Physical Activity Pathway

NHS Health Scotland

Current physical activity recommendations

- 30 minutes of moderate physical activity on at least five days a week for adults
- 60 minutes of moderate physical activity each day of the week for children (aged 5 to 18)
- Something is better than nothing

Raise the issue

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

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

0 1 2 3 4 → 5 6 7

Exit strategy for those meeting guidelines
- Highlight national recommendations.
- Provide positive reinforcement.

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

No → Yes

3 Are you interested in being more physically active?

No → **Exit strategy – for those not interested**
- Highlight recommendations.
- Provide leaflet.

Yes → **Brief advice**
- Benefits • Barriers • Solutions

→ **Exit pathway**

Brief intervention
- Benefits • Barriers • Solutions

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User guidance notes

To see examples of healthcare professionals raising the issue of physical activity, using the Scottish Physical Activity Screening Tool Questionnaire (Scot-PASQ) and delivering brief advice or interventions in practice, you can view Every Step Counts at **www.healthscotland.com/everystepcounts**

Raise the issue

Assessment of physical activity levels should be a routine part of clinical care, alongside smoking and alcohol habits. The practitioner should seek to identify opportunities to initiate the Physical Activity Pathway. This could be done in a planned or opportunistic way.

Physical Activity Screening Question (PASQ)

Assess the patient's activity level using the validated Scottish Physical Activity Screening Tool Questionnaire. This brief screening tool consists of three simple questions and will determine whether a patient's current activity level meets the national minimum recommendations. It will also assess their willingness to improve their health by increasing these levels. **Every patient not meeting the recommended guidelines should reach Question 3.**

Question 1

Question 1 determines the number of days in the past week on which at least 30 minutes of moderate physical activity has been achieved. For those meeting the guidelines (five to seven days), reiterate the national guidelines and provide positive reinforcement. For those reporting activity on four days or less, continue to Question 2.

Question 2

Question 2 determines the total number of minutes of physical activity taken per week. For those meeting the guidelines (more than 150 minutes), reiterate the national guidelines and provide positive reinforcement. For those reporting activity for less than 150 minutes in total, continue to Question 3.

Question 3

Question 3 determines the patient's readiness to change. If a patient indicates that they are interested in increasing their level of activity, continue to brief advice and/or brief intervention as appropriate. If not, the practitioner should exit the pathwayby providing a written resource detailing the national recommendations and sources of further information for them to use if they change their mind at any point in the future.

Brief advice (BA)

Brief advice is a short (less than three minutes), structured conversation used to raise awareness of physical activity. Brief advice is less in-depth than brief intervention. Each practitioner will develop their own approach to delivering brief advice. A suggested structure is to reiterate the physical activity recommendations, highlight the benefits, explore barriers and identify solutions with the patient.

Benefits

All patients can benefit from physical activity. A practitioner should be familiar with specific benefits relevant to his or her own specialty. Some helpful prompts may include:

> 'Increasing your activity levels is one of the best things you can do for your health.'
>
> 'It will help improve your [mood/sleep/weight/energy levels/back pain, etc].'
>
> 'It can reduce the risk of [cardiovascular disease/dementia/diabetes, etc].'

Barriers

Advice may not be taken on board by a patient if barriers are not addressed and explored. If a patient cites their diagnosis as a perceived barrier, it should be explained that the vast majority of conditions will improve with appropriate activity, for instance:

> 'Your [hypertension/depression/diabetes] can actually be improved by being more active.'

Solutions

As well as discussing why physical activity is important, it is also important to identify with a patient how they can become more active. A practitioner should provide information and signposting appropriate to the individual patient. This could be to national portals, community-based programmes, or on-site facilities if these have been established. Written resources should be provided consolidating these options. If a patient or clinician thinks that further input would be useful, brief intervention should be offered. A patient can decline. This can be carried out during the same consultation, or at a more suitable time and setting in the near future.

Exit pathway

At any stage throughout the discussion, the patient may decide not to continue. If so, the practitioner should find a suitable exit strategy, ensuring an open route to revisiting. At the conclusion, the patient should be given a written resource detailing important information. Follow-up could be arranged if appropriate (i.e. next out-patient appointment).

Brief intervention (BI)

Brief interventions last approximately 3–20 minutes and go a step beyond brief advice. They aim to motivate and support, taking into account the individual patient's needs, preferences and circumstances. Additional techniques, such as motivational interviewing, can be employed. Each practitioner will develop their approach of delivering a brief intervention. As with brief advice, a suggested structure might be to highlight the benefits, explore barriers and identify solutions with the patient. A practitioner must remain non-judgmental and positive throughout the brief intervention.

Benefits

The patient should be involved in identifying how they will benefit from being more physically active. More time can be spent highlighting the benefits, as applicable to the individual. For those with a long-term condition or co-morbidity, discuss in greater depth how exercise can improve these. Disease progression may be slowed, disease severity can be lessened and medications may even be discontinued. In those without a chronic condition, the emphasis might be on the health risks of physical inactivity and the prevention of disease. Time can be spent building this understanding of the effects of sedentary behaviour.

Barriers

Identified barriers can be explored more thoroughly during a brief intervention. Barriers may include medical diagnoses, previous bad experiences, time-constraints, childcare, etc. It is important to acknowledge these barriers and support the patient to identify solutions to these, using the suggested approaches below:

Goal setting: Encourage the patient to identify changes to their daily routine, such as walking to work or taking the stairs more often. Emphasise that 'something is better than nothing' in those patients who are some way off meeting the recommendations. Encourage the patient to set achievable goals, gradually increasing their level of physical activity over time.

Confidence building: Explore what type of activity the patient thinks they might enjoy, or have enjoyed in the past. Encourage patients to involve friends or family as they seek to change their daily routine. Identify role models and sources of support. Motivational interviewing techniques could be employed if familiar to the practitioner. Aim to discover current levels of confidence to become more active, perhaps using a scale of 1–10.

Further information

NHS Health Scotland. *Every Step Counts*. A film resource for all NHS healthcare professionals, highlighting the importance of physical activity promotion in patient contact.
www.healthscotland.com/everystepcounts

NHS Health Scotland. 'Raising the Issue of Physical Activity' e-learning module.
http://elearning.healthscotland.com/course/view.php?id=315

Sources for patient leaflet:

- **Active Scotland** is a website to identify physical activity opportunities in your local area, from the easy to the extreme: **www.activescotland.org.uk**
- **23.5 Hours.** Narrated by Dr Mike Evans, 23.5 hours is a short video on the benefit physical activity can have on our health and wellbeing: **www.paha.org.uk/Feature/23.5-hours**