Scottish Government Feedback: CEL (1) 2012 Action 18.7:
Physical Activity

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Reflection on CEL (1) 2012 Year 1 Annual Report Summary Briefing Paper (7):

Scottish Government Response

The CEL (01) 2012 annual reports show encouraging emerging practice, however significant work remains to ensure that promotion of physical activity is a routine part of clinical care by March 2015. Much of the momentum and progress to date has been the result of enthusiastic and forward-thinking staff groups or individuals. The next phase must display a more co-ordinated approach within boards, with managerial buy-in, an emphasis on staff training and support, and systematic sharing and up-scaling of existing good practice.

To facilitate this transition, important new links have already been established in many areas between physical activity, public health, clinical, and health improvement leads. Such relationships will be vital in supporting the collaborative approach required to drive forward this relatively new area of work within hospitals.

1. Promotion of physical activity to patients:

Adoption of the National Physical Activity Pathway in relevant clinical settings is a key minimum requirement of Action 18.7. Consultation with boards consistently highlighted inadequate staff knowledge as a barrier to implementing this CEL requirement. Accordingly, the evidence required for Year 2 has been restructured, with additional emphasis on education and training of staff. The evidence-base for physical activity in many disease processes is now well-established, and must no longer be overlooked within hospital settings. Year 1 reports reflect the breadth of specialties which can benefit from including physical activity promotion in care pathways, with 11 distinct clinical settings represented across 6 boards. The remaining 9 boards report that implementation of the National Physical Activity Pathway is at a planning phase. The timely arrival of new educational resources (“Every Step Counts” film, PA Pathway guidance, etc) will facilitate the transition from planning to action for all boards.

A new requirement has been added for Year 2, specifying that relevant patient documentation should be amended to record physical activity status alongside the smoking and alcohol history. This important action has already been implemented in Year 1 by certain areas, providing structured opportunities for assessment of patient activity levels, delivery of
brief advice, and improved data collection. A Quality Improvement package has been developed centrally which can be used to standardise the evaluation of new practice.

2. Staff opportunities and uptake:

Raising levels of physical activity amongst NHS staff is important for two reasons:

1) An active workforce will be more productive, take fewer sick days etc.

2) Staff who are active are more likely to promote physical activity with their patients.

Year 1 reports display a varied approach to tackling this issue. Ideas of merit include:

- improved access to hospital gyms for staff (and patients), proving that the obstacles to doing so can be overcome.
- staff walking groups/running clubs/exercise classes etc. either within hospital grounds or through links with local organisations.
- improved opportunities for active travel, including enhanced staff changing facilities.

It is noted from the annual reports that access to these opportunities varies significantly both within, and across, Board areas. Initiatives such as walking groups/running clubs etc. must be afforded adequate timeframes to develop and flourish. Success should be viewed as increased opportunities rather than initial uptake, as culture change can take some time! Efforts should be made to increase the visibility of staff, visitor, and patient activity within the hospital environment. Support for national initiatives should be universal and discernible (eg. 5x50, PFA Step-Count Challenge, Walk to Work Week, Cycle to Work scheme).

Measurement of staff engagement with physical activity opportunities was generally poor, and fresh approaches to capturing this information should be devised at Board level.

3. Communications Support:

With the Glasgow Commonwealth Games on the horizon, the coming year offers a unique opportunity to highlight the crucial link between physical activity and health and wellbeing. Links with third sector groups (eg. Paths for All, Cycling Scotland, Jog Scotland, Community Sports Hubs) should be encouraged, utilising their expertise to improve awareness and opportunities for activity amongst staff, visitors and patients.

One element of communication that should not be undervalued is the circulation of local success stories. Areas of good practice should be identified and shared within Boards. The NHS HS Physical Activity SIG should be the platform to share exemplar activity between Boards, with presentations providing sufficient detail of the activities undertaken.

**CEL (1) 2012 Implementation Guidance Year 2**

**Delivery Context**

Recognising the vital contribution the Health Sector will play in increasing activity levels across Scotland, the Government’s forthcoming National Physical Activity Plan will set out bold aims for the coming years which closely align with the CEL Actions:
- All health and care professionals will have the knowledge and skills to promote the recommended levels of physical activity to patients.

- Physical activity status will be routinely recorded for all patients alongside smoking and alcohol history.

- New links will be forged between the health system and the community, enabling signposting to local opportunities.

- Public sector organisations will prioritise active travel to and from work and during the working day.

Whilst a range of Government sectors have responsibilities in the physical activity agenda, it is imperative the Health Service embraces its own responsibilities and plays a leading role.