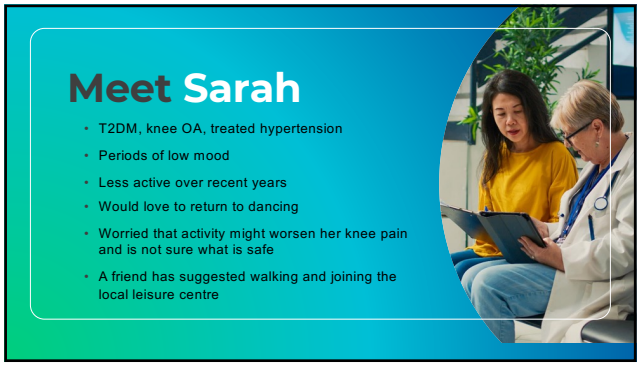

Permission to Move?
East Midlands Moving Well Conference
Thursday 17th September 2026
Ashley Ridout and Paula Manning

1


Meet Sarah
T2DM, knee OA, treated hypertension
Periods of low mood
Less active over recent years
Would love to return to dancing
Worried that activity might worsen her knee pain and is not sure what is safe
A friend has suggested walking and joining the local leisure centre

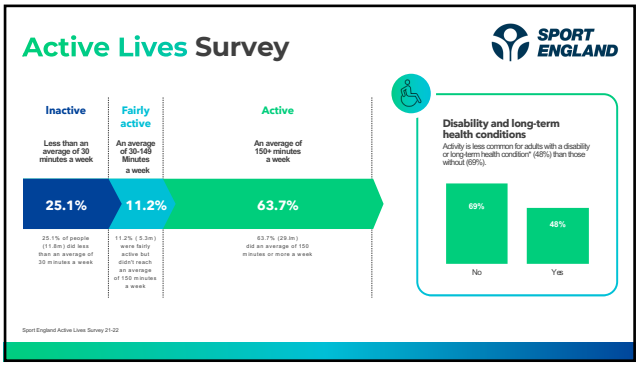
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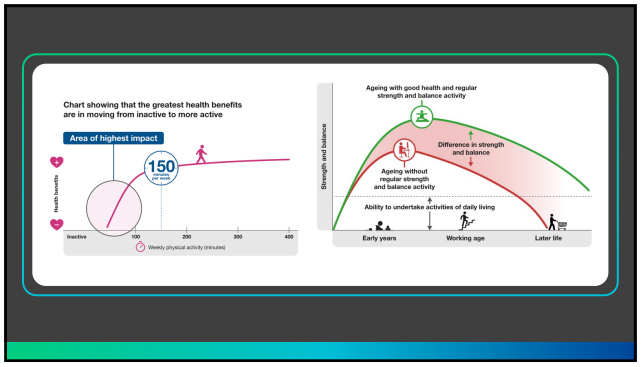
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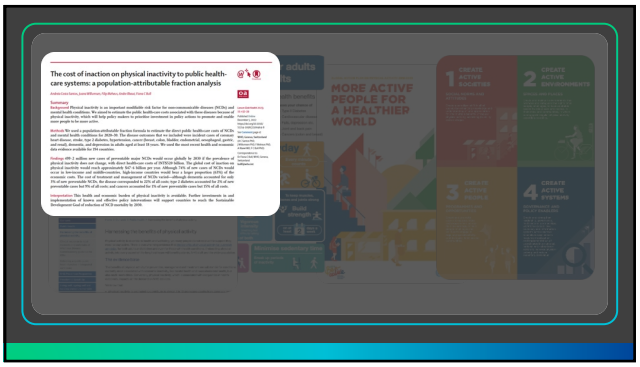
4


Active Lives Survey
SPORT ENGLAND
Inactive
Less than an average of 30 minutes a week
Fairly active
An average of 30-149 Minutes a week
Active
An average of 150+ minutes a week
25.1%
11.2%
63.7%
25.1% of people (11.8m) did less than an average of 30 minutes a week
11.2% (5.3m) were fairly active but didn't reach an average of 150 minutes a week
63.7% (29.9m) did an average of 150 minutes or more a week
Disability and long-term health conditions
Activity is less common for adults with a disability or long-term health condition* (48%) than those without (69%).
69%
48%
No
Yes
Sport England Active Lives Survey 21-22

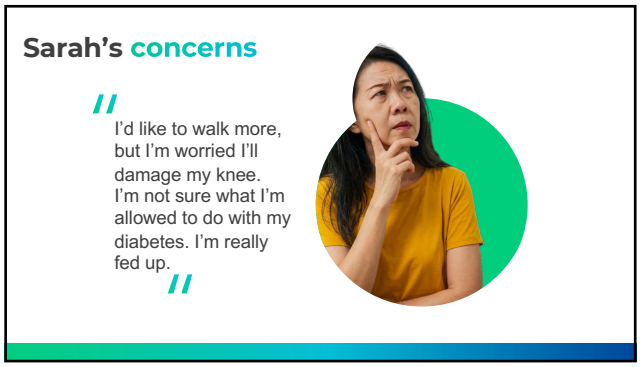
5


Chart showing that the greatest health benefits are in moving from inactive to more active
Area of highest impact
150
Health benefits
Inactive
100
200
300
400
Weekly physical activity (minutes)
Ageing with good health and regular strength and balance activity
Difference in strength and balance
Ageing without regular strength and balance activity
Ability to undertake activities of daily living
Strength and balance
Early years
Working age
Later life

6


The cost of inaction on physical inactivity to public health-care systems: a population-attributable fraction analysis
MORE ACTIVE PEOPLE FOR A HEALTHIER WORLD

7


Sarah's concerns
I'd like to walk more, but I'm worried I'll damage my knee. I'm not sure what I'm allowed to do with my diabetes. I'm really fed up.

8

What might get in the way of Sarah **becoming more active?**



What might **help her?**

9

HCP barriers

"I'm not sure what to say here to help Sarah. I've heard that exercise and moving more is good for someone like Sarah but I'm not confident of the facts or the approach."

"How am I going to make time for that?"

"Is it my job? Will I get into trouble for doing that?"

10

Physical Activity Clinical Champions

"What is the evidence base for having conversations about physical activity."

"PA level isn't mentioned in our assessment tool."

"I need a resource to help me remember the facts and for further study"

"Isn't it too risky?"

"In our team we use PAR-Q's before allowing patients to be active. It's a pain to get filled in. Can we change this?"

"Is there any trust policy /procedure to support my conversations?"

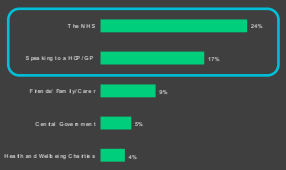
11

Healthcare and physical activity

Huge opportunity to make a difference….

- **2021 / 22 - 570m patient contacts** within health care.
- **2022 – 1.6M people admitted**, average stay of 8.3 days, increased to 12.5 days if > 85.
- HCPs are **trusted**, and in a **unique position** to promote activity
- Brief interventions are **effective**
  - BUT people will NOT just do what you tell them to do – need **behaviour change skills**

HCPs are TRUSTED



Source: The King's Fund – https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/NHS-activity-nutshell
Source: DJS Quantitative Tracking, Nov 2020 (n=1,350 people with health conditions), DJS qualitative research among digitally excluded inactive people with health conditions (We Are Undefeatable)

12


You can't just tell people what to do...
Evidence for benefit is strong and continually increasing
• Unfortunately, we cannot just simply prescribe activity
• People won't just become and stay more active
• So how can we support people becoming more active? We need behaviour change skills.

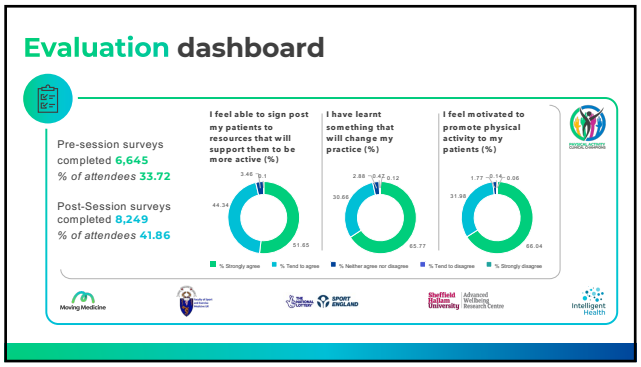
13


PHYSICAL ACTIVITY CLINICAL CHAMPIONS
What is PACC?
Why choose PACC?
Behavioural change
Increased knowledge & confidence
Guidance & clarity

14


June 2026 evaluation data update
Join 74,691 PACC trained healthcare professionals

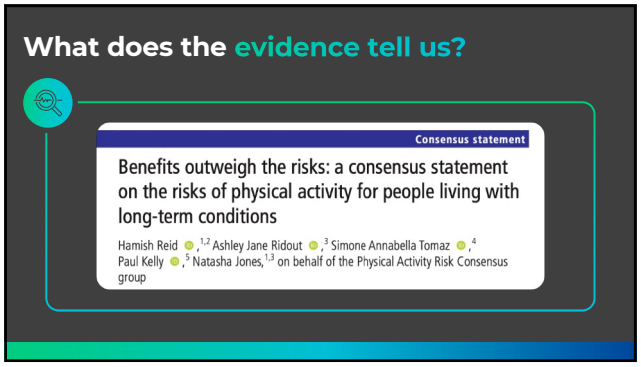
15


Evaluation dashboard
Pre-session surveys completed 6,645
% of attendees 33.72
Post-Session surveys completed 8,249
% of attendees 41.86
I feel able to sign post my patients to resources that will support them to be more active (%)
I have learnt something that will change my practice (%)
I feel motivated to promote physical activity to my patients (%)

16


Moving Medicine
"I don't need to know everything. I need something to help me have this conversation. I remember the PACC trainer talking about Moving Medicine…"

17


What does the evidence tell us?
Consensus statement
Benefits outweigh the risks: a consensus statement on the risks of physical activity for people living with long-term conditions
Hamish Reid [1,2] Ashley Jane Ridout [3] Simone Annabella Tomaz [4] Paul Kelly [5] Natasha Jones [1,3] on behalf of the Physical Activity Risk Consensus group

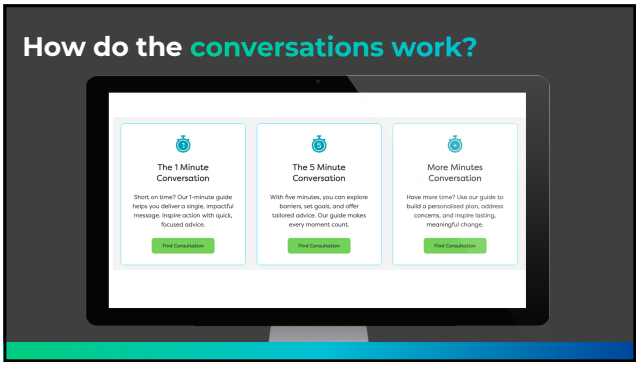
18


It's safer for people with long-term conditions to be physically active
Physical activity and symptoms
338

19


Moving Medicine
The ultimate resource to help healthcare professionals integrate physical activity conversations into routine clinical care.
1 Pick An Age Group
2 Pick A Condition
3 Select Available Time
4 Prescribe Movement
5 Share Further Information

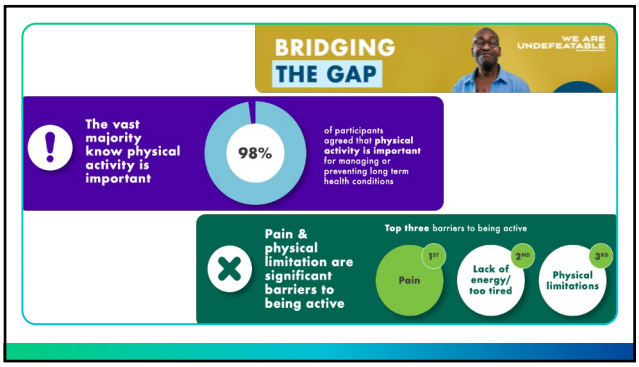
20


How do the conversations work?
The 1 Minute Conversation
Short on time? Our 1-minute guide helps you deliver a single, impactful message. Inspire action with quick, focused advice.
Find Consultation
The 5 Minute Conversation
With five minutes, you can explore barriers, set goals, and offer tailored advice. Our guide makes every moment count.
Find Consultation
More Minutes Conversation
Have more time? Use our guide to build a personalised plan, address concerns, and inspire lasting, meaningful change.
Find Consultation

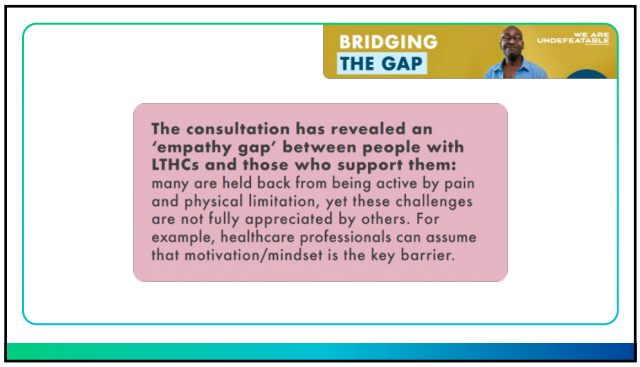
21


Sarah's concerns
Sometimes my knee hurts after walking. Surely that means I'm damaging it?

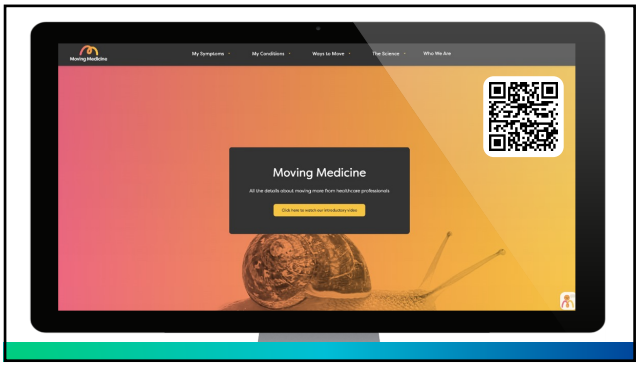
22


BRIDGING THE GAP
WE ARE UNDEFEATABLE
The vast majority know physical activity is important
98%
of participants agreed that physical activity is important for managing or preventing long term health conditions
Pain & physical limitation are significant barriers to being active
Top three barriers to being active
1ST Pain
2ND Lack of energy/ too tired
3RD Physical limitations

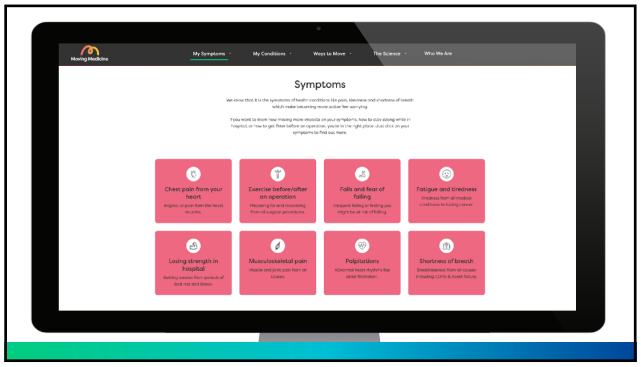
23


BRIDGING THE GAP
WE ARE UNDEFEATABLE
The consultation has revealed an 'empathy gap' between people with LTHCs and those who support them:
many are held back from being active by pain and physical limitation, yet these challenges are not fully appreciated by others. For example, healthcare professionals can assume that motivation/mindset is the key barrier.

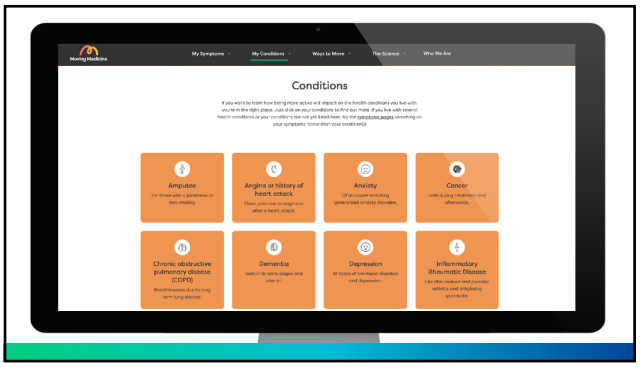
24


Moving Medicine
My Symptoms
My Conditions
Ways to Move
The Science
Who We Are
Moving Medicine
All the details about moving more from healthcare professionals
Click here to watch our introductory video

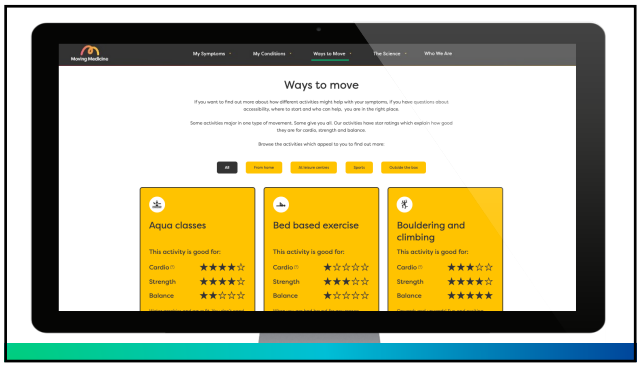
25


Moving Medicine
My Symptoms
My Conditions
Ways to Move
The Science
Who We Are
Symptoms
Chest pain from your heart
Exercise before/after an operation
Falls and fear of falling
Fatigue and tiredness
Losing strength in hospital
Musculoskeletal pain
Palpitations
Shortness of breath

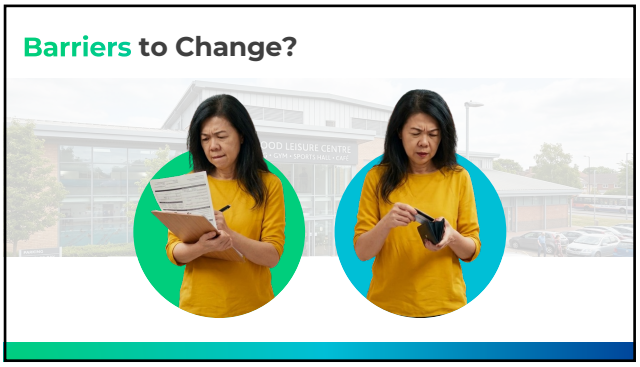
26


Moving Medicine
My Symptoms
My Conditions
Ways to Move
The Science
Who We Are
Conditions
Amputee
Angina or history of heart attack
Anxiety
Cancer
Chronic obstructive pulmonary disease (COPD)
Dementia
Depression
Inflammatory Rheumatic Disease

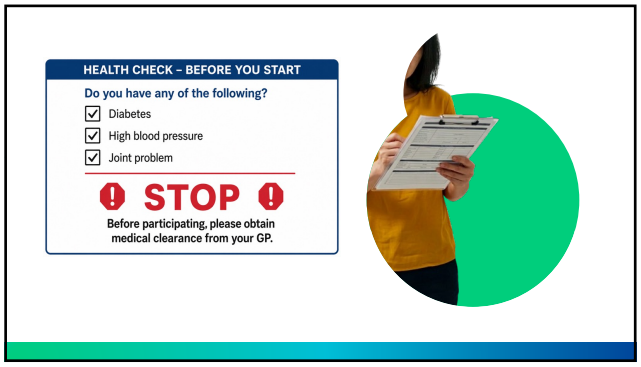
27


Moving Medicine
My Symptoms
My Conditions
Ways to Move
The Science
Who We Are
Ways to move
All
From home
At leisure centre
Sports
Outside the box
Aqua classes
This activity is good for:
Cardio
Strength
Balance
Bed based exercise
This activity is good for:
Cardio
Strength
Balance
Bouldering and climbing
This activity is good for:
Cardio
Strength
Balance

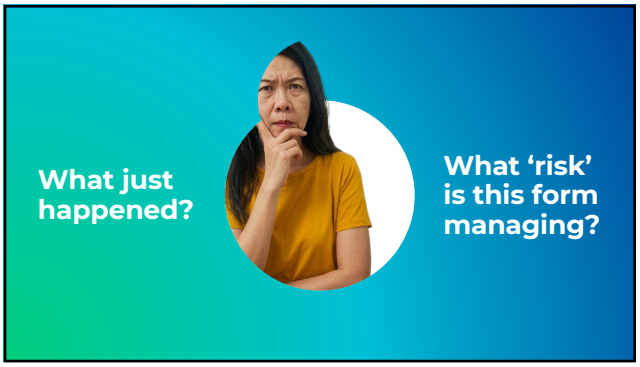
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Barriers to Change?

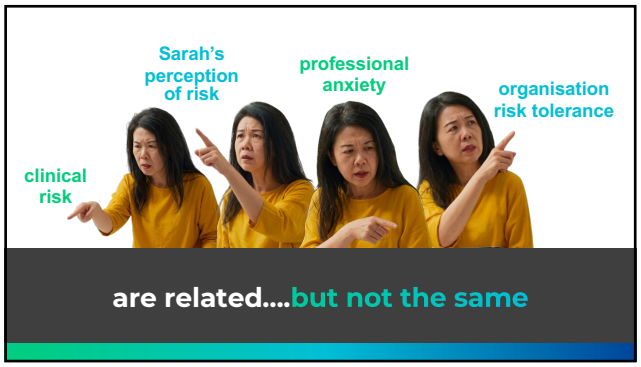
29


HEALTH CHECK – BEFORE YOU START
Do you have any of the following?
Diabetes
High blood pressure
Joint problem
STOP
Before participating, please obtain medical clearance from your GP.

30


What just happened?
What 'risk' is this form managing?

31


Sarah's perception of risk
professional anxiety
organisation risk tolerance
clinical risk
are related....but not the same

32

A Time for Change

Moving Medicine

From Clearance to Guidance



33

What would it take to create a system that enables movement



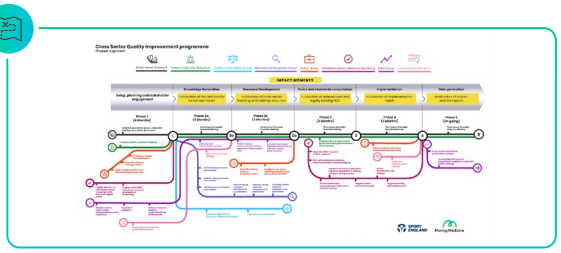
rather than one that requires permission to move?

34



35

The Roadmap



36

Moving Together

Empowering, supported, entrusted and proportionate journey to a more active lifestyle

How?

1.
To move from mandated medical clearance
→ patient-centred medical guidance





2.
To ensure this policy change is reflected in future pathway development

37

Why is it important to do this together?

To establish and demonstrate a joined-up approach through health, AP's & industry with brief advice leading seamlessly to autonomous next steps

To learn through place-based pilots and develop an understanding of challenges from both points of view

To give confidence and motivation to both sectors to implement necessary change

To enable renewed cross sector focus on the people who need it most

Shared Understanding / **Confidence** / **Inequality**

38

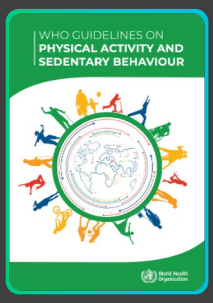
Consensus statement

Benefits outweigh the risks: a consensus statement on the risks of physical activity for people living with long-term conditions

Hamish Reid, [1,2] Ashley Jane Ridout, [3] Simone Annabella Tomaz, [4] Paul Kelly, [5] Natasha Jones, [1,6] on behalf of the Physical Activity Risk Consensus group

*"pre-exercise medical clearance is **generally unnecessary** for individuals without contraindications prior to beginning light- or moderate-intensity physical activity …"*

WHO Guidelines 2020



39

Reasonable safety measure – or unnecessary barrier?

HEALTH CHECK – BEFORE YOU START

Do you have any of the following?

- ☑ Diabetes
- ☑ High blood pressure
- ☑ Joint problem

STOP

Before participating, please obtain medical clearance from your GP.

40

Pre-participation screening:

Review of adverse events

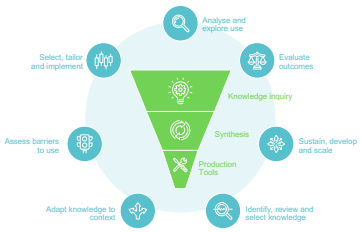


*Pre-participation screening does not appear to hold any correlation with the risk of an adverse event when implemented in **real life.***

41

Knowledge into Action Cycle

Using a knowledge into action cycle



42

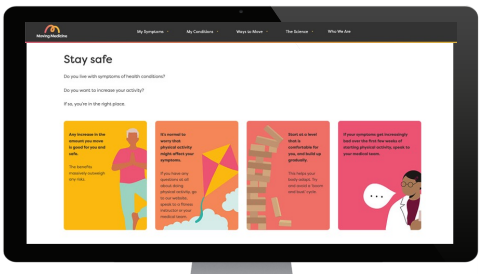
Sarah's next steps...

I'm reassured that I won't damage by knee even though it hurts sometimes… I have started dancing in my kitchen… I would like to try an aqua class. I'll try going back to the leisure centre…



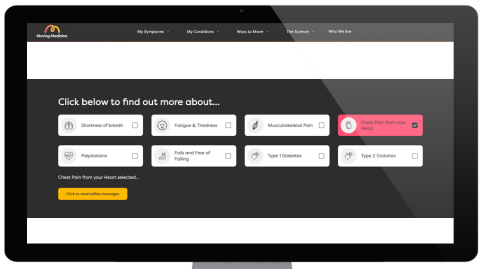
43

Patient facing messages around risk

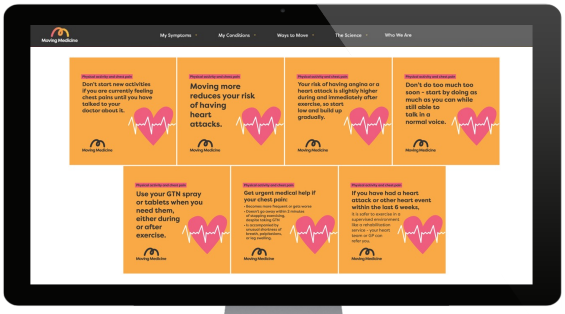


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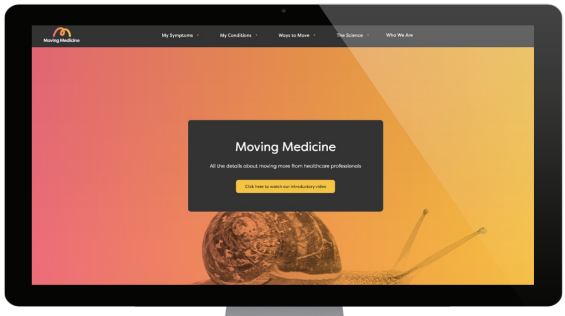
Patient facing messages around risk



45

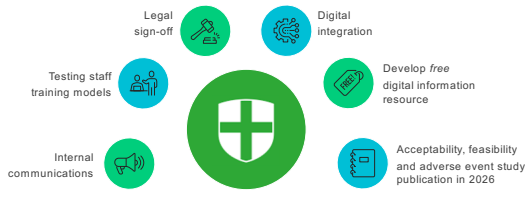


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Phase 1 at Nuffield Health 2025-6



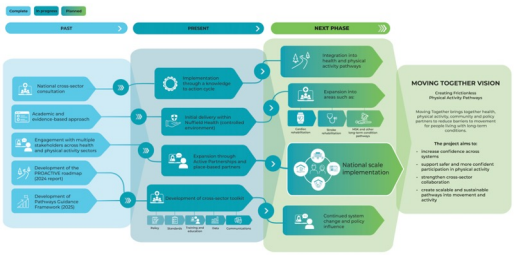
48

Production tools: under development

- Communications platform and strategy
- Legal and insurance guidance for industry
- Revised wording for Health commitment statement
- Training framework aligned to standards in health and Sector
- Quality improvement reporting framework
- Evaluation framework

49

Moving Together



50

Six months later... back to Sarah...

"I'm not frightened of being active anymore.

I am enjoying my aqua class…I have made new friends who are also carers. I have gone back to dancing on a Friday night…and I can put Mum's shoes on…"



51

Six months later... back to Sarah...

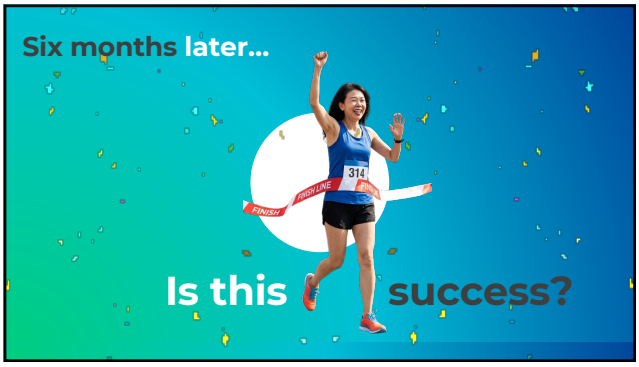
"I'm not frightened of being active anymore.

My knee still hurts sometimes after my aqua class or dancing… I definitely don't always manage 150 minutes of activity each week…

I'm still working on the diabetes…"



52


Six months later...
Is this success?
314
FINISH
FINISH LINE

53


Thank you
Moving Medicine
SPORT ENGLAND
Nuffield Health
Active Partnerships

54