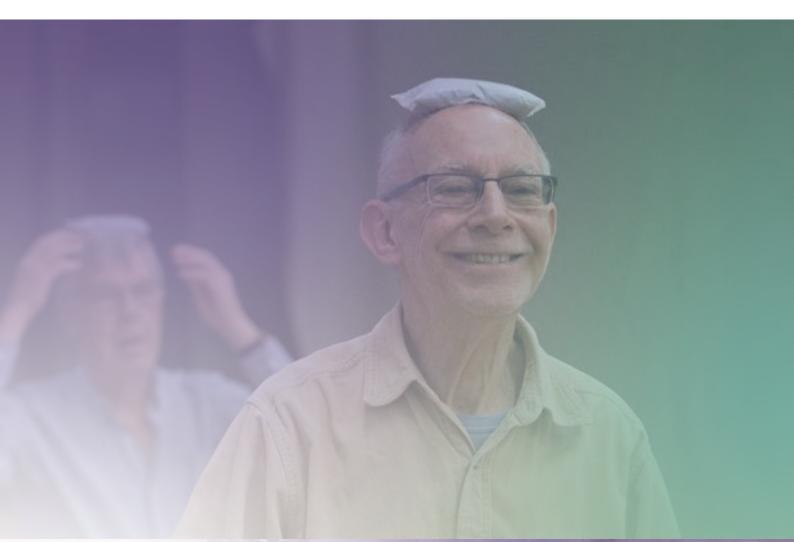


Commissioners toolkit



Contents

REACT Implementation Toolkit	1.
Overview Introduction	4. 5.
The REACT Programme	6.
What is REACT? REACT aims and objectives Why is it needed? What is the evidence it works? Is it cost effective?	6. 6. 7. 8.
Delivering React	9.
The Programme Session leaders	9. 9.
REACT Exercise Sessions	11.
Exercise session aims	11.
Behavioural Maintenance Sessions	12.
Behavioural Maintenance Session aims	12.
Identifying REACT members	13.
Who are REACT members? Other marketing options include Screening	13. 13. 14.
Concluding remarks	15.
Awknowledgements	16.





Overview

4

As people age, they often find that walking, climbing stairs and doing their normal daily activities becomes more difficult. This can lead to reduced levels of physical activity which further exacerbates the problem. This cycle of decline is a major public health issue significantly reducing independence and quality of life of older adults whilst also contributing to high health and social care costs.

Exercise can contribute to stopping and even reversing physical decline. Despite this, no long-term programme has proven to be cost effective whilst positively impacting physical function amongst older adults in the UK. That is until now.

The REtirement in ACTion (REACT) REACT programme has successfully demonstrated that a community-based, group physical activity and behavioural maintenance programme can achieve, positive health outcomes in the long-term while being good value for money.

Introduction

The REACT study, funded by the National Institute of Health Research, is the latest from Active Ageing Research (AAR). The REACT study was a community-based group physical activity and behavioural maintenance programme. The research showed REACT to be a cost-effective way to improve function and health among adults 65 years and over with mobility limitations. The research paves the way for the programme to be introduced across the UK delivering improved mobility to the people who need it.

General Practitioners in Bath, Bristol, Birmingham and Devon invited patients to join the REACT study and 777 agreed to participate. 410 participants were randomly chosen to join the REACT sessions twice a week for 12 weeks then once a week for 40 weeks (the intervention group). The other 367 people attended three 'healthy ageing' education sessions over a year (the control group). All 777 participants completed physical tests and questionnaires at the start of the study and again at 6, 12 and 24-months. At 24-months, people who had attended the REACT intervention sessions had significantly greater mobility and clinically meaningful benefits than those who did not. Participants also felt more confident and reported better well-being. The REACT programme was shown to help older adults in a real world setting at risk of mobility limitations stay mobile and independent.

Affordability is a key concern when commissioning public health services. Per person, the cost of delivering the REACT programme was £622, but the health and social care savings were £725 over two years. It is anticipated that the longer-term savings could be far higher, further offsetting delivery costs.

Dr Tristan Snowsill of the University of Exeter, who examined the economic data from the study said: "We found clear evidence that quality of life was improved in the REACT group. This alone would most likely have been enough to justify the cost of the programme using the standard rule for cost-effectiveness. To also find that REACT participants used fewer health and care services makes the REACT programme one of the clearest cases of value for money I have come across." The REACT study is the first of its kind to produce such strong cost-effectiveness results. The programme is now ready to deliver positive cost-effective outcomes for older adults across the country.

***** (

5

The REACT Programme

REACT is a community-based group physical activity and behavioural maintenance programme. It combines exercise, education and social activities that are designed for older adults who are beginning to show age-related mobility decline.

The study was funded by the National Institute for Health Research. The goal was to find an effective and value for money community programme can be delivered nationally.

REACT delivers against these objectives. It produces clinically meaningful benefits, has been shown to be cost effective and due to the relatively low resource needed, can be delivered across the country.

REACT aims and objectives Aims

- Engage older adults who have some difficulty with their mobility in appropriate strength, balance and conditioning exercise classes
- Increase physical ability to perform functional movements (sit to stand from a chair, balancing, walking up stairs, etc) and maintain independence and quality of life.
- Deliver a programme that is value for money.

Objectives

Increase confidence for attending structured activity classes and developing a more active lifestyle

- Increase enjoyment older adults get from being more active
- Create a social community to support ongoing engagement and help participants become and remain active outside of the REACT programme
- Support a reduction in current and ongoing health care costs
- Provide health care professionals with the evidence and framework they need to support funding applications and implement cost-effective exercise intervention programmes

Why is it needed?

Maintaining good physical function is crucial to sustaining independence and quality of life into older age. However, in the UK 44% of state pension age adults are classified as disabled. The most common form of disability (67%) is mobility related. This is a major public health issue significantly reducing independence and quality of life and negatively impacting health and social care costs.



What is the evidence it works?

The REACT study was a comprehensive four and a half year study involving 777 participants aged between 65 and 98.

Results showed, that compared to a control group, those taking part in the REACT programme had significantly better physical function at each assessment point during the study (6 months,12 months and 24 months). However, the key finding was that a year after the community-based group physical activity and behavioural maintenance programme had ceased (24 months), its participants remained significantly better in terms of physical function than the control group.

To read the detailed REACT study methods and results use the link below

∠ View the full Academic paper

REACT

Impact of REACT



The REACT intervention improved lower limb physical function compared with controls at 6, 12, and 24 months.



Is it cost effective?

Health economic analysis has shown that REACT was cost-effective in terms of both direct savings to the NHS (cost of delivery verses savings in terms of NHS and personal social services) and in delivering improved health for participants.

The key findings included:



REACT

Cost Benefits of REACT



Delivering REACT

The Programme

The REACT programme incorporates three distinct phases:

- Start up
- Build up
- Taking charge

The phases have been designed to take participants towards independence through a journey of adjustment, familiarisation, physical improvement, learning and psychological growth

Start up two months

- One to one sessions allows leaders to get to know each member and their needs
- Two exercise sessions per week each lasting an 60 minutes
- 20 minutes of additional social time following each exercise session

Build up three months

- Month three continues with two exercise sessions per week maintaining the rhythm and frequency of start up during the first month of Build up
- In month four and five only one 60-minute exercise session is delivered per week
- · Social and educational sessions lasting 45-minutes follow one of the weekly exercise sessions

Taking charge seven months

- One exercise session per week lasting 60 minutes, but with the intention of participants now taking part in other regular activity.
- 45 minute social and education session following the exercise sessions once per month
- · 20 minute social activity following the other weekly exercise sessions

Session leaders

The REACT session leaders are at the heart of the provision and provide the expertise, experience and personality that makes the programme a success. In addition to teaching technique and routines they often become the focal point for questions, concerns and motivation.

REACT session leaders are qualified to at least REPS level 3 and have experience of delivering exercise classes to older adults.





Build Up

Month 3

60-minute physical activity sessions (EXMOR)

1 session followed by coffee and socialising (in whitte)

1 session followed by Social & Education session

Month 4, 5 & 6

60-minute physical activity sessions reduces to: (1.100) Followed by Social & Education session (1.100)

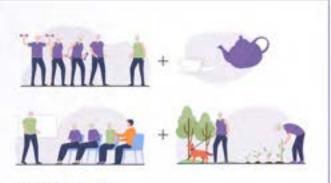
Taking Charge

Once a month

Activity session followed by 45-minute Social & Education session

Lifestyle

Social & Education sessions encourage members to pick up activies outside REACT



Month 7 - 12

60-minute physical activity sessions followed by 20-minute socialising (THERE)

REACT

Influence of REACT

10

REACT Exercise Sessions

Exercise session aims

The REACT programme aims to provide steady exercise and confidence progression among its participants. It achieves this by developing:

- Aerobic fitness to improve walking volume and speed
- Functional strength with particular emphasis on leg strength to support mobility
- Flexibility to help improve posture, reduce injury and improve range of motion
- Balance to increase coordination and decrease the risk falls

The sessions aims to enhance participants confidence and ability so they can

- Become more active outside of the REACT sessions
- Build up to 150 minutes of activity per week
- Reduce sedentary time



Behavioural Maintenance Sessions

Behavioural maintenance session aims

Behavioural maintenance sessions play a key role in the overall provision of the REACT programme. By cementing the habit of regular physical participants will find it easier to

- · Sustaining physical activity outside of the REACT programme
- Increasing confidence, understanding and acceptance of the value of physical activity

Weekly, then reducing to monthly behavioural maintenance sessions will help maintain a social network through which participants can gain continued social support.

The sessions focus on

🥻 (12)

- Enhancing motivation to be physically active
- · Making realistic plans to achieve sustainable activity
- · Pre-empting and overcoming barriers to physical activity
- · Engaging social support when needed to maintain physical activity
- Creating self-regulatory techniques to support and maintain behaviour change regarding physical activity.

Identifying REACT members

Who are REACT members?

REACT members will all be adults 65 and older with mobility limitations. Generally, they will come to the programme via GP referral or through community based marketing.

Each area will have differing channels via which to reach prospective REACT participants. The team from Active Ageing Research have relationships with a variety of organisations across the country via which local marketing can be accessed. This is often via word of mouth. Additionally Active Ageing Research has a newsletter and produces regular social media content which can be accessed to support local projects.

Other marketing options include

GP referral - The REACT study found that GP referral through invitation letters was the most successful recruitment method.

To take this route, you will need to engage with a GP practice who has a research-active member of staff and is willing to engage help promote the service both in person and via practice communications. This could be a mixture of letter, email, telephone calls, face to face, social media or text/WhatsApp messages.

The description of the REACT programme is very important and should specify that REACT members are adults 65 and over who:

- Find it difficult to walk up stairs
- Find it difficult to get out of a chair without holding on to the sides
- Find it difficult to walk more than a few minutes without stopping to rest

All communications should take a friendly and supportive tone signposting people to contact and sign up details in order to REACT staff to get in touch.

Community recruitment - Community networks have also proven to be extremely successful in recruiting people onto the REACT programme. By emphasising the social element of REACT individuals or community groups that may be apprehensive about activity can be targeted. Positive results from the comprehensive research study can also be used to encourage participation.



Screening

A member of staff needs arrange screening meetings with interested candidates. This could happen at a leisure centre or elsewhere.

At this meeting, interested candidates are screened using the Short Physical Performance Battery (SPPB).

This test takes 5 minute and consists of three simple tests of:

- 1. Standing balance
- 2. Leg strength (repeated sit to stand) and
- 3. Walking speed (over 4 meters).

Candidates are eligible if they score least 4 and up to 9 (out of 12).



Concluding remarks

The whole team working behind the scenes to create the REACT programme, and to prove its effectiveness scientifically has been united by one motivation:

To increase access to safe and effective exercise for older adults who would really benefit from it.

We are passionate about the importance of physical activity amongst older adults to help improve their independence and quality of life.

Scientifically it is clear that older people have a huge amount to gain from regular movement and muscle strengthening exercise.

If you are interested in getting involved to help deliver a REACT group or know someone that you think could benefit from taking part in the REACT programme please contact us via our website www.activeageingresearch.org



Thank You

Acknowledgements

This work was supported by the NIHR Public Health Research Programme (13/164/51). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR, or the Department of Health

