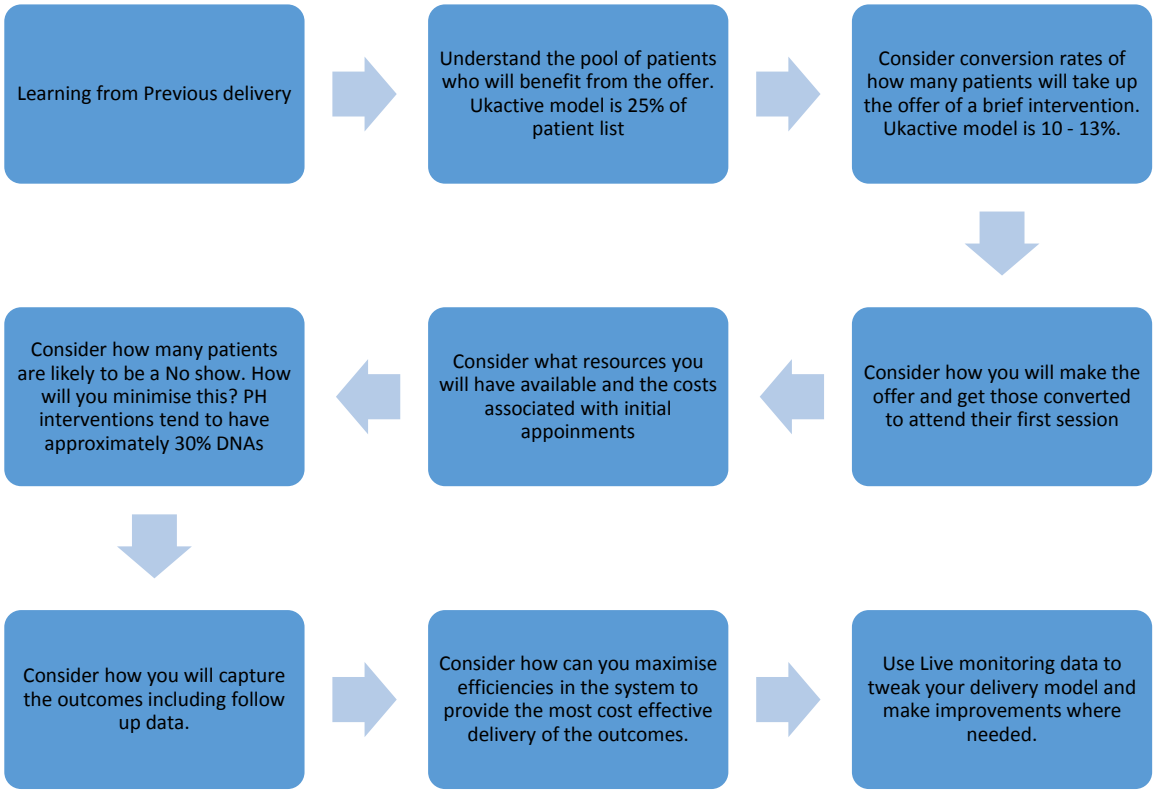
Get Moving Case Study – Get Healthy, Get Active

The process followed by ukactive in developing their Let's Get Moving Model



Background Information

Let's Get Moving – originally created and tested by the Department of Health - is an evidence based behaviour change programme recommended by NICE.

In the ukactive version of Let's Get Moving, specially trained exercise and activity professionals work in the heart of GP surgeries to inspire change in communities and re-embed movement, physical activity and sport into the lives of inactive populations through proven motivational interviewing techniques.

Modelling for Success When developing your programme you need to be aware of all the resource implications and the impact they might have on our roll-out.

Here are just a few of the factors that we took into account and would recommend you consider when planning a robust delivery plan for projects that are similar in nature:

1. What is the total pool of patients at any surgery that might benefit from your intervention?

   We have a strict recruitment criteria which means that, on average, about 25% of a patient list would be eligible for the intervention.

2. How many patients can you afford to see?

   This calculation is not simply based on the 1:1 time between your patient and the specialist, or the time that the patient spends in your group sessions. It's much bigger than that. How many potential patients do you need to talk to in order to convert one?

   We work on a 10% conversion rate and are delighted that we are now marginally ahead of that – a 13% conversion over 17,000 potential patients equals 2,210 conversions compared to 1,700 at 10% which is a massive efficiency saving.

   Have you considered the hourly rate of your front line workforce? How many appointments can they manage per hour? What is your cost per appointment?

3. What do you need to do to get that 10% converted into attending their first session? How will you contact them initially to introduce the service in partnership with the surgery?

   If you are doing it by mail, will you be generating your letters manually?

   We started out by printing and distributing manually but moved to an automated mailing process in line with the way that GP surgeries distribute materials about Health Checks and flu immunisations.

   How are you going to communicate your offer to patients and factor in these costs to your plan so they are not a nasty surprise?

   We contact patients directly via patient lists. How many phone calls will you have to make to fill each clinic? For example if each clinic has 8 slots, that needs 80 phone calls at 10% conversion. Who is going to make those calls and how many do you expect them to do per day?

   We have a dedicated central support team making these calls, targeted and measured to deliver up to 100 calls per day. You need to consider thing like of your 100 calls, how long will they take? How many will get straight through, how many will require follow-ups or call backs? How many patients do you expect to cancel in advance of their appointment?

   We work on a 10% basis; have you considered the follow up call requirements to reconnect with those patients to see if they would like to book another date?

   A cancellation is not a failure but a success – it gives you the opportunity to refill that slot on the programme in advance rather than leaving it as an empty chair that costs your programme valuable resources

How many patients do you expect to "no show" or "Did Not Attend" (DNA) in your programme?

What process are you going to put in place to minimise the risk that patients might not turn up to their appointments? Empty appointments cost money.

Across public health interventions 30% is about the norm – How will you make sure that you meet this? How can you improve on this?

Bear in mind that every 1% you reduce the DNA figure is a saving to the project and enables you to deliver more appointments in the long run. Putting in low cost extra contact points and reminders can save you £20 for a wasted appointment with no patient to see

4. What resources do you need to ensure the capture of outcomes? Evaluation needs to be built into planning and resourcing from the beginning. We've collected all the data that we need as part of the usual business of delivering our service. Every front line team member supports this process and via tablets the information is instantly fed back into a central database through which we can run our monitoring analysis.

   We had to consider who will collect the data for six monthly reports and what management and evaluation tools needed to be put in place

   Need further help?

   ukactive are happy to discuss their Let's Get Moving model and the key metrics involved at any point. Please contact Kenny Butler on kennybutler@ukactive.org.uk for further information.