MacMillan Get Active, Feel Good Physical Activity Programme

Interim Report

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UNIVERSITY OF LINCOLN

On behalf of:

lincolnshire sport

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1.0 Executive Summary

This evaluation report examined data regarding the implementation, impact and receipt of the two year Lincolnshire Sport and MacMillan Get Active, Feel Good programme after 12 months. The analysis was based upon the programme theory generated at the start of the programme. The Get Active, Feel Good programme aims to engage individuals who currently live with a diagnosis of cancer and to provide them with support in undertaking more physical activity. The programme is based on a 1:1 behaviour change model which is facilitated by two MacMillan physical activity practitioners who are working across Lincolnshire over a 12-month period of ongoing support.

At the 12 month point the headline findings are:

- 112 participants had accessed the service during the first 6 months compared to the original target set (720 participants over 2years)
- There was an uneven geographical spread of successful referrals across the county with a concentration within the following areas LN2 (15%), PE21 (13%) and NG34 (11%). This was supported by interview data from the stakeholders.
- Participants reported that the programme had positively impacted on their well-being, increased their motivation, facilitated their social interaction and positivity.
- There was a significant increase in the total minutes participants spent active when comparing data from 0 to 6 months.
- Levels of fatigue were significantly reduced in participants within the first three months of the programme.
- Stakeholders reported that the participant-led approach to the programme gave participants ownership and control which is perceived as being valuable to those diagnosed with cancer. Stakeholders felt that additional information about the programme needs to be provided to other health care professionals, in order to increase referrals.

1.1 Evaluation Overview

This two year research project aims to examine data collected by Lincolnshire Sport and the University of Lincoln in relation to the implementation, impact and receipt of the Lincolnshire Get Active, Feel Good Physical Activity Programme. The specific goals for this research are:

1. To assess reach, efficiency and impact of services amongst providers and partner organisations, and to ascertain the degree of potential culture change within these organisations, including perceptions of the value of the programme.
2. To assess perceptions of service provision amongst service users with cancer in the county of Lincolnshire over an 18 month period, and to assess service uptake, adherence and attrition through this period.

   To assess participant perceptions of guidance received, together with reflections on their embodied experiences of physical activity during their engagement with the programme
3. To assess participant perceptions of guidance received, together with reflections on their embodied experiences of physical activity during their engagement with the programme.

In order to assess these goals, the following methods are being utilised:

- Programme evaluation (qualitative and quantitative measures) of the implementation of Physical Activity advice by Physical Activity Practitioners
- Narrative Analysis of participant interviews (mixed methods approach, including self-reflections & individual interviews).
- Analysis of participant physical activity data obtained via the Macmillan Physical Activity Questionnaire. This includes:
  - Socio-demographic data
  - Minutes of physical activity achieved
  - EQ-5D-3L including state of health scale
  - FACIT fatigue scale

This report examines data collected during the12 months of the programme. This includes:

- Structured stakeholder interviews (at the 12 month point)
- Baseline semi-structured narrative interviews with participants
- Macmillan Physical Activity Questionnaires (0, 3 and 6month points)[1]

[1] At the time of writing 2 participants had reached 9 months on the programme and 0 participants had reached 12 months, therefore the sample size would have impacted on the analysis.

Prior to the programme commencing, a programme theory was produced (see appendix 1). This document was based upon available documentation describing the programme, and upon interviews conducted with key programme staff. The programme theory (figure 1.1) explicated programme goals and objectives, programme boundaries and a logic model representing the desired, logical development and impact of the programme over the short, medium and long-term (included below). This programme theory provides the basis upon which the subsequent methods-driven programme evaluation (Rossi et al, 2005) is built.

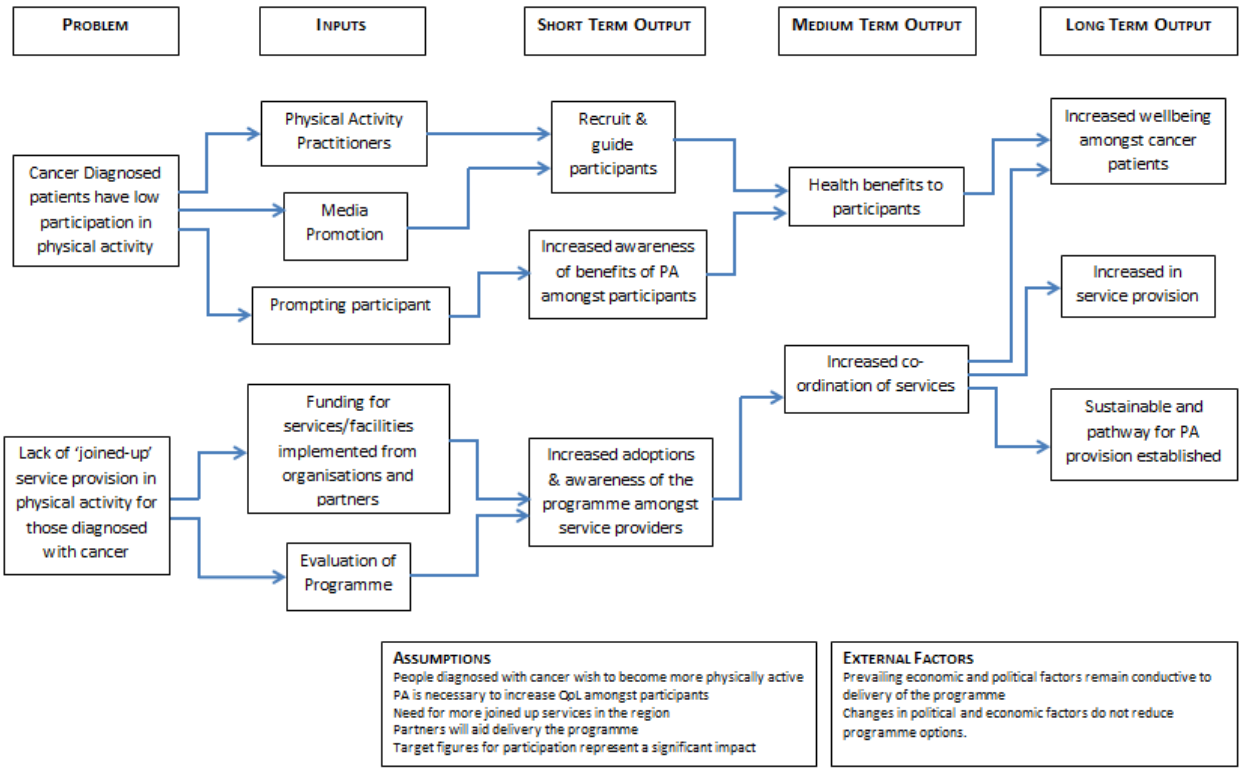


Figure 1.1 MacMillan Get Active, Feel Good Logic Model

2.0 Key Findings

This next section outlines the data collected within the first 12 months of the programme in relation to the three short term outcomes outlined in the programme logic model (figure 1.1) namely; the recruitment and guidance for participants; increased awareness of benefits of PA amongst participants; and increased adoption and awareness of the programme amongst participants.

2.1 Recruitment and guidance for participants

The first output outlined in the logic model relates to recruitment and guidance of participants (see figure 1.1) In terms of achieving this outcome a variety of mechanisms were put into place. Firstly, the physical activity practitioners (PAP) met with local MacMillan clinical nursing specialists (CNS) and initiated an advertising and information campaign in which they contacted newspapers, produced flyers and posters, went along to events and contacted various other health professionals to get the word out about the programme.

Data suggests that the face-to-face meetings organised between the PAP and CNS were the most productive forum for establishing the programme and the referral process. One CNS recalled that, “one of the PAP’s came to see me. Talked me through what they wanted to do and I thought it sounded a brilliant idea”. Furthermore, the CNSs felt that these initial meetings allowed them to build rapport and establish trust with the PAPs. Another CNS explained that, “If I can put a face to a name and then know that person is really motivated to helping that patient then it inspires me a little more, gives me more confidence when I’m referring patients through”. This indicates that establishing links with partners was an important first step in the referral process.

As the programme developed, the networks and connections made with different partners were essential to maintaining a consistent level of referrals. One PAP asserted that, “the main challenge is the CNSs…trying to get time with them and basically reaching your target audience”. The PAP went on to say that, “we have a group of CNSs who refer to us [now] because they had feedback from the patients talking about the project, talking about us and how much better they felt”. This demonstrates the fact that over time the positive experiences and impact the project is having for participant’s acts as a form of advertising amongst health professionals and ensures further recruitment for the programme.

The critical success factors outlined by Lincolnshire Sport and MacMillan at the outset of this project indicate that there should be 720 individuals accessing the service over the two-year duration of the programme. Of that figure, 650 had to achieve their personal targets and a minimum of 600 had to demonstrate an increase in physical activity levels (please see figure 2.1).

MacMillan Critical Success Factors
720 individuals accessing this service over the next two years **650** achieving personal targets **600** increasing physical activity levels **500** health professionals are to receive a health briefing from us for greater awareness of the service, networking and supporting the survivorship agenda

Figure 2.1 Lincolnshire MacMillan Get Active, Feel Good Critical Success Factors

Table 2.1a shows the number of individuals (n=112) referred to the service within the first 6 months of the programme and their status according to their start date. Of these numbers 6 were considered ineligible to participate due to already meeting the recommended physical activity (PA) guidelines. For those initiating with the programme 12 went on to drop out. The number of participants continued to decline however this was not due to drop out. These figures indicate that the remaining participants are yet to reach these time points.

Table 2.1a Number of participant referrals and current status

Status	Participants	Month				
		0	3	6	9	12
In Progress	94	91	59	59	2	0
Withdrew	12	12				
Ineligible	6					
TOTAL	112	103				

In relation to table 2.1a these numbers illustrate how many participants should be at each time point based on the date when they were first referred to the project. Despite this the number of actual meetings that have taken place differ and are captured in table 2.1b.

Table 2.1b Number of meetings taken place with participants

Month	Participant Meetings
0	101
3	55
6	13
9	0
12	0

The total of 112 referrals in the period for which data is available indicates that the number of referrals are considerably lower than the original target set. Data from physical activity questionnaires, participant and stakeholder interviews however suggest that within the

resource constraints the programme is meeting demand and contributing positively to the provision for cancer within Lincolnshire and importantly the physical activity and wellbeing of those with cancer (see section 2.2).

Table 2.1c Participant Ages

Age	Count	%
18-29	2	1.8
30-39	4	3.6
40-49	14	12.5
50-59	16	14.3
60-69	33	29.5
70-79	29	25.9
80-89	13	11.6
90-110	1	0.8
TOTAL	112	

Of those participants who did engage with the programme a range of ages were represented (as shown in table 2.1c). This indicated that the average participant age was 63.7years (±13.9) with the majority (29.5%) falling into the 60-69years bracket.

For those referrals made it is important to note from where these referrals were initiated. Of the vast geographical area covered by the PAPs were identified as accounting for the majority of referrals LN2 (15%), PE21 (13%) and NG34 (11%) (see appendix 2 for full breakdown). It is not completely clear as to why these particular areas accounted for the most referrals, however the qualitative data collected from stakeholders may shed more light on why this is the case from their perspective.

2.2 Increased awareness of benefits of PA amongst participants.

The second short term outcome was to increase participant awareness of the benefits of physical activity. This was evaluated using qualitative narrative inquiry interviews with participants accessing the programme and a series of quantitative measures via the Macmillan Physical Activity questionnaire.

2.2.1 Qualitative Data

The narrative inquiry interviews aimed to allow participants to outline, from their perspective, their physical activity and cancer journey. Interviews focused on perceptions of the programme and their embodied experiences of cancer and physical activity to date. The notion in such inquiry is that participants can learn, adapt and focus upon their lives from the stories they tell about themselves. It enables them to define their own logic of representation, and essentially outline what is most important to *them*. Participant experiences are therefore placed at the centre of such analysis, with the participants themselves considered expert 'knowers' of their own social reality.

Data indicated that participants felt that the programme was having a positive impact on their lives and had improved both their attitude towards physical activity as well as their confidence to take part in exercise. The main themes gathered from the interviews conducted with participants in the MacMillan Physical Activity programme centre around: motivation, support, happiness, social interaction, excitement and positivity. From these themes it is evident to see that the psychological, as well as the physical benefits, are apparent as a product of this programme. One participant relayed the fact that;

> "[they] haven't ever been a part of something like this; it's so exciting to now have the chance to be. I love being up and about doing different things and activities, especially when they're benefitting my health, I can feel the difference"

It appears that the focused support offered by the programme fills a void in the existing exercise referral framework that does not cater for people living with cancer. The support offered by the PAPs is vital to the participants during the early interactions and experiences with the programme. However, after a time the participants develop the self-control and levels of confidence required to manage their own exercise and physical activity. As one participant said;

> "It's giving me some structure back into my life and allowing me to have some control again, going through the treatment and the fatigue that overcomes you because it is so hard to shift. This programme and the help I received gave me the motivation I needed and allowed me to build up at my own pace; I'm feeling the benefits and started feeling the change instantly because of the support I received"

In addition, the programme also allows the participants the opportunity to socialise and engage with other individuals and groups through the physical activities available. The emphasis placed upon the benefits of socialising and spending time with different people; people who see you as another part of the group and not a cancer patient, is often lost in the analysis but programmes such as this provide that opportunity and it has a very positive impact upon the participants;

> "I've been pretty alone for the past few years and this programme has introduced me to so many new people through joining in schemes and going to different classes, I wouldn't have had this opportunity otherwise and because of this I feel much happier in myself because of the progress I've made and in my life as I have more people surrounding me"

It is clear that this programme benefits the participants in a variety of different ways. The physical benefits felt by the participants engaging in a variety of different activities and exercise opportunities is only one aspect of this programme. The sense of support and the participants feeling more confident and motivated, in relation to both the taking part in physical activity but also in controlling and managing their own physical activity and exercise levels, is a psychological benefit the programme has delivered for participants. Finally, the social benefit of this programme manifests in the ability of individual participants to meet new people and to interact with wider groups of people with shared interests.

2.2.2 Quantitative Data

Many aspects of the quantitative measures used within the Macmillan Physical Activity questionnaire support the positive perceptions reported within participant interviews. As the stakeholders indicate, the extra support and encouragement, provided by a programme such as this, has a huge impact upon the motivation and application of the participants. Figure 2.2.2a below illustrates that the longer the participants were involved and engaged within the programme the more physically active they became.

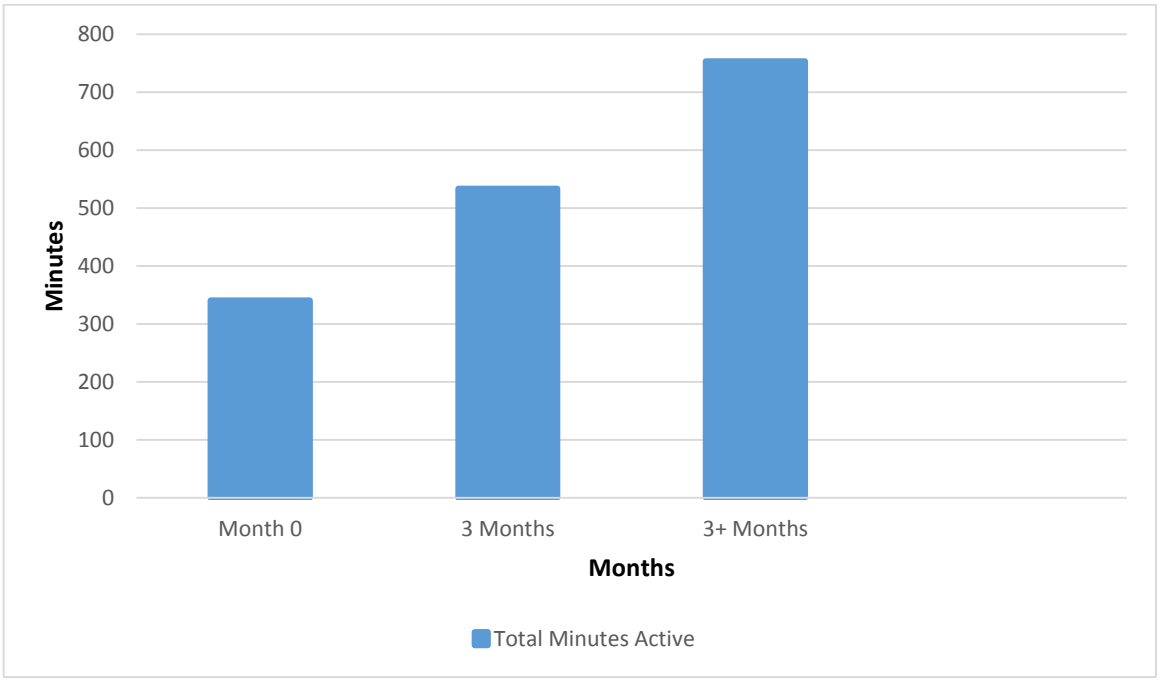


Figure 2.2.2a Total minutes of physical activity in a week

This demonstrates that despite fewer participants at each of the time points the average number of minutes spent active continued to increase. It is also important to note that the increases from 0 to 3months and 0 to 6months were found to be significant. The increase from 3 to 6 months however was not significant. The data suggests that with the support of the PAPs, participants were able to increase their weekly PA levels in the activities of their choice.

Alongside recording time spent active, participants were also asked to recall their overall feelings in relation to quality of life. This was measured by use of the EQ-5D-3L with the addition of a health scale (0-100) reading which recorded participant's perception of their own health state.

Table 2.2.2.a EQ-5D-3L mean scores including standard deviation

	0months	3 months	6months
Mobility	1.5 (±0.5)	1.4 (±0.5)	1.5 (±0.5)
Self-Care	1.2 (±0.4)	1.1 (±0.3)	1.2 (±0.4)
Usual Activities	1.7 (±0.6)	1.4 (±0.5)	1.2 (±0.4)
Pain	1.7 (±0.6)	1.6 (±0.6)	1.6 (±0.8)
Anxiety	1.6 (±0.6)	1.3 (±0.5)	1.2 (±0.4)

Table 2.2.2a illustrates the mean scores for the responses to the ED-5D-3L at each of the time points. The mean scores for ability to carry out usual activities, pain felt and anxiety all decreased which would indicate an improvement in how participants felt about these issues. Those changes occurring between 0 to 3months were found to be significant for self-care, usual activities and anxiety. The changes occurring between 0 to 6months for usual activities and anxiety were also found to be significant. These findings are important as it would suggest that participants felt that they were able to complete their usual activities more easily and experienced less anxiety as a result of engaging in increased PA.

Participants were also asked to reflect on their current health state. The MacMillan Physical Activity Questionnaire asks that participants record their own health state on a scale of 0-100. In this measurement 100 is the best possible state you can imagine and 0 is the worst possible state you can imagine. The data collected covered the period when a participant first engages with the programme (0months) up to the 3-month stage of the process. However, data attained from participants who have surpassed the 3-month stage has also been included (see table 2.2.2b below)

Table 2.2.2b Health Scale mean scores including standard deviation

	0months	3months	6months
Health Scale Reading	59 (±19)	72 (±13)	77 (±8)

Participant's perception of their state of health increased across each of the time points at 3 and 6 months. The increased observed between 0 to 3months and 0 to 6months were both found to be significant. The increase between 3 to 6months was not significant however. This data would suggest that as participants continued to work with the PAPs and engage in PA they began to feel more positively about their own health. It seems clear that the programme is having a positive impact in terms of how healthy the participants feel about themselves and this in turn increases the activity they do, the longer they are a part of the programme. Further data will need to be analysed in order to support this assertion as the number of referrals documenting their health state beyond 3-months is only represented by a sample size of 13 participants. However, it should not detract from the statistically significant increase in health state felt by participants involved in the project.

This final section of the analysis focuses upon the responses given by participants to the Functional Assessment of Chronic Illness Theory (FACIT) Fatigue scale. This scale assesses

those factors that individuals with cancer are said to experience in relation to fatigue, capturing indicators such as:

- If a participant felt fatigued
- If the participant had energy
- If a participant felt frustrated at being tired
- If the participant had to limit their social activities

These particular four indicators were selected and included within this interim report as they best reflect the nature of the participant's quality of life in relation to what the Macmillan Physical Activity Programme is focused upon improving. Additionally, as a result of the analysis these four specific indicators had the most statistically significant results.

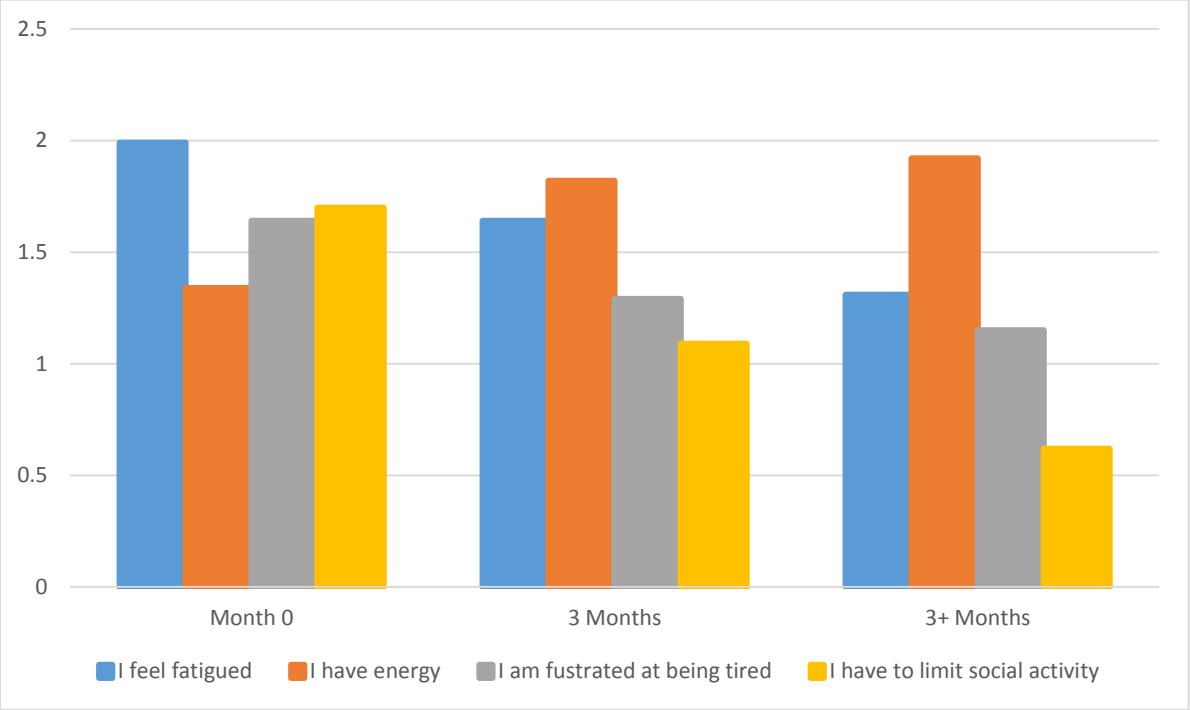


Figure 2.2.2b FACIT fatigue scale mean scores

Figure 2.2.2b illustrates the changes in each of the four factors over the data collection points of 0, 3 and 6months. The data presented here is related to participants answering on a scale of 0-4. If the individual participant felt fatigued they would answer 4, if they did not feel any fatigue at all they would answer 0.

As figure 2.2.2b indicates, the average score for participants' feelings of fatigue and also frustration with being tired (blue and grey lines) is significantly reduced as the time spent involved with the programme increases. Fatigue drops from an initial average of 1.99 to 1.31 after individuals reach the 3-month period and beyond. In respect of the 'frustration at being tired' this average reduces significantly between participants embarking on their referral and the first three months of the programme (1.64 average to 1.29).

The potential impact these results have on the participant's ability to be more socially active and even have more opportunity to engage in further physical activities and exercise is

extremely important. In fact, as figure 2.2.2b demonstrates, the data actually indicates that participants feel they have much more energy and as a result the response to the question, 'I have to limit my social activity because I am tired' (yellow line) drops significantly from an average of 1.70 to 0.62.

In summary, it seems clear that the Macmillan Get Active, Feel Good programme is improving the feeling of fatigue for the participants involved. It is extremely likely that the programme is increasing the energy levels of participants over time (1.34 average at 0 months, 1.82 average between 0-3 months and finally a 1.92 average beyond the 3-month period). This in turn is presenting the participants with a greater chance to socialise and develop their activity programmes, whilst also reducing the levels of fatigue and tiredness felt before this intervention.

2.3 Adoption and awareness of the programme amongst service providers

The third short term outcome as detailed in the logic model (see 1.1) refers to stakeholder perceptions of the programme. This was examined through a series of stakeholder interviews, including PAPs, CNSs and other health professionals engaged with this project. While some of the individuals interviewed admitted to having some initial doubts and a degree of scepticism about the programme, the majority of the stakeholders talked positively about the programme and the impact it was having on cancer provision and the participants themselves. The interviews conducted with stakeholders covered a range of issues focused around what the strengths of the programme are, what the perceptions of the programme are and also what they would like to see changed moving into the second year of the programme.

For the stakeholders interviewed they reported that the 'participant-led' nature of the programmes was particularly valuable for those with cancer. One interviewee stated that;

> "…with cancer patients… a lot of them have been through chemo[therapy], radiotherapy and appointments and its constant you know to the hospital… boom, boom doing all this stuff and it's out of their control… they have no control over their cancer. So this (the programme) kind of gives them that control back… and take ownership of something"

This point on giving the participants more control and giving them ownership of something is a huge strength to the programme because as another interviewee described;

> "It's a really positive thing. I mean a lot of what we talk to people about is chemo[therapy] which is vile, radiotherapy which is exhausting, surgery which is crippling and then we can offer them something wonderful like someone who's going to get them back on their feet"

The two related points here about giving the participants some sense of control but also some one-on-one tailored support are crucial to how this programme seeks to function. As a stakeholder articulated, "actually, a lot of people struggle with that (taking control) … because they're so used being told what to do, where to go etc." This is why the PAP provide that point

of contact and visit the participants and provide a level of support and advice that encourages participants to become active and engaged and over time self-sufficient. Breaking the cycle of patient dependency and fostering a process whereby participants become more active partners in their cancer journey was something echoed by some individuals interviewed.

In terms of the awareness of the programme many interviewees suggested that increasing the information about the programme to other health care professionals was needed, in particular information that clarified what actually constitutes physical activity would be useful. As one stakeholder explained;

> "… other health care professionals within the hospital… they don't seem to know about the programme or are reluctant to refer patients through. But I think that's purely because they don't understand fully what the programme is and how it can benefit their patients"

In terms of awareness and adoption of the programme several individuals indicated in their interviews that they almost become champions for the programme within their local areas. This occurred in part because of the success of the programme and positive impact it has had delivered for patients but also because other health professionals (not in the CNS role) are not as well informed about the programme. The PAP's refer to the CNS as the primary point of contact for receiving referrals. This point of contact should be expanded over time to be inclusive of other health professionals, thus highlighting the programme and increasing the potential for increases in participant referrals.

Furthermore, many interviewees talked about the relative and broad nature of the term 'physical activity' in respect of people on the cancer journey. Indeed, it seems clear that a perpetual stereotype manifests around the concept of 'physical activity' as being the same as sport and competitive sports. Providing some information on this point, particularly emphasising that walking to the shop regularly can be considered exercise is important. Two interviewees argue;

> "I always say to patients it's not a boot camp it's to… you know… tailored to your needs…"

> "… people assume when you ask them to increase their activity levels that you're asking them to start perhaps running a marathon"

It seems clear that increasing information about what the programme entails, emphasising that it is relative to individual needs could increase the number of referrals and widen the positive impact of the programme to more areas. Alongside that, promoting the relativity of the term 'physical activity' will act to inform more patients and their families of the importance of exercise and activity when living with cancer as well as understand what constitutes activity.

Finally, in terms of any changes moving forward, there did seem to be a desire from some to open up more mainstream services to cancer patients and in the long-term coordinate the existing exercise referral framework in Lincolnshire to be more inclusive of cancer patients and not marginalise them based upon the fact they have cancer. In simple terms, coordinate

better the services that currently exist and make them more inclusive. Furthermore, due to the geographical circumstances facing the delivery of programmes such as this, one interviewee suggested that the programme could be implemented more successfully through "incorporate[ing] the health trainer teams across Lincolnshire more into the programme".

Regardless of what changes are or are not made many of those interviewed repeated the idea that the programme is tremendously positive and having a real impact on the lives of many people living with cancer. As the two quotes below make clear, in the minds of many stakeholders involved, the programme is delivering benefits and positive outcomes for patients;

> "Listen I'd be absolutely gutted if after the pilot it stopped"
>
> "I would just like to say it has been an especially valuable service and I think erm… personally I'd be very disappointed if it didn't continue… I think it would be something that would be very valuable to build on"

It remains to be seen how the programme will develop moving into the second 12 months of the programme but the indications thus far from the stakeholders are positive. It seems clear that the programme is meeting the needs of participants and feedback to stakeholders has been positive and should result in further increases of patient referral. The management of this increase alongside the continual delivery of the service to existing participants is crucial. Given the information provided above, the earliest participants are now much more in control of their individual activity and exercise programmes and as a result require less input form the PAP. This should account for the increase in the number of referrals and ensure the delivery of the programme retains the strengths of tailored one-on-one support whilst promoting greater patient autonomy and less patient dependency.

3.0 Summary and Recommendations

The purpose of this report was to examine data collected during the first 12 months of the Macmillan Get Active, Feel Good Physical Activity Programme in relation to the implementation, impact and receipt of the programme to date. It is possible to identify some key challenges and make some recommendations for implementation of the programme during the next 12 months in relation to the data enclosed within this report.

Data indicated the following challenges facing the programme:

1. Participants valued the one-to-one support from PAPs and would like additional support
2. Recruitment fell short of initial targets due to resource limitations
3. Referrals were concentrated in key geographical areas
4. Stakeholders reported the need to address common misconceptions of what constitutes physical activity.

Recommendation 1

Data indicated that whilst the number of participants were low the quality of their experience and impact on their lives was highly valuable. It is inevitable that maintaining or increasing the frequency of one-to-one support would reduce the capacity for the PAPs to recruit new participants. Therefore it is recommended that:

The targets and goals for the programme should be re-evaluated in order to reflect whether quantity of participants or quality of experience is the primary goal.

Recommendation 2

Geographical data showed that the majority of referrals were concentrated in several specific locations. This could lead to uneven provision across the county. Therefore it is recommended that:

Consideration is given to whether this imbalance can or should be addressed given the resource constraints of the programme.

Recommendation 3

Qualitative data suggested that other health professionals working with those with cancer were not always clear about the value and appropriateness of physical activity for their patients, or the potential benefits it may have. This may impact upon the number of referrals made into the programme going forward. Therefore it is recommended that:

Information about what constitutes physical activity and the benefits to those with cancer is disseminated to the wider network of health professionals.

Appendix 1

Macmillan Get Active, Feel Good Program Theory

Program Definition

This is an initial two year program of work delivered by MacMillan physical activity practitioners who will use a 1:1 behavioural change approach to interviewing those referred at any stage of the cancer journey. This support will be based on the evidence based 'Let's Get Moving' approach to behaviour change. They will provide 12 months ongoing support bespoke to the individuals needs and use the existing infrastructure of exercise services across the county. Lincolnshire sport is working in partnership with MacMillan Cancer Support to fund two trained health professions with the unique remit of encouraging cancer patients to participate in physical activity.

It is recognised that there are needs to be a cultural shift towards empowering patients and carers to be able to self-manage their care with a greater focus on recovery, health and wellbeing following cancer treatment. After two years and an independent evaluation they hope to see demonstrable impact of the service delivery and all Lincolnshire stakeholders will be involved and sustainability will be a key project stream throughout driven by the steering group to leverage longer term funding.

Program Rationale

- Across Lincolnshire there are approximately 3,400 diagnosis of cancer a year
- There are around 27,000 people living with cancer in Lincolnshire
- The highest majority of these being in the East Lindsey district, with nearly 6,500 people being diagnosed

Out of the 2 million people living with Cancer in the UK, over 1.6 million are not physically active to the recommended levels which puts them at a greater risk over reoccurrence of cancer, *there is plentiful evidence surrounding the impact that physical activity can have on the prevention of cancer as well as its benefits before, during and after treatment and* this p*rogramme is designed to complement the existing infrastructure of physical activity programmes across Lincolnshire in improving peoples quality of life. MacMillan's principle aim is for the program to improve outcomes and quality of life for people living with cancer by increasing the uptake of physical activity across Lincolnshire through the health professionals* delivering behavioural change consultations and 12 month support for anyone who has a cancer diagnosis.

Program Scope

- **Organisations**

Get Active, Feel Good Lincolnshire is a two year pilot study commissioned by Macmillan Cancer Support, and to be delivered by Lincolnshire Sport.

- **Partners**
  - *Vitality*
  - *Exercise referral schemes across Lincolnshire*
  - *Walking schemes across the county*
  - *Support groups*
  - *The University of Lincoln – carrying out the evaluation of the program*

-The expectations for these partners are to ensure they are delivering personal appropriate schemes for the clients of the program, taking consideration that they are not pushing the client too much or too hard initially as the client will still be recovering and starting from no physical activity. The health professionals have met with these partners and these expectations have been set with them to ensure the client is getting the best from the partners and the health professionals. The partners will feed back to the health professionals who have set a document in place to ensure they are meeting the programs requirements.

Program Boundaries

- **Geographical:**

Lincolnshire: Boston, East Lindsey, Lincoln, North Kesteven, South Holland, South Kesteven, West Lindsey.

- **Facilities:**

Clinics, gyms and healthcare centres across Lincolnshire will be used dependent on availability and access opportunities for the client.

Schemes/groups

- **Target Groups:**

- Those suffering with all cancer/ tumour sites and undergoing treatment or in cancer remission.
- Exclusion criteria will be under 18's and cases where health care professionals deem physical activity high risk and inappropriate or the participant already takes part in physical activity.

Program Model: Goals and Objectives

1. Improve outcomes for people with cancer by supporting those who have had a cancer diagnosis at any time and any tumour site to become more active more often.
2. Explore the local processes that optimise this kind of programme and develop partnerships and support that would enable it to be embedded into general practice.

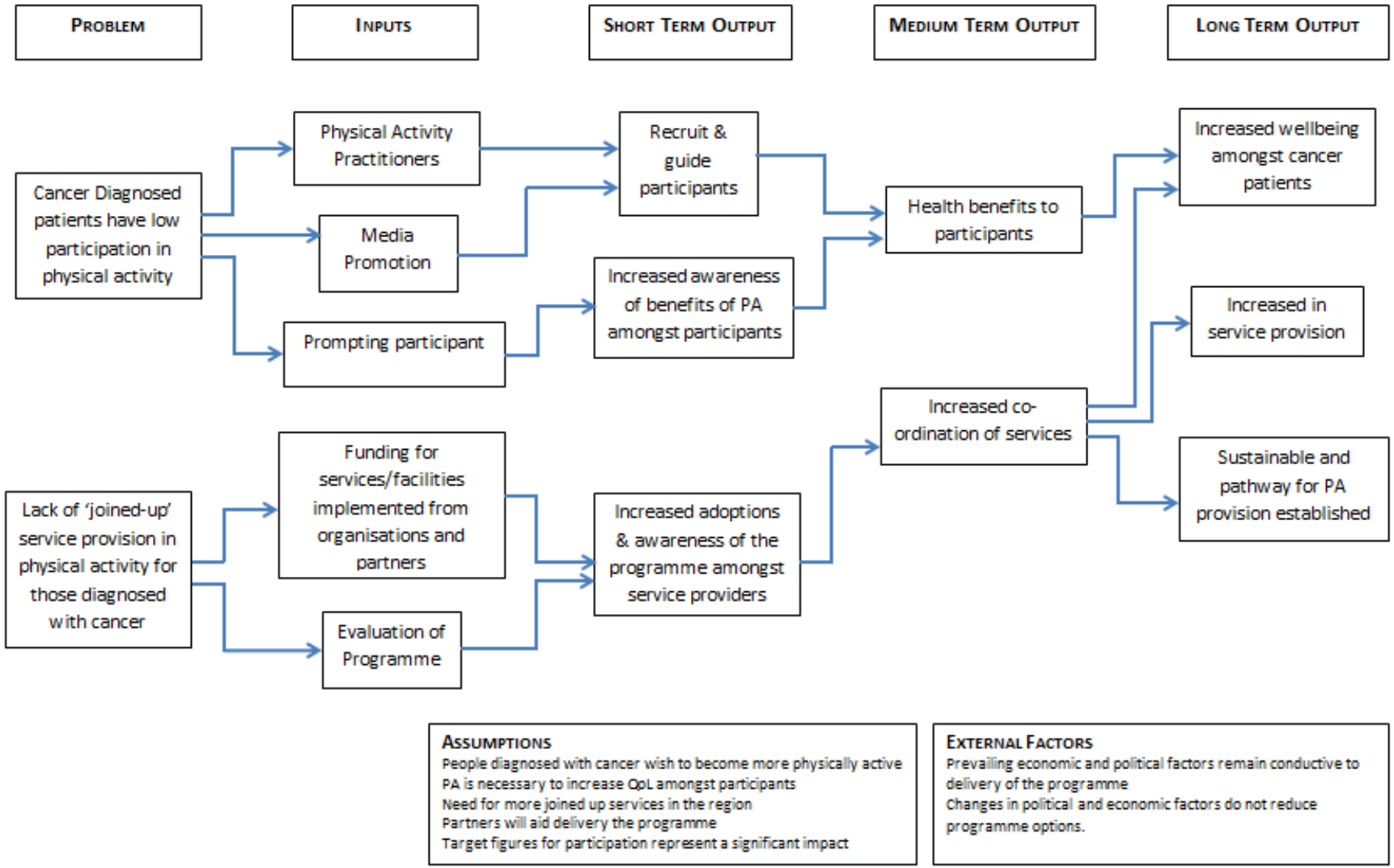
Strategies for Attaining These Outcomes

1. Implementation of the service will deliver the known outcomes of physical activity for people with cancer that are well documented and evidenced from international research. The specific outcome a patient wants to achieve will be self-selected and will most likely be self-reported. Whilst these aims are subjective and patient goals may vary, it is imperative that the project follows the evidence and is flexible, patient led. After discussion with other counties, Lincolnshire proposes not to set restrictive or short targets.
2. The project will drive the local implementation of national and international evidence, by converting to practice and trilling local models to explore the net benefit on the health and social care systems in Lincolnshire. The project will consider long term conditions other than cancer that would adopt similar systems to reduce the heavy burden on the health care systems od preventable and manageable conditions.

Critical Success Factors

MacMillan Critical Success Factors
720 Individuals accessing this service over the next two years **650** Achieving personal targets **600** Increasing physical activity levels **500** Health professionals are to receive a health briefing from us for greater awareness of the service, networking and supporting the survivorship agenda

Logic Model


Problem
Inputs
Short Term Output
Medium Term Output
Long Term Output
Cancer Diagnosed patients have low participation in physical activity
Lack of 'joined-up' service provision in physical activity for those diagnosed with cancer
Physical Activity Practitioners
Media Promotion
Prompting participant
Funding for services/facilities implemented from organisations and partners
Evaluation of Programme
Recruit & guide participants
Increased awareness of benefits of PA amongst participants
Increased adoptions & awareness of the programme amongst service providers
Health benefits to participants
Increased co-ordination of services
Increased wellbeing amongst cancer patients
Increased in service provision
Sustainable and pathway for PA provision established
Assumptions
People diagnosed with cancer wish to become more physically active
PA is necessary to increase QoL amongst participants
Need for more joined up services in the region
Partners will aid delivery the programme
Target figures for participation represent a significant impact
External Factors
Prevailing economic and political factors remain conductive to delivery of the programme
Changes in political and economic factors do not reduce programme options.

Appendix 2

POSTCODE DATA

POSTCODE	FREQUENCY COUNT
LN1	2
LN2	14
LN3	2
LN4	5
LN5	4
LN6	8
LN7	1
LN8	2
LN9	3
LN10	3
LN11	2
LN12	2
LN13	2
PE1	1
PE3	1
PE11	6
PE12	3
PE20	2
PE21	12
PE22	6
PE23	1
PE25	3
NG23	2
NG31	7
NG32	3
NG33	2
NG34	11
DN21	1
DN36	1
S7	1
TOTAL	101