

A HEALTHIER FUTURE FOR OBAN and LORN

Extending Healthcare into the Community



HEALTHY OPTIONS PILOT PROJECT 2012 – 2013



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The comments in the margins come from the written feedback from the questionnaires sent to the Clients (93 responses) and Health Professionals (18 responses) and from the Case Studies. Client comments are in GREEN and Health Professionals are in BLUE.

Lorn and Oban Healthy Options Ltd (Trading as Healthy Options)
Top Floor, St Moluag's Centre
Croft Road
Oban
Argyll
PA34 5JJ

Tel: 07961 292955
Email: info@lornhealthyoptions.co.uk

Registered in Scotland No. SC383167
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FOREWORD

“If there is a problem in the community the answer is in the community.”

“Exercise is medicine.”

BMJ 2011; 343:d4141
Khan, Weiler, Blair

“Ultimately, Healthy Options are delivering something for the NHS.”

The report writers can be contacted by email:

Hugh McLean:
hugh@lornhealthyoptions.co.uk

Roy Clunie:
roy@lornhealthyoptions.co.uk

Oban has one medical practice, the Lorn Medical Centre (LMC) which, at the time of planning Healthy Options had just over 10,000 patients of whom 3,800 – 4,000 had a chronic medical condition/s. Almost 40% of people in our community are affected - these are our work colleagues, friends, neighbours, relatives, and family members. Shocking as that statistic is the positive message is that these conditions can be improved or control managed by adopting an active healthy lifestyle. That was our challenge – to improve the wellbeing of ‘our 40%’ and for Oban and Lorn to become a more active, fitter, healthier community.

Healthy Options was our response to these health problems prevalent in our area. In developing the concept and throughout the pilot we became ever conscious of the national concerns and the policies that have developed in recent years. It encourages us knowing that our work dovetails with policy from national through to Argyll & Bute Community Health Partnership objectives and is, in our own small way, helping to address the nation’s health issues.

As community activators we believe in the saying ‘if there is a problem in the community then the answer is in the community’. Completing the 2-year pilot has strengthened this belief, we live in a healthy environment, we have well developed community resources and valuable community assets, we have strong social networks and an inbuilt community resilience to ‘just do it’. This 2-year pilot has proved that we can meet this challenge, we now view this as our responsibility.

Healthy Options has great potential for the community to pull together by volunteering and assisting others going onto and through their programme/s. This was demonstrated from the client questionnaire where 30 respondents through the programme indicated they were interested in volunteering to help others. Healthy Options has also been a vehicle for change and improvement in how NHS departments and health professionals within the departments interact with each other and with the community they serve.

We would like to thank those organisations which have funded the 2 year pilot project. Leader funding was matched by The Robertson Trust, Awards for All, Oban Common Good Fund, Lloyds TSB, West Highland Housing Association and the Susan H Guy Charitable Trust and another one off local source was secured which enabled us, in the second year, to increase the range of services to clients.

We are extremely grateful for the interim funding provided through Elaine Garman – NHS Highland Public Health Specialist Argyll and Bute to tide us over from the end of Leader funding to the end of 31st March 2014.

Whilst everyone involved in Healthy Options has made a considerable contribution there is no doubt the debt we owe to our staff and principally Project Manager – Andrea James for her dedicated service allied to her caring and professional approach to all the clients.

We now enter a period of uncertainty as we do not believe this work, addressing health issues prevalent in our society and extending the work of the NHS into our community, can be made sustainable in the longer term without considerable input from government. Current funds will run out by the end of June 2014. It is with the certain knowledge of the value of this project that we welcome any discussions with all interested parties on securing a sustainable future.

Please enjoy our report – I encourage you to read the case studies, they are a powerful advocate for Healthy Options.

Hugh McLean, Chairman
March 2014

EXECUTIVE SUMMARY

This report details the work carried out on Healthy Options 2 year pilot project, February 2012 – December 2013.

The Executive Summary comprises:

- The key results and key learning from the pilot project
- Governance, how we operate Lorn & Oban Healthy Options Ltd.
- The relationship with Argyll and Scottish Government local and national policy and objectives
- Our vision and future strategy

KEY RESULTS and KEY LEARNING

The single overwhelming conclusion drawn from four evaluation methods is that the 2-year Healthy Options pilot programme has been an outstanding success.

Both qualitative and quantitative evaluation methods have been used including client database; client questionnaires; health professionals' questionnaires; case studies. The numbers tell the basic facts but it is the stories and the health professionals' validation that truly convey how powerful the project has been for many people. (Full details are in Evaluation starting on page 23)

Our Clients – *the statistics*

A total of 265 people started on a Healthy Options programme over a period from 1st February 2012 to 30th December 2013.

- 71% of clients were female, 29% male
- 61% of clients had more than one chronic condition, of those 9% having four or more chronic conditions
- Of the 20 conditions identified, 10 accounted for 90% of the referrals with the top 6 conditions being obesity, orthopaedic, mental health, high blood pressure, inactivity, respiratory problems
- Client age range – 9% < 25; 7% 25-34; 17% 35-44; 25% 45-54; 20% 55-64; 22% 65+
- 39% of clients were on one or more welfare benefits and received their Healthy Options programmes completely free of charge. We are delighted that it would appear that without any particular focus the Healthy Options approach offers a real opportunity to engage with harder to reach patients.

Our clients – *their personal stories*

Healthy Options programmes can, and do, change peoples lives.

Our staff who work with clients daily recognise their progress, hear of their improvements, learn about their enhanced quality of life – *the lady who can now stand in the kitchen and prepare a meal, the man who has got his dog back from the kennels as he is now once again able to look after it, take it walks; 'I can now do more activities, I had spent a whole day on the beach with my grandchildren one day over the summer. Prior to Healthy Options I would not have been able to do that'; The lady who had a BMI of 51 and rarely left her home who has since completed a 10k, walking yes, but 10k!* Dozens and dozens of personal achievements, stories from our clients, feedback from their GPs and health professionals. Personal stories which confirm that the community can deliver a quality complementary service to the current NHS provision. Indeed, we believe it is only in communities that this service can be provided. Included in this report are 4 client case studies.

“I have found the programme interesting and the staff very helpful. Having someone there who you can speak to has encouraged me to keep going to the gym.”

“Extremely positive, in fact life changing for some patients and enabled return to work.”

“I think the main benefit I gained from Healthy Options was getting out and feeling able to complete some exercise after a long period of inactivity. The social aspect has been of particular importance to me.”

“Health is much better and having lost weight and exercising has improved my whole ability to do exercise. I’m really enjoying more activities due to weight loss. Also people and friends notice how much weight I’ve lost and that makes me feel good.”



“Some of the health benefits have been staggering. I have patients that have lost significant amounts of weight and have managed to stop their blood pressure tablets and diabetic tablets as a result.”

Key Results – Clients

- 68% of 165 clients who we have confirmed data for when they left the programme had increased their level of physical activity by at least one level. (see activity chart page 33)

This is extremely encouraging, given the complexity of the chronic conditions of our clients and confirms that the Healthy Options approach is effective.

According to advice from NHS Highland, Argyll and Bute it was agreed that it would be very difficult for Healthy Options to report robust statistics on the medical improvement of clients who have been on our programmes, particularly during a 2-year pilot. Healthy Options staff are not in a position to evaluate this, it is reliant on clients returning to their GPs or referral health professional, if and when they do. As we move forward we do need to explore this area and gather critical evidence, in the meantime questionnaires and feedback from health professionals are very positive on the health benefits to being on Healthy Options programmes – please see quotes from health professionals in blue print in margins and fully in Evaluation page 39.

- Of the 93 clients who returned the questionnaire (Sept. 2013) 51 clients had completed their programme, of those 40 (78%) are still taking part in physical activity 38% on a daily basis and 62% are exercising weekly
- A number of Healthy Options clients have moved from receiving medical treatment to successfully managing their own self-care activity programme

Key Results – NHS and Community

- 25 health professionals have participated in our Programme and Patients sub-group. This collaboration has helped Healthy Options establish new programmes and activities for Healthy Options clients and for the wider community eg. “Move Well”, “Perfect Posture” classes.
- With support from the physiotherapy department of Oban Hospital, Healthy Options runs a weekly activity class with tailored programmes for MS patients at the MS Centre in Oban. This innovative programme has been viewed as being ‘world class’.
- As a result of our programmes and requests from our clients Healthy Options along with Atlantis Leisure has initiated a range of programmes and classes for those less active and elderly. There are now 16 such classes on offer weekly which are co-delivered by Healthy Options and Atlantis staff, see appendix page 42
- Health professionals now have an exit path for their patients from time-limited hospital/medical treatment to community support which is geared to clients managing self-care
- A second weekly Oban Health Walks was established to meet the demand from Healthy Options clients
- We have a growing number of volunteers drawn from our clients who are now health walk leaders, a netball coach, we have volunteers trained on NHS Weight Management Strategy at Tier 2, volunteers assisting at the Health Fair
- Healthy Options organised/participated in 12 different education and health awareness events in our community. One was our successful Health Fair, which we had approaching 200 people attending from toddlers to octogenarians. The Health Fair had a programme of 7 different activities to participate in and 15 stalls from different health and wellbeing organisations.

- The 3 Best Things about Healthy Options:

“Knowledgeable and friendly staff. Feeling that you have someone who encourages you to keep going. Improving my fitness level and body shape.”

“The benefits of the programme were evident very quickly. Andrea was thorough in her follow up and checked the programme regularly for possible difficulties or good results. Feedback was frequent and always positive.”

“Andrea was very interested in my particular problems and took a very comprehensive survey of my medical history and what I wanted to get out of Healthy Options.”

Key Learning

- Healthy Options must remain client centred offering flexible programmes, both content and timing are crucial
- Contrary to national statistics for traditional GP referral gym based schemes, the majority of our clients opt-in to having their initial activity programme based in the Gym
- Adopt a culture of Co-production. Programme development is often client led. With our support, it is the client themselves who will improve their health and wellbeing
- Having the wholehearted support of the Lorn Medical Centre and Atlantis Leisure, the community owned and operated sports centre, from the planning stage was key
- The high level of engagement with local health professionals is a significant factor in the success of Healthy Options
- Our first meeting with the client is at the LMC, a safe familiar setting for the client
- We do not exaggerate when we say that the success of Healthy Options is a result of having highly qualified staff with the correct attitude, approach, and enthusiasm for helping people on their health journey
- Creating a space and time for fellowship, support for one another, and simply the opportunity to be a normal person and being part of ‘community’ cannot be underestimated. This psychological difference from being a patient in medical hands to being a client in a community setting is a key factor in achieving behavioural change and moving towards practising self-care.

HEALTHY OPTIONS THE ORGANISATION

Lorn and Oban Healthy Options Ltd. is a company limited by guarantee, having no share capital and is a registered charity. It has a board of directors drawn from health professionals, fitness professionals, business expertise, and community animators.

The board operates via 3 sub-groups, Programme and Patients; Education and Awareness and Finance and Management. It is the Programme and Patients group that has developed all the linkages and relationships with the large number of health professionals who have embraced Healthy Options. Our staff are now included in any appropriate NHS training modules and have earned themselves equal status with the health professionals.

The sub-groups meet as appropriate and report to monthly board meetings. Within the Board and sub-groups there is extensive experience in establishing successful community enterprise solutions to community need, from initial concept to ongoing sustainability.

Key to the success of Healthy Options is having the correct staff in place and in particular having Andrea James as our Project Manager. It has been Andrea’s, and the teams, dedication, caring and professional approach which clients have responded to and health professionals recognised and appreciated (as can be seen in the quotes and case studies in the report). At the end of the 2-year pilot Healthy Options has one full time Project Manager and two part-time assistants and a part-time trainee on work placement. It is quite remarkable to reflect that the success of Healthy Options has been achieved with less than 2 FTE staff, and from a standing start.

With a view to the future we have invested heavily in staff training and development with over 30 different learning/training activities attended by staff during the 2-year pilot (see appendix page 43). We are very proud of our staff that are probably the most qualified and experienced team in Argyll, if not the Highlands, to deliver such a wide range of programmes to clients with such complex conditions.

“Referral will generally reach beyond health professionals alone. It is useful to link patients with appropriate community based resources.”

BMJ 2011; 343:d4141
Khan, Weiler, Blair

“More and more of my colleagues are realising the value – people have engaged with Healthy Options don't come back into our services because they don't need to.”

“Healthy Options has also been of great benefit in measurable ways for some patients who have had problems with conditions such as chronic fatigue and low mood. I think it has helped some of them function better, get back to work, and improved their mood significantly.”

Outside of the pilot project, we have for the past year been contracted to run the Keep Well programme for the NHS in Oban and Lorn to their satisfaction.

We have also started to develop and deliver modules to assist businesses to offer their staff health and wellbeing programmes. Both examples are seen as a potential route for additional income generation.

LINKS TO LOCAL AND NATIONAL POLICY

During our pre-start research and during the 2-year pilot our Directors have either been active participants in delivering health services in our community or participating in the dialogue that is helping to frame a community response to new approaches in delivering local services and to the changing demographics and health needs of Scotland. Directors are members of Senscot and participate in / contribute at a national level in the Health Network, and Sport Round Table and are regular contributors and speakers at national conferences. Directors have spoken at conferences organised by the SG Joint Improvement Team. Two directors have undertaken research on behalf of the Carnegie Trust and published a report on successful Community-led Service Provision in Rural Areas. One Director has links with NESTA. Healthy Options has already a working arrangement with CHEX and PAHA. Directors are currently involved professionally/voluntarily in social housing; social enterprise training; social enterprise consultancy; youth work; University 3rd Age. Add to this the interests and experience of our volunteers and clients!

As a result Healthy Options is well informed of current Scottish Government strategic thinking and direction of travel. Our health professionals are also fully informed of developments and initiatives from the Community Health Partnerships as well as other strategic bodies within NHS Highland Argyll & Bute. Healthy Options is in alignment to the changes as recommended in many academic and medical research and articles which have been adopted into Scottish Government policy.

The following policy documents hold particular relevance and are explained in more detail in the report and appendices page 44:

- National Performance Framework with 5 National Outcomes
- The Commission on the Future Delivery of Public Services (2010) (Christie Report)
- Argyll & Bute's CHP Health Improvement Team's Strategic Priorities 2012 – 2014
- The National Framework for Service Change in the NHS: 'Building a Health Service Fit for the Future' (2005, the 'Kerr Report')
- Building on the National Framework for Service Change, the Scottish Executive's report 'Delivering for Health' provided a template for the future NHS Scotland (November 2005)
- Shifting the Balance of Care Delivery Group's Improvement Framework: 'Improving Outcomes by Shifting the Balance of Care' (July 2009)
- The National Physical Activity Implementation Plan 'A More Active Scotland: Building a Legacy from the Commonwealth Games' (2014)

This body of evidence and the above mentioned 'intermediary organisations' are part or wholly funded by central government, they are perhaps best viewed as **catalysts for change** as our society seeks new ways to meet the health challenges of the 21st century.

Healthy Options reflects the thinking of the catalysts, but it is different **'WE ARE A DELIVERER OF CHANGE'** within our geographical area and sphere of operation.

“I received clear information and advice based on my needs regarding recovery from serious illness and subsequent medication.”

“The management of long-term conditions has to be focused on self-management and Healthy Options is providing them with the tools to self-manage.”

“We can help them (patients) recover from an acute episode, but we don't have the facilities to help them change their lifestyle... that's where Healthy Options comes in perfectly.”

Physical activity is a complex behaviour, and modern physical and social environments discourage it. Countering these influences will require a co-ordinated approach involving multiple societal, institutional and departmental collaborations.”

BMJ 2011; 343:d4141
Khan, Weiler, Blair

OUR VISION AND FUTURE STRATEGY

There is clear quantitative and qualitative evidence that communities have a major role in enabling the people of Scotland to 'live longer, healthier lives'. The academic research and medical evidence state this and Government policy reflects this. Healthy Options is the embodiment of this thinking and along with our own evaluation results, is a living, working model which proves this – **Healthy Options works.**

Our vision is that Oban and Lorn will be known throughout Scotland as a healthy place to live, work, raise a family and look after our elderly. Can we get Oban to be acknowledged as Scotland's first 'health town'? Why not?

Results from our September questionnaire indicate that those who had completed their Healthy Options programme and had returned the questionnaire 30 were willing to volunteer and help new clients on the programme. Healthy Options is helping to create an environment where people want to be responsible for their own health and are willing to support others on their journey.

Our increasing engagement with NHS Highland operationally and at management level, as well as engaging with our clients and stakeholders suggests that Healthy Options could have an important role in delivering community health benefits in other related fields such as:

- Children and young people
- Elderly, in particular falls prevention
- Mental health
- Nutrition and healthy eating.

If Healthy Options is financially able to continue just at the current level we will reach 450 clients at the end of year 3 however we would expect to increase our capacity and widen our range of services. 1,000 clients by end of year six? If we continue to develop our approach and practices, continue with our client centred flexible programmes, work closely with health professionals, utilising the willingness of clients to volunteer, invest in our staff, then this is entirely possible.

Our three year strategy reflects this vision:

- continue to develop and consolidate our core activities
- improve our internal systems
- recruit more volunteers
- be prepared to engage in new areas of work where we see a good fit with our aims and aligns with the skills of our staff

We further believe that from the lessons learned there is the potential to develop a model capable of transferring the principles of operation of Healthy Options to other geographic areas. The Directors see a role for Healthy Options in researching and developing such a model for replication, but this would be separate from our core activities.

Future Funding – Healthy Options, a 'preferred partner' of NHS Highland?

From the outset the Directors were clear that a new organisation would need to prove itself to the NHS and health professionals before it would attract health sector funding. The Directors were prepared to seek funding for the initial 2-year pilot and were successful in attracting £110,000 of funding. This came from LEADER and a portfolio of national and local Charitable Trusts. During the second year we were successful in attracting new funding for additional non-LEADER funded activity.

“Should be more available to others
This is not just a gym membership it is the doorway to a better lifestyle. Shout it louder!”

However, the Directors were clear from the outset that an organisation such as Healthy Options **which is extending health services into the community in partnership with the NHS** will require that the majority of core costs are publically funded. We see Healthy Options becoming a ‘preferred partner’ of NHS Highland with a rolling 3-year funding arrangement. In round terms, to consolidate our business model and develop our core activities will require circa £115,000 of funding in year 3 of which we would look for statutory/NHS funding of circa £80,000. The Directors will secure the balance and seek additional funding for specific projects and trials as deemed appropriate for our community and the partnership.

Detailed budgets are available which are set at different levels of activity, though it is recognised that the enthusiasm of voluntary directors and our professional staff will quickly evaporate if there is not the opportunity for us to deliver meaningful health benefits for 500, 1,000 and more . . . of our neighbours, colleagues, friends and family.

The journey to a healthier Oban and Lorn has started.

This journey is exciting and full of possibilities. Healthy Options has the vision and the passion to drive this forward if given the opportunity.

DEVELOPING HEALTHY OPTIONS



“Because I don’t want my quality of life deteriorate, if I hadn’t worked on the programme I would have been sitting at home and my mobility would have deteriorated.”



INTRODUCTION

The people of Oban have long supported community initiatives, a willingness to get involved if the need is recognised and the approach is correct. Large projects like establishing Oban Lifeboat Station, a Mountain Rescue team, or in the health arena the MS Centre, and an ‘Oban response’ to provide appropriate hospice needs. Similarly there are many health charities which focus on helping those with specific conditions and how this impacts on their families. All these established initiatives came about from direct community action.

Similarly, Atlantis Leisure was established, in 1992, through the vision and energy of community minded sports people who, with the support of the whole community and the local authority, has resulted in Atlantis being recognised internationally as an outstanding example of a community providing excellent sport facilities and services.

Atlantis is a social enterprise, a company limited by guarantee and a registered charity. Atlantis is a business run for social impact and not for shareholder benefit. It has an asset lock; any surplus generated is reinvested in the business to allow it to address its social purpose and charitable objectives.

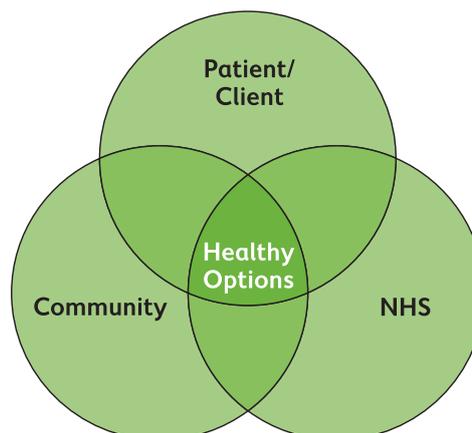
Healthy Options is a child of Atlantis. The Directors of Atlantis realised that with the facilities of Atlantis at its disposal then the solution to an increasingly inactive population with declining health indicators lies partly with the community.

If Atlantis is one ‘parent’ of Healthy Options then the Lorn Medical Centre (LMC) is the other. Pauline Jespersen, Specialist Practice Nurse and Partner at Lorn Medical Centre joined the board of Atlantis several years ago and used her knowledge to ensure that the sport and leisure objectives of Atlantis are also aligned to health benefit. This generic interest in sport and health manifested itself into a more tangible form when Pauline Jespersen and (by now) two past Chairmen of Atlantis, Hugh McLean and Roy Clunie, along with the Manager of Atlantis, Nick Wesley, met with a health and exercise professional who had particular skills and experience in community health & fitness, to discuss a more pro-active structured community response to health needs.

That response was to establish Healthy Options as a community company, limited by guarantee with charitable status.

Importantly, Healthy Options had ‘built in’ active support of health professionals and sport and leisure professionals and facilities from the outset – Lorn Medical Centre and Atlantis Leisure.

Healthy Options was formed in 2011 and with funding support from LEADER and various charitable trusts appointed Andrea James as Project Manager and started taking clients on the 1st of February 2012.



WHY HEALTHY OPTIONS?

“There have been the obvious improvements in physical health, often substantial.”

“After a few months I had an evaluation to see how I was getting on. Some of the exercises were changed and it stops you getting bored with them. Andrea also consulted the Physiotherapy about suitable exercises for my leg.”



LOCAL AND NATIONAL CONTEXT

LOCAL CONTEXT

Oban has one medical practice. ‘The Lorn Medical Centre has now just under 11,000 patients of which 4,000 plus have a chronic illness/s which can be improved or control managed by adopting an active healthy lifestyle’.

That is it. One simple statistic from the LMC encapsulates the why. We recognise that almost 40% of our neighbours, colleagues, friends, relatives have a chronic condition which we as a community have the ability to help address. Increasingly we see this as a **responsibility** of the community, one which we can no longer ignore.

GP Referral

It has been long recognised that the level of physical activity is linked to general health and wellbeing. The traditional link between the patient, general medical practice and physical activity is a GP referral scheme. However UK national statistics clearly indicate that GP referral schemes do not work for the majority of patients e.g. 50% of GP referrals do not turn up for their first gym appointment.

This is reflected in the statistics for Argyll Active which is a traditional GP referral scheme that provides a programme of activities in certain geographical areas in the county, but with no provision north of mid-Argyll. Argyll Active has a very limited choice of activities or times. For a few people this approach works, but as only 26%* of patients referred complete the course (completion is attending 6 out of the 10 weeks) it clearly does not suit the majority of patients. Of those who did not take part or achieve the 60% completion rate the main barrier was stated as health 67% followed by time 30% and motivation coming third with 3%*. Clearly the health professionals identified the need for their patients to take exercise but what was on offer did not suit the patient’s health condition or was at an unsuitable time.

Yet 97% of patients were motivated to become more active!

**Annual Report Argyll Active 2009-10*

CLEARLY WE NEED TO DO BETTER.

NATIONAL POLICY CONTEXT

The National Physical Activity Implementation Plan ‘**A More Active Scotland: Building a Legacy from the Commonwealth Games**’ notes that physical inactivity results in 2,500 premature deaths per year and costs NHS Scotland £91 million annually. It is the second largest cause of mortality (joint with smoking, behind high blood pressure). Being physically active can help prevent and treat more than 20 chronic diseases.

Within the document The Toronto Charter (2010) - a gold standard advocacy tool - makes a strong case for increased action and investment in physical activity as part of a comprehensive approach to non-communicable disease prevention and identifies seven best investments that work for promoting physical activity.

Of the 7, Healthy Options can claim to be addressing items 6 and 7 within our area.

Item 6 "Community-wide programmes that mobilise and integrate community engagement and resources"

Item 7 "Sports systems and programmes that promote 'sport for all' and encourage participation across the life span"



“I can now do more activities. I had spent a whole day on the beach with my grandchildren one day over the summer. Prior to Healthy Options I would not have been able to do that.”

– The 3 Best Things about Healthy Options:

“The attention to detail every client is an individual with particular needs this is not a one size fits all operation. Staff are enthusiastic and well motivated this is infectious and leads to good well planned programmes. The staff are vigilant and give good follow up advice and motivation They genuinely seem to care.”

A More Active Scotland details actions from 2014 to 2024 across 5 areas. Four of them have outcomes which Healthy Options is helping to address in our area.

Examples:

NHS and Social Care

By end of 2014

- All health and care professionals will have access to resources to promote the recommended levels of physical activity
- Increasing patient physical activity for the prevention and treatment of disease will be a routine part of primary care

Within 5 years

- New links will be forged between the health system and the community, enabling signposting to local opportunities
- Integrated care services will routinely take account of physical activity

Within 10 years

- More people will be physically active as a result of interventions by health and care services, resulting in fewer people requiring treatment.

Sport and Active Recreation

By the end of 2014

- More volunteers and coaches will be involved in getting people active

Within 5 years

- The coach and volunteer workforce will have the knowledge and skills to promote increased physical activity.

Communications

Within 5 years

- More people will know the health benefits of physical activity and how to be active
- Increased awareness of the wide-ranging benefits of physical activity e.g. health, transport, economic, environmental, social.

Environment

Within 5 years

- More active and inactive people will know about and use local opportunities to be more active

Further

- These actions and the others included in the plan seek to realise the overarching vision that **“the people of Scotland will enjoy more active and healthier lives”**.
- Within ten years, **fewer people should require treatment given increased physical activity** through the intervention of health and care services.

We are aware that there are many policy and national framework papers relating to the need to change our health and activity patterns. These include the following which are given more detailed analysis in the appendix page 44.

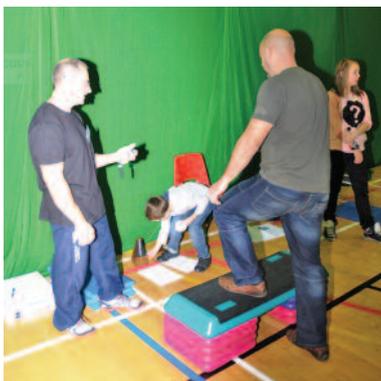
The National Framework for Service Change in the NHS: ‘Building a Health Service Fit for the Future’ (2005, the ‘Kerr Report’) emphasised the need for the NHS in Scotland to change in response to Scotland’s rapidly evolving health care needs. The Kerr Report emphasised that the citizens of Scotland need to take a greater responsibility for their own health and for the overall effectiveness of the health system.

- **A 1% increase in the effectiveness of self-care may lead to a 10%-15% decline in primary care contacts.**



– The 3 Best Things about Healthy Options:

“Everything was explained and you were supported all the way. Any questions I had were answered. The end result was great.”



....planning the future of the NHS in Scotland we need to:

- *View the NHS as a service delivered predominantly in local communities rather than in hospitals. 90% of healthcare is primary care, yet we still focus predominantly on the other 10%*
- *Emphasise preventative, anticipatory care rather than reactive management*
- *Develop options for change with people, not for them, starting from patient experience and engaging the public early on to develop solutions*

One of the main conclusions of the Kerr report was that the NHS could meet its challenges by maximising services in the community – delivering care that is as local as possible and as specialised as necessary.

Building on the National Framework for Service Change, the Scottish Executive's report 'Delivering for Health' provided a template for the future NHS Scotland (November 2005)

Fundamentally the report argued for a fundamental shift in how the NHS works, tackling the causes of ill-health and providing care which is quicker, more personal and closer to home.

'Shifting the Balance of Care' (SBC) is a policy objective which entails increased emphasis on health improvement and anticipatory care – essentially, more continuous care closer to home. It involves a partnership approach between the NHS, local authorities and the third sector. SBC is a response to demographic pressures, the increasing cost of institutional care and the need to improve health and social care outcomes.

There should be a shift in focus from services based on acute conditions towards systemic and personalised support for people with long term conditions. More care and treatment should be provided in the community, with people working between organisations and between professionals. There should be an emphasis on developing *community infrastructure* and *workforce capacity*.

National Performance Framework

In addition to the policy papers we recognise that one of the National Performance Framework Objectives is for Scotland to be Healthier. This translates into 5 National Outcomes namely

- We live longer, healthier lives
- We have tackled the significant inequalities in Scottish society
- We have strong, resilient and supportive communities where we are able to access the amenities and services we need
- Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it.
- Our public services are high quality, continuously improving, efficient and responsive to local people's needs

Argyll and Bute

Local Authorities produce their Local Outcome Agreements to address these Outcomes and influence them via Community Planning Partnerships and Community Health Partnerships.

Argyll & Bute Council response to “We live longer, healthier lives” includes the statement that in 10 years “Communities are active in co-producing the services they have aspirations for. People lead more active lives through increased participation in sport and physical activity.”



“There is strong economic evidence that to manage lifestyle diseases, doctors should first encourage patients to adopt a healthy lifestyle and then help them to maintain it.”

BMJ 2011; 343:d4141
Khan, Weiler, Blair



Included in Argyll & Bute's CHP Health Improvement Team's Strategic Priorities 2012-2014 Objectives are:-

- Develop and support delivery of health improvement in Argyll & Bute in line with relevant priorities and targets
- Translate national health strategy and implement at a local level
- Develop and implement relevant action plans to improve population health
- Build capacity for health improvement, for example, provide relevant health information, training and support to staff, partner organisations and communities; and develop and sustain partnerships for health improvement.
- Respond to local needs to facilitate and support community led health improvement.

Preventative Approach

The case for preventative approach was outlined in the report for the Commission on the Future Delivery of Public Services (Christie Report) where they state on page 54/55

A growing body of evidence demonstrates the improvements in outcomes that can be achieved by taking preventative approaches. It goes on to state that the Finance Committee of the Scottish Parliament Report on Preventative Spending (2010) '*demonstrated the broad support for the concept of preventative spend*'. The evidence submitted to the Finance Committee demonstrated the impact that preventative spending could have in '*major areas of policy such as the early years, climate change and health and social care*' also going on to note '*that witnesses have unanimously supported the concept of preventative spending as perhaps the primary means by which some of the social problems could at best be eliminated or more realistically be ameliorated.*'

Please refer to appendices, page 44, for more detailed analysis of national policy.

As we were developing the concept of Healthy Options we were taken by the work of John McKnight, Professor of Education and Social Policy at Northwestern University USA who, in July 2009 gave an address to the Coady Institute titled "Community Capacities and Community Necessities". In this address he made the following comment on health within the community which neatly summarises Healthy Options approach.

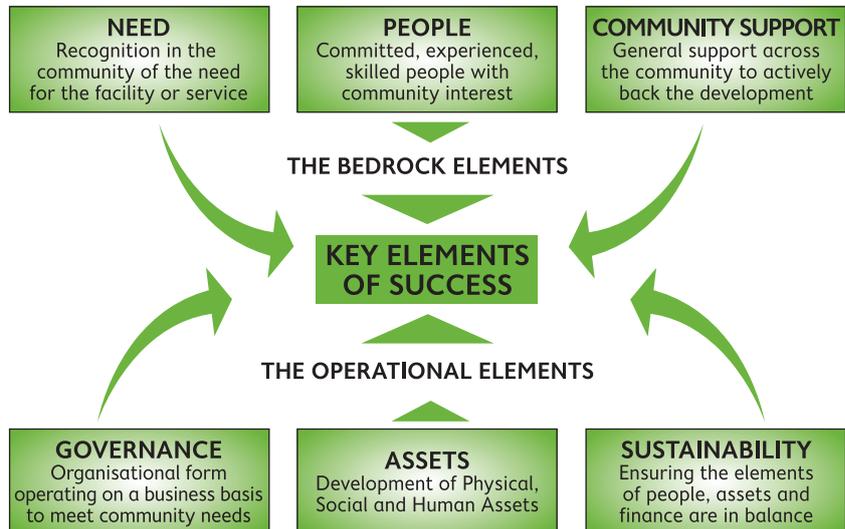
“How long we live, how often we are sick, is determined by our personal behaviours, our social relationships, our physical environments and our income. As neighbours, we are the people who can change these things. Medical systems and doctors cannot. This is why scientists agree that medical care counts for less than 10% of what will allow us to be healthy. Indeed, most informed medical leaders advocate for community health initiatives because they recognise their systems have reached the limits of their health giving powers”

WOULD A COMMUNITY APPROACH WORK, AND IF SO WHAT WOULD IT LOOK LIKE?

- The 3 Best Things about Healthy Options:

“It is run by very professional people. The regime is tailored to suit you. The whole atmosphere is encouraging without any feeling of being pressured.”

Research undertaken by The Carnegie Trust published in June 2009 into Community-led Service Provision in Rural Areas identified that **Six Key Elements** needed to be present for a community organisation to deliver sustainable, professional services.



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The Carnegie research highlighted that unless the 3 Bedrock Elements are in place then there is little point in even considering a community response.

Were the conditions right for a community response in Oban?

The BEDROCK ELEMENTS

NEED

Recognition in the community of the need for the facility or service

- Over 4,000 patients out of 11,000 have a chronic illness which could be improved or better controlled by adopting a healthy active lifestyle
- There is no GP referral scheme in North Argyll

PEOPLE

Committed, experienced, skilled people with community interest

- Experienced social entrepreneurs and community activists were prepared to take a lead and ‘make it happen’
- Core group of health professionals and the LMC fully supportive and engaged
- Skills in health and physical activity available locally to develop a community health initiative

COMMUNITY SUPPORT

General support across the community to actively back the project

- Full support and active involvement of Atlantis Leisure, Directors and Management
- Willingness of local organisations and clubs that provide physical activities to become social prescription delivery partners
- Support of other local social enterprises e.g. West Highland Housing Association
- Support from other health related support organisations
- Willingness of practising Health Professionals across the disciplines to work with Healthy Options to dovetail with Healthy Options to improve the service to their patients

“Whereas I would normally try to see patients 3, 4, 5 times just to keep them engaged and motivated, I can now see them once and know that they are going to remain engaged and motivated.”

“Healthy Options – ‘a comprehensive and adaptable exit strategy’ which prevents patients ‘from being discharged with no support’.”

– The 3 Best Things about Healthy Options:

“Going to the gym has motivated me. Losing weight. Feeling better about myself.”

“Feeling fitter and more active. Helpful interested staff. Tailored to my own specific needs.”



The **BEDROCK ELEMENTS** were in place to establish a community response. What form would this response take and how would it operate?

Our response was to establish **Lorn and Oban Healthy Options Ltd.**

The charitable aims and social purpose of Healthy Options are:

‘To improve the health of the community of Oban and Lorn by providing opportunities and support to participate in physical activity; to promote healthy living activities and lifestyle options; to improve knowledge, skills and understanding of health; enable local people to make a positive impact on their own and their community’s physical, mental and emotional well-being by developing activities which address health inequalities.’

The key **OPERATIONAL ELEMENTS** of Healthy Options are

GOVERNANCE

Organisational form operating on a business basis to meet community needs

- A company limited by guarantee registered in Scotland No. SC383167
- Registered charity no. SC041998
- Directors (currently 7) drawn from social entrepreneurs, health professionals, business expertise
- Professional staff appropriately qualified in health and fitness, currently 1 full time Project Manager; 2 part-time assistants; 1 trainee work placement
- 3 sub-groups, Chaired by a Director reporting to the Board:
 - Programme & Patients
 - Education & Awareness
 - Finance & Management

ASSETS

Development of Physical, Social and Human Assets

- Facilities at Atlantis Leisure and portfolio of delivery partners
- Knowledge and expertise: Qualified and enthused Healthy Options staff; Health Professionals at LMC and the wider NHS; management and staff at Atlantis Leisure
- Volunteers from the community and potential for client volunteers
- Knowledge and links to national networks – Senscot, Chex, PAHA, etc
- Client skills with co-production principles being at the core of Healthy Options

SUSTAINABILITY

Ensuring the elements of people assets and finance are in balance

- Staff and skill base
- Team of active, qualified volunteers
- Training, qualifications and attitude
- Future funding portfolio to include circa 70% core costs from NHS/Government sources
- Independent income generation through trading
- Succession planning for Board of Directors and sub-groups

WHAT IS A HEALTHY OPTIONS PROGRAMME?

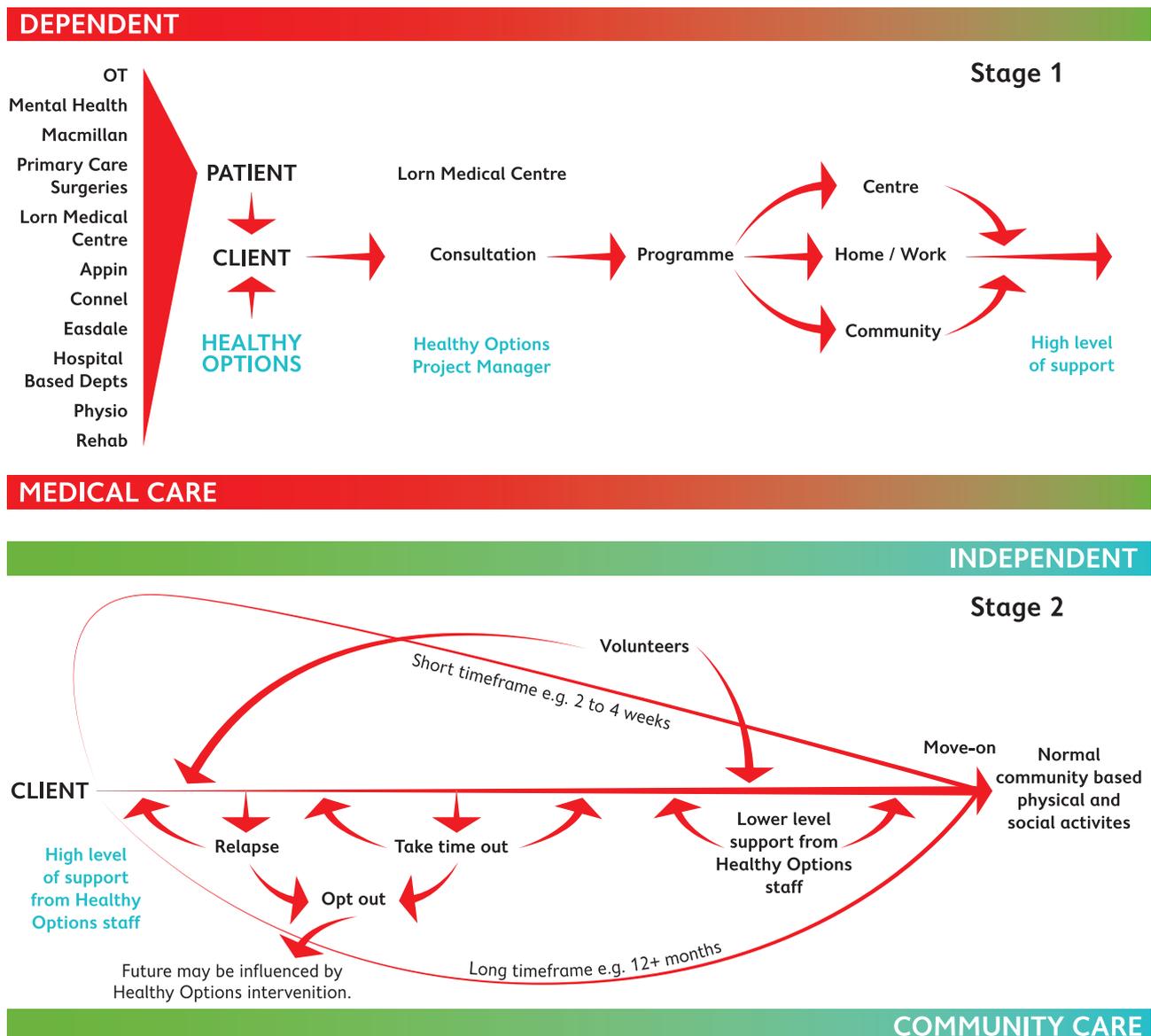
“The programme has been life-changing for many of our patients.”

The work of Healthy Options is encapsulated in 4 key statements:

- There are a growing number of people with chronic conditions or those heading towards chronic conditions as well as people recovering from the effects of chronic conditions.
- A high percentage of these people's condition could be managed or improved by a change to a healthier lifestyle.
- People need to be motivated to make that change.
- Motivation itself is not enough; people need to be supported through the process of making the changes permanent in their lives and their programme needs to be tailored for their situation, aims and needs.

Healthy Options is based on the principles of co-production and utilising the knowledge and interests of the client and utilising community assets. We believe that individuals and the community have the ability to positively impact on their own health and that of their neighbours, family and friends. Healthy Options programmes seek to affect behavioural change and to do so clients require taking more responsibility for their own health and wellbeing.

THE HEALTHY OPTIONS HEALTH JOURNEY



“If we don't get a handle on the obesity and weight management and fitness levels in Oban, they're all going to end up with type 2 diabetes 20 years down the line.”



“Having the pedometer gave me a goal and encouraged me significantly increase the amount of walking I was doing.”

Patients can only be referred to Healthy Options by GP's and health professionals from:

- Lorn Medical Centre
- Physiotherapy Dept.
- Weight Management
- Specialist nurses - cardiac, respiratory and Macmillan Nurses
- a restricted number of referrals from Connel, Taynuilt, Appin and Seil GP Surgeries.

We have deliberately focused on the LMC and the Oban area to make sure we have a tight working model before we attempt to roll the model out elsewhere, if we choose and have the finance available to do so.

Our first meeting with a referred patient, our client, is held at the LMC. We hold two surgery periods each week - morning and evening. During this 30 minute consultation our Project Manager discusses with the client their condition, personal circumstances and interests and goals. The client, along with our PM, agrees a programme of social prescriptions (non-medical prescriptions) which are either centre based, home based, work based or community based.

This results in a client focused, flexible programme. Each client is on their own unique health journey. This journey is structured into two stages, an initial stage 1 where we provide a high level of support and input from Healthy Options staff, and a further 'Move-on' period during which clients take over more responsibility for their own programmes. During this second stage we endeavour to keep in contact with clients and give additional support if required. Each client comes with their own medical condition and their own health journey therefore the timings of the two stage approach vary widely. We have instances where a client is with us for only a week or two, they just need some support and initial advice after which they are confident to manage their own programmes, others have been on stage one for 22 months, they have made real positive progress on their health journey but do not have the confidence or ability presently to continue on their own.

When we started we designated the initial stage 1 to be a 12 week programme and the second stage to be up to 9 months. As the project has progressed we have learned that this is too prescriptive and does not reflect the reality of people's lives or conditions. Thus each stage will last as long as the person requires. We recognise that some people with life conditions e.g. some with MS may not move beyond stage 1 but will have improved circumstances both medical and social from their experience with Healthy Options.

This process of change has 5 steps:

Pre-contemplation—Contemplation—Preparation—Action—Maintenance

Our clients are likely to come to us via the health professional at step 3 or 4. It is normal that during this change process there will be period of relapse and these may be due to medical / motivational / inappropriate activities. The person may decide to restart after the relapse or may opt out of the programme. Even at the opt out stage enough progress may have been made for significant change to have taken place to make a difference in their lives. By recognising this relapse as a normal part of the change process we are very happy to welcome them back.

Similarly people will take time-out for a variety of reasons including work pressures / holidays / family circumstances. This is normal and they are welcomed back when it suits them.

- The 3 Best Things about Healthy Options:

“Meeting new friends. Keeping fit. Losing weight.”



“I was out of hospital, it was the next step forward. I could go to a gym! I could put a tracksuit on rather than pyjamas! It was psychologically a huge barrier to break to return to the real world. I didn't realise it at the time, but looking back at it that was a huge thing.”

Social Prescriptions

Centre based social prescriptions include:

- Gym sessions
- Pool sessions including 1 to 1 in a private pool for those who are less confident.
- Aerobic classes
- 'Move Well' classes
- 'Perfect Posture' classes
- 'Fit for Life' classes
- Pilates / Aquaerobics / Zumba

Community based social prescriptions include:

- Oban Health Walks
- Line Dancing
- MS clients at the MS Centre
- Bowling
- Scottish Dancing

*Note: Other social prescriptions are available but have not been taken up by clients as the complexity/level of conditions of clients is at a higher level than we anticipated. Also in **direct contradiction to national and local statistics** a very high proportion of clients opt for gym and centre based activities. (see Evaluation section starting page 23).*

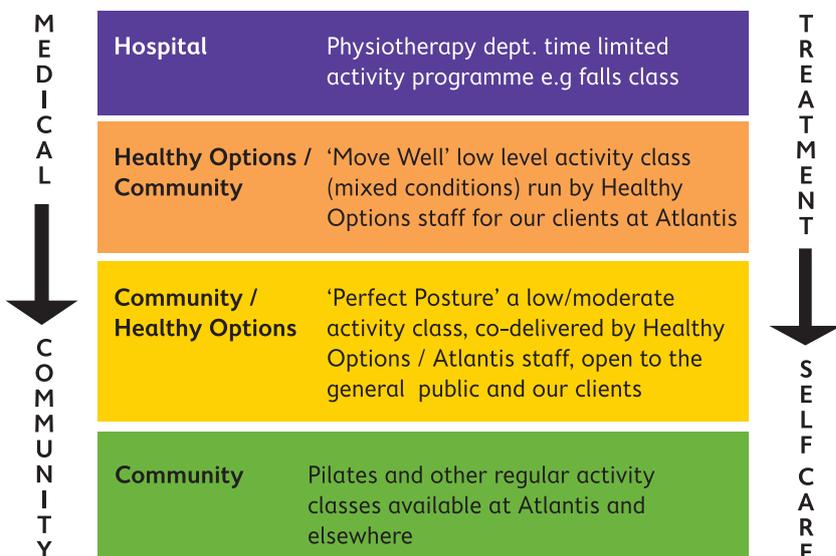
Home or Work based social prescriptions include:

- Bespoke home / work exercise programmes
- Pedometers
- Chair based programmes

For those on home or work based programmes our staff meets with them on a regular basis in LMC to review progress.

As can be seen from the diagram below we are moving people along a continuum to the stage where they are doing their physical activity/s in the community like anyone else taking responsibility for their own health and wellbeing.

Many clients have told us the importance of them doing their activities in the community. When they attend activities in the hospital they are patients and progressing onto community based activities is a huge psychological step change as they are just doing what others are doing out in the community. This psychological difference is key and should not be underestimated.





- The 3 Best Things about Healthy Options:

“They worked around me and my schedule. Nice/helpful instructors. Work around me for appointment’s.”



“Entirely positive feedback from clients, particularly those who thought they would never be able to exercise again but have gradually built up and enjoyed it.”

The social aspect of the programme cannot be minimised as in the main we have people who gain immensely from the human contact their programmes offer them.

Key differences between a Healthy Options programme of social prescriptions and a traditional GP referral scheme

Healthy Options	GP Referral
The initial meeting with our clients is at the LMC, a safe, known environment where we can get to know the client and build a trusting relationship.	The first contact is often at the gym with a fitness instructor they may not have met before.
On a 1-to-1 basis we personally introduce the client to their first social prescription e.g. if it is a gym session we are there ready to walk in with our client. Often there are other Healthy Option clients in the gym.	The patient has to walk into a gym which has healthy, fit people in it, very often for the first time and on their own. It is no wonder that nationally almost 50% of GP referrals do not turn up for their first appointment.
Our clients co-design their social prescription programme from a wide range of activity programmes – centre, home, or community based or a mixture of all three.	The fitness professional will provide a programme usually gym or pool based with limited access to classes and no opportunity to participate in community clubs and activities.
Healthy Options social prescriptions are available throughout the week at times to suit the differing lifestyles of ALL our clients.	A traditional GP referral scheme operates at set times on set dates.
We offer a full year of support, 12 weeks of intensive support followed up by 9 months of general support (in reality this is extremely flexible with some clients being on stage one for 22 months).	10 week programmes are fairly standard.
We offer opportunities for fellowship and to socialise – Spa day at Craignure; Christmas ‘do’; visits to the 50+ Show at the SECC; tea and chat before or after walks etc.	
Volunteering opportunities for our clients to assist in the delivery of social prescriptions and the operation of Healthy Options.	
Client-led group programmes are designed delivered and available to general public as well as Healthy Options clients e.g. ‘Perfect Posture’.	

“HEALTHY OPTIONS PROGRAMME & PATIENTS” DEVELOPING LINKS TO NHS PROFESSIONALS



“On an individual patient level I’ve seen everything from being able to walk without being out of breath, taking it up a level to a fast-paced walk/jog. More importantly from my point of view, physical improvement has an impact on that person’s confidence, body image and sense of self.”

With the backing of LMC staff, Pauline Jespersen (Specialist Nurse and Practice Partner and Healthy Options Director) set up a Programme and Patients group with Healthy Options Project Manager Andrea James. A wide range and number (25 at last count) of health professionals have attended, when time allows them, to 2 or 3 monthly meetings over the 2 year period and this dialogue has resulted in remarkable progress in working relationships and partnerships between Healthy Options and their departments.

Examples of which are:

- Referrals coming in from all the Primary Care surgeries in the Lorn area
- Changes to the cardiac and pulmonary community programmes with referrals coming to Healthy Options
- Establishing an exercise regime for MS sufferers in their own centre run by Healthy Options
- Establishing a progressive set of classes linked to the hospital's Physiotherapy department (diagram page 17) to enable clients to move from the physiotherapy exercises carried out in the hospital after trauma or surgery through to normal classes available to all in the community.
- Healthy Options staff and 2 Healthy Options community volunteers trained alongside NHS staff in NHSH Weight Management Strategy at the Tier 2 level.
- Healthy Options staff being included in appropriate training taking place within the NHS locally
- Physiotherapy support to provide appropriate exercise for those with neurological impairments - Cerebral Palsy

From the above examples it is clear that within 2 years Healthy Options has become an integral and essential part of the extended work of a wide range of health services in the area.

HEALTHY OPTIONS – THE WIDER ROLE



Working with NHS programmes

For the past year we have been running, on a contract basis, the NHS Keep Well programme for the Oban area to the NHS Public Health's satisfaction. Currently we are in discussion with the Physiotherapy department of Oban Hospital who have asked us to run a pilot Falls Prevention programme out in the community. This is likely to be in one area only due to the funds available.

Working in the wider community

As well as working with clients on their specific health journey we have a wider role ‘... to promote healthy living activities and lifestyle options; to improve knowledge, skills and understanding of health; ... developing activities which address health inequalities.’

“We have to find a way to get this out there, everywhere. We need to find a way to scope and scale this Scotland-wide. What you have is a model which can be replicated if you have the facilities, the people, the finances etc.”

– The 3 Best Things about Healthy Options:

“The fact that they give us folks with MS a weekly programme that we can all participate in and meet other people with the same condition and getting improvements.”



We address this by developing an ‘**education and awareness**’ programme. This programme has delivered:

- Co-delivered ‘pink aerobics’ cancer awareness health month in 2012 and 2013
- Delivered taster sessions and health activity sessions at West Highland Housing Association tenants event 2013
- Delivered activity sessions at Argyll Voluntary Action ‘Active Ageing’ event in Oban (2012)
- Presented taster sessions at the Oban Breathe Easy Group with a view to designing activity programmes in the future for this group (2013)
- Delivered health awareness and activity taster sessions for the University of the Third Age (2013)
- In conjunction with Oban Health Walks, presented at the Paths for All National Conference, Perth (2013)
- Talks to community groups – e.g. Rotary Club of Oban
- Presented at the Sencot National Conference (2013)
- Delivered health activity sessions at the Argyll Voluntary Action organised community health event at the Church Centre, Oban (2012)
- Organised and delivered the first Oban and Lorn Health Fair, September 2013. The programme included
 - Healthy eating cookery demonstrations
 - Smoothie bike – exercise and make a fruit smoothie
 - Health checks with ‘Keep Well’
 - Fitness assessments
 - Childrens activities ‘Activity is Magic’
 - Personal Fitness MOTs for older populations
 - Taster sessions – line dancing, zumba, netball, climbing wall,
 - Market street of stalls – Fire Service, Indian Head Massage, Body Massage, MS Centre, Beautiful Minds, Alzheimer Scotland, Carer Centre, Health & Wellbeing Network, Community Development, Oban Health Walks, Atlantis Leisure, NHS community weight management team, Oban Netball, Friendship Club, Lorn Organic Growers, Musical Memories
- ‘Around the World in 70 days’ a community step challenge – we did it!
- Created our ‘**Healthy Options Zone**’ an information point at Atlantis with open access to all. With information available via leaflets, video, posters, etc the Healthy Options Zone encourages us all to think ‘active & healthy’.
 - Information on active healthy lifestyles
 - Specific information on particular issues to tie in with national campaigns e.g. Healthy Heart, Diabetes, etc etc
 - Diet and weight management
 - Recipes and healthy eating
- Healthy Options Zone is a mobile resource capable of being taken to community events, gala days and work places

Working with Community businesses - in development.

As a further example of potential outreach activities following a taster session in 2013 our staff has, in March 2014, run an activity class for 12 employees of West Highland Housing Association.

This 1 hour session included:

- Cardiovascular Risk Factors assessment (ASSIGN Score)
- Flexibility measurement
- Office based physical activities
- Body mass index and blood pressure monitoring

As we build expertise in this area we expect to open up further finance generating avenues in the future.

HEALTHY OPTIONS – 2 YEARS WHAT HAVE WE LEARNED AND HOW HAVE WE PROGRESSED?

“I also do water aerobics – exercise improved my soreness / stiffness while in the water. A few refresher swimming lessons improved my confidence as I had not swum for a long time. Met new company which was hard as I live on my own. Although my condition isn't improved but makes me feel better.”



“If I could lose some weight, I would have more confidence for new learning skills and meeting people. At the moment though I try to stay away from these situations because of my severe confidence issues.”

OUR CLIENTS – have more serious and complex conditions than anticipated

Although our target group remains the '40%' in our community with a chronic condition the range and complexity of conditions and those with serious issues was greater than expected. This required a re-think of what programmes could be offered and influenced our approach to delivery. This inevitably resulted in more 1 to 1 situations and the qualifications and experience of our staff needed to be higher than first thought. All our staff have upgraded their qualifications across a variety of disciplines. Our team of Project Manager and supporting staff are probably the most qualified in Argyll & Bute to deliver activity programmes to this client group.

The ability and expertise to deal with clients with chronic conditions is not normally present in commercial gyms or community run gyms like Atlantis. Gym staff are used to assisting healthy, comparatively fit people, not clients with chronic conditions. Healthy Options have worked with Atlantis staff to introduce alternative approaches and altering gym layout making the whole experience more welcoming for Healthy Options clients. This has been a 'step-change' in thinking for Atlantis and their staff, from instances of mild resistance from some quarters to our clients, we have now moved to Atlantis and Healthy Options jointly running specialised programmes for less able people and Healthy Options clients. We now have two Atlantis staff who are trained volunteer walk leaders! Atlantis have moved from having a couple of 'over 50s' sessions per week which were very popular to having an Active for Life (see appendix page 42) programme – 9 classes on a Monday 9.00 – 2.00 and 7 classes on Wednesday 9.30 – 1.45pm. These classes are co-delivered by Atlantis and Healthy Options staff. This is a fantastic innovative approach and reflects the wider impact of Healthy Options in the overall community.

MIND THE TRANSITION GAPS!!

Hospital—Community—Personal Responsibility—Behavioural Change

Before Healthy Options patients were offered a hospital based exercise programme for a limited period of time. There was no follow on programme, no link into the community. During our first two years Healthy Options has successfully bridged the gap from a health based service into a community based service. This has been the principle focus of Healthy Options and where significant learning points have resulted in modifying and adapting our programmes and approaches.

We also recognise that our programmes are resulting in clients taking more responsibility for their health and there are many stunning examples of behavioural change, however we acknowledge this is a complex area which will take time for us to 'perfect' our support and practises to assist more clients make sustained lifestyle changes. We also require new methods to record lifestyle change. The gaps are narrowing, closing them requires more thought and new approaches.

CO-PRODUCTION

From the outset Healthy Options acknowledged that the person with the most knowledge and influence over their lives is the client themselves. Therefore the client is an equal partner when it comes to designing their social prescription programme. This 'client focus' with it's flexible approach being key is part-way to a full co-production model when existing and past clients will actively be involved in delivering programmes and play a key role in the future development of Healthy Options. However this client led approach has already been instrumental in Healthy Options with the support of health professionals in establishing a new low activity class 'Move Well' and a low/moderate activity class 'Perfect Posture' (to improve posture, balance and coordination). Partnership working with the physiotherapy department ensured that the new programmes were complementary to existing provision AND importantly offered a structured progressive approach offering opportunities for clients to take responsibility for their health.



– The 3 Best Things about Healthy Options:

“I can only think of one thing and that is that healthy options keeps going and helps as many people as possible it is great to feel good.”

“It is cheaper so I am able to use the gym more than before my programme in the gym pushes me to keep going so I don't get as bored as I used to. The girls are great at keeping you motivated, I think with out them I would have failed already.”

“Obesity isn't going away – just going to get worse. What I need is community teams.”

FINANCE

Funding for the 2 years of the pilot was sourced from Leader £54800, to be match funded by The Robertson Trust £30,000, Awards for All £10,000, Oban Common Good fund £10,000, Lloyds TSB £3500, West Highland Housing Association £1,500 and the Susan H Guy Charitable Trust £1000. Some of the funding raised was for project costs not eligible for Leader funding.

These funds took the project from start-up through to the end of Leader funding. The project is at present sustained by “continuation” funding provided by Argyll and Bute Public Health up to the end of March 2014 for assessment and reporting of the 2 year pilot.

It is the policy of Healthy Options that no-one will be excluded from the Healthy Options programme for financial reasons. All clients who are in receipt of welfare benefits get free access to all Healthy Options programmes and activities. All other clients pay a subsidised rate negotiated with Atlantis and our other delivery partners. 39% of our clients benefit from Healthy Options at no cost to them. (see Evaluation section opposite).

None of the funders above provide long term finance. The Robertson Trust have committed a further 3 years at £15,000 per year to the project from November 2013. This is in line with their normal practice for projects they regard as valuable. At the time of writing this is the only funding that is currently confirmed.

When we addressed the Argyll & Bute CHP in December 2012 part of our message was that beyond this 2 year pilot it was extremely unlikely that Healthy Options could carry on without significant statutory agency funding. That was true then and the progress made since, allied to the integration with NHS working, indicates this even more so. We believe at least 70% of funding will require coming from government / NHS / Statutory Agencies with the balance being sought from trusts and specific targeted programme funding.

It is important that Healthy Options retains the degree of independence required of a community charitable organisation and the degree of freedom to find other finance to enable choices in what activities are appropriate for Healthy Options within our overall objectives.

3 YEAR STRATEGY 2014 – 2016

Operational Strategies

- 1 Continue Core Activities developed during the 2 year Pilot Project
We will continue to provide services to current and future clients referred to us under the existing protocols.
- 2 Priorities obesity problems
- 3 Develop and co-ordinate volunteers
- 4 Ensure Healthy Options is professionally managed and administered by paid staff

Financial Strategies

- 5 Secure funding / source contracts to achieve above Operational Strategies and ensure Healthy Option's long term sustainability
- 6 Healthy Options will seek to develop additional income stream/s

Developmental Strategies

- 7 Develop the principles for a model to enable Healthy Options to be replicated elsewhere in Argyll & Bute (then perhaps beyond). Lead research and feasibility activities in this area
- 8 Increase our range of activities
We recognise there are other areas where community and NHS / Statutory Agencies working together would be of benefit and are keen to explore possibilities.
- 9 Develop wider use of electronic resources

EVALUATION

INTRODUCTION

It is clear that there are no definitive measures of success in a project like Healthy Options. Numbers have a role to play but do not give the whole picture similarly storytelling captures some people's experience but not all. Success for one person might be regarded as failure in another. Everyone comes to the project with their own history and desires for the future and being completely client centred we should not allocate success or failure to their aspirations.

Recognising this, the question becomes has Healthy Options interaction with our clients improved their lives and wellbeing, has it made a difference and will this difference be short or long term? The difference may manifest itself in outcomes relating to their health, to their social interactions, their economic situation or have improved their environment. Indeed their attitude to themselves, their families and the overall community are likely to play a part.

Because of the complexity of this in-exact science of evaluation we have used a variety of formats, both quantitative and qualitative. We have developed procedures for data collection which are acceptable to NHS, though this took some time to be agreed. We had difficulty in initially identifying the type or details the evaluation would take. As a result of these complications we started to address evaluation fully in the second year and to some extent have been playing catch up. Financial constrains also limited the range of evaluation methods available to us.

The Evaluation methods are:

- Details from our client database (detailed statistics page 25)
- Case studies from client and health professionals perspective (starting page 26)
- Client questionnaires (details are in italic on following pages)
- Feedback from health professionals via a questionnaire (details on page 39)

ALL the evaluation methods used strongly indicate that we have made a huge difference in many people's lives.

DETAILS OF THE METHODS OF EVALUATION

CLIENT DATABASE

From 1st February 2012 to the end of Dec 2013, 265 clients have been entered into the programme. This is ahead of the 2 year target of 240. Client personal records are kept in one location whilst the medical information supplied by the referring health professional is kept elsewhere. Each client is given a number, this is the only link between the two. Thus the database used for evaluation purposes has no means of identifying individuals.

The database gives information under age; gender; referred by; reason/s for referral; personal goals; level of activity at start; pre-intervention activity; recommended programme; stage 1 programme; stage 2 programme; level of activity at end and exit path (categorisation chart, appendix page 41).

QUALITATIVE EVALUATION

In addition to the feedback gathered from questionnaires and reports compiled from the Healthy Options client database, we considered that it would be useful to present qualitative data providing more substantial insight into the experiences of healthcare professionals and clients in working with Healthy Options. To this end, we engaged Gregor Clunie, a PhD candidate from Glasgow University with qualitative research methods training, to undertake a series of qualitative semi-structured interviews.



“We have to look more on the prevention rather than treatment.”



– The 3 Best Things about Healthy Options:

“Definitely more flexible and have stamina. Now taking no medicines. Feel good factor.”

– The 3 Best Things about Healthy Options:

“Andrea was wonderful, encouraging, welcoming and a happy personality. It takes a holistic view of the health of person.
Communication.”



– The 3 Best Things about Healthy Options:

“Having the pedometer has made me walk more because you're checking your steps. It's very encouraging. Regular check-ups on how I'm doing reference physical activity and wellbeing. I am very pleased that I was referred to Healthy Options. Since Healthy Options was launched there have been a lot of people in Oban who are far more cheery.”

The interviews, lasting between forty minutes and an hour and while being loosely framed by a set of standard questions, were conducted in such a way as to encourage the interviewee to redirect the process where necessary, to introduce any themes or ideas they thought appropriate and to be critical of the programme where they saw fit. The interviewees were provided with an information sheet prior to the interview and were asked to complete a consent form allowing the use of the – audio recorded – data in reports and publications. Such data was for clients anonymised before inclusion in this report.

The following pages contain short summaries of these interviews which attempt to distil the essence of the professional/client's experience of involvement in the Healthy Options programme. For reference, the full interview transcripts are included in the appendices starting page 48.

CLIENT QUESTIONNAIRES

Questionnaires were developed in-house and in Sept 2013 were sent to all 230 clients who were referred to us during the first 18 months. Of these we received 93 back, 51 from clients who were in stage 2 of the programme. The remaining 42 were either just past the consultation phase or working through stage 1. Thus some of the results are based on 93 or 71 or 51 responses depending of which part of the programme the question relates. The number base of the question is detailed in the results. The 93 represents a healthy 40% return.

A variety of communication methods were used to try and maximise the responses including postage payment and electronic form filling.

HEALTH PROFESSIONAL QUESTIONNAIRES

A separate questionnaire was developed to ensure we gained an insight into the views, about Healthy Options, from a wide range of health professionals.

EVALUATION CONCLUSIONS

The single overwhelming conclusion drawn from the 4 evaluation methods is that the 2-year Healthy Options pilot programme is an outstanding success.

68% of 165 clients whose data we can be sure of increased their level of physical activity by at least one level in the chart on page 33. These were clients of which 61% have more than one chronic condition, with 25 people from the 265 having 4 or more chronic conditions.

Feedback from our client questionnaire tells us that 40 of 51 who have moved-on continue to exercise regularly, at least weekly and 30 of the same 51 indicate they are interested in volunteering to assist future clients.

Additionally we have funded almost 40% of clients – those who are in receipt of welfare benefits through the programme.

Whilst the numbers above are, we believe, very impressive coming from an organisation that started from a zero baseline 2 years ago. Healthy Options has constantly listened to clients needs and health professionals and innovatively developed solutions with our delivery partners to constantly improve what we can offer clients.

Feedback from clients, quotes from the clients and health professionals questionnaires; quotes from the detailed case studies and very importantly from the health professionals all tell the same story - Healthy Options provides a quality support service, appreciated by clients and health professionals alike and is working to help meet NHS and government policy aspirations.

Our flexible, client centred, and client supported approach works at all levels.



- The 3 Best Things about Healthy Options:

**“Friendly staff.
Helpful and encouraging.
Motivational methods which help to push on to new goals.”**



DETAILED ANALYSIS OF RESULTS

As at the end of December 2013 our database has 265 clients entered on the programme. Our questionnaire has 93 responses from 230 sent out at the end of August 2013.

	DATABASE	QUESTIONNAIRE
Male / Female	77 males = 29%	23% males
	188 females = 71%	77% females
FREE / Self-funded <i>(at a reduced rate)</i>	103 free = 39%	not included
	160 self-funded= 61%	

“NO SHOWS” Breakdown from February 2012

In addition to the 265 people who entered the programme there were 56 ‘No-shows’ to the initial consultation with the project manager. Thus the total number of people referred to Healthy Options was 321. The 56 represent a 17% no show rate.

The table below gives the details of this group and it should be noted that a third of these are people with mental health issues who we have learned can be inconsistent in attending.

This is not all negative as we know that some of the people in this group are now in the programme. One of these ‘no-showed’ 4 times before attending the consultation and is now performing well in the programme.

It is extremely unlikely that as an organisation with the staff levels we have had that we could have coped with all 321 thus these ‘no shows’ allowed others to come into the programme who might not have been able to be given that opportunity. ‘No shows’ do present a waste of time for our staff at the consultation point.

Breakdown of ‘No Shows’

Total	56					
Male	20					
Female	36					
Age	<25	25-34	35-44	45-54	55-64	65+
	6	6	9	17	7	8
Referred By	LMC	T/C/D	Easdale	Physio	Dietitian	
	37	5	5	7	2	
REASON						
MHW	19					
Obesity	16					
Orthopaedic	15					
High Blood Pressure	7					
Respiratory	6					
Diabetes Type2	5					
Neurological	5					
Lifestyle Choices	5					
Cardiac	4					
Inactivity	1					
Diabetes Type 1	1					

CLIENT CASE STUDY

CASE STUDIES (4 from clients and 2 from health professionals)

'Jason'

Jason is a 30-year-old man who was referred by his GP to Healthy Options in February 2012 on account of his weight. He also suffers from a neurological impairment which limits his use of his left hand and left foot. Jason left school when he was thirteen or fourteen and began to put on weight after he lost his job when a local supermarket closed down. "When Kwiksave closed down – I remember the day – I started putting on the weight...I spent more time in my bed and was eating too much – six packs of crisps and sweets at a time", Jason recalled. "I felt miserable and kept saying to myself 'I wish I could lose all this weight'".

Since beginning supported activity with Healthy Options and receiving dietary advice both from the programme and from attending a Healthy Weight class, Jason has reduced his weight from 21 to just over 18 stones. His conditioning has also substantially improved, allowing him to "go for long walks without getting out of breath". "When I started walking again, I used to have to stop for a break every ten minutes. Now I just keep on walking" he explained. His improved fitness had also given him "a lot more energy" as well as improving his breathing and his sleep ("I sleep less but much better"). Jason further reported feeling "happier and healthier, more cheerful" on account of being more active. His social life had also improved from being around Atlantis Leisure – "since I've been doing the gym...I meet a lot more people. Before I didn't meet anybody. I'm enjoying it".

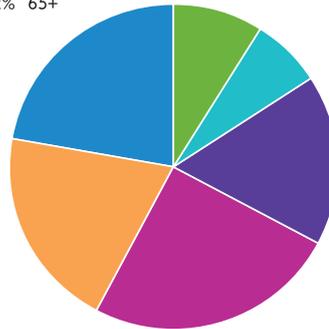
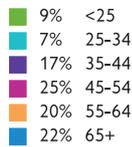
Jason's supported activity with Healthy Options (which involves "lots of cardio and resistance – everything but the bikes") has led on to his "getting out more often" to play pool, walk, work in the garden and occasionally swim. Further, he was enthusiastic about trying new activities such as Canoeing or Zumba. Moving forward, he is very positive about maintaining and indeed increasing his present level of activity, strongly asserting that "this year and next year I'm going to be doing a lot more – I'm going to be a lot skinnier and keep healthy." His ultimate goal is to get to fifteen stones, although he stressed that he was "taking his time" and admitted that although he had "got better at being strict with himself", he still craved chocolate when watching television in the evening.

Jason emphasised that everyone at Healthy Options "has been really helpful", noting that "if I need a hand with anything, they're there to help me. I can't strap my feet into the rowing machine, which they help me with". Overall, he said that the programme "really helped me out" and would recommend it to other people, explaining that "if I can do it, they can do it". It was obvious that Jason was proud of what he'd achieved, mentioning that "people tell me I've lost a lot of weight and sometimes I don't really recognise it because it's a slow process, but it makes me feel pretty good".

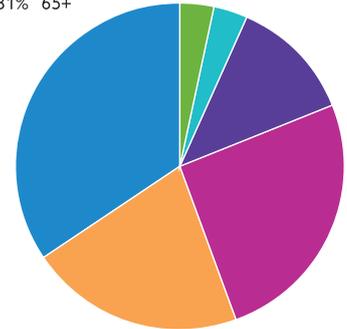
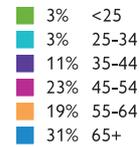


AGE DISTRIBUTION

STATISTICS FROM DATABASE



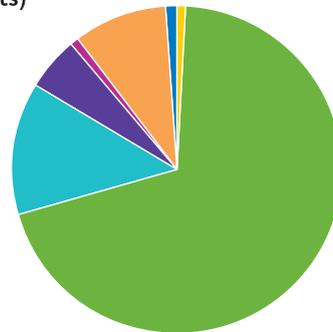
STATISTICS FROM QUESTIONNAIRE



Less young people (age below 45) responded to the questionnaire. Those over 65 are more likely to have the time and were more likely to meet Healthy Options staff during the day and be reminded about completing the questionnaire.

REFERRAL CENTRE

REFERRAL CENTRE (265 clients)



In accordance with our business plan, the LMC with 11,000 registered patients referred the most number of patients. Given that Healthy Options started from a zero baseline our professional approach and qualified staff quickly gained the confidence of a range of health professionals and their departments.

“I saw Healthy Options advertised in The Review that is put through our door monthly. I took it to a district nurse who then looked in to it for me.”

CLIENT CASE STUDY

'Mary'

Mary is a 57-year-old woman who was taken ill with a swelling on the brain in October 2011. During treatment, medical staff discovered that she'd likely had two strokes and that she had also developed MS. Consequently, Mary, who had been very active throughout her life – enjoying hill-walking as well as looking after and riding her horses – was reduced to a level of activity close to zero. "I could barely stand up and wasn't able to walk unassisted...I needed assistance for basic tasks such as bathing and couldn't be left alone at all", she recalled, noting also that she lost her peripheral vision and was unable to drive. Mary further stressed that being confined to home and being unable to look after her animals had a huge psychological impact – "I wasn't compos mentis at all, it freaked me out".

Mary read about Healthy Options in the West Coast Review before mentioning it to her GP, who referred her to the service in May 2012 after she regained some of her balance. At that point, Mary "was more than ready to do something", there being "something within me which knew that I couldn't go on like this and I had to try and help myself – I don't have the temperament to be in a rut". According to Mary, her treatment felt a bit disjointed, there being "a gap after I'd come out of hospital and the medical personnel had done their bit – it was a case of 'what happens to me now?'". Mary recalls that "Healthy Options caught me at the point of uncertainty where I didn't know what was happening".

Recognising that she "needed something for her physical and mental welfare", Mary was highly complimentary of the Healthy Options staff from her initial consultation with Andrea James. Falling ill had been "a very frightening, life-changing thing and I didn't know what to do...I was still very upset and confused", yet she remembered thinking after leaving Andrea on the day of the consultation that "I'm on the right track, this is what I need to do...Healthy Options is going to have somebody to stand beside me and help me to move on – it was a god-send". For Mary, having someone to help her "move forward, going together 'hand in hand'...was absolutely vital", it also being crucial to be doing something positive and pro-active, since she "didn't want to be wrapped up in any more cotton wool at home".

With Healthy Options Mary has undertaken supported gym-based activity as well as supervised participation in 'positive posture' and 'active 4 life' classes, while this has led on to her trying aqua-aerobics and pilates body conditioning, participating in a six mile sponsored walk and playing badminton with people she met through the programme. Mary explained that "It's all hard work, but I like hard work – I don't want it to be easy physically, I want to be pushed. When I come away I feel regenerated and I feel good". These activities have had a significant impact on Mary's physical condition – "I am much more mobile, my balance is good, my peripheral sight has improved so I can drive and walk about without fear of crashing into anything". She emphasised specifically how this had enabled her to regain her independence, allowing her to "go on the train to Glasgow for shopping or get on a plane to visit family". Moving forward, her goal is to continue to progress "so that when the better weather comes I'll be able to sit about on one of my ponies and tootle about with some help".

The extent of Mary's progress was brought home to her when a woman she hadn't seen for a year said to her during an aerobics class that "I don't know what's happened to you...you are a completely different person". Mary replied "to be honest, that's down to Healthy Options – to the support I've had and the physical activities I've been helped with" and is in no doubt how beneficial the programme has been for her. For Mary, specific strengths of the Healthy Options programme include how individualised it is ("it caters to my individual 'print'"), how responsive it can be to day-to-day changes in the your condition ("it's really fluid...if my balance is off or I'm not feeling great, I can speak to Andrea – she'll let me know what I can do to move things along") and how friendly and supportive the staff are ("I can speak to them about anything...you're not afraid you're going to upset someone").

Mary is also clear that, for her, Healthy Options has been very important from a social and psychological perspective. After falling ill and being unable to do things with her horses, she had lost all her "social structure - the crowd were off doing what they do", while her confidence had been eroded to such a degree that she was "absolutely petrified" when she first stepped inside Atlantis Leisure with Healthy Options. Although Mary is an outgoing person, a "professional person who had been all round the world", she "was concerned about falling over, about staggering around such that someone might think I was intoxicated". Mary recalled looking in the mirror and thinking "I don't recognise that person". In this context, the mere fact of "coming out of the house and talking to someone who wasn't related to you, meeting a new group of people of different abilities and becoming an 'individual' again" was very important. Healthy Options provided the "hand holding thing which allows you to regain your confidence", the staff "becoming like friends" and supporting her until that person in the mirror started to "come back strongly again", her confidence ("I give back chat now!") having returned. Mary emphasised how many new friends she'd made and how useful were social events such as the spa day on the Isle of Mull and the sponsored walk.

Moving forward, Mary was confident in her ability to maintain her level of activity and anticipates being involved with Healthy Options for the long-term, in order to "to keep that little special place and to help others see the light". In addition to continuing to set personal goals in relation to weight loss and fitness levels, Mary has introduced several clients to the programme and would recommend it to anybody, remarking that "I couldn't commend Healthy Options highly enough – it's a perfect complement to the medical system in Oban. I dread to think what would have happened if it hadn't been there – it really frightens me". She added "I'd be devastated if Healthy Options didn't continue – where else would we go then?"

See appendices for full interview transcripts.

**"Weight loss,
improved mood and
improvement in
clinical symptoms."**



- The 3 Best Things about Healthy Options:

**"Lost weight.
Feeling good.
More confident."**

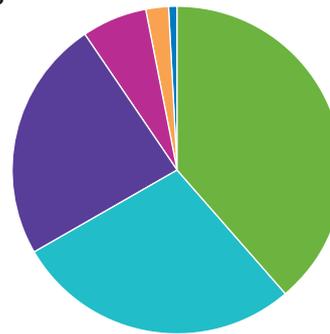
NUMBER OF REASONS FOR REFERRAL

61% of clients (162) had more than 1 chronic condition with 25 of those (9%) having 4 or more chronic conditions. The remaining 39% had 1 chronic condition.

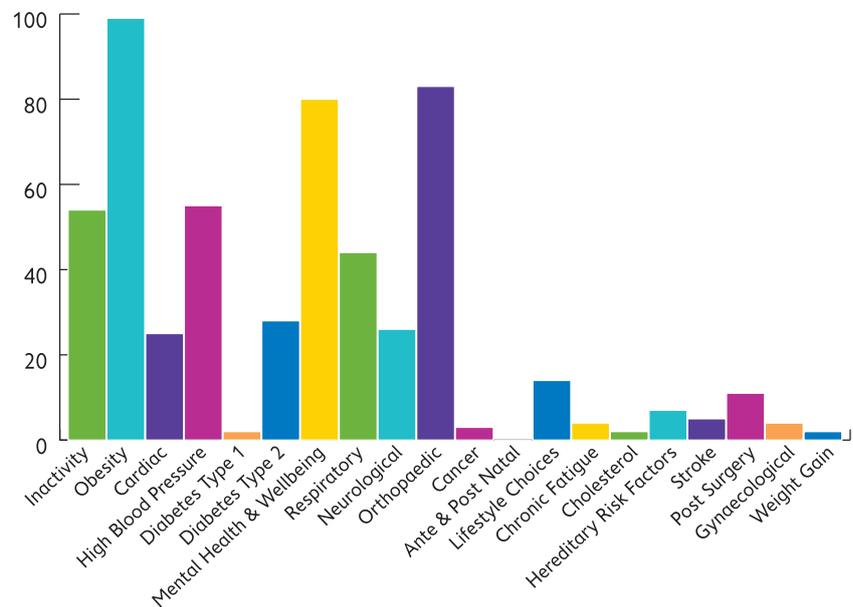
This confirms our statement that our clients had more severe health issues than we initially expected.

NUMBER OF REASONS FOR REFERRAL (265)

- 39% 1 condition
- 28% 2 conditions
- 24% 3 conditions
- 6% 4 conditions
- 2% 5 conditions
- 1% 6 conditions



HEALTH REASONS FOR REFERRAL



Of the 265 clients there are 496 recorded health reasons for referral giving an average of 1.9 health conditions per person.

Of the 20 conditions identified the top 10 conditions account for 90% of the referral reasons. The top six conditions are obesity, orthopaedic, mental health, high blood pressure, inactivity and respiratory problems.

The range and complexity of the conditions indicates the confidence health professionals have in us and which has been built up over a short period of time.

HEALTH PROFESSIONAL CASE STUDY

Derek Laidler – Senior Physiotherapist, Lorn and Islands District General Hospital

Derek Laidler, as team lead physiotherapist at Lorn and Islands hospital, manages physiotherapy services for a wide range of in- and out-patients in areas including paediatrics, neurology, women's health, elderly care and falls prevention. Emphasising that 'as a profession we prescribe exercise programmes as our therapy intervention – it's integral to everything we do', Derek immediately saw the value of having a service like Healthy Options, noting that "from a very early stage I've tried to utilise Healthy Options wherever I could".

According to Derek, on account of tight NHS budgets and minimal staffing levels, the service he was able to provide without Healthy Options was "very limited, an assessment service comprising mostly advice for people to go away and manage on their own". Recalling that "the failure rate when people are left to their own devices is very high", Derek mentioned that he had experience in the North of England of trying and failing to set up supported exercise programmes in the community. For such a service to be running in Oban was "absolutely fantastic", it being "very rare, especially in rural areas, to be able to provide such a full service".

Derek stressed that for patients involved with Healthy Options, the "enthusiasm and motivation to continue with the exercises is evident every time I speak to them". The number of patients who have remained engaged with the activities prescribed initially was "absolutely brilliant and wouldn't have happened without Healthy Options". Mentioning also that the programme has had the useful by-product of "increasing patients' social interaction and capability to problem-solve in groups", Derek explained how Healthy Options has transformed his own work, allowing him to make much better use of resources. "Whereas I would previously try to see patients three, four or five times just to keep them engaged and motivated, I can now see them once and know they are going to remain engaged and motivated...in simple terms it frees up an awful lot of time to either see new patients or to concentrate on those requiring more input". He also noted that "more and more of my colleagues are realising the value – people have engaged with Healthy Options don't come back into our services because they don't need to".

Healthy Options gives Derek a "comprehensive and adaptable exit strategy" which prevents patients from "being discharged with no support", which would for him represent "an unacceptable level of service". He recalled previously "feeling guilty as people were leaving the department and knowing that there's more that could be done for them, but knowing also that you don't have the time and resources to do it". Derek explained that "We can help patients recover from an acute episode, but we don't have the facilities to help them change their lifestyle – those changes need to be made and that's where Healthy Options comes in perfectly...I no longer feel guilty". For Derek, crucial to the success of Healthy Options was its "well-qualified staff", "the benefit being that I can leave it to their expertise...all I need to do is stay in touch so that if there are problems or they need further advice, I can get back involved". Derek's only regret was that because of how busy he and Andrea James were, "it can sometimes take quite a while to meet up", his far greater concern being that the service doesn't continue, acknowledging that "it would leave a huge gap".

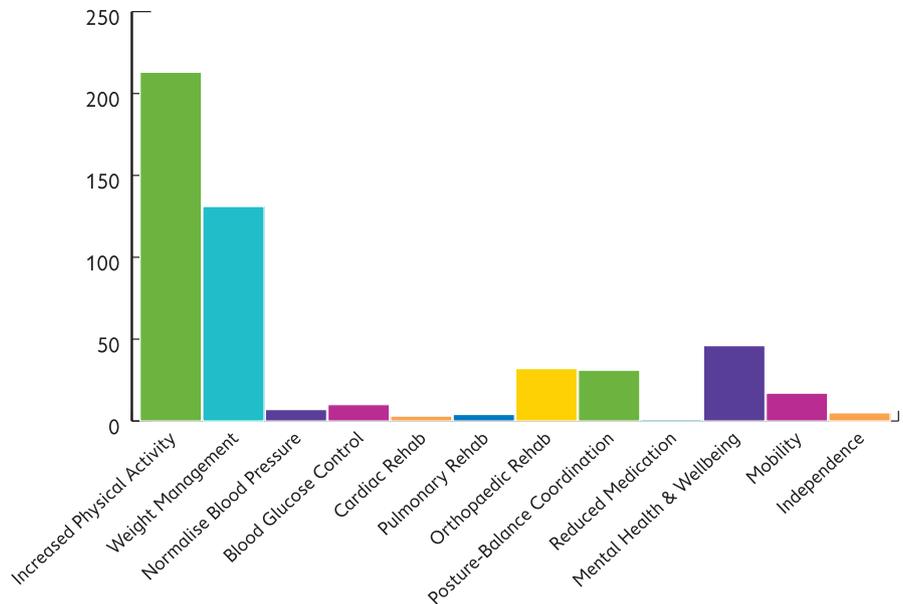
Derek has had substantial input into how the services provided by Healthy Options have developed, and has a strong vision relating to how they could be further expanded and diversified. He "immediately seized on the idea of using it for chronic neurology patients" and helped to design appropriate interventions such that the level of provision in the area was now "world class". None of Derek's MS patients "had found as comprehensive a service anywhere else". Moving forward, Derek has attempted to secure funding for falls prevention, noting that "in the past week in inpatients, twenty-five percent or more of our time has been spent on falls-related treatment". Derek emphasised that "one in three over the age of sixty-five will fall every year and one in two for those over 85...the problem is we're only seeing them after the fall" and estimated the cost of a hip fracture operation and aftercare to be fifteen to twenty thousand pounds. For Derek, a scheme providing the strength and balance programme Otago in the community would end up saving the NHS a lot of money. More generally, Derek understood a strength of Healthy Options as being "flexible and adaptable enough to fill the gaps as they've become apparent", while in contrast, the NHS like all "big, well-established organisations...is very difficult to mould, adapt and change".



“I enjoy learning new skills and went to an art class this winter. As the main carer for my husband he encourages me to do something for myself instead of being at home with him all the time.”



PERSONAL GOALS

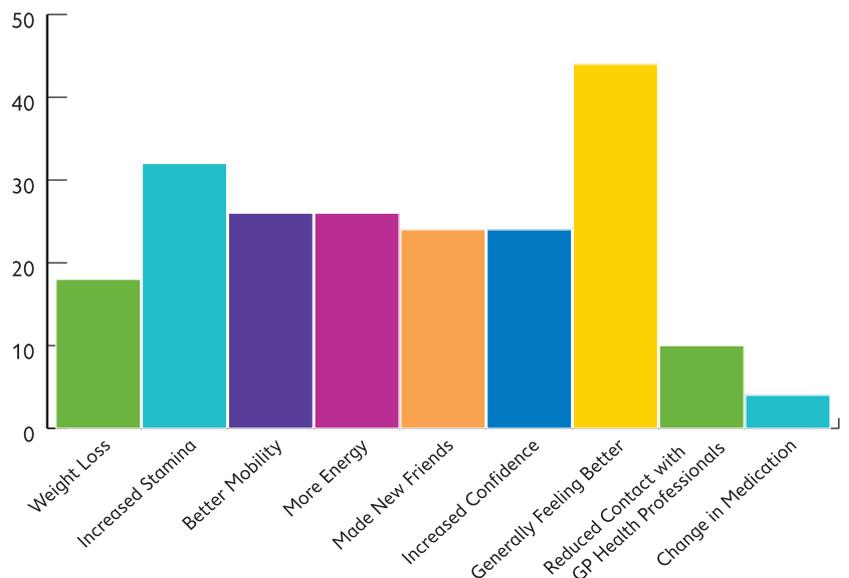


Our 265 clients identified between them a total of 500 personal goals averaging 2.0 per person. 83% of our clients wanted to increase their physical activity and 51% wished to control their weight.

Many in this situation may know they should be doing more physical activity but the last time may be a long time ago and they do not know what or how to go about it. Healthy Options gives them the support, expertise and encouragement in a flexible, non-judgemental manner until they have built their own knowledge and confidence to continue on their own.

Questionnaire Feedback

What benefits did you feel from your programme?



After completing stage 1, did you feel ready to exercise independently / as part of a group or club?

Of the 71 responses 79% indicated that at the end of stage 1 they were ready and able to move-on to exercise independently. Those not ready will stay at stage 1 until they are able to take more responsibility for their own exercise programme. Given the complex nature of some clients we are conscious that a few people will never be able to move on. The verbal feedback from these individuals to our staff is that Healthy Options is a very valuable lifeline as they strive for normality in their lives.

CLIENT CASE STUDY

'David'

David is a 62-year-old man who was referred to Healthy Options by the physiotherapy department at Lorn & Islands District General Hospital in October 2012. David had undergone surgery to remove a very large cyst from his brain and otherwise suffers from chronic asthma caused by invasive aspergillosis. After an initial period on the programme, David suffered a setback when he had a heart attack in July 2013 - which led to him having a coronary angioplasty to fit four stents - and has just recently returned to supported gym-based activity having completed cardiac rehab.

David described himself as being 'very inactive' on referral to Healthy Options, having become in his words "institutionalised" after spending three and a half months in hospital. He recalled that "I was pleased to get out, but was very weak - I couldn't do basic things on my own, requiring help with the basic functions and being registered disabled. I was really frightened and my confidence was gone". "I couldn't make a cup of tea or boil an egg", he added. Prior to becoming ill, David considered that he was of average fitness bearing in mind he was a chronic asthmatic, having been a hill walker and climber and pursuing physical work overseas.

The goals David set at the initial consultation were short term and related to survival - he had been told that he had a long way to go and might not recover at all, while his ultimate aim of returning to work was not on the table at that stage. David also recalls that falling ill "had been psychologically traumatic - there had been only about thirty percent chance of coming through the operation without major problems". He said that it "was also difficult to see yourself as disabled - I didn't", emphasising that he had a strong desire to "control rather than be controlled" by his condition and told himself to "get on" every morning, despite being in chronic pain. In all of this, David describes Healthy Options as providing "a lifeline".

During rehab in hospital David had felt "like an old man in a dressing gown who couldn't do anything", such that "getting out of hospital, returning to the real world, wearing a tracksuit rather than pyjamas, going to a gym...was psychologically a huge barrier to break through - you realise you're not an idiot and you're not disabled". He recalled that "initially it was scary, very frightening", yet due to the support of the Healthy Options staff who were "absolutely superb and never wrote me off" he "never found the gym environment intimidating" and his confidence grew over time. After four months of supported activity, David's condition had improved substantially - "my strength had improved...I could walk to the gym without a stick and walk some places without a stick...I walked through the doors of work again and was back driving, which was another confidence booster". This led on to "going for walks twice a day, which I wouldn't have done before" and "setting some goals on walking distances in the summer". David is clear that central to this transformation was the highly individualised support he received with Healthy Options - "When I did the cardiac rehab there were 13 or 14 of us in the class together - although I'm not complaining, there was only so much you could do. When I went to Healthy Options it was one-on-one, they understood what was wrong with me and did everything possible to tailor something to fit my needs".

As David improved physically, his attitude to his condition also changed, his outlook shifting from being "happy just to live another day" to "thinking a bit more long term, that I might be around a little longer - I started to think I might make retirement age". Indeed, for him, the psychological aspect of being unwell had been the hardest part - "after brain surgery I had zero confidence and didn't know if I'd survive. Psychologically, this dominates your life" - the key to recovery being to "get off this downward spiral, stop facing the wall and start looking outwards again". This change in mindset had a huge impact on David's home-life - he "had been given hope and started becoming interested in other things again" and started going for walks together with his wife, who David said "would agree that Healthy Options was the lifeline which got me moving again".

David's motivation to work through pain and to control his condition moving forward was crucially driven by his desire to return to his work in international development, for which he has an obvious passion. He explained that "once you've seen abject poverty, you can't not be involved...so my job wasn't just a job". Returning to work, having doubted whether he'd ever get there, was obviously a great source of pride for David, although he did concede that his perspective had changed a little. "I'm working half days and will work through till three o'clock if I need to...but I'm probably taking more time out to spend with my children and grandchildren".

After his heart attack, David admits that he's "slid back to probably seventy-five percent of where I was", but he very confident moving forward and "can't wait to get back in the gym and start building up my strength again". He's very mindful of the support he's received, acknowledging that "after three months of being in hospital, the gym...is the last place I would have gone to...there's no way I'd have done that myself". Turning more contemplative, David recalled "having an image of myself sitting in front of the fire at home, on an oxygen bottle with maybe a year left and just fading away into nothing". Whilst apologising for what "might sound dramatic", he concluded that "Healthy Options gave me a way out". He said he'd "recommend it to anybody - I could not praise the Healthy Options team and Atlantis enough". Further, it was clear that David had thought more deeply about the social and political issues, explaining "there's something joined up here which hasn't been joined up in the past...we should have more than a safety net...we need to have a society which cares for its most vulnerable".

See appendices for full interview transcripts.



“Started going to classes instead of doing my gym programme - feel like I don't work hard enough on my own.”



LEVEL OF ACTIVITY

As part of the induction to Healthy Options we asked clients to self assess their current level of physical activity. This is based on the following activity table which is used again when clients move on from the programme.

Activity Chart

Level	Descriptor	Typical Activity Pattern	Health Benefits
1	Inactive	Always drives to work or takes public transport. Predominantly sedentary job. Minimal household and garden activities. No active recreation.	Nil
2	Lightly Active	<i>Will do one or more of:</i> – Some active commuting on foot or by bicycle. – Some walking, lifting and carrying as part of work. – Some undemanding household and garden activities – Some active recreation at light intensity.	Some protection against chronic disease. Can be considered a 'stepping stone' to the recommended level (3).
3	Moderately Active RECOMMENDED LEVEL	<i>Will do one or more of:</i> – Regular active commuting on foot or by bicycle. – Regular work-related physical tasks – for example, delivering post, household decorator. – Regular household and garden activities. – regular active recreation or social sport at moderate intensity.	High level of protection against chronic disease. Minimal risk or injury or other adverse health effects.
4	Very Active	<i>Will do most of:</i> – Regular active commuting on foot or by bicycle. – Very active job – for example, labourer, farm worker, landscape gardener. – Regular household or garden activities. – Regular active recreating or sport at vigorous intensity.	Maximal protection against chronic disease. Slight increase in risk of injury and possibly some other adverse health effects.
5	Highly Active	Performs high volumes of vigorous or very vigorous fitness training, often in order to play vigorous sports.	Maximal protection against chronic disease. Increased risk of injury and possibly some other adverse health effects.

HEALTH PROFESSIONAL CASE STUDY

Jackie Barron – Dietitian and Argyll Community Weight Management Coordinator, NHS Highland

Jackie Barron first heard of Healthy Options when she saw flyers for the initiative when working as dietitian for Oban, Lorn and Islands. After assuming her position in community weight management, her involvement with the programme “stepped up a level”. She began to attend the programme and patient sub-groups, before ultimately coming on board as a director. Jackie’s work takes her all around Argyll and Bute to see both children and adults, although she spends at least two days a week in Oban.

Jackie got involved with Healthy Options primarily in order to “make her life easier in the long run”, reasoning that “if we don’t get a handle on obesity, weight management and fitness levels in Oban, twenty years down the line my clinic will be inundated with patients suffering from type two diabetes, heart disease, bowel disease and strokes. With only one dietitian in each area, we can’t cope with it”.

Recognising the challenges of an ageing population (“I need the seventy-five year olds to be fit”) and the problem of obesity (“In Argyll we have the highest incidence of childhood obesity in Scotland; obesity isn’t going away, it’s just going to get worse”) Jackie refused to “work away in her own little bubble”, arguing instead that the community should “all work together to build a sustaining programme”.

According to Jackie, the supported physical activity programmes offered by Healthy Options have had a “huge impact” on patients, “giving them the support and confidence to achieve their goal, which means they feel much better about themselves and actually perpetuate new healthy behaviours”. In terms of physical improvement, Jackie had seen patients with previously very limited mobility “being able to walk without being out of breath or taking it up a level to a fast paced walk or jog”. Further, drawing out the connections between physical improvement, confidence, body-image and sense of self, Jackie emphasised that Healthy Options was crucial in “giving patients that open door, a helping hand in the first instance”. In relation to patient feedback, she said that the “biggest theme has been how fantastic and supportive the Healthy Options staff have been and how patients couldn’t have done it without them”, as well as more generally that patients “now actually enjoy exercise – that it’s fun and they get so much out of it”.

For Jackie, the availability of Healthy Options has helped to “completely turn around” service provision in the Oban area, since “we now have an evidence-based service intervention in conjunction with a supported activity programme”. For her, this is especially important given “the evidence to suggest that supported physical activity is essential to help maintain weight loss”. In comparison, provision in Dunoon and Campbeltown represents “limited service basically – patients get access to the dietitian, but they’re not getting support with physical activity...we’re relying on patients to do it themselves”. Consequently, for Jackie it was essential to “roll it out”, to think about “how we can scope and scale this Argyll and Bute-wide, Scotland-wide even”.

Part of the strength of the Healthy Options approach, Jackie said, was the shift in venue from the “classic clinical setting” into the community, which is significant given the proportion of patients who are intimidated by what health professionals “are going to say, think or believe”. Community involvement “softens” the process, although the intervention “is by no means less intensive”. It was also crucial that Healthy Options was working through “behavioural therapies”, which dovetailed productively with how service provision was changing more broadly – “it’s great we’ve meshed at the same time really”.

Drawing on the success of Healthy Options’ supported physical activity programmes, Jackie recognised the need for healthy weight programmes to be delivered in the community by “community teams, volunteers or healthcare professionals”. To this end, Jackie has trained all the Healthy Options staff to deliver the Counterweight programme. The intention is that “after the mentoring process I can take a step back and they can sustain it themselves”. Jackie enthused that “Andrea is fantastic – she’s looking at putting on morning, afternoon and evening programmes – that would be brilliant”.

Overall, Jackie is excited about the range of services which Healthy Options provide and the potential moving forward – “we have to find a way to get this out there, everywhere” she said. Healthy Options is of indisputable benefit to the NHS, since “you guys are putting in the work so we don’t have to ten years down the line”, adding that “when the health board sees what we actually do, they will sit back and go ‘wow – if we can roll this out then it saves a lot from our end”’.

- The 3 Best Things about Healthy Options:

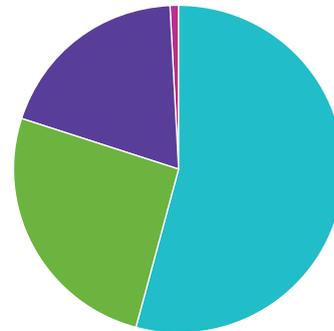
“Offer healthy eating and regular weigh-ins. Continue to offer a great service.”



LEVEL OF ACTIVITY AT START

The difference between each level is significant as can be seen from the table.

LEVELS OF ACTIVITY	CLIENTS
Level 1	67
Level 2	142
Level 3	50
Level 4	2
Level 5	0

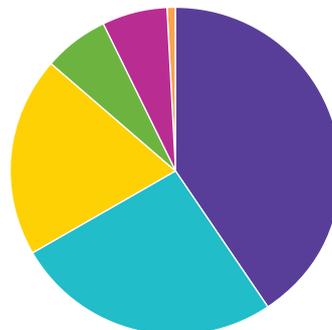


From the clients viewpoint 74% saw themselves being at Level 2 before starting on a Healthy Options programme. Note Level 3 is the recommended Level

As the Pre-Intervention Table on page 37 shows 16% saw themselves as inactive whilst the same percentage saw gardening / housework as a significant part of their physical activity. We recognise that clients when asked may overstate their current activity level. However the level given by the client is the level used for comparison purposes.

LEVEL OF ACTIVITY PROGRESSION

LEVELS OF ACTIVITY	CLIENTS
Level 1	17
Level 2	69
Level 3	108
Level 4	17
Level 5	2
Blank	52



The above chart is based on staff and client assessment of their activity level as they moved-on from the programme. It is based on 165 of the full 265 clients. This is due to there being insufficient data on our systems to include them all. In these cases their level of activity at start has been removed and the chart is a direct comparison of the 165 whose information we can be sure of.

68% OF THE 165 CLIENTS HAVE INCREASED THEIR LEVEL OF ACTIVITY BY 1 OR MORE LEVELS

This is extremely encouraging and confirms that the Healthy Options approach is effective.

CLIENT CASE STUDY

'Peter' and 'Agnes'

Peter and Agnes – both 70-years-old – are a couple who have both been involved with Healthy Options, Peter since April 2013 having been diagnosed with COPD in 2012 and Agnes in June 2013 after treatment for breast cancer and associated chronic back pain. Peter was referred to Healthy Options by his GP following physiotherapy intervention at Lorn & Islands Hospital. He had been relatively active his whole life, working as a gardener and walking a very energetic dog, but had been slowed down both by COPD and a stroke he'd had in 2010. Agnes, prior to her treatment, had lived a very active life, but she had been latterly almost entirely inactive on account of her back – "I was in terrific pain...I couldn't really do anything" she said. Having talked to Peter about Healthy Options, Agnes asked her physiotherapist if she could be referred.

Peter, whose motivation for attending the consultation and continuing with the programme was "to prolong my life and get fitter", was apprehensive "about meeting new people and doing new things" due to having an especially shy nature. The couple had lived and worked for many years on an estate which despite being close to Oban, was quite isolated – "nobody knows we're there" Peter explained. However, the "very friendly" environment of Healthy Options helped, there being plenty of "60s music" and the atmosphere being in general "less official" than a traditional medical scenario. Agnes emphasised how much Peter had relaxed, remarking that "when he went to the physio before Healthy Options, he was never very enthusiastic about going, but he is very enthusiastic about this". The social aspect had been very important for Peter, the programme representing a "real opening", an opportunity to "meet people of roughly the same age group" when he otherwise "wouldn't see anybody else". Agnes, in contrast had "always been a very sociable person", but had still benefitted socially – "I've made a terrific amount of friends too", she said.

Since joining Healthy Options, Peter has participated in 'move well' classes and undertaken supported gym-based activity, structured around a circuit with twelve stations for walking, resistance, sit-ups, cycling, step-ups and Swiss ball exercises amongst other things. "I certainly would never have thought of going to the gym", Peter said, "I wouldn't have had the courage to do that", adding that "without having someone with me, the fit young men in the gym might have made it quite daunting". In consequence of such increased activity, "my breathing level has gone up – I wouldn't have thought that possible – but it has, so I must be doing something right" Peter enthused, while Agnes said that Peter's GP had been very pleased with his progress. In addition to physical improvement ("if I hadn't have been on the programme my condition would probably have been much worse"), Agnes had noticed other changes in Peter, explaining that "he's got something to look forward to, he's a bit happier in himself". It was otherwise obvious that Healthy Options had helped to boost his confidence in social situations "which I'd have shunned before" – Peter had even attended (and played bongos) at a Christmas social attended otherwise exclusively by women. While he enjoyed it, he mentioned that it would help if there were more men involved in the social aspects of the programme.

For Agnes, involvement with the programme (initially based around 'positive posture', 'move well' and 'active for life' classes) had helped with her back pain and had further been a springboard which launched her into a range of other activities including badminton and swimming. "Normally I wouldn't have gone to anything, because although I'm an outgoing person, I don't like going to something for the first time and not knowing anybody", she said. In this regard, the presence of the Healthy Options staff at the classes was really important – "I knew I would know somebody, so I started going and I love it – I really look forward to it". For Agnes, the approachability of staff was a huge plus, especially given that she doesn't like going to the doctors – "I've nothing against doctors, but I feel like I'm wasting their time – Healthy Options was totally different, the staff were so caring – they are all there for you and make you feel at ease". Agnes had come to enjoy her sessions so much that when Atlantis was closed due to flooding she "didn't know what to do with herself".

Both Peter and Agnes emphasised the individualised ("they tailor the programme to your needs and abilities"), challenging ("they make you work hard...it's not a doddle, but they watch you all the time and ask if you're alright"), responsive ("they're constantly asking me how my breathing is and if the weights are at the right level") and well-organised ("it's really professional") nature of the programme. Overall, Agnes described Healthy Options as "a lifeline – it's helped me get better and I should certainly miss it if it were gone", while suggesting in good humour that without it, Peter would "go back to his normal grumpy old man". For himself, Peter said that the programme "helps me physically, mentally, emotionally and if it wasn't there I'd probably just be sat in a chair watching television all day". Agnes said she "would recommend Healthy Options to anyone who had a problem", mentioning that Peter's 80-year-old sister had recently got involved. They both anticipated being involved with the programme in the long-run and helping others in a similar position however they could.

- The 3 Best Things about Healthy Options:

“Meeting people. Help with being more active. Talking to people with MS.”

Questionnaire Feedback

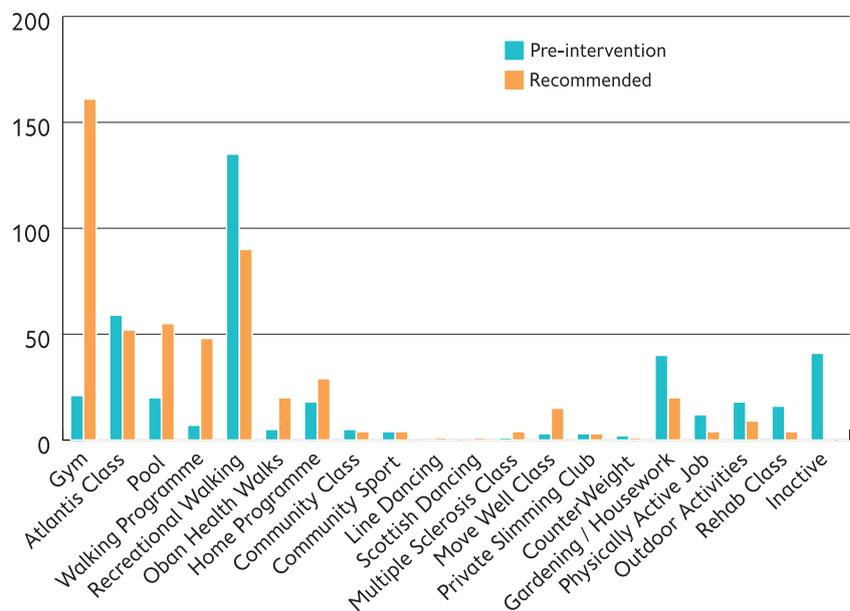
The questionnaire information indicates that of the 51 response of those who have left the programme 81% (40 of 51) are still taking part in physical activity on a regular basis.

Reasons for the 100 clients on the database who are not adequately recorded at the move-on stage are as follows

- clients who are on a home / work based programme take exercise independently and we do not have the same level of contact with them. They may have made the progress they set out to and did not need us.
- Clients meet with our PM and on agreeing their programme of activity, receive initial support and guidance only which is sufficient for them to take responsibility for their own activity programme and do not require Healthy Options further.
- those with mental health issues often have difficulties in committing to a programme which is confirmed by them being inconsistent in keeping appointments. 80 clients were referred due to mental health issues.
- our tracking and follow up system is not robust enough and needs to be developed for year 3.

PRE-INTERVENTION Vs RECOMMENDED ACTIVITIES (255 clients)

The table below shows what our clients were doing in terms of physical activity before starting with us compared to their Healthy Options programme for increasing their level of physical activity.



Comments

- A very substantial, and unexpected, uptake in gym based programmes. 161 people from 255 deciding to use the gym = 63%. This contrasts dramatically with national statistics for traditional GP referral schemes which show that patients are reluctant to participate in gym based activities
- a total of 525 activities chosen indicating on average each person chose 2 different activities
- a significant increase in clients participating in swimming and pool based activities

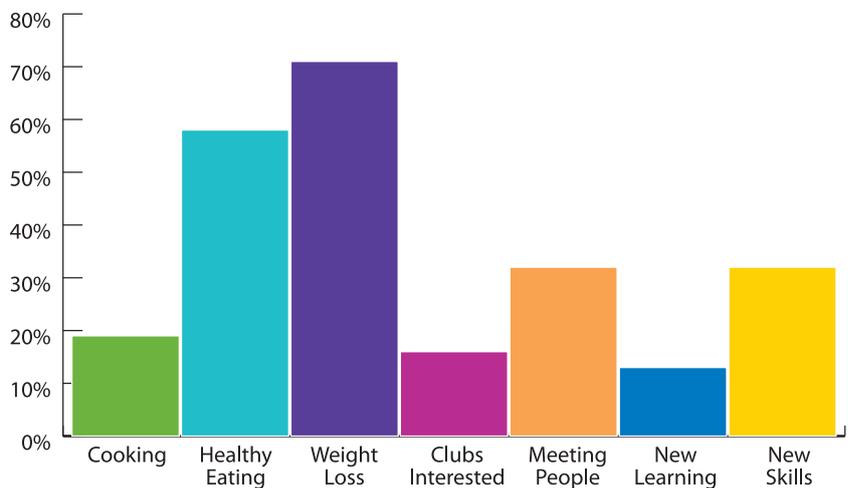
“Nothing I am happy as it is. I would recommend healthy options to anybody.”

“Continue providing the service.”

- a significant reduction in gardening / housework and recreational walking. This may be due to people at the induction stage trying to seek out some activities rather than admit they were inactive.
- there is a corresponding increase in a walking programme (+41) vs a reduction in recreational walking (-45)
- nobody stayed inactive (all 40 inactive clients at start made real progress)
- we are mindful that the options available to clients has grown as the project has evolved

Questionnaire Feedback

What other areas could help them in the transition to a healthier lifestyle?
 – based on those who have completed the programme.



Thus there are significant areas outwith physical activity programmes which clients could benefit from and this may be an area where volunteers can play a more active role as of the 51 clients responding 30 indicated they would be interested in volunteering.

This offers a huge potential for the development of Healthy Options. Our challenge as we move forward is how we utilise this and coordinate a team of volunteers to allow us to extend the work we do and impact more people in our community.

Health Professional feedback about Healthy Options

A total of 18 responded to the questionnaire including doctors, nurses and a range of health professionals operating in various departments in the Oban hospital.

Main Points

- All are familiar or very familiar with the Healthy Options programme
- 14 of the 18 have referred patients to Healthy Options
- All indicated that the Healthy Options pro-forma for referring patients to Healthy Options is appropriate, detailed and relevant.

Feedback from clients to their referring Health Professional

"Love it. Begin to enjoy rather than it being a barrier to change All positive feedback"

"Positive comments about initial meeting with Andrea and follow up. Social element, weight loss / feeling better for attending

"Feedback uniformly positive"

"Extremely positive, in fact life changing for some patients and enabled return to work".

"Entirely positive feedback from clients, particularly those who thought they would never be able to exercise again but have gradually built up and enjoyed it."

What have been the improvements in the clients you have referred?

Examples of quotes

"Feeling of well being has increased. They feel they are doing something to help themselves"

"Increase motivation, improved outlook"

"Weight loss, improved mood and improvement in clinical symptoms"

"Andrea has been totally amazing with all the patients I have referred. My patients all love her and the other staff involved in Healthy Options. Some of the health benefits have been staggering. I have patients that have lost significant amounts of weight and have managed to stop their blood pressure tablets and diabetic tablets as a result. It has also been of great benefit in measurable ways for some patients who have had problems with conditions such as chronic fatigue and low mood. I think it has helped some of them function better, get back to work, and improved their mood significantly. I've lots of patients who attend and love it, that would never have thought of going to the gym before, such people in their 80's and 90's. I have only had very positive feedback about it from patients and no negative feedback at all."

"Motivation, weight and exercise"

"Improved mobility, self confidence."

"Benefit of exercise upon mood and mental state and confidence in their abilities. Increased health promotion/advice and increase in their fitness levels."

"The programme has been life-changing for many of our patients. The fact that it is willing to take on clients with complex health difficulties is fantastic. It boosts morale, gets people out and about and makes them feel they can do things they hadn't for years. There have been the obvious improvements in physical health, often substantial also."

What is your opinion of the Healthy Options programme?*Examples of quotes*

"Excellent, patient feedback has been very positive"

"FANTASTIC - seems to be working very well. Well run * Patients like the programme - positive feedback * Enthusiastic people involved with the programme helps motivate patients * Encourages people to integrate into pre-existing community classes which is good for the community as a whole * I hope this programme can continue in the long term."

"I can't over emphasize how great the Healthy Options programme has been. Everyone involved is so helpful and enthusiastic and I really hope it can continue in the long term. It would be good to be able to refer younger teenagers and maybe children in the future if funding did become available, as I think there would be a need for this locally"

"Excellent. A very useful resource. Making a big difference to people"

"I think it is a really important project that targets those most challenging to get involved in exercise. Patient feedback universally positive. Has made a real difference to people's lives."

"Fantastic programme that has really made a difference to patients e.g. * patients able to return to work * increased mobility * improved socialisation * Improved weight loss and health. Very keen for this to continue."

"One of the most valuable resources in our area. Offering a programme like this means we can capitalise on any glint of motivation shown by our patients towards exercise. To get started, particularly if underlying health problems, most people need supervision and structure to give confidence. With the mounting evidence of how much exercise can improve health and wellbeing for all, Lorn Healthy options is a precious, timely resource."

"good idea ... we (community mental health team) are about to roll out a Healthy Living programme which is geared towards clients on prescribed medication which often leads to weight gain - it will involve a 6-8 week course looking at all aspects of health - mental and physical - and we would hope to involve dietitian, pharmacist, physio, smoking cessation nurse, benefits agency and the last week we hope we could attend for a Healthy Options session/talk at Atlantis - this may make the transition to the Healthy Options programme easier and they may be more confident and more ready to attend the full programme."

"Excellent service. Ideal for step down from NHS services. Helps build community resilience. Very positive feedback from Health staff, especially Physiotherapy dept."

The above comments do not include quotes from the two health professionals who kindly agreed to be case study subjects.

APPENDICES

Age Item	Code	M/F	Referred By		Reason		Personal Goals		Level of activity Start		Pre-intervention Activity	
			Item	Code	Item	Code	Item	Code	Item	Code	Item	Code
Under 25	A1	Male										
25-34	A2	Female	F	Lorn Medical Centre (LMC)	C1	Inactivity	R1	Increased Physical Activity	G1	Inactive	L1	Gym
35-44	A3			Taynluit Connel & Dalnally Surgery	C2	Obesity	R2	Weight Management	G2	Lightly active	L2	Atlantic Class
45-54	A4			Easdale	C3	Cardiac	R3	Normalise Blood Pressure	G3	Moderately Active	L3	Pool
55-64	A5			Appin	C4	High Blood Pressure	R4	Blood Glucose Control	G4	Very Active	L4	Walking programme
65+	A6			Physiotherapy	C5	Diabetes Type 1	R5	Cardiac Rehab	G5	Highly active	L5	Recreational Walking
				Pulmonary	C6	Diabetes Type 2	R6	Pulmonary Rehab	G6			Oban Health Walks
				Cardiac	C7	Mental Health and Wellbeing	R7	Orthopaedic rehab	G7			Home Programme
				MacMillan	C8	Respiratory	R8	Posture-Balance coordination	G8			Community Class
				Mental Health and Wellbeing	C9	Neurological	R9	reduced medication	G9			Community Sport
				Occupational Therapist	C10	Orthopaedic	R10	Mental health and wellbeing	G10			Line Dancing
				Dietician	C11	Cancer	R11	Mobility	G11			Scottish Dancing
							R12	Ante and Post Natal	G12			Multiple Sclerosis Class
							R13	Life Style Choices				Move Well Class
							R14	Chronic Fatigue				Private Slimming Club
							R15	Cholesterol				CounterWeight
							R16	Hereditary Risk Factors				Gardening / Housework
							R17	Stroke				Physically active Job
							R18	Post Surgery				Outdoor Activities
							R19	Gynaecological				Rehab Class
							R20	WT Gain				Inactive

Recommended Programme	On-programme (Stage 1)		On-programme (Stage 2)		Level of Activity End		Exit Path		Socio-economic impact	
	Item	Code	Item	Code	Item	Code	Item	Code	Item	Code
Gym	W1	P1	Gym	N1	Inactive	E1	Achieved	F1	Social	I1
Atlantis Class	W2	P2	Atlantis Class	N2	Lightly active	E2	Deferred	F2	Physical	I2
Pool	W3	P3	Pool	N3	Moderately Active	E3	Unknown	F3	Financial	I3
Walking programme	W4	P4	Walking programme	N4	Very Active	E4	Non-attende	F4	Human	I4
Recreational Walking	W5	P5	Recreational Walking	N5	Highly active	E5				
Oban Health Walks	W6	P6	Oban Health Walks	N6						
Home Programme	W7	P7	Home Programme	N7						
Community Sport	W8	P8	Community Class	N8						
Community Sport	W9	P9	Community Sport	N9						
Line Dancing	W10	P10	Line Dancing	N10						
Scottish Dancing	W11	P11	Scottish Dancing	N11						
Multiple Sclerosis Class	W12	P12	Multiple Sclerosis Class	N12						
Move Well Class	W13	P13	Move Well Class	N13						
Private Slimming Club	W14	P14	Private Slimming Club	N14						
CounterWeight	W15	P15	CounterWeight	N15						
Gardening / Housework	W16	P16	Gardening / Housework	N16						
Physically active Job	W17	P17	Physically active Job	N17						
Outdoor Activities	W18	P18	Outdoor Activities	N18						
Rehab Class	W19	P19	Rehab Class	N19						
Inactive	W20	P20	Inactive	N20						

APPENDICES



£3.40 for as many activities as you wish to take part in.
 The activities are perfect for those with low to moderate fitness.
 You may wish to take part all morning or just drop into your preferred session.

Mondays 9am- 2pm

Time	Activity	Facility
9am-1pm	Swimming and Sauna- Quiet, leisurely swim 9am-10am- Open to all 10-1pm	Swimming pool
9.30am-11.30am	Supervised Gym Session- Inductions/ Assessments available. Please book at reception.	Gym
10am-10.45am	Perfect Posture- A 45 minute low to moderate intensity class aimed at improve core strength and posture	The Studio
10am-11am	Pilates- can be added for reduced price of £2.60.	Dance Studio
10.30am-11.15am	A range of sports available including badminton, table tennis, short tennis etc.	Main Hall
10.30am-12.30am	Indoor Bowls	Main Hall
11am-12pm	Oban Health Walk (Free)	Leave from Atlantis
11.15am-12.15pm	Aeromix- A fun low to moderate session aimed at increasing stamina, strength and suppleness. Suitable for those new to exercise or those who are looking to improve health and wellbeing.	Main Hall
12pm-1pm	Body Balance	Dance Studio
1pm-2pm	Water Confidence	Swimming Pool

Wednesdays 9.30am-1.30pm

Time	Activity	Facility
9.30-10.15	A range of sports available including badminton, table tennis, short tennis etc.	Main Hall
9.30am-12pm	Supervised Gym Session- Inductions/ Assessments available. Please book at reception.	Gym
9.30am-11.30am	Racket Ball and Squash-	Squash Courts
10.15am-11.15am	Aeromix- A fun low to moderate session aimed at increasing stamina, strength and suppleness. Suitable for those new to exercise or those who are looking to improve health and wellbeing.	Main Hall
11.30am-12.30am	Tai Chi	Dance Studio
11.45am-12.30pm	Perfect Posture- A 45 minute low to moderate intensity class aimed at improve core strength and posture	The Studio
See pool timetable	Swimming and Sauna	Swimming Pool
12.00pm-1pm	Zumba- can be added for the reduced price £2.60.	

Selected Cafe Food and Drinks- 25% discount available to Active for Life customers from 11.30am- 2pm.

APPENDICES

Healthy Options Qualifications & Training Log				
DATE	TRAINING COURSE	TRAINING PROVIDER	DURATION	ATTENDEES
15/12/10	Cambuslang & Rutherglen Health Initiative	Happy n Healthy	5 hrs	HO Directors. & PM (AJ)
05/02/11	Core Strength Training	Argyll & Bute Council	6 hrs	AJ
06/02/11	Child Protection & Children in Safe Hands	Argyll & Bute Council	6 hrs	AJ
17/03/11	Counterweight Training	NHS-Lorn Medical Centre	3 hrs	HO Director -PJ & PM
08/04/11	Orthopaedic Conditions & Rehabilitation	Physiotherapists -Loughborough University	8 hrs	AJ & HO Team -KM & AB
09.10/04/11	Post- Natal Exercise/Nordic Walking/Pilates/Group Exercise Master Classes	Fitness Professionals- Loughborough University	8 hrs/ day	AJ
17/05/11	Healthy Weight During and After Pregnancy	NHS-Lorn & Oban Hospital	3 hrs	AJ
25/06/11	Powerhoop Instructor Course	Innertrak-Powerhoop-Lochgilphead	6 hrs	AJ
29/08/11	Positive Coaching Course	Sportscotland	3 hrs	AJ
28/09/11	HSE-First Aid At Work	First @ Safety	3 Days	AJ
03/02/12	Physical Activity & Heart Failure	British Association for CV Prevention	7 hrs	AJ
28/02/12	Pulmonary Maintenance	Physiotherapy Dept. Glasgow	6 hrs	AJ & IF(Oban Physiotherapist)
21/03/12	Pulmonary Maintenance Specialist Exercise Course	Wright Foundation - Stirling University	3 days	AJ
14/06/12	Fit 4 Purpose Conference	SenScot	1 day	HO Directors HM&RC& AJ
12/07/12	Walk Leader Training	Paths for All	1 day	HO Staff KM . Volunteers x 4
18/07/12	Emergency Responder	Safety Training Awards	4 hrs	AJ
31/07/12	Vitality Exercise Programme Visit-Glasgow	Glasgow & Clyde NHS	7 hrs	HO Director RS & AJ
28/08/12	Evaluation-Telling Your Story-Perth	Paths For All	7hrs	AJ
19/10/12	Pilates -Level 3	Choreography 2 Go	3 days	AJ
01&02/13	Rory Amour- University Placement	HO	6 weeks	HO Team & RA
07/03/13	SenScot Health Forum	SenScot - Glasgow	4 hrs	HO Director HM & AJ
11/04/13	Fitness Professionals Conference	Fitness Professionals- Loughborough Uni	3 days	HO Team
29/04/13	Keep Well Behaviour Change Training	NHS Highland	4 hrs	HO Team
13/06/13	Managing Volunteers	Argyll Voluntary Action	7 hrs	AJ
02/09/13	Keep Well Training	NHS Highland	4 hrs	HO Team
14/11/13	SenScot Network Conference	SenScot	7	AJ
18/11/13	Health In the Woods	Community Woodlands Association	7	HO team-KG & FM
19/12/13	CounterWeight Training	NHS Highland	7	HO Team & 3 Volunteers
21/12/13	ChooseLife-SafeTalk	NHS Highland	7	HO Team
29/01/14	Obesity & Diabetes Exercise Specialist Course	Wrights Foundation	3 Days	CC

(Award Pending)

APPENDICES

NATIONAL POLICY CONTEXT BRIEFING

1 **The National Framework for Service Change in the NHS: 'Building a Health Service Fit for the Future' (2005, the 'Kerr Report')** emphasised the need for the NHS in Scotland to change in response to Scotland's rapidly evolving health care needs. The Kerr Report emphasised that the citizens of Scotland need to take a greater responsibility for their own health and for the overall effectiveness of the health system.

The report recognised the challenges associated with an ageing population and highlighted the mismatch between the needs of the population for proactive, integrated and preventative care for chronic conditions and a healthcare system where the balance of resources is aimed at specialised, episodic care for acute conditions. The report recalled that 5% of patients accounted for 43% of all inpatient bed days, 10% for a full 59% of bed days and 1% for no less than 16% of bed days. Of the top 1% of 'heavy users', almost 80% were 65 y/o and older. In the absence of a sufficiently integrated and preventative health and social care system, hospitalisation is often the default response.

The Kerr report noted that around a third of the population at any time will be suffering from one or more long term conditions (e.g. diabetes, arthritis, high blood pressure, heart failure). The bulk of care for these conditions is provided on a day-to-day basis by patients themselves or their carers, contact with health care professionals representing a small proportion of total 'care time'. In this sense, care is already provided predominantly in local settings, while it should be a key aim of the health care system to prevent 'journeys of escalation' from self-care to primary care intervention and finally admission to hospital. The goal of preventing the escalation of the locus of care towards hospital, as well as improving the patient's quality of life underlies the development of various systems of chronic care management being developed around the world.

The report also highlighted that given the difference in numbers attaining between different levels of the health care system, a high level of gearing is at work, such that relatively small changes at one level of the system can produce disproportionately large changes elsewhere. A 1% increase in the effectiveness of self-care may lead to a 10-15% decline in primary care contacts. A further concept which is introduced is that of 'radar syndrome', whereby the patient appears on the radar only when things go wrong, the health care system becoming involved only when there is an exacerbation of an underlying condition or other acute crisis.

It was argued that in planning the future of the NHS in Scotland we need to:

- View the NHS as a service delivered predominantly in local communities rather than in hospitals. 90% of healthcare is primary care, yet we still focus predominantly on the other 10%
- Emphasise preventative, anticipatory care rather than reactive management
- Develop options for change with people, not for them, starting from patient experience and engaging the public early on to develop solutions

Among the Kerr report's top ten proposals were:

- NHS boards should put in place a systematic approach to caring for the most vulnerable (especially older) people with long term conditions with a view to managing these at home or in the community and reducing the chance of hospitalisation
- There should be targeted action in deprived areas to reach out with anticipatory care to prevent future ill-health and help reduce health inequality
- Support should be provided for patients and their carers to manage their own health care needs and to help others with similar conditions
- A clear agenda should be set for Community Health Partnerships (CHPs) to work across barriers between primary and secondary care and engage with partners in social care to shift the balance of care

The Kerr report also noted that one fifth of the Scottish population live in rural areas, entailing particular challenges which had to be recognised – it was necessary to describe models of care to meet rural needs. Specifically, this involved extending primary care, ensuring that we maximise the services which can be safely made available in rural towns and villages. This would mean an extended role for GPs and other members of the rural healthcare team.

One of the main conclusions of the Kerr report was that the NHS could meet its challenges by maximising services in the community – delivering care that is as local as possible and as specialised as necessary.

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2 Building on the National Framework for Service Change, the Scottish Executive's report 'Delivering for Health' provided a template for the future NHS Scotland (November 2005)

Delivering for Health sought to 'reapply the founding principles of the NHS with vigour to meet the needs of the people of Scotland'. Fundamentally, it argued for a fundamental shift in how the NHS works, tackling the causes of ill-health and providing care which is quicker, more personal and closer to home.

The report sought to prioritise proactive care, emphasising a wider effort focusing on improving health and well-being through preventative medicine, support for self-care and a more proactive approach to anticipatory care services. The NHS should continue to be developed as an integrated service providing its patients a smooth and quick 'journey of care'.

It was noted that by 2008 annual NHS funding would reach £10bn (more than double that spent in 1999), such that it was essential to use money more effectively.

Among the KEY ACTIONS identified by Delivering for Health were:

- Reducing the health gap (the inequality in life expectancy across Scotland) – developing and delivering anticipatory care for those 'at risk' wherever they live
- Enabling people with long-term conditions to live healthy lives – increasing support for self-care
- Establishing new health and social care services in communities – prioritising investment in local services including Community Health Centres, fully utilising the skills of all professionals through stronger teamwork in community health partnerships

Delivering for Health envisaged the transformation of the NHS from a hospital-centred service to one embedded in communities. The NHS was to become as local as possible through the extension of locally responsive, community-based services delivered by a modern and collaborative primary care infrastructure. The challenge would be to make this vision happen.

According to the document, CHPs were to drive the shift in the balance of care, by identifying specific and measurable service improvements, according to local needs, in the following areas:

- Easing access to primary care services
- Taking a systematic approach to long term conditions
- Providing anticipatory care
- Avoiding hospital admissions
- Ensuring appropriate discharge and rehabilitation
- Identifying more local opportunities for diagnosis and treatment

The document recalled that patients with long-term conditions were significantly more likely to see their GP, accounting for up to 80% of consultations. It argued that long-term conditions could be better managed through increasing support for self-care whilst offering integrated and responsive specialist care.

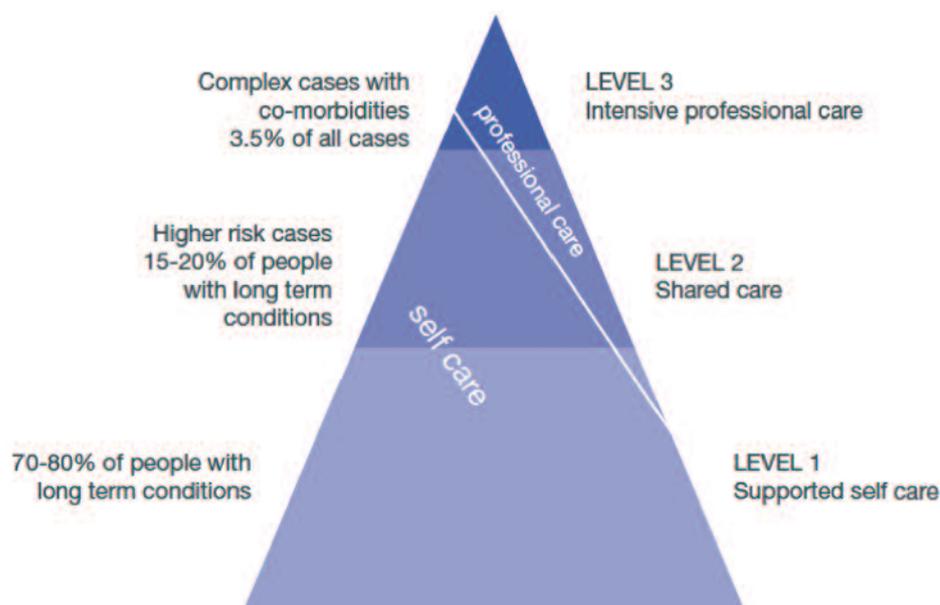
With regard to 'population-wide prevention', it was observed that patients could generally be divided into three groups:

- A large majority, who are able usually to manage their own conditions with the right advice and support
- A second group which needs more professional care in order to, for example, avoid complications or slow the progression of their disease, a group which should work in partnership with care providers
- A smaller group with particularly complex needs who require a more intensive level of care involving proactive and coordinated 'case management'

See diagram over page

APPENDICES

Such a schema is represented by the 'pyramid of care':



Delivering for Health recognised that the keys to managing long-term conditions were:

- Focusing on the whole person (holistic care)
- Involving people in their own care
- Providing care in the least intensive setting
- Aiming to minimise unnecessary hospital visits and admissions
- Integrating health and social care
- Using community and voluntary resources well, including support for family carers

In relation to the aim of 'reducing the inequalities gap', the document noted unacceptable differences in healthy life expectancy and premature mortality which were significant and widening. Life expectancy for men was 69.5 in disadvantaged areas as opposed to 78.4 in the most affluent areas, the equivalent figures for women being 77.3 and 82.3.

It was necessary therefore to build capacity in primary care in disadvantaged areas to deliver proactive, preventative care, with a focus on early interventions to prevent escalation of health care needs. Such an approach would require targeting identified populations for health checks, screening, advice or referral to community services or treatment and working with voluntary and other organisations which are close to local communities and which can therefore be a useful bridge to primary care services.

3 Essential in promoting the approach to services at the heart of 'Delivering for Health' is the Long Term Conditions Management CHP Self-Assessment Toolkit (February 2007)

CHPs are the key mechanism for integrating the management of long term conditions because of their partnership arrangements and role within the NHS. Every CHP is required to develop an action plan by completing the toolkit, the broad aim being to realise the vision of 'Delivering for Health' in terms of the provision of high quality, integrated services which are responsive to needs, treat patients as equal partners in the management of their care and are delivered as close to home as possible by the NHS and local partners.

Use of the toolkit is part of the process of 'shifting the balance of care' into the community and improving the responsiveness of service to the needs of each individual. The toolkit is a self-assessment tool to support CHPs in evaluation and improving long term conditions care. As part of an annual process of re-evaluation, CHPs are invited to assign a numeric value denoting the level of compliance with each criterion under a number of headings (standards).

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Standard 1 – Organisation of Long Term Conditions Management

- Criterion 1.7 requires that the CHP engage with community planning partners, the voluntary sector, carers organisations and representatives of cultural and religious organisations in planning and developing services
- Criterion 1.8 requires that the CHP maximises the effective use of local premises which are fit for purpose

Standard 3 – Service Design and Multi-Disciplinary/Multi-Agency Working

- Criterion 3.1 specifies that operational policies should clarify the roles of health professionals, unpaid carers, local authority services, the voluntary sector, volunteers and independent contracts, but remain flexible enough to facilitate new ways of working (within regulatory frameworks)
- Criterion 3.3 requires that a CHP provide a range of services including prevention, diagnosis and treatment, rehabilitation and palliative care which are designed to deliver care more quickly and close to home by the appropriate mix of local primary care practitioners and multidisciplinary specialists working in community settings

Standard 6 – Quality and Delivery

- Criterion 6.2 specifies that in the development of services, the CHP should incorporate evidence from sources such as pilots, demonstration projects, good practice, research and guidelines

4 ‘Shifting the Balance of Care’ (SBC) is a policy objective which entails increased emphasis on health improvement and anticipatory care – essentially, more continuous care closer to home. It involves a partnership approach between the NHS, local authorities and the third sector. SBC is a response to demographic pressures, the increasing cost of institutional care and the need to improve health and social care outcomes.

There should be a shift in focus from services based on acute conditions towards systemic and personalised support for people with long term conditions. More care and treatment should be provided in the community, with people working between organisations and between professionals. There should be an emphasis on developing community infrastructure and workforce capacity.

The Shifting the Balance of Care Delivery Group’s Improvement Framework: ‘Improving Outcomes by Shifting the Balance of Care’ (July 2009) recognised that there was no single route map for SBC – instead, the local context is critical in defining priorities and measuring improvements.

The Improvement Framework identified eight key improvement areas, number 5 of which referred to the extension of the scope of services provided by non-medical practitioners outside acute hospital. This involves the introduction of more local services and more individualised care packages. In this regard, non-medical professionals have a pivotal role to play in providing care in primary and community settings.

According to the Improvement Framework, although GPs remain clinical leaders in the provision of care outside acute hospitals, there is scope to widen the range of local services provided by non-medical practitioners alongside existing medical services. This will enable GPs to maximise the use of their medical training and skills in dealing with complex clinical work as part of the delivery of more locally-based services. Better use can therefore be made of highly trained clinicians’ skills and expertise.

Care should be improved by providing access to the most appropriately trained professional in a setting as close to people’s homes as possible.

5 The National Physical Activity Implementation Plan ‘A More Active Scotland: Building a Legacy from the Commonwealth Games’ notes that physical activity results in 2,500 premature deaths per year and costs the NHS £91 million annually. It is the second largest cause of mortality (joint with smoking, behind high blood pressure). Being physically active can help prevent and treat more than 20 chronic diseases.

A More Active Scotland seeks to realise the overarching vision that “the people of Scotland will enjoy more active and healthier lives’. This requires the achievement of a number of actions before the end of 2014, including:

- All health and care professionals to have access to resources to promote recommended levels of physical activity
- Increasing patient physical activity for the prevention and treatment of disease to become a routine part of primary care

Further, the implementation plan requires that within five years of the commonwealth games new links will be forged between the health system and the community, enabling signposting to local opportunities.

Within ten years, fewer people should require treatment given increased physical activity through the intervention of health and care services.

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CASE STUDY TRANSCRIPTS

'JASON' (CLIENT)

GC: How active were you prior to being involved with Healthy Options?

J: Before I wasn't doing much. Now I'm doing a lot of cycling, outdoor stuff, the gym and I'm out walking more. Getting out the house and playing pool, I'm generally getting out more often. I've also started the Scottish Slimmers now.

GC: How did you first come to get involved with Healthy Options?

J: I was referred to Andrea by the doctor. I wanted to get a lot healthier and skinnier than what I was. I used to put on a lot of weight. When you're in that situation you don't want to do anything. Andrea has been getting me into walking. I was eating too much before. I used to go out on the bike a lot, but I'd buy six packs of crisps and sweets. I stopped going out on the bike and was lying on my bed all the time. I used to work in Kwiksave and when that closed down – I remember the day – I started putting on the weight.

GC: Were you out of work at that time?

J: I was yeah. I left school when I was thirteen or fourteen. I worked in coop, then worked in Kwiksave. Now I'm doing gardens – painting, decorating, sheds, cutting grass and strimming. My own garden and some other people that want a hand. I help my mum and dad out in the house when they're out working. It was after Kwiksave closed down that I spent more time in my bed and that.

GC: Have you lost quite a lot of weight then?

J: Aye, I used to be 21 stone, I was really big. Now I'm around 18 stone 2. I go to the Scottish Slimmers every week.

GC: How have you changed the way you've been eating?

J: Now it's salads, fruit, veg, baked potatoes, spaghetti Bolognese, occasionally prawn or chicken curry. I have three square meals and a lot less snacking. Scottish Slimmers and Andrea have helped me with eating healthier. They've got me to drink a lot more water too.

GC: What type of gym work have you been doing with Andrea?

J: Everything but the bikes. Lots of cardio and resistance. I'd like to do Zumba – I'd like to try that.

GC: Since working with Healthy Options, have you got back into other activities?

J: I help out my mum and dad, I wash the car, clean the windows, hovering etc. My room is always spotless now. I go out on the bikes now, meet up with the boys and play pool. I go to the competitions. I go to the Rangers matches with the boys. Swimming sometimes

GC: Did you stop doing these activities when you put on the weight?

J: When I put on the weight before, I didn't do any of that stuff. I've been feeling happier and healthier, more cheerful. I felt miserable before, I kept saying to myself 'I wish I could lose all this weight' – it's Healthy Options that's really helped me out.

GC: Have you met new friends since being involved with Healthy Options?

J: Since I've been doing the gym and getting back into the pool etc, I meet a lot of new people. Before I didn't meet anybody. I'm enjoying it.

GC: You seem to do a lot of jobs around the house – has that been easier since you lost the weight and got fitter?

J: I used to get out of breath, but now I go for long walks and don't get out of breath. When I started walking again I used to have to stop for a break every ten minutes. Now, I just keep on walking – I can walk for two hours round Gallanach. I'm hoping to do more walking and get out on the bike now the summer is coming.

GC: Have your family been supportive of your involvement in the Healthy Options programme?

J: Aye, my Dad has always encouraged me to be more active, while my Mum always wants me to keep busy with the housework. I am improving, it takes a long time though doesn't it? Two years I've been at the gym now – before that I wasn't having it, I wasn't getting exercise at all. I wasn't doing anything. Now I'm interested in getting involved in different types of sports – I'd like to try canoeing.

GC: So you've got more positive about doing activities since you went back to the gym.

J: Yes, I want to do more exercise and keep healthy.

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GC: What sort of impact has working with Healthy Options had on your life overall?

J: It's been great. Everyone has been really helpful. If I need a hand with anything, they're there to help me. I can't strap my feet into the rowing machine for example, which they help me with.

GC: Are you confident about keeping up your current level of activity?

J: Yes, I will keep it up. This year and next year I'm going to be doing a lot more – I'm gonna be a lot skinnier and keep healthy. I want to get to around 15 stone, but I'm taking my time. It's quite hard when you're watching TV at night time and want to have some chocolate or something. I've got better at being strict with myself though.

GC: Would you recommend Healthy Options to other people?

J: Aye. If I can do it, they can do it.

GC: Would you be interested in going to cookery classes or receiving more nutritional information from Healthy Options?

J: I used to cook, but it wasn't healthy – it was a lot of fried stuff. My mum does all the grilled stuff now.

GC: Has being involved in Healthy Options changed your attitude to life?

J: Yes, a lot. Because I'm much fitter now, I have a lot more energy and can breathe a lot better. Before when I went to bed I was really tired, now I breathe a lot easier. I also sleep a lot better, I sleep less but much better. I've also got into buying new clothes and looking after how I look a bit more. People tell me I've lost a lot of weight and sometimes I don't really recognise it, because it's a slow process. But it makes me feel pretty good.

'MARY' (CLIENT)

GC: How active were you prior to being involved with Healthy Options?

M: Zero. Prior to being ill, I was very active, sporty...I have ponies so riding, looking after them etc. I was taken ill, swelling on the brain, they also discovered two strokes (just over two years ago). Went to zero activity wise, after having had hardly a cold all my life. Not good at all.

GC: Prior to that you'd been active your whole life?

M: Yes – hill-walking, good diet, horse-based activity, events, travel. I had been to the local hospital to have physio for my neck and shoulder. I wasn't feeling too good – felt dizzy, nauseas, my eyes went strange, blurred. They were aware something had happened – had some recovery time. I was really ill that evening and the next morning. Paramedic came out to admit me to local hospital. That was end of October 2011. I had been ill end of August – they surmised that it could have been the first stroke. Actual swelling discovered when admitted to hospital end of October that year.

GC: After that experience, you were unable to undertake exercise?

M: I couldn't stand up, I wasn't able to walk very well – staggering about without a glass of champagne in sight...lost my peripheral vision, wasn't able to drive. I was on steroid treatment and other medication. Another scan – discovered I also had MS. It all came together like a nice little package, in threes. I was confined to home, had to get help in for the animals and the land. I wasn't compos mentis at all – it freaked me out.

GC: What sort of difficulties did that create for you?

M: Wasn't able to walk unassisted. Fortunate to have ground floor bedroom with ensuite originally kept for guests. Needed assistance for general tasks – bath, shower, couldn't be left alone at all. Organised shifts, thankfully husband was retired.

GC: At what point did you get involved with Healthy Options?

M: Read about it in the Review – mentioned it to GP. Talked about it a couple of times, still didn't have real balance, periods of difficulty. Second or third visit – we went for it, needed to do something for myself. Met Andrea. Still wasn't driving, no peripheral vision. I was more than ready to do something – had been confined to the house, I'm not really that sort of person.

GC: What were your motivations in getting involved with Healthy Options; what did you seek to gain out of it?

M: I'd always been very active and sporting, had animals at home – standing at the window and thinking 'I really want to do that', but knowing at the same time that you don't have the capability. You have to learn your limitations in a way – a big learning curve to go from everything to nothing then to try to bring yourself around to try to do something. I'm a pushy

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sort of a person, something within me knew that I couldn't go on like this and I had to try and help myself. I couldn't really put everything on my family who were 600 miles away and coming up and down to help. I had to do something to help myself but I didn't really know what. I've always been a bit competitive – gave me the impetus to say “well, let's see what you can do and then go from there”.

GC: Healthy Options team have often found that the client, the individual has to have the drive and motivation themselves, then the team can bring the expertise, the training to be able to support them and plan a route going forward.

M: After I'd come out of the hospital and was getting checks from the GP and hospital and medical personnel, I felt that there was a gap where they'd done their bit – it was a case of 'where do I go now', 'what happens to me now'? I did discuss that with the GP – I felt that I'd been through that and now I'm here, this is what I'm coping with...it was almost disjointed – what now? I had excellent care at the local hospital in Oban and I had excellent care from the GPs and from the Southern General neurological department in Glasgow. Everyone gave me the right care at the right time on the medical front, but then it sort of...I needed something else for my physical and mental welfare.

GC: Usually the Healthy Options intervention begins with an initial consultation – usually a 20-30 minute meeting with Andrea. How did you find that aspect?

M: More than an hour – first person to whom I was able to offload. When you're ill you don't want to put more burden on your family – big family but very close, they'd been through a very frightening experience. Life-changing thing, but I didn't know what to do. Andrea got it (was on the end of it). When I left Andrea that day I thought 'I'm on the right track, this is what I need to do'. 'This scheme – Healthy Options – is going to have somebody to stand beside me and support me and help me move on from this static, inert stage where I was at at that point in time.

GC: Healthy Options try to implement a co-production model – real interaction between the team and the client, together you try to shape the programme moving forward. Did that come across at that stage?

M: Yes – I felt like I had a net which would catch me if it went awry. First bit was learning to walk, working on balance, peripheral vision was resolving itself. Eventually I was able to drive again, but that took some time. I was dependent on my husband for transport. The network within Healthy Options is a different sort of network – you're not afraid that you're going to upset someone because you're not feeling good on a particular day or aren't able to motivate yourself physically and mentally on that day. In contrast, if that's your family, they become very concerned and worked up – they want to keep you safe. I don't need that – I need someone to help me move forward. At healthy options, we were going together 'hand in hand'. That was vital for me – absolutely vital. I didn't want to be wrapped up in any more cotton wool at home.

GC: How did you find the atmosphere when you first came in for the consultation?

M: It is a different thing from the NHS – related but different. You need somebody else to take you to another stage – it's a different format. Obviously NHS can look after you – the science of it – to get you to a position where you can move on. Healthy Options fills that gap – not just a bridge from one to another, but a bridge of stages. At each stage you are brought on a bit more. From my point of view, I wanted to do more – I was being driven round the bend being inactive and inert and not being able to ride out or handle my animals or do bits and pieces on the land. Since then I've moved on a lot, a great deal. I was in a keep fit aerobics class last week which was great – the lady who hadn't seen me for a year said 'I don't know what's happened to you, but congratulations – you are completely a different person from the person I saw a year ago'. I said, to be honest, that's down to Healthy Options – to the support I've had and the physical activities I've been helped with. It's through that that I've been able to get to this stage. I was really pleased for me. It was proof to me that what we'd been doing in healthy options (I sound like an advert don't I, but it's not meant to be like that, it's real). It's there and it's monitored and you're helped and supported in every way along that line.

GC: It can sometimes take that external point of view to make you realise just how far you've come.

M: What did you decide at the initial consultation – what goals did you set? What activities did you agree to undertake? I didn't really have any goals – any kind of movement would've been better than where I was at that time. I wanted to do something, but I wasn't sure what it was I wanted to do. I was still very upset and confused about what direction to go in – I knew I couldn't do it myself, I needed help. Healthy Options hadn't been up and running very long when I got to them, but I thought it was a god-send.

GC: Was it initially more about mobility, movement and balance than fitness as such?

M: It was about being more mobile, but it was also a mental thing for me – I didn't know what to do with myself mentally. When I had the initial consultation I was happy to go with whatever was presented because it was at least something that was being presented. I was making the motion towards change, whatever that was going to be – I was going to grab it with both hands.

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GC: Is the 'twelve-week' programme ongoing?

M: In a way it's still ongoing. The initial programme ended up lasting several months – started May 2012 and I'm still part of the scheme. It's also allowed me to do other activities, but I still need that assurance and guidance. I still have difficulties from time to time – if my balance is off or I'm not feeling great, I can speak to Andrea and say that 'my leg's on strike' or 'I can't feel my fingertips' or 'I've got pain...' – she'll let me know what I can do to move things along. I don't think the twelve week programme is realistic or practical – you'd don't stop having issues at twelve weeks – I didn't. Everyone is an individual and everyone copes with things in a different style. I was lucky because I was really fit up to the point when I got ill – that allowed me to recover more quickly.

GC: You mentioned that the difficulties you have come and go and that you are able to say to Andrea at the start of a session that you are having specific problems. Is there enough flexibility in the activities you are given?

M: Yes – they are watching all the time. Even when I go to the larger classes, such as aerobic dance – they're scanning everyone. You have an ongoing monitor in those other classes – sometimes you get overheated or feel sick – Andrea could see instantly and took me to one side. One time, I was able to do chair-based activities whilst still being part of the group – I was still partaking. I'm not one to give in – they probably see there's an issue with me before I myself realise. Sometimes they need to say 'hold on a minute'.

GC: So there's a continual process where you can give feedback and re-design your activities?

M: There is – it's totally flexible. That's the great thing about it – it caters to my individual print – what I can do that week or that month. It's really fluid and I think you need that.

GC: Looking back over the programme, what impact do you think it's had on your health?

M: Major. I don't think I'd have gotten so far so quickly in the way that I have done. I wouldn't have known where to go – I probably would've done something really daft like trying to saddle up on a horse and going over the hill. I would probably have put myself in a situation of greater risk because I was frustrated. I found things very difficult and needed to do something. Healthy Options probably saved me from having another injury or doing something to exacerbate my situation. It pointed me in the right direction and remained with me to hold my hand throughout.

GC: When you first arrived at Healthy Options you'd had the shock and the difficult experience of being ill after having been very active throughout your life. At that stage, you found it difficult to walk, your balance wasn't very good and you'd lost your peripheral vision and it had impacted you psychologically. Where would you say you are now with regard to physical activity?

M: I'm still not where I was before I was ill, but I am mobile, balance is good, peripheral sight is good so I can drive and I can walk about without fear of crashing into anything. I'm hoping that things progress well so that when the better weather comes I'll be able to sit on one of my ponies and tootle about with some help. Working on my core is very important for that. My arm and my left side isn't the best – Healthy Options helps me build that up. That's my next goal. It doesn't upset me as much now if I don't get to my goal within a particular time, the way it did in the early stages.

GC: You're less frustrated now?

M: Oh, definitely. At least everything I'm doing is moving forward. That's the crucial point – I don't have the temperament to be in a rut. There has to be a result, an improvement, even if miniscule.

GC: What are the key things about the programme which have allowed you to make what sounds like a remarkable improvement?

M: Somewhere to go after the medical things had died down – Healthy Options caught me at the point of uncertainty where I didn't know what was happening. I'd moved to another space and that was Healthy Options. Finding someone to talk to who wasn't related to you and saw you as an individual – giving you the help and support to work out a programme. Coming out of the house and becoming an individual – meeting a new group of people – that's very important. I lost all my social structure when I couldn't do things with my ponies – the crowd were off doing what they do. It's vital that you're mixing with a larger group of people of mixed abilities, some with no issues. We're fortunate we've got such a great facility as Atlantis and that they hold such a wide range of events. I know that Healthy Options is there if there's an issue – it's that hand-holding thing which allows you to regain your confidence. I lost all of mine – I was so worried when I first came down to Atlantis. I couldn't believe that – I'm a professional person, I've been all over the world, I'm outgoing, but not after then I wasn't, not after coming out of hospital. It was awfully frightening.

GC: You were quite apprehensive when you returned to Atlantis?

M: I was absolutely petrified. I was concerned about falling over. I was worried that because I staggered around people would think I was intoxicated! That is frightening, especially when I got to driving again – I hoped that people didn't think

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I'd been drinking. Something was said somewhere in public – someone I knew really well said something. I know it was a jokey thing, but it made me conscious of how people saw me. You can see people looking, it made me very sensitive to other people who had issues. I'd never really considered that before.

GC: At that stage, something said off-hand would have an impact on you?

M: It made me think very hard about how people saw me and how I perceived other people. I'm not an ignorant person, but it made me think about things a bit deeper.

GC: Has your confidence improved since being involved in Healthy Options?

M: Oh, massively. I give back-chat now. (laughing). Initially I would just look in the mirror and think 'I don't recognise that person'. Visually and mentally. 'Where is that person I knew?' Now that person is coming back and has come back strongly. I haven't had many setbacks since I've been on this path – I think that's down to the support and having my hand held if I need it. It gives you the confidence to say to Andrea or Christina that you've got a bit of difficulty – that's happened probably twice.

GC: Do you feel like having received a similar comment to what you described earlier, you'd now deal with it differently?

M: Yeah, at that point in time I was very upset. Normally I would have told them to clear off or have given them it back. It doesn't bother me now – I have issues and if I get into difficulties I know it will pass – it's not my fault if people don't understand.

GC: You mentioned that the social aspect of the programme became important. Have you met new friends as a result of the programme?

M: Yes. Also the Healthy Options have become like friends – I feel quite strongly about that – I can discuss anything and that's anything.

GC: Have you met up with people outside of activity? Is it something you feel like you might do?

M: We've done a few social things – the whole gang of us went to Mull. It was a spa day – that was about people and not necessarily Healthy Options.

GC: You said you'd started to do other activities after being involved with the programme – what sort of things have you been doing?

M: I started having a whack around at Badminton with some of the girls – that was really good. I used to play badminton a LONG time ago. We've got that – but we haven't got the hall right now and we're all moaning. Being in the gym generally – going into a gym years ago would have absolutely turned me off, but I really enjoy it. There's always someone around from Healthy Options, but it also gives me quiet time. I've also got into aqua-aerobics – I'm not very confident in water at all, but Andrea started me off on the spa trip on Mull. Occasionally, but not all the time (I'm not a natural) I do that – it's good fun. I've also been doing pilates body conditioning – a mixture of pilates and yoga. It's great for strengthening the core which I really need to do. Balance is the major thing. Aerobics as well. I've also been on a few walks, a six mile walk to raise some funds (another social thing outside of Healthy Options as such).

GC: A real variety of activities. Are you more confident now with water-based activities?

M: Yes. It's all hard work, but I like hard work – I don't want it to be easy physically, I want to be pushed. When I come away I feel regenerated and I feel good.

GC: With regard to the social aspect, has being involved in Healthy Options changed your attitude towards social situations?

M: I'm not sure, I'm a fairly social animal anyway. When the illness was at its peak, I didn't have a social life, I was housebound. So it was about recovering the confidence I once had.

GC: The Healthy Options team have generally found that family and homelife has a real impact on the experience of participants on the programme and their ability to achieve goals. Have your family supported you?

M: Absolutely, probably too much – it has a tendency to be suffocating. They had a terrible fright – I was the last person in the world anybody would've expected to have had something go wrong. My mum couldn't believe it was me – the shock was dreadful. They're based in the West Midlands, my daughter in Dorset. My mum came to be with me for 8-9 weeks to give my husband help. They live a long distance but it's family at the end of the day.

GC: Have your family noticed any changes in you since you've been on the programme?

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M: Definitely, there's been a lot of improvement – being more mobile and being able to drive. There's nothing worse than having been really independent then becoming absolutely dependent – an awful shock. I can go on the train, get on the plane, or go down to Glasgow for shopping – it's a great improvement. What's been important to me is trying to get them not to worry so much. I don't want to be mollycoddled. Don't do things for me, I want to do it myself. Because my mum had a friend who had severe progressive MS, she's seen the wrong end. She was absolutely terrified. I'd never had an attack before and they don't know if I'll have one again.

GC: You said you don't work now – had you stopped work prior to becoming ill?

M: It was some time ago – I retired early.

GC: Would you see yourself continuing to be involved with Healthy Options in the medium to long term, maybe even helping other people new to the programme?

M: I don't think it's going to end – even if I improved I'd want to keep that little special place and to help others to see the light. I've recommended the programme to others – one or two have signed up. It's a good chance to take – it'll go the way you want it to go. I wouldn't like to think that I wasn't a part of it moving forward – I'm not ready to finish. It's there, even if you're not needing it fully, mentally that gives you the confidence to move forward and keep going.

GC: Do you feel confident in being able to keep up your current level of activity?

M: Oh yes, I want to keep going and to get better. I've got into a position where I'm much healthier in many ways, I now want to deal with weight issues and fitness levels. I think I can improve my fitness levels a bit more now. I get setbacks, but it doesn't put me off – I'm confident enough and determined enough that I won't let it control me – I'm in control.

GC: Have you a strong vision of where you want things to go next?

M: I think Andrea is aware that I want to be able to control 600kg of horse flesh! Also to get generally fitter.

GC: Did you experience any problems in dealing with Healthy Options? Could anything be done better?

M: Everything I've got to say about it is really positive, because it's really positive to me. It could expand – it would be great if everybody had this facility – it's great and I hope we keep it. It's to do with that point when you're cut off, when you've been unwell and you're finished with the medical people and there's a gap. Healthy Options is the perfect scenario for people across the board – every GPs surgery and every town should have this facility. Personally I couldn't commend Healthy Options highly enough – it's a perfect complement to the medical system in Oban and hopefully it would elsewhere if it were expanded. I've had great care from the hospital and from the GPs and this is the next stage. I dread to think what would have happened if it hadn't been there – it really frightens me. I don't know whether I'd have had the confidence to pick myself up. It would probably have happened eventually because I'm that sort of person, but there's probably a lot of people out there (I don't mean to generalise) who would benefit so much from having the next stage. It's part of the whole scenario of health care.

GC: There's a vision about trying to move Oban forward as a 'healthy town'. Do you have any ideas regarding where Healthy Options could go now to help achieve that?

M: Not off the top of my head. If you've got funding its easier to expand, it's also about having the right personnel. We're very very lucky to have Andrea. We don't always know our capabilities – we often need another party to help us learn about our abilities.

GC: One of the things Healthy Options have been looking at is providing more in the way of dietary advice...

M: I'd be very interested in that – I think it's a great idea. Fitness is about many things, it's about looking after yourself, diet is hand in hand with exercise. It's something I've been thinking about moving forward. It's about knowledge and habit – if we don't learn about healthy eating from others those skills aren't passed down. We get into a bad habit and it's not top of the list when you've had problems. That would probably be the next stage for me – to consider what the best things to eat would be if I'm exercising. Probably since I was at school a lot of nutritional advice has changed and people cook differently to how my parents cook. We are supposed to be the least healthy nation dietary wise – that would be the cherry on the cake for Healthy Options – it would give you the full spectrum of help.

GC: Do you have any questions yourself at this stage?

M: No, I've been happy to do it. It's given me an opportunity to pass on what Healthy Options has done for me. I think it's been brilliant, I can't commend it highly enough – I hope they get everything they want because it's made a real difference. My life was changed by several illnesses and now it's been changed again for the better by Healthy Options. If there's anything I could do I'd be the first person to jump up for Andrea and the girls – it's proved itself to me in more days than one. I'd be devastated if Healthy Options didn't continue – where else would we go then?

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DEREK LAIDLER – PHYSIOTHERAPIST, LORN AND ISLANDS DISTRICT GENERAL HOSPITAL

GC: What's your position at NHS Highland?

DL: Team Lead physiotherapist, leading a team providing a full range of physiotherapy service from musculo-skeletal outpatients, pediatrics, women's health, neurology inpatients, elderly, falls. I manage those services. As a profession we prescribe exercise programmes as our therapy intervention – it's integral to everything we do.

GC: How did you come to be involved with the Healthy Options programme?

DL: One of our staff was involved with the board in setting it up. I immediately saw the value and benefit of having such a service. From a very early stage I've tried to utilise Healthy Options wherever I could.

GC: What specifically was the benefit you identified?

DL: NHS budgets are understandably tight, staff levels are at an absolute minimum. Some of the services we provide we are not actually funded for. I personally provide a neurology service for people who are post-stroke, have MS or Parkinson's disease, motor neuron. Because that's not officially part of my job description, it's very difficult to fit in. The service I was able to deliver was very limited, an assessment service, mostly advice for people to go away and manage on their own. Traditionally the failure rate of simple advice and leaving people to their own devices is very high. Getting involved with Healthy Options has allowed me to do the initial assessment but then to pass on the supervision of those exercise programmes to Healthy Options – that means the patients have a full service rather than just a partial service. It's a service which is not available in a lot of areas. I have a lot of experience in setting up services for MS patients in the North of England and having a voluntary or third sector organisation involved with the expertise to actually provide supervision of the exercise component was something I tried to set up and wasn't able to. To have it set up and running in Oban was absolutely fantastic.

GC: It's perhaps early to try to quantify results – have you anecdotally and in speaking to patients noticed any difference in success rates?

DL: The patients' enthusiasm and motivation to continue with the exercises is evident every time I speak to them. The fact that so many of them are still engaged with the activities we prescribed initially is absolutely brilliant and would not have happened without Healthy Options. A byproduct is that they have more social interaction – they are able to discuss problems with one another and problem-solve themselves. The management of long-term conditions has to be focused on self-management and Healthy Options is providing them with the tools to continue to self-manage. In terms of quantifying that, it does mean in direct terms that my patient contact is minimal. Whereas I would normally try to see patients 3,4,5 times just to keep them engaged and motivated, I can now see them once and know that they are going to remain engaged and motivated. All I then need to do is stay in touch with who is delivering the programme so that if there are problems or they need further advice, I can get back involved at that point. In simple terms from my point of view it frees up an awful lot of time to either see new patients or to concentrate on other patients who perhaps need more input. In terms of the patients themselves, I am told that they really enjoy it and get a lot out of it.

GC: I imagine that it's particularly important to make efficient use of your resources when you are in a straightened budgetary context?

DL: Absolutely. It changes the situation from us providing a very limited assessment and advice service to us being able to provide a full and comprehensive service. It is very rare, especially in rural areas, to be able to provide such a full service. I've had conversations with MS patients who've moved from other parts of the country – every one has said that they haven't found as comprehensive an MS service anywhere else. Anecdotally, it's very reassuring to know that we're able to provide that.

GC: What is the process by which you refer patients to Healthy Options?

DL: I do an initial assessment and if I feel they're appropriate to go straight into Healthy Options, I'll get them to complete a referral form and I'll draft a letter specifying the particular areas in which they need to improve or strengthen and likewise the exercises that should be avoided and those activities which should be encouraged. We thereby avoid any activities which might be detrimental. The benefit of having such well qualified staff is that I can leave it to their expertise. My expertise is in assessment and treatment, theirs is in exercise instruction.

GC: It's quite a collaborative process then to design the programme?

DL: Absolutely – certainly initially I did a lot of joint assessments to explain to Andrea the sorts of things I was looking at and to explain to her how I assess people's movements and restrictions and areas of weakness. Andrea very quickly picked up on those themes and was able to recognise that. It works very well and Andrea is excellent at contacting me if she's having problems or issues or even needs just a bit more information about particular patients. We're in regular email and telephone contact.

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GC: It sounds like there's a degree of skills-transfer between you and Andrea?

DL: Absolutely. That's how it works. In an ideal world we'd have a seamless service taking someone from an episode of an acute illness right through to full recovery and to maximise their potential and maintain their levels. At every point where there's a different service taking over, there's got to be an overlap of skills.

GC: In general, it sounds that the relationship is working well. Have there been any problems or could things be done better?

DL: Andrea's busy, I'm busy and so sometimes making time to meet up could take a few days or a few weeks. My only other concern is that this service doesn't continue because then it's going to leave a huge gap. It's one thing working with a gap when a service has never been there – it's an awful lot more difficult when you've had that service and it then disappears – not only for myself and the NHS, but for the patients who have been used to accessing that service. I'm not reassured that it's safe.

GC: Healthy Options is currently set up to deal with approximately 150 clients per year. From your perspective, is there scope to expand that provision?

DL: Definitely. NHS services in the community are very limited – we're trying to shift that – there's a huge paradigm shift to move away from the emphasis on hospital care – to keep people out of hospital and do more for them in their own homes. It's difficult to move from a reactive to a proactive service. Traditionally we've had a reactive service which picks people up, patches them up and sends them out – that's where everything stops. So that contributes to a revolving door type situation for a lot of people with chronic disorders. Healthy Options fills that gap – it gives us an exit strategy. I don't like to have people discharged with no support and so I look for exit strategies – local leisure activities, clubs, even just social support. They've always been very patchy and very limited – all of a sudden we have a comprehensive and adaptable exit strategy from the NHS which is going to continue the work of the NHS but allow people to get used to self-management and allow them to recover to optimal levels without it being in a hospital environment or an environment which encourages people to feel that they are sick or they are patients. That's a huge psychological change for people, particularly if they have been very unwell or if they have a serious chronic condition.

GC: You've been involved in the programme and patient groups?

DL: I've tried to be involved as much as possible, but time-wise it's very difficult. We had a member of staff who was heavily involved and was on the board. Now that she's gone I'd like to think we've still got a good working relationship.

GC: One aspect of the Healthy Options programme is a non-condition specific low-level class for clients with pulmonary conditions or otherwise with low levels of fitness. Do you think in general that's the correct approach?

DL: I think where it's been so useful is that instead of having strict criteria and fixed ideas about what it's going to be used for, it's been adaptable and flexible enough to allow itself to be used for what it needs to be used for. I've immediately seized on the idea of using it for chronic neurology patients – that's fantastic. There are other elements – chronic respiratory patients, low levels of fitness, new NICE guidelines of osteo-arthritis came out two days ago – exercise and activity has to be the core treatment. This is going to be the case for more and more conditions – hospital and NHS clinics aren't places for physical exercise. The great outdoors, clubs, leisure centres are places for exercise. More and more, it's being recognised that hospitals and clinics are not the best environments for what would have been considered NHS work. So it's important to think about who are the important staff for delivering that. With general problems of an ageing population as well as chronic diseases, it's being more and more recognised that there is a huge amount of value to increasing activity levels and exercise. Healthy Options have got it right in that they've been flexible enough an adaptable enough to fill the gaps as they've become apparent to Healthy Options. We didn't set out to have an impact on neurology services, but they've recognised a need and said 'we can fill it'. That's the approach that needs to be taken.

GC: Is there a fairly close fit with national healthcare policy and strategy?

DL: Huge. There's huge government policy of reshaping care, for older people in particular, which looks to avoid hospitalising people who don't need acute medical intervention. Healthy Options fits in perfectly with that work. We're trying to move into the community, to have more class-based, interactive activity to avoid falls. We're encouraging people to be more proactive – activity helps, exercise helps everything from diabetes to osteo-arthritis. Leisure centres, exercise instructors as profession have probably traditionally had fit, healthy people come to them. People who needed their expertise particularly perhaps didn't come to them. It's just marrying the two – getting the right people to the right people.

GC: Are you involved in the dietary side of treatment?

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DL: We work with whoever's expertise we need to work with. Obviously diet and exercise are the two main components. I think Healthy Options isn't limited to a particular remit – it can mould itself into what needs to be done. The NHS as an institution is very difficult to mould, adapt and change, as are all big well-established organisations. Healthy Options is in its infancy – it can adapt into what it needs to be. NHS funding is so tight – extra staff and resources aren't available for new projects. The NHS is running as fast as it can to stand still. Having that flexibility and the lack of preconceived roles and responsibilities is fantastic.

GC: You mentioned you were particularly interested in falls prevention. How do you think Healthy Options could supplement services in that area?

DL: I submitted a bid for funding in that area which was successful. I'm looking at community resilience programmes whereby volunteers deliver falls prevention classes in the more remote areas – in Dalmally and Appin for example. Part of that bid was making it clear that simply providing the training for volunteers would not be successful – the expertise that Healthy Options have would be vital in supporting that project. Healthy Options are happy to do that and are really keen to get involved as much as they possibly can. We have got an ageing population – people aren't getting fitter and younger. We need to make sure in the future we have things in place and have an organisation which can get across the ethos that the more you do, the more you can do (and the less you do, the less you're able to do). That covers healthy eating, activity levels and taking responsibility for and managing your own health if you happen to have a chronic condition. Healthy Options aren't limited in how they involve themselves with that – the only limit is funding. At the moment the focus is on using Andrea and her colleagues as exercise and fitness instructors, but what's to stop having people who can give advice and demonstrations on healthy cooking in their homes and small classes. There is no limit as to what Healthy Options can do, but there are huge gaps. Once you fall out of the health service often there's a long way to fall without a safety mat. To have that bridge between the NHS and that optimum function is brilliant. It can also spread the other way – to prevent people from becoming unwell. Perhaps that should be the focus for Healthy Options if they had to make a choice. I use them in a reactive and a maintenance kind of way – perhaps the focus in expanding should be in providing more proactive care.

GC: How would that work? How best could Healthy Options reach the community in that way?

DL: I think there's a perception that as you get older you do less and you get weaker and become unwell and that's just the way things are. But there's evidence to show that people can still be building muscles into their nineties with resistive exercises – no reason why people will become weaker and become unsteady on their feet. George Bernard Shaw quote – "We don't stop playing because we grow old; we grow old because we stop playing". That's incredibly relevant to an ageing population. Getting that message across is difficult – we could do with some help from central government. There are lots of role models in the area. A gentleman in Jura was named yachtsman of the year last year – he's 78 and he's just walked to the North Pole.

GC: More could be done to make such role models more visible?

DL: Yes, we need these role models to get people out the way of thinking that becoming unwell is a necessary part of getting older. 'I have a chronic condition, therefore I cannot do anything'. Trying to spread that message is incredibly difficult, but we can role out exercise programmes. We have excellent facilities here in Oban. Why isn't there Thai-Chi on the lawn every Sunday? There is a campaign to save the children's playpark – there is adult equipment available, why aren't we looking to build one next to the other? We need to challenge traditional ideas in that way. Some people might never accept it – some people feel that their parents should be wrapped in cotton wool, they shouldn't be going upstairs or out shopping. They're making them worse in trying to be kind.

GC: By preventing elderly relatives from doing certain things, over time we remove their ability to do them?

DL: There's some really horrifying statistics. A week's immobility in hospital will take away up to 20% of strength in the quadriceps. Some people don't have 20% to lose before they lose an awful lot of function. That's just a week of doing nothing in hospital. Similarly, a week in bed because you're a bit unwell and your family brings everything to you, can result in the loss of an awful lot of mobility.

GC: In talking to clients I've heard that often before starting on the programme, they thought the gym was for young people – for people who looked a specific way. But perhaps Atlantis has a different feel?

DL: Atlantis feels like it has more of a responsibility to the community – it's a big difference. In the same way the NHS is having to change the way it deals with things, it's having to treat people differently, I think leisure centres need to look at how they deal with things. Fitness instructors have traditionally had people who are already fit and keen coming to them – that's the easy bit. Perhaps leisure centres need to be reaching out more to a particular client group that are maybe harder to reach. I go to a gym and have done most of my adult life, but I recognise why a lot of people might not feel comfortable there. In Atlantis there are times when children are allowed in and can be comfortable and familiar with the equipment and the environment – that's a brilliant idea. Why aren't we doing the same for elderly people – allowing them

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to see what it's about and saying 'this is for you'. Activity and exercise is going to be such an important part of health – leisure centres have to adapt just as the health services do. That way, they might blend into each other and you lose the gap.

GC: You mention specifically trying to change perceptions about older people and exercise and getting away from the idea that you will necessarily lose balance, coordination and mobility when you get old. Another issue which has come up is about men – both their attitude towards medical processes and their ability to take proactive steps to look after themselves and increase their fitness. Are there specific ways in which healthy options could appeal to men? I think the ratio is currently about 70/30.

DL: I think it's difficult – it's something deeper ingrained, that's always gonna be a problem. It's amazing – we run cardiac rehab classes and sometimes we have to keep a lid on the competitive nature of that. It's interesting to see that people who may consider themselves quite unwell will rise to the challenge when there's an element of competition about it. It's very difficult to get that balance when you're talking about people with low levels of fitness. How do you give them that little bit of competition which makes them feel good about themselves without completely overwhelming them and putting them off doing anything at all. Men withdraw when the circumstances aren't right. One of the things with cardiac rehab is that patients have had an event which has made them reconsider parts of their life. When they first start off they seem very uncomfortable in a group exercise environment, but have the motivation to stay there because of a life changing event. When you talk about people with just low levels of fitness, how do you engage them in that environment and keep them there long enough to realise that it's enjoyable? It's much more difficult to engage men, apart from where there's an element of vanity – vanity is a fantastic tool in keeping people healthy (although perhaps less significant in rural areas). I spoke to a 92y/o body builder at an event in Glasgow – he said the biggest driver to stay fit and active and healthy throughout his life has been vanity. It does play a big part – looking healthy usually means being healthier.

GC: I can see how that might work better for particular patients than for others. For people who have had a serious or life-threatening illness and who have very little mobility, looking at other people and viewing it in terms of a competitive dynamic is not probably going to encourage you.

DL: No, it's very difficult – the natural response is to withdraw and not to take part in anything which you feel you're going to fail in. That's human nature and in particular male human nature. These are the problems – ignoring your own health, the stiff upper lip, is so entrenched that it's difficult to see how that can easily be overcome. But again, there are ways. People with children who have poor levels of fitness can be proactive with their children. Young fathers can participate in joint activities with their children. We've got fantastic opportunities like Stramash here – who run a nursery which doesn't see the inside of a classroom – there's room to collaborate with Stramash and Atlantis to have parent-child taster days, to get them more involved in activity. Catch them early – for folk who have chronic problems, we have to treat them differently and often after they've had a serious event. Why don't we say 'look, you want to get older and remain fit and be able to do things with your children' – why don't we intervene when the kids are five and six?

GC: Thinking about moving forward, you mentioned that a strength of Healthy Options was related to it being fairly new – it can respond to particular gaps in provision and be quite fluid. What are the main gaps which need to be filled?

DL: If you look at demographics, we're becoming more obese and we're becoming older. We've got lifestyles which give us high blood pressure and lead to strokes and heart disease which kill 1/3 of the population. We medicate to treat high blood pressure, but some of that medication can cause falls. There's huge problems but they're all linked together. An ageing population and increasing levels of obesity – they're huge. In the West coast of Scotland we have among the highest prevalence of MS not just in the UK but in the world and we have insufficient services to deal with that. So I'd add neurological conditions to the equation. These need to be addressed as well.

GC: Specifically on falls prevention – what proportion of your patients would come to you after a fall? What proportion of your time does that take up?

DL: One in three over the age of 65 will fall every year, one in two over 85 will fall every year. The problem is we're seeing them after the fall. Hip fracture is a common occurrence in a fall – the level of dependence increases dramatically and are often unable to return to living on their own and have to go into 24 hour care. Those numbers are huge. In the past week, working in inpatients, 25% of our total work or more has related to falls or hip fractures. The cost of a hip fracture for the operation and the aftercare, you're probably talking somewhere between £15,000 and £20,000. If one member of staff can prevent one fall in the year...

GC: What are the main strategies for prevention?

DL: The evidence suggests that simple strength and balance exercises are effective in preventing falls. You're never going to stop every fall, other factors are involved. But if you can rule out several factors, you'll see significant improvements. Let's try to remove some risk factors – have people who are stronger, have better balance and greater awareness of risk,

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have safer environments. Hindsight is a wonderful thing – we see people who were standing on a chair to take paintings down, etc – it's partly about getting across to people that they need to take the risk of falls seriously.

GC: So things like pilates and yoga could be effective?

DL: Absolutely – most of the evidence is around a strength and balance programme designed in New Zealand – OTAGO – it's a simple programme on which there's good evidence. Simple, cost-effective. What we've secured funding for is for training courses to allow people to deliver that training to people at risk of falls. Thai Chi, yoga – we don't have that type of society, in Hong Kong, every piece of green area had people doing these activities on a Saturday and a Sunday afternoon. Elderly people – it was fantastic to see. Whereas we go and get the paper. It's a cultural thing, but we need to change it. Healthy Options can have an impact locally – it's not about being on a crusade, but to be there to help facilitate them.

GC: What specific impact has Healthy Options had on your department? You mentioned before it gave you an exit strategy?

DL: More and more my colleagues are realising the value. We have real issues in the NHS with people coming back to use services over and over again. A small percentage of the population take up a large proportion of NHS services. I would suggest that Healthy Options has had an impact on that – those people who have engaged with Healthy Options don't come back into our services because they don't need to. Those that we struggle to get engaged with Healthy Options or similar services, we see them over and over again and get the referrals over and over again. I think there's a direct correlation.

GC: It seems that it's not so much that Healthy Options makes an intervention and changes peoples' attitudes as such – that motivation has to be there and what healthy options does is provide the support and backup.

DL: That's exactly it. People with ill health or poor levels of fitness don't know how to change their lifestyles – we can give them a short course and specific exercises to do, we can treat any acute problems which they have, but we can't provide ongoing support. We can help them recover from an acute episode, but we don't have the facilities to help them change their lifestyle. Those changes need to be made and that's where Healthy Options comes in perfectly. We can get people to the point where they can decide to make those changes, but we can't guide them through that.

GC: What would it mean for your work if Healthy Options was no longer there?

DL: We would go back to a situation where we didn't have an acceptable level of service for a substantial number of patient groups. I would hate to go back to a situation where I felt guilty as people were leaving the department and knowing that there's more that could be done for those people...knowing that I don't have the time and resources to do that. That's what happens on a personal level – you feel guilty when people leave the department and I don't have to now – I can be happy and encouraged that we're providing a service better than what is available elsewhere in the country.

'DAVID' (CLIENT)

GC: How active were you before involvement with the Healthy Options programme?

D: I'd spent three and a half months in hospital so very inactive. I needed help with even the basic functions and became registered disabled because of that

GC: How did you come to be involved in the programme?

D: Referred by physio dept at Oban hospital

GC: Were you apprehensive about getting involved?

D: I'd had major brain surgery – I'd had a three inch square lump cut out of my head and had been in hospital becoming very institutionalised. You're used to being served and everything being done at a specific time. There's always nurses and doctors around. My case was very complex, so I was very nervous about coming out of hospital at all – I was pleased to get out, but very weak. 3.5 months of not doing activity, couldn't do basic things on my own. Fortunately my wife's a nurse, so she was there with me, but I was really frightened. Confidence gone.

GC: Prior to becoming ill, had you been active?

D: Yes, pretty active. I've also got a lung problem – invasive aspergillosis, a fungal infection which, having been just in my lungs, is throughout my body. Controlled by medication, made me chronic asthmatic, potential killer in itself. So before I went into hospital I was trying to keep reasonably fit, probably average fitness considering I was a chronic asthmatic.

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GC: What stage are you at now? Is your involvement in the programme ongoing?

D: I was coming to an end of the rehab after the brain surgery then had a heart attack. Went over to gym with Andrea and was getting pain in my chest – she told me to see doctor, specialist said I'd had a heart attack, four stents fitted in Golden Jubilee, 95% blocked arteries. So I was back to square one again. I just finished cardiac rehab at the hospital yesterday, referred back to Healthy Options again – start again next week.

GC: Usually when you're first referred you have an initial consultation with Andrea. How did that go?

D: Consultation with Pauline and Andrea together. Lorn Medical Centre was nervous about me doing anything because of the complexity of my situation; general feeling that I'd never get back to work again – it wasn't on the table at that time. I was told I had a long way to go and may not recover at all. What I had in my brain fortunately wasn't a tumour, it was an infection and a very large cyst caused by nocardia – very rare, only sixth person in the country recorded with it. They didn't know why it crossed over the brain/blood barrier and they still don't know. Something was wrong with my immune system which caused all this to happen – probably from working overseas. I'm having a transfusion of white blood cells every three weeks to keep away infection. They didn't know if I'd pull through or not, so they were very nervous to have me do anything in the gym. But I was very keen to do something to survive. I really wanted to get back to work – I'm MD of the company, it was my company. I wanted to get back to do something. Daytime television can only do so much for you.

GC: What were your goals at the stage of the initial consultation?

D: My goals were short term – am I going to survive this? I'd just come through a very traumatic experience – maybe 30% chance of pulling through the operation without major problems. That's fairly psychologically traumatic – recovering from that, thinking will I ever get to work again, will I ever get over this tiredness and everything else? On top of that, with the lung problem, the first session I had was cautious. The surgery said 'OK, but keep a very close eye on him – if there starts to get a problem, then we stop'. My own goal was to get back to work, that's what I wanted to do. I'm registered disabled and it's very difficult to see yourself as a disabled person – I don't. Do you let this control you or do you try and control it? You can't control everything but there's certain things you can – saying I'm going to fight it. Every day I got up I was in chronic pain, two lots of painkillers – the surgery cut through nerves in the back of my head. Every morning you have to say 'get on'.

GC: It sounds like at that stage you had a powerful drive not to let the illness get the better of you – you were going to find a way back to work?

D: I was going to try. I wasn't sure I was going to get back to work. But it was someone throwing you a lifeline – I was coming out of hospital and while I was still on lots of antibiotics and painkillers, Healthy Options was a lifeline, they were saying 'We can help you'. You can go to the loo on your own, you can stand up in a few months, you will get stronger. We can build up your lung capacity. You don't have to walk around the gym with a stick – my goal was to throw the stick away. Healthy Options gave me a lifeline and an option of potentially getting back to work again. It would be three months later before I'd walk through the doors of work again.

GC: How did the Healthy Options environment feel to you – was it similar to the more formal medical circumstances?

D: Getting out of hospital was a major breakthrough. I did some work at the hospital before I came out and it was just like being in hospital – you were an old man in a dressing gown who couldn't do anything. I'm not complaining about the hospital – it was fantastic – but when I came into Healthy Options it was a different environment. I was out of hospital, it was the next step forward. I could go to a gym! I could put a tracksuit on rather than pyjamas! It was psychologically a huge barrier to break to return to the real world. I didn't realise it at the time, but looking back at it that was a huge thing.

GC: Retrospectively it was a boost to your confidence?

D: Initially it was scary, very frightening, but my confidence grew as I went through the programme. I was working with Andrea and Ashley and some of the other team and they were absolutely superb – I never found the gym environment intimidating at all. People understood where you were coming from, just how bad you'd been and they never wrote me off. 'Let's get through this together, a little bit at a time'. About three or four months later, my strength had improved, I was getting better, I could go to the gym without a stick and walk some places without a stick. The brain surgeon said one of the side effects would be that I'd never have a perfect balance again, but I'm now driving. That was another confidence booster – I never thought I'd get back to driving.

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GC: Did it surprise you the type of progress you were able to make on the programme? Did you have to continually re-adjust your goals?

D: It was just slow and steady progress. I was happy just to live another day – it might sound dramatic, but at first I was happy to get through that day, then I would think about that week and that month. Then I had a heart attack and was back to square one – I'm only now starting to think I might reach retirement age. I might have a bit more of a future. My attitude was very short term but I'm now encouraged to think a bit more long term, because I might be around a little longer.

GC: You mentioned your case was a very complex one – did you feel you were able to give input into the design of your programme?

D: Oh yes, definitely. When I was in hospital – and I'm not complaining – there was only so much you could do. When I did the cardiac rehab there were 13 or 14 of us in the class together – when I went to Healthy Options it was one-on-one: they understood what was wrong with me and they did everything possible to try and tailor something to suit my needs. Without it being over-the-top – an hour a week for the first few weeks, then I was in the gym with four or five other people, with someone there keeping an eye on me if something went wrong.

GC: Were there points where you had to say that 'I can't do this right now, it's too difficult'?

D: I had several infections come back again and I just couldn't breathe, couldn't get round the gym – so I had to go back on antibiotics and steroids. At those times I couldn't have done anything. That was understood – Andrea would tailor and scale things appropriately – at some times she stopped me from being at the gym at all.

GC: What impact on your health overall has Healthy Options had?

D: There's two aspects – firstly the psychological impact, getting confidence levels back. With my lung problem, I was scared to do activity incase it did more damage. After brain surgery and time in hospital, I had zero confidence levels and didn't know if I'd survive. Heart attack was another knock. So being out of hospital and being in a non-medical environment was fantastic – you can't overestimate how important that is. Physically, I walked into the gym the first time and went round with a stick – I needed it so I didn't fall over, but also I couldn't bend down. After three months I could walk around the gym, I was walking to the gym from the office. You tend not to notice because it's a gradual process, but I was getting fitter. I was starting to think about my future. After brain surgery, in order to drive you have to be 'clean' for twelve months – no fits, no problems. It was nerve-racking having to reapply for my license and worrying about having a stroke or a seizure or something. The driving was crucial.

GC: You mentioned when you spent time in hospital you felt almost institutionalised – did you feel that you had lost confidence socially when you came out, or was it only confidence in your physical ability?

D: Both. Even now – I'm a management consultant – I worked myself up from an apprenticeship and through the trade union movement. It was hard work and I was proud of where I'd got to – consultancy, lecturing, etc. Brain surgery has left me with a slight reading problem – I can't fill in forms quickly, I have to read slowly, I still wouldn't go back to doing consultancy work. It's quite frightening still and I'm not sure I'd ever go back to that. I can do some parts of my work and not others. I think I was institutionalised. It's more around things like always having doctors and nurses on hand. I was on drips ¾ times a day, your meals are served at a set routine – that's the way it was for three or four months. I couldn't make tea myself, I couldn't boil an egg. That's pretty horrible.

GC: Had you been a gym goer at any point prior to involvement with Healthy Options?

D: Through periods of my life. I was a hillwalker and climber, I used to be very fit. I was doing quite physical things overseas. I'm an engineer, I came up from being an electrician, on building sites and things. I've always been reasonably fit.

GC: Was it daunting to return to the gym having to use a stick and being uncertain...

D: Petrifying. I think Atlantis is a different type of gym – I expected to go in and feel an idiot with a stick as against guys wearing lycra, etc. It's not like that – it's a strong community feeling and people are there to help and support you. Going through the door is the important thing, the next time is easier – you realise you're not an idiot and you're not disabled. You can get better. There's an image that goes with the gym, the idea that you've got to be a particular sort of person – that isn't in Atlantis and it isn't with Healthy Options. There's a big dislocation between sports policy and health policy which is wrong I think – they're getting that wrong. Medical people seem to want to keep control – for me there should be more joined-up thinking, especially around sports and health referrals. Keeping everything in boxes doesn't make sense. I would never have gone into the gym after three months of being in hospital – it's the last place I would have gone to. There's no way I'd have done that myself – one of the physios at the hospital said that I would benefit from getting back out into the community and he referred me. Atlantis is a very special place – there should be more analysis about why it's such a good community asset. Not just the gym. When I was on antibiotics I snapped an Achilles tendon and they couldn't fix it, so I couldn't do the next round of cardiac rehab. So I need to use the gym, the bikes etc – it's much better for me. It's not the least bit frightening now – I can't wait to get in there next week and start building up my strength again.

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GC: Has the gym work led on to other activities you've been able to pick up again?

D: I see it as a lifestyle change. Twice a week is something that I'm going to have – and I want – to do. It's enabled me to do more walking – twice a day, which I wouldn't have done before. I would like to set some goals on walking distances in the summer.

GC: The Healthy Options team have found that the home environment and who the client has got there has a real impact on how successful the client is on the programme and how quickly they're able to achieve their goals. You said your wife was a nurse and that was helpful. How supportive has that environment been?

D: Psychologically, this dominates your life – I've nearly not had one three times. When you have a conversation with someone, you nearly always bring it back to your health issues. That's a downward spiral you need to get off – I've got an incredibly supportive family – my wife is there for me and kicks me up the backside when I need it. I can't even imagine going through this on your own – you do get very boring, you try not to, but it's just on your mind all the time. "I'm going to bed tonight, am I going to wake up tomorrow morning?" I'm on 22 different medications, even just doing my pills is difficult – my wife does a drug round every week and gets things organised. I'd find that really difficult on my own. It's a complex regime. My family has been really supportive and that support is crucial to getting back to working and having a life.

GC: How did your wife feel about getting involved in the Healthy Options programme? You said that your GP was apprehensive about you going to the gym after what you'd been through – was she worried?

D: Not at all, she was very keen on me doing almost anything. I saw myself sitting at home on an oxygen bottle just slowly fading away. For both of us that wasn't an option. When I came out of hospital I had that image of myself sitting in front of the fire at home a year left maybe and just fading into nothing. Healthy Options gave me a way out. It might sound dramatic, but it's true.

GC: Did your wife notice any changes in you?

D: Psychologically and physically. It started to give me hope, so I started becoming interested in other things. I could see something else that I wanted to do. You get off this downward spiral, stop facing the wall and start looking outwards again. We started going for walks together, I'd wake up early in the morning and get motivated. Because of my Christian faith as well it's a time I could spend quietly or in meditation and think about the day ahead. My wife would agree that Healthy Options was the lifeline which got me moving again.

GC: Has it made domestic tasks easier – are there things you can do now which you couldn't do before?

D: I needed assistance when I left hospital – I had an Occupational Therapist come round the house for three months. I had to prove that I could make a cup of tea – when I came out I was shaking and could barely boil a kettle. But I did – over the three months I did get better. Partly it was due to reducing the medication which caused that, but also I'm sure the increased physical fitness helped.

GC: Your health obviously had a significant impact on your employment?

D: It was my company, I set it up and then sold it three or four years ago. I'm managing director of the company – becoming ill obviously had a huge impact on the company as I was off for six months. They kept me on full salary for three months and half salary for three months and said 'your job's here when you get back'. They caused a lot of people a lot of problems. They were fantastic to me. I've not been able to re-engage as a consultant, but I can run the company and do my job – I'm putting together some theoretical stuff at the moment.

GC: Has being involved in Healthy Options changed your attitude to work and your career?

D: Definitely. I was driven by my work, I've been involved in international development, in poverty alleviation all my life, it's a social concern. Once you've seen abject poverty – I was fourteen years in Africa living in some of the poorest conditions in the world, you can't not be involved. When you see an injustice, you want to be involved in righting it. So my job wasn't just a job. I'm probably not quite as driven as I was before. I'm trying to stand back a little bit, but the moral pressure is put on by yourself – that will never go away until they nail me in a coffin and put me six foot under. I'm probably taking more time out and spending more time with my children and grandchildren. I'm only working half days and would struggle to do a full day's work, but if I need to work through till three o'clock I will. It's very flexible time-wise which is great.

GC: Moving forward, are you confident about maintaining the level of activity you were able to achieve with Healthy Options?

D: I hope so, I'm certainly going to try. I've slid back to probably 75% of where I was – I've spoken to Andrea and am back with Healthy Options next Wednesday. I think psychologically it's been more difficult than physically – getting off that

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downward spiral. Physically, you know, you have a wreck of a body, but given a fair wind I'll be able to get up to a certain level.

GC: Is Healthy Options something you'd recommend to friends and family?

D: I'd recommend it to anybody. I could not praise the Healthy Options team and Atlantis enough. Something is joined up here which I don't think has been joined up in the past. Healthy Options played a key role in getting me from almost the status of an invalid to someone who was active again and were very successful in doing that.

GC: What do you think the priorities for Healthy Options should be moving forward?

D: I don't know what the big picture is. There should be more joined-up thinking around policy. Education, a focus on younger people given what's going on with obesity and diabetes. I'm no expert, but I'd imagine there was a role for Healthy Options in that. It's not a social enterprise, it's a charity – it's going to have to be funded by the health service. The more you can put into preventative care the better for the NHS moving forward. My fear is funding, that it won't be seen as a priority. Funding goes to acute care for people like me who need brain surgery or who have heart attacks. My feeling is that the government should be paying for this – it's what we pay taxes for. We should have more than a safety net – we need to have a society which cares for its most vulnerable. The link between healthcare and community and sport is very interesting and it should be right at the top of the agenda for the next decade.

JACKIE BARRON – NHS HIGHLAND DIETITIAN/ARGYLL COMMUNITY WEIGHT MANAGEMENT, HEALTHY OPTIONS DIRECTOR

GC: Position at NHS Highland?

JB: Dietitian, coordinating weight management services in Argyll and Bute. Children and adults. Helensburgh every other Tuesday, Bute yesterday.

GC: How much time do you spend in Oban?

JB: At least two days a week in Oban. 2-3 days hopefully.

GC: What are your responsibilities?

JB: first year scoping. What was missing – any type of structured programme. Now using counterweight and counterweight plus. Tier 3 behaviour therapy interventions. Over last eight months – establishing a core weight management service, a clear pathway for clients. Assessment, triage, intervention, beauty is having a discharge output, or having something to move onto if that therapy isn't working. Now trying to roll that out into the wider community. Numbers, obesity isn't going away – just going to get worse. What I need is community teams, volunteers or healthcare professionals delivering the healthy weight programmes in their local community. From a numbers and a patient access point of view – not everyone wants to come to a outpatient clinic, or a hospital or a leisure centre. They might just want to go to a village hall. I'll make sure Mrs X is trained and competent to deliver the programmes. Takes away the health umbrella – even if they know and we know why they're there. Makes it much more accessible. Next year will hopefully focus on establishing it in community.

GC: Do people respond to a more formal rather than a medical environment?

JB: They can do. It varies, some people really need the medical...they don't trust the community one. That's quite a small group now. More and more people are intimidated by what the health professionals are going to say or what they think/believe. If people still smoke and drink and are overweight and haven't done the rehab exercises they should, they just opt out, they just don't come back. Community involvement 'softens' it. It's by no means less intense (clients often have to do more work), but it sort of softens it. Once you've engaged, once you've captured, hopefully it self-sustains.

GC: Do different age groups have specific requirements?

JB: Children – school dinners, grannies, friend's houses – how am I supposed to impact on all of those areas. We've looked at a family intervention programme. Adults – we ask the question 'do you have kids'? If so, we just do a family approach. Kids have a lot of healthy eating info in schools, but often mum's busy, finances get in the way, whatever other barrier pops up. End result – still having chicken nuggets and beans.

GC: Do you have any interaction with/impact over schools?

JB: If schools ask for it, we will give it 100%. We've got a few school nurses delivering healthy weight. A lot of them are part time, so we are relying on them having time to deliver. Schools themselves, we've often been asked to help. Olympics weeks, etc – asked to come along and give a talk. School meals as a separate entity – there is input through health. John Logie Baird school in Helensburgh redesigning their whole curriculum around health. Integrate food/health/activity into all

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aspects of the school curriculum – that's huge. They've asked me to come in and check the information – focused on the behaviour change angle.

GC: Oban HS have also tried to place more focus recently on health and wellbeing. Has this been achieved?

JB: I've not been involved. I can't say. Home economics are coming to me for advice and support for pupils wishing to go on to do nutrition and dietetics.

GC: One estimate suggests Oban has 5/6 times as many youths with diabetes as Dunoon and Campbeltown. Are you aware of it?

JB: Yes, just in terms of numbers in clinics. Reasons why children get type 1 diabetes are still not clear – I'd be wary of those figures. Type 2 coming in at a younger adult or even child – that has happened

GC: What are the main factors driving the incidences of type 2 diabetes in Oban?

JB: In our areas, associated factors – inactive lifestyle, we take cars to go everywhere, in the city people walk much farther, parking prices etc. Bus stops on doorstep, cars on doorstep. Inactivity can actually increase in the 'countryside'. Good availability of food. Learned behaviours, affordability. Yet 15-20 years ago we would spend 50% of household budget on food, much less now. What people perceive as expense has changed dramatically. Now our priority is trainers, clothes, lifestyle. Better range of supermarkets now, competitive fruit and veg, but that involves thinking and effort. A learned behaviour. Missed generation. Some point genuinely didn't have a chance – their parents weren't in the building, they didn't have an intensive parenting. You then have kids – how are you supposed to teach them to chop a raw onion. Too much availability of quick access ready food – we don't have to think about it.

GC: Do you think more could be done in Oban to promote healthy eating, cookery classes, event showcasing local healthy produce?

JB: It's on a scale. You've got your farmers' markets, but who goes there? It's the ones who don't work – the landowners. How do we engage the working families and the families on benefits? They see that as so far removed that they won't go near it. You have to be realistic. NHS 'five a day' message. The message should actually be ten a day, but we don't say that – that would intimidate. I think we need to aim at 2-3 a day. Cooking skills and community kitchens need accessibility. A local resource for cookery skills can teach you about where they sourced the ingredients, how to shop more efficiently. It all builds from there. The community knows there's a resource to tap into. Chicken and egg – you need the public to support it. Cooking skills is a huge one – we take it for granted, how to chop an onion. I was stood with an eighteen y/o who had children – we were making a moussaka. 'I've never seen a raw onion before, I don't know what to do'. Her three kids are now going to be able to see her chopping an onion, and take it from there. The TV programmes are so unrealistic. Everything is in little bowls. Making it accessible and real to people.

GC: How did you come to be involved in the Healthy Options programme?

JB: Originally when I was dietitian from Oban Lorn and Isles I was just saw the flyers – I was any other healthcare professional. So integral to weight management point of view – when I got into role I'm in now, my involvement with Healthy Options stepped up a level. I was part of the patient and programme meetings originally – pop along and keep in the loop. Moved on to weight management position, vacancy on the board.

GC: What prompted you to get involved in that way?

JB: To make my life easier in the long run. I am a dietitian, I have to see people (fair enough I'm in a seconded post at the moment). If we don't get a handle on the obesity and weight management and fitness levels in Oban, they're all going to end up in my clinic with type 2 diabetes 20 years down the line. Heart disease, bowel disease, strokes. One dietitian in each area, we can't cope with it. We have to look more on the prevention rather than treatment. Ageing population – we have to change it. I need the 75 year olds to be fit. We've all got our little pockets, we all focus focus focus on what we have to do, but what are we wanting to do? We are all looking to improve the lifestyle and health of people. I'm not going to work away in my little bubble – let's all work together and get a decent sustaining programme.

GC: How would you describe your working relationship with Healthy Options?

JB: Still learning from the board point of view. I'm quite glad I've come in now with regard to funding criteria and reporting process. From a programme point of view, I'm training and have trained all the healthy options staff to deliver counterweight. Progression – mentor and support them to be comfortable in delivering counterweight. Ideally what we want is a calendar of programmes. Andrea is fantastic – thinking of morning, afternoon and evening programmes – brilliant. Hopefully after mentoring I can take a step back and they can sustain it themselves. I can help on day to day basis with small funds – tea and coffee, set of scales, etc. Ultimately, Healthy Options are delivering something for the NHS. How can we make this Argyll and Bute wide. My position here is that I'm already A&B-wide. I've got a lot of links, so if nothing else I can put you in touch with the right people.

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GC: Do you see the Healthy Options programme as something suitable to be replicated in Campbeltown or Helensburgh?

JB: Most definitely. From an A&B point of view I see it as a definite. We have to find a way to get this out there, everywhere. We need to find a way to scope and scale this Scotland-wide. What you have is a model which can be replicated if you have the facilities, the people, the finances etc.

GC: What would your role be in expanding the project geographically.

JB: Support. I'm involved with the GP active prescriptions – they already have links with leisure centres elsewhere in Argyll and Bute. Do we tap in through them, or through Active Schools? Or go through public health. I don't know, but I've got links with all of them. We've even got links with farming and local procurement. Massive big picture.

GC: Any difficulties/frustrations in dealing with Healthy Options? Any way in which it could operate better?

JB: Coming in at this late stage and coming from the health side, there are things I would have put in place to gather the data easier. Everyone realises that, hindsight is a wonderful thing. Proving effectiveness – quantitative outcomes – baseline heart-rate, weight, questionnaire could have been electronic from the start. Then you can get the statistics with a couple of lines of computer code. That's the only thing. From the programme itself, absolutely no frustrations. There could have been more done with regard to advertising and publicising, but we have received enough clients as it is and we need to secure funds before expanding. The more the public itself hears about it, the more the message sinks in. When the healthcare professional says 'have you heard of Healthy Options?', they're already responding with a 'yes'. We're only young, but it would be great if Healthy Options became a thing, became a name. That would be fantastic. It's advertising, subtle advertising. Marketing, social networking. Crazy how quickly things can get spread around places like Oban and Argyll. We need better linking/sharing between all the community projects. NHS Highland, community gardens, allotment societies, weight management – why is it not all linked up? Fear of social media, but it's the cheapest, most effective way of getting things done.

GC: Have you observed an impact on patients? What sort of impact?

JB: Oh definitely. On an individual patient level I've seen everything from being able to walk without being out of breath, taking it up a level to a fast-paced walk/jog. More importantly from my point of view, physical improvement has an impact on that person's confidence, body image and sense of self. That's the biggest thing that we need to focus on – what patients are actually gaining from physical activity is a bit of confidence, a bit of smugness – 'I've actually achieved'. When you go to the doctor and they tell you that you're BMI should be 25 at most – so unachievable, daunting, off-putting. Person feels worthless, they can't get there, flat. Sabotaging health behaviour – 'I'm not going to bother', 'I'm going to have 6 pints', or something worse. What I've seen coming out of people with Healthy Options is that they've been given the support and confidence to achieve their goal which has led them to feel so much better about themselves that they actually perpetuate it themselves. They set their next goal about where they want to go and what they want to do. I've seen people that can now actually leave the house, before they wouldn't. I've got someone who will go into Atlantis Leisure for lunch – that might seem a little contradictory, but she can go in and get a healthy soup – and before walking in was so intimidating that she had never been in the building before. That was a big thing, definitely.

GC: Things like that are often taken for granted if you have a healthy body image and you're confident in yourself; I suppose it's a fairly basic goal?

JB: It's on a scale. A person that is slightly overweight will already be having fears about walking into a gym or swimming pool. If you think of a person who has a BMI of 50, 60, some of my clients have BMIs of 74-80. Their body image and perceptions of self are a thousand times worse than someone on that cusp. Thoughts enter their heads which we don't even think about. What you're basically given them is that open door, that welcome – you're giving them a helping hand in the first instance. Eventually you let it go and they keep it going themselves.

GC: Have you personally received any feedback from patients on Healthy Options?

JB: Much the same. A lot of the feedback is how fantastic Andrea is, how supportive she's been, how they couldn't do it without her. I think that's the biggest theme, other than the fact that they now actually enjoy exercise, that it's fun and they get so much out of it.

GC: Have patients come to you with any problems in working with Healthy Options?

JB: I don't think so. I think the only thing I've heard is that there was a timing problem – they couldn't attend at a certain time. That's a potential motivation problem. Of the programme itself, no. If it was too intense they just spoke to Andrea and she adjusted it for them until they were comfortable.

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GC: Part of the aspiration is to design the programme in accordance with a co-production model – interactive. Has that been achieved?

JB: I would say definitely. Let's face it – everyone is given a programme designed for them, from the start. We're going to have a model we work from, but it's always tweaked.

GC: Would you say there's anything additional that Healthy Options should be doing? So far the focus has been on the physical activity side of things – should Healthy Options be doing more on the dietary side?

JB: Yes, that's why we've introduced Counterweight. We've done the training, now we have to set up the service. It's about assessing yourself and deciding yourself to change. There's a lot of information out there, bigger people have probably been through a number of diet cycles, there's hundreds of articles out there. We should work well together because the focus is on the individual. We need to do more, we have to combine it, the two aspects must work together. Section 3 of the Counterweight programme is physical activity – joined working is completely essential.

GC: You said before that you were involved in Healthy Options because it would make your job easier. What sort of effect has Healthy Options had on your work specifically and on the work of the NHS?

JB: Really hard to say. Everything we're working with is progressive anyway. I don't have the figures and I don't think we have enough numbers to make it statistically significant.

GC: Has it changed the way you work?

JB: A little definitely. We were changing anyway – it's great that the two have come along at the same time – it made change so much easier. We changed the way we worked through behavioural therapies and I've seen Healthy Options working through behavioural therapies – it's great that we've meshed at the same time really. The hope is that we move people out of the classic clinic setting and more into community groups. The impact on where I'm working is that I know in Oban I've got this. We're just setting up the service, we're about a quarter of the way in setting it up, but I know that service is gonna be here. That's why I think it's so important to roll it out – I've got a remit for Argyll and Bute and I don't have that same access elsewhere. I've got a couple of volunteers doing bits and pieces in Dunoon, Campbeltown I've got nobody, Islay I got the practice nurses involved. They themselves have already gone to their leisure centre and are doing a fitness programme in conjunction with Counterweight – it's a similar theme.

GC: How are you forced to work differently in Campbeltown or Dunoon?

JB: It's limited service basically – they get access to the dietitian but what they're not getting is support with physical activity. We're relying on them to be self-assured, self-confident, having knowledge of services – we're relying on the patients to do it themselves. It's huge – from an actual effective intervention point of view, the way we've changed our service – it's completely turned around. We have an evidence-based service intervention in conjunction with a supported activity programme. There's evidence to suggest that the latter is essential to help maintain weight loss. We can achieve 5-10% of weight loss, but how am I going to keep that off at 12 months, 24 months, 36 months etc? That's where having a supported activity programme is essential. There's a discharge route from Healthy Options – you've been given the knowledge, skills and confidence to carry on yourself, or come back in as a volunteer.

GC: Do you find that you get a lot of repeat referrals?

JB: We used to – the 'frequent fliers'. We've had people on the case load for 8-10 years, because they're still overweight with diabetes and heart disease. We thought 'what are we doing'? We're wasting our time, we're wasting your time – new evidence suggests that no intervention is actually better than this diet cycle of intervention that people got into, especially with commercial programmes. Four years after entering slimmingworld, people have gained two stone. Four years post not doing anything, it's half a stone. The national average is gaining two pounds a year. We'd rather people did that than going on this up-down cycle and ending up four stone over weight. That's where the behavioural programmes come in. If it's counterweight it's six sessions and a year's follow-up, if it's tier 3 it's 9 sessions with a follow-up and discharge route into Counterweight. From my point of view I had an end-point – I knew that I'd never get that client to the healthy BMI range, but what I've done is reduce their weight and reduce their negative behaviours. The hope is that they'll carry that on themselves over the next 12, 24, 36 months.

GC: Perhaps commercial diets are advertised as crash-course type scenarios, rather than focusing on entrenching different types of behaviour?

JB: you go on a diet, then return to what you were before – shock horror, you put weight on. Diets are great for folk of a BMI of 25 who want to get down to 24 – people who have a generally healthy lifestyle. You're not going to change your whole lifestyle through a diet. The community still expect that – to come to the dietitian and get given a diet. It takes some persuading to get across that I don't care what your weight is in 6 weeks time, I care what it'll be in 6 months time, and 6 years time. They pick up on it, but the disappointing thing can be signing up for the long-term, it being an extended endeavour. But that's why we've got the programme, to support them.

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GC: There's a lot of discussion at a national policy level about preventative healthcare. How do you see Healthy Options as fitting into that policy framework?

JB: Because we're focused on chronic conditions, diagnosed conditions, perhaps we'd have to open the doors to general health triggers. We're almost always seeing people once they've been diagnosed. If we could open it up to the obese population, who we know are going to be getting heart disease, diabetes & strokes but have avoided it so far. That's the client group we would have to be focusing on next. It would be self-referral. You read the statistics – females will often visit the GP or the doctor anyway. Men don't – if they're healthy they don't go near a doctor. Somebody made a joke to put a self-referral poster in the pub – not unrealistic really. Making sure people can access the service and that we are friendly, non-judgmental, etc. Huge issue, difficult, nationwide problem – if people could wake up in the morning and realise they were unhealthy and do something about it, I wouldn't be sitting here.

GC: Men as a target group tend to treat medical processes with suspicion?

JB: You don't blame them – the feeling of judgment – that used to be the case. Thirty years ago, you'd just get a bollocking. Unfortunately men don't access health services so much, so they haven't seen that it's changed – it's very much a patient-focused service now. If you think about the amount of money that goes into advertising the issues of smoking and drink driving – it's visual, it's there. We need to do that with obesity and fitness – until we get that support on a national level, we're firefighting.

GC: Moving forward, what should Healthy Options priorities be?

JB: Short term, establishing what you've got. Little things – documentation, streamlining information gathering – those bits and pieces have to get sorted before you roll out. We have to establish the relationships between Healthy Options and health – I get muddled in my head here. I will promote Healthy Options to the best of my ability, but I have to step back, because it gets all blurry if I'm involved with the money side of things. If we can get a clear structure of where health and Healthy Options fit in together it makes it much easier to get funding. Giving ourselves time – we need at least another 6 months to tie up the loose ends of information gathering, report writing, establishing weight management services and getting the calendar of activities down on paper. When the health board sees what we actually do, they will sit back and go 'wow – if we can roll this out then it saves a lot from our end'. You guys putting in the work so we don't have to ten years down the line. Firming up what you've got, then definitely moving it forward.

GC: After the consolidation period you're talking about, what are the medium to long term prospects? Healthy Options can currently deal with just over 150 clients per year – how much can that be expanded? What's the need?

JB: Pass. Statistically, 50% of the population, but they have to be motivated to change and I can't tell you what proportion that would be. As a rough estimate, 10% of 50%? Motivation to change is a real funny one – doing more harm than good embarking with people who don't want to change. At least the 150 a year and more. If we're expanding it from a chronic point of view to a preventative, health markers point of view and even to children... If we have in Argyll the highest incidence of childhood obesity in Scotland...it's crazy – we've got really fit sporty kids and a core group of children who are overweight and obese. You get away with it when you're young, but where are they going to be in ten years time? Can we expand and move on? I see it as working with established groups – there's so much good work, but they're not quite there on the behavioural therapies point of view. If we work with active schools, schools themselves, after school clubs, etc and adopt the principles of the Healthy Options programme and the Counterweight programme, that's where you get your behavioural change established.

GC: Is there a case for basing more provision at the schools rather than Atlantis?

JB: I don't know. Perhaps we should be doing more to link with the schools on a consultancy level – making sure they have access to the knowledge and skills we have to offer. If they're delivering it already and delivering it well, we don't want to be duplicating the work. We need to have centres or bases, halls where we have equipment – it doesn't have to be Atlantis-type facilities. It's a matter of just sewing it all together.

'JOHN' AND 'AGNES' (CLIENTS)

GC: You've both been involved in the Healthy Options programme, but it was initially yourself that was referred John?

J & A: That's right.

GC: How active were you before becoming involved?

J: I was quite active while I was working as a gardener before retiring. I had a large dog and was talking it for walks also.

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A: I've always been very active, but two years ago I was diagnosed with breast cancer and after the treatment had terrific pain in my back. My pelvis had been knocked out of place, probably with the radiotherapy or whatever. John had started going to Healthy Options and I asked the physio at the hospital if I could get involved with the programme. So we've been going together for more than six months.

GC: Did the illness set you back in terms of physical fitness then Agnes?

A: It certainly did, especially with the back problem – I couldn't really do anything. Since going to Healthy Options it's got so much better and now I go to other activities at the gym. It has been very beneficial to me.

GC: Were there medical conditions which had stopped you from being active John?

J: I've got COPD – I was working with it for a while but it had slowed me down.

GC: You were referred by the physio Agnes, how did John get involved?

A: John was referred by the doctor's surgery. He was having physio at the hospital and once that finished, he asked if there was going to be anything to follow up. Then we got a phone call from Andrea.

GC: What were your motivations for attending the initial consultation and sticking to the programme?

J: Anything that was going to help, to prolong my time on this earth and help me to get fitter.

GC: Were you apprehensive about getting involved?

J: I'm quite shall we say shy, so I was a bit worried about meeting people and doing new things.

A: Even when John went to the physio before Healthy Options, he was never very enthusiastic about going. But he is very enthusiastic about going to this. It's fun, you meet people, possibly of the same age groups – it's always good.

J: We do live in a very isolated place, even though we're close to the town, nobody knows we're there.

GC: What made it different from the traditional medical scenarios at the GP or the hospital?

J: It's less official, it's very friendly, with 60s music!

A: They make you work hard, but only to the degree of what you can cope with. They watch you all the time, keep an eye on you and ask if you're alright.

GC: What do you do in the average week with Healthy Options?

J: Circuits with different exercises – walking, weights, sit-ups, bike, swiss-ball exercises, the rowing machine, step-ups.

A: A circuit of about twelve stations which you go round twice. You are all warmed up before the circuit and you are warmed down after.

GC: Have the gym sessions led you on to any other activities at Atlantis or elsewhere?

A: I've got involved through Healthy Options with body posture and keep fit on Mondays and on Wednesdays I play badminton. Normally I wouldn't have gone to anything. Although I'm more of an outgoing person, I don't like going to something for the first time and not knowing anybody. Going to Healthy Options allowed me to get to know a few people and of course the Healthy Options staff – I thought that even if the staff were there I would know somebody. So I started going and I love it. I've made so many friends – I really look forward to going.

GC: Is the social aspect quite an important factor for you then?

A: I think for both of us it is. John is a very quiet person, he's very shy until he gets to know someone really. Living where we live and working on the estate just ourselves as gardener and housekeeper, we didn't see anybody else. Healthy Options has been a real opening for John – when you go you have a laugh and a joke when you're working. Especially John, he really likes forward to going.

J: I certainly would never have thought of going to the gym, I wouldn't have had the courage to do that. I enjoy it now, they really do push me, it's not a doddle, but I think it's doing me a lot of good.

A: Everyone on Healthy Options is treated as an individual – they tailor the programme to your needs and abilities.

GC: Would meeting up with the people you've met outside of the programme be something you'd consider doing?

J: I would do, we haven't quite got to that stage yet. Before the sessions start we all sit in the cafeteria and have a chat and get to know people.

APPENDICES

GC: Would you say it's changed your attitude to social situations at all – has it made you more confident?

J: I think so, yeah. I'd have shunned anything like that before.

A: He'd probably go somewhere if I went, but now if I don't go to Healthy Options, John still goes. It's been really good for him especially because I am quite a sociable person.

GC: Healthy Options tries to implement the programme in accordance with a 'co-production' model. Do you feel you have had opportunity to input into the design of your own activities?

J: Oh yes, they're constantly asking me how my breathing is and if the weights are at the right level. By comparison there's folk who can hardly walk and they are given exercises at an appropriate level. The programme is totally individualised. They're constantly talking to you and asking if you want to do more of a particular exercise.

A: Different people start at different times and if they're new they go around with one of the staff – there's normally three staff members there. It's a marvellous thing, it's really professionally organised, although you can have a bit of a laugh too.

GC: How did you find the initial consultation? Did you set any goals at that stage?

J: It was very friendly. I didn't really set any goals, as I didn't have much of an idea what I was going in for. I did want to get fitter, obviously.

A: I'll have a go at anything now really. I'll go swimming most weeks, I try to push myself a bit more now than I would have done?

GC: What would you say has been the overall impact of Healthy Options on your health?

J: I think if I hadn't been on the programme my condition would have been a lot worse.

A: John went to the doctor and she was very pleased with him – she said that Healthy Options had obviously helped. It's definitely helping.

J: My breathing level has gone up – I would've thought that wasn't possible but it has – I must be doing something good!

A: For myself, I'm getting back to where I was before, definitely.

GC: Has it helped that you've both been on the programme together – have you been able to support one another?

J: Oh yes. I don't think Agnes needs much support, but she's been very supportive of me.

GC: Have you noticed changes in each other since you've been on the programme?

A: John has something to look forward to, he's a bit happier in himself – he looks forward on Mondays and Wednesdays to going to Healthy Options. Myself too, when Atlantis was flooded and Healthy Options was cancelled, I didn't know what to do with myself. I've made a terrific amount of friends too. It was a big shake-up when I was diagnosed with breast cancer, but I was very positive about that, I knew I was going to be okay. I felt in control and was positive from the beginning – I'm that sort of person really.

GC: You mentioned before Agnes that you don't like going to the doctors, that you feel like you're wasting their time, that there must always be someone worse off than yourself. How does this compare to your attitude to Healthy Options?

A: It's totally different – Healthy Options was doing something which was going to help. Everybody made you feel at ease. I've got nothing against the doctors, but at Healthy Options it was a bit different – the staff were so caring. They are all there for you – it's a very friendly atmosphere and it makes you feel at ease.

GC: Usually there are a few questions about employment, but I'm not sure if they apply to you two?

A: We're both retired. We'd been retired two years before getting involved with Healthy Options. John had had a stroke a few years previously.

J: I was 68 when I retired so the health condition didn't shorten my working life. We stayed on a couple of years beyond normal retirement age because the estate wanted to keep us.

GC: Would you see yourself being involved with Healthy Options in the long term?

A: Oh yes.

J: I'd love to be, yes.

APPENDICES

GC: Would you be interested in volunteering to help others involved in the programme, as a peer support worker, etc?

J: Yes, definitely if someone showed me how to do it?

A: Quite often I help out a little informally anyway – getting equipment out and putting it away, etc. Andrea will ask me to show someone something, etc.

GC: Is Healthy Options something you'd recommend to friends and family?

A: Oh yes, definitely. I'd recommend it to anyone who had a problem. John's sister has got involved – she's 80 and her husband's just died, so the social side of things is very useful for her. She's had cancer too. There's an over-fifties and an MS group and we were all asked if we would be interested in going on the Mull spa trip. I didn't know anybody, but I went anyway. I got to know them on that trip – that was good. We also had the Christmas dinner – John was the only man there. That was something he would never ever have done otherwise, knowing it was all women. We sat with some of the people we've got to know and had a good laugh – it was really enjoyable.

J: It would have been better if there were a few men there, but I did enjoy it. I was the only one with a skirt on!

GC: Would you feel confident about keeping up your current level of activity?

A: Oh yes, definitely. But if Healthy Options actually folded, I'm not sure if John would keep going. It's an incentive.

J: Without having someone with me, all the fit young men in the gym might be quite daunting. The fact that someone is there with you and putting you through a proper programme is important psychologically.

GC: What effect would it have on your life if Healthy Options was no longer there?

J: It would have a big effect on my life.

A: Particularly John's live, it would. I look forward to going, I enjoy it, but I have got the other classes at Atlantis I go to. You would just go sit in a chair and go back to your normal grumpy old man, wouldn't you? (laughing)

GC: What do you think the priorities for Healthy Options moving forward should be?

J: Encouraging people in my position to get involved. There must be plenty of ex-smokers who are in the same boat.

GC: Healthy Options is also involved in the local weight management programme, while there is arguably a case for providing more in the way of dietary advice and cookery classes, etc. Is that something you'd find useful?

A: I think generally we eat quite healthily. I do a lot of baking – I do it for other people more than myself. John would never ask for cake or biscuits etc. We don't eat puddings really. We eat fairly healthily. But for the younger generation especially it may be very useful. John's daughter doesn't eat healthily – she and her husband eat huge portions, I've never seen anything like it!

GC: Could you sum up in a sentence what Healthy Options means to you?

A: A lifeline. I should certainly miss it if it were gone, it's very helpful. It's helped me get better.

J: It helps me physically, mentally, emotionally and if it wasn't there I'd probably just be sat in a chair watching television all day.

A: I think some of the doctors at the surgery are for it and some aren't and I don't know why. I remember once I asked one of the doctors about it when my back was really bad and he said 'Healthy Options? It's no use going there, they'd run a mile'. He wasn't really for it at that time, so maybe some of the doctors need more information.

Lorn and Oban Healthy Options Ltd (Trading as Healthy Options)
Top Floor, St Moluag's Centre, Croft Road, Oban, Argyll PA34 5JJ
Tel: 07961 292955 Email: info@lornhealthyoptions.co.uk

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