National Step-O-Meter Programme (NSP)

National Evaluation Final Report Executive summary:

The National Step-O-Meter Programme (NSP) is a ‘Choosing Health’ project, delivered by Natural England in partnership with the Department of Health. It aims to promote and enable the effective use of pedometers via clinical practice.

National Step-O-Meter Programme objectives:

- To increase levels of walking in sedentary, hard to reach and ‘at risk’ groups.
- To increase usage of Step-O-Meters across the NHS as a motivational tool within the context of a Brief Physical Activity Intervention in Primary Care.
- To increase awareness of the Chief Medical Officer’s recommendation that every adult should undertake at least 30 minutes of moderate activity on at least five days a week.

Introduction

For various reasons the NSP programme was developed as a low cost flexible initiative. The flexibility of the scheme has allowed ways of working to be tested and discarded if not usable, as well as allowing early changes in response to findings from initial stages of the evaluation. In its initial ‘roll-out’ stage, all 303 Primary Care Trusts (PCTs) in England were invited to participate in the NSP in November 2005. Each PCT was offered 30 ‘free’ Loan Packs (containing 300 Step-O-Meters) and a locally delivered training session for 30 frontline healthcare professionals.
Methodology

Primarily a two-way system of engagement and evaluation across a nationally representative sample of 30 PCTs, specifically looking at take-up of the programme among three specific target groups: Main Primary Care Trusts Contacts (PCT); Primary Care Professionals (PCP) and Patients. Ethics clearance was obtained at the start of the programme, and NICE were involved in setting up the evaluation to meet their requirements for robust evaluation as set out in their 2006 Guidance “Four Commonly used Methods to Increase Physical Activity” (Public Health Guidance PH2 2006).

The final evaluation protocol was developed in consultation with Natural England and the Department of Health, with the additional considerations of the NICE guidance (March 2006) addressed where possible within the format of the ongoing NSP. The documentation was submitted to, and subsequently approved through, Multi-centre Research Ethics Committees (MRECs). The PCTs were invited to join the evaluation and hence participation in the evaluation was voluntary from the outset. Having agreed to participate in the evaluation, Research & Development (R&D) approval was sought from the appropriate committee in each PCT.

Due to the demand that participating in the evaluation placed upon health care staff, those participating were likely to be more skewed in favour of the pedometer. GPPAQ was used to identify sedentary patients, but although some of the patients submitted to use the pedometer were said to be active by GPPAQ, they still showed an increase in activity via pedometer use.

The full evaluation is available through Natural England: www.whi.org.uk/nsp
Key findings

- Pedometer use can increase the user’s amount of physical activity up to the Chief Medical Adviser’s recommended weekly amount.
- Most PCTs supported the initiative.
- Pedometers are most successful when used as part of a wider health promotion intervention.
- NSP training increases the knowledge and confidence of PCPs to recommend physical activity.
- Motivation of the practitioner to use the pedometer is affected by their position in the PCT.
- Most successful programmes were in generally supportive settings throughout the organisation and had physical activity initiatives and promotion as a priority activity for the PCT.
- Successful delivery relied on the presence of a well motivated and trained person within the PCT able to advocate for pedometer use, set up training and identify potential champions within practices who would be the lead in setting up pedometer use locally.
- Success of the training in motivating staff to incorporate pedometer use into the daily work relied on the trainees being in appropriate roles within the practice.
- The time for, and responsibility and accountability of, the delivery and evaluation of such initiatives should be incorporated within identified staff roles.
- Only 13 of 303 PCTs formally declined to take part.
Summary

NSP training produced significant rises in PCT confidence and competence amongst PCPs to deliver physical activity behaviour change advice, with or without a pedometer.

PCPs who had more allocated time per patient were most successful with Step-O-Meters, especially those who had regular scheduled meetings with patients and were often working as part of a broader health intervention such as ‘counterweight’, ‘ageing well’, ‘chronic pain management’, and ‘GP referral’.

Practice Nurses may not be the most ideally-placed professional for this intervention. Greater success was reported by Health Care Assistants and Specialist Nurses (weight management, cardiac, learning disability) and latterly with Health Trainers. It is also likely to work well with the Physical Activity Care Pathway, Vascular Checks and Weight reduction interventions.

A systemic approach where all the staff in a GP practice are fully conversant with the NSP and can signpost patients to the Health Care Assistant for the intervention was also reported as a successful method.

NSP highly valued by PCPs

The Main Primary Care Contact has a role in influencing individual practices to train staff, and by becoming a cascade trainer can provide the training as convenient to the practice. They need to have sufficient influence to encourage GP practices to become involved, and to be able to demonstrate which of the interventions and strategies pedometer use can link to and help deliver.
Recommendations

- Pedometers are successful at getting sedentary people to become active for thirty minutes five times per week and should be used in primary care.
- The pedometer is recognised and valued as a tool by frontline health care staff but the time required to identify a sedentary patient, motivate them, set goals and explain the use of the pedometer is greater than what is normally available to GPs and Practice Nurses. Therefore the pedometer is best used in a setting where there is repeat contact with patients - such as diabetes clinics.
- Effective use of pedometers as a tool needs a champion within the organisation to facilitate take up. Therefore it is vital that knowledge and raising awareness within practices takes place, led by the champion, before training and roll out for use takes place.
- The message about the use of pedometers needs clear communication and goal setting with the patient to ensure the pedometer is used to best effect.
- The NSP programme will sit well alongside other interventions developed or expanded through the DH Be Active, Be Healthy strategy such as the Healthy Walking programme, and other campaigns and interventions such as obesity reduction, Physical Activity Care Pathway and NHS health checks.
- Training of frontline health care staff is vital to ensure effective use of the pedometer with patients.
- Pedometers can be effectively used alongside or embedded in other initiatives such as weight loss clinics.
Next steps

Natural England is continuing to work with the NHS to provide a sustainable framework for ongoing access to NSP resources, including affordable Step-O-Meters, training, support/advice and further evidence. Cascaded and ‘e-learning’ modules have also been developed to help meet the changing needs of Primary Care Trusts and their frontline colleagues.

Full report available at: www.whi.org.uk/nsp

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