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MHPP Evaluation

eLearning Final Report

Ipsos and National Centre for Sport and Exercise Medicine



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Executive summary

Introduction

The Office for Health Improvement and Disparities (OHID), formerly Public Health England (PHE), developed 10 elearning modules as part of the Moving Healthcare Professionals Programme (MHPP). These were designed based on latest evidence, peer reviewed, and launched in September 2019, and have periodically been revised since. The Physical Activity and Health modules are hosted on Health Education England (HEE)'s elearning for healthcare (elfh) platform (<https://www.e-lfh.org.uk/>) and are open access. Since late 2014, 10 elearning modules relating to physical activity, and primarily targeting General Practitioners (GPs), have also been available on the British Medical Journal (BMJ) learning platform. elearning modules are a key component to the MHPP, providing a mechanism for continuing professional development for those healthcare professionals (HCPs) who prefer to study remotely.

The evaluation

Ipsos and the National Centre for Sport and Exercise Medicine were commissioned to evaluate Phase Two of the MHPP in 2019. The evaluation objectives for the MHPP, and each workstream within it are:

- Understand the processes behind effective delivery.
- Assess the impact of the programme and its constituent workstreams, overall and on specific outcomes including increasing the capability, opportunity and motivation for HCPs to integrate physical activity as a routine part of clinical care for the prevention and management of long-term conditions.
- Enable continuous learning and improvement to inform ongoing delivery and decision-making.

This report concludes the evaluation activities for the elearning workstream. It is based on the following evaluation activities:

- A survey placed on the HEE elfh platform, publicised via pop-up notifications and HEE social media posts. In total, 104 HCPs who accessed the elearning modules completed the survey.
- In-depth qualitative interviews with seven HCPs who were users of the elearning modules – recruited via the survey.
- A short interview and email exchange with three HEE representatives, responsible for overseeing the elearning modules.
- Analysis of monitoring data on engagement with the elearning modules available on HEE's elfh platform and the BMJ learning platform.

All fieldwork took place between August 2021 and June 2022.

The evaluation focuses predominately on the HEE elearning modules (as opposed to elearning modules hosted on the BMJ learning platform) given this platform was intended to be the de facto home for NHS elearning at the time of evaluation scoping. Therefore, unless otherwise stated, all references to elearning throughout this report refer to the Physical Activity and Health modules on the HEE elfh platform.

Process learnings

Use of the resources

Between September 2019 and mid-June 2022, the Physical Activity and Health modules on the HEE elfh platform had 22,101 session launches¹ and 3,391 active users². Use of the elearning resources peaked during the first national lockdown between April and June 2020. Since then, activity has stabilised and in a typical month (excluding April-June 2020) the Physical Activity and Health modules achieve around 600 launches and 260 completes. On average, 43% of module launches end in a module complete meaning there is some attrition with not all HCPs going on to complete the module they initially open. For HCPs returning to the modules, they do so relatively frequently with over two-fifths (41%) using the modules at least once per week or more often.

The BMJ elearning modules appear to attract a larger number of users per month (on average around 330 when looking just at users based in the UK) and have a higher completion rate with 86% of users going on to complete the module they initially access. Over the last 12 months, four of the physical activity modules on the BMJ elearning platform are in the top 50 modules for usage, and eight are in the top 100 making them some of the most popular modules offered on the platform.

The BMJ elearning modules are targeted at those working in general practice, whereas the HEE elearning modules attract a wider array of professionals. HEE elearning monitoring data shows the greatest proportion of users are classified as 'other' (34%) – this includes small numbers of a wide range of different professions such as health and wellbeing coaches and patient care navigators. When looking just at HCPs, the HEE modules are most commonly used by nurses/ midwives (35%). This is distinct to the profile of HCPs attracted to Physical Activity Clinical Champion (PACC) training and Moving Medicine which are predominantly doctors and Allied Health Professionals (AHPs) respectively. A reasonably high proportion of the HEE elearning module users are students (16%).

A high proportion (49%) of the survey respondents 'nearly always' promote physical activity to their patients, suggesting that the HEE elearning modules attract (or are known by) HCPs who are already engaged with the subject matter.

HCPs most commonly hear about the HEE elearning modules via colleagues (42%), suggesting a more comprehensive promotional strategy could be put in place. Only five percent of HCPs surveyed had heard about the resources during PACC training (though not all HCPs taking part in the survey will have undertaken PACC training). OHID have recently updated the PACC slideset to include clear references to other MHPP training assets including the elearning modules. The elearning modules (as well as other MHPP training assets) will soon be signposted to on a Sport England landing page. Views on the resources

The evaluation data suggests that the HEE elearning modules are viewed very positively among HCPs, with favourable comments on their format, length and content.

Nearly half of HCPs (47%) rate the resources 9 or 10 out of 10, meaning they would 'definitely recommend' them to others. This is broadly in line with the advocacy ratings given for PACC training by attendees (56% based on 263 HCPs), though lower than for Moving Medicine which is very highly advocated by users (73% based on 70 HCPs). On average, users score the modules 4.4 out of 5 (on a

¹ Total number of unique session launches on the elfh platform for the defined time period.

² Users that have launched at least one session within the defined time period (distinct user ID).

scale of 1-5 with 1 equating to 'Poor' and 5 equating to 'Excellent'). The BMJ elearning modules are also highly rated, with users giving an average rating of 4.8 out of 5.

Whilst users were mostly very positive about the HEE elearning modules, some constructive feedback was provided to suggest that navigation could be made easier, further guidance could be provided on how to advocate physical activity to different types of patients, and the resources could be better promoted.

Intended outcomes

There is evidence that the HEE elearning resources are helping to increase the capability of HCPs to have conversations about physical activity with patients, specifically their confidence, knowledge and skills around how to have these conversations. For example, more than four in five survey participants reported that the modules increased their skills to engage in brief conversations about physical activity with patients (86%), with two in five (40%) saying the modules had 'greatly' increased their skills. Nine in ten survey participants reported that the modules had positively impacted their confidence to have brief conversations with patients about physical activity (89%). A very high proportion of HCPs (92%) attributed feeling motivated to promote physical activity to patients to the modules (at least to some extent).

These positive survey findings were supported by the interviews with participants describing how the resources had improved their understanding about physical activity and boosted their confidence to build conversations about physical activity into their clinical care of patients. Some anecdotal examples of patients becoming more physically active following conversations about it with their HCP were also provided by those interviewed.

Placement within MHPP

The HEE elearning modules are referenced in the PACC training and promoted at Active Hospital sites, though arguably more could be done to draw attention to their existence for those who prefer to study remotely. Likewise, there are opportunities for other MHPP workstreams to be referenced (PACC and Moving Medicine in particular) in the HEE elearning modules.

There was low awareness of the other MHPP workstreams among the HEE elearning users interviewed.

Conclusions

The HEE elearning resources appear to appeal to a different subset of HCPs compared to PACC and Moving Medicine, suggesting it is a useful contribution to the suite of educational resources available through the MHPP.

The HEE elearning resources appear to be well liked and to positively impact on the confidence and likelihood of HCPs to promote physical activity to their patients. Maximising the effectiveness of the HEE elearning resources is therefore predicated on achieving a greater reach and heightened awareness of them. The resources appear to predominately attract professionals already engaged in the issue of physical activity promotion. This suggests more could be done to diversify the type of HCP engaging with the resources.

Introduction and Methodology

Overview of elearning and the evaluation

The Office for Health Improvement and Disparities (OHID), formerly Public Health England (PHE), developed 10 elearning modules as part of the Moving Healthcare Professionals Programme (MHPP)³. These were designed based on latest evidence, peer reviewed, and launched in September 2019. The modules are hosted on Health Education England (HEE)'s elearning for healthcare (elfh) platform (<https://www.e-elfh.org.uk/>) and are open access. A video about Motivational Interviewing is also included on the platform alongside the modules. An 11th module (Pregnancy and Postnatal Period: Being Active) was developed in partnership with ukactive and added to the suite of modules in March 2020. The modules and Motivational Interviewing video have been developed in partnership with the Royal Colleges and NHS trusts, although their completion does not result in any professional qualification/accreditation.

Since late 2014, a number of elearning modules relating to physical activity have also been available on the BMJ learning platform (now ten modules in total). These modules have primarily been targeted at General Practitioners (GPs). OHID are continuing to fund these modules until March 2023. At the evaluation scoping phase, it was agreed these modules were out of scope for the evaluation and the focus should be placed on the modules on HEE's Physical Activity and Health elearning modules given this was intended as the de facto home for NHS elearning. Some comparative statistics between the BMJ and HEE modules are provided in this report by way of context. Unless otherwise stated, all references to elearning throughout this report refer to the Physical Activity and Health modules on the HEE elfh platform.

Ipsos and the National Centre for Sport and Exercise Medicine (NCSEM) were commissioned to undertake an evaluation of Phase Two of the MHPP programme in 2019. elearning is one of several workstreams within the MHPP. The objectives for the evaluation (which also apply to this workstream) were to:

- **Understand the processes** behind effective delivery. This includes success factors, barriers and learnings, alongside what is required to support scale, spread and sustainability of individual workstreams and the programme overall.
- **Assess the impact** of the programme and its constituent workstreams, overall and on specific outcomes including increasing the capability, opportunity and motivation for HCPs to integrate physical activity as a routine part of clinical care for the prevention and management of long-term conditions. Where possible, measure the effectiveness in increasing patient physical activity levels, reducing sedentary behaviour, and improving health and well-being outcomes.
- **Enable continuous learning and improvement** to inform ongoing delivery and decision-making, including implementing the programme and workstreams effectively at scale.

³ Introduction to Physical Activity (which incorporates the two modules: The Importance of Physical Activity and The Health Benefits of Physical Activity); Promoting Physical Activity in Primary Care; Children and Young People: Being Active; Older Adults: Being Active; Cardiovascular Conditions: Being Active; Type 2 Diabetes: Being Active; Cancer Conditions: Being Active; Mental Health: Being Active; Musculoskeletal Health: Being Active

Purpose of this report

This is the final report from the evaluation of the elearning workstream, based on evaluation activities conducted up to June 2022. It provides findings on perceptions of the HEE elearning resources among HCPs, use of the resources, evidence of the outcomes and impacts of the resources according to the evaluation logic model and examines how the modules fit within the wider MHPP offering. A final evaluation report will be produced for the MHPP at an overarching level (due in September 2022) which this report will feed into.

This report has been co-developed by Ipsos and the NCSEM based on independent evaluation evidence. It has been reviewed by OHID with clarity added where required.

Evaluation activities conducted

The following activities have taken place in relation to the elearning workstream since the evaluation commenced in December 2019:

- During an initial scoping phase, familiarisation interviews were conducted with colleagues at HEE and OHID to gain a better understanding of the elearning resources, including how they were designed, implemented, and operating in practice.
- Following scoping, the evaluation plan and logic model were designed and confirmed with OHID. These were also revised and reconfirmed after the MHPP paused during the first UK lockdown.
- The following evaluation materials were designed and received ethical approval from Loughborough University's ethics board:
 - Participant information sheet
 - Informed consent form
 - Privacy notice
 - HCP and HEE project manager interview invitations
 - HCP and HEE project manager discussion guide outline
 - HCP survey
- The survey with HCPs was live on the HEE elfh website from August 2021 to May 2022. The survey was publicised on a regular basis via a pop-up notification on the elfh Physical Activity and Health elearning webpage and via social media posts from HEE's Twitter account. The survey achieved completes from a total of 104 HCPs who had used the elearning modules (29 additional survey completes were gathered since the April 2022 interim report).
- A total of seven interviews with HCPs took place (three additional interviews were conducted since the April 2022 interim report).
- Three HEE representatives were consulted via interview or email in June 2022.
- Analysis of engagement data (available for both the HEE and BMJ elearning modules) was undertaken.

HCP survey

A breakdown of total survey completes by job role, job setting and region is provided in the table below:

Table 1.1: Breakdown of elearning HCP survey completes

Participant characteristic	Number of survey completes
Job Role:⁴	
Allied Health Professional	27
Health and Wellbeing Coach	18
PCNs/care co-ordinator	16
Doctor	11
Nurse	9
Social prescriber	6
Care worker	2
Midwife	1
Health care assistant	1
Other	13
Job setting:	
Primary care	69
Secondary care	18
Tertiary care	2
Other setting	15
None of these	7
Region:	
North West	28
East of England	15
London	14
Midlands	14
South East	13
South West	11
North East	6
Yorkshire	5
Scotland	1
TOTAL	104

The total number of survey completes was in line with the expectations outlined in the April interim report.

In-depth interviews with HCPs

Participants for the qualitative interviews were recruited through the survey. Participants were informed about the interviews and asked, if they were willing to participate, to leave their contact details at the end of the survey. Of the 104 completed survey responses, 15 participants agreed to be re-contacted about the interviews and seven responded to our direct invitation and subsequently participated in interviews.

The interviews with HCPs were conducted between November 2021 and June 2022. Each interview was approximately 30 minutes long, and participants were offered an £80 incentive as a thank-you for taking part. A range of professionals were interviewed: a patient care navigator, support coordinator, junior doctor, nurse, AHP and health and wellbeing coaches.

⁴ Please note in the survey, questions about job setting and region were multi-coded (participants could choose multiple options), so for these questions, the totals do not necessarily sum to 104 responses.

In-depth interviews with HEE project managers

In June 2022, one HEE project manager participated in a condensed interview and further insight into HEE's perspective on the elearning resources were gathered via email correspondence sent by an additional two representatives. The updates shared by these individuals helped to ensure all recent updates on the project's progress and delivery were accounted for.

Monitoring information

Ipsos were granted access to user reports on the Physical Activity and Health modules via HEE's data tabulation portal (Tableau). This monitoring information contained data on the volume of users, number of modules accessed, which modules are being used, which modules have been completed and the time/ date of use, role of user and user location, alongside open-ended verbatim feedback. This data helped us to address evaluation questions about uptake and how this varies by HCP type, region and by module.

OHID also provided Ipsos with monitoring information from the BMJ learning platform in February 2022 and June 2022. This contained data on module use, the country and profession of users and some verbatim reviews collected in the months of January 2022, November 2021 and October 2021. Top level statistics were provided on the total number of modules completed in the UK by profession and speciality between October 2014 and May 2022. For the purpose of this report, we focus on BMJ usage in the UK to provide comparative data for the HEE modules, but it is worth noting that the BMJ resources are heavily accessed in other countries such as Qatar, India and Malaysia.

Process learnings

A key element of the evaluation is understanding the processes behind successful delivery of the elearning workstream. This chapter covers the key outputs achieved by the elearning workstream during the evaluation period, describes the profile of professionals who used the modules, explores how individuals used the resources, and looks to understand the experiences of individuals when they used the resources.

This chapter answers the following process-related questions:

- What is the uptake of the elearning modules/ views of the Motivational Interviewing video? How frequently are these used?
- What type of HCPs are accessing the elearning modules?
- How accessible are the elearning modules (what are the barriers to access, if any) and how acceptable are the modules?
- How do HCPs hear about the elearning modules (including probes on whether clinicians were signposted to these via other initiatives)?
- Are the elearning modules meeting the needs of HCPs, or are there gaps?
- What other elearning resources are HCPs undertaking for health improvement/ lifestyle topics? What other platforms do they access for learning and which do they prefer?
- When are HCPs accessing the elearning modules? Are there key moments when it is most beneficial, i.e. linked to appraisals, following other training, as part of general CPD?

User numbers

Since its launch in September 2019 to mid June 2022, **the HEE Physical Activity and Health modules on the elfh platform had 22,101 session launches⁵ and 3,391 active users⁶** accessing modules.

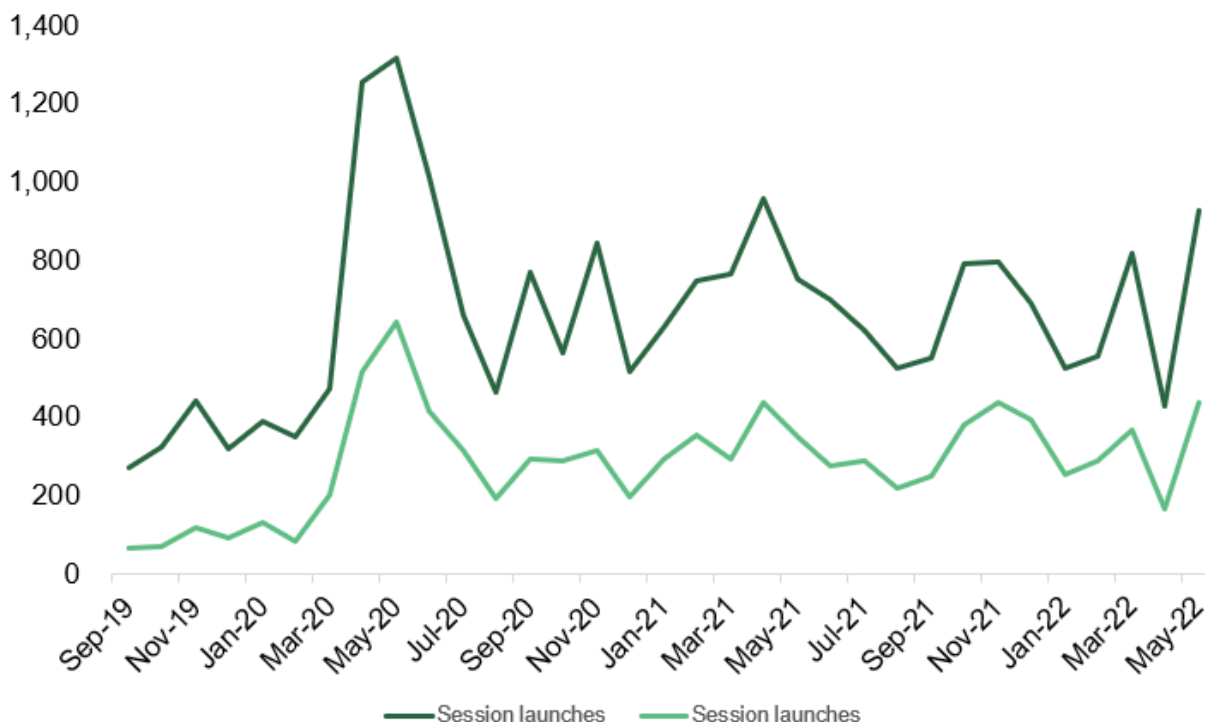
Use of the HEE elearning resources peaked during the first national lockdown between April and June 2020, with the modules achieving over 1,000 session launches and between 400 and 650 module completes every month. Since then, activity has stabilised and in a typical month (excluding April-June 2020) the modules achieve around 600 launches and 260 completes.

On average, 43% of module launches end in a module complete meaning there is some attrition with not all users going on to complete the module they initially open.

⁵ Total number of unique session launches on the elfh platform for the defined time period.

⁶ Users that have launched at least one session within the defined time period (distinct user ID).

Figure 2.1: HEE elearning module launches and completes



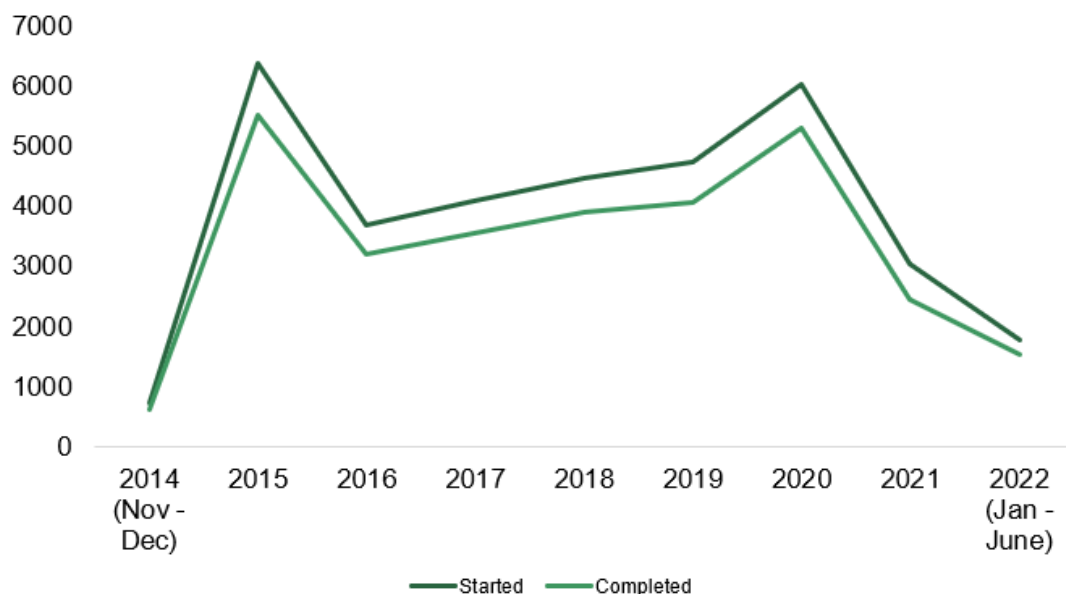
Monitoring data: elearning session launches and completes from Sept 2019 – May 2022

Base: 21,769 session launches

Between their launch in October 2014 and June 2022, 30,009 BMJ modules were completed in the UK.⁷ The total number of BMJ modules started within this time frame was 34,814 suggesting the BMJ modules have had a higher conversion to completion rate verses the HEE elearning modules (86% vs. 43%).

Since the launch of the BMJ resources, the mean number of modules completed per month was 326; slightly higher than the monthly average seen for the HEE elearning modules. As was observed in the HEE elearning monitoring data, the use of the BMJ resources also peaked in 2020, likely in relation to the pandemic.

⁷ Please note: the BMJ modules also have a substantial number of users who access the modules from outside of the UK. However, for the purpose of this report we only report on UK users to enable fairer comparison with the HEE elearning resources.

Figure 2.2: BMJ module starts and completes

Monitoring data: BMJ modules started and completed from Nov 2014 – June 2022

Please note that 2014 and 2022 are not complete years

Use of different Physical Activity and Health modules

The monitoring data suggests that **HCPs are using a variety of the Physical Activity and Health modules** on the HEE elfh elearning platform. Indeed, the number of active users (3,391) and session launches (22,101) as described earlier, suggests that users are accessing multiple modules on the HEE elfh platform. The 'Introduction to Physical Activity' modules (which include 'The Importance of Physical Activity' and 'The Health Benefits of Physical Activity') are the most commonly accessed modules. This is mirrored in the data collected via the survey, with these modules being the most commonly used (with 87% and 81% having accessed these modules respectively).

The completion rates for different modules vary - 'Mental Health: Being Active' and 'Cancer Conditions: Being Active' have the highest completion rates, despite having lower session launches, suggesting they might not have as wide appeal but those who do access them are particularly interested in the subject. Notably, 'Type 2 Diabetes: Being Active' has the lowest completion rate however, this module also has a high number of sessions launches which may explain why 72% of HCPs in our survey also cited using this module.

The BMJ resources also have a module on 'The Importance of Physical Activity', which concurrently is the most popular module offered on the platform, receiving over 6,500 completes since the resources launched in 2014. Additionally, the BMJ module 'The health benefits of physical activity: Diabetes' was the second most popular module, receiving 4,692 completes, echoing the demand of this topic as already demonstrated in the HEE elearning monitoring data.

Over the last 12 months, four of the physical activity modules on the BMJ elearning platform are in the top 50 modules for usage, and eight are in the top 100 making them some of the most popular modules offered on the platform.

Figure 2.3: HEE elearning module launches and completion rates

	Session launches	Completion rate
Introduction to Physical Activity	9659	47%
Type 2 Diabetes: Being Active	1591	37%
Promoting Physical Activity in Primary Care	1420	44%
Pregnancy and Postnatal Period: Being Active	1389	48%
Older Adults: Being Active	1297	40%
Children and Young People: Being Active	1287	39%
Cardiovascular Conditions: Being Active	1171	40%
Musculoskeletal Health: Being Active	962	49%
Mental Health: Being Active	921	61%
Cancer Conditions: Being Active	782	53%
Motivational Interviewing Video	1388	100%

Monitoring data: Module session launches from 5th September 2019 – 15th June 2022

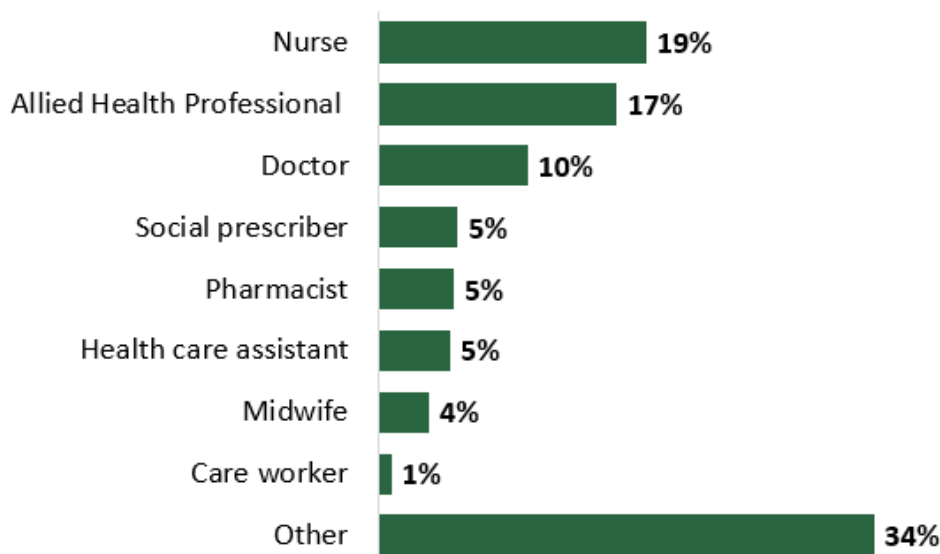
Base: 21,8671 session launches

Type of professionals using the elearning resources

Role and setting

The monitoring data suggests that the HEE elearning resources are **being used by a variety of HCPs and some non-HCPs**. The resources appear most popular among nurses, with them making up just under one in five active users (19%). Allied Health Professionals (AHPs) are a close second making up 17% of active users, followed by one in ten doctors (10%). Thirty four percent of active users fell into the 'other' category, and this included professions such as teachers/ lecturers, administrators and personal trainers. It is also worth noting that 16% of elearning users are also classified as students.⁸

⁸ Please note there is no separate subgroup for students, as the allocation of professional role was based on the primary profession of the individual, even if they were still in training. For instance, if someone indicated that they were a student nurse they would be counted in the 'nurse' subgroup.

Figure 2.4: HEE elearning active users by staff group

Monitoring data: elearning active users by staff group from Sept 2019 – June 2022

Base: 3391 active users

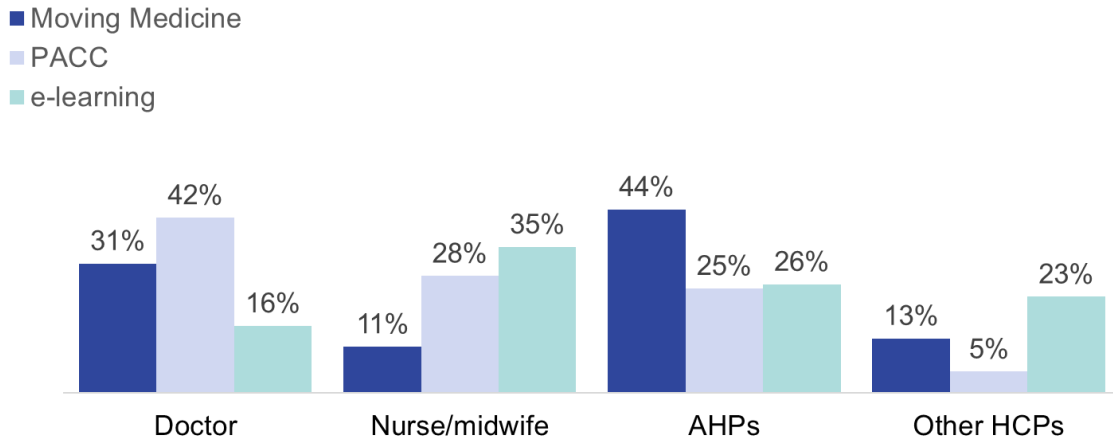
Survey responses were received from AHPs (26%), health and wellbeing coaches (17%), patient care navigators (15%), doctors (11%), nurses (9%) and other health professionals (including a nutritionist and a cancer information support worker), as well as social prescribers (6%) and care workers (2%). AHPs make up the largest proportion of the survey responses, followed by health and wellbeing coaches.

The profile of professionals who responded to the survey broadly reflected the roles of those using the HEE elearning resources, as evidenced in the monitoring data. For instance, AHPs made up the largest proportion of those responding to the survey. However, the proportion of nurses responding to our survey compared to those using the modules was slightly lower (9% vs. 19% respectively).

Each of the three principal MHPP training tools (PACC, Moving Medicine and elearning) appear to target (or attract) a different profile of HCP, thus helping to ensure a broad range of disciplines are engaged in the issue of physical activity promotion. The figure below excludes non-HCPs and shows PACC is predominantly used by doctors, whilst Moving Medicine most commonly attracts AHPs, and the HEE elearning modules attract nurses/midwives⁹

⁹ Caution should be taken when interpreting the profile data for Moving Medicine as this is based on survey data and thus reflects the profile of those responding to the survey rather than the known profile engaging with the resource. The PACC and elearning profile data are more reliable as they are based on audit/ monitoring data of attendees and users.

Figure 2.5: Profile of HCPs engaging with different MHPP workstreams

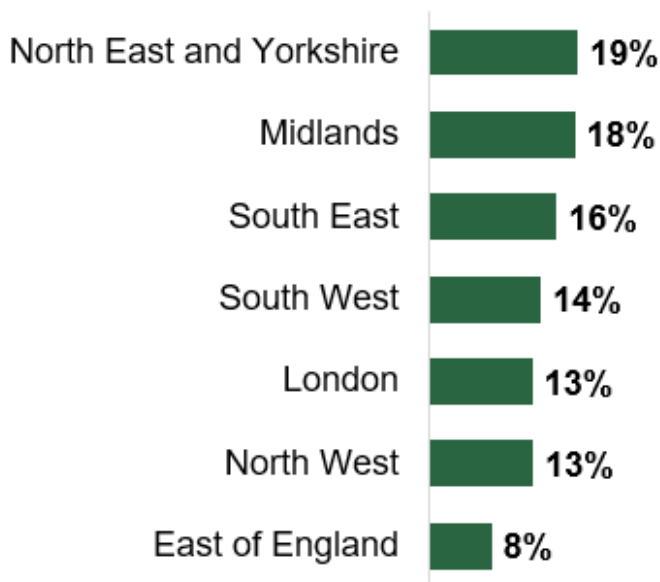


Base: Moving Medicine: 70 HCPs surveyed, PACC training: 15,836 trained HCPs in audit data, HEE elearning: 2,155 HCPs in monitoring data

Geographical spread

The monitoring data demonstrates that the HEE elearning resources are **accessed across the country** by professionals working in all major regions across England. The North East and Yorkshire have the highest proportion of users with just under one in five (19%) users from this region. Overall, the East of England appears to make up the lowest proportion of users, with less than one in ten (8%) elearning users from this region.

Figure 2.6: Location of HEE elearning users



Monitoring data: elearning users by location from 5th Sept 2019 – 15th June 2022

Base: 2,261 active users in England

There was a slight skew towards users in the North West present in the survey data profile (27%). We anticipate that this resulted from a higher proportion of HCPs accessing the elearning resources from the North West during the fieldwork period (as previously highlighted in the interim April report). Insight gained from project managers at HEE did not suggest that any regional communications were facilitated to target the North West (or any other region). Therefore, we anticipate that local initiatives or more frequent word of mouth in some regions may explain this uptake. This was echoed by an AHP we

interviewed who relayed that the resources were listed as suggested training by their place of employment and a colleague also suggested they take a look at elearning physical activity modules.

Likelihood to promote physical activity to patients

In the survey, HCPs were asked on a scale of 0 to 10 how often they promote physical activity to their patients who have, or are at risk of developing, long-term conditions (with 0 being 'never' and 10 being 'nearly always'). Just under half of HCPs (49%) said they 'nearly always' do this, rating the maximum of 10 out of 10. Additionally, one in five (21%) HCPs rated themselves as 8 or 9. **This suggests that the HEE elearning resources may be attracting HCPs who are already promoting physical activity to their patients on a regular basis.** One in five (20%) of HCPs rated themselves as 7 or under for how often they promote physical activity to their patients, which suggests there are some HCPs using the resources who could be promoting physical activity more often.

How HCPs are using the elearning resources

How HCPs hear about the elearning resources

HCPs commonly hear about HEE elearning through their colleagues; more than two in five (42%) of survey participants say someone in their workplace told them about it. This is supported by the interviews, as participants had often been told about elearning by a colleague or a colleague had sent them the link to the website directly.

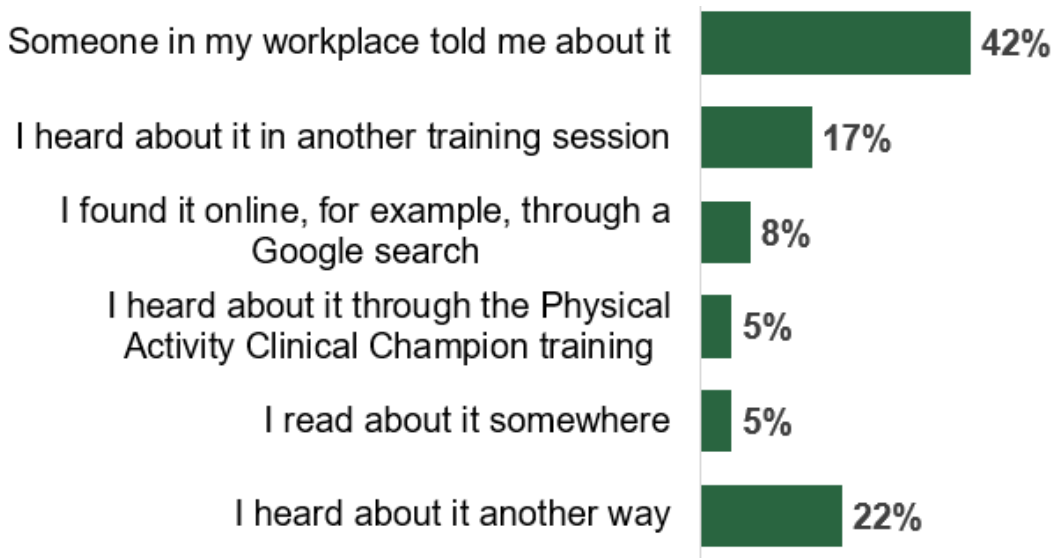
Seventeen percent of HCPs were told about elearning in another training session. More than one in five (22%) HCPs said they heard about the Physical Activity and Health modules 'in another way' and were asked to specify – in these cases HCPs had heard about the modules via pop-ups and prompts on the elearning website when they were accessing other courses, at university and on a list of suggested training courses under their job role on an NHS England webpage. Five percent of HCPs had found elearning online, for example through a Google search. Five percent of HCPs had heard about elearning during PACC training (though not all HCPs taking part in this survey will have undertaken PACC training). The same proportion (five percent) had read about it somewhere.

OHID have recently updated the PACC slideset to include clear references to other MHPP training assets including the elearning modules. The elearning modules (as well as other MHPP training assets) will soon be signposted to on a Sport England landing page.

“I access the futures NHS platforms [...] and they recommend the e-learning. So, that’s where I started doing quite a lot, initially probably a lot of our mandatory training, and then I explored it and went through all the different modules and just through the directory basically, to see was there anything that would be appropriate for my job, so I just did loads on it.”

Health and Wellbeing Coach

Figure 2.7: How HCPs first heard of the HEE elearning website



Q: How did you first hear about the Physical Activity and Health programme on the elearning for healthcare website?
 Base: 104 survey completes

When HCPs use the elearning resources

Monitoring data demonstrates that sessions are typically launched on a weekday, with Tuesdays the most popular and Fridays the least popular. 12% of sessions were also launched on a Saturday or Sunday. 29% of sessions were launched in the morning between 8am and 12pm and 54% were launched between 12pm and 6pm. The most popular time to access the modules was between 2-4pm, with over 1 in 5 sessions (22%) launched during this afternoon period.

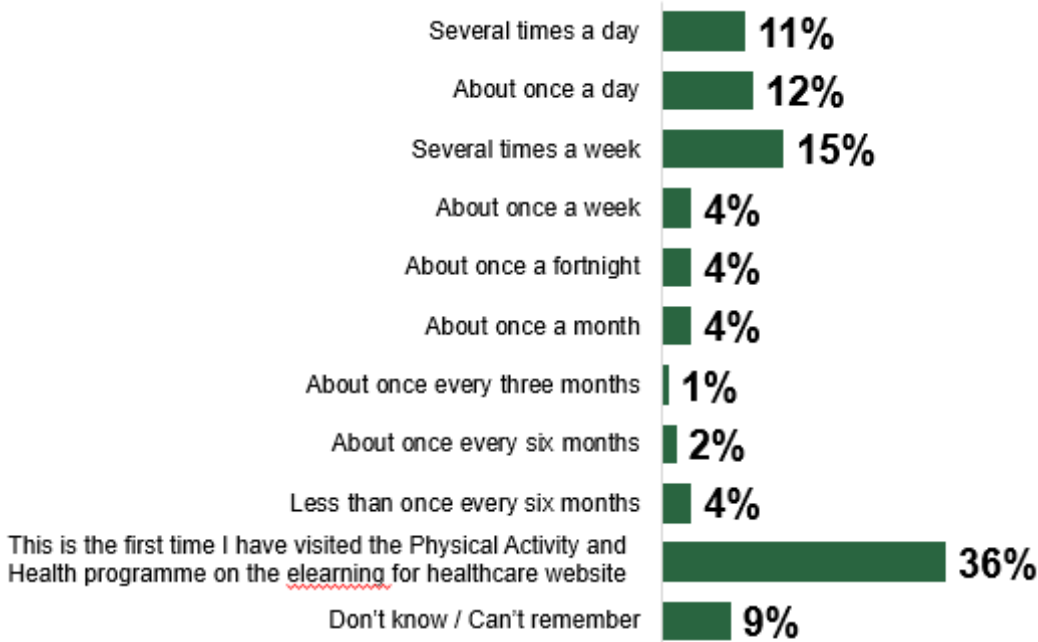
In the survey, when asked how often they use the HEE Physical Activity and Health modules, the most common response is, ‘this is the first time I have visited the elearning website’ (36%). For HCPs returning to the modules, they do so relatively frequently with over two-fifths (41%) using the modules at least once per week or more often. Fifteen percent use the consultation guides ‘several times a week’, followed by 12% using them ‘about once a day’ and 11% using them ‘several times a day’. It was noted by some HCPs who participated in interviews that they liked the fact they could go back and refer to content again.

“I think the handy thing of doing it online, is that you can go back and go over it, but at the same time, I think when you’ve physically gone and done some training, I think you retain it better.”

Health and Wellbeing Coach

Some HCPs also mentioned that they accessed the modules in response to requirements associated with their job role. For instance, one HCP expressed that they needed to complete a certain amount of training hours as part of their revalidation. Another shared that they were undertaking an assignment alongside their professional role and their manager had asked them to research physical activity initiatives and share learnings with the wider team.

Figure 2.8: Frequency of HEE elearning module use



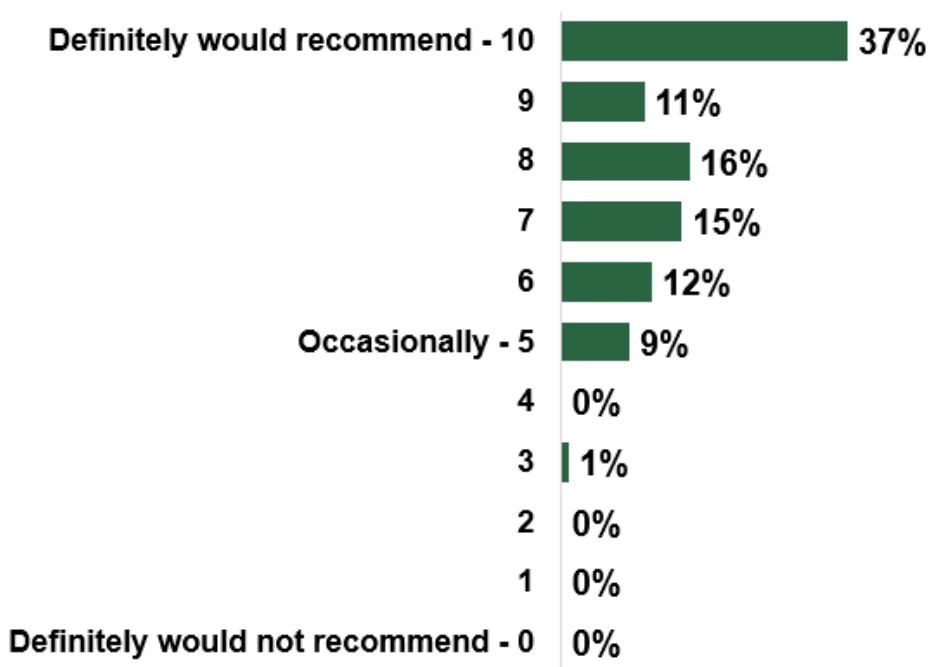
Q: How often would you say you use the modules?

Base: 104 survey completes

Views and experience of the elearning resources

The evaluation data collected suggests that the HEE elearning resources are **viewed positively** among HCPs who have provided feedback. Survey participants were asked to what extent they would recommend the modules to other HCPs (on a scale of 0 to 10, with 0 being 'definitely would not' and 10 being 'definitely would'). Just under half (47%) HCPs rated 9 or 10 out of 10, saying they would 'definitely' recommend the resources. This is broadly in line with the advocacy ratings given for PACC training by attendees (56% based on 263 HCPs), though lower than for Moving Medicine which is very highly advocated by users (73% based on 70 HCPs). 32% also rated it 7 or 8 out of 10 suggesting there is strong advocacy of the resources. No HCPs said they would definitely not recommend the resources. The professional role of HCPs also does not appear to impact their likelihood to recommend the resources.

Figure 2.9: Likelihood of HCPs to recommend HEE elearning



Q: On a scale of 0 to 10, how likely, if at all, are you to recommend the modules to other healthcare professionals?
 Base: 104 HCPs

Positive feedback about the resources

HCPs had positive feedback about the HEE elearning resources in both the survey and the interviews. This feedback commonly focused around the resources being:

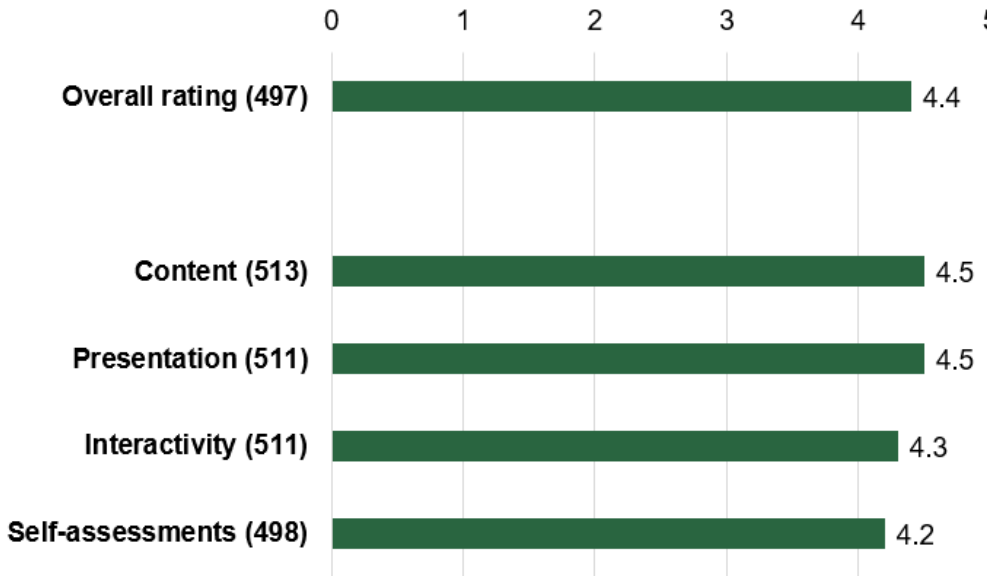
- **Informative** – they provided a good level of evidence-based information per course.
- **Good layout and very clear** – HCPs liked the format of the elearning modules and felt the content was displayed clearly.
- **Appropriate amount of time** – HCPs felt that length of time each course took was well proportioned.

“I found [the modules] helpful and they resulted in me having more open questions and conversations with my patients.”

Health and wellbeing coach

Users of the HEE elearning modules are given the opportunity to provide feedback through the elfh website. Users are asked to score the modules on a number of aspects on a scale of 1-5 with 1 equating to ‘Poor’ and 5 equating to ‘Excellent’. A high overall rating is given for the modules, with users scoring them 4.4/ 5 on average. High scores are given to various aspects of the modules as shown below, with the highest ratings given for ‘Content’ (4.5/ 5) and ‘Presentation’ (4.5/ 5). The lowest score (though still high at 4.2/ 5) is given for ‘Self-assessments’.

Figure 2.10: Feedback on HEE elearning modules overall (collected on elfh)

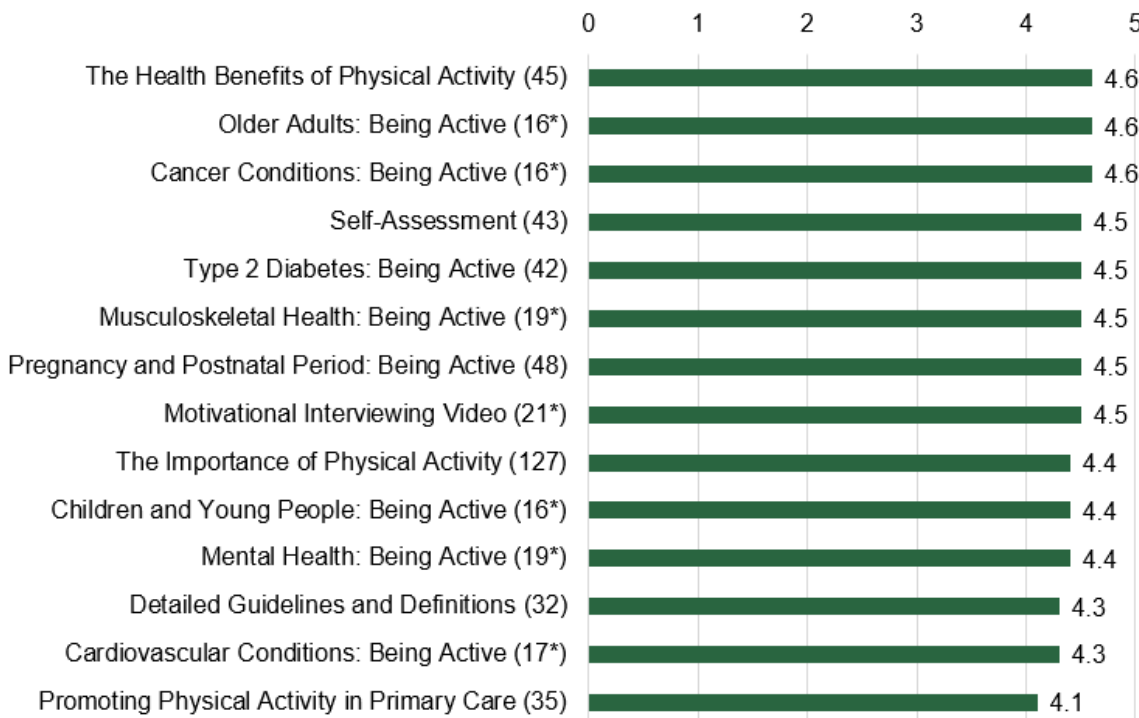


Monitoring data: elearning feedback collected on elfh Sept 2019 – Sept 2022

Base: shown in brackets

The overall rating given to each of the individual HEE modules is uniformly high (between 4.3 and 4.6 out of 5), with a slightly lower rating given to ‘Promoting Physical Activity in Primary Care’ (4.1/ 5). Please note, some of the modules were rated by small numbers of users (as denoted by an asterisk in the chart below) and this data should therefore be interpreted with caution.

Figure 2.11: Overall rating of HEE elearning modules (collected on elfh)



Monitoring data: elearning feedback collected on elfh Sept 2019 – Sept 2022

Base: shown in brackets. An asterisk (*) denotes a small base size

The BMJ elearning modules are also highly rated, with users giving an average rating of 4.8 out of 5 (based on 320 reviews between October 2021 and October 2022).

Constructive feedback and areas for improvement

While most of the feedback received on the HEE elearning resources was positive, **some constructive feedback** was also received. There were suggested areas for changes and improvements even among HCPs who highly praised the resources. This feedback included the following suggestions:

- Make **navigation of the website** even easier so that it is clear how to find the module you want to complete when you are on the main elearning landing page.
- More guidance on how to promote activity to **different groups of patients**.
- **Promote the website better** - HCPs felt that this was a useful resource, but not enough people knew about it.

Use of other training resources for health improvement/ lifestyle topics

Of the HCPs interviewed, a few cited that they had utilised a multitude of other HEE elfh modules for training and development purposes. It appears that those who enjoy the elfh training format made the most of the wider offerings available on the HEE website, beyond just the Physical Activity and Health modules. It is therefore worth noting that the HEE elfh hub and its congruent training module structure is an important factor in motivating the use of these resources for some HCPs.

Some HCPs also mentioned using other resources for training purposes such as the Make Every Contact Count toolkit and doing wider reading on reputable websites (e.g., NICE). A few felt that including links to other resources such as these on the elearning modules would be advantageous, particularly if individuals were really interested in that specific topic or if they felt that they would benefit from further learning in that subject.

“Adding short conversations and Making Every Contact Count approach into all the modules may help if a learner is only taking part in one or two of the modules.”

Health and wellbeing coach

Awareness and use of other MHPP resources by the HCPs we spoke to was generally quite low (discussed further in the chapter on elearning’s place within MHPP).

Integration of elearning modules into the HEE elearning programme

The Physical Activity and Health elearning modules sit on the HEE elfh hub, among many other training courses specifically aimed at health and social care professionals. During the development phase the modules were chiefly formed in line with the aims and objectives set out by OHID, based on the core principles of the MHPP programme. However, it was important to ensure that the modules had a good fit within the existing HEE elearning programme offerings. Key to this was maintaining a consistent look and feel of the design of the modules, in line with the other resources already provided on the elfh hub. This was facilitated through website designers who turned the content that OHID spearheaded into the HEE elearning modules. As referenced earlier in this report, some users of the Physical Activity and Health modules were encouraged to access them having completed other modules on the elfh platform and found this to be a positive experience. This endorses the Physical Activity and Health modules having a consistent format and look at other modules on the platform.

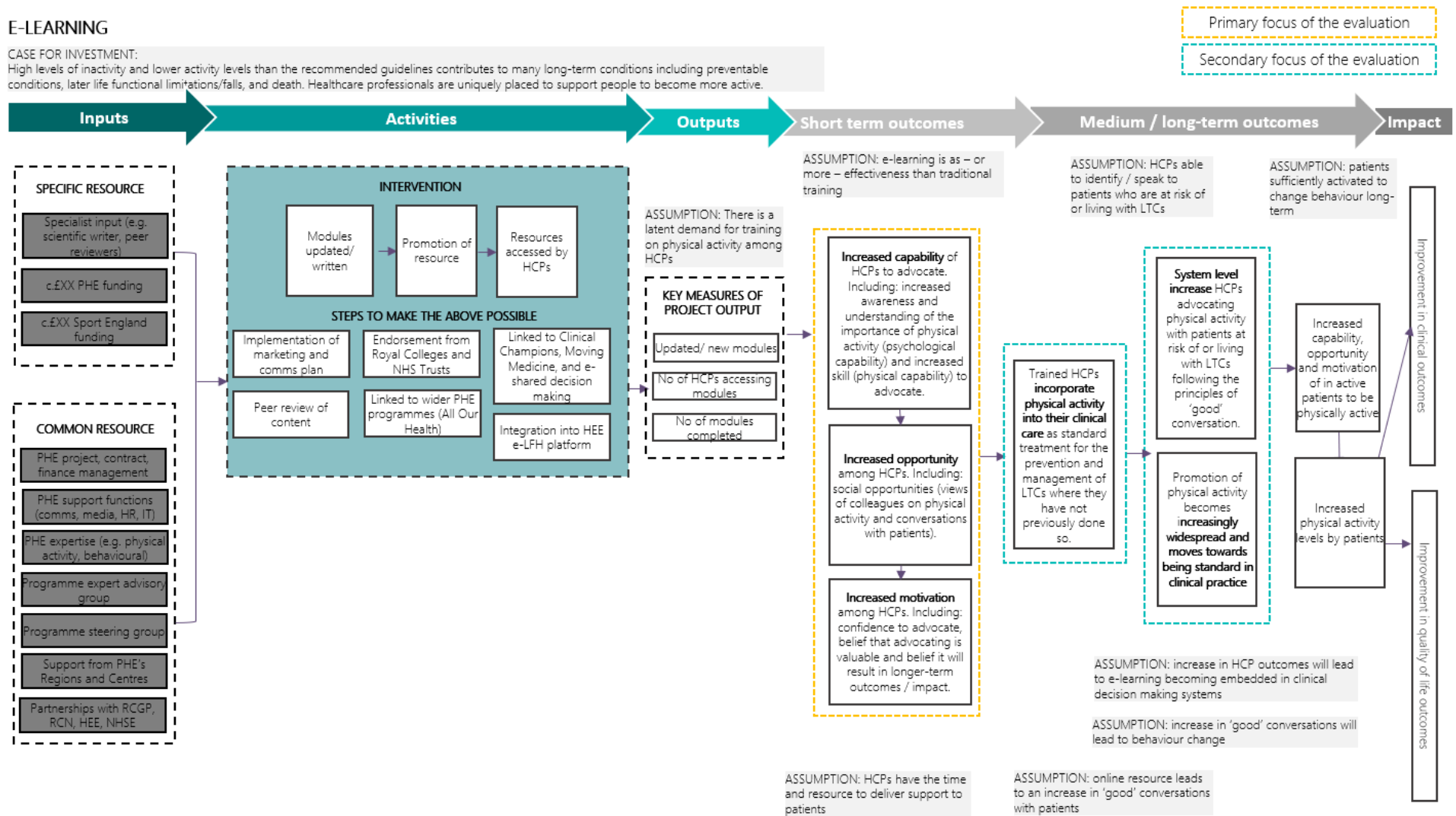
Outcomes

This chapter focuses on whether there is evidence in support of the elearning resources resulting in the proposed outcomes for HCPs. These outcomes for HCPs focus on increased capability, opportunity and motivation to promote physical activity to patients including those living with or at risk of developing long-term conditions. The evaluation also aims to understand whether there are particular contextual factors that influence these outcomes. As such, the relevant questions that the evaluation seeks to answer around outcomes are:

- Does the training increase HCPs capability to advocate physical activity to patients?
- Does the training increase HCPs opportunity to advocate physical activity to patients?
- Does the training increase HCPs motivation, including confidence, to advocate physical activity to patients?
- Do changes vary according to type of HCP or modules completed, or when the modules are completed?
- How and to what extent do trained HCPs incorporate physical activity into their clinical care as standard treatment for the prevention and management of long-term conditions where they have not previously done so?
- What else is required, if anything, to complement the elearning modules to increase efficacy and relieve barriers to advocating physical activity with patients?

As a reminder, the logic model (shown in Figure 3.1 below) summarises how the elearning outcomes and impacts are mapped to our evaluation approach. The yellow dashed line indicates the primary focus on the evaluation and the blue dashed line indicates the secondary focus.

Figure 3.1: eLearning logic model



Primary COM-B outcomes

The short-term outcomes for elearning, as stated in the evaluation logic model above, are for HCPs to have **increased capability, opportunity and motivation** to advocate physical activity to patients. It is theorised that increased capability, opportunity and motivation are required for behaviour change to occur. The evaluation materials were designed to primarily assess whether the elearning resources have changed HCPs' capability, opportunity and motivation to advocate physical activity to their patients.

The concepts of capability, opportunity and motivation in this context are defined below:

- **Capability** to advocate physical activity to patients at risk of or living with long-term conditions: this includes elements of psychological capability, such as awareness and understanding of the importance of physical activity among HCPs, and physical capability such as having the skills to advocate physical activity to patients.
- **Opportunity** to advocate physical activity to patients at risk of or living with long-term conditions: this includes environmental opportunity to use knowledge and skills in the way intended such as interaction with 'inactive' patients, and social opportunity, such as having a supportive team or colleagues that also see the value in physical activity for inactive patients. The programme also assumes HCPs will have the time and resource to be able to deliver support.
- **Motivation** to advocate physical activity to patients at risk of or living with long-term conditions: this includes moving beyond awareness and understanding to believing in the overall value and intended impacts of advocating physical activity to inactive patients. It also includes HCPs having the confidence to engage in conversations with patients about physical activity as confidence affects motivation.

Evidence of increased capability

There is evidence that the HEE elearning resources helped to increase the capability of HCPs to have conversations about physical activity with patients, specifically their **confidence, knowledge and skills around how to have these conversations**.

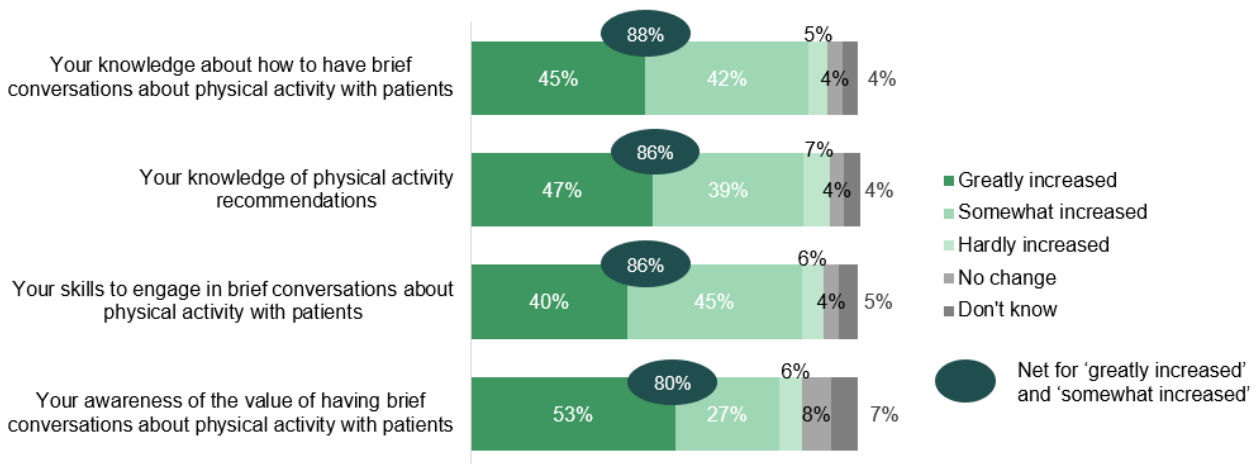
More than four in five survey participants report that the HEE elearning Physical Activity and Health modules **increased their skills** to engage in brief conversations about physical activity with patients (86%), with two in five (40%) saying the modules 'greatly' increase their skills.

There is also evidence that the HEE elearning Physical Activity and Health modules influenced the 'psychological' capability of HCPs. Just under nine in ten (88%) said that using the modules **increased their knowledge** about how to have these brief conversations, with over 45% of those having said the modules 'greatly' increased their knowledge. Linked with this, four out in five (80%) participants said the modules **increased their awareness of the value** in having these conversations with patients, and 86% said that using them increased their knowledge of physical activity recommendations more generally. A caveat to this is that the evaluation data also suggests that the elearning Physical Activity and Health resources may be attracting those who are already willing and motivated to promote physical activity to their patients (as previously noted, nearly half of survey participants rated themselves a 10 out of 10 to say they 'nearly always' promote physical activity to patients who have or are at risk of developing long-term conditions). The professional role of HCPs does not appear to influence the likelihood of them promoting physical activity to their patients as standard practice.

"My conversations with patients have definitely changed as a result of the training. I'm happy [now] to say the suggested hours of exercise. Before, I didn't know the government guidelines on the level and amount of activity that was suggested. The module helped me to make it achievable and empathetic with the person in front of you. It has changed my confidence to have those conversations. I feel I can advise people on a better way to go about things."

Nurse

Figure 3.1: Capability of HCPs to have brief conversations with patients about physical activity

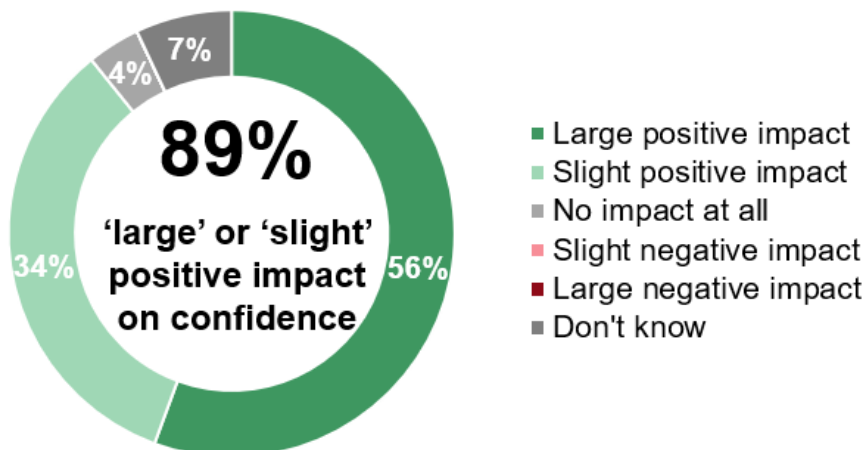


Q: Thinking about the modules, to what extent, if at all, would you say that they have increased...?

Base: HCPs who have used the elearning modules (104)

Nine in ten survey participants report that the elearning Physical Activity and Health modules **positively impacted their confidence** to have brief conversations with patients about physical activity (89%). No HCPs report the resources as having a negative impact on their confidence, though four percent say they have had no impact.

Figure 3.2: Impact of elearning resources on confidence to have conversations about physical activity with patients



Q: How, if at all, would you say the modules have impacted your confidence to have brief conversations about physical activity with patients?

Base: HCPs who have used the elearning modules (104)

"I enjoyed doing the Physical Activity and Health programme. It was very informative and by doing it I had the confidence and the knowledge to use the information with patients. One of them has lost half a stone in 6 weeks."

Social prescriber

"There were specific modules which I feel I was less confident about e.g. cancers, pregnancy. I feel I have a better understanding now and an increased level of knowledge to confidently speak to my patients now."

Nurse

These survey findings are supported by the interviews. Participants described their engagement with the Physical Activity and Health modules as having **improved their understanding** about physical activity – for example, participants expressed that it helped them distinguish the difference between physical activity and exercise and had given them ideas on how to open these conversations with patients. They also mentioned that the elearning resources had **increased their awareness of the value of being physically active** and provided them with the knowledge to make onward referrals for patients to support them in becoming more physically active.

HCPs felt the skills they had learned through elearning were effective at encouraging patients to become active and the modules gave them **increased confidence to build these conversations into their clinical care of patients**.

Opportunity to advocate physical activity to patients

There is evidence that HCPs' feel that they had opportunities to have conversations about physical activity with patients, particularly those who reported that they work in organisations that had a **positive culture towards the promotion of physical activity**.

83% of HCPs agreed that they work within a culture that supports them to have conversations with patients about physical activity, and only two percent disagreed with this statement. In the interviews, several HCPs expressed that having conversations with patients about physical activity was **actively encouraged by their organisation** or immediate team. Some HCPs (typically health and wellbeing coaches and similar roles) felt that encouraging these types of conversations was already embedded within the way they worked with patients. However, in other cases, participants felt that it was up to them as individuals to decide to prioritise conversations about physical activity with patients but noted that these conversations were encouraged by their teams, although no formal guidance was currently provided at an organisational level.

A barrier reported by HCPs to being able to have these conversations with patients included **a need to build rapport** with patients before they broached the topic of physical activity. HCPs can often be perceived as an authority figure and, as such, they expressed caution towards diving straight into the topic of physical activity to avoid 'offending' patients and damaging relationships. It was noted that having an understanding of the patients' lifestyle was important to allow them a route into discussing physical activity, and this was often easier to do with patients they saw on a regular basis.

"It only happens when I feel like I've gained a rapport with a patient, so it doesn't happen as often as I'd like, because I worry about offending patients if I focus on physical activity and not on their actual physical symptoms or what they, their issue is too quickly, then we can have a breakdown in the relationship."

Junior doctor

HCPs also reported **patients' attitudes towards physical activity** could be a barrier, for example some patients could be unreceptive to talking about physical activity because they felt they did not have access to facilities due to financial deprivation or they were concerned about the impact physical activity could have on their existing medical conditions.

"Socially deprived and economically deprived people, they think of physical exercise and they immediately go to things like gym and football, but not kicking around in the park, like actually playing for a team or, they immediately go to certain things which require a certain amount of financial support."

Health and wellbeing coach

Another challenge that some HCPs cited were certain patient characteristics. For instance, language barriers were described as an additional obstacle to conversations about physical activity due to the need to include a translator. This could also be more difficult when the translator was a relative or friend of the patient due to the potential sensitivity of the topic.

Although many of the HCPs we spoke to expressed a desire to discuss physical activity with their patients, some felt that funding and training were not sufficient to facilitate this at the scale required. This was also closely linked to the sentiment that some relayed regarding not having sufficient time to discuss physical activity with their patients due to already feeling overstretched.

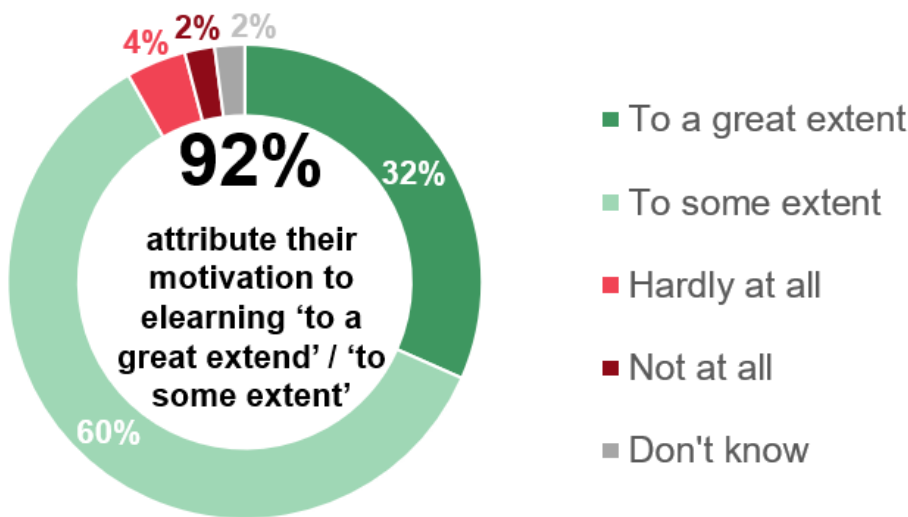
“There is a long way to go [to get the promotion of physical activity widespread in clinical care] but part of that is because so much is being shoehorned into the time we have with patients. There is no end to what we can talk to patients about, you have to cherry pick what is most valid. I wouldn’t speak to them about physical activity if they smoked 100 cigarettes a day, you need to speak about smoking first. You haven't got the time.”

Allied Health Professional

Evidence of increased motivation

94% of survey participants agree (‘strongly agree’ / ‘tend to agree’) that they **feel motivated to promote physical activity to patients**, with most of these (68%) strongly agreeing. More than nine in ten of these HCPs (92%) **attribute feeling motivated to promote physical activity to patients to the HEE elearning** modules to at least some extent, suggesting that the resources are increasing HCPs’ motivation.

Figure 3.3: Attribution of motivation to promote physical activity to the HEE elearning resources



Q: You said that you feel motivated to promote physical activity to patients who would benefit from increased physical activity. To what extent, if at all, would you attribute that to the modules on the Physical Activity and Health programme on the elearning for healthcare hub?

Base: HCPs who said that they feel motivated to promote physical activity to their patients (98)

Survey data suggests that HCPs **do see value in conversations with patients about physical activity**:

- 90% agree (‘strongly agree’ or ‘tend to agree’) that brief conversations about physical activity can lead to patients becoming more active;
- 89% agree that having these conversations is a priority for them; and,

- 93% agree that HCPs play a role in educating patients around the importance of physical activity¹⁰.

HCPs in the interviews appeared to be motivated to speak to their patients about physical activity – generally they said they had tried to build these conversations into their practice throughout their careers. The health and wellbeing coaches and PCN interviewed felt in particular as though these conversations were a fundamental part of their role. The survey and interview data raises the question as to whether the HEE elearning Physical Activity and Health modules are attracting HCPs who are currently not feeling motivated to speak to patients about physical activity, as **participants already had high levels of motivation**. This finding is similar to those from the Moving Medicine workstream, where there is a pre-existing high level of motivation among HCPs to talk to patients about physical activity, but not necessarily the knowledge or skills to do so.

Incorporating physical activity into clinical care as standard treatment

More than 9 in 10 HCPs (92%) felt it was likely that the HEE elearning Physical Activity and Health modules will encourage healthcare professionals to promote physical activity to their patients as part of routine consultations.

The HCPs we spoke to during interviews expressed that they are motivated to incorporate physical activity into the clinical care of their patients. In the last few years, they have observed increased training on the topic of physical activity promotion and felt that organisational culture has been positively impacted. However, it was noted that for physical activity to be incorporated into the clinical care of patients routinely, health care services need to be provided with additional guidance and operational support, including sufficient funding.

“I have noticed within the last few years of my training at least that I’ve been talking about it a lot more often [physical activity]. I am quite hopeful that it will change, just because a lot of people [HCPs] are talking about it more than they were when I first started. And I think people are realising that actually, preventative medicine is so much more worthwhile than just treating people with medications after conditions have happened and things like that, so I think there’s a change in the way that people are approaching it.”

Junior Doctor

A couple of the HCPs interviewed felt they were observing positive changes in culture as new dedicated roles had been carved out specifically to address a need in their population for better physical activity and health support for patients.

¹⁰ Again, something to bear in mind is that the survey data suggests these participants were already highly motivated to promote physical activity to their patients.

“[Conversations about physical activity will become more routine and widespread in clinical care] because of what our local PCN has done to recruit us as a team. That is literally our job role. We are health and wellbeing coaches which does cover lots of areas, but our initial drive and our primary drive is obesity management and reduction of type 2 diabetes and prevention of type 2 diabetes.”

Health and wellbeing coach

Impact of elearning resources on patient outcomes

Intended longer-term outcomes for the HEE elearning resources are for patients to have increased capability, opportunity, and motivation to become more physically active through conversations with HCPs and, as a result, become more physically active.

Although the elearning Physical Activity and Health modules are open access, meaning they can be used by anyone who registers on the elfh platform, the intended audience of the resources are HCPs rather than patients. Outcomes for patients are further down the causal chain of the theory of change. As such, more extraneous factors (such as patients potentially encountering different services that promote physical activity) mean it is difficult to evaluate with certainty the direct effect the resources have on patient behaviour.

Despite this, HCPs who participated in the interviews were sometimes able to provide anecdotal examples of how their use of the HEE elearning modules impacted their patients. For instance, there were examples given where patients had practiced exercise routines recommended by the HCP. In follow-up consultations some reported having improved their mental and physical health as a result. However, for other patients, navigating complex health conditions made making physical activity a routine part of their lifestyle more challenging.

“She’s doing the exercises that we worked out together and when she feels confident with that, she’s going to come back to me and we’re going to look at some more exercises. I spoke to her GP the other day and for the first time ever she asked whether she could be reduced on some of her pain killers to see how she went.”

Health and wellbeing coach

“There was one girl I had as a mental health patient, she was type 1 diabetic, she had anxiety and emotionally unstable personality disorder. We had a discussion about activity and how that will help with her diabetes control but also with her mood and how she should try and get out a bit more and try and be physically active and try and slowly increase how much she was able to do. She did try, but because of her mental health and other things, it was really hard, it was a bit of a cycle unfortunately.”

Junior Doctor

elearning's place within the MHPP

This chapter considers how well elearning is integrated into the MHPP and plans for its continuation. In doing so, the relevant question the evaluation seeks to answer is: How is elearning integrated into the other MHPP workstreams?

Integration of elearning in the MHPP

The MHPP was devised as a 'whole-system educational approach' (encompassing professional development) to embed physical activity promotion into clinical practice. This led to different work packages being aligned to the three core domains of medical education: undergraduate education, postgraduate education, and continuing professional development. It was recognised that a suite of different educational tools would be needed as no single educational approach used in isolation has been shown to provide effective and lasting change among healthcare professionals.¹¹ elearning was intended to be an additional mechanism to aid continuing professional development for HCPs who preferred to study remotely, within the wider resource offerings provided by the MHPP.

To promote dissemination of the elearning modules, HEE's communication team developed and implemented a communication plan. This included a timetable of social media messages to be published from the elfh Twitter account. The content circulated included links to the elearning Physical Activity and Health modules during specific awareness periods (e.g., Mental Health Awareness week and Diabetes Prevention week).

The HEE elearning modules are promoted through the PACC training and to the trusts involved in the Active Hospitals pilot. The elearning modules themselves do not mention other MHPP workstreams (PACC, Moving Medicine or Active Hospitals). HEE representatives consulted as part of the evaluation were unable to comment on how the elearning modules integrate into the wider MHPP.

Whilst some HCPs interviewed said (when prompted) that they had heard of PACCs, none had participated in any PACC training sessions. Familiarity with Moving Medicine was also relatively low, though a couple of HCPs relayed that they had used these resources and found them supportive when having conversations with patients about physical activity. Awareness of the Active Hospitals programme was non-existent; however, this may be because none of the HCPs interviewed worked in an Active Hospital site.

"I've heard of them [PACCs], but I've only heard of them in, I think we had a talk by someone who worked at Public Health England who was talking about physical activity and I don't know whether he was a champion or he was just telling us about the role, but I've heard of them, yeah."

Junior doctor

Further evaluation activities are planned for the Programme Level Evaluation which will seek the views of stakeholders on the MHPP as a whole (including elearning within it). These interviews are scheduled for July 2022, to be reported upon in the final MHPP evaluation report, due to OHID in September 2022.

¹¹ Brannan et al. (2019) Moving healthcare professionals – a whole system approach to embed physical activity in clinical practice. *BMC Medical Education*

Sustainability of the elearning resources

The second phase of the MHPP programme will come to a close in late 2022 with funding for the elearning resources no longer available through this route. The funding for elearning was predominately used to cover staffing costs associated with the development and implementation stages. Although the running costs associated with hosting the current modules live on the HEE website are minimal, when the funding stops, HEE are no longer required to monitor and host the modules, although they may keep these live if requested by OHID.

For elearning to be sustained beyond the current period, additional funds will be required to refresh the resources, implement these updates and cover ongoing hosting costs on the HEE elfh hub. Early conversations have commenced between OHID and HEE regarding next steps in relation to the continuation of the elearning Physical Activity and Health resources. Whilst to date no plans have been finalised, it is mutually understood that there is a desire to update the modules to ensure they are in line with the latest accessibility guidance and that they effectively facilitate the advocacy of physical activity to patients in line with the latest guidance.

Conclusions

Key findings from the evaluation are outlined below:

- The HEE elearning resources appear to **appeal to a different subset of HCPs** compared to PACC and Moving Medicine, suggesting it is a useful contribution to the suite of educational resources available through the MHPP.
- HCPs most commonly **hear about the HEE elearning resources through their colleagues** at work or through word of mouth, rather than via targeted promotional activities.
- The HEE elearning resources appear to be **well liked**, with the majority of those who responded to our survey saying they would **recommend the resources to other HCPs**. HCPs found the modules informative, clear and an appropriate length.
- The HEE resources appear to **positively impact on the confidence and likelihood of HCPs to promote physical activity** to their patients, with some anecdotal evidence available to suggest this can positively impact on patients' physical activity levels.
- Maximising the effectiveness of the HEE elearning resources is predicated on **achieving a greater reach** and heightened awareness of them. The HEE elearning resources appear to predominately attract professionals already engaged in the issue of physical activity promotion. This suggests more could be done to **diversify the type of HCP engaging** with the resources.
- There are opportunities for the elearning modules to be **more heavily promoted through other MHPP workstreams** – most notably PACC. Likewise, the elearning modules could make reference to other MHPP resources such as Moving Medicine and PACC training to ensure HCPs have access to the whole suite of educational resources offered through the programme.

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