Primary Care Needs Assessment tool: indicator review

Google Chrome is advised to ensure this page displays/ functions as intended.

ⓘ You are now reviewing the PCNA indicator(s) for: **Prevalence of physical inactivity**

ⓘ **Caution**: The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

Strategic context

ⓘ Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- Physical activity promotes well-being, physical and mental health, prevents disease, improves social connectedness and quality of life, provides economic benefits and contributes towards 13 sustainable development goals (*Global action plan on physical activity 2018–2030*, WHO 2018; link); low physical activity is a behavioural risk factor contributing to avoidable disability-adjusted life years (DALYs).
- The *Active Travel (Wales) Act 2013* (link) and the *Wellbeing of Future Generations (Wales) Act 2015* (link) promote sustainability through active travel (such as walking and cycling) due to the co-benefits of reduction of harmful exhaust and carbon emissions and improved air quality.
- Less than 50% of adults in the most deprived fifth of Wales achieve the recommended physical activity guidelines compared to over 60% in the least deprived fifth of Wales; attainment of guideline levels is lower in Wales than in England or Scotland (*Health and its determinants in Wales*; PHW 2018; link).
- *A healthier Wales: our plan for health and social care 2018* (WG 2018; link) highlights the need for a shift towards greater prevention and early intervention.
- Welsh Government have developed a draft obesity prevention and reduction strategy (*Healthy weight: healthy Wales*), as required by the Public Health (Wales) Act 2017; this will be finalised and published in October 2019. For updates, see here.

▼ ⓘ Tell me about: DALYs

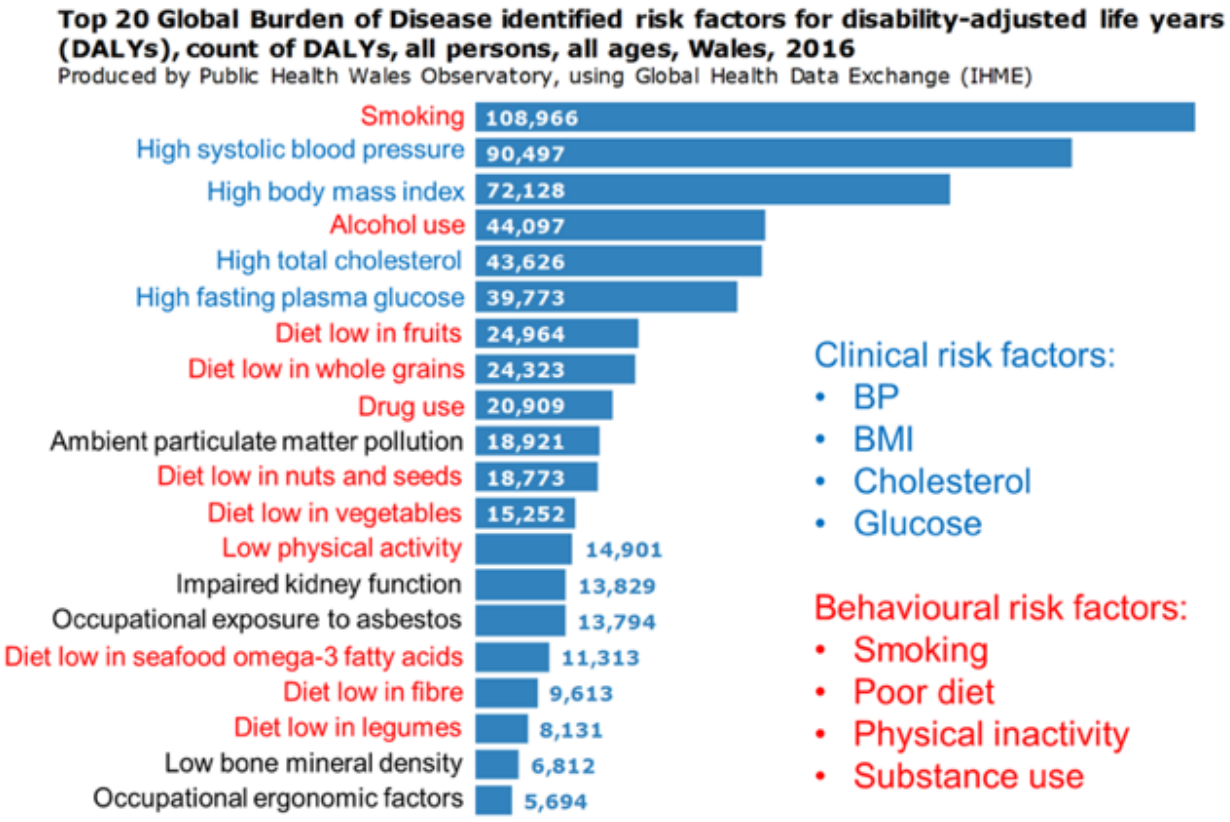
What are DALYs?

- Disability-adjusted life years (DALYs) are a combined measure of early deaths (i.e. premature

mortality) and disability-weighted impact on quality of live from living with poor health.

- Because DALYs capture both what kills us and what makes us ill, they describe the overall 'burden of disease' (reported by risk or condition) more effectively than mortality or disability prevalence does alone.

- The relative contribution of known risk factors for DALYs is illustrated in the figure below (*Health and its determinants in Wales*, PHW 2018).



Behavioural risk factors for DALYs:

- Behavioural risk factors for DALYs relate to both individual behaviours and the choice environment (i.e. the people and things around a person that influence their health choices).

- Four behaviours—smoking, substance misuse (alcohol and drugs), inactivity and unhealthy diet contribute considerably to identified risk factors for DALYs in Wales.

- Behavioural risk factors are generally reduced via mix of population and targeted approaches, with the aim of preventing or reversing health-harming behaviours that contribute to DALYs.

Clinical risk factors for DALYs:

- Four clinical risk factors are among the top five ranked risks for DALYs, these being: high systolic blood pressure (i.e. hypertension); high body index (i.e. overweight and obesity); high total cholesterol; high fasting plasma glucose (a prelude to diagnosis of diabetes).

- Clinical risk factors may be secondary (in part) to behavioural risk factors.

- Clinical risk factors are generally reduced via targeted approaches.

▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm e.g. never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g. screening) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the worst consequences of established disease e.g. vascular surgery).
- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

Building a healthier Wales (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).
- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.
- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.

Improvement actions for GP practice cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Make every contact count by opportunistically asking about physical activity level**

- Making Every Contact Count (MECC) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.

- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being.

- Consider encouraging practice staff to acquire MECC skills. For MECC e-learning (to level 1), see here [ESR or other login/ registration required]. For MECC training contacts by health board, see here [intranet].

- Brief intervention by practice staff in regular contact with people at risk (e.g. due to behaviours or socio-demographic characteristics) is promoted in NICE guidance (PH49); this involves discussion, negotiation or encouragement often given opportunistically, and could support an informed choice to consider increasing physical activity (or maintaining current levels if adequate).

- NICE guidance (PH44; see below) provides a recommendation on delivery and follow up of brief advice on physical activity for adults in primary care.

- *Getting Wales moving* (PHW & Sport Wales 2017; link) advises healthcare professionals make every contact count and advocate positively and consistently the benefits of being active.

- However, *Making a difference* (PHW 2016; link) cites evidence from the WHO that offering counselling around physical activity in primary care is less cost-effective (compared to support for active transport strategies, which are quite cost-effective).

- Record or update physical activity levels on the clinical system, as recommended in *Getting Wales moving* (PHW & Sport Wales 2017; link) and NICE guidance (PH44; see below). Physical activity levels can be categorised using the *General practice physical activity questionnaire* (GPPAQ).

▼ Make every contact count by asking about other risk behaviours

- When asking about physical activity, consider also asking about smoking (BRF-001), unhealthy diet (BRF-002), alcohol misuse (BRF-004) and obesity in children (CRF-002) or adults (CRF-003).

- Evidence indicates the clustering (co-occurrence) of risk behaviours, whereas services in the UK tend to focus on changing behaviour to address a single risk factor (*J Public Health* (Oxf). 2018 Sep 6).

- Clustering of behavioural risk factors is more frequent in areas of higher deprivation (compared to the general population) indicating the need for proportionately greater attention to multiple risk factors among people living in areas of deprivation (*Health Place*. 2017 May;45:189–198).

- An RCGP factsheet on physical activity and obesity (undated; link) notes aerobic physical activity offers substantial health benefits even if weight loss is not achieved; no strong evidence that physical activity of 150 minutes a week, on its own, achieves any significant weight loss; high levels of physical activity are required to lose weight without dietary change; 45–60 minutes/day of moderate-intensity physical activity are required to prevent weight gain; 60–90 minutes/day of moderate-intensity physical activity are needed to avoid regaining weight once lost; and weight loss with physical activity is best when combined with dietary and behavioural interventions.

- A factsheet from Motive2Move on physical activity and obesity is also available (link).

▼ **Ensure staff confidence to offer simple physical activity advice suitable for most people**

- New UK physical activity guidelines are in draft, scheduled for release during September 2019 (link). One way to be active is to do 150 minutes of moderate intensity activity, such as brisk walking or cycling, per week. Other ways are 75 minutes of vigorous intensity activity, such as running or playing tennis, even shorter durations of very vigorous intensity activity, such as sprinting or hard circuit training, or a combination of moderate, vigorous and very vigorous intensity activity. However, it is important to remember that any activity is better than none, and more is better still. The draft guidelines also state that adults should include muscle and bone strengthening activities on at least two days of the week and minimise being sedentary for extended periods.

- *Motivate 2 Move* (HEIW 2018; link) provides healthcare professionals with information required to encourage, motivate and educate patients about the wide ranging health benefits of physical activity.

- An RCGP factsheet on physical activity and obesity (undated; link) advises encouragement to minimise sedentary behaviour; progressively increasing physical activity, initially up to and then past 30 minutes and up to 60 minutes a day or more; and signposting obese patients to local services that can support them in increasing their activity levels e.g. local walking groups, leisure centres, etc. Factsheets are also available for advising on physical activity in the presence of various other medical conditions.

- The three questions posed by the *Scottish physical activity screening questionnaire* (Scot-PASQ) can be used as a motivational screening tool and to deliver advice: 1. In the past week, on how many days have you been physically active for a total of 30 minutes or more? 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? 3. Are you interested in being more physically active?

- Remember to encourage those attaining guideline physical activity levels to maintain this (or improve on it). Further health benefit can attained the more physical activity an individual does, however, most physical health gains occur at relatively lower levels of activity (*BMJ* 2016;354:i3857), with diminishing returns at higher levels of activity.

- A range of supporting information has been collated by RCGP into a *Physical activity and lifestyle toolkit* (link), including the RCGP Active Practice Charter (link) that could be adopted across the primary care cluster.

▼ **Ensure staff can access simple physical activity advice for pregnancy and children**

- A patient information infographic summarising the *UK Chief Medical Officersâ€™ guidelines 2017* for physical activity in pregnancy is available via MECC here.

- An RCGP factsheet on physical activity and pregnancy (undated; link) advises exercise is an important part of any treatment plan for a patient who is pregnant; it can improve their health and reduce the risk of gestational diabetes.

- As for healthy eating, advice on physical activity should be offered to the whole family (role modelling is important, so supporting behaviour change in sedentary parents may need priority).

- The Academy of Medical Royal Colleges (2015; link) promotes the following advice: "For children, a minimum of one hour exercise is expected, five times a week."

▼ Improve referral rates to supervised exercise programmes, including NERS

- NICE guidance (PH54; see below) does not recommend exercise referral for people who are sedentary or inactive but otherwise healthy.
- NICE do recommend exercise referral for people who are sedentary or inactive and have a health condition or other health risk factors. The latter include structured exercise programmes tailored to individual need to manage, and for rehabilitation after, certain health conditions, including myocardial infarction; stroke; chronic heart failure; chronic obstructive pulmonary disease; depression; low back pain and sciatica in over 16s; and chronic fatigue syndrome/ myalgic encephalomyelitis (or encephalopathy).
- *Building a healthier Wales* (Feb 2019) notes the National Exercise Referral Scheme (NERS) was introduced to facilitate access to physical activity for those at risk of chronic conditions and increase confidence to remain active; evaluation found beneficial impact on cardiovascular risk factors and mental well-being. It recommends expanding the capacity of NERS to support referrals from primary care in relation to: those with pre-diabetes (in conjunction with weight management support); supporting weight management in pregnancy; promoting activity in those presenting with joint pain particularly knee and hip pain; improving mental well-being for those with low level mental health problems; and providing support for those who are on long-term absence from work to promote return to work and reduced long-term worklessness. This page will be updated when the primary care referral pathway is active.

▼ Raise awareness of physical activity among patients visiting GP practices

- A patient information infographic summarising the *UK Chief Medical Officersâ€™ guidelines 2011* is available here.
- *Benefit from Activity* (link) is a website derived from the professional-oriented *Motivate 2 Move* resource, designed to help people improve their health by being more active; it includes advice for people with specific health conditions.
- Advice/ tips for parents on active play outdoors is available from the Every Child website here.

▼ Audit and improve local data on physical activity level and intervention recording

- NICE guidance (PH44; see below) recommends identifying adults who are inactive e.g. opportunistically or as part of a planned session on management of long-term conditions; assessing physical activity levels using a validated tool such as the *General practice physical activity questionnaire* (GPPAQ); and record the outcomes of assessment using Read Codes if appropriate.
- An RCGP factsheet on physical activity and obesity (undated; link) advises auditing obese patients to see if they have been offered an exercise referral scheme and dietary programme, and

auditing and monitoring obese patients to determine present activity levels [e.g. against CMO guideline levels].

▼ **Ensure awareness and implementation of NICE guidance/ quality standards**

- *Behaviour change: individual approaches*. Public health guideline [PH49] (Published date: January 2014) includes recommendations suitable for healthcare professionals. This guideline covers changing health-damaging behaviours among people aged 16 and over using interventions such as goals and planning, feedback and monitoring, and social support. It aims to help tackle a range of behaviours including alcohol misuse, poor eating patterns, lack of physical activity, unsafe sexual behaviour and smoking.

- *Physical activity: brief advice for adults in primary care*.em> Public health guideline [PH44] (Published date: May 2013) includes recommendations suitable for healthcare professionals. This guideline covers providing brief advice on physical activity to adults in primary care. It aims to improve health and wellbeing by raising awareness of the importance of physical activity and encouraging people to increase or maintain their activity level.

- *Physical activity: exercise referral schemes*. Public health guideline [PH54] (Published date: September 2014) includes recommendations suitable for healthcare professionals. This guideline covers exercise referral schemes for people aged 19 and older, in particular, those who are inactive or sedentary. The aim is to encourage people to be physically active.

- *Physical activity: walking and cycling*. Public health guideline [PH41] (Published date: November 2012) includes recommendations suitable for healthcare professionals. This guideline covers encouraging people to increase the amount they walk or cycle for travel or recreation purposes.

- *Mental wellbeing in over 65s: occupational therapy and physical activity interventions*. Public health guideline [PH16] (Published date: October 2008) includes recommendations suitable for healthcare professionals. This guideline covers promoting mental wellbeing in people aged over 65. It focuses on practical support for everyday activities, based on occupational therapy principles and methods. This includes working with older people and their carers to agree what kind of support they need.

- *Physical activity: for NHS staff, patients and carers*. Quality standard [QS84] (Published date: March 2015) sets out four quality statements, any of which could form a focus for collective local improvement action. This quality standard covers encouraging physical activity in people of all ages who are in contact with the NHS, including staff, patients and carers. It describes high-quality care in priority areas for improvement.

Improvement actions for wider cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Make every contact count by opportunistically asking about physical activity level**

- Making Every Contact Count (MECC) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being.
- Consider encouraging practice staff to acquire MECC skills. For MECC e-learning (to level 1), see here [ESR or other login/ registration required]. For MECC training contacts by health board, see here [intranet].
- Very brief intervention by staff in contact with the general public is promoted in NICE guidance (PH49), in the form of "ask, advise, assist" to inform people about services or interventions that can help them improve their general health and well-being; this could support an informed choice to consider increasing physical activity (or maintaining current levels if adequate).
- NICE guidance (PH44; see below) provides a recommendation on delivery and follow up of brief advice on physical activity for adults in primary care.
- *Getting Wales moving* (PHW & Sport Wales 2017; link) advises healthcare professionals make every contact count and advocate positively and consistently the benefits of being active.
- However, *Making a difference* (PHW 2016; link) cites evidence from the WHO that offering counselling around physical activity in primary care is less cost-effective (compared to support for active transport strategies, which are quite cost-effective).

▼ **Make every contact count by asking about other risk behaviours**

- When asking about physical activity, consider also asking about smoking (BRF-001), unhealthy diet (BRF-002) and alcohol misuse (BRF-004).
- Evidence indicates the clustering (co-occurrence) of risk behaviours, whereas services in the UK tend to focus on changing behaviour to address a single risk factor (*J Public Health* (Oxf). 2018 Sep 6).
- Clustering of behavioural risk factors is more frequent in areas of higher deprivation (compared to the general population) indicating the need for proportionately greater attention to multiple risk factors among people living in areas of deprivation (*Health Place*. 2017 May;45:189–198).
- An RCGP factsheet on physical activity and obesity (undated; link) notes aerobic physical activity offers substantial health benefits even if weight loss is not achieved; no strong evidence that physical activity of 150 minutes a week, on its own, achieves any significant weight loss; high levels of physical activity are required to lose weight without dietary change; 45–60 minutes/day of moderate-intensity physical activity are required to prevent weight gain; 60–90 minutes/day of moderate-intensity physical activity are needed to avoid regaining weight once lost; and weight loss with physical activity is best when combined with dietary and behavioural

interventions.

▼ **Ensure staff confidence to offer simple physical activity advice suitable for most people**

- MECC cite the UK Chief Medical Officerâ€™s recommendation that adults should aim to be active daily (link). Over a week, activity should add up to at least 150 minutes (2.5 hours) of moderate intensity activity in bouts of 10 minutes or more, and everyone should minimise the amount of time spent sitting or being inactive.
- *Motivate 2 Move* (HEIW 2018; link) provides healthcare professionals with information required to encourage, motivate and educate patients about the wide ranging health benefits of physical activity.
- An RCGP factsheet on physical activity and obesity (undated; link) advises encouragement to minimise sedentary behaviour; progressively increasing physical activity, initially up to and then past 30 minutes and up to 60 minutes a day or more; and signposting obese patients to local services that can support them in increasing their activity levels e.g. local walking groups, leisure centres, etc. Factsheets are also available for advising on physical activity in the presence of various other medical conditions.
- The Academy of Medical Royal Colleges (2015; link) promotes the following advice: "All adults should do physical activity at a minimum amount of 5-times-a-week, for 30 minutes each time. The sessions can be broken into 10- or 15-minute blocks. The activity should be moderately intense â€“ enough to get a little out of breath and/or to feel your heart rate increase, and/or to feel a little sweaty."
- The three questions posed by the *Scottish physical activity screening questionnaire* (Scot-PASQ) can be used as a motivational screening tool and to deliver advice: 1. In the past week, on how many days have you been physically active for a total of 30 minutes or more? 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? 3. Are you interested in being more physically active?
- Remember to encourage those attaining guideline physical activity levels to maintain this.

▼ **Ensure staff can access simple physical activity advice for pregnancy and children**

- A patient information infographic summarising the *UK Chief Medical Officersâ€™ guidelines 2017* for physical activity in pregnancy is available via MECC here.
- An RCGP factsheet on physical activity and pregnancy (undated; link) advises exercise is an important part of any treatment plan for a patient who is pregnant; it can improve their health and reduce the risk of gestational diabetes.
- As for healthy eating, advice on physical activity should be offered to the whole family (role modelling is important, so supporting behaviour change in sedentary parents may need priority).
- The Academy of Medical Royal Colleges (2015; link) promotes the following advice: "For children, a minimum of one hour exercise is expected, five times a week."

▼ Improve referral rates to supervised exercise programmes, including NERS

- NICE guidance (PH54; see below) does not recommend exercise referral for people who are sedentary or inactive but otherwise healthy.
- NICE do recommend exercise referral for people who are sedentary or inactive and have a health condition or other health risk factors. The latter include structured exercise programmes tailored to individual need to manage, and for rehabilitation after, certain health conditions, including myocardial infarction; stroke; chronic heart failure; chronic obstructive pulmonary disease; depression; low back pain and sciatica in over 16s; and chronic fatigue syndrome/ myalgic encephalomyelitis (or encephalopathy).
- *Building a healthier Wales* (Feb 2019) notes the National Exercise Referral Scheme (NERS) was introduced to facilitate access to physical activity for those at risk of chronic conditions and increase confidence to remain active; evaluation found beneficial impact on cardiovascular risk factors and mental well-being. It recommends expanding the capacity of NERS to support referrals from primary care in relation to: those with pre-diabetes (in conjunction with weight management support); supporting weight management in pregnancy; promoting activity in those presenting with joint pain particularly knee and hip pain; improving mental well-being for those with low level mental health problems; and providing support for those who are on long-term absence from work to promote return to work and reduced long-term worklessness. This page will be updated when the primary care referral pathway is active.

▼ Raise citizen awareness of physical activity benefits

- A patient information infographic summarising the *UK Chief Medical Officersâ€™ guidelines 2011* is available here.
- *Benefit from Activity* (link) is a website derived from the professional-oriented *Motivate 2 Move* resource, designed to help people improve their health by being more active; it includes advice for people with specific health conditions.
- Advice/ tips for parents on active play outdoors is available from the Every Child website here.

▼ Work in partnership to promote physical activity/ active transport

- Advocate and support wider local plans that create an environment that supports opportunities for physical activity and active transport choices.
- *Making a difference* (PHW 2016; link) cites evidence from the WHO that promoting physical activity in schools or worksites is less cost-effective (compared to support for active transport strategies, which are quite cost-effective). Best buys are support national mass media campaigns and promotion of active travel locally as the norm for short journeys (increased active transport will deliver co-benefits, such as improved air quality and reduced CO2 emissions).
- NICE guidance on *Obesity prevention* [GC43] states "Health professionals should support and promote community schemes and facilities that improve access to physical activity, such as walking or cycling routes, combined with tailored information, based on an audit of local needs."

- NICE guidance on *Physical activity: walking and cycling* [PH41] sets out how people can be encouraged to increase the amount they walk or cycle for travel or recreational purposes; recommendations cover policy and planning, local programmes, schools, workplaces and the NHS.

▼ **Ensure awareness and implementation of NICE guidance/ quality standards**

- *Behaviour change: general approaches*. Public health guideline [PH6] (Published date: October 2007) includes recommendations suitable for a broad audience. This guideline covers a set of principles that can be used to help people change their behaviour. The aim is for practitioners to use these principles to encourage people to adopt a healthier lifestyle by, for example, stopping smoking, adopting a healthy diet and being more physically active.

- *Behaviour change: individual approaches*. Public health guideline [PH49] (Published date: January 2014) includes recommendations suitable for a broad audience. This guideline covers changing health-damaging behaviours among people aged 16 and over using interventions such as goals and planning, feedback and monitoring, and social support. It aims to help tackle a range of behaviours including alcohol misuse, poor eating patterns, lack of physical activity, unsafe sexual behaviour and smoking.

- *Community pharmacies: promoting health and wellbeing*. NICE guideline [NG102] (Published date: August 2018) includes recommendations suitable for a broad audience. This guideline covers how community pharmacies can help maintain and improve peopleâ€™s physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.

- *Physical activity: brief advice for adults in primary care*. Public health guideline [PH44] (Published date: May 2013) includes recommendations suitable for a broad audience. This guideline covers providing brief advice on physical activity to adults in primary care. It aims to improve health and wellbeing by raising awareness of the importance of physical activity and encouraging people to increase or maintain their activity level.

- *Physical activity: exercise referral schemes*. Public health guideline [PH54] (Published date: September 2014) includes recommendations suitable for a broad audience. This guideline covers exercise referral schemes for people aged 19 and older, in particular, those who are inactive or sedentary. The aim is to encourage people to be physically active.

- *Physical activity and the environment*. NICE guideline [NG90] (Published date: March 2018) includes recommendations suitable for a broad audience. This guideline covers how to improve the physical environment to encourage and support physical activity. The aim is to increase the general populationâ€™s physical activity levels.

- *Physical activity for children and young people*. Public health guideline [PH17] (Published date: January 2009) includes recommendations suitable for a broad audience. This guideline covers promoting physical activity for children and young people aged under 18 at home, preschool, school and in the community. It includes raising awareness of the benefits of physical activity, listening to what children and young people want, planning and providing spaces and facilities, and helping families build physical activity into their daily lives.

- *Physical activity: walking and cycling*. Public health guideline [PH41] (Published date: November 2012) includes recommendations suitable for a broad audience. This guideline covers encouraging people to increase the amount they walk or cycle for travel or recreation purposes.

- *Physical activity in the workplace*. Public health guideline [PH13] (Published date: May 2008) includes recommendations suitable for a broad audience. This guideline covers how to encourage employees to be physically active. The aim is to increase the working populationâ€™s physical activity levels.

- *Mental wellbeing in over 65s: occupational therapy and physical activity interventions*. Public health guideline [PH16] (Published date: October 2008) includes recommendations suitable for a broad audience. This guideline covers promoting mental wellbeing in people aged over 65. It focuses on practical support for everyday activities, based on occupational therapy principles and methods. This includes working with older people and their carers to agree what kind of support they need.

- *Physical activity: for NHS staff, patients and carers*. Quality standard [QS84] (Published date: March 2015) sets out four quality statements, any of which could form a focus for collective local improvement action. This quality standard covers encouraging physical activity in people of all ages who are in contact with the NHS, including staff, patients and carers. It describes high-quality care in priority areas for improvement.

- *Physical activity: encouraging activity in the community*. Quality standard [QS183] (Published date: June 2019) sets out five quality statements, any of which could form a focus for collective local improvement action. This quality standard covers how local strategy, policy and planning and improvements to the built or natural physical environment such as public open spaces, workplaces and schools can encourage and support people of all ages and all abilities to be physically active and move more. It describes high-quality care in priority areas for improvement.

What is happening in Wales?

ⓘ Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ **Weight Watchers/ NERS programme**

- *What problem was being addressed?* Need to reduce BMI via increasing exercise.

- *What was done to address it?* Our Weight Watchers/ National Exercise Referral Scheme programme for newly diagnosed diabetic and pre-diabetic patients is progressing well. This programme was well received and referrals made showed evidence of significant weight loss with associated health improvements. To this end, following GP and patient requests, some of the patients were allowed a second 'free' course as the impact on their healthcare had been so significant with reduction in BMI. It was also felt that the pre-diabetes criteria could be relaxed to ensure that patients with high BMI were able to be referred and take advantage of the service, with the aim of helping to prevent the occurrence of these conditions.

- *Who did it or who can be contacted in the event of queries?* Llwchwr cluster (Dr Kannan

Muthuvaiavan).

- *Source?* Primary Care Clusters 2019 (yearbook) [link].

▼ **Placeholder project description**

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

ⓘ Have something to share? Please let us know here.

ⓘ **Caution**: Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.

What do you know about community views on this?

ⓘ Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

Type here

What assets or partnership opportunities can you identify?

ⓘ Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

Type here

STEP G Do you need more data before making a decision?

ⓘ If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

Type here

STEP H What is your provisional decision?

ⓘ Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team (LPHT). Summarise your proposals for action into the following box:

Type here

ⓘ Now PRINT this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.