

Draft Peartree Project Plan Objectives and Overview

Objectives

We need to agree the objectives.

We could put activities on that we know help with healthy living but to ensure a Specific, Measurable, Achievable, Realistic and Timely (SMART) project we need:

1 Specific: to ask the doctors to:

define which health target group and age of patient (and any other criteria)

what they want to achieve

Then we help them decide the physical activity and any dietary interventions to help achieve the objectives, e.g.,

	Patient Cohort Active		Patient Cohort Inactive		
Health concern	P.A. Intervention	Already in place? And prescribed?	Already in place? And prescribed?	Intervention Doctor to decide P.A. **	Dietary advice needed?
Reduce obesity	Gym	Yes	No?	**	Yes
Reduce diabetes	Gym	Yes	No?	**	Yes
Lower cholesterol	Gym	Yes	No?	**	Yes
Low strength: e.g. unable to get out of chair	Seated exercise	NA	Yes?	Seated exercise	No
Depression /anxiety	**	No?	No?	**	No?
Loneliness	**	No?	No?	**	No?
Other?					

** options, include: Seated exercise, Health walks, table tennis, badminton

What specifically will each of the P.A. deliver in terms of measurable activity, how long each session and the number of sessions (assume once weekly)?

Ultimately, which of the above will our project focus on?

2 Measurable:

Having decided which target group/s:

.1 Length of project: 2, 6, 9 months – to be decided

.2 Doctors to recruit (motivational interviewing technique?) enough patients for statistical significance. Ideally, at least 10 at the end of the chosen time period.

Decide and obtain signed agreement on who, how, where and when the data is collected.

Costs? See achievable below.

3 Achievable

Are there sufficient numbers of patients in the chosen option/s above?

The frequency and level of detail of the monitoring must be sufficient and not onerous.

Are the activities guaranteed to deliver their specified activity? If not exclude.

Have we the resources - funding and manpower to deliver the project?

What is the total budget (we have £375 now)?

Do we need to pay the intervention providers as well as collect from participants?

Decide the charge of the attendance: is the charge for the activity of the level to keep enough people on the project?

4 Realistic

We will need:

Someone to produce the project description for everyone engaged in the project

At least one doctor to agree the project and prescribe the intervention

Recruit those will collect the activity data - could be the intervention provider/s

Is the income for each intervention provider sufficient to retain them for the length of the project.

Do the doctors and ourselves believe the project is realistic? If not change or abort the project.

5 Timely

The project should run for 1 year (- including reporting).. This gives the option of the recruitment, intervention, measurement being no more than 9 months.

We have suggested the start date of 1 September. Is everyone comfortable with this?

Conclusion

To be successful we need the active engagement with at least one of the Peartree doctors.

We already have two local and two county councillors engaged.

All comments welcomed.

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