National Institute for Health and Care Excellence

Centre for Public Health

Consideration of an update of the public health guidance on 'Promoting physical activity in the workplace' (PH13)

1 Background information

Guidance issue date: May 2008

3 year review: July 2011

2nd review: June 2014

2 Recommendation

The Centre for Public Health, having considered evidence from experts and others, recommend that this guidance is **refreshed**. This guidance should be reviewed in 3 years when it is anticipated that further data relating to physical activity in the workplace and sedentary behavior will be available.

3 Process for updating guidance

Public health guidance is reviewed 3 years after publication to determine whether all or part of it should be updated. This guidance was reviewed in 2011 and, following consultation, the decision was to defer update for a further 3 years.

The process for updating NICE public health guidance is as follows:

- NICE convenes an expert group to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The expert group consists of selected members (including co-optees) of the original committee that developed the guidance, key experts in the area, and representatives

of relevant government departments. The Expert Group may receive a review of the evidence produced by the Evidence updates team.

- NICE consults with stakeholders on its proposal for updating the guidance (this review consultation document).
- NICE may amend its proposal, in light of feedback from stakeholder consultation.
- NICE determines where any guidance update fits within its work programme, alongside other priorities.

4 Consideration of the evidence and practice

There is unlikely to be substantial new evidence that would affect the current recommendations, which cover:

- Recommendation 1: policy and planning
- Recommendation 2: implementing a physical activity programme
- Recommendation 3: components of the physical activity programme
- Recommendation 4: supporting employers

Some of the detail in the recommendations has been improved or superseded by other pieces of guidance, for example, walking and cycling, long term sickness absence and physical activity and the environment.

In producing this guideline review, NICE is aware of the changing nature of work, and the changing nature of the workforce. The workplace has become much more sedentary in recent years and has much more focus on repetitive tasks. In addition to this, the workforce is getting older and as a result more sensitive to the health problems (particularly chronic illnesses) that are associated with physical inactivity into middle age and beyond.

In the workplace, the most common reason given for sickness absence in 2013, accounting for 30%, was minor illnesses which cover sickness such as cough and colds. This type of illness tends to have shorter durations and accounted for around 27.4 million days lost. The greatest number of work days lost in 2013 was due to musculoskeletal problems, at 30.6 million days lost – over one quarter of total sickness days (ONS, 2014).

5 Implementation and post publication feedback

The enquiry handling team received 15 queries about this guidance, none of these relate to the evidence or the guidance directly. One enquiry related to the business case being complex to use.

The implementation programme slide set identified the following issues at the time of guidance publication:

"The most successful physical activity programmes are those where the staff are consulted and the scheme is specifically tailored to their needs and requirements. Therefore it is not possible to quantify the costs of implementing such a scheme. Implementation will incur some costs. However, the many benefits to both businesses and the health of the population far outweigh any initial costs. These include:

- reduced sickness absence
- improved health and wellbeing of team
- improved employee satisfaction and staff retention
- improved productivity and reduced 'presenteeism' (reduced performance and productivity when working while ill)
- improved team working
- enhanced company profile"

The implementation field team have recorded the following feedback in relation to this guidance:

- Several organisations (including health trusts, mental health trusts and local authorities) commented that the physical activity guidance alongside other related public health guidance had positively influenced the organisations human resources policy.

- One mental health trust implemented physical activity programs (pedometer challenge and football) alongside other measures. Sick absence had fallen over the period. Sickness absence was mentioned by another organisation as a key indicator for this guidance.

- One trust commented that the human resources and occupational health staff reported that they found PH13 "Promoting physical activity in the workplace" to be too general and broad. They felt it was telling them what they already knew and most of it was obvious. They would like stronger recommendations about behaviour development and change.

- A consultant in Public Health noted that it is difficult to take responsibility for, and to judge progress of, implementation of ‘activities that are not in the gift of the PCT’. For example, physical activity in the workplace for local businesses.

And two studies have been published that are relevant:

1. Royal College of Physicians(2013)Implementing NICE public health guidance for the workplace: Overcoming barriers and sharing success

This report presents findings from the Staff health improvement project, which assessed how NHS trusts have successfully implemented the NICE public health guidance for the workplace. The data is based on 41 telephone interviews carried out with staff from 22 trusts in England. Findings showed the level of familiarity with the guidance varied greatly, though all interviewed trusts welcomed the existence of the guidance and most had used it to some

extent to shape their Health & Wellbeing work. On physical activity, the report found the following barriers and enablers:

- **Barriers**: concerns about the safety implications of extracurricular physical activity in the workplace and inflexibility of managers preventing staff accessing activities.

- **Enablers**: careful planning and risk assessments to allow staff use of patient facilities eg gyms and local walking routes. Promoting flexible working policies with managers. Consulting staff about activity choices and schedules. Monitoring uptake to ensure access for staff with low levels of fitness.

2. Preece, R. et al (2013) Measuring implementation of evidence-based guidance on promoting workers' health.* Occupational Medicine (Oxford). 62(8):627-31, 2012 Dec.*

This study measured the implementation of NICE guidance on workplace health and attempted to identify opportunities to improve this. All NHS organizations in England were invited to participate in an online audit of implementation of NICE guidance during autumn 2010, 282 (63%) NHS organisations partook. Results found that 268 (95%) trusts provide access to stop smoking support; but only 179 (63%) allowed staff to attend smoking cessation services during working hours without loss of pay.

6 Expert meeting

Following circulation of a questionnaire to potential expert group members, NICE convened an expert group in July 2014 to inform the review decision. The expert panel discussed the existing recommendations and took a view about whether the recommendations were still relevant and useful, and whether substantial new evidence was available that would change them.

The expert panel made several suggestions for small tweaks to the existing recommendations, but overall did not think that there was sufficient new evidence to warrant a complete update of the guidance.

It was the view of the expert panel that the guidance should be refreshed. Specifically:

Recommendation 1 should make clearer that 'all employees' includes people with physical limitations. The recommendation should also make reference to monitoring and updating of policies.

Recommendation 2 – Bullet points one and two should move up to recommendation 1 though the part about incentive schemes should be disaggregated and stay in recommendation 2.

The second bullet should hyperlink to walking and cycling guidance.

Recommendation 3 – no change

Recommendation 4 should be moved to the top of the list to make sure that it is recognized that local authorities are key agents in the promotion of workplace physical activity as many organisations (especially smaller ones) may not have sufficient in-house expertise to deliver the guidance.

The guidance also needs to be refreshed in terms of 'who should take action?' to ensure it reflect modern health and social care organizational structures.

In terms of future guidance topics, the expert panel identified the following:

- The changing nature of the workplace – changing roles mean that many people are sedentary for long periods of time and often perform small repetitive tasks. Both sedentary behavior and repetitive tasks are associated with ill-health and especially musculoskeletal problems. It is recognised that sedentary behavior is harmful to health, however there is insufficient evidence about effective interventions in the workplace to reduce it.

- Heterogeneity of workplaces – the assumption that all workers are office workers is clearly a spurious one. It is important to recognise the variety of workplaces and workplace tasks and to deliver interventions tailored to different workplaces, for example long distance drivers.

- Musculoskeletal conditions – increasing rates of MS conditions in the workplace, especially low back pain and neck/shoulder pain reflect the changing nature of the workplace (see above). It is important to prevent musculoskeletal ill-health.

7 Stakeholder consultation

In September and October 2014, a proposal was made to stakeholders to consider the guidance for review in 3 years and that the existing guidance has a brief terminology refresh.

7 stakeholder organisations responded to the consultation.

Overall stakeholders did not identify any significant new evidence which would invalidate the existing recommendations and necessitate an update of PH27.

8 Equality and diversity considerations

There is no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation.

9 Related NICE guidance

The following NICE guidance is related to PH13:

Related NICE guidance in development:

- Exercise referral schemes NICE public health guidance. Publication expected September 2014

Related published NICE guidance:

- Behaviour change: individual approaches
- Physical activity: Brief advice for adults in primary care
- Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation

- Behaviour change.
- Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children.
- Overweight and obese adults – lifestyle weight management

Related NICE pathways

- Physical activity Last updated June 2013
- Walking and cycling Last updated June 2013

10 Conclusion

No new evidence was identified which appeared to contradict the existing recommendations. Although there have been some changes to the health system since the original guidance was published, it is highly unlikely that this would invalidate or change the direction of the current recommendations, however some terminology could be refreshed to make the guidance current

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