

**April 2022**

# **MHPP Evaluation**

**Moving Medicine Final Report of Findings**

Ipsos & National Centre for Sport & Exercise Medicine



# Contents

<b>Executive summary</b> .....	<b>3</b>
<b>1 Introduction &amp; Methodology</b> .....	<b>9</b>
<b>Overview of Moving Medicine</b> .....	<b>9</b>
<b>Evaluation objectives</b> .....	<b>10</b>
<b>Purpose of this report</b> .....	<b>10</b>
<b>Evaluation methods</b> .....	<b>11</b>
<b>2 Process learnings</b> .....	<b>15</b>
<b>Monitoring information</b> .....	<b>15</b>
<b>Characteristics of HCPs using the Moving Medicine resources</b> .....	<b>19</b>
<b>How HCPs are using the Moving Medicine resources</b> .....	<b>20</b>
<b>Views and experience of the Moving Medicine resources</b> .....	<b>25</b>
<b>3 Evaluation evidence of short-term outcomes</b> .....	<b>30</b>
<b>Primary COM-B outcomes</b> .....	<b>30</b>
<b>Evidence of increased capability</b> .....	<b>32</b>
<b>Evidence of increased opportunity</b> .....	<b>34</b>
<b>Evidence of increased motivation</b> .....	<b>35</b>
<b>4 Evaluation evidence of medium / long-term outcomes</b> .....	<b>38</b>
<b>Conversations about physical activity becoming more widespread in clinical practice</b> .....	<b>38</b>
<b>The promotion of Moving Medicine</b> .....	<b>40</b>
<b>Impact of Moving Medicine resources on patient outcomes</b> .....	<b>42</b>
<b>5 Moving Medicine’s place within the MHPP programme</b> .....	<b>44</b>
<b>Integration of Moving Medicine in the MHPP programme</b> .....	<b>44</b>
<b>Sustainability of the Moving Medicine resources</b> .....	<b>45</b>
<b>6 Conclusions</b> .....	<b>47</b>

# Executive summary

## Introduction

In 2018, the Faculty of Sport and Exercise Medicine (FSEM) launched the online resource, ‘Moving Medicine’ (<https://movingmedicine.ac.uk/>), working in partnership with Public Health England (PHE), now the Office for Health Improvement and Disparities (OHID), and Sport England to do so. This website is a clinician-facing online resource to enable healthcare professionals (HCPs) to speak to patients about physical activity. The website has been co-developed with over 800 medical and academic experts, and patients and is endorsed by a number of the medical Royal Colleges. It is centred around 17 consultation guides (with four more planned) which form the focus of the evaluation, though additional resources are available on the website including patient-facing materials, the Active Hospitals toolkit, and the Active Conversations online training course. Three microsites have recently been developed to provide geographic-specific information. The Moving Medicine resource is one workstream within the Moving Healthcare Professionals Programme (MHPP), led by OHID and Sport England.

## The Evaluation

Ipsos and the National Centre for Sport and Exercise Medicine were commissioned to evaluate Phase Two of the MHPP programme in 2019. The evaluation objectives for the MHPP programme, and each workstream within it are:

- **Understand the processes** behind effective delivery.
- **Assess the impact** of the programme and its constituent workstreams, overall and on specific outcomes including increasing the capability, opportunity and motivation for HCPs to integrate physical activity as a routine part of clinical care for the prevention and management of long-term conditions.
- **Enable continuous learning and improvement** to inform ongoing delivery and decision-making.

This report concludes the evaluation activities for the Moving Medicine workstream. It is based on the following evaluation activities:

- An online pop-up survey placed on the Moving Medicine website: 79 survey completes were secured with users – 70 of which were with HCPs.
- In-depth qualitative interviews with 14 HCPs who were users of the website – recruited via the survey.
- In-depth qualitative interviews with two Moving Medicine Ambassadors, recruited via FSEM. Ambassadors are users of the website who have joined a closed Facebook group to share learning on how to improve physical activity conversations across the NHS.
- In-depth qualitative interviews with four stakeholders, including two representatives from FSEM and two individuals involved in the development of the Moving Medicine resources.
- An in-depth interview with an OHID representative to provide updates on recent workstream activities and plans for sustainability.

- Analysis of data available about website performance on the Google Analytics platform.

All fieldwork took place between March 2021 and March 2022.

## Process learnings

### Use of the resources

**The Moving Medicine website has had approximately 152,292 users since its launch** (in October 2018 to 31 March 2022). On average, Moving Medicine attracts approximately 3,600 users per month.

The survey data shows **the website attracts a broad range of HCPs (and some non-HCPs), though allied health professionals make up the largest proportion of users** (44%) (followed by doctors, 31%). Moving Medicine therefore appears to target a different profile of HCPs compared to other MHPP workstreams, with PACC<sup>1</sup> most commonly attracting doctors, and the HEE e-learning modules appealing most to nurses and midwives.

A high proportion (60%) of the survey respondents 'nearly always' promote physical activity to their patients, suggesting that **the resource attracts (or is known by) HCPs who are already engaged with the subject matter** – a view which was corroborated by the qualitative interviews.

**HCPs most commonly hear about Moving Medicine through word-of-mouth.** Only seven percent of HCPs had heard about Moving Medicine during PACC training (though not all HCPs taking part in the survey will have undertaken PACC training).

The most popular webpages appear to be the homepage, followed by 'Patient info finder', 'Find the right consultation', and the COVID recovery pages. The most popular consultation guides appear to be **MSK, depression, cancer and type 2 diabetes**.

**A high proportion of the website's users are classified as 'new'** according to Google Analytics. These could be individuals who retain knowledge from their first visit and do not feel the need to return, or who do not see value in the website. This is in contrast to the survey data where the majority of respondents were returning users. It is possible that HCPs who more regularly use the website were also more likely to respond to the survey though there are inaccuracies in the Google Analytics data as detailed in the body of the report. **Over two-fifths of the survey respondents (43%) use the consultation guides at least once a week or more**, returning to use the resources during patient consultations or between appointments, to remind themselves of things to say in their next consultation.

**There are some signs that interest in the website is waning over time** with an increase in bounce rate (the proportion of users who click away from the website after only visiting one webpage), and a decline in the time spent on the site, and the number of pages viewed per visit. Such declines are seen among both new and returning users. These trends could reflect the unique time-pressures facing HCPs during the COVID-19 pandemic, or perhaps be a consequence of promotional activities targeting different HCPs with varying levels of interest, though the explanation for these trends is not apparent from the data available.

### Views on the resources

The evaluation data suggests that **the Moving Medicine resources are viewed very positively among HCPs**. The HCPs surveyed and interviewed positively commented on the website and consultation

---

<sup>1</sup> Physical Activity Clinical Champions: a peer-to-peer training programme

guides being: tailored to the amount of time they had; easy to read and use; well-designed; evidence-based; and several mentioned the PDF resources for patients as being particularly useful.

Compared to other workstreams within the MHPP programme (PACC and e-learning), the Moving Medicine resources are the most highly advocated, with 63% of those completing the survey rating it 10 out of 10 (based on 70 HCPs). Based on interim data, as of March 2022, 41% of PACC attendees (based on 185 HCPs) and 40% of those using the HEE e-learning resources (based on 75 HCPs) would give these respective resources an advocacy rating of 10 out of 10. This is notably less than for Moving Medicine.

While most of the feedback received on the Moving Medicine resources was positive, some constructive criticism was also received. This feedback included the following suggestions: additional consultation guides for mental health conditions (one on anxiety is imminently due for release); updates on research in the field; more clearly connecting with other resources (including from the wider MHPP programme); a patient-facing section of the website; additional signposting to local activities in support of populations being more physical active (available as part of the geography-specific microsites); making navigation of the website even easier; helping HCPs set goals around promoting physical activity; and providing promotional materials in other languages. The most common suggestion, however, was **better promotion of the website to further its reach**, with the sense being that it was not well known as a resource.

### Intended short-term outcomes

There is evidence to suggest that the **Moving Medicine resources are helping to increase the capability and motivation of HCPs to have conversations about physical activity with patients, specifically their knowledge, skills and confidence** around how to have these conversations. For example, the majority of survey participants reported that use of the consultation guides had increased their skills to engage in brief conversations about physical activity with patients (94%), with two-fifths (40%) saying the consultation guides 'greatly' increased their skills. Nearly all (96%) of the survey participants reported that using the consultation guides had positively impacted their confidence to have brief conversations with patients about physical activity.

The survey findings were supported by interviews with participants describing how Moving Medicine has changed how they approach conversations about physical activity with their patients, with them now placing a much greater focus on exploring patients' motivations for being physically active.

A minority of HCPs surveyed or interviewed were not influenced by the website because they had learnt the principles of the consultation guides elsewhere.

### Intended medium- and long-term outcomes

It is hoped that through Moving Medicine, and other workstreams in the MHPP programme, the promotion of physical activity will become increasingly widespread and standard in clinical practice.

In the survey, the majority (94%) of HCPs say that the adult consultation guides are likely to encourage HCPs to promote physical activity to patients as part of routine consultations, with half (49%) saying they are 'very likely' to encourage HCPs to do this. In the interviews, **HCPs were positive about the potential for Moving Medicine to help conversations about physical activity to become standard practice in clinical care**. Some spoke about how they had taken what they had learnt from Moving Medicine and applied it in their own clinical practice, resulting in them having conversations with patients about physical activity more frequently or having better quality conversations about physical activity.

## Promotion of the resources

The common view was that **more could be done to raise awareness of the Moving Medicine resources** if the ambition was to see conversations about physical activity becoming more commonplace in clinical practice.

Promotion of the resource to date has predominately focused on opportunities presented by conferences, speaking opportunities and journal publications (some of which have been lessened by the impact of the pandemic). The HCPs interviewed had suggestions for promoting Moving Medicine further through more established pathways including: incorporating it into mandatory training such as for all junior doctors or staff training within Trusts; having the resources not only endorsed but more actively promoted by respected bodies in the sector such as the Royal Colleges, the Chartered Society of Physiotherapy, and CCGs; and using existing patient and HCP forums to raise awareness (such as groups focusing on Parkinson's disease).

In addition to these suggestions, the stakeholders interviewed had other suggested means of promoting the resources further including: a more strategic approach to working with Active Partnerships; exploring the potential of working with Academic Health Science Networks; utilising Moving Medicine Ambassadors further; maximising the opportunity to showcase Moving Medicine through other MHPP programmes; connecting with professional networks such as the Social Prescribing Network; and developing further links with the charity sector to promote the resources.

Broadly, it was recognised that promotional activities would need to be multifaceted to reach HCPs less well connected to the physical activity agenda and **to 'preach beyond the converted'**. And that Moving Medicine would need **the professional bodies to come behind it in a significant way** to gain traction on a greater scale than seen presently.

## Impact on patients' physical activity

Generally, the HCPs interviewed felt the approach they had learned through Moving Medicine was **effective at encouraging patients to become active**. Whilst the HCPs interviewed could not attribute changes in their patients' behaviour directly to their use of the Moving Medicine resources, they could provide **examples where patients had walked more or joined a gym having spoken about physical activity**, and in follow-up consultations these patients had reported improved mental and physical health as a result.

## Moving Medicine's place within the MHPP programme

The MHPP programme was devised as a **"whole-system educational approach"** (encompassing professional development) to embed physical activity promotion into clinical practice<sup>2</sup>. As set out in the paper by Brannan et al. (2019), Moving Medicine was devised as a means to develop the clinicians of today through the provision of resources and postgraduate education. The Undergraduate Curriculum workstream was originally devised as an upstream intervention to support the clinicians of tomorrow. PACC was conceived to provide face-to-face peer education, and was considered by one stakeholder as a means of 'activation training' such that HCPs could see how to utilise the content of Moving Medicine in practice. And e-learning was an additional mechanism to aid continuing professional development for those who preferred to study remotely.

---

<sup>2</sup> Brannan et al. (2019) Moving healthcare professionals – a whole system approach to embed physical activity in clinical practice. *BMC Medical Education*

In reflecting on the design of the wider MHPP programme, some of the stakeholders interviewed described what they saw as a **departure from this original vision**. These stakeholders felt that, over time, the MHPP programme has become less of an overarching programme and more of a series of individual work packages. They described a lack of collaboration between the different work packages and a loss of interface between them.

All four stakeholders expressed an appetite for **greater integration of work packages** within the MHPP programme. This could be achieved in a number of ways, for example, through Moving Medicine being part of the undergraduate curriculum, though stakeholders most commonly discussed the need for Moving Medicine to take greater prominence in the PACC training.

Two stakeholders speculated about whether **Moving Medicine could become a unifying brand** for the MHPP programme. In this scenario, Moving Medicine would be the 'hub' for other activities such as providing a means through which to book PACC training, linking to the e-learning modules, and hosting the Active Hospitals Community of Practice (so far developed and hosted by the NHS Transformation Unit). It was felt this would simplify how HCPs could access support with regards to the promotion of physical activity in clinical practice, and it would allow the workstreams to amplify each other rather than co-exist. It is important to note that a small sample of four stakeholders were interviewed, some of whom were linked to FSEM.

### Sustainability of the Moving Medicine resources

The second phase of the MHPP programme will come to a close in late 2022 with funding for the Moving Medicine resources no longer available through this route. FSEM are presently considering a number of options for the continuation of the resources, including: building on the paid-for training available on the website; developing further paid-for microsites; developing further paid-for international versions of the website; and securing direct funding for the continued development, hosting and promotion of the site.

## Conclusions

Key findings from the evaluation of the Moving Medicine resources are as follows:

- Feedback on the website is overwhelmingly positive and HCPs can articulate how their practice has been positively impacted as a result of engaging with it, most notably an increased confidence to discuss physical activity, a better understanding of how to broach the subject of physical activity with patients and to have better quality conversations as a result. There is some anecdotal evidence that HCPs using the Moving Medicine resources can result in the desired outcome of patients becoming more physically active though there are limitations to this evidence.
- Users of the website have suggested improvements though if no further changes were made, the resources would still be popular among HCPs and would remain a welcome addition to the sector.
- Evaluation evidence suggests the Moving Medicine resources are likely to attract HCPs who are already interested in physical activity. A core part of the communications strategy for Moving Medicine should focus on how it is marketed to HCPs who are less engaged in the subject matter. Indeed, maximising the impact of the Moving Medicine resources is predicated upon a more comprehensive promotional strategy than has been seen historically.
- There are opportunities for greater alignment of Moving Medicine with other MHPP workstreams – most notably through PACC, and the Undergraduate Curriculum. It was the view of all four

stakeholders interviewed that such integration would better fulfil the broader ambition of the MHPP programme as originally devised.



# 1 Introduction & Methodology

## Overview of Moving Medicine

Public Health England (PHE), now the Office for Health Improvement and Disparities (OHID), alongside Sport England, commissioned the Faculty of Sport and Exercise Medicine (FSEM) in 2017 to develop a clinician-facing online resource to enable healthcare professionals (HCPs) to speak to patients about physical activity and how to have these conversations depending on their available time (a ‘1-minute conversation’, ‘5-minute conversation’ or ‘more minutes’). FSEM developed the ‘Moving Medicine’ online resource (<https://movingmedicine.ac.uk/>) which provides HCPs with up-to-date information about physical activity, with practical step-by-step guides to help HCPs engage in quality conversations with patients. Patient-facing information and resources are also available on the website for HCPs to share with their patients.

The Moving Medicine website content is evidence-based and has been co-developed with over 800 medical and academic experts, and patients in a significant process of iterative co-design which is ongoing as new content is created. The ambition of the Moving Medicine resources is to, ‘make physical activity a core part of everyday healthcare’ and ‘change the way healthcare professionals approach physical activity conversations from, ‘what’s the matter with you?’, to ‘what matters to you?’<sup>3</sup>.

The website, which is endorsed by a number of the medical Royal Colleges<sup>4</sup>, was developed as part of Phase One of the Moving Healthcare Professionals Programme (MHPP). It was launched in October 2018 at the International Society for Physical Activity and Health Congress. OHID extended its contract with FSEM to continue funding the Moving Medicine resources until October 2022, with expected completion of the website and associated deliverables by this point in time.

Seventeen adult consultation guides are now available on the Moving Medicine website, broken down by the time available to the HCP (‘1-minute’, ‘5-minute’ and ‘more-minute conversations’) for the following conditions:

1. Amputee (new in Phase 2)
2. COPD
3. Cancer
4. Dementia
5. Depression
6. Falls and Frailty
7. Hospital associated deconditioning (new in Phase 2)
8. Inflammatory Rheumatic Disease
9. Ischaemic Heart Disease
10. MSK pain
11. Parkinson’s (new in Phase 2)
12. Perioperative care (new in Phase 2)
13. Postnatal (new in Phase 2)
14. Pregnancy (new in Phase 2)
15. Primary Prevention
16. Stroke (new in Phase 2)
17. Type 2 diabetes

<sup>3</sup> FSEM’s Moving Medicine strategy for 2021-2023

<sup>4</sup> Royal College of General Practitioners, Royal College of Physicians, Royal College of Nursing, The Royal College of Surgeons, Academy of Medical Royal Colleges, and the Chartered Society of Physiotherapy

Seven of these adult consultation guides are new as of Phase 2 (as indicated above). Four new consultation guides are planned on obesity, menopause, anxiety, and type 1 diabetes. Updates to existing modules from Phase 1 are also intended for 2022. Seven consultation guides for children and young people are also available on the website though these were not funded by OHID and Sport England and thus do not form part of this evaluation.

A number of other resources are hosted on the Moving Medicine website, and these also fall outside the focus of the evaluation activities which centre around use of the consultation guides. These other resources include the Active Hospitals toolkit, the online Active Conversations course, and Covid Recovery.

In recent months, a number of microsites have been developed (for Oxford, Calderdale and Scotland) that have information specifically tailored to these regions. A microsite for Birmingham is presently in development. A version of the Moving Medicine website has also been created for the Australian market in conjunction with the Australasian College of Sport and Exercise Physicians.

## Evaluation objectives

Ipsos and the National Centre for Sport and Exercise Medicine were commissioned to undertake an evaluation of Phase Two of the MHPP programme in 2019. Moving Medicine is one of several workstreams within the MHPP programme. The objectives for the evaluation (which also apply to this workstream) are to:

- **Understand the processes** behind effective delivery. This includes success factors, barriers and learnings, alongside what is required to support scale, spread and sustainability of individual workstreams and the programme overall.
- **Assess the impact** of the programme and its constituent workstreams, overall and on specific outcomes including increasing the capability, opportunity and motivation for HCPs to integrate physical activity as a routine part of clinical care for the prevention and management of long-term conditions. Where possible, measure the effectiveness in increasing patient physical activity levels, reducing sedentary behaviour, and improving health and well-being outcomes.
- **Enable continuous learning and improvement** to inform ongoing delivery and decision-making, including implementing the programme and workstreams effectively at scale.

## Purpose of this report

This report concludes the evaluation activities for the Moving Medicine workstream. It provides findings on perceptions of the Moving Medicine resources among HCPs, use of the resources by HCP groups, and evidence of the outcomes and impacts of the Moving Medicine resources according to the evaluation logic model (presented in Chapter 3).

Since the evaluation activities for this workstream began in March 2021, some data from non-HCPs using the Moving Medicine resources (for example, Social Prescribing Link Workers) has been collected in addition to data collected from HCPs. As the focus of the evaluation is about the impact of the resources on HCPs, unless otherwise specified, findings in this report only include HCPs and exclude non-HCPs.

This report has been co-developed by Ipsos and the National Centre for Sport and Exercise Medicine based on independent evaluation evidence. It has been reviewed by OHID with clarity added where required.

## Evaluation methods

The following evaluation activities were completed.

### Pop-up survey

**An online pop-up survey** was live on the Moving Medicine website from 1 March to mid-November 2021 (9.5 months). The survey pop-up displayed when a user of the website placed their cursor to click away from the resources or close the webpage. The 5-minute survey asked HCPs about their views and experiences of using the Moving Medicine resources and specifically whether using the adult consultation guides affected their capability, opportunity and motivation to promote physical activity to their patients.

On 22<sup>nd</sup> June 2021, the survey was amended to allow non-HCPs to participate, although the survey was routed to skip questions that were specific to HCPs.

The survey was used to collect consent to be re-contacted to be invited to take part in a qualitative interview as part of the evaluation.

**79 survey completes were achieved, 70 of which were from HCPs and 9 of which were non-HCPs.**

An interim report for this workstream was produced in September 2021. Since the interim report was written, an additional 10 HCPs and five non-HCPs completed the survey and thus the quantitative findings in this report do not differ significantly from those already relayed to OHID.

Survey findings are outlined throughout this report – please bear in mind the relatively low number of responses when reading these which means findings should be interpreted with caution. Where possible, we have sought to triangulate findings from the survey with qualitative data collected through HCP interviews.

A profile of the survey completes is shown in the table below:

**Table 1.1: Profile of pop-up survey participants<sup>5</sup>**

Participant characteristic	Number of survey completes
<b>HCP/non-HCP</b>	
<b>TOTAL</b>	<b>79</b>
HCP	70
Non-HCP	9
<b>Role</b>	
Allied health professional	31
Doctor	22
Nurse	7
Midwife	1
Pharmacist	1
Other HCP	8
Social prescribing link worker	4
Exercise instructor	2

<sup>5</sup> Please note the questions about setting and region were multi-coded, meaning participants could select more than one answer.

Other non-HCP <sup>6</sup>	3
<b>Setting</b>	
Primary care	29
Secondary care	37
Tertiary care	12
Other setting (not specified)	13
None of these	1
<b>Region</b>	
South West	16
North East	14
South East	13
Midlands	12
London	10
East of England	8
Yorkshire	5
North West	5

Please note, the data reported is from the 70 HCPs who have completed the survey and does not include the 9 non-HCPs.

### Interviews with HCPs

**In-depth interviews** took place between June and November 2021 with HCPs who had used the Moving Medicine resources. Interviewees were recruited from the pool of participants who agreed to be re-contacted in the pop-up survey.

The interviews provided more depth to the evaluation findings and sought to understand:

- the participant's role and organisation;
- the local context relating to physical activity;
- previous experiences of having conversations with patients about physical activity;
- usage and views of the Moving Medicine resources; and,
- perceived impact on their own clinical practice as well as impact on their patients.

Interviews took place by telephone or video-conferencing software and were on average 30 minutes in length. The interviews were transcribed and placed into an analysis spreadsheet to enable thematic analysis, and analysis sessions were held with the moderators of the interviews to discuss emerging findings.

**Fourteen interviews with HCPs were completed; a further three since the interim report.** A profile of these participants is shown in table 1.2 below.

The quotas set for the interviews were broadly achieved. Due to high advocacy ratings of the consultation guides in the survey, it was challenging to recruit HCPs who were not likely to recommend the guide to others. All 14 HCPs interviewed fell into the quota of 'likely to recommend' based on giving the website at least 6 out of 10 where 10 was 'would definitely recommend'. Of the 14 HCPs interviewed,

<sup>6</sup> These roles were: member of an Active Partnership, tutor, and physical activity co-ordinator

nine scored the website 9 or 10. Five gave it a score of 6 to 8 meaning the views of some individuals who were *relatively* less likely to advocate the website were included in the evaluation.

No HCPs based in London were interviewed as part of the evaluation. While 10 HCPs who completed the survey were based in London, only one consented to be re-contacted regarding the qualitative interviews and this lead did not result in an interview. Though the views of doctors, nurses and midwives were included in the qualitative interviews, the quota for these groups was not met given the smaller number of survey completes among these professionals compared to allied health professionals.

**Table 1.2: Profile of interviewed HCPs**

	Completed interviews	Quota
<b>Consultation guide used</b>		
Consultation guides (type of condition) used	A range of consultation guides used	A mix across the consultation guides, covering a variety of health conditions
Length of consultation guides used	A range of consultation guide lengths used	A mix across the consultation guide lengths ('1-minute', '5-minute', and 'more minutes')
<b>Region</b>		
North	6	A mix across 4 broad regions in England: North, Midlands and East, South, and London
South	6	
London	0	
Midlands and East	2	
<b>Healthcare professional type</b>		
Nurses & midwives	1	At least 3
Doctors	2	At least 3
AHPs	7	At least 3
Other healthcare professionals (including pharmacists & dentists)	3	At least 3
<b>Likelihood to recommend</b>		
Not likely to recommend the consultation guides (those who score 0-5 at the EXPERIENCE question)	0	At least 2
Likely to recommend the consultation guides (those who score 6-10 at the EXPERIENCE question)	14	At least 2
<b>User type</b>		
First-time users of the website	4	At least 3
Have used the website more than once	10	At least 3

### Interviews with Moving Medicine ambassadors

There is a Facebook network, made up primarily of HCPs, with 190 members called the 'Moving Medicine Ambassador Group'. This group was created by FSEM for HCPs to support one another and share learning on how to improve physical activity conversations across the NHS. There is a page on the Moving Medicine website which sets out how HCPs can become ambassadors through joining the Facebook network.

**Two Moving Medicine ambassadors were interviewed** in January to March 2022. FSEM sent a request to ambassadors to contact the evaluation team directly if they were willing to be interviewed. The two individuals interviewed (a physiotherapist, and a Local Delivery Pilot programme manager – a Sport England initiative) made regular use of the Moving Medicine resources including the Active

Conversations training (which may explain their decision to become an ambassador of the site). The same discussion guide used for the HCP interviews were used with these ambassadors.

These interviews were completed following the interim report was delivered and therefore findings have not been reported previously.

### Interviews with stakeholders

**Four stakeholders were interviewed** between November 2021 and January 2022. This included two representatives from FSEM and a further two individuals who were involved in the development of the Moving Medicine resources. These interviews explored process learnings from the development and ongoing refinement and promotion of the Moving Medicine website, as well as examined its fit within the wider MHPP programme.

In addition to these stakeholders, an **OHID representative was interviewed** to update the evaluation team on recent workstream activities and plans for sustainability.

These interviews were completed after the interim report was delivered and therefore findings have not been reported previously.

### Analysis of Monitoring Information

The evaluation team had access to FSEM's monitoring information, which is automatically collected via the Google Analytics platform. Data from the monitoring information is also presented in this report. The monitoring information provides insight into:

- The number of users of the Moving Medicine website, and proportion of new users
- Engagement (e.g. number of pages viewed per session, average length of time per session)
- Geographical spread of users by country
- Popularity of different web pages

## 2 Process learnings

A key element of the evaluation is understanding the processes behind successful delivery of Moving Medicine. This chapter covers the key outputs achieved by the Moving Medicine workstream, describes the types of HCPs who are using the resources, explores how HCPs are currently using the resources, and views and experiences of using the resources.

The evaluation aims to answer the following process-related questions:

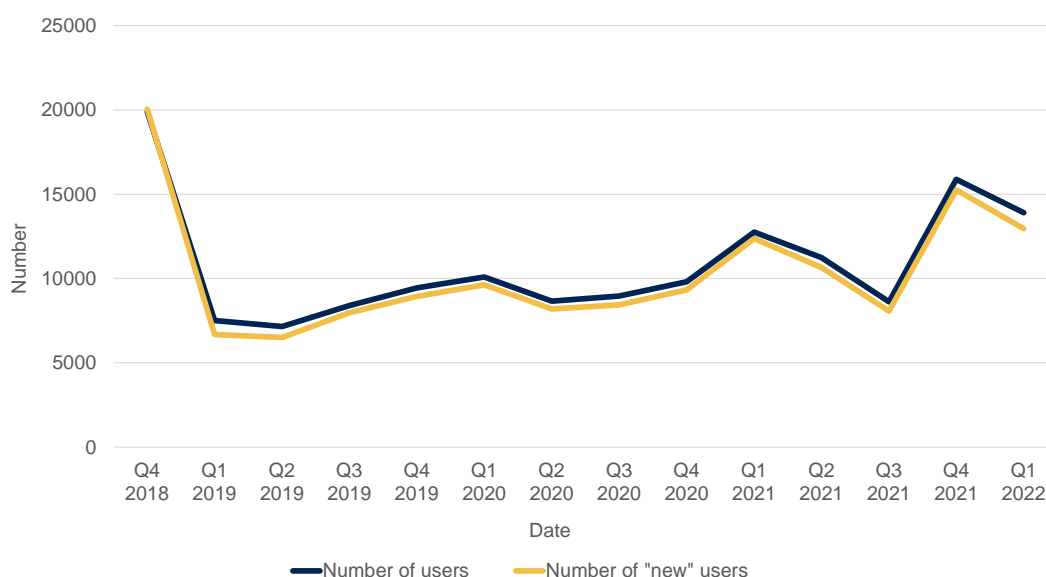
- How many HCPs are using the resource?
- Who is using the Moving Medicine resource, and where in the country are they (what is the geographical spread)?
- How did HCPs hear about the resource?
- How are HCPs using the resource? E.g. which elements of the resource are most used, when, why?
- What are HCPs' experiences of using the Moving Medicine resource?
- What are the enablers and barriers to using the Moving Medicine resource?
- What learning and improvements are required, if any?

### Monitoring information

The following section outlines key descriptive statistics relating to the use of the Moving Medicine website taken from the Google Analytics platform. As indicated in the discussion below, there are a number of inaccuracies inherent in Google Analytics data and therefore greater interest should be paid to trends in the data as opposed to absolute figures.

**The Moving Medicine website has had 152,292 users since its launch** (in October 2018). The number of users has fluctuated over time with a number of particular peaks. Most notably, at the website launch in Q4 2018, in Q1 2021, and in Q4 2021 (see figure 2.1). The postnatal consultation guide was released in Q1 2021, and the perioperative guide was released in Q4 2021 which may explain these peaks in website activity, but the launch of other consultation guides does not translate to higher user numbers and thus there is no clear link between the number of website users and the release of new guides. Instead, these peaks are likely to be associated with promotional activities at conferences, such as the launch in October 2018 at the International Society for Physical Activity and Health Congress.

On average, Moving Medicine attracts approximately 3,600 users per month (based on the number of users over the 42 months it has been live up until the end of March 2022).

**Figure 2.1: Number of total and new users (1 October 2018 – 31 March 2022)**

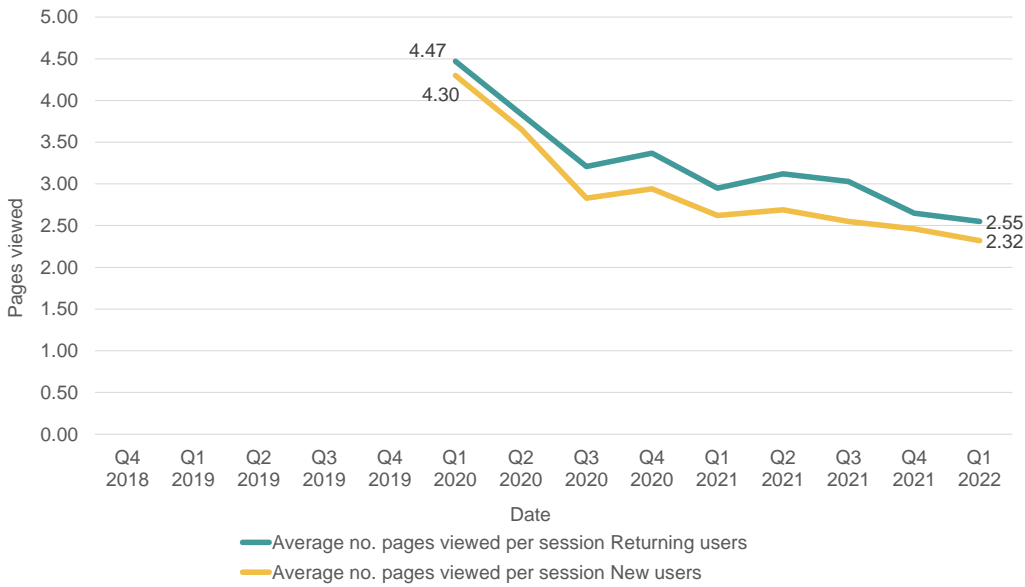
**A high proportion (95%) of the website’s users are classified as ‘new’.** There are, however, limitations in the data collected via Google Analytics such that a user who returns to the website via a different browser, on a different device, or in incognito mode all count as ‘new’ despite being a returning user. Whilst there are limitations in the accuracy of the Google Analytics data, it does appear that a high proportion of users are new to the site. It could be that individuals visit the website but do not see value in it, or that individuals retain knowledge from their first visit and do not feel the need to return.

**The average number of pages viewed per session since October 2018 is 3.39 pages.** However, the number of pages viewed per session has declined over time – and this is true for both returning users and new users<sup>7</sup>. In Q1 2020, returning users viewed 4.47 pages per session on average and new users viewed 4.3 pages per session. This has declined to 2.55 and 2.32 pages per session respectively in Q1 2022. It could be theorised that returning users view fewer pages as they know the content they are specifically returning to view, though it is unclear why a comparative decline would also be seen among new users, though (as aforementioned) some of these ‘new’ users could indeed be returning users. This could reflect time pressures facing many HCPs due to the COVID-19 pandemic.

<sup>7</sup> Note: Data on the number of pages viewed per session according to whether the user was returning or new is only available from Q1 2020

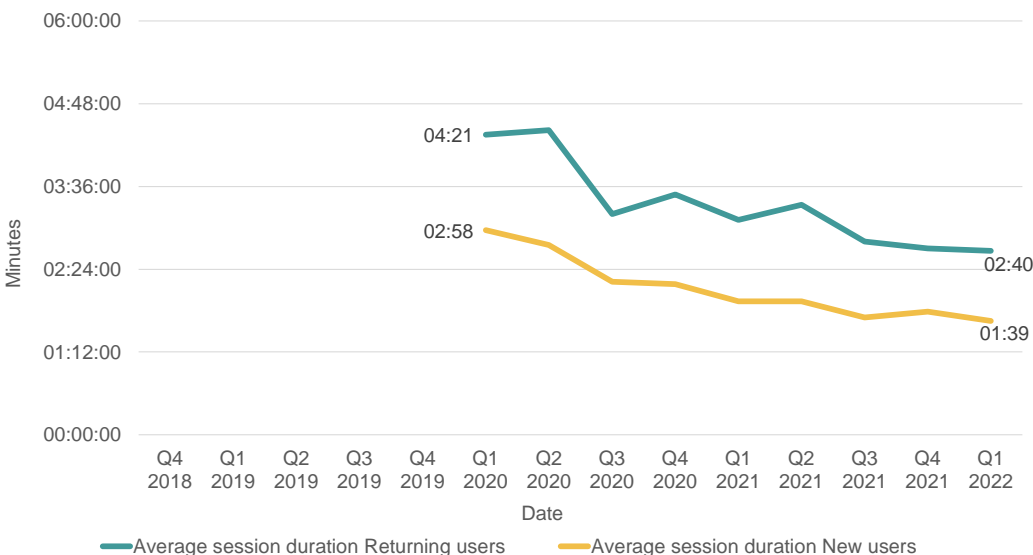


**Figure 2.2: Average number of pages viewed per session by returning and new users (1 January 2020 – 31 March 2022)**



Since the website’s launch, on average, users spend 2 minutes and 47 seconds on the site. The absolute figures taken from Google Analytics are inaccurate as users are assigned a session duration of 0 seconds if Analytics cannot calculate the time spent by a user on the website. Whilst the absolute figures shown below may not accurately reflect the time spent on the website, the trend data is still of interest. As seen for pages viewed per session, there has been a decline in the amount of time spent on the website over time. Again, it could be theorised that returning users spend less time on the website as they are more efficient in finding the information they require, but a decline in time on the site is also evident among new users. This could potentially reflect the time constraints facing many HCPs due to the COVID-19 pandemic. In Q1 2020, returning users spent an average of 4 minutes and 21 seconds on the site. This has fallen to 2 minutes 40 seconds in Q1 2022. And for new users the equivalent figures are 2 minutes 58 seconds in Q1 2020 and 1 minute 39 seconds in Q1 2022.

**Figure 2.3: Average session duration by returning and new users (1 January 2020 – 31 March 2022)**



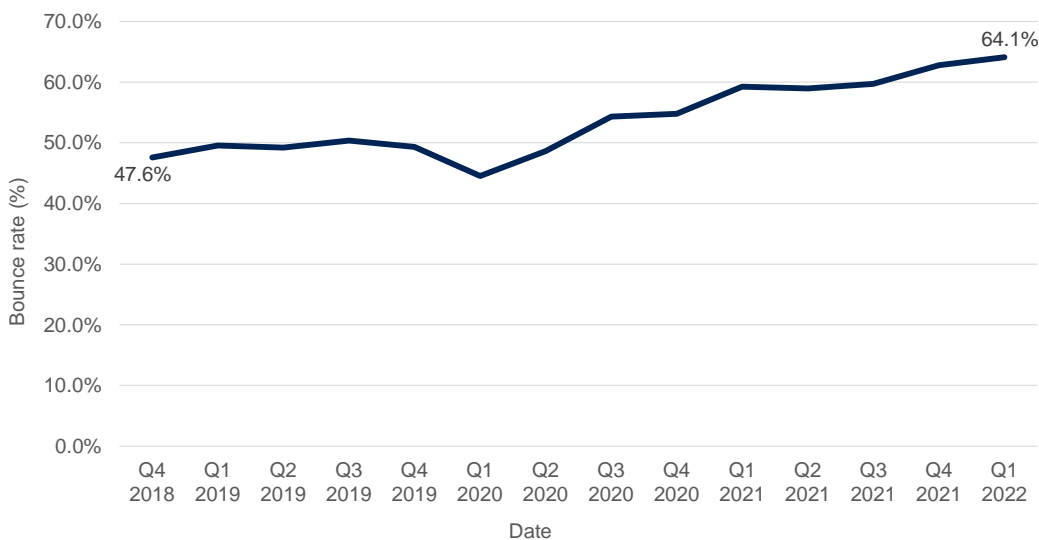
**The table below shows the proportion of sessions spent on the Moving Medicine website according to duration.** This suggests that a high proportion of sessions last 0-10 seconds (57% since the website’s inception and 65% in the past year). As aforementioned, Google Analytics will assign a session duration of 0 seconds if it is not possible to calculate the time spent by a user on the website. It is not possible to remove this data and this will therefore be skewing the data seen though it does indicate that users are most commonly clicking on the website and exiting quickly. The data also suggests that this behaviour is becoming more common over time.

**Table 2.1: Duration spent per session on Moving Medicine website**

Duration of session	Proportion of sessions	
	Since launch (1 October 2018 – 31 March 2022) (base: 223,032)	Past year (1 April 2021 – 31 March 2022) (base: 69,682)
0-10 seconds	57%	65%
11-30 seconds	6%	6%
31-60 seconds	6%	5%
Over 1 minute - up to 3 minutes	12%	9%
Over 3 minutes - up to 10 minutes	10%	8%
Over 10 minutes - up to 30 minutes	6%	5%
Over 30 minutes	2%	1%

**The bounce rate of the website has been increasing.** In Q4 2018 the bounce rate was 47.6% which has increased steadily to 64.1% in Q1 2022 – its highest yet. The bounce rate measures the proportion of users who click away from the website after only visiting one webpage. What is considered a favourable bounce rate depends on the nature of the website. A homepage where most of the content is contained in one place and does not require clicking through to access further content will inevitably have a high bounce rate. Moving Medicine’s homepage does require users to click through to access further content, though users might not come through to the homepage if they are directed to a specific section of the website. Again, the data from Google Analytics here is most useful, not for absolute figures, but for identifying a trend in how users are interacting with the website over time.

**Figure 2.4: Bounce rate (1 October 2018 – 31 March 2022)**



These trends over time could be impacted by the profile of professionals accessing the website and thus how relevant the content is to them. It could also therefore be impacted by promotional activities which have targeted certain HCPs over others. It is not possible to assess how the profile of different professions accessing the website has changed over time through Google Analytics, though this analysis could warrant further discussion to understand promotional activities and their impact.

### Characteristics of HCPs using the Moving Medicine resources

It is not possible from analysis of the Google Analytics monitoring information to ascertain whether all users of the Moving Medicine website are HCPs or what their specific roles are. However, the survey responses can give us an indication as to the type of HCPs using the resources.

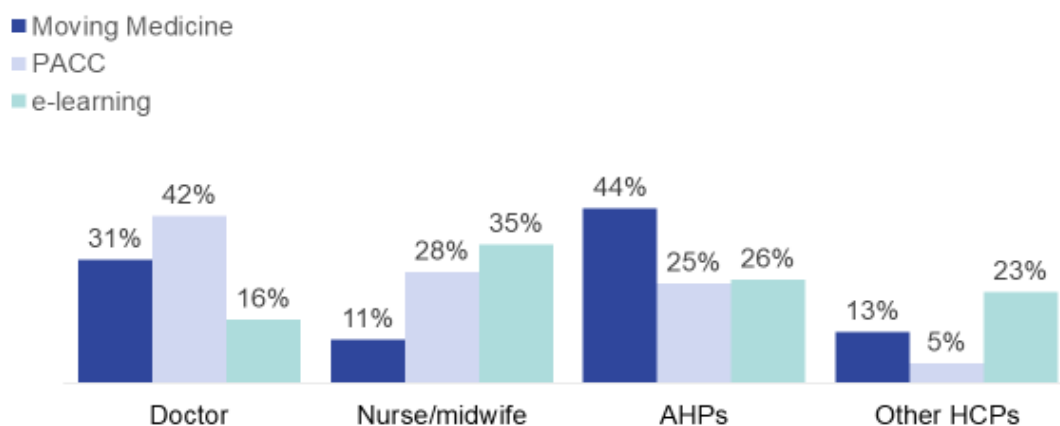
#### Role and setting

The survey data suggests that the Moving Medicine resources are **being used by a wide variety of HCPs and some non-HCPs**. Survey responses were received from nurses, midwives, doctors, pharmacists, allied health professionals and other health professionals (including public health specialists, and exercise therapists), as well as social prescribing link workers.

**Allied health professionals make up the largest proportion of the survey responses** from HCPs (44%), followed by doctors (31%). The Moving Medicine resources are not specifically tailored to particular HCP roles and the variety of roles among survey participants reflects this; as stated on the website, ‘Moving Medicine resources will be made freely available to as many people as possible worldwide’.

**Moving Medicine appears to target a different profile of HCPs compared to the PACC and the HEE e-learning modules.** Moving Medicine appears to be most used by allied health professionals, whilst PACC most commonly attracts doctors, and the HEE e-learning modules most commonly attracts nurses and midwives. Note, a high proportion of users of the HEE e-learning modules are non-HCPs which are not shown in the chart below. Additionally, caution should be taken when interpreting the profile data for Moving Medicine as this is based on survey data and thus reflects the profile of those responding to the survey rather than the known profile engaging with the resource. The PACC and e-learning profile data are more reliable as they are based on audit/monitoring data of attendees and users.

**Figure 2.5: Profile of HCPs engaging with different MHPP workstreams**



Base: Moving Medicine: 70 HCPs surveyed, PACC training: 15,836 trained HCPs in audit data, HEE e-learning: 2,155 HCPs in monitoring data

In addition to role, the survey data suggests there is a **variety of settings in which users work, with some working across different settings**. Half of HCPs who participated in the survey work in secondary care settings (51%), 39% in primary care and 17% in tertiary care.

### Geographical spread

Google Analytics data show that **the majority of Moving Medicine users are based in the UK (75%)**. This is based on data since its launch (1 October 2018 to 31 March 2022). It is also used internationally with 6% of users based in the USA, 3% based in Australia and 2% based in Ireland. All other countries represent less than 1% of users each.

Within the UK, **the majority are based in England (87%)**, followed by Scotland (7%), Wales (4%) and Northern Ireland (1%).

The survey data suggests that the Moving Medicine resources are being accessed across the country, with responses received from HCPs working in all major regions across England, most commonly the South West (21%), the South East (17%), the Midlands (16%) and the North East (16%). Participants also work in London (11%), the East of England (10%), the North West (7%), and Yorkshire (7%).

### Likelihood to promote physical activity to patients

In the survey, HCPs were asked on a scale of 0 to 10 how often they promote physical activity to their patients who have, or are at risk of developing, long-term conditions (with 0 being 'never' and 10 being 'nearly always'). Three-in-five (60%) said they 'nearly always' do this, rating the maximum of 10 out of 10. Additionally, a quarter (26%) of HCPs rated themselves as 8 or 9. **This suggests that the Moving Medicine resources attracts (or is known about by) HCPs who are promoting physical activity to their patients on a regular basis**. One stakeholder interviewed commented that they suspected (based on their experience of talking to HCPs at conferences), that Moving Medicine attracts HCPs who are already interested in physical activity, and the challenge was to promote it among those who are not such advocates of the cause.

Ten percent of HCPs, however, rate themselves as 7 or under for how often they promote physical activity to their patients, which suggests there are some HCPs using the resources who could be promoting physical activity more often. It should be borne in mind that this is based on relatively few (70) completed surveys, and that these HCPs may be atypical in their frequency of promoting physical activity to patients.

When compared to other MHPP workstreams, it appears users of Moving Medicine are more commonly promoting physical activity to their patients compared to those who attend PACC training and users of the HEE elearning resources. Whilst 60% of Moving Medicine users rate themselves 10 out of 10 (equating to 'nearly always' promoting physical activity to their patients), the comparative figures for those attending PACC training and using the HEE elearning modules are 30% and 49% respectively.

## How HCPs are using the Moving Medicine resources

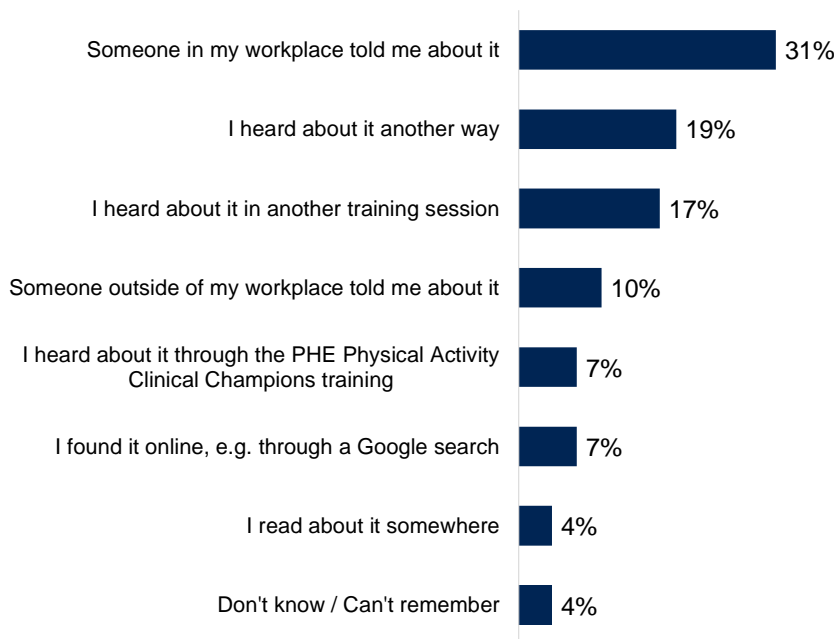
### How HCPs hear about Moving Medicine

**HCPs commonly hear about Moving Medicine through their colleagues**; just under a third (31%) of survey participants say someone in their workplace told them about it. This is supported by the interviews, as participants had often been told about Moving Medicine by a colleague or a colleague had

sent them the link to the website directly. Ten percent of HCPs were told about Moving Medicine by someone outside of their workplace.

A fifth (19%) of HCPs say they heard about the survey ‘in another way’ and were asked to specify – in these cases HCPs had heard about Moving Medicine through newsletters, social media, or in individual cases via LinkedIn, their Masters course, and through a podcast. Seventeen percent of HCPs had heard about Moving Medicine through a training course other than the Physical Activity Clinical Champions (PACC) training, for example a training course as part of a conference, as part of internal training or an academic course. Only seven percent of HCPs had heard about Moving Medicine during PACC training (though not all HCPs taking part in this survey will have undertaken PACC training). The same proportion (7%) had found Moving Medicine online, for example through a Google search.

**Figure 2.6: How HCPs first heard of the Moving Medicine website**



Q. How did you first hear about the Moving Medicine website? Base: HCPs who have used the Moving Medicine resources (70)

Users of the Moving Medicine website most commonly access the site by directly typing the URL into their web browser (46% of users access the website in this way as indicated by Google Analytics data). This suggests their awareness of Moving Medicine is through offline mediums which require them to retain the URL. It should, however, be noted that if Google Analytics cannot recognise the traffic source of a visit that it will be labelled as ‘direct’ and thus this could be an overestimation of the users accessing the website in this way. The next most common means through which users access the website is by searching for it in a search engine such as Google (28% of users access the site in this way). Smaller proportions of users come via links on other websites (15%) and via social media platforms (11%).

Typically the bounce rate associated with social media referrals is higher than for other channels. The proportion of users accessing Moving Medicine via social media has not changed over time and therefore this is not contributing to the increased bounce rate seen over time as discussed earlier.

**Table 2.2: Channels to access Moving Medicine since launch (1 October 2018 – 31 March 2022)**

Channel	User numbers	User %
Direct (users entered the Moving Medicine URL directly into their web browser)	68,426	46%
Organic search (users searched for Moving Medicine on a search engine such as Google)	42,667	28%
Referral (users accessed Moving Medicine through a link on another website)	21,854	15%
Social media (users accessed Moving Medicine through a link on social media)	15,977	11%
Other	822	1%

Of the users who access Moving Medicine through a link placed on another website ('Referral'), they most commonly click through from the Sport England website (which has been the OHID portal for information on the MHPP programme), gov.uk (DHSC, OHID) or FSEM website.

**Table 2.3: Referrals to Moving Medicine through other websites (1 October 2018 – 31 March 2022)**

Website	User numbers	User % (base: 21,854 referrals)
Sport England	2,521	12%
gov.uk	2,485	11%
FSEM	1,697	8%
Email.nhs.net	594	3%
event.on24.com	525	2%
Versus Arthritis	416	2%
RCGP	391	2%
elearning for healthcare (HEE)	310	1%
Clinical Knowledge Publisher (NHS Education for Scotland)	291	1%
Other	12,624	58%

Of those users who access Moving Medicine from a link on social media, the vast majority click through from Facebook (48%) or Twitter (44%).

### Most commonly viewed web pages

Since its launch, the most popular webpages on the Moving Medicine website appear to be the homepage, followed by 'Patient info finder', 'Find the right consultation', and the COVID recovery pages.

**Table 2.4: Most commonly viewed page titles since launch (1 October 2018 – 31 March 2022)<sup>8</sup>**

Rank	Webpage	Number of page views
1	Moving Medicine (unspecified on Google Analytics)	424,721
2	Homepage	73,377
3	Patient info finder	19,714
4	Find the right consultation	13,559
5	COVID recovery	13,377
6	MSK pain	8,715
7	Depression	8,700
8	Cancer	8,232
9	Online course (Active Conversations)	7,973
10	Type 2 diabetes	7,157

Over the past year (1 April 2021 to 31 March 2022), the most popular pages also remain the homepage, 'Patient info finder' and 'Find the right consultation'. Many of the web pages which have been popular since the website's launch remain popular over the past year, though 'Active Mums' and 'Risks from physical activity' are more recent additions to the website which appear to be of interest to users.

**Table 2.5: Most commonly viewed page titles in past year (1 April 2021 – 31 March 2022)**

Rank	Webpage	Number of page views
1	Homepage	40,154
2	Patient info finder	10,915
3	Find the right consultation	7,265
4	MSK pain	6,894
5	Active Mums	5,416
6	COVID recovery	4,962
7	Online course (Active Conversations)	4,724
8	Risks from physical activity	4,498
9	Depression	4,404
10	Cancer	4,267

### Use of different adult consultation guides

The survey data suggests that **HCPs are using a variety of the adult consultation guides**. All of the adult consultation guides had been used across the survey participants. The **consultation guide on MSK pain was most commonly used** (46% of participants use this guide), followed by the consultation guides on depression (37%), falls and frailty (34%), type 2 diabetes (30%), primary prevention (29%), and cancer (26%).

These survey findings are supported by the Google Analytics data, suggesting the survey respondents are representative of all website users in how they interact with the Moving Medicine website. Over the past year (1 April 2021 to 31 March 2022), the most popular consultation guides were: MSK pain (6,894

<sup>8</sup> Note this is based on 'Page Title' (pages visited according to their title) not 'Page' (pages visited according to URL) as defined in Google Analytics

page views), depression (4,404 page views), cancer (4,267 page views), and type 2 diabetes (3,892 page views)<sup>9</sup>.

If just looking at the last quarter (1 January to 31 March 2022) when all consultations guides were live (the most recent to go live was the perioperative guide which was released in October 2021), then the popularity of guides is as follows: MSK pain (1,769 page views), cancer (1,122 page views), depression (1,117 page views), type 2 diabetes (988 page views). This suggests **the most popular guides tend to consistently be MSK, depression, cancer and type 2 diabetes** irrespective of the time period over which the data was captured.

### Frequency of use

A quarter of survey respondents said they were visiting the Moving Medicine website for the first time (26%) **though the majority were returning users**. These figures are in contrast with the Google Analytics data which suggest a much higher proportion of users are new to the website (95%). It is possible that HCPs who more regularly use the website were also more likely to respond to the survey though, as noted previously, there are also inaccuracies in the Google Analytics data. Over two-fifths of the survey respondents (43%) use the consultation guides at least once a week or more. Sixteen percent use them about once a month, and 11% less frequently than this.

No differences are evident in the frequency of use between allied health professionals and doctors (based on 31 and 22 respondents to the survey in these respective professions). It is not possible to look at use among other professions due to the small number of survey completes for each group.

In the HCP interviews, participants who had only just started using the website said they would return to it to find quick and easy to remember facts they can share with their patients to encourage them to be more physically active, or to share the patient-facing resources with them.

***“Yeah, I would [go back to the resources again, after having only used them once so far]. I think what would be easier if I saved the website on my desktop or had a quick bookmark linked to it, that would be a good idea. So it would be, absolutely I would use it with a patient in front of me.”***

*Allied health professional*

Several of the HCPs interviewed mentioned that they have used the consultation guides during an appointment, with a patient in front of them, though others expressed a preference not to use it in a face-to-face setting with a patient. These HCPs preferred to study the website in their own time, or between appointments, to remind themselves of things to say in their next consultation. For some HCPs interviewed, the move towards more telephone or online consultations as a result of the COVID-19 pandemic has meant they can look at the Moving Medicine resources whilst in conversation with a patient.

***“I’ve looked at the website a lot. I’ve gone round and I’ve scrolled through different parts so I’ve familiarised myself with it, so that, when I have those conversations, I can reflect back to what I’ve read and those motivational interviewing types of questions.”***

*Nurse*

<sup>9</sup> Note this is based on ‘Page Title’ (pages visited according to their title) not ‘Page’ (pages visited according to URL) as defined in Google Analytics



**“Consultations have gone remotely so they’re telephone or, we can do virtual appointments. And actually that helps because then you can have stuff in front of you.”**

*Health and wellbeing coach*

**“They’re great. The guides are simple to follow and I can choose time frame which is great. I’ve become more confident since using them and now use the site more as a reference rather than a full conversation.”**

*Allied health professional*

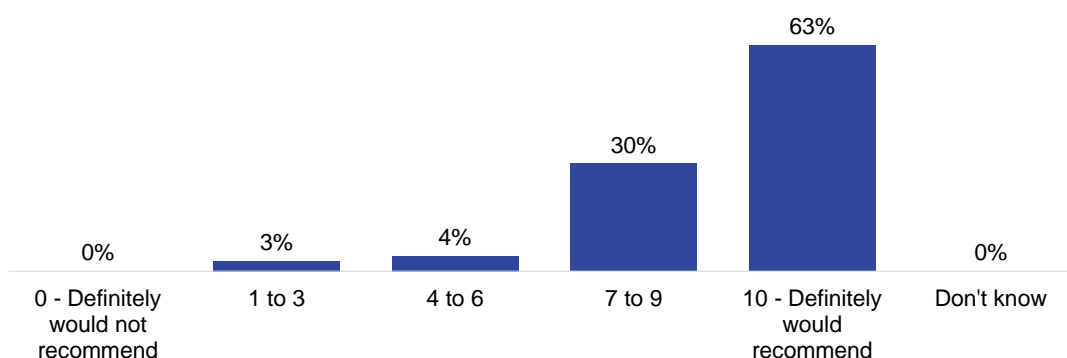
Survey participants tended to use the **‘one-minute’ and ‘five-minute’ versions** of the consultation guides more than the ‘more minutes’ versions of each consultation guide. This was supported by the interviews, as HCPs reported often having little time to speak to patients about physical activity, making the ‘one-minute’ and ‘five-minute’ versions more relevant for them.

### Views and experience of the Moving Medicine resources

The evaluation data suggests that the **Moving Medicine resources are viewed very positively** among HCPs. Survey participants were asked to what extent they would recommend the consultation guides to other HCPs (on a scale of 0 to 10, with 0 being ‘definitely would not’ and 10 being ‘definitely would’). Over three in five (63%) rate 10 out of 10, saying they would ‘definitely’ recommend the resources, and 93% rate it at least 7 out of 10.

**Compared to other workstreams within the MHPP programme (PACC and e-learning), the Moving Medicine resources are the most highly advocated.** Based on interim data, as of March 2022, 41% of PACC attendees (based on 185 HCPs) and 40% of those using the HEE e-learning resources (based on 75 HCPs) would give these respective resources an advocacy rating of 10 out of 10. This is notably less than 63% for Moving Medicine.

**Figure 2.7: Advocacy of the consultation guides**



Q. On a scale of 0 to 10, how likely, if at all, are you to recommend the consultation guides to other healthcare professionals? Base: HCPs who have used the Moving Medicine resources (70)

A similar proportion of allied health professionals and doctors say they ‘definitely would recommend’ the consultation guides (i.e. give them a rating of 10 out of 10): 61% and 59% respectively, though it should be noted this is based on small numbers of respondents with 31 allied health professionals and 22 doctors completing the survey. A marginally higher proportion of allied health professionals give the

consultation guides a lower advocacy rating of less than 7 (13% compared to zero doctors) but again the small respondent numbers limit what can be concluded from these findings. It is not possible to compare advocacy ratings between other healthcare professionals due to the small numbers of each profession completing the survey.

HCPs who nearly always promote physical activity to their patients are greater advocates of the consultation guides compared to those who promote physical activity less often. Seven in ten (71%) of those who nearly always promote physical activity would give the consultation guides an advocacy rating of 10 out of 10. This compares to 44% of those who promote physical activity less often. Again, caution should be taken in interpreting these findings as they are based on 42 and 25 respondents respectively, though it does suggest that those who are greater advocates of physical activity in general are also greater advocates of the Moving Medicine resources.

### Positive feedback about the resources

HCPs had positive feedback about the Moving Medicine resources in both the survey and the interviews. This feedback commonly focused around the resources being:

- **Tailored** to the amount of time they had, including very short conversations.

*“You know one of the barriers that colleagues will throw at you is, ‘we haven’t got much time’ and I can go ‘well, brilliant, that’s okay because you only need a minute’.”*

*Public health specialist*

*“It’s quite short bitesize sections, because no healthcare professional’s going to have hours to spend going through lots and lots of website detail. They need it to be snappy and it is.”*

*Allied health professional (Physiotherapist)*

- **Easy to read** and use – HCPs liked the use of simple language and clear infographics.
- **Well-designed** – HCPs found it easy to navigate the website.
- **Evidence based** – HCPs felt that the resources were backed up by evidence, and this was available on the website.
- **Available to patients** – several HCPs mentioned they find the PDF resources tailored for patients useful, as they could give these to their patients and use them as a basis for discussion at their next appointment.

*“It’s really easy to follow. I love how it all just seems to flow. I love the fact that it’s backed up by evidence, and I also love the fact that I can print stuff off and give to my patients.”*

*Nurse*

*“The Moving Medicine consultation guides are a valuable resource, they enable my patients to reflect and review the information provided during my day to day interventions and have also proven to be a welcome guide for other members of the MDTs I work in.”*

*Other healthcare professional (Exercise Therapist)*

*“It’s just up to date and it’s modern and it’s clear. It’s not full of lots of little bits of text so I think if you’re in a rush or a hurry with a patient in front of you, you could get to the bit that you wanted to easily.”*

*Allied health professional*

*“The infographics are well presented and clear. They are easy for professionals and a lay person to understand. A great conversation starter.”*

*Other healthcare professional (Health Advisor)*

### Constructive feedback and areas for improvement

While most of the feedback received on the Moving Medicine resources was positive, **some constructive criticism** was also received. There were suggested areas for changes and improvements even among HCPs who highly praised the resources. This feedback included the following suggestions:

- Additional **consultation guides for mental health conditions** other than depression – suggestions were for guides on anxiety, psychosis and other cognitive disorders (though these were not specified). A new consultation guide about anxiety is planned to be launched by October 2022, which will help to address this suggestion.

*“The depression one is good but would be better if it had anxiety too.”*

*Allied health professional*

- A section of the website with **updates on research** coming out on physical activity. There is a section on the website citing the evidence behind the resources, but one HCP was unclear whether this is kept up-to-date.
- Make **clearer how Moving Medicine connects** with other resources (for example, other MHPP workstreams) or messages from public bodies such as what OHID, the Department of Health and Social Care or Health Education England are saying about physical activity.

*“How these things all connect together is really important, certainly things that are within the NHS and Health Education England... I would hope that if you went in through an NHS website about back pain or whatever, in there, it would filter you towards Moving Medicine, and it should go the other way around as well so that it all links together better, and we’ve not just got these ever growing piles of different resources in all different places.”*

*Allied health professional*

- HCPs found the patient-facing resources available on the website useful but there was a question around whether more of the website itself should be **designed for patients**.
- **Additional signposting** to what activities are available for patients in the local area. There is an ‘Activity Finder’ on the website but there was a suggestion around being able to filter this by region. As mentioned previously, local microsites have been developed for a number of areas (such as Oxford, and Calderdale) which signpost to activities, patient groups and local charities for specific conditions available in the local area.

***“Where do you live? Which region do you live in? This is what’s available...that is what’s lacking. There isn’t a local database of where people can go.”***

*Allied health professional (Physiotherapist)*

- Making **navigation of the website** even easier by making the links to the patient-facing resources more obvious/quicker to access and making moving between different consultation guides easier.

***“Sometimes I don’t know exactly where I am within the site. So you could be on the consultation guide for musculoskeletal pain and then you might want to go back to or get to the resource section and it just sometimes feels a bit cumbersome trying to go back and access that... I think it’s much easier when you’ve been doing it for a while.”***

*Doctor*

- Information on the website to help HCPs **set goals around promoting physical activity** and stick to them more, rather than just providing them with information. For example, adding an additional webpage at the end of the consultation guides asking what actions they will take as an HCP to put what they have learned into practice.
- Ensuring some of the promotional materials are **available in other languages**. OHID have commissioned FSEM to compile a report on translating patient information which should inform developments such as this.

Two respondents to the survey left open-ended comments which suggested they felt the Moving Medicine resources were not as good as the Make Every Contact Count (MECC) initiative, and that they duplicated content but at a more ‘basic level’ without clear evidence to support their statements. Whilst these views were critical, they were not widely held.

There was a minority of HCPs who completed the survey or participated in an interview who, while not negative about the resources, said **they have not been influenced by them** because they had already learnt the principles of the consultation guides elsewhere. These HCPs had already engaged in other programmes (Motivational Interviewing training, MECC resources) and did not feel like they learnt anything new from Moving Medicine.

***“I think the guides are great. I said they did not strongly influence me as I already follow most of the guidance given.”***

*Allied health professional*

Overall, one of the main points of feedback raised was about **needing to promote the website better**, rather than about changing the website itself. HCPs felt that this was a useful resource, but not enough people knew about it (this is explored further later in the report).

***“Love the concept – you just need to market it better. Suggest you target medical students?”***

*Doctor*

***“It’s pretty perfect, pretty good as it is really... the barrier to people using it is just either for a start not knowing [about Moving Medicine], or not being able to naturally get it into their conversation, not spending enough time with it really.”***

*Allied health professional*

## 3 Evaluation evidence of short-term outcomes

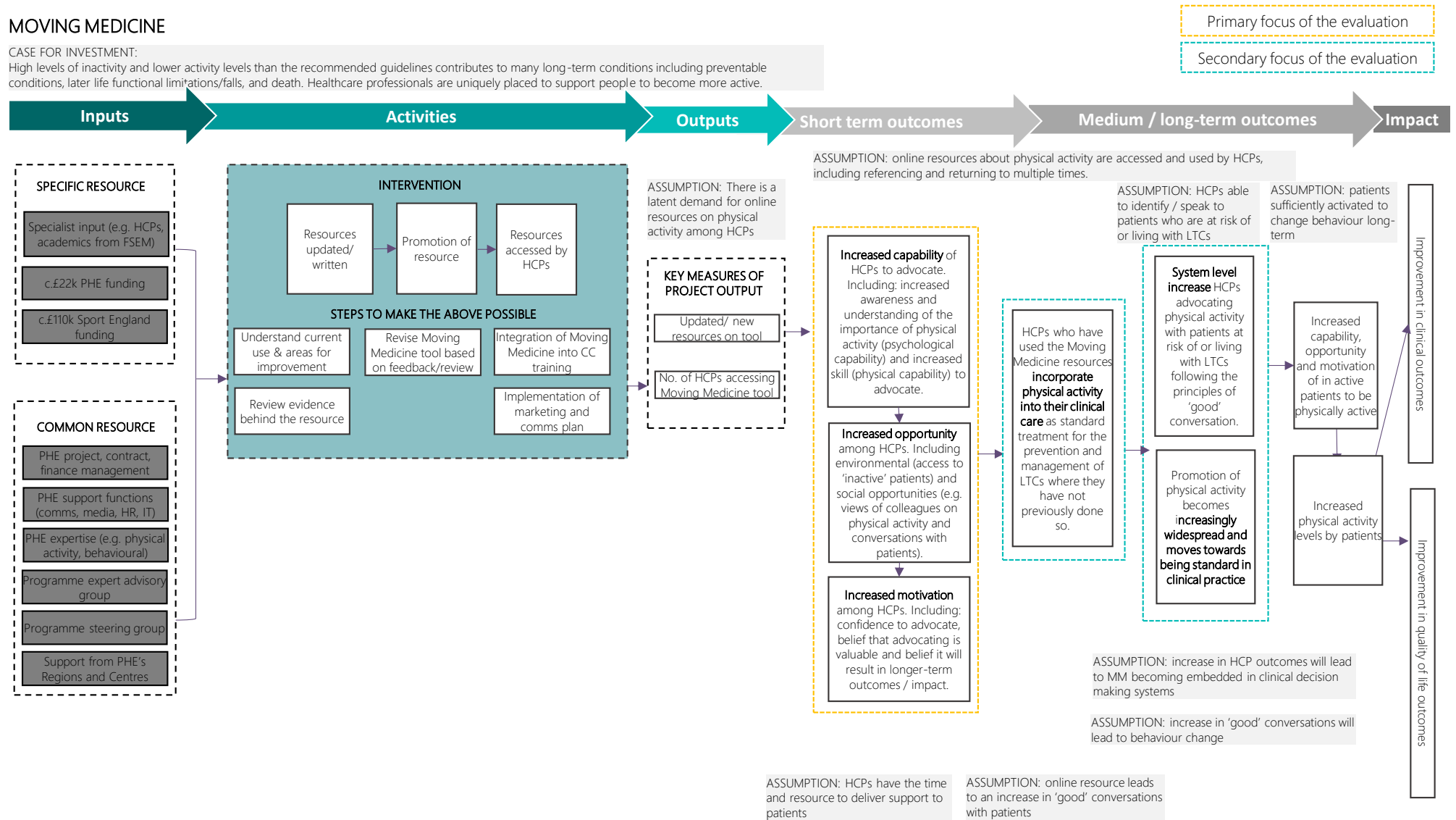
This chapter explores whether there is evidence of the Moving Medicine resources impacting on the proposed short-term outcomes for HCPs. These outcomes for HCPs focus on increased capability, opportunity and motivation to promote physical activity to patients including those living with or at risk of developing long-term conditions. As such, the relevant questions that the evaluation seeks to answer around short-term outcomes are:

- Does use of the Moving Medicine resource increase HCPs capability to advocate physical activity to patients?
- Does use of the Moving Medicine resource increase HCPs opportunity to advocate physical activity to patients?
- Does use of the Moving Medicine resource increase HCPs motivation, including confidence, to advocate physical activity to their patients?

### Primary COM-B outcomes

The short-term outcomes for Moving Medicine, as stated in the evaluation logic model (below), are for HCPs to have **increased capability, opportunity and motivation** to advocate physical activity to patients. The COM-B model proposes that there are three components to any behaviour (B): Capability (C), Opportunity (O) and Motivation (M). It is theorised that increased capability, opportunity and motivation are required for behaviour change to occur. The evaluation materials were designed to primarily assess whether the Moving Medicine resources (specifically the adult consultation guides on the website) have changed HCPs' capability, opportunity and motivation to advocate physical activity to their patients.

Figure 3.1: Moving Medicine evaluation logic model



The concepts of capability, opportunity and motivation in this context are defined below:

- **Capability** to advocate physical activity to patients at risk of or living with long-term conditions: this includes elements of psychological capability, such as awareness and understanding of the importance of physical activity among HCPs, and physical capability such as having the skills to advocate physical activity to patients.
- **Opportunity** to advocate physical activity to patients at risk of or living with long-term conditions: this includes environmental opportunity to use knowledge and skills in the way intended such as interaction with 'inactive' patients, and social opportunity, such as having a supportive team or colleagues that also see the value in physical activity for inactive patients. The programme also assumes HCPs will have the time and resource to be able to deliver support.
- **Motivation** to advocate physical activity to patients at risk of or living with long-term conditions: this includes moving beyond awareness and understanding to believing in the overall value and intended impacts of advocating physical activity to inactive patients. It also includes HCPs having the confidence to engage in conversations with patients about physical activity as confidence affects motivation.

### Evidence of increased capability

There is evidence to suggest that the Moving Medicine resources are helping to increase the capability of HCPs to have conversations about physical activity with patients, specifically their **knowledge and skills around how to have these conversations**.

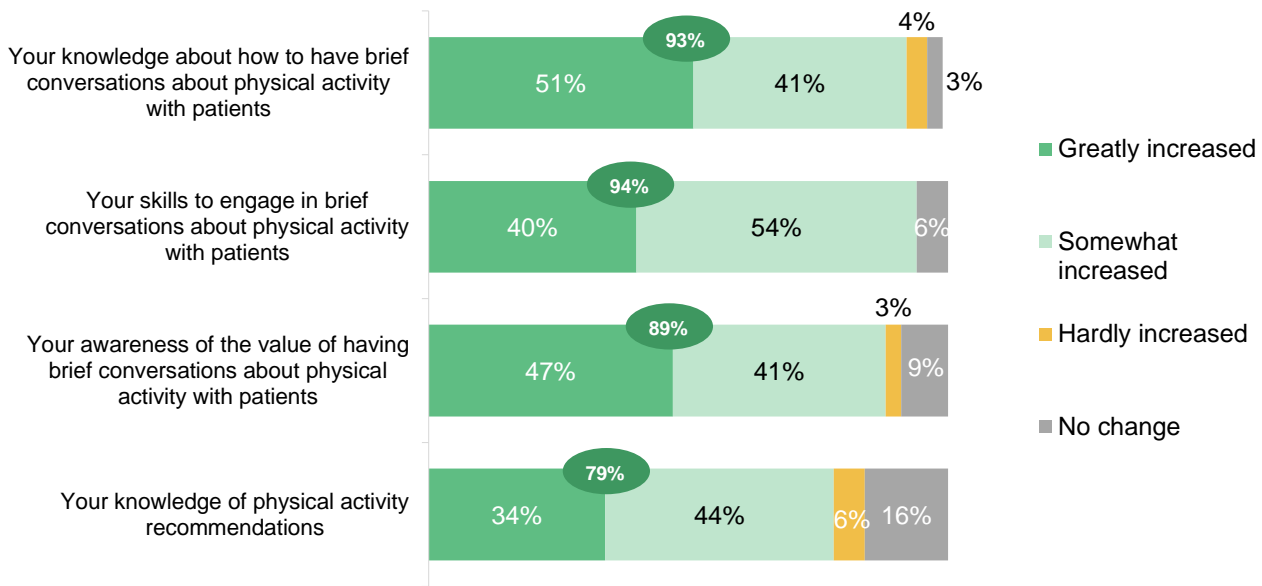
The majority of survey participants report that use of the consultation guides has **increased their skills** to engage in brief conversations about physical activity with patients (94%), with two-fifths (40%) saying the consultation guides have 'greatly' increased their skills.

There is also evidence that the consultation guides are influencing the psychological capability of HCPs. Over nine in ten (93%) say that using the consultation guides has **increased their knowledge** about how to have these brief conversations, with half (51%) saying the consultation guides 'greatly' increased their knowledge. Linked with this, 89% of participants say the consultation guides have **increased their awareness of the value** in having these conversations with patients, and 79% say using them has increased their knowledge of physical activity recommendations more generally.

A caveat to this is that the evaluation data also suggests that the Moving Medicine resources may be attracting those who are already willing and motivated to promote physical activity to their patients (as previously noted, 60% of survey participants rated themselves a 10 out of 10 to say they 'always' promote physical activity to patients who have or are at risk of developing long-term conditions). Indeed, this may be as a result of accessing the Moving Medicine consultation guides, or conversations about physical activity might already have been a part of their usual practice independent of the Moving Medicine resources.



**Figure 3.2: Impact of Moving Medicine resources on HCP capability to have conversations about physical activity with patients**



Q. Thinking about the consultation guides, to what extent, if at all, would you say that they have increased...? Base: HCPs who have used the Moving Medicine resources (70)

These survey findings are supported by the interviews. Participants described their engagement with Moving Medicine having **changed how they approach conversations** about physical activity with their patients – for example, participants said it had given them ideas on how to open these conversations. They also mentioned that their use of the Moving Medicine resources had increased their understanding of how to have conversations with patients that **explored patients’ motivations** for being physically active, rather than simply telling them to change their behaviour. HCPs felt the approach they had learned through Moving Medicine was more effective at encouraging patients to become active.

*“I think it’s [Moving Medicine] had a really positive impact and it’s forced me to readdress exactly how these conversations I’m having are formatted. Prior to using this website and prior to doing the [Active Conversations] course, I would have been much more prescriptive and I would have been rushing to give advice.”*

Doctor

*“I think this is a very valuable asset to my clinical development and has given me extra tools and invaluable recourses to aid in health and activity promotion.”*

Allied health professional

*“It has empowered me to want to have those conversations with patients and the essence of it doesn’t have to be a long, drawn-out conversation, but a quick, one minute conversation or a five minute conversation where you can talk about it and you’ve planted the seed in the hope that the patient will want to talk about it again some more on your next visit.”*

Nurse

*“People think, well, I need to have a long conversation to get people moving. No, you don’t need to have a long conversation. It can be a one minute conversation or it can be a five minute conversation. As you’re bandaging somebody’s leg, you could be having this conversation. It’s really empowered me to get my patients moving more.”*

*Nurse*

*“I use it to help, literally help me construct conversations in the background with a patient... it helps me phrase the questions appropriately.”*

*Allied health professional (Physiotherapist)*

### Evidence of increased opportunity

While there is evidence that Moving Medicine has influenced the capability of HCPs to have conversations with patients about physical activity, barriers remain to having these conversations.

While 73% of HCPs agree that they work within a culture that supports them to have conversations with patients about physical activity, **a significant proportion (17%) disagree and 10% neither agree nor disagree**, suggesting that it **may not be the cultural or social norm in their organisation to speak to patients about physical activity**. In the interviews, how well supported HCPs felt to have these conversations (by their organisation or immediate team) was quite **variable depending on their role and organisation**. Some HCPs (typically physiotherapists and similar roles) felt that encouraging these types of conversations was already embedded within their organisation and/or that there was a strategy in place for encouraging these conversations. In other cases, participants felt that it was up to them as individuals to decide to prioritise conversations about physical activity with patients, rather than their teams or employer.

*“I think within my job role as a physiotherapist, it’s definitely part of my job role. Within my working environment and trust, they don’t get too heavily involved in it because it’s just within my job role and how I want to approach it.”*

*Allied health professional*

Another barrier reported by HCPs to being able to have these conversations with patients included **a lack of time** to talk to patients about being physically active, due to short appointments. In the interviews, there was recognition that Moving Medicine was helping to try and overcome this barrier by providing very short (1-minute and 5-minute) versions of the consultation guides, which could be used quickly with patients.

*“It’s the time, isn’t it? So a GP consultation is something like 12 minutes, so just to bear that in mind, it needs to be quick bullet points.”*

*Nurse*

HCPs also reported **patients’ attitudes towards physical activity** could be a barrier, for example some patients could be unreceptive to talking about physical activity because they felt they were too old or in too much pain from their condition for it to be relevant to them. Patients could also expect medical interventions (such as expecting a diagnostic test) rather than to be spoken to about becoming more physically active. Contextual barriers were also mentioned, with HCPs reporting that some patient

groups say they do not have access to equipment to use for exercise or that the concept of being physically active seemed alien or irrelevant to them.

*“It’s fear avoidance, especially where we deal with people that have had musculoskeletal injuries. It’s like, ‘oh, I can’t do this because it’s going to make my back hurt’, and it’s like, ‘actually, that’s not what the research says, it’s actually the complete polar opposite of what you’re saying’”.*

*Exercise rehabilitation specialist*

*“If they see your role as diagnosing this condition that they’ve got, and getting an answer to that, they come see me often because they think they need to have a scan or something like that, and taking that conversation from their expectation that they’re coming to me to organise a scan, to my agenda, which is, well perhaps we need to look at all of your life in total, and find ways to gradually change that, and they can be quite difficult conversations to have.”*

*Allied health professional*

### Evidence of increased motivation

Survey data suggests that HCPs **do see value in conversations with patients about physical activity**:

- 91% agree (‘strongly agree’ or ‘tend to agree’) that brief conversations about physical activity can lead to patients becoming more active;
- 94% agree that having these conversations is a priority for them; and,
- 96% agree that HCPs play a role in educating patients around the importance of physical activity<sup>10</sup>.

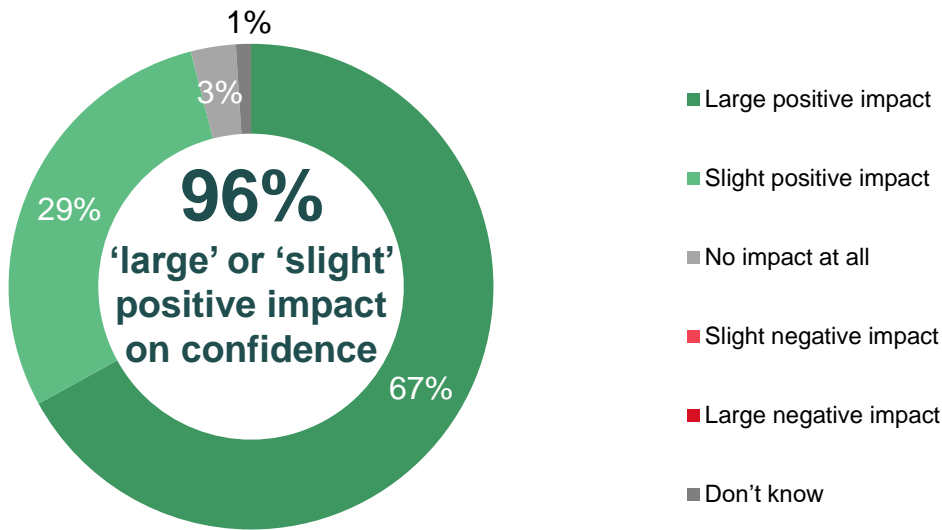
Nearly all (96%) of the survey participants report that using the consultation guides has **positively impacted their confidence** to have brief conversations with patients about physical activity. Two-thirds (67%) say this was a ‘large’ positive impact. No HCPs report the resources having a negative impact on their confidence, though three percent say they had no impact.

*“I have gained more confidence in broaching being active thanks to the Moving Medicine resources.”*

*Allied health professional*

<sup>10</sup> Again, something to bear in mind is that the survey data suggests these participants were already highly motivated to promote physical activity to their patients.

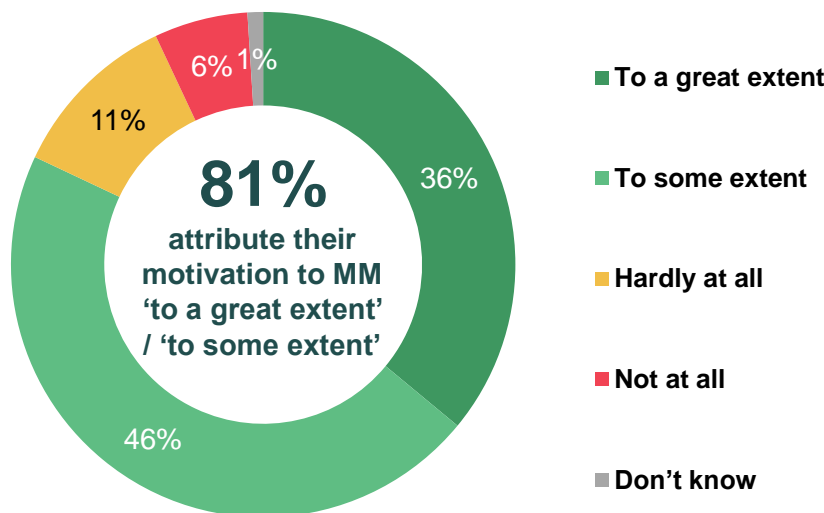
**Figure 3.3: Impact of Moving Medicine resources on HCP confidence to have conversations about physical activity with patients**



Q. How, if at all, would you say the consultation guides have impacted your confidence to have brief conversations about physical activity with patients? Base: HCPs who have used the Moving Medicine resources (70)

All survey participants (100%) agree ('strongly agree' / 'tend to agree') that they **feel motivated to promote physical activity to patients**, with most of these (89%) strongly agreeing. Many of these HCPs (81%) **attribute feeling motivated to promote physical activity to patients to Moving Medicine** to at least some extent, suggesting that the resources are increasing HCPs' motivation. Over a third (36%) attribute their motivation to Moving Medicine 'to a great extent' and 46% attribute their motivation 'to some extent'.

**Figure 3.4: Impact of Moving Medicine resources on HCP motivation to have conversations about physical activity with patients**



Q. You said that you feel motivated to promote physical activity to patients / clients who would benefit from increased physical activity. To what extent, if at all, would you attribute that to the Moving Medicine consultation guides?

Base: HCPs who feel motivated to promote physical activity (70)

Participants in the interviews appeared to be motivated to speak to their patients about physical activity – generally they said they had tried to build these conversations into their practice throughout their careers. Physiotherapists (and those in similar roles) in particular felt as though these conversations were a fundamental part of their role. This finding is similar to those from the PACC workstream, as surveys of participants in the PACC training suggest there is a pre-existing high level of motivation among HCPs to talk to patients about physical activity, but not necessarily the knowledge or skills to do so.

***"I would talk to all patients about their physical activity, so any new patients, I'd talk to patients out in the community as well that I was seeing."***

*Allied health professional*

## 4 Evaluation evidence of medium / long-term outcomes

The evaluation logic model proposes that once the short-term outcomes of increasing HCP capability, opportunity and motivation to advocate physical activity to patients have been achieved, HCPs using the Moving Medicine resources will incorporate conversations about physical activity into their clinical care as standard practice. Other medium-term outcomes theorised are a system level increase in HCPs advocating physical activity to patients through ‘good’ conversations about this, and that promotion of physical activity becomes increasingly widespread and standard in clinical practice.

Theorised longer-term outcomes are then for patients to have increased capability, opportunity and motivation to become more physically active through these conversations with HCPs, and to then go on and increase their physical activity levels. Ultimately, it is proposed that these increases in patient physical activity levels will result in improvements in clinical outcomes and quality of life outcomes for patients.

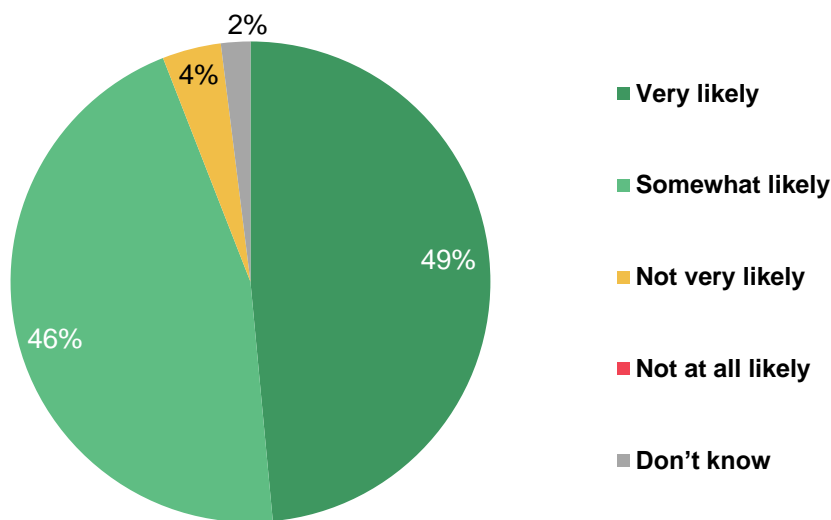
This chapter outlines the available evidence from the evaluation as to whether these intended medium and long-term outcomes are achievable. The questions the evaluation seeks to answer around these medium and long-term outcomes are:

- Is the Moving Medicine resource being embedded into clinical decision-making systems in primary and secondary care and if so, how?
- How are wider stakeholders using the Moving Medicine resource to engage with HCPs?
- How are HCPs using the tools with patients?
- How likely is Moving Medicine to lead to or contribute to the intended longer-term impacts?
- What else is required, if anything, to ensure patient level impact is achieved?

### Conversations about physical activity becoming more widespread in clinical practice

In the survey, the majority (94%) of HCPs say that the adult consultation guides are **likely to encourage HCPs to promote physical activity** to patients as part of routine consultations, with half (49%) saying they are ‘very likely’ to encourage HCPs to do this. Only four percent say this is ‘not very likely’.

**Figure 4.1: Likelihood of consultation guides encouraging HCPs to promote physical activity to patients as part of routine consultations**



Q. How likely, or unlikely, do you think it is that the consultation guides will encourage healthcare professionals to promote physical activity to patients as part of routine consultations? Base: HCPs who have used the Moving Medicine resources (70)

In the interviews, HCPs were positive about the **potential for Moving Medicine to help conversations about physical activity to become standard practice** in clinical care. Some spoke about how they had taken what they had learnt from Moving Medicine and applied it in their own clinical practice, resulting in them having conversations with patients about physical activity more frequently or having better quality conversations about physical activity.

*“It’s allowed me to very simply open-up and start conversations in a really friendly open way. It’s allowed me to use specific techniques to help patients understand themselves and then help them to understand the actions that they need to take, and more importantly... it’s helped clarify what my role and their role in it actually is. So my role is to advise, to coach and to educate. Their role is to actually go out and do it and take responsibility for that.”*

*Allied health professional*

*“How I now work is very different because of Moving Medicine.”*

*Perinatal mental health worker*

Some HCPs interviewed could give specific examples of how they made use of the Moving Medicine resources, such as attaching PDF documents from the patient information finder to their emails with patients.

The HCPs interviewed could see the benefits of these conversations happening more often in clinical practice and the possible benefits to patients, but there was also a **sentiment that there is still a long way to go** before these conversations were widespread and ‘standard’ in clinical care.

*“It might be ten years, it might be twenty years, but this should be standard practice. Why it’s taking so long I don’t know.”*

*Allied health professional*

Although HCPs could see the potential of Moving Medicine in helping conversations about physical activity with patients to become standard clinical practice, there was also a common view that **not enough HCPs currently knew about the resources** for this change to take place quickly. Participants stated that more HCPs across professions would need to learn about Moving Medicine and incorporate it into their practice in order to reach a 'critical mass' of engaged HCPs, enabling these conversations to become commonplace in clinical care.

*“I think it’s just really spreading the word and advertising it... If I was to ask 100 GP friends, ‘have you heard of this’? I would say, of 100 people probably only five would have even heard of it.”*

*Doctor*

*“I recently became aware of Moving Medicine through a PHE healthy weight and physical activity lead, but I have not come across any other clinicians that have heard of this resource, which is a shame.”*

*Allied health professional*

## The promotion of Moving Medicine

As previously mentioned in this report, the survey and interview findings suggest that most HCPs hear about Moving Medicine from a colleague. Often this seems to have been by chance, such as through an informal conversation with a colleague or receiving an email sent around the team, rather than through more formal routes. **There was general acknowledgement that more could be done to raise awareness of the Moving Medicine resources.**

*“Obviously word of mouth between colleagues works quite well, but it’s not a strategy.”*

*Allied health professional (Physiotherapist)*

*“Great initiative. Needs more publicity and resource.”*

*Allied health professional*

*“I think your resource is a fabulous innovation - it needs to be more widely advertised in the NHS and among health professionals.”*

*Doctor*

Promotion of the resource to date has predominately focused on opportunities presented by conferences, speaking opportunities and journal publications. That said, promotion through conference presentations and speaking opportunities has been somewhat limited since early 2019 due to the Covid-19 pandemic. Social media has also been used as a channel for the promotion of the resources.

There has also been a focus on word of mouth in generating greater awareness of the Moving Medicine resources among HCPs. The basis of this advocacy system is the 800 (and counting) professionals who have contributed to the development of the Moving Medicine resources through activities such as workshops and online consultations.

FSEM appointed a communications lead who started in January 2022. They have drafted an overarching communications strategy for Moving Medicine which is presently being reviewed by OHID.



HCP participants in the interviews had some suggestions for promoting the Moving Medicine resources further, through more established pathways. These included:

- **Incorporating Moving Medicine into mandatory training** for HCPs, for example formal training for junior doctors, or all staff training within Trusts. Anecdotally, there are examples where Moving Medicine is promoted by those involved in training undergraduates in physical activity though there is no formal mechanism for how this is routinely approached as of yet.

*“A good starting point for the future would be to try to embed it in GP training because I only recently finished training, there wasn’t any teaching in three years on physical activity on lifestyles and medicine at all. So I think if you had Moving Medicine doing, even just one two-hour session over the course of three years ideally for the final year trainees then that would mean that every single trainee going into full time practice would be aware of it.”*

*Doctor*

*“[It should be part of] mandatory training, part of inductions, because ultimately activity is essential for all healthcare, for all staff.”*

*Allied health professional (Physiotherapist)*

- Having Moving Medicine **endorsed and actively promoted by senior / respected bodies** in the health sector. Suggestions included the Royal Colleges, Primary Care Networks, Clinical Commissioning Groups or bodies such as the Chartered Society of Physiotherapy promoting Moving Medicine through their networks and newsletters.

*“Getting approval from various CCGs might really help adoption. So going to clinical commissioning groups and saying, look, we’ve got this website, we’ve got this resource, and we know public health is really stretched.”*

*Allied health professional*

*“Maybe to take it out to our Chartered Society of Physiotherapy to get some more, get it into our newsletter and things like that.”*

*Allied health professional (Physiotherapist)*

- Spreading awareness of Moving Medicine **through existing forums** for HCPs and patients.

*“Use the grapevine to spread the word. In each area of the UK there’s probably a Parkinson’s group and they just meet together maybe once a month, maybe a little bit more frequently, so that might be a nice way of getting it into the groups. And any kind of GP forums which I’m not aware of.”*

*Nurse*

The stakeholders interviewed also felt that better promotion of the Moving Medicine website was key to maximising its impact. It was suggested that the majority of HCPs interested in physical activity would be aware of the resources, and that **promotional activities needed to be directed to ‘preach beyond the converted’**.

*“I find that when I go to physical activity conferences, everyone loves Moving Medicine and every healthcare professional tells me it’s brilliant, and it is well designed and it is good. However, I think the average healthcare professional, some people don’t know it exists, others don’t know how to use it, and it’s the combination of the two which I think stops it really having a bigger impact.”*

*Stakeholder*

Suggested means of promoting the Moving Medicine resources, beyond those already mentioned by the HCPs interviewed, included:

- A more strategic approach to working with **Active Partnerships** to raise awareness of the resources.
- Exploring the potential of working with **Academic Health Science Networks** to promote the resources given their focus on best practice and wide reach across the country.
- FSEM Making better use of the **Moving Medicine Ambassadors** to promote the services through word of mouth.
- Maximising the opportunity presented by other MHPP workstreams to showcase Moving Medicine – most notably through **PACC training** and the **Undergraduate Curriculum** (discussed in more depth in the next chapter).
- Tapping into **professional networks** such as the Social Prescribing Network where the resources are relevant, in this case, to social prescribing link workers.
- Developing further links with the **charity sector** who could assist to promote the resources (as well as assist in their development as is presently the case).

Broadly, it was recognised that promotional activities would need to be **multifaceted** to reach HCPs less well connected to the physical activity agenda. And that Moving Medicine would need the **professional bodies to come behind it in a significant way** to gain traction on a greater scale than seen presently.

### **Impact of Moving Medicine resources on patient outcomes**

Intended longer-term outcomes for Moving Medicine are for patients to have increased capability, opportunity and motivation to become more physically active through conversations with HCPs, and as a result become more physically active.

For the most part, the intended audience of Moving Medicine is HCPs rather than patients. Outcomes for patients are further down the causal chain of the theory of change. As such, more extraneous factors (such as patients potentially encountering different services that promote physical activity) mean it is difficult to evaluate with certainty the direct effect Moving Medicine has on patient behaviour.

*“I’d say, yes, there have been patients who I know have benefited [from my use of Moving Medicine] but if you ask me to, if I had to prove it on paper it would be hard.”*

*Allied health professional*

Despite this, HCPs who participated in the interviews were sometimes able to provide examples of how their use of Moving Medicine has impacted their patients. For example, there were examples given where **patients had walked more or joined a gym** having spoken about it with their HCP and in follow-up consultations had reported having **improved their mental and physical health** as a result.

*“I can name already three of my families on my caseload, who have benefitted so, so much from just being out there moving more. I’ve got one [example] actually, because this mum really needed some help, she doesn’t have a partner, she needed some escape... So, she’s now going out to the gym every night, her health’s improved, her mobility’s improved, her health in general has improved. Her own emotional wellbeing and that time for her in an evening has changed her life, [she] says, completely changed her life.”*

*Allied health professional*

The **patient-facing resources** on the website were also mentioned as having an influence on patient behaviour. HCPs appreciated that these resources were available and that they had something they could send to patients. One HCP mentioned that they send these patient-facing resources to their patients at the end of one appointment and then use it as a starting point for opening the conversations at the next appointment. These resources are designed to provide information to patients so may increase patient awareness of the importance of physical activity and their knowledge of what to do to become more physically active.

*“I have given that workbook away to somebody, and then they’ve come back and we’ve talked it through, and it certainly was a good opening up talking point of where we target them to go next.”*

*Allied health professional*

One exercise rehabilitation specialist who participated in an interview mentioned that they had recently had a **reduced caseload** and attributed this to what they had learned through Moving Medicine. It is important to note, this HCP had also completed the Active Conversations course available through the website, so their view was influenced by both the course and the consultation guides. They reported that since using the techniques they had learned from Moving Medicine, fewer patients were required to return to the service for follow-up appointments.

*“In an unobvious way it’s allowed me to discharge more patients, not because they’ve not been showing up but because they’ve actually been doing the real work.”*

*Allied health professional*

## 5 Moving Medicine's place within the MHPP programme

This chapter considers how well Moving Medicine is integrated into the MHPP programme and sustainability plans for its continuation. In doing so, the relevant questions the evaluation seeks to answer are:

- How does the Moving Medicine resource fit with other workstreams / how is it being integrated?
- What changes might need to be made to the resource, or its fit within the system to increase impact?
- What further resources are required, if any, to complement Moving Medicine to increase efficacy of the resources for HCPs using the website to be able to promote physical activity to their patients?

### Integration of Moving Medicine in the MHPP programme

The MHPP programme was devised as a “**whole-system educational approach**” (encompassing professional development) to embed physical activity promotion into clinical practice. This led to different work packages being aligned to the three core domains of medical education: undergraduate education, postgraduate education, and continuing professional development. It was recognised that a suite of different educational tools would be needed as no single educational approach used in isolation has been shown to provide effective and lasting change among healthcare professionals<sup>11</sup>.

Some of the stakeholders interviewed reflected on the original design of the MHPP programme and Moving Medicine's place within it. As set out in the paper by Brannan et al. (2019), the Undergraduate Curriculum workstream was originally devised as an upstream intervention to support the clinicians of tomorrow. Moving Medicine was devised as a means to develop the clinicians of today through the provision of resources and postgraduate education. PACC was conceived to provide face-to-face peer education (and was considered by one stakeholder as a means of 'activation training' such that HCPs could see how to utilise the content of Moving Medicine in practice). And e-learning was an additional mechanism to aid continuing professional development for those who preferred to study remotely.

In reflecting on the design of the wider MHPP programme, three of the four stakeholders interviewed described what they saw as a **departure from this original vision**. These stakeholders felt that, over time, the MHPP programme has become less of an overarching programme and more of a series of individual work packages. They described what they saw to be a lack of collaboration between the different work packages and a loss of interface between them.

Consequently, all four stakeholders expressed a hope for **greater integration of the workstreams**. This could be achieved in a number of ways, for example, through **Moving Medicine being part of the undergraduate curriculum**, though stakeholders most commonly discussed the need for **Moving Medicine to take greater prominence in the PACC training**. Though Moving Medicine is signposted as part of the PACC training, interviews with PACC leads (as part of the PACC evaluation) suggest it tends to be mentioned towards the end of the training session, leaving little time to demonstrate its value. HCPs interviewed who have attended the PACC training (again as part of the PACC evaluation)

---

<sup>11</sup> Brannan et al. (2019) Moving healthcare professionals – a whole system approach to embed physical activity in clinical practice. *BMC Medical Education*

typically had to be prompted to recall learning about Moving Medicine. It was felt that mentioning Moving Medicine as an additional resource was insufficient and that time should be taken to demonstrate the value of the website, and how it is best navigated, to support discussions with patients.

***“I think the two go hand in hand. I think if you’re doing PACC, then you should be promoting Moving Medicine. A lot of the time, half the problems you’re talking about at PACC, the solution is Moving Medicine.”***

*Stakeholder*

***“Motivational interviewing is touched on right at the very end [of the PACC training]. They signpost to Moving Medicine and I think the e-learning, but it just comes in almost as an aside.”***

*Health and wellbeing coach*

In the HCP interviews, participants had **typically not heard of any of the other MHPP workstreams** and had assumed that Moving Medicine was a stand-alone resource.

***“I just thought it was the one thing if I’m honest, the Moving Medicine. So no, I hadn’t heard of anything else.”***

*Other healthcare professional (mental health)*

Two stakeholders speculated about whether **Moving Medicine could become a unifying brand** for the MHPP programme. In this scenario, Moving Medicine would be the ‘hub’ for other activities such as providing a means through which to book PACC training, linking to the e-learning modules, and hosting the Active Hospitals Community of Practice (so far developed and hosted by the NHS Transformation Unit). It was felt this would simplify how HCPs could access support with regards to the promotion of physical activity in clinical practice, and it would allow the workstreams to amplify each other rather than co-exist. It is important to note that a small sample of four stakeholders were interviewed, some of whom were linked to FSEM.

Though only four stakeholders were consulted on their views of Moving Medicine and its place within the MHPP programme, further evaluation activities are planned for the Programme Level Evaluation which will seek the views of a larger number of stakeholders on the MHPP programme as a whole (including Moving Medicine within it). These interviews are scheduled for July 2022, to be reported upon in the final MHPP evaluation report, due to OHID in September 2022.

## **Sustainability of the Moving Medicine resources**

The second phase of the MHPP programme will come to a close in late 2022 with funding for the Moving Medicine resources no longer available through this route. FSEM have devised several options which they are presently considering for the continuation of the resources including:

- Building on the paid-for training available on the website (Active Conversations). Scaling up this training course would generate greater income to support the ongoing needs of the Moving Medicine project.
- Developing further paid-for microsites (such as those already developed for Oxford, Calderdale and Scotland).

- Developing paid-for international versions of the website (such as that already created for the Australian market)
- Sourcing direct funding for the continued development, hosting and promotion of the site.

It is unlikely that any one of the above options will be sufficient in sustaining the resources alone, though rather a combination of funding activities will be required.

## 6 Conclusions

Key findings from the evaluation of the Moving Medicine resources are as follows:

- The feedback gathered through the survey and qualitative interviews with HCPs who have used the Moving Medicine resources is overwhelmingly positive. Participants reported the website is clear and concise, and the length of the consultation guides make discussions about physical activity with patients a more realistic endeavour. The HCPs consulted as part of the evaluation articulated ways in which their clinical practice had been impacted by the Moving Medicine resources, most notably an increased confidence to discuss physical activity, a better understanding of how to broach the subject of physical activity with patients and to have better quality conversations as a result.
- Evidencing longer-term outcomes and impacts on patients is out of scope for the evaluation, however anecdotal views from HCPs suggest that their use of Moving Medicine is influencing, not only their behaviour, but also their patients' behaviour by encouraging them to become more physically active. These examples provide anecdotal evidence that HCPs using the Moving Medicine resources can result in the desired outcome of patients becoming more physically active. However, these findings must be interpreted with caution based on the limitations highlighted within the report.
- Users of the website had some suggested improvements or further developments which could enhance the site further which warrant consideration. These are listed in the body of the report and include: the addition of new consultation guides, more clarity around how Moving Medicine fits with other available resources/messaging and providing more locally tailored information about what activities/services are available for patients. However, the evaluation evidence suggests that if no further changes were made to the Moving Medicine resources, they would still be popular among HCPs and would remain a welcome addition to the sector.
- Both the survey data and the profile of HCPs willing to be interviewed support comments made in the stakeholder interviews that the Moving Medicine resources are likely to attract HCPs who are already interested in physical activity. A core part of the communications strategy for Moving Medicine should focus on how it is marketed to HCPs who are less engaged in the subject matter. Indeed, maximising the impact of the Moving Medicine resources is predicated upon a more comprehensive promotional strategy than has been seen historically.
- The Google Analytics data hint at some declining interest in the website though, as indicated throughout this report, the data are flawed and should be considered indicative only. The data supports findings elsewhere that greater promotion of the Moving Medicine resources (including active demonstrations of the site's content) is key to achieving the ambition of embedding physical activity into clinical care.
- There are opportunities for greater alignment of Moving Medicine with other MHPP workstreams – most notably through PACC, and the Undergraduate Curriculum. It was the view of all four stakeholders interviewed that such integration would better fulfil the broader ambition of the MHPP programme as originally devised.

# Our standards and accreditations

Ipsos' standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.



## ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos was the first company in the world to gain this accreditation.



## Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation. We were the first company to sign up to the requirements and self-regulation of the MRS Code. More than 350 companies have followed our lead.



## ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.



## ISO 27001

This is the international standard for information security, designed to ensure the selection of adequate and proportionate security controls. Ipsos was the first research company in the UK to be awarded this in August 2008.



## The UK General Data Protection Regulation (GDPR) and the UK Data Protection Act (DPA) 2018

Ipsos is required to comply with the UK GDPR and the UK DPA. It covers the processing of personal data and the protection of privacy.



## HMG Cyber Essentials

This is a government-backed scheme and a key deliverable of the UK's National Cyber Security Programme. Ipsos was assessment-validated for Cyber Essentials certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.



## Fair Data

Ipsos is signed up as a "Fair Data" company, agreeing to adhere to 10 core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.



# For more information

3 Thomas More Square  
London  
E1W 1YW

t: +44 (0)20 3059 5000

[www.ipsos.com/en-uk](http://www.ipsos.com/en-uk)  
<http://twitter.com/IpsosUK>

## About Ipsos Public Affairs

Ipsos Public Affairs works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. Combined with our methods and communications expertise, this helps ensure that our research makes a difference for decision makers and communities.



# Sheffield Hallam University

*MHPP evaluation: moving medicine final report of findings*

LOWE, Anna <<http://orcid.org/0000-0001-5297-8957>>, MYERS, Anna <<http://orcid.org/0000-0001-6432-8628>> and COPELAND, Robert <<http://orcid.org/0000-0002-4147-5876>>

Available from the Sheffield Hallam University Research Archive (SHURA) at:

<http://shura.shu.ac.uk/31221/>

## **Copyright and re-use policy**

Please visit <http://shura.shu.ac.uk/31221/> and <http://shura.shu.ac.uk/information.html> for further details about copyright and re-use permissions.