

A report of the Get Physical meeting, a half-day interactive event exploring how physical activity can be incorporated into the daily lives of NHS staff and patients to improve their health and well-being. Held on 9 December 2015 at the Oxford Belfry, Milton Common, OX9 2JW.



“This is a crisis meeting. We can’t go on as we are. Get out of your silos. Our collective vision is that we want to do this.” William Bird (Intelligent Health)

“As people who have made health and wellbeing our occupation, we must lead the movement for more physical activity and a healthier, happier community.”

Paul Durrands (Oxford AHSN)

“..looks like we’re in the vanguard of a new movement.”

Keith Johnston (Oxfordshire Sport & Physical Activity)

www.getphysical.org.uk



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Summary

Get Physical was conceived by the Oxford Academic Health Science Network (AHSN) and Oxfordshire Sport and Physical Activity (OXSPA) to explore the strategies needed to ensure that NHS staff and patients incorporate regular exercise into their daily lives leading to improved health and an enduring sense of wellbeing.

Get Berkshire Active and Leap, the county sports partnerships of Berks and Bucks respectively, enthusiastically joined Public Health England, Health Education England Thames Valley, Oxford University Hospital NHS Foundation Trust and Oxford Health NHS Foundation Trust on the steering committee.



The half-day event brought together nearly 150 health and sports professionals from a broad range of specialities including primary and secondary care, clinicians, nursing staff, physiotherapists, health care commissioners, local and regional councils, activity and service providers and advisors.

“GPs are the janitors of this world of health. We clear up the mess caused by physical inactivity,” remarked Dr William Bird (Intelligent Health) in his keynote presentation.

The event opened with a short Tai Chi session

exercise into the workplace and into patient care pathways, with specific sessions delving more deeply into the care of patients with mental illness, diabetes and cancer.

Separate workshops explored the challenges and benefits of introducing

Common themes emerged from the workshops:

- Train everyone who comes into contact with a patient at any stage of their illness or recovery, from receptionists to clinicians, to explore physical activity as an integral part of the care pathway
- Physical activity programmes must be staff or patient-led
“The client is the expert. S/he should tell you how they want to be physically active. You support and facilitate their aims.” Steve Bell (Oxford Health)
“It’s great to see public, private and voluntary organisations coming together here. What can we learn from each other?” Ria Ingelby (Vodafone)
- Make physical activity a priority in clinical care not an afterthought or an extra. It should be as important as medication or therapy
- Programmes must be meaningful, with purpose, and above all, fun for sustained impact. Provide feedback and encouragement - even GPs appreciate hearing the positive impact of an activity programme
- Social interaction, being part of a group, regular contact and bonding is as important as physical activity
“Loneliness is as damaging to the body as smoking 20 cigarettes a day.” William Bird



Delegates and speakers offered their thoughts on the day in the concluding discussion.

“Look at your organisations and see what works for your employees. Ask them, understand what they need, and design your own version of *every contact counts*.”

Juliet Anderson (Health Education Thames Valley).

Kevin Johnson (Frimley Health NHS Foundation Trust) agreed. “Don’t take the patient out of the discussion,” he urged. “Ask them what they want and provide it by integrating all available services.”

“The value of this meeting has been knowing what other programmes exist,” remarked Kay Thomson (Sport England).

The most urgent call came from William Bird. “This is a crisis meeting. We can’t go on as we are. Get out of your silos. Our collective vision is that we want to do this.”



Co-host Keith Johnston (OXSPA)

Session chairman Keith Johnston (OXSPA) concluded, “...looks like we’re in the vanguard of a new movement.”

Closing the conference, co-host Paul Durrands (Oxford AHSN) made it clear that the day’s events were only the start of a new movement. The Steering Committee plans to meet quickly to consider delegates’ and speakers’ feedback and to debate what further actions are feasible against a background of available resources.

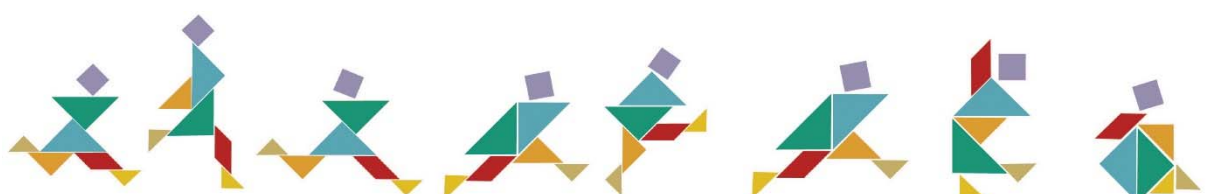
His final words laid down a rallying cry. “As people who have made health and wellbeing our occupation, we must lead the movement for more physical activity and a healthier, happier community.”

Read more about the presentations, including Paralympian and gold medal-winner Helene Dyson’s inspiring and moving story, in the following pages.

Go to www.getphysical.org.uk to learn more about the speakers and have your say about the outcomes of the event. Follow us on Twitter @GetPhys.



Delegates enjoying Tai Chi



Physical activity is essential for our survival

If we condense the last 100,000 years of evolution into 100 hours, only in the last 80 seconds has technology transformed our world from an active, outdoors, healthy lifestyle to a sedentary, enclosed, screen-bound existence. Social isolation is commonplace, leading to chronic stress.



Dr William Bird (Intelligent Health)

“We’ve got everything going wrong,” said keynote speaker and GP William Bird. “Prolonged stress leads to inactivity and chronic inflammation in which our immune systems - designed to switch on, deal with infection or damage, then switch off - are in constant overdrive.”

Chronic inflammation is the root cause of up to 23 long term conditions including arthritis, cancer, cardiovascular diseases, dementia and diabetes. All of these can be prevented and treated by physical activity.

Dr Bird treated the audience to a masterclass describing the damaging effects of chronic inflammation on the body and normal ageing processes. He described the proven benefits of moderate physical activity without accompanying weight loss, in reducing visceral fat and gut inflammation brought on by high fat, sugar-filled diets, and in mopping up the free radicals that accelerate ageing.

The case that physical activity improves health and wellbeing is evidence-based and growing. So how do we spread the message? Dr Bird believes that change will come from people, organisations and leaders working together through community-wide initiatives which normalise physical activity.

Beat the Street is one such scheme. Funded by the NHS, Public Health and local councils, it’s a free walking and cycling game for the whole community. Participation has grown from 39,000 people in 2014 to over 175,000 in 2015. In Reading, an extra 18% of the population reached government physical activity targets of 150 minutes weekly.

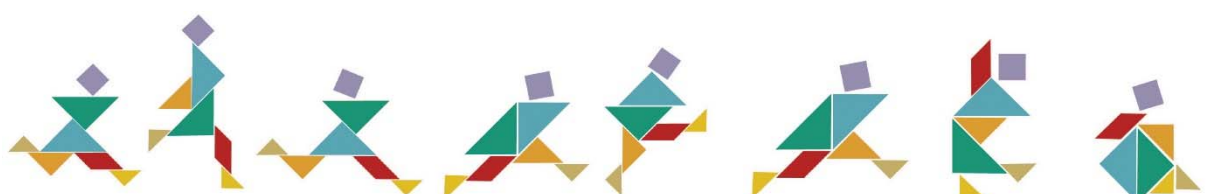
“We have to make industrial scale changes in physical activity,” challenged Dr Bird. The significant return on investment from the Beat the Street project in Reading involving 10,000 adult participants is demonstrated in Table 1.

Table 1 Beat the Street Return on Investment (ROI) Source: Intelligent Health

| For every £1 spent | ROI over 2 years | ROI over 5 years |
|---------------------|------------------|------------------|
| Productivity | £12.86 | £30.50 |
| Transport | £4.94 | £11.71 |
| Healthcare | £19.69 | £19.87 |

“Physical activity is essential for our survival,” concluded Dr Bird. “It strengthens communities, makes our neighbourhoods better places to live and work, and strengthens local economies.”

To learn more about Dr Bird’s work and the case for physical activity go to www.intelligenthealth.co.uk.



Helene Dyson

Paralympian and gold medal-winner Helene Dyson inspired delegates with her moving story of childhood ambition, injury and illness, discovery, and triumph.

Physical activity has always been a key part of Helene's life. She trained at the Royal Ballet School before injury ended her chance of becoming a professional dancer. After taking up wheelchair basketball at university, she quickly reached the Great Britain team and went on to win two Paralympic silver medals. But a chance opportunity to try out a rowing scull fired her imagination. Here was a sport that gave the freedom to be in the outdoors on her own terms, and not be defined by a wheelchair. Three years later, rowing made its debut appearance at the 2008 Paralympic Games in Beijing, China where Helene became the first ever Paralympic champion in the sport, winning the women's single sculls by a 12-second margin.



*Paralympic Gold Medal Winner
Helene Dyson*

Helene retired in 2010 following injury racing at the World Championships and returned to her career in Public Health. In 2012 she had a secondment from the NHS as part of the Rowing Sport Management Team for London 2012. Although Helene is pursuing a career away from sport she still maintains contact through various domestic and international Boards and Commissions.

More recently, Helene found herself in another race, this time to beat breast cancer. Mentally, she divided her treatment into sections, tackling each one with the same focus she would have given to rowing a race. Now thankfully returned to health, Helene is back at work as a public health service manager with Wokingham Borough Council and eyeing up a new challenge in strategic commissioning.

Delegate survey

Over one-third of the nearly 150 delegates shared their views in a post-meeting online survey. Jill Betts, Sal Culmer and Emma Hagues each won a BuddyBand2 activity and sleep tracker kindly donated by Activ8rlives in a prize draw among all respondents. 87% (50/57) respondents said the event fulfilled their expectations. Only one respondent scored the conference overall under 5 out of 10. Over 75% respondents thought the balance of presentations, workshops, posters, exhibits, networking and interactivity were all "about right". About a quarter would like to have seen more posters.

"Thank you for a thought-provoking event whose key messages will stick with me for a long time to come." **Jessica Auton (Activ8rlives, Aseptika Ltd)**

"It is very important that the NHS and physical activity partners/deliverers are better linked up. My concern is that partners are competing against each other rather than working in partnership to achieve a common goal. We will only succeed if we work in partnership." **Laura Godfrey (Age UK Oxfordshire)**

"A really fantastic interactive and fun day. The location was perfect, food excellent and temperature of all rooms just right. The Thai Chi and Bollywood dancing was such a great idea. Well done to all the planning team involved." **Marie Piccaver (Oxford University Hospitals NHS Foundation Trust)**



Workshop: activity, lifestyle and pre-diabetes

Leads: Scott Elliot (Senior Public Health Manager, Medway Council, NHS Diabetes Prevention Programme lead); Dr Andrew Burnett (Public Health Consultant and lead for Berkshire's Diabetes Prevention Programme)

This workshop, which explored how physical activity and lifestyle support the management of pre-diabetes, had three main messages: involve patients in designing action plans; ensure services are robust and scaleable; and communicate effectively with all service users irrespective of age, gender or ethnicity.

Andrew Burnett's [presentation](#) highlighted the importance of maintaining physical fitness in the older population. He cited a 2010 reality television recreation of Ellen Langer's 1979 study of elderly men living as they had done 20 years previously. Removing attitudinal and environmental causes of dependency, after only a week participants were more mentally agile and showing improved joint flexibility and dexterity.



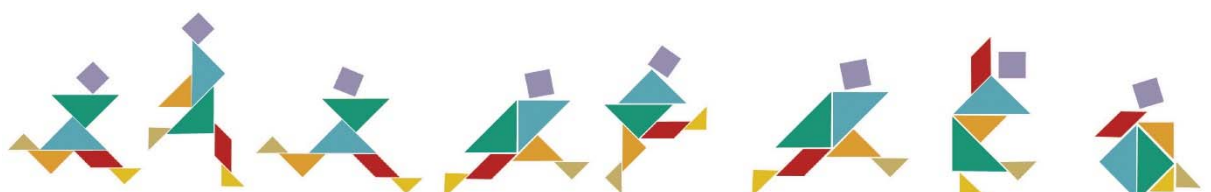
Workshop delegates

Scott Elliott, lead for the [NHS Diabetes Programme](#) (NDPP) newly-opened Medway demonstrator site, spoke about the 12-week intervention programme's barriers and enablers. He described the programme as similar to the NICE-defined lifestyle weight management (tier 2) programmes with the addition of sessions on stress management and understanding diabetes risks. "Diabetes is hand in glove with weight management," he said, noting that national and external funds come and go but local initiatives must be sustainable. His biggest challenge this financial year is to enrol the numbers of patients specified by the NDPP requirement.

During the discussions, delegates were keen to learn how to tap into existing resources and networks, achieve sustainable weight loss, measure dietary change, and scale up projects.

Take-home messages are summarised as:

- Work with service users to design corporate action plans and future service roll-out
- Make sure the right services and partnerships are in place before reaching out to patients
- Motivate and empower patients to take up those services
- Use the right language to approach patients at different life stages
- Be inclusive in all approaches
- Build in the ability to scale-up, as well as scale-down, services
- Use the media to spread messages



Workshop: the role of physical activity in treating and preventing mental illness

Leads: For Early Intervention (EI) – Steve Bell (Oxford Health) and Keith Dale (Aylesbury Town Cricket Club). For Anxiety & Depression - Ineke Wolsey (Oxford AHSN), Charlie Wardle (Climb Your Mountain), Jess Keeley (Oxford Health NHS Foundation Trust). Introduced by Paul Durrands (Oxford AHSN).

The workshop initially explored physical activity strategies to support adolescents and young adults with severe and enduring mental illness. [Steve Bell](#), Oxford Health's community lead for EI services, underlined the psychological importance of physical activity in improving self-confidence, reducing isolation, and challenging the stigma of mental health. He highlighted the value of working with outside agencies and partners to develop appropriate activities.



Workshop delegates

Aylesbury Town cricket club's Keith Dale described how working in partnership with mental health services had taken an interest in cricket beyond the boundaries of disability. The club is now open to all comers regardless of age, ability and mental health. Help from national sports figures speaking about their own mental health and training has increased awareness and understanding by both club staff and clients.

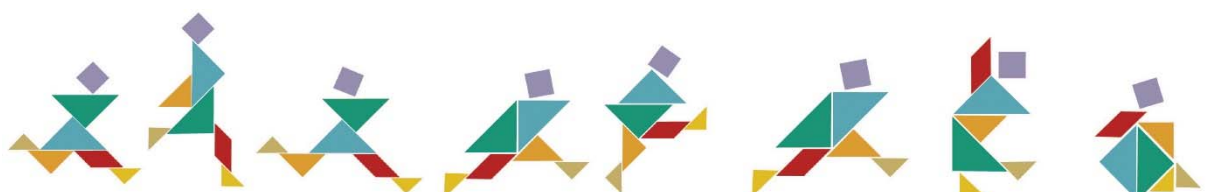
Ineke Wolsey, manager for the Oxford AHSN Anxiety and Depression (A&D) Network, is particularly interested in the role of physical exercise as part of an integrated care programme for patients suffering with anxiety and/or depression. She introduced Charlie Wardle who described his personal experiences of depression, and how exercise and physical challenges helped him get through difficult times. He established the charity, [Climb Your Mountain](#) (CYM), to provide training, motivation, advice and free online resources for people facing their own challenges. CYM offers exercise and physical challenges which build confidence and re-introduce people back to living their lives to the full.

Most people with mental illness experience a complete lack of motivation or interest. Jess Keeley is a health trainer for Oxford Health's LiveWell project helping clients with long term conditions and A&D to think of ways that will make activity meaningful, like walking to the shops or round the supermarket - a little more each day. Jess designs a programme and follows each client regularly to share their achievements. Her message is to encourage clients to do physical activity for themselves.

The value of behavioural activation and motivational interviewing skills to help empower patients was raised during discussion. Southampton University's [Postgraduate Diploma CBT for Anxiety and Depression](#) (IAPT) and [PIPP Care](#) training courses were both recommended. Emerging third wave cognitive behavioural therapies, accessing thoughts against identified values, were also suggested as alternative approaches to designing realistic and meaningful, client-tailored programmes.

Key messages from this workshop relevant to all mental health patients were:

- Train staff to speak with clients about physical activity, empowering them with motivational interviewing
- Make activities meaningful, with purpose, for example by taking clients to an animal sanctuary to walk the dogs, or organising a memorial walk for a colleague through their favourite places
- Staff should set an example by participating in physical activity. This will require leadership support



Workshop: workplace initiatives to improve staff health and wellbeing

Leads: Kate King-Hicks (Public Health England), Helena Fahie (Public Health England), Anna Hinton (Oxford University Hospitals NHS Foundation Trust), Hannah Musson (Oxford Health NHS Foundation Trust) and Ria Ingleby (Vodafone)

Marmot's *Fair society, healthy lives* review noted that "Being in good employment is protective of health". But work can also bring health challenges. A 2013 study found that, in a typical day, people were sitting at their desks for nearly six hours, a prolonged period of inactivity proven to be detrimental to health.

Helena Fahie, Public Health England (PHE) outlined the evidence base and business case for workplace health programmes incorporating physical activity. She shared statistics from the British Heart Foundation which estimate that poor health costs UK employers £52.1bn each year. The Office of National Statistics reports 131m working days are lost annually due to sickness.

Staff health and wellbeing is a crucial component in improving patient care, underlined in NHS CEO Simon Stevens' Five Year Forward View (2014). Anna Hinton described the work of her team based in the Centre for Occupational Health and Wellbeing dedicated to staff health in the Oxford University Hospitals NHS Foundation Trust. The team prioritises a healthier working environment, increasing



Ria Ingleby (Vodafone)

physical activity, healthier eating choices and managing staff stress. Working in partnership with other individuals and teams, they build organisational wellbeing and resilience, central to the Trust's strategy to create a thriving organisation.

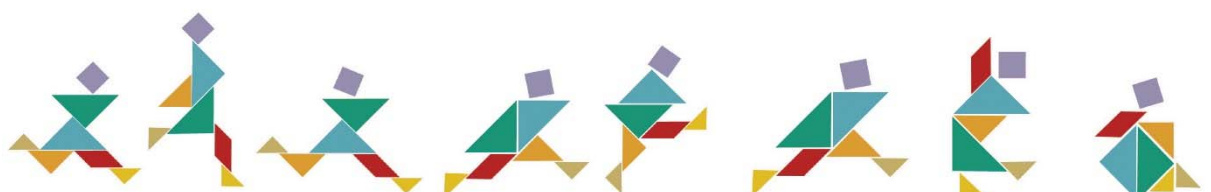
Ria Ingleby, Wellbeing Manager for Vodafone UK, described how a strong belief in the 'nourish a better you' philosophy had influenced her 3-year strategy to focus on physical, emotional and social wellbeing. She aims to inspire, empower and engage staff to be the best version of themselves, enhancing health and happiness.

Hannah Musson leads on designing and delivering the Oxford Health NHS Foundation Trust staff wellbeing programme which won the title of the most active workplace in the 2014 and 2015 Oxfordshire Sports Awards. Her team promotes and supports a culture where staff feel valued and can perform to the best of their abilities under the banner "valued people value people".

View the workshop slides [here](#).

Kate King-Hicks (PHE) summarised the group discussions.

- Introducing a workplace health and wellbeing strategy requires a cultural change, both for the individual and the organisation
- The *How* of staff communication is vital. Consider the Nudge effect, positive reinforcement and indirect suggestions, used effectively by Vodafone UK to influence behaviour change
- Use a staff-led, bottom up approach such as workplace champions to find out what people want and 'spread the word' from within
- Recognise the importance of leadership in embedding workplace wellbeing throughout the organisation



Workshop: Integrating physical activity into patient pathways - making every contact count

Leads: William Bird (Intelligent Health), Kay Thomson (Sport England)

In spite of television programmes, advertising, articles in the press and magazines, the message still isn't hitting home. Half of women and a third of men in England today are not sufficiently active to stay healthy. What can be done to get people active, and how can primary care practitioners help when ill health caused by inactivity strikes?

These questions were debated in a workshop lead by William Bird and Sport England's Kay Thomson, the latter admitting that some people are just not turned on by sport or physical activity. On the positive side, her description of middle-aged, overweight Kevin, encouraged to join his mates in a kick about on match day at his local league football club, demonstrated that we are getting better at understanding how to motivate people.



Kay Thomson (Sport England)

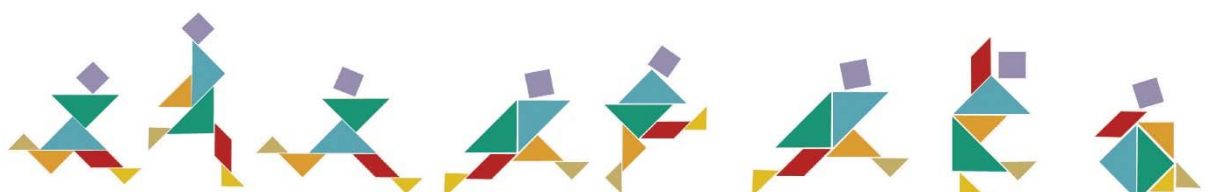
The importance of tailoring messages to different audiences was a key take-home from this workshop. While the public in general doesn't engage with the science behind physical activity, this is exactly what clinicians and clinical commissioning groups (CCGs) want to hear.

Language isn't the only barrier to GP engagement. Time, training and access are all in short supply. Rather than approaching GPs directly, William advocated involving the whole practice, receptionists, nurses and clinicians all receiving training in how to talk with patients about including physical activity in their daily lives. We need to industrialise physical activity promotion and that needs an army of people in contact with the public to give the same message - *every contact counts*.

"A GP Liaison Manager has been crucial to the success of our programmes." Tom Burton (Public Health Bucks)

William summarised group discussions.

- All parties, providers and patient participation groups must present a consistent offering to get the physical activity message across to GPs
- Education is key. Anyone who has contact with a patient should be trained and CCGs should be brought on board
- Physical activity industrialisation needs to be the next big thing



Workshop: improving the wellbeing of people with young onset dementia

Lead: Jacqui Hussey (Consultant Old Age Psychiatrist, Berkshire NHS Foundation Trust; Chair, YPWD, Berks); Charlie Draper (Operations Manager, YPWD, Berks)



Jacqui Hussey (Berks NHS Foundation Trust)

Dr Jacqui Hussey is a worthy winner of the Thames Valley & Wessex NHS Inspirational Leader award. She is lead Consultant for the award-winning Memory Clinic in Wokingham with a special interest in young onset dementia (YOD). With Charlie Draper, she led an engaging workshop which described her experiences starting new enterprises like psycho-education groups for patients and carers.

To set the scene, Jacqui asked delegates to think about their work, hobbies and activities, and then to imagine how they would feel if they could no longer do these things. This simple exercise brought home the likely impact. Lack of appropriate activities could lead to social isolation, apathy, a decline in health and increased risk of behavioural and psychological symptoms of dementia for the person, and not dissimilar effects for carers.

We learned that a structured gardening programme had improved wellbeing in YOD patients over a 1-year programme, and that studies had shown the beneficial effects of horticulture on mood in those with the most severe forms of dementia.

So what is the best model to provide YOD patients with opportunities for exercise? Jacqui has helped set up the charity Younger People with Dementia (Berkshire West), which runs a broad range of activity workshops. The elements of this award-winning working model are: collaboration with the third sector and NHS; embedded patient/carer engagement; meaningful respite; and social capital – connections, self-esteem, new learning and skills retention.

The results speak for themselves. Table 2 shows that both YOD patients and their carers experienced significantly increased confidence, improved mood and better concentration after engaging in group activities for a period of 6 months.

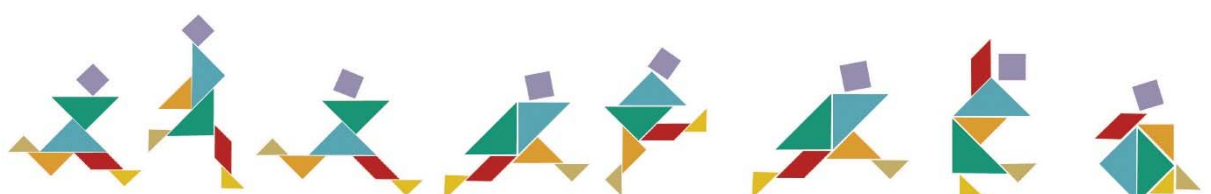
| Impact of group work | People with dementia | Carers |
|-------------------------|----------------------|--------|
| Increased confidence | 88% | 90% |
| Mood improvement | 88% | 90% |
| Better concentration | 75% | 76% |
| Respite time for carers | NA | 98% |

Table 2: Impact of group activities on experience and outcomes (Source: J.Hussey)

View Jacqui's presentation [here](#).

Delegates' take-home messages were:

- Put yourselves in the shoes of people living with dementia when designing programmes
- Provide programmes for carers
- Engagement and sustainability is as important as the activity
- More training is needed, in approaches to support and engagement with YOD patients across healthcare and the wider community



Workshop: the role of physical activity in treating cancer

Leads: Kevin Johnson (Frimley Health NHS Foundation Trust); Kerry Chamberlain (Macmillan)

The case for physical activity during and after cancer treatment is increasingly clear. Growing evidence suggests that regular exercise can lead to improved survival, reduces relapse and “creates a bridge back to normality. Rest is not best,” said Kevin Johnson, Physical Activity Lead for Macmillan Berkshire.



Kevin Johnson (Frimley Health NHS Foundation Trust)

Although the importance of physical activity is now recognised by most health and social care professionals, it is under-utilised in the cancer care pathway. Nearly 80% of patients are still not sufficiently active. The challenge is to encourage and motivate individuals with a cancer diagnosis to increase activity levels.

The [Macmillan Model](#) of staged behaviour change interventions, each with a different intensity, can be integrated at any time during the care pathway. The first stage – Ask, Advise, Act – raises awareness. After less than a minute of brief advice from any trained health or social care professional, the person is asked if they’d like to know more or have more support. If it’s not the right time, the subject can be raised again later.

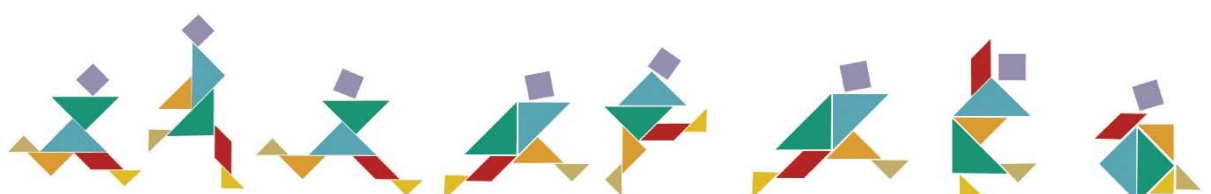
“Although physical activity is valuable in cancer treatment, there are right and wrong times for the discussion – probably at diagnosis isn’t the right time. It needs to be a joint discussion.” Helene Dyson (Wokingham Borough Council)

At the next stage, a professional assesses physical activity levels, shares information on the benefits of activity and how it has helped other people, and asks if more support would be helpful. If so, the person is signposted to an extended consultation led by a behaviour change practitioner – a nurse, exercise or information professional with skills in both exercise and cancer. Whatever the person does next, maybe accessing a local physical activity opportunity, it will be their choice. Ongoing behavioural change support is then provided at regular intervals for up to 12 months or longer, if needed.

Extensive tools and resources for patients and professionals are available on the Macmillan [website](#). 12-week courses for persons living with cancer are now available in six locations across the Thames Valley. Half of the time is spent with physical activity specialists. Online courses are also being introduced. Partnership working is vital. To deliver sustainable, high-quality services that successfully support people living with and beyond cancer to become and stay active, Macmillan recommends that all key local partners, including acute trust or health boards, primary care, public health and leisure services, are involved in service development.

The final discussion highlighted the following:


- Patients should be the focus for any discussion about physical activity. Always remember they are people and we should listen to their choices
- Approaches should be multi-disciplinary employing holistic needs assessment at all points of the treatment plan
- Cancer care involves a team engaging 50 – 60 disciplines on a monthly basis. Every member of that team needs training





Produced by:



Oxford Academic Health Science Network
Magdalen Centre North
Oxford Science Park
Oxford OX4 4GA, United Kingdom
Tel: +44 (0)1865 784944
Email: info@oxfordahsn.org
 @OxfordAHSN
www.oxfordahsn.org

In partnership with:



Email: info@getberkshireactive.org
Tel: +44 (0)1628 473031
Twitter: @GetBerksActive
Facebook: /GetBerkshireActive
www.getberkshireactive.org

Email: info@leapwithus.org.uk
Tel: +44 (0)1296 585215
Twitter: @Leap_BMK
Facebook: /LeapBMK
www.leapwithus.org.uk



Public Health
England

Email: info@oxspa.co.uk
Tel: +44 (0)1865 252676
Twitter: @OxSport
YouTube: Oxfordshire Sport and Physical Activity
www.oxspa.co.uk

Email: TVPHE@phe.gov.uk
Tel: +44 (0)344 225 3861
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