



RESEARCH

INFORMATION

Implementation of the Public Health Scotland Physical Activity Referral Standards: A process evaluation



AIMS

Physical activity referral schemes (PARS) allow healthcare professionals to refer patients to community-based programmes for physical activity support. Schemes include activities such as attending the gym, taking part in exercise classes and walking groups. Public Health Scotland has developed national Physical Activity Referral Standards that aim to enhance the quality of PARS, reduce variability in design and delivery and build further evidence of what works. The standards include a national dataset for PARS to collect that will allow future assessment of success. This evaluation aimed to assess the roll out of the standards to understand whether the policy was used, by whom and how.



KEY FINDINGS

- Successes of the initial policy roll out were high awareness (90% of senior managers of PARS provider organisation and 80% of PARS managers) and adoption of the standards by PARS providers (88% of PARS). This was because PARS providers were involved in meetings and feedback to help develop the standards. Publication of the standards resulted in national conversations around service improvement and raised awareness of the need for robust and consistent service evaluation to understand what works well.
- Barriers to policy adoption and implementation were lack of funding, time, capacity, systems for, and knowledge about, monitoring and evaluation. Healthcare professionals had low awareness of the standards and targeted, appropriate engagement with this key group in the referral pathway is required.



- Eleven of 32 PARS involved in the study contributed routinely collected service data for analysis. Improvements in data collection were needed. Ten PARS are now collecting standardised routine service evaluation data because of the policy rollout. In time, this may allow for a national evaluation.
- People talking part in PARS think that routine service evaluation is important and are happy for their data to be used at local and national level. However, they do not want data collection to be at the expense of service delivery time, and they do not want the evaluation results to be used to restrict services to certain population groups. This will directly inform future evaluation of PARS in Scotland.



WHAT DID THE STUDY INVOLVE?

- **Phase 1 (December 2022 to December 2023):** Qualitative interviews with 73 people including staff from PARS provider organisations, healthcare professionals who can refer patients to schemes, and people responsible for promoting and implementing physical activity policy to explore awareness of, and intention to use, the policy.
- **Phase 2 (December 2023 to December 2024):** A national survey of PARS design and delivery was completed by 32 PARS, the collation and examination of the quality of routinely collected data for 26,568 people taking part in PARS in Scotland and focus groups with 21 people taking part in PARS to explore their perspectives of PARS monitoring and evaluation.
- **Phase 3 (January to March 2025):** Focus groups with 35 participants from phase 1 to explore longer term use of the policy.



WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Phase 1: Qualitative Interviews to explore initial policy rollout

- 73 people took part (PARS managers, senior managers in PARS provider organisations, healthcare professionals and policy professionals).
- From 28 local authority areas in Scotland.

Reach and Effectiveness

- Awareness of the policy within relevant provider and policy organisations was high, increasing chances of use. Healthcare professionals' awareness was low and only they wanted essential information to inform their practice.
- It was too early to understand how practice had changed and what difference this might make to outcomes for those taking part.
- The policy was initially used for mapping service delivery and planning monitoring and evaluation frameworks to allow future assessment of outcomes.



Adoption and Implementation

- The policy was considered useful guidance, rather than a blueprint, allowing for PARS to be designed for local needs.
- Use of the policy was limited by workforce issues, funding and concerns about the concerns about how useful the minimum dataset was.
- Study participants identified the need for national support systems to help monitoring and evaluation and providing this was the key recommendation of Phase 1.

Phase 2:

Survey of PARS Design

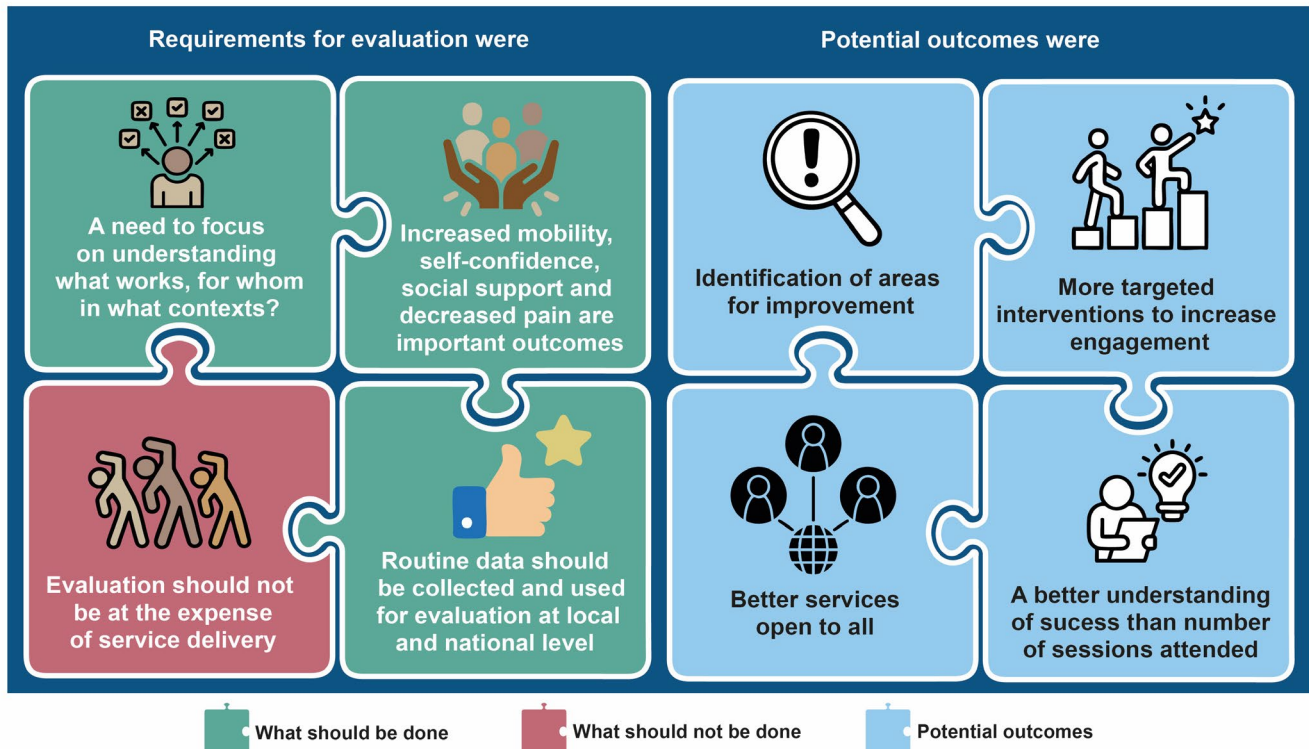
- 32 PARS providers completed the survey. Most schemes (84%) included consultations for service users to talk about how they will become more active and supervised activities. PARS accepted a wide range of conditions including cardiovascular disease (88%) and mental health illnesses (81%). All PARS received referrals from primary care, most from secondary care (90.6%) and 43.8% accepted self-referrals.
- Twenty-three PARS (72%) reported collecting the minimum national data set, but the number data points collected varied, and no scheme collected every element.

Collation of Anonymised Routinely Collected Service Data

- 17 PARS were interested in providing routine data but only 11 successfully extracted data from their systems. 26,568 sets of individual level participant data were available for analysis for referrals between 2020-2024. This is the largest set of data ever collected for Scottish PARS.
- The amount of data collected for each element of the dataset varied between PARS but was high for age (95%), gender (96%), deprivation quintile (90%), referral reason (91%) and uptake of initial consultations (83%) but inconsistent for activity session attendance (39%) and adherence (27%). Data points were not standardised between schemes (e.g., referral reason), making comparisons difficult.
- 57% of referrals were female, average age was 59, 20.9% lived in the most deprived areas, the most common reason for referral was musculoskeletal issues (16.8% of referrals) and the most common referrers were physiotherapists (24.9% of referrals). Uptake varied between PARS from 40% to 82%. Adherence was only recorded by seven PARS and ranged from 14% to 69%.

Focus Groups with PARS Service Users

- 21 people taking part in three PARS participated in focus groups. They suggested:



Phase 3: Qualitative Focus Groups to Explore Longer Term Policy Use

- Nine focus groups were conducted including 35 people from phase 1.
- Monitoring systems and processes had improved, including the development of an automated evaluation reporting system for schemes. The pace of change was slow.
- Minimum dataset use was limited by the reporting priorities of PARS funders. 10 PARS providers were working together to develop a dataset containing some the minimum dataset. Economic evaluation was viewed as important, but this was not included in the policy.
- Short term funding remained a central issue, which led to concerns about sustainability.
- Participants wanted ongoing support with monitoring and evaluation through national processes.



WHAT IMPACT COULD THE FINDINGS HAVE?

- **Service Users:** the findings will enable PARS providers to better understand and improve schemes. Service users will benefit from resultant enhanced PARS delivery.
- **Policy:** the findings will directly inform future Public Health Scotland physical activity policy, and they are already planning to use the results in an update of the National Physical Activity Pathway.
- **Practice:** the findings of this study have improved local authority knowledge about how to routinely monitor and evaluate PARS. The findings are already influencing collaborative working, routine data collection, and ability to evaluate these to guide future service delivery. In time this could enable future national evaluation.



HOW WILL THE OUTCOMES BE DISSEMINATED?

Dissemination to date and planned

- National knowledge exchange events in October 2024 & 2025 (approximately 100 attendees at each, including services users).
- Publication of [Phase 1](#) in an academic journal in January 2025. Further publications planned.
- Presentations at the International Society for Physical Activity and Health conference in Paris, France in 2024, the Health Enhancing Physical Activity conference in Kaunas, Lithuania in 2025, a Community Leisure UK webinar in September 2025 and the Scottish Physical Activity Research Conference in Edinburgh in 2025.
- Bespoke sessions with three PARS providers to help with data collection and one PARS provider to help with service redesign.
- Engagement with Community Leisure UK Once for Scotland PARS Group to develop standardised monitoring and evaluation (monthly meetings ongoing).
- Creation of an [Actify Hub](#) to share resources, learning and good practice (ongoing).
- Ongoing engagement with Public Health Scotland, local authorities and PARS providers about monitoring, evaluation and policy implementation.



CONCLUSION

This research demonstrated that publication of Scottish Physical Activity Referral Standards has led to national conversations and local changes to monitoring and evaluation systems that will lead to improved understanding of what works. Ongoing support is required to ensure that future national evaluation is possible.



RESEARCH TEAM & CONTACT



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Additional Information

The project was completed on 30 November 2025. The amount of funding received was £298,000