

Moving Healthcare Professionals Programme: What Next for NEY?



By meeting the UK CMOs' guidelines for physical activity, an individual may gain important health benefits, although the type of benefit will change with age.

Children	Adults	Older Adults
Bone health	All-cause mortality	Falls
Cognitive function	Stroke and heart disease	Frailty
Cardiovascular fitness	Hypertension	Physical function
Muscle fitness	Type 2 diabetes	
Weight status*	8 cancers	
Depression	Depression	
	Cognitive function	
	Dementia	
	Quality of life	
	Sleep	
	Anxiety/depression	
	Weight status*	

For example, for adults and older adults physical activity reduces risk of:

- Type 2 diabetes by **40%**
- Cardiovascular disease by **35%**
- Falls by **30%**
- Depression by **30%**
- Joint and back pain by **25%**
- Colon and breast cancer by **20%**

RHS: Based on UK Chief Medical Officers' Physical Activity Guidelines (2019).



The combined health benefits of regular physical activity lead to an associated average increase in life expectancy of around 1 to 2 years.

Engaging in regular physical activity is associated with a longer life expectancy, irrespective of the presence of multiple long-term medical conditions.

A UK biobank study found that years of life gained at the age of 45 by multimorbidity status was:

Years of life gained

Physical activity levels	Multimorbidity Status	
	With multimorbidity	Without multimorbidity
Moderate vs Low	2 years	1.8 years
High vs Low	2.9 years	1.8 years

*Low activity = < 150 mins walking equiv. per week; Moderate activity = 150 to 750 mins walking equiv. per week; High Activity = ≥ 750mins walking equiv. per week.
Activity is all self reported physical activity*

In addition to reducing mortality, increasing levels of physical activity can improve the quality of those years lived.

Based on information from Chudasama et al. (2020) and Marquez et al. (2020).

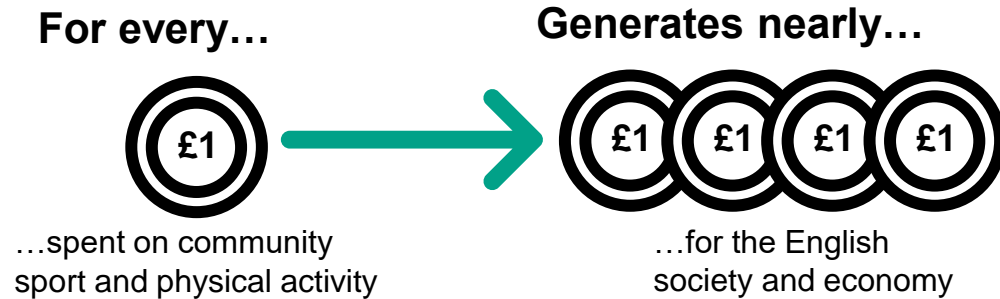


Beyond ensuring good all-round health, being physically active also has wider social, community, and economic benefits.

Through investing £21.85 billion into community sport and physical activity in England a return on investment model revealed that the total impact on social and economic value was £85.5 billion made up of:

Social Value		Economic Value	
Physical & mental health	£9.5 billion	Community sport-related economic activity	£13.8 billion
Mental wellbeing	£42 billion		
Individual development	£282 million		
Social & community dev.	£20 billion	Total Value	£85.5 billion

This means that:



Regular physical activity in childhood is associated with **improved learning and educational attainment.**



Regular physical activity can **increase workplace productivity and reduce absenteeism.**



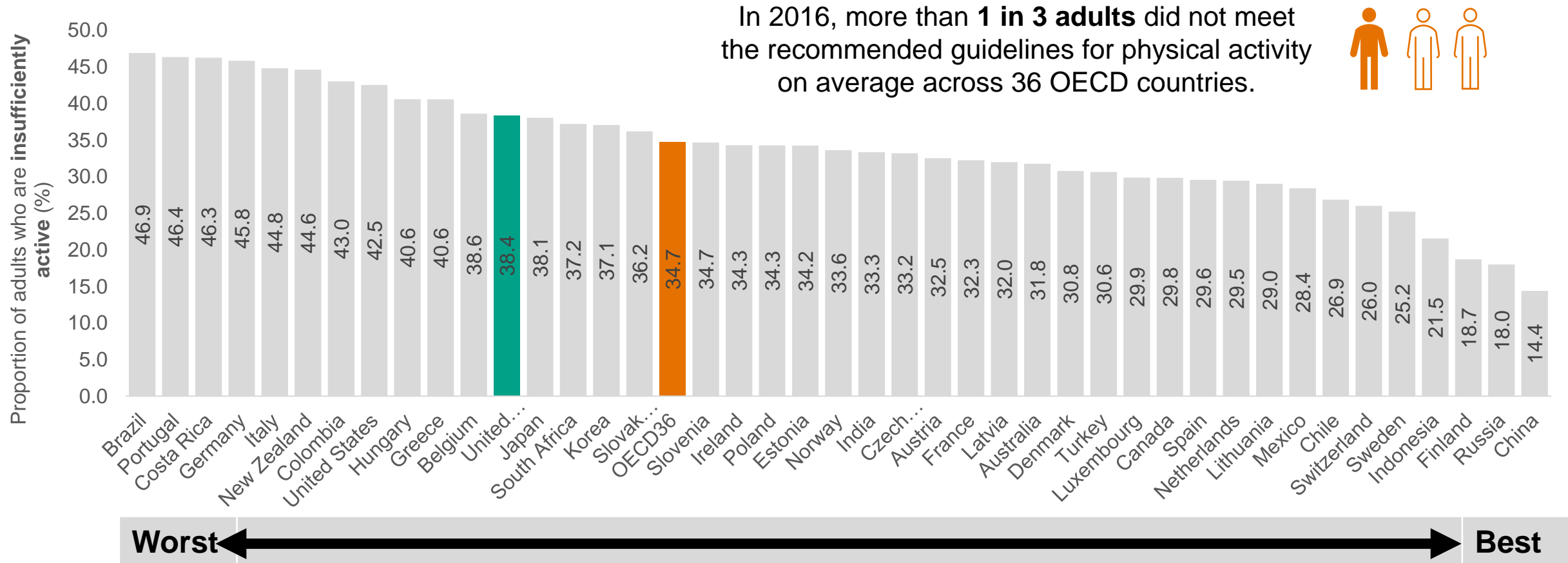
Physical activity and sport can **reduce crime and prevent/reduce antisocial behaviour**, particularly in young people.

“The UK could save 0.7% of total health care expenditure if everyone did at least 150 minutes of physical activity per week” (OECD-WHO analysis, unpublished)

LHS: Based on Sport England (2020), *Measuring the Social and Economic Impact of Sport in England*

RHS: Based on multiple sources

The UK does slightly worse than the OECD average on adult inactivity.



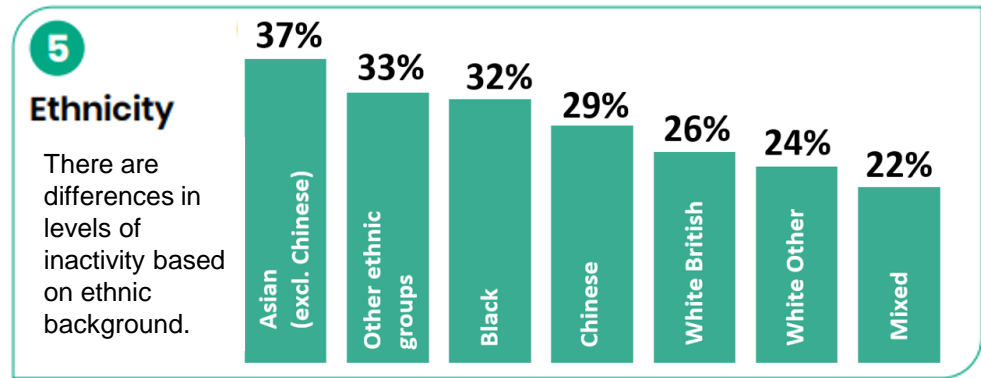
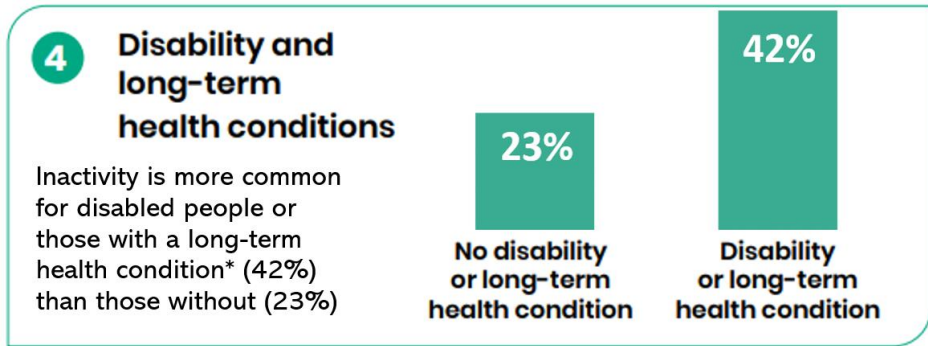
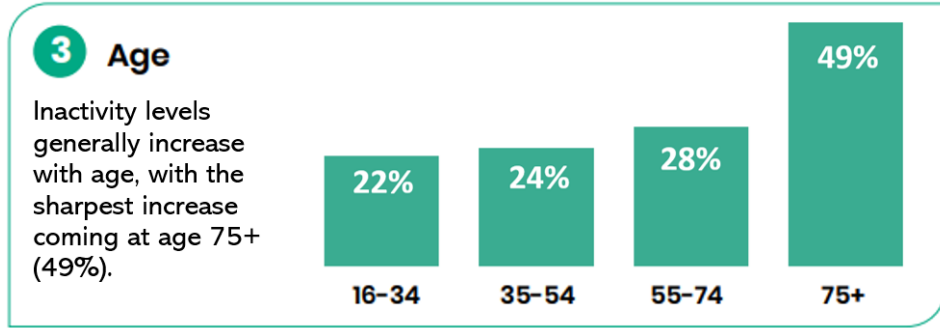
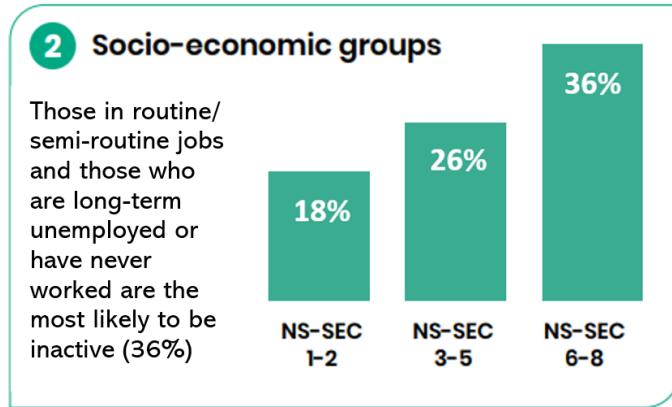
Data Definitions:

Insufficient physical activity is defined as attaining less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week.

Adults are individuals aged 18+ years

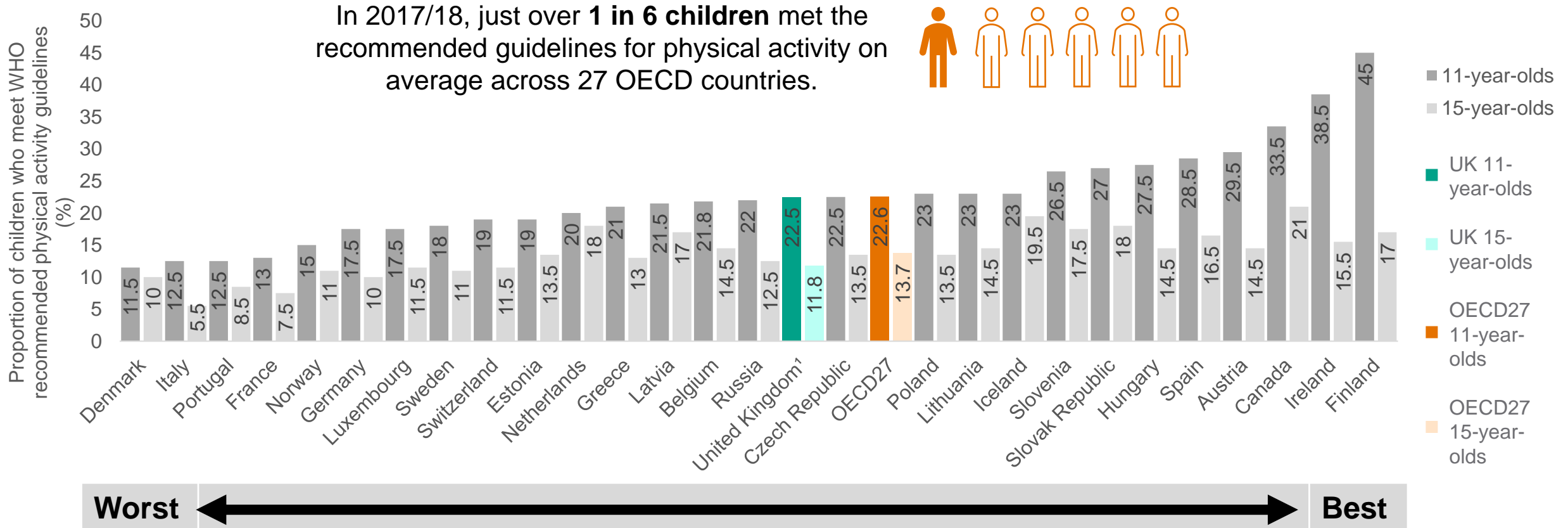
The 12.4 million inactive adults in England comprise people from the following groups:

Percentage of different groups that are inactive, i.e. completing less than 30 minutes of physical activity per week



Sport England (2022), Active Lives Adults Survey

The UK does slightly worse than the OECD average for child activity, particularly for the older age group.



Data Definitions:

Meeting recommended physical activity is defined as attaining at least 60 minutes of moderate-to-vigorous intensity physical activity daily.

Data are drawn from school-based samples of 1500 children in three age groups (11-, 13- and 15-year-olds).

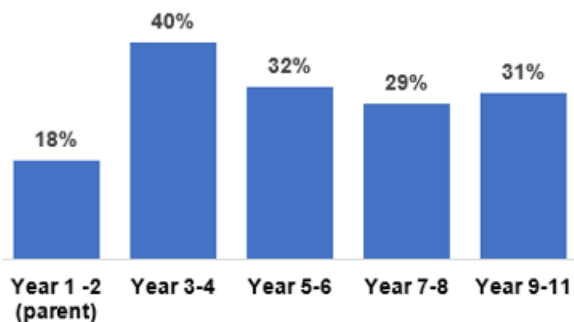
Note: Data can be used to compare statistics at international level but due to differing methodologies see slide 8 for more robust English statistics.

The 2.2 million children that are less active in England comprise children from the following groups:

Percentage of different groups that are less active, i.e. completing less than 30 minutes of physical activity per day

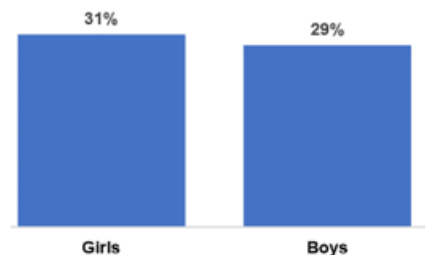
1 Year group

Children in school Years 3-4 (ages 7-9) are most likely to be less active (40%).



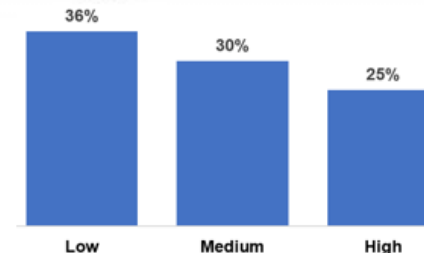
2 Gender

Children who classify their gender as girl are slightly more likely to be less active than boys.



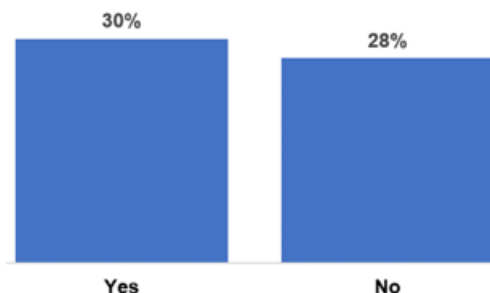
3 Family affluence

Those from low affluence families are more likely to be less active (36%).



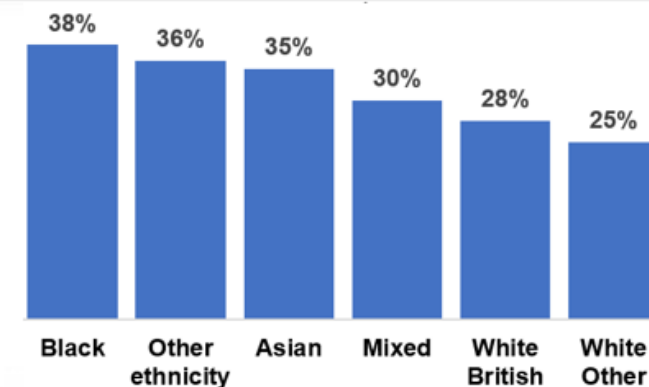
4 Disability and long-term health conditions

Children and young people with a disability or long-term health condition (30%) are more likely to be less active than those without (28%).



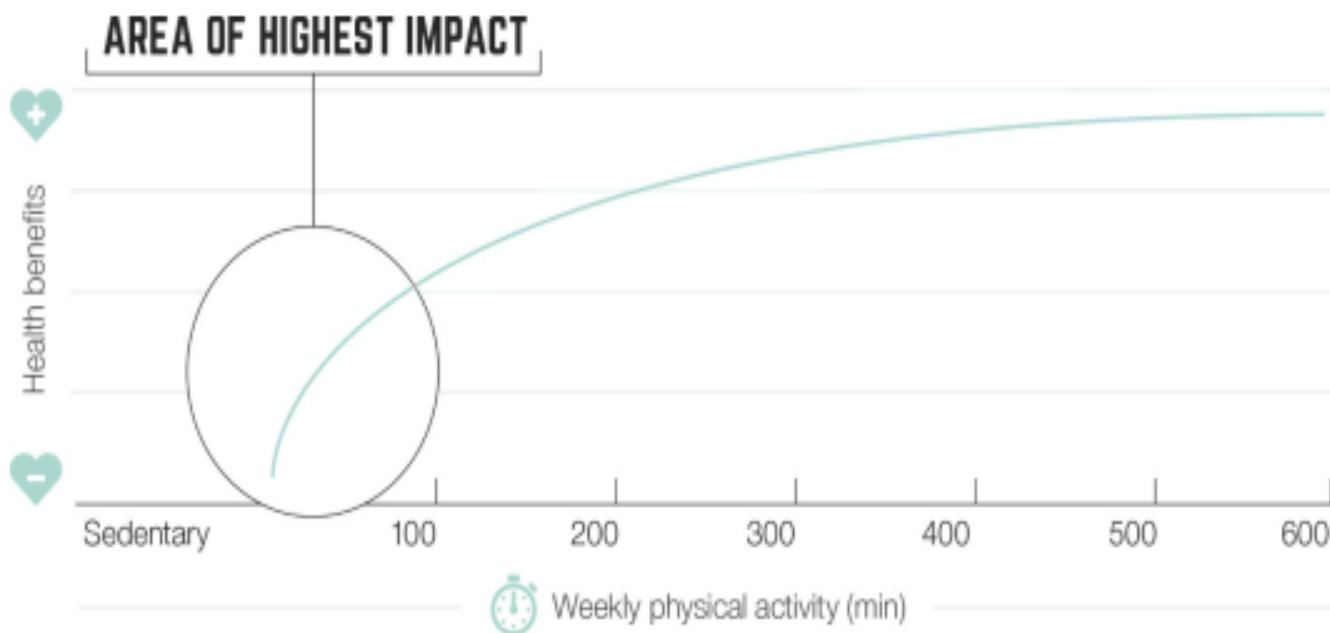
5 Ethnicity

Children and young people with Black, Other, and Asian ethnicities are the least likely to be active.



Sport England (2022), Active Lives Children and Young People Survey

The greatest health gain comes from moving somebody from a physically inactive or low active status to a more physically active status.



Health benefits are achieved at levels both below and above the national guidelines; however, the **targeting those currently doing the lowest levels of activity would deliver the greatest health benefits.**

Physical activity is safe, even for people living with symptoms of multiple long-term conditions.

Regular physical activity, in combination with standard medical care, has an important role in the management and prevention of many long-term conditions.

At the upper end, higher levels of physical activity continue to provide health benefits and risk reduction continues but begins to plateau beyond 300 minutes per week.



As the frequency and intensity of physical activity increases, there are small increases in health risk (e.g. accidents and injuries). However, the health benefits of activity far outweigh the risks of being active.

Chart: UK Chief Medical Officers' Physical Activity Guidelines (2019).

Text: Based on information from multiple sources including, UK Chief Medical Officers' Physical Activity Guidelines (2019) and Sport England (2022)

REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1



MATERNITY

ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2



SEVERE MENTAL ILLNESS (SMI)

ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



CHRONIC RESPIRATORY DISEASE

a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



EARLY CANCER DIAGNOSIS

75% of cases diagnosed at stage 1 or 2 by 2028

5



HYPERTENSION CASE-FINDING and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

Eight areas have been shown to be effective internationally when used in combination to support people to be physically active.

Tailored, cross system approaches will consider local context, population needs and existing programmes and community assets

Whole school programmes



- Regular, quality, PE classes
- Suitable environments and resources
- Active travel to school programmes
- Multiple components shown to have a longer term impact on PA levels.

Active transport



- Replacing short car journeys with cycling
- Walking / stairs to and from public transport
- Effective interventions include: destination accessibility, equitable distribution of employment across cities, reducing availability and increasing cost of parking, pedestrian and cyclist friendly infrastructure, reducing distance to public transport

Active (urban) design



- Availability of opportunities for recreational activity
- More destinations, shorter distances, and better active travel infrastructure

Healthcare



- Targeting PA solely and/ or combined with other modifiable risk factors.
- HCPs/social prescribing provide brief advice; referral & signposting to digital/local opportunities and raising awareness of PA as part of treatment.

Public education



- Campaigns to enable behaviour change; heighten awareness of health benefits of regular PA, according to ability and target audience
- Best practice is to frame messaging positively; target to groups; use formative research, behavioural/psychological theory and social marketing principles
- Limited effect on PA levels without supporting opportunities.

Sport and recreation for all



- Mass sporting events, mass communication campaigns and enhancing visibility of elite sportspeople promote participation in sports
- Ensure equitable access to facilities and amenities
- Target opportunities to groups where participation rates are lowest

Workplaces



- Most successful where workplaces have embedded a culture of wellness
- Policies include workplace environment design; active commuting; physically active social activities; paid or flexible time for PA

Community-wide programmes



- Targeted at a more local level and deploy a system-wide approach
- Effective at increasing population levels of PA as they target different types of PA, work, active travel and recreation

Upstream action to enable and amplify the system

Levels of Prevention for Physical Activity

Primary Prevention

Accessible community facilities, Supervised Physical Activity, Individual
e.g. Parks, Cycle Paths, Outdoor Gyms, Swimming Pools, Leisure Facilities, Parkrun, Walking Clubs, Aqua Aerobics,

HCPs, Leisure providers, AHPs, Community Providers, LA's, Grass Roots Sports, Self Directed

Secondary Prevention

Personalised Support, Condition specific exercise, Structured Community Rehabilitation Programmes
e.g. ESCAPE-pain

HCPs, Leisure providers, AHPs,

Tertiary Prevention

Personalised Support, Structured Community Rehabilitation Programmes,
e.g. Cardiac Rehab

Individualised/Specialist Support

HCPs, AHPs

Integrated Care System

Research into opportunities for NHS/ICS system

- 1) Impact of COVID-19 on physical activity levels as a catalyst for change
- 2) **Collaborative shared ownership approaches** required at national, regional and local levels to promote physical activity to support population health
- 3) **Critical role for local authority public health departments** in providing champions and facilitators for whole systems working on prevention in general, and physical activity in particular, at the ICS level
- 4) Need to scale-up and extend pockets of positive local practice where individuals and public health teams work cohesively with the NHS (e.g. LDPs)
- 5) Draw upon **good practice examples to promote NHS culture change that embraces whole systems working**, where physical activity embedded into care pathways (e.g. Royal College of General Practitioners and Sport England's 'Active Practice Charter')
- 6) Consider **how and the language physical activity is promoted to engage systems leaders**
- 7) Continue to develop links between academic researchers, policy makers and NHS leaders to build the evidence base around what works in whole systems working on physical activity

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BMC Public Health

RESEARCH IN PRACTICE Open Access

Opportunities to engage health system leaders in whole systems approaches to physical activity in England

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Abstract
Background: Physical activity plays an important role in maintaining good health and wellbeing, non-communicable disease prevention and can improve healthcare outcomes. Some progress is being made on incorporating physical activity into routine care, but less on engaging health system leaders in the 'whole systems' approaches which are increasingly recognised as important for addressing complex public health challenges such as physical inactivity. This commentary builds upon the findings of a recent study and aims to identify opportunities for engaging National Health Service (NHS) systems leaders in whole systems approaches to physical activity.
Opportunities for action in England: Pockets of good practice exist from which lessons can be learned, but there are systemic issues that discourage and create barriers, and a need for meaningful engagement, leadership and action at national, regional and local levels. National and regional actors like Sport England, NHS England, health professional bodies, Active Partnerships, the Local Government Association and the Office for Health Improvement and Disparities can encourage and support government and the NHS to change policy drivers, culture and practices. Emerging opportunities include the 2021 White Paper 'Integration and Innovation', development of local integrated care systems, leadership from health champions and investment in non-clinical interventions ('social prescribing'). At local level, public health and physical activity specialists and other organisations have a key role as champions and facilitators of local whole systems approaches and engagement of local NHS leaderships. Finally, although whole systems action is about collaborative leadership, individual champions of physical activity can make a difference in influencing NHS leaders at every level towards whole systems working.
Keywords: Whole systems approaches, Physical activity, Systems leadership, Public health, Healthcare public health

Background
Persistently high levels of physical inactivity constitute a public health problem globally [1]. Physical inactivity contributes to chronic diseases which are a burden to health care systems such as the National Health Service (NHS) in England [2, 3]. There remains stark inequalities when it comes to how physically active people are and the following groups are particularly affected - older people, people living in more deprived areas, people living with long term conditions and/or physical or learning disabilities and, people in Black, Asian and Minority Ethnic groups [4]. More positively, increasing physical activity has been shown to improve health and wellbeing at every age and in diverse populations [5, 6]. Growing recognition of the issue of physical inactivity has resulted in the publication of numerous policy drivers and strategies advocating for global action, including the World Health Organization's *Global Action Plan on Physical Activity 2018–2030 - More Active People*

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<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-12602-5>

[Engaging NHS system leaders in whole systems approaches to \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)



Office for Health
Improvement
& Disparities

Moving Healthcare Professionals Programme

April 2023

GP Survey Findings: 2021

- **36%** surveyed GPs reported being at least 'somewhat familiar' with current physical activity guidance: however, **74%** felt confident to raise the topic of physical activity with patients.
- **47%** reported being familiar with at least one form of physical activity training and **27%** reported having undertaken one or more of these training offers.
- The top facilitator of physical activity promotion was **GP's own physical activity behaviour and awareness of local physical activity opportunities** for patients.
- Other facilitators included 'parkrun practice' initiative and 'couch to 5k' app.
- Key barriers included **time**, perception of **patient attitude, communication/** language barriers, and **COVID-19** related factors.
- GPs reported that having better **access to local signposting, additional training and tools**, and **stronger relationships** with physical activity offer providers, would help them have more conversations with patients.

Physical activity promotion by GPs: a cross-sectional survey in England

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Abstract

Background: Physical activity (PA) contributes to the prevention and management of many health conditions. Primary care practitioners have an important role to play in supporting people to be physically active.

Aim: This study had the following three aims: 1) to explore GPs' awareness and knowledge of the PA guidelines; 2) to assess GPs' confidence in promoting PA; and 3) to explore factors that influence PA promotion among GPs.

Design & setting: Cross-sectional survey, using secondary analysis.

Method: UK-based GPs were invited to take part in an online survey in January 2021. Demographic questions were followed by nine multiple choice questions. Categorical data were analysed using descriptive statistics, and open-ended data were analysed using content analysis and inductive coding.

Results: In total, 839 GPs based in England completed the survey. Most GP responders (98.9%) believed that PA was important, yet only 35.7% reported being at least 'somewhat familiar' with current PA guidance. Despite this, 74.1% of GPs reported feeling confident raising the topic of PA with their patients. Barriers included lack of time, perceptions of patient attitude and risk, language issues, and COVID-19. Key facilitators were identified and 'Couch to 5K' and the 'parkrun practice' initiatives were the most widely used support tools.

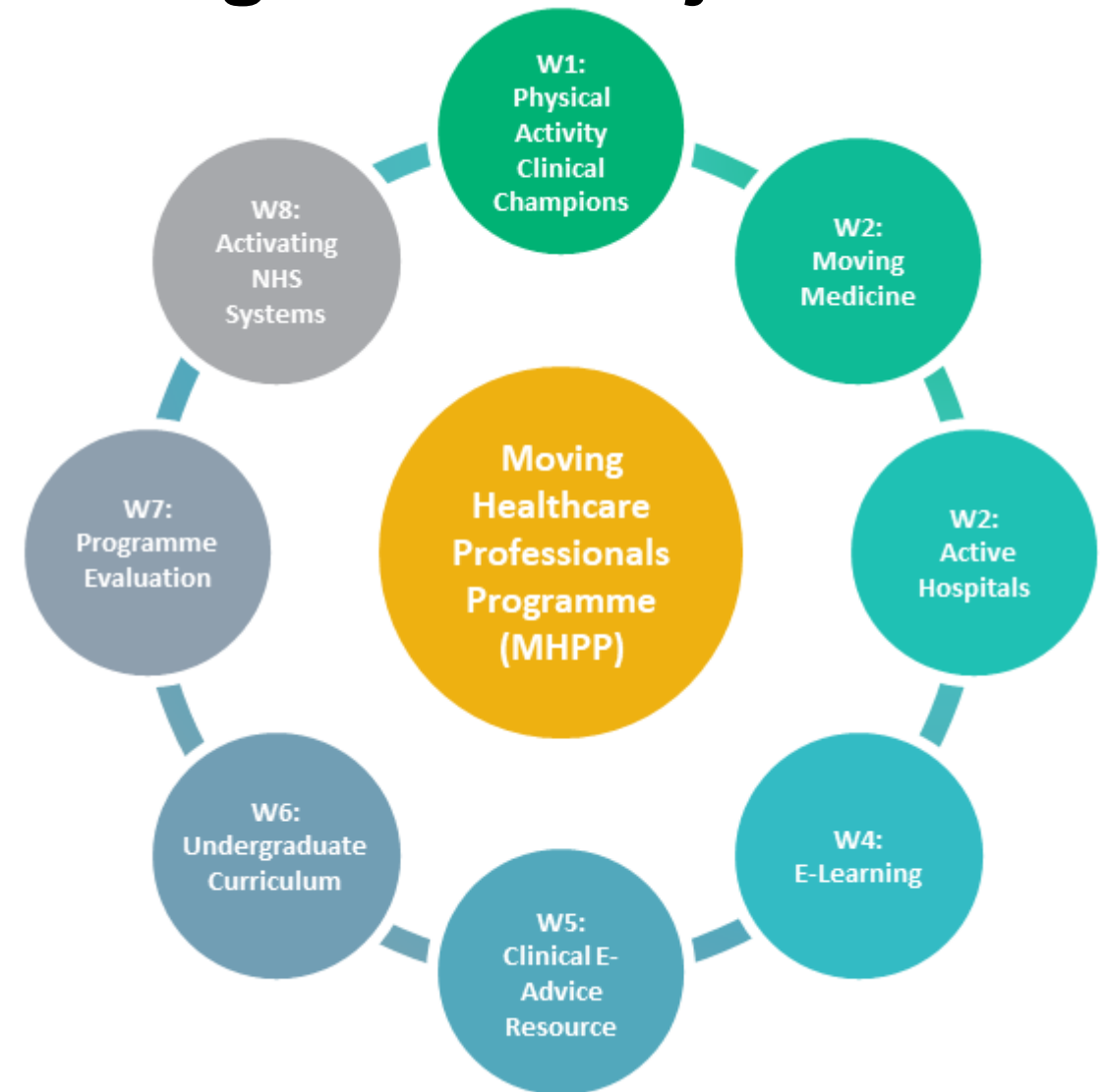
Conclusion: GPs value PA yet well-known barriers exist to embedding promotion into primary care. As primary care reconfigures, there is an opportunity to embed PA into systems, services, and processes.

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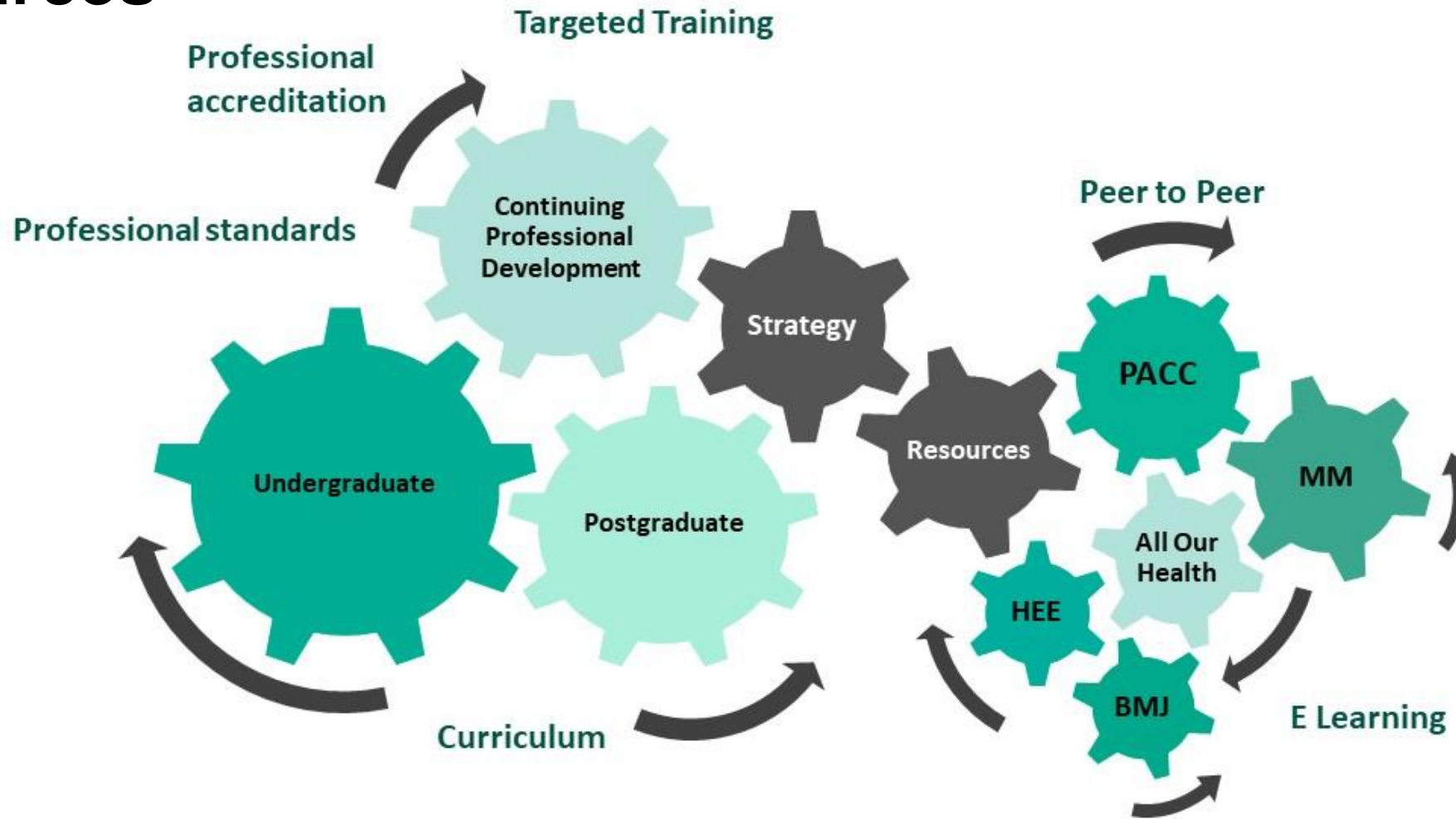
[bjgpopen-6-0227.pdf \(nih.gov\)](https://www.nih.gov/bjgpopen-6-0227.pdf)

Moving Healthcare Professionals Programme Objectives

- Increase HCP awareness, knowledge and skills to promote PA to patients to prevent and manage ill health and reduce inactivity (**knowledge and skills**).
- Identify, test and evaluate interventions and effective delivery models to increase HCP awareness and skills (**‘what works’**).
- Understand potential for sustainable implementation of interventions and delivery models to achieve large-scale change (**sustainability and scalability**).



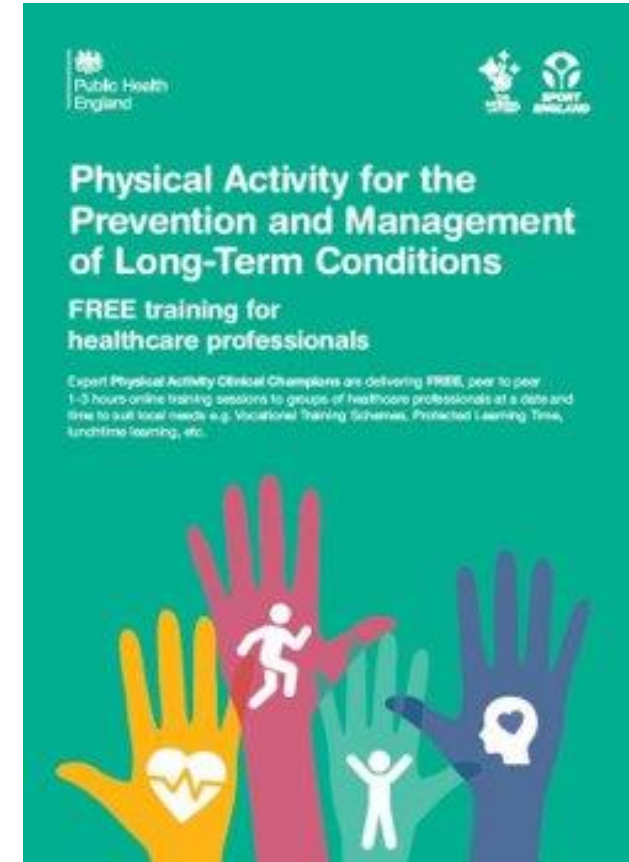
Developing education, training and resources



Physical Activity Clinical Champions (PACC)

Peer-to-peer training programme, delivered by a national network of trained healthcare professionals known as Physical Activity Clinical Champions (PACCs).

The aim of the workstream was to increase population levels of physical activity by increasing the proportion of healthcare professionals integrating conversations about physical activity into routine clinical practice in England.



Moving Medicine

An online free-to-access resource developed by the Faculty of Sport and Exercise Medicine (FSEM), launched in 2018.

Through the Moving Medicine website, healthcare professionals have access to conversation guides selected by age, condition and time available with the patient.

Moving Medicine provides healthcare professionals with up-to-date information about physical activity, as well as practical step-by-step guides to help them engage in quality conversations with patients, including one-, five-, and more-minute conversation guides.

New modules were launched based on HCP feedback: Obesity, Menopause, T1 Diabetes, Anxiety and existing adult modules from Phase 1 were updated.



**The 1 minute
conversation**



**The 5 minute
conversation**



**The more minute
conversation**

E-Learning

The E-Learning modules provide a mechanism for continuing professional development as part of the MHPP for those healthcare professionals who prefer to study remotely.

HEE

10 Free-to-access E-Learning modules on physical activity and health, delivered by Health Education England (HEE) and hosted on the elearning for healthcare (elfh) portal

BMJ

9 E-Learning modules relating to physical activity, and primarily targeting GPs, have also been available on the British Medical Journal (BMJ) learning platform.



Health Education England



E-Advice

A digital resource to support the delivery of brief advice for physical activity in primary care, led by OHID's Behavioural and Social Sciences team.

The digital resource had two aspects to it:

- An e-Prompt for HCPs to encourage them to raise the topic of physical activity with their patient
- A patient facing resource with recommendations about physical activity which the HCP could print or send electronically to their patient.

E-ADVICE

The E-Advice workstream provided **a better understanding** of requirements to embed a digital tool within primary care.

A pilot of the E-Advice tool is required to make an informed decision about its progression.

Undergraduate Curriculum

This workstream had the intention of building strategy and policy to increase the frequency and consistency of physical activity within undergraduate medical school curricula.

This led to engagement with a wide range of stakeholders and is helping to scope out and co-develop plans that set out the actions to be taken to embed physical activity within the undergraduate curricula.

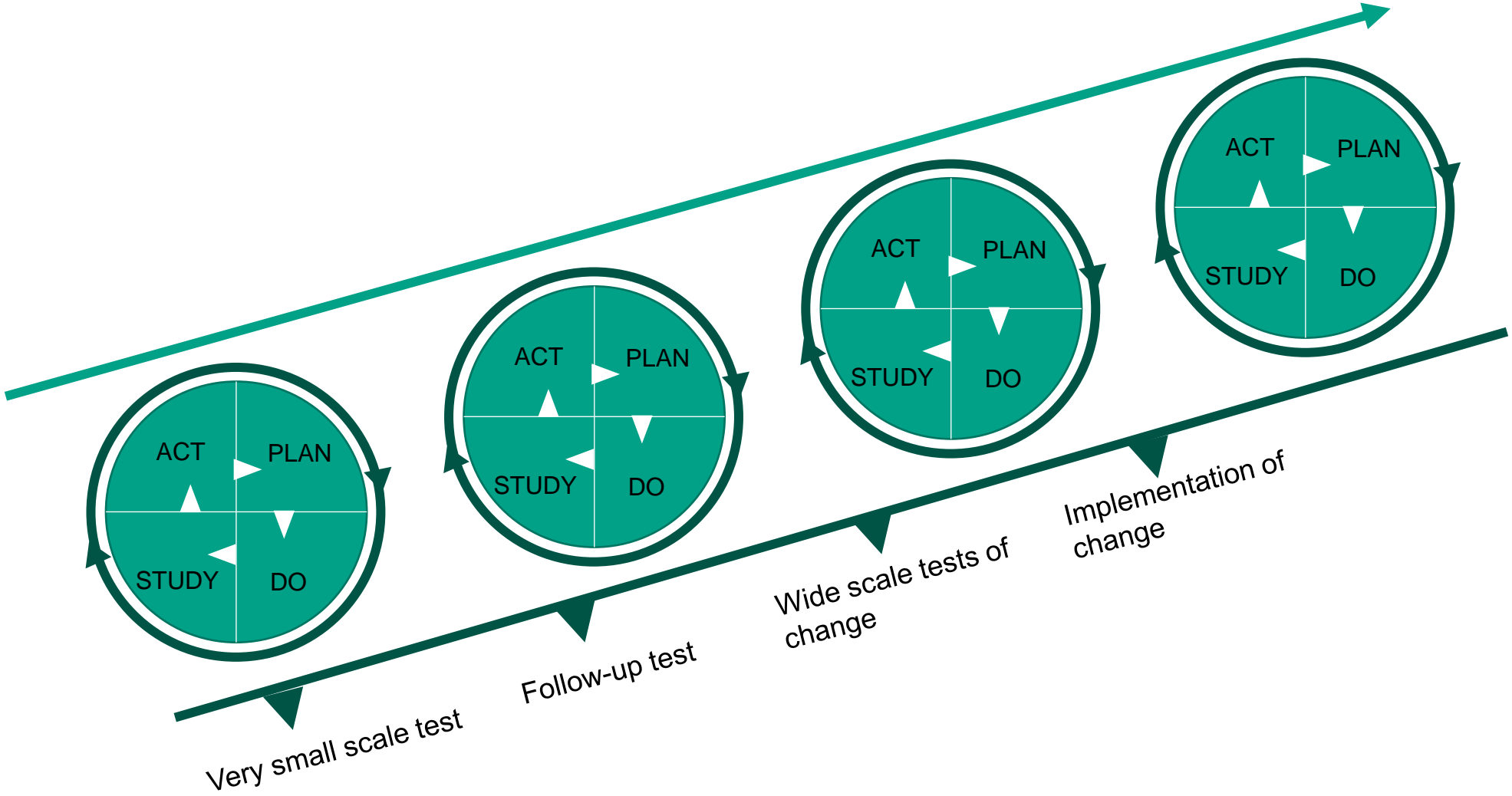
UNDERGRADUATE CURRICULUM

Stakeholder feedback identified that embedding elements of the MHPP programme into the undergraduate curriculum would **significantly elevate the reach and impact of the programme.**

Physical activity promotion in the undergraduate curriculum **targets healthcare professionals at the start of their career**, ensuring that all healthcare professionals are **trained to the same standard early on.**

The workstream engaged with the student population, identifying the importance for **using the student voice a lever for change.**

Supporting the system to change



Active Hospitals

Four NHS trusts piloted 'whole hospital' approaches to develop an evidence-based protocol for embedding physical activity as a part of treatment in secondary care, to improve the clinical and quality of life outcomes of people accessing secondary care.

Pilot hospitals were:

- Sheffield Children's Hospital NHS Foundation Trust
- Nottingham University Hospitals NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust

Nottingham
University Hospital 
NHS Trust

Sheffield Children's 
NHS Foundation Trust


Northumbria Healthcare
NHS Foundation Trust


North Tees and Hartlepool
NHS Foundation Trust

Activating NHS Systems

A whole systems approach to the promotion of physical activity.

NHS Horizons were commissioned to:

- Raise visibility and embed the importance of physical activity consistently across NHS systems
- Make physical activity for prevention and management of LTCs the norm,
- Empower NHS systems and leaders to understand the broader benefits of delivering physical activity as part of health and social care system

The logo for NHS Horizons, featuring the word "HORIZONS" in a bold, white, sans-serif font centered within a solid blue rectangular background.



Transition Plans

- Assets transferred to third parties, where future ownership is not already established
- Continued working with NHS Horizons and wider system partners
- Creating a plan for the future
- Sharing the evidence, narrative and good practice
- Reviewing and considering the governance needed
- Place based tailoring