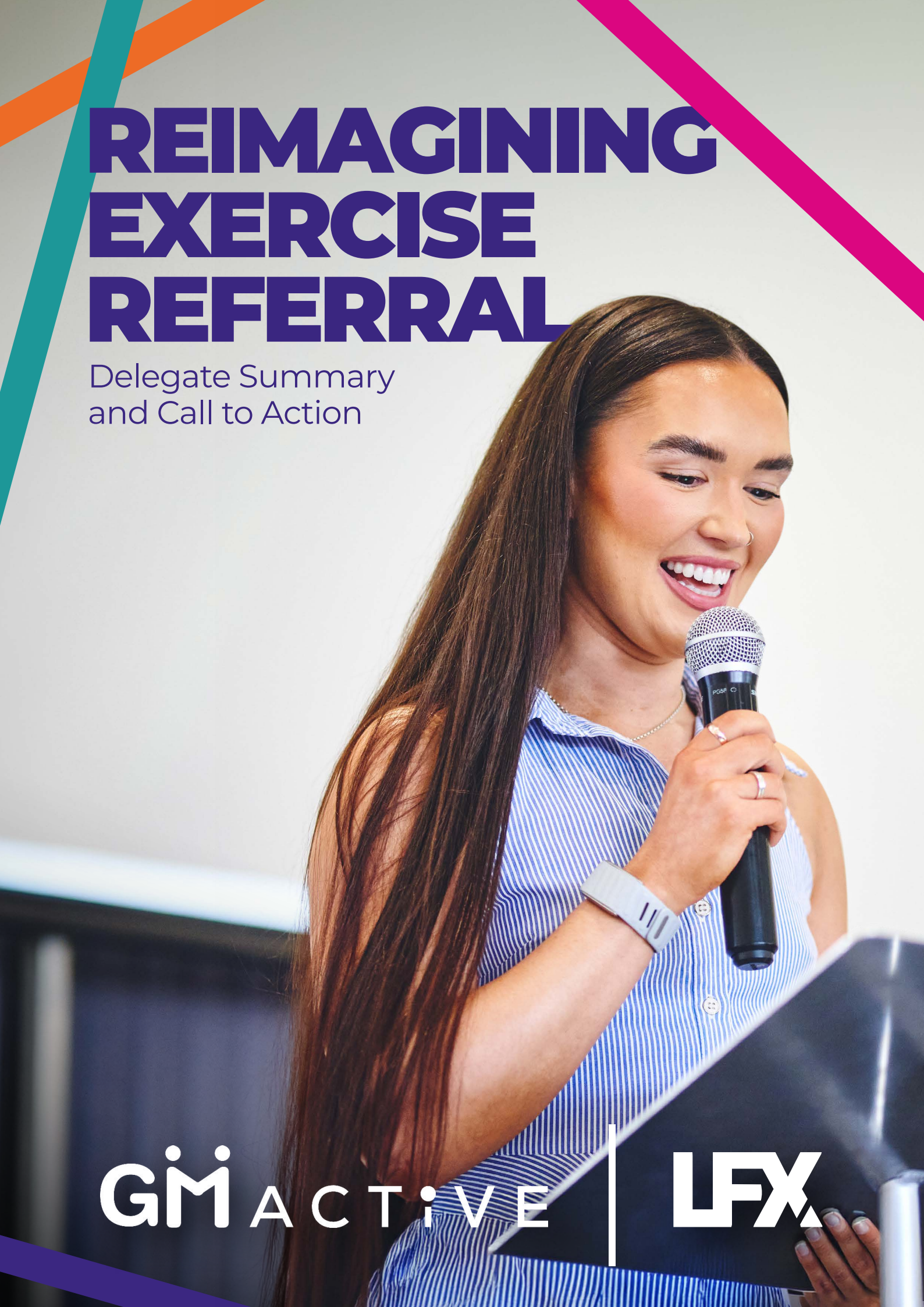
REIMAGINING EXERCISE REFERRAL

Delegate Summary and Call to Action



GM ACTIVE | LFX

FOREWORD

Exercise referral has huge potential, yet services across the UK remain inconsistent, fragmented and difficult to scale.

GM Active and LFX convened the **Reimagining Exercise Referral** conference to bring together people working across leisure, health, public health, fitness, academia and technology, and create space for an open conversation about what needs to change.

What emerged was a much broader discussion than exercise referral alone.

Delegates and contributors repeatedly returned to the importance of **behaviour change, prevention, relationships, community, workforce capability, evidence, healthcare integration and health inequalities**. The conversation challenged us to look beyond individual programmes and consider the wider system that enables - or prevents - people from becoming and remaining active.

This document captures the key themes, priorities and actions heard across the conference.

It is intended as both a record of the discussion and a starting point for what comes next - giving delegates, partners and organisations across the sector something tangible to return to, share and build upon.

WHY CHANGE IS NEEDED

The UK faces increasing levels of long-term health conditions, widening health inequalities and growing pressure across health and care services.

Physical activity has an important role to play in prevention, treatment, recovery and long-term wellbeing. Yet access to effective support remains inconsistent, and the experience of exercise referral can vary considerably depending on where someone lives, the pathways available locally and the support surrounding them.

The conference highlighted that the challenge is not simply increasing the number of referral programmes available.

It is about improving the **whole experience around movement**: how people are introduced to activity, what motivates them to continue, who supports them, where activity takes place, how health and leisure services connect and how success is understood and measured.

Traditional models can place significant emphasis on the point of referral or attendance. The discussions across the two days suggested that sustainable outcomes depend on much more.

People need confidence. They need relationships. They need environments in which they feel they belong. They need choices that fit their lives, and support that helps them turn activity into something sustainable rather than temporary.

A CLEAR MESSAGE EMERGED:

The challenge is no longer proving that physical activity works. The challenge is creating systems capable of helping more people benefit from it.

THAT REQUIRES A SHIFT IN THINKING:

From exercise referral	>	movement for health
From programmes	>	possibilities
From participation	>	transformation

CONFERENCE PURPOSE

The conference brought together leaders and practitioners from across the UK to move beyond discussion and begin identifying practical actions for the future of exercise referral and movement for health.

The intention was not to promote a single model or suggest that one approach could simply be replicated everywhere.

Instead, the conference provided an opportunity to compare experiences, challenge assumptions and learn from different approaches already operating across the UK.

Contributors included representatives from **Wales NERS, Scotland PARS, Prehab4Cancer, Good Boost, State of Life, Active Blackpool, GM Active, Cornerstone DM** and others working across health, leisure, public health, academia and technology.

The perspectives shared ranged from established national referral systems and clinically integrated programmes to local community delivery, digital innovation, workforce development, social value and lived experience.

That diversity was important.

Although public-sector leisure was strongly represented among delegates, contributions from healthcare, public health and other parts of the system helped broaden the discussion beyond the traditional leisure-sector view of exercise referral.

The conference also highlighted the need to continue widening that conversation. Future work should actively bring more health, clinical, community and system voices into the discussion so that the emerging direction reflects the whole pathway rather than any one sector.

UK-WIDE REPRESENTATION | HEALTH | LEISURE
PUBLIC HEALTH | ACADEMIA | TECHNOLOGY

REIMAGINING EXERCISE REFERRAL

From Programmes to Possibilities

> “The challenge is no longer proving that physical activity works. The challenge is creating systems capable of helping more people benefit from it.”

TODAY		FUTURE
Exercise Referral	→	Movement for Health
Programmes	→	Possibilities
Attendance	→	Adherence
Activity	→	Outcomes
Referral	→	Relationships
Gyms	→	Communities
Treatment	→	Prevention
Services	→	Systems

- Prevention
- Behaviour Change
- Relationships
- Community
- Healthcare Integration
- Workforce Development
- Evidence & Outcomes

WHAT WE HEARD

Across presentations, workshops, panel discussions and conversations between delegates, seven consistent themes emerged.

While different places are approaching exercise referral in different ways, many of the challenges and opportunities were remarkably similar.

1 People join possibilities, not programmes

People are motivated by confidence, independence, family, purpose, belonging and quality of life - not by programme participation alone.

2 Behaviour change is the intervention

Exercise is the tool. Behaviour change is the intervention. Coaching, motivational interviewing and ongoing support must become central to future pathways.

3 Relationships drive adherence

Successful services are relationship-based rather than referral-based. Trust, follow-up and personalised support drive long-term outcomes.

4 Community is a health intervention

Belonging, peer support and social connection are critical contributors to sustained participation. Community is not an add-on – it is part of the intervention.

5 Clinical integration matters

The sector must move from 'selling' itself to the NHS towards working with the NHS through Active Practices, social prescribing, neighbourhood health and integrated care pathways.

6 Workforce capability is fundamental

Future practitioners require skills in health coaching, behaviour change, motivational interviewing and personalised care. Fitness professionals increasingly need to operate as wellness professionals.

7 Data must demonstrate what matters

Common datasets, shared outcomes and stronger evidence will be essential to future commissioning and investment decisions.

THE KEY THEMES EMERGING FROM ACROSS THE UK

MOVEMENT FOR HEALTH

The future vision emerging from the conference

1. PEOPLE JOIN POSSIBILITIES

- Independence
- Confidence
- Quality of Life
- Personal Goals

"People do not join programmes; they join possibilities."

2. BEHAVIOUR CHANGE

- Coaching
- Motivation
- Goal Setting
- Long-Term Habits

"Exercise is the tool. Behaviour change is the intervention."

3. RELATIONSHIPS

- Trust
- Support
- Follow-Up
- Navigation

"Successful services are relationship-based rather than referral-based."

4. COMMUNITY

- Belonging
- Peer Support
- Social Connection
- Shared Experience

"Community is a health intervention."

5. HEALTHCARE INTEGRATION

- NHS Partnerships
- Active Practices
- Social Prescribing
- Integrated Pathways

"Move from selling to the NHS towards working with the NHS."

6. WORKFORCE DEVELOPMENT

- Health Coaching
- Motivational Interviewing
- Personalised Care
- Behaviour Change

"Fitness professionals becoming wellness professionals."

7. EVIDENCE & OUTCOMES

- Common Datasets
- Shared Outcomes
- Social Value
- Impact Measurement

"Data must demonstrate what matters."

CONFERENCE CONTRIBUTORS INCLUDED:

Wales NERS	Scotland Pars	GM Active	Prehab4 Cancer	Good Boost
Active Blackpool	State of Life	Cornerstone DM	CIMSPA and delegates from across the UK	

THE EMERGING THEMES FROM THE CONFERENENCE

The conference did not set out to establish a formal national policy position.

However, across the presentations, workshops and discussions there was broad alignment around a number of principles that could help shape the future of exercise referral and movement for health.

THE EMERGING THEMES FROM THE CONFERENCE

SEVEN PRIORITIES EMERGED:

1. **Put people before programmes –** design around goals, aspirations and quality-of-life outcomes.
2. **Make behaviour change central –** focus on long-term habits and sustainable lifestyles.
3. **Build stronger communities –** recognise social connection as a critical outcome and intervention.
4. **Strengthen healthcare integration –** improve partnerships between healthcare, leisure, public health and communities.
5. **Invest in the workforce –** support development, retention and professional recognition.
6. **Use evidence more effectively –** develop common outcomes frameworks and shared reporting approaches.
7. **Scale what works –** learn from successful approaches across Wales, Scotland, Greater Manchester, Blackpool and national programmes.

SHARED VISION

The discussions point towards a broader ambition for **Movement for Health**:

Exercise referral should evolve from a fragmented collection of local programmes into a co-ordinated movement-for-health system that is person-centred, behaviour-change focused, community connected, clinically integrated and capable of improving health outcomes at scale.

This moves the conversation beyond a single intervention.

Exercise referral remains an important part of that system, but it sits alongside prevention, community activity, social prescribing, rehabilitation, workforce development, digital support, active environments and wider opportunities for people to move.

The future is therefore less about creating more isolated programmes and more about connecting the assets, people and approaches that already exist.

That requires collaboration across organisations, sectors and geographic boundaries.

WHAT HAPPENS NEXT?

The conference generated significant discussion, but its value ultimately depends on what happens after the event.

Delegates were encouraged to consider their own commitments and the changes they could influence within their organisations and systems. Alongside those individual actions, a number of collective priorities emerged.

IMMEDIATE PRIORITIES (0-12 MONTHS)

ESTABLISH A UK EXERCISE REFERRAL COLLABORATIVE

Create a mechanism for people working across health, leisure, public health and related sectors to continue sharing learning and developing the conversation beyond the conference.

SHARE CONFERENCE LEARNING AND COMMITMENTS

Make the conference outputs accessible to delegates and wider stakeholders, creating an ongoing resource rather than allowing the discussion to end with the event.

STRENGTHEN ACTIVE PRACTICE ENGAGEMENT

Continue building relationships with primary care and exploring how physical activity can become more naturally connected to everyday healthcare.

PRIORITISE BEHAVIOUR CHANGE WORKFORCE DEVELOPMENT

Identify opportunities to strengthen health coaching, motivational interviewing and personalised-care skills across the workforce.

DEVELOP COMMON OUTCOME MEASURES AND DATASETS

Begin exploring where greater consistency could improve learning, evaluation and the collective evidence base.

MEDIUM-TERM PRIORITIES (1-3 YEARS)

CREATE A NATIONAL REPOSITORY OF GOOD PRACTICE

Make examples, evidence, models and learning easier for organisations across the UK to access and adapt.

DEVELOP SHARED QUALITY STANDARDS

Explore greater consistency in what good exercise referral and movement-for-health provision looks like, while retaining the flexibility needed to respond to local communities.

EXPAND COMMUNITY-CENTRED MODELS

Develop pathways that provide more choice beyond traditional gym-based provision and recognise community connection as part of the intervention.

IMPROVE ACCESSIBILITY AND REDUCE BARRIERS

Better understand who is currently missing from services and design targeted approaches around the communities and individuals facing the greatest barriers to participation.

STRENGTHEN HEALTHCARE INTEGRATION PILOTS

Continue testing models that connect physical activity more effectively into prevention, treatment, rehabilitation and neighbourhood health.

LONG-TERM PRIORITIES (3-5 YEARS)

REDUCE THE POSTCODE LOTTERY

Move towards more equitable access to high-quality support regardless of geography.

EMBED PHYSICAL ACTIVITY ACROSS HEALTH AND CARE

Make movement a normal and recognised component of prevention, treatment and long-term health management.

STRENGTHEN NATIONAL ADVOCACY

Use collective learning and stronger evidence to advocate for physical activity within wider health and public policy.

SCALE PROVEN INTERVENTIONS

Invest in approaches that demonstrate impact and create mechanisms that allow successful practice to spread.

BUILD A CO-ORDINATED MOVEMENT-FOR-HEALTH SYSTEM ACROSS THE UK

Create greater connectivity between the people, programmes, communities and systems already supporting people to move more and live healthier lives.

This is not about creating one national programme. It is about creating the conditions in which **effective local approaches can connect, learn from one another and collectively deliver greater impact.**

A ROADMAP FOR ACTION

From Insight to Impact: 2026-2030

PHASE 1

2026
BUILD THE FOUNDATIONS

A shared commitment to create a coordinated movement-for-health system that helps more people move more, live better and stay connected.

Establish a UK Exercise Referral Collaborative

Bring together partners across health, leisure and public sectors.

Develop a Common Outcomes Framework

Agree what success looks like and how we measure it.

Place Behaviour Change at the Centre

Embed coaching, motivation and follow-up in every pathway.

Strengthen Healthcare Integration

Grow Active Practices, social prescribing and integrated care pathways.

Share What Already Works

Capture and spread proven approaches and innovations.

A ROADMAP FOR ACTION

From Insight to Impact: 2026-2030

PHASE 2

2027–2028
STRENGTHEN & SCALE

Create a National Repository of Good Practice
Make insight accessible and learning continuous.

Develop Shared Quality Standards
Ensure consistency, quality and clinical credibility.

Strengthen the Workforce Pipeline
Train, develop and support a future-ready workforce.

Expand Community-Centred Models
Invest in communities, connection and local delivery.

Improve Access and Remove Barriers
Target support where need is greatest.

A ROADMAP FOR ACTION

From Insight to Impact: 2026-2030

PHASE 3

2029-2030
TRANSFORM SYSTEMS

Reduce the Postcode Lottery
Work towards equitable access and consistent quality everywhere.

Embed Physical Activity Across Health and Care
Make movement a core part of prevention and treatment.

Shift the National Narrative
Promote movement as a normal, enjoyable and life-enhancing part of everyday life.

Scale Proven Interventions
Invest in what works and grow impact at pace.

Build a Movement-for-Health System
Connected, person-centred and sustainable for the future.

A ROADMAP FOR ACTION

From Insight to Impact: 2026-2030

SUCCESS BY 2030: WHAT WE WILL SEE

Improved Health & Wellbeing
Better physical and mental health for individuals.

Increased Physical Activity
More people moving more, more often.

Stronger Communities
Connection, belonging and social support at the heart.

Reduced Health Inequalities
Fairer access and better outcomes for all.

Better Health Systems
Reduced demand and improved prevention at scale.

Greater Social Value
Stronger communities and better value for public investment.

Sustained Participation
People active for life, not just for a programme.

FINALLY, A CALL TO ACTION

THE EVIDENCE IS ALREADY STRONG

The challenge is no longer proving that physical activity works.

The challenge is ensuring more people can **access, engage with and sustain the benefits of movement throughout their lives**.

The conference demonstrated both the appetite for change and the expertise that already exists across the UK.

There are effective programmes, committed professionals, strong communities and examples of genuine health integration already operating.

The next challenge is connecting them.

That means continuing the conversation beyond those who were in the room, inviting greater involvement from healthcare and wider system partners, sharing what works and being prepared to challenge established ways of delivering exercise referral.

No single organisation or sector can create that change alone.

BUT COLLECTIVELY, THERE IS AN OPPORTUNITY TO MOVE TOWARDS SOMETHING BIGGER:

From exercise referral	>	movement for health
From programmes	>	possibilities
From participation	>	transformation

GM ACTIVE

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WITH A SPECIAL THANKS TO REFERALL & WIGAN COUNCIL