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1. Introduction

This resource has been developed to:

• support health professionals to understand and implement the NHS Physical Activity Pathway, delivering physical activity brief advice (BA) and brief interventions (BI) in primary care in Scotland

• provide health professionals with a physical activity knowledge update necessary to deliver brief advice and brief interventions

• equip health professionals with the knowledge to help engage, motivate and support patients to introduce physical activity into their daily lives

• build on prior learning achieved through the completion of the e-learning module ‘Raising the Issue of Physical Activity’ [http://elearning.healthscotland.com/course/view.php?id=315&a=2].
There is strong evidence to demonstrate the importance and the potential of using health professionals to promote physical activity. In 2006, NICE endorsed brief interventions in physical activity as being both clinically and cost-effective for delivery by the NHS in primary care.¹

To this end the NHS Physical Activity Pathway has been developed to support the delivery of physical activity brief advice (BA) and brief interventions (BIs). The practicalities of implementing the pathway within the context of primary care in Scotland will be evaluated through the feasibility pilot.

Health professionals
The pilot will assess the feasibility of the pathway being delivered by a range of healthcare professionals, including:

• general practitioners
• nurses, e.g. practice nurses and those delivering within the community
• lifestyle advisors.

Feasibility timeframe
The feasibility pilot will be conducted in a phased approach from January 2013 to December 2013.

Practices participating in the pilot will recruit patients for a period of 6 months, undertaking follow-up consultations with patients 3 to 6 months after the initial consultation. Therefore, the feasibility pilot will remain active within participating practices for the duration 9 to 12 months.

Feasibility evaluation
A process evaluation will be conducted across all participating practices to assess the feasibility of implementing the pathway in primary care, including:

• the flexibility of the pathway to accommodate a range of delivery models developed to reflect existing structures and local needs
• three different recruitment methods (opportunistic, disease registers and/or via other targeted approach)
• all aspects of infrastructure required to deliver the pathway at a national, NHS Board and practice level (including: staff training, professional support materials, patient resources, screening, monitoring and recording systems)
• the qualitative experiences of practitioners implementing the pathway.
Findings from the feasibility pilot will form recommendations that will inform the national roll-out of the pathway in Scotland.

**Training and support materials**

All healthcare staff delivering the pathway will be required to complete the ‘Raising the Issue of Physical Activity’ (RIPA) e-learning module (approximately one to two hours dependent on prior learning) and attend a half-day induction session to familiarise them with the pathway.

In addition, practitioner support materials and patient support packs will also be issued to practices.

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**References**

Target audience

Patients

The pathway has been developed to target inactive patients as a form of:

- primary prevention for chronic ill health such as hypertension, cholesterol, cardiovascular disease (CVD), coronary heart disease (CHD), stroke, diabetes, colon cancer, breast cancer, dementia, depression and hip fractures
- secondary prevention and management of long-term conditions along with existing clinical pathways.

The pathway is designed in five stages to be cyclical in nature (as shown in figure 1 below) reflecting that it may take more than one cycle of the pathway for some people to change their physical activity behaviour, just as with other health behaviours, e.g. smoking cessation.

Figure 1. The cyclical nature of the pathway

Table 1 on page 8 provides a more detailed overview of the physical activity pathway.
Implementation

It is recommended that the pathway is implemented as follows:

1. **Patient recruitment**
   Patients can be recruited to the pathway from one or more of the following routes:
   - New patient registrations
   - Condition-specific clinics
   - Opportunistically from routine clinical consultations

1a. **Patient eligibility criteria**
   Patients must meet all four eligibility criteria to participate in the pathway:
   - They must be aged 16 years or over.
   - There must be no contraindications.
   - It is appropriate (in the context of the consultation or circumstances) to discuss physical activity with the patient.
   - When screened using the Scottish Physical Activity Screening Questionnaire (Scot-PASQ), the patient does not meet the UK physical activity guidelines and has indicated that they are contemplating or preparing to change.

1b. **Contraindications to the care pathway**
   If patients are diagnosed with any of the following contraindications they are not eligible to participate in the physical activity care pathway:
   - Resting SBP of 180mmHg/DBP >100
   - Significant drop in blood pressure during exercise
   - Febrile illness
   - Uncontrolled/unstable angina
   - Acute uncontrolled psychiatric illness
   - Osteoporosis (T score 2.5)
   - Uncontrolled tachycardia
   - Unstable or acute heart failure
   - Uncontrolled diabetes
   The risk stratification model detailed in Table 2 (see page 10) provides further guidance on risk factors and signposting options. The pathway is designed to focus primarily on low to medium risk patients.

2. **Screening**
   Fundamentally, the pathway has been developed to encourage those who are inactive to increase the amount of physical activity that they do. The physical activity level of patients should be screened using the validated Scottish Physical Activity Screening Questionnaire (Scot-PASQ). See section 7 on page 22 for more details.
Scot-PASQ has been validated for self-completion by patients or during a consultation. It is important to note that patients who don’t speak English as their first language may require assistance in completing this questionnaire. Completion of the Scot-PASQ is estimated to take less than one minute.

2a. Data recording and monitoring
Those delivering the pathway should tap into existing data management systems to facilitate the recording of routine data and extraction of reports.

3. Intervene – delivery of brief advice and brief interventions
The ‘intervene’ stage is where practice staff support patients to become more active via the delivery of brief advice (BA) and brief interventions (BIs), as appropriate. It is up to practices to determine which staff deliver BA and or BIs.

Within a general practice setting it may be appropriate to encourage all practice staff, including GPs, to deliver BA. However, it is also recognised that GPs may not have time to conduct BIs. Therefore, GPs should be encouraged to deliver BA when appropriate and to refer patients on to others within the practice to undertake BIs.

BA and BIs should be delivered to patients using a person-centred approach, utilising motivational interviewing techniques to discuss and convey information, set personal goals and signpost on to appropriate activities that meet the needs and interests of patients.

Further advice on the delivery of BA and BIs is available in section 8 of this resource (see page 24).

4. Active participation
This is the stage of the pathway in which patients work towards their physical activity goals, set during their BI. Physical activity goals don’t need to be complicated and will include unstructured activity (e.g. walking or cycling to work, the shops, school or just for fun; taking the stairs instead of the lift; taking the bus into town; and walking home or gardening) and structured activity (e.g. walking groups, exercise classes). These activities should suit the patient’s needs and should interest them. These activities will take place outwith the NHS. It is crucial that health professionals delivering BA or BIs are aware of local physical activity opportunities to which patients can be signposted. Staff should familiarise themselves with the Active Scotland website www.activescotland.org.uk as a key resource to access information on local physical activity opportunities.

5. Follow-up review
Patients should be followed up by the healthcare practitioner who delivered the brief intervention. Where possible, follow-up consultations should be integrated into existing clinical pathways or opportunistically via other routine consultations (3 to 6 months after the initial consultation). If this is not possible, alternative methods of follow-up can be employed, such as a dedicated one-to-one consultation, telephone consultation or via SMS text messaging services. During the follow-up the practitioner will reassess the patient’s physical activity level and check for any changes since the patient last saw them. The practitioner should repeat stages 2 to 4 in the cycle (screen and intervene), continuing to support the patient as appropriate. Follow-up interventions should be recorded on the patient record (or other appropriate data recording and monitoring system).
Table 1: Physical Activity Pathway: Supporting the delivery of brief advice (BA) and brief interventions (BIs)

<table>
<thead>
<tr>
<th>Patient recruitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• New patient registrations</td>
</tr>
<tr>
<td>• Condition-specific clinics</td>
</tr>
<tr>
<td>• Opportunistically from routine clinical consultations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess current level of physical activity (Scot-PASQ).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meeting recommendations for health?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient leaves pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinforce and encourage to continue to be active</td>
</tr>
</tbody>
</table>

1. Ask about personal benefits of becoming more active. 
2. Explore options for becoming more active in their daily life. 
3. Ask patient what they want to do.
A. Patient decides to do nothing further at the moment. Patient leaves pathway.

B. Patient chooses to become more active on their own.

C. Patient chooses to have a longer interaction about options and ways forward.

Refer patient for extended brief intervention

Patient sets goal and becomes more active

Activity options
- Independent ‘free living’ activity, e.g. walking, cycling, gardening, stairs.
- 12-week pedometer walking programme.
- Signposting to local activity, e.g. class, group, active place or community sports hub.
- Exercise referral for those with specific clinical needs, depending on availability of local schemes and access criteria.

Patient decides now is not the right time to become more active and leaves pathway. Screen again opportunistically in future...

Review at 3 to 6 months:
- review progress
- re-evaluate goals
Continue to support/build motivation and confidence.
### Table 2: Risk Stratification Traffic Lights: Criteria and Signposting

This model provides a traffic light system to categorise patients as low, medium or high risk and also provides the signposting or referral options appropriate for each group.

<table>
<thead>
<tr>
<th>Low risk factors</th>
<th>Moderate risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history</td>
<td>Asthma</td>
</tr>
<tr>
<td>Asymptomatic but may have family history of chronic heart disease (CHD)</td>
<td></td>
</tr>
<tr>
<td>Cigarette smoker</td>
<td>NIDDM</td>
</tr>
<tr>
<td>Current or given up within the past 6–12 months</td>
<td>Surgery pre- and post-</td>
</tr>
<tr>
<td>High normal BP</td>
<td>Depression</td>
</tr>
<tr>
<td>130–139/85–89 mmHg (not medication controlled)</td>
<td>Insulin-dependent diabetes mellitus (IDDM)</td>
</tr>
<tr>
<td>Hypercholesterolemia</td>
<td></td>
</tr>
<tr>
<td>Total &gt; 5.2 mmol/L or HDL &lt; 0.9 mmol/L or LDL &gt; 3.4 mmol/L</td>
<td></td>
</tr>
<tr>
<td>Overweight/obese</td>
<td></td>
</tr>
<tr>
<td>BMI between 25 and 40 white and black population BMI 35 for South Asian population</td>
<td></td>
</tr>
<tr>
<td>Non-insulin-dependent diabetes mellitus (NIDDM)</td>
<td>Hypertensive stage 1</td>
</tr>
<tr>
<td>Diet controlled</td>
<td></td>
</tr>
<tr>
<td>Older person (aged &gt; 65yrs)</td>
<td>Osteopenic</td>
</tr>
<tr>
<td>Not at risk of falling</td>
<td></td>
</tr>
<tr>
<td>Antenatal</td>
<td>Chronic obstructive pulmonary disease (COPD)</td>
</tr>
<tr>
<td>No symptoms of pre-eclampsia/no history of miscarriage</td>
<td></td>
</tr>
<tr>
<td>Postnatal</td>
<td>Neurological conditions</td>
</tr>
<tr>
<td>Provided 6/52 check complete and no complications</td>
<td></td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>Moderate rheumatoid arthritis/osteoarthritis</td>
</tr>
<tr>
<td>Mild where physical activity will provide symptomatic relief</td>
<td></td>
</tr>
<tr>
<td>Mild bone density changes</td>
<td>Early symptomatic HIV</td>
</tr>
<tr>
<td>BMD &gt; 1SD and &lt; 2.5 SD below young adult mean</td>
<td></td>
</tr>
<tr>
<td>Exercise induced asthma</td>
<td>Myalgic encephalopathy (ME)</td>
</tr>
<tr>
<td>Without other symptoms</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>Mild or moderate. Not medication controlled</td>
<td></td>
</tr>
<tr>
<td>Stress/mild anxiety</td>
<td></td>
</tr>
<tr>
<td>No complications</td>
<td></td>
</tr>
<tr>
<td>Seropositive HIV</td>
<td></td>
</tr>
<tr>
<td>Asymptomatic</td>
<td></td>
</tr>
<tr>
<td>Physical disabilities</td>
<td></td>
</tr>
</tbody>
</table>

**Signposting options:**

‘Low’ and ‘medium risk’ patients: signpost to less structured activities.

‘Low’ and ‘medium risk’ patients:
<table>
<thead>
<tr>
<th>High risk factors</th>
<th>Moderate risk factors</th>
<th>Low risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild to moderate, controlled</td>
<td>Cardiac</td>
<td>Stable angina with no chest pain at rest, myocardial infarction, coronary artery bypass graft, valve replacement, pacemaker, percutaneous transluminal coronary angioplasty, heart failure</td>
</tr>
<tr>
<td>Pharmacologically controlled</td>
<td>Cardiac arrhythmias</td>
<td>Diagnosed by cardiologist</td>
</tr>
<tr>
<td>General or orthopedic (not cardiac)</td>
<td>Hypertension</td>
<td>Medicated but with BP of 160–180/95–100 mmHg</td>
</tr>
<tr>
<td>Medicated, without complications</td>
<td>Transient ischaemic attack</td>
<td>With severe disability/cognitive impairment</td>
</tr>
<tr>
<td>Ensure adequate instructions regarding modification of insulin dosage depending on timing of exercise and warning signs</td>
<td>Older people &gt; 65 yrs at risk of falls</td>
<td>Has fallen within the last 12 months</td>
</tr>
<tr>
<td>140–159/90–99 mmHg – medication controlled</td>
<td>Osteoporosis</td>
<td>BMD T score &gt; 2.5 SD</td>
</tr>
<tr>
<td>T score &lt; 2.5 S.D</td>
<td>Claudication</td>
<td>With cardiac dysfunction</td>
</tr>
<tr>
<td>Without ventilatory limitation but would benefit from optimisation of respiratory system mechanics and correction of physical deconditioning</td>
<td>Type 1 or 2 diabetes</td>
<td>With accompanying autonomic neuropathy, advanced retinopathy</td>
</tr>
<tr>
<td>Parkinson's disease, multiple sclerosis</td>
<td>Severe osteoarthritis/rheumatoid arthritis</td>
<td>With associated immobility</td>
</tr>
<tr>
<td>Intermittent mobility problems</td>
<td>Moderate to severe asthma</td>
<td>Where ventilatory limitation restrains sub-maximal exercise</td>
</tr>
<tr>
<td>Moderately diminished CD4 cells, intermittent or persistent signs and symptoms, e.g. fatigue, weight loss, fever</td>
<td>COPD/emphysema</td>
<td>With true ventilatory limitation</td>
</tr>
<tr>
<td>Deconditioned due to longstanding symptoms</td>
<td>Severe psychiatric illness</td>
<td>Cognitive impairment, dementia, schizophrenia</td>
</tr>
<tr>
<td>Associated impaired functional ability, poor physical fitness, social isolation, neuroendocrine and autonomic system regulation disorders</td>
<td>AIDS</td>
<td>With accompanying neuromuscular complications, severe depletion of CD4 cells, malignancy or opportunistic infection</td>
</tr>
</tbody>
</table>

**Signposting options:**

Patients classified as ‘high risk’ should only be signposted to supervised activity such as clinical physical activity options or an exercise referral scheme.
4. What is physical activity?

The Chief Medical Officer’s report on physical activity ‘Start Active, Stay Active’ defines physical activity as:

‘Physical activity includes all forms of activity, such as everyday walking or cycling to get from A to B, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport.’

**Figure 2: Physical activity**

Physical activity is often referred to as ‘the best buy in public health’. If bottled as medication it could be labelled a ‘wonder drug’ or ‘miracle cure’. The evidence supporting the benefits of physical activity is incontestable. It is proven to prevent disease, improve health and promote independence and quality of life.

Physical inactivity is the fourth leading risk factor for global mortality (accounting for 6% of deaths globally). This follows high blood pressure (13%), tobacco use (9%), etc.

**References**


and high blood glucose (6%). Being overweight and obesity are responsible for 5% of global mortality.\(^6\)

However, physical inactivity remains one of Scotland’s major public health challenges, with at least 61% of adults and 35% of children failing to meet the minimum recommended level of physical activity for health gain.\(^7\)

There are clear and significant health inequalities in relation to physical inactivity according to income, gender, age, ethnicity and disability.

It is estimated that physical inactivity costs the NHS in Scotland around £91 million per annum.\(^8\) In addition, it is estimated that around 2,447 people in Scotland die prematurely each year due to physical inactivity. This is made up of 2,162 deaths from coronary heart disease (CHD) (42% of total CHD deaths), 168 deaths from stroke (25% of total stroke deaths) and 117 deaths from colon cancer (25% of total colon cancer deaths).\(^9\)

For adults, achieving the recommended 30 minutes of moderate to vigorous physical activity on at least five days a week helps to prevent and manage over 20 chronic conditions.\(^10\) For these adults, there is a considerable reduction in risk for a number of chronic conditions (Table 3).\(^11\)

### Table 3: Risk reduction among adults for specific chronic diseases as a result of physical activity

<table>
<thead>
<tr>
<th>Chronic condition</th>
<th>Risk reduction*</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-cause mortality</td>
<td>30% risk reduction</td>
</tr>
<tr>
<td>CVD, CHD, Stroke</td>
<td>20–35% reduction</td>
</tr>
<tr>
<td>Diabetes</td>
<td>30–40% reduction</td>
</tr>
<tr>
<td>Hip fractures</td>
<td>36–68% reduction</td>
</tr>
<tr>
<td>Colon cancer</td>
<td>30% reduction</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>20% reduction</td>
</tr>
<tr>
<td>Loss of function</td>
<td>30% reduction</td>
</tr>
<tr>
<td>Depression/dementia</td>
<td>20–30% reduction</td>
</tr>
</tbody>
</table>

*These figures are based on adults meeting the recommended 30 minutes of physical activity on at least five days of the week.

### References

8. Foster, C. Presentation and draft report to the SPARColl steering group, February 2012.
11. Chief Medical Officers. ‘Start active, stay active: a report on physical activity from the four home countries’. Chief Medical Officers; 2011.
Table 4: Source: Start Active, Stay Active - A report on physical activity for health from the four home countries’ Chief Medical Officers

The table below highlights the relationship between physical activity and health outcomes.

<table>
<thead>
<tr>
<th>Health outcome</th>
<th>Nature of association with physical activity</th>
<th>Effect size</th>
<th>Strength of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All-cause mortality</strong></td>
<td>Clear inverse relationship between physical activity and all-cause mortality.</td>
<td>There is an approximately 30% risk reduction across all studies, when comparing the most active with the least active.</td>
<td>Strong</td>
</tr>
<tr>
<td><strong>Cardio-respiratory health</strong></td>
<td>Clear inverse relationship between physical activity and cardio-respiratory risk.</td>
<td>There is a 20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke.</td>
<td>Strong</td>
</tr>
<tr>
<td><strong>Metabolic health</strong></td>
<td>Clear inverse relationship between physical activity and risk of type 2 diabetes and metabolic syndrome.</td>
<td>There is a 30% to 40% lower risk of metabolic syndrome and type 2 diabetes in at least moderately active people compared with those who are sedentary.</td>
<td>Strong</td>
</tr>
<tr>
<td><strong>Energy balance</strong></td>
<td>There is a favourable and consistent effect of aerobic physical activity on achieving weight maintenance.</td>
<td>Aerobic physical activity has a consistent effect on achieving weight maintenance (less than 3% change in weight). Physical activity alone has no effect on achieving 5% weight loss, except for exceptionally large volumes of physical activity, or when an isocaloric diet is maintained throughout the physical activity intervention. Following weight loss, aerobic physical activity has a reasonably consistent effect on weight maintenance.</td>
<td>Strong</td>
</tr>
<tr>
<td><strong>Musculoskeletal health</strong></td>
<td><strong>Bone:</strong> There is an inverse association of physical activity with relative risk of hip fracture and vertebral fracture. Increases in exercise and training can increase spine and hip bone marrow density (and can also minimise reduction in spine and hip bone density).</td>
<td><strong>Bone:</strong> Risk reduction of hip fracture is 36% to 68% at the highest level of physical activity. The magnitude of the effect of physical activity on bone mineral density is 1% to 2%.</td>
<td>Moderate (weak for vertebral fracture)</td>
</tr>
<tr>
<td>Health outcome</td>
<td>Nature of association with physical activity</td>
<td>Effect size</td>
<td>Strength of evidence</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------------------</td>
<td>-------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Musculoskeletal health (continued)</strong></td>
<td>Joint: In the absence of a major joint injury, there is no evidence that regular moderate physical activity promotes the development of osteoarthritis. Participation in moderate intensity, low-impact physical activity has disease-specific benefits in terms of pain, function, quality of life and mental health for people with osteoarthritis, rheumatoid arthritis and fibromyalgia. <strong>Muscular:</strong> Increases in exercise training enhance skeletal muscle mass, strength, power and intrinsic neuromuscular activation.</td>
<td>Joint: Risk reduction of incident osteoarthritis for various measures of walking ranges from 22% to 83%. Among adults with osteoarthritis, pooled effect sizes (ES) for pain relief are small to moderate, i.e. 0.25 to 0.52. Function and disability ES are small: function ES = 0.14 to 0.49 and disability ES = 0.32 to 0.46. <strong>Muscular:</strong> The effect of resistance types of physical activity on muscle mass and function is highly variable and dose-dependent.</td>
<td>Weak to Strong</td>
</tr>
<tr>
<td><strong>Functional health</strong></td>
<td>There is observational evidence that mid-life and older adults who participate in regular physical activity have reduced risk of moderate or severe functional limitations and role limitations. There is evidence that regular physical activity is safe and reduces the risk of falls.</td>
<td>There is an approximately 30% risk reduction in terms of the prevention or delay in function and/or role limitations with physical activity. Older adults who participate in regular physical activity have an approximately 30% lower risk of falls.</td>
<td>Moderate to strong</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>There is an inverse association between physical activity and risk of breast and colon cancer.</td>
<td>There is an approximately 30% lower risk of colon cancer and approximately 20% lower risk of breast cancer for adults participating in daily physical activity.</td>
<td>Strong</td>
</tr>
<tr>
<td><strong>Mental health</strong></td>
<td>There is clear evidence that physical activity reduces the risk of depression and cognitive decline in adults and older adults. There is some evidence that physical activity improves sleep. There is limited evidence that physical activity reduces distress and anxiety.</td>
<td>There is an approximately 20% to 30% lower risk for depression and dementia, for adults participating in daily physical activity. There is an approximately 20% to 30% lower risk for distress for adults participating in daily physical activity.</td>
<td>Strong to Limited</td>
</tr>
</tbody>
</table>
5. Physical activity guidelines

The guidelines are designed to help professionals provide people with information on the type and amount of physical activity that they should undertake to benefit their health, in particular to prevent disease and to improve quality of life.

Table 5 opposite provides an overview of the physical activity guidelines alongside a list of evidence-informed public messages designed to help practitioners convey the guidelines to the public. In addition, the table also highlights the type of physical activity that may be undertaken in order to meet the guidelines.

However, it is important not to make assumptions and to ask the individual concerned about their needs, preferences and circumstances when looking at ways in which they can increase the amount of physical activity that they do. Only when they can relate physical activity to their daily lives will they be motivated to make the behavior change.

**The guidelines apply across the population, irrespective of physical ability, gender, race or socio-economic status.**

In addition to Table 5, the public-facing resource *Get active, your way, every day* contains an activity wheel designed to help you understand the physical activity guidelines and to prompt discussion between you and your patients.
Table 5: Guidelines, evidence-informed public messages and tips for increasing physical activity

Older adults

<table>
<thead>
<tr>
<th>CMO guidelines: older adults 65+ years</th>
<th>Evidence-informed public messages</th>
<th>Tips for increasing physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. <strong>Some physical activity is better than none</strong> and more physical activity provides greater health benefits.</td>
<td>If you can, be active for at least 30 minutes a day.</td>
<td>Choose something you enjoy!</td>
</tr>
<tr>
<td>2. Older adults should aim to be active daily. Over a week, activity should add up to <strong>at least 150 minutes (2½ hours)</strong> of moderate intensity activity in <strong>bouts of 10 minutes</strong> or more – one way to approach this is to do <strong>30 minutes on at least five days a week</strong>.</td>
<td>If you can’t, remember something is better than nothing.</td>
<td>Walk or cycle part or all of the way to and from work, a club, the shops or another destination.</td>
</tr>
<tr>
<td>3. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through <strong>75 minutes of vigorous intensity</strong> activity spread across the week or a combination of moderate and vigorous activity.</td>
<td><strong>On at least two days...</strong> use your body and/or additional weights to make sure you strengthen your muscles.</td>
<td>Try social sporting activities, e.g. badminton, bowling, dancing, golf, tennis and hill walking.</td>
</tr>
<tr>
<td>4. Older adults should also undertake physical activity to improve muscle strength on <strong>at least two days a week</strong>.</td>
<td>Work on your balance and coordination.</td>
<td>Get active around the house: gardening, vacuuming, painting and decorating – get your family involved to help you out.</td>
</tr>
<tr>
<td>5. Older adults at risk of falls should <strong>incorporate physical activity to improve balance and coordination on at least two days a week</strong>.</td>
<td>Reduce the amount of time you spend sitting.</td>
<td>Visit your local park, gardens or woodland.</td>
</tr>
<tr>
<td>6. All older adults should <strong>minimise the amount of time spent being sedentary</strong> (sitting) for extended periods.</td>
<td></td>
<td>Find out what’s on in the local community and leisure centres through Active Scotland.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Be active as a family – teach your nieces, nephews, children or grandchildren games you used to play.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Buddy up with a friend for company.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use a home exercise DVD or care home activity class.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Walk the dog with family or friends.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Don’t sit for too long. Try to at least get up from your chair and move every hour or so.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Swap an hour of TV for an active alternative from the list above.</td>
</tr>
</tbody>
</table>
## Adults

<table>
<thead>
<tr>
<th>CMO guidelines: adults (19 to 64 years)</th>
<th>Evidence-informed key public messages</th>
<th>Tips for increasing physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in <strong>bouts of 10 minutes or more</strong> – one way to approach this is to do <strong>30 minutes on at least five days a week</strong>.</td>
<td>Be active for at least 30 minutes on at least five days a week.</td>
<td>Choose something you enjoy.</td>
</tr>
<tr>
<td>2. Alternatively, comparable benefits can be achieved through <strong>75 minutes of vigorous intensity activity</strong> spread across the week or a combination of moderate and vigorous intensity activity.</td>
<td><strong>On at least two days...</strong> use your body and/or additional weights to make sure you’re strengthening your muscles.</td>
<td>Walk or cycle part or all of the way to and from work, a club, the shops or another destination.</td>
</tr>
<tr>
<td>3. Adults should also undertake physical activity to <strong>improve muscle strength</strong> on at least two days a week.</td>
<td>Reduce the amount of time you spend sitting.</td>
<td>Attend mass participation events and activity challenges such as a 5 km walk or jog.</td>
</tr>
<tr>
<td>4. All adults should minimise the amount of time spent <strong>being sedentary</strong> (sitting) for extended periods.</td>
<td></td>
<td>Carry shopping.</td>
</tr>
</tbody>
</table>

- Choose something you enjoy.
- Walk or cycle part or all of the way to and from work, a club, the shops or another destination.
- Attend mass participation events and activity challenges such as a 5 km walk or jog.
- Carry shopping.
- Try social sporting activities, e.g. badminton, bowling, dancing, golf, tennis and hill walking.
- Get active around the house: gardening, vacuuming, painting and decorating.
- Visit greenspace, such as parks, gardens or woodland areas.
- Find out what’s on in the local community and leisure centres through Active Scotland.
- Be active as a family – teach your nieces, nephews, children or grandchildren games you used to play.
- Buddy up with a friend for company.
- Swop an hour of TV for an active alternative from the list above.
- Don’t sit for too long, try and at least get up from your chair and move every hour or so.
# Children and young people

<table>
<thead>
<tr>
<th>CMO guidelines: children and young people (5 to 18 years)</th>
<th>Evidence-informed key public messages</th>
<th>Tips for increasing physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All children and young people should engage in <strong>moderate to vigorous</strong> intensity physical activity for <strong>at least 60 minutes</strong> and up to several hours every day.</td>
<td>At least 60 minutes a day.</td>
<td>Choose something you enjoy as a family or with friends, such as swimming, walking, playing games or football.</td>
</tr>
<tr>
<td>2. Vigorous intensity activities, including those that <strong>strengthen muscle and bone</strong>, should be incorporated <strong>at least three days a week</strong>.</td>
<td><strong>On at least three days</strong>... put in more effort some of the time so that you are breathing harder and are unable to chat without taking big breaths.</td>
<td>Walk or cycle part or all of the way to and from school.</td>
</tr>
<tr>
<td>3. All children and young people should <strong>minimise the amount of time spent being sedentary</strong> (sitting) for extended periods.</td>
<td><strong>Move your body to make sure you’re working your muscles and strengthening your bones.</strong></td>
<td>Participate in team activity (vigorous).</td>
</tr>
<tr>
<td></td>
<td><strong>Reduce the amount of time you spend sitting.</strong></td>
<td>Try low-cost activities in a park, play-park, skate-park, garden, wood or forest.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Go out and play with friends.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Practise riding your bike (set up your own obstacle course).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Encourage children to add to it and teach them games you used to play as a child.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Find out what’s on in the local community and leisure centres, and after-school clubs through Active Scotland.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Swop an hour of TV for an active alternative.</td>
</tr>
</tbody>
</table>

- Choose something you enjoy as a family or with friends, such as swimming, walking, playing games or football.
- Walk or cycle part or all of the way to and from school.
- Participate in team activity (vigorous).
- Try low-cost activities in a park, play-park, skate-park, garden, wood or forest.
- Dance.
- Go out and play with friends.
- Practise riding your bike (set up your own obstacle course).
- Encourage children to add to it and teach them games you used to play as a child.
- Find out what’s on in the local community and leisure centres, and after-school clubs through Active Scotland.
- Swop an hour of TV for an active alternative.
# Early years

<table>
<thead>
<tr>
<th>CMO guidelines: early years (under 5 years)</th>
<th>Evidence-informed key public messages</th>
<th>Tips for increasing physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.</td>
<td><strong>Non-walkers</strong> move and play every day from birth.</td>
<td>Choose something you enjoy as a family or with friends, such as swimming, walking or playing games.</td>
</tr>
<tr>
<td></td>
<td><strong>Walkers</strong> Get moving at least three hours a day.</td>
<td>It doesn’t have to cost money – floor-based play in the house counts.</td>
</tr>
<tr>
<td>2. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.</td>
<td>Babies and children love to play, reach and grab, and have some tummy time. Move and play together every day.</td>
<td>Reaching and grabbing toys and other objects helps babies move and play.</td>
</tr>
<tr>
<td>3. All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).</td>
<td>Reduce the amount of time you spend sitting.</td>
<td>Outdoor activities in a park, garden, play-park, forest or wood.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Energetic play.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Walk or cycle part or all of the way to and from nursery with family.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have an ‘active box’ where you have balls, Frisbees, skipping ropes, beanbags, chalk for hopscotch, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Find out what’s on in the local community and leisure centres through Active Scotland.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Swop an hour of TV for an active alternative from the list above.</td>
</tr>
</tbody>
</table>
6. How much is enough?

Regardless of ability, everyone can be physically active in their own way.

Physical activity intensity refers to how much energy is expended when being physically active. In simpler terms, intensity relates to the amount of effort that an individual puts in. One person might find walking up a small hill easy and another person might find walking up that same hill more difficult.

Below is a scale of effort, 0 = no effort and 10 = maximum effort. For your patient to gain what they want from being active, all activities either need to be 5–6 on the scale, which is medium effort, or 7–8 on the scale, which is higher effort.

A good way to test the effort is by using the ‘talk test’. If walking at 5–6 you should be able to easily carry on a conversation, taking a few extra breaths while chatting. If you are at 7–8, you will be breathing harder and you will be unable to chat without taking big breaths in between.

Please note that effort doesn’t apply to the early years. They just need to be active, which can include light activity and more energetic play.
7. Physical activity screening

Before completing Scot-PASQ, practitioners must first assess that it is appropriate to raise the issue of physical activity with the patient. Further guidance on raising the issue of physical activity can be found in the accompanying Physical Activity Brief Advice and Brief Intervention Scripts and by completing the e-learning module Raising the Issue of Physical Activity.

Scottish Physical Activity Screening Question (Scot-PASQ)

1. In the past week, on how many days have you been physically active for a total of 30 minutes or more?

   Physical activity may include: walking or cycling for recreation or to get to and from places; gardening; and exercise or sport which lasts for at least 10 minutes.

   0 1 2 3 4 5 6 7
   Go to Question 2 Positive reinforcement

2. If four days or less, have you been physically active for at least two and a half hours (150 minutes) over the course of the past week?

   No  Yes
   Go to Question 3 Positive reinforcement

3. Are you interested in being more physically active?

   No  Yes

   Literature (physical activity leaflet) Brief advice and or brief intervention
Screening guidance

1 Question 1: 30 minutes moderate activity most days of the week

Question 1 aims to determine the number of days in the past week on which at least 30 minutes moderate physical activity has been achieved. If the past week was not typical, please refer to a previous week.

Physical activity may include: walking or cycling for recreation or travel, even short bouts of **10 minutes** or more. It also includes more formal exercise or sport.

The intensity of physical activity must be enough to increase your heart rate and make you feel warmer and breathe a little faster. The ‘talk test’ is a good way of measuring intensity. For example, if walking at a moderate intensity you would be able to carry on a conversation, taking a few extra breaths between sentences, but you would not be able to sing.

For those reporting activity four days or less continue to Question 2.

Those meeting the guidelines (five to seven days) should be praised for their efforts and encouraged to continue to be physically active.

2 Question 2: 150 minutes of moderate physical activity over the course of the week

The Chief Medical Officer (CMO) Physical Activity Guidelines state that adults should accumulate at least 150 minutes of moderate physical activity over the course of each week. This can be achieved in a number of ways, such as:

- 30 minutes moderate physical activity on most days of the week
- a two and a half hour walk or cycle at the weekend
- a combination of activity options equalling a minimum of 150 minutes.

Question 2 only follows on from Question 1 if someone reports being active on four days or less. It should be used to clarify if the moderate physical activity guidelines are being met. If someone reports vigorous activity (such as running) for 75 minutes or more, then it is unlikely that they will require further support from the pathway.

Those meeting the guidelines should be praised for their efforts and encouraged to continue to be physically active.

3 Question 3: Readiness to change

If as a result of Questions 1 and 2 a person is deemed inactive, it is important to determine their readiness to change by simply asking them if they are interested in being more physically active.
8. Delivering physical activity brief advice and brief interventions

What is brief advice?
Brief advice is a short (less than 3 minute), structured conversation, used to raise awareness of physical activity and assess a person’s willingness to change. Brief advice is less in-depth than a brief intervention and involves giving information about the benefits of physical activity and simple advice to support behaviour change.

What is a brief intervention?
Brief interventions last approximately 3 to 20 minutes and go a step beyond brief advice. Using motivational interviewing techniques brief interventions seek to motivate and support patients to think about and/or plan an increase in their activity levels through more formal support, such as goal setting, signposting and follow-up.

The following key elements should be established at the start of the conversation and maintained throughout the consultation:

• **Rapport and empathy** – using open questions where appropriate, positively reflecting back to the patient. The key to empathic listening can be summarised by remembering the OARS acronym: Open questions, Affirmations, Reflections and Summaries.

• **Emphasise personal responsibility honouring autonomy** – it is each patient’s own personal responsibility to decide whether they want to make a change. This should be discussed positively without judgement or blame.

The diagram overleaf describes the delivery of physical activity brief advice and brief interventions. Practitioner guidance on the delivery of brief advice and brief interventions is available on pages 27 to 29.
Physical Activity Brief Advice (BA) Script (<3 minutes)

1. **Raise the issue**
   ‘One of the best things we can do to stay healthy is to be active. How physically active do you think you are?’

2. **Screen patient using Scot-PASQ**
   ‘In the past week, on how many days have you been physically active for a total of 30 minutes or more?’ ‘Does this add up to 150 minutes?’

2a. **Provide feedback**
   ‘From what you’ve told me, you are…’
   a) ‘…not as active as you could be’ or
   b) ‘…meeting the recommendations — ‘Well done, keep it up!’
   ‘National guidelines recommended that we are active for at least 30 minutes every day.’

2b. **Listen for readiness to change**
   ‘Are you interested in being more physically active?’

3. **Offer brief advice containing the following:**
   **Discuss the benefits**
   ‘We know that being more active can help…’ e.g. sleep better, feel more energised, socialise, improve general health and wellbeing, maintain a healthy weight and much more.

   **Provide patient with information.**
   ‘Here’s a leaflet to help get you started.’ Signpost patients to local physical activity opportunities.
   or

   **Brief intervention**
   Refer the patient on or continue to conduct brief intervention.

5a. **Exit strategy – for those not interested:**
   Close the conversation. ‘It’s fine if you don’t want to discuss this now. Here’s a leaflet for you to take away with you.’

5b. **Exit strategy – for those who are active:**
   Provide positive reinforcement. ‘Well done, keep it up!’

**Brief intervention (<20 MINUTES)**

1. **Raise the issue**
   ‘One of the best things we can do to stay healthy is to be active. How physically active do you think you are?’

2. **Screen patient using Scot-PASQ**
   ‘In the past week, on how many days have you been physically active for a total of 30 minutes or more?’ ‘Does this add up to 150 minutes?’

2a. **Provide feedback**
   ‘From what you’ve told me, you are…’
   a) ‘…not as active as you could be’ or
   b) ‘…meeting the recommendations — ‘Well done, keep it up!’
   ‘National guidelines recommended that we are active for at least 30 minutes every day.’

2b. **Listen for readiness to change**
   ‘Are you interested in being more physically active?’

3. **Offer brief advice containing the following:**
   **Discuss the benefits**
   ‘We know that being more active can help…’ e.g. sleep better, feel more energised, socialise, improve general health and wellbeing, maintain a healthy weight and much more.

   **Provide patient with information.**
   ‘Here’s a leaflet to help get you started.’ Signpost patients to local physical activity opportunities.
   or

   **Brief intervention**
   Refer the patient on or continue to conduct brief intervention.
**Physical Activity Brief Intervention (BI) Script (<20 minutes)**

**Ready? Discuss options and build confidence.**

**Discuss options:**
- Adopt a person-centred approach.
- Explore common barriers.
- Discuss 'ideas on how to increase physical activity'. 'What types of activity do you enjoy? Do you think you could do more of it?'

**Goal setting:**
Encourage the patient to set achievable goals.

**Build confidence:**
Ask the patient about how important this is to them and how confident they feel about doing it.

**Relapse prevention:**
Discuss coping strategies.

**Not quite ready? Discuss benefits and build motivation.**

**Discuss benefits:**
Build the patient’s understanding of the effects of inactivity and the benefits of being more active.
Provide guidance of the physical activity guidelines in a way that is meaningful to the patient.

**Build motivation:**
Build the patient’s motivation to change by helping them weigh up the pros and cons of being more active.

**Exit strategy:**
Remember you and the patient can choose not to continue at any point.

**Provide patient with information:**
‘Here’s a leaflet to help get you started.’
Signpost patients to local physical activity opportunities.
Arrange follow-up review with patient.
Practitioner guidance

1. Raise the issue
In practical terms, brief advice begins with either the practitioner or the patient raising the issue of physical activity. This could be done in a planned or opportunistic way. Read all of Section 8 for more ideas.

2. Screen patients using Scot-PASQ
Assess the patient’s activity level using the Scottish Physical Activity Screening Tool Questionnaire (Scot-PASQ). The practitioner should inform the patient of the physical activity guidelines using evidence informed public messages from the ‘activity wheel’ in the patient booklet Get active, your way, every day.

2a. Provide feedback
The practitioner should provide feedback to the patient about how their current activity levels may be affecting their health. In particular, the practitioner should highlight any current health problems the patient is reporting, reinforcing the physical activity guidelines and the importance of everyday activities, such as walking. Those achieving the recommendations should receive positive praise and should be encouraged to continue to be physically active.

2b. Listen for readiness to change
The patient’s response to the information provided will help the practitioner gauge how ready they are to increase their activity levels. ‘Yes’ – ready to change or ‘no’ – not ready. If the patient is not ready, the practitioner should close the conversation and provide the patient with a copy of the public-facing booklet Get active, your way, every day. Page 32 provides some ideas of ‘what to listen out for and what to do next’.

3. Provide brief advice
If the patient indicates that they are ready to change:

- **Discuss benefits**: Build the person’s understanding of the effects of inactivity, the activity recommendations and the benefits of being more active. This can be a good time to explore what type of activity the patient thinks they would enjoy, or have enjoyed in the past when they have been more active.

- **Provide information**: If the patient is interested in increasing their activity levels, the practitioner should provide them with information to help them be more active, signpost them to local physical activity opportunities or offer them an appointment for a more detailed brief intervention.

- **Refer on or continue to deliver a more in-depth brief intervention**.

4. Refer on or continue to deliver more in-depth brief intervention
Choose a suitable approach depending on whether the patient is ready or not quite ready for change.
4a. Ready? Discuss options and build confidence
If the patient is open to or interested in increasing their activity levels, the practitioner could try one of the following approaches to continue the discussion:

- **Discuss options:** Taking a person-centred approach, it is important that the patient, rather than the practitioner, identifies the options. Identify what will motivate the patient to be more active. Use this to help overcome barriers that they may bring up later on. Ask the patient if they can suggest ways to change their activity pattern (e.g. ways to increase everyday levels of physical activity, through activities such as walking and reducing the amount of time they spend sitting). Table 5 on page 17 provides some useful ‘tips on how to increase physical activity’.

- **Emphasise small changes:** Patients can make to their daily routine to increase their activity (e.g. walking more, taking the stairs instead of the lift, taking up other activities with a friend, taking the car some of the way and walking the rest, etc.). This can be a good time to explore what type of activity the patient thinks they would enjoy or have enjoyed in the past when they have been more active.

- **Goal setting:** Encourage the patient to set achievable goals, gradually increasing their level of physical activity over time. Adopting more activity into their lifestyle, such as walking more or taking the stairs instead of the lift, can be a helpful starting point (see goal setting on page 36).

- **Build confidence:** Ask the patient about how important this is to them and how confident they feel about doing it (perhaps using a visual scale of 0 to 10), see ‘Readiness Ruler’ on page 33:
  - Why here and not lower? Why not higher?
  - Where would you like to be?
  - What would need to happen for you to get to a higher point?
Ask the patient to think about what makes them feel confident and build their belief in their ability to change (e.g. by encouraging them to remember previous successful changes and efforts, thinking of role models and sources of support). This can also include helping them to identify times when they might find it more difficult to stick to their plans, and coming up with strategies for coping with these situations. See ‘Common barriers and coping strategies’ (page 35).

4b. Not quite ready to be more active? Discuss benefits and build motivation
If the patient sounds as though they are not quite ready to be more active, the practitioner could try one of the following approaches to continue the discussion:

- **Discuss benefits:** Ask ‘Would you like to discuss how more activity could help you?’ Build the person’s understanding of the effects of inactivity, activity recommendations and the benefits of being more active. This can be a good time to explore what type of activity the patient thinks they would enjoy, or have enjoyed in the past when they have been more active.

- **Build motivation:** The practitioner can enhance a patient’s motivation to change by exploring and acknowledging their reasons for not being more active and helping them to weigh this up against the possible benefits of being more active (pros and cons), such as what type of activity they have enjoyed in the past and the reasons that they have said that they want to be more active.
5. Exit strategy
At any stage throughout the discussion, the practitioner or patient may decide not to continue the discussion. If so, the practitioner should find a suitable exit strategy, ensuring that the patient knows when and where they can discuss this issue again or take further action.

5a Exit strategy for those not interested
Close the conversation, ‘It’s fine if you don’t want to discuss this now.’ Provide the patient with a copy of the public-facing booklet Get active, your way, every day.

5b. Exit strategy for those who are active
Provide positive reinforcement for those who are physically active.

5c. Exit strategy for those who are interested in being more active
To conclude the consultation, provide the patient with a copy of the public-facing booklet Get active, your way, every day and signpost patients to local physical activity opportunities based on their agreed personal goals. Arrange a follow-up review with the patient in three to six months’ time.

Get active, your way, every day!
9. When and how to raise the issue of physical activity

Raising the issue of physical activity can take as little as 30 seconds to three minutes, if delivered in the guise of brief advice, or up to 20 minutes if delivered as a full brief intervention. In practical terms, the discussion begins with either the practitioner or patient raising the issue of physical activity during either planned or opportunistic consultations.

What you should say to your patients if you have less than 30 seconds

- You should do at least 30 minutes of moderate-intensity physical activity, above usual activity at work or home, on at least five days of the week. This can be achieved in shorter bouts of 10 minutes throughout the day.
- Try not to sit for long periods of time - move every hour or so.
- Walking is an easy way to get started. This should be at a brisk pace; enough to make you feel warmer and breathe more deeply but without any discomfort.
- You are more likely to remain physically active if you find an activity that you enjoy and that can be fitted into your everyday life.

Opportunistic

Practitioner led. The practitioner chooses to raise the issue of physical activity in response to a particular sign, comment, symptom or event.

What might the practitioner say?

- What do you think generally about physical activity? Could that be a factor?
- Some people with similar symptoms or problems have found that physical activity such as walking has helped. What exercise or walking do you take part in?
- It’s surprising how even small amounts of walking or other exercise can help with…
**Planned**

**Practitioner led.** Here the practitioner is systematically raising the issue of physical activity with all (or a specific group of patients) as part of a routine programme of activity.

- We’re trying to increase the range of support we can offer to people and I have just been trained in physical activity. It’s quite surprising how low the current levels of activity are. How do you feel about your activity level?
- We’re working on a number of health topics today, one of which is physical activity. Do you enjoy walking or other exercise?
- We are taking part in a new screening programme and we’re talking to our patients about their physical activity levels. Would it be OK to ask you a few questions about this just now?

**Patient led.** Probably the easiest way to start is when the patient brings up the issue of physical activity themselves, as this provides an automatic ‘way in’. It is unlikely that this will happen frequently but practitioners need to be prepared for the possibility and be ready to respond to it.

**Want to know more?**

The e-learning module ‘Raising the Issue of Physical Activity’ (RIPA) is part of a suite of e-learning modules that promote the use of health behaviour change as a way of influencing patients to make informed choices about their health.

For further information on RIPA or Learning and Workforce Development support please email: nhs.HealthScotland-LWDTeam@nhs.net
The patient’s response to the information provided will then help the practitioner to gauge how ready they are to increase their activity levels. At this stage, the practitioner is trying to get a general sense of whether the patient is open to increasing their activity levels in some way (yes – ready to change) or whether they are still unsure or uninterested in this (no – not ready) and how important this would be to them. See the table below for some ideas on what to listen out for and what to do next.

<table>
<thead>
<tr>
<th>Not Ready</th>
<th>Ready</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient says</strong></td>
<td><strong>Practitioner says/does</strong></td>
</tr>
<tr>
<td>‘I don’t want to discuss this.’</td>
<td>Exit strategy and provide written information on the benefits of physical activity.</td>
</tr>
<tr>
<td>‘I’m not interested.’</td>
<td></td>
</tr>
<tr>
<td>‘What do you mean?’</td>
<td>Discuss benefits: ‘We know that….’ ‘This could help you’ and provide written information on benefits of physical activity.</td>
</tr>
<tr>
<td>‘Why are you asking about this?’</td>
<td></td>
</tr>
<tr>
<td>‘But it’s difficult to be active…’</td>
<td>Build motivation: ‘It sounds like you’re not sure’ and provide written information on benefits of physical activity.</td>
</tr>
<tr>
<td>‘I don’t think I’m that inactive.’</td>
<td></td>
</tr>
</tbody>
</table>
**Readiness Ruler**

The Readiness Ruler below can be used to prompt discussion and gauge a patient’s confidence and readiness to change.

See the table overleaf for some ideas on what to listen out for and what to do next.
<table>
<thead>
<tr>
<th>Importance</th>
<th>Confidence</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low</td>
<td>Low importance, low confidence: The patient doesn’t think they can increase their physical activity level but doesn’t think it is important. Check with them that they have all the information to allow them to make an informed decision about the importance of that behaviour. Ensure they are ready before you suggest confidence-building strategies.</td>
<td>Medium importance, low confidence: The patient understands the need to increase their physical activity level but does not feel confident about changing their behaviour. There may be some strategies you could suggest, but make sure you ask permission before giving advice. You may also want to discuss their knowledge to ensure they make an informed decision</td>
<td>High importance, low confidence: The patient understands the need to increase their physical activity level but does not feel confident about changing their behaviour. There may be some strategies you could suggest, but make sure you ask permission before giving advice.</td>
</tr>
<tr>
<td>Medium</td>
<td>Low</td>
<td>Low importance, medium confidence: The patient is reasonably sure they can increase their physical activity level but doesn’t think it is important. Check with them that they have all the information to allow them to make an informed decision about the importance of that behaviour.</td>
<td>Medium importance, medium confidence: The patient understands the need to increase their physical activity level but needs to boost their confidence to allow the change to happen. Check they have the information they need and discuss change strategies with them.</td>
<td>High importance, medium confidence: The patient understands the need to increase their physical activity level but needs more confidence to change their behaviour. There may be some strategies you could suggest, but make sure you ask permission before giving advice.</td>
</tr>
<tr>
<td>High</td>
<td>Low</td>
<td>Low importance, high confidence: The patient is confident they can increase their physical activity level but doesn’t think it is important. Check with them that they have all the information to allow them to make an informed decision about the importance of that behaviour.</td>
<td>Medium importance, high confidence: The patient is confident they can increase their physical activity level and understands the need to increase physical activity levels. Check with them that they have all the information to allow them to make an informed decision about the importance of that behaviour.</td>
<td>High importance, high confidence: The patient is confident they can increase their physical activity and understands the importance of this. Ensure motivation is maintained and a strategy is agreed to make the change.</td>
</tr>
</tbody>
</table>
Consider how you would respond to these common reasons given for inactivity.

<table>
<thead>
<tr>
<th>Patient difficulty/barrier</th>
<th>Coping strategy</th>
</tr>
</thead>
</table>
| **Bad weather** | ‘There’s no such thing as bad weather, only the wrong clothes.’ (Billy Connolly)  
All you need is a waterproof jacket and suitable footwear.  
Indoor facilities are an option – you could even be active in your own home using an exercise DVD. |
| **Embarrassed I look fat** | Think about individual activities at first and set yourself a long-term goal to join an exercise class.  
Wear comfortable, loose fitting clothes. Choosing the appropriate exercise class means that most people will be ‘just like you’ and are also trying to improve the way they look. Everyone needs to start somewhere. |
| **I don’t have childcare** | Get active with the kids – go swimming or to the park.  
Check for childcare at leisure centres.  
Home exercise DVDs are a good way to get active if you can’t get out of the house. |
| **I don’t like feeling sore afterwards** | Muscle soreness is only temporary, but if you warm up and cool down, you shouldn’t become sore. Don’t do too much too soon. |
| **I don’t have time** | It’s up to you how you spend your time and, if you set this as a goal, it can help you to use your time effectively.  
Sometimes it just isn’t convenient to exercise but you can do a minimum of a 10-minute walk at a moderate intensity or some active living (gardening, DIY, washing the car) or active travel (cycling, getting off the bus a stop early).  
Get others on board – tell them what you are trying to do and ask for their help with other commitments. |
| **I can’t afford the gear** | Most supermarkets and high street stores carry very affordable and stylish leisurewear these days. But for everyday activities you don’t need special clothing, you can do it in your everyday gear. |
Setting achievable goals

Encourage patients to set achievable goals, gradually increasing their level of physical activity over time.

When discussing physical activity goals with patients, be realistic, set goals that are **SMART**, specific, measurable, achievable, relevant and timely:

- **Specific** - is the patient clear about what they want to achieve?
- **Measurable** - how will your patient know when they reach the goal?
- **Achievable** - is this goal achievable for your patient?
- **Relevant** - the easier it is for your patient to incorporate the activity into their lives the more likely they will be to continue.
- **Timely** - is it the right time for the patient to attempt this?

Three simple questions to consider:

1. What can I do more of? (Example: walking…)
2. What can I do less of? (Example: sitting…)
3. What would help me make these changes? (Example: plan ahead, support from friends/family)

Here are some examples of personal physical activity goals that you can use to prompt discussion when goal setting with patients:

- Find out what opportunities or activities are available to you in your area for you and those that you care for.
- Ask your friends if they would be interested in doing something with you. This makes it easy for you to stick to as you will not want to let your friends or yourself down.
- Challenging yourself to walk to work or school (or at least part of the way) once a week.
- Source an activity that you think you might enjoy and go along and give it a go.
- Get involved in an active event. This could be an active fundraising event, a charity event, a school or workplace challenge or a larger scale activity like an organised 5K to 10K walk or jog, or even a Zumbathon.

Use the goal setting postcard provided to record the patient’s goal. Post the postcard to the patient in a couple of weeks’ time as a prompt and subtle reminder of what they said they would do.
13. Walking for health and the use of pedometers

Walking is the perfect form of exercise
Walking is often referred to as the perfect form of exercise. Accessible to most people, it can be done anytime, anywhere and at little to no cost. It could even save you money if you ditch the car or bus.

Why promote wellbeing to patients?
• It’s free.
• No specialist equipment is required.
• Almost anyone can do it.
• There are lots of places in and around your area for good walks, both around town and in parks.
• It’s low impact so there are low risks of injury.

For those patients that are ‘ready’ to be more active but don’t quite know where to begin, walking is often the simplest and most achievable starting point.

Patients should be encouraged to think of ways that they can add walking into daily life, e.g. walking:
- part of way to work or once round the block at lunchtime
- with the dog
- the kids to school
- to the shops
- with the family
- after tea.

Local health walk groups
They may also want to consider walking with a friend or joining a local walking group. Details of local Health Walk Groups in your area can be found through Paths for All [www.pathsforall.org.uk/pfa/health-walks/find-a-health-walk.html] or Active Scotland [www.activescotland.org.uk].

Ramblers Scotland: Take 30 campaign also provides useful information on walking for health including a downloadable 12 week walking programme [www.take30.co.uk/].

Every step counts
One of the easiest ways to motivate people to walk more is to encourage them to wear a pedometer, counting every step they take (only then do they realise how little or how much walking they actually do).
How does a pedometer work?
A pedometer’s basic function is to count steps, which is why it is also referred to as a step counter and sometimes called a step-o-meter. To count steps, a pedometer uses a built-in pendulum. When you walk, the pendulum moves and counts your steps. It will tell you how many steps you are doing – then you can easily set targets to increase your step count and daily activity over a period of time.

Steps to health
On average, people take between 2,000 and 5,000 steps per day without doing any extra activity. This includes everyday actions, such as making a cup of tea or doing the housework. For most adults, the recommended amount of physical activity to benefit health is 30 minutes of moderate activity (i.e. brisk walking) on most days of the week. For the majority of people, 30 minutes of walking is about 3,000 steps.

Everyone is unique and takes a different amount of steps over the day, so it is important to focus on what each individual does and set a target that is appropriate for them.

12-week pedometer walking programme
The best way to appreciate how a pedometer works and the value of promoting wellbeing is to experience it for yourself. Practitioners are encouraged to wear a pedometer to familiarise themselves with how it works.

Using a pedometer, patients should be encouraged to gradually increase the amount of regular walking they do by an average of 3,000 steps per day over a 12-week period. Patients should be guided as follows:

• Firstly, demonstrate how to use the pedometer, clipping it on your waist band and resetting the counter.

• Encourage them to wear the pedometer for next three days recording their total step count at the end of each day in the step count table provided. Explain to them that they should not try to walk more. This is just to record what they would normally do.

• Explain how to calculate their baseline step count, taking the average number of steps from the first three days.

• Print out or photocopy Appendix 1, the ‘step count guidance’ and ‘step count table’ for the patient.

• Thereafter discuss how to complete the step count table, gradually increasing their daily step count by 3,000 steps, week after week for 12 weeks.

• Wish them well and that you hope they enjoy the challenge of increasing the amount of walking they do.

• Follow up at 12 weeks to check progress, encourage relapse prevention and signpost to local activities such as walking groups and community sport hubs.
Now that you have a better understanding of what physical activity means to you and your patients it might be useful to find out about what’s going on in your area. There are some websites, places and people below that will help you on your way.

**Active Scotland**

Active Scotland is a website from NHS Health Scotland that has been designed to help you find places to go to be physically active – for you, and for your patients. Active Scotland brings thousands of places to be active, from parks to pools and community centres to climbing walls, and tens of thousands of activities from archery to yoga, into one easy-to-use, easy-to-search website: [www.activescotland.org.uk](http://www.activescotland.org.uk)

If you can’t get to the site at all, please email us so that we know, and also talk to your IT support people as they may be able to unblock access for you when you tell them it’s an NHS website.

If you can use the site, but can’t get through to some of the links for groups or facilities, again, talk to your IT support people.

Anything else? Use the ‘contact us’ link on the site and we’ll do what we can to help.

**In your community…**

There are a number of national organisations that will have groups running in your area, and a lot of local facilities will run activities that your patients might be interested in. For information on:

- **health walks** and **walking groups** in your area contact:
  - Paths for All [www.pathsforall.org.uk](http://www.pathsforall.org.uk)
  - Ramblers Scotland [www.ramblers.org.uk/scotland]

- **jogging groups** [www.jogscotland.org.uk/local-groups]

- **exercise referral schemes** can be accessed through your NHS Board Physical Activity Lead, Local Authority or Leisure Trust

- **woodlands and forests in which to walk** [www.visitwoods.org.uk]
The British Heart Foundation (BHF) National Centre for Physical Activity and Health provides a range of credible practitioner resources including fact sheets, evidence briefings, guidelines and patient booklets.

**Fact sheets:**
- What is sedentary behaviour
- Factors influencing sedentary behaviour
- Factors influencing physical activity in older adults
- Physical activity interventions for older adults
- Physical activity interventions for early years

**Evidence briefings:**
- Sedentary behaviour
- Older adults
- Physical activity for the early years evidence briefing
- Physical activity patterns – children and young people in Scotland
- Top tips for engaging primary care professionals in the promotion of physical activity

**Guidelines:**
- Interpreting physical activity guidelines for active older adults
- Interpreting physical activity guidelines for older adults in transition
• Interpreting physical activity guidelines for frail, older adults
• UK Physical Activity Guidelines for Early Years – Non Walkers
• UK Physical Activity Guidelines for Early Years – Walkers

**Patient resources:**

• Physical Activity and your Heart
• Be active for life (over 50s)
• Get active stay active (adults)
• Put your heart into walking
• Blood pressure and how to control it
• Take control of your weight

**Useful websites**

Physical Activity and Health Alliance (PAHA) [www.paha.org.uk/]
Managed by NHS Health Scotland the Scottish Physical Activity and Health Alliance (PAHA) is a national network for those who are involved in the promotion of physical activity for health in Scotland. The PAHA website acts as one stop shop for information on physical activity for health.

NHS Health Scotland provides a range of physical activity related resources, such as evidence briefings [www.healthscotland.com/physical-activity-evidence.aspx], networks [www.paha.org.uk/] and learning opportunities [www.healthscotland.com/learning/index.aspx].

The National Institute for Health and Clinical Excellence (NICE) has and continues to develop clinical guidance on physical activity [www.nice.org.uk/guidance/index.jsp?action=bypublichealth&PUBLICHEALTH=Physical+activity#/search/?reload] to support the delivery of high quality, cost effective patient care, covering the treatment and prevention of different diseases and conditions.

The British Heart Foundation National Centre for Physical Activity and Health (BHFNC) [www.bhfactive.org.uk] is a credible source of physical activity fact sheets, evidence briefings, guidelines and public facing materials.

Take Life On have an online resource to give you hints and tips on how to get, and stay active [www.takelifeon.co.uk]

Take 30 [www.take30.co.uk]: The Ramblers Scotland Guide to Walking for Health and Fitness provides some useful information on how to get walking in your area providing guidance and materials to support a 12-week walking programme [www.take30.co.uk/12-week-walk-plan/12-week-walk-plan-introduction].
Step count guidance

Before you start – get to know your pedometer
- Have a practice day before you start recording your steps. Make sure the pedometer is working and that you are happy with how to position it so that it counts correctly and records steps. For use with the Silva Step Counter.
- Press and hold both ‘reset’ buttons to set the counter to zero.
- Remember to reset the pedometer each day before you put it on.
- Attach the pedometer horizontally (not tilting) to your waistband, belt or pocket (find the best place for you) so the pedometer can record the motion of the hip.
- Clip the security leash to your clothing.
- Practise to make sure the pedometer is working. Walk 30 steps and make sure the pedometer is counting your steps.
- Get walking! Remember to clip on the pedometer when you get up and keep it on all day to record your steps.

Find your starting step count
- Write down the number of steps you take over three typical days.
- Take the average number of steps from the three days as your base line step count.
- This number is your starting step count!

Get walking – work towards your goals
- Write your step goal in at the beginning of each week.
- When you have reached your goal, mark it with a sticker and move onto the next goal.
- Try and complete all four goals in 12 weeks.
- Even if you reach goal four before week 12, keep recording your steps for the 12 weeks.
- Remember, you only need to record your steps on the days you have set goals.
### Step count table

<table>
<thead>
<tr>
<th>Week 1: starting daily step count:......</th>
<th>Target for at least 3 days:......</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day</strong></td>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>1</td>
<td>2 3 4 5 6 7 Total</td>
</tr>
<tr>
<td><strong>Week 2: starting daily step count:......</strong></td>
<td><strong>Target for at least 3 days:......</strong></td>
</tr>
<tr>
<td><strong>Day</strong></td>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>1</td>
<td>2 3 4 5 6 7 Total</td>
</tr>
<tr>
<td><strong>Week 3: starting daily step count:......</strong></td>
<td><strong>Target for at least 3 days:......</strong></td>
</tr>
<tr>
<td><strong>Day</strong></td>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>1</td>
<td>2 3 4 5 6 7 Total</td>
</tr>
<tr>
<td><strong>Week 4 starting daily step count:......</strong></td>
<td><strong>Target for at least 3 days:......</strong></td>
</tr>
<tr>
<td><strong>Day</strong></td>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>1</td>
<td>2 3 4 5 6 7 Total</td>
</tr>
<tr>
<td><strong>Week 5: starting daily step count:......</strong></td>
<td><strong>Target for at least 3 days:......</strong></td>
</tr>
<tr>
<td><strong>Day</strong></td>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>1</td>
<td>2 3 4 5 6 7 Total</td>
</tr>
<tr>
<td><strong>Week 6: starting daily step count:......</strong></td>
<td><strong>Target for at least 3 days:......</strong></td>
</tr>
<tr>
<td><strong>Day</strong></td>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>1</td>
<td>2 3 4 5 6 7 Total</td>
</tr>
<tr>
<td><strong>Week 7: starting daily step count:......</strong></td>
<td><strong>Target for at least 3 days:......</strong></td>
</tr>
<tr>
<td><strong>Day</strong></td>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>1</td>
<td>2 3 4 5 6 7 Total</td>
</tr>
<tr>
<td><strong>Week 8: starting daily step count:......</strong></td>
<td><strong>Target for at least 3 days:......</strong></td>
</tr>
<tr>
<td><strong>Day</strong></td>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>1</td>
<td>2 3 4 5 6 7 Total</td>
</tr>
<tr>
<td><strong>Week 9: starting daily step count:......</strong></td>
<td><strong>Target for at least 3 days:......</strong></td>
</tr>
<tr>
<td><strong>Day</strong></td>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>1</td>
<td>2 3 4 5 6 7 Total</td>
</tr>
<tr>
<td><strong>Week 10: starting daily step count:......</strong></td>
<td><strong>Target for at least 3 days:......</strong></td>
</tr>
<tr>
<td><strong>Day</strong></td>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>1</td>
<td>2 3 4 5 6 7 Total</td>
</tr>
<tr>
<td><strong>Week 11: starting daily step count:......</strong></td>
<td><strong>Target for at least 3 days:......</strong></td>
</tr>
<tr>
<td><strong>Day</strong></td>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>1</td>
<td>2 3 4 5 6 7 Total</td>
</tr>
<tr>
<td><strong>Week 12: starting daily step count:......</strong></td>
<td><strong>Target for at least 3 days:......</strong></td>
</tr>
<tr>
<td><strong>Day</strong></td>
<td><strong>Steps</strong></td>
</tr>
<tr>
<td>1</td>
<td>2 3 4 5 6 7 Total</td>
</tr>
</tbody>
</table>

**What next?**

For information on how to get active in your local area go to: [www.activescotland.org.uk](http://www.activescotland.org.uk)