

We ask that health professionals only refer suitable and eligible patients to the Cambridge City exercise referral services, including those provided by BETTER (GLL), in reference to the terms and conditions set out below.

Please read the following terms and conditions. Upon doing so, please tick that you accept these terms, provide your contact details and submit your application. Upon submission, you will receive documentation and information on how to refer patients from the exercise referral team. Please be advised that this is not an automatically generated e-mail.

Terms + conditions of registration:

1. The referral documentation (referral form) to the exercise professional must clearly state the relevant information about the patient's health status:
 - Primary reason for referral – please tick the relevant box.
 - Relevant current and past health problems.
 - Details of any medication taken and their known impact on everyday functional ability (attach a prescription slip if possible).
 - Standard measures such as BP, heart rate, BMI and lifestyle factors, for example, smoker. A recent BP measurement is **MANDATORY**.
 - The possible effects of diagnoses and medications on activities of daily living and, if known, on physical activity.
 - Any special considerations or advice given to the patient.
 - Information about any exercises already being undertaken or for which the patient or the referrer has expressed a preference should also be included.
2. Patients with a history of cardiac investigation, surgery or cardiac event should only be considered for referral to an exercise referral scheme following the completion of a **British Association of Cardiac Rehabilitation CHD referral form** or **Phase III transfer form**. These are available upon request or via the Start-Up web pages. This form **must** be completed by the patient's GP or via the patient's cardiac rehabilitation nurse/physiotherapist only.
3. Health professionals should pass on any information about any relevant changes in the health of the patient securely to the exercise professional and should react in a timely manner should the exercise professional request any additional information about a client's suitability to exercise. This information should ideally be passed via the service's secure efax system. Contact the exercise referral team for more information.
4. All initiators of referrals should understand and be able to explain the efficacy and possible risks of physical activity in relation to specific medical conditions and the place of exercise in an integrated care plan for the patient.
5. All initiators of referrals should be trained in skills and strategies that support best practice for facilitating behaviour change with potential candidates for the referral

scheme and understand be able to apply a proven model of behaviour change in interactions with potential candidates for the referral scheme.

6. All initiators should retain clinical responsibility for patients while they are on the exercise referral scheme.
7. Health professionals should remember that the exercise referral scheme is not a substitute for physiotherapy where it is required.
8. Allied health professionals should inform the patients GP via letter that they have referred a patient for exercise on referral.

9. Contraindications to exercise:

Under **no circumstance** should patients who present with the following conditions be referred to the service:

- ***Asthma/Respiratory Problems/COPD***

*Where ventilatory limitation restrains submaximal exercise
Grade 3-5 MRC Dyspnoea Scale*

- ***Claudication with Cardiac Dysfunction***

- ***Cardiac Disease***

Unstable or uncontrolled

- ***Acute Coronary event/Intervention/Diagnosis including: Stable Angina, Myocardial Infarction, CABG, Valve Replacement, Angioplasty, Stent, Heart Failure***

< 6 months since acute event (referral to Phase III only)

- ***Stroke/TIA***

Recent but > 3 months ago

> 20% CVD risk in next 10 years

Multiple risk factors as defined by JBS2 guidelines

- ***Diabetes Type I or Type II (advanced)***

With accompanying generalised neuropathy and untreated retinopathy

- ***Clinical Diagnosis Osteoporosis***

BMD greater than 2.5 at spine, hip or forearm, combined with one or more documented low trauma or fragility fractures

- ***Orthostatic Hypotension***

SBP falls more than 20mmHg or DBP more than 10mmHg within 3 minutes of standing

- ***Psychiatric Illness/Cognitive Impairment/Dementia***

AMT score less than 8

10. Health professionals should also not refer patients to the service who are under 16 years old, who have previously been on the programme (unless they present with a new or deterioration in medical condition) or for patients who have a BMI >30 without an associated medical diagnosis.

Upon agreeing to these terms and conditions, confirmation of your registration will be sent to you. Further information about the process of referral, as well as online copies of the referral form can be found at: www.cambridge.gov.uk/startup