

# Would web support be good for patients in an exercise referral scheme?

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E-coachER – useful web support for patients in an exercise referral scheme with long-term physical and psychological conditions?

The GP exercise referral scheme (ERS) is an established method whereby doctors can 'prescribe' exercise to patients with [medical conditions](#) such as obesity, hypertension, type 2 diabetes, osteoarthritis or a history of depression or low mood. Evidence suggests that such exercise is beneficial, both physiologically and psychologically, but that rates of uptake and ongoing engagement by patients may not be optimised.

A research team led by Plymouth University Peninsula Schools of Medicine and Dentistry (including colleagues from Exeter, Birmingham, Southampton, Brunel, Edinburgh, Marjon and the NHS in Cornwall) has been awarded over £1.3M by the National Institute for Health Research Health Technology Assessment Programme (NIHR HTA) to initiate a multi-centred randomised control trial to investigate the potential of adding web-based coaching (E-coachER) to the ERS as a way to increase uptake and sustained [health](#) enhancing [physical activity](#) by patients .

The project, which lasts for 37 months with a window of 15 months for recruitment into the trial from July 2015, will also investigate the cost-effectiveness of using e-coaching in this way.

Patients receiving primary care for medical conditions, or with a history of depression, and who are deemed suitable for ERS, will be recruited to

the trial from South West England, the West Midlands and Glasgow. Patients will either receive ERS on its own, or with access to e-coachER using the Lifeguide platform, which has been extensively tested for supporting other patients in Southampton and around the world. The e-coachER group will also receive technical support to ensure access to the internet and boost motivation and confidence to use the technology.

The primary objective will be for patients to achieve the public health target of 150 minutes of moderate to vigorous [physical exercise](#) every week by 12 months. The trial will also investigate whether or not the addition of e-coachER results in more patients taking up ERS and sticking with it for the full programme. There will also be an analysis of cost-effectiveness.

Extensive testing and piloting will take place between now and next July to ensure the web support is doing what exercise referral patients would like. When this is complete the randomised control trial will start with 180 patients, moving to the final phase where a further 1220 patients will be recruited.

The trial will be led by Adrian Taylor, Professor of Health Services Research at Plymouth University Peninsula Schools of Medicine and Dentistry. He said: "We are hoping to see at least 10 per cent more people achieving 150 minutes among those receiving e-coachER, compared with usual exercise referral alone. This would provide an option for local services to support their [patients](#) to increase physical activity with a significant health gain. We will also be interested in identifying what participants feel about e-coachER, if it increases physical activity after 12 months, and what they thought were the main ways in which this support was useful to them."

The Plymouth team is supported by the NIHR Collaboration for Leadership in Applied Health Research and Care South West Peninsula

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