

Physical activity: for NHS staff, patients and carers

Quality standard

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This standard is based on PH13, PH17, PH41, PH44 and PH49.

This standard should be read in conjunction with QS14, QS15, QS68, QS87, QS93, QS94, QS102, QS100, QS99, QS111, QS9, QS127, QS128, QS147, QS41, QS181 and QS183.

Introduction

This quality standard covers encouraging physical activity in people of all ages who are in contact with the NHS, including staff, patients and carers. It does not cover encouraging physical activity for particular conditions; this is included in condition-specific quality standards where appropriate. For more information see the [topic overview](#).

Patient experience and safety issues

NICE has developed guidance and associated quality standards on patient experience in adult NHS services and service user experience in adult mental health services (see the [NICE Pathways on patient experience in adult NHS services](#) and [service user experience in adult mental health services](#)), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that impact on patient experience and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for physical activity specifies that services should be commissioned from and coordinated across all relevant agencies. An integrated approach is fundamental to encouraging physical activity in all people who are in contact with the NHS.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the [library of NICE quality standards](#) when designing high-quality services.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in encouraging physical activity in all people who are in contact with the NHS should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Healthcare professionals delivering the NHS Health Check should demonstrate competence in line with the [NHS Health Check competence framework \(2014\)](#).

[British Medical Journal \(BMJ\) Learning](#) has developed a suite of free, continuing professional development (CPD)-accredited [modules covering motivational interviewing techniques](#), and [modules on physical activity and health](#) covering the science and specific clinical conditions in association with Public Health England.

The Department of Health's (2012) report on [The NHS's role in the public's health](#) states that every healthcare professional should 'make every contact count'. This means that they should use every contact that they have with a person to maintain or improve their mental and physical health and wellbeing where possible, whatever their specialty or the purpose of the contact. The report also emphasises the importance of the NHS workforce improving their own health in order to enable them to act as role models. It is easier for people in contact with the NHS to accept messages from its staff if it is clear they follow these messages for their own health.

Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development sources on specific types of training for the topic that exceed standard professional training will be considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in encouraging physical activity in all people who are in contact with the NHS. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about interventions and initiatives that encourage physical activity.

List of quality statements

Statement 1 Adults having their NHS Health Check are given brief advice about how to be more physically active.

Statement 2 Parents or carers of children are given advice about physical activity during their child's Healthy Child Programme 2-year review.

Statement 3 Parents or carers of children are given advice about physical activity as part of the National Child Measurement Programme (NCMP).

Statement 4 NHS organisations have an organisation-wide, multi-component programme to encourage and support employees to be more physically active.

Quality statement 1: Advice for adults during NHS Health Checks

Quality statement

Adults having their NHS Health Check are given brief advice about how to be more physically active.

Rationale

The primary care setting provides opportunities to implement the principles of the [Making Every Contact Count](#) initiative by enabling healthcare professionals to deliver lifestyle advice as a preventative measure. The [NHS Health Check](#) aims to reduce the risk of a number of conditions that physical activity can help to prevent. The NHS Health Check gives healthcare professionals a good opportunity to give brief advice to adults on a one-to-one basis about the benefits of physical activity and of using local physical activity services such as walking groups. This should therefore lead to an increase in physical activity levels.

Quality measures

Structure

Evidence of local arrangements to ensure that adults who are having their NHS Health Check are given brief advice about how to be more physically active.

Data source: Local data collection. [NHS Health Check Data Set](#) – NHS Health Check: Coverage.

Process

a) Proportion of adults having their NHS Health Check whose records state that they have been given brief advice about how to be more physically active.

Numerator – the number in the denominator whose records state that they have been given brief advice about how to be more physically active as part of their NHS Health Check.

Denominator – the number of adults having their NHS Health Check.

Data source: Local data collection. [NHS Health Check Data Set](#) – NHS Health Check: Referrals and risk management.

b) Proportion of adults having their NHS Health Check who are identified as needing to do more physical activity after receiving brief advice and whose records state that they have been signposted to physical activity services.

Numerator – the number in the denominator whose records state that they have been signposted to physical activity services as part of their NHS Health Check.

Denominator – the number of adults having their NHS Health Check who are identified as needing to do more physical activity after receiving brief advice.

Data source: Local data collection. [NHS Health Check Data Set](#) – NHS Health Check: Referrals and risk management.

c) Proportion of adults who have had an NHS Health Check and been signposted to physical activity services whose outcome is recorded.

Numerator – the number in the denominator whose outcome is recorded.

Denominator – the number of adults who have had their NHS Health Check and been signposted to physical activity services.

Data source: Local data collection. [NHS Health Check programme standards](#) – section 7 on risk management.

Outcome

Proportion of adults meeting the recommendations in the [UK Chief Medical Officers' physical activity guidelines](#).

Data source: Contained within the [NHS Digital's Health Survey for England: Health, social care and lifestyles](#), chapter on physical activity in adults and [Sport England's Active People Survey](#).

What the quality statement means for different audiences

Service providers (primary care services such as GP surgeries and pharmacies) ensure that their staff are trained and competent to give adults who are having their NHS Health Check brief advice about how to be more physically active, and in signposting adults to physical activity services.

Healthcare professionals (such as GPs and pharmacists) give adults who are having their NHS Health Check brief advice about how to be more physically active, and signpost them to physical activity services.

Commissioners (NHS England and local authorities) ensure that they commission services in which NHS Health Checks include giving brief advice to adults about physical activity, and signposting them to physical activity services.

Adults having their NHS Health Check are given advice and information about how to be more physically active and what services are available locally. The NHS Health Check is a national programme to identify people at risk of heart disease, stroke, diabetes, kidney disease and certain types of dementia.

Source guidance

- [Behaviour change: individual approaches. NICE guideline PH49 \(2014\)](#), recommendation 9
- [Physical activity: brief advice for adults in primary care. NICE guideline PH44 \(2013\)](#), recommendation 2

Definitions of terms used in this quality statement

Brief advice

Giving brief advice or intervention involves oral discussion, negotiation or encouragement, with or without written or other support or follow-up. It may also involve a referral for further interventions, directing people to other services or more intensive support. In this context, if the person is already achieving the UK physical activity guidelines the advice should focus on sustaining this by offering praise and encouragement. Brief advice can be delivered by anyone who is trained in the necessary skills and knowledge. These interventions typically take no more than a few minutes for basic advice. [Adapted from [NICE's guideline on physical activity: brief advice for adults in primary care](#), [NICE's guideline on behaviour change: individual approaches](#), and expert

opinion]

NHS Health Check

The [NHS Health Check programme](#) aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who have not already been diagnosed with 1 of these conditions will be invited (once every 5 years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes. People attending NHS Health Checks will have their risk assessed through a combination of their personal details, family history of illness, smoking, alcohol consumption, physical activity, BMI, blood pressure and cholesterol. They should be given support and advice to help them reduce or manage their risk. [Adapted from the [NHS Health Check competence framework](#) and NICE local government briefing 15]

Signposting to physical activity services

Signposting describes the process for directing a person to a suitable local service. As part of an NHS Health Check, a person may be signposted or directed to the local gym or walking group, for example, or referred to lifestyle or clinical services. This aims to help guide people to local services that are appropriate for them. This will encourage people to use the services and support them in making lifestyle changes. [Adapted from the [NHS Health Check Data Set user guidance](#)]

UK physical activity guidelines

The current recommendations for physical activity from the UK Chief Medical Officers state the following:

- All adults aged 19 years and over should aim to be active daily.
- Over a week, this should add up to at least 150 minutes (2.5 hours) of moderate intensity physical activity.
- Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity; or even shorter durations of very vigorous intensity activity; or a combination of moderate, vigorous and very vigorous intensity activity.

- All adults should also undertake physical activity to develop or maintain strength in the major muscle groups on at least 2 days a week. For older adults (65 years and over) they should also undertake activities aimed at improving or maintaining balance and flexibility on at least 2 days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness.
- Adults should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of inactivity with at least light physical activity (or for older adults, at least with standing).

[[UK Chief Medical Officers' physical activity guidelines](#)]

Equality and diversity considerations

When advising adults to become more physically active and signposting them to physical activity services, healthcare professionals should take into account gender, the needs of people from different socioeconomic backgrounds and cultures, and the needs of adults with mental health conditions and learning or physical disabilities. When providing written information, healthcare professionals should ensure that it is accessible to people with additional needs, such as physical, sensory or learning disabilities, and to people who do not speak or read English.

Quality statement 2: Advice for parents or carers as part of the Healthy Child Programme 2-year review

Quality statement

Parents or carers of children are given advice about physical activity during their child's Healthy Child Programme 2-year review.

Rationale

Children's participation in physical activity is important for their healthy growth and development. It is important to establish being physically active as a life-long habit from an early age, and the Healthy Child Programme 2-year review provides a good opportunity to advise on this. Giving advice to parents and carers at key points during their child's development can be an effective way to 'make every contact count'. It can also lead to whole families establishing good physical activity habits.

Quality measures

Structure

Evidence of local arrangements to ensure that parents or carers of children are given advice about physical activity as part of their child's Healthy Child Programme 2-year review.

Data source: Local data collection.

Process

a) Proportion of Healthy Child Programme 2-year reviews in which parents or carers of children are given advice about physical activity.

Numerator – the number in the denominator in which parents or carers of children are given advice about physical activity.

Denominator – the number of Healthy Child Programme 2-year reviews.

b) Proportion of Healthy Child Programme 2-year reviews in which parents or carers of children are offered written information about local opportunities to be physically active.

Numerator – the number in the denominator in which parents or carers of children are offered written information about local opportunities to be physically active.

Denominator – the number of Healthy Child Programme 2-year reviews.

Data source: Local data collection.

Outcome

Proportion of children achieving the recommendations in the [UK Chief Medical Officers' physical activity guidelines](#).

Data source: Contained within the [NHS Digital's Health Survey for England: Health, social care and lifestyles](#), chapter on physical activity in children.

What the quality statement means for different audiences

Service providers (health visiting services) ensure that their staff are trained to give parents or carers of children advice about physical activity and information about local opportunities to be physically active as a key component of the Healthy Child Programme 2-year review.

Healthcare professionals (health visitors, nursery nurses and children's nurses) give parents or carers advice about physical activity and information about local opportunities to be physically active as a key component of the Healthy Child Programme 2-year review.

Commissioners (such as clinical commissioning groups, NHS England and local authorities) ensure that they commission services from providers who include giving advice about physical activity and information about local opportunities as a key component of the Healthy Child Programme 2-year review. Commissioners may wish to monitor activity by requesting evidence of practice locally.

Parents or carers of children who are having their 2-year review are given information about the ways in which their child can benefit from being physically active. They are also given information

about what they can do to be more active, as well as what is available locally.

Source guidance

- [Physical activity for children and young people. NICE guideline PH17 \(2009\), recommendation 15](#)
- Giving advice specifically as part of the child's 2-year review is based on consensus of expert opinion

Definitions of terms used in this quality statement

Advice about physical activity as part of the Healthy Child Programme 2-year review

Parents and carers of children should be advised that:

- Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
- All children should undertake a range of moderate to vigorous intensity activities for at least 60 minutes over the course of a day.
- All children should minimise the amount of time they spend being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).
- It is beneficial for them to get involved in physical activities with their children and to complete at least some local journeys (or some part of a local journey) with young children using a physically active mode of travel with the aim of establishing active travel as a life-long habit from an early age.

Parents and carers of children should be given oral and written information about:

- The benefits of physical activity and how enjoyable it is.
- The benefits of minimising sedentary behaviours.
- Local opportunities to be physically active.

[Adapted from the [UK Chief Medical Officers' physical activity guidelines](#) and [NICE's guideline on physical activity for children and young people](#), recommendation 15, and expert opinion]

Healthy Child Programme 2-year review

This is the third, full health and development review that children have as part of the [Department of Health and Social Care's Healthy Child Programme](#). This review will be carried out between the age of 2 and 2.5 years by a member of the Healthy Child team, usually a health visitor, nursery nurse or children's nurse. The review might be at a local children's centre, GP surgery or at home. [Adapted from [NHS Choices' Your baby's health and development reviews](#)]

Equality and diversity considerations

When giving parents and carers advice on physical activity for children, healthcare professionals should take into account the age, developmental stage and gender of the child, any medical needs as well as the ethnicity and socioeconomic status of the family in order to communicate the information in a sensitive manner. All information given about physical activity should be accessible to people with additional needs, such as physical, sensory or learning disabilities, and to people who do not speak or read English.

When sharing information about local opportunities to be active, healthcare professionals should take into account the needs of children from different socioeconomic backgrounds, and the needs of children with mental health conditions, and learning and physical disabilities.

Quality statement 3: Advice for parents or carers as part of the National Child Measurement Programme

Quality statement

Parents or carers of children are given advice about physical activity as part of the National Child Measurement Programme (NCMP).

Rationale

Children's participation in physical activity is important for their healthy growth and development. It is important to establish being physically active as a life-long habit from an early age. Giving advice to parents and carers at key points during their child's development can be an effective way to 'make every contact count'. It can also lead to whole families establishing good physical activity habits.

The NCMP is delivered by all local authorities across England and involves measuring the weight and height of children aged 4 to 5 years and 10 to 11 years to assess overweight children and obesity levels in primary schools. Parents or carers receive feedback about their children's results. While it is not a mandated component of the programme, local authorities are encouraged to provide parents with their child's results. The National Child Measurement Programme Operational Guidance additionally highlights that parents generally want to receive their child's NCMP results, and that providing this information is an effective mechanism for raising awareness of the potential associated health consequences of excess weight. This therefore provides a good opportunity to give advice about physical activity, because parents are more likely to be receptive to thinking about behaviour change.

Quality measures

Structure

Evidence of local arrangements to ensure that parents or carers of children are given advice about physical activity as part of the NCMP.

Data source: Local data collection.

Process

a) Proportion of children aged 4 to 5 years who are measured as part of the NCMP whose parents or carers are given advice about physical activity.

Numerator – the number in the denominator whose parents or carers are given advice about physical activity.

Denominator – the number of children aged 4 to 5 years who are measured as part of the NCMP.

Data source: Local data collection.

b) Proportion of children aged 10 to 11 years who are measured as part of the NCMP whose parents or carers are given advice about physical activity.

Numerator – the number in the denominator whose parents or carers are given advice about physical activity.

Denominator – the number of children aged 10 to 11 years who are measured as part of the NCMP.

Data source: Local data collection.

Outcome

Proportion of children achieving the recommendations in the [UK Chief Medical Officers' physical activity guidelines](#).

Data source: Contained within [NHS Digital's Health Survey for England: Health, social care and lifestyles](#), chapter on physical activity in children.

What the quality statement means for different audiences

Service providers (such as school nursing services) ensure that their staff are trained to give parents or carers of children advice about physical activity and information about local opportunities to be physically active as a key component of the routine feedback that is provided to

parents or carers of children who are measured as part of the NCMP.

Healthcare practitioners incorporate advice about physical activity within the routine feedback they provide to parents or carers of children who are measured as part of the NCMP.

Commissioners (Public Health England, NHS England and local authorities) ensure that they commission services from providers who include giving advice about physical activity as a key component of the routine feedback they provide to parents or carers of children who are measured as part of the NCMP. Commissioners may wish to monitor activity by requesting evidence of practice locally.

Parents or carers of children whose weight and height is measured at school as part of the National Child Measurement Programme are given information about the ways in which their child can benefit from being physically active. They are also given information about what they can do to be more active, as well as what is available locally. The [National Child Measurement Programme](#) was established in 2005, and involves measuring the weight and height of Reception and Year 6 children at state schools in England.

Source guidance

- [Physical activity for children and young people. NICE guideline PH17 \(2009\), recommendation 15](#)
- Giving advice specifically as part of the feedback from the National Child Measurement Programme is based on consensus of expert opinion

Definitions of terms used in this quality statement

Advice about physical activity as part of the National Child Measurement Programme

Parents and carers of children should be given written information advising them that:

- All children should undertake a range of moderate to vigorous intensity activities for at least 60 minutes over the course of a day.
- Children aged 5 years and over should undertake a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength.

- All children should minimise the amount of time they spend being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).
- It is beneficial for them to get involved in physical activities with their children and to complete at least some local journeys (or some part of a local journey) with young children using a physically active mode of travel with the aim of establishing active travel as a life-long habit from an early age.

Parents and carers of children should also be given written information about:

- The benefits of physical activity and how enjoyable it is.
- Local opportunities to be physically active.

The [National Child Measurement Programme Operational Guidance specimen result letters to parents](#) that can be adapted to include advice about physical activity for all children who take part in the programme. [Adapted from the [UK Chief Medical Officers' physical activity guidelines](#), and [NICE's guideline on physical activity for children and young people](#), recommendation 15, and expert opinion]

National Child Measurement Programme (NCMP)

The NCMP was established in 2005, and involves measuring the weight and height of Reception and Year 6 children at state-maintained schools, including academies, in England.

The NCMP has 2 key purposes:

- To provide robust public health surveillance data on child weight status: to understand and monitor obesity prevalence and trends at national and local levels, inform obesity planning and commissioning, and underpin the [Public Health Outcomes Framework](#) indicators on excess weight in children aged 4–5 years and 10–11 years.
- To provide parents with feedback on their child's weight status: to help them understand their child's health status, support and encourage behaviour change, and provide a mechanism for direct engagement with families.

[Adapted from [Public Health England's National Child Measurement Programme Operational Guidance](#)]

Equality and diversity considerations

When giving parents and carers advice on physical activity for children, healthcare professionals should take into account the age and gender of the child, as well as the ethnicity and socioeconomic status of the family in order to communicate the information in a sensitive manner. All information given about physical activity should be accessible to people with additional needs, such as physical, sensory or learning disabilities, and to people who do not speak or read English.

When sharing information about local opportunities to be active, healthcare professionals should take into account the needs of children from different socioeconomic backgrounds, and the needs of children with mental health conditions, and learning and physical disabilities.

Quality statement 4: Implementing a physical activity programme for employees in NHS organisations

Quality statement

NHS organisations have an organisation-wide, multi-component programme to encourage and support employees to be more physically active.

Rationale

Multi-component physical activity programmes in NHS organisations should incorporate a range of measures to encourage and support their employees to be more physically active. Providing information about physical activity and promoting its health benefits should help support people who are interested in becoming more active. Identifying an 'active travel champion' (working at a senior level) to promote active travel should increase the number of NHS employees who adopt more active modes of travel for commuting and while at work. This should encourage and enable employees to increase the amount of physical activity they undertake and improve their overall health and wellbeing.

Quality measures

Structure

a) Evidence that NHS organisations have in place an organisation-wide, multi-component programme to encourage and support employees to be more physically active.

Data source: Local data collection.

b) Evidence that NHS organisations monitor their organisation-wide, multi-component physical activity programme.

Data source: Local data collection. Contained within the [Royal College of Physicians' Implementing NICE public health guidance for the workplace – organisational audit](#), section 3.3: Physical activity and building/site design.

c) Evidence that NHS organisations encourage active travel through schemes that have been developed or promoted by an active travel champion.

Data source: Local data collection.

Process

a) Proportion of NHS organisations with a multi-component physical activity programme that disseminate information (including written information) on at least an annual basis to their employees on how to be more physically active and on the health benefits of such activity.

Numerator – the number in the denominator that disseminate information (including written information) on at least an annual basis on how to be more physically active and on the health benefits of such activity to their employees.

Denominator – the number of NHS organisations with a multi-component physical activity programme.

Data source: Local data collection.

b) Proportion of organisation-wide, multi-component physical activity programmes in NHS organisations that include incentive schemes.

Numerator – the number in the denominator that include incentive schemes.

Denominator – the number of organisation-wide, multi-component physical activity programmes in NHS organisations.

Data source: Local data collection.

c) Proportion of employees in NHS organisations who take part in incentive schemes that are part of a multi-component physical activity programme.

Numerator – the number in the denominator who take part in incentive schemes that are part of a multi-component physical activity programme.

Denominator – the number of people employed by an NHS organisation that has incentive schemes included within a multi-component physical activity programme.

Data source: Local data collection.

d) Proportion of NHS employees recorded as having taken part in active travel schemes that are led or promoted by their organisation within the last 12 months.

Numerator – the number in the denominator recorded as having taken part in active travel schemes that are led or promoted by their organisation within the last 12 months.

Denominator – the number of people employed by an NHS organisation with active travel schemes.

Data source: Local data collection.

Outcomes

a) Proportion of employees in NHS organisations who feel supported to be more physically active.

Data source: Local data collection. The [NHS staff survey](#) (2014) contained the following questions: 14b My immediate manager takes a positive interest in my health and wellbeing; 14c My organisation takes positive action on health and wellbeing.

b) Proportion of NHS employees who use physically active modes of travel for commuting and while at work.

Data source: Local data collection. The [National Travel Survey for England](#) (2013) contains information on: Commuting/business trips by main mode (chart 15). The [2011 UK Census](#) data contain information on: Method of travel to work for England and Wales.

What the quality statement means for different audiences

NHS organisations have an organisation-wide, multi-component programme to encourage and support employees to be more physically active, and monitor the uptake of the programme initiatives and incentive schemes by employees.

Active travel champions ensure that they coordinate activities, and develop or promote schemes that encourage and enable employees in their organisation to use active modes of travel, such as walking and cycling.

Employees in NHS organisations are encouraged and supported to be more physically active (both within and outside the workplace), and are provided with information and practical support on how to do this.

Source guidance

- [Physical activity in the workplace. NICE guideline PH13 \(2008\)](#), recommendations 2 and 3
- [Physical activity: walking and cycling. NICE guideline PH41 \(2012\)](#), recommendation 9

Definitions of terms used in this quality statement

Employees in NHS organisations

In this context, employees include people who are employed directly by any type of NHS organisation. Where possible, this would also include people who are employed by any type of an NHS organisation through a subcontract, as a volunteer or as a temporary member of staff.

[Adapted from [NICE's guideline on physical activity in the workplace](#)]

Multi-component programme

The programme should consist of a number of components in order to ensure that employees with different needs and interests are encouraged and supported to be more physically active. It should be linked to and support achievement of the goals outlined in the organisation-wide policy or plan for physical activity. It could include:

- Incentive schemes such as Cycle to Work schemes and subsidised gym memberships.

- Mechanisms to support employees to walk, cycle or use other modes of transport involving physical activity (to travel to and from work and as part of their working day). Examples of mechanisms include:
 - providing facilities such as bicycle storage, showers and changing facilities
 - ensuring that staircases are clearly signposted and attractive to use, to encourage people to use the stairs rather than lifts if they can
 - offering flexibility around taking breaks to enable employees to take short walks during work breaks
 - developing (or promoting) schemes that facilitate active travel, for example, schemes that give staff access to a pool of bicycles for short-distance business travel, or access to discounted cycle purchases (such as Cycle to Work schemes).
- Providing information (including written information) on how to minimise sedentary behaviour and be more physically active, and on the health benefits of such activity.
- Written information on local opportunities to be physically active (both within and outside the workplace) tailored to meet specific needs, for example, the needs of shift workers. Examples include information about: walking and cycling routes (this may include maps), local walking groups, exercise classes, cycle training programmes and local challenges and events.
- Ongoing advice and support to help people plan how they are going to increase their levels of physical activity and reduce sedentary behaviour. This may include a confidential, independent health check administered by a suitably qualified practitioner and focused on physical activity.

To deliver the programme, employers could:

- Ensure that when planning new developments and refurbishing existing buildings, they maximise opportunities for people (including those who have limited mobility) to be physically active as a routine part of their daily life. As part of the planning, employers should:
 - Involve local communities and experts to ensure the potential for physical activity is maximised.
 - Complete an assessment in advance, of the impact (both intended and unintended) that the proposals are likely to have on physical activity levels. Results should be made publicly available and accessible.

- Help employees to be physically active and minimise sedentary behaviour during the working day by:
 - where possible, encouraging them to move around more at work (for example, by walking or cycling to external meetings or standing up during meetings)
 - encouraging them to set goals on how far they walk and cycle and to monitor the distances they cover.
- Take account of the nature of the work and any health and safety issues. For example, many people already walk long distances during the working day, whereas those involved in shift work may be vulnerable if walking home alone at night.
- Work in collaboration with other NHS organisations. This is particularly relevant for smaller organisations that may find it challenging to deliver activities in isolation.

[Adapted from [NICE's guidelines on physical activity in the workplace](#), recommendations 2 and 3, [physical activity and the environment](#), recommendations 1, 5 and 6, [physical activity: walking and cycling](#), and expert consensus]

Active travel champion

Active travel champions working in NHS organisations should be enthusiastic and passionate about physical activity, and able to engage with and support people to become more active. They should have the ability to influence people working at a senior level, and should encourage and enable employees to be more physically active.

Equality and diversity considerations

When developing an organisation-wide, multi-component physical activity programme, NHS employers should take into account the needs of employees with mental health conditions, and learning and physical disabilities. Any written information provided as part of the programme should be accessible to people with additional needs, such as physical, sensory or learning disabilities.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

See [NICE's how to use quality standards](#) for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Improving outcomes

The quality standard is expected to contribute to improvements in the following outcomes:

- cardiovascular health
- excess weight in adults
- excess weight in children and young people under 18 years
- mental health
- physically active adults
- physically active children
- self-reported wellbeing
- social isolation

- use of outdoor space for exercise and health reasons.

It is also expected to support delivery of the Department of Health outcome frameworks:

- [NHS outcomes framework](#)
- [Public health outcomes framework for England](#).

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [development sources](#).

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between healthcare professionals and people in contact with the NHS who are being encouraged to be physically active is essential. Care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People in contact with the NHS who are being encouraged to be physically active should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the [quality standards process guide](#) on the NICE website.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Behaviour change: individual approaches. NICE guideline PH49 \(2014\)](#)
- [Physical activity: brief advice for adults in primary care. NICE guideline PH44 \(2013\)](#)
- [Physical activity: walking and cycling. NICE guideline PH41 \(2012\)](#)
- [Physical activity for children and young people. NICE guideline PH17 \(2009\)](#)
- [Physical activity in the workplace. NICE guideline PH13 \(2008\)](#)

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- [All-Party Commission on Physical Activity. Tackling physical inactivity – a coordinated approach \(2014\)](#)
- [Public Health England. Everybody active, every day – a framework to embed physical activity into daily life \(2014\)](#)
- [HM Government. London 2012 Olympic and Paralympic Games – long term legacy vision \(2014\)](#)
- [HM Government. Moving more, living more – Olympic and Paralympic Games legacy \(2014\)](#)
- [NHS Digital Statistics on obesity, physical activity and diet – England 2013 \(2013\)](#)
- [Sport England. Active People Survey \(January 2012 to January 2013\)](#)

- [Department of Health. Let's get moving: commissioning guidance – a physical activity care pathway \(2012\)](#)
- [Department of Health. The NHS's role in the public's health \(2012\)](#)
- [Department of Health. Change4Life – three year social marketing strategy \(2011\)](#)
- [Department of Health. Start active, stay active – a report on physical activity from the four home countries' Chief Medical Officers \(2011\)](#)
- [Department of Health. The Public Health Responsibility Deal \(2011\)](#)
- [Department of Health. Healthy lives, healthy people – our strategy for public health in England \(2010\)](#)
- [Department of Health. Healthy Child Programme – pregnancy and the first 5 years of life \(2009\)](#)
- [Welsh Government. The physical activity action plan: creating an active Wales \(2009\)](#)
- [NHS Digital. Health survey for England 2008 – physical activity and fitness \(2009\)](#)
- [Welsh Government. Active travel: Walking and cycling \(2008\)](#)
- [Natural England. Walking for health database \(2008\)](#)

Definitions and data sources for the quality measures

- [Physical activity and the environment. NICE guideline NG90 \(2018\)](#)
- [Royal College of Physicians. Implementing NICE public health guidance for the workplace – organisational audit \(2014\)](#)
- [Department for Transport. The National Travel Survey for England \(2013\)](#)
- [NHS England. The NHS staff survey \(2014\)](#)
- [Public Health England. Active People Survey \(January 2012 to January 2013\)](#)
- [NHS Digital. Health Survey for England – health, social care and lifestyles \(2012\)](#)
- [Physical activity: walking and cycling. NICE guideline PH41 \(2012\)](#)
- [Department of Health. UK physical activity guidelines \(2012\)](#)

- Office for National Statistics. 2011 UK Census (2011)

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1. Membership of this committee is as follows:

Mr Lee Beresford

Director of strategy and system development, NHS Wakefield Clinical Commissioning Group

Dr Gita Bhutani

Professional lead, Psychological Services, Lancashire Care NHS Foundation Trust

Mrs Jennifer Bostock

Lay member

Dr Helen Bromley

Locum consultant in public health, Cheshire West and Chester Council

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GP, NHS North East Essex Clinical Commissioning Group

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Mr Gavin Maxwell

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Consultant and senior clinical lecturer in palliative medicine, Oxford University Hospitals NHS Trust and Oxford University

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Dr Arnold Zermansky

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The following specialist members joined the committee to develop this quality standard:

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Physical activity programme lead

Mr Mark Frost

Team leader – transport planning and policy, London Borough of Hounslow

Dr Susie Morrow

Community member

Mr Mike Sandys

Director of public health, Leicestershire County Council

NICE project team

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Julie Kennedy

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Update information

Minor changes since publication

May 2020: For statements 1, 2 and 3, the quality outcome measures and definitions have been updated to align this quality standard with the updated 2019 [UK Chief Medical Officers' physical activity guidelines](#).

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the [NICE Pathway on physical activity](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Association of Directors of Public Health \(ADPH\)](#)
- [Chartered Society of Physiotherapy](#)
- [Public Health England](#)
- [Royal College of General Practitioners \(RCGP\)](#)
- [Royal College of Physicians \(RCP\)](#)