



An evaluation of the Active Medicine investment

Report August 2021:
Metrics analysis

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Introduction

Active Medicine is an investment stream funded through Sport England's Workforce Innovation Fund. Jointly led by three Active Partnerships: Get Berkshire Active, Active Oxfordshire and Leap, it was funded for two years (Sept 2019 – Sept 2021) to cover the Integrated Care System of Oxfordshire, Buckinghamshire and Berkshire West. It has since been provided with an additional year of funding from Health Education England Thames Valley.

Press Red, a consultancy who specialise in understanding physical activity behaviour, were commissioned to evaluate the Active Medicine investment over the two-year period.

This is the final of a suite of four reports which should all be considered together:

- *Interim Report December 2020: Mapping the journey so far* details the journey and value created by the investment up to December 2020.
- *Interim Report February 2021: Metrics* is a summary of findings and recommendations from the feedback surveys to Mid-January 2021.
- *Conversations About Physical Activity: The story of Active Medicine August 2021* reviews the entirety of the investment to July 2021 and includes stakeholder and partner feedback on the investment.
- This is the final document which brings together all the findings from the feedback and follow-up surveys submitted by those attending training.

In this report we explore the data collection processes, the data collected and present an analysis of feedback and follow-up gathered from training participants.

It covers the period from June 2020 to the end of July 2021, when all training was delivered online.

Data collection mechanisms

The following mechanisms are in place to collect data about the Active Medicine investment:

- The Active Medicine Manager manually collects and records the following information about each training session:
 - Number of participants
 - Roles of participants
 - Team lead requesting training (where relevant)
 - Active Partnership area
- During the training, participants are asked:
 - How important they feel it is to have conversations with clients/patients about physical activity and how confident they feel giving advice about physical activity
 - The same question is asked at the beginning of the course and at the end

- The Active Medicine Manager collects scores and records the averages for each training session
- Immediately post training, each participant is sent a link to an online feedback survey*. These are designed to evaluate whether participants feel more:
 - knowledgeable about physical activity benefits and guidelines
 - aware of national and local resources to signpost to
 - confident in discussing physical activity with patients and/or clients
- From February 21 follow-up surveys have been sent 1-4months after training is completed to all attendees to understand the impact of the course in the longer term

*From May 21 Public Health introduced their own national feedback survey for the Physical Activity in Clinical Care course and the results have not been made available to Active Medicine.

We have analysed the available data to get a sense of how the training is being received, who is taking it up, and what is being learnt along the way. Since the first analysis in January 21, we have made some tweaks to the data capture mechanisms, whilst trying to maintain consistency, to help us to understand the effectiveness of the training.

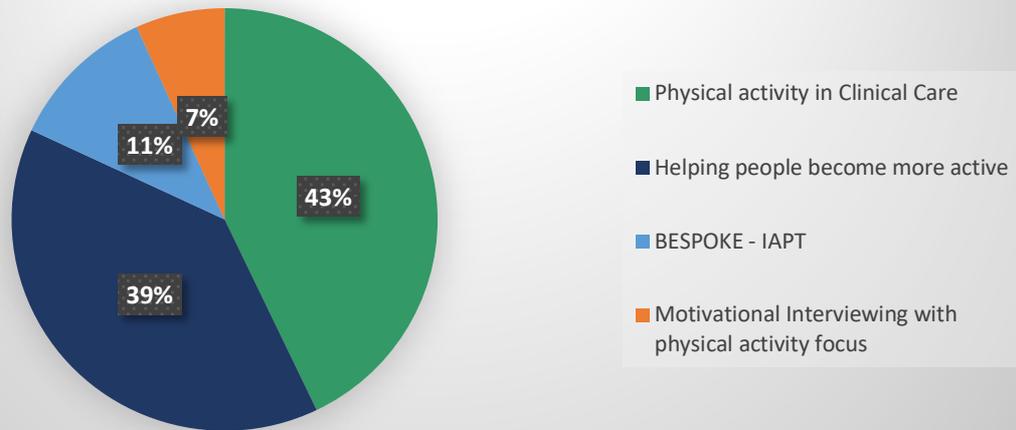
The types of training delivered during this period

Training	Delivered by	Duration
Helping people become more active	Active Partnerships	1 hour
Physical Activity in Clinical Care	Public Health England (Co-hosted by Active Medicine)	1 hour
Behaviour Change and Motivational Interviewing	Get Berkshire Active	5 x 1-hour modules 1 module is physical activity awareness
Motivational Interviewing with Physical Activity Focus (joint with Oxfordshire CCG)	Physical activity delivered by Active Oxfordshire (1.5hrs) Motivational interviewing delivered by Oxfordshire CCG (1.5hrs + 1hr homework)	PA 1.5 hours MI 1.5 hours + 1 hour homework (half day equivalent)
Buckinghamshire Talking Therapies Team (IAPT)	Bespoke physical activity session for IAPT. Main session led by Buckinghamshire CCG, local content delivered by LEAP	1.5 hour

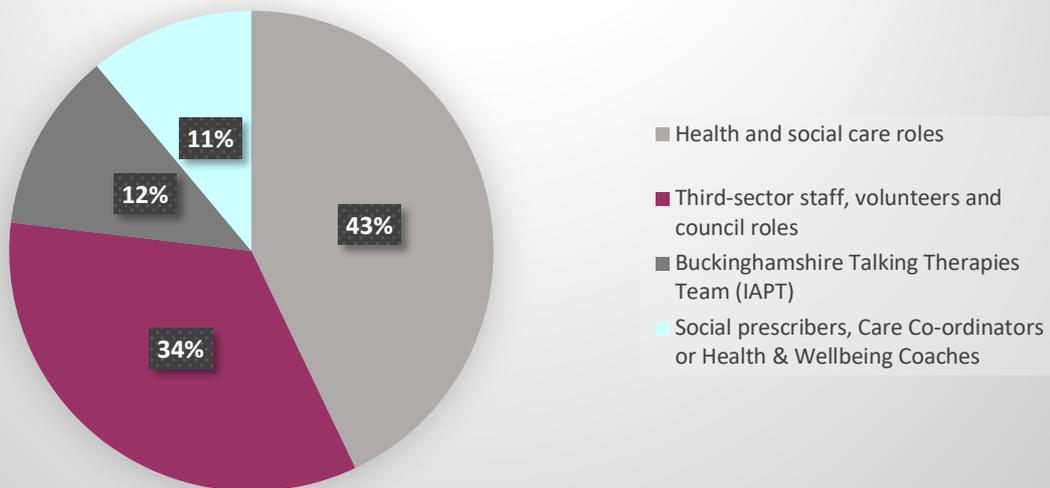
Summary of training delivered

Up to the 1st August 2021, a total of **1,301 people** have received training via 68 training sessions, organised through the Active Medicine investment.

Attendees by type of training delivered



Attendee Role Type



The training has been delivered to a wide range of organisations and different role types from Volunteer Befrienders, Librarians and Housing Support Officers to Physiotherapists, Doctors and Social Workers. For example, 61 different job roles were listed as attending just the Physical Activity in Clinical Care training.

Across all courses, feedback forms were received from 33% of attendees.

(This figure excludes the Physical Activity in Clinical Care courses delivered after May 21 when Public Health administered their own feedback process, which Active Medicine does not have access to).

Feedback surveys

Total overall	Number of sessions	Number of participants	Feedback respondents	Overall rating
Helping people become more active	34	499	32%	8.1/10
Physical activity in Clinical Care	22	558	33%	8.6/10
Behaviour Change and Motivational Interviewing	4	44 (plus 2 additional for PA module)	59%	8.6/10
Motivational Interviewing with Physical Activity Focus (joint with Oxfordshire CCG)	6	42	52%	8.7/10
Buckinghamshire Talking Therapies Team (IAPT)	2	156	12%	8.3/10
TOTAL	68	1301	33%	

*feedback on the Better Health Webinar was not collected due as no contact details were available

**IAPT course feedback analysed with Helping People to Become More Active

Jan to Aug 21	Number of sessions	Number of participants	Feedback respondents	Overall rating
Helping people become more active	17	308	30%	8.2/10
Physical activity in Clinical Care	14	394	29%**	8.6/10
Behaviour Change and Motivational Interviewing	3	37	54%	8.5/10
Motivational Interviewing with Physical Activity Focus (joint with Oxfordshire CCG)	2	21	62%	8.2/10
Buckinghamshire Talking Therapies Team (IAPT)	2	156	12%	

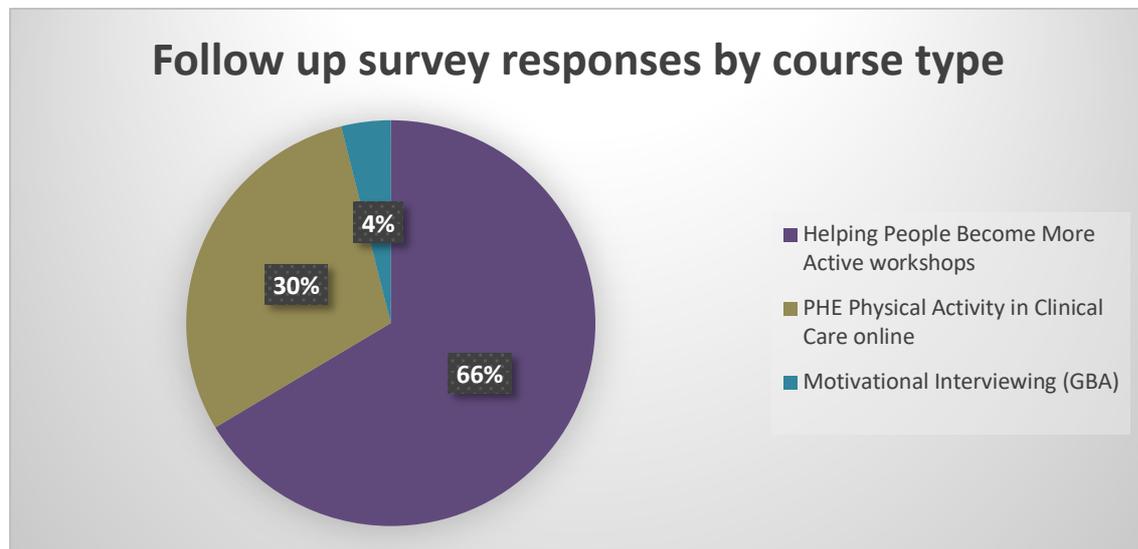
**up to when PH feedback forms sent (these results not currently available to AM)

Up to Jan 21	Number of sessions	Number of participants	Feedback respondents	Overall rating
Helping people become more active	17	191	37%	8/10
Physical activity in Clinical Care	8	164	36%	8.6/10
Behaviour Change and Motivational Interviewing	1	7 (+ 2 additional for PA module)	85%	9.2/10 9.1/10
Motivational Interviewing with Physical Activity Focus (joint with Oxfordshire CCG)	4	21	43%	9.6/10

A more detailed summary of feedback data for each training type is given in the Appendices.

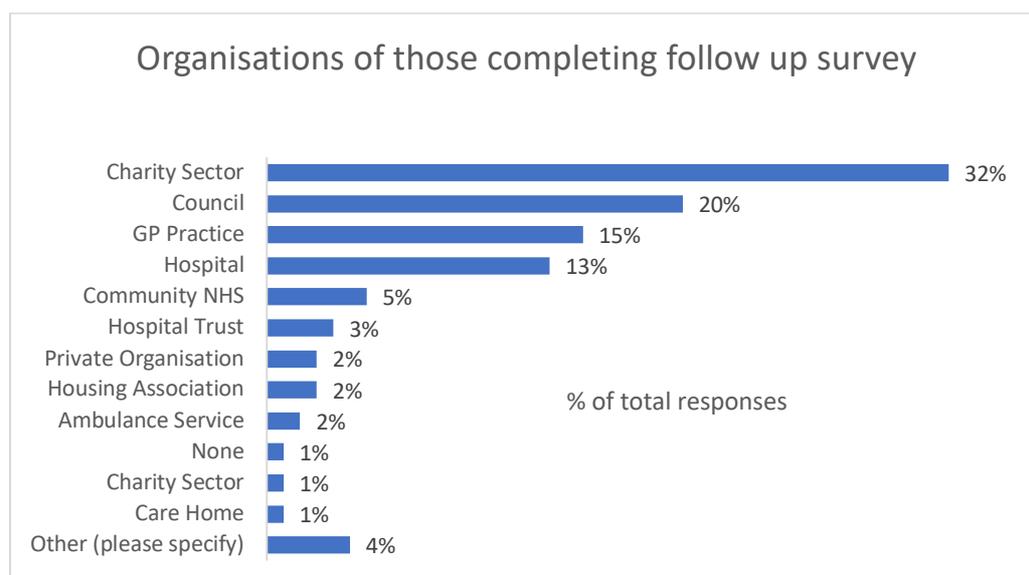
Follow-up survey

10% of all attendees have completed follow-up surveys. These were sent to attendees 1-4 months after completing the training (between February and August 21), to review the longer term impact of the course. 128 responses were received in total across the different training courses.



Note: those attending Motivational Interviewing Courses in AO were invited to a follow up discussion and therefore were not asked to complete the follow up survey.

Those attending the *Helping People Become More Active* courses accounted for two-thirds of the follow-up survey responses. The responses have come from a number of different role and organisation types, to give a good spread of views.



The most popular roles of those completing the follow up survey were Volunteer befrienders (14%), Social Prescribers/Link workers (13%), Other Volunteers and Nurses (8% each).

Findings

The processes in place to collect information on training delivery have been sufficient to give a picture of who has participated, and feedback on their own learning. We have heard from approximately one third of all participants via the feedback survey sent immediately after the training, (which is the same as when previous analysis was carried out up to Jan 21).

The feedback shows findings consistent with the previous review (both from the online polls during training and the feedback surveys submitted once training is completed).

It has not been possible to compare results by role type. Processes were amended to do just this, by adding drop-down menus to the feedback survey for roles and organisation types. However, the hugely diverse range of roles (and role descriptions) has meant this has still not been possible. We also found that a large proportion of participants used the 'other' category and entries were not clear enough to clean the data into identifiable groups. Non-descript role descriptions, such as XXXX are common in our systems.

- Respondents rate the **usefulness of the training for their role very positively** with the average for each of the courses scoring over 8/10
 - *Helping People to Become Active*: 8.1/10
 - *Physical Activity in Clinical Care*: 8.6/10
 - *Motivational interviewing GBA*: 8.6
 - *Motivational Interviewing AO*: 8.7Source: feedback survey

- Before and after polling shows that respondents have **increased** their **knowledge** of the importance of physical activity and its benefits, and their **confidence** in skills to support someone to be more active. In the *Helping People to Become More Active* sessions there are some interesting findings for different groups attending sessions.
 - **Greatest improvements** between the before and after scores for knowledge and confidence were in the sessions delivered to **library workers, housing support officers, and Age UK support workers**
 - Interestingly though, the after scores for importance for library workers, was still the lowest across all sessions. Comments from this group suggest that they may feel it is less important for them in their role, particularly as the library service is heavily promoting self-service, resulting in less opportunities for staff and volunteers to interact with customers
 - There was also a large improvement for the **volunteer befrienders** group in importance scores but the **confidence improvement in this group was lower**Source: online poll during training

Findings from feedback survey

- **Overall feedback scores** for *Helping People to Become More Active* have **improved** when compared to the previous analysis up to Jan 21. This indicates that training is being reviewed in light of feedback and showing improvements as a result
- Source: feedback survey

- A high proportion of respondents have **pledged to pro-actively encourage physical activity** and to **use the techniques** they have learned to help them do this more effectively. For those attending the motivational interviewing courses there was an overwhelming majority of comments (77%), about using the techniques learned to improve their conversations about physical activity. This was also the second most popular comment for those attending the *Helping People to Become More Active course* (19%). The top comments for both the *Helping People to Become More Active* and *Physical Activity in Clinical Care* courses related to attendees committing to talk to patients and clients more about physical activity (31% and 28% respectively) and having a **greater understanding of physical activity and it's benefits** (14% and 17%).

Some respondents commented specifically on having **greater understanding of the mental wellbeing benefits of physical activity** and discussing this with clients/patients/customers in the future. Having a greater **understanding that “any movement is good”** and that change can start with small steps was also mentioned

Respondents also referred to feeling **more confident** in:

- using resources
 - signposting
 - using techniques to help with listening and initiating conversations with clients
- The majority of respondents **did not suggest any improvements**. Most felt that the courses were a good length and delivery was high quality. The minority that did (recognising that it might be difficult with shorter courses and while delivery was on-line), requested:
 - **more specific advice** to help discuss physical activity with clients with more complex needs,
 - spending a little more time in the sessions on **role play of conversations** and
 - **greater interaction** with others attending the courses

A few also said they would **prefer to attend** the *Helping people to become more active* course **in person** if that had been possible (courses delivered online due to Covid restrictions).

- The previous analysis showed that **before attending training**, a high proportion of participants state that they **already know how important it is** to have conversations about physical activity with **confidence scores generally lower**

Source: online poll during training

- Whilst this analysis still shows on average a high level of importance there is **a greater variety, and a lower overall average score for importance at the start of the training**, suggesting that the training is now being delivered to a **wider range of audiences**, perhaps including some who are less aware of the importance of physical activity
- This is replicated in the confidence scores, with the average across all *Helping People to Become More Active* courses since Jan 21 at 6.9/10, lower than the

previous analysis (7.4/10)

- There was a much **lower proportion of respondents agreeing** or strongly agreeing with the statement *'I feel more knowledgeable about the benefits of physical activity'* as a result of the *Helping People to Become Active* training, compared to other types of training, when the initial analysis was carried out. Since January 2021 though, the average score has increased, and the overall average now stands at 84% (still lower than the 94% for the *Physical Activity in Clinical Care* training)

This may be due to the fact that people already feel knowledgeable about physical activity (supported by the high scores at the start of the courses relating to importance of physical activity). The inclusion of 'more' in this question is designed to show the improvement after attending the course but does not take into account prior knowledge (or perceived prior knowledge) in this area

- After the initial analysis in January 21 a question was added to the survey to ask about reasons for attending the training (**Why did you join the training today?**). This was to help us to find out if those attending already recognised the importance of physical activity and to help target marketing of the courses. Respondents were asked to provide free text answers.

35% of people across all courses mentioned being able to promote or encourage physical activity with clients

(this was the most popular response for the *Helping People to Become More Active* (40%) course and the second most popular for the *Physical Activity in Clinical Care* (32% course).

The second most popular reason across all courses related to **gaining/improving or refreshing physical activity knowledge** accounting for 22% of responses (this was the most popular response for the *Physical Activity in Clinical Care* Course with 39% of comments provided)

Unsurprisingly the most popular response to this question for those attending the motivational interviewing courses was to **improve or refresh motivational interviewing techniques**

Across all courses 8% of those attending did so because of a **manager request**, or it was a **mandatory requirement** for their role

Findings from follow-up survey

The follow-up survey also provides some interesting insights over a longer period of time. The number of responses received and general positivity within the responses suggests that the **training experience has been valued by those taking part**

- The average score for *'How useful was the course for your role?'* was still high at 7.6/10, however this is slightly lower than the scores from the feedback surveys

which range from averages of 8.2/10 to 8.6/10. This score may have been impacted by some attendees feeling that it was not appropriate to discuss physical activity with clients during Covid lockdown periods when people were not able to leave home or while activities were unavailable

- The overall average for **'Confidence in having physical activity conversations'** is slightly lower (8/10) than the average rating for importance of physical activity conversations (8.4), however both averages are encouragingly high
 - **Healthcare Workers, Occupational Therapists and Nurses felt the course had been most useful** and rated the importance of physical activity conversations with clients/residents the highest. Of these, Occupational Therapists (9/10) also reported feeling confident in having conversations, but confidence levels were slightly lower for Nurses (8.4/10) and Healthcare Workers (8.1/10)
 - Conversely, despite scores still being positive, **Volunteer Befrienders had the lowest averages** for how useful the course was (6.4/10) and also for the importance of physical activity conversations (7.2/10), and they also scored their confidence in having conversations lower at 7.4/10
 - **Doctors** also rated the usefulness of the course lower (6.8/10) although they did **recognise the importance of conversations about physical activity** (8.8/10). Their confidence was just below the overall average in the follow up surveys at 7.9/10
 - Overall **73% of attendees reported having physical activity conversations** *'Much or Slightly More Often'* than before attending the training. GP practices, hospitals and charity sector organisations reported even higher rates with 84%, 82% and 76% respectively, whilst Council staff (68%) and other organisations had lower averages. This perhaps reflects the importance and confidence scores discussed above, with those who believe it to be more important, relevant and have increased confidence, holding more conversations and vice versa
 - In terms of what attendees are **doing differently** as a result of the training, more awareness is the biggest theme coming through in the follow up survey. Comments indicate attendees are generally:
 - **more aware of physical activity**, including raised awareness of why having conversations about physical activity is important and how to incorporate them into their work
 - **changing practices** to introduce physical activity information
 - **changing their personal active habits**
- The follow up survey even prompted one person to have a look at website again to remind themselves of what resources they can use
- In addition to this, and similar to the feedback surveys, lots of people mentioned **encouraging physical activity** more than previously and also talked about **initiating and facilitating discussions using the techniques learnt** at the training as well as improved knowledge and increased confidence

- A number of people stated that they **weren't doing anything differently**, and there were different reasons for this from: it's not relevant to their role e.g. anaesthetist, to; the timing is not appropriate e.g. whilst Covid restrictions are in place, to; attendees feeling that they were already discussing physical activity
- When asked '*What would help you to have conversations about being physically active?*', 32% of attendees suggested that '**A central hub to signpost clients/patients to get support**' with 20% indicating '**More community groups to signpost**'
- **Over half of those responding to the survey were able to provide examples of experiences of conversations about physical activity since the training.** These were split fairly evenly between
 - **specific examples** eg "*Visiting a client, I mentioned how important it is to keep active and he said in that case let me show you round and took me on a tour of the sheltered living complex where he lives*" and
 - **more general observations** "*We are talking to different organisations all the time about the importance of physical activity in our day to day work - this course has provided us with some specific training material to back this up*"
- There were also additional examples where attendees mentioned **changing working practices** as a result of the training e.g. "*will be setting up a health & wellbeing action group for the Amersham Community Board, in order to look at many ways we can support people in the local area*" and "*As part of my assessments, I encourage my service-users to be physically active and I refer them to use the gym and walking groups*".

The **online learning hubs** were set-up on the websites of each Active Partnerships in September 2020. It may be useful to analyse any **traffic data** to show the usage of this facility, but as yet this has **not been made available**

Recommendations

The February 2021 metrics report identified recommendations to help us gain a more comprehensive picture of how the Active Medicine investment is landing within the system.

We recognised that this was always going to be a fine balance between keeping feedback requests as concise and consistent as possible, not placing greater burdens on people working in an already stressed system, while still digging a little deeper to get a greater understanding of impact. Some of the changes were implemented and we have mentioned these in the findings.

It may be worth considering some further alterations to the data collection process and these are outlined below.

Feedback survey

1. Consider whether to amend drop down menus for role type and organisation type in the feedback survey, so that question responses can be analysed by these groupings to see if there are patterns in responses to questions. Alternatively, it may be possible for someone with close knowledge of the sector to review the listed job roles and clean them in the survey data to create useful groupings for analysis
2. It may be worthwhile adding a drop-down menu of answer options to the question *Why did you join the training today?* Some of the answers provided were quite general and so did not provide enough evidence on whether those joining the courses already have an interest/understanding of the importance of physical activity and also to help with the targeting of future marketing. This would also enable more efficient analysis for this question
3. Consider creating drop down menu for collecting views on the question *‘What will you do differently as a result of this training?/What’s the main thing you will take away?’*. While this means that there will be less quotes to draw on for marketing material, it again means that analysis will be more efficient and it helps to prompt respondees to think about the answer more broadly. The drop-down list would be based on the responses already received from surveys and again would have an ‘other’ box with comments to collect different ideas to those listed. This has become more important as the number of courses has increased and therefore also the number of responses for analysis
4. Investigate the possibility of gaining access to PHE feedback surveys or analysis of these for those attending *Physical Activity in Clinical Care* courses

Follow-up survey

5. This survey has provided valuable additional information about the longer-term impacts of attending training. It will be important to continue to promote the

completion of this survey using the variety of techniques already employed to ensure a good number of survey responses. This could include:

- Circulating the follow-up survey a shorter period after the training is delivered. Perhaps 4-6 weeks after the course has taken place so there has been enough time for attendees to start to utilise what they have learned but still soon enough for it to be fresh
- Continue with incentives for those completing follow-up surveys. Vouchers for completing the surveys within a certain time period. Perhaps also increasing the value of the incentive (and awarding the prizes less often so the cost does not increase) will encourage greater response rates

Data capture

6. Consider how the different data elements can be brought together to provide a more complete picture – the list of course attendee data and pre-and post scores are available for all attendees however, only a proportion of attendees complete feedback forms providing the more detailed feedback. Is there an efficient way to bring all the data for each training session delivered together?

Relationships

7. Complement the impact survey using more informal methods to establish and maintain relationships with those who have previously been involved in training. There may be a number of different ways to maintain contact, and some may work better for certain people or in certain situations. A number of techniques could be tested to see which are most effective. Ideas could include:
 - a. Regular emails with interesting and informative nuggets of information. Just one statement per email – a *'did you know...?'* style. Something to keep the importance of physical activity front of mind
 - b. Short calls with managers to discuss any changes they've noticed amongst their team since attending training and to discuss additional needs
 - c. Attending team meetings to gather team feedback
 - d. Newsletter to previous attendees/organisers – bitesize
 - e. Use of platforms such as the learning hub and social media to share updates

Appendix 1 – Summary of feedback by training type

Helping People to Become More Active

Summary information (June 2020 to July 2021)

Duration	No of courses	No of attendees	Attendance range	% feedback forms
1 hour online (1.5 IAPT)	34 (+2 IAPT)	499 (+156 IAPT)	4-50 people (147 for IAPT)	32% (+12% IAPT)

Attendee organisations

Local authorities, voluntary orgs, NHS, Citizens Advice, Enrych, Mind, Age UK, CCG

Attendee roles

Volunteers, social prescribers, physiotherapists, councillors, befrienders, home podiatry team, adult social care team, patient care co-ordinators, dementia advisors, carer advisors, support workers, outreach workers, psychologists

Overall ratings

How would you rate this webinar?* / How useful was this training for your role?** (182 responses)	8.1 /10
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*Asked for first 3 courses. **Asked at all subsequent courses.

Attendees were asked to rate at the start and end of the course, **‘On a scale of 1-10, how important do you feel having conversations about physical activity is with clients/patients?’**. Scores at the start of the course averaged a high 8.0/10. The range of scores across different courses was quite considerable at the start of the courses. At all but one of the courses the scores had increased to an even higher average score of 9.1/10 for the same question. Additionally, the range of scores was reduced at the end of the course.

‘Importance’ scores	Rating at Start	Rating at end	Change
Average Score	8.0	9.1	1.1
Range of Scores	5.4 to 9.5	8.2 to 10	-0.1 to 2.8

Attendees were asked to rate at the start and end of the course, **‘On a scale of 1-10, how confident are you in having conversations about physical activity with clients/patients?’**. Scores at the start of the showed a large range from course to course from 4.9 to 9.5. Again, scores in all courses increased for the same question by the end of the course. Improvements ranged from 0.8 up to 3.2.

‘Confidence’ scores	Rating at Start	Rating at end	Change
Average Score	7.0	8.9	1.9
Range of Scores	4.9 to 9.5	7.9 to 10	0.8 to 3.2

To what extent do you agree with the following statements:	% who agree or strongly agree	Number of responses
I feel more knowledgeable about the benefits of physical activity	84%	161
I feel more knowledgeable about the guidelines for physical activity	93%	161
I feel more aware of resources that are available nationally and locally to signpost	95%	161
I feel more confident in my skills to support someone be more active	89%	161

Physical activity in clinical care

Summary information (June 2020 to July 2021)

Duration	No of courses	No of attendees	Attendance range	% feedback forms
1 hour online	22	558	5-52 people	33% of attendees*

*Up to May 21 where PHE feedback forms replaced Active Medicine feedback

Attendee organisations

Hospital trusts, NHS, GP surgeries, Local Authorities

Attendee roles include

Doctor, nurse, PH practitioner, Occupational therapist, Radiographer, Dietitian, Nutritionist, Physiotherapist, Healthcare assistant, Social prescriber, Psychologist, Pharmacist, Speech and language therapist

Overall Ratings

How useful was this training for your role?
(97 responses across all courses)

8.6/10

How confident are you with giving physical activity advice?

Feedback shows an increase across each of the courses run of attendees levels of confidence in providing PA advice after attending the course compared to the start of the course. The levels vary across each course however no-one reported feeling 'Not confident' in providing physical activity advice at the end of the course. The chart below shows there were considerable increases in those who felt 'Very confident' by the end of the course (56%) compared to at the start of the course (9%).

	Start of course			End of course		
Answer option	Not confident	Moderately confident	Very confident	Not Confident	Moderately confident	Very confident
% of attendees	25%	65%	9%	0*	44%	56%

*only 3 of all attendees reported still feeling 'Not confident' after the course

To what extent do you agree with the following statements:	% who agree or strongly agree	Number of responses
I feel more knowledgeable about the benefits of physical activity	94%	97
I feel more knowledgeable about the guidelines for physical activity	96%	97
I feel more aware of resources that are available nationally and locally to signpost	96%	97
I feel more confident in my skills to support someone be more active	93%	97

Behaviour change and motivational interviewing

Summary information (June 2020 to July 2021)

Duration	No of courses	No of attendees	Attendance range	% Feedback forms
5 hours online	4	44 (+2 Module 1 PA awareness attendees)	7-15 people	59% course end (+13 at module ends)

Course type	Attendee organisations	Attendee roles
PA and Motivational interviewing (GBA)	Local authority, Royal Berkshire Hospital Trust, Integrated Care System	Employment advisors, social prescribers, nurses

Overall Ratings

On a scale of 1-10 how useful was this course to your role? (26 responses – whole course feedback only)	8.6 /10
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At the start of the course each of the attendees was asked ‘**On a scale of 1-10, how important do you feel having conversations about physical activity is with clients/patients?**’. Compared with other courses the score at the start of the course was relatively low at an average 6.6/10. By the end of the course though there was a large improvement in importance to an average of 8.4/10, an increase of 1.8.

‘Importance’ scores	Rating at Start	Rating at end	Change
Average Score	6.6	8.4	1.8

Attendees were also asked ‘**On a scale of 1-10, how confident are you in having conversations about physical activity with clients/patients?**’. The average scores are

relatively low again at the start of the course (5.9/10) but increased considerably by the end of the course to 8.6/10, an increase of 2.8

'Confidence' scores	Rating at Start	Rating at end	Change
Average Score	5.9	8.6	2.8

To what extent do you agree with the following statements:	% who agree or strongly agree	Number of responses
I feel more knowledgeable about the benefits of physical activity	85%	20
I feel more knowledgeable about the guidelines for physical activity	90%	20
I feel more aware of resources that are available nationally and locally to signpost	90%	20
I feel more confident in my skills to support someone be more active	90%	20

Motivational Interviewing with Physical Activity Focus (Joint with Oxfordshire CCG)

Summary information (June 2020 to July 2021)

Duration	No of courses	No of attendees	Attendance range	% feedback forms
PA - 1.5 hours online*	6	42	3-12 people	52%

*Part 1 – Physical activity delivered by Active Oxfordshire (1.5hrs). Part 2 – Motivational interviewing delivered by Oxfordshire CCG (1.5hrs + 1hr homework)

Attendee organisations

Local authority, Charities – Guideposts, Oxfed, Age UK, Oxfordshire Mind

Attendee roles

Social prescribers

Overall ratings

How useful was this training for your role?
(22 responses)

8.7/10

At the start of the course each of the attendees was asked 'On a scale of 1-10, how important do you feel having conversations about physical activity is with clients/patients?'. The average score across all courses was high at 8/10, although this is a slight reduction when compared to analysis in Jan 21. The same question was asked at the end of the module and the rating had increased to an average of 8.9/10 (again lower than the previous average).

'Importance' scores	Rating at Start	Rating at end	Change
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Average Score	8.0	8.9	1.0
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Attendees were also asked ‘On a scale of 1-10, how confident are you in having conversations about physical activity with clients/patients?’. At the start of the course the average score was 7.4/10 and this increased to 9/10 at the end of the course. So, whilst the scores were slightly lower for confidence than in the first analysis, there is a greater increase in confidence between the start and the end of the course.

‘Confidence’ scores	Rating at Start	Rating at end	Change
Average Score	7.4	9	1.6

To what extent do you agree with the following statements: (across both courses)	% who agree or strongly agree	Number of responses
I feel more knowledgeable about the benefits of physical activity	62%	13
I feel more knowledgeable about the guidelines for physical activity	85%	13
I feel more aware of resources that are available nationally and locally to signpost	69%	13
I feel more confident in my skills to support someone be more active	92%	13

Appendix 2 - Analysis of Feedback Survey comments across all types of training

Why did you join the training today?

Course	Helping People to become more Active	Physical Activity in Clinical Care	Motivational Interviewing (GBA and AO)	Total Across all courses
To help promote PA	40%	32%	21%	35%
To gain/improve/refresh knowledge	18%	39%	12%	22%
Manager request	7%	0%	18%	8%
Improve MI technique	0%	0%	33%	7%
Offered by employer	6%	0%	3%	4%
To gain confidence	5%	5%	0%	4%
To learn about resources available	5%	0%	0%	3%
To learn about signposting	1%	8%	0%	2%
Personal interest	1%	5%	0%	2%
Other	1%	3%	0%	1%
Want to deliver similar training	2%	0%	0%	1%
To find out about partnership	1%	0%	0%	1%
Good reputation of partnership	0%	0%	3%	1%

“To be able to encourage customers to access the benefits of keeping active and healthy”
“I see lots of patients who are in chronic pain and very inactive and want to help them take up exercise”

“To gain knowledge about techniques to encourage people to be more active and info on where to signpost them”
“I am a physiotherapy assistant who takes class in the gym and hydrotherapy area. I wanted to learn more about the physical activity in clinical areas and update my knowledge with the latest information related with it”

“Required by upper management”
“Compulsory training”

“To improve my MI techniques and to improve my skills and confidence when discussing physical activity with patients”
“To learn better ways of engaging service users in conversations around behaviour change”

What will you do differently as a result of this training? What’s the main thing you’ll take away?

Course	Helping People to Become More Active	Physical activity in clinical care	Motivational interviewing (GBA and AO)	Total across all courses
Try to encourage physical activity more	31%	28%	3%	26%

Use new techniques learned to initiate and lead physical activity conversations	19%	9%	77%	26%
Improved knowledge of physical activity and its benefits	14%	17%	3%	13%
Try to be more physically active myself	10%	6%	2%	7%
Use the available resources discussed in training	8%	9%	0%	7%
Increased confidence to have physical activity conversations	6%	8%	0%	6%
Ability to provide more specific advice on physical activity	3%	12%	2%	5%
Use the signposting shared at the training	6%	5%	0%	5%
Share/consider training with/for colleagues	2%	6%	2%	3%
Reassured of current practice	0%	0%	3%	1%
Undertake further training or development in this area	0%	1%	0%	0%

To encourage physical activity more

"I will make sure I always include a discussion around being more active. How important it is in improving people's wellbeing." Advisor/Support worker Charity Sector

"talk to people more about increasing physical activity" Doctor

Use new techniques learned to initiate and lead physical activity conversations

"Use tools of open questions, active listening and signposting to support and introduce activity in everyday activities. Potential to introduce optional walks in our sessions."

Volunteer

"I'll try to listen more and will include as part as their physical baseline activities at home like using stairs, walking to the shops instead of driving, and will try to have a more accurate baseline for my first day post op assessments." Physiotherapy Assistant

"I found the different models really helpful and will certainly aid me in how to discuss things with more confidence" Nurse

"Use more MI techniques when speaking to patients and try some of the different tools like the 'scales' and 'visualisation'" Primary Care Wellbeing Worker

Improved knowledge of physical activity and its benefits

"that even a little exercise is better than none" Walk Leader

"every movement and moment count" Doctor

"That each 2 minutes make a difference and that those patients who are less active feel the most benefit" Physiotherapist

Try to be more physically active myself

"I'll try to make sure I sit down less and move more in order to lead by example." Librarian

Appendix 3 – Follow-up Survey analysis

Total follow up surveys	128
% of feedback forms across all courses to end July 2021	10%

Roles of those completing follow up survey	%
Volunteer Befriender	14%
Social Prescriber/Link worker	13%
Nurse	8%
Other Volunteer	8%
Customer Support (council)	7%
Healthcare Worker	7%
Dietitian or Nutritionist	6%
Doctor	6%
Team Manager (charity)	5%
Advisor or Support Worker (charity sector)	5%
Patient Care Coordinator or Navigator	5%
Occupational Therapist	3%
Other Council Staff (non-resident facing)	2%
Paramedic	2%
Charity Sector Employee	1%
Social worker	1%
Other (please specify)	8%

Organisations of those completing follow up survey	%
Charity Sector	32%
Council	20%
GP Practice	15%
Hospital	13%
Community NHS	5%
Hospital Trust	3%
Housing Association	2%
Private Organisation	2%
Ambulance Service	2%
Care Home	1%
Charity Sector	1%
None	1%
Other (please specify)	4%

How useful do you feel the workshop has been to you and your role?

Organisation	Average Score
Hospital Trust	8.5
NHS community	8.2
Council	7.8
GP Practice	7.7
Hospital	7.6
Charity Sector Organisation	7.3
Average across all	7.6

Role	Average score
Healthcare Worker	8.9
Occupational Therapist	8.5
Nurse	8.2
Dietitian or Nutritionist	8.1
Social Prescriber/Link worker	8.1
Other Volunteer	7.6
Patient Care Coordinator or Navigator	7.5
Customer Support (council)	7.4
Team Manager (charity)	7.4
Advisor or Support Worker (charity sector)	7.3
Doctor	6.8
Volunteer Befriender	6.4

How important do you feel having conversations about physical activity are with clients/residents?

Organisation	Average Score
NHS community	9.5
Hospital Trust	9.5
Hospital	8.5
GP Practice	8.5
Charity Sector Organisation	8.2
Council	8.0
Average across all	8.4

Role	Average Score
Healthcare Worker	9.1
Occupational Therapist	9.0
Nurse	8.9
Dietician or Nutritionist	8.9
Doctor	8.8
Patient Care Coordinator or Navigator	8.7
Other Volunteer	8.6
Team Manager (charity)	8.6
Social Prescriber/Link worker	8.4
Customer Support (council)	8.3
Advisor or Support Worker (charity sector)	8.3
Volunteer Befriender	7.2

How confident do you feel in having conversations about physical activity with clients/residents?

Organisation	Average Score
NHS community	8.3
Hospital Trust	8.3

Role	Average Score
Advisor or Support Worker (charity sector)	9.0
Occupational Therapist	9.0

Hospital	8.0	Nurse	8.4
Charity Sector Organisation	8.0	Other Volunteer	8.3
GP Practice	7.8	Social Prescriber/Link worker	8.1
Council	7.7	Healthcare Worker	8.1
Average across all	8.0	Doctor	7.9
		Dietitian or Nutritionist	7.8
		Team Manager (charity)	7.7
		Volunteer Befriender	7.4
		Customer Support (council)	7.1
		Patient Care Coordinator or Navigator	7.0

Since the workshop, how often do you have conversations about being active with clients/residents?

	Across all courses	Charity sector organisation	Council	GP practice	Hospital
Much more often	26%	27%	20%	21%	35%
Slightly more often	47%	49%	48%	63%	47%
No more or less	23%	24%	28%	11%	12%
Less than previously	4%*	0%	4%	5%	6%

*Most of these mentioned Covid reasons for having less conversations than previously

What, if anything, are you doing differently in your role because of the workshop?

	%
Trying to encourage physical activity more	29%
Not doing anything differently at the moment	12%
Utilising techniques learned to have physical activity conversation	12%
More awareness of physical activity	8%
Improved confidence to discuss physical activity	7%
Increased knowledge of physical activity	5%
Changing personal physical activity habits	4%
Using physical activity resources available	4%
Organising physical activity training for others	2%
Offering more activities	1%
Seeking funding to improve physical activity offer	1%
Signposting to physical activity resources	1%
Other	2%

What, if anything, would help you to have conversations about being physically active?

	%
A central hub to signpost clients/patients to get support	32%
More community groups to signpost	20%
Conversation guides or prompt cards	11%
Increased options for people with specific conditions	10%
Other (please specify)	6%
Being more physically active yourself	5%
Having printed resources to give out	5%
Greater support from your organisation or manager	4%
More online options and/or apps to signpost	4%

Can you tell us about any specific experiences where you have discussed being more active with a client/person you support? What happened as a result?

“30+ gentleman who felt he was active - uploaded active 10, but has also incorporated a walk into his daily schedule to increase activity”

“A lady was telling me that she her mum has carers, but she is the only one that encourages her mum to walk. We discussed the importance of mobility and now she is going to ask the carers to help her mum to stay mobile”

“a patient that was unwilling to get out of bed was taught the benefits of physical activities and was assisted to ambulate gradually. This helped to increase her activities and therefore early discharge from hospital with a package of care”

“At a final research visit a participant had recently had knee surgery and we talked about the best ways to get back into exercise. He had been feeling anxious about how to get started so our conversation led to him to developing a plan starting with whom to ask for advice”

“Client was feeling isolated due to Covid and struggling with mental health, after discussion now goes out for regular walks around local area and has showed interest in helping at local farm with horses”

“gentleman wanting to lose weight because it was effecting his mental health. Encouraged him to engage with mindfulness walks first then build up to sport in mind and groups with older men. he is already feeling the benefits of walking and talking to someone”

“I had a patient that liked walking but was nervous about going on her own so encouraged her to speak with her good friend and together they were doing weekly walks. A chance for exercise and socialising at the same time which made the patient feel much more positive”

“I had a patient who liked to be in the bed all time. Explained the importance to be out of the bed. Lying in the bed would make his muscle wastage, prone to pain, infection, will feel low.

first he was reluctant then he started coming out of the bed. Slowly walking in the ward. Thanked as he was feeling energetic and he could see the differences”

“Invitation to gardening session - based on their desire to get back of the house after lockdown, desire to learn about gardening, acknowledgement of need for practice at socialising - gentle exercise will naturally accompany these other aims. Over the weeks, checked in about how they were finding it, what physical benefits they could name and talked about next steps”

“One patient was scared/reluctant to leave his flat due to health conditions but with encouragement he now takes regular short walks around his building complex as a starting point. He is starting to feel more confident going out and is keen to increase the lengths of his walks as he sees the benefit of this for his health and wellbeing”

“Visiting a client, I mentioned how important it is to keep active and he said in that case let me show you round and took me on a tour of the sheltered living complex where he lives.”

Appendix 4 – Feedback and Follow-up survey questions

Supporting people to stay active

Questions	Notes
What is your role?	Not asked of attendees from first 3 courses Changed to drop down menu of roles from Mar 21
What is your organisation?	Not asked of attendees from first 4 courses Changed to drop down menu of organisations from Mar 21
Why did you join the training today	New question added Mar 21
What will you do differently as a result of this training? What's the main thing you'll take away?	Not asked of attendees from first 3 courses
Please rate the following statements:	
I feel more knowledgeable about the benefits of physical activity	Not asked of attendees at first 7 courses
I feel more knowledgeable about the guidelines for physical activity	Not asked of attendees at first 7 courses
I feel more aware of resources that are available nationally and locally to signpost	Not asked of attendees at first 7 courses
I feel more confident in my skills to support someone be more active	Not asked of attendees at first 7 courses
On a scale of 1-10, how useful was this training for your role? On a scale of 1 to 10, How would you rate the webinar? (asked at courses 8-17)	Answers collated
What did you enjoy about this training?	Not asked of attendees at first 4 courses
Is there anything we can do to improve this training?	
How would you rate the overall session?	Only asked at IAPT course

Physical activity in clinical care

Questions
What is your role? (changed to drop down menu from Jan 21)
What is your organisation? (changed to drop down menu from Jan 21)
Why did you join the training today? (added from Jan 21)
What will you do differently as a result of this training? What's the main thing you'll take away?
Please rate the following statements:
<ul style="list-style-type: none"> ▪ I feel more knowledgeable about the benefits of physical activity ▪ I feel more knowledgeable about the guidelines for physical activity ▪ I feel more aware of resources that are available nationally and locally to signpost ▪ I feel more confident in my skills to support someone be more active

How useful was this training for your role?

What did you enjoy about this training?

Is there anything we can do to improve this training?

Behaviour change and motivational interviewing (GBA)

Question	Notes
What is your job role?	Asked after each module Changed to drop down menu from Mar 21
What is your organisation type?	Question added Mar 21 with drop down menu
Why did you join the training?	Question added Mar 21
What's the main thing you'll take away from the training? Is there anything you'll do differently?	Asked after each module
Please rate the following statements:	
I feel more knowledgeable about the benefits of physical activity	Asked from Mar 21
I feel more knowledgeable about the guidelines for physical activity	Asked from Mar 21
I feel more aware of resources that are available nationally and locally to signpost	Asked from Mar 21
I feel more confident in my skills to support someone be more active	Asked from Mar 21
On a scale of 1 – 10, how useful was this training for your role?	
What did you enjoy about this training?	Asked from Mar 21
Is there anything we can do to improve this training?	Asked from Mar 21

Motivational Interviewing with Physical Activity Focus (Joint with Oxfordshire CCG)

Questions
What is your role?
What is your organisation?
Why did you join this training course? (Question added from Feb 21)
What will you do differently as a result of this training? What's the main thing you'll take away?
Please rate the following statements:
I feel more knowledgeable about the benefits of physical activity
I feel more knowledgeable about the guidelines for physical activity
I feel more aware of resources that are available nationally and locally to signpost
I feel more confident in my skills to support someone be more active
How useful was this training for your role?
What did you enjoy about this training?
Is there anything we can do to improve this training?

Follow up Survey (across all courses)

Questions
What is your role? (drop-down menu)
What is your organisation type? (drop-down menu)

How important do you feel having conversations about physical activity are with clients/residents?

How confident do you feel in having conversations about physical activity with clients/residents?

Since the workshop, how often do you have conversations about being active with clients/residents? If attendee answers conversations 'less than previously' (Please explain)

What, if anything, are you doing differently in your role because of the workshop?

Can you tell us about any specific experiences where you have discussed being more active with a client/person you support? What happened as a result?

What, if anything, would help you to have conversations about being physically active?

How useful do you feel the workshop has been to you and your role?

Is there anything else you would like to tell us about?
