

**The development of a theory of change for the co-location of NHS clinics within leisure centres to place physical activity at the heart of the NHS**

GRINVALDS, Natalie and COPELAND, Robert <<http://orcid.org/0000-0002-4147-5876>>

Available from Sheffield Hallam University Research Archive (SHURA) at:

<http://shura.shu.ac.uk/23931/>

---

This document is the author deposited version. You are advised to consult the publisher's version if you wish to cite from it.

**Published version**

GRINVALDS, Natalie and COPELAND, Robert (2018). The development of a theory of change for the co-location of NHS clinics within leisure centres to place physical activity at the heart of the NHS. *Journal of Physical Activity & Health*, 15 (10), S238-S238.

---

**Copyright and re-use policy**

See <http://shura.shu.ac.uk/information.html>

## ISPAH Abstract

The promotion of physical activity (PA) has become the focus of multiple strategies to reduce the burden of NCD's on the NHS. Health care professionals do not routinely prescribe PA for patients, citing barriers of time, knowledge and poor signposting. The co-location of facilities, such as health with social care, has led to improvements in service delivery, quicker referral, improved knowledge acquisition, shared learning and greater innovation. The NCSEM in Sheffield placed clinics within leisure centres in an attempt to embed PA into treatment pathways. Currently no research has explored the mechanisms, which might drive this change in culture through co-location.

Using a realist approach, a theoretical framework is being developed in an attempt to explain the mechanisms and determinants of change of the NCSEM co-location model. A scoping review of existing literature on co-location in addition to interviews with key stakeholders of the NCSEM will be conducted to inform the theoretical framework.

The resulting theory of change will be presented with data-driven hypotheses, associated research questions generated from tacit theories, substantive theories and empirical data. The realist theory will then be explored and refined in qualitative studies with patients and health care professionals experiencing this NCSEM model.

Understanding the mechanisms of the NCSEM co-location model could lead to other locations implementing this approach, potentially reducing the burden of NCD's upon the NHS. This model could also improve patient empowerment and self-management, and lead to more efficient and improved patient care.