

Public Health Intervention Guidance

Workplace Physical Activity – Consultation on Draft Guidance – Stakeholder Comments Table 21st December 2007 to 25th January 2008

| Stakeholder Organisation | Evidence submitted | Section | Page Number | Comments Please insert each new comment in a new row. | Response Please respond to each comment |
|---|--------------------|---------|-------------|--|--|
| Association of Public Health Observatories (APHO) | | General | | We welcome this guidance. SEPHO is the lead public health observatory for physical activity and we recognise the potential importance of the workplace in encouraging people to be physically active. | Thank you |
| Association of Public Health Observatories (APHO) | | 2 | 8 | <u>Government policy</u> You might also mention government's encouragement of workplace travel plans | Noted. Thank you. |
| Association of Public Health Observatories (APHO) | | 1 | 4 | <u>Recommendation 1</u> We have an overall concern that policies such as this simply will not be implemented by small and medium size enterprises. This might contribute to health inequalities as these are the types of employers that are more likely to employ people on a low wage or from ethnic minorities. | We are aware of the difficulties in encouraging SMEs to implement this guidance. The NICE implementation team will produce a range of tools to support implementation of the guidance. |
| Association of Public Health Observatories (APHO) | | 1 | 5 | <u>Recommendation 3</u> As we said in our previous guidance, It is unfortunate that stair climbing has so much prominence, as it seems to have limited potential to improve public health compared to other areas (notably active commuting). The duration is extremely short and total calorific expenditure is unlikely to be great (particularly walking downstairs, which we note some studies included). | We note your comment and will pass it on to PHIAC for their deliberation, however, as we are sure you are aware, there is robust evidence for the effectiveness of interventions to increase stair use. |
| Association of Public Health Observatories (APHO) | | 1 | 6 | <u>Recommendation 4</u> We would like to see more prominence given to cycling which has the potential to make a significant contribution to public health due its ability to be incorporated into daily routines. We consider the evidence base for cycling interventions to be sufficient to justify inclusion in this guidance. | We agree that there is a good evidence base for cycling, even if not related to the workplace. We will ask PHIAC to consider this. You may also be interested in the recommendations in the PA and Environment guidance on cycling and walking. We will consider whether any further reference to these is needed in this document. |

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| Bedfordshire PCT | | 1 | 4 - 6 | <u>All Recommendations</u> Suggest that 'what action should be taken' should be moved up to form the recommendation, for example, Recommendation 1: Develop and organisation-wide policy or plan to encourage employees to be more physically active...' | We will pass this comment on to our editors. |
| Bedfordshire PCT | | 1 | 4 - 6 | <u>All Recommendations</u> In 'who should take action' an overarching statement regarding identifying a lead person to co-ordinate and move forward would be helpful, and this role forms part of their JD. Otherwise there is danger of organisations thinking others are taking the lead and nothing is actually being done. | We feel this may be a little too restrictive given the variety of structures within organisations. |
| Bedfordshire PCT | | 1 | 4 | <u>Recommendation 1</u> Suggest expand statement to say 'Develop or Review organisation-wide policy on health at work, to include initiatives aimed at increasing physical activity'. | Thank you. We will consider this. |
| Bedfordshire PCT | | 1 | 5 | <u>Recommendation 2</u> Suggest define 'multi component' to say that this would include assessment of motivation and confidence. There is evidence surrounding the use of physical activity counselling, yet the recommendations do not currently refer to this. | We would see this as coming under the bullet point 'advice and support' |
| Bedfordshire PCT | | 1 | 5 | <u>Recommendation 2</u> The example of written information possibly needed to be put in context. The use of leaflets and posters only have a short-term effect but can be useful as part of a bigger intervention and a programme of activity; it would also be helpful to include information on local opportunities. | The comment about written information is as part of an 'organisation-wide, multi-component programme'. |
| Bedfordshire PCT | | 1 | 5 | <u>Recommendation 2</u> In 'what action should be taken' last bullet point refers to walking or cycling to work. It may also be helpful to say walking and cycling as part of your working life, including to and from work, or using walking meetings rather than sitting round a desk and using pool bikes or fold away bikes to cycle between meetings. Whilst we appreciate that the examples need to be succinct, people may already consider the travelling to and from work and for many these is not a feasible option, but using active travel during the working day may be easier? (same comment applies to section 1: Recommendation 4) | Noted. Thank you. |

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| Bedfordshire PCT | | 1 | 6 | <u>Recommendation 3</u> In 'what action should they take' suggest focus on the time element of stair climbing as the economic driver will be a better starting point for businesses not previously engaged | Noted. Thank you. |
| Bedfordshire PCT | | 1 | 6 | <u>Recommendation 4</u> In 'what action should they take' suggest focus is generally on active forms of transport rather than just walking. The evidence statement 3 and 11, which are used as part of the rationale for Recommendation 4 also refers to cycling and other 'active travel interventions' | Noted. Thank you. Incorporation of cycling and other forms of active travel into recommendation 4 will be considered by PHIAC |
| Bedfordshire PCT | | 1 | 6 | <u>Recommendation 4</u> Comment same as for Section 1: Recommendation 2, page number 5 (above) | Noted. Thank you. |
| Bedfordshire PCT | | 2 | 6 - 8 | Numbering subsections would help the flow of the document | We will pass this on to our editors. |
| Bedfordshire PCT | | 2 | 6 - 8 | Information on tax breaks for businesses would be helpful, although this may be something that would sit better and may already be included in the 'Guidance for implementation' | Thank you. I will pass this information on to our implementation team. |
| Bedfordshire PCT | | 2 | 7 | <u>2nd paragraph</u> Reference to physical activity as an independent risk factor would also help to strengthen the rationale | Noted. Thank you. |
| Bedfordshire PCT | | 2 | 7 | <u>3rd paragraph</u> It would help to emphasise the key point in the paragraph more, for example, 'However, only 35% of men etc...' | Noted. Thank you. |
| Bedfordshire PCT | | 2 | 7 | <u>3rd paragraph</u> Final sentence regarding varying PA levels with age etc, it would help to expand this and emphasise that physical activity decreases with gender etc and why. It assumes that people are aware that this variance is actually a decline in activity patterns, so it would help to be more explicit for those non-PA people who will be involved in delivery the guidance. | Noted. Thank you. |
| Bedfordshire PCT | | 2 | 8 | <u>Government Policy</u> Suggest take out reference to NSF's as they are out of date. Choosing activity is a useful reference, but possible also referring to Healthcare Commission targets, Public Service Agreements, Local Area Agreements and Local Delivery Plans would also help to strengthen this. Reference to broader non-PA targets would also be useful. | Noted. Thank you. This section will be updated to include current policies such as the obesity strategy |

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| Bedfordshire PCT | | 3.3 (& 3.6) | 9 | Self reporting interventions such as step-o-meters also have a positive effect, yet again these outcomes are only reported over short periods, which also brings into question reliability for self-monitoring and reporting, not to mention the accuracy of the tool (stepometer). | Noted. Thank you. These issues are considered in the reviews of the evidence and by PHIAC in its deliberations. |
| Bedfordshire PCT | | 3.5 | 9 | Suggest this paragraph is broken down and explained more as it is slightly confusing to read. | We will reconsider this. Thank you. |
| Bedfordshire PCT | | 3.14 | 10 | Excellent point to bring out and definitely one worth emphasising | Thank you. |
| Bedfordshire PCT | | 4 | 12 | <u>Other tools</u> The recommendations refer to broad programmes, which can be interpreted in various ways. Whilst this gives flexibility to organisations to set up programmes appropriate to their needs, it would be helpful to give examples of delivery options for the guidance to enable non-PA specialists to take this forward. This may be covered within the draft guidance for implementation and one which we are looking forward to commenting on. | Thank you. We will pass this comment on to our implementation colleagues. |
| British Association for Counselling and Psychotherapy (BACP) | | 1 | 5 | <u>Recommendation 2</u> “Provision of a health check” – will this be government funded? If not government funded but an additional financial burden for an organisation to bear, this may deter provision of such a service by many organisations or varying levels of provision (primarily SME’s, voluntary and charitable status). | NICE does not determine government funding. The role of NICE is to provide national guidance on the promotion of good health and the prevention and treatment of ill health. |
| British Association for Counselling and Psychotherapy (BACP) | | 1 | 5 | <u>Recommendation 2</u> “dissemination of informationhealth benefits of activity ... tailored to meet individual needs ” – is the inference here that employers (HR, Senior Managers or Line Manager) will be encouraged to make statements and possibly assumptions/recommendations on the state of an individual’s health and the actions that the individual should take to mitigate. This has the potential to take non-qualified ‘health’ people into a very contentious area of personal issues – i.e. overweight and obese employees – which may potentially lead to harassment claims? | The recommendation attempts to convey the evidence that tailored support for physical activity is more effective than generic support. We will consider ways to mitigate this inference. |

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| British Association for Counselling and Psychotherapy (BACP) | | 1 | 6 | <p><u>Recommendation 3 (and General)</u> “Strategic placing of signs around the building” – whether in-house designed or a Government standard may have some impact on employees stance as regards physical activity. Current experience is showing that having relocated from a building with no lift, to a building which now has a lift majority of employees still continued to use the stairs – so maybe it is more about custom and practice. Therefore, signage may assist new employees and the promotion of a healthy active workplace could be included in induction meetings/company handbook. Government standardised literature, including signage, freely available at no cost to organisations, would be of benefit.</p> | We agree. We hope that we will be able to point to sources of such signage as part of the implementation toolkit for this guidance. |
| British Association for Counselling and Psychotherapy (BACP) | | General | | <p>The concept of encouraging employees to adopt a healthier lifestyle is to be applauded. However for this to be achievable there needs to be improved and easier access to more local facilities i.e. gyms, swimming pools, parks (open spaces) etc. Whilst employers could incorporate the need to take physical activity in flexible working plans etc, these are meaningless if there are no facilities (near workplace or home) for individuals to use; the concept will fail. Government may need to consider investing in new/existing public facilities as many organisations will have neither space nor funds for in-house facilities.</p> | Noted. Thank you. |
| British Association for Counselling and Psychotherapy (BACP) | | 3.10 | 10 | <p>“ensure everyone has an equal chance to improve their physical activity levels at work”.</p> <p>Its noted that report goes on to acknowledge in the same sentence that this will be difficult for people with disabilities.</p> <p>Employers already have a raft of discrimination legislation to contend with; best endeavours in meeting ‘Government’ targets for a healthy active workplace could spectacularly back-fire if for whatever reason it was not possible to make them <i>fully inclusive</i>. What protection then will there be for employers against disability discrimination claims? Is there going to be any legislation surrounding workplace physical activity?</p> | NICE does not determine government legislation. The role of NICE is to provide national guidance on the promotion of good health and the prevention and treatment of ill health. |

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| British Occupational Health Research Foundation (BOHRF) | | 1 | 4 - 6 | It is not clear from the document which recommendations are based on the evidence and which are derived from expert view. | Appendix C of the draft guidance document sets out the evidence used to make each recommendation. In addition, the reviews used to generate the evidence are available on the NICE website. |
| British Occupational Health Research Foundation (BOHRF) | | 1 | 4 - 6 | The process of enabling stakeholders to comment on the recommendations leads to the likelihood of recommendations being re-worded to some extent. There is a risk of bias being introduced because there may well be drift away from what the published evidence found and, possibly, drift away from what the expert group considered to be evidence | We agree. However it is fundamental to the NICE process to generate guidance that is relevant to practitioners and implementable in the real world. |
| British Occupational Health Research Foundation (BOHRF) | | 3.5 | 9 | It is unclear why short term benefits of exercise on mental health were not included. Employers generally find that it is short term absences that are especially disruptive. | Noted. Thank you. The guidance does not review the benefits of physical activity (which includes mental health benefits) and these are referenced in section 2. The economic modelling of the cost of absenteeism attempted to capture the short term benefits of physical activity, which would include the benefits to mental health, by using absence from work as a proxy-measure for such short-term benefits. |
| British Occupational Health Research Foundation (BOHRF) | | 3.6 | 9 - 10 | This is a very important point. | Thank you. |

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| <p>British Psychological Society</p> | <p>1</p> | <p>5</p> | <p><u>Recommendation 2</u> The guidance outlines that employers should make the provision of incentives as an important provision in order to promote physical activity among employees. We think this is a useful suggestion. However, the GDG should be aware of the literature on the importance of intrinsic and extrinsic incentives and how the manner in which they are presented can affect motivation and persistence. Rewards and incentives that are extrinsic in nature can undermine intrinsic motivation if they are not presented in such a manner so as to be 'informational' about performance rather than performance or outcome contingent. Research has shown that once the reward or incentive is removed, behaviour can cease as the behaviour was dependent or contingent solely on obtaining the reward or incentive. Therefore, we think the use of incentives needs to be qualified, such that they encourage or promote competence and intrinsic reasons for doing physical activity, rather than controlling behaviour and doing physical activity made to be contingent on obtaining the reward. For a review of the literature on self-determined motivation and intrinsic and extrinsic rewards in the workplace see Gagné, M., & Deci, E. L. (2005). Self-determination theory and work motivation. <i>Journal of Organizational Behavior</i>, 26, 331-362.</p> | <p>Thank you. We will ensure that PHAC are aware of this.</p> |
| <p>British Psychological Society</p> | <p>3</p> | <p>9</p> | <p>These considerations are comprehensive and thorough and suitably delineate the boundary conditions of the scope and the guideline. We think the statement that the guideline should be part of a wider programme to promote physical activity is well made. We thought it might be worth highlighting that promoting physical activity in the workplace is a useful existing network which will permit messages promoting physical activity and other schemes reach a wide audience and maximise their effectiveness. It is very difficult to reach a wide audience in community settings, so the workplace is a useful means of reaching a large proportion of the population, with relatively low cost.</p> | <p>Noted. Thank you.</p> |

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| British Psychological Society | | General | | A final point might be to mention the effectiveness of physical activity in helping manage other health-compromising behaviours like smoking. Particularly given the national ban on smoking in all public places. Physical activity has been shown to be very useful in managing the cravings for cigarette smoking, for a review see Taylor, A. H., Ussher, M. H., & Faulkner, G. (2006). The acute effects of exercise on cigarette cravings, withdrawal symptoms, affect and smoking behaviour: A systematic review. <i>Addiction</i> , 102, 534-543. | Noted. Thank you. |
| BT Group plc | | General | | The evidence base for the production of any sort of meaningful guidance is clearly very thin. It is therefore questionable whether the guidance will serve any useful purpose since it appears to consist almost entirely of self evident “motherhood and apple pie” exhortations. | Thank you. The guidance is based on the best available evidence. The final guidance will also include research recommendations. |
| BT Group plc | | 1 | | <u>All Recommendations</u> The separation out of employers, HR Directors, senior managers, etc displays a fundamental misunderstanding of business structures. The term “employer” is all encompassing and the attribution of responsibilities within any organisation is an internal matter which it is inappropriate for this sort of guidance to comment upon. | The guidance seeks to stress the need for buy-in by high level managers, whatever the organisation size or structure. However we will consider the wording again. |
| BT Group plc | | 1 | 4 | <u>Recommendation 1</u> The optimum methodology for implementation of any guidance is an issue for companies to address themselves. Prescriptive statements referring to policies or plans are not helpful and may not reflect the most suitable course for a company to take. Similarly setting targets may not be appropriate and recommending to the private sector a public sector strategy that many consider to have failed seems illogical. | Thank you. We will consider whether the wording of this recommendation needs to be changed to address your concerns. |
| BT Group plc | | 1 | 5 | <u>Recommendation 3</u> The document is again second guessing how a business might be structured (e.g. occupational health departments exist in only a tiny minority of companies) and this undermines the credibility of the guidance. The specific recommendation regarding lifts and stairs is laughably inappropriate and must be stated as purely an example of what might be done. Companies are best placed to determine the optimum means of communication with their own people and the guidance is yet again too prescriptive. | We will reconsider this recommendation. |

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| BT Group plc | | 2 | 7 | <u>Sickness Absence</u> This section is a set of statements which are non sequiturs. Its relevance is opaque. | Noted. This section will be reconsidered |
| Cambridgeshire PCT | | 1 | 6 | <u>Recommendation 4</u> What action should they take? Cycling is not included in this recommendation. We would have expected to see cycling, as well as walking recommended. Can you please confirm: is the evidence base relating to the impact of cycling on levels of physical activity weak, or are there other reasons for excluding cycling? We would also have expected the development of workplace Travel Plans, which promote 'active travel' (walking and cycling), to be linked with this recommendation. | We will ask PHIAC to consider the addition of cycling to this recommendation. |
| County Durham PCT and Darlington PCT | | General | | Welcome the guidance and anticipate it as being very useful (particularly regarding cost effectiveness) in supporting business cases | Thank you. |
| County Durham PCT and Darlington PCT | | General | | There is no reference in the scoping document to the links between programmes and organisational culture / leadership etc. which have a huge influence on workplace programmes. | Noted. Thank you. |
| County Durham PCT and Darlington PCT | | General | | A mention where partnership working can stall for example between competitive industries or businesses. | Noted. Thank you. |
| County Durham PCT and Darlington PCT | | General | | Recognise injury prevention or risks within setting | Noted. Thank you. |
| County Durham PCT and Darlington PCT | | General | | Address the need for knowledge access network to support different settings | Noted. Thank you. |
| County Durham PCT and Darlington PCT | | General | | Acknowledge link with voluntary (self) practices, personal resources and work environment | Noted. Thank you. |

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| County Durham PCT and Darlington PCT | | 1 | 4 | <u>Recommendation 1</u> Physical activity opportunities and provision should be offered as part of an integrated workplace mental health policy framework. | We agree and had hoped to reflect this by suggesting that employers link to other workplace policies (Recommendation 1, point 3) |
| County Durham PCT and Darlington PCT | | 1 | 5 | <u>Recommendation 2</u> Is it realistic for many organisations, especially smaller workplaces to be able to call upon employee involvement that has the specific skills to plan, design and monitor appropriate activity programmes without external support. How will specialist external support be commissioned? | We agree that this is an issue and will work to resolve it in the final guidance. |
| County Durham PCT and Darlington PCT | | 1 | 6 | <u>Recommendation 4</u> To initiate sustainable behavioural changes, i.e walking to work, employee incentives should be considered at least initially by employers | Noted. Thank you |
| County Durham PCT and Darlington PCT | | 1 | 4 | Will the motivational factors referred to include structural and organizational data? | We could not find this reference. |
| County Durham PCT and Darlington PCT | | 1 | 4 | Has any consideration been given to sickness absence figures as an outcome measure? | Sickness absence was not used as an outcome measure in the reviews undertaken for this guidance. The reviews included studies with a measure of physical activity. The reviews are available from the NICE website http://www.nice.org.uk/guidance/index.jsp?action=folder&o=36391 . It is hoped that a 'business case' may be produced as part of the implementation tools. Should this be the case sickness absence may be considered as a positive outcome to the intervention. |

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| Cycling England | | General | | <p>Cycling England welcomes this guidance. However we are extremely disappointed that the focus on active commuting stated in the original scope has not been realised in the draft guidance.</p> <p>The importance of cycling to work has been dramatically underplayed in this draft guidance.</p> <p>We urge the public health interventions advisory committee to consider the key role that cycling to work can play in improving health through offering an opportunity for regular habitual physical activity.</p> | We agree and will be asking PHIAC to consider the addition of cycling to recommendation 4. |
| Cycling England | | 1 | 4 | <p><u>Recommendation 1</u> Should mention workplace travel plan</p> | Noted. Thank you |
| Cycling England | | 1 | 5 | <p><u>Recommendation 2</u> This is the only cursory mention that cycling receives in the whole set of recommendations.</p> | Noted. We will ask PHIAC to consider the addition of cycling to recommendation 4. |

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| Cycling England | | 1 | 5 - 6 | <p><u>Recommendation 3</u> This is a perfect example of the 'inverse evidence law' in action. Stair climbing interventions are easy to evaluate, and have been the subject of countless studies often replicating exactly the same approach with no additional benefit to the body of evidence. By contrast, interventions to encourage cycling to work are relatively rare in the literature as they present significant methodological challenges. Yet the potential health gain from stair climbing is miniscule compared to the benefits of regular commuting by bicycle. Epidemiological studies have shown cycle commuters to have a relative risk of all cause mortality of 0.72 compared to non-cyclists. No such benefit has been shown for stair climbing. NICE (and PHIA) should not be guided solely by the existence of simple interventions; they should consider carefully the potential that other interventions may have, and use their expert judgement to consider whether they should be recommended alongside more traditional approaches.</p> <p>In addition, we pointed out in our submission on the evidence reviews that many commuting studies had been missed by the review team, and that there are many studies on the effectiveness of cycling to work interventions. It appears that this body of evidence still has not been considered.</p> | Noted. Thank you. |
| Cycling England | | 1 | 6 | <p><u>Recommendation 4</u> We see no justification for singling out walking in this recommendation and not mentioning cycling.</p> | See above. |
| Department for Work and Pensions | | General | | The draft guidance made no attempt to justify what the benefits are for companies to take the guidance on board. We fear that if this approach is adopted this will negate the impact of what could be a potentially useful piece of work. | As part of the process of guidance production, it is hoped that a 'business case' may be produced as part of the implementation tools. We may also make mention of this in the considerations section. |

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| Department for Work and Pensions | | General | | The guidance needs to be careful not to exclude people with disabilities - particularly people with mobility problems and wheelchair users. It also needs to offer something for employers who don't have stairs. | We agree. The first bullet point under recommendation 1 highlights the need to consider inequity. |
| Department for Work and Pensions | | General | | The NICE approach to public health follows that of its clinical guidelines. We have concerns about the presumption that there is body of literature and an evidence base. Our concern is that the body of published work concentrates on the use of stairs for a number of reasons and this has meant that the guidelines do not take account of the bigger picture. | We agree that the evidence base is often biased. This is the reason that NICE is committed to extensive consultation, and, in the case of CPHE, fieldwork with practitioners. |
| Department for Work and Pensions | | 2 | 7 | You suggest that public sector sickness absence is higher than that of the private sector. However, you should also note HSE research which suggests that the difference is explained by different demographic characteristics of public sector workers, and differences in the robustness of absence recording mechanisms (see link: http://www.hse.gov.uk/press/2006/e06073.htm). | Noted. We will amend this section. |
| Department for Work and Pensions | | 2 | 7 | You use the HSE sickness absence figures from 2003/4. The figures for 2005/6 are currently available from the HSE website. | Noted. We will amend this section. |
| Department of Health | | 1 | 4 | <u>Recommendation 1</u> We appreciate that there are a few characteristics given, but could you please signpost some worked examples. | We will pass this information over to the implementation team. |
| Department of Health | | 1 | 5 | <u>Recommendation 2</u> In our view, it would be helpful to clarify what sort of measures are meaningful in a health check of this type, and to signpost /provide guidance on the content of evidence based leaflets; also, how to go about getting a tax-free bike scheme (information is available by accessing www.cyclescheme.co.uk). | Noted. Thank you. |

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| Department of Health | | 1 | 6 | <p><u>Recommendation 4</u> With regard to the encouragement of more walking, could we suggest links to your guidelines on four common interventions (including pedometers). We also feel that some follow-up work, to improve sustainability (like team challenges), needs to be done by companies, as opposed to merely handing out pedometers.</p> | <p>The guidance you mention is included in the 'related NICE guidance' and can be found at http://www.nice.org.uk/guidance/index.jsp?action=download&o=31838. It recommended that practitioners, policy makers and commissioners should only endorse pedometer schemes when they were part of properly designed studies to determine effectiveness.</p> <p>The recently published guidance on physical activity and the environment provides more recommendations to support walking and cycling.</p> |
| Department of Health | | 2 | 7 | <p><u>Sickness absence</u> Regarding statistics on sickness absence, may we suggest that you quote the source of the "609,000 cases of ill health". Could you please consider rewording the text to read "...caused by musculoskeletal disorders, both of which are, in the majority of cases, alleviated by participation in physical activity."</p> <p>The draft uses statistics on work-related sickness absence (HSE) and quotes 29.8m working days lost. However, CBI quote 175m days lost, recognising that total number of days of sickness absence is much greater than those induced by work i.e. wider determinants. We feel that it may be helpful to quote <i>both</i> sets of statistics. In our opinion, it is in employers' interests to help people manage stress and to avoid musculoskeletal disorders, even if their sickness absence does not stem from anything directly related to the workplace.</p> | <p>We will amend this section following updated figures from HSE (see above).</p> |
| Department of Health | | 3.10 | 10 | <p>Could you please consider the inclusion of shift workers, as an example of a group of people who may not be able to participate in all the activities on offer.</p> | <p>Thank you. We will consider this.</p> |

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| Department of Health | | General | | <p>Could you please consider taking account of the findings of the British Heart Foundation's "<i>Well at Work</i>" programme, which is due to be published on 20 February 2008. The key findings are:</p> <p>Physical activity initiatives (including sports and recreation, walking and active travel) accounted for around half of all initiatives; however, this varied across projects (from 23% to 73%).</p> <p>Physical activity was perceived as the "easiest to sell to employees"; fun, enjoyable and easy to link in with, or conduct as social events.</p> <p>Popular initiatives included "come and try" activity sessions, team based events and competitions. Employees enjoyed and valued the peer support provided by this type of event, and found the competition events motivating.</p> <p>Barriers to initiatives included the lack of suitable space or facilities to conduct event. In some cases, the lack of changing and shower facilities prohibited participation.</p> | PHIAC are aware of the Well at Work Programme and representatives from that programme have been co-opted to PHIAC for the production of this guidance. |
| Department of Health | | General | | Could you please consider taking account of Dame Carol Black's final report on the health of the working age population when it is published, as this will also touch on the area of physical activity in the workplace. | The director of CPHE has met with Dame Black on this issue and we are liaising with the officials working on the report. |
| Department of Health | | General | | In our view, it would be helpful to include in the document, a list of the most effective/cost-effective intervention, so that readers would be easily able to identify the best interventions to implement/invest in. | Noted. Thank you. |
| Department of Health | | General | | We wonder whether it would be possible to generate a summary business case for employers on the costs and benefits of implementing physical activity scheme, with a strong evidence base. | As part of the process of guidance production, it is hoped that a 'business case' may be produced as part of the implementation tools |
| Department of Health | | General | | We agree that the guidance should be issued to the NHS, local authorities and the wider public, private and voluntary sectors (as currently drafted). | Noted. |

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| Department of Health | | General | | We feel that implementation of the guidance need not necessitate any (or significant) investment; for example, motivated by senior managers, walking groups could be arranged by employees and undertaken outside of work. | Noted. |
| Department of Health | | General | | In our view, the body of published work is mainly about the use of stairs, as this is easy to do and fits the needs of postgraduate students. We feel that the guidance needs to be careful not to exclude people with disabilities, particularly people with mobility problems and wheelchair users. In our opinion, the guidance needs to offer something for employers who do not have stairs. | Noted. See above. |
| Derbyshire County PCT (Bolsover Hospital) | | 1 | 5 | <u>Recommendation 3</u> No stairs at Bolsover hospital. | It is clear that not all workplaces have stairs. |
| Derbyshire County PCT (Bolsover Hospital) | | 1 | 6 | <u>Recommendation 4</u> I must walk 6 – 8 miles daily when on the ward. | Noted. |
| Derbyshire County PCT (Bolsover Hospital) | | 1 | 6 | <u>Recommendation 4</u> It would take me one hour to walk to work before working a 8 hour shift – I would be exhausted. | Noted. |
| Derbyshire County PCT (Bolsover Hospital) | | 1 | 6 | <u>Recommendation 4</u> Staff finish work at 21.30 pm walking home at this time of night would not be safe and would mean many staff arriving home very late in an evening. | We agree that safety considerations are important. |
| Derbyshire County PCT (Bolsover Hospital) | | 1 | 6 | <u>Recommendation 4</u> I feel frontline staff undergo nothing but physical activity on the ward. | Noted. |
| East of England Public Health Group | | 1 | 4 – 6 | It is important to ensure inclusion of senior staff as workplace health needs to be driven and supported from the top for it to be as successful as it can. It would be ideal if this could be driven right from recruitment stages. Perhaps this can be included. | We agree and have included senior staff in all recommendations. |
| East of England Public Health Group | | 1 | 5 | <u>Recommendation 2</u> Would be ideal if the word 'ongoing' could be included with advice and support so that it isn't interpreted as a one-off event as this is less likely to prove successful and would aid sustainability. | Thank you. We will suggest that PHIAAC amend this. |

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| East of England Public Health Group | | 1 | 5 | <u>Recommendation 2</u> Could resources be mentioned in addition to policies as this would highlight good examples of how employers could encourage walking and cycling e.g. showers, undercover bike rack provision, pool bikes. | These resources are considered by the physical activity and the environment guidance (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11917). The PDG felt unable to make a direct recommendation on this as no evidence was found relating to showers, bike racks etc. We will ask PHIAC to consider if a research recommendation in this area is appropriate. |
| East of England Public Health Group | | 1 | 5 | <u>Recommendation 2</u> It would be good to see written that the multi-component programme should cover a multi-disciplined approach which would be suitable for their whole workforce (thus considering age, gender, disability etc) or this could be stated with ensuring 'a diverse and fully representative range of' employees are involved in the planning/designing. | Thank you. |
| East of England Public Health Group | | 1 | 6 | <u>Recommendation 3</u> If strategically placed signs work but only in the short-term, then the action perhaps should address this e.g. regularly changed position or look of poster. | Noted. Thank you. |
| East of England Public Health Group | | General | | Would it be worth referring to an accreditation process? There are a number of organisations who help companies work towards accreditation and offer support to the whole process, for example Creating Excellence are one such organisation. This may encourage organisations which would otherwise not engage in workplace health fully. | Noted. Thank you. |
| Health and Safety Executive | | General | | The production of guidance on workplace health promotion and how to encourage employees to be physically active is timely and welcomed. Without having sight of the evidence underpinning the recommendations in this guidance, it is difficult to understand why these recommendations over others were highlighted. That said, there were a few points which will need further attention if these recommendations are to form the core of the guidance to businesses. | The evidence is freely available on the NICE website and has been the focus of a previous consultation. The evidence is available at http://www.nice.org.uk/guidance/index.jsp?action=folder&o=36391 |

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| Health and Safety Executive | | General | | 1. All of the recommendations are aimed at employers (among others) to take forward in their organisations. Without a clear and convincing business case for taking forward any of these suggestions there is a real risk that businesses will not take them seriously enough to implement them. Furthermore, without linking the recommendations to a wider occupational health and well-being 'policy' or 'plan' the suggestions for employers to take forward are likely to be overtaken by other priority issues. | As part of the process of guidance production, NICE is hoping to develop a costing tool that will set out the business case for companies. Recommendation 1 (bullet point 3) recommends linking to wider policies or plans that impact health and wellbeing. However, your point is well made and we will consider ways of dealing with it. |
| Health and Safety Executive | | General | | 2. For any or all of the recommendations to be progressed, some attention needs to be paid to how those activities will be resourced and the extent to which they will incur a burden to businesses. There needs to be a clearer indication of what the business benefits will be for those companies and the one-off and running costs of implementing these recommendations compared with benefits achieved. In particular these need to be mindful of organisational size. | As part of the process of guidance production, NICE is hoping to develop a costing tool that will set out the business case for companies. |
| Health and Safety Executive | | General | | 3. Some of the recommendations (e.g.2) outlined in the plan fall within the topic area of 'job re-design' which have major implications for businesses (burden to business, costs) The text at times glosses over the complexity of job redesign and may give a superficial view of what this entails for businesses. | These are examples and need not be burdensome. For example, in some jobs it is not difficult or onerous to introduce flexible working. The list does not purport to be definitive or exhaustive. |
| Health and Safety Executive | | General | | 4. Although the recommendations are made in the form of guidance for employers to voluntarily take up, there is not incentive or system of monitoring which organisations are currently will as a result of this advice take up the recommendations. Amid other business priorities, there may be very little drive to pursue these recommendations if there are no measures in place to incentivise employers or to monitor progress against implementation targets. | Thank you, but it is not the role of NICE to set up incentive schemes. We hope to produce a 'business case' to encourage uptake as one of the tools to be produced by the implementation team |

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| <p>Health and Safety Executive</p> | | <p>General</p> | | <p>5. The relationship between diet and exercise for health outcomes, is very important, neither on their own is particularly effective. More explicit linkages between these related matters probably need to be made more of in the recommendations – such as combination of healthy eating as well as optional exercise elements within these programmes.</p> | <p>Thank you for your comment. The health benefits of physical activity (including but not restricted to obesity/overweight) are well known and not reviewed by this guidance. They are set out in the CMO's review of the impact of physical activity, and this is referenced in section 2. This guidance sets out to provide recommendations for increasing physical activity in the workplace. However we will redraft the considerations to underline the importance of energy balance.</p> |
| <p>Health and Safety Executive</p> | | <p>2</p> | <p>7</p> | <p><u>Specific comments regarding sickness absence references</u> The CBI data cited has been counterclaimed by evidence produced from survey research commissioned by HSE (2006) that indicated there is higher levels of under-reporting of sickness absence in the private sector than the public sector, and this under-reporting is concentrated among smaller businesses which comprise the majority of the private sector. Large companies (250+ employees) tend to be better at reporting sickness absence, and public sector organisations fall within this category. This has led to a skewed picture of annualised sickness absence which gives a false picture of private/public sector performance. Please see the following link for further information about this research http://www.hse.gov.uk/2006/e06073.htm</p> | <p>Thank you. We will amend this section.</p> |

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| <p>Health and Safety Executive (Stress Programme)</p> | | 2 | 7 | <p>Thank you for the opportunity to comment on the Draft Guidance for the Workplace Physical Activity Intervention. On page 7, the document reads "<i>... there were 609,000 cases of ill health caused by work: 42% were related to stress and 33% were caused by MSDs, both of which are known to be reduced by participation in physical activity</i>". We are concerned that as it is written, this sentence implies that staff could manage work-related stress and MSDs simply by being more physically active.</p> <p>We would suggest amending that line to read:</p> <p><i>"... there were 609,000 cases of ill health caused by work: 42% were related to stress and 33% were caused by MSDs. Physical activity can help to reduce the incidence of both these conditions. However, preventative measures - following a suitable risk assessment - remain the most effective way of reducing exposure to and tackling absenteeism caused by stress and MSDs"</i>.</p> | <p>Thank you. This section will be reconsidered</p> |
| <p>Institution of Occupational Safety and Health (IOSH)</p> | | General | | <p>IOSH is keen to see reductions in sickness absence caused and/or made worse by work. In support of this we are engaged in a number of activities, including:</p> <ul style="list-style-type: none"> • supporting health and safety and other professionals in developing new skills to manage occupational health issues using our Occupational Health Toolkit www.ohtoolkit.co.uk • producing free practical guidance on rehabilitation and return to work • supporting the development of a postgraduate programme in occupational health for occupational health and safety professionals. <p>We see physical activity at work as one element of a wider strategy on improving the health of the working population and believe that a multifaceted approach is required with government, employers, professionals and advisers working in partnership.</p> | <p>We welcome your comments.</p> |
| <p>Institution of Occupational Safety and Health (IOSH)</p> | | 1 | 4 | <p>Recommendation 1 – Who should take action? Public and occupational health professionals, occupational health and safety practitioners and workplace health promoters.</p> | <p>We will add this. Thank you.</p> |

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| Institution of Occupational Safety and Health (IOSH) | | 1 | 4 | <p><u>Recommendation 1 – What action should they take?</u> Work together to develop and organisation-wide policy or plan to encourage employees to be more physically active.</p> | Thank you. We will consider this. |
| Institution of Occupational Safety and Health (IOSH) | | 1 | 5 | <p><u>Recommendation 2 – What action should they take?</u> RE: Bullet point: flexible working policies and incentive schemes to encourage employees to be more physically active</p> <p>Careful consideration needs to be given to the nature of incentive schemes. Encouraging employees to improve fitness levels, for example through discounted access to gym facilities, can help to reduce sickness absence but employers need to consider tax issues around providing such benefits.</p> | Noted. Thank you. |
| Institution of Occupational Safety and Health (IOSH) | | 1 | 6 | <p><u>Recommendation 3 – What action should they take?</u> Most employers would be happy to provide promotional information if it were provided free like the no-smoking campaign. NICE could engage with stakeholders to prepare a range of free promotional materials that employers could use.</p> | NICE will produce a toolkit to support the implementation of this guidance, however provision of promotional materials is not within the remit of NICE. |

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| <p>Institution of Occupational Safety and Health (IOSH)</p> | <p>1</p> | <p>6</p> | <p><u>Recommendation 3 – What action should they take?</u> Using stairs and not lifts is only applicable to premises with lifts, and in small businesses these are actually not that common. Therefore the overall effect outside large city-centre office complexes and public service buildings is unlikely to be large.</p> <p>Walking to work could be encouraged - but there are limitations and specific security concerns for women, lone workers and night or shift workers when considering such arrangements.</p> <p>Social demographics mean that people now live further from work and tend to find a car the only practical means of getting to work. Recent studies show that more than 800,000 workers now travel more than 30 miles to work. (http://www.guardian.co.uk/science/2005/sep/02/sciencenews.transportintheuk)</p> <p>The use of public transport to supplement walking might be desirable but this is not always available.</p> <p>Cycling to work would increase the range of personal commuting, but cycling on busy rush-hour roads presents significant risk of road traffic accidents (RTAs).</p> | <p>Noted. Thank you. These important points will figure in our considerations section after referral back to PHIAC.</p> |
| <p>Institution of Occupational Safety and Health (IOSH)</p> | <p>2</p> | <p>7</p> | <p><u>Sickness absence</u> Reference to work-related sickness figures should refer to Self-reported work related illness and workplace injuries in 2005/06 (HSE, July 2007) http://www.hse.gov.uk/statistics/lfs/lfs0506.pdf</p> | <p>These figures will be updated. Thank you.</p> |
| <p>Institution of Occupational Safety and Health (IOSH)</p> | <p>2</p> | <p>7</p> | <p><u>Sickness absence</u> The case for the impact of physical activity on some of the biggest causes of sickness absence, musculoskeletal disorders (MSDs) and stress, could be made much more strongly.</p> | <p>Noted. Thank you.</p> |

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| Institution of Occupational Safety and Health (IOSH) | | 2 | 7 | <u>Sickness absence</u> Useful statistics about back pain can be accessed at http://www.backcare.org.uk/ and Mental health at Work: Developing a Business Case (The Sainsbury Centre for Mental Health, Policy paper 8) has statistics on sickness absence and mental health. http://www.scmh.org.uk/80256FBD004F6342/vWeb/pcKHAL79TMF9 | Thank you. |
| Institution of Occupational Safety and Health (IOSH) | | 2 | 8 | <u>Government policy</u> This section could mention the Revitalising health and safety strategy which set <u>national targets</u> for improving health and safety by 2010 as follows: to reduce the rate of fatal and major injury accidents by 10 per cent; to reduce cases of work-related ill health cases by 20 per cent and to reduce the number of working days lost per worker from work related injury and ill health by 30 per cent. The draft seems to have a particular emphasis on the public sector, and this is confusing as the guidance is aimed at all employers not just public sector employers. | Noted. Thank you. |
| Institution of Occupational Safety and Health (IOSH) | | 3.3 | 9 | Paragraph 3.3 - How are employers to choose actions that are sustainable (as stated in recommendation 1) if there is insufficient evidence to show that any physical activity interventions in the workplace are sustainable? | There is some mid-to-long-term evidence upon which to make this decisions. Long term measures are frequently lacking in the public health literature. |
| Institution of Occupational Safety and Health (IOSH) | | 3.9 (& 3.10) | 10 | Paragraphs 3.8 and 3.9 would benefit from some expansion to cover the outcomes of the considerations. | Noted. Thank you. |
| Institution of Occupational Safety and Health (IOSH) | | 4 | 11 | There is no mention that NICE guidance can help the private sector organisations, although the private sector is mentioned on page 1 in the introduction. | Thank you. We will address this. |
| Liverpool PCT | | 1 | 4 | <u>Recommendation 1</u> No mention of who will be responsible for delivering / managing. What measures will be put in place if targets are not met? | We did not want the guidance to be too prescriptive to maximise its applicability to a variety of organisational structures. |
| Liverpool PCT | | 1 | 5 | <u>Recommendation 2</u> What will the criteria be for the proposed health checks and who and where will they be carried out? | We did not want the guidance to be too prescriptive to maximise its applicability to a variety of organisational structures. |

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| Liverpool PCT | | 1 | 5 | <p><u>Recommendation 3</u> It's important that any poster campaigns are regularly updated to retain interest and be linked into other health related work placed initiatives.</p> | Noted. Thank you |
| Liverpool PCT | | 1 | 6 | <p><u>Recommendation 4</u> Vital that sustainability is considered when introducing guidance.</p> | Noted. Thank you |
| Liverpool PCT | | General | | <p>It is important that any measures are not short term. A longer term approach must be used to sustain any lifestyle changes. Maybe employers could be made to place a greater emphasis on this issue in a similar manner to the way in which they deal with Health and Safety.</p> <p>This would include a designated member of staff being identified who would be responsible for the ongoing activity of the workforce. To ensure that this happens in large and small organisations then a directive from Central Government could be introduced with the same importance as the Health and Safety Act 1974. Failure to comply with this could result in financial penalties for relevant organisations.</p> <p>Companies could also gain recognition for good practice in relation to physical activity for staff via awards. Maybe there could be a special section for this within something like Investors in People. Good practice might also be rewarded with financial grants for companies who demonstrate improvements in the health of their workforce.</p> <p>It is also important that robust monitoring / evaluation of the Active Workplaces initiative are in place from the outset, with companies able to access the relevant expertise to assist them with this.</p> | NICE public health guidance is not mandatory in the private sector. We hope to engage with business by making sensible, clear, evidence based, cost-effective guidance to which they will subscribe voluntarily. |
| Living Streets | | General | | <p>Living Streets welcomes the development of this guidance. Influencing workplace physical activity levels has a significant role to play in improving overall physical activity levels and thereby the health of the nation.</p> | Thank you. We welcome your comments. |

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| Living Streets | | 1 | 6 | <p><u>Recommendation 4</u> Recommendation 4 encourages employees to walk more to and from work. This is welcome but experience from Living Streets Walking Works campaign, suggests that 'Those responsible for buildings and facilities' also need to take an active role and need to be listed under this recommendation.</p> <p>For example on large sites walking routes through gates to the side or back of the grounds are often closed: they are deemed to pose a security risk. Facility managers need to be aware of the importance of these exits and entrances for people on foot and manage them in such a way that they can be accessed.</p> <p>To a lesser extent building managers need to be aware that pedestrians arriving at work may require an area to freshen up or perhaps to lock away trainers for the day. Some may even appreciate a shower.</p> | <p>Thank you for your comment. This guidance does not address changes to the physical environment since this was addressed by recently published NICE guidance dealing with Physical activity and the environment (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11917)</p> <p>We will consider whether any further reference to this guidance is helpful</p> |
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| Living Streets | | 5 | 12 | <p><u>Recommendations for research</u></p> <p>The significance attached to the recommendations contained in this guidance is somewhat limited by the rigorous criteria that NICE, correctly, apply to the analysis of the available evidence.</p> <p>Closing the evidence gap so that future workplace physical activity guidance receives the level of resources and attention that it deserves is crucial. As such we would welcome the opportunity to comment on section 5 before the final guidance is published.</p> <p>Appendix D provides a good indication of the evidence gaps that need to be tackled. We hope that all items in Appendix D will ultimately be included in Section 5. Specifically we request that attention be focused to:</p> <ol style="list-style-type: none"> 1 Improve the research base to enhance the outcome measures. We want to see a step change in the funding and support available to scientific institutions to conduct rigorous studies across the full range of workplace physical activity interventions. 2 Facilitate greater and more rigorous assessment of employer schemes that encourage employees to walk to work. Anecdotally from the pilot of Walking Works in South Wales, it is evident that promoting walking to work does have a positive impact on behaviour. 3 Significantly enhance the research to model the economic benefits of workplace physical activity interventions. As the guidance recognises (page 9, 3.5) this is a current weakness - both in terms of understanding the cost benefit to the NHS and to employers. Until both are fully understood and appreciated the roll out of interventions is likely to remain piecemeal. <p>(Cont'd)</p> | Noted. Thank you. The research recommendations will closely match the gaps identified in the research. |
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| | | | | <p>The guidance, correctly, states that 'The economic modelling is conservative' - because it doesn't consider all the health benefits such as the reduction of some types of cancer and improved mental well-being. However the CMO has stated that physical activity has a moderate preventative impact on overall cancer and a moderate preventative impact on mental function (Table 1, At least 5 a week), in addition to contributing to the prevention of many other contemporary chronic conditions, which may, or may not be included in the cost effectiveness evaluation included in this guidance.</p> <p>The potential economic benefits of workplace activity interventions are therefore being sold short by this guidance, which as a minimum must be fully recognised now, and the evidence gap closed as an urgent priority.</p> | |
| Manchester PCT | | 1 | 4 | <p><u>Recommendation 1</u> Add extra bullet point: "be discussed and negotiated with recognised trade unions through normal negotiating structure(s), which could also include Health and Safety Committee."</p> | Trade unions and employee representatives are included under 'Who should take action?' Not all organisations are unionised. |
| Manchester PCT | | 1 | 5 | <p><u>Recommendation 2 - what action should they take?</u> First bullet point, add 'and trade unions', so it would read: "Ensure employees and trade unions are involved in planning and designing activities."</p> | Trade unions and employee representatives are included under 'Who should take action?' Not all organisations are unionised. |
| Manchester PCT | | 1 | 5 | <p><u>Recommendation 2 – what action should they take?</u> 'Provision of a health check' needs more discussion and explanation. What is the purpose and what should be included in the 'health check'? It is very important that there must be advice, explanation and follow-up to any health check, because otherwise people could be very worried by results they don't understand. Also, are random health checks useful or effective – this is a big debate. In the context of physical activity it needs to be clearer that any health check should be linked to individual advice about how physical activity could help to improve health, and to check / give advice on types of physical might or might not be suitable.</p> | Noted. We will take this into consideration. We also anticipate that the implementation tools will contain more detail on the possible nature of the health check. |

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| Manchester PCT | | 1 | 5 | <p><u>Recommendation 2 - what action should they take?</u> An example of an incentive scheme in Manchester PCT is that staff have 15 hours a year 'Health Bank' (pro rata for part-time staff) which they can take as they choose (minimum 30 minutes) to undertake anything which they feel is beneficial for their health. It is up to them to choose what they do, and it can include any form of individual or group physical activity. If employers were unwilling to introduce such a wide ranging policy, they could introduce something specific in relation to physical activity. For example, employers could allow staff some paid time per day or week – for example, if it takes longer to walk or cycle to work they could allow, say, 10 minutes off start and finish times; or some extra paid time in lunch breaks to allow for a short walk.</p> | Thank you for these useful examples. |
| Manchester PCT | | 1 | 5 – 6 | <p><u>Recommendation 3 - what action should they take?</u> Add bullet point: provision of secure cycle storage facilities, showers, changing facilities to encourage people to cycle to work.</p> | <p>Thank you for your comment. This guidance does not address changes to the physical environment since this was addressed by recently published NICE guidance dealing with Physical activity and the environment (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11917)</p> <p>The PDG for the PA and E guidance felt unable to make a direct recommendation on this as no evidence was found relating to showers, bike racks etc. We will ask PHAC to consider if a research recommendation in this area is appropriate.</p> |

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| Manchester PCT | | 1 | 6 | <p><u>Recommendation 4 - what action should they take?</u></p> <p>It appears that “the distance they walk during the working day” is taken to include getting to and from work – but most people probably don’t see getting to and from work as part of the working day, since they don’t get paid for that travel time. Suggest separating these into two separate points: 1) encouraging walking (and cycling) more to and from work; 2) during the working day, encouraging people in particular who have sedentary jobs to move around more at work (if feasible) and to take short walks in break times.</p> | Thank you. We will consider this. |
| Manchester PCT | | 3.9 (& 3.10) | 10 | <p><u>3.9 and 3.10: impact on equality</u></p> <p>Possible exclusions are not just people with disabilities. People in low paid, low status jobs, jobs with little latitude for decision making, are more likely to suffer from ill health, including work-related stress (see Whitehall II studies). They are probably also less likely to have freedom / flexibility within their working day (both within and outside of work time) to take part in physical activity. People with caring responsibilities are also less likely to have that freedom / flexibility. This makes it more important to try and include physical activity within paid work time.</p> | We agree. People with disabilities were cited purely as an example. |
| Newcastle University – Institute of Health & Society | | 1 | 4 – 6 | <p>Recommendations could be structured in sections.</p> <p>First: Assessment / needs / intervention options / budget / staff involvement / links with other programmes and targeting</p> <p>Then (I think) there are two types of action:</p> <ul style="list-style-type: none"> • Work associated PA intervention e.g.: stair use, cycle lockers, walking to and during work • Support at work for leisure time PA e.g.: Information, education, flexible working policies | Noted. Thank you. NICE has a standard format across all of its guidance for presenting recommendations and we are reluctant to move away from that unless it is inadequate to the task at hand. We do not believe that is the case here. |
| Newcastle University – Institute of Health & Society | | 1 | 5 | <p><u>Recommendation 2</u></p> <p>Involving employees is likely to be iterative. There are issues with targeting the right representation and with developing intervention design option tools.</p> | We agree. We will consider the wording to try to convey this. |

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| Newcastle University – Institute of Health & Society | | 2 | 7 | <u>Sickness absence</u> Costs at an industry level might be helpful for management decisions | As part of the implementation tool kit to support this guidance we are hoping to produce a costing statement that will detail the business case for this guidance. |
| Newcastle University – Institute of Health & Society | | 3.6 | 9 | Little research available for maintaining PA change. Although sustainable change is the desired outcome and intervention which achieves this is preferred. Suggest need to recognise long process | We agree. It seems likely that one of the research recommendations will address this. |
| Newcastle University – Institute of Health & Society | | 3.7 | 10 | Multi-component programmes have advantages/are most likely – maybe being unable to determine relative contribution shouldn't affect the intervention decisions/advice? | We agree, however it is an important consideration when trying to find single, specific, implementable interventions to recommend. |
| Newcastle University – Institute of Health & Society | | General | | Social marketing? | Sorry. We're not sure what you mean. |
| Newcastle University – Institute of Health & Society | | General | | Danger that you might target only the already interested and active. Need for research/guidance on how to reach uninterested and inactive. | Thank you. This is an ongoing issue for all interventions and a key consideration for CPHE. |
| Nottingham University NHS Hospitals Trust (Q-Active) | | 5 | 12 | Evaluation: We would strongly suggest that future investment in workplace health should specifically include monies for evaluation. | Thank you. Noted. |
| Nottingham University NHS Hospitals Trust (Q-Active) | | Appendix D | | There is clearly a need for NHS RandD funding to evaluate workplace health schemes. There are many good examples in the UK (BT, Boots, Pflizer, Qactive) and worldwide (Dow, Mittel, B-D etc) some of which have been evaluated – we see no reference to these schemes (it may be necessary to make direct approaches rather than relying wholly upon published research). Similarly, workplace wellness in a focus of The World Economic Forum Jan 2008 – in Feb there information should be in the public domain with a WHO-WEF joint statement. | Thank you. We will suggest this to PHIAC as a research recommendation. |

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| Oxfordshire PCT | | General | | Somewhat disappointed by the guidance. It states the obvious but I feel it does not go far enough to make any real difference. In addition, I don't feel I could use this document to support & encourage local workplaces to develop/implement a physical activity policy and that's rather disappointing to me. | We are sorry that you are disappointed. The implementation tools that support this guidance may be more helpful in achieving the tasks you mention. |
| Oxfordshire PCT | | General | | Large & medium sized employers should be encouraged to provide gyms on site, offer subsidised membership to local clubs or offer exercise classes, health walks etc on site. All large/medium workplaces should also have showers on site. There is nothing new in this document to really encourage employers to take some responsibility for the health & well being of their own workforce. | The document provides recommendations based on the evidence of effectiveness. We did not find any evidence that subsidised gym membership or onsite gyms were effective. This does not mean that they are ineffective, but rather that the evidence does not exist. |
| Oxfordshire PCT | | General | | I also expected to see some incentives for employees to travel by bike or walk, i.e. provision of 'carbon neutral' mileage or 'money back' incentives to not having a car parking space. Also, the provision of secure/covered cycle sheds for bikes. | Evidence was not found to support these incentives in the literature reviewed for this guidance. This does not mean that the interventions are ineffective, but rather that the evidence does not exist. In reference to cycle sheds, this guidance does not address changes to the physical environment since this was addressed by recently published NICE guidance dealing with Physical activity and the environment (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11917). The PDG for the PA and E guidance felt unable to make a direct recommendation on this as no evidence was found relating to showers, bike racks etc. We will ask PHIAC to consider if a research recommendation in this area is appropriate |

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| Oxfordshire PCT | | 1 | 5 | <p><u>Recommendation 2</u> The guidance is also unspecific suggesting a 'multicomponent' programme. To people who have no experience in this area this will be meaningless. Surely there are some good examples happening within the Well@Work pilots that could be used here?</p> | We look forward to the publication of the Well@work document and are in close liaison with the BHF team. |
| Oxfordshire PCT | | 1 | 6 | <p><u>Recommendation 3</u> Buildings should encourage people to be more active in their very design. I appreciate most companies lease existing buildings – However, I expected the guidance to make some reference to the planning & building of workplaces, business parks etc and them being designed to encourage more physical activity rather than less.</p> | This guidance does not address changes to the physical environment since this was addressed by recently published NICE guidance dealing with physical activity and the environment (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11917). These issues are addressed in the Physical activity and environment guidance. |
| Royal College of Nursing | | 1 | 4 | <p><u>Recommendation 1</u> In the past NICE recommendations and Department of Health guidelines have not been addressed directly at small businesses (SMEs), it would therefore be necessary to consider appropriate strategies to encourage implementation.</p> <p>For instance, whereas, compliance from the NHS and local authorities and other public service organisations can be taken as given, SMEs are less likely to respond unless they identify a champion for physical activity in their own workplace. A large number of SMEs have access to occupational health services. Occupational health nurses work within the sphere of Public Health, of which Health Promotion is an important component.</p> <p>One of the actions under Recommendation 1 could be 'to encourage occupational health nurses to take the lead as 'champions' for workplace physical activity.</p> | <p>Thank you. We agree that compliance is likely to be an issue and to this end are hoping to be able to generate a costing statement to set out the business case for encouraging employees to be physically active.</p> <p>We are keen that occupational health professionals see that they have a key role in improving physical activity in the workplace and hope the guidance will reflect this.</p> |

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| Royal College of Nursing | | General | | <p>There is a danger that employers will focus too much on lifestyle factors which cause ill health (i.e. lack of exercise and obesity) and not enough on work related factors that cause ill health (e.g. organisational stress and bullying and harassment).</p> <p>It is often an easy option for employers to introduce a physical activity programme than address difficult issues associated with organisational culture.</p> <p>There is a strong body of evidence linking ill health to workplace hazards and risks and a body of evidence to show that interventions to tackle issues such as work related stress are effective. The document should make some reference to this in relation to an organisation wide policy (including compliance with relevant legislation and Health and Safety Executive guidance on these matters).</p> | This guidance refers only to increasing physical activity levels in the workplace. |
| Royal College of Nursing | | 1 | 4 – 5 | <p><u>Recommendations 1 & 2</u></p> <p>We strongly support the references to involvement of trade unions and employee representatives. Programmes must be introduced in partnership with trade unions. There is a significant risk that programmes will fail if trade unions and employee representatives are not involved from the beginning. Programmes will also be viewed as being paternalistic rather than collaborative.</p> | Noted. Thank you. |
| Royal College of Nursing | | General | | <p>There needs to be recognition of the need for equity for shift workers, particularly as this group have been found to be more at risk of heart disease.</p> | We feel that there needs to be a recognition of the need for equity for all workers. |

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| Royal College of Nursing | | 1 | 5 | <p><u>Recommendation 2</u> Policies to promote issues such as cycling to work should be supported by adequate facilities i.e. secure storage for bicycles and access to shower/washroom facilities.</p> | <p>This guidance does not address changes to the physical environment since this was addressed by recently published NICE guidance dealing with Physical activity and the environment (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11917). The PDG for the PA and E guidance felt unable to make a direct recommendation on this as no evidence was found relating to showers, bike racks etc. We will ask PHIAC to consider if a research recommendation in this area is appropriate</p> |
| Royal College of Nursing | | 1 | 6 | <p><u>Recommendation 4</u> The following could be included as incentives for employees to increase the distance they walk at work:</p> <ul style="list-style-type: none"> a. Where a workplace covers a large geographical area (such as many hospitals), to have distance markers between different parts of the organisation. b. For workers to be given pedometers (available nowadays at £5.00 or less). This will encourage them to become competitive about how many miles or steps they walk per week. | <p>Noted. Thank you. Linking parts of a campus with walking or cycling routes is included in the physical activity and environment guidance.</p> |
| Royal College of Nursing | | 4 | 11 – 12 | <p>SMEs may be reluctant to sign up to this if they are unable to see immediate benefits. It would be useful to enable organisations to display some sort of evidence that they are a workplace physical activity-promoting organisation. One way to do this would be for organisations that provide awards for good workplace health management to be encouraged to include 'workplace physical activity' amongst their criteria for their awards. Organisations who are likely to be interested include RoSPA, <i>Personnel Today</i>, <i>Occupational Health Journal</i>, and IOSH.</p> | <p>We agree. We hope to be able to encourage this.</p> |

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| Royal Society of Health | | General | | <p>The RSH welcomes the acknowledgement of the role of the voluntary sector. However it is disappointing that this is not consistently reflected in the recommendations. Reference is made to organisational structures that are rarely present in voluntary organisations.</p> <p>An implementation tool directly addressing the voluntary sector should be produced to ensure physical activity is effectively promoted in these workplaces.</p> | Noted. Thank you. |
| Royal Society of Health | | General | | <p>Similarly the implementation programme should address the wide variety of workplaces not solely office based environments.</p> <p>The particular needs of the aging workforce should also be addressed.</p> | The guidance is aimed at the widest possible range of workplaces and workers. |
| Royal Society of Health | | 1 | 4 | <p><u>Recommendation 1</u> The RSH is encouraged that the need to create an activity-friendly work culture is on the whole reflected in the recommendations. However the Society would suggest that to reinforce this approach recommendation 1 should state the policy or plan's need to 'support' employees to be more physically active as well as encourage.</p> | Noted. We will add this to the recommendation. |
| Royal Society of Health | | 1 | 4 | <p><u>Recommendation 1</u> Employee engagement in developing an effective policy and programme for physical activity in the workplace is demonstrated in recommendations 1 & 2. We would propose employee engagement and ownership of the programme would be further strengthened by the appointment of health champions within the workforce. Employers should be encouraged to invest in the training of a health champion, a front-line member of staff to provide a health promotion role within the workplace. This would empower employees to make healthier lifestyle choices and enable them to give advice and support to colleagues.</p> | This is an interesting idea, however we did not find good evidence to support this method of increasing physical activity in the workplace. This does not mean that workplace Health Champions are ineffective, but rather that adequate evaluation has not been done. |
| Royal Society of Health | | 1 | 5 | <p><u>Recommendation 2</u> The comment made regarding 'support' for employees in reference to recommendation 1 also applies to recommendation 2 in reference to the programme.</p> | Noted. Thank you. |

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| Royal Society of Health | | 1 | 5 | <p><u>Recommendation 2</u> The Royal Society of Health would like to draw attention to the valuable work of local health promotion teams that produce materials and design and implement programmes for individuals and communities to promote the health benefits of physical activity and encourage the inclusion of physical activity in lifestyle choices.</p> <p>There is a wealth of knowledge and experience within these teams and this should be included in the implementation programme as a potential resource for organisations seeking support in designing and implementing a programme to encourage employees to be physical active.</p> | Thank you. We agree that they have a valuable role and will suggest to PHAC that this is reflected in the recommendations. |
| Royal Society of Health | | 1 | 6 | <p><u>Recommendation 3</u> Recommendation 3 is a step towards creating a health promoting setting. The RSH strongly supports this and would encourage the recommendations to take this approach further, particularly with reference to the accessibility of drinking water.</p> <p>Physical activity can increase water loss and increase the risk of dehydration if there is not an adequate intake of water. When physical activity is being encouraged employees should also be encouraged to ensure proper hydration by drinking water before, during and after physical activity.</p> <p>The RSH would propose a recommendation to provide suitable access to drinking water in the workplace and signage promoting the health benefits of drinking water.</p> | <p>We agree that this is important, however The Workplace Health, Safety and Welfare Regulations 1992 covers this requirement.</p> <p>Regulation 22 places requirements on the employer with respect to the provision of drinking water.</p> |
| Sefton PCT | | 1 | 4 | <p><u>Recommendation 1 – What action should they take?</u> 'other internal HR policies' could include examples such as occupational health and sickness absence as well as the lifestyle policies.</p> | We agree. |
| Sefton PCT | | 1 | 5 | <p><u>Recommendation 2 – What action should they take?</u> 'policies to encourage employees to walk or cycle to and from work' – this should also include walking and cycling as part of work where movement/transport between sites etc is required.</p> | We agree and will modify the wording to make this clear. |

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| Sefton PCT | | 1 | 6 | <p><u>Recommendation 4 – What action should they take?</u> This only refers to walking, whereas many organisations, including those involved in our public health partnership, are encouraging cycling as an alternative to other modes of transport. As above, this should include walking and cycling as part of work, as well as to and from work. Employers should take actions to make cycling an accessible alternative through bike availability and facilities for changing etc.</p> | We agree that there is a good evidence base for cycling, even if not related to workplace. We will ask PHAC to consider this. |
| Shropshire County Council | | 1 | 4 - 6 | Action needs to be taken to ensure that senior managers demonstrate a clear commitment to, and support of, initiatives to increase physical activity in the workplace. If senior managers do not support employees, or do not appear to support employees, this will have a negative impact. | We agree that buy-in by senior managers is vital. |
| Shropshire County Council | | 1 | 4 - 6 | Actions taken by OHU and workplace health promoters could include 'development of opportunities to increase physical activity levels e.g. development of a lunchtime walking/ dance/yoga sessions etc'. | We agree. |
| Shropshire County Council | | General | | Evidence on 'cost effectiveness of workplace health programmes' and 'actual reductions in sickness absenteeism' needs to be demonstrated otherwise development of a workplace health programme will not be a priority for employers. | As part of the implementation toolkit for this guidance we are hoping to produce a business case setting out the cost savings to be made from investment in a physically active workforce. |
| Shropshire County Council | | General | | Evidence based guidelines need to be produced in order to reach those employees that are in most need of workplace health interventions e.g. those at most risk of sickness absenteeism, those on long term sick, and those returning from long term sick. | NICE is currently working on these guidelines. For further details see http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11674 |
| Space Syntax | | General | | There is no recommendation aimed at designers of new and existing buildings. Designers can profoundly influence physical activity in buildings, for example by the placement of stairs. Better-placed stairs can attract greater levels of use, thus encouraging physical activity. There should be a tie-in with the recommendations in the "Physical Activity & the Built Environment" guidance, which contains a recommendation concerning the placement of stairs in buildings. | This guidance does not address changes to the physical environment since this was addressed by recently published NICE guidance dealing with Physical activity and the environment(http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11917). We will consider whether it is possible to make more explicit the links between these pieces of guidance. |

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| Sports Council for Wales | | 1 | 5 | <u>Recommendation 2</u> In Recommendation 2, it is suggested that organisations introduce multi-component programmes. Whilst the guidance suggests that these should be monitored, we would like the guidance to elucidate why these types of programmes should be monitored. Monitoring would help to improve the knowledge base and help shape the intervention practically. | Thank you. Noted. |
| Sports Council for Wales | | 1 | 5 | <u>Recommendation 3</u> We believe that Recommendation 3 is very simplistic. | The recommendation is simple, however there is strong evidence to support it. |
| Sports Council for Wales | | 1 | 6 | <u>Recommendation 4</u> We suggest that Recommendation 4 should come before Recommendation 3. | We will take this into consideration. |
| Sports Council for Wales | | 1 | 5 | <u>Recommendation 3</u> Recommendation 3 should only be considered once Recommendations 1, 2, and 4 have been completed and deemed to be appropriate. | Noted. Thank you. |
| Sports Council for Wales | | 2 | 8 | <u>The Guidance</u> Why is this guidance only applicable for England? How different are the other home nations? | NICE public health guidance is only applicable to England. The other Home Countries have their own arrangements for developing public health guidance. |
| Sports Council for Wales | | 3.2 | 9 | We're concerned that despite recognising that there was little evidence from the UK, PHIAAC considered that it was sufficiently applicable to inform recommendations. This is also not picked up in Appendix D when the document states what gaps there are in the evidence. | Noted. Thank you. |
| Sports Council for Wales | | 3.6 | 9 | We agree with this point; however we would like it to be expanded. Physical activity has to become a habit and be seen as part of our lifestyle not something else you have to do. For this to happen ongoing support, encouragement and variety of opportunities has to be essential. | Noted. Thank you. |
| Sports Council for Wales | | 3.7 | 10 | Although the guidance states that it not generally possible to determine which part of a multi-component programme is responsible for a particular change, this is not stipulated as a 'gap in the evidence' in Appendix D. | Noted. Thank you. |

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| Sports Council for Wales | | 3.12 | 10 | We suggest that this point needs to be expanded. A large proportion of companies in the UK are SME, and just to state 'their needs may be different to large organisations' is disappointing. We have experience of working with SMEs in this area and have found that it is sometimes easier to do things with SMEs due the nature of them. The document seems to focus only on large organisations and may be seen as irrelevant to SMEs. | Noted. Thank you. |
| Sports Council for Wales | | General | | We believe that NICE should advise organisations to monitor and evaluate their interventions so as to increase the knowledge base. We recognise that this may not always be methodologically robust or rigorous; however, anecdotal evidence is useful and at the very least organisations should be evaluating the intervention to help shape its development. | Noted. Thank you. |
| Sports Council for Wales | | General | | There is no reference to providing bespoke facilities at the workplace (changing, physical activity space, etc..) and the roll they play in promoting activity. It's no good encouraging cycling to work if there is nowhere to change when you get there... | This guidance does not address changes to the physical environment since this was addressed by recently published NICE guidance dealing with Physical activity and the environment(http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11917). The PDG for the PA and E guidance felt unable to make a direct recommendation on this as no evidence was found relating to showers, bike racks etc. We will ask PHIAC to consider if a research recommendation in this area is appropriate |
| Sports Council for Wales | | General | | There is no mention of the importance of people development within the guidance. Getting the right people, with the right skills is essential in terms of the impact of an intervention. | |
| Sports Council for Wales | | General | | Whilst this guidance clearly is focussed on 'workplace', we feel that it would be appropriate to make reference to the fact that workplace is only one part of the solution to getting people active. Recognition that other spaces/places have a part to play (e.g. family activity, sports clubs, doorstep opportunities etc) would be helpful for enabling people to become more active generally. | Noted. Thank you. |

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| Sports Council for Wales | | General | | <p>Whilst the guidance does cover employee involvement, we feel that this could be expanded to show how the stages of involvement could be pieced together to produce an action plan for the intervention, for example:</p> <ul style="list-style-type: none"> ▪ Identification of key / cross-section of employees ▪ Identify barriers to participation ▪ Identify potential activities (recommended by staff) | Noted. Thank you. |
| Sustrans | | 1 | 4 | <p><u>Recommendation 1</u> The organisational active employee strategy should link not only to other HR policies (though this is true) but also to strategies in areas such as, for example, transport management and parking, estates and property. If an employer, as many (including NHS bodies) have done, elects to relocate to an out-of-town business park location, it may become virtually impossible for staff (and others, though that is perhaps outside the scope of the guidance) to travel other than by sedentary modes of transport.</p> | The recommendation does refer to 'other health policies' however we will amend to show that it refers to policies that have an impact on health. This issue is also included in the recommendations on physical activity and the environment.. |
| Sustrans | | 1 (and General) | | <p><u>Recommendation 2 (and General)</u> In our comments on the draft scope for this guidance, we pointed you towards work done by DfT to review the efficacy of workplace travel plans. I trust you looked at this evidence. It may not meet traditional NICE evidence standards, but would I think give grounds for you to go so far as to recommend that employers develop and implement high quality travel plans as a way to make active travel an easier choice for more of their staff.</p> | Noted. We will consider this. |
| Sustrans | | 1 (and General) | | <p>Recommendations 2, 4 and General (or possible additional recommendation) We quite understand the "division of labour" between intervention guidance and that such as the forthcoming guidance on physical activity and the environment. However, in our experience one of the most effective interventions an employer could make to promote active travel would be to engage with local strategic partners such as the highway and planning authorities and – unless itself an NHS body – the local PCT, to press for the creation of more walking and cycling friendly environments.</p> | We agree, however as you point out, this guidance does not address changes to the physical environment since this was addressed by recently published NICE guidance dealing with Physical activity and the environment (http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11917) |

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| Sustrans | | 1 | | <p>Recommendation 2, 4 (and General) There is an explicit assumption in the recommendations (although it may not be meant) that active travel during the working day will either be associated with the commute or taken as a lunchtime – probably leisure focused – walk. This overlooks travel within the work day, which for many employees may be the best opportunity for activity, especially for those with large or split sites, but also in relation to, e.g., travel between meetings. It would be useful to re-word to take account of this.</p> | This is unintentional and we will reconsider the wording to try and better reflect this. |
| Sustrans | <p>Sustrans- <i>Active Travel and healthy workplaces information sheet</i> – ©Sustrans March 2005</p> <p>Sustrans- <i>How to produce active travel directions for your visitors and staff</i> - ©Sustrans 2006</p> | General | | <p>You may well have seen these, but I have attached two Sustrans documents as resources which could be useful both at this stage (one is heavily referenced) and as part of the implementation package. These are:</p> <ul style="list-style-type: none"> - Active travel and healthy workplaces information sheet - How to produce active travel directions for your visitors and staff | Thank you. We will pass these on to our implementation team. |
| Transport for London (TfL) | | 1 | 4 | <p><u>Recommendation 1 - Who should take action?</u> Include workplace travel coordinators, facilities and property services managers</p> | Noted. Thank you. |

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| Transport for London (TfL) | | 1 | | <p><u>Recommendation 1 - What action should they take?</u> Include workplace travel plans in the list of company policies. The travel plan coordinator is well placed to promote physical activity in the workplace as they are already engaged in promoting walking and cycling and will be able to include health messages into existing promotional activity. Travel plan coordinators can also make use of the considerable range of information on active travel that is being produced by TfL and other organisations involved in the promotion of travel plans,</p> | Travel plans would be included under 'other HR policies' in bullet point 3. |
| Transport for London (TfL) | | 1 | 5 | <p><u>Recommendation 2 - Who should take action?</u> Include workplace travel plan coordinators, facilities and property services managers</p> | Noted. thank you. |
| Transport for London (TfL) | | 1 | 5 | <p><u>Recommendation 3 - What actions should they take?</u> Encourage staff to take at least 10,000 steps per day</p> | Noted. thank you. |
| Transport for London (TfL) | | 1 | 6 | <p><u>Recommendation 4 - Who should take action?</u> Include workplace travel plan coordinators, facilities and property services managers</p> | Noted. thank you. |
| Transport for London (TfL) | | 1 | 6 | <p><u>Recommendation 4 - What action should they take?</u> From the evidence base there are studies demonstrating the benefit of cycling to work as well as walking and cycling is more practical for the distances many people will travel (eg Andersen, L., et al 2000 All cause mortality associated with physical activity during leisure time, work, sports, and cycling to work, Archives of internal Medicine, 160: 1621-1628; Hendriksen, I., 1996 The effects of commuter cycling on physical performance and on coronary heart disease risk factors. Amsterdam: Free University; Oja, P., et al 1998 Daily walking and cycling to work: their utility as health-enhancing physical activity, Patient Education and Counselling 33: S87-S94).</p> | We agree. We will ask PHIAC to consider adding cycling to recommendation 4. |
| Transport for London (TfL) | | 2 | 7 | <p>As referred to in previous submissions, TRL and JMP have undertaken an Evidence Review for Transport for London , now published on TfL's website: '<i>Physical activity, absenteeism and productivity: An Evidence Review</i>' http://www.tfl.gov.uk/tfl/roadusers/sustainable-travel/promoting-activity.aspx</p> | Noted. thank you. |
| Transport for London (TfL) | | Appendix C | 28 | It may add to the strength of the draft guidance to include a section on efficacy as opposed to effectiveness | Noted. Thank you. |

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| Weight Concern | | 1 | 5 | Non-health trained persons responsible for providing support and tailoring information to meet individual needs are likely to require training and support in order to deliver this effectively. We suggest that employers are made aware of this and the offer information on sources of information, training and learning materials/resources. | We agree. Thank you for your comment. |
| Weight Concern | | General | | We would like to suggest that these guidance encourage a reduction in sedentary behaviour and sitting time. This could include walking during breaks and to avoid sitting for long period at a time. This may be of particular benefit to those who are exceptionally inactive or those with reduced mobility. | Noted. We will amend recommendation 4 to make this clearer. |