NICE National Institute for Health and Care Excellence

NICE quality standard

Physical activity: for NHS staff, patients and carers

Quality standard

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Contents

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.

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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: Evidence can be collected from information recorded locally by healthcare professionals and provider organisations, for example, local protocols on providing advice at NHS Health Checks.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records. Data on the number of people receiving an NHS Health Check in England is published on the OHID NHS Health Check profile.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records. Data on the number of people receiving an NHS Health Check in England is published on the OHID NHS Health Check profile.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records. Data on the number of people receiving an NHS Health Check in England is published on the OHID NHS Health Check profile.

Outcome

Proportion of adults meeting the recommendations in the UK Chief Medical Officers' physical activity guidelines.

Numerator – the number in the denominator who meet the recommendations in the UK Chief Medical Officers' physical activity guidelines.

Denominator – the number of adults.

Data source: Data is presented from NHS England's Health Survey for England on physical activity in young people and adults aged 16 and over. Sport England's Active Lives Adult Survey publishes data on physical activity in adults aged 19 and over; data from this survey are also presented on the OHID physical activity tool as 'percentage of physically active adults', which is included in the Public Health Outcomes Framework (indicator C17a).

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 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 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 competency 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 best practice 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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: Evidence can be collected by information recorded locally by healthcare professionals and provider organisations, for example, local protocols and information provided to parents.

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.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records and the Child Health Information System. NHS England publishes Experimental Community Services Statistics for health visiting on the number of children in the dataset who received the review and the number who received the review delivered face-to-face. The OHID publishes experimental statistics for health visitor service delivery on the number of children who received the review.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records and the Child Health Information System. NHS England publishes Experimental Community Services Statistics for health visiting on the number of children in the dataset who received the review and the number who received the review delivered face-to-face. The OHID publishes experimental statistics for health visitor service delivery on the number of children who received the review.

Outcome

Proportion of children achieving the recommendations in the UK Chief Medical Officers' physical activity guidelines.

Numerator – the number in the denominator who achieving recommendations in the UK Chief Medical Officers' physical activity guidelines.

Denominator – the number of children.

Data source: Sport England's Active Lives Children and Young People Survey publishes data 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 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 their weight status and monitor prevalence of overweight and obesity in 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 NCMP 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured,

and can be adapted and used flexibly.

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: Evidence can be collected from information recorded locally by provider organisations such as local protocols and feedback letter templates approved by a local authority that include advice on physical activity. Specimen templates are provided as part of the NCMP operational guidance.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records and the Child Health Information System. NHS England publishes data for the NCMP; this includes the total number of reception year children (aged 4 to 5) whose height and weight were measured.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records and the Child Health Information System. NHS England publishes data for the NCMP; this includes the total number of year 6 (aged 10 to 11) children whose height and weight were measured.

Outcome

Proportion of children and young people achieving the recommendations in the UK Chief Medical Officers' physical activity guidelines.

Numerator – the number in the denominator who achieving recommendations in the UK Chief Medical Officers' physical activity guidelines

Denominator – the number of children and young people.

Data source: Sport England's Active Lives Children and Young People Survey publishes data on physical activity in children and young people. Data from this survey are also presented on the OHID physical activity tool as 'percentage of physically active children and young people' (aged 5 to 16), which is included in the Public Health Outcomes Framework (indicator C10).

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 professionals 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 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 NCMP 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 NCMP 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 NCMP specimen result letters to parents 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

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 prevalence of obesity and overweight in the 4 to 5 and 10 to 11 age groups.
- 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 NCMP 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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: Evidence can be collected from information recorded locally by provider organisations. Examples are a plan that describes or includes a multi-component physical

activity programme, which is linked to and supports achievement of goals outlined in the organisation-wide policy or plan for physical activity.

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

Data source: Evidence can be collected from information recorded locally by provider organisations, such as monitoring reports and results from workplace health and staff travel surveys.

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

Data source: Evidence can be collected locally from information recorded by provider organisations, such as implementation plans or annual reports.

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: Data can be collected locally from information recorded by provider organisations such as written information made available to advise staff on how to be more physically active and the associated health benefits. The Chartered Institute of Personnel and Development's health and wellbeing at work survey publishes data on the proportion of organisations that have programmes to encourage physical fitness.

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: Data can be collected locally from information recorded by provider organisations such as programme specifications. The Chartered Institute of Personnel and Development's health and wellbeing at work survey publishes data on the proportion of organisations that have subsidised gym membership schemes.

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: Data can be collected locally from information recorded by provider organisations such as records of staff enrolment in incentive schemes.

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: Data can be collected locally from information recorded by provider organisations such as results of a staff survey or records of staff enrolments in active travel schemes.

Outcomes

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

active.

Numerator – the number in the denominator who reported they feel supported to be more physically active.

Denominator – the number of employees in NHS organisations.

Data source: Data can be collected from information recorded locally by NHS organisations, for example, results from staff surveys. The core questionnaire for the NHS staff survey contains the following questions, for which data is published: My immediate manager (who may be referred to as your 'line manager') takes a positive interest in my health and wellbeing and 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.

Numerator – the number in the denominator who use physically active modes of travel for commuting and while at work.

Denominator – the number of employees in NHS organisations.

Data source: Data can be collected from information recorded locally by NHS organisations, for example, participation in Cycle to Work schemes and staff surveys. Data on commuter trips is available from the National Travel Survey – data on purpose of travel (including by age band, employment status and main mode) in England by children, young people and adults. The Census 2021 data (travel to work topic) contains information from residents aged 16 and over and employed in England and Wales on method of travel to work.

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 1.4.2 to 1.4.4, physical activity: walking and cycling, recommendation 9 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.

[Adapted from NICE's guideline on physical activity: walking and cycling, recommendation 9, and expert opinion]

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.

Update information

Minor changes since publication

August 2023: The rationale text for statement 3 has been updated in line with the updated NCMP operational guidance.

Data sources and references have been updated throughout.

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.

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.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

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.

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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)