

Benchmarking Exercise Programmes for Older People: the BEPOP project

Frequently asked questions

27th June 2024

Thank you for your interest in the Benchmarking Exercise Programmes for Older People (BEPOP) project. BEPOP is a national audit, benchmarking and service improvement project; we not only identify and promote good practice in the delivery of exercise training as an intervention in sarcopenia and frailty, but also to empower participating centres to support local improvement and change through sharing findings and learning in our growing BEPOP community of practice.

What is BEPOP?

BEPOP is a nationwide service improvement initiative, funded and run in collaboration between the AGE Research group in the NIHR Newcastle Biomedical Research Centre, the British Geriatrics Society and AGILE (the Professional Network for Physiotherapists working with Older People). The project aims to drive development and uptake of best practice for exercise interventions for older people living with sarcopenia and frailty in the UK. BEPOP is directed by a multiprofessional team including physiotherapists, geriatricians and exercise specialists.

Sarcopenia (the reduction in muscle strength and function as we age), and the related syndrome of physical frailty, are common conditions affecting many older people. They cause falls, fractures, and lengthy hospital admissions, increase dependence, and worsen quality of life. A growing body of evidence supports resistance exercise training as a safe and effective intervention for sarcopenia and frailty. However, recent UK surveys of current practice have found that resistance training was offered in only 9% of departments delivering exercise interventions to older people.

Debate continues as to the best way to deliver evidence-based exercise for older people with sarcopenia and frailty including how many sessions are needed and how frequently, how progress should be measured, exercise intensity increased, and what modes of exercise work best. Previous UK surveys of practice have found great variation in all these aspects of exercise programme delivery. This benchmarking initiative takes advantage of this variation. By collecting information from practitioners across many sites, we can identify which characteristics of exercise programmes are associated with the best outcomes for patients. By feeding this information back to practitioners

– both by overall reports but also through tailored, personalised benchmarking reports to each site, our healthcare community will be able to rapidly optimise the exercise programmes that we deliver – ensuring that our older patients get the outcomes that they deserve.

Wave 1 of BEPOP

Wave 1 of BEPOP included ten UK sites and showed that it was feasible for sites to take part. A report from the Wave 1 report has been produced, with key findings and five national recommendations for improving practice. Each participating site received tailored feedback showing how they were doing compared to other sites, and participating sites have already shared with us how they are using these reports to change and improve their local services. The more sites take part in BEPOP, the more we all learn, and so we are aiming to increase the number of participating sites to between 20 and 25 for wave 2 of BEPOP.

What will participating in BEPOP involve?

We will ask you to provide anonymised details of the exercise interventions offered to twenty consecutive patients referred into your service. Details of exercise interventions will be collected via an online system (RedCAP) hosted by Newcastle Hospitals NHS Foundation Trust. We estimate that data entry should take approximately 15 minutes per patient. Each site will be offered logins to the data collection portal for up to two named practitioners to input data.

We appreciate that many services have a broad remit with varied reasons for referral. Within the scope of the BEPOP project, we are asking you to provide details of exercise interventions for twenty consecutive patients referred into your service as per the following criteria:

1. Aged 65 years or over
2. Likely to have frailty or sarcopenia (for example, frailty score 4 or more, suspicion of sarcopenia or confirmed diagnosis of sarcopenia)
3. Received an exercise intervention delivered in an outpatient/community-based setting
4. Not referred for a disease-specific intervention (for example pulmonary or cardiac rehabilitation)
5. Not referred for rehabilitation or early supported discharge following a stroke diagnosis
6. Not referred for rehabilitation post-operatively

What are the intended outcomes of the project?

Data collected will undergo analysis by the project team and review by an expert panel of to identify which aspects of practice are associated with best patient outcomes. For each wave of BEPOP, these data inform the production of a series of recommendations for best practice which are disseminated nationally.

Individual participating sites will be offered personalised feedback from our panel and signposting towards resources (such as the latest research, training webinars) that will be helpful for CPD and for service redesign. In addition, you will receive a tailored, personalised report and slide deck that shows how your practice compares to aggregate data from all the other participating sites. In wave 1, we brought together participating sites in a growing community of practice to share experiences and exchange ideas for how to improve their services and we will be building on this initiative in wave 2.

Is this research, and do I need to get consent from my patients?

No - this is classed as a service improvement project. As such, you do not need to gain consent or permission from patients, and no research ethics permissions are required. You do not need to have any training or experience in research to take part.

The data we ask you to upload does not contain anything that would enable patients to be identified once it leaves your Trust. The only local permission that you will need to acquire is approval from your local Caldicott Guardian; we will help you with this process by sharing guidance and sample text.

Can more than one person at each site input data?

Up to two practitioners can enter data for each site. We will provide a guide to how to enter data and support with this process if you get stuck!

Will other sites be able to see how my programme performs?

No – all data will be anonymised in the aggregate reports that we produce.

Where do I go for more information?

Take a look at our webpage (www.bepop.org.uk), or you can email the BEPOP team at nuth.bepop@nhs.net