

WELLBALANCED REFERRAL GUIDE

for Referring Organisations and Medical Professionals



INTRODUCTION

The Wellbalanced programme launched on 1st December 2020. A 24-week rolling programme offering weekly input for patients at risk of falling.

We offer weekly strength and balance classes in the community, online classes and telephone support plus home exercises are provided for patients during COVID restrictions and for those unable to attend community sessions.

NICE compliant and based on the LLT/ProFane model, AHS Wellbeing are commissioned by Chichester Wellbeing Service to deliver the Wellbalanced Programme.

CLASS DETAILS

Each class is lead by a Postural Stability Instructor and a support instructor.

Classes normally hold up to 20 people, however during the current COVID-19 situation, classes are only held if the latest guidelines allow and with a limit of 4 per class.

Participants pay £12 for the 24 week course, payable in 2 instalments.

WHERE ARE THE CLASSES HELD?

- Online Classes via Zoom
- Telephone support for home exercise
- Coming soon to...
 - Chichester
 - Selsey
 - Midhurst.

WHO IS IT FOR?

Patients who:

- Measure Level 4,5,6 of The Rockwood Clinical Frailty Scale
- Are feeling less steady on their feet
- Are finding it harder to rise from a chair, or to use the stairs
- Have been referred by a GP, Healthcare Worker or other professional
- Have had a previous fall but no change in function. If there has been a change in function the patient should be referred to the Falls & Fracture Prevention Service.

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MEDICAL EXCLUSIONS

- Unstable angina or uncontrolled heart disease
- Tachycardia or uncontrolled arrhythmia
- Resting systolic BP >200mmHg or diastolic BP >110mmHg
- Severe Parkinson's disease
- Severe breathlessness or dizziness
- Uncontrolled or poorly controlled epilepsy
- Uncontrolled or poorly controlled asthma / COPD
- Unmanaged pain
- Acute systemic illness (e.g. cancers)
- Severe Visual Impairment (under investigation)
- Any other uncontrolled condition
- Four or more medications not checked by GP >6mths

FUNCTIONAL EXCLUSIONS

- Patient has suffered at least one fall affecting normal function
- Functional limiting diseases: such as severe stroke
- Cognition: Dementia, Alzheimer's or severe cognitive impairment (unable to follow simple instructions)
- Sit to Stand: Patient is unable to rise from a chair independently, without assistance and stand unaided
- Mobility: Patient is unable to mobilise independently.
- Patient is immobile or walks with an aid and the support of two Carers

WHAT HAPPENS AT THE END OF THE COURSE?

Participants are encouraged to continue exercising and will be signposted to suitable follow on classes.

This is followed up with a review at 3 months and 6 months to understand if participants have continued to exercise

HOW IS THE COURSE EVALUATED?

Participants are assessed at week 1, 12 and 24 using the following methods;

- Timed Up and Go Test
- 4-stage_balance_test
- Fall Efficacy Scale (FES-1)
- 5 ways to wellbeing (2)

Results are evaluated quarterly in conjunction with the Chichester Wellbeing Team.

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COVID SAFE

To comply with COVID-19 restrictions, face to face classes will only be held when the alert level is medium or below in accordance with government restrictions. To ensure classes run safely, the following procedures in place;

- Community classes are limited to 4 per class plus 2 instructors
- Track & Trace is in place.
- All areas are sanitised prior to and after any face to face sessions.
- PPE is in place and all participants asked to wear face coverings.
- Social distancing is maintained through the class.
- Rooms are kept well ventilated.
- Separate entrance and exit routes are in place, as per venue protocol.
- Participants are advised they should only attend if they meet all of the following criteria:
 - They have not been told to stay home by a health professional.
 - Can travel to and from the venue without increasing their risk.
 - Do not have any COVID-19 symptoms.
 - Have not travelled recently.
 - Have not been in contact with someone who had has symptoms.

Participants unable to attend will receive telephone and online support. Our range of support options offer flexibility, allowing us to provide support relevant to the patients needs and current government guidelines.

HOW DO I REFER A PATIENT?

Patients can be referred using the Referral form below. Please complete and return to info@wellbalancedprogramme.co.uk.

Patients can also be referred via SystmOne, EMIS and One Call.

Referrals are triaged for the most appropriate level of the programme.

For further information please call 01444 657099.

DO YOU PROVIDE TRANSPORT?

There is a range of accessible community transport available, for details visit <https://www.westsussex.gov.uk/find-my-nearest/community-transport-provider/>

Wellbalanced for Wellbeing Referral Form



www.wellbalancedprogramme.co.uk

This programme will help to improve Strength & Balance over 24 weeks, via weekly interventions, helping individuals to prevent future falls. The service is for patients identified as Level 4 (Vulnerable), 5 (Mildly Frail), or 6 (Moderately Frail) on the Rockwood (Canadian) Clinical Frailty Scale and below the level of need for specialist care. A patient who has had a previous fall will be suitable for this programme if there has been no change in function. If there has been a change in function the patient should be referred to the [Falls & Fracture Prevention Service](#).

District Programme (select one)			
<input type="checkbox"/> Adur & Worthing	<input type="checkbox"/> Arun	<input type="checkbox"/> Chichester	<input type="checkbox"/> Mid Sussex
Participant Details			
Title:	First Name:	Surname:	DOB:
House Name Or Number:		Street:	
Street:		Town/City:	
Postcode:	Landline:	Mobile:	
Email:		NHS No.:	
Referrer Details (Person completing the form)			
Title:	First Name:	Surname:	
Organisation:	Phone:	Email:	
Reason for Referral:			Date of Referral:
<ul style="list-style-type: none"> Relevant medical conditions and dates, particularly cardiac, Stroke/TIA, mental health. Additional information or special requirements. 			
GP Details (if not the Referrer)			
Dr.	First Name:	Surname:	
Practice/Surgery Name:		Phone:	Email:

The participant has been fully informed about the Wellbalanced programme they are being referred to and agree to their details being stored on a secure database system in accordance with the latest Data Protection regulations. They agree to be contacted by letter, email, telephone and/or SMS text message.

**PLEASE EMAIL COMPLETED FORM TO: info@wellbalancedprogramme.co.uk
Ensure email is sent with [SECURE] in the subject to maintain confidentiality**