

Embedding physical activity (PA) in clinical care pathways: Active Hospitals Pilot

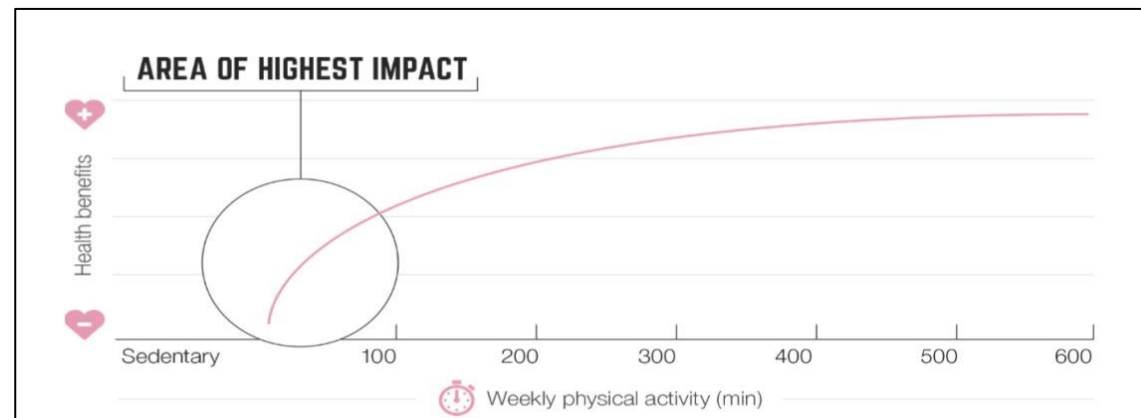
What do we know?

- 1.6 million deaths annually can be attributed to inactivity in the UK (WHO, 2021)
- People who are inactive have a 20-30% increased risk of death compared to people who are sufficiently active (WHO 2021)
- In **England**, 23% of adults report being physically inactive which compares to 26% across the **North East** (range: 37% (Hartlepool) – 21% (North Tyneside)) and 25% for **Newcastle** [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)
- **Within Newcastle**, levels of inactivity vary considerably across the city from 10% in Jesmond/West Jesmond to 36% in Walker [Small Area Estimates - Inactive \(%\) | Sport England](#)
- A recent audit (2021) evaluating PA levels of 203 medical admissions to Ward 16 (Freeman) found **80% of patients were inactive prior to their admission** highlighting a significant local challenge when targeting PA.



Risk factors for physical inactivity

- LTCs - people with LTCs are twice as likely to be inactive
- Age (increasing age increases risk)
- Gender (being female increases risk)
- Postcode (living in the NE increases risk and this is even greater in more deprived areas)



Dose-response curve of PA and health benefits - **Greatest gains are in those who go from doing nothing to doing something** (UK CMOs' PA Guidelines (2019)).



Objectives:

1. To support patients with LTCs to become more physically active on the wards
2. To support patients with LTCs to become more physically active on discharge from hospital
3. To increase awareness amongst staff about the benefits of PA for patients with LTCs

23-month pilot funded by the Newcastle Hospitals Charity



Update on progress

- **Stakeholder engagement** (patients, staff, senior management, community partners, HEIs)
- **Scoping review** – what is there available to support our patients in the community?
- **Intervention development** (COM-B Framework for intervention development and MRC Framework for developing and evaluating complex interventions - driven by qualitative data derived from stakeholder engagement)
- **Ward-based resource ‘pack’**: ‘How Fit’ booklets; PA plans; exercise programmes (bed/chair/standing); structured activities; walking programmes (with pedometers as required) ; hospital-based/local walking routes; group exercise classes; CMO PA guidelines
- **Signposting resource ‘pack’**: credible online resources (e.g. Sport England: ‘We are undefeatable’, ‘How Fit’); local community partners (e.g. GLL, HealthWorks, NUCASTLE, Urban Green); walking groups; **Social Prescribing**
- **Follow-up phone calls for patients post-discharge** - do they need any additional support from community partners?
- **Training** (MI; Active Conversations; PACC Training ; MECC Training; Physio student teaching; Junior doctor teaching)

Interim analysis of pilot data:

- 64 patients screened for intervention
- 103 "Active Conversations"
- 286 activity-based hospital interventions (189 strength-focussed, 97 cardio-focussed)

This was **in addition** to usual ward-based physiotherapy interventions

38 patients discharged with individualised PA plan - this included:

- 7 referrals to HW Staying Steady, 5 referrals to GLL Healthwise, 12 referrals to free community-based resources (e.g. walking programmes, online exercise groups), 5 referrals to Social Prescribing Team



Next steps

- Expansion of pilot to surgical wards at Freeman
- Roll-out of PACC/MECC training across NuTH
- Embed BSc/MSc physio student placements
- Staff PA challenge
- PA awareness day(s) for staff and patients in 2023 - with community partners
- Embed PA Calculator on eRecord
- Input into the NuTH 'Healthy Weight Policy' led by Dr Balsam Ahmad

