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# DanceWell

## A dance on prescription pilot

# DanceWell Evaluation Report

December 2023

An evaluation of Hywel Dda University Health Board's Dance on Prescription pilot

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## Executive Summary

In 2022, Hywel Dda University Health Board's Arts in Health team was awarded funding from the 2Ts (Tywi Taf) GP Cluster and Arts Council of Wales National Lottery funding. These awards funded DanceWell, a collaborative arts in health project which designed and piloted a new dance on prescription programme for patients living with chronic illness and/or frailty in the community.

This evaluation report focuses on identifying the impact of the intervention on patient outcomes, exploring feedback from patients and staff who were involved with the programme and reporting on the developing understanding of implementing 'Arts in Health' projects in community settings. Mixed methods were employed, with data gathered from a range of sources.

The DanceWell pilot has demonstrated high levels of patient satisfaction and excellent feedback, through artist-led sessions that provide tailored experiences, offering adaptability to individual needs, in a friendly, social community environment. Qualitative patient feedback reported improvements in patients' physical and mental health and wellbeing and demonstrates potential for improved patient experience, reduced social isolation and perceived better health and wellbeing. This was not, however, observed in the patient outcome questionnaire data, although this may be linked to challenges experienced in obtaining complete data in this area and the need to explore further ways to capture and demonstrate the value of this type of project.

Designing, promoting and implementing a new arts in health intervention in a community setting, and understanding how to gather the evidence required to support ongoing provision has resulted in significant learning and improved understanding which will inform future work in this area. The pilot will form an important case study as part of the evaluation of a wider creative prescribing programme for the Hywel Dda University Health Board.

Based on the findings of this evaluation, these key recommendations are made:

Recommendation 1: Early engagement of key stakeholders to ensure that pilot evaluations capture the data required to support business cases for future implementation and roll-out.

Recommendation 2: Allocation of sufficient resources to support effective and complete data collection and monitoring.

Recommendation 3: Pilot projects introducing new initiatives should consider building in time prior to launch, to raise awareness and engagement levels amongst staff and the public.

Recommendation 4: Increased engagement with staff who may refer patients to services may aid their understanding and confidence in making referrals.

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## Acknowledgements

A note of sincere thanks to all patients, arts partners Arts Care Gofal Celf and health professionals for their time and contributions to the evaluation, given in the form of information and feedback and participation in interviews and questionnaires. The images contained within this reported are included with patients' permission.

DanceWell was made possible thanks to funding awarded by the 2Ts (Tywi Taf) GP Cluster and through the Arts Council of Wales National Lottery funded project to explore the development of Creative Prescribing across Hywel Dda University Health Board.



## Introduction

### Background and context

The Tywi Taf GP cluster (also referred to as the 2Ts cluster), has a significantly older population (22.1%) compared to the Welsh average (18.7%). Frailty, dementia and the effects of multiple chronic conditions are more prevalent in this population group and can lead to increased demand for both acute and community care services for older people (Tywi Taf GP cluster, 2016). Rurality is one of the biggest issues facing this cluster, with 70.2% of patients living in a rural area.

Multi-disciplinary team (MDT) working is well-established within the cluster and has been successful in identifying patients who need additional support. The patients identified as needing additional support often have co-morbidities, frailty, complex physical and emotional health needs and experience social isolation.

Social prescribing is also well-established within the cluster but discussions with the community team indicate gaps in the community provision of arts interventions – particularly for patients with complex and additional needs. There is extensive evidence that engaging with the arts can support behavioural change, prevention of disease and promote wellbeing, as well as improve physical and mental health (Fancourt, 2020).

Evaluation of dance for health programmes have demonstrated improvements in strength, flexibility/agility, mobility and stamina as well as mental wellbeing for participants and have recommended that they are embedded into prevention and enablement services in the future (Vella-Burrows, 2017). Participatory arts and health programmes have also been shown to reduce demands on primary and secondary care services.

In a pilot dance programme, run in Pembrokeshire and Carmarthenshire for patients with Parkinson's disease, themes of 'positivity', 'confidence', 'socialisation', 'motivation', and 'posture' were identified (Arts Care Gofal Celf, 2017). The potential impact of participatory arts programmes on health is huge, with 82% of participants reporting a greater sense of wellbeing, 79% reporting eating more healthily and 77% reporting being more physically active. One commissioned participatory art programme showed a 37% decrease in GP consultations and 27% reduction in hospital admissions as a result. It is estimated that for every £1 spent on participatory arts interventions, £13 will be saved in the future (All-Party Parliamentary Group on Arts Health and Wellbeing, 2017).

### Rationale for DanceWell

This project aligned with Welsh Government's commitment to social prescribing and developing healthier communities, the Hywel Dda University Health Board (H DUHB) Integrated Medium Term Plan objectives for integrated community care, and the planned H DUHB charter and priorities for arts and health. It also aligned with H DUHB's strategy for a healthier Mid and West Wales through its focus on the following key priorities:

- Promotion of health and wellbeing taking a proactive and preventative approach to illness
- Working together in an integrated way
- Adopting a whole-system approach to empower people and communities to care for themselves
- Developing resilient communities and recognising the social model for health
- Creating a more connected community
- Asset-based community development

The project also aligned with the West Wales Care Partnership's social prescribing and community connectedness principles document by:

- Expanding the range of non-medical options available for patients
- Supporting people to make lifestyle changes that could have positive impacts on health and wellbeing

Additionally, HDUHB is conducting a wide and ambitious change and transformation programme, aligned to its strategic and planning objectives. The transformation programme is based on the provision of care closer to home and a shift towards primary and preventative care. The programme is centred around four domains of transformation, one of which is social prescribing. The project learning fed into a wider HDUHB Creative Prescribing Discovery Programme, exploring how evidence-based arts activity could be embedded into social prescribing practice within the region, to reduce health inequalities.

### Aims and objectives of DanceWell

The aims of the DanceWell project were to:

- improve health and wellbeing for patients living with chronic illness and/or frailty in the community through dance on prescription interventions;
- provide access to physical activity for patients with chronic illness and/or frailty;
- reduce social isolation for patients with chronic illness and/or frailty and their carers.

The project team sought to achieve the stated aims through a series of key objectives:

- develop links with community MDT, chronic illness specialist nurses and GP surgeries to arts on prescription;
- work in partnership with a local arts partner to develop a high-quality programme of dance on prescription interventions across the locality;
- improve access to arts in health interventions for patients with chronic illness;
- evaluate outcomes using a variety of measures to demonstrate improved health and wellbeing for patients living with chronic illness and/or frailty in the community through dance on prescription interventions;
- reduce social isolation for patients with chronic illness and/or frailty and their carers.

### The DanceWell project

DanceWell was a one-year project, with the first three months dedicated to planning and development and the remaining period for pilot delivery and evaluation.

The pilot project (including data collection) was co-ordinated and delivered by the commissioned arts organisation Arts Care Gofal Celf, in partnership with the HDUHB Arts in Health team with evaluation from the TriTech and Innovation division of HDUHB's Research, Innovation and Value department. Arts Care Gofal Celf were the commissioned local arts partner, based in Carmarthen, who have experience and training in the delivery of dance for health and wellbeing. The Arts in Health team worked across HDUHB and the 2Ts GP cluster to design a suitable patient pathway and supporting documentation (including data agreements and data collection mechanisms).

The programme was offered to patients with chronic illness and/or mobility issues, who were identified via the 2Ts GP cluster community MDT. Identification was supported by promotion of the

pilot through existing cluster working and social prescribing links and the Arts in Health team. The pilot intervention (including data collection) was coordinated and delivered by the contracted arts organisation (Arts Care Gofal Celf), which had experience in delivering training in dance for health and wellbeing.

The programme was delivered at four separate locations (Carmarthen, Llandeilo, Llandovery and Whitland) within the 2Ts GP cluster area. At each location four blocks of a six-week intervention were delivered.

## Evaluation Aim and Objectives

The DanceWell evaluation sought to address a number of key questions, via a series of linked objectives.

Key questions	Evaluation Objective – data gathering mechanism
How many patients with chronic illness are able to access a high-quality arts in health intervention to encourage physical activity, reduce social isolation and improve overall wellbeing?	Referral data
What is the impact on patient outcomes and experience?	PROMs and PREMs data
Acceptability of the programme	Patient and staff views on the programme were captured via questionnaires and interviews

## Evaluation Plan

A mixed-methods approach was utilised to meet the aim of the evaluation, with data gathered from a range of sources which included patients, health care staff and arts partner staff. Input from HDUHB's Innovation and TriTech division supported an independent evaluation of the project. Data collected by the project team was shared and Innovation and TriTech staff conducted additional data collection with patients via interviews and with staff via questionnaires and interviews.

## Methodology

### Referral data

Referral numbers and routes were collected by artists when patients were referred to the programme numbers of participants completing sessions and any accessibility needs were recorded, together with demographic data for all patients.

### Patient outcome data

Patient experience and outcome data was collected by artists at DanceWell sessions, via existing Arts in Health questionnaires, supplemented with additional questions related to outcomes and experience. Patients were asked to complete questionnaires at their first session and after they had completed 4-6 sessions.

### Views of patients

All patients were asked to complete a feedback form after completing the programme and asked to indicate if they would be happy to be approached for an interview. Feedback forms were provided to patients by artists during the programme and follow-up interviews were conducted by TriTech and Innovation staff. Copies of the feedback form and interview schedule are included in the Appendices.

### Views of staff

Staff working in GP practices within 2Ts cluster were invited to complete an online questionnaire, at the end of the pilot. Interviews were conducted TriTech and Innovation staff, with the HDUHB Arts in Health team, arts provider staff, a GP and the cluster manager. A copy of the questionnaire and interview schedule is included in the Appendices

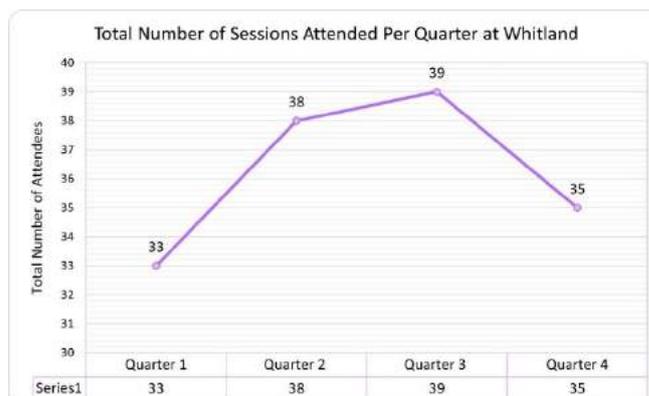
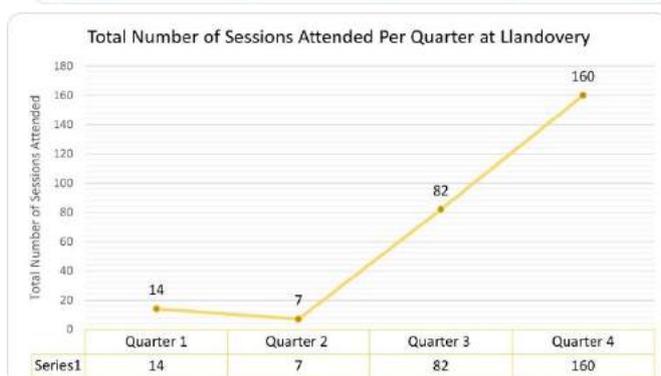
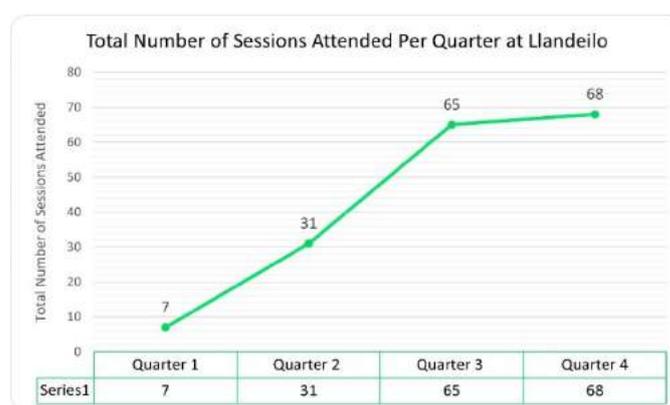
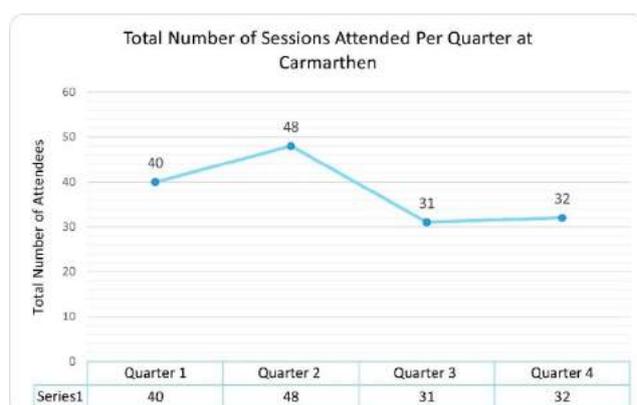
## Findings

### Referral data

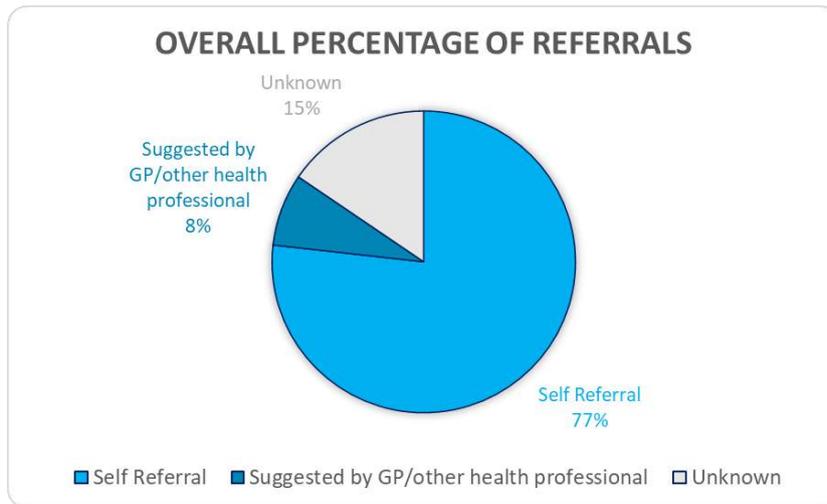
A total of 730 DanceWell patient sessions were attended over the pilot period. Overall, a steady increase in attendance was seen for each subsequent quarter. Carmarthen saw its highest attendance in quarter four and Llandovery saw a drop in attendance between quarters one and two. The highest overall attendance was seen in Llandovery. 48% of patients attended more than one six-week block of sessions.

Total number of patient sessions attended by location			
Carmarthen	Llandeilo	Llandovery	Whitland
151	171	263	145

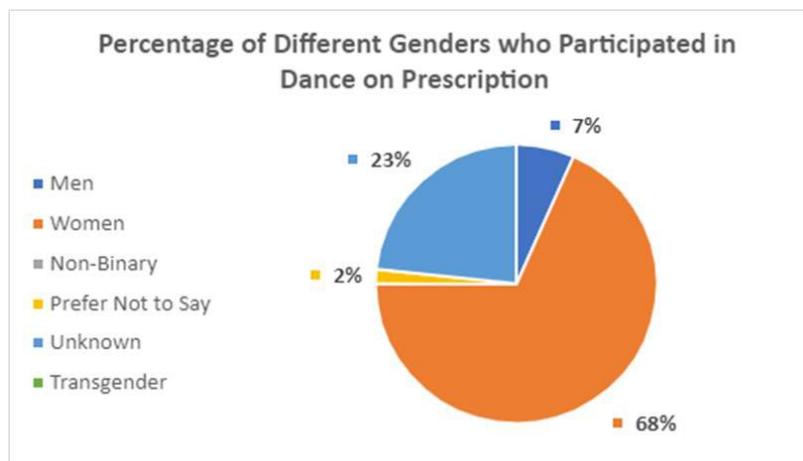
Total number of patient sessions attended per quarter			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
94	124	217	295



Most patients (77%) attending did so after self-referring, with far fewer (8%) referred by a GP or other health professional. Data on referral route was not available for 15% of patients.



Most patients (39%) had heard about the programme from friends or family. Only 8% had heard about it via their GP practice or through other health professional. From the remaining patients, 7% had heard about it through social media, 6% had seen a leaflet or poster and 26% chose 'Other' but gave no further details. This question was not answered by 15% of patients.

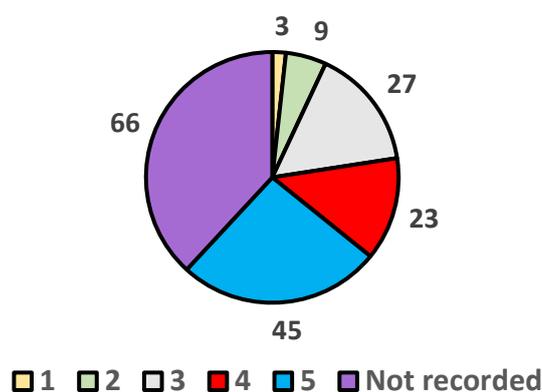


Most attendees (68%) were female, although it is important to note that 23% of individuals did not state their gender when completing their equality forms, which may have skewed the result for this question.

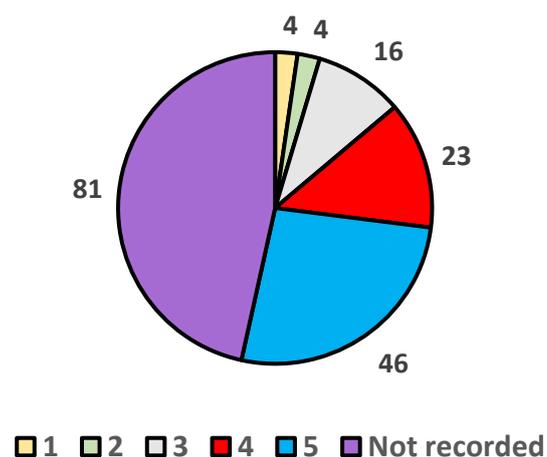
## Patient outcome data

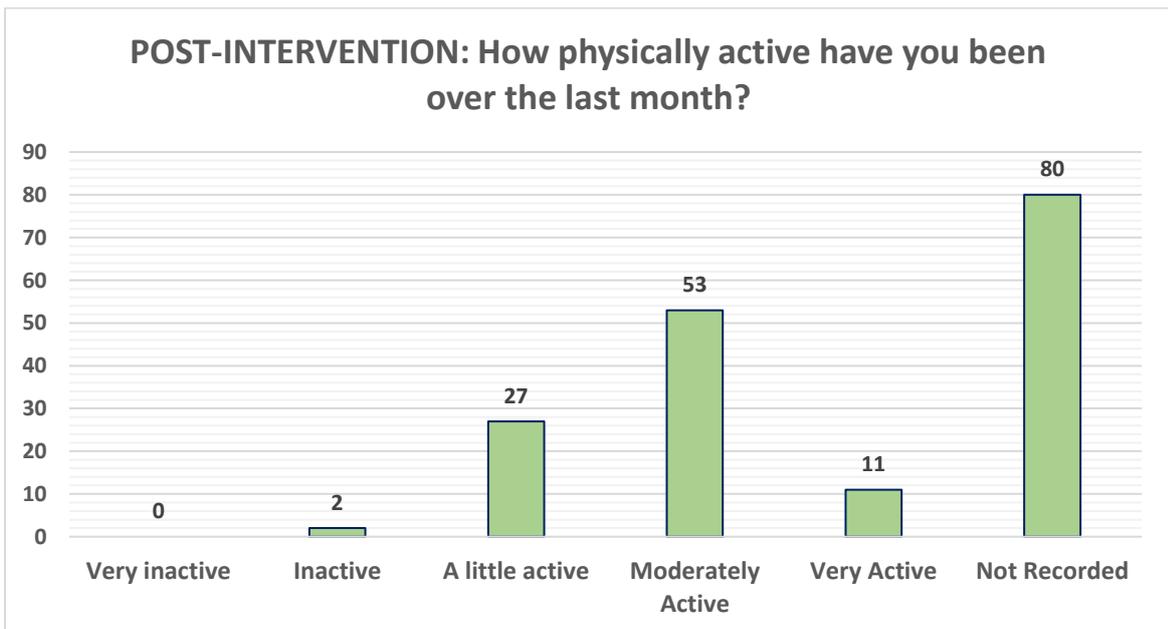
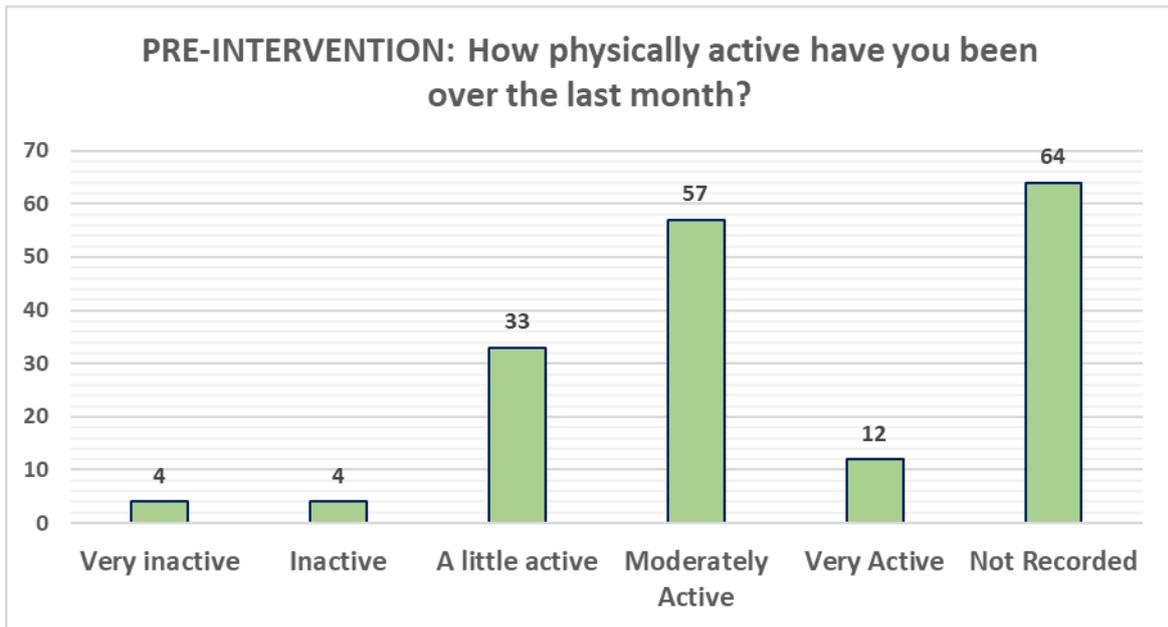
Patient experience and outcome data pre- and post-intervention is presented in the graphs over the next few pages of the report. This data was obtained from the feedback forms, which were poorly completed or not returned by patients and the graphs illustrate a significant level of missing data for all questions. In contrast with qualitative patient feedback data collected, there is very limited difference seen before and after participation in the DanceWell programme.

**PRE-INTERVENTION: On a scale of 1-5 (1 being the lowest and 5 the highest) how satisfied are you with your overall health at the moment?**

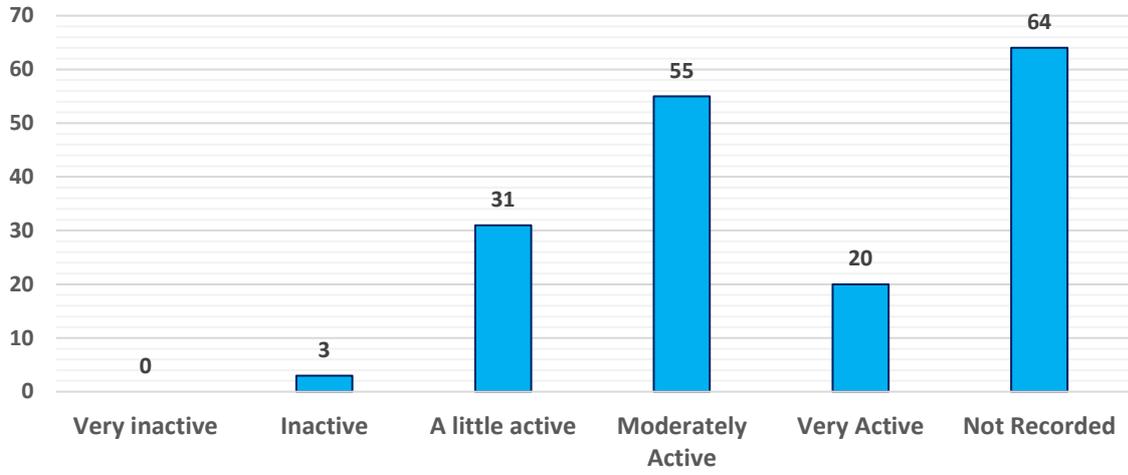


**POST-INTERVENTION: On a scale of 1-5 (1 being the lowest and 5 the highest) how satisfied are you with your overall health at the moment?**

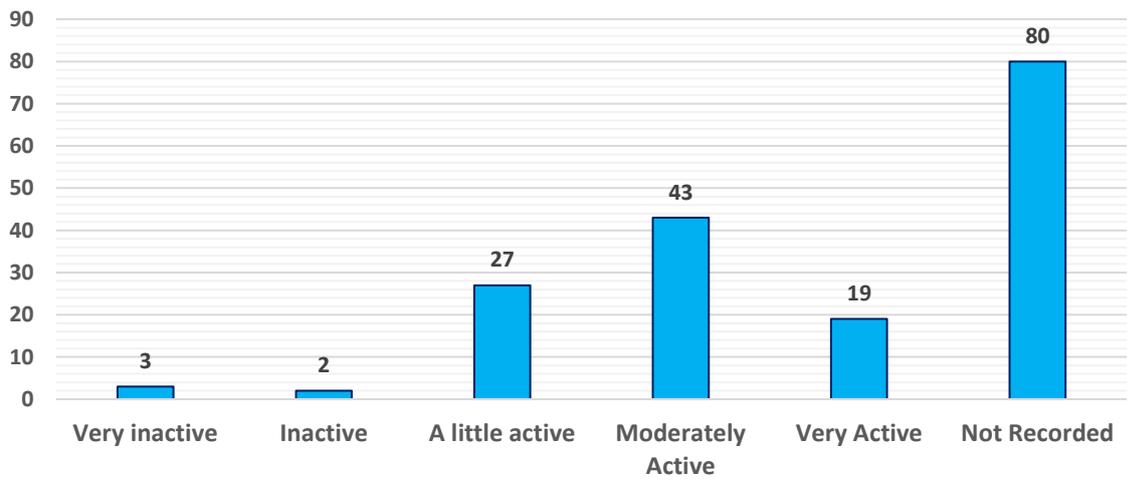




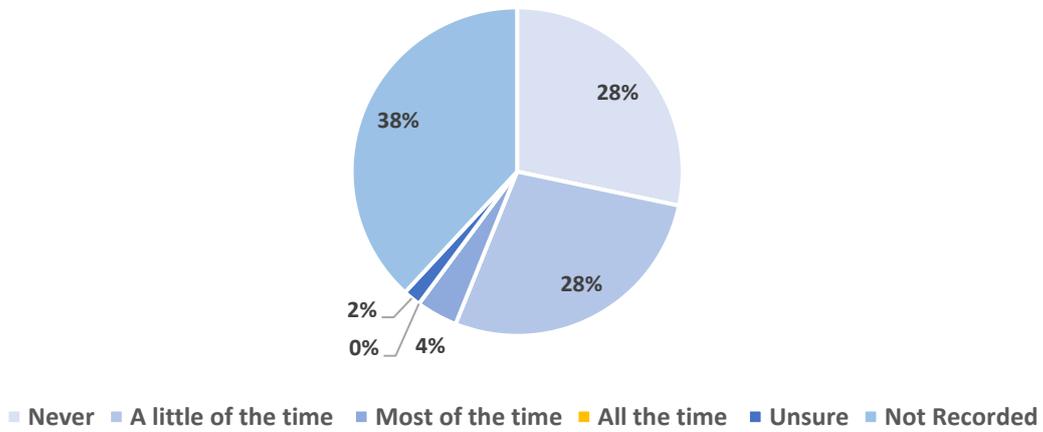
**PRE-INTERVENTION: How socially active have you been over the last month?**



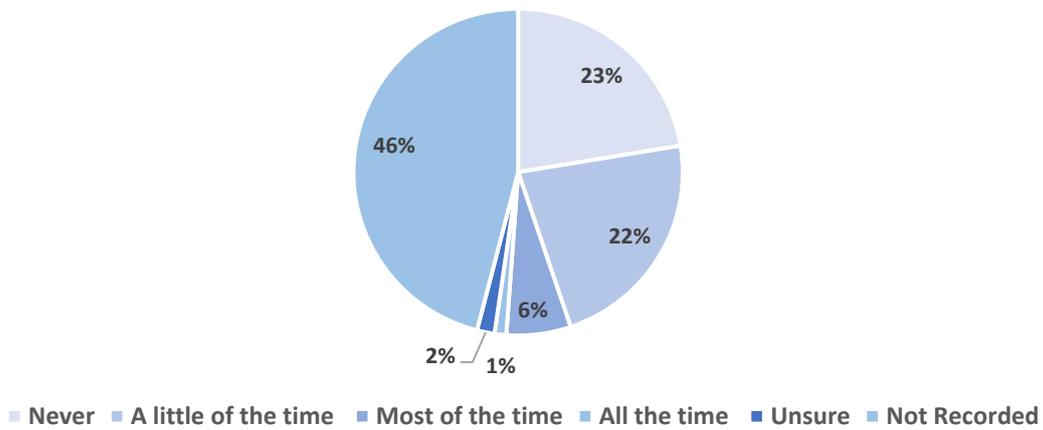
**POST-INTERVENTION: How socially active have you been over the last month?**



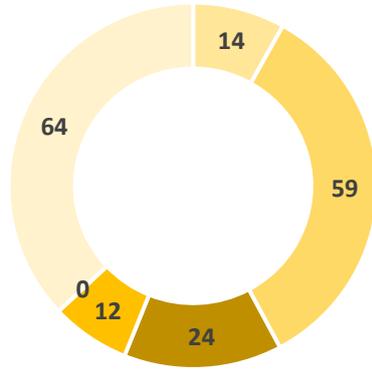
**PRE-INTERVENTION: Over the last month have you experienced feelings of loneliness?**



**POST-INTERVENTION: Over the last month have you experienced feelings of loneliness?**

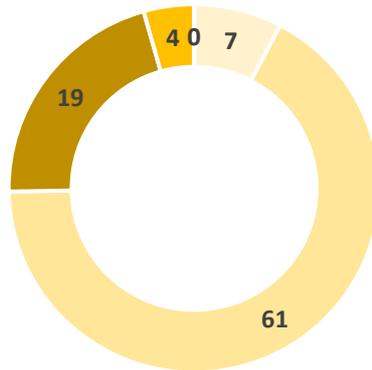


### PRE-INTERVENTION: Do you experience pain?



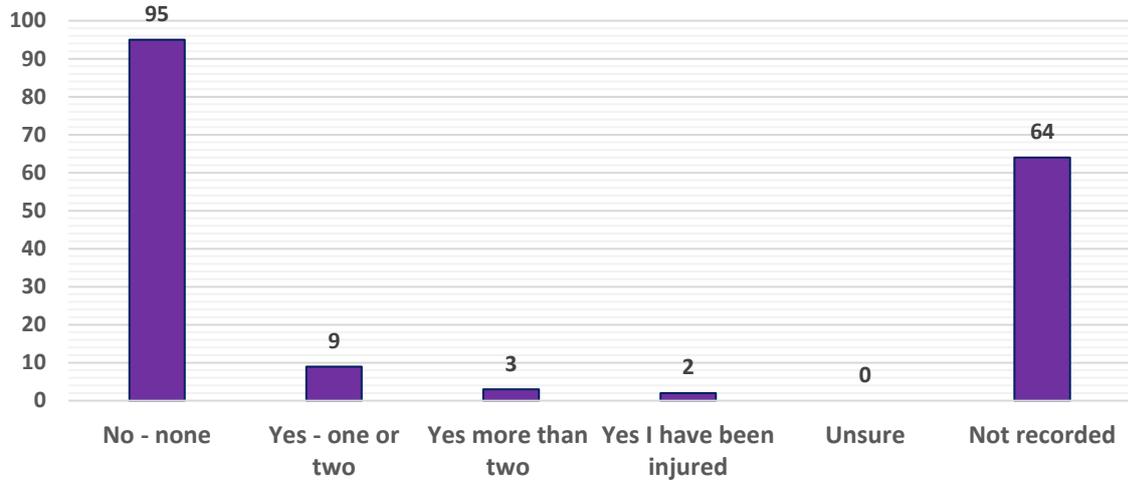
■ Never ■ A little of the time ■ Most of the time ■ All the time ■ Unsure ■ Not Recorded

### POST-INTERVENTION: Do you experience pain?

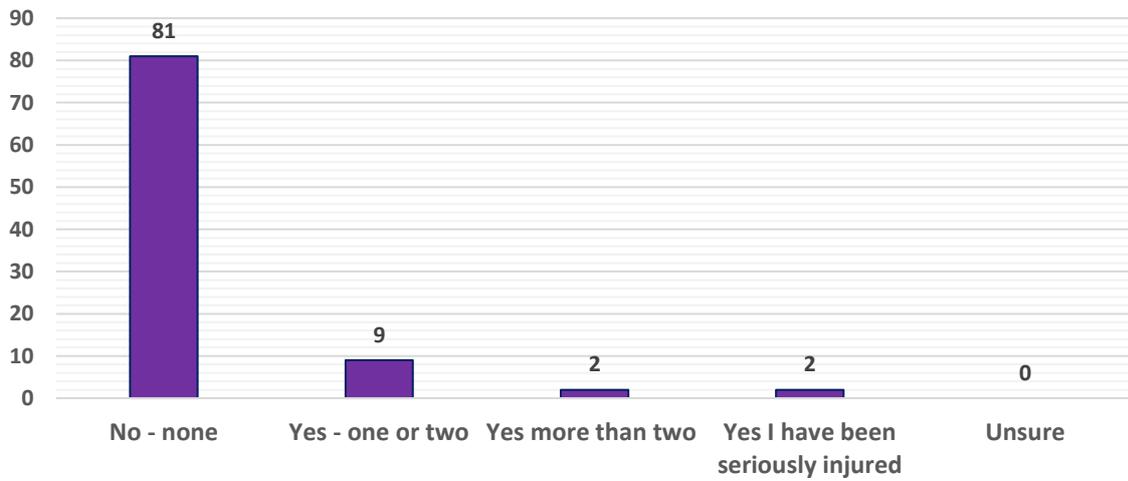


■ Never ■ A little of the time ■ Most of the time ■ All the time ■ Unsure

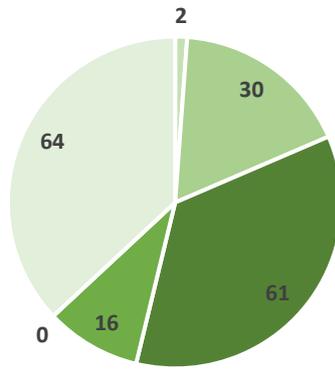
**PRE-INTERVENTION: Over the last month have you had any injuries or falls?**



**POST-INTERVENTION: Over the last month have you had any injuries or falls?**

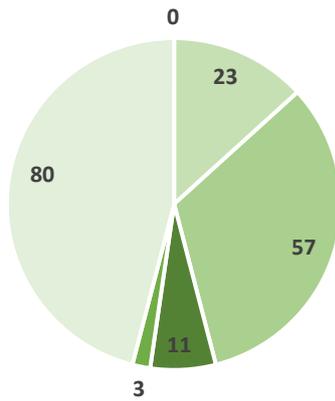


**PRE-INTERVENTION: Over the last month have you felt calm and relaxed?**



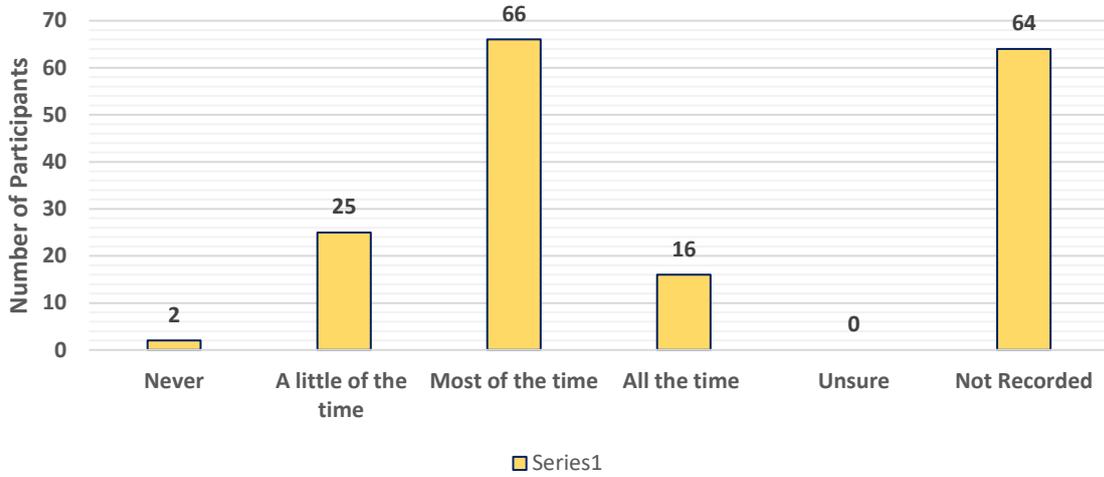
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**POST-INTERVENTION: Over the last month have you felt calm and relaxed?**

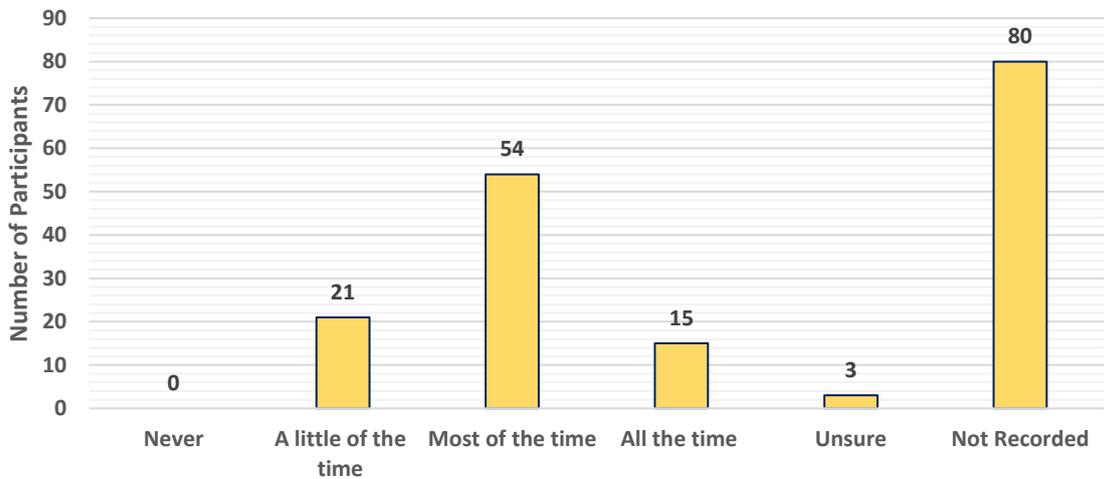


■ Never ■ A little of the time ■ Most of the time ■ All the time ■ Unsure ■ Not Recorded

### PRE-INTERVENTION: Over the last month have you felt happy and cheerful?



### POST-INTERVENTION: Over the last month have you felt happy and cheerful?

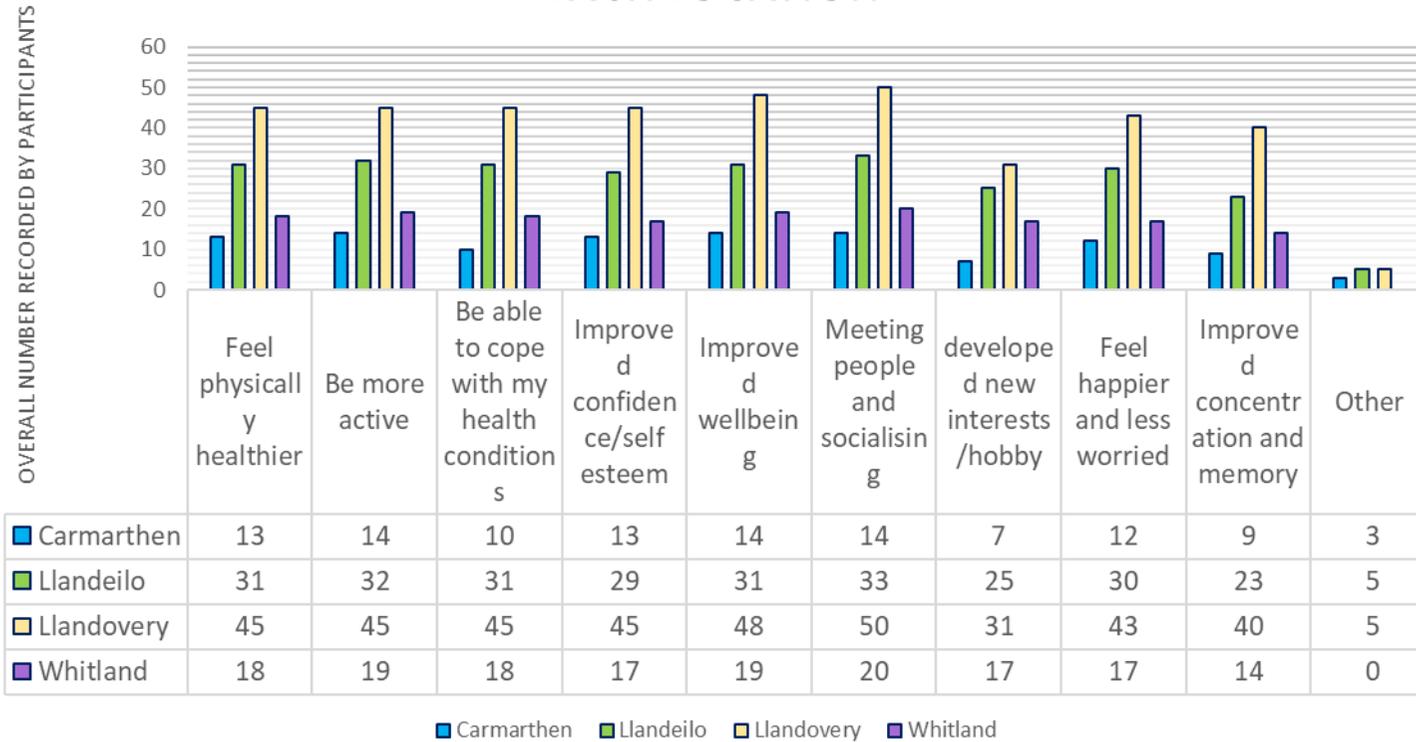


Patient feedback

Workshop benefits

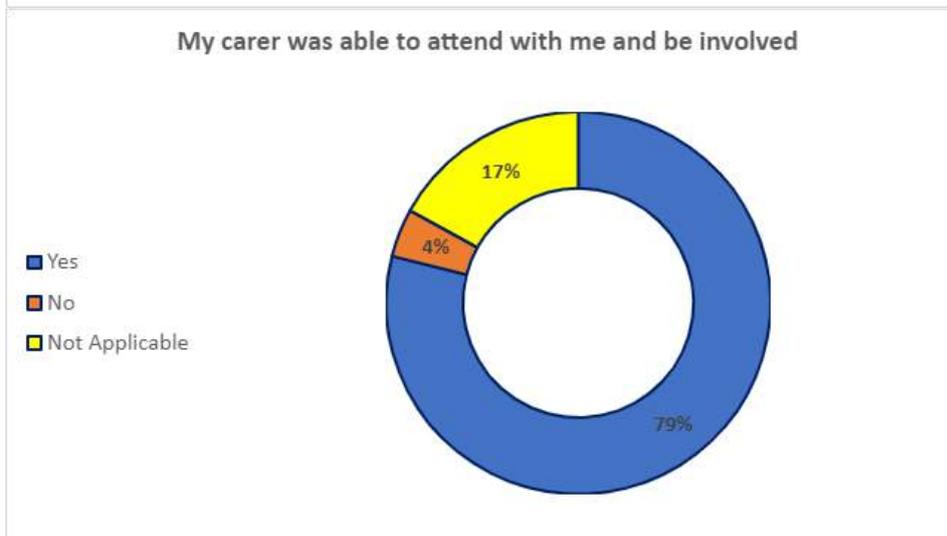
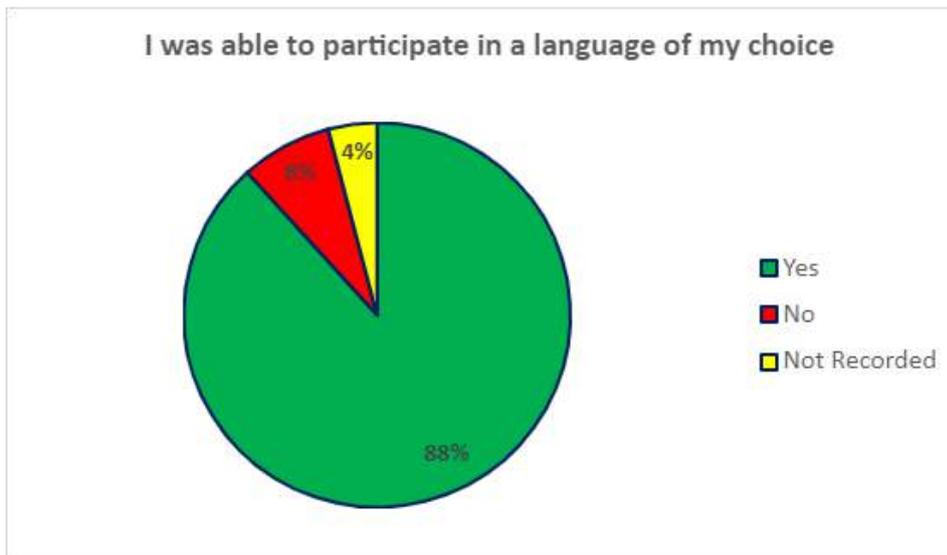
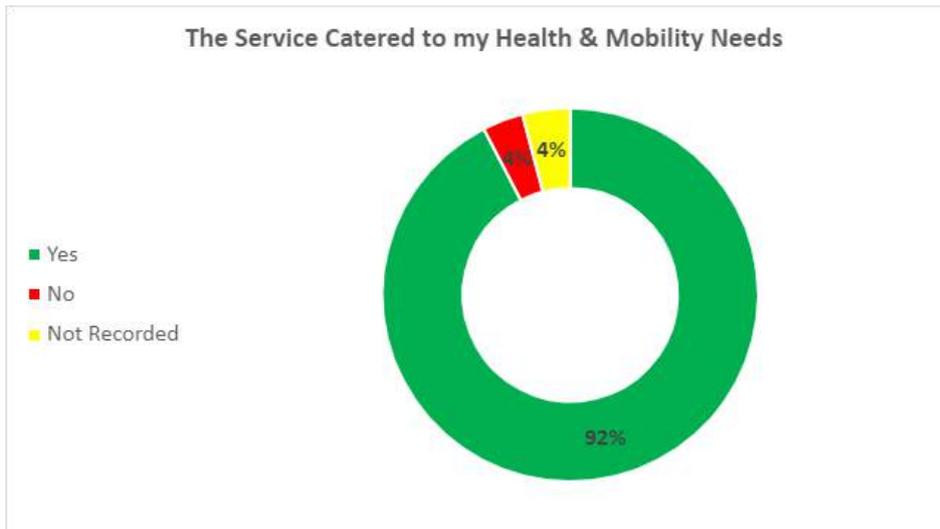
The graph below illustrates the range of benefits described by DanceWell attendees, across the four locations. Patients were asked to list as many benefits as applied to them.

### WORKSHOP BENEFITS RECORDED BY PARTICIPANTS IN EACH LOCATION



## Patient needs

The following three diagrams illustrate patient responses to questions about their specific requirements, in terms of health and mobility needs, preferred language and any carer support and demonstrate strong positive feedback.



### Analysis of feedback responses from questionnaires and interviews

A total of 104 questionnaires included additional feedback were received and eight interviews (seven females, one male) were conducted. A thematic analysis of the data collected was undertaken and the following themes were identified.

#### *Experience of participating in the programme*

Patients said they found the DanceWell programme an enjoyable experience, with it described as 'excellent', 'fantastic' and 'brilliant' by different patients. There were references to 'having fun' and a 'good laugh'.

"I absolutely love it!"

DanceWell patient

"The first week I came as my wife's carer, I now come for me because I love it. It is good for my brain and my coordination. I like that it challenges me."

DanceWell patient

#### *Social factors*

Many responses mentioned that the social aspect of sessions was a positive feature, with being together as a group good for mental and physical wellbeing and the class atmosphere described as 'friendly'.

One patient noted that at the outset she did not know anyone and as the weeks progressed the class got to know each other better. Another patient said that it was good to see her own progress but also the progress of others in the class. There were several references to 'looking forward' to weekly sessions.

"I look forward to the DanceWell session every week, it's lovely when you walk in and greet one another, we have a refreshment after the exercise and have a chat with one another. I think this is important for wellbeing, long may it continue"

Patient

"My husband has terminal cancer; it can be very hard. This is the only break I have; I feel like I have made some new friends."

DanceWell patient

"It's far more than just an exercise class"

DanceWell patient

### *Physical and mental benefits*

Patients said they had experienced physical benefits through the programme. Benefits were described as an improved movement, increased fitness, feeling healthier and losing weight. Increased confidence and sense of wellbeing were also mentioned. One patient described how participating in the class took away feelings of stress, by taking her mind of other things while she concentrated on the music and the movement. Another commented that the use of music and dancing ensure it felt different to doing usual exercises.

“I feel much better than before”

DanceWell patient

One patient said they had moved from being wheelchair-bound to being able to walk a short distance with a walking frame. Another said they felt more flexible after taking part in the programme. One patient said that through the programme they had learnt from the instructor about movements that were safe to do and likely to help them. One patient said they felt a sense of achievement at the end of the class.

“It’s really good, to do things that you didn’t think you could do – and then you’ve done it.”

DanceWell patient

“The benefits have meant less visits to the doctors, besides a mental health benefit of being involved in a group of people with the same outlook on life the physical and emotional benefits have been immeasurable.”

DanceWell patient

“I put on my form that I wanted to improve my balance and mobility. I also put that I would like to improve my wellbeing. All of these boxes have been ticked and improved but especially my wellbeing. When I leave, I feel happy and look forward to next time.”

DanceWell patient

“I come because it does me good, physically, and mentally. It does better for me than any exercise class (I used to do NERS but this is more fun). I was reluctant to come at first as I felt I had two left feet, I still feel like I have two left feet but it doesn’t matter. I love the classes and it makes me feel good. A big part of my Parkinson’s is the depression, I feel this class keeps it at bay.”

DanceWell patient

### *Role of artists*

Many comments referred to the role of the artists, with many referred to by name and described as welcoming, non-judgemental, friendly, and caring. Others described the artists as ‘enthusiastic and supportive’ and artists’ teaching skills and knowledge were also noted. One patient noted that the flexibility of instructors in finding alternative routines if difficult for patients was excellent and another

noted that the attitude of instructors aided her as an 'inhibited' dancer. One noted that the instructor would include a variety of music genres to ensure the classes had something to suit everyone. Another noted that despite being physically disabled, during the sessions she was able to try and make movements, supported by the instructor. One patient commented that the provision of an assistant instructor was also helpful for patients who required more support. Many comments referred to being able to take the class at a pace that suited them and their own ability, with one patient commenting that no one felt out of place if they needed to make movements in a different way to others.

### *Payment for participation*

Interview patients were asked if they would be happy to pay to attend the programme in future. All responded that they would and suggested fees per session that ranged from £4 to £7. One patient stated that although they could afford to pay, not all people would, and suggested that a concession could be offered in those cases. Another patient who had attended with their husband and carer, suggested that offering a reduced rate for carers who also took part, could be considered. One person commented that charging for sessions might put off patients who had not yet experienced the sessions.

## Views of staff involved in delivering or referring to DanceWell

### GPs and GP staff questionnaire

A total of four responses were received, from three GPs and one practice manager responding on behalf of GPs, to the short Microsoft Teams questionnaire issued to GP practices within the 2Ts area. Respondents were based at three different GP practices. All respondents were aware of the DanceWell programme, and three respondents stated they had referred patients to the programme.

All three respondents who had referred patients stated they had done so to improve mobility, to reduce loneliness, and to improve wellbeing. Two respondents stated they had referred patient to encourage them to be more active and to develop new interests or hobbies. One respondent stated they had referred patients to improve confidence and self-esteem and one respondent stated they had referred patients to help them cope with their health conditions. All three respondents who had referred patients felt there was enough information for GPs about the programme, felt confident in referring their patients and said they would refer patients in the future if the programme continued. The referral process was described as easy and straight-forward and all respondents found the referral form easy to use and understand.

Respondents stated that patients who agreed to take part were usually interested, eager and willing to take part. Varied reasons were given for patients choosing to decline a referral to the programme, including a feeling that it was not for them, a fear of the unknown, and social anxiety. Transportation issues and clashes with other activities were also reported.

Additional comments were received from GPs from the Llandoverly area, noting that interest had been limited initially but through word of mouth, patient engagement had increased, and both patients and practice staff would be sad and disappointed to see the programme end, echoing feedback from patients in this area.

The respondent who had not referred patients stated they did not believe it would work or benefit their patients and felt that traditional methods of treatment would have been more helpful. They

stated that they did not feel there was sufficient information for GPs about the programme, were not confident in referring their patients and would not refer patients in the future if the programme continued but did not provide any further details to explain their answers.

### *Staff interviews*

Four interviews were conducted with staff (Arts in Health coordinator, arts partner, a GP and cluster manager). A thematic analysis of the data collected was undertaken and the following themes were identified.

### *Patient satisfaction*

Staff feedback reflected comments made by patients, relating to range of health and wellbeing benefits resulting from their participation, including pain reduction, improvements in mobility, general health and mental wellbeing. Echoing comments from patients, the benefits of social interaction, in a friendly, support environment, were noted and there was recognition that the sessions incorporated time to encourage the social aspects and the development of friendships and peer support. Arts partner feedback reported that sessions and venues had been well-received by patients, who expressed their wishes continue their attendance, after the programme session had ended. It was noted that the dance instruction team who delivered the programme contributed to patients' satisfaction and experience, and this was attributed to their experience, skills and training. Another positive noted in feedback from staff was the provision of tailored services, closer to patients' homes.

### *Data collection challenges*

Data collection within the pilot appeared to present one of the greatest difficulties. It was noted that data capture, monitoring and administration was as a much bigger workload than expected. There was a perceived lack of clarity in relation to the information to be collected by the artists at specific points, although this was reported to have been resolved as the pilot progressed. Increasing attendance levels meant artists needed additional support to oversee data collection, and ultimately led to the employment of a support artist for this purpose. It was reported that many attendees did not like to complete forms in the session and preferred to take them home, leading to missing forms and the process of trying to complete missing data collection at the end of the pilot was described as 'extremely challenging and time-consuming'. Additionally, the programme delivery design, based on four blocks of six-week sessions, did not align with the cluster's reporting requirements and as there were delays in patients taking part and completing post programme feedback, it was challenging to capture and report the project's impact in a timely way. It was felt that there was a lack of clarity on precise timescales for reporting and this should have been established at the outset. Specific reporting requirements also changed mid pilot, which was challenging as required data was not always available. Issues around data, which was described as 'not sufficient' and 'not accurate' by the cluster, was reported to have led to challenges in presenting the pilot within primary care. The project team acknowledged that uncertainty remained over how many referrals had been made by GPs within the cluster.

### *Awareness and promotion*

Arts partner feedback reported that conversations with attendees indicated that most had not been referred by their GP but had heard about the programme via word of mouth. There were some conflicting views in relation to promotion of the service with some comments describing how information packs had been provided to each practice manager within the participating area before each quarter's programme commenced, and other comments suggesting that there had been

possible lack of promotion and linkage with GP practices initially. It was acknowledged that there had been a slow initial take up at some locations, which was countered through more promotion through community groups. It was felt that greater visibility of the service was needed to reach more potential participants and raise awareness amongst health professionals. It was also noted that developing awareness of new initiatives took time, and at the point when a good level of awareness had been reached, the pilot was coming to an end. Echoing this, another comment suggested that future projects should build in more time at the beginning, for awareness and promotion activities.

#### *Project implementation*

It was noted that the project had provided valuable opportunities to developing links with GP clusters and learn about reporting requirements and the evidence base needed to build a case for support for cluster arts in health programmes. It was noted that future work should ensure it captured the data needed to prove the value of the intervention in relation to wider health impacts on patients. There were good opportunities to review and modify programme delivery between the arts partner and the HDUHB Arts and Health team as the pilot progressed. Changes of staff within the cluster management team during the pilot had presented some challenges to continuity. Learning from the pilot had indicated how important it was to agree the evaluation approach with the cluster management team, at the outset, with more time allowed for setup to enable this. In line with comments about data reporting, this approach would also have ensured the programme timetable better suited reporting requirements. Additionally, learning had shown that more time should have been allocated for the data collection.

#### *Referral process*

There were positive comments about the ability for patients to self-refer to the programme, with limited paperwork or input needed from patients' GP practices. The GP respondent suggested that support from social prescribing services might have encouraged participation from hard-to-reach individuals, who needed more support to engage with activities and it was noted that staffing pressures within both GP and social prescribing services meant it was more challenging to identify patients and spend the time needed to support them to engage. It was reported that some patients were surprised to be offered a dance activity and were reluctant to engage due to feeling a lack of confidence, shy or anxious about taking part. The critical need for new approaches that encourage lifestyle changes and move away from traditional clinical management was highlighted. A better understanding of the requirements of GPs to support referral into the programme was needed. It was suggested that it would have been helpful for GPs to observe a session. There remained a lack of engagement and referrals from some GPs at the end of the pilot and it was hoped that the findings would help demonstrate the value of the offering.

#### *Future of the service*

The need for a sustainable model of providing dance of prescription and other arts programmes to support patients in the future was highlighted, with a recommendation that this should be addressed collaboratively, with communities, health and social care providers and local authorities all playing a role. It was stated that the low numbers of referrals meant the cluster would not recommend continued funding, but this could be considered if the referral rate increased, and additional support was in place to support reporting of data. There was a suggestion that offering a programme free for a limited period, which then switched to paid model, based on a 'pay what you can' model, could be considered for the future.

## Conclusions

Feedback received from patients shows that for those who attended, the DanceWell has been extremely well received, and regarded as beneficial for both physical and mental health. All participants who gave feedback indicated that they would continue with the programme in future if available. Patient reported outcome data showed little change pre- and post-intervention, but it is recognised that much of this data was incomplete and the data collection was one of the most challenging aspects of this pilot. Mixed views about the value of the programme were seen from staff, with an acknowledgement that future projects must ensure that they can capture the data needed to make a case for longer term implementation and roll-out of services.

A key objective of the project was to develop arts on prescription links with the community MDT, chronic illness specialist nurses and GP practices. Details of the DanceWell project were circulated widely across the community MDT and GP practices, supported by social prescribers and more widely via Public Health Wales. The programme was promoted within community settings, via social media and through HDUHB communications. Updates on the project were also given to GP trainees and at GP collaborative networks. During the pilot, the project team focused on continuing to promote the programme to engage more referrers and patients in the community. This activity was reflected in the growing numbers of attendees with each subsequent quarter. As the pilot developed, growing community interest and involvement was seen. Several patients who attended the Llandoverly sessions, as well a local councillor, wrote emails expressing concern about the ending of the programme and calling for consideration of how DanceWell could be supported in the longer term.

The pilot also aimed to demonstrate partnership working with local arts partners, in developing a high-quality programme for dance on prescription. The programme was co-created by the 2Ts GP collaborative, the HDUHB Arts and Health team and Arts Care Gofal Celf. Bespoke patient pathways, referral guidance and evaluation materials were developed and a data privacy impact assessments was undertaken. DanceWell's design and delivery as a collaborative, community-based project meant that patients were initially offered funded sessions through a joint arts partner and GP model, with the option to continue to participate by contributing to a donation-funded community continuation programme.

The pilot has identified significant learnings in the process of bringing together an arts organisation and community health service. One learning point relates to the challenge of collecting complete evaluation data and work has been undertaken to produce more effective evaluation and reporting tools and processes to capture the evidence of impact on individuals, in the future.

The pilot aimed to improve access to arts and health interventions and increase physical activity for patients with chronic illness. There were no existing programmes of dance on prescription for health, across the 2Ts region and patients with mobility difficulties, frailty and/or more severe co-morbidities would not normally have access to community movement activities such as the National Exercise Referral Scheme (NERS). Existing social prescribing services across the 2Ts cluster was limited and the provision of the DanceWell programme provided clinicians with an additional social prescribing offer for suitable patients. The DanceWell pilot forms part of a wider creative prescribing discovery programme within HDUHB, aligned to its Charter for Arts and Health, which is also being evaluate.



## Recommendations

Recommendation 1: Early engagement of key stakeholders to ensure that pilot evaluations capture the data required to support business cases for future implementation and roll-out.

Recommendation 2: Allocation of sufficient resources to support effective and complete data collection and monitoring.

Recommendation 3: Pilot projects introducing new initiatives should consider building in time prior to launch, to raise awareness and engagement levels amongst staff and the public.

Recommendation 4: Increased engagement with staff who may refer patients to services may aid their understanding and confidence in making referrals.



## Appendices

### DanceWell Membership Form

  
Arts Care Gofal Celf

**DanceWell Membership form**

**For completion by either the participant/ Care giver/partner etc**  
**Please complete the following, sign and return to Arts Care Gofal Celf in order for the**  
**Individual named below to attend DanceWell sessions.**

Name of participant  
.....

Date of Birth  
.....

Address:  
.....  
..... Postcode .....

Tel (day): .....

Mobile: ..... e-mail: .....

Please give name and address of your GP:  
.....

Does the participant suffer from any medical conditions/allergies that the dance artists should be aware of (including any current medication).  
.....  
.....  
.....

Do you have any allergies (latex, nuts etc)? Please give details below  
.....

Are there any medications you take regularly? Please provide brief details below.  
.....  
.....  
.....

What is your reason for attending a DanceWell session?  
.....

.....  
**Emergency contact details:** (a second point of contact to those given above. The contact details above will be the primary contact, the emergency details will be used if we are unable to contact the parent/guardian/carer named above)

Name: ..... Telephone no:

Relationship to participant: .....

**Preferred First Language:**

**Access Needs**

Do you have any access needs?(visual, hearing or mobility impairment or other needs)? If yes, please provide brief details below.

.....  
.....

**Consent (please read carefully and sign below).**

1. I confirm to the best of my knowledge that this participant does not suffer from any other medical conditions other than those listed above.
2. I understand that the Organisers accept no responsibility for loss, damage or injury caused by or during attendance at the dance activities except where such loss, damage or injury can be shown to result directly from the negligence of the Organisers.
3. I agree to this participant being given first aid or urgent medical treatment as required.

Signed ..... (Participant/Carer)

Date: .....

**Photography Consent**

Arts Care Gofal Celf occasionally uses photography/film for publicity and promotional purposes. We would like permission to take photos that may be used in our publications, website, social media and appropriate outlets.

I permit Arts Care Gofal Celf to use photographs/video of myself/ the person I care for in ACGC publications and publicity material and for inclusion in the ACGC image library.

Signed ..... (Participant/Carer)

Date: .....



5. **What went well?** (what did you like about the artist /artform, did you learn anything /what was good/enjoyable, any nice surprises)

6. **What didn't go so well?** (Any obstacles or difficulties that prevented you from engaging in the session, anything you would change or want included next time)

7. **Would you say that these sessions**

		
Were easy to access	YES	NO
Catered to my health and mobility needs	YES	NO
Welcomed my carer to attend and be involved	YES	NO
Were available in the language of my choice	YES	NO

8. **Do you have any further feedback that you wish to share with us? Any thoughts, comments or suggestions very welcome.**

9. **Would you be willing to be contacted by a health researcher to find out a bit more about my experience (please circle)**

YES

NO



Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

*Thank you very much for taking the time to share your feedback, much appreciated*

# PROM Form



## DANCEWELL PATIENT REPORTED OUTCOMES

**PARTICIPANT**..... **VENUE**.....

**DATE**..... **ACTIVITY/ARTIST**.....

We would like to ask you some brief optional health questions in order to help develop future health and wellbeing services and find out how well this service works. Find out more at <https://vbhc.nhs.wales/patients-and-caregivers/what-are-proms/>

1. How satisfied are you with your overall health at the moment? (please circle the most appropriate number)


Not very satisfied
1
2
3
4
5
Very satisfied


2. How physically active have you been over the last month? (please tick one)

Very active	Moderately active	A little active	Inactive	Very inactive

3. How socially active have you been over the last month? (please tick one)

Very active	Moderately active	A little active	Inactive	Very inactive

4. Over the last month have you experienced feelings of loneliness? (please tick one)

All the time	Most of the time	A little of the time	Never	Unsure

5. Do you experience pain? (please tick one)

All the time	Most of the time	A little of the time	Never	Unsure

6. Over the last month have you had any injuries or falls? (please tick one)

No - none	Yes - one or two	Yes more than two	Yes I have been seriously injured	Unsure

7. Over the last month have you felt calm and relaxed?

All the time	Most of the time	A little of the time	Never	Unsure

8. Over the last month have you felt happy and cheerful?

All the time	Most of the time	A little of the time	Never	Unsure

## DanceWell Participant Interview Questions (Telephone interview)

### ***Patient Interview Outline***

- 1) *Please can you tell me about your experience of the DanceWell programme?*
- 2) *What do you think of the DanceWell sessions with the art therapist??*
  - a) *What is it about the sessions that you like?*
  - b) *What is it about the sessions that you dislike?*
- 3) *How did you hear about the DanceWell programme?*
- 4) *How did you access the DanceWell programme?*
- 5) *What effect do you feel the DanceWell programme has had on you?*
  - a) *Why do you think this is?*
- 6) *How do you feel about the future of the DanceWell programme? Do you have any recommendations?*
- 7) *Do you have any other feedback on the programme?*

## DanceWell Programme Feedback Form for GP's

### **DanceWell Programme Feedback Form for GPs**

Hywel Dda UHB has been piloting DanceWell - a Dance on Prescription Programme for the 2xTs Cluster between November 2022 to September 2023 to improve outcomes for patients with chronic pain/illness and mobility issues.

The DanceWell programme has been made possible with funding from the 2xTs Cluster and the Arts Council of Wales.

The project has been delivered by Arts Care Gofal Celf, an experienced arts organisation with training in dance interventions for health and wellbeing in 4 series of 6-week interventions in settings in Whitland, Carmarthen Town, Llandeilo and Llandovery.

Hywel Dda Research and Innovation Team are working with our Arts & Health Team to try to understand the impact of the work on our patients.

Please can you spend 5 minutes telling us your feedback about this scheme as a possible referrer into the project.

Thank you.

**1. From the list below, which surgery were you working in during the Dancewell Project?**

Furnace House

St Peter's

Coach and Horses

Morfa Lane

Llanfair Surgery

Meddgyfa Taf

Nantgaredig

Meddgyfa Teilo

**2. What is your Job Title/Role?**

**3. Are you aware of the DanceWell Programme?**

Yes – No

**4. Have you signposted/referred patients to the DanceWell Programme?**

Yes – No

**5. If yes, please state why you signposted/referred patients to the DanceWell Programme:**

To improve mobility for the patient

To reduce loneliness

To improve confidence and self esteem

To improve concentration and memory

To improve wellbeing

To encourage the patient to be more active

To help the patient cope with their health conditions

To develop new interests/hobbies

**6. If no, please state why you did not signpost/refer patients to the DanceWell**

Did not know enough about the programme

Did not feel confident enough to refer/signpost

Did not believe it would work/help/benefit patients

Traditional methods of treatment would have helped patients more

**7. Did you feel confident enough to signpost/refer patients to the DanceWell Programme?**

Yes – No

**8. If no, please can you explain why you did not feel confident enough to refer patients to the DanceWell Programme?**

**9. Was there enough information there for GPs and surgeries about the DanceWell Programme?  
Required to answer.**

Yes – No

**10. What did you think of the referral process?**

**11. What were your thoughts of the referral form?**

Was easy to use and understand

Was okay, but could be improved

Was confusing and hard to use

**12. If you did signpost/refer to the Dance Well Programme, how did most patient's respond?**

Eager and willing to take part

Interested and wanted to learn more

Were confused about what they were being referred/signposted to

Were undecided about taking part

Were not interested in taking part

**13. Were there any patients who accepted the offer?**

Yes - No

**14. Were there any patients who declined the offer?**

Yes – No

**15. What were the reasons for a patient declining the offer?**

Not for them

Mobility issues

Transportation issues

Social anxiety

Fear of the unknown

**16. Would you signpost/refer patient's in the future if the programme were to continue? .**

Yes – No – Maybe

**17. Do you have any further feedback about the Dance Well Programme?**

# DanceWell Conference Poster



**GIG CYMRU NHS WALES** | **Bwrdd Iechyd Prifysgol Hywel Dda University Health Board**

# DanceWell

## SEATED AND GENTLE DANCE ON PRESCRIPTION IN WEST WALES

**DANCEWELL (2022-2023)**  
96 DANCEWELL SESSIONS  
168 PATIENTS/PARTICIPANTS

**Attendance by Location:**

- Whitland: 26 attended
- Carmarthen: 21 attended
- Llandoilo: 48 attended
- Llandovery: 73 attended

**The aims of the DanceWell programme for patients were to:**

- Improve health and wellbeing for patients living with chronic illness and/or frailty in the community through dance on prescription interventions
- Provide access to physical activity for patients with chronic illness and/or frailty
- Reduce social isolation for patients with chronic illness and/or frailty and their carers\*
- Increase physical activity, reduce social isolation and improve mental wellbeing

*“My fitness, stamina and energy levels have significantly improved, the sessions have helped to keep my joints flexible, aided my mobility and improved my general wellbeing.”*

**How did we do it?**

Hywel Dda commissioned **Arts Care Gofal Celf (ACGC)**, an experienced arts organisation based in Carmarthen with training in dance interventions for wellbeing to develop and deliver the programme in partnership with Hywel Dda University Health Board's Arts & Health Team.

**How did we evaluate the impact?**

The multidisciplinary team collected PROMS, PREMS, patient stories, interviews from patients, GP's, organisers and deliverers, and also patient evaluations.

Hywel Dda's TriTech Institute Research & Innovation Team have compiled an Evaluation Report.

**What did we learn?**

Early findings indicate that overall patients reported improved health and wellbeing. They were more physically active with improved confidence and concentration. Many participants reported that the social connections made were invaluable and the effects of this project on people were so powerful that a campaign was set up to keep the sessions running.

This pilot project has identified significant learnings in this process of bringing together an arts organisation and community health service and builds into our findings for creative prescribing development in West Wales.

*“Lovely music and songs, the instructor gave clear and easy instructions to follow, was so encouraging and inspiring for M who has dementia and very limited movement, she made her feel included and part of the class”*

**The aims of the programme were to:**

- Develop links with community MDT, chronic illness specialist nurses and GP surgeries to arts on prescription.
- Work in partnership with local arts partners to develop a high quality programme of dance on prescription interventions across the locality
- Improve access to arts and health intervention and physical activity for patients with chronic illness

**Outcomes:**

- 110: Feel Physically Healthier
- 110: More Active
- 104: Able to Cope With My Health Conditions
- 104: More Confident
- 112: Improved Wellbeing
- 117: Meeting People & Socialising
- 80: New Interests & Hobbies
- 102: Feel Happier, Less Worried
- 86: Improved Concentration & Memory
- 13: Other

**Contact:**  
Kathryn Lambert  
Hywel Dda Arts & Health Coordinator:  
kathryn.lambert@wales.nhs.uk  
Dr Cath Jenkins, GP  
catherine.jenkins@wales.nhs.uk

**Cyngor Celfyddydau Cymru Arts Council of Wales**

**ARIENNIR GAN Y LOTERI LOTTERY FUNDED**

**Hywel Dda University Health Board**



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CYMRU  
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