

Health Improvement Action in Hospital Settings: Action 18.7: Physical Activity

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CEL (1) 2012 Annual Report Summary Briefings – Year 1

This paper is part of a series of briefing papers summarising national health improvement action within the hospital and community hospital setting, reported to Scottish Government as part of the formal governance requirements for delivery of CEL (1) 2012. Information within these reports has been extracted from Year 1 Annual Reports submitted on 30 April 2013 and, therefore, reflects reported health improvement action from January 2012–April 2013.

NHS Boards received individual feedback on their annual report submissions and these can be read alongside the briefings series in order to support local-level discussion.

Briefing papers within this series include: **1** Context for Delivery (Core Actions 1–5); **2** Tobacco; **3** Alcohol (covering selected performance measures not reported through the ADP Governance Framework); **4** Breastfeeding; **5** Healthy Working Lives; **6** Sexual Health; **7** Physical Activity; and **8** Active Travel.

NHS Boards received feedback on Action 18.4 Food and Health within their individual feedback.

To view the entire briefing series, and for all other secondary care health improvement support, please visit our NES Knowledge Network Portal at:

www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs.aspx

CEL (1) 2012 Action 18.7: To increase opportunities for staff, visitors and patients to be physically active; and to encourage and support staff and patients to be more physically active, including the provision of advice to staff and patients on the importance and benefits of physical activity.

Performance measures:

1. Evidence of brief advice and/or brief interventions for the routine provision of information and advice to patients on physical activity.
2. Increase opportunities for staff to be more active.
3. Increase uptake of opportunities to be more active by staff.
4. Evidence of the use of promotional and motivational posters and other materials to encourage staff and visitors to make more active choices.

Outcome:

NHS staff routinely highlight the importance of physical activity for patients in hospitals as part of their rehabilitation and for prevention of future illness.

Increased opportunities for staff, patients and visitors to be more physically active.

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Background

Physical activity promotion is a new area of delivery within health improvement national policy requirements for hospital settings. Consultation during the governance framework development highlighted concerns on the lack of existing evidence and infrastructure to support the delivery of Action 18.7, specifically in relation to embedding physical activity promotion into clinical contacts. In response to this, significant national resource was provided to develop support resources and mechanisms for delivery, which included:

- *National Physical Activity Pathway* (abridged version)
- CEL (1) 2012 Appendix A Implementation Guidance
- Raising the Issue of Physical Activity e-learning module
- Inputs at the PA SIG and HPHS National Network from Scottish Government and NHS Health Scotland Physical Activity/HPHS teams
- Forming a HPHS National Network Physical Activity subgroup
- *Every Step Counts* film resource
- Patient-facing *Get Active!* resource suite
- Local level awareness raising events led by key stakeholders
- Data collection tools using the QI Framework

Summary of data provision

No NHS Boards are exempt from physical activity health improvement action. Annual reports submission were received from all 14 delivery NHS Board areas and the Golden Jubilee Hospital Trust, therefore, unless specified n=15.

All submissions provided evidence against the four performance measures for Action 18.7, which varied in detail and relevance. The findings below summarise the evidence provided.

Summary of findings

Performance measure 1: Evidence of brief advice and/or brief interventions for the routine provision of information and advice to patients on physical activity.

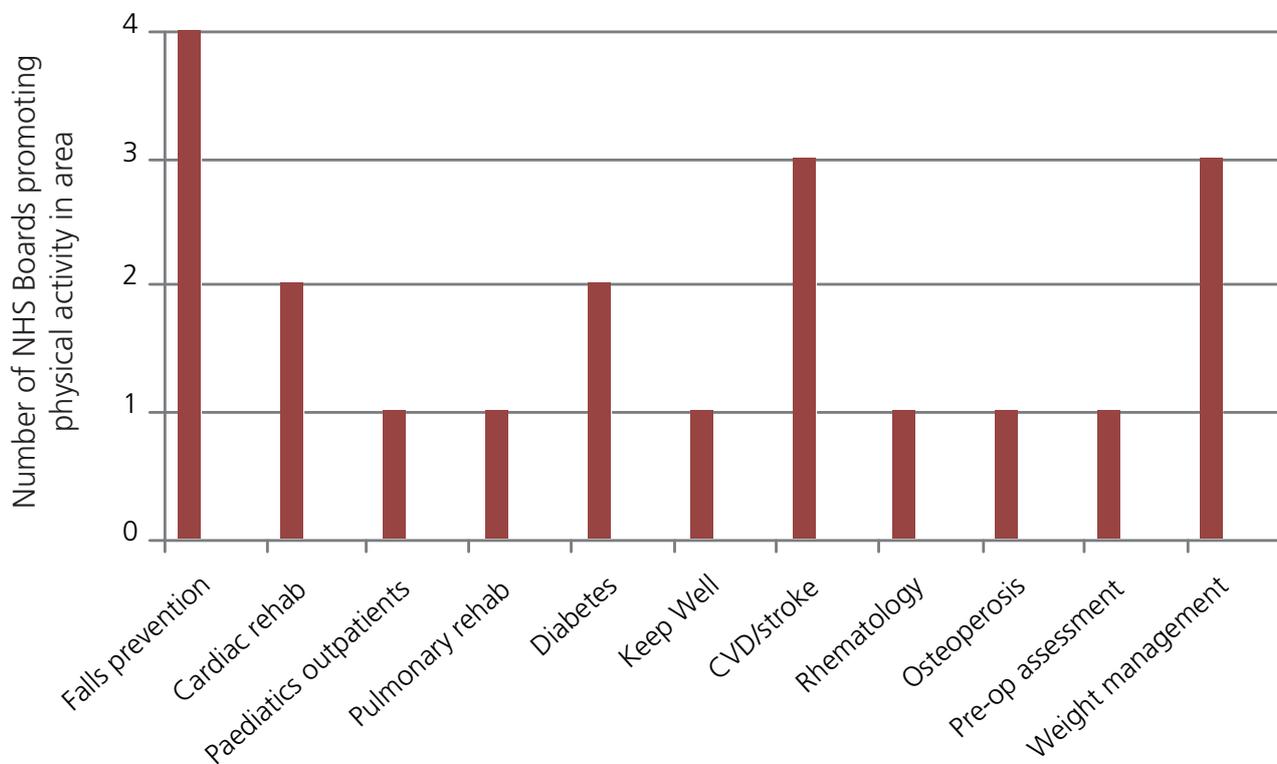
Required evidence: NHS Boards were asked to provide: i) details of staff groups delivering brief advice and/or brief interventions within defined patient pathways ii) evidence of adoption of National Physical Activity Pathway iii) staff training plan for employees responsible for the delivery of local physical activity pathway.

National Physical Activity Pathway implementation

Evidence submissions have indicated that physical activity promotion in hospitals has now been established at some level across all NHS Boards. All reported activity is, at this stage, small scale within most NHS Board areas and much activity to date has focused on up-skilling

staff and generating implementation plans. However, six NHS Boards reported one or more areas where brief advice and/or brief interventions are currently being delivered within specific clinical specialities and/or by named professional groups. These were:

Clinical areas where physical activity is currently being promoted



The nine additional NHS Board areas reported that activity to implement Action 18.7 was at the planning stage at the point of annual report submissions. Of the six NHS Board areas where physical activity is currently being promoted to patients, evidence of plans to cascade brief advice and/or brief interventions to wider settings was also detailed. Specialities where physical activity promotion is currently being planned for include: mental health, podiatry, arthroplasty, radiology, oncology, orthopaedics, patient health points, respiratory and cardiology.

Two NHS Boards submitted quantitative data on the number being delivered; however, one was a 'snapshot' of activity over a four-week period only. Evidence submissions from other NHS Boards reported efforts to embed physical activity promotion as part of routine care, but proportions/numbers of delivery were not provided.

One NHS Board reported alterations to patient record documents had been made in order to support data collection to report that 100% of patients attending a pre-operative assessment had their current physical activity levels recorded.

Staff awareness-raising and training

Raising awareness of promoting physical activity to patients with clinical staff has been approached through a range of actions. These include: promoting *23 ½ hours* film (two NHS Boards), educational sessions/events (four NHS Boards) and one NHS Board had identified

physical activity champions within each department in order to encourage inactive colleague to become more active, as well as training and identifying a number of walking volunteers.

13 NHS Board areas provided evidence of staff training to deliver the local physical activity pathway to deliver brief advice and/or interventions.

Up-skilling staff to promote physical activity was predominately being rolled out through a mix of the e-learning module 'Raising the Issue of Physical Activity' (five NHS Boards), and Health Behaviour Change training (four NHS Boards) through universal and targeted dissemination, through staff intranets and local health improvement training packages. However, numbers of staff engaged were still relatively low, due to the challenges around access to computers and lack of protected time for non-mandatory training.

Seven NHS Boards reported that staff training had occurred with Allied Health Professionals (AHP) through specific targeting, as part of the AHP Pledge Implementation plan. One NHS Board had supplied all AHPs with patient-facing *Get Active!* resources from NHS Health Scotland.

Staff physical activity

Performance measure 2: Increase opportunities for staff to be more active.

Performance measure 3: Increase uptake of opportunities to be more active by staff.

Required evidence: Submit plans and/or reports on workplace physical activity scheme baseline data of staff physical activity scheme uptake.

A wide range of physical activity opportunities for staff were cited within performance measures 2 and 3 evidence submissions. Key mechanisms in support of staff activity were national programmes such as the Green Exercise Partnership, linking with the Forestry Commission and/or Scottish National Heritage, as well as much activity driven through the Healthy Working Lives programme.

The range of activities covered included walking groups (most common), bike maintenance, gardening, football and a number of exercise classes such as pilates, yoga and zumba. The access to these opportunities varied significantly within, and across, NHS Board areas.

National campaigns cited as supporting delivery were the 5x50 challenge, Walk to Work week, Paths for All step count challenge, Cycle to Work scheme and Men's Health Week.

A number of NHS Boards also noted that local sports committee or corporate membership deals with health and fitness centres were in place, and a small number of NHS Boards also noted staff access to hospital gyms.

Measurement of staff engagement in physical activity schemes was poor with only six NHS Boards providing any data on staff uptake of physical activity opportunities, which were predominately not Board-wide (i.e. by specific hospital/locality only). Most data available was for those accessing local corporate gym memberships, and was not attributable to specific staff groups.

Communications support

Performance measure 4: Evidence of the use of promotional and motivational posters and other materials to encourage staff and visitors to make more active choices.

Required evidence: Submit evidence of range of physical activity promotional and motivational tools in place.

Physical activity is currently being promoted through a wide range of mechanisms across hospitals in Scotland. Similar to the active opportunities available, these vary in scope and range depending on NHS Board and hospital site.

Communications to staff:

- The majority reported that staff communication mechanisms included: staff newsletters, staff intranet (to both use and promote: 23 ½ hours, www.activescotland.org.uk) and global staff emails.
- A small number had noted that they identified clinical/departmental champions, include information within team briefings and hold special events e.g. staff football tournaments/ lunch time learning events.
- One NHS Board has incentivised active travel through their efficiency programme.

Communications to patients and visitors (which may also benefit staff):

- Resources: NHS Health Scotland *Get Active!* suite, British Heart Foundation resources and stair-walking posters.
- Information portals: site walking maps/information boards, plasma screens, patient information centre/health promotion information points and public noticeboards.
- One NHS Board has also taken work forward with their Heart Disease and Stroke Managed Clinical Network with the third sector to promote physical activity.

Summary of reported action

Progress has been made in the promotion of physical activity as part of the CEL (1) 2012, which has been evidenced in the capacity-building and awareness-raising actions detailed above. However, progress across the NHS Boards is not consistent throughout Scotland.

As a programme of work in its infancy in the hospital setting, continued support to provide evidence of how specific conditions can benefit from physical activity, in relation to both treatment and prevention is needed. Dissemination of the support resources available to continue infrastructure development, including emerging practice examples, and more robust and consistent data recording mechanisms are also required.

For all support on implementation of CEL (1) 2012, please contact the HPHS national support programme at NHS Health Scotland by emailing:
nhs.HealthScotland-hphsadmin@nhs.net