**Evaluation of an exercise referral scheme in the United Kingdom: Medium term outcomes**

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Introduction: Exercise referral schemes (ERS) aim to increase the physical activity (PA) levels of people with chronic health conditions. To date, the efficacy of ERS has been inconclusive due to the variable nature of scheme characteristics and evaluations, requiring further research. Therefore, the aim of this study was to evaluate the medium-term (≤6 months) impact of ERS participation on health and mental wellbeing outcomes in an existing ERS. Methods: Secondary analysis of data was conducted for 1801 people referred to an ERS in Greater Manchester, between July 2015 and March 2016. ERS duration was 6 months, providing person-centred support and individualised exercise prescription. Primary outcomes measured at the 1st, 12th and 24th week of participation were PA (measured using the IPAQ), body mass index (BMI) (kg/m2), blood pressure (BP) (mmHg), general health status (measured using the EQ-5D-3L) and mental wellbeing (measured using the Warwick-Edinburgh Mental Well-being scale (WEMWBS)). Outcomes were analysed for those with complete data for each outcome at weeks 1, 12 and 24, using descriptive statistics and paired t-tests. Results: In total 1801 people were referred to the ERS (105 waiting list, 533 participating, 469 completed, 379 dropped-out, 315 non-uptake). Between weeks 1 and 24 there were significant changes in PA (0 to 615 MET mins), BMI (32.45 to 31.43 kg/m2), systolic BP (136 to 130 mmHg) and diastolic BP (82 to 80 mmHg), all *p*< .01. There were also significant improvements to overall generic health status (EQ-5D-3L) and mental wellbeing (WEMWBS). Generic health status, as measured using the EQ-5D-3L health profile showed reductions in the number of people experiencing problems with mobility (-5.1%), self-care (-5.3%), pain (-4.4%), and depression/anxiety (-9.1%). Conclusion: Referral to ERS with supported behaviour change increased PA, health and mental wellbeing in the medium-term. Therefore, healthcare professionals should consider the referral of inactive persons with chronic health conditions to an ERS. Future analyses will determine if these outcomes persist in the long term (≥12 months), in addition to adjunct benefits of participation not routinely captured in evaluations.