



# Exploring the use of Football Fans in Training as a mode of delivery for cardiac rehabilitation

A collaboration between UHI Active Health and Wellbeing (Prof Trish Gorely), Inverness Caledonian Thistle Community Trust and NHS Highland Cardiac Rehabilitation service



**Background:** Following a cardiac event, patients are often required to make significant changes to their lifestyles to reduce the risk of recurrence and improve their recovery, however many patients struggle to do this. The NHS offers support through cardiac rehabilitation (CR) classes, but UK level data suggests that about 50% of patients who are eligible for CR take it up, and of those almost a quarter do not complete the programme. Given the evidence for the clinical effectiveness of CR NHS Highland wanted to explore different ways and contexts for delivering CR.

The Football Fans in Training (FFIT) programme is a healthy living and weight loss programme that taps the appeal of professional football clubs to engage participants in weight loss. Participants in FFIT attend for 90 minutes once a week for 13 weeks and work through a curriculum that includes the latest scientific approaches to weight loss, physical activity and diet. FFIT has been extensively evaluated and demonstrated to be effective with positive results for weight loss, physical activity, and diet.

## Aim

To explore FFIT as a mode for the delivery of CR. The evaluation explored screening and recruitment, attendance, indicative outcomes, and patient and coaches experience.



## Methods

**Participants:** 15 men, 2 women identified by NHS Highland CR service or self-referral in response to press release. All participants were screened by CR service.

**Inclusion criteria:** 18-65 years, recent cardiac event, suitable for referral

**Exclusion criteria:** those in the high risk group as defined by the CHSS Hospital to home programme

**Intervention:** FFIT programme, delivered by coaches from ICT Community Trust. Males attended a specific FFIT for CR programme, the females joined a generic women-only FFIT programme.

## Measures:

**Recruitment and retention rates**

**Attendance at weekly sessions**

**Body Composition:** waist circumference, BMI

**Type 2 diabetes risk**

**Wellbeing:** Warwick Edinburgh Wellbeing scale

**Physical activity:** self-reported days per week doing at least 30 minutes of moderate PA (MPA)

**Diet:** self-reported portions of fruit and vegetables per day, plus self-reported takeaways, chocolate bars, fizzy/sugary drinks, and cakes/biscuits consumed per week.

**Alcohol:** self-reported units of alcohol drunk in an average week

**Exit surveys – perceived changes, likes and dislikes about FFIT**

## Results

### Recruitment, retention and Attendance

- 12% (8/68) of screened patients took up the opportunity, 9 self-referred
- Attendance was high (12/17 people attended at least 75% of the classes).
- Dropout was low (2/17): one citing transport reasons, and one for non-cardiac medical reasons

### Indicative outcomes

- All participants showed improvements in body composition, 10/14 showed improvements in wellbeing, 4/14 showed improvements in diabetes risk
- 9/14 increased physical activity, 4/14 no change (but all active at start of programme)
- 13/14 increase fruit and vegetable consumption
- Mixed changes on other dietary factors and on alcohol consumption

## Participant feedback:

*"I enjoyed the style of learning. Small changes can make big changes in your lifestyle and easier to become habit. I enjoyed learning with others and different points of view. The coaches were great in their presentation style and I enjoyed the environment down at Caledonian Stadium"* Participant 1

*"It is a great programme, the 'tutors' were good fun and put everything across in an informative and interesting manner. I enjoyed the social aspect of everyone chatting and having a laugh even though it was a serious course."* Participant 2

## Coach feedback:

Feedback from coaches was positive and they would be keen to run the programme again. Both the blended and separate groups approach worked but they would probably prefer separate groups going forward – there are benefits in having like-minded people together and because it made it easier to monitor PA.



## Conclusion

FFIT for CR was perceived positively by participants and coaches. Attendance was high. Recruitment from screening was low and may require revisiting. The self-referrals indicate an enthusiasm within the community for this. Outcomes are likely to be positive (as expected given the success of the wider FFIT programme).

