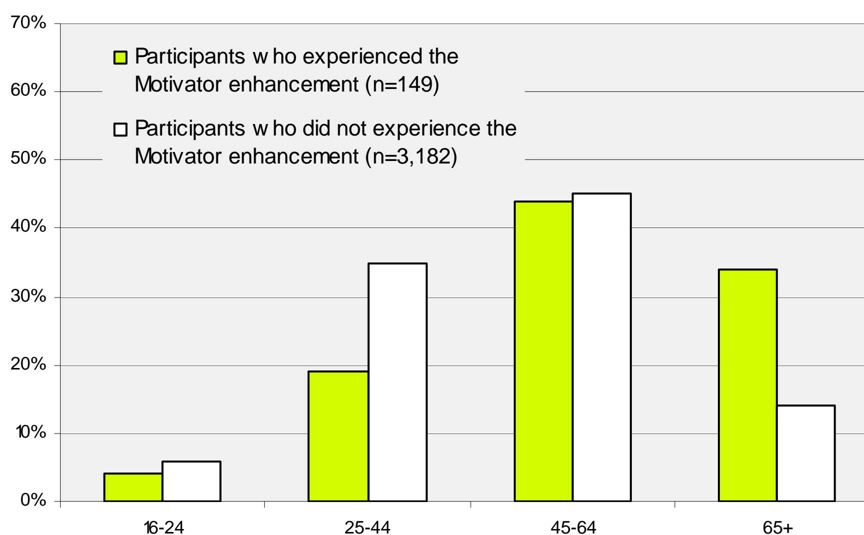
Age

As can be seen from Figure 2, 77% (115 participants) of participants who experienced the Motivator enhancement were aged 45 and over, compared with only 59% (1,894 participants) of participants who did not experience the Motivator enhancement (Table 9). This difference is significant ($p<0.001$) (Table 10). Therefore, participants who experienced the Motivator enhancement were likely to be older than those participants who did not. This may reflect the knowledge we have about exercise elsewhere. For example, those aged over 45 are less likely to meet national exercise targets than those in younger age groups[6], and therefore may require a greater level of support when taking up an exercise programme such as the Live Active Referral Scheme.

The following figure shows the age profile of participants who experienced the Motivator enhancement compared to those who did not (Table 7).

[6] Greater Glasgow Health and Well-being study 2005, NHSGGC, http://www.phru.net/rande/web%20pages/Health%20and%20wellbeing.aspx, 2005

Figure 2 Age comparison



Where participants are based

Participants' home addresses were used to determine in which CHCP area they lived. The distribution of participants who experienced the Motivator enhancement across CHCP areas ranged from 36 in West Glasgow to 2 in both East Dunbartonshire and South Lanarkshire. There were significant differences in the distribution across CHCP areas of participants who experienced the Motivator enhancement compared to those who had not ($p<0.001$) (Table 11 & Table 12). There were significantly higher numbers of participants who had experienced the Motivator enhancement in East Glasgow and West Glasgow with:

- 20% (30 participants) of participants who experienced the Motivator enhancement residing within East Glasgow, compared to 9% (407 participants) of participants who did not experience the Motivator enhancement; and
- 24% (36 participants) of participants who experienced the Motivator enhancement residing within West Glasgow, compared to 14% (630 participants) of participants who had not experienced the Motivator enhancement.

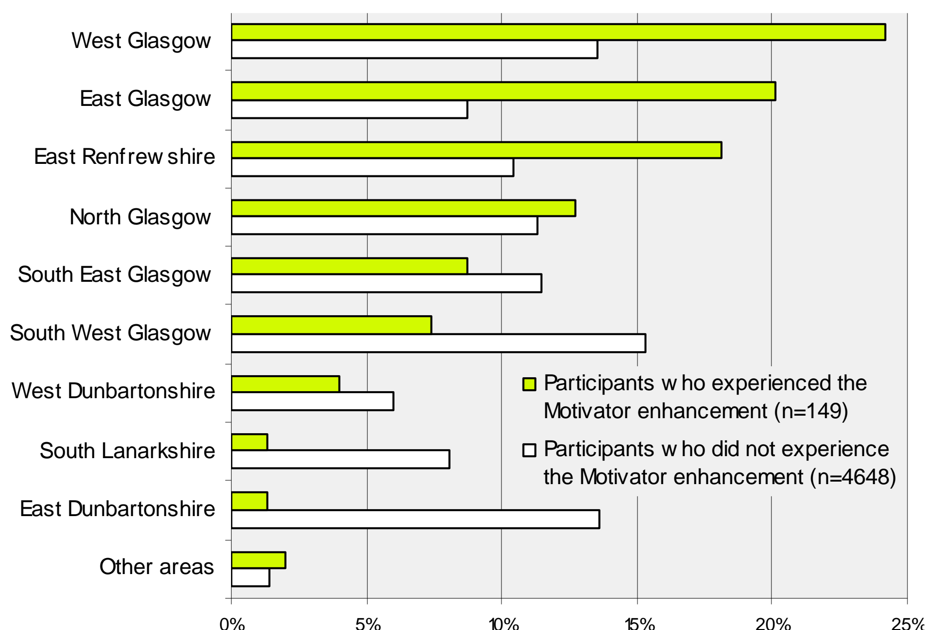
There were significantly fewer participants who experienced the Motivator enhancement compared with those who did not in the areas of East Dunbartonshire and South Lanarkshire, with:

- 1% (2 participants) of participants who experienced the Motivator enhancement residing within East Dunbartonshire, compared to 14% (634 participants) of participants who did not experience the Motivator enhancement; and
- 1% (2 participants) of participants who experienced the Motivator enhancement residing within South Lanarkshire, compared to 8% (374 participants) of participants who did not experience the Motivator enhancement.

In South Lanarkshire the Motivators were always present with the First Steps programme. Participants who experienced the First Steps and Motivator enhancements were excluded from this analysis, so this explains the relatively low number of South Lanarkshire participants. Given that there was a Motivator present in the Allander Leisure Centre, in East Dunbartonshire, the lower numbers in these areas may be explained by the number of activities at which a Motivator was present, i.e. only once per week instead of more often, as in other centres. Likewise, in areas where there was a higher proportion of participants who experienced the Motivator enhancement compared with the proportion of participants who did not, it may be the case that a higher proportion of classes and sessions included a Motivator in comparison to other areas.

The profile of the CHCP areas where participants lived is shown in the following figure (Table 11)

Figure 3 Participants who experienced the Motivator enhancement compared to participants who did not across CHCP areas



Scottish Index of Multiple Deprivation

Participants were categorised, using their residential address as a reference point, in terms of whether they lived inside or outside the 15% most deprived areas in Scotland, according to the Scottish Index of Multiple Deprivation (this report will use 15% SIMD as shorthand for this term). A higher proportion of participants who experienced the Motivator enhancement (44%, 63 participants) lived within the 15% SIMD areas compared to participants who did not experience the Motivator enhancement (38%, 1,655 participants) (Table 13). This difference is not significant.

Low risk referrals only

At the referral stage, some information is recorded only for LR participants (those without established heart disease), and this is reported below. For the purposes of comparison, NHSGGC should determine which information it requires and might wish to develop a uniform referral form for all three categories of referral (i.e. LR, ETT and PCR).

A range of health conditions was reported on the referral form for participants who experienced the Motivator enhancement and those who did not, for the LR referral route (participants without established heart disease). There were two significant results between the two datasets:

- 78% (87 participants) who experienced the Motivator enhancement had physical or mental limitations which would make exercise programs difficult, compared with 60% (2,493 participants) who did not experience the Motivator enhancement ($p<0.001$) (Table 15 & Table 16);

- significantly more participants who experienced the Motivator enhancement (32%, 47 participants) were reported as having joint pains or joint conditions than participants who did not experience the Motivator enhancement (20%, 965 participants) ($p<0.01$) (Table 17 & Table 18).

Other health conditions and lifestyle choices reported at referral where differences recorded were not significant included:

- smoking, in which participants who experienced the Motivator enhancement (20%, 18 participants) were less likely to smoke than those participants who did not experience the Motivator enhancement (22%, 675 participants) (Table 19);
- chest problems, which participants who experienced the Motivator enhancement (12%, 18 participants) were more likely to suffer than those participants who did not experience the Motivator enhancement (11%, 512 participants) (Table 20);
- blood pressure, with participants who experienced the Motivator enhancement (18%, 20 participants) more likely to have blood pressure greater than 160/90 compared with participants who did not experience the Motivator enhancement (13%, 540 participants) (Table 21);
- alcohol, 36% (53 participants) of participants who experienced the Motivator enhancement were reported as alcohol drinkers, compared with 27% (1,279 participants) who did not experience the Motivator enhancement (Table 22); and
- epilepsy, where there were more participants who experienced the Motivator enhancement (3%, 5 participants) reported as suffering from epilepsy than participants who did not experience the Motivator enhancement (1%, 62 participants) (Table 23).

All remaining health conditions reported at referral by those referred via the LR referral route were comparable regardless of whether participants went on to experience the Motivator enhancement or not.

- 2% (3 participants who experienced the Motivator enhancement and 73 participants who did not experience the Motivator enhancement) were reported as being on other medication (Table 24);
- 8% (12 participants who experienced the Motivator enhancement and 363 participants who did not experience the Motivator enhancement) were recovering from an operation or illness (Table 25);
- 9% (13 participants who experienced the Motivator enhancement and 427 participants who did not experience the Motivator enhancement) were diabetic (Table 26); and
- 1% (1 participant who experienced the Motivator enhancement and 23 participants who did not experience the Motivator enhancement) were reported as having a heart condition (Table 27). Note: This is from the LR referral route only. All referrals from ETT and PCR have a heart condition.

3.2.2 Baseline stage profile data

This section examines the data recorded by exercise counsellors at the baseline consultation of the Live Active Referral Scheme for all participants.

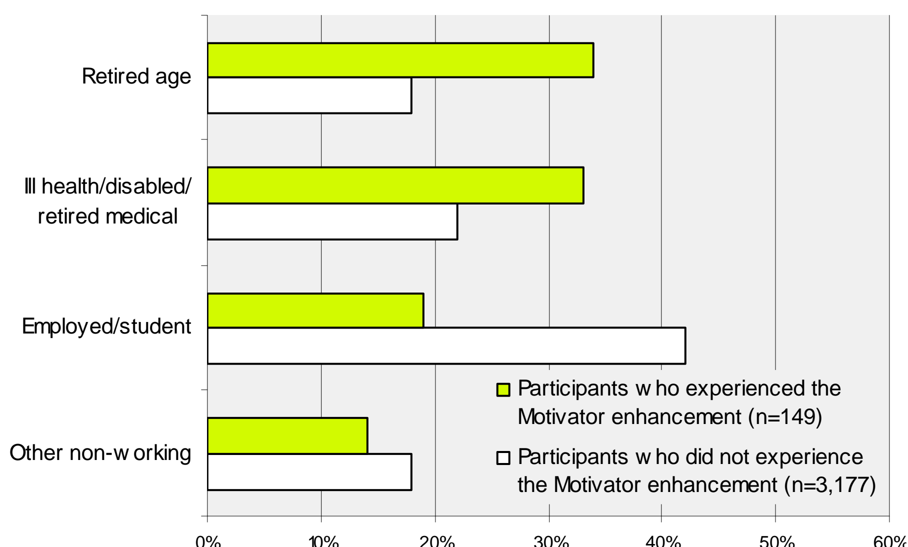
Ethnicity

The majority of participants who experienced the Motivator enhancement were white (97%, 144 participants) with only 3% of these participants coming from a Black or Minority Ethnic background. For those participants who did not experience the Motivator enhancement these figures were slightly different: 94%, 2,989 participants were white and 6% (192, participants) were from a Black or Minority Ethnic background (Table 28). This is not a significant difference.

Employment

At baseline stage, 34% (51 participants) who experienced the Motivator enhancement were retired, 33% (49 participants) were not working due to ill health, disability or medical retirement, 19% (28 participants) were employed full time/part time or recorded as a student and 14% (21 participants) were ‘other’ not-working (looking after the home, carer etc.) (Table 30). The following figure compares the differences in employment status between participants who experienced the Motivator enhancement and participants who did not experience the Motivator enhancement, and the difference is significant (p<0.001) (Table 31). This may be due to the timing of the activity sessions which may have been more suitable for participants who were not in education or employment.

Figure 4 Employment status at baseline for participants who experienced the Motivator enhancement and those who did not



Weight

Using body mass index (BMI) as the indicator, 84% (125 participants) of participants who experienced the Motivator enhancement were either overweight or obese. There was no significant difference between those who experienced the Motivator enhancement and those who did not with 82% (2,536 participants) of those who did not experience the Motivator enhancement recorded as overweight or obese at baseline (Table 32).

Heart rate

The mean resting heart rate at the baseline stage for participants who experienced the Motivator enhancement was 72.77 (i.e. within the normal range of 60-90, British Heart Foundation). Again, there was no significant difference between participants who experienced the Motivator enhancement and participants who did not who were recorded as having a mean resting heart rate of 72.93 at baseline(Table 33).

Blood Pressure

The mean systolic blood pressure at baseline for participants who experienced the Motivator enhancement was 130.60 and mean diastolic blood pressure at the same stage was 79.96

(i.e. within the normal range)[7]. There is no significant difference between these participants and participants who did not experience the Motivator enhancement, with the latter participants recording a mean systolic blood pressure at baseline of 128.79 and a mean diastolic blood pressure at the same stage of 80.62, again within the normal range (Table 34).

Smoking

At baseline, 19% (28 participants) who experienced the Motivator enhancement were smokers. There is no significant difference between this and the proportion of participants who did not experience the Motivator enhancement, with 24% (771 participants) reported as smokers at the baseline stage (Table 35).

Alcohol

At baseline, 61% (91 participants) who experienced the Motivator enhancement were reported as drinking alcohol. There was no significant difference between these participants and participants who did not experience the Motivator enhancement, with 60% (1,913 participants) of the latter reported as alcohol drinkers at the baseline stage (Table 36).

Stage of Change

Participants were asked to describe their level of physical activity to identify their stage of change as follows:

Pre contemplation:	I am not regularly physically active and do not intend to be
Contemplation:	I am not regularly physically active but I am thinking about starting in the next 6 months
Preparation:	I do some physical activity but not enough to meet the description of regular physical activity
Action:	I am regularly physically active but only became so in the last 6 months
Maintenance:	I am regularly physically active and have been so for longer than 6 months

One aim of the Live Active Referral Scheme is to move participants through the stages of change towards the maintenance stage.

Of the participants who experienced the Motivator enhancement who responded, 49% (73 participants) stated that they were not regularly physically active but thinking about it (contemplation stage) and 37% (55 participants) said that they did some physical activity but not enough to meet the description of regular physical activity (preparation stage), at the baseline consultation (Table 37). In total 88% (131 participants) were not taking regular physical activity (i.e. were not meeting the description of regular physical activity) (Table 39).

There was a significant difference between the Stage of Change for participants who experienced the Motivator enhancement and participants who did not. Fifty per cent (1,601 participants) of participants who did not experience the Motivator enhancement (whose data were recorded), stated that at the baseline stage they were thinking about becoming regularly physically active (contemplation stage), whereas 42% (1,353 participants) stated that they did some physical activity but not enough to meet the description of regular physical activity (preparation stage) ($p<0.01$) (Table 37& Table 38). In total 95% (3,033

[7] Blood pressure is the pressure of blood in your arteries, measured in millimetres of mercury (mmHg). Your blood pressure is recorded as two figures, the first number is the systolic pressure (the pressure in the arteries when the heart contracts) and the second is the diastolic pressure (the pressure in the arteries when the heart rests between each heartbeat)

- High blood pressure (Hypertension) – 140 over 90 or higher
- Normal range – Between 120 over 80 and 140 over 90
- Low blood pressure (Hypotension) – 90 over 60 or lower

(the Blood Pressure Association, http://www.bpassoc.org.uk/Home)

participants) of participants who did not experience the Motivator enhancement were not taking regular physical activity ($p<0.001$) (Table 39 & Table 40).

Health State scale

At the baseline consultation participants were asked to rate their perceived health state on an ascending scale of 0-100, where 0 was the worst possible health state and 100 was the best. The mean perceived health state at baseline stage for all participants who experienced the Motivator enhancement whose data were recorded was 53.13. There was no significant difference between the mean perceived health state for these participants and the participants who did not experience the Motivator enhancement (mean = 51.78) (Table 41).

Physical Activity Recall

The Physical Activity Recall (PAR) is a self completed questionnaire recording the participant's physical activity over the last seven days. The recommendation for health benefits is to accumulate at least 30 minutes of moderate physical activity most days of the week[8]. Participants were asked to record any activity they undertook at moderate levels or more intense levels.

Participants who experienced the Motivator enhancement reported a mean Physical Activity Recall of 325 minutes at the baseline stage. There was no significant difference between this figure and the figure for those participants who did not experience the Motivator enhancement, who reported a mean Physical Activity Recall of 389 minutes, at the same stage (Table 42). Therefore the uptake of the Motivator enhancement appears not to be dependent on the level of physical activity undertaken before starting the Live Active Referral Scheme.

Hospital Anxiety and Depression Scale[9]

Levels of anxiety and depression were recorded by administering the Hospital Anxiety and Depression Scale to participants. In analysing these data we have looked at both the mean value and the assignment of scores as follows:

- 0-7 Normal
- 8-10 Mild
- 11-15 Moderate
- 16-21 Severe

The mean HADS anxiety score for participants who experienced the Motivator enhancement was 6.42 at baseline and the corresponding HADS depression score was 4.56. These scores represent low levels of anxiety and depression. There was no significant difference between the mean HADS scores for these participants and participants who did not experience the Motivator enhancement, with the latter participants recording a mean HADS anxiety score of 7.00 and a mean HADS depression score of 5.09 (Table 43 & Table 44).

Of the participants who experienced the Motivator enhancement for whom a HADS score was recorded at baseline, 61% (58 participants) recorded a HADS anxiety score within the normal range and 79% (75 participants) recorded a HADS depression score within the normal range. For participants who did not experience the Motivator enhancement for whom a HADS score was recorded at baseline, 58% (1,508 participants) recorded a HADS anxiety score within the normal range and 74% (1,916 participants) recorded a HADS depression score within the normal range (Table 45 & Table 46).

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[8] Lets Make Scotland More Active: A Strategy for Physical Activity, Scottish Executive, 2003

[9] The Hospital Anxiety and Depression Scale (HADS) is a widely used and popular self-report measure designed to detect the presence and severity of mild degrees of mood disorder, anxiety and depression. The participant is asked to answer fourteen questions (7 for anxiety and 7 for depression)relating to their mental attitude. The maximum score possible for Anxiety or Depression on the HADS scale is 21 (totally anxious or depressed), and the lowest score is 0 (totally lacking in anxiety or depression). HADS is completed at the discretion of the participant, it is not used as a psychological screening tool.

3.2.3 Summary

Analysis of the data available at referral and baseline stages for both participants who experienced the Motivator enhancement and participants who did not shows the following differences:

Participants who experienced the Motivator enhancement were significantly more likely to be:

- aged 45 or over;
- reported in their referral form as having a physical or mental limitation which would make exercise programmes difficult;
- reported in their referral form as not having joint pains or conditions;
- retired, suffering from ill health or disability, or retired for medical reasons;
- reporting taking regular physical activity.

This highlights the groups that the Motivator enhancement has so far had less success in engaging with and possible groups that it should be taking steps to engage with more in future. These are predominantly people under 45, people without physical or mental limitations which would make exercise programs difficult, people with joint pains or conditions, and those who are in employment or students. However, as previously detailed, the timing availability of the classes and sessions with Motivator support may restrict the ability to attract those in employment or students.

3.3 Attrition rates and adherence

3.3.1 Participants reaching each stage of the programme

Live Active participants can utilise the Motivator enhancement at any time following the baseline appointment throughout the year that they are on the Live Active Referral Scheme. Therefore, the rate of drop out from the Live Active Referral Scheme will only be compared between participants who experienced the Motivator enhancement and participants who did not from the baseline stage onwards.

Of those referred onto the programme between June 2007 to November 2007 who attended a baseline consultation (149 participants who experienced the Motivator enhancement and 3,190 participants who did not):

- 61% (91 participants) who experienced the Motivator enhancement attended a 6 month consultation (67% excluding inappropriate referrals and positive dropouts) compared with 33% (1,046 participants) who did not experience the Motivator enhancement (48% excluding inappropriate referrals and positive dropouts (Figure 5 & Table 49);
- 34% (50 participants) who experienced the Motivator enhancement completed the programme including the 12 month final consultation (39% excluding inappropriate referrals and positive dropouts). In comparison 15% (472 participants) of participants who did not experience the Motivator enhancement completed the programme (17% excluding inappropriate referrals and positive dropouts) (Figure 5 & Table 49).

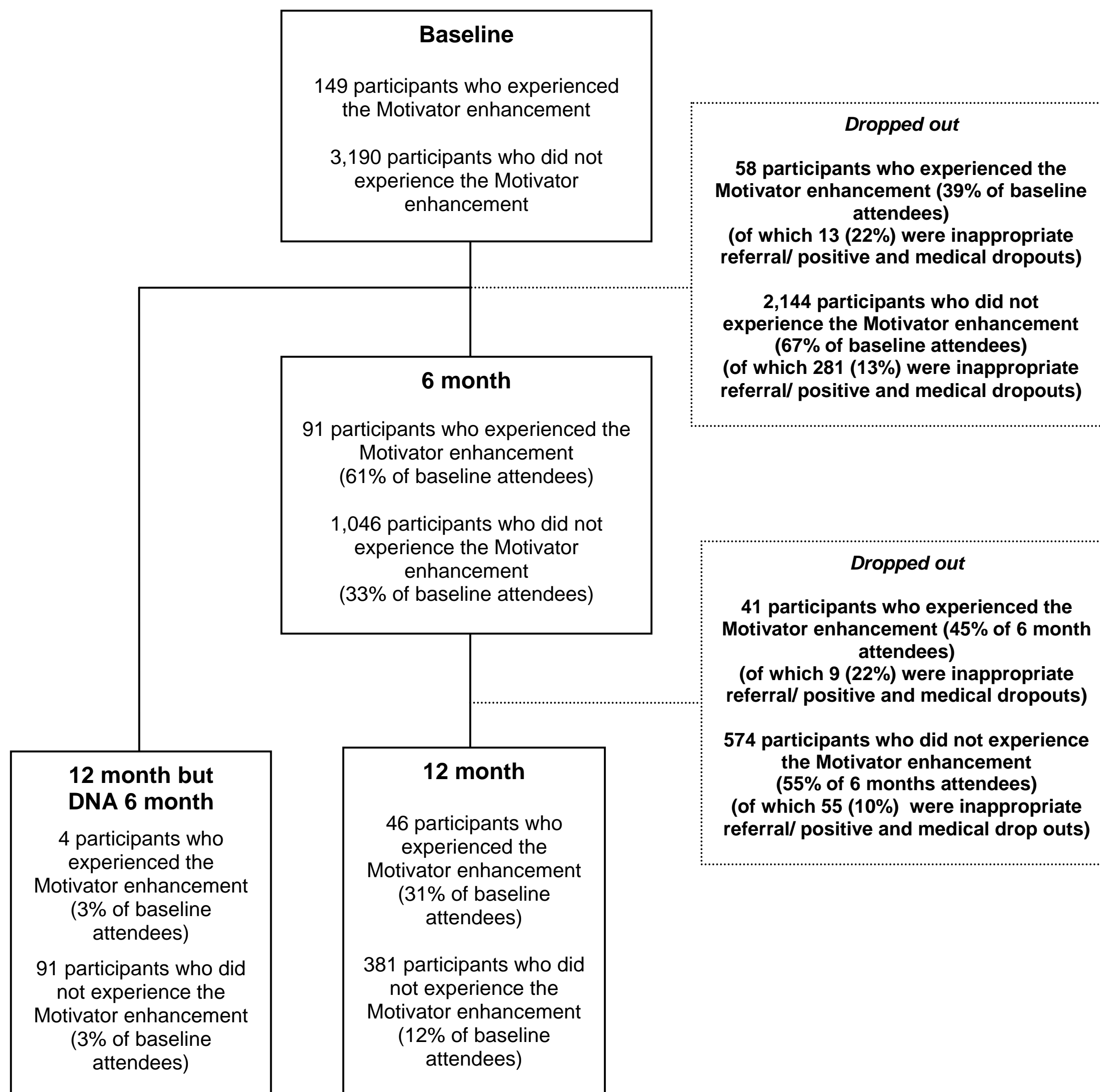
Table 51 shows the full spectrum of reasons for leaving the Live Active Referral Scheme.

At each stage of the Live Active Referral Scheme a number of those dropping out were as a result of inappropriate referrals, positive dropouts (this would include those who are still active and not requiring support, those who had been transferred to another centre) and medical dropouts (this would include those who had a medical condition which prevented them continuing). It is necessary to account for these when examining the participants reaching each stage of the programme, in order to provide an accurate reflection of the actual drop out rate at each stage.

Inappropriate referrals and positive or medical dropouts after the baseline appointment will be discussed in 3.3.3.

It is possible that some of the participants who failed to continue with the scheme and who were recorded as uncontactable may have dropped out because they were exercising on the own accord and did not feel the need for support from their exercise counsellors (and so would be regarded as a positive drop out).

Figure 5 Number of participants reaching each stage of the programme



3.3.2 Attrition rates

The attrition rates at each stage in the Live Active Referral Scheme should be examined by taking account of the proportion on inappropriate referrals and positive drop outs.

The rate of drop out from the Live Active Referral Scheme will only be compared between participants who experienced the Motivator enhancement and participants who did not, from the baseline stage onwards.

Participants who experienced the Motivator enhancement were significantly more likely to complete the Live Active Referral Scheme – 34% (50) of those who attended a baseline appointment also attended a 12 month consultation, compared to only 15% (472) of

participants who did not experience the Motivator enhancement. Similarly, only 39% (58) of participants who experienced the Motivator enhancement dropped out after their baseline appointment (i.e. 61%, 91 participants, attended their 6 month appointment) compared to 67% (2,144) of participants who did not experience the Motivator enhancement (33%, 1,046 participants, attended their 6 month appointment) (Table 47). These differences are statistically significant (p<0.001) (Table 48). It indicates that the Motivator enhancement is successful in helping participants to continue with the Live Active Referral Scheme and so gain the consequent health benefits.

A comparison of the attrition rates between participants who experienced the Motivator enhancement and those who did not is given in Figure 6 below[10].

Figure 6 Comparison of attrition rates (inclusive of inappropriate referrals and positive or medical dropouts) for participants who experienced the Motivator enhancement and participants who did not

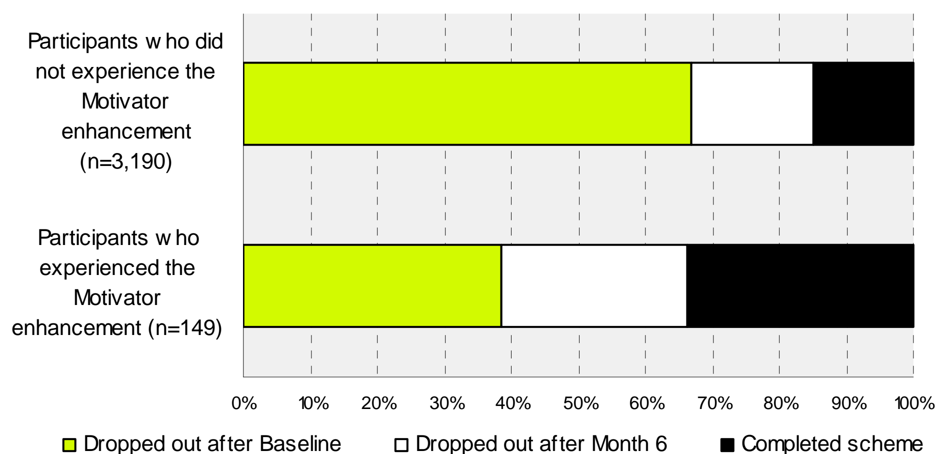


Figure 6 shows that participants who experienced the Motivator enhancement were more likely to complete the scheme, with the key difference on attrition between these participants and Live Active participants who did not experience the Motivator enhancement being between baseline and 6 months consultations.

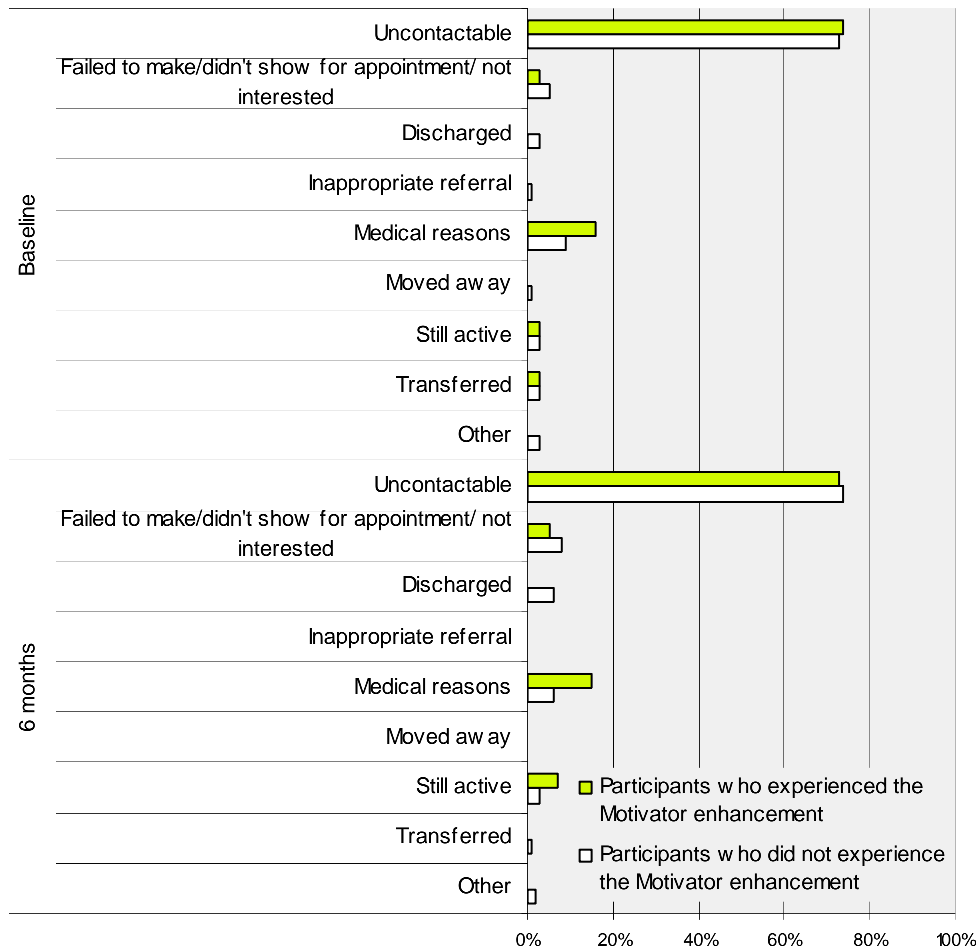
3.3.3 Reasons for not completing the scheme

The reasons recorded for participants not completing the Live Active Referral Scheme were analysed and differences, between participants who experienced the Motivator enhancement and participants who did not, were explored. Since the Motivator support cannot be a factor in dropping out between referral and baseline, reasons for dropping out were only interrogated following baseline and 6 month consultations.

The figure below shows that the main explanation recorded by exercise counsellors was that participants were uncontactable. The proportion of participants who were classified as uncontactable was similar for both the participants who experienced the Motivator enhancement (74%, 43 participants after baseline and 73%, 30 participants after the 6 month consultation) and participants who did not experience the Motivator enhancement (73%, 1,561 participants after baseline and 74%, 425 participants after the 6 month consultation) (Table 51). Other reasons for leaving also show similar proportions when comparing participants who experienced the Motivator enhancement with those who did not. This is with the exception of medical reasons where a slightly higher proportion of participants who experienced the Motivator enhancement (16%, 9 participants after baseline and 15%, 6 participants after the 6 month consultation) were recorded as such than participants who did not experience the Motivator enhancement (9%, 186 participants after baseline and 6%, 37 participants after the 6 month consultation) (Table 51).

[10] Figure 6 is inclusive of inappropriate referrals and positive and medical dropouts

Figure 7   Reasons recorded for leaving the Live Active Referral Scheme



Participants who experienced the Motivator enhancement – baseline n=58; 6 months n=41
Participants who did not experience the Motivator enhancement – baseline n=2,144, 6 months n=574

3.3.4 Inappropriate referrals, positive and medical dropouts

As has been shown, there were a variety of reasons recorded by exercise counsellors for participants failing to continue with the Live Active Referral Scheme. Whilst the majority of participants were uncontactable to the Live Active Referral Scheme, some participants could be regarded as inappropriate referrals, positive dropouts or medical drop outs. Positive and medical dropouts are those participants whose reason for leaving the Live Active Referral Scheme were recorded by the exercise counsellor or coded by FMR as:

- transferred to another centre;
- moved away;
- medically unable to continue on the scheme, or
- still active

Inappropriate referrals describes participants who were deemed by the exercise counsellor at the baseline appointment to be unsuitable for the Live Active Referral Scheme or whose referral process was not carried out correctly.

None of the participants who experienced the Motivator enhancement were recorded as inappropriate referrals. Twenty two participants who experienced the Motivator enhancement were positive or medical dropouts (2 were transferred to another centre, 15 did not complete the scheme as a result of medical reasons and 5 were still active). (Table 52)

Of the participants who did not experience the Motivator enhancement, 16 participants were recorded as inappropriate referrals and 382 participants were recoded as positive or medical drop outs (223 participants did not complete the scheme as a result of medical reasons, 83 were still active, 62 transferred to another centre and 14 moved away). (Table 52)

It should be noted that it is possible that some of the participants who failed to continue with the Live Active Referral Scheme following the baseline or 6 month consultation, and who were recorded as uncontactable, may have dropped out because they were exercising on their own accord and did not feel the need for support from their counsellor. This will be further explained when non adherers are examined in the final report.

3.3.5 Summary

Participants who experienced the Motivator enhancement were much less likely to drop out of the Live Active Referral Scheme than participants who did not.

The most common explanation given by database analysis for participants who experienced the Motivator enhancement dropping out was 'uncontactable', this was also the case for participants who did not experience the Motivator enhancement.

3.4 Impact of scheme on various outcome measures

Both the database analysis and qualitative study of completers (the telephone survey as described in the method section of this report) contributed to the understanding of the health outcomes of the Live Active Referral Scheme for both participants who experienced the Motivator enhancement and participants who did not.

The health outcomes can be divided into two groups. The first are those that can be assessed independently. The second are those based on patient perception. It must also be recognised that, due to scheme attrition, the number of participants reaching the 12 month point (and the basis for the calculation of mean data at the 12 month stage) is much lower than it is for participants at baseline stage.

In order to look at the impact of the Live Active Referral Scheme on specific outcome measures, we looked for changes in the measures for participants for whom data were available at each stage (e.g. both baseline and 6 month consultation, or both baseline and 12 month consultation), and carried out paired t-tests.

3.4.1 Independently assessed outcomes

There were no significant differences when comparing participants who experienced the Motivator enhancement and participants who did not. This is probably due to the relatively small number of participants who experienced the Motivator enhancement for whom data were available at all stages for which the comparison was being made.

For participants who did not experience the Motivator enhancement, there was a significant decrease in BMI between baseline and 6 months (30.52 to 30.22, $n=863$, $p<0.001$) and between baseline and 12 months (29.94 to 29.69, $n=396$, $p<0.01$) (Table 53 & Table 54).

There was also a significant increase in the resting heart rate between baseline and 12 months (70.04 to 72.12, $n=278$, $p<0.005$) (Table 55 & Table 56).

The only independently assessed outcome for which a significant change occurred with participants who experienced the Motivator enhancement for whom data were available was a significant drop in systolic blood pressure between the baseline and 6 month stage ($p<0.05$). Participants who experienced the Motivator enhancement whose systolic blood pressure was recorded at both these stages ($n=62$) recorded a mean decrease of 4.61mm/Hg. (Table 57 & Table 58)

However, it should be noted that this takes no account of medication participants are taking which may affect the level of blood pressure.

A summary of the changes in independently assessed outcomes is outlined in Table 81. When comparing the changes using paired t-tests, between participants who experienced the Motivator enhancement and those who did not, none of the differences, other than those reported above, is statistically significant.

3.4.2 Outcomes based on patient perception

Whilst there were significant changes in some outcomes based on patient perception for Live Active participants, there were no significant differences when comparing participants who experienced the Motivator enhancement and participants who did not. This is probably due to the relatively small number of participants who experienced the Motivator enhancement for whom data were available at all stages for which the comparison is being made.

The outcomes based on patient perception for which a significant change occurred for participants who did not experience the Motivator enhancement were:

- a significant increase in the numbers saying that they were regularly physically active between baseline (7%, 75 participants) and 6 months (49%, 511 participants) (n=1045, p<0.001) (Table 59 & Table 62). There is also a significant increase in the numbers saying that they were physically active between baseline (8%, 34 participants) and 12 months (66%, 312 participants) (n=470, p<0.001) and between 6 months (53%, 250 participants) and 12 months (66%, 312 participants) (n=470, p<0.001) (Table 60 & Table 61 & Table 62);
- a significant increase in the self reported health state scale between baseline and 12 months (55.89 to 62.75, n=471, p<0.001) and a significant increase between 6 months and 12 months (51.41 to 62.75, n=471, p<0.001). (Table 63& Table 64);
- a significant increase in the number of minutes of activity (self reported) during the previous week between; baseline and 6 months (388.17 minutes to 436.78 minutes, n=1,046, p=0.001); baseline and 12 months (375.06 minutes to 509.96 minutes, n=471, p<0.001) and between 6 months and 12 months (397.79 minutes to 509.96 minutes, n=471, p<0.001) (Table 65 & Table 66);
- a significant decrease in the mean HADS anxiety score between baseline and 6 months (6.31 to 5.28, n=653, p<0.001) and between baseline and 12 months (6.16 to 4.67, n=280, p<0.001) (Table 67 & Table 68); and
- a significant decrease in the mean HADS depression score between baseline and 6 months (4.34 to 3.11, n=653, p<0.001) and between baseline and 12 months (4.24 to 3.08, n=280, p<0.001) (Table 69 & Table 70).

Significant changes for participants who experienced the Motivator enhancement over the course of the Live Active Referral Scheme were as follows:

- a significant increase in the numbers saying that they were physically active between baseline (15%, 14 participants) and 6 months (55%, 50 participants) (n=91, p<0.001) and between baseline (14%, 7 participants) and 12 months (70%, 35 participants) (n=50, p<0.001) (Table 71, Table 72 &Table 73);
- a significant increase in the self reported health state scale between baseline and 12 months (56.20 to 64.56, n=50, p<0.05) and a significant increase between 6 months and 12 months (54.70 to 64.56, n=50, p<0.05) (Table 74);
- a significant decrease in the mean HADS anxiety score between baseline and 6 months (7.21 to 5.47, n=43, p<0.001) and between baseline and 12 months (6.41 to 4.88, n=32, p=0.01) (Table 76 & Table 77); and
- a significant decrease in the mean HADS depression score between baseline and 6 months (4.30 to 3.44, n=43, p<0.05) and between baseline and 12 months (4.03 to 2.75, n=32, p<0.01) (Table 78 & Table 79).

A summary of the changes in outcomes based on patient perception can be seen in Table 80. Comparing the changes between participants who experienced the Motivator

enhancement and participants who did not, none of the differences, other than those reported above are statistically significant.

3.4.3 Summary

In summary:

- a number of outcome measures changed significantly for the participants who had experienced the Motivator enhancement and those who had not; and
- there were no statistically significant differences when comparing participants who experienced the Motivator enhancement and participants who did not.

3.5 Long term changes in behaviour and various outcomes

In order to examine the long term changes in behaviour as a result of taking part in the Live Active Referral Scheme with the Motivator enhancement, data from the telephone survey carried out with participants at least six months after their completion of the scheme (i.e. at least 18 months after the baseline appointment) were explored. Please note that the sample size was small (30 participants). The following section summarises the results.

3.5.1 Hospital Anxiety and Depression Scale[11]

Participants were asked about their levels of anxiety and depression using the Hospital Anxiety and Depression Scale (HADS) . Five of those interviewed did not complete this section due either to request of the participant or in some cases at the discretion of the interviewer where participants were finding this section particularly difficult to complete.

HADS - Anxiety

The 25 telephone survey participants who completed this section of the interview, had an overall mean for anxiety of 5.32. Scores were higher for the 35 – 44 age group with a mean of 11.0 and the lowest scores were for the 45-54 age group with a mean of 3.00. The mean anxiety scores fall within the normal range for all age groups with the exception of the 35-44 age group. In this group the mean anxiety scores fall within the moderate range (Table 82).

HADS - Depression

The data from the 25 telephone survey participants who completed this section found that the overall mean depression score was 4.80. The mean scores were highest amongst the 35-44 and 55-64 age groups with both of these groups recording a mean depression score of 8.00, both within the mild range. The lowest mean depression score was recorded for those in the 65+ age group with a recorded score of 3.72, within the normal range (Table 83).

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[11] The Hospital Anxiety and Depression scale (HADS) is a widely used and popular self-report measure designed to detect the presence of mild degrees of mood disorder, anxiety and depression. The participant is asked to answer fourteen questions (7 for anxiety and 7 for depression) relating to their mental attitude. The maximum score possible for Anxiety or Depression on the HADS scale is 21 (totally anxious or depressed), and the lowest score is 0 (totally lacking in anxiety or depression).

HADS scores are assigned as follows:

- 0-7 Normal
- 8-10 Mild
- 11-15 Moderate
- 16-21 Severe.

HADS is completed at the discretion of the participant; it is not used as a psychological screening tool.

3.5.2 Stage of Change

Of the 29 participants who answered this section (1 participant felt that they could not respond to this section due to their specific circumstances):

- 45% (13 participants) reported that they were regularly physically active and had been so for longer than six months;
- 34% (10 participants) reported that they did some physical activity but not enough to meet the description of regular physical activity; and
- 14% (4 participants) reported that they were not regularly physically active but were thinking about becoming so in the next six months.

Other stages were mentioned by only 1 participant each. Therefore, it would appear that for those who completed the Live Active Referral Scheme with the Motivator enhancement, the success of continuing to be independently physically active following completion of the scheme is mixed (Table 84).

3.5.3 State of health

Physical health

Participants were asked to rate their physical health using a scale from 0 to 100, with 100 being the very best they could imagine. The mean response from the telephone survey was 62.87 out of 100 (Table 85). When participants were asked if they felt the scheme had an impact on their physical health all 30 participants stated that it had (Table 86).

Participants were then asked how the Live Active Referral Scheme had impacted on their physical health. The most frequent answer cited was 'feel healthier' (48%, 14 participants), followed by:

- 'increased physical fitness/stamina' (28% 8 participants);
- 'helped with a particular physical health problem' (21%, 6 participants);
- 'increased mobility/flexibility' (17%, 5 participants);
- 'lost weight' (14%, 4 participants);
- 'increased strength' (10%, 3 participants);
- 'more energy' (7%, 2 participants);
- 'more aware of the benefits of exercise' (3%, 1 participant); and
- 'other responses (generally unspecific)' (17%, 5 participants) (Table 87).

Participants were then asked to rate how confident they were that they could be independently physically active on a scale of 0 to 100 with 100 being very confident. The mean for the 27 participants who responded to this question (one participant felt that, given their disability, this was not applicable and two others felt unable to rate it) was 73.70 (Table 88).

Participants were then asked if the Live Active Referral Scheme had an impact on their confidence to be independently physically active and 86% (25 participants) of participants felt that it had (Table 89).

When asked the reasons why they felt this way, responses were broadly grouped into the following categories:

- encouraged/motivated to do more/ other forms of exercise (36%, 9 participants);
- increased self confidence (28%, 7 participants);
- knowledge/ apprehension/ embarrassment removed (24%, 6 participants); and
- fitter/ stronger (8%, 2 participants).

Other responses were cited by 5 participants (20%). Three of these felt unable to specify any one thing in particular; one participant made an unrelated comment about the assistance of the Live Active Referral Scheme in general and one participant stated that they exercised

independently whilst on the Live Active Referral Scheme due to the timing of classes and gym sessions being unsuitable (Table 90).

Mental health

As for physical health, participants were asked how they felt about their mental health (two participants didn't feel they were able rate how they felt about their mental health), although it could be important to note here that the stigma about mental health may have played a role in participants' answers. The mean mental health rating for the sample was 78.36 (Table 91), with 67% (20 participants) stating that the Live Active Referral Scheme had an impact on their mental health (Table 92).

Participants were asked to suggest ways in which they felt their mental health had improved by taking part in the Live Active Referral Scheme. By far the most popular reason for this was more positive outlook (70%, 14 participants), followed by:

- less stressed (20%, 4 participants);
- feel less isolated (15%, 3 participants);
- less anxious (5%, 1 participant); and
- less depressed (5%, 1 participant).

There were three other reasons given including assisting whilst stopping smoking (1 participant), increasing confidence (1 participant) and one participant was unsure of the way the Live Active Referral Scheme had improved their mental health but felt that overall it had (Table 93).

Relationships with others

Participants were then asked if they felt the Live Active Referral Scheme had an impact on their relationship with others. The majority (52%, 15 participants) felt that it had, with 47% (7 participants) stating that it had allowed them to 'make new friends', 40% (6 participants) stating that it made them 'more sociable', 13% (2 participant) felt that it impacted on their relationship with others as a result of a 'happier and more positive outlook' and one participant reported that it did have an impact but was unable to specify why they felt that way (Table 94 & Table 95).

When asked if the Live Active Referral Scheme had an impact on the way they felt about themselves, 70% (21 participants) of participants stated that it had (Table 96).

Participants were then asked in what way the Live Active Referral Scheme impacted on the way they felt about themselves. The reasons given were grouped into the following categories:

- improved feeling of wellbeing/ relaxation/ health (45%, 10 participants);
- feeling better about my body (32%, 7 participants);
- increased self confidence (18%, 4 participants);
- more positive outlook (18%, 4 participants);
- sense of achievement (9%, 2 participants); and
- more self respect (5%, 1 participant).

Three other comments were made. One participant was unsure, one felt that it had helped everything and another made a general comment relating to participation in the Live Active Referral Scheme (Table 97).

Other additional benefits

Participants were also asked if they felt there were any additional benefits from participating in the Live Active Referral Scheme, 21 participants (70%) felt that there were (Table 98).

Participants were then asked what these additional benefits were. The additional benefits given were grouped into the following categories:

- gets you out/ keeps you active/ keeps you fit (35%, 8 participants);
- enjoyed the company/ working in a group/ meeting others (26%, 6 participants);
- introduced me to different types of exercise (26%, 6 participants);
- generally felt better/ feeling of wellbeing (26%, 6 participants); and
- meeting people with the same problem (9%, 2 participants).

Three participants made 'other' responses. Two were comments about the enjoyment they and others felt when participating and one commented on the aspect of getting him thinking about activity (Table 99).

3.5.4 Changes in knowledge

Participants in the telephone survey were asked how much physical activity they should do in a week to gain health benefits. The correct response is 'the accumulation of 30 minutes of moderate physical activity most days'. The question was unprompted.

Answers were analysed by: length of time exercising, intensity of exercise, and frequency of activity. No participant got all the factors correct, five participants did not know or could not remember. However, of all those who were able to specify the length of activity, only two stated that it should be less than the minimum of 30 minutes, with the length of activity quoted varying from 20 minutes to 2 hours. Of those who were able to give a response, the majority of participants described the intensity of exercise as 'walking'. Of those who gave an indication of the frequency required, the most common response was everyday (6 participants), followed by 2 or 3 times a week (5 participants). Two participants stated that it should be four or five days per week, two participants felt it should be 3 or four times a week and two participants felt that it should be once or twice a week. Two other participants indicated that the frequency of exercise in terms of hours per week, one felt it should be 1/2 hours per week whilst the other felt it should be 4 hours per week (Table 100).

3.5.5 Physical activity levels

Changes in activity levels since completing the scheme

Participants were asked to compare their current physical activity levels with what they had been doing at the time they completed the Live Active Referral Scheme (Table 101).

- 30% (9 participants) felt that their physical activity levels had increased;
- 30% (9 participants) felt that their physical activity levels had stayed the same; and
- 40% (12 participants) felt that their physical activity levels had decreased.

Activity levels increased after completion of the Live Active Referral Scheme

Of those that stated that their activity levels had increased, the reasons were varied and the numbers involved were small. Participants could report as many reasons as they wished. Reasons cited include:

- enjoyment of the Live Active process (44%, 4 participants);
- understanding the importance of being fit (33%, 3 participants); and
- appreciating the health benefits (33%, 3 participants).

One participant stated that the reason for the increase in physical activity levels in the last six months was a result of participation in winter sports (Table 102).

Activity levels stayed the same after completion of the Live Active Referral Scheme

Participants who stated that their activity levels were the same as when they completed the Live Active Referral Scheme six months ago, the main reasons stated were (participants could give more than one reason each):

- enjoyment (44%, 4 participants);
- concern for health (33%, 3 participants); and
- the routine of exercise (33%, 3 participants).

Two other comments were made, one attributes their levels of physical activity to the activity the participant already undertook and one attributes it to the support of their wife (Table 103).

Activity levels decreased after completion of the Live Active Referral Scheme

Participants who felt that their activity levels had decreased since the Live Active Referral Scheme cited the following reasons for this:

- injuries/ illness/ operation (50%, 6 participants);
- not making the time (work commitments etc.) (42%, 5 participants); and
- lack of support (8%, 1 participant).

One other reason stated was the lack of motivation and the cost of gym membership (Table 104).

Intension to exercise

Participants were also asked if they intend to maintain their present levels of physical activity, no one stated that they would do less or stop all activity. Of the 29 participants who answered this question, 16 participants (55%) stated that yes they would like to do more and 13 participants (45%) stated yes they would do the same levels of exercise (Table 105).

3.5.6 Benefits of the Motivator Enhancement

As part of the telephone survey participants were asked specifically about the Motivator enhancement to the Live Active Referral Scheme. Initially participants were asked if they remember the Motivator being present in their activity session whilst they were part of the Live Active Referral Scheme. The majority, 70% (21 participants), stated that they did remember the Motivator. Participants were then asked what they felt was the best thing about having a Motivator present in their activity session (Table 106 & Table 107).

The comments made relating directly to the Motivator are grouped into the following themes below.

Someone to talk to/ someone to ask

> *"better to have someone talking to you"*
>
> *"bit of banter with the chap XXX"*
>
> *"someone to talk to – more so on the new machines"*
>
> *"usually when not sure – sometimes avoid things but when someone there to ask then very good"*

Friendly/ helpful/ motivate

> *"good guy – asks questions that people don't ask you"*
>
> *"good very friendly and help you"*
>
> *"lightens things up and you can ask questions and he would encourage you to do more"*
>
> *"pleasant and very nice – the first one to offer help but not done anything"*

“give advice on what should do and instil enthusiasm and quite enjoyable”

“smashing, helped with things, showed you what to do”

“to motivate you”

“could get guidance – keep you from overstretching.”

“she was very approachable and knowledge of diet tips”

Good to see someone else who has been through it/ someone of similar age/ similar health problems

“she used to take me into her section – feel not alone someone else has been through it”

“someone who wasn’t an instructor but of similar age certainly”

“the women has a lot of problems but is so positive and helped me a lot”

“he looked very good and reassuring – felt that he was retired and more comfortable talking to him”

One respondent felt that they would usually go to the counsellor or instructor.

3.5.7 Summary

Various behaviours and outcome measures were probed in more depth with the telephone survey of 30 participants who had experienced the Motivator enhancement, at least 6 months after they had completed the Live Active Referral Scheme.

Participants were positive about the Live Active Referral Scheme and the benefits they gained from it. All participants felt that the Live Active Referral Scheme had had an impact on their physical health and 86% (of the 29 participants who felt able to answer) said that the Live Active Referral Scheme had helped them to be independently physically active. When asked about their physical activity levels since completing the scheme, 60% had either increased or maintained their levels of physical activity.

The impact on mental health was also positive, with:

- 67% stating that the Live Active Referral Scheme had an impact on their mental health; and
- 70% stating that the Live Active Referral Scheme had an impact on how they felt about themselves.

The Motivator enhancement was well received by participants, with the benefits of the Motivator including having someone to talk to/ someone to ask, the fact that the Motivator was friendly/ helpful/ motivating and the benefit of seeing someone of a similar age or with similar health problems who had already been through the Live Active Referral Scheme.

3.6 Barriers to accessing the Live Active Referral Scheme and continuing with it

This section uses data from the telephone survey of participants who had completed the Live Active Referral Scheme and the analysis of the database. When looking for barriers to accessing and continuing with the Live Active Referral Scheme, we studied the information in the database regarding the reasons for leaving and this has been reported in 3.3, where medical reasons was the most cited explanation for not completing the scheme by participants who experienced the Motivator enhancement after participants being

uncontactable. The telephone survey provided illuminating data from participants on what had encouraged them to continue and this is discussed below.

3.6.1 Continuing on the Live Active Referral Scheme

Participants who were interviewed by telephone were asked what had helped them to continue or complete the Live Active Referral Scheme. The reasons given were broadly grouped into the following:

- support form the counsellors/ exercise instructors (26%, 7 participants);
- felt better/ felt more positive/ enjoyment (26%, 7 participants);
- support from the people you met at the leisure centre (22%, 6 participants);
- wanted to get healthy (22%, 6 participants);
- support from family/ friends (11%, 3 participants); and
- the consultation with the exercise counsellor (7%, 2 participants).

Only one participant felt that the Motivator helped them to continue or complete the Live Active Referral Scheme and five participants gave very individual answers. Two of these were more general comments, one referred to the ability to undertake exercise encouraging completion, one participant continued on the Live Active Referral Scheme in order to prevent the worsening of an existing health condition and one participant felt that it was part of their nature to complete something once they had started (Table 108).

3.6.2 Disadvantages to participating in the Live Active Referral Scheme

Participants were then asked if they felt that there had been any disadvantages to participating in the Live Active Referral Scheme (Table 109 & Table 110), and only five participants (17%) were able to cite any disadvantages and these were focussed on

- access;

  "..always some, for example can't get access into some of the equipment.."

- cost;

  "cost ...albeit reduced cost – but – to own benefit and don't smoke or drink"

- timing;

  "timing"

- the workings of the machines; and

  "working some of the machines was daunting and sometimes you don't want to ask"

- one comment related to the individual participants feelings.

  "good for those who want to do it but I didn't"

3.6.3 Comments about the Live Active Referral Scheme

Finally participants were asked if they had any additional comments or suggestions they would like to make with regard to the Live Active Referral Scheme (Table 111). These are grouped into themes below.

General positive comments

Seven participants made general, non specific, positive comments regarding the scheme.

"as soon as I can get accepted back into the class (following a health condition) I will be there – very good and enjoy going"

"It is a good scheme and gets a lot of people"

"it is a good thing, glad it is there would miss it if it was not"

Positive comments relating to the running of the scheme

"Think it is running quite well"

"found very good well run"

"very well run, XXX was very good disciplined and organised"

Extension of the scheme

"If they had a follow up after you had completed the programme to encourage you to follow up and motivate you to stay on the scheme – you do get a half price pass."

"Think it is pretty good but not sure if you can go more than once"

"When you start you build up to what you agree is the best way to stay fit and for a year. At the end the intervention just stops so no build down again – sharp stop at the end."

The benefits of the scheme in promoting health and fitness

"Keep it going as long as it can because a lot of guys up there enjoying it and also is good for your health"

"very beneficial to people – initial meeting I could hardly walk up stairs and I lost weight."

"you are encouraged to keep doing things"

"introduced me to the gym and a help – gives you something"

Timings of the scheme

"Good scheme and does work – for me the timings could be better – I was usually leaving when Live Active time and would have a quick chat with the counsellor. I kept in touch regularly"

"My personal opinion is I hate routine – the timing was in the middle of the day and it ruins the rest of the day, I would have preferred a morning – like to think time is your own."

Additional comments

These include comments in relation to:

- the exercise counsellor;
  "girl at xxx is absolutely superb"

- raising awareness of the scheme;
  "I didn't realise it existed and since learning I have recommended it and a number of people I recommended it to have taken up the classes"

- the benefits of meeting other people; and
  "participating and talking to others who had various conditions and ops and they all like it"

- one comment generally positive but highlighting the differing benefits offered to those attending a centre within Glasgow City.
  "There are one or two benefits that seem to operate in the Glasgow area that are not available in East Renfrewshire area – but given cash pensioners and the benefits of encouragement"

3.6.4 Summary

From the database analysis participants who experienced the Motivator enhancement were most likely to leave the Live Active Referral Scheme because of medical reasons (where a definite reason for leaving was known, i.e. the participant could be and was contacted).

Telephone survey participants were all completers of the Live Active Referral Scheme and the most frequent reason given by them for their continuation on the scheme included support from the counsellors/ exercise instructors, felt better/ felt more positive/ enjoyment, support from the people you met at the leisure centre and wanting to get healthy.

Disadvantages of the Live Active Referral Scheme were given by only 5 participants and were specific to each respondent. Four were criticisms related to accessibility within the centres, cost, timings and the working of the machines. Comments and suggestions centred around general positive comments about the Live Active Referral Scheme, the running of the scheme, extension of the scheme, timings of the scheme and the benefits of promoting health and fitness.

3.7 Motivator enhancement – motivators', exercise counsellors' and exercise instructors' views

This section reports the key findings from two focus groups (one with Motivators and the other with the exercise counsellors) and four in-depth interviews with exercise instructors who have had a Motivator present in their class. The first section is a general discussion about the Live Active Referral Scheme, followed by a discussion of the changes and impact brought with the Motivator: its advantages and disadvantages, its effects on the roles of both the exercise counsellor and exercise instructor, along with some suggested improvements to the scheme.

3.7.1 The Live Active Referral Scheme

The discussions started with a general discussion about the Live Active Referral Scheme. These issues will be explored in greater depth in the final report. The focus of this report will be discussions directly related to the Motivator enhancement.

3.7.2 Views from the Motivator focus group

Motivators who participated in the focus group were a mixture of males and females, from across the Greater Glasgow area. All were aged over 50 and the majority were retired from work.

Why did they become a Motivator

The Motivators that participated in the focus group reported a variety of different reasons why they became a Motivator. These include:

- the benefits of seeing someone who had already been through the scheme;

"I enjoy coming to the gym and found that turnover quite high and thought if somebody had been through the scheme before and had first hand experience it might help them to allay any fears"

- having someone of a similar age or who had suffered a similar health condition who would be easier to relate to;

  "broadly on the basis that the counsellor was 23 and I had grey hair and therefore more easy to relate to than the counsellor"

- to prevent new members feeling isolated;

  "Found that when people were coming into the class they were very often isolated – no one would work with them or no one would speak to them. I used to always go and take them into our group – go into the class one day a week and also anyone referred by the counsellor to the gym the four days I am in there."

- to assist the Motivator to stay motivated and to continue with activity; and

  "it has worked perfectly as it ensures that I keep going"

- to fill in time.

  "my daughter was leaving home and I thought it would give me something to do".

What is the role of the Motivator?

The general consensus amongst the group was that there was no set role for the Motivator as this varied greatly depending on the Motivator, exercise counsellor and whether they were gym or class based.

"Responsibility varies from one place to the other – some are just welcoming and others are actually working out themselves and to some degree showing them the workings of the gym ....role varies from Motivator to Motivator and from site to site"

It was also agreed that the Motivator role was determined largely by the exercise counsellor present at the Centre.

"Motivators responsibility to the counsellors differs"

The variety of roles of the Motivator include:

- setting up equipment;

  "my job is to ensure seats and equipment set out"

- ensuring the notice board is up to date;

  "notice board up to date..."

- to assist only; and

  "you are there to assist not to show them – we wouldn't make any decisions refer back to the counsellor"

- to represent the views of participants.

"if you don't like to say to the counsellor you can say to the Motivator and they will say to the counsellor"

All of the Motivators agreed that they got adequate support from the Live Active Referral Scheme in order to carry out their roles. It was also noted that given the age and life experience of the majority of those in the role of the Motivator that the level of support was minimal and it was a more a relationship based on mutual communication.

"Overall feel that they get adequate support – age and lifestyle to a level where we don't so much need help."

Benefits of the Motivator

The role of the Motivator was felt to benefit the participants, the exercise counsellors/instructors and gym staff, and the Motivators themselves.

The benefits to the participants include:

- giving back some of the benefits the Motivator gained whilst on the scheme;

  "Try to give a little bit back of what someone gave to you"

- encouraging participants to stay on the programme; and

  "encourage them to stay by making them feel welcome and then there is a face that they know..."

- to ensure that participants are managing adequately.

  "Important thing – I believe lead by example – if someone comes into the class you work at their level not at you own level. We have all ages and they all work at their own levels. Although I may be working with a group I also keep an eye out to ensure everyone going ok"

The benefits to the exercise counsellors/instructors and gym staff include:

- acting as an assistant, supporting the counsellor; and

  "...work with them and accompany them and follow whatever their instructions are.."

- taking on the role of 'spotter' within the gym and class setting.

  "I have seen people using machines wrong and I'll say to the gym staff will you go for a walk round and see if they are using that properly"

The personal benefits gained through acting as a Motivator include;

- benefits to their own physical health; and

  "big difference to my own physical health"

- the satisfaction gained from helping others.

  "You get a lot of satisfaction from taking someone – I had someone in a wheelchair who had never been in a gym in his life but he completed the 12 months and now joined the gym and comes three times a week."

Disadvantages and future recommendations

The group felt that there were no disadvantages to being a Live Active Motivator and all were satisfied with the way the Live Active Referral Scheme managers were running the programme. Hence, no recommendations were made as all felt that any suggestions put forward were actioned.

> *"The way XXX runs her class and the meetings that we have we are all quite able to tell her if we agree or disagree, she listens and things happen"*

3.7.3 Views from the exercise counsellor focus group

Exercise counsellors who took part in the focus group were a mixture of males and females and worked across a range of leisure centres in the Greater Glasgow area. They were aged 25 – 35 and this was their main full time role.

The role and benefits of the Motivator

The exercise counsellors likened the role of a Motivator to that of a classroom assistant. They reported benefits including:

- an extra pair of hands, allowing the exercise counsellors to focus their attention on those requiring it:

  "Makes such a difference because you can spend the time with new people and the people that need it instead of spending time running around."

- acting as an appropriate 'look out'; and

  "Fabulous as look out as well – tell you who hasn't been for a while so know who to chase".

- keeping the exercise counsellors up to date with attendance in classes and any issues arising.

  "Communication – it is a process to allow you to find out information – the Motivator communicates any problems to you"

As with the Motivators themselves, the exercise counsellors also felt that there were a number of benefits to the participants themselves, including:

- seeing someone with the similar health problems; and

  "seeing someone with the same problem"

  "One benefit is those who come through PCR are very nervous and one of the Motivators has been through the PCR and good to see"

- having someone of a similar age who they can relate to.

  "If look at someone of a similar age to the participants then happier and more confident"

The exercise counsellors also recognised that the Motivator programme offered a number of benefits to the Motivators themselves, including:

- improving confidence;

  "improves confidence and they get to see the client progress same as we do"

- viewing it as a job;

  "see it as a job – often go and get a volunteering job"

- assisting with their own physical activity levels; and

  "helps the Motivator with their activity – I am still giving the Motivator support"

- it allows them to give something back to the scheme.

  "it is also about giving something back to a scheme that gave them something"

Disadvantages and future recommendations

The only disadvantage cited by the exercise counsellors was that there were not enough of them.

> *"Not enough of them – one commented that they would like more"*

It was suggested that this, in turn led to the exercise counsellors recommending a class purely as a result of the presence of the Motivator.

> *"restricted if the Motivator is in a particular class then you find yourself recommending the class just because of the Motivator"*

There were a number of recommendations made by the exercise counsellors regarding the future development of the Live Active Motivator enhancement. The three main areas were with regards to:

- increasing the number of Motivators;

  "more of them is definitely one of the options"

- continuing to provide training, whilst ensuring that you are not training them above their role; and

  "continued training for them as well – more for their benefit"

  "Have to be careful that we do not cross the line – i.e. give them the tools that we don't want them to use e.g. gym instructors"

- widening the demographics of the Motivators.

  "if possible a wider age of people – there is a common age group i.e. retired at the moment and just about to introduce an evening session for employed therefore good to have a younger Motivator"

3.7.4 Views from the exercise instructors semi structured interviews

The exercise instructors interviewed were all female and each worked in several leisure centres across Glasgow.

The role and benefits of the Motivator

A number of the exercise instructors were not aware of exactly what the role of the Motivator was. From experience and practice they described the role of the Motivator as that of an assistant to the exercise instructor assisting with:

- the meeting and greeting;

  "Motivators (some do this) stand outside and meet and greet people (especially useful for new clients who might be nervous)…."

- making participants welcome and allaying any fears;

  "Motivator knows all by their first name and has a very good manner, welcomes all new clients and organises the teas and coffees"

- the scheduling by reminding the exercise instructor of what the programme is for the class; and

  "The Motivator also reminds me what is on next week (because I always forget to check the board) so I can ensure that I have the equipment I need with me, for example if we are going to be using resistance bands"

- the initial class set up.

  "Motivator sets up all the equipment and ensures it is safe which is a great help"

The role of the Motivator is seen by the exercise instructors as being beneficial in:

- highlighting the benefits of the scheme; and

  "The Motivator in the class really plugs the benefits of the scheme…"

- in providing a link between participants, exercise instructors and exercise counsellors

  "A lot of the classes are self motivated but as more come through the scheme they are more important as link between centre and class participants. The instructor and counsellors are not always in the centre and often only see a counsellor every six months so they provide a link…"

Disadvantages and recommendations

All of the exercise instructors who participated in the interviews were happy with 'their' Motivator and felt that there were little or no disadvantages.

"Again dependent on the person – the Motivator here is very good."

In particular, in relation to the Motivators' interaction with clients and with the exercise instructors themselves, although a number did suggest that one potential disadvantage could be if a Motivator tried to take over or advise participants on areas outwith their remit.

"…but for example if they were giving out health and exercise advice that would be beyond their role and knowledge"

One exercise instructor did suggest that a possible disadvantage to the Motivators themselves was that they were in a 'limbo land', not a participant and not a member of staff, and that they were not financially rewarded for their time. It was acknowledged, that the Motivators appear happy with this arrangement.

The exercise instructors knew little about the exact role of the Motivator or the training provided and as a result had very few recommendations.

The recommendations put forward included:

- the Live Active Referral Scheme should provide a clearer definition of the Motivator role to the exercise instructors;

  "it would help to have a clearer idea of what the exact role is"

- ensuring through training that the Motivator has a clear idea of where their role starts and finishes.

  "as long as they are aware of where their role starts and finishes"

3.7.5 Summary

The role of the Motivator is varied dependent on the exercise counsellor or whether the Motivator is gym or class based and the exact role is not always clearly defined to exercise instructors.

The focus group discussions with the Motivators and exercise counsellors and the semi structured interviews with the exercise instructors highlighted a number of benefits of the Motivator programme. These are grouped in three main categories:

- benefits to participants;
- benefits to the Live Active Referral Scheme and the staff; and
- benefits to the Motivators themselves.

The Motivator group saw no disadvantages and felt that there was no need for any recommendations for future development.

There were only three disadvantages to the Motivator enhancement suggested by the exercise counsellors and exercise instructors.

4 Conclusions & next steps

4.1 Conclusions

This part of the study explores the differences between the Live Active participants who experienced the Motivator enhancement and those who did not. The key conclusions are as follows.

Who refers to the scheme and at what level

Examination of the database for the period between June 2007 and November 2007 inclusive showed that:

- a significantly lower proportion of participants who experienced the Motivator enhancement were referred via the LR route than participants who did not experience the Motivator enhancement; and
- a significantly higher proportion of participants who experienced the Motivator enhancement were referred via the PCR route than participants who did not experience the Motivator enhancement.

These differences in referral type may go some way to explaining the differences in the referrer, with:

- a significantly lower proportion of participants who experienced the Motivator enhancement being referred by their GP than participants who did not experience the Motivator enhancement; and
- a significantly higher proportion of participants who experienced the Motivator enhancement being referred by any of the following: practice nurse; physiotherapist; cardiologist than participants who did not experience the Motivator enhancement.

Profile of participants

Compared to participants who did not experience the Motivator enhancement, participants who experienced the Motivator enhancement were significantly more likely to be:

- aged 45 or over;
- reported in their referral form as having a physical or mental limitation which would make exercise programmes difficult;
- reported in their referral form as not having joint pains or conditions;
- retired, suffering from ill health or disability, or retired for medical reasons;
- reporting taking regular physical activity.

This highlights the groups that the Motivator enhancement has so far failed to engage with and possible groups that it should be taking steps to engage with in future. These are predominantly people under 45, people without physical or mental limitations which would make exercise programs difficult, people with joint pains or conditions, and those who were in employment or students. However, the timing of the Motivator classes and sessions may restrict the ability to attract those in employment or students.

Live Active Referral Scheme completion

The data show that participants who experienced the Motivator enhancement are less likely to drop out of the Live Active Referral Scheme than participants who did not experience the Motivator enhancement. As was the case with the First Steps programme, if the hypothesis is that completion of the Live Active Referral Scheme is preferable to non or partial completion for a participant's health and wellbeing, the Motivator enhancement makes a significant contribution in this respect.

Impact on outcome measures

There appeared no outcome measures for which participants who experienced the Motivator enhancement achieved significantly different performance from those participants who did not experience the Motivator enhancement. The analysis looked at weight, BMI, systolic and diastolic blood pressures, HADS Anxiety and Depression, Physical Activity Recall and Health State Scale metrics.

Long term behavioural changes and benefits

Based on our discussions with 30 participants who experienced the Motivator enhancement, participants were positive about the Live Active Referral Scheme and the benefits gained from it. All participants felt that the Live Active Referral Scheme had had an impact on their physical health and the majority said that the Live Active Referral Scheme had helped them to be independently physically active. When asked about their physical activity levels since completing the scheme, the majority had either increased or maintained their levels of physical activity.

The impact on mental health was also positive, with the majority stating that the Live Active Referral Scheme had an impact on their mental health and on how they felt about themselves.

The Motivator enhancement was well received by participants, with the benefits of the Motivator including having someone to talk to/ someone to ask, the fact that the Motivator was friendly/ helpful/ motivating and the benefit of seeing someone of a similar age or with similar health problems who had already been through the Live Active Referral Scheme.

The above insights should be of value to the programme providers for marketing and promotional purposes, should the intention be to increase the uptake of the Motivator enhancement.

Views from the Motivators, Live Active exercise counsellors and exercise instructors

The focus group discussions with the Motivators and exercise counsellors and the semi structured interviews with the exercise instructors highlighted a number of benefits of the Motivator enhancement. These are grouped in three main categories:

- benefits to participants;
- benefits to the Live Active Referral Scheme and the staff; and
- benefits to the Motivators themselves.

The benefits gained by the participants as a result of the Motivator relate to the presence of a role model, someone of a similar age and/ or with similar health problems whom they can relate to, the help/ assistance and motivation provided, and the encouragement the presence of the Motivator provides which in turn encourages continuation and completion of the Live Active Referral Scheme.

The Live Active Referral Scheme and staff benefit from the Motivator enhancement as one of the main functions of the Motivator is to act as an assistant to the exercise counsellor and instructor by assisting with class set up, notice board up-keep and acting as a 'spotter'.

The final benefits were those that the Motivators gain as a result of their participation. These included the satisfaction of helping someone, encouragement to maintain their own physical activity levels and the opportunity to give something back.

The Motivator group saw no disadvantages and felt that there was no need for any recommendations for future development.

There were only three disadvantages to the Motivator enhancement suggested by the exercise counsellors and exercise instructors, these being:

- the limited number of Motivators;
- the tendency to favour a particular class due to the presence of the Motivator; and
- the risk of the Motivator trying to take over or advise clients on areas outwith their remit.

Recommendations for the future development of the Motivator enhancement suggested by the exercise counsellors included:

- increasing the number of Motivators;
- continuing to provide training;
- widening the demographics of the Motivators.

The exercise instructors felt that recommendations for the future development would help ensure that exercise instructors were provided with a clear definition of the role of the Motivator and that the Motivator in turn had a clear idea of where their role starts and finishes.

4.2 Next steps

This is the fourth in a series of reports assessing the Live Active Referral Scheme. An amalgamation of the impacts of the changes made to the Live Active Referral Scheme and a fuller exploration of the non adherers to the Live Active Referral Scheme will be presented in an overall final report.

Appendices

Appendix 1	Telephone survey questionnaire
Appendix 2	Telephone survey information sheet
Appendix 3	Telephone survey consent form
Appendix 4	Exercise counsellors topic guide
Appendix 5	Motivators topic guide
Appendix 6	Exercise instructors topic guide
Appendix 7	Database analysis tables

Appendix 1 Telephone Survey questionnaire

LIVE active
EXERCISE REFERRAL SCHEME

FMR RESEARCH

Contract No: **2615**
Contract Name: **Live Active Exercise Referral Scheme**
Type of survey: **Patients' Telephone Questionnaire – Motivator**

Introduction

READ OUT
"Good morning/afternoon/evening, my name is _______________ from FMR Research. I am undertaking a survey on behalf of the NHS Greater Glasgow and Clyde on the Live Active exercise referral scheme. Thanks for agreeing to help. Could you please spare 10-15 minutes to give me your views now? All your answers will be in strict confidence."

COLLECT RESPONDENT DETAILS:
EXPLAIN THAT THERE IS A ONE IN TEN CHANCE THAT A SUPERVISOR MAY PHONE TO CONFIRM THE ACCURACY OF THE INTERVIEW.

Respondent Name	
Address	
Full Post Code	
Telephone Number	
email address	

Scheme ID No.	
Centre attended	

CLOSE INTERVIEW BY READING OUT STATEMENT:

"Thank you very much for your help. Can I assure you once again that the information you have given will be treated as absolutely confidential and will only be used for the purposes of evaluation of the programme."

INTERVIEWER DECLARATION:
I declare that this interview was carried out according to instructions, within the Market Research Society's Code of Conduct, and that the respondent was not previously known to me.

Interviewer Name	
Signature	
Date	

Section 1 - How you first found out about the scheme

1. How did you hear about the Live Active exercise referral scheme?

Recommended by GP	1
Recommended by practice nurse	2
Recommended by physiotherapist	3
Recommended by friend/relative	4
Asked my GP for advice or help	5
Saw advertising/posters/leaflets	6
Recommended by cardiology departments	7
Other (please state below)	8

2. Who booked your first appointment on the Live Active exercise referral scheme?

You	1
Your GP	2
Your physiotherapist	3
Practice nurse	4
Doctor's receptionist	5
Other (please state below)	6

Section 2

This part of the questionnaire is designed to help us know how you feel. You may remember answering these questions during your exercise consultations. Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

(**For our information only** – questions to anxiety are indicated by an 'A' while those relating to depression are shown by a 'D'. Scores of 0-7 in respective subscales are considered normal, with 8-10 borderline and 11 or over indicating clinical 'caseness'.)

1. I feel tense or 'wound up': A

Most of the time	3
A lot of the time	2
Time to time, occasionally	1
Not at all	0

2. I still enjoy the things I used to enjoy: D

Definitely as much	0
Not quite so much	1
Only a little	2
Not at all	3

3. I get a sort of frightened feeling like something awful is about to happen: A

Very definitely and quite badly	3
Yes, but not too badly	2
A little, but it doesn't worry me	1
Not at all	0

4. I can laugh and see the funny side of things: D

As much as I always could	0
Not quite so much now	1
Definitely not so much now	2
Not at all	3

5. Worrying thoughts go through my mind: A

A great deal of the time	3
A lot of the time	2
From time to time but not too often	1
Only occasionally	0

6. I feel cheerful: D

Not at all	3
Not often	2
Sometimes	1
Most of the time	0

7. I can sit at ease and feel relaxed: A

Definitely	0
Usually	1
Not often	2
Not at all	3

8. I feel as if I am slowed down: D

Nearly all of the time	3
Very often	2
Sometimes	1
Not at all	0

9. I get a sort of frightened feeling like 'butterflies in the stomach': A

Not at all	0
Occasionally	1
Quite often	2
Very often	3

10. I have lost interest in my appearance: D

Definitely	3
I don't take as much care as I should	2
I may not take quite as much care	1
I take just as much care as ever	0

11. I feel restless as if I have to be on the move: A

Very much indeed	3
Quite a lot	2
Not very much	1
Not at all	0

12. I look forward with enjoyment to things: D

As much as I ever did	0
Rather less than I used to	1
Definitely less than I used to	2
Hardly at all	3

13. I get sudden feelings of panic: A

Very often indeed	3
Quite often	2
Not very often	1
Not at all	0

14. I can enjoy a good book or radio or TV programme: D

Often	0
Sometimes	1
Not often	2
Very seldom	3

For interviewer to complete after:

HADS Summary

A/D	Number
A	
D	

Section 3

15. How much physical activity SHOULD you do in a week to gain health benefits? DO NOT PROMPT – the correct answer is 'accumulate 30 minutes of moderate physical activity most days' – record people's closeness to this answer.

Length of activity ______________________________

Intensity of activity ______________________________

Frequency of activity ______________________________

Other response ______________________________

7 day PAR

Physical activity is any activity which raises your heart rate enough to make you feel warm and slightly out of breath. At this intensity you should still be able to talk without feeling too breathless.

Regularly physically active relates to:

- Exercise e.g. aerobics, gym, activities etc for 2-3 times per week, hillwalking for at least 2 hours/once per week
- Sport e.g. golf, hockey, football, netball etc for 2-3 times per week for at least 20 minutes.
- General activity e.g. walking, gardening etc accumulating to at least 30 minutes, 4-5 times per week

16. Which of the following categories best describes how physically active you have been over the last six months?

I am not regularly physically active and do not intend to be so in the next 6 months	1
I am not regularly physically active but am thinking about starting to be in the next 6 months	2
I do some physical activity but not enough to meet the description of regular physical activity	3
I am regularly physically active but only began in the last 6 months	4
I am regularly physically active and have been so for longer than six months	5

17. The following questions relate to your physical activity over the previous week. Please try to think carefully and be as accurate as possible with your answers. In the past week, how many minutes did you spend each day…?
ENTER NO. OF MINUTES IN RELEVANT BOX

	Day	**Mon**	**Tues**	**Wed**	**Thur**	**Fri**	**Sat**	**Sun**
a	Activity at work: walking at work							
b	Activity at work: manual labour							
c	Walking outwith work: e.g. walking the dog, walking for pleasure, to the shops, up and down stairs etc							
d	Active housework: hoovering, scrubbing floors, making beds, hanging washing etc							
e	Gardening and DIY: cutting grass, decorating, washing car, digging etc							
f	Dancing							
g	Cycling (to work or for pleasure)							
h	Sport, leisure activity or training – 'Centre' based activity							
i	Sport, leisure activity or training – home based exercise							
j	Any other activities – please state what:							

WE ARE NOW GOING TO ASK YOU SOME QUESTIONS USING A SCALE OF 0 TO 100
0 IS THE LOWEST OR WORST STATE YOU CAN IMAGINE AND 100 IS THE HIGHEST OR BEST STATE YOU CAN IMAGINE

18a. On a scale of 0 to 100 how do you feel about your physical health today?

18b. Do you feel the scheme has had an impact on your physical health?

Yes	1
No	2

18c. If yes, in what way? DO NOT PROMPT

Lost weight	1
Lowered blood pressure	2
Increased physical fitness/stamina	3
Increased mobility/flexibility	4
Increased strength	5
Sleeping better	6
Feel healthier	7
Helped with a particular physical health problem	8
Changed eating habits	9
Improve body shape	10
More energy	11
Other (please specify below)	12

19a. On a scale of 0 to 100 how do you feel about your mental health today?

19b. Do you feel the scheme has had an impact on your mental health?

Yes	1
No	2

19c. If yes, in what way? DO NOT PROMPT

Less depressed	1
Feel less isolated	2
More positive outlook	3
Less stressed	4
Less anxious	5
Other (please specify below)	6

20a. On a scale of 0 to 100 how confident do you feel that you could be independently physically active?

20b. Do you feel the scheme has had an impact on your confidence to be independently physically active?

Yes	1
No	2

20c. If yes, in what way? DO NOT PROMPT

Encouraged/enabled/motivated to do more/other forms of exercise	1
Increased self confidence	2
Fitter/stronger	3
Knowledge/apprehension/embarrassment removed	4
Other (please specify below)	5

21a. Do you feel the scheme has had an impact on your relationships with others?

Yes	1
No	2

21b. If yes, in what way? DO NOT PROMPT

Mood	1
Made new friends	2
More sociable	3
Getting out of the house	4
Happier/positive outlook	5
Other (please specify below)	6

22a. Do you feel the scheme has had an impact on how you feel about yourself?

Yes	1
No	2

22b. If yes, in what way? DO NOT PROMPT

Increased self confidence	1
More positive outlook	2
Sense of achievement	3
Improved feeling of wellbeing/relaxation/health	4
Less self conscious	5
More self respect	6
Feeling better about my body	7
Other (please specify below)	8

23a. Do you feel there have been other benefits from participating in the scheme?

Yes	1
No	2

23b. If yes, what are they? DO NOT PROMPT

Enjoyed the company/working in a group/meeting others	1
Meeting people with the same problem	2
Introduced me to different types of exercise	3
Saved money	4
The structure of the scheme	5
Other (please specify below)	6

24. What helped you to continue/complete the scheme? DO NOT PROMPT

Consultation with Physical Activity Counsellor	1
Support from Counsellors	2
Support from people you met at the leisure centre	3
Support from GP	4
Support from health professionals	5
Information from health professionals	6
I wanted to get healthy	7
Support from family/friends	8
The First Steps social support class	9
Other (please specify below)	10

25a. Do you feel there have been any disadvantages to participating in the scheme?

Yes	1
No	2

25b. If yes, what are they? DO NOT PROMPT

Depending on family/friends to attend at the same time	1
Not enough contact between appointments	2
Referral Officer changed to often	3
Other (please specify below)	4

Motivator

27a. Do you remember the Motivator element of the Live Active scheme?

Yes	1
No	2

27b. What was the best thing about the Motivator scheme?

____

____

27c. What improvements (if any) do you recommend for the Motivators?

____

____

28. Since you completed the scheme six months ago would you say your physical activity levels have:

Stayed the same	1	***Go to Q29***
Decreased	2	***Go to Q30***
Increased	3	***Go to Q31***

If physical activity levels are the same as those recorded at the 12 month stage of scheme

29. What has helped you to stay physically active since you completed the scheme 6 months ago?

Concern for health	1
Socialising	2
The routine of exercise	3
Interest	4
Enjoyment	5
Other (please specify below)	6

If physical activity levels are less than those recorded at the 12 month stage of the scheme

30. What has caused your physical activity levels to decrease since you completed the scheme 6 months ago?

Injuries	1
Not making the time (work commitments etc.)	2
Lack of support	3
Other (please specify below)	4

If physical activity levels are greater than those recorded at the 12 month stage of the scheme

31. What has motivated you to increase your physical activity levels since you completed the scheme 6 months ago?

Enjoyment of the Live Active Process	1
Appreciating the health benefits	2
Concerns for own health	3
Understanding the importance of being fit	4
Other (please specify below)	5

32. Do you intend to maintain your present levels of physical activity?

Yes – do more	1
Yes – stay the same	2
No – do less	3
No – stop all activity	4

33. Are there any other comments or suggestions that you would like to make with regard to the Live Active Exercise Referral scheme?

____

____

Section 4

More about you

34. Gender

Male	1
Female	2

35. Into which of these age bands do you fall?

16-24	1
25-34	2
35-44	3
45-54	4
55-64	5
65+	6

36. How would you describe your cultural or ethnic background?

White – Scottish	1
White – Irish	2
White – other British	3
White – other background	4
Mixed background	5
Chinese	6
Indian	7
Pakistani	8
Bangladeshi	9
Other Asian	10
Black Caribbean	11
Black African	12
Other Black	13
Other (please specify below)	14

37. Do you consider yourself to have a disability?

Yes	1
No	2

COLLECT RESPONDENT DETAILS AND CLOSE INTERVIEW BY READING OUT STATEMENT:

"Thank you very much for your help. Can I assure you once again that the information you have given will be treated as absolutely confidential and will only be used for the purposes of reporting on the evaluation of the Live Active exercise referral scheme."

Appendix 2 Telephone survey information sheet

6 February 2008

Dear

LIVE ACTIVE – EVALUATION

We are writing to you following your involvement in the Live Active exercise referral programme.

If you do not remember anything about the exercise referral scheme this might jog your memory. You will have spoken with your GP, practice nurse or physiotherapist about being more active and they will have completed a form that was sent to the exercise counsellor at your local leisure centre. You will then have had a one to one chat with the exercise counsellor at the leisure centre before starting to exercise and come back for follow up appointments at the 6 and 12 month stages of the scheme.

You are invited to participate in the evaluation of Live Active, and in particular the social support aspect of the programme called Motivator, by agreeing to take part in a short telephone interview. Independent consultants, FMR Research, have been commissioned by NHS Greater Glasgow and Clyde, to evaluate the impact of the programme and the impact of the enhancements made to the scheme. As part of this evaluation, we are keen to speak to some of the participants who have been involved with Live Active and Motivator, to gain their views about the scheme.

We would appreciate conducting a telephone interview with you. Before you decide whether or not to participate, please take the time to read the following information. Please get in touch with the people listed at the end of this information sheet if you would like to ask any questions or to discuss it further.

Purpose of study
The purpose of the study is to identify the impact of the Live Active scheme and of the various changes made to the scheme.

What will happen?

If you would like to participate, please complete the attached consent form and return it to the Live Active scheme/FMR Research. We will then arrange a good time for you to be interviewed by one of the FMR Research team. The interview will last for around fifteen minutes and can be arranged at a time suitable to you. With your agreement, notes will be taken during the interview and your views may be used to highlight findings in the final report. However, anything you say will not be identifiable to you – everything will be anonymous.

Do you have to take part?

No – it is up to you to decide whether or not to take part. If you decide to take part you are free to withdraw at any time and without giving a reason. If you do not wish to take part, it won't affect your use of the scheme.

Confidentiality

Everything you say will be treated as confidential and no one beyond FMR Research will be able to identify anything you have said.

What then?

The results will be presented in a report to NHS Greater Glasgow and Clyde. It is anticipated that the findings will be ready in 2009.

Yours sincerely

Fiona Hamilton
Health Promotion Officer (Physical Activity)
Health Improvement Team (Acute Planning)
NHS Greater Glasgow and Clyde
Telephone: 0141 201 4756

Hugh McNish
Live Active Exercise Referral Manager
Cultural and Leisure Services
Glasgow City Council
Telephone: 0141 287 0238

Appendix 3 Telephone survey consent form

LIVE active
EXERCISE REFERRAL SCHEME

Live Active Exercise Referral - evaluation

Please tick the relevant boxes:

	YES	**NO**
I have read the information about the Live Active evaluation.		
I have the opportunity to ask questions about this study.		
I understand that I have the right to withdraw from this study at any stage without having to give a reason.		
I understand that any information that I provide is completely confidential.		
I agree to quotes of what I say perhaps being used in the final report, but that these will not be identifiable to me.		
I agree to participate in this study.		

Signature ____________________

Print your name ____________________

Contact phone number ____________________

Date ____________________

When are the most convenient times to contact you?

Weekday Morning (9-12 am) ❑ Weekend ❑
Afternoon (12-5 pm) ❑
Evening (6-8 pm) ❑

If you would like to receive a summary of the final report, please write your address here:

Postal address

or

E mail address

____

Appendix 4 Exercise counsellors topic guide

FMR RESEARCH
FMR RESEARCH LTD
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2615: Live Active Exercise Referral Scheme

EXERCISE COUNSELLORS TOPIC GUIDE

Introductions and background to the research.

1. Overall, how would you rate the effectiveness of the Live Active Exercise Referral Programme? Why do you say that?

2. What is your view of the Live Active First Steps programme (social support enhance scheme)? Why do you say that?

3. What impact have the Live Active First Steps (social support enhanced scheme) had on the scheme?

4. What impact has first steps had on –

   a. you and your work?
   b. the patients/clients?

5. What could be further improved with regards to Live Active First Steps?

6. What is your view of the Live Active Motivator project? Why do you say that?

7. Overall what impact or benefits has the Live Active Motivator project had on
   a. You and your work?
   b. The patients/clients?
   c. The motivators themselves?

8. What negative points or disadvantages are there to the introduction of the Live Active Motivator project on
   a. You and your work?
   b. The patients?
   c. The motivators themselves?

9. What recommendations would you make (if any) with regard to the Live Active Motivators? And what difference would these recommendations make?

10. One of the issues for Live Active is the drop-off in the number of participants from referral to baseline, and beyond. What else could be done to reduce this?

11. What are your comments on the way that the Live Active Exercise Referral Scheme is organised and managed?

12. Are there any further improvements that could be made to the Live Active Scheme?

Thank and close

CO. NUMBER SC141767

Appendix 5 Motivators topic guide

2615: Live Active Exercise Referral Scheme

LIVE ACTIVE MOTIVATORS TOPIC GUIDE

Introductions and background to the research.

1. Why did you decide to become a Live Active Motivator? What influenced your decision to become a Live Active Motivator?

2. How did you get involved as a Live Active Motivator?

3. What is your current role as a Live Active Motivator and how do you see your role within the Live Active Referral Scheme? Role model? Support? A good example?

4. Do you feel confident in your role?

5. Do you feel you are provided with adequate support to be a Live Active Motivator? Could this be improved? What type of support would you like, if any?

6. What impact do you feel you make as a Live Active Motivator? (Facilitator probe for examples)

7. Has being a Live Active Motivator had an impact on your own health or lifestyle? Or on you personally? Has it made a difference to your physical activity levels/eating habits etc.?

8. Are there any benefits to being a Motivator? If so, what are they?

9. Are there any disadvantages to being a Live Active Motivator? If so, what are they?

10. What recommendations would you make (if any) about:

    a. Your role as a Motivator
    b. The Motivator training
    c. Your interaction with clients (initial introductions etc.)
    d. Your interaction with other exercise professionals

11. What difference would these recommendations make?

12. Do you have any further comments or suggestions about Live Active in general or the Live Active Motivator role specifically?

Thank and close

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Appendix 6 Exercise instructors topic guide

2615: Live Active Exercise Referral Scheme

EXERCISE INSTRUCTORS MOTIVATOR SCHEME - TOPIC GUIDE

Introductions and background to the research.

1. What do you think about the Live Active Exercise Referral Scheme in general?

2. Tell us a bit about your role and your responsibilities with clients and how your role fits in with the Motivators?

3. Has the introduction of the motivators made a difference to your role? If so, in what ways (facilitator probe for examples)

4. What, if any, benefits do the Motivators bring?

5. Are there any disadvantages to the Motivators? If so, what are they?

6. What recommendations would you make (if any) about:

    e. The Motivator role
    f. The Motivator training
    g. Their interaction with clients (initial introductions etc.)
    h. Your interaction with the Motivators

7. What difference would these recommendations make?

8. Do you have any further comments or suggestions?

Thank and close

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Appendix 7 Database analysis tables

Table 1 Referral type

	Motivator participant					
	Total		Yes		No	
	No.	%	No.	%	No.	%
LR	4310	88%	113	76%	4197	88%
ETT	259	5%	8	5%	251	5%
PCR	344	7%	28	19%	316	7%
Total	4913	100%	149	100%	4764	100%

Table 2 Pearson Chi-Square Tests

	Motivator participant
Chi-square	32.984
df	2
Sig.	.000*

Results are based on nonempty rows and columns in each innermost subtable.

*. The Chi-square statistic is significant at the 0.05 level.

Table 3 Referral source

	Motivator participant					
	Total		Yes		No	
	No.	%	No.	%	No.	%
GP	1668	60%	58	48%	1610	60%
Physio	509	18%	36	30%	473	18%
Practice Nurse	414	15%	21	18%	393	15%
Self	285	10%	11	9%	274	10%
Cardiologist	62	2%	6	5%	56	2%
Other	101	4%	0	0%	101	4%
Total	2796	100%	120	100%	2676	100%

Table 4 Person Chi-Square Tests

	Motivator participant
Chi-square	28.436
df	6
Sig.	.000*

Results are based on nonempty rows and columns in each innermost subtable.

*. The Chi-square statistic is significant at the 0.05 level.

Table 5 **Gender**

	Motivator participant					
	Total		Yes		No	
	No.	%	No.	%	No.	%
Male	2076	42%	63	42%	2013	42%
Female	2832	58%	86	58%	2746	58%
Total	4908	100%	149	100%	4759	100%

Table 6 Person Chi-Square Tests

	Motivator participant
Chi-square	.000
df	1
Sig.	.997

Results are based on nonempty rows and columns in each innermost subtable.

Table 7 Age

	Motivator participant					
	Total		Yes		No	
	No.	%	No.	%	No.	%
16-24	192	6%	6	4%	186	6%
25-44	1130	34%	28	19%	1102	35%
45-64	1506	45%	65	44%	1441	45%
65+	503	15%	50	34%	453	14%
Total	3331	100%	149	100%	3182	100%

Table 8 Person Chi-Square Tests

	Motivator participant
Chi-square	46.617
df	3
Sig.	.000*

Results are based on nonempty rows and columns in each innermost subtable.

*. The Chi-square statistic is significant at the 0.05 level.

Table 9 Age (grouped)

	Motivator participant					
	Total		Yes		No	
	No.	%	No.	%	No.	%
16-44	1326	40%	34	23%	1292	41%
45+	2009	60%	115	77%	1894	59%
Total	3335	100%	149	100%	3186	100%

Table 10 Person Chi-Square Tests

	Motivator participant
Chi-square	18.690
df	1
Sig.	.000*

Table 11 CHCP

	Motivator participant					
	Total		Yes		No	
	No.	%	No.	%	No.	%
East Glasgow	437	9%	30	20%	407	9%
East Dunbartonshire	636	13%	2	1%	634	14%
East Renfrewshire	513	11%	27	18%	486	10%
North Glasgow	546	11%	19	13%	527	11%
Other areas	69	1%	3	2%	66	1%
South East Glasgow	547	11%	13	9%	534	11%
South Lanarkshire	376	8%	2	1%	374	8%
South West Glasgow	721	15%	11	7%	710	15%
West Glasgow	666	14%	36	24%	630	14%
West Dunbartonshire	286	6%	6	4%	280	6%
Total	4797	100%	149	100%	4648	100%

Table 12 Person Chi-Square Tests

	Motivator participant
Chi-square	73.417
df	9
Sig.	.000*

Results are based on nonempty rows and columns in each innermost subtable.

*. The Chi-square statistic is significant at the 0.05 level.

Table 13 15% SIMD - all areas

	Motivator participant					
	Total		Yes		No	
	No.	%	No.	%	No.	%
Yes	1718	38%	63	44%	1655	38%
No	2785	62%	81	56%	2704	62%
Total	4503	100%	144	100%	4359	100%

Table 14 Person Chi-Square Tests

	Motivator participant
Chi-square	1.975
df	1
Sig.	.160

Results are based on nonempty rows and columns in each innermost subtable.

Table 15 Does patient have physical or mental limitations?

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Does patient have any physical or mental limitations which would make exercise programs difficult?	Yes	2580	60%	87	78%	2493	60%
	No	1688	40%	25	22%	1663	40%
	Total	4268	100%	112	100%	4156	100%

Table 16 Person Chi-Square Tests

		Motivator participant
Does patient have any physical or mental limitations which would make exercise programs difficult?	Chi-square	14.280
	df	1
	Sig.	.000*

Results are based on nonempty rows and columns in each innermost subtable.

a. More than 20% of cells in this subtable have expected cell counts less than 5. Chi-square results may be invalid.

b. The minimum expected cell count in this subtable is less than one. Chi-square results may be invalid.

*. The Chi-square statistic is significant at the 0.05 level.

Table 17 Does patient have joint pains or conditions?

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Does patient have joint pains or conditions?	Yes	1012	21%	47	32%	965	20%
	No	3901	79%	102	68%	3799	80%
	Total	4913	100%	149	100%	4764	100%

Table 18 Person Chi-Square Tests

		Motivator participant
Does patient have joint pains or conditions?	Chi-square	11.255
	df	1
	Sig.	.001*

Results are based on nonempty rows and columns in each innermost subtable.

a. More than 20% of cells in this subtable have expected cell counts less than 5. Chi-square results may be invalid.

b. The minimum expected cell count in this subtable is less than one. Chi-square results may be invalid.

*. The Chi-square statistic is significant at the 0.05 level.

Table 19 Does patient smoke?

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Low risk referral Does patient smoke?	Yes	693	22%	18	20%	675	22%
	No	2402	78%	70	80%	2332	78%
	Total	3095	100%	88	100%	3007	100%

Table 20 Does patient have chest problems?

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Does patient have chest problems?	Yes	530	11%	18	12%	512	11%
	No	4383	89%	131	88%	4252	89%
	Total	4913	100%	149	100%	4764	100%

Table 21 Is your patients blood pressure greater than 160/90?

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Is your patients blood pressure greater than 160/90?	Yes	560	13%	20	18%	540	13%
	No	3640	87%	92	82%	3548	87%
	Total	4200	100%	112	100%	4088	100%

Table 22 Does patient drink alcohol?

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Low risk referral Does patient drink alcohol?	Yes	1332	27%	53	36%	1279	27%
	No	3581	73%	96	64%	3485	73%
	Total	4913	100%	149	100%	4764	100%

Table 23 Does patient suffer from epilepsy?

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Does patient suffer from epilepsy?	Yes	67	1%	5	3%	62	1%
	No	4846	99%	144	97%	4702	99%
	Total	4913	100%	149	100%	4764	100%

Table 24 Is patient on any other medication?

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Is patient on any other medication?	Yes	76	2%	3	2%	73	2%
	No	4837	98%	146	98%	4691	98%
	Total	4913	100%	149	100%	4764	100%

Table 25 Is patient recovering from an operation or illness?

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Is patient recovering from an operation or illness?	Yes	375	8%	12	8%	363	8%
	No	4538	92%	137	92%	4401	92%
	Total	4913	100%	149	100%	4764	100%

Table 26 Is patient diabetic?

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Is patient diabetic?	Yes	440	9%	13	9%	427	9%
	No	4473	91%	136	91%	4337	91%
	Total	4913	100%	149	100%	4764	100%

Table 27 Does patient have heart condition?

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Does patient have heart condition?	Yes	24	1%	1	1%	23	1%
	No	4250	99%	111	99%	4139	99%
	Total	4274	100%	112	100%	4162	100%

Table 28 Ethnicity (Grouped)

	Motivator participant					
	Total		Yes		No	
	No.	%	No.	%	No.	%
White	3133	94%	144	97%	2989	94%
Other	197	6%	5	3%	192	6%
Total	3330	100%	149	100%	3181	100%

Table 29 Person Chi-Square Tests

	Motivator participant
Chi-square	1.837
df	1
Sig.	.175

Results are based on nonempty rows and columns in each innermost subtable.

Table 30 Employment (Grouped)

	Motivator participant					
	Total		Yes		No	
	No.	%	No.	%	No.	%
Employed/student	1376	41%	28	19%	1348	42%
Il health/disabled/retired medical	754	23%	49	33%	705	22%
Retired age	618	19%	51	34%	567	18%
Other non-working	578	17%	21	14%	557	18%
Total	3326	100%	149	100%	3177	100%

Table 31 Person Chi-Square Tests

	Motivator participant
Chi-square	47.926
df	3
Sig.	.000*

Results are based on nonempty rows and columns in each innermost subtable.

*. The Chi-square statistic is significant at the 0.05 level.

Table 32 Weight

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Baseline BMI	Underweight or normal	587	18%	24	16%	563	18%
	Overweight or obese	2661	82%	125	84%	2536	82%
	Total	3248	100%	149	100%	3099	100%

Table 33 Heart rate

Motivator participant		BL Resting heart rate
Yes	Mean	72.77
	N	129
	Std. Deviation	13.661
No	Mean	72.93
	N	2502
	Std. Deviation	12.884
Total	Mean	72.93
	N	2631
	Std. Deviation	12.920

Table 34 Blood Pressure

Motivator participant		BL systolic blood pressure	BL diastolic blood pressure
Yes	Mean	130.60	79.96
	N	137	137
	Std. Deviation	17.242	9.765
No	Mean	128.79	80.62
	N	2677	2677
	Std. Deviation	18.123	10.347
Total	Mean	128.87	80.58
	N	2814	2814
	Std. Deviation	18.082	10.319

Table 35 Does patient smoke?

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Baseline Does patient smoke?	Yes	799	24%	28	19%	771	24%
	No	2540	76%	121	81%	2419	76%
	Total	3339	100%	149	100%	3190	100%

Table 36 Does patient drink alcohol?

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Baseline Does patient drink alcohol?	Yes	2004	60%	91	61%	1913	60%
	No	1335	40%	58	39%	1277	40%
	Total	3339	100%	149	100%	3190	100%

Table 37 Stage of Change

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Baseline Stage of Change	I am not regularly physically active and do not intend to be	82	2%	3	2%	79	2%
	I am not regularly physically active but I am thinking about it in the next 6 months	1674	50%	73	49%	1601	50%
	I do some regular physical activity but not enough to meet the required level	1408	42%	55	37%	1353	42%
	I am regularly physically active but only became so in the last 6 months.	124	4%	15	10%	109	3%
	I am regularly physically active and have been so for longer than 6 months	49	1%	3	2%	46	1%
	Total	3337	100%	149	100%	3188	100%

Table 38 Person Chi-Square Tests

		Motivator participant
Baseline Stage of Change	Chi-square	18.445
	df	4
	Sig.	.001[*,a]

Results are based on nonempty rows and columns in each innermost subtable.

*. The Chi-square statistic is significant at the 0.05 level.

a. More than 20% of cells in this subtable have expected cell counts less than 5. Chi-square results may be invalid.

Table 39 Stage of Change (Grouped)

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Baseline Stage of Change	Not regularly physically active	3164	95%	131	88%	3033	95%
	Regularly physically active	173	5%	18	12%	155	5%
	Total	3337	100%	149	100%	3188	100%

Table 40 Person Chi-Square Tests

		Motivator participant
Baseline Stage of Change	Chi-square	15.090
	df	1
	Sig.	.000*

Results are based on nonempty rows and columns in each innermost subtable.

*. The Chi-square statistic is significant at the 0.05 level.

a. More than 20% of cells in this subtable have expected cell counts less than 5. Chi-square results may be invalid.

Table 41 Health State Scale

Motivator participant		Baseline Health State Scale
Yes	Mean	53.13
	N	149
	Std. Deviation	20.952
No	Mean	51.78
	N	3190
	Std. Deviation	21.776
Total	Mean	51.84
	N	3339
	Std. Deviation	21.739

Table 42 Physical Activity Recall

Motivator participant		This week you have been active for...BASELINE
Yes	Mean	324.61
	N	149
	Std. Deviation	346.013
No	Mean	388.84
	N	3190
	Std. Deviation	462.062
Total	Mean	385.97
	N	3339
	Std. Deviation	457.663

Table 43 HADS Anxiety (mean)

Motivator participant		Baseline HADS A
Yes	Mean	6.42
	N	95
	Std. Deviation	4.377
No	Mean	7.00
	N	2580
	Std. Deviation	4.830
Total	Mean	6.98
	N	2675
	Std. Deviation	4.815

Table 44 HADS Depression (mean)

Motivator participant		Baseline HADS D
Yes	Mean	4.56
	N	95
	Std. Deviation	3.494
No	Mean	5.09
	N	2580
	Std. Deviation	4.034
Total	Mean	5.07
	N	2675
	Std. Deviation	4.017

Table 45 HADS Anxiety (range)

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
HADS A baseline	Normal	1566	59%	58	61%	1508	58%
	Mild	478	18%	21	22%	457	18%
	Moderate	479	18%	13	14%	466	18%
	Severe	152	6%	3	3%	149	6%
	Total	2675	100%	95	100%	2580	100%

Table 46 HADS Depression (range)

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
HADS D baseline	Normal	1991	74%	75	79%	1916	74%
	Mild	380	14%	13	14%	367	14%
	Moderate	259	10%	7	7%	252	10%
	Severe	45	2%	0	0%	45	2%
	Total	2675	100%	95	100%	2580	100%

Table 47 Stage of Programme reached

	Motivator participant					
	Total		Yes		No	
	No.	%	No.	%	No.	%
Baseline	2202	66%	58	39%	2144	67%
Month 6	615	18%	41	28%	574	18%
Month 12	522	16%	50	34%	472	15%
Total	3339	100%	149	100%	3190	100%

Table 48 Pearson Chi-Square Tests

	Motivator participant
Chi-square	56.325
df	2
Sig.	.000*

Results are based on nonempty rows and columns in each innermost subtable.

*. The Chi-square statistic is significant at the 0.05 level.

Table 49 Participants at each consultation stage

	Motivator participant					
	Total		Yes		No	
	No.	%	No.	%	No.	%
Baseline attendees (includes 6 and 12 month consultation attendees)	3339	100%	149	100%	3190	100%
Attended 6 month consultation (includes 12 month consultation attendees)	1137	34%	91	61%	1046	33%
Attended 12 months consultation	522	16%	50	34%	472	15%

Table 50 Participants at each consultation stage – Pearson Chi-Square Tests

	Motivator participant
Chi-square	50.710
df	1
Sig.	.000*

Results are based on nonempty rows and columns in each innermost subtable.

*. The Chi-square statistic is significant at the 0.05 level.

Table 51 Reasons for leaving the programme (by stage of programme reached)

		Motivator participant											
		Total				Yes				No			
		Baseline		Month 6		Baseline		Month 6		Baseline		Month 6	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Uncontactable		1604	73%	455	74%	43	74%	30	73%	1561	73%	425	74%
Failed to make/didn't show for appointment/not interested		119	5%	50	8%	2	3%	2	5%	117	5%	48	8%
Discharged		68	3%	34	6%	0	0%	0	0%	68	3%	34	6%
Inappropriate referral		16	1%	0	0%	0	0%	0	0%	16	1%	0	0%
Positive or medical drop outs	Medical reasons	195	9%	43	7%	9	16%	6	15%	186	9%	37	6%
	Moved away	14	1%	0	0%	0	0%	0	0%	14	1%	0	0%
	Still active	67	3%	21	3%	2	3%	3	7%	65	3%	18	3%
	Transferred	61	3%	3	0%	2	3%	0	0%	59	3%	3	1%
	Form out of date	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other		58	3%	9	1%	0	0%	0	0%	58	3%	9	2%
Total		2202	100%	615	100%	58	100%	41	100%	2144	100%	574	100%

Table 52 Reasons for leaving the programme

		Motivator participant					
		Total		Yes		No	
		No.	%	No.	%	No.	%
Uncontactable		2059	73%	73	74%	1986	73%
Failed to make/didn't show for appointment/not interested		169	6%	4	4%	165	6%
Discharged		102	4%	0	0%	102	4%
Inappropriate referral		16	1%	0	0%	16	1%
Positive or medical drop outs	Medical reasons	238	8%	15	15%	223	8%
	Moved away	14	0%	0	0%	14	1%
	Still active	88	3%	5	5%	83	3%
	Transferred	64	2%	2	2%	62	2%
	Form out of date	0	0%	0	0%	0	0%
Other		67	2%	0	0%	67	2%
Total		2817	100%	99	100%	2718	100%

Table 53 BMI (Participants who did not experience the Motivator enhancement)

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Baseline BMI	30.5210	863	6.43290	.21898
	Month 6 BMI	30.2152	863	6.12400	.20846
Pair 2	Baseline BMI	29.9427	396	6.22349	.31274
	Month 12 BMI	29.6884	396	6.04962	.30400
Pair 3	Month 6 BMI	29.2953	326	5.33957	.29573
	Month 12 BMI	29.2591	326	5.37749	.29783

Table 54 BMI - Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Baseline BMI - Month 6 BMI	.30589	2.12676	.07240	.16380	.44798	4.225	862	.000
Pair 2	Baseline BMI - Month 12 BMI	.25431	1.93433	.09720	.06321	.44541	2.616	395	.009
Pair 3	Month 6 BMI - Month 12 BMI	.03615	1.48989	.08252	-.12618	.19849	.438	325	.662

Table 55 Heart Rate (Participants who did not experience the Motivator enhancement)

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	BL Resting heart rate	70.89	587	12.826	.529
	Month 6 Heart rate	71.07	587	13.467	.556
Pair 2	BL Resting heart rate	70.04	278	12.810	.768
	Month 12 Heart rate	72.12	278	13.428	.805
Pair 3	Month 6 Heart rate	70.46	216	13.690	.931
	Month 12 Heart rate	71.54	216	13.482	.917

Table 56 Heart Rate (Non Motivator Only)– Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	BL Resting heart rate - Month 6 Heart rate	-.184	12.608	.520	-1.206	.838	-.354	586	.724
Pair 2	BL Resting heart rate - Month 12 Heart rate	-2.086	11.785	.707	-3.478	-.695	-2.952	277	.003
Pair 3	Month 6 Heart rate - Month 12 Heart rate	-1.074	10.807	.735	-2.523	.375	-1.461	215	.146

Table 57 Systolic Blood Pressure (Motivator Only)

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	BL systolic blood pressure	128.29	62	18.049	2.292
	Month 6 systolic BP	123.68	62	15.128	1.921
Pair 2	BL systolic blood pressure	129.50	34	18.575	3.186
	Month 12 systolic BP	128.44	34	17.171	2.945
Pair 3	Month 6 systolic BP	125.54	26	18.261	3.581
	Month 12 systolic BP	129.73	26	19.603	3.844

Table 58 Systolic Blood Pressure (Motivator only) – Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference: Lower	Upper			
Pair 1	BL systolic blood pressure - Month 6 systolic BP	4.613	17.248	2.190	.233	8.993	2.106	61	.039
Pair 2	BL systolic blood pressure - Month 12 systolic BP	1.059	18.172	3.117	-5.282	7.399	.340	33	.736
Pair 3	Month 6 systolic BP - Month 12 systolic BP	-4.192	17.951	3.520	-11.443	3.058	-1.191	25	.245

Table 59 Change in Stage of Change–participants who did not experience the Motivator enhancement – baseline and 6 months

	Baseline		M6	
	No.	%	No.	%
Not regularly physically active	970	93%	534	51%
Regularly physically active	75	7%	511	49%
Total	1045	100%	1045	100%

Table 60 Change in Stage of Change– participants who did not experience the Motivator enhancement – baseline and 12 months

	Baseline		M12	
	No.	%	No.	%
Not regularly physically active	433	92%	158	34%
Regularly physically active	37	8%	312	66%
Total	470	100%	470	100%

Table 61 Change in Stage of Change– participants who did not experience the Motivator enhancement – 6 months and 12 months

	M6		M12	
	No.	%	No.	%
Not regularly physically active	220	47%	158	34%
Regularly physically active	250	53%	312	66%
Total	470	100%	470	100%

Table 62 Stage of Change – Test Statistics (Live Active Participants who do not attend Motivator only)

	Baseline Stage of Change & M6 Stage of Change	Baseline Stage of Change & M12 Stage of Change	M6 Stage of Change & M12 Stage of Change
N	1045	470	470
Chi-Square[a]	387.756	267.174	25.840
Asymp. Sig.	.000	.000	.000

a. Continuity Corrected

b. McNemar Test

Table 63 Health State Scale (participants who did not experience the Motivator enhancement only)

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Baseline Health State Scale	55.16	1046	21.636	.669
	Month 6 Health State Scale	56.24	1046	28.143	.870
Pair 2	Baseline Health State Scale	55.89	471	22.314	1.028
	Month 12 Health State Scale	62.75	471	25.155	1.159
Pair 3	Month 6 Health State Scale	51.41	471	32.085	1.478
	Month 12 Health State Scale	62.75	471	25.155	1.159

Table 64 Health State Scale (participants who did not experience the Motivator enhancement only) – Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper			
Pair 1	Baseline Health State Scale - Month 6 Health State Scale	-1.084	29.320	.907	-2.863	.695	-1.196	1045	.232
Pair 2	Baseline Health State Scale - Month 12 Health State Scale	-6.858	25.837	1.191	-9.197	-4.518	-5.760	470	.000
Pair 3	Month 6 Health State Scale - Month 12 Health State Scale	-11.335	31.213	1.438	-14.162	-8.509	-7.882	470	.000

Table 65 PAR (participants who did not experience the Motivator enhancement only)

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	This week you have been active for...BASELINE	388.17	1046	432.074	13.360
	This week you have been active for... 6 MONTHS	436.78	1046	450.600	13.932
Pair 2	This week you have been active for...BASELINE	375.06	471	403.883	18.610
	This week you have been active for... 12 MONTHS	509.96	471	601.437	27.713
Pair 3	This week you have been active for... 6 MONTHS	397.79	471	425.622	19.612
	This week you have been active for... 12 MONTHS	509.96	471	601.437	27.713

Table 66 PAR (participants who did not experience the Motivator enhancement only) – Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	This week you have been active for...BASELINE - This week you have been active for... 6 MONTHS	-48.609	458.273	14.170	-76.413	-20.805	-3.431	1045	.001
Pair 2	This week you have been active for...BASELINE - This week you have been active for... 12 MONTHS	-134.896	601.811	27.730	-189.386	-80.406	-4.865	470	.000
Pair 3	This week you have been active for... 6 MONTHS - This week you have been active for... 12 MONTHS	-112.166	589.900	27.181	-165.577	-58.754	-4.127	470	.000

Table 67 HADS Anxiety (participants who did not experience the Motivator enhancement only)

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Baseline HADS A	6.31	653	4.576	.179
	Month 6 HADS A	5.28	653	4.400	.172
Pair 2	Baseline HADS A	6.16	280	4.581	.274
	Month 12 HADS A	4.67	280	4.386	.262
Pair 3	Month 6 HADS A	4.80	234	4.355	.285
	Month 12 HADS A	4.46	234	4.361	.285

Table 68 HADS Anxiety (participants who did not experience the Motivator enhancement only) – Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Baseline HADS A - Month 6 HADS A	1.032	3.091	.121	.795	1.270	8.532	652	.000
Pair 2	Baseline HADS A - Month 12 HADS A	1.489	3.087	.184	1.126	1.852	8.074	279	.000
Pair 3	Month 6 HADS A - Month 12 HADS A	.342	2.695	.176	-.005	.689	1.940	233	.054

Table 69 HADS Depression (participants who did not experience the Motivator enhancement only)

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Baseline HADS D	4.34	653	3.793	.148
	Month 6 HADS D	3.11	653	3.406	.133
Pair 2	Baseline HADS D	4.24	280	3.509	.210
	Month 12 HADS D	3.08	280	3.311	.198
Pair 3	Month 6 HADS D	2.82	234	3.230	.211
	Month 12 HADS D	2.64	234	3.123	.204

Table 70 HADS Depression (participants who did not experience the Motivator enhancement only) – Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper			
Pair 1	Baseline HADS D - Month 6 HADS D	1.234	2.789	.109	1.020	1.449	11.307	652	.000
Pair 2	Baseline HADS D - Month 12 HADS D	1.161	2.790	.167	.832	1.489	6.961	279	.000
Pair 3	Month 6 HADS D - Month 12 HADS D	.175	2.729	.178	-.176	.527	.982	233	.327

Table 71 Change in Stage of Change– participants who experienced the Motivator enhancement only– baseline and 6 months

	Baseline		M6	
	No.	%	No.	%
Not regularly physically active	77	85%	41	45%
Regularly physically active	14	15%	50	55%
Total	91	100%	91	100%

Table 72 Change in Stage of Change– participants who experienced the Motivator enhancement only – baseline and 12 months

	Baseline		M12	
	No.	%	No.	%
Not regularly physically active	43	86%	15	30%
Regularly physically active	7	14%	35	70%
Total	50	100%	470	100%

Table 73 Stage of Change (Motivator only) – Test Statistics

	Baseline Stage of Change & M6 Stage of Change	Baseline Stage of Change & M12 Stage of Change	M6 Stage of Change & M12 Stage of Change
N	91	50	50
Chi-Square[a]	29.167	22.781	
Asymp. Sig.	.000	.000	
Exact Sig. (2-tailed)			.629[b]

a. Continuity Corrected

b. Binomial distribution used.

c. McNemar Test

Table 74 Health State Scale (Motivator only)

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Baseline Health State Scale	55.51	91	20.233	2.121
	Month 6 Health State Scale	58.13	91	25.042	2.625
Pair 2	Baseline Health State Scale	56.20	50	20.666	2.923
	Month 12 Health State Scale	64.56	50	19.475	2.754
Pair 3	Month 6 Health State Scale	54.70	50	27.471	3.885
	Month 12 Health State Scale	64.56	50	19.475	2.754

Table 75 Health State Scale (Motivator only) – Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Baseline Health State Scale - Month 6 Health State Scale	-2.626	28.159	2.952	-8.491	3.238	-.890	90	.376
Pair 2	Baseline Health State Scale - Month 12 Health State Scale	-8.360	25.201	3.564	-15.522	-1.198	-2.346	49	.023
Pair 3	Month 6 Health State Scale - Month 12 Health State Scale	-9.860	28.900	4.087	-18.073	-1.647	-2.412	49	.020

Table 76 HADS Anxiety (Motivator only)

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Baseline HADS A	7.21	43	4.062	.620
	Month 6 HADS A	5.47	43	4.049	.618
Pair 2	Baseline HADS A	6.41	32	4.196	.742
	Month 12 HADS A	4.88	32	3.499	.619
Pair 3	Month 6 HADS A	5.21	28	3.745	.708
	Month 12 HADS A	5.14	28	3.493	.660

Table 77 HADS Anxiety (Motivator only) – Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Baseline HADS A - Month 6 HADS A	1.744	2.682	.409	.919	2.570	4.264	42	.000
Pair 2	Baseline HADS A - Month 12 HADS A	1.531	2.314	.409	.697	2.365	3.744	31	.001
Pair 3	Month 6 HADS A - Month 12 HADS A	.071	2.260	.427	-.805	.948	.167	27	.868

Table 78 HADS Depression (Motivator only)

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Baseline HADS D	4.30	43	2.956	.451
	Month 6 HADS D	3.44	43	2.557	.390
Pair 2	Baseline HADS D	4.03	32	2.935	.519
	Month 12 HADS D	2.75	32	2.272	.402
Pair 3	Month 6 HADS D	3.18	28	2.310	.437
	Month 12 HADS D	2.64	28	2.004	.379

Table 79 HADS Depression (Motivator only) - Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference - Lower	95% Confidence Interval of the Difference - Upper			
Pair 1	Baseline HADS D - Month 6 HADS D	.860	2.242	.342	.170	1.551	2.516	42	.016
Pair 2	Baseline HADS D - Month 12 HADS D	1.281	2.593	.458	.346	2.216	2.795	31	.009
Pair 3	Month 6 HADS D - Month 12 HADS D	.536	1.688	.319	-.119	1.190	1.679	27	.105

Table 80 Comparison of changes patient perception outcomes

		Baseline to Month 6	Month 6 to Month 12	Baseline to Month 12
HADS Anxiety (mean)	Motivator	-1.74	-0.71	-1.53
	n (Motivator)	43	28	32
	Non Motivator	-1.03	-0.34	-1.49
	n (Non Motivator)	653	234	280
HADS Depression (mean)	Motivator	-0.86	-0.54	-1.28
	n (Motivator)	43	28	32
	Non Motivator	-1.23	-0.18	-1.16
	n (Non Motivator)	653	134	280
Physical Activity Recall (minutes of activity per week)	Motivator	+55.04	+24.8	+64.9
	n (Motivator)	91	50	50
	Non Motivator	+48.6	+112.17	+134.9
	n (Non Motivator)	1046	471	471
Health State Scale (mean 0 – 100)	Motivator	+2.63	+9.86	+8.36
	n (Motivator)	91	50	50
	Non Motivator	+1.08	+11.34	+6.86
	n (Non Motivator)	1046	471	471

Table 81 Comparison of changes in independently assessed outcomes

		Baseline to Month 6	Month 6 to Month 12	Baseline to Month 12
BMI (mean kg/m^2)	Motivator	-0.09	+0.05	+0.09
	N (Motivator)	81	42	49
	Non Motivator	-0.31	-0.36	-0.25
	N (Non Motivator)	863	326	396
Systolic blood pressure (mean mm/Hg)	Motivator	-4.613	-1.059	+4.192
	N (Motivator)	62	26	34
	Non Motivator	-0.77	-0.392	+0.105
	N (Non Motivator)	627	228	293
Diastolic blood pressure (mean mm/Hg)	Motivator	-1.484	+0.077	-0.735
	N (Motivator)	62	26	34
	Non Motivator	-0.493	-0.057	-0.396
	N (Non Motivator)	627	228	293
Heart Rate	Motivator	-2.08	+3.15	+2.1
	N (Motivator)	55	26	30
	Non Motivator	+0.184	+1.074	+2.086
	N (Non Motivator)	587	216	278

Telephone survey analysis tables

Table 82 HADS Anxiety mean scores by age

	Mean	N	Std. Deviation
35-44	11.00	2	2.828
45-54	3.00	1	.
55-64	7.00	4	2.582
65+	4.44	18	2.854
Total	5.32	25	3.301

Table 83 HADS Depression mean scores by age

	Mean	N	Std. Deviation
35-44	8.00	2	4.243
45-54	5.00	1	.
55-64	8.00	4	3.266
65+	3.72	18	2.191
Total	4.80	25	2.986

Table 84 Which of the following categories best describes how physically active you have been over the last six months?

	No.	%
I am not regularly physically active and do not intend to be	1	3%
I am not regularly physically active but am thinking about starting	4	14%
I do some physical activity but not enough to meet the description of regular physical activity	10	34%
I am regularly physically active but only began in the last 6 months	1	3%
I am regularly physically active and have been so for longer than 6 months	13	45%
Total	29	100%

Table 85 On a scale of 0 to 100 how do you feel about your physical health today?

	Mean	N	Std. Deviation
Male	72.50	12	16.583
Female	56.44	18	22.724
Total	62.87	30	21.703

Table 86 Do you feel the Scheme has had an impact on your physical health?

	No.	%
Yes	30	100%
No	0	0%
Total	30	100%

Table 87 If you feel the Scheme has had an impact on your physical health, in what way?

	No.	%
Feel healthier	14	48%
Increased physical fitness/stamina	8	28%
Helped with a particular physical health problem	6	21%
Increased mobility/flexibility	5	17%
Lost weight	4	14%
Increased strength	3	10%
More energy	2	7%
More aware of the benefits of exercise	1	3%
Other	5	17%
Total	29	100%

Other:
- 100% positive (couldn't specify)
- enjoyed
- just in general - nothing in particular
- Nothing in particular just overall
- went twice a week then hip problem and could do less and found it boring

Table 88 On a scale of 0 to 100 how confident do you feel that you could be independently physically active?

	Mean	N	Std. Deviation
Male	81.82	11	18.476
Female	68.13	16	23.229
Total	73.70	27	22.127

Table 89 Do you feel the Scheme has had an impact on your confidence to be independently physically active?

	No.	%
Yes	25	86%
No	4	14%
Total	29	100%

Table 90 If you feel the Scheme has had an impact on your confidence to be independently physically active, in what way?

	No..	%
Encouraged/enabled/motivated to do more/other forms of exercise	9	36%
Increased self confidence	7	28%
Knowledge/apprehension/embarrassment removed	6	24%
Fitter/stronger	2	8%
Other	5	20%
Total	25	100%

Other:
- a lot of family worries and it helped
- helped
- not sure
- nothing specific
- when I went I worked on my own because times suited me

Table 91 On a Scale of 0 to 100 how do you rate your mental health? – by gender

	Mean	N	Std. Deviation
Male	86.17	12	11.598
Female	72.50	16	19.748
Total	78.36	28	17.858

Table 92 Do you feel the Scheme has had an impact on your mental health?

	No..	%
Yes	20	67%
No	10	33%
Total	30	100%

Table 93 If you feel the Scheme has had an impact on your mental health, in what way?

	No.	%
More positive outlook	14	70%
Less stressed	4	20%
Feel less isolated	3	15%
Less depressed	1	5%
Less anxious	1	5%
Other	3	15%
Total	20	100%

Other:

- helped through stopping smoking and helped with withdrawal thoughts
- more confident
- not sure just overall

Table 94 Do you feel the Scheme has had an impact on your relationships with others?

	No.	%
Yes	15	52%
No	14	48%
Total	29	100%

Table 95 If you feel the Scheme has had an impact on your relationships with others, in what way?

	No.	%
Made new friends	7	47%
More sociable	6	40%
Happier/positive outlook	2	13%
Nothing specific	1	7%
Total	15	100%

Table 96 Do you feel the scheme has had an impact on how you feel about yourself?

	No.	%
Yes	21	70%
No	9	30%
Total	30	100%

Table 97 If you feel the scheme has had an impact on how you feel about yourself, in what way?

	No.	%
Improved feeling of wellbeing/relaxation/health	10	45%
Feeling better about my body	7	32%
Increased self confidence	4	18%
More positive outlook	4	18%
Sense of achievement	2	9%
More self respect	1	5%
Other	3	14%
Total	22	100%

Other:

- don't know
- helped everything
- if not had problem with hip would have pushed further,

Table 98 Do you feel there have been other benefits from participating in the scheme?

	No.	%
Yes	21	70%
No	9	30%
Total	30	100%

Table 99 If you feel there have been other benefits from participating in the Scheme, what are they?

	No.	%
Gets you out/ keeps you active/ keeps you fit	8	35%
Enjoyed the company/working in a group/meeting others	6	26%
Introduced me to different types of exercise	6	26%
Generally felt better/ feeling of wellbeing	6	26%
Meeting people with the same problem	2	9%
Other	3	13%
Total	23	100%

Other:

- great idea people seem to enjoy it
- just that I enjoyed it
- just thinking about activity

Table 100 How much physical activity SHOULD you do in a week to gain health benefits?

Length of Activity	Intensity of Activity	Frequency of Activity	Other Response
Not specified	not specified	3/4 times per week	
	walking	best everyday	regular exercise one way or another - walking
1hr	n/a	two times per week	
		1/2 times per week	I have a dog do 45/50 mins walking everyday and thinking about doing rehab classes
30-60mins	walking	every day	
			Don't know - not been back to the gym, I was comfortable when Richard was there but not now
		2/3 times per week	
		4 or 5 times a week is sufficient	
			every day a short walk and a bit more active 2/3 times per week
			unsure - very mixed answer try to watch what eat and go
45mins	gym	two times a week	
			got to keep moving everyday to keep active - do as much...
		1/2 hrs per week	
		4 hours per week	
			don't know
1/2 hours	walking	every day	
1hr		2 times a week	
			1/2 times
20	walk	every day	you shouldn't overdo it but not good to be sedentary
1hr		every day	not able to exercise as I want to
	moderate		
20mins		3 times a week	
unclear			
			swimming every morning and go to the gym twice a week
30 mins		every day	
		5 times per week	
			As much as they can
	gym	twice a week	
			Don't know
2hours			

Table 101 Since you completed the scheme six months ago would you say your physical activity levels have:

	No.	%
Stayed the same	9	30%
Decreased	12	40%
Increased	9	30%
Total	30	100%

Table 102 *If physical activity levels are greater than those recorded at the 12 month stage of the scheme -* What has caused your physical activity levels to increase since you completed the scheme 6 months ago?

	No.	%
Enjoyment of the Live Active Process	4	44%
Appreciating the health benefits	3	33%
Understanding the importance of being fit	3	33%
Winter sports	1	11%
Total	9	100%

Table 103 ***If physical activity levels are the same as those recorded at the 12 month stage of the scheme -* What has helped you to stay physically active since you completed the scheme 6 months ago?**

	No.	%
Enjoyment	4	44%
Concern for health	3	33%
The routine of exercise	3	33%
Other	2	22%
Total	9	100%

Other:

- Did a bit of walking anyway (restricted by the weather a bit)
- encouragement of my wife

Table 104 ***If physical activity levels are less than those recorded at the 12 month stage of the scheme -* What has caused your physical activity levels to decrease since you completed the scheme 6 months ago?**

	No.	%
Injuries/ illness/ operation	6	50%
Not making the time (work commitments etc.)	5	42%
Lack of support	1	8%
Other	1	8%
Total	12	100%

Other:

- lack of motivation and cost of gym membership

Table 105 **Do you intend to maintain your present levels of physical activity?**

	No.	%
Yes - do more	16	55%
Yes - stay the same	13	45%
No - do less	0	0%
No - stop all activity	0	0%
Total	29	100%

Table 106 **Do you remember the Motivator being present at your activity session whilst being part of the Live Active Scheme?**

	No.	%
Yes	21	70%
No	9	30%
Total	30	100%

Table 107 **What was the best thing about the Motivator being present at your activity session whilst being part of the Live Active scheme?**

- Better to have someone talking to you
- Bit of banter with the XXXXXX
- could get guidance - keep you from over stretching
- give advice of what should do and instil enthusiasm and quite enjoyable
- Good guy - asks questions that people don't ask you e.g. do you do the bike just cos you like it or because you are good at it?
- Good very friendly and help you
- If they been through the same thing it helps
- Lightens things up and you can ask questions and he would encourage you to do more
- Mostly if there were any problems I spoke to the instructor or exercise counsellor
- Nothing

- Pleasant and very nice - the first one to offer help but not done anything to motivate
- XXX used to take me into her section - feel not alone someone else been through this
- XXX was very approachable - knowledge of tips of diet
- smashing - helped with things - showed what to do
- someone to talk to - more so on the new machines
- someone who wasn't an instructor but of a similar age certainly
- the woman has a lot of problems but is so positive and helped me a lot
- to motivate you
- usually when not sure - sometimes avoid things but when someone there to ask then very good
- Yes - he looked very good and reassuring. Felt that he was retired and more comfortable talking to him

Table 108 What helped you to continue/complete the scheme?

	No.	%
Consultation with Physical Activity Counsellor	2	7%
Support from Counsellors/ exercise instructors	7	26%
Support from people you met at the leisure centre	6	22%
Support from GP	0	0%
Support from health professionals	0	0%
Information from health professionals	0	0%
I wanted to get healthy	6	22%
Support from family/friends	3	11%
The Motivator	1	4%
Feel better/ feel more positive/ enjoyment	7	26%
Other	5	19%
Total	27	100%

Other:
- More my nature once you start you have to finish
- Not as regular exercise
- The fact that I can go on the bike and turn it!!
- To prevent back pain worsening
- wish I could get back to the Scheme - would like to keep going,

Table 109 Do you feel there have been any disadvantages to participating in the scheme?

	No.	%
Yes	5	17%
No	25	83%
Total	30	100%

Table 110 If yes, what are they?

- always some for example can't get access into some of the equipment
- cost albeit reduced cost but to own benefit but don't smoke or drink
- Good for those who want to do it but I didn't
- timing
- working some of the machines was daunting and sometimes you don't want to ask

Table 111 Are there any other comments or suggestions that you would like to make with regard to the Live Active Exercise Referral scheme?

- As soon as I can get accepted back into the class I will be there - very good and enjoy going
- can't think of any
- found very good - well run
- XXXX at XXXX is absolutely superb
- Good scheme and does work. For me the timings could be better - I was usually leaving when LA time and have quick chat with e.c. I kept in touch regularly – XXX encouraged me to keep up unlike at XXX
- I didn't realise it existed and since learning I have recommended it and a number of people I recommended it to have taken up the classes
- Accessibility after revamp
- If they had a follow after you had completed the programme to encourage you to follow up and motivate you to stay on the scheme. You do get a 1/2 price pass (instead of £30 it is £15)
- introduced me to the gym and a help. Gives you something

- It is a good Scheme and gets a lot of people
- Keep it going as long as it can because a lot of guys up there enjoying it and also is good for your health
- No, 3
- No - my personal opinion is I hate routine the timing was in the middle of the day and it ruins the rest of the day I would have preferred a morning - like to think time is your own
- No I thought it was good
- No I was very happy
- No quite good if you get the right exercise counsellor
- No, quite happy
- Nothing - it is a good thing, glad it is there would miss it if it was not
- Really good idea and is good because you are encouraged to keep doing things
- Seemed reasonable
- There are one or two benefits that seem to operate in the Glasgow area that are not available in East Renfrewshire area but given cash pensioners and benefits of encouragement...
- Think it is pretty good but not sure if you can go more than once
- Think it is running quite well
- Thoroughly enjoyed and participating and talked to others who had various conditions and ops and they all liked it
- Very beneficial to people - initial meeting could hardly walk up stairs. Lost weight
- very much afraid I cannot continue [suffered injury and not able to do any physical activity at all at the moment]
- Very well run - XXX was very good - disciplined and organised
- When you start you build up to what you agree is the best way to stay fit and for a year. At end the intervention just stops so no build down again - sharp stop at the end