

**WE ARE  
MACMILLAN.  
CANCER SUPPORT**

# **Move**

# **More**

**Marketing activity to  
cancer survivors**

**Prepared by Make Sport Fun**



# Background

Every year in the UK hundreds of millions of pounds is spent on drugs to help prevent and treat cancer. Macmillan Cancer Support has discovered a 'wonder drug' with little cost. We now have hard evidence that simple physical activity can significantly help prevent cancer reoccurrence and also other long-term illnesses.

Until recently cancer was seen as something you were either cured of or which killed you. This has now changed and for many of the two million people now living with cancer it has become a long term condition – but they are not necessarily living well.

After treatment, learning to live with cancer is tough. Severe fatigue, depression, or reduced muscle strength can be immediate effects. People may not realise that heart problems and osteoporosis in later life are unfortunate consequences of cancer treatment.

So it is incredible to think that just by taking the simple step of getting involved in physical activity cancer patients could possibly be helping themselves to overcome or even prevent these problems. What's more, in some cases it can significantly reduce the risk of dying from the disease. It seems so simple, but this idea is still news to many healthcare professionals and certainly to people living with cancer.

# Executive summary

We've looked at several projects which have successfully promoted activity to cancer survivors using different techniques. We've examined what worked, and what didn't work, and used the existing [Sport England segments marketing plans](#) (the leading source of insight into how to market to the over 50s). We've then pulled together the insight so that Macmillan can be at the cutting edge of promoting activity to cancer survivors.

We took these insights and converted them to a series of promotional concepts which we tested in focus groups.

Finally we're now testing the most successful promotional concepts from the focus groups in the real world, using Google Ads, leaflets and partnership work to find cancer survivors who want to get active.

We have focussed on promoting activity to the over 50s, as they're more likely to get cancer and are less active.

## 5 stages of the Physical Activity Care Pathway

We're going to look at how these insights fit into the Physical Activity Care Pathway. This is the system used for promoting activity through the health system, and it fits beautifully with what's working in the projects promoting physical activity to cancer survivors which we've been looking into.



**Recruit** – we need to recruit patients who would like to be active. This is done through nurses, oncologists, GPs, chemotherapy departments and support groups.

**Screen** – the screening of patients uses a validated and concise questionnaire, the GP Physical Activity Questionnaire (GPPAQ).

**Intervene** – the intervene stage is designed to support patients in becoming more active, using a Motivational Interviewing guiding style which encourages rather than directs and strengthens patients intrinsic motivation to change.

**Active Participation** – this stage could be a cancer specific exercise programme, an existing GP referral programme or could use existing activity groups such as walking groups, or doing activity on their own.

**Review** – The programme recommends that patients are followed up over 3, 6 and 12 months, or more if deemed necessary.



# Understanding our audience

Here we explain some of the motivations and barriers that cancer survivors face around getting active. What's important to note is that these shouldn't always be used as our messages in our promotional materials (more information in the promotion section).

We have focussed on the over 50s as they are most likely to have cancer and are least active.

## Motivations

Cancer survivors are first and foremost people – and they have the same motivations as other people their age. For instance:

- Spending time with the grandkids.
- Spending time with friends or their other half.
- Losing weight.
- Feeling better and living longer.
- Taking pride in still being able to get active.

On top of that they're motivated to improve their quality of life because of the issues from having a chronic condition. Many of these motivations would be the same if they were suffering from diabetes or cardiac disease. They want to deal with these problems, but don't necessarily realise that physical activity will help them with these conditions.

- Loss of confidence.
- Weight gain.
- Fatigue/ tiredness.
- Joint pain.
- Improve well-being.
- Improve recovery.
- Help cope with stress of treatment and disease.
- Get mind off disease.
- Flexibility.
- A friendly and helpful instructor.
- Friendly/ welcoming/ fun environment.

Lastly they have cancer-specific motivations for being active, for example

- Managing their cancer – preventing reoccurrence.
- Gain control over cancer and their life.
- Spend time with people like them.
- Women who've had surgery for breast cancer often want to improve the flexibility of around their shoulder because the surgery causes it to be very tight.

The biggest motivation under this heading, and perhaps overall is that physical activity can help stop the cancer from coming back for some types of cancer (particularly breast and prostate cancer).

## Barriers

We've learnt that it's rare that someone wants to just "do more exercise". Instead they tend to want to do a particular activity, on a particular day, at a particular time near to them. This is a vital element that we must take into consideration when marketing activity. However, this information isn't always available. There is a national database of activities at [www.nhs.uk/letsgetmoving](http://www.nhs.uk/letsgetmoving), but that only has the ability to search by location and activity type – not day and time.

- Physical limitations.
- Time/ distance.
- Don't like being told what to do.
- Fear of looking foolish.
- Lack of support or guidance.
- Cost.
- Everyday barriers like bike punctures.

There are a number of barriers associated with chronic conditions. Many of these would be the same if they were suffering from diabetes or cardiac disease. You'll also notice that these barriers are closely related to people's motivations.

- Fatigue.
- Strength.
- Flexibility.
- Co-morbidities.
- Balance.
- Cardiac and pulmonary function.
- Priorities.
- Too hard or progressing too quickly.
- Confidence.
- Treatment-related fatigue.

Some of these barriers need explaining in a little more depth

### **Too hard or progressing too quickly.**

People often lose motivation when faced with the challenges of and even the discomfort of exercise. This happens when a programme progresses too quickly or a participant is pushed, or pushes himself beyond capacity. People get too tired because of the weakened state. It takes about 40% longer to build an aerobic base than for someone who hasn't had cancer. This is particularly a problem for people who were fitter before and expect to be able to exercise as hard as they used to, and for people who think that exercise will be a quick fix.

### **Insufficient self-confidence and belief**

When people don't feel confident in their ability to complete the exercise and achieve their goals successfully then they will understandably become demotivated. This is also known as self-efficacy. A key way to address this is by helping people to set realistic goals and show them how they will be able to achieve them in small steps.

## **Cancer specific**

Well-meaning family and friends sometimes discourage cancer survivors from exercise and even some health-care professionals do not recommend activity. Interestingly, for those who start with exercise it provides a distraction from their illness, and gives an opportunity to rebuild that self-confidence.

Some people felt that they needed to give more time to their families and that exercise was taking time away from this. Others coped with this by arguing that exercise was beneficial for the whole family.

Going into a communal changing room and getting undressed made some people feel very self-conscious, particularly those who've had a mastectomy as a result of breast cancer. Swimming posed particular problems, given the perceived need for a special prosthesis and the visibility of the figure in a tight swimming costume.

Some people were uncomfortable in group classes because of their hair loss. One woman said "I felt that I'd lost my femininity when I lost my hair."

Other problems in classes include having to explain why they can't do as much as others. "You don't want to be explaining yourself all the time. You just want to be relaxed."

## **Sport England segmentation**

The insight in this report builds on the Sport England segmentation.

Sport England have developed an incredibly comprehensive segmentation system using their Active People survey, the Department of Culture, Media and Sport's Taking Part survey and Experian's Mosaic segmentation.

This segmentation is split by age, gender and income. Each segment tends to like different kinds of activities and do activity for different reasons.

You can access charts of which segments are common in a certain area, and maps of where they live at [www.sportengland.org/segments](http://www.sportengland.org/segments).

We also have copies of the marketing plans for each segment available on the accompanying CD.

We suggest that this segmentation is useful for running mass media campaigns, but when running local campaigns just focus on the process in the promotion section of this report.





# Recruit

Our promotion is made up of two elements:

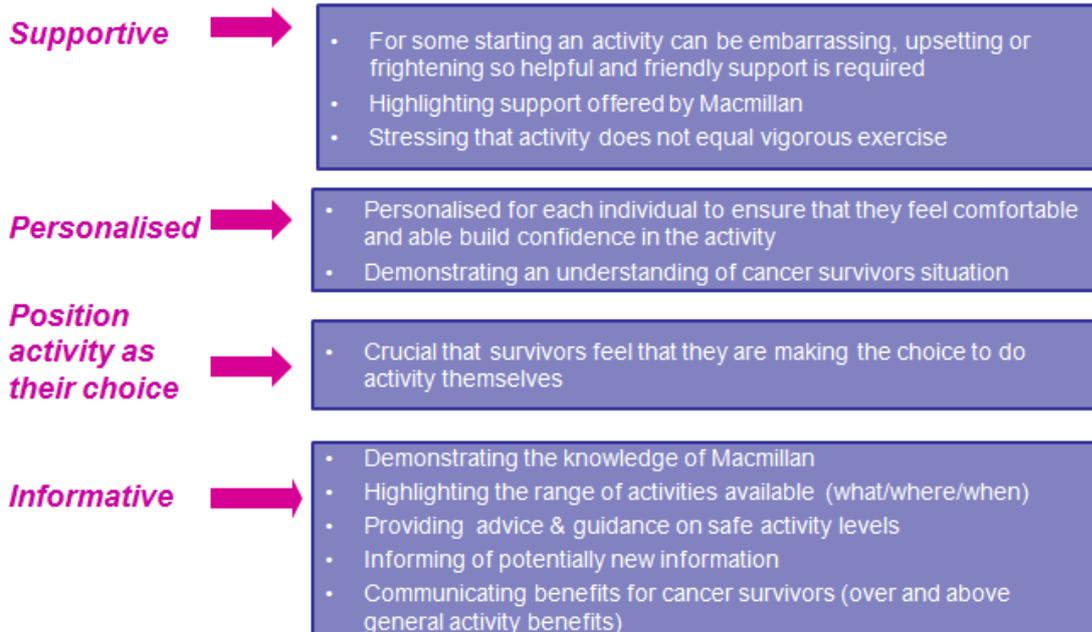
- Key messages – what we say.
- Media – what marketing materials we use to get that message across.

## Key messages

One of the key insights we learnt about marketing activity to cancer survivors was that when you ask cancer survivors who are doing activity why they're doing it then you get a range of answers (e.g. managing their cancer, taking control back, spending time with people like them, maintaining independence). However if you use these motivations to promote activity to cancer survivors then you often don't get a good response. People told us that they felt like they were being hectored. Our message instead needs to be how we can help people to get active, and what support we're offering.

For example, when we said that activity could help stop cancer from coming back then people told us they felt we were saying it was their fault if the cancer returns.

Here are the key ingredients for marketing activity to cancer survivors.



If successful, these elements will be balanced, working together to ensure the marketing motivates someone to take action.

# Checklist for marketing materials



- ✓ Ensure the message and execution **work together to tell a relevant and motivating story**
- ✓ Use imagery that the **target audience can relate to**
- ✓ Use **gender neutral images**
- ✓ **Use of variety of images** to portray variety of activities
- ✓ **Avoid images that might be associated with more 'strenuous and extreme sports'**
- ✓ Avoid all black images – too morbid
- ✓ Include; **contact information**, email, phone number, website
- ✓ Highlight the ways in which support is **personalised**
- ✓ Consider the use of wording cancer 'survivor'
- ✓ Use the **positive associations with Macmillan** eg understanding, helpful, experts
- ✓ **Be cautious of using what may be seen as 'false promises'** without research to back up



- ✗ **Place blame/sense of guilt** on the individual
- ✗ **Use the word 'exercise'** – instead use 'activity' as seems more achievable and manageable
- ✗ **Refer to side effects of 'cancer'**
- ✗ Be overly negative and **remind individuals what they can't do**

Here are the top messages to focus on in any initial promotion to cancer survivors.

## Personalised activity plans

A discussion about conflicts and barriers can be enormously helpful in developing an appropriate exercise prescription and assisting the individual in building strategies to overcome barriers (similar to motivational interviewing techniques). These activity plans should:

- Be meaningful.
- Be reassuring.
- Help them build support.
- Help them set goals and give them feedback.

## Welcoming and friendly

One of the key messages that works is that any activity group will be welcoming and friendly. This doesn't just have to come across through messages, but must also be communicated through the friendliness of the person taking bookings, and anyone else they come in contact with.

## Activity not exercise

Again and again we've heard from people that they're intimidated by the term exercise, and that activity is a much more effective way of describing what they need to do.

For more detailed information about which messages to use with different age groups or genders see the marketing plans.



# Media

The top ways to find cancer survivors who are interested in doing more activity are:

- Through the clinical nurse specialists
- Through oncologists or GPs
- Presentations to cancer support groups.
- Flyers through hospitals and GP practices
- Wider promotion through websites

If someone hears from their nurse or doctor that they need to do activity then it's much easier to get them involved.

Of course, there can be a lot of work involved in getting oncologists and nurses on board. In Bournemouth and Dundee that's been successful, in Glasgow it hasn't. Here we explain a process which has been proven to work well.

## Cancer nurses

If you haven't already, then you will need to establish a relationship with the cancer nurses. Nurses want to know that physical activity is good for their patients, that it's safe, and how you can help.

We have created a presentation which can help you to get this information across. There is also a report which summarises the main evidence in favour of physical activity, which you can leave behind with the nurses.

You will need to make the effort to visit every clinical nurse specialist, and be seen at the right meetings.

*"I work in an office that's 5 miles from the hospital, so I have to travel there a lot to make sure all the nurses get to know me." Louise Bolton, Luton*

Once the nurses are on board you'll need to make it easy for them to refer someone on to the programme. We've created some referral forms which you can use for this.

### **Bournemouth programme**

Layne Hamerston in Bournemouth was able to get buy in from local cancer nurses. This meant that he got a steady stream of referrals for his programme.

## **Cancer support groups**

Once you have the nurses on board you will be able to work through them to reach the cancer support groups.

Find out who the clinical nurse specialist is for each site. They will probably have links into the different cancer support groups, and will be able to help you make contact so that you can present to the group.

We have developed a presentation for you to use for cancer support groups, both in PowerPoint format, and in a format for more informal settings. In it you'll want to explain what some of the benefits are from doing physical activity, what you mean by physical activity and most importantly how you can help them to get active. Then we suggest you stay for an informal discussion about what they want and need from you. Finally use the referral forms so that people can register their interest in taking part.

*"The cancer support groups were absolutely brilliant. We organised presenting to them through the site-specific Cancer Nurse Specialists. So far we've presented to the Head and neck, and the breast support groups, and we've got a date planned in to present to the upper gastric support group." Louise Bolton, Luton*

## **GPs and oncologists**

GPs and oncologists are interested in improving the quality of life of their patients. So you will need to show them:

- Evidence that physical activity is effective at improving the quality of life of patients.
- Evidence that physical activity is safe and appropriate.
- Evidence that you're qualified to deliver the physical activity programme.

As an added barrier many consultants and GP's do not feel it is their remit to discuss lifestyle issues.

In order to get GPs on board we suggest a 4 stage approach:

1. Write to all the GP practices
2. Get someone in the NHS to email all the GP practices
3. Go and meet someone at each practice
4. Follow up regularly

We have prepared a letter for you ready for sending to the GP practices, make sure to keep the fax number in as we have found that up to 70% of GP practices still fax referral forms. If you don't have their addresses then you can probably send this through the PCT. Include some of the referral forms that they can use.

Find the regional nurse who is responsible for contacting all GP practices regularly and ask him or her to send this email. We have prepared a draft email for you to use. Include an electronic copy of the referral form we have included, as many GP practices store these on their computers and print them out when needed.

Go and meet with someone from the GP practice, it's often the nurses you you'll be able to get a hold of. At this meeting you can use the presentation that we've prepared for health professionals to explain the benefits of physical activity, the fact that it's safe and to explain what you are able to offer them.

For those GP practices that don't start referring people to you we suggest you follow up with another letter and further meetings introducing the report.

Once you have some successes try and use those GPs or oncologists who are on board and making referrals as champions. Ask them to mention to their colleagues why they think it's important to refer activity.

Once you can get the doctors on board you will still need to follow the work up. In Bedford 40% of patients attended the physical activity programme when the oncologist referred them to it. Another 30% more went when a nurse called them to remind them about it.

As an additional tactic, it can also be very effective to run a seminar for GPs and oncologists. The programme for this could be:

- Local oncologist presenting about cancer survivorship (doesn't need to be physical activity related)
- Guest speaker talking about benefits of physical activity to cancer patients
- Explanation of how the physical activity programme works

### **Wider partners**

The more angles that people hear about your programme from the better. So you'll also want someone to be presenting to management in the PCT and other organisations about the fact that this programme is going on, and providing updates as to how it's going.

Find someone in management who would be willing to be an advisor to your programme, and keep them updated on what's going on. Ask them to give the presentation we've designed explaining why physical activity is important for cancer survivors, and explaining how your programme works.

### **Wider promotion through websites**

There is some evidence that having an online form and promotion via partner's websites can also be effective in getting people to register. Active Luton had a story on their homepage which drove 788 visits in 6 months to a page about how to register (<http://www.activeluton.co.uk/ac/hl/cancer-a-physical-activity>). This in turn led to 43 people registering for their programme through their online form - <http://www.activeluton.co.uk/cancer-a-physical-activity-registration-form>.

## Screen

The screening of patients uses a validated and concise questionnaire, the GP Physical Activity Questionnaire (GPPAQ).

## Intervene

85% of survivors reported that they would prefer to meet someone in person to receive exercise counselling, and 77% preferred that information about exercise be provided by an exercise specialist associated with a cancer centre, indicating a strong desire for trustworthy and professional information.

The phone has also been proven to be very effective. Factors associated with positive outcomes appear to be the length of intervention and the number of calls, with interventions lasting 6 to 12 months and those including 12 or more calls producing the most favourable outcomes.

We don't necessarily have to provide activities ourselves, we might just point them in the direction of where they can do the activity of their choice. For instance we might talk on the phone or meet in person to use motivational interviewing techniques, find out their motivations, barriers and what they want to do. We can then set them up with an activity to go to or with a pedometer for walking. Following this we would ideally phone weekly until they're happily doing exercise, then 1 month later, then 3 months, then 6 months, then 1 year. And when someone goes back to no exercise then start again. This could be combined with useful information about what to do via direct mail and email and with SMS reminders.

# Active Participation

## Product

We need to make sure that we're not just encouraging people to do activity, but helping them to do it. This includes providing the right type of activity for them.

Cancer survivors tend to want to do the same activities as if they hadn't had cancer, but at a more moderate intensity. These are the top activities for over 50s.

- Walking
- Swimming
- Cycling
- Golf (for the men)
- Gym
- Keep fit
- Yoga
- Bowls

## Groups versus on own

Slightly more than half of people want to do activity in a group and slightly less than half want to do activity on their own.

Various programmes have shown that exercising with other cancer survivors can work as a support group for some people. There are a few key points:

- The group of other cancer survivors is more important for keeping them motivated than the instructor.
- It's useful if it's a big group, so that people don't feel uncomfortable if they're not talking.
- It's not about talking about cancer, at least if you don't want to, it's about solidarity, and feeling comfortable.
- It makes people feel like they're part of a team.

The way this was talked about varied between men and women. The men used humour to support each other, and solidarity and comradeship through exercising with other men. The women talked about "having contact with other women . . . that was what really appealed to me". And said that the classes are about getting on with your life, feeling energised and not always wanting, or needing to dwell on their illness.

BUT some people do have negative perceptions of support groups. So we have to be careful about this. Support groups are perceived as depressing, morbid and dwelling on illness, while the exercise classes were seen as upbeat, enjoyable and fun ('you have to joke to cope'). It's therefore important that it's optional to talk about illness – that shouldn't be an integral part of the session.

## Moderate intensity

Most survivors prefer to walk or engage in other moderate intensity activities. They want to know it won't do them any harm, and that they won't get too tired.

Exercise programmes that build confidence and slowly increase the level of intensity appear to be most appealing for cancer survivors.

## Personalised activity plans

A discussion about conflicts and barriers can be enormously helpful in developing an appropriate exercise prescription and assisting the individual in building strategies to overcome barriers (similar to motivational interviewing techniques). These activity plans should:

- **Be meaningful** and help them achieve their personal goals (e.g. maintain mobility).
- **Be reassuring** by recommending the appropriate level of activity, which won't over exert them.
- **Be realistic.** They have to believe they will reach those goals. This is sometimes known as self-efficacy. This can be done by providing a personalised workout, through giving feedback, and providing a way (e.g. a log book) that helps them to track their improvements.
- **Help them build support** from friends and family. It helps you feel that you can succeed if you have positive interactions and support from family, friends and colleagues.
- **Include feedback.** The goals for each survivor need to be consistent, reasonable, and systematically set up to guide the individual toward his or her desired goals. Sometimes goals and situations change, and the plan needs to be adapted when that happens.
- **Help them find where to do their chosen activity.** If people don't know where to go then it's very hard for them to start, so we need to help them find the appropriate activity group, class or workout.

## Chance of succeeding

- Meaningful targets.
- Connected to goals in their life.
- Consistent targets.
- Reasonable targets.
- Belief they can reach goals.

## Solving problems

There are a number of other problems which we can provide help with outside of the activity itself. For instance linking women with hair salons who understand about chemotherapy. Organising taxis for people who need them. Finding shops that provide swimming suits that work with prosthetics for women who've had breast cancer. And even organising puncture repair for someone who doesn't know how to fix their bike.

## So – what have we learnt?

People do want to do activity, they want to take control of their lives, but they need help to get started and make sure they do the right amount.

### **Bournemouth programme**

First people are invited to a friendly group session where they can look around and meet some of our instructors before doing any activity. Then, if they want, they'll agree a date for a one-on-one session to set up an activity programme that helps people meet their goals. The programme even provides 8 weeks free use of the leisure centre to people get started.

### **Active After Breast Cancer programme**

The classes have a warm up, a 30-minute activity session and a cool-down including a relaxation period. They're led by highly trained, approachable and friendly instructors. The instructor will even change different exercises depending on how you are feeling at each session. After each activity session the group will discuss a specific topic related to breast cancer and staying healthy.

### **Case study**

In Scotland from 2004-2005 exercise classes were offered for women in Scotland at community centres for 12 weeks.

The classes consisted of a warm-up of 5-10 minutes, 20 minutes of exercise (for example walking, cycling, low level aerobics, muscle strengthening exercises, or circuits of specifically tailored exercises), and a cool-down and relaxation period. The exercise class lasted 45 minutes in total. Women were monitored throughout the class to ensure that they were exercising at a moderate level (50-75% of age adjusted maximum heart rate). Each week, for six weeks, a specific theme was covered in group discussion after the exercise (for example, the health benefits of exercise, enhancing self efficacy, setting goals) and supported with specifically constructed materials. These themes were guided by a model of behaviour change and were designed to promote independent exercise after the intervention.<sup>20</sup> We repeated the six week block on a rolling basis, allowing all participants to hear the same themes. At the end of the 12 week intervention, the women were helped to construct an individual exercise programme and invited to join a local general practice exercise referral scheme.

*Benefits of supervised group exercise programme for women being treated for early stage breast cancer: pragmatic randomised controlled trial*

## Price

Most important thing is to make the first session free. This should be done through the use of a voucher if you are planning on charging for sessions later on. Using a voucher helps to give the session value in people's minds and therefore increases retention rates once people have to pay. After that introductory session nearly all people are prepared to pay a reasonable amount per session (£2 - £3).

### **Bournemouth programme**

The Bournemouth programme offers 8 weeks free use of the leisure centre, after which people need to pay for future classes and sessions.

### **Active ABC**

At the Active After Breast Cancer project they offer 12 weeks of free classes before linking people with an ongoing activity for which they need to pay.

## Place

The most important thing to focus on is helping people to find somewhere to do an activity of their choice near to them. Most people are prepared to travel for up to 20 minutes to an activity. This is one of the reasons that it's often better to find existing appropriate activities (e.g. walking groups) rather than setting up bespoke new programmes.

### **Case study**

When recruiting women for a breast cancer exercise programme the main reason given for lack of interest was the distance needed to travel to exercise classes.

*Benefits of supervised group exercise programme for women being treated for early stage breast cancer: pragmatic randomised controlled trial*

Provide a low barrier to entry opportunity for someone to try their chosen activity.

Gateway sessions are a chance for everyone new to the programme to come together as a group and meet each other, learn about the centre, hear how the programme works, hear what others have gained from it, think about what you want, then get shown around. It's an informal session.

If we're not providing the sessions ourselves, but are pointing people to places to do activity locally then it's very helpful to make the first session free. Most activity groups will provide a free session if we're pointing people there way. This should be done through the use of a voucher if there is a cost for sessions normally. Using a voucher helps to give the session value in people's minds and therefore increases retention rates once people have to pay. After that introductory session nearly all people are prepared to pay a reasonable amount per session (£2 - £3).

### **Bournemouth programme**

In Bournemouth they offer a group session to begin with, where people have a chance to look around the facility, meet the instructors and learn about the programme. They can do all of this before they attend any kind of activity session. This approach makes people able to gain a level of comfort before committing to attending sessions.



“I enjoy the exercise as do the others and of course we have a good natter”

“I enjoy the chat and the social side. The instructor is excellent. He makes it fun and varies the exercises”

“I have found this class very, very helpful. It helps to bring you into contact with like-minded people”

“The class is tailored to your needs and you don’t have to explain yourself. And that’s really important, because you don’t want to be explaining yourself all the time! You just want to be relaxed.”

**Quotes from Active ABC programme**

## Review

If you are offering a temporary set of classes for people, and are then pointing them to somewhere else to do activity then the instructor is the best person to help than find somewhere else to do exercise afterwards.

It's very important to follow up to make sure that people are happy with the activity they're doing and to provide moral support. This follow up can be done by email, direct mail or phone. This gives a chance to review people's goals, check the activity they're doing is OK, make a connection, show someone cares and keep them accountable.

### **Case study**

A review was done of 26 studies using just the phone as the means of intervention. They found that factors associated with positive outcomes appeared to be the length of intervention and the number of calls. Interventions lasting 6 to 12 months and those including 12 or more calls producing the most favourable outcomes.

## **Luton programme**

In Luton they've used the culmination of all this work. We took all the work that we'd done and helped the Luton team to put it into practice.

The Luton programme is run in tandem with Active Luton and they provide a 12-week programme for free at any of the local leisure centres.

They got the clinical nurses on board, and the nurses have been great. They've kept it on the agenda by going to see the nurses at meetings including good news stories in newsletters, and sending a reminder to the nurses every so often. It's not so doom and gloom as other things for promoting to nurses. As a result of this the nurses are routinely doing the work, they have a great follow up process. They catch people as they're diagnosed or when they're through the treatment and want some direction. This gives the patients something to aim for, and you have interest there. You need the nurses on board. With them you don't need anyone else. Without them you're in trouble.

Louise, the programme manager, has also been to all the support groups - they've all been very worthwhile. Upper gastric ones, long term survivors, breast support groups. There's lots of interest on the night. Some people register straight away, and some take a copy of the leaflet for later. Out of a group of 30 people about 5 will sign up straight away, and 5 will say that they'll register later.

They've written to, emailed and met with the GPs and oncologists. So far there's not been a single response from them. This is obviously ridiculous, but it's a long term battle.

They've also distributed the leaflets through pharmacists.

After 6 months over 70 people have signed up, against a target of 120 over 18 months. So they're right on track to hit their targets.

To help people get started they have a drop-in session which is brilliant. They've made it very sociable, holding it in the cafe area of the leisure centre so they can chat to people.

There have been some real positives out of the programme. Some people have lost lots of weight. Some are much more positive about life and their condition.

Very few of the people who've taken part in the programme have been interested in group classes. Most have wanted to do their own gym programme.

As part of the review process they're now doing some evaluation via letters at the 6 week follow up. This is working really well.

