NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARD CONSULTATION

SUMMARY REPORT

1 Quality standard title

Physical activity: encouraging activity in all people in contact with the NHS

Date of Quality Standards Advisory Committee post-consultation meeting:
02 October 2014

2 Introduction

The draft quality standard for Physical activity was made available on the NICE website for a 4-week public consultation period between 06 August and 04 September 2014. Registered stakeholders were notified by email and invited to submit consultation comments on the draft quality standard. General feedback on the quality standard and comments on individual quality statements were accepted.

Comments were received from 37 organisations, which included service providers, national organisations, professional bodies and others.

This report provides the Quality Standards Advisory Committee with a high-level summary of the consultation comments, prepared by the NICE quality standards team. It provides a basis for discussion by the Committee as part of the final meeting where the Committee will consider consultation comments. Where appropriate the quality standard will be refined with input from the Committee.

Consultation comments that may result in changes to the quality standard have been highlighted within this report. Comments suggesting changes that are outside of the process have not been included in this summary. The types of comments typically not included are those relating to source guidance recommendations and suggestions for non-accredited source guidance, requests to broaden statements out of scope, requests to include thresholds, targets, large volumes of supporting information, general comments on the role and purpose of quality standards and requests to change NICE templates. However, the Committee should read this summary alongside the full set of consultation comments, which are provided in appendices 1 and 2.

3 Questions for consultation

Stakeholders were invited to respond to the following general questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?

2. If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

3. For each quality statement what do you think could be done to support improvement and help overcome barriers?

Stakeholders were also invited to respond to the following statement specific questions:

1. For draft quality statement 3: Is the need for training for healthcare professionals in the area of physical activity significant enough to consider this an aspirational statement?

2. For draft quality statement 6: Does this need to be a separate statement or could it be incorporated into statement 5?

4 General comments

The following is a summary of general (non-statement-specific) comments on the quality standard.

- Stakeholders welcomed the quality standard and stressed the importance of having a quality standard on this topic.
- Stakeholders felt that the draft quality standard accurately reflect the key areas for quality improvement.
- Stakeholders would like to see a more explicit acknowledgement of the exemplar role of the NHS and its staff in the quality standard and emphasised that the NHS is ideally placed to lead the way in maximising opportunities for employees to be physically active as part of their daily life.
- Stakeholders suggested that making links to the Making Every Contact Count (MECC) work would help professionals to use appropriately timed, helpful language.
- The statements indicate that healthcare workers in the NHS should be trained in understanding the benefits of physical activity and then to provide education to patients on this. However, there is no mention of funding for this and, given current pressures our experts consider that this is unlikely to succeed without additional personnel and funding to aid delivery.
- The quality standard is not clear whether physical activity should be promoted and encouraged as part of a prevention strategy, or only be raised in a primary care setting in high risk individuals. The promotion of physical activity should be considered as an important prevention tool and would therefore welcome this being reflected within the quality standard.
- It needs to be made clear that the quality statements should be applied to all those providing services to NHS England and CCGs (i.e. private providers as well as the NHS).
- Concerns were raised that in terms of behavioural change, there will ultimately be a lot of “advice” given to “do more exercise/physical activity”, and that there won’t be enough time given to change peoples’ behaviours.

- Concerns were raised that the statements seem to focus largely on physical activity in primary care and fail to include secondary care.
- Concerns were raised that the committee did not include members from the Faculty of Sport and Exercise Medicine or medical consultants in Sport and Exercise Medicine, or a physiotherapist.
- Stakeholders advocated encouraging physical activity for particular conditions and pre-conditions.
- Stakeholders suggested inclusion of physical activity as treatment of ill health e.g. in cancer survivorship, cardiac rehab and pulmonary rehab.
- Stakeholders requested clarity on whether NICE Guidance on Exercise referral schemes, due for publication in September, will be adapted into the final QS.

Consultation comments on data collection

- Concerns were raised that it could be time consuming, expensive and very difficult to collect results for all the variables that would need to be measured.
- Some data collection might be straight forward e.g. GP talking to patient in front of computer. Other parts more difficult e.g. ad hoc patient/clinician conversations in clinical areas under ‘making every contact count’.

5 Summary of consultation feedback by draft statement

5.1 Draft statement 1

Adults in contact with primary care have their physical activity levels assessed using a validated tool, and those who are identified as being inactive are advised to be more physically active.

Consultation comments

Stakeholders made the following comments in relation to draft statement 1:

- Stakeholders suggested that the quality measures would be strengthened if they were more explicitly linked to the NHS Health Check systems and structures.
- If formal monitoring is required in primary care, it will have to be built into overall workload e.g. via Health Checks or CQUIN.

- There is a considerable resource implication for primary care to deliver statement 1 and it should be recognised that it is not part of core work.
- It is important to define when the assessment of physical activity levels should be done and for which groups.
- Stakeholders agreed that physical activity levels should be assessed using a validated tool but would like to see this approach widened to include all population groups covered by these quality standards.
- It was suggested that the second part of the statement about giving advice should either be a separate statement or be removed as it seems obvious that if you assess a person as inactive that you would advise them to be more active.
- Some stakeholders suggested broadening the scope of the statement to cover all NHS healthcare staff, all sectors and all healthcare workers.
- Concerns were raised about the challenges involved in offering sensible advice about becoming more active to a person who may have a range of chronic diseases and who may not be motivated. It was suggested that this cannot be provided by a healthcare worker who has had only limited training and is being asked to do this as an ‘add on’ to all the other tasks they are already doing in primary care.
- Some concerns were raised that if all that is being looked for is that advice has been given this may become a tick box exercise.
- GP’s have only a limited time period for consultation and are under great pressure to implement other health care priorities. If we can encourage primary care to undertake assessments and brief intervention we need to ensure that it is a simple a process as possible.
- Stakeholders questioned how ‘appropriate’ will be defined/determined.
- Stakeholders suggested that activity assessment tools would need to be age appropriate; validated, sensitive and simple for use in primary care settings.
- Stakeholders raised a number of issues about the GPPAQ tool. These included concerns that: it appears to make assumptions that may not be true, such as those who are unemployed or retired are in the least active category in question 1; it is very geared towards those at work; it has lost credibility due to the issues

around discounting walking; it is not sensitive to change; and it is based on the 'old' guidelines for physical activity.

- Stakeholders suggested the following alternative tools for assessing levels of physical activity: single-item physical activity measure; Scottish Physical Activity Screening Question (Scot-PASQ), online fitness and lifestyle app Nuffield HealthScore.
- It would be helpful if NICE stipulated the validated tool which should be used by everyone to measure activity and change. GPPAQ is currently used as an example.
- There is no recognition of the current confusion over what are appropriate and validated measures to use for assessing levels of physical activity, particularly in measuring improvement in physical activity levels in subsequent appointments.

5.2 Draft statement 2

Parents and carers of children and young people are made aware of the UK physical activity guidelines, and are offered information about the benefits of physical activity and local opportunities to be physically active.

Consultation comments

Stakeholders made the following comments in relation to draft statement 2:

- Stakeholders suggested that this should cover all healthcare settings and professionals and stated that it would be possible for this to be an activity that is audited.
- Concerns were raised that the statement contains several concepts. Is there a need to split the statement into 3 parts: guidelines, information and local opportunities?

5.3 Draft statement 3

Healthcare professionals involved in changing people's health-related behaviour are given training to provide them with the knowledge, skills and competencies to encourage people to be more physically active.

Consultation comments

Stakeholders made the following comments in relation to draft statement 3:

- The statement is currently aimed at a large population which may be difficult to define. It would be more realistic to aim this at a specific group.
- The data source could be strengthened and regulated by applying an existing national staff training award.
- Commissioned education will be critical to the success of this initiative as current knowledge and spread of motivational interviewing skills is poor.
- Stakeholders raised the issue that they would like to see more detail about what the training should encompass, and what the specific skills and competencies required are.
- There is an opportunity to strengthen the behaviour change elements of this quality measure and to extend it to all front line workers.
- Stakeholders suggested that this is an ambitious statement that would require on-going development, as there currently does not seem to be the infrastructure to support this. A strategy for continuous training and development should be devised and underpin this statement.

Consultation question 4

Stakeholders made the following comments in relation to consultation question 4:

- Stakeholders suggested that the statement is aspirational.
- Stakeholders advised that a list of validated training providers or at least the content is needed. That is, the elements of such training and the skills and competencies required by staff should be made explicit.
- Stakeholders stated that in view of the importance of this training it should not be ad hoc, but organised.
- Concerns were raised that this is an enormous task. In particular, the behaviour change aspect of training should be emphasised and this needs to begin during undergraduate training and should be included in university curriculums.
- There is a recognised massive deficit in training which requires a major change in training provision. However, this doesn't make in unachievable and indeed of all

the standards this would be one of the easiest to both address and to measure. It is also fundamental to the success of all the other standards.

- Stakeholders suggested that many healthcare professionals might question whether time will be allocated for the training and if they will be given time to promote physical activity to patients and carers.

5.4 Draft statement 4

NHS organisations ensure that when planning new developments and refurbishing existing buildings they maximise opportunities for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life.

Consultation comments

Stakeholders made the following comments in relation to draft statement 4:

- The statement is very broad. It would have more impact if it focused in on one aspect of maximising opportunities for people to be physically active.
- It will be hard to collect and aggregate this data without a detailed review of how buildings are currently used and how they facilitate or deter increased physical activity. There is a lack of an accepted benchmark for this element of the quality measure (process b).

5.5 Draft statement 5

NHS organisations develop an organisation-wide policy or plan to encourage and support employees to be more physically active.

Consultation comments

Stakeholders made the following comments in relation to draft statement 5:

- We support the recommendation that an organisational policy must be in place but we are not convinced that the quality standard, as is currently worded, places enough importance of the detailed implementation, evaluation and ongoing improvement on this plan. Instead it is presented as a tick box exercise that NHS sites must prove they have but are not required to ensure is effective or fit for purpose on a rolling basis.

- Whilst policies and plans don't necessarily translate to effective action they are an important contributor to the process and the proposed measures appear realistic.
- We agree with the principles laid out. The key point is that each NHS organisation should have managerial support for a physical activity policy and that dedicated resources should be provided for a physical activity lead person in the organisation as well as funds to provide staff with the opportunity to be physically active.

5.6 Draft statement 6

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

Consultation comments

Stakeholders made the following comments in relation to draft statement 6:

- The statement is very broad. It would have more impact if it focused in on one aspect of the physical activity programme.
- Physical Activity Programmes again suffer from being highly subjective so data such as described tells us nothing about quality.
- Stakeholders suggested that the uptake of such programmes within NHS organisations should be included as a quality measure. It is crucial that awareness and engagement into programmes is monitored in addition to outcomes such as physical activity, health related quality of life and job satisfaction.

Consultation question 5

Stakeholders made the following comments in relation to consultation question 5:

- Some stakeholders suggested that it was important that statements 5 and 6 remain separate.
- It is important to have a clear organisational strategy, whose aims and objectives are agreed and progress monitored at board or similar level, and to have the action plan, whose execution may be delegated. The second depends from the first, but they are discrete.

- If the statements were merged it does have the potential to dilute the importance of monitoring and evaluation.
- Stakeholders suggested that there needs to be recognition of the importance of policy and planning that supports delivery. The policy and planning statement helps emphasise the need for corporate ‘buy in’.
- Statement 5 is developed at a strategic level, with a long term ambition and possibly across a large number of organisations. Statement 6, being reliant on 5, is much more operationally focused and can be delivered at a micro-level.
- Some stakeholders suggested that the statements should be merged.
- Some stakeholders suggested that statement 5 was weak on its own, and therefore should be incorporated with statement 6.
- Stakeholders suggested including statement 6 as key action within the workplace plan/policy proposed in statement 5.
- Stakeholders suggested that statements 6 and 7 could be merged.

5.7 Draft statement 7

NHS organisations have an ‘active travel champion’ (or champions) who has overall responsibility for developing or promoting schemes that facilitate active travel.

Consultation comments

Stakeholders made the following comments in relation to draft statement 7:

- An active travel champion may not always themselves be working at senior level. The critical success factor is that they should have senior management/director level support.
- Stakeholders suggested that ‘high level’ should be added into this quality statement itself, as we feel that high level support will be required in order to drive the organisational changes needed to achieve the quality statements.
- Statement 7 could potentially be combined with statement 6 unless it was felt that the importance of active travel would be lost. There is significant overlap between 6 and 7.

- Uptake of active travel schemes was suggested as a more meaningful measure than sickness absence rates.

Appendix 1: Quality standard consultation comments table

ID	Stakeholder	Statement No	Comments[1]
1	Sustrans	General	Thank you for the opportunity to comment on this quality standard. Sustrans believes the NHS has a hugely important role as an exemplar and leader, and as a delivery agent for lifestyle advice around physical activity. We are not confident that the NHS is yet playing this role to its full potential. This quality standard, if actively pursued, could be very influential indeed.
2	Sustrans	General	Notwithstanding a few quite detailed comments below, we regard the draft quality standard as excellent. Our first comment therefore is to urge against any possible proposals to weaken the recommendations.
3	Sustrans	General	Although we know that some people, both within and outside the NHS, find the concept challenging, we would like to see in this quality standard a more explicit acknowledgement of the exemplar role of the NHS and its staff, along the lines of recommendation 9 in NICE PH42. People trust the NHS, but are not convinced by 'don't do as I do, do as I say'. In particular, quality statements 5, 6 and 7 have the potential to create noticeable change in the behaviour (and consequent health outcomes) of NHS staff, and if the great majority of NHS staff become exemplars of physically active lifestyles, that will go a long way to normalising active living in the mind of the wider population.
4	Triborough Public Health Service (Hammersmith & Fulham, Kensington and Chelsea, and Westminster)	General	The quality standard needs to emphasise that physical activity is enjoyable
5	Redcar & Cleveland Borough Council	General	This document refers to the NHS, but it needs to be made clear that it should be applied to all those providing services to NHS England and CCGs (i.e. private providers as well as the NHS)
6	Breakthrough Breast Cancer	General	This submission reflects the views of Breakthrough Breast Cancer, a pioneering charity dedicated to the prevention, treatment and ultimate eradication of breast cancer. Breakthrough Breast Cancer is particularly interested in public health and has actively been working to communicate the link between physical activity and breast cancer risk to the general public. Breakthrough Breast Cancer developed robust consensus statements endorsed by global experts on the effect of physical activity on breast cancer risk following a comprehensive review of the evidence, and from this concluded that physical activity has a direct effect on breast cancer risk, in addition to helping women maintain a

[1]PLEASE NOTE: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how quality standards are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its staff or its advisory committees.

ID	Stakeholder	Statement No	Comments[1]
			healthy weight. The evidence highlighted that regular physical activity can reduce a woman's risk of developing breast cancer by at least 20 per cent. 'Regular' physical activity refers to undertaking at least 3.5 hours of moderate intensity activity per week, equivalent to 30 minutes or more per day. Breakthrough Breast Cancer has developed a web resource called brisk which communicates the physical activity and breast cancer risk message to the general public and provides practical suggestions on how women can incorporate physical activity of moderate intensity into their everyday lives. Breakthrough is currently working to share this message and resource to a wide range of stakeholders. Given Breakthrough Breast Cancer's dedication to prevention and public health, we fully support the development of the NICE quality standards on physical activity and thank you for the opportunity to submit comment on this consultation. If you have any questions or wish to discuss any of the points made in our submission, please do not hesitate to contact Tilean Clarke, Senior Public Health and Information Officer at tileanc@breakthrough.org.uk or on 0207 025 2490.
7	Breakthrough Breast Cancer	General	As one of the largest employers in the UK, the NHS is ideally placed to lead the way in maximising opportunities for employees to be physically active as part of their daily life. This is particularly important as the average working adult spends a large proportion of time in their work environment. Breakthrough Breast Cancer fully support statement 4 – 7.
8	Royal College of Nursing	General	There are no further comments to make on this document on behalf of the Royal College of Nursing
9	Royal Pharmaceutical Society (RPS)	General	The Royal Pharmaceutical Society (RPS) welcomes and supports the NICE quality standard on encouraging activity in all people in contact with the NHS (staff, patients and carers). Pharmacists can play a significant role in raising awareness of the risk factors associated with physical inactivity, promote the UK Physical Activity guidelines and implement a move towards encouraging healthier living that aims to incorporate more daily physical in patients and the public. The RPS has developed Professional Standards for Public Health (http://www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp?) to help lead, support and develop pharmacists and pharmacy teams across Great Britain to enable the delivery of high quality public health services. Pharmacists are regularly involved in the promotion of better public health such as healthy living campaigns and advising patients on developing better lifestyle choices .To this end, pharmacists are suitable healthcare professionals to support and encourage physical activity alongside lifestyle modifications where appropriate. As one of the public faces of healthcare, pharmacists are key to the provision of information to patients, are on hand to explore patients' concerns , offer evidence-based assurances and check patients' understanding in a safe and

ID	Stakeholder	Statement No	Comments[1]
			confidential environment. Equally, pharmacy services are readily accessible, with pharmacies open long hours and present in communities across the country (including remote locations and areas of deprivation). With a commitment to the delivery of public health services, pharmacists and pharmacy teams should be considered in any further recommendations regarding encouraging physical activity in all people in contact with the NHS.
10	British Heart Foundation Centre for Physical Activity and Health	General	The BHF National Centre for Physical Activity and Health is based in Loughborough University and is part of the National Centre for Sport and Exercise Medicine. The Centre aims to develop translate and disseminate research and practice based evidence to expand and improve effective practice of physical activity in the UK. We welcome the opportunity to respond to the draft Quality Standard and are supportive of these. Our comments therefore only reflect any suggestions we have to improve and strengthen that standards
11	Cheshire West and Chester Council	General	CCG fully supports the encouragement of physical activity in children and young people who come in to contact with the NHS, as it is important for their growth and development and has a positive impact upon and improves their physical and emotional health and wellbeing. This is particularly important given the relatively low % of children and young people who meet the UK physical activity guidelines, based on self reporting.
12	British Heart Foundation	General	The British Heart Foundation (BHF) is the nation's leading heart charity. Our vision is of a world in which no one dies prematurely of heart disease. There are over 2.3 million people in the UK living with coronary heart disease. If you require any further information regarding this response please contact Amy Smullen, Policy Officer smullena@bhf.org.uk We are working to raise awareness of the benefits of a healthy lifestyle and we believe that physical activity is a key component of preventing coronary heart disease and a number of other long term conditions. The BHF therefore advocates the benefits and encourages members of the UK public to be physically active. The BHF fund the BHF National Centre for Physical Activity, which is a centre of excellence of physical activity research and practice based evidence development. We therefore warmly welcome the opportunity to respond to this draft Quality Standard (QS).
13	British Heart Foundation	General	QS is not clear whether physical activity should be promoted and encouraged as part of a prevention strategy, or only be raised in a primary care setting in high risk individuals. The BHF believes that the promotion of physical activity should be considered an important prevention tool and would therefore welcome this being reflected within the QS. Greater, consistent advice on this would benefit healthcare providers know when to enact this advice and how best to

ID	Stakeholder	Statement No	Comments[1]
			tailor this QS to reflect real patient pressures.
14	UKactive	General	ukactive welcomes the opportunity to respond to the consultation on the NICE Quality Standards Consultation – Physical activity: encouraging activity in all people in contact with the NHS (staff, patients and carers). The NHS has a principal role in leading and encouraging improvements in lifestyle choices to encourage greater activity. In light of the removal of physical activity indicators from the Quality and Outcomes Framework, this consultation is a key step in helping the NHS to achieve its full potential in developing a healthier and more active nation. ukactive is a not-for-profit health body that works to get more people, more active, more often. We are committed to improving the health of the nation through promoting active lifestyles and do this by designing, developing and conducting research; facilitating partnerships; promoting innovation; providing high quality services to our members; and sharing evidence and insights.
15	Living Streets	General	We welcome the introduction of this standard – locations delivering NHS services should be beacons for active travel such as walking and should be designed and developed to ensure active travel options are available for all of those in contact with the NHS.
16	NHS Health Scotland	General	NHS Health Scotland welcomes the opportunity to respond to the draft quality standard which reflects many of the current approaches adopted in Scotland to support the development and implementation of physical activity within the healthcare setting. Indeed, many of the statements are reflected within the National Physical Activity Implementation Plan for Scotland A More Active Scotland: Building a Legacy from the Commonwealth Games (2014) Scottish Government, the work of the Green Exercise Partnership (a partnership between NHS Health Scotland, Health Facilities Scotland, Scottish Natural Heritage and Forestry Commission Scotland) activating the NHS estate and learning drawn the NHS Physical Activity Pathway Primary Care Feasibility Study (2014) NHS Health Scotland and the Health Promoting Health Service (HPHS) Chief Executive Letter (CEL01) (2012) Scottish Government.
17	RCGP	General	This is a helpful summary document. It would be helpful to emphasise the pleasure of regular exercise and that everyone can find an exercise they can enjoy and be encouraged in that. In particular dancing is attractive to young men and women. Children might be encouraged in William Brown's words "to just mess about a bit" (PS)
18	Public Health England	General	For Quality Standard 1,2 and 3 it could be tied to the Making Every Contact Count (MECC) work to help professionals use appropriately timed, helpful language.
19	Nuffield Health	General	In terms of behavioural change, we are concerned that there will ultimately be a lot of "advice" given to "do more exercise/physical activity", and that there won't be enough time given to change peoples' behaviours, which will no doubt have been engrained for many years. We feel that behaviour change takes time, and requires regular contact with the client to provide support and motivation to reassess goals and address obstacles.
20	Nuffield Health	General	Nuffield Health agrees with and is pleased to see a number of the areas raised by the statements and outcomes. In general there are a few points that we would like to raise: - The statements seem to focus largely on physical activity in primary care and fail to include secondary care, which

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			we feel, should be considered.
21	Cheshire West and Chester Council	General	Are there any intentions to either expand this to cover LAs' roles and functions or to create one for LAs? This is missing a lot of the health and social care workforce who may have more contact with the key target groups. For example to promote messages to children and young people, it is more likely that teachers and youth workers will have more regular contact than primary care staff. Social workers are likely to have a great deal of contact with carers.
22	Cheshire West and Chester Council	General	The guidance highlights that delivery of these measures will contribute to utilisation of outdoor space which is likely. However the loop needs to be closed by recommending work with LAs to understand what and where local provision is available. For example linking to LA travel advice teams, identifying where local parks are or what guided walks are available.
23	British Heart Foundation	General	It is unclear given the use of example statistics whether this QS is applicable in both England and Wales as dictated by NICE remit, or just in England. The QS would benefit from a clear definition of its geographical scope, and if it is applicable wider than England we would recommend the inclusion of nation specific statistics to bring relevance to the QS in Wales also.
24	RCGP	General	Reducing premature death in people with a learning disability - The Confidential Inquiry into deaths of people with learning disbailities CIPOLD found the median age at death of female individuals with intellectual disabilities was 63 years (IQR 54—75), 20 years younger than the median age at death for female individuals in the general population (83 years). It would be useful to incluse a specific measurement for including physical activity in their annual health checks. (MH) Heslop P, Blair PS, Fleming P, Hoghton M, Marriott A, Russ L. The Confidential Inquiry into premature deaths of people with intellectual disabilities in the UK: a population-based study. Lancet 2013. published online Dec 11.http://dx.doi.org/10.1016/S0140-6736(13)62026-7.
25	Royal College of Physicians (RCP)	General	The list of quality statements. The statements indicate that healthcare workers in the NHS should be trained in understanding the benefits of PA and then to provide education to patients on this. However, there is no mention of funding for this and, given current pressures our experts consider that this is unlikely to succeed without additional personnel and funding to aid delivery. With additional funding and personnel it would be possible to collect the data, offer sensible advice and to work with each patient to help address their particular challenges in performing regular exercise.
26	Public Health England	General	The reference to coordinated services (page 5) could be strengthened throughout the quality standard with greater emphasis placed upon processes to supported integrated health and social care services including reference to the Better Care Fund.
27	Public Health England	General	A key focus for the quality standard is in improving healthcare professional training, which is mentioned within the standards but should be emphasised on page 6 under 'Training and Competencies'.
28	University of Warwick	General	• We felt that the sentence "All healthcare professionals involved in encouraging physical activity…." was a little vague and perhaps some examples of the type of healthcare professionals should be described here to clarify which

ID	Stakeholder	Statement No	Comments[1]
			healthcare professionals are going to be expected to do this i.e. who is most appropriate to do this. • We appreciate that examples of the healthcare professionals who might be involved is given on page 13 but perhaps this should be listed earlier and needs to include Occupational Therapists as well.
29	Nuffield Health	General	We would also encourage the statements to include people over 75 yrs as the UK has a growing ageing population. Keeping this age group active is also beneficial as social isolation in this age group is more common.
30	Royal College of Physicians (RCP)	General	The document states the figures for PA are low in certain ethnic groups but it does not provide figures for this or mention which ethnic groups are at risk.
31	Royal College of Physicians (RCP)	General	We are very disappointed that a consultation providing advice on the health benefits of physical activity has no committee members from the Faculty of Sport and Exercise Medicine or medical consultants in Sport and Exercise Medicine. The quality statements and practical knowledge of how to implement these ambitious quality standards would have benefited from having such a specialist on the committee.
32	Association of chartered physiotherapists in oncology and palliative care (ACPOPC)	General	There is no physiotherapist involved in helping devise these standards - we feel it would be sensible to revise them and consider including a physio in the team.
33	Physical Activity for Health Research Centre (PAHRC), University of Edinburgh	General	"The quality standard is expected to contribute to improvements in the following outcomes: · Excess weight in adults. · Excess weight in children and young people under 18 years." Increased PA is more likely to result in improved cardiovascular health than improvements in excess weight. It may be over ambitious to state these as the top two outcomes and omit CV health.
34	AGILE	General	Even though the QS is drawing information from already published material, it is difficult to understand how the indicators of Table 2 on pg 3 - 1.16 Utilisation of outdoor spaces or of 1.18 Social isolation can be measured to accurately chart a change, as there is no suggestion of an appropriate measuring tool to be used – we are unaware of an accurate/ validated tool, or will it simple be a yes/no response to a question? The same issue is relevant looking at table 2 on page 5. Having looked through the recommended documents (Public health outcomes framework for England, 2013–2016, and the NHS Outcomes Framework) we cannot see this explained.
35	Public Health England	General	The outcomes that the quality standard is expected to contribute to should include a clear reference to improving mental health and wellbeing.
36	Faculty of Sport and Exercise Medicine	Introduction	We would advocate encouraging physical activity for particular conditions (and pre-conditions) – this should be part of this NICE Quality Standard. There is a commonality of risk factors for chronic diseases where Physical Inactivity plays a greater role than obesity and smoking combined – thus not to target Physical Activity for this at risk group does not make sense.
37	Physical Activity for	Introduction	"Physical inactivity is the fourth leading risk factor for global mortality"

ID	Stakeholder	Statement No	Comments[1]
	Health Research Centre (PAHRC), University of Edinburgh		Note that the more recent GBD study ranks physical inactivity as the 10th leading risk factor (Institute for Health Metrics and Evaluation: The Global Burden of Disease: Generating Evidence, Guiding Policy. 2013.)
38	Physical Activity for Health Research Centre (PAHRC), University of Edinburgh	Introduction	"Inactivity costs the NHS alone an estimated £1.06 billion per year based on national cases of coronary heart disease, stroke, diabetes, colorectal cancer and breast cancer (all conditions that are potentially preventable or manageable through physical activity)." Note this estimate is based on data from 1992-93. A more up to date estimate of £0.9 billion based on data from 2006-07 is available here: The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: An update to 2006-2007 NHS costs. Journal of Public Health. 2011;33(4):527-535. http://jpubhealth.oxfordjournals.org/content/33/4/527.long
39	Royal College of Physicians (RCP)	Introduction	67% of men and 55% women met DH guideline for PA (Physical Activity). This seems very high but, if correct, would mean that we are beginning to get close to our target. What is the evidence that people over-report their level of PA? The figures given for children are much more akin to what our experts would expect.
40	UKactive	Introduction	ukactive believes that this consultation very effectively covers the principal areas of development needed to fulfil the NHS's role in getting the nation more active. We believe that the list of quality statements set out in this draft provide a strong base and should not be weakened following this consultation.
41	UKactive	Introduction	ukactive welcomes this consultation, aimed at encouraging activity in all people in contact with the NHS. In its introduction, this quality standard highlights the importance and need to get the nation more active. NICE has drawn attention to the cost to the NHS of inactivity (£1.06 billion per year) and highlights that this is a conservative figure. In addition to this figure, it may be useful to understand the wider costs of inactivity in order to outline the full impact of inactivity and the importance of encouraging greater levels of activity. The report launched in April 2014 by the All Party Commission on Physical Activity highlighted that the wider costs to the UK economy are estimated at £20 billion including factors such as sickness absence [http://parliamentarycommissiononphysicalactivity.files.wordpress.com/2014/04/apcopa-final.pdf]. More conservatively, The Chief Medical officer put the aggregated non-healthcare costs of inactivity at an estimated total cost of £8.2 billion per annum attributable, with an additional £2.5 billion for the contribution of inactivity to the obesity problem figure at £8.2 billion per year. However, this figure is from 2004 and is now likely to be far greater.
42	NHS Health Scotland	Introduction	The introduction states that the standard does not apply to particular conditions as physical activity is referred to within condition specific quality standards where appropriate. For clarity it would be helpful to include a link to condition specific quality standards which currently refer to physical activity. In addition it would also be beneficial to conduct an audit of all condition specific quality standards in order to identify those that do not currently refer to physical activity but could feasibly do so given the growing evidence base regarding the benefits of physical activity for the prevention, treatment and management of more than 20 conditions.
43	Association of Paediatric	Introduction	List of quality statement need to add something about the responsibility of teachers/education need to be aware of

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	Chartered Physiotherapists (APCP)		UK physical guidelines and are offered information about the benefits of physical activity.
44	Sustrans	Questions for consultation	Yes. We are impressed by how accurately the quality standard addresses the key questions.
45	Redcar & Cleveland Borough Council	Questions for consultation	Yes
46	Breakthrough Breast Cancer	Questions for consultation	In our opinion the draft quality standard reflects the key areas for quality improvement to encourage activity in all people in contact with the NHS but areas within the draft quality standards could be further developed to provide clarity and recommendations (recommendations listed below). Breakthrough Breast Cancer particularly appreciates that the NICE quality standards draft consultation recognises the impact physical activity can have on breast cancer risk, which is increasingly important particularly as nearly 9000 cases of breast cancer could be prevented every year in the UK if all women were regularly physically active.
47	Rotherham Doncaster and South Humber NHS Foundation Trust	Questions for consultation	All quality standards: Reflect key areas for quality improvement.
48	Physical Activity for Health Research Centre (PAHRC), University of Edinburgh	Questions for consultation	In our opinion, yes.
49	Public Health Wales	Questions for consultation	Yes.
50	British Heart Foundation Centre for Physical Activity and Health	Questions for consultation	The standard does reflect the key areas for quality improvement
51	Devon County Council	Questions for consultation	Yes but We think that both NHS and local government should be encouraged to role model a more physically active culture (statements 5 and 6)- could LAs be referenced in this respect as well since they are the commissioners of much of this work? More emphasis required overall on reducing sedentary behaviour for both adults and children. This will become a much bigger area in future years, with many people sitting for 15 hours + a day due to sedentary role sin work, inactive commuting and sedentary leisure
52	Association of Paediatric Chartered Physiotherapists (APCP)	Questions for consultation	need to consider schools, and other educational settings e.g further education
53	UKactive	Questions for	Yes, ukactive believes that the key areas for quality improvement have been accurately reflected.

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		consultation	
54	SPOKES the NHS Cycling Network	Questions for consultation	A very good document.
55	Public Health England	Questions for consultation	Yes the standard does reflect the key areas for quality improvement, as a general point the language of the quality standard could be strengthened by going beyond 'advising' to 'supporting'.
56	Royal College of Physicians and Surgeons of Glasgow	Questions for consultation	The standards suggested are all appropriate (standards 1-3 are the most important). Integrating physical activity for health into primary care (GAPA "7 investments that work for PA"), into secondary care (Lancet series 2012) are important, but equally key is integrating and making physical activity for health a key part of health education. Existing knowledge of CMO guidelines is poor. Murray and Dunlop (BJSM 2012) showed 97% med students knew alcohol guidelines and less than ½ PA guidelines, whilst studies in primary care recognise that less than 20% of GP's HV, and Practice Nurses know current guidelines. Significant efforts to improve staff knowledge and confidence helping patients get active and stay active are required. Additionally it may be useful to suggest that "clerking documents/ ward documentation" contain mention of asking about PA. Almost all record smoking and alcohol, but not activity levels. For primary care a more user friendly tool than GPPAQ is required (more like ScotPASQ)
57	NHS England	Questions for consultation	I would add something about physical activity as treatment of ill health too e.g. in cancer survivorship, cardiac rehab and pulmonary rehab
58	Triborough Public Health Service (Hammersmith & Fulham, Kensington and Chelsea, and Westminster)	Questions for consultation	Yes, we would agree that the standard accurately reflects the key areas for improvement. Appropriate training on giving brief advice on physical activity will improve the quality of service provision. However the messages need to be the same, clear and accurate with a high standard of training.
59	NHS Health Scotland	Questions for consultation	Yes, however the delivery of statements 1,2,4,5,6 and 7 are dependent on the delivery of statements 3. Statement 3 should therefore be prioritised if the other statements are to be implemented.
60	Nuffield Health	Questions for consultation	We feel that it would be time consuming, expensive and very difficult to collect results for all the variables that would like to be measured. Therefore raising the question as to who would be analysing the data collected.
61	Sustrans	Questions for consultation	Yes, we think the performance management approach described should work. The issue, if there is one, will be not in the quality standard and its measurement methodology, but in the priority attached to it by NHS directors and senior managers, and indeed by ministers and their officials.
62	Redcar & Cleveland Borough Council	Questions for consultation	The validated tool needs identification at a national level for use locally, but needs to be quick and easy to use.
63	Rotherham Doncaster and South Humber NHS Foundation Trust	Questions for consultation	Would be possible to collect data if appropriate systems and structures were available and in place.
64	Physical Activity for	Questions for	It depends who is responsible for collecting these measures. The BMA recently retired the GP Physical Activity

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	Health Research Centre (PAHRC), University of Edinburgh	consultation	Questionnaire from their QOF so it is possible GPs may not be motivated to collect these data. http://bma.org.uk/practical-support-at-work/contracts/independent-contractors/qof-guidance
65	Public Health Wales	Questions for consultation	This appears a slightly strange question in that it answers itself. Surely if the systems and structures were available then there would be no reason why the proposed quality measures couldn't be collected. What is more of an issue is whether they are the right measures and whether they would achieve their stated aims, which in some cases seems unlikely.
66	University of Warwick	Questions for consultation	We think that question 2 is very leading. If the systems and structures were available, then of course it would be possible to collect the data, but we do not know if these systems and structures are available and what they are – this might be more useful to know? We are unsure that the question asked addresses the key issue.
67	Association of Paediatric Chartered Physiotherapists (APCP)	Questions for consultation	Yes providing the tools used to assess the physical activity levels are specific to the age of the person and sensitive
68	British Heart Foundation Centre for Physical Activity and Health	Questions for consultation	There may be some problems collecting some of the data required in particular those where quality is a key issue (see comment on P20) while some routine information may be collected by EMIS there would need to be resources for this to be analysed
69	NHS Health Scotland	Questions for consultation	Assuming that the systems and structures exist to collect data, the main challenge is likely to be in relation to staff capacity to record data appropriately during routine practice. Experience drawn from the NHS Physical Activity Pathway Primary Care Feasibility Study (2014) NHS Health Scotland and the Health Promoting Health Service (HPHS) Chief Executive Letter (CEL01) (2012) Scottish Government, suggests that the development of local test of change models are most effective at a local level, however this does not allow for collation or comparison of data at a national level. The development of a national data collection system would greatly enhance the collation of data at a local and national level. However, no such system currently exists, which makes data collection problematic. The absence of adequate national data collection systems pose considerable challenges across the NHS and are not just a barrier to physical activity but many other aspects of health.
70	SPOKES the NHS Cycling Network	Questions for consultation	Not sure –Would be interested to learn if you will collect data for NHS Estate Cycle infrastructure to set as a benchmark? How many people in the NHS Cycle to work?
71	Royal College of Physicians and Surgeons of Glasgow	Questions for consultation	Integration into the GP QOF would aid collection of data in this area. NHS Health Scotland have collected significant data showing improvement of secondary care activity via the CMO CEL-1 (2012).
72	NHS England	Questions for consultation	Some data collection might be straight forward e.g. GP talking to patient in front of computer. Other parts more difficult e.g. ad hoc patient/clinician conversations in clinical areas under 'making every contact count'
73	Prescription For Exercise – Birmimgham Cross city	Questions for consultation	I find that convincing doctors(with their busy schedules) are difficult. The evidence suggest that barriers are: Some Barriers include: not having enough time during a consultation, uncertainty of the benefits of exercise, a lack of

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	CCG		evidence for the effectiveness of interventions. We have developed a tool called Prescription For Exercise (www.prescription4exercise.com) which Birmingham Criss City CCG (covering 950,000) have embedded into GP systems. It allows GP to empower patient and GP about simple advice to get people active, especially in those with chronic disease. This approach is so important. We want to facilitate advice and make it relevant for the patients. Promoting is good BUT it has to provoke emotion and be relevant at that point of contact. Getting health professionals involved will be a great investment – the process needs facilitation and we hope that initiatives like the collaboration of P4E and Birmingham CCG can be implemented in other areas. Please do have a look and feedback is most welcome. We are happy to comment further on guidelines I have attached some more document on P4E
74	Redcar & Cleveland Borough Council	Questions for consultation	Time is the key issue, both in terms of releasing staff for training and the ongoing implementation. Needs driving locally by CCGs not public health as they have the levers to make this happen.
75	Rotherham Doncaster and South Humber NHS Foundation Trust	Questions for consultation	To overcome barriers: increased awareness and accessibility of physical activity resources, local opportunities and an increased staff awareness of these in order to support signposting etc.
76	Rotherham Doncaster and South Humber NHS Foundation Trust	Questions for consultation	Clear links with other guidance/standards e.g. Behaviour Change and frameworks: Making Every Contact Count (MECC) important and work done to ensure that health care professionals are aware that it's 'everyone's business'.
77	Rotherham Doncaster and South Humber NHS Foundation Trust	Questions for consultation	For statement 5: To clearly link the standard with existing standards, guidance and frameworks e.g. MECC, workforce development strategies.
78	Rotherham Doncaster and South Humber NHS Foundation Trust	Questions for consultation	To support improvement and overcome barriers a systematic programme of awareness raising and training for staff would be required re. The importance of physical activity, outcomes, their role and responsibilities. Appropriate and accessible physical activity resources and opportunities need to be available for healthcare professionals to signpost and refer to.
79	Physical Activity for Health Research Centre (PAHRC), University of Edinburgh	Questions for consultation	Training and education in physical activity guidelines and promotion from Year 1 of medical school. Our experience of teaching medical students is they are exposed to such topics far too late in their medical training. Also this exposure is very small and it is not surprising the relative importance with which it can then be viewed.

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80	Association of Paediatric Chartered Physiotherapists (APCP)	Questions for consultation	Quality statement 1 – activity assessment tools would need to be age appropriate; validated and simple for use in primary care settings.
81	Department of Health	Questions for consultation	Better education to patients, carers, and parents of young children would help overcome barriers. Improvements in healthcare professional's curriculum and training would increase their level of knowledge and confidence to raise the issue of physical activity with their everyday contacts.
82	Devon County Council	Questions for consultation	Training is essential some punchy e-learning modules centrally developed would be very helpful.. Well thought through campaigns, targeted to specific segments of the population will support the message coming from a range of sources- eg: C4L. Work delivered within school curriculum? Info about useful apps etc that help people to monitor their activity and show them how little they do- easy to use and free ideally. We have developed a web-based tool that seeks to identify activities in the locality using google as the search (therefore no need for databases that quickly become out of date) UK active are very interested in this tool a sit could be adapted for the UK. It makes it easy for practitioners to help clients find an activity that meets their needs and interest and suggests possible matches based on their preferences. Please feel free to have a look at th is tool as it could be something that could be scaled up to a national level. www.getactivedevon.co.uk
83	SPOKES the NHS Cycling Network	Questions for consultation	Could workshops be set up at National Conference's ie at IHEEM or NHS Sstainability Day to promote Cycling & Walking infrastructure based on Good NHS case studies? Focusing on Facility, Security and Estate Departments?
84	NHS Health Scotland	Questions for consultation	For each quality statement what do you think could be done to support improvement and help overcome barriers? Statement 1: The following recommendations are drawn from the NHS Physical Activity Pathway Primary Care Feasibility Study (2014) NHS Health Scotland and the Health Promoting Health Service (HPHS) Chief Executive Letter (CEL01) (2012) Scottish Government and may also be applicable to the Standards: • Establish a strategic partnership with key regional NHS leads, Department of Health, Royal Colleges, Medical Faculties and national third sector organisations with a specific focus on physical activity and health, to lead and co-ordinate the further development and delivery of the physical activity standards. • Consider the appointment of a National or Regional Co-ordinator to support and co-ordinate national roll out in practice. • Identify early adopters within primary care to support delivery e.g. long term condition clinics and health and wellbeing advisory services.

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			• Provide national support for the development and/or enhancement of existing data systems, to improve data recording and extraction. • Identify a lead practitioner in each practice/setting to champion and take responsibility for the co-ordination and implementation of the Standards. • Consider the use of alternative screening tools such as the Scottish Physical Activity Screening Question (Scot-PASQ). • Work in partnership with those who facilitate, enable and provide local physical activity opportunities to address the potential increase in demand and equity of access to and for local physical activity opportunities as result of the Standards. • Consider the role of national physical activity directories such as Active Places and SPOGO in England, Active Scotland and Active Places Northern Ireland as a means of supporting local areas to undertake asset mapping e.g. the provision of a template and the capacity to extract local information. • Continue to promote walking as the most cost effective, accessible and enjoyable form of physical activity, simultaneously addressing the implications of the wider determinants of health inequalities. Statement 2: • As above Statement 3: • Tailor training to reflect local systems and services e.g. data collection systems, the needs of different practitioner groups, including their different 'starting point' in terms of physical activity knowledge. • The mode of delivery of training requires further investigation in order to establish accessible short and long term learning and development opportunities for NHS staff. • Practices should provide staff with Protected Learning Time to undertake the training required to support effective delivery of the Standards. • An NHS physical activity workforce development plan should be developed in order to integrate physical activity into routine practice and support delivery of the Standards. This plan should include learning opportunities for existing NHS staff through CPD and postgraduate programmes as well as integrating health enhancing physical activity and health behaviour change modules into undergraduate qualifications. Statement 4: A recent briefing paper focussing on Innovative NHS Greenspace in Scotland highlights the following recommendations to overcome barriers to transforming the NHS estate: • Establish a long term vision for the NHS outdoor estate to maximise its greenspace potential to deliver health outcomes. • Champion inter-directorate working amongst NHS teams to develop and utilise greenspace as a health promoting asset. • Adopt a landscape master plan approach, with integrated therapeutic design for both inside and outside

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			environments • Ensure good quality greenspace design is written into specifications and procurement processes for new build hospitals and refurbishment programmes. • Incentivise good quality greenspace design (this could be identified as a requirement of an exemplar employer). • Create long term NHS greenspace maintenance and management plans. • Increase the use of NHS greenspace in health care programmes provided by the NHS and third sector groups. • Improve access infrastructure for pedestrians and cyclists (within, to and from the NHS estate), reducing the dominance of motorised transport and car parking. • Publicise and promote the use of NHS greenspace for staff, visitors and local communities through events at healthcare facilities, promotion and signage. • Build in monitoring and evaluation programmes with staff and patient groups before and after interventions. Statement 5: • Draw learning from national health at work award schemes. • Ensure greater emphasis in physical activity in criteria of existing health at work award schemes. Statement 6: • Ensure statement 6 is integrated into statement 5 and adequately resourced to support implementation. Statement 7: • Engage with Active Travel experts such as SUSTRANS to support the development and implementation of NHS Active Travel Plans. • Develop NHS Active Travel Plans in partnership with Local Authority Active Travel Plans to maximise opportunities for infrastructure development to and from NHS sites and neighbouring communities.
85	Royal College of Physicians and Surgeons of Glasgow	Questions for consultation	Evidence suggests that the main issues at present are a) practitioner knowledge b) time pressure Integrating teaching on physical activity for health in particular, and health behaviour change into the undergraduate curriculums, postgrad curriculums, and CPD would help staff support patients and avail them of the benefits alike. Integrating physical activity for health question into medical documentation (where questions about alcohol and smoking are asked) would help prompt health professionals to ask. A simple tool is required for GP Healthy Working Lives http://www.healthyworkinglives.com/ has shown tangible examples of success in promoting PA for staff
86	NHS England	Questions for consultation	Improvement can be supported by promoting examples of good practice including patient stories, involvement of Health and Wellbeing Boards and AHSNs. Also review of service specs for occupational health services
87	Triborough Public Health Service (Hammersmith & Fulham, Kensington and Chelsea, and Westminster)	Questions for consultation	For all quality statements: It is vital that key health promotion messages around physical activity (e.g. definition, recommended levels, benefits) are consistent across and within organisations in order to promote understanding and awareness among patients, carers and staff Quality Statement 1, 2 and 3: Making Every Contact Count and the ActiveChampions training packages strongly support the training required to support these quality standards.

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88	Association of chartered physiotherapists in oncology and palliative care (ACPOPC)	Questions for consultation	Question 3 - We feel it is important to think broader than just the gym. This links with statement 3 that requires knowledge about certain long term conditions. Personal trainers working within the NHS are required to be Level 4 trained to provide care for people with cancer
89	AGILE	Questions for consultation	Page 23 question for consultation. It is only aspirational if you restrict to NHS only staff. Services such as Exercise Referral and Health Trainers use specifically trained exercise and health professionals (not necessarily NHS employed). They are likely to be focussed on physical activity and hence have more experience and knowledge, unlike a large proportion of NHS staff that will be in a variety of roles, not necessarily focussed or experienced in physical activity.
90	Redcar & Cleveland Borough Council	Questions for consultation	Yes, but a list of validated training providers or at least the content is needed.
91	Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Questions for consultation	In our view the need for training for healthcare professionals in this area is significant enough to consider this an aspirational statement. The costs of sedentary lifestyles to both the NHS and individuals concerned are significant, and physical inactivity is a recognised factor in the causation of several non-communicable diseases. In view of its importance, we do not feel that training should be ad hoc, but organised. However we also feel that the elements of such training and the skills and competencies required by staff should be made explicit.
92	Rotherham Doncaster and South Humber NHS Foundation Trust	Questions for consultation	This would support training for healthcare professionals in the area of physical activity which would be adequate to consider this as an aspirational statement.
93	Physical Activity for Health Research Centre (PAHRC), University of Edinburgh	Questions for consultation	We would like clarification on what this actually means. We agree there is a need for training in this sector.
94	Sheffield City Council	Questions for consultation	There is definitely a need for training healthcare professionals in the area of physical activity and the importance of it being part of a patient's treatment pathway. We cannot assume that staff will be fully aware of the benefits of physical activity particularly if they themselves lead a relatively sedentary life. It is also important for staff to be aware of the barriers to being physically active and the needs specific groups will have particularly if they are to make long term behaviour change. The guidance should require healthcare professionals to be aware of, and signpost patients towards wider services across the area offering opportunities to increase their physical activity- for example Local Authority Physical Activity teams, walking clubs. This should include sports clubs but stress activity is not about sport, and include local organisations, active travel and also the commercial offer.
95	University of Warwick	Questions for consultation	Yes the need for training for healthcare professionals in the area of physical activity is significant enough to consider it an aspirational statement but it is an enormous task. In particular, the behaviour change aspect of training should be emphasised and this needs to begin during undergraduate training and should be included in university curriculums.

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96	Public Health Wales	Questions for consultation	It is 'aspirational' in that there is a recognised massive deficit in training which requires a major change in training provision. However, being aspirational doesn't make in unachievable and indeed of all the standards this would be one of the easiest to both address and to measure. It is also fundamental to the success of all the other standards because unless health care professionals understand the role of physical activity on health then standards 1 & 2 become redundant and 4, 5, 6 & 7 much less likely to achieve the necessary impact.
97	COPE Occupational Health and Ergonomic Services Ltd	Questions for consultation	Yes I believe this to be an aspirational statement and believe that all health professional have a responsibility to promote physical activity and the health benefits associated with this. I also believe that training needs to be provided and included in the curriculum for healthcare undergraduate's including medical students. I attended a recent Royal Society of Medicine course, which was on Exercise medicine, which was primarily based on the problems the UK is facing with physical inactivity and how we can promote this. Many of the medical students that were there reported that they were not aware of the current guidelines for physical activity as this is not covered in their training. As a physiotherapist this was also not covered in my training. Although an aspirational statement many healthcare professionals might question whether time will allocated for the training and will they be given time to promote physical activity to patients and carers. Gp's have very limited time with their patients. How will this be addressed?
98	Department of Health	Questions for consultation	The need for training for healthcare professionals is significant enough to consider QS3 as an aspirational statement, but it needs to be more than just training behaviour change knowledge. There should be a basic level knowledge of how physical activity is important in prevention and treatment. The definition of healthcare professionals in this QS doesn't seem to include professions like GPs. Paper by Weiler et al showed a widespread omission of basic teaching elements in physical activity in undergraduate curricula of all UK medical schools. It is important for people accessing NHS services, including seeing their GPs, are assured that the professionals have a good understanding of physical activity. It's also not clear who should be collecting staff training records.
99	Devon County Council	Questions for consultation	Training is essential as mentioned above. We have delivered much training in this line using an adapted version of Lets Get Moving- the emphasis needs to be on the importance of physical activity as something worth bringing up in a consultation and then on the confidence that practitioners have to guide people towards activities- (hence the tool above to help develop practitioners confidence). We found both of these elements need to be targeted to get them on board. If practitioners already low on importance- then they may not bother to access training. This is why e-learning modules are required that can be delivered in shut down sessions, team briefings etc.
100	British Heart Foundation Centre for Physical Activity and Health	Questions for consultation	There is definitely a need for training. A number of studies have highlighted the minimal time given to physical activity as part of medical training, they have also highlighted the poor knowledge medical staff have of the guidelines and how to interpret them for patients
101	Cheshire West and	Questions for	In relation to the need for healthcare professional training in the area of physical activity, I am unsure if this is

ID	Stakeholder	Statement No	Comments[1]
	Chester Council	consultation	significant enough to consider this as an aspiration statement. Our service providers are better placed to answer this question based on the training they receive already. However, if they aren't trained to advise on the guidelines and offer information about the benefits of physical activity already, then this would need to be built in to their training and warrant an aspiration all statement to secure commitment.
102	UKactive	Questions for consultation	We strongly believe that the need for healthcare professionals to receive training in this area is imperative. The current understanding among health and care professionals of what a physically active lifestyle constitutes and the benefits it brings, is patchy. Statement 1 makes it clear that “those identified as being inactive are advised to be more physically active”. In order to do this effectively and for healthcare professionals to have the confidence and knowledge to advise properly, it is very important that they receive the adequate training. We believe that health care professionals should receive comprehensive training on the specific physical, mental and social risks of physical inactivity and this should become a part of the continuing professional development.
103	UKactive	Questions for consultation	In addition to training NHS staff as outlined above, we believe that the quality standard should include an encouragement for NHS professionals to have direct links and access to exercise and wellness professionals in their local area. This would enable them to encourage those they are in contact with to meet with a physical activity, wellness and lifestyle experts. Commissioners (such as clinical commissioning groups, NHS England and local authorities) should look to commission services from providers who are able to provide this expertise and monitor effectiveness by requesting evidence of number of contacts and effective outcomes. An example of this model in action is that ukactive delivers a Let’s Get Moving physical activity intervention (based on the Department of Health’s model) in Luton and Bedfordshire which is a health initiative based around the provision of a trained exercise professional located within GP surgeries. Its aim is to ensure that support is available to help inactive people to get moving, with clear onward pathways to physical activity opportunities. It does this by placing an exercise professional directly into a GP surgery. The role of the exercise professional is to support inactive people to understand what stops them from living a more active lifestyle and why it might be beneficial to change their habits; furthermore it provides support to the patient whilst exploring the ways they might become more active. This example links Quality Statements 1 and 2.
104	Living Streets	Questions for consultation	We believe there is a need to ensure NHS healthcare professionals are sufficiently trained in order to provide them with the knowledge, skills and competencies to encourage people to be more physically active through activities such as walking. Evidence suggests there is level of ignorance amongst health professionals as highlighted in Dr William Bird’s survey of London GPs’ awareness of the CMOs’ physical activity guidelines (http://www.intelligenthealth.co.uk/wp-content/uploads/2013/03/My-Best-Move-LTC-report.pdf).
105	NHS Health Scotland	Questions for consultation	Statement 3 is essential if the aspirations of the Standard are to be achieved. See response in relation to Question 1: statement 3 above.

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106	Public Health England	Questions for consultation	Yes this is significant enough to be considered an aspirational statement. For QS 1, 2 and 3 could be tied to the Making Every Contact Count (MECC) work to help professionals use appropriately timed, helpful language.
107	Royal College of Physicians and Surgeons of Glasgow	Questions for consultation	Yes, a lack of knowledge is limiting the performance of clinicians in this area. Integrating into health care professional curriculums, and examinations would be of high value.
108	Triborough Public Health Service (Hammersmith & Fulham, Kensington and Chelsea, and Westminster)	Questions for consultation	We consider this quality statement as fundamental to improving the health of the population and reducing health inequalities. Research undertaken for our own Triborough JSNA on Physical Activity http://www.jsna.info/document/physical-activity-0 found some evidence that primary care professionals, while aware of the benefits of physical activity, could be uncertain and uncomfortable on giving appropriate advice and information. Healthcare Professionals (HCP) need to promote the benefits of physical activity; however the benefits of promoting physical activity also need to be promoted to HCP e.g. happier, healthier patients, it will help in supporting workloads and not increasing them. Brief intervention training can support all aspects of a HCP work. Improving communication skills leads to less stressful conversations around lifestyle changes with patients, and training should assist HCP to help people make lifestyle changes.
109	Sustrans	Questions for consultation	Yes, our experience assisting the development of strategies and practice at all levels suggests that it is important to have a clear organisational strategy, whose aims and objectives are agreed and progress monitored at board or similar level, AND to have the action plan, whose execution may be delegated. The second depends from the first, but they are discrete.
110	AGILE	Questions for consultation	Page 35 question for consultation – does not need to be a separate statement, should be explicit as a point in each of the standards.
111	Redcar & Cleveland Borough Council	Questions for consultation	Merge into one
112	Breakthrough Breast Cancer	Questions for consultation	Whilst draft quality statement 5 could be integrated into statement 6 to ensure that implementation, monitoring and evaluation is thought about as a whole at all stages in relation to physical activity programmes, it does have the potential to dilute the importance of monitoring and evaluation. For this reason, Breakthrough Breast Cancer recommends that draft quality statement 5 remains separate to draft quality statement 6.
113	Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Questions for consultation	In our view this is of sufficient importance to be needed as a separate statement.
114	Rotherham Doncaster	Questions for	Yes, this could be incorporated into statement 5.

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	and South Humber NHS Foundation Trust	consultation	
115	Physical Activity for Health Research Centre (PAHRC), University of Edinburgh	Questions for consultation	We think these can remain as independent statements.
116	Sheffield City Council	Questions for consultation	We would propose that statement 5 and 6 remain separate as it gives more emphasis on the need to encourage and support employees to make sustained behaviour change and become more physically active.
117	University of Warwick	Questions for consultation	We felt that statement 5 was weak on its own, and therefore should be incorporated with statement 6. This is also our answer to Question 5 in the questions for consultation.
118	Public Health Wales	Questions for consultation	There is an obvious relationship and inter-dependency between the two statements but it probably helps to keep them separate as there need to be recognition of the importance of policy and planning that supports delivery. The policy and planning statement helps emphasise the need for corporate 'buy in'.
119	Association of Paediatric Chartered Physiotherapists (APCP)	Questions for consultation	No other than statement 6 could be incorporated into statement 5.
120	COPE Occupational Health and Ergonomic Services Ltd	Questions for consultation	In my opinion quality statement 5 + 6 can be combined.
121	Department of Health	Questions for consultation	QS5 and QS6 are very similar. QS6 could be incorporated into QS5
122	Department of Health	Questions for consultation	Standard 6 and Standard 5 could be incorporated as one.
123	Devon County Council	Questions for consultation	It could be incorporated into 5 as a bullet point below- not one and the same thing but 6. is part of the "how" of achieving 5.
124	British Heart Foundation Centre for Physical Activity and Health	Questions for consultation	It would be possible to combine quality statement 4 and 5
125	SPOKES the NHS Cycling Network	Questions for consultation	Statement 6 should be part of Statement 7?
126	UKactive	Questions for consultation	Although Quality Statement 6 is largely dependent on Statement 5 being developed and therefore there is some crossover, we would recommend that they are kept as separate statements. The reason being that Statement 5 is developed at a strategic level, with a long term ambition and possibly across a large number of organisations. Statement 6, being reliant on 5, is much more operationally focused and can be delivered at a micro-level.
127	NHS Health Scotland	Questions for	Include statement 6 as key action within the workplace plan/policy proposed in statement 5.

ID	Stakeholder	Statement No	Comments[1]
		consultation	
128	Public Health England	Questions for consultation	Yes 5 and 6 need to remain separate statements as 5 deals with strategic intent and 6 deals with implementation. The two are obviously linked but vary as quality statements.
129	Royal College of Physicians and Surgeons of Glasgow	Questions for consultation	It could be incorporated to place more emphasis upon the other standards. It is the weakest of the proposed standards.
130	NHS England	Questions for consultation	I think could reasonably combine statements 5 and 6
131	Triborough Public Health Service (Hammersmith & Fulham, Kensington and Chelsea, and Westminster)	Questions for consultation	Yes, it would make sense for statement 6 to be incorporated into statement 5. It is important for an organisation not only to have a policy which promotes physical activity for employees, but also how to implement and monitor a multi-component programme
132	Association of chartered physiotherapists in oncology and palliative care (ACPOPC)	Questions for consultation	Question 5 - We feel that statement 6 can be incorporated with 5.
133	Department of Health	Statement 1	It should be possible to collect data for the proposed QS1. Read codes for GPPAQ are available on most GP systems. Not sure how widely available it is on other healthcare systems.
134	Devon County Council	Statement 1	Yes- but the validated tool needs to be one respected by clinicians and practitioners. The GPPAQ has lost all credibility due to the issues around discounting walking. We have trained over 200 primary care professionals and the GPPAQ is the area they get most animated about- they HATE it. A replacement is required. Whatever is identified needs to be made available on a wide range of clinical systems and easy to load on other systems in a range of formats.
135	Public Health England	Statement 1	Statement 1: Yes the data for this statement can be collected. However this quality measure would be strengthened if it was more explicitly linked to the NHS Health Check systems and structures.
136	Faculty of Sport and Exercise Medicine	Statement 1	This should be all NHS Healthcare staff, not just within primary care: all sectors and all healthcare workers: Physical Activity is a missing 'vital sign' and should be enquired of at every healthcare encounter. Secondary and tertiary care (hospitals) should be assessing risk for chronic disease and providing advice (secondary/tertiary prevention) – moreover they should be outward looking as 'Health promoting Hospitals'
137	AGILE	Statement 1	Unsure why, as with Standard 2, there is no mention to introduce the adult to the Physical Activity Guidelines as a means of management (mentioned on page 13 as background knowledge for staff dealing with the people who attend their service).
138	British Heart Foundation	Statement 1	Could it state ALL adults, to ensure this becomes part of routine primary care practice, is equitable as there is no

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	Centre for Physical Activity and Health		ambiguity about which adults should have their physical activity levels assessed. May also want to widen this to beyond primary care.
139	Cheshire West and Chester Council	Statement 1	CCG would expect assessment of activity levels in primary care to be happening already but suggest there are many other areas where this should be happening also i.e decision to treat, pre-op assessment and discharge following acute episode – Targeting message at the right time when patients are receptive has been proven to work eg smoking cessation and weight management.
140	British Heart Foundation	Statement 1	The BHF is surprised that this QS is limited only to adults presenting in primary care. We strongly believe that this should be widened out to all ages to reflect the remit of the QS. Currently around 30% of UK children are classed as overweight or obese and a significant proportion of these children will present for different reasons in a primary care setting, therefore this point of intervention should not be missed, especially in the case of older children, where they are old enough to take control of their own health. If this is not possible then a QS for children and physical activity should be considered. Similarly, if healthcare providers were to use this QS are a prevention tool, any interaction with any member of the public of any age should be considered as a potential intervention opportunity to promote physical activity, whether it is encouraging starting or re-starting or checking on maintained activity levels.
141	British Heart Foundation	Statement 1	The BHF would welcome clarity on whether NICE Guidance on Exercise referral schemes, due for publication in September, will be adapted into the final QS.
142	Ki Performance Lifestyle Ltd.	Statement 1	We strongly agree with Statement 1 that physical activity levels should be assessed using a validated tool, although we would like to see this approach widened to include all population groups covered by these quality standards.
143	NHS Health Scotland	Statement 1	The focus of statement 1 on adults in contact with primary care. Is there scope to broaden this approach beyond primary care? E.G. Secondary care, community care, community pharmacy, condition specific support services, social care or prison services.
144	Physical Activity for Health Research Centre (PAHRC), University of Edinburgh	Statement 1	The document identifies three groups: Inactive, Low active and Meeting recommendations. Why restrict advice to the inactive group? What about the low active? Why not advise all groups and seek to maintain existing levels in those already doing some PA? The advice could be tailored to the three groups. Further, as the document notes, it is suspected that self-reported PA can over-estimate levels in some individuals. As the measure used for these assessments will likely be self-report, inactive individuals could be missed from this advice if they over-report. By advising all groups this limitation could be mitigated.
145	Association of Paediatric Chartered Physiotherapists (APCP)	Statement 1	List of quality statements: Statement 1. Can we change this to read “Adults and children”
146	UK National Screening Committee	Statement 1	This is a screening recommendation and the UKNSC is the proper body to make such recommendations. NICE and the UKNSC have a MOU in which NICE agree to refer screening questions to the UKNSC. The UKNSC looked at the use of a popular exercise assessment tool and found it did not meet the criteria for either a

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			good test, neither did its use contribute to a better outcome for the person using it. If your standard was reworded to read “A clinician should provide appropriate advice on increasing physical activity in those patients where they have reason to believe that would be of benefit” I see in process you acknowledge the problem by bringing in the words “for whom it is appropriate to have their physical activity levels assessed” None of this of course helps the fact that the best assessment tool isn’t very good and there is insufficient evidence that people take more exercise as a result.
147	University of Warwick	Statement 1	We would question whether the GPPAQ is the correct physical activity tool to use for various reasons i.e. it appears to make assumptions that may not be true, such as those who are unemployed or retired are in the least active category in question 1 and how can a childminder’s role be classed as not needing much intense physical effort? And although it is aimed at those aged 16+ it is very geared towards those at work, so what about those still in education. We appreciate the need for a measure that is timely and not a burden for healthcare professional or patient. • We also appreciate that the reliability and validity of numerous tools has been established but we suggest a tool such as the brief physical activity tool (Marshall et al, Reliability and validity of a brief physical activity assessment for use by family doctors. Br J Sports Med, 2005, 39(5):294-7). As clinicians used to prescribing exercise/physical activity, we find this to be much more user friendly and meaningful.
148	Devon County Council	Statement 1	Yes- but the validated tool needs to be one respected by clinicians and practitioners. The GPPAQ has lost all credibility due to the issues around discounting walking. We have trained over 200 primary care professionals and the GPPAQ is the area they get most animated about- they HATE it. A replacement is required. Whatever is identified needs to be made available on a wide range of clinical systems and easy to load on other systems in a range of formats.
149	Ki Performance Lifestyle Ltd.	Statement 1	Assessing physical activity using a validated tool, as proposed, will enable the appropriate data to be collected for Statement 1; however, the limitations of measuring physical activity by questionnaire, such as the GPPAQ suggested as an example of a validated tool, are well documented (Shepherd, 2003). Indeed the authors acknowledge on the first page of Physical activity: encouraging activity in all people in contact with the NHS (staff, patients and carers), NICE quality standard that physical activity is often people often overestimated their physical activity levels using such methods. Thus, accurate and objective methods of data collection should be considered for the assessment of physical activity across all populations. Significant progress has been made in wearable body-monitoring technologies for health and wellbeing, particularly in

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			those that assess physical activity. These technologies provide a suitable method for collecting the data necessary to address Statement 1. We acknowledge there are some challenges in understanding and interpreting the data collected from wearable technologies, which can be overcome if data is provided in context of the appropriate guidelines for the individual. Focus is typically placed on a single dimension of physical activity, which is reflected in physical activity guidelines and promotion messages (e.g. 150-minutes a week of moderate intensity aerobic activity); however, physical activity is known to be heterogeneous (Thompson and Batterham, 2013). Thus, it is no surprise that major discrepancies in physical activity status result from capturing a single dimension of physical activity behaviour (Thompson et al., 2009). Recent research showed that approximately 90% of middle-aged men could be informed that they are both 'active' and 'not-sufficiently active' using the same raw data (Thompson et al., 2009). Consequently, it is extremely difficult to identify individuals meeting the guidelines, those requiring intervention and to provide accurate feedback and advice to optimise physical activity behaviour change, as stated in Statement 1. Wearable technologies enable the provision of accurate and individualised physical activity status; however it is vital the heterogeneous nature of physical activity is addressed to provide each individual with meaningful and personalised information (Thompson and Batterham, 2013). Furthermore, this information must be provided in the context of the physical activity guidelines to enable individuals to understand the appropriateness of their behaviour and optimise physical activity behaviour change. References: Shepherd, R.J. (2003) Limits to the measurement of habitual physical activity by questionnaires. British Journal of Sports Medicine, 37, 197-206. Thompson, D., Batterham, A.M., Markovitch, D., Dixon, N.C., Lund, A.J.S., and Walhin, P. (2009) Confusion and Conflict in Assessing the Physical Activity Status of Middle-Aged Men. PLoS ONE, 4(2), e4337. Doi:10.1371/journal.pone.0004337. Thompson, D. and Batterham, A.M. (2013) Towards Integrated Physical Activity Profiling. PLoS ONE, 8(2), e56427. Doi:10.1371/journal.pone.0056427.
150	Public Health England	Statement 1	There is no recognition of the current confusion over what are appropriate and validated measures to use for assessing levels of physical activity, particularly in measuring improvement in physical activity levels in subsequent appointments (as GPPAQ is not sensitive to change).
151	Nuffield Health	Statement 1	The statement makes reference to assessing levels of physical activity using a validated tool. In the past the General Practitioner physical activity questionnaire (GPPAQ) has received some criticism and has not been utilised effectively by practitioners. This has centred on practitioners and nurses not having the time to hand out questionnaires and then talk about exercise in an already time pressured appointment. Therefore, the result could be that more staff are required or need training to do this. We would also question,what the follow up would be with patients to see if they have increased their level of physical activity. In addition, the GPPAQ has limited constraints regarding walking, housework/childcare and gardening/DIY. We believe that objective information cannot be derived from these

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			measures as they are too variable. We would advocate that an alternative, more exacting tool should be considered. This could take the form of an online fitness and lifestyle app such as Nuffield HealthScore™. This type of digital health tool is versatile and engaging as it provides a personalised HealthScore number from 1 to 1,000 (1 being the worst, and 1,000 being the best score), which provides an indication of health and wellbeing.
152	UK National Screening Committee	Statement 1	Service providers (primary care services) ensure that healthcare professionals are trained to assess [appropriate] adults' physical activity levels using a validated tool, and to deliver advice on how to increase physical activity levels. Primary care healthcare professionals [where appropriate] assess adults' physical activity levels using a validated tool, and, if adults are not active enough, advise them to be more physically active. This should involve emphasising the benefits of physical activity and providing information about local opportunities to be physically active. These need to either come out or be altered to include the words appropriate. I've added some appropriates
153	Rotherham Doncaster and South Humber NHS Foundation Trust	Statement 1	It would be useful to include the number/proportion of people who have increased their level of physical activity following advice to be more physically active (using the identified validated tool). Collection of data would be supported by the use of agreed validated tools.
154	AGILE	Statement 1	Also on page 10, and then 12 the outcomes of assessing level of activity, brief advice and provision of information are easy to measure. This may provide a biased result, as if they were not recorded before, it will look as if a lot has changed. However, it does not prove that people will take up AND adhere to activity – this is what the support services are needed in, and a validated tool developed for.
155	Physical Activity for Health Research Centre (PAHRC), University of Edinburgh	Statement 1	"Outcome - Proportion of adults meeting the recommendations in the UK physical activity guidelines." This outcome should read "Proportion of adults in contact with primary care meeting the recommendations in the UK physical activity guidelines" based on the proposed processes.
156	Sheffield City Council	Statement 1	Measure: In an attempt to compare quality data between different areas of the country, it would be helpful if NICE stipulated the validated tool which should be used by everyone to measure activity and change. GPPAQ is currently used as an example.
157	University of Warwick	Statement 1	How and who will be searching through medical records to identify if physical activity has been advised? This seems like an arduous, unrealistic proposal. Furthermore, if all that is being looked for is that advice has been given, doesn't this just turn into a tick box exercise? Do we want data to be more meaningful i.e. what advice was given and was there a follow-up to truly show whether the outcome i.e. proportion of adults meeting UK physical activity guidelines is being achieved?
158	Public Health Wales	Statement 1	There have been previous attempts to measure whether "adults who are identified as inactive are advised to be more

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			physically active", most notably through previous GP contracts. These were largely meaningless box ticking exercises. Existing and pragmatic measures can only suggest that an individual has received 'advice' but not the quality of such advice. In addition the evidence shows that brief interventions for physical activity need regular structured follow-up to generate any effect so unless there are identifiable systems in place to accommodate this the action alone is unlikely to have real benefit.
159	Department of Health	Statement 1	The quality measures in this QS are similar to those in the ex-QOF indicators HYP004 and HYP005 except those were targeted at patients with hypertension. Knowing how active the local population is helps to target and commission services better. Not all primary care services (thinking particularly of exercise professionals) are aware of the existence of a validated tool such as GPPAQ and the read codes available on their systems. The GPPAQ was developed in 2006 and updated in 2009. It was based on the 'old' guidelines of 5 x 30 mins. The Physical Activity Index of GPPAQ is also based on 5 x 30.
160	Cheshire West and Chester Council	Statement 1	If formal monitoring is required in primary care, it will have to be built in overall workload eg via healthchecks or CQUIN.
161	UK National Screening Committee	Statement 1	Evidence of local arrangements to ensure that adults in contact with primary care have their physical activity levels assessed using a validated tool. This needs to come out as it is measuring a screening test.
162	Breakthrough Breast Cancer	Statement 1	Whilst Breakthrough Breast Cancer fully supports validated tools being used to assess an adult's level of physical activity and avoid inconsistencies in measures used, this should also be coupled with brief advice and recommended tools to reduce the barriers associated with physical activity. Breakthrough Breast Cancer's web resource www.breakthrough.org.uk/brisk provides practical suggestions on how women can incorporate moderate intensity physical activity into their everyday lives. When developing the brisk web resource, focus groups highlighted lack of ideas, time and resources as just some of the barriers women are presented with. The web resource serves as a real opportunity to help break down barriers to make physical activity feel more fun, manageable, easy and accessible. Used in association with behaviour change techniques or interventions it has the potential to assist with increasing a person's amount of physical activity. The interactive nature of the resource allows women to explore the types of activities they currently do or could do to increase their activity.
163	Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Statement 1	We strongly agree that opportunistic assessment of activity levels using a validated tool should be undertaken. However we feel that advising people who are currently sedentary to become more active is unlikely to be effective. Encouraging activity within the context of a helping relationship in which pros and cons of activity can be discussed, information shared and a specific and detailed plan for change can be developed may be more effective.
164	Rotherham Doncaster and South Humber NHS	Statement 1	This reflects a key area for quality improvement.

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	Foundation Trust		
165	Woodland Trust	Statement 1	Assessment & Advice for adults in primary care In an era of ever increasing concern about the nation's physical and mental health, the Woodland Trust strongly believes that trees and woodland can play a key role in delivering improved health & wellbeing at a local level through physical activity. Although the relationship between the natural environment and health is a complex one, it is now widely accepted that green infrastructure – such as trees, woods and forests – can contribute to both preventative and restorative wellbeing solutions. Increasing evidence has demonstrated the critical impact that trees can make in encouraging more active lifestyles and alleviating the symptoms of some of our most debilitating conditions such as dementia, obesity, heart disease and mental health problems . This linkage between woodland and health is now firmly embedded in national Government policy for health, planning and forestry – • Health: "Access to green spaces is associated with better mental and physical health across socioeconomic groups…..Defra will lead a national campaign to increase tree planting throughout England, particularly in areas where tree cover would help to improve residents' quality of life and reduce the negative effects of deprivation, including health inequalities." Healthy Lives, Healthy People (Government White Paper, November 2010, paras 3.36-37). • Planning: "Access to high quality open spaces and opportunities for sport and recreation can make an important contribution to the health and well-being of communities. Planning policies should be based on robust and up-to-date assessments of the needs for open space, sports and recreation facilities and opportunities for new provision." National Planning Policy Framework (DCLG, March 2012, para 73). • Forestry: "Our trees, hedgerows, woods and forests contribute significantly to the quality of life in both rural and urban areas. Amongst other things, they enhance the local environment and biodiversity, support economic growth through regeneration, help mitigate the impact of climate change, assist in reducing air pollution and provide important health and educational benefits….The Natural Environment White Paper recognised the value and potential for green spaces to support and contribute to everyone's health and well-being. This is being reflected in the Public Health Outcomes Framework, which underpins the new public health duty of local authorities'. Government Forestry Policy Statement (Defra, January 2013, p.16).

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			But when it comes to turning this national policy into local policy and also local delivery, the perspective is currently less clear, with local authority Public Health teams and Health & Wellbeing Boards jostling with Clinical Commissioning Groups, Public Health England, NHS England and the National Institute for Health & Care Excellence (NICE) to find new ways of working. There are excellent individual case study examples of woods and trees delivering local health benefits, see the Forestry Commission Scotland's Woods for Health publication , but there is a need to mainstream this relationship across the board in local policy and delivery. At a time of ongoing budgetary constraint, such mainstreaming will clearly be a challenge. However evidence suggests that, as well as providing environmental and biodiversity benefits, woods and trees can be a cost effective solution for reducing negative climate change impacts like poor air quality and for supporting local economic growth, as well as promoting healthy lifestyles. There are also great opportunities for positive local community empowerment and neighbourhood planning initiatives in woodland creation and management. The King's Fund, an independent healthcare charity, has produced Improving the public's health - A resource for local authorities , a report that sets out what Local Authorities can do for health together with the business case for doing so. The report says that: "Increasing access to parks and open spaces could reduce NHS costs of treating obesity by more than £2 billion. Access to green space can reduce mental health admissions too, resulting in additional savings for the NHS…Analysis of Birmingham's city-wide Be Active programme suggests that up to £23 is recouped for every £1 spent, in terms of better quality of life, reduced NHS use, productivity gains, and other gains to local authorities". Research by the Woodland Trust shows that less than 17% of the population of England has access to local woodland within 500m of their home (vi). Recognising this, the Woodland Trust has developed the Woodland Access Standard (WASt) for public bodies and local authorities to aim for, encapsulated in our Space for People publication. We believe that the WASt can be an important policy tool complimenting other access standards used in delivering green infrastructure for health benefits. The WASt is complimentary to Natural England's ANGST+ and is endorsed by Natural England (further details on Space for People can be provided on request). The Woodland Trust Woodland Access Standard recommends: - that no person should live more than 500m from at least one area of accessible woodland of no less than 2ha in size - that there should also be at least one area of accessible woodland of no less than 20ha within 4km (8km round-trip) of people's homes. Providing more accessible trees, woods and green space for physical activity can therefore provide a critical link to

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			healthier lives and, consequently, to saving money. We would therefore like to see this document support the use of trees and woodland as a component of the physical activity standard. Hartig, T., Evans G.W., Jamner L.D., Davis D.S., and Gärling T. (2003). Tracking restoration in natural and urban field settings. Journal of Environmental Psychology 23, 109-123. Ulrich, R.S. (1984). View through a window may influence recovery from surgery. Science 224, 420-421. Van den Berg, A.E., Koole S.L., and van der Wulp N.Y. (2003). Environmental preferences and restoration: (how) are they related? Journal of Environmental Psychology 23, 135-146. iihttp://www.scribd.com/doc/190436945/Healthy-Woods-Healthy-Living iii http://www.forestry.gov.uk/pdf/fcfc011.pdf/$FILE/fcfc011.pdf ivhttp://www.woodlandtrust.org.uk/mediafile/100083921/trees-or-turf-report.pdf vKing's Fund, 2013 http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf viWoodland Trust – data available on request
166	University of Warwick	Statement 1	• Follow up when there is another appointment or opportunity – this is vague, particularly if the patient does not need to see the healthcare professional again e.g. they are attending a one off GP appointment for something minor. Should we be advising/encouraging patients to make follow up appointments to discuss progress with physical activity?
167	University of Warwick	Statement 1	Providing information about local opportunities to be physically active is a huge task. Finding appropriate information for different age groups, genders etc. is a large undertaking and needs to be kept up to date as things change rapidly. Who would be responsible for this? • With regard to written outline of advice and goals that have been discussed and recording the outcomes of the discussion – how would this be done? Would the healthcare professional just be documenting that advice was given (more like a tick box exercise) or would there be exact detail of advice given and goals discussed and a copy provided for both the patient and the healthcare professional to put into medical records?
168	Public Health Wales	Statement 1	"Assessment and advice for adults in primary care" – The key barriers to achieving this standard is the lack of knowledge of primary care professionals as evidenced in many recent papers including Weiler et. al.(2013), couple with the limited time for assessment and counselling. There is a disconnect between public perceptions of primary care knowledge and the reality. Whilst there must be a fundamental re-structuring of health professional education to incorporate physical activity impacts on health, there are a range of other professionals in sports science and leisure sectors better placed to advise and all that is needed is an appropriate signposting service from primary care. However, a further development to improve professional awareness and skills is the development of the online CPD

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			tool 'Motivate2Move', an evidence based website hosted by the Deanery in Wales at http://gpcpd.walesdeanery.org/index.php/welcome-to-motivate-2-move .
169	Royal College of Physicians (RCP)	Statement 1	We believe that the statement misses a key point. Offering sensible advice about becoming more active to a person who may have a range of chronic diseases and who may not be motivated to do so is extremely challenging. It cannot be provided by a healthcare worker who has had only limited training and is being asked to do this as an 'add on' to all the other tasks they are already doing in Primary care. A system needs to be set up where there are several tiers of healthcare workers at various levels of skill and training in PA. The patient can then be assessed at a basic level and escalated up the ladder to the correct level of PA advisor depending on the complexity of their comorbidities and psychosocial problems.
170	British Heart Foundation	Statement 1	We welcome the overarching intention of this QS to increase physical activity rates but would also welcome advice on reducing sedentary behaviour to be included within the advice given to the public.
171	British Heart Foundation Centre for Physical Activity and Health	Statement 1	There is a fundamental issue on how to ensure the implementation of these quality standards. It is recognised that for a brief intervention to be delivered in a health care setting, the health professional needs to have the skills (which are picked up in this document) the opportunity and the motivation. The last of these are the most challenging to address. GP's have only a limited time period for consultation and are under great pressure to implement other health care priorities. GP's are also focused on the delivery of QOF targets and this is where their focus lies. There are no longer any QOF targets in relation to physical activity so little incentive for them to meet these standards. If we can encourage primary care to undertake assessments and brief intervention we need to ensure that it is a simple a process as possible. There is a need for simple assessment tool (GPPAQ is often deemed too time consuming to complete (the single-item physical activity measure may be more appropriate) there is also a need for a simple triage tool so that GP's can signpost to the right opportunity with the most appropriately qualified exercise professional. The BHFNC are currently in the process of developing a tool to meet this demand.
172	UKactive	Statement 1	This is well drafted. In addition to this and in line with comments above, we would also encourage the Statement to include a strand on healthcare professionals having access to and making use of exercise and wellness specialists so that those in contact with the NHS who are identified as being inactive can be referred to specialist to have a more comprehensive discussion and offering to begin to make active lifestyle choices. A possible barrier to this Statement is a lack of knowledge of local opportunities by Primary healthcare professionals. As such, we recommend improving the section on What it means for primary healthcare professionals – To encourage local opportunities for being active, the standard should include a strand on developing links with local leisure providers, health clubs and physical activity bodies such as ukactive in order for them to play a role in this and ensure that as wide a selection of local opportunities as possible is highlighted.
173	British Heart Foundation Centre for Physical Activity and Health	Statement 1	Health professionals need to ensure that physical activity advice also includes how to avoid sedentary behaviour as they are independent risk factors

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174	RCGP	Statement 1	Using public transport, cycling, walking to work and walking to school are important population behavioural changes. At the same time we need to protect people walking by reducing the amount of air pollution caused predominantly by diesel cars. (MH)
175	RCGP	Statement 1	Yoga and tai chi may in increase mobility and prevent falls in the elderly. (MH)
176	British Heart Foundation Centre for Physical Activity and Health	Statement 1	How will 'appropriate' be defined/determined?
177	British Heart Foundation Centre for Physical Activity and Health	Statement 1	It is not clear from the guidelines who is responsible and how a list of appropriate quality checked local opportunities will be developed and maintained this needs to be considered as part of the commissioners requirements
178	British Heart Foundation	Statement 1	We welcome the QS recommendation that brief advice must be tailored to take into the patients personal circumstances but tailoring advice to fit around barriers is not good enough. The healthcare professional should wherever possible look to discuss those barriers with the intention of breaking them down, or where applicable referring the patient on to a multi-disciplinary team to help break these, for example psychological support, or physiotherapy.
179	RCGP	Statement 1	The only standardised measurement in primary care was hypertensive patients aged 16 to 75 with assessment of physical activity using GPPAQ questionnaire in 2013-14 QOF but this measure has been withdrawn. There is a considerable resource implication for primary care to deliver statement 1 and this should be recognised that it is not part of core work to screen the population. (MH) High Intensity training There is considerable interest in these interventions for middle aged adults, possibly the elderly and these adults with limited time available. (MH)
180	Triborough Public Health Service (Hammersmith & Fulham, Kensington and Chelsea, and Westminster)	Statement 1	Although not all appointments/consultations warrant a conversation around physical activity, it should not only be for those who have a condition alleviated by physical activity. Prevention is better than cure.
181	Public Health England	Statement 1	There needs to be reference to a clear and accepted process for identifying those most at risk of harm as a consequence of low levels of physical activity and greater links to existing care pathways dealing with people with Long Term Conditions. There is no mention of tracking physically inactive children and young people into adulthood. Could the NHS Health Check is adapted as the validated tool to assess physical activity levels?
182	Public Health England	Statement 2	Statement 2: This can be achieved but it is not very clear who will be responsible for establishing local arrangements to raise awareness amongst parents and carers of children. It will be difficult to collect local data that is comparable beyond the local area. The quality measures of the advice and information that is given to parents and carers needs to be strengthened and will need to reflect local circumstances.

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183	Faculty of Sport and Exercise Medicine	Statement 2	This should cover all healthcare settings and professionals – it would be possible for this to be an activity that is audited. Commissioned services should be in place for those young people who through illness or injury cannot meet UK Physical Activity guidelines: Primary/secondary care – Paediatrics, Sports & Exercise medicine, Physiotherapy, Orthopaedics
184	AGILE	Statement 2	As with Standard 1, there seems to be a suggestion that the people who will receive the intervention / advice are those who happen to turn up at an appointment with a healthcare professional for another reason. I see little in here that is proactive e.g. send staff out to schools to teach children and teachers.
185	Breakthrough Breast Cancer	Statement 2	Awareness of the UK physical activity guidelines and information offered about the benefits of physical activity and local opportunities to be physically active is important for people to know at all stages of life. Breakthrough Breast Cancer suggests statement 2 is expanded to encompass this, as no other statements expresses this important need.
186	Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Statement 2	We welcome the recognition that parents and carers of young children are made aware of the guidance on physical activity, offered information about the benefits and signposted to local opportunities. We would like the wording changed to reflect the need to encourage active family participation in physical activity to help children and young people to become more active, both in terms of provision of role models and provision of opportunities for activity for children. It is not clear from this statement that parents, carers and other family members should themselves participate, except in the definition.
187	Rotherham Doncaster and South Humber NHS Foundation Trust	Statement 2	Reflects a key area for quality improvement. Increased availability of up to date and relevant information would be important e.g. children, young people, carers, parents
188	Public Health Wales	Statement 2	There is an assumption that health care workers would know the “physical activity guidelines for children and young people” (and indeed adults) and the evidence indicates that this is almost universally not the case, which renders the standard aspirational but unrealistic.
189	Public Health Wales	Statement 2	“Advice and information for parents and carers” – Whilst information is critical we know from health promotion evidence that this is not sufficient to generate behaviour change. However, this is a crucial area for improvement and as well as the bare facts that can be provided in a number of acceptable formats there is an excellent very short, high impact You Tube video developed by Sport Wales at: https://www.youtube.com/watch?v=R8PIXqp3JpA that emphasise the importance of physical literacy for children that is motivational and inspirational.
190	Association of Paediatric Chartered Physiotherapists (APCP)	Statement 2	Engage schools, leisure venues and industry. Also need to ensure cost is not prohibitive to families
191	Royal College of Physicians (RCP)	Statement 2	The same applies as in point 4. Consideration should also be given to educating children in nursery, primary and secondary schools about the health benefits of PA. This could be expanded and included in the compulsory school curriculum. Children may then go home and educate their parents in the health benefits of PA.
192	Department of Health	Statement 2	What this QS mean for commissioners – rather than ‘commission services from providers whose staff are trained ..’,

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			would it be good if commissioners also 'commission services from providers who ensures continuous professional development on physical activity as part of healthy lifestyle'.
193	British Heart Foundation	Statement 2	The QS is unclear about what 'settings' parents and carers should be provided with information, whether this extends to wider than clinical settings to schools and youth centres. This needs to be clarified.
194	British Heart Foundation	Statement 2	It is important that parents and carers are made aware of the physical activity recommendations however, what is more important is practical advice on what the recommendations can look like in real life is imperative to helping parents and carers make real improvements in the health of the children they are responsible for.
195	British Heart Foundation	Statement 2	We feel that the QS could be strengthened by including 'the cost effectiveness of services' into the equality and diversity considerations as payment is a clear barrier to the accessibility for some families/individuals.
196	UKactive	Statement 2	This is a well drafted and very welcome quality standard. Active children are far more likely to go on to become active adults so it is very important to ensure this information is passed onto children, young people, parents and carers.
197	NHS Health Scotland	Statement 2	The focus of statement 2 is on children and young people. Could this statement be extended to include those who are reliant on carers in the broadest context? E.G. Those in residential care, those requiring care in their own homes or those in contact with vulnerable groups (older adults, people with disabilities or children in residential care).
198	Public Health England	Statement 2	As detailed in previous comment we need to be recommending better systems to track physically inactive children and young people as they move through adolescence to adulthood. There needs to be a greater focus on the effect that physically inactive parents and carers can have on children and young people.
199	Nuffield Health	Statement 2	The statement refers to school age children. We feel that schools and other education institutions have an important role to play. Reintroducing the school nurse and timetabling in compulsory 30-60 minutes of physical activity for all school age children would help achieve the aims with these age groups. Information should also be provided that details how families can keep active in both a structured and unstructured manner. This may involve family exercise/social events such as nature walking, family sports or how this can be incorporated into daily life; i.e. cleaning, homework, commuting. Nuffield Health has begun working successfully in partnership with schools and colleges across the UK to address the issue of physical inactivity by providing state of the art fitness facilities and helping to educate young people about the benefits of exercise.
200	Public Health England	Statement 3	Statement 3: Yes the data for this statement can be collected. The data source could be strengthened and regulated by applying an existing national staff training award or introducing a new award thereby applying a nationally recognised and validated quality standard.
201	Faculty of Sport and Exercise Medicine	Statement 3	This is really important. Commissioned education will be critical to the success of this initiative – current knowledge and spread of motivational interviewing skills is poor. Brief advice/behavioural change guidance should be linked to long-term conditions
202	AGILE	Statement 3	The quality measures from pages 19 – 20 assume everyone is ready to change / hear advice. There are a number of people resistant to taking up physical activity, and it would be good to see this recognised in a quality measure that

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			charts the ability to the health professional to recognise when someone is not ready to change behaviour, but they can keep them on a monitoring database.
203	Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Statement 3	We agree that training is required in order to equip healthcare professionals with the knowledge, skills and competencies required. However we would like to see more detail about that the training should encompass, and what the specific skills and competencies required are.
204	Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Statement 3	It is unclear how knowledge, skills and competencies of staff will be assessed.
205	Rotherham Doncaster and South Humber NHS Foundation Trust	Statement 3	Reflects a key area for quality improvement.
206	University of Warwick	Statement 3	The data source surely needs to include university curriculums. Most healthcare professionals now attend university for undergraduate training in their chosen profession. This is where behavioural change training needs to start and be developed, for example, at Coventry University, physiotherapy students undertake collaborative work with other health care students in the first year which includes behaviour change. Furthermore, it would be easier and more realistic to capture information from universities about what aspects of behavioural change they teach, rather than trying to search through individual CPD records etc. If Higher Educational Institutions are not delivering behaviour change as an aspect of their health professional courses – this is perhaps another issue that needs addressing?
207	University of Warwick	Statement 3	Demonstrating competency in delivering brief advice to encourage people to be more physically active is very vague. We are unsure what this actually means and how it will be measured and who would decide if a healthcare professional is competent?
208	Public Health Wales	Statement 3	“Training for health care professionals” is probably the most important standard in the document but the proposed measures are not the best. A more valuable measure would be to go to the source of training and identify evidence and measurement of the type, amount and intensity of physical activity and health training in core curriculums for all health professionals.
209	Public Health Wales	Statement 3	“Training for health care professionals” remains the fundamental and most easily remediable obstacle as described above. However it must be remembered that the evidence for brief interventions on physical activity shows that frequent and sustained follow-up is required to generate meaningful behaviour change.
210	Association of Paediatric Chartered Physiotherapists (APCP)	Statement 3	Quality statement 3 would need good staff awareness via publicity programme

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211	Association of Paediatric Chartered Physiotherapists (APCP)	Statement 3	not an aspirational statement providing it has the support of the nation to want to move towards better fitness. It will require a significant promotional campaign.
212	Royal College of Physicians (RCP)	Statement 3	It is important to recognise that the trained healthcare professional needs to be trained not only in motivational techniques and behavioural change but also in exercise prescription in a range of settings. There is a need to train healthcare professionals in this area. There is already a profession of exercise professionals and those at level 3 and 4 could offer the necessary skills for this task. However, to ensure quality and safety and to reassure other healthcare workers, this profession needs to be regulated by the Health Care Professions Council (HCPC) in a similar way to other Allied Health Professions. How to implement these ambitious quality standards would have benefited from having such a specialist on the committee.
213	Department of Health	Statement 3	The need for training for healthcare professionals is significant enough to consider QS3 as an aspirational statement, but it needs to be more than just training behaviour change knowledge. There should be a basic level knowledge of how physical activity is important in prevention and treatment. The definition of healthcare professionals in this QS doesn't seem to include professions like GPs. Paper by Weiler et al showed a widespread omission of basic teaching elements in physical activity in undergraduate curricula of all UK medical schools. It is important for people accessing NHS services, including seeing their GPs, are assured that the professionals have a good understanding of physical activity. It's also not clear who should be collecting staff training records.
214	British Heart Foundation Centre for Physical Activity and Health	Statement 3	Under skills point 2 there should also be an ability to interpret the guidelines and give tailored advice to patients so that they can support to self manage their physical activity. This also applies for carers so they can in turn support children in becoming more active.
215	British Heart Foundation	Statement 3	The BHF think that it is important to ensure that the training for staff is renewed on a regular basis and that the staff delivering the advice are kept up to date of new opportunities in the local area as well as performance so they can ensure their recommendations are tailored successfully.
216	UKactive	Statement 3	Other than those already highlighted previously in this response, we only have one additional suggestion to this statement – In the 'What the quality statement means for service providers, healthcare professionals and commissioners' section, we recommend making this statement stronger by suggesting to providers that they make training on physical activity a mandatory requirement of working with them.
217	Living Streets	Statement 3	We welcome Quality Statement three and would suggest this supports the concept of ensuring that "Every Contact Counts" by ensuring healthcare professionals make patients aware of the opportunities to improve their health through active travel such as walking.
218	Public Health England	Statement 3	There is an opportunity to strengthen the behaviour change elements of this quality measure and to extend it to all front line workers. The proposed training for healthcare professionals should be provided on the basis that it is transferrable incorporating local government and voluntary and community sector workforce. All training should be

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			embedded in core training for professional the health and care workforce in collaboration with professional bodies.
219	Nuffield Health	Statement 3	In order to provide healthcare professionals with the appropriate training to promote physical activity, there would need to be certain barriers that would have to be overcome. We feel this is an ambitious statement that would require on-going development, as there currently does not seem to be the infrastructure to support this. A strategy for continuous training and development should be devised and underpin this statement. Training concerning physical activity should begin in Medical school or Nursing school, as training days, online learning, guidance in overcoming language/cultural barriers would need significant resources and funding.
220	Association of chartered physiotherapists in oncology and palliative care (ACPOPC)	Statement 3	First concern is statement 3 question 1 - this would benefit from adding "specific to their needs" at the end of their sentence. Cancer patients are fearful about exercising in the community when they feel HCPs do not understand the cancer pathway and consequences of treatment.
221	Public Health England	Statement 4	Statement 4: It will be hard to collect and aggregate this data without a detailed review of how buildings are currently used and how they facilitate or deter increased physical activity. There is a lack of an accepted benchmark for this element of the quality measure (process b). There does not appear to be an outcome for this quality measure? Potentially, quality and positioning of facilities that encourage physical activity, e.g. showering and changing, lockers, cycling facilities within NHS Organisations.
222	Sustrans	Statement 4	To this very good drafting we would like to add one point: the NHS organisation should also engage with its local authority/ies, and if appropriate with other partners such as neighbouring major employers, to lobby for improvements to local streets to make walking, cycling and public transport easier to choose. These improvements might include traffic calming and 20mph speed limits, road space reallocation from private motorised transport to walking and cycling, and creation of or improvement to traffic free routes. Much of the best practice is listed in NICE PH8, and so the level of implementation of PH8 might be a good indicator for measurement against this point.
223	Sustrans	Statement 4	People working in or travelling to a newly built or refurbished NHS site should also be able to travel to and from the site (not just within it) by walking and cycling: the local environment should encourage them to do so.
224	Faculty of Sport and Exercise Medicine	Statement 4	This should be linked to an NHS organisations' published and audited staff Health and Wellbeing strategy/programme.
225	AGILE	Statement 4	It would help in addition to signposting stairs to have more rest benches and rails along long corridors, so distances are not so disabling for those with existing mobility problems.
226	Royal College of Paediatrics and Child Health - Comments submitted on behalf of	Statement 4	NHS organisations are encouraged to maximise opportunities for people with impaired mobility (and others), to be physically active when planning new developments or refurbishing buildings. Why limit this to NHS organisations? Whilst it might not be possible to insist this happens across all sectors of society, this could be made a requirement of all Central and Local Government building refurbishments/developments. Perhaps this standard is limited to NHS

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	British Academy of Childhood Disability		organisations since it will only be measured in the NHS. However, as mentioned on page 2 in the section on 'Why this quality standard is needed', there are clear and significant health inequalities in relation to physical activity according to gender, age, ethnicity and disability. Children with a neurodisability have fewer opportunities to engage in physical activity and obesity rates are higher in this group. Physical activity facilities need to be available and readily accessible for people with disability of all ages in our communities.
227	Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Statement 4	We agree strongly that the physical infrastructure of NHS organisations should offer individuals using the premises the opportunity to become more active routinely. In our view the physical environment impacts strongly on individuals abilities to be active. However we recognise that this is likely to be a long, slow and costly process which in our view makes Quality Statements 5, 6 and 7 even more important.
228	Physical Activity for Health Research Centre (PAHRC), University of Edinburgh	Statement 4	We encourage the Active Travel Champion to be integral to the planning and development discussed in Statement 4
229	University of Warwick	Statement 4	Who are considered to be experts? We feel that as well as specialist architects/designers, there must be input from clinicians involved in promoting physical activity, for example for new in-patient wards, this must include the nursing staff, physiotherapists and occupational therapists.
230	Public Health Wales	Statement 4	It is helpful "Physical Infrastructure" standards are included and the proposed measures appear reasonable but are dependent on all NHS organisations undertaking health impact assessments which we know from experience is very unlikely. Other measures to be considered could include identifying NHS organisations who have travel plans in place etc.
231	Public Health Wales	Statement 4	"Physical Infrastructure of NHS Sites" will continue to be a challenge and as with all infrastructure changes is easier to accommodate in new build programmes than through retro-fitting. However, there are good examples and case-studies that ought to be highlighted and promoted including http://webarchive.nationalarchives.gov.uk/20110118095356/http:/www.cabe.org.uk/files/designed-with-care.pdf and http://www.planethealthcymru.org/sitesplus/documents/886/BuildingHealth_Main.pdf
232	Association of Paediatric Chartered Physiotherapists (APCP)	Statement 4	Once physical facilities are up and running – they would need to be assessed regularly to ensure that they are being used as anticipated, if not, why? Can any improvements be made?
233	Royal College of Physicians (RCP)	Statement 4	No additional comments
234	Cheshire West and Chester Council	Statement 4	Agree in terms of stairs, cycle use in relation to new build....but if considering gyms, classes etc, these might be better developed on a whole community basis.
235	British Heart Foundation	Statement 4	We strongly support this recommendation. By ensuring that the staff on the front line of the health service are healthy and physically active will not only improve their health in a personal capacity but also enable them to brief patients on

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			the benefits and importance of physical activity with confidence and credibility. In return it could also help those patients feel more confident in the advice they are being given.
236	British Heart Foundation	Statement 4	The BHF strongly support the recommendation that new NHS buildings and existing buildings/sites are designed in a way that promotes physical activity and active travel. The BHF believe that physical activity needs to be redesigned into our everyday life and by 'health checking' new and existing locations for physical activity will go some way in providing an infrastructure that will facilitate a potential increase in physical activity of the staff and visitors. It is important that consideration of safety should be a part of this 'health checking' so that staff and visitors feel safe to be physically active. As part of this prompts such as making the stairs easier to use than lifts, clear sign posting of walking routes should be used.
237	SPOKES the NHS Cycling Network	Statement 4	The report specifies the use of stair-cases. Could we be more specific on cycle infrastructure, as many NHS Estate / Facility departments are unaware, if wrong / incorrect cycle stands are purchased it will discourage Cyclists. Our preferred stand is a style called the "Sheffield" loop stand.
238	SPOKES the NHS Cycling Network	Statement 4	At major road Junctions either within the NHS Estate or when Exiting and Accessing NHS Estate, consideration should be given to the installation of ASL (Advance Stop Lines) this allows cyclists a clear visible head start in front of all traffic.
239	SPOKES the NHS Cycling Network	Statement 4	Consideration should be given to providing Secure Cycle shelters, whether these be accessible via ID Swipe card or Key-Code and covered by CCTV to give additional security and protection.
240	SPOKES the NHS Cycling Network	Statement 4	If footways are being improved then consideration be given to segregated cycle ways.
241	SPOKES the NHS Cycling Network	Statement 4	Shower & Changing rooms should be highly considered.
242	UKactive	Statement 4	We welcome this Quality Statement and assume that active and sustainable travel has been taken into account. If so, we suggest that NHS organisations should ensure that information on active travel to their building is included on their website/confirmation emails and letters etc so as to encourage their use. For instance, are bike racks available? How far is it from the nearest train and bus stations?
243	Living Streets	Statement 4	We welcome this Quality Statement but believe it should be expanded to make reference to the importance of working with the local authority, local communities and other key stakeholders in the locality to ensure NHS sites support active travel. This is in addition to the area surrounding NHS sites also supports active travel through the provision of good quality walking routes, 20mph speed limits and crossings which are well designed and provide enough time for older people to cross the road. We would recommend that PH8 – Physical activity and the environment contains many useful recommendations and should be cited in the text.
244	Living Streets	Statement 4	The section on multi-component programmes could helpfully include a reference to the role of third sector organisations supporting such programmes – for example many NHS locations support Living Streets National Walking Month and Walk to Work Week which takes place in May each year.
245	NHS Health Scotland	Statement 4	Since 2007, the Green Exercise Partnership (GEP) has worked with NHSScotland (NHS) Boards to realise the health

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			potential of the outdoor estate through better landscape design, improved access and signage. To date a number of demonstration projects have been implemented across Scotland within hospital and health centre settings. These demonstration projects include retrofitting and new build facilities. In doing so, a series of case study examples have been developed and guidance for healthcare settings produced. Potential solutions to barriers experienced in Scotland are highlighted in response to Question 1: statement 4 above.
246	Public Health England	Statement 4	NHS organisation should ensure that they are integrating their refurbishment, new build development plans with local to ensure that they complement each other. Stronger links need to be made to local planning guidelines. Improving signposting to different departments with walking times and distance added. Piggyback on messages around health that already exist in some organisations. High level support for providing flexibility to be physically active including leading by example as there is a big difference between official policies and organisational culture.
247	Nuffield Health	Statement 4	We agree with this statement and believe that there should be greater emphasis on the decision process towards inactivity and activity when designing buildings. Greater focus should be placed on the layout, mechanisms, colour coding and attractiveness/detriments of certain areas of buildings. The aim when designing buildings should be the limitation of sitting rather than the encouragement of moving.
248	Public Health England	Statement 5	Statement 5: Yes the data for this statement can be collected. It would be interesting to understand how we can attribute lower sickness and absence rates to increased physical activity. Link to responsibility deal outcomes.
249	Sustrans	Statement 5	In line with the comments above, the organisational strategy and policy to encourage and support employees to be physically active should incorporate a strand of engagement with the local authority/ies to make the local environment more conducive. This would include advocating for the type of infrastructure improvements mentioned above (and in PH8) plus 'softer' measures such as trees and planting, improvements if necessary to the street cleaning regime, etc.
250	Faculty of Sport and Exercise Medicine	Statement 5	This should be linked to an NHS organisations' published and audited staff Health and Wellbeing strategy/programme.
251	AGILE	Statement 5	This should be promoted more strongly if the NHS is to lead by example, then staff should undergo the same assessment of weight, activity levels etc. they will be conducting with patients. This links directly with Standard 3 of people giving advice who obviously do not follow it. At the top of page 30 it states that employees will be supported to be more physically active – this message needs more demonstration of that support, not just the requirement of a policy, or placing the responsibility solely on the individual who is already inactive – they need as much support as the patient would to change their behaviour.
252	Breakthrough Breast Cancer	Statement 5	Breakthrough Breast Cancer fully supports the draft quality statement 5 to encourage and support employees to be more physically active. We are currently working with a range of stakeholders to encourage them to promote our message and web resource to their staff. Empowering the workforce with the knowledge of how to increase their activity in practical and manageable ways, unique to their preferences, is important to reduce sickness and improve their overall mental and physical wellbeing.
253	Dietitians in Obesity Management UK	Statement 5	We agree with this statement. However we would like 'which is regularly audited' added in order to ensure that policies are actively implemented.

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	(domUK), a specialist group of the British Dietetic Association		
254	Rotherham Doncaster and South Humber NHS Foundation Trust	Statement 5	Reflects a key area for quality improvement.
255	Public Health Wales	Statement 5	Whilst “policies and plans” don’t necessarily translate to effective action they are an important contributor to the process and the proposed measures appear realistic.
256	Public Health Wales	Statement 5	“Organisational policy & planning” for physical activity will mean a paradigm shift in corporate thinking for many health organisations. To achieve that will require education and evidence of benefits as well as a strong economic case to get it onto the list of competing priorities. Having identified ‘champions’ with an organisation could help, but will always need support from the highest level to have any impact.
257	Royal College of Physicians (RCP)	Statement 5	We agree with the principles laid out. The key point is that each NHS organisation should have managerial support for a PA policy and that dedicated resources should be provided for a PA lead person in the organisation as well as funds to provide staff with the opportunity to be physically active.
258	British Heart Foundation Centre for Physical Activity and Health	Statement 5	We support the recommendation but it is also important that there is ongoing evaluation and monitoring of the plan
259	Cheshire West and Chester Council	Statement 5	CCG fully supports this
260	British Heart Foundation	Statement 5	We support the recommendation that an organisational policy must be in place but we are not convinced that the QS, as is currently worded, places enough importance of the detailed implementation, evaluation and on-going improvement on this plan. Instead it is presented as a tick box exercise that NHS sites must prove they have but are not required to ensure is effective or fit for purpose on a rolling basis, for example during winter months as well as summer months.
261	UKactive	Statement 5	The importance of leading by example and having an active and healthy NHS workforce is clear. However, we believe that a possible barrier to delivering this may be a lack of opportunities and knowledge. The NICE guidance (PH13) recommends that employees should be encouraged to be physically active during the working day by: “where possible, encouraging them to move around more at work” We would recommend that as part of this physical activity policy or plan, employers should include information on local opportunities for their own staff to be active. 89% of the UK population are within 2 miles of a public or private health and fitness facility (State of the UK Fitness Industry Report, 2014). This shows the level of opportunities for NHS staff to be active outside of the work environment.
262	Public Health England	Statement 5	All NHS organisations to sign up to Responsibility Deal.

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263	Nuffield Health	Statement 5	There should arguably be another outcome for this statement as absenteeism is influenced by a number of components and may not reflect success or failure. Furthermore, absenteeism is a late stage of job dissatisfaction and there should be a measure of precursors of this figure such as perceived stress, number of performance issues, number of incidents and work place productivity. This statement assumes that absenteeism is recorded accurately within the NHS, which as an unknown may not be occurring.
264	Triborough Public Health Service (Hammersmith & Fulham, Kensington and Chelsea, and Westminster)	Statement 5	The Outcomes for these Quality Statements should also include measures which indicate an increase in physical activity levels e.g. for QS7 this could include the number of employees incorporating active travel into their daily commute
265	Public Health England	Statement 6	Statement 6: Yes the data for this statement can be collected.
266	Sustrans	Statement 6	In line with comments on statements 4 and 5, the physical activity programme should be designed and implemented taking full account of the environmental determinants of people's behaviour. It should seek to make positive use of these environmental factors. News of local environmental improvements, eg to walking and cycling infrastructure, can be used as a motivator to individuals to change their behaviour. At the same time, news of the programme itself may help encourage local authority/ies to be more active in improving the environment.
267	Faculty of Sport and Exercise Medicine	Statement 6	If all NHS organisations were mandated to produce, run and audit their staff Health and Wellbeing strategy/programme there could be some merger of Statements 4-6: suggest seeking some exemplars…Nottingham University Hospitals NHS Trust
268	AGILE	Statement 6	Links to Standard 5 – which was the policy aspect. It is hard to see in NICE Public Health guidance 13, one of the recommended links where the educational component is about behavioural change assessment and support. The multi-component physical activity programme on page 34 does mention support, but fails to recognise the issue commented upon in Standard 3, about staff not ready to hear or take on board and increase in physical activity. AGILE does support this statement to encourage and support employees to be more physically active. Alongside this, it would be useful to plan to have sufficient facilities for staff who utilise active transport to get to work e.g. secure bicycle storage facilities, staff showering and changing facilities.
269	Breakthrough Breast Cancer	Statement 6	Breakthrough Breast Cancer supports draft quality statement 6 as monitoring and evaluation of multi-component physical activity programmes is essential to ensuring that a programme meets its aims and objectives, and also to ensure that programmes implemented are capturing best practice, in addition to the challenges and successes of the programmes. It is crucial that awareness and engagement into programmes is monitored in addition to outcomes such as physical activity, health related quality of life, and job satisfaction. Capturing anecdotal feedback is also essential. Consistent monitoring and evaluation of all programmes is the only way to build up an evidence base for effectiveness and ensure that resources are being best used.

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270	Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Statement 6	We strongly agree with this statement.
271	Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Statement 6	In our view, the uptake of such programmes within NHS organisations should be included as a quality measure.
272	Public Health Wales	Statement 6	“Physical Activity Programmes” again suffer from being highly subjective so data such as described tells us nothing about quality which would be strange in a ‘quality standard’?
273	Public Health Wales	Statement 6	“Implementing a physical activity programme” is bound to be a highly subjective but nonetheless laudable aim. Again, to increase potential it will be helpful to provide practical examples and promote excellence.
274	Royal College of Physicians (RCP)	Statement 6	This overlaps with Quality Statement 5 and they can be incorporated into the same statement. The key point is to provide the resources to enable this to happen.
275	Department of Health	Statement 6	In addition to “To deliver the programme, employers could:…” - Help employees to be physically active and minimise sedentary behaviour during working day - Where possible, encourage … standing up during short meetings
276	Cheshire West and Chester Council	Statement 6	Fully supported by CCG but suggest again opening this up to wider community because CCGs are small organisations and would find it hard to deliver multicomponent activities on its own.
277	British Heart Foundation	Statement 6	This is something that BHF have been promoting as part of the Health at Work Programme for many years. In order for this to be a success there needs to be support and commitment to the programme across the board and identified resource allocated e.g. staff time and money in order to drive the programme forward and ensure its sustainability. The programme will need to be supported by a network of champions across the workplace at different locations, departments and grades; The programme needs to include the provision of information, opportunities to be active and a supportive environment.
278	SPOKES the NHS Cycling Network	Statement 6	To take part in a NHS Workplace Challenge. Offer a Cycle to Work cycle purchase scheme Provide a cycle Mileage rate, take the bike instead of the car.

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			Involve qualified Cyctech mechanics from local cycle retailers with DR Bike workshops Involve local Police with Free Security cycle tagging. Create a special day- NHS Cycle to work Day
279	UKactive	Statement 6	Tying in with Statement 7 below– we believe that to implement this effectively, there needs to be a Physical Activity Champion within each organisation who would lead on the operational delivery of the plan. Although not necessarily of a senior level, it is important that this Champion receives the (publicised) support from senior management.
280	Public Health England	Statement 6	This statement needs to be extended to the subcontracted workforce through tighter contracting conditions placed upon local supply chain partners.
281	Nuffield Health	Statement 6	The statements outlined seem appropriate and constructive. Nuffield Health would particularly support a move to promote more physical activity amongst NHS employees. The outcomes would be hugely beneficial as the NHS would have, through its employees, positive role models that can personally advocate physical activity to patients. An initial concern that we would raise relates to how the NHS would resource and support these innovations.
282	Triborough Public Health Service (Hammersmith & Fulham, Kensington and Chelsea, and Westminster)	Statement 6	The Outcomes for these Quality Statements should also include measures which indicate an increase in physical activity levels e.g. for QS7 this could include the number of employees incorporating active travel into their daily commute
283	Public Health England	Statement 7	Statement 7: Yes the data for this statement can be collected. However this quality measure should be extended beyond NHS organisations to incorporate local government services and to extend to all contracted services in direct service provision and local supply chains.
284	Sustrans	Statement 7	An active travel champion may not always themselves be working at senior level. The critical success factor is that they should have senior management / director level support. A chief executive 'walking the talk' is worth a lot. The champion also needs support across the organisation: good practice, such as the Addenbrooke's site in Cambridge, will require a contribution from estates, human resources, communications and media, CSR, as well as from operational teams. Also, in line with comments above, the active travel champion will need to develop strong relationships with the local authority/ies and other influential neighbours, supported where necessary by senior staff and/or board members, to press for environmental improvements around the site.
285	Faculty of Sport and Exercise Medicine	Statement 7	This too could fall within Statements 4-6: or issued as a separate Standard.
286	AGILE	Statement 7	Although takes into account issues of individuals e.g. page 38 and lone or late hour workers, on the whole reads as if employees are based at one site, and not community workers, or carrying equipment. If the Champion is to promote alternative means of transport, what influence might they have in terms of highways development – safe cycle lanes,

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			more pedestrian crossings.
287	Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	Statement 7	We agree that an active travel (or activity) champion. However we would like 'high level' to be added into this quality statement itself, as we feel that high level support will be required in order to drive the organisational changes needed to achieve the quality statements.
288	Physical Activity for Health Research Centre (PAHRC), University of Edinburgh	Statement 7	We support a focus on active travel.
289	Sheffield City Council	Statement 7	General comment: Statement 7 could potentially be combined with statement 6 unless it was felt that the importance of active travel would be lost. There is significant overlap between 6 and 7.
290	University of Warwick	Statement 7	The numerator is obviously trying to capture how many active travel schemes have been developed but what about the actual uptake of these schemes? Shouldn't we be trying to capture how many members of staff are actually making use of it?
291	University of Warwick	Statement 7	Since the whole standard is about increasing physical activity, shouldn't the outcome involve changes in health and physical activity levels and not just sickness absence rates?
292	Public Health Wales	Statement 7	The "active travel" standard is a good standard but with questionable measures. Certainly sickness absence rates are unlikely to tell you anything about active travel, other than perhaps for staff suffering from road traffic accidents? More meaningful measures could include the no's of staff that use active transport options, the number of active travel plans etc.
293	Public Health Wales	Statement 7	"Promotion of Active Travel" can be enhanced by ensuring links to supportive organisations such as Sustrans who can provide practical support and guidance. Similarly it will be important to engage with local transport providers and with initiatives such as the 'cycle to work' programme that provide tax incentives and staggered payment schemes to assist employees with cycle purchases. In order for these to be effective however, they must include local programmes that support active travel through safe routes, cycle lanes etc. and the provision of quality and safe storage and changing facilities.
294	Association of Paediatric Chartered Physiotherapists (APCP)	Statement 7	Good to promote walking or cycling to school but would need to consider provision of more cycle ways and possible safety implications.
295	Royal College of Physicians (RCP)	Statement 7	The 'active travel champion' and the Physical Activity lead as mentioned above (number 8) could be the same person. The key is to provide the resources to enable this to happen.
296	Cheshire West and Chester Council	Statement 7	As above, fully support but suggest opening this on a wider community basis.
297	British Heart Foundation	Statement 7	We welcome the importance placed on promoting active travel through an active travel champion. However the QS

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			doesn't acknowledge that in many ways the role of the active travel champion will be dependent on the actions of local partners e.g. local authority policy. For example for those NHS organisations that are based on sites outside cities the wider transport network may impact on the staff's ability to commute by walking or cycling. It would therefore be beneficial to highlight this interdependency and to require the active travel champion to work with local authorities in promoting active travel jointly.
298	UKactive	Statement 7	Although we agree that the need for an 'Active travel champion' is important in encouraging an active and healthy workforce, we believe that this could be further developed into a 'physical activity champion' with active travel being a component of this role. This person would have overall responsibility for developing and promoting schemes that facilitate overall physical activity on an organisation-wide basis.
299	UKactive	Statement 7	We believe that if this Champion is only focused on Active Travel, other methods and opportunities for being active may be neglected.
300	Living Streets	Statement 7	We welcome the reference to active travel champions and the importance of senior level support to promote active travel. However, the active travel champion may be different to the person or team who is delivering activities at an operational level. Therefore, it is important the senior active travel champion supports the operational delivery of promoting active travel choices, such as walking, to their employees by taking an active involvement in promotional activities whilst promoting active travel strategically across the organisation. This section should also be expanded to make reference to the importance of working with the local authority, local communities and other key stakeholders in the locality to ensure NHS sites support active travel. This is in addition to the area surrounding NHS sites also supports active travel through the provision of good quality walking routes, 20mph speed limits and crossings which are well designed and provide enough time for older people to cross the road. We would recommend that PH8 – Physical activity and the environment contains many useful recommendations and should be cited in the text.
301	NHS Health Scotland	Statement 7	Elements of statement 7 relating to NHS staff could be included as actions within the workplace plan/policy proposed in statement 5.
302	Public Health England	Statement 7	Could be linked to national workplace health challenges. Where workplace health champions already exist in organisations they must be engaged and joined up with national agendas around increasing physical activity in the workplace and not left to continue working in silo's.
303	Nuffield Health	Statement 7	The Active Travel Champion should be at a truly senior level and be able to influence senior decision makers such as HR partners. The champion should sit on key decision making meetings as standard and have accountability for success. The target should be to assure there is supportive infrastructure in place for active travel rather than basic measures such as attendance of active commuting schemes such as cycle to work. The supporting infrastructure should include adequate changing facilities, lockers to store heavy work goods (i.e. laptops), knowledge of public transport routes and high safety routes.
304	Triborough Public Health	Statement 7	The Outcomes for these Quality Statements should also include measures which indicate an increase in physical

ID	Stakeholder	Statement No	Comments[1]
	Service (Hammersmith & Fulham, Kensington and Chelsea, and Westminster)		activity levels e.g. for QS7 this could include the number of employees incorporating active travel into their daily commute

Stakeholders who submitted comments at consultation

- AGILE
- Association of chartered physiotherapists in oncology and palliative care (ACPOPC)
- Association of Paediatric Chartered Physiotherapists (APCP)
- Breakthrough Breast Cancer
- British Heart Foundation
- British Heart Foundation Centre for Physical Activity and Health
- Cheshire West and Chester Council
- COPE Occupational Health and Ergonomic Services Ltd
- Department of Health
- Devon County Council
- Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association
- Faculty of Sport and Exercise Medicine
- Ki Performance Lifestyle Ltd.
- Living Streets
- NHS England

- NHS Health Scotland
- Nuffield Health
- Physical Activity for Health Research Centre (PAHRC), University of Edinburgh
- Prescription for exercise – Birmingham Cross City CCG
- Public Health England
- Public Health Wales
- RCGP
- Redcar & Cleveland Borough Council
- Rotherham Doncaster and South Humber NHS Foundation Trust
- Royal College of Nursing
- Royal College of Paediatrics and Child Health - Comments submitted on behalf of British Academy of Childhood Disability
- Royal College of Physicians (RCP)
- Royal College of Physicians and Surgeons of Glasgow
- Royal Pharmaceutical Society (RPS)
- Sheffield City Council
- SPOKES the NHS Cycling Network
- Sustrans
- Triborough Public Health Service (Hammersmith & Fulham, Kensington and Chelsea, and Westminster)
- UK National Screening Committee

- UKactive
- University of Warwick
- Woodland Trust