



# Moving Medicine

The award winning initiative supporting healthcare professionals with the knowledge skills and systems to reduce hospital deconditioning and embed rehabilitation into NHS clinical pathways through person centred behaviour change

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Faculty of Sport and Exercise Medicine UK  
2023



## Executive summary of Moving Medicine

Moving Medicine, and the Active Hospital Toolkit, both produced by the Faculty of Sport and Exercise Medicine UK, in partnership with OHID and Sport England, provide a comprehensive and clinically established set of resources to support the integration of physical activity and behaviour change into routine medical care. These free resources provide evidence-based consultation guides and disease pathway frameworks. Endorsed by all the UK Medical Royal Colleges they are a recognised step change globally in physical activity promotion in health. Moving Medicine won the Royal College of Physicians Award for person centred care in 2020, with the Active Hospital Project 1 of 4 shortlisted in the quality improvement category.

The Faculty of Sport and Exercise Medicine UK is a joint faculty of the Royal College of Physicians and The Royal College of Surgeons of Edinburgh. We are a professional membership charity whose vision is 'to improve the health of the nation through physical activity'

Due to the success of the Moving Medicine initiative, we have now formed further national and international partnerships which increase collaboration, strengthens our networks, and provides sustainable income to expand our reach.

We believe passionately in empowering people to live active and healthy lives. Physical inactivity accounts for 1 in 6 deaths in the United Kingdom today. Physical inactivity now kills more people than smoking. It is the 4th highest cause of ill health in the UK. Physical inactivity is a key driver of health inequalities. One in four adults living in the UK today are classified as physically inactive<sup>1</sup>. People living with long term conditions are particularly inactive, despite them being the group with the most to gain from small improvements in physical activity level. Up to 40% of long term conditions could be prevented if everyone met the [UK Chief Medical Officers' Physical Activity Guidelines](#).

Moving Medicine provides clinicians and allied health professionals with accessible, evidence based, [condition specific information](#) to help give advice on physical activity at all stages of children, young peoples and adults treatment pathways. Tried and tested frameworks built around the principles of behaviour change support conversations of 1, 5 or more minutes. Our focus is understanding that all physical activity interventions whether with health care professionals or with patients directly is underpinned by the science of behavioural change.

More than a third of the UK population now lives to the age of 85, with up to half of adults in that group estimated to become frail in the last 10 years of their lives, and the numbers keep increasing. Frailty is an important prognostic indicator for hospital admission, higher care needs, poor quality of life and mortality rates. Independently living frail patients who are admitted to hospital are less likely to recover their mobility, and more likely to need life in the care of nursing homes after discharge. Improvements in mobility and balance during the first 48 hrs of admission have been associated with greater overall functional improvement and shorter recovery times.<sup>2</sup> The Moving Medicine resources have been developed to decrease the effects of hospital associated deconditioning, help people prepare better for surgery and live better. The resources also support development of active wards in secondary care, sharing knowledge and learning, and furthermore support community rehab following discharge.

Active Hospitals is a free online resource for secondary care, sharing best practice and ideas on how to embed physical activity within different services and pathways. Addressing the

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<sup>1</sup> Musculoskeletal disorders, Global Burden of Disease Study 2019 (GBD 2019) [Internet]. Institute for Health Metrics and Evaluation. 2020 [cited 2023 Jan 3]. Available from:

[https://www.healthdata.org/results/gbd\\_summaries/2019/musculoskeletal-disorders-level-2-cause](https://www.healthdata.org/results/gbd_summaries/2019/musculoskeletal-disorders-level-2-cause)

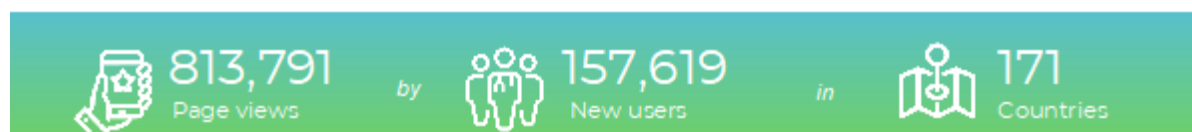
<sup>2</sup> Cortes OL, Delgado S, Esparza M. [Systematic review and meta-analysis of experimental studies: in-hospital mobilization for patients admitted for medical treatment](#). J Adv Nurs. 2019; January 22.

key barriers and components that clinicians across the UK have experienced when starting up services and providing resources to help support others to do the same.

Active Conversations is our accredited online course which trains healthcare workers in motivational interviewing in the context of physical activity. To date, over 600 healthcare professionals have taken the course and it has been used as a training vehicle by a number of different institutions, ranging from Hospital Trusts to Active Partnerships and Universities.

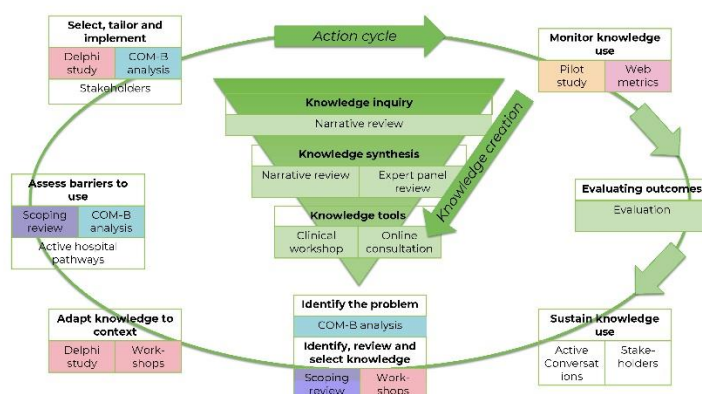
## What is Moving Medicine

Moving Medicine is an award winning online resource, designed by and with a large number of clinicians across a wide variety of conditions. To date, the [consultation guides have been developed with over 900 clinicians](#), across [24 different conditions](#), plus [primary prevention](#), and offering obesity and diabetes support across the life course. Included within the 24 conditions is support for women across different life stages, from [pregnancy](#) and [postnatal](#) through to [menopause](#). The structure, format, development and scientific rationale have been published in peer reviewed journals and open access repositories. The resources are hosted online at [MovingMedicine.ac.uk](#) and are regularly accessed from all around the world.



Each consultation guide examines the evidence behind physical activity in the condition or life stage, and the proven benefits this can have. This is then developed further at a workshop with healthcare professionals, expert patients and academics, to prioritise in order of person centred usefulness and common concerns and signposting is added. This information is then built into our consultation guide framework, which gives the healthcare professional the option of a 1 minute, 5 minute or more minute conversation, depending on what time they have available.

The resources were developed through an extensive mixed methods study using the knowledge into action framework. This project included a scoping review of published evidence<sup>3</sup>, extensive clinical consultation with healthcare professionals and patients<sup>4</sup>, development of a COM-B behavioural change framework<sup>5</sup> and delphi study.



<sup>3</sup> Reid H, Caterson J, Copeland RJ. What makes a good clinical conversation on physical activity? A Scoping review exploring what is known to inform the development of physical activity resources to support healthcare professionals in routine practice. OSF Prepr Published Online First: 2021. doi:10.31219/OSF.IO/WBPXA

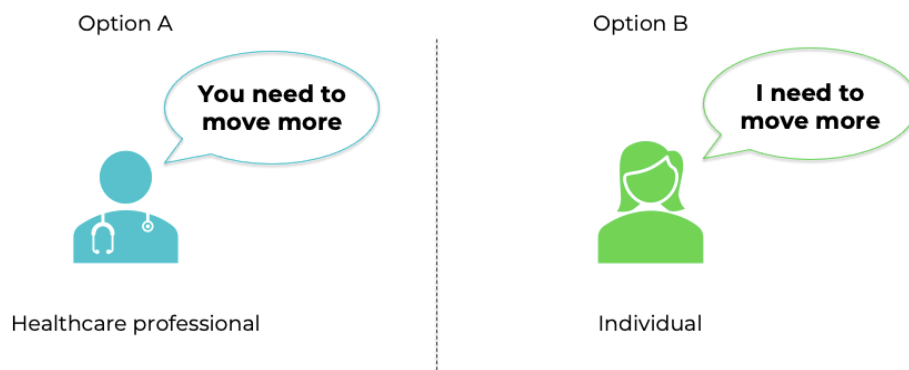
<sup>4</sup> Reid H, Caterson J, Smith R, et al. What do healthcare professionals want from a resource to support person-centred conversations on physical activity? A mixed-methods, user-centric approach to developing educational resources. BMJ Open Sport Exerc Med 2022;8:e001280. doi:10.1136/BMJSEM-2021-001280

<sup>5</sup> Reid H, Smith R, Williamson W, et al. Use of the behaviour change wheel to improve everyday person-centred conversations on physical activity across healthcare. BMC Public Health 2022 22:1–26. doi:10.1186/s12889-022-14178-6

## Moving Medicine in practice

The result is that Moving Medicine offers a unique set of resources designed by and for healthcare professionals in the NHS to meet the needs of their everyday practice. We have identified that fundamental to promoting behaviour change amongst healthcare professionals in order to support their patients to reduce deconditioning and improve rehabilitation is a change in mindset. Traditionally medicine trains professionals to provide instruction to patients.

What is better?



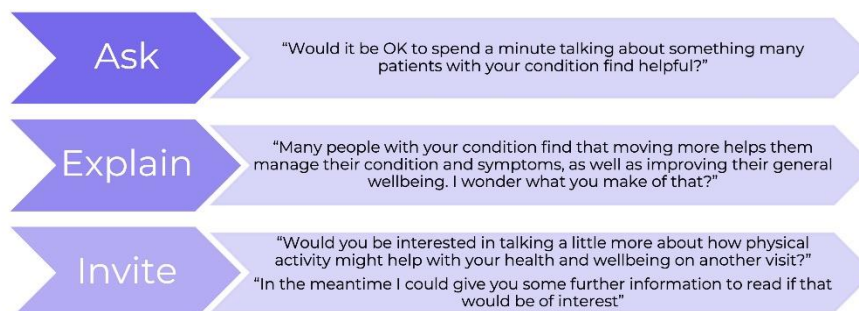
Fundamental to all training and resources throughout moving medicine is we have learnt 'Option A' does not work when supporting complex behaviour change like physical activity levels, even when in hospital. The thoughts, beliefs and values of the individual must be respected and their own reasons for change evoked. This concept is central to good quality person-centred care and we are told that our training methods improve healthcare professionals practice across all areas of their work.

We also understand that time is a huge barrier to talking about physical activity in busy clinical practice. The good news is that a long conversation doesn't mean a good conversation and a short conversation doesn't mean a bad one. Any conversation can be useful if the individual in front of you feels empowered to consider changing their own life by what you have said to them.

### The 1 minute conversation

The 1 minute conversation comprises these three steps designed to sow the seed of change in someone's mind in a way that you make it clear you recognise that what is important to them matters most to you.

There is no single way to do this, but we find these three questions can help achieve this objective in an effective and time efficient way.



### The 5 minute conversation

The 5 minute conversation is designed to fit into a consultation addressing a range of aspects of patient management. These simple steps can help build readiness to change and help start a plan based on the individual's preferences.



### The more minute conversation

The more minute conversation is the Rolls-Royce of physical activity conversations for clinical practice. It has been designed to help you tread the fine line between sharing a rich body of evidence around physical activity for the management of long term conditions with a framework crafted using behavioural change science to help build and reinforce an individual's motivation and commitment to changing their own behaviour.

The more minutes conversation is anticipated for use when physical activity is the primary focus of the consultation. As with the shorter conversations, this template has been developed as a guide. The format starts with the key processes underpinning an active conversation. These processes are broken down into specific objectives for each part of the conversation and we suggest phrases to help you achieve each objective whilst maintaining the individual's personal preferences at the forefront of the consultation.



### Case Study 1 : Lower Limb Amputee

Oxford Centre for Enablement (OCE) is a purpose-built rehabilitation centre on the Nuffield Orthopaedic Centre (NOC) site in Oxford. To support work being done on the Active Hospital project, a bespoke resource for lower limb amputees was developed. This resource was developed in conjunction with academics, expert patients and a wide variety of different clinicians who are part of the MDT supporting the person through their amputation.

As with all the consultation guides, the lower limb amputee resource benefits from the patient information leaflet. The resource was developed alongside the Active Hospital lower limb amputee pathway and as a result the team also developed a series of online videos to enable people living with lower limb amputations to be active in their own home. These videos are free to download and available on the Active Hospital page and on YouTube.



### Case Study 2: Parkinson's

The Moving Medicine team worked with expert leads at Oxford Brookes University to develop resources to support clinicians working with people with Parkinson's. The team engaged early with experts, clinicians and the charity Parkinson's UK. As a result, during the consultation period the charity sent through representatives both nationally and from one of the local arms. Through the work done at the workshops and feedback from the online consultation, two patient information leaflets were developed to support people with Parkinson's and people with later stage Parkinson's to be active.

**PARKINSON'S<sup>UK</sup>**  
**CHANGE ATTITUDES.**  
**FIND A CURE.**  
**JOIN US.**

The Parkinson's resource was entered into the Parkinson's Excellence Network Awards 2021 where it was highly commended in the Person-Centred Care award. To qualify for the award, they had to reflect showcasing work where people affected by Parkinson's are at the centre of everything that is delivered, and feel their needs are met, they are listened to and valued. The judges said: "Moving Medicine is a great concept and we loved the design of what seems to be an easy to use tool."

Another judge said: "It is a comprehensive and far reaching project which has been very well thought out with significant academic input and wide-ranging stakeholders. It is patient-centred and showed a translation of evidence into practice."

Judges included a panel of multidisciplinary healthcare professionals, as well as members of the Parkinson's community living with the condition. Since launch in 2021 the Parkinson's team have continued to promote the resource and in 2023 the resource was listed on the Parkinson's Excellence Network site, signposting healthcare professionals.



## Active Hospital Project

Active Hospitals is an online resource for secondary care to share best practice and ideas on how to embed physical activity. Hospitals provide a pivotal opportunity to influence patients to positively change their behaviour and this preventative approach to healthcare is a key objective of the NHS Long Term Plan. Hosted on the Moving Medicine website, Active Hospitals showcases how physical activity interventions were developed across four different clinical pathways (medical amputees, complex medical unit, maternity and cardiology - transcatheter-aortic valve implantation) involving multi-morbidity and frailty. An evidence-based approach was used to design each pathway using the Capability, Opportunity, Motivation, Behaviour (COM-B) model and Behaviour Change Wheel. Clinical Champions were employed to develop and deliver the interventions, provide leadership and train other staff members.<sup>6</sup>

A variety of interventions have been developed to help patients move more, and these include exercise programs, exercise classes, environment changes such as videos and posters, staffing training programs, staff motivational interviewing training. Systematic changes included the integration of the Exercise Vital Sign into the Electronic Patient Records (to record self-reported physical activity levels and offer an opportunity for brief intervention), and the creation of a community navigation map bespoke to different pathway needs (to assist staff guide patients to find physical activity opportunities upon discharge near to them). Patients taking part are supported to set their own goals and ambitions through a structured motivational interview with goal setting booklet and assigned a clinical champion with whom they have regular follow-ups.

The Active Hospital Pilot was independently evaluated, and the report concluded that this patient-centred approach taken is highly valued and acceptable to patients and staff.

Outcomes following implementation of systematic changes within clinical pathways and Trust systems have demonstrated that embedding physical activity interventions as a routine part of patient care can have positive impacts on patient's physical activity levels, and in turn on this can benefit patient care and potentially influence long-term health outcomes. Active Hospital work has also lead to the following outputs:

- Research project in Gestational diabetes<sup>7</sup> and app development <sup>8</sup>
- Research project in Renal Dialysis
- Rehab support workers providing early mobility interventions within geriatric wards
- No evidence of increase falls on geriatric wards with exercise interventions
- Positive external evaluation highlighting the feasibility and acceptability of the interventions

### Developments

Currently the insights from the initial work done as part of the Oxford pilot is available on the website as part of the toolkit. Following this, the programme was expanded to 4 further trusts and to date there is a community of practice involving 24 acute trusts across England. In addition, there have been case studies submitted from more hospitals with an Active Hospitals theme and these are expected to be online early in the second quarter of 2023. The toolkit hosts resources to help support other hospitals to introduce physical activity into different pathways, such as business cases, case studies and resources such as posters to enhance waiting rooms.

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<sup>6</sup> Myers A, Quirk H, Lowe A, *et al.* The Active Hospital pilot: A qualitative study exploring the implementation of a Trust-wide Sport and Exercise Medicine-led physical activity intervention. *PLoS One* 2021;**16**:e0257802. doi:10.1371/JOURNAL.PONE.0257802

<sup>7</sup> Smith R, Ridout A, Livingstone A, *et al.* Motivational interviewing to increase physical activity in women with gestational diabetes. *Br. J. Midwifery.* 2021;**29**:550–6. doi:10.12968/bjom.2021.29.10.550

<sup>8</sup> Smith R, Michalopoulou M, Reid H, *et al.* Applying the behaviour change wheel to develop a smartphone application 'stay-active' to increase physical activity in women with gestational diabetes. *BMC Pregnancy Childbirth* 2022;**22**:1–16. doi:10.1186/s12884-022-04539-9

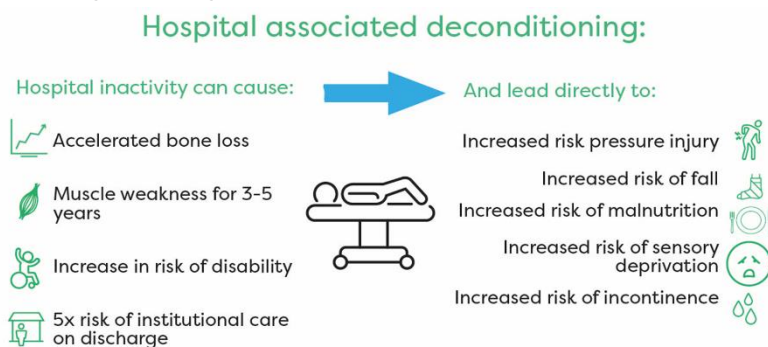


There are currently 5 case studies online, and these are expected to at least double during 2023 as we work with hospitals to share the learning and resources developed.

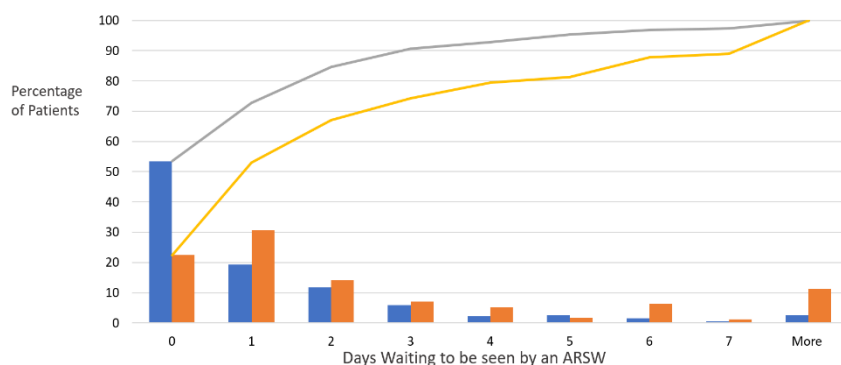
We are also developing a short online training course for healthcare professionals on hospital associated deconditioning and the steps each person can take to try and lessen the impact of it.

### Case study 1: The impact of Advanced Rehabilitation support workers in an Acute General Medical Environment

To understand the importance of the ARSW role, it is important to appreciate the importance of hospital associated deconditioning. Hospital associated deconditioning is defined as the loss of independence in activities of daily living following acute hospitalisation and affects 30% of adults, aged over 65 years, admitted to hospital<sup>9</sup>. Opportunities for physical activity and minimising sedentary behavior should be incorporated into the daily care of older adults with a focus on function, independence and activities of daily living<sup>10</sup>. Adults acutely admitted to hospital with a medical or surgical problem can spend 89-99% of their time lying down or sitting<sup>11</sup>. Even in healthy volunteers, bed rest significantly reduces muscle mass, muscle strength, aerobic fitness and physical function<sup>12</sup>.



In Oxford, 4 ARSW joined an MDT on complex medical unit wards just before the start of Covid 19 pandemic with the role of facilitating and encouraging patient physical activity and reducing the impact of hospital associated deconditioning.



409 patients were seen across two complex medical unit wards in the 2021 audit compared with 170 in 2020. The lines show the cumulative percentage with 2021 in grey, and the bars show

the days waiting to be seen – 2021 in blue. In 2021, 72.8% of patients were seen within 24 hours, and 84.6% within 48 hours of admission, compared with 53.2% seen in 24 hours and 66.8% within 48 hours. More patients are now being seen, and being seen sooner.

<sup>9</sup> Loyd C, Markland AD, Zhang Y, et al. Prevalence of Hospital-Associated Disability in Older Adults: A Meta-analysis. J. Am. Med. Dir. Assoc. 2020. doi:10.1016/j.jamda.2019.09.015

<sup>10</sup> Baldwin, Claire E., Anna C. Phillips, Sarah M. Edney, and Lucy K. Lewis. 2020. "Recommendations for Older Adults' Physical Activity and Sedentary Behaviour during Hospitalisation for an Acute Medical Illness: An International Delphi Study." *International Journal of Behavioral Nutrition and Physical Activity* 17(1):1-17.

<sup>11</sup> Fazio S, Stocking J, Kuhn B, et al. How much do hospitalized adults move? A systematic review and meta-analysis. *Appl Nurs Res* 2020;51:1511

<sup>12</sup> Coker RH, Hays NP, Williams RH, et al. Bed rest promotes reductions in walking speed, functional parameters, and aerobic fitness in older, healthy adults. *Journals Gerontol – Ser A Biol Sci Med Sci* Published Online First: 2015. doi:10.1093/gerona/glu123 Kortebein P, Symons TB, Ferrando A, et al. Functional impact of 10 days of bed rest in healthy older adults. *Journals Gerontol – Ser A Biol Sci Med Sci* Published Online First: 2008. doi:10.1093/gerona/63.10.107

In a patient setting with countless variables and patients with ranging co-morbidities having an appropriate control/ comparator is not possible, patient needs vary greatly, comparing length of admission not an appropriate marker of service success, however by seeing more patients sooner, the effects of hospital associated deconditioning can be lessened.

### Case study 2: Using existing systems to hang new interventions to reduce hospital acquired deconditioning

One of the pathways the initial pilot focussed on was in the Complex Medical Unit at the John Radcliffe in Oxford. During admission, the Physical Activity Champion conducted motivational interviews with the patients who were identified as having a stable Early Warning Score and were not on an end of life pathway. The Moving Medicine Patient Workbook was used during these conversations to give consistent structure to the conversation, help patients set their ambitions and plan how to achieve their goals.

Standing, Chair-based and Bed-based exercise programs were developed to provide all staff working on the ward with a tool to encourage patients to move more whilst staying as an inpatient.


The exercise booklets are designed to encourage 'something rather than nothing', as recommended by UK CMO Physical Activity Guidelines For Older Adults, Physical Activity For Adults And Older Adults and the Royal Osteoporosis Society 'strong, steady and straight' document (1). They are not designed to bring about a training effect, rather to support carers, patients and their families with some appropriate, easy-to-follow exercises to practice whilst in hospital.

There is a focus on anti-gravity muscles in the lower limb, as these muscle groups are at particular risk of atrophy following a period of immobilisation, as well as some gentle aerobic work and upper limb strength<sup>13</sup>.

They were designed to require little or no equipment and are transferable to the home environment. The exercises were developed to ensure that all patients regardless of level of frailty or functional impairment could participate.

The exercise programs can be linked with the functional outcomes of the Bedside Mobility Assessment Tool (BMAT) which is a modified version of the Banner Mobility Assessment Tool, a validated tool that is quick to use and acceptable to patients<sup>14</sup>.

To help staff identify the functional level of a patient easily and quickly, [the ICAN was developed](#). This patient centred enablement tool allows staff to facilitate the appropriate level of functional assistance required for each patient to support their independence as far as possible. A number of iterations of this document were developed in response to staff feedback. The ICAN is now being used and further developed in other hospitals, including within a paediatrics setting in Sheffield.



The image shows a form titled 'ICAN' (I Can Assess Now) used for patient assessment. It includes several sections with checkboxes for different activities and levels of assistance:

- Move around using:**  No aid  Frame  Stick
- Standing Hoist  Full hoist  Rotastand
- Other: \_\_\_\_\_
- With:**  help of 2  help of 1  Independent
- And a distance of:**  less than 1m  1-4m  5-10m  10m+
- Get washed and dressed:**  Independently  Top half only  With help
- Clean teeth:**  With help  Independently
- Practice exercises:**  Bed exercises  Chair exercises  Standing exercises
- I use:**  Hearing Aid  Glasses

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<sup>13</sup> Royal Osteoporosis Society. Strong, Steady and Straight; An Expert Consensus Statement on Physical Activity and Exercise for Osteoporosis. Accessed at <https://theros.org.uk/forms/documents/strong-steady-and-straight/> on 23.07.2019.

<sup>14</sup> Boynton T, Kelly L, Amber Perez LP, Miller M. Banner mobility assessment tool for nurses: Instrument validation. Am J SPHM. 2014;4(3):87.

## Risk Consensus

The benefits of physical activity for people living with long term conditions are well established. However, the fear of increasing symptoms or worsening long term problems commonly stops people from moving more. Many healthcare professionals also feel unsure about what advice they should give to people living with symptomatic medical conditions.

To help address concerns around risk, we led the development of a consensus statement to help us understand what safety advice healthcare professionals should give to people in clinical practice. [This has been published in the BJSM](#). In addition, [an infographic was developed](#) summarising what healthcare professionals should know before giving advice about risk to people living with long term conditions.

We have developed an accredited training resource to support this.



## Active Conversations

Active Conversations was developed to support training capability in the Active Hospital project and has since expanded and developed to build on the knowledge and skills for all healthcare professionals. It has a proven strong impact when supporting regional approach to person centred decision making as shown in the Calderdale case study below.

The course was developed to help individuals have more skilful and better-quality conversations with their service users about physical activity, which are brief, person-centred, and non-judgemental. In turn, this can increase individuals' readiness and confidence about changing their behaviour and is anticipated to result in more people becoming more physically active, better management of their health, and experiencing an improvement in their quality of life. Informed by motivational interviewing, the course also incorporates health coaching, and both behaviour change theory and techniques. 100% of the participants rate the course as high or very high quality, and 8/10 say that the course has increased their confidence to have conversations about being more active with their patients.

Active Conversations is open to all healthcare professionals via [movingmedicine.ac.uk](http://movingmedicine.ac.uk) and there are several different institutions who have embedded it within their staff training. There have been cohorts from across the UK, in different Active Partnerships, NHS Trusts, and undergraduate programmes. Feedback has been positive:

*"We've had some really positive feedback from our students for the foundations course. The students generally found it a good introduction to MI concepts and techniques."* Lecturer UCL

*"I weaved it into teaching that incorporated an overall approach to carrying out a PA consultation, including risk stratification, advice-giving and exercise programme and service designs. At the end of the module, we saw that the majority of students attempted some of the MI techniques in their OSCE, some more naturally and successfully than others."* – Lecturer UCL

"...I found it not only helps with my clinical communication skills, but could also be implemented into daily life, such as talking friends, family, etc into doing something or making changes. How I wish I could've known about this course much earlier!" Course Participant

"Moving Medicine was amazing and extremely useful for my clinical practice..." Course participant

Active Conversations was used in an intervention in a study looking to upskill nursing and physiotherapy students at Edinburgh Napier University. The course was well received and demonstrated improvement in the technical skills of motivational interviewing despite being disrupted by the arrival of the covid pandemic part way through the course.

### Calderdale Case Study

Active Calderdale, the Active Partnership for Calderdale approached Moving Medicine to provide training for staff within the area on motivational interviewing as part of their plan to create a workforce skilled in having good person-centred conversations about physical activity with patients, clients and service users. As part of this they wanted to create a social movement for active conversations across health and social care in Calderdale and then demonstrate the impact of this.

To date, over 200 healthcare workers in Calderdale have completed the Active Conversations (AC) training and the key findings from the independent evaluation that they have commissioned show:

- The AC training provided participants with the capability to have conversations about PA. Specifically, it built participants' knowledge about PA and built their confidence and skills to have conversations about PA
- The AC training motivated participants to have conversations about PA, which was largely due to participants understanding the value of PA, appreciating the benefits of being physically active themselves, and positive outcomes from conversations about PA
- Completing the training encouraged participants to create the opportunity to have conversations about PA with their service users. They felt it was important to have the opportunity to practice their new skills and knowledge which could help build their confidence. Furthermore, while participants sought out the opportunity to have these conversations, they felt it was important to understand the right time to talk about PA with their service users and not to be insensitive if there are competing priorities.

As a result of the AC training, changes were made to the delivery, policies, and working practices in the participant's service or organisation:

- On a delivery level, participants reported changes to working ways, such as promoting garden visits and walking meetings, and developing new opportunities, such as creating new initiatives and an active environment
- On a policy level, active conversations are being built into programmes and embedded into the assessment forms and processes within the service or organisation. Participants highlighted the importance of having conversations and PA and, as a result, indicated that it was important to have changes to policy to ensure sustainable change
- On a working practice level, participants highlighted it was important changes were co-designed with service users, external stakeholders, and staff.

To support the training, a Calderdale specific microsite was developed to enable the staff to signpost to the local activities that were happening in Calderdale. These were developed and input by the Active Partnership, showing the signposting that was often used across the area.

## System Based approaches

The Moving Medicine platform was initially developed for use in England and as such, the charities and activities that are signposted to at [movingmedicine.ac.uk](http://movingmedicine.ac.uk) are all nationally available in England. The Moving Medicine team have since piloted different microsites, which all have localised signposting. These are currently available in Australia, Scotland and will soon be launched in Northern Ireland. Due to the success of the national platform, a pilot was launched to offer areas the opportunity to link healthcare, sport and physical activity offerings at a localised level across England. This systems based approach allows the platform to host local information to support healthcare and the physical activity providers and delivers true personalised care for the patient.

### Moving Medicine – a Systems Model in Birmingham

Birmingham is one of the largest ICS in the country and has a real mix of cultures across the city. The city was host city for the Commonwealth Games in 2022 and therefore an excellent opportunity to work with healthcare, physical activity providers and the local population to encourage them to be more active prior to the games and as part of the legacy.

The microsite was developed with support and input from the City Council, the OHID Places and Regions representatives, the local Hospital Trust, and Sport and Exercise Medicine Consultants and Trainees within the area. There was also buy in from Primary care, with support from the largest GP service across Birmingham.

Unlike other microsites, the Birmingham site was developed with a different look and feel to the main Moving Medicine UK site, with local snapshots used as a video on the landing page to showcase the area.

As part of the launch, the Moving Medicine team linked in with the Public Health team at the Council and 'We Active Communities' as part of their Active Healthcare twitter challenge. This helped to raise awareness of the platform amongst healthcare professionals and there was also mention within the ICS newsletter.



**“Moving Medicine is a fantastic tool to help healthcare professionals have real conversations about physical activity with patients in ways that work for them. We know being active every day is a game changer for health at every stage of life. But too often it gets stuck because we don't get the message across in ways that land for people whose symptoms are getting in the way. Moving Medicine provides practical tools and examples that work for patients where they are now.”**

Dr Justin Varney, Director of Public Health, Birmingham City Council

## Summary – What can MM offer you?

With more pressure than ever before on the NHS it is important to utilise all the toolkits we have readily available. Moving medicine offers clinicians, healthcare workers, those in social care and senior leaders the resources they need to support people living with long term conditions, preparing for surgery or people in hospital to be more active through their consultation guides, active hospital toolkit, and active conversations. The Moving Medicine initiative and resources offer a unique way to help change the way healthcare professionals talk to their patients, changing from a system that asks 'what's the matter with you?' to 'What matters to you?'.

Moving Medicine's resources have been developed by a multidisciplinary team, expert patients, academics and charity representatives from the 3rd sector who have collaborated with the aim of decreasing physical inactivity. The project has benefitted from an enormous amount of clinical, academic and patient goodwill and in kind work, with a special mention to the Sport and Exercise Medicine teams, which has developed it to the success it is today and we are extremely grateful to everyone who has been involved.

Whether you are looking to implement physical activity within an existing pathway, developing your service, training your staff on motivational interviewing and behaviour change, Moving Medicine resources can help support you to do this. If you need to reduce your waiting lists and prepare people better for surgery, or endeavour to prevent hospital associated deconditioning, there is a resource to support you.

We are continually looking to develop our offerings, expand our reach, develop new resources for different conditions, or implement pathways within secondary care. If you would like to collaborate, share like to share good practice on the toolkit or upskill your workforce - Moving Medicine can help. Contact us today to discuss how we can how together we can build a healthier nation.

Moving Medicine resources are built on our free to use website, and resources are available on free download.

As part of our sustainability plan, we do charge a nominal amount for our Active Conversations online course, which we are able to offer discounted rates on, starting from groups of just 10+. For larger groups we are able to offer a greater discount, and offer dedicated courses. If this is something you would be interested in, please contact us at [activeconversations@movingmedicine.ac.uk](mailto:activeconversations@movingmedicine.ac.uk) with details of the number of places you would like to book and contact details and we will be in touch.