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Active Medicine in Practice Evaluation Report



October 2022

The Centre for Sport, Physical Education & Activity Research
(*spear*)

About *spear*

The Centre for Sport, Physical Education and Activity Research (*spear*) is located within the Faculty of Science, Engineering and Social Sciences at Canterbury Christ Church University. *spear* undertakes a range of evidence-led analyses, from critical commentaries and reflections on current policy and practice, to commissioned research, evaluation and consultancy.

The Centre's research is funded by a range of national and international funders such as the International Olympic Committee, World Health Organisation, Terre des Hommes, Department of Health, Department for Education, Youth Sport Trust, Chance to Shine, Premiership Rugby, Sport Birmingham, parkrun UK and Sport England. Recent work has focused on sport, physical activity, health and wellbeing in schools and communities.

Research conducted by *spear* helps guide and inform public policy by contributing to the wider evidence base used by policy makers, providing a rationale for government and commercial investment, and steering programme improvements that enhance the experience of practitioners and participants.

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Context

About Active Medicine in Practice

The Active Medicine Programme (AMP) is a collaboration between partners in Buckinghamshire, Oxfordshire and Berkshire (BOB) aiming to raise awareness of the benefits of physical activity. Having supported over 1,300 professionals to improve their knowledge, skills and confidence in promoting physical activity, the programme expanded to support medical practices in achieving Royal College of General Practitioners (RCGP) Active Practice Charter (APC) status. This element of the AMP is known as the Active Medicine in Practice (AMiP) project.

With funding from Sport England, AMiP supported three medical practices in the BOB area to join the national network of practices making positive changes in their surgeries to boost staff and patient wellbeing. Regional Leads from LEAP, Get Berkshire Active and Active Oxfordshire worked with these practices to develop a bespoke package of support enabling them to meet the criteria of accreditation by September 2022.

About *spear's* evaluation

spear was commissioned from April to October 2022 to evaluate the AMiP project. The evaluation explored medical practices' experiences of AMiP and their perceptions of the value of support provided to enable them to achieve APC status. The evaluation also explored Regional Leads' experiences and perceptions of providing support to practices.

spear's research comprised six semi-structured interviews with medical practice staff (two General Practitioners, two Practice Managers and two Social Prescribers) and a focus group with the BOB Regional Leads.

This report is divided into six substantive sections: Support, Engagement, Impact, Lessons Learnt, Next Steps and Recommendations: *Recommendations for Active Partnerships and Practices*.

Key AMiP aim

To support practices in achieving RCGP APC status by...

- Reducing sedentary behaviour in staff
- Reducing sedentary behaviour in patients
- Increasing physical activity in staff
- Increasing physical activity in patients
- Partnering with a local physical activity provider

Key research aim

- Explore stakeholder perceptions of the value of Active Medicine in Practice



Headline Findings



Practices engaged in AMiP to reflect their commitment to the wellbeing of their team, their patients and their community. They welcomed the impetus provided by AMiP to affect changes in habitual behaviours and routines, and to receive funding, resources and support to make these changes.



Practice staff were encouraged to take active breaks, join walks and activity sessions, hold standing or walking meetings, use standing desks and activity equipment, attend parkrun and community settings, and get active in their local environment.



Practices had just started to introduce and extend initiatives for patients. Early initiatives included active coffee mornings and talks by local providers to raise awareness of activity opportunities, build relationships and facilitate engagement.



Practices commend AMiP and Regional Lead support. The AMiP framework gave practices clear objectives to achieve while Regional Lead support enabled them to achieve these objectives in ways that worked for their staff, their patients and their community.



Check-ins and accountability by and to Regional Leads kept practices on track, re-focused attention where required, and helped practices find workable solutions to challenges experienced. Staff are unanimous in their assertion that Regional Lead support has been key to achievement of APC status.



AMiP training delivered by Regional Leads was received positively by practice staff. Attendees report the training was well-designed and met their needs. Practice leads advocate timely 'whole team' training to assist AMiP implementation through staff buy-in and support for changes made.

Headline Findings



Practice staff acknowledged the vital role of AMiP funding and resource support. While the printed and digital resources received mixed reviews, adjustable desks were valued highly and the utility of the Workplace Movement Platform was recognised for gathering insight and engaging staff.



Practice staff observe positive early outcomes among staff including increased activity; knowledge and confidence in initiating physical activity conversations; mood, wellbeing and morale; team cohesion; and collective responsibility for the health and wellbeing of colleagues and patients.



Productive relationships between Regional Leads and practices, facilitation of inclusive, practice-wide discussion around physical activity, and increased prioritisation of staff wellbeing and voice are seen as instrumental to AMiP success.



Practice challenges include time and workload pressures and shifting practice culture so prioritising activity and wellbeing becomes part of the practice ethos. Regional Lead challenges include difficulty in engaging and supporting busy practice staff and encouraging sustainable funding decisions.



Active Practices are recommended to adopt a 'whole practice' approach, empower staff, patients and partners, initiate cross-sector partnerships and collect, reflect and share evidence. Active Partnerships are recommended to think forward, consider capacity and build support and advocacy.



All three practices successfully achieved APC status by September 2022 and Regional Leads are committed to continuing to support practices to create impactful, sustainable changes for their staff, their patients and their communities.

Support

“AMiP was about bringing people with different roles together and having a practice-wide conversation about physical activity.”

Regional Lead, Active Oxfordshire

Each BOB Regional Lead identified a suitable medical practice to work with. These were NHS practices with a mixed workforce; practices where relationships with practice staff were established or where a practice had expressed an interest in promoting physical activity; and practices with links to related staff/services such as Social Prescribers and Health and Wellbeing Coaches.

Regional Leads identified a contact at each of the three practices to drive the initiative. They consulted with the practice to develop a package of support within the allocated budget and worked with the practice to implement ways of meeting Active Practice Charter criteria. They also supported the practice lead to complete the application to become an Active Practice.

The ‘example’ offer to participating practices included access to the ‘Workplace Movement Platform’, an interactive online audit tool; training (Active Medicine, Physical Activity Awareness, Physical Activity in Clinical Care and Motivational Interviewing); printed and digital resources; and funding for activities and equipment.

In addition to this offer, Regional Leads provided support tailored to the needs and preferences of practices: they provided advice and ideas for overcoming barriers; increasing engagement from staff and patients; organising activities and events; raising awareness and publicising initiatives; and building partnerships with local activity providers. They also signposted and supported staff to access and collate resources; map local activity provision; monitor progress; make changes sustainable; and plan for the long term.

Regional Leads first engaged with practices in April 2022 and at the time of evaluation had been supporting practices for around four months. They report timescales for the project and evaluation have been challenging and that having more time to work with practices, implement ideas and evidence impact would have been beneficial. Nonetheless, all practices successfully achieved APC status by September 2022 and Regional Leads are committed to continuing to support practices create impactful, sustainable changes for their staff, their patients and their communities.

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We talked over what the surgery currently does to support staff and patients and what their aspirations are. We talked through the five criteria for APC status which gave good structure to the conversation to identify gaps and discuss ideas and thoughts on how to meet the criteria.

Regional Lead, GBA

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The offer was to support the practice to achieve APC status through capacity time of the lead officer and a budget of £2,500 to help support the practice to implement interventions that help staff and patients be more active.

Regional Lead, LEAP

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We did the Benchmarking Survey and what was interesting was how different practice roles had different levels of awareness when it came to physical activity. This framed who we invited to the training because I was keen to get a mix of different roles.

Regional Lead, Active Oxfordshire

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I think it needed a lot longer, but I've developed a relationship with them now. I'm happy to support longer term work and I feel like it's just getting going now. The momentum is really kicking off and there's some really good work coming from that.

Regional Lead, GBA

Engagement

“AMiP is our avenue to say, look, we care about our team and our patients. We care about their mental health; we care about their physical health.”

Practice Manager, Oxford

Insight into engagement of participating practices and the attitudes and perceptions of staff on engagement with AMiP is derived from interviews with practice staff and a focus group with the Regional Leads. Insight has also been gathered from responses to the Benchmark Survey included within the Workplace Movement Platform.

Practice staff expressed a range of reasons for engaging with AMiP, however, the key reason for engagement was to reflect their commitment to the wellbeing of their team, their patients and their community. Interview and Benchmarking Survey data show staff recognise the value of physical activity for physical, mental, social and emotional health, but struggle to prioritise it among the competing demands of practice work.

Staff note that work in a medical practice is often busy and challenging and that reducing work-related stress and improving staff mental health were important drivers of their participation in AMiP. They also note this work is often sedentary and so welcomed the impetus provided by the project to affect changes in habitual behaviours and routines, and to receive funding, resources and support to make these changes.

Interview data suggest practice staff differed in their activity behaviours and attitudes, so one of the primary objectives was to adopt a ‘whole team’ approach to AMiP. Practice leads wished to support already active staff to continue to be active by making physical activity an acceptable and normal part of a workday. They also aimed to help less active staff understand the benefits of activity, find activities that suited them and integrate these activities within and beyond their working day. Through engagement in AMiP, leads wanted to communicate their commitment to making activity an integral part of the practice ethos.

One participating practice is located in a highly deprived area and staff describe the local population as ‘largely inactive’. Non-clinical (reception and administrative) staff live in the local community and practice leads were keen to motivate these staff to be more active. It was hoped that if these staff adopted a more active lifestyle, their example could create ripple effects within the local community and encourage patients to be more active too. Clinical staff also recognised their own responsibility to serve as role models for their colleagues and patients, and to lead by example.

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It's about improving the health of employees. Staff wellbeing is really important, and exercise is an important part of that.

GP, Oxford

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A couple of years ago, things were really stressful... I wasn't really doing much exercise. So, my husband was like, just go for a run, just go out and go for a run. And it changed my life. I realized that for my mental wellbeing, being physically active was hugely important.

GP, Berkshire

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It was very important to spread the awareness of how important physical activity is and how that goes alongside physical and mental health.

Social Prescriber,
Buckinghamshire

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We've not targeted at all. We've tried to get everyone involved because everybody has some contact with patients in the practice, whether they are clinical or non-clinical; and often non-clinicians are the most impactful on the population, because a lot of our team live with the population we serve.

Practice Manager, Oxford

At the time of evaluation, some staff in all three practices had attended AMiP training; other staff were set to receive training shortly. Staff who had attended training were GPs, Practice Managers and Social Prescribers. All three practices expressed their intention to ensure all staff attended AMiP training.

Early efforts of practices focused on engaging staff in the project. Staff were encouraged to be more active by taking active breaks from work. Some practices organised daily or weekly walks and encouraged staff to conduct standing or walking meetings and walk to the waiting areas to meet patients instead of using the public announcement system. In one practice, staff were offered thermos flasks so they could have their tea or coffee during team walks. Other activity opportunities offered to staff included runs, short HIIT sessions, seated exercises, yoga, and practice activity challenges.

Practices requested a range of equipment to facilitate activity such as adjustable/standing desks, seated steppers, pedal exercisers, free weights and bike racks. Staff were encouraged to use standing desks to reduce time spent sitting down and use under-the-desk equipment to be active while working. Some equipment was placed in waiting areas to encourage patients to be more active.

Practices also took advantage of their surroundings to promote activity. One practice situated next to a park encouraged staff to use the park for their walks and standing meetings during the summer months. Another located in a picturesque rural area utilised their natural environment for walks and runs.

Supported by advice and ideas from the Regional Leads, practices formed new partnerships with local activity providers. One practice encouraged staff to attend parkruns and were in the process of becoming a 'parkrun practice'; another negotiated discounted membership rates with the local leisure centre for staff.

Practices also introduced and extended initiatives for patients. One practice incorporated activity into their patient coffee mornings by arranging for a local Tai Chi teacher to deliver classes and a fitness instructor to offer exercises for over-65s. The practice also organised talks by representatives from local activity providers and community groups to raise awareness of activity opportunities, build relationships and facilitate engagement.

At the time of evaluation, practices were just starting to engage patients in AMiP. The patient aspect of the project was seen by practices as harder to implement, and practices were planning to recruit a patient Champion from their PPG to support this element.

Engagement of staff and patients in AMiP and the creation of change in activity behaviours and attitudes is recognised by all practices to require a significant shift in the culture of medical practices. All practice leads are committed to making this shift but recognise it will take time and perseverance to make and sustain the changes necessary to become a truly Active Practice.

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I think some of the blockers are not knowing what's out there or what is available. And then it's about helping and supporting people to just take that first step and see the benefit. So, I guess the overall outcome is to make our staff and patient population more active and realise the benefits of that.

GP, Berkshire

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Some of the things we've been doing, like going for team walks, we're doing in our local community. And that's quite a visible thing. And the standing desks are also quite visible. People come in and ask about them.

GP, Oxford

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We have been encouraging staff to attend parkruns. We're not a parkrun practice yet, but I do think we are hoping to be. We have a WhatsApp group and invite people to the parkruns, which is great, and it's a good team-building opportunity as well.

Social Prescriber,
Buckinghamshire

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We had the first module of the Active Movement training for all staff, and then we took the opportunity to go out and do some activity. We did some HIIT and some walking and some running on that afternoon.

Practice Manager, Berkshire

Impact

The support's been really good. They have done as much as they possibly could for us. It's been invaluable, really, for us to have that support.

Practice Manager, Berkshire

Value of AMiP and Regional Lead support

Practice staff commend the support provided by AMiP and the Regional Leads. AMiP gave practices a structure and a clear set of outcomes. It specified what practices needed to do to meet APC criteria and supported them in achieving these criteria. Having clarity of direction and clear objectives are reported by practice staff to be 'invaluable' in becoming an Active Practice.

AMiP was seen to be especially helpful as it allowed practices to not have to 'reinvent the wheel'. AMiP and the Regional Leads brought together all the training, information, advice and ideas practices needed to implement AMiP, and provided a supportive framework for achieving APC status.

The monitoring and accountability embedded in the framework were valued highly by practices. Regional Leads checked in regularly with practice staff, kept them on track and helped them progress. Staff note that the pressures of running a busy practice and competing demands on their time could easily have resulted in AMiP being side-lined, but the monitoring and accountability kept the project at the forefront of staff's minds.

Regional Leads also assisted practices by suggesting ideas for implementation and ways of overcoming perceived barriers. Advice from the Regional Leads was reported to be specific and practical. By proposing alternatives, grounded in a sound understanding of what was viable within the practice, Regional Leads helped staff find workable solutions to challenges faced in implementing AMiP. In cases where practices were already meeting criteria for APC status, Regional Leads provided reassurance that they were on the right track and on course to achieve APC status. This knowledge boosted staff confidence and motivated them to intensify their efforts.

Sustainability is important aspect of AMiP, and Regional Leads helped practices look beyond APC status and consider the longevity of initiatives developed through the project. For example, when a practice wanted to use AMiP funding to organise yoga classes for patients and staff, the Regional Lead suggested a parallel exploration of local activity providers to ensure continuity of provision. Thus, Regional Leads kept practices focused not just on the immediate objective of securing APC status, but how to embed, sustain and grow the changes made.

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The actual structure of it makes you do it. There are so many other demands on our time that without that framework, I think it probably would have gone by the wayside.

GP, Oxfordshire

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They were able to tell us what we needed to do to achieve APC status. They've also been really helpful in terms of helping us think about how we might want to achieve it and what our structure might be. They've been very supportive. Having the structure and knowing what we need to achieve, that's been the key.

GP, Berkshire

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It gave us that reassurance. We actually realised we were already ticking a lot of the boxes by things we were doing which showed we already had an interest in active medicine. So having that support and going on the training and feeding that back definitely gave us the confidence to do it.

Social Prescriber,
Buckinghamshire

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The way that General Practices are at the moment, we probably would have floundered and given up, but because they were there, and were checking in and helping us, that's been vital, really.

GP, Berkshire

Value of training

Training provided through AMiP and delivered by the Regional Leads was received positively by practice staff. Attendees report the training was well-designed and met their needs.

Practice staff say AMiP training offered a reminder of salient facts and statistics relating to the importance of physical activity and the significant benefits to physical and mental health. While this information was not new for clinical staff, reiteration through the training brought it to the forefront of their minds. Practice staff comment they found it useful to have the key information 'at their fingertips'.

Raising practice staff's awareness of the adverse effects of sedentariness and the importance of regular physical activity was seen to motivate staff to be more active. After training, staff report they were more conscious about sitting for too long and more likely to get up and move. Staff also felt motivated to find creative ways of incorporating small but frequent bouts of physical activity into their daily routines, for example, doing squats every time they made a cup of tea. These new activity initiatives were seen to raise the visibility of physical activity within the practice and piqued the interest of others. Resulting conversations helped promote the importance of physical activity among staff and patients alike.

Courses on Motivational Interviewing helped practice staff initiate and conduct conversations about physical activity with patients. One GP reflected on a conversation in her practice about the importance of an active and healthy lifestyle. She explained how this conversation had made a colleague uncomfortable and how important it was to be mindful of people's sensitivities. The Motivational Interviewing training helped staff learn how to approach and tailor conversations around physical activity according to individual readiness and receptiveness. A range of resources were also provided for staff to use in their conversations with colleagues and patients. These resources were reported to be helpful by attendees and shared with other staff.

While several staff attending AMiP training have cascaded learning to colleagues, they feel the more staff trained the better, and that it would be helpful for all staff to attend some training early in the project. They believe timely 'whole-team' training would assist AMiP implementation through staff buy-in and support for changes made. In this respect, Regional Leads spoke about the importance facilitating inclusive, practice-wide dialogue about AMiP and practice leads commented on the difficulty of culture change. Engaging all staff in appropriate training early in AMiP is recommended to create a sense of individual and collective responsibility for the development and sustainability of an Active Practice.

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The training course was pitched well, I thought. It is useful to have a recap. It was all useful. It gave us some ideas of how to talk to people. And made us think outside the box a little bit.

Practice Manager, Berkshire

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Particularly for us GPs and social prescribers, it was really about the Motivational Interviewing - o you know how to approach this in practice, when to approach it, and have the skills to do so. The training session we did touched on those skills, so hopefully we'll start using those in practice more often.

GP, Berkshire

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I would definitely recommend more staff to do the Active Medicine training to raise awareness. Had we done that with more staff early on, it would have been better... If they've actually done the training and seen it for themselves, they're more likely to take part.

Social Prescriber,
Buckinghamshire

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Our senior partner did the clinical awareness training, which she thought was great. She thought the resources were good and she shared them with others... We invited the whole practice to come and do the first module, which I found really interesting. It had good feedback.

Practice Manager, Berkshire

Value of funding and resources

Given the resource constraints in practice settings, staff acknowledge the vital role of the impetus provided by AMiP and the funding and resource support.

Equipment

Provision of activity-related equipment is seen by Regional Leads and practice staff alike to be key to practices' engagement. Adjustable desks were popular with staff and a considerable proportion of funding was spent on this item. Staff enjoyed the feeling of standing while working or talking to patients and demand was so high Practice Managers had to ration the allocation of desks. Under-the-desk equipment was also valued as it enabled staff to be active while working.

Practice leads highlight the provision of physical activity-related equipment as a critical factor in their efforts to facilitate activity. The equipment was described as a 'huge incentive' to get staff moving. Consequently, practice staff requested a substantial portion of AMiP funding be concentrated on the purchase of activity equipment.

Digital and printed resources

At the time of evaluation, two practices had not received the digital resources; the third had only just received the video for the waiting rooms. None of the practices were able to comment on the digital resources but all are optimistic about their usefulness once available.

Two of the three GP practices had used the printed resources. Staff from one practice were ambivalent about their utility, preferring to create an online repository of resources they can access and provide to patients as needed. The practice lead explained they were trying to find the right balance between printed and digital resources and felt having too many leaflets and posters reduced the likelihood of these being seen or used by patients and staff. However, they expressed their willingness to have some AMiP posters in the surgery.

Staff in the second practice were more positive about the printed resources, finding them simple and quick to deploy. Staff have put AMiP posters up around the surgery and report they elicit interest from patients and staff, stimulate conversations and help promote awareness of physical activity and AMiP. However, they also acknowledge that once the digital resources are available, these might be more engaging and have a stronger impact.

Workplace Movement Platform

The utility of the Workplace Movement platform is recognised by practice staff. Using the platform, practice leads were able to gather insight into staff perceptions and attitudes to physical activity in the workplace through the Benchmarking Survey. They were also able to engage staff through interactive quizzes, challenges and posters about the adverse effects of sedentary behaviour.

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The equipment especially is a massive, massive hit because people will do it without realising they're doing it. So we are getting people moving without them noticing.

Social Prescriber,
Buckinghamshire

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With the up-down desks, the people who've got them really appreciate them. That feeling is so nice, to be able to stand up when I'm talking to patients; there's a real positivity around that.

Practice Manager, Oxfordshire

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Everyone from the [Active Partnership] team has been great. They've gone through what each stage is. Are you hitting those targets? Giving suggestions. Giving alternatives to everything, trying to find practical solutions.

Social Prescriber,
Buckinghamshire

I think the Workplace Movement Platform has got lots of nice resources on it, quizzes that I can send around to staff. Some slightly scary posters about sedentary behaviour. I also want to set up some challenge stuff because I think there are staff challenges. It was also interesting to look through the results of the Benchmarking Survey. It helped me understand people's barriers and motivations, and what people would be interested in.

Practice Manager, Berkshire

Preliminary outcomes

“The Benchmarking Survey asks, ‘Is there anything that makes it difficult to for you to be active as part of the working day?’ One person said, ‘Workplace culture, nobody does it.’ There you go. We do now.”

Social Prescriber, Buckinghamshire

AMiP was still in its early stages for practices participating in the evaluation and staff noted it was too soon to report measurable changes in health indicators, particularly in patients. However, they did observe several improvements among practice staff.

Practice leads report a reduction in sedentary behaviour and an increase in physical activity among staff. Staff are seen to be sitting down less; they are getting up and moving more. They are reported to be going for walks during their breaks and attending team walks. They are also making increased use of activity-related equipment such as adjustable desks, and consequently standing and moving more in their working day.

Practice leads also note an increase in staff awareness and interest in AMiP as the project develops. Staff are observed to be talking about the project and about physical activity, expressing interest in using the activity-related equipment and showing increased enthusiasm for activity opportunities, for example, enquiring about the next practice HIIT session or walk.

Clinicians state AMiP has increased their knowledge. A senior GP commented that clinicians in her practice are giving more consideration to physical activity promotion and initiating conversations with patients. Post training surveys also suggest non-clinical staff feel more confident having conversations about physical activity with patients.

Staff wellbeing is seen to be improved, with staff reporting improved mood and feeling happier and better about themselves. Comments such as ‘I feel so much better after I have had a walk’ are noted by practice leads. Active breaks are perceived to have made staff more productive; staff say standing up more and taking active breaks helps them think more clearly and cope better with work stress.

An important consequence of group participation in physical activity is a reduction in social isolation and an increase in team cohesion. Staff are observed to interact and socialise more with colleagues during walks, resulting in an increased ‘team feel’ within the practice.

While responses to the Benchmarking Survey suggest practices do not involve staff in decisions about physical activity in the workplace, one practice lead said staff were consulted and helped shape AMiP. Giving staff a voice in the implementation of AMiP is seen to have fostered a sense of ownership and collective responsibility for the health and wellbeing of staff and patients.

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People are generally being more active; we are seeing people going out for a walk in their lunch break and standing more during the day, using the standing desk when they're able to access them. So I've definitely seen that improvement in staff.

GP, Berkshire

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The demand is there to go for walks, which is a positive thing, and some people do use the desks, which is great... My colleague who's been doing a lot of the walks is saying it's really nice just to bond with the people that you work with. It just makes them feel better about things, and about each other and about themselves.

Practice Manager, Oxfordshire

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Some of them say they feel happier. Some of it is a general raise in mood... I find it [standing] useful. It helps me clear my thinking and be able to have a full, fluid conversation.

Social Prescriber,
Buckinghamshire

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It's increased knowledge for GPs and clinicians. And though I haven't got a measurable element of that yet, you know that staff are focusing on physical activity more in consultations and discussing it.

GP, Berkshire

Lessons Learnt

What worked well...

for Regional Leads

Regional Leads say a key factor in the success of AMiP is the positive relationship developed with practices. Through AMiP, Regional Leads have a better understanding of the organisational structures within medical practices, the enabling factors for initiatives such as AMiP, and the constraints in practice settings. At the same time, practices have a better appreciation of Active Partnerships and the value they bring. This mutual understanding has resulted in closer, more fruitful relationships.

Closer connection with practices is seen to have supported AMiP progress as well as laying a foundation for collaborative work with and between practices in the future. Practices report a willingness to share learning with clinical peers and promote AMiP to other practices.

Regional Leads say bringing together clinical and non-clinical staff and promoting an inclusive, practice-wide conversation about physical activity has been central to the success of AMiP. They emphasized the importance of encouraging staff to communicate across professional silos and involving all staff in discussions. This inclusive approach has resulted in enhanced learning and increased the likelihood of practice-wide behaviour change among staff.

for practices

Consistent across interviews with practice staff is the pivotal nature of the AMiP framework and support provided by Regional Leads. The AMiP framework gave practices clear objectives to achieve while Regional Lead support enabled them to achieve these objectives in ways that worked for their staff, their patients and their community. Check-ins and accountability by and to the Regional Leads kept practices on track, re-focused attention where required, and helped practices find workable solutions to challenges experienced. Staff are unanimous in their assertion that the support provided by Regional Leads has been key to achievement of APC status.

Increased prioritisation of staff wellbeing and voice is also seen as a contributory factor in the success of AMiP. Staff were encouraged and enabled to prioritise their wellbeing alongside their professional duties. They were also asked for their ideas, preferences and views as to what AMiP should 'look like' in their practice. Staff welcomed the chance to support their own and others' wellbeing and noted they felt valued, and a sense of ownership and responsibility towards AMiP, leading to greater engagement, commitment and support.

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The partnership we've got has really developed...they would be happy to talk to other practices, cascade learning and be a role model for others. I think it will open doors to other practices.

Regional Lead, GBA

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The relationship is so much better than it was before... And it's given me an insight into GP practices and the way they're working. That will definitely help for future projects... Now we can go back to the social prescribing link workers and the GP surgery and, to a certain extent, the wider PCN, and do other projects with them because I think they're really seeing the value in partnering with us.

Regional Lead, LEAP

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What was nice was creating a practice-wide conversation about physical activity. I think that helped them inform each other in terms of behaviour change. There was a lot more learning rather than keeping people in their silos.

Regional Lead, Oxfordshire

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The feedback from our staff was that it was nice to be supported, to allow them to think, actually, I'm not just here to be doing my job. I need to concentrate on my own wellbeing.

GP, Berkshire

Challenges...

for Regional Leads

The most significant challenge experienced and reported by Regional Leads was the acute time pressures practices operate under. This resulted in delayed responses from practice staff and at times, Regional Leads found it difficult to conduct training sessions, coordinate schedules and arrange times when practice staff could be active together.

The busyness of practices and scarcity of time was noted by Regional Leads to slow the progress of AMiP. The project ran to a tight timeframe (with practices expected to apply for APC status by September), and Regional Leads had to strike a fine balance in their communications with practices so as not to overburden practice staff.

Regional Leads experienced delays when their practice liaison did not have appropriate decision-making authority. This was sometimes the case when the person appointed to lead AMiP was a non-clinical member of staff. This person had to consult or seek approval from clinical staff for various decisions, for example, what equipment to purchase, slowing the progress of the project. It is felt appointment of a clinical staff member to lead AMiP, exclusively or alongside a non-clinical staff member, could help counter this challenge.

Regional Leads note practices' participation in AMiP appeared strongly influenced by the AMiP funding, and the ability to use this funding to procure activity-related equipment. Regional Leads submit that without this funding, it may prove challenging to attract interest from practices.

for GP Practices

Acute challenges reported by practices were time and workload pressure. Many staff worked through breaks, ate lunch at their desk and were reluctant to leave mid-task to engage in activity, particularly if the task was of an urgent nature. Practice leads tried to change staff's mindset by suggesting that taking short active breaks could make them more productive and efficient.

A lack of physical infrastructure such as showers and locker rooms on the premises of some practices was perceived as a barrier to engaging in physical activity. Responses to the Benchmark Survey also show some staff were unaware of the support offered by their practice such as showers and the Cycle to Work scheme. Practice leads tried to address these issues by highlighting the support provided, and organising simple, viable activities such as walks and short activity sessions.

The most significant challenge reported by practice leads was shifting practice culture so prioritising activity and wellbeing becomes part of the practice ethos. Practices also anticipated patient engagement to be more challenging than staff, but that this could be achieved if the whole team were invested in and committed to the health and wellbeing of themselves, their colleagues and their service users.

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GP practices are super busy. I'd be sending quite a few emails and sometimes I didn't hear anything for weeks... It was tricky because I didn't want them to feel this project is a bit of a challenge for them to respond to.

Regional Lead, Berkshire

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Getting any training in with the GPs or reception teams was a bit of a challenge... And when we set stuff up for their team around activity, like a weekly walk, that's been a real challenge too - trying to find a time that is suitable for all.

Regional Lead, LEAP

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I think one of the biggest challenges is changing people's mindsets to actually prioritise physical activity.

Social Prescriber,
Buckinghamshire

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Culture is hard to change. It takes the whole team to give a broader sort of service to patient. Our social prescriber is great and we've got some care coordinators, our GP's and nurses obviously, but our reception staff too... I think it takes the whole team to make a difference.

Practice Manager, Berkshire

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A key thing was that staff felt in control of the process. So, we asked them what they might want to do to make things better; that was good.

GP, Berkshire

Next Steps

"It's a case of constantly keeping up the information. Mentioning it at staff meetings, keeping it a top topic. I think the fact that we have the nice shiny certificate up in the surgery will give people the incentive to keep it going."

Social Prescriber, Buckinghamshire

Practice leads know changes in activity behaviours, attitudes and perceptions take time. Given the challenging patient and staff demographic in some practices, and the work pressures inherent in medical practice settings, there is recognition that achieving desired change will require steady effort over the long term.

Foremost among next steps for practices is engaging patients. At the time of evaluation, practices had only just begun to extend participation to patients. Disseminating information and involving patients in activities is a priority for practices. One practice has a planned event involving a 5K run/walk and stalls run by local activity providers. Practices also plan to enlist the support of volunteers and a 'Champion' from their PPG to drive patient engagement.

An important aspiration for practice leads is changing the mindset of staff seen to be resistant to participating or engaging in discussion about physical activity. This is seen as key for the health and wellbeing of the individual and for the success of AMiP. Leads hope the example of engaged colleagues, provision of accessible activities and an approach that respects individual needs, preferences and sensitivities will, in time, enable and empower all staff to join in activities.

Practices seek to perpetuate the success of AMiP by evidencing impact and showcasing achievements. This is seen by practices as crucial to maintaining momentum and keeping staff and patients motivated and engaged. Practices plan to embed AMiP topics in their staff meetings and use their social media channels to emphasise activity and what is available locally.

Practices recognise that partnership working will be important in developing and sustaining their Active Practice. Practices aim to strengthen links with other practices to share learning and effective practice, and to initiate and expand links with community settings and activity providers. They also plan to continue working with the Regional Leads and Active Partnerships, building on the trusted and productive relationship developed through AMiP. While challenging at times, practices recognise that actively engaging with all sectors of the community is key to using the values and essence of AMiP to support people who need this support most.

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We just hope this becomes part of our ethos, that this is something we all do as a team, either together or individually. And that it is accepted and understood that it is really important and we encourage staff to do it.

Practice Manager, Oxfordshire

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The patient side of things, I think, is harder, so that's going to take longer.

Practice Manager, Berkshire

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There's still a hard core that I need to crack. And they're the people who need it the most. It's not just can I get them on the walks, can I get them using the standing desk. It's can I get them thinking about what they do at home? How can I empower them to think, I don't have to sit at home, I need to get out and go for a walk.

Practice Manager, Oxfordshire

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I'm hoping that we record the difference that it's made to keep up the momentum.

Social Prescriber,
Buckinghamshire

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We need to develop links with other people. Our health coach is really keen to make it more of a PCN approach and get people doing activities she does, like parkrun.

Practice Manager, Oxfordshire

Active Medicine in Practice Recommendations For Active Partnerships



FOCUS FORWARD

Think beyond achievement of APC status. Encourage practices to consider their wider agenda and how AMiP can support this agenda. Build a relationship that aids achievement of APC criteria and taps into what matters to each practice to raise the value of AMiP, increase engagement and outcomes, and open doors for longer term work.

CONSIDER CAPACITY

Don't underestimate the time and energy it takes to help a practice become an Active Practice. Ensure the practice lead has the capacity and authority to motivate engagement, make decisions and drive AMiP. Encourage practices to use initiative and creativity to develop an Active Practice that is informed, driven and delivered by the practice, for the practice and the community it serves.



BUILD SUPPORT & ADVOCACY

Build support and advocacy across the board, from policymakers at the top to service users on the ground. Show policymakers how AMiP maps to public health priorities and demonstrate to funders how it achieves its goals. Show practitioners how it improves practice and tell end users about the difference it makes to their lives.



Active Medicine in Practice

Recommendations For Practices



ENGAGE

Adopt a 'whole practice' approach to AMiP. Engaging all staff from the outset enhances organisational learning, eases implementation and increases the likelihood of lasting behaviour change among staff and patients. Ensure all staff receive some training and have the chance to inform, shape and drive your Active Practice.

EMPOWER

Create beacons of change. As your Active Practice becomes increasingly established and produces more role models and advocates, the aspirations and expectations of people will change. Support this culture of change through inclusive opportunities that foster a sense of ownership and empower staff, patients and partners to be the voices of AMiP.



COLLABORATE

Initiate cross-sector partnerships. Develop relationships with individuals, groups and organisations that serve the community and are invested in building healthier communities. Actively engaging with partners will increase the reach, accessibility, sustainability and outcomes of AMiP for people who need it most.

COLLECT, REFLECT & SHARE

Evidence-based decision making is critical for effective development of an Active Practice. Look for ways to evidence impact and find out what works, what doesn't, and why. Share this evidence as widely as possible to inform policy and investment, support provision and practice and maximise engagement and outcomes.

