

Supplementary file 3: Results from Delphi phase 1

No.	Question	% agreement	Any disagreement?	Consensus criteria met?	Freetext feedback	Action taken
1	<i>The information is laid out in a coherent manner that supports clinical consultation</i>	77	yes	no	<ul style="list-style-type: none"> Multiple browsers did not work. Too much text 	<ul style="list-style-type: none"> Use graphics where possible
2	<i>Using patient quotes is an engaging way to make the content clinically meaningful</i>	86	yes	no	<ul style="list-style-type: none"> Some clinicians find these strongly negative Recognised as an important part of the patient journey 	<ul style="list-style-type: none"> Display patient quotes in an expandable speech bubble
3	<i>Navigation of the resource is straightforward</i>	79	yes	no	<ul style="list-style-type: none"> "high number of tabs some of which are more relevant than others - too many choices to gauge what is most useful without spending a lot of time on the site deciding what is most useful to me at this point in time" Browser incompatibility a problem 	<ul style="list-style-type: none"> consider options to simplify layout Is browser compatibility going to be such a problem for website?
4	<i>The theory and evidence page contains a satisfactory amount of educational information</i>	85	no	yes	<ul style="list-style-type: none"> Include NICE guidance on individual behaviour change Style not person centred enough – telling not MI focussed Signpost from this page Too text heavy - infographicalise Remove stages of change as per NICE individual behaviour change Add a contact us section 	<ul style="list-style-type: none"> Discuss options for contact us capability Need to review content How will we improve navigation of this section – ? menu links up and down page ?break into sections. Links need to go to particular areas
5	<i>Presenting the options "no minutes consultation", "2-minute consultation" and "more minutes consultation" is a useful approach for the busy clinician</i>	94	no	yes	<ul style="list-style-type: none"> Overall popular 'adds to complexity of navigating the site' Could put no minutes on previous page 30s may be better than 0 mins 	<ul style="list-style-type: none"> brainstorm options to modify this. Ideas include 2 rather than three options or bringing 0 minutes to front of resource Decide if we still like 0 mins

6	<i>The menu page makes it clear what to expect from the resource</i>	77	yes	no	<ul style="list-style-type: none"> • “Think it could be clearer with a direct message to clinicians on the front page stating what the project aim is rather than the info about Faculty/sport england involvement which Drs won't be as interested in” • “I would have the 'no minutes', 'two minutes', 'more minutes' as subheadings with one heading to encompass all as initially it is unclear what is meant by these. For example, main heading could be 'Consultation Reviews' or something along those lines and then underneath the 3 subheadings” • i'd make sure it remains as least cluttered as possible 	<ul style="list-style-type: none"> • Provide more clarity about what to expect from the resource from headings and navigation prompts eg find out more about giving brief advice to your patients with... on PA • Change front page message • Discuss banners – do these need to explain resource?
7	<i>The 'no minutes consultation' contains the most important messages for a healthcare professional to share in a very short space of time</i>	85	no	yes	<ul style="list-style-type: none"> • Review mcmillan phrases for alternatives • Can it link to a patient take away? • Could include this in the homepage • Rephrase risks • As important for treating their condition as medications or surgery • Consider signposting PA guidelines 	<ul style="list-style-type: none"> • Review wording • consider moving to homepage
8	<i>The 'no minutes consultation' page includes an appropriate amount of information</i>	85	yes	no	<ul style="list-style-type: none"> • This does not take no minutes 	<ul style="list-style-type: none"> • Reconsider wording
9	<i>The 'two minutes consultation' contains appropriate information</i>	91	no	yes	<ul style="list-style-type: none"> • Suggest removing PA assessment as this is not achievable • Everyone needs to move more • Drop down dead not ideal 	<ul style="list-style-type: none"> • remove PA calculator • Review VBI literature - HR
10	<i>Covering these objectives is achievable in a two-minute consultation</i>	80	yes	no	<ul style="list-style-type: none"> • Yes achievable without PA calculator • Consider a message to reassure HCPs it can be done in 2 mins • Prompt listening prior to sharing benefits • Consider quick link buttons 'in pain?' 'worried about joints?' 	<ul style="list-style-type: none"> • remove PA calculator • consider trimming address concerns • Prompts for share benefits section
11	<i>The subheadings of the more minutes consultation (Ask, Share Benefits, explain how it works, Address concerns, plan, Next steps) clearly signpost the content of each page</i>	91	no	yes	<ul style="list-style-type: none"> • Consider standardising language eg 5 As • Make more MI consistent – review lets get moving and macmillan • The one thing that was missing for me was how to harness the power of social support, and what the implications/benefits of a more active life would be on social connections 	<ul style="list-style-type: none"> • Review where social support messages can be improved

12	<i>The four questions provide useful prompts for eliciting a patient-focussed physical activity history</i>	91	no	yes	<ul style="list-style-type: none"> Well supported Patient activation measure could be important here Strength and balance are v important for some conditions Maybe could offer some support how clinicians could respond if they get a negative response to the first question? E.g. some patients are going to never have been very active, and/or their illness perceptions are going to colour their memory of this. Sometimes patients do hold a very strong 'I'm not a physically active person' identity which can be a barrier and off putting to clinicians not used to this. 	<ul style="list-style-type: none"> edit intro question & improve wording consider how we can include strength and balance – is this condition specific?
13	<i>The 'physical activity vital sign' is a useful screening tool for a brief intervention in physical activity</i>	83	yes	no	<ul style="list-style-type: none"> Is screening question a barrier? Conversation opener? What's the purpose? How will it be recorded? ?print out Do people understand graphs? 	<ul style="list-style-type: none"> Update on latest plans for calculator build
14	<i>It is useful to present symptom reduction as primary benefits and prevention of further morbidity as secondary benefits</i>	87	no	yes	<ul style="list-style-type: none"> Get back control if previously active, but message doesn't work if previously inactive. Add headline of MI prompt to frame language Risk of frightening people into inactivity Anything that can be personalised is useful "Yes but does this need to be more MI orientated? Would have a slight concern clinicians will get into a 'yes but' tennis match with their patients, trying to convince them of all the benefits but actually resulting in greater resistance. Needs to be very patient led and at the very least framed as 'other patients have told us xxx I'm wondering if those are the sort of benefits you would be hoping for?' type dialogue" Important to include prevention 	<ul style="list-style-type: none"> Reformat section with additional wording to present options for solutions Display relative risks for disease prevention ? as per improvement academy
15	<i>It is necessary to display individual references at the bottom of the benefits page in addition to a clear link through to an explanation of the evidence with references on the 'evidence and theory' page</i>	82	yes	no	<ul style="list-style-type: none"> Will people be updated with new research Could be a dropdown link Offputting in the consultation section Makes page too busy Yes definitely 	<ul style="list-style-type: none"> review method of presenting references ? just show in evidence and theory or have expandable box

16	<i>The positive/negative cycle of activity graphics will help healthcare professionals explain to their patients how physical activity will benefit their symptoms</i>	91	no	yes	<ul style="list-style-type: none"> • Yes good • Can we use ask section to explore what might be stopping them from engaging in activity? • Visual imagery is taken up 6x as often as text- the more of this the better- think of air safety cards etc- signpost the critical moves • Include mood • Dropdowns confusing • Thumbs up/down not clear to all 	<ul style="list-style-type: none"> • discuss linking to other sections eg Ask, review dropdown menu as method for displaying symptoms
17	<i>This information is presented in a clinically meaningful way</i>	79	yes	no	<ul style="list-style-type: none"> • Needs to be presented in person centred way using MI style • Needs design and graphics to improve engagement • Maybe have more flex in the order of the questions • ? put before explain how it works to focus on listening • I don't think we know enough about how to translate PA in a clinically meaningful way to answer this question • The content is ok- but straight text doesnt work on websites. suggest avoid straight text- perhaps speech bubbles • Again, slightly concerned might get in to a back and forth tennis match with patient about this. I think sometimes framing this as being curious and experimenting with PA and seeing if it makes a differences/has negative consequences. Would also suggest that important for clinician and patient to make a clear plan about how the patient can get practical and psychological support for increased activity. All of this needs to be clearly linked back to goal setting and self monitoring 	<ul style="list-style-type: none"> • review language & MI framing • how can we improve presentation? • How can we address visibility of questions? • Include links to goal setting, self-monitoring and pacing
18	<i>Key safety messages, such as addressing cardiac risk, are adequately addressed and explained</i>	86	no	yes	<ul style="list-style-type: none"> • It's a good stat- maybe have a traffic light with a green light next to it or something like that 	<ul style="list-style-type: none"> • improve graphic for CV risk
19	<i>This is a logical sequence of questions to support individualised physical activity prescription</i>	82	yes	no	<ul style="list-style-type: none"> • Review lets get moving pack. • Need to be able to manage those who aren't ready to change • At the moment It's a telling style "if you were to become more active, what would life look like to you, what would the benefits to you of becoming more active, what are the benefits of not changing; how motivated are you to make a 	<ul style="list-style-type: none"> • Rethink presentation of info to address questions, actions, goal-setting, setbacks • HR to review literature and discuss further with experts

					<p>change, how confident are you that you can make that change ... all before setting goals</p> <ul style="list-style-type: none"> • Include dance • Address setbacks/hurdles and action planning • Tie in to social support/connections • More on self monitoring/ rewards • "Play" might seem childish to some. Not sure? Is "leisure-time" too American? 	
20	<i>"Building activity into all aspects of daily life" is an appropriate premise upon which to base physical activity prescription</i>	95	no	yes	<ul style="list-style-type: none"> • Very positive response to this Q • Include specific examples • Also perhaps some advice on how people can track/self monitor both the activity and also outcomes (positive, negative and neutral) 	<ul style="list-style-type: none"> • Review goal setting component
21	<i>"General Practice, the local social prescribing network, and county sports partnerships" are important organisations to signpost for further support</i>	83	yes	no	<ul style="list-style-type: none"> • Local gov leisure departments, walking groups, CSPs only in England • Consider youtube/Instagram accounts • Can we broaden out into local gyms, networks and other areas • Suggestion to name and shame all CSPs who don't engage or offer list • Follow up option • suggest a load of icons- that click through 	<ul style="list-style-type: none"> • ?interactive map for CSPs if we can get details of all their catalogues • Add follow up plan prompt
22	<i>Do you have any suggestions for other national physical activity providers or resources we should signpost?</i>	Freertext response			<ul style="list-style-type: none"> • All health charity patient resources about physical activity • macmillan.org.uk/movemore • Social care web offers locally • 23.5 hrs video • CMO infographics • National organisations that promote walking- examples rambles, paths for all • UK Cycling • BBC Get Inspired campaign online • BBC Get Inspired Activity Finder 	<ul style="list-style-type: none"> • HR review these resources • Discuss how we can present these options. This page seems to be splitting into Charities supporting people being active with your disease, and finding local options
23	<i>Please arrange the following by the importance of including them in a patient information leaflet - DRAG</i>	Freertext response			<ul style="list-style-type: none"> • [Graph of results] 	

	<i>& DROP each component to your preferred position</i>					
24	<i>Do you have any recommendations/comments for the patient information section?</i>	Freetext response			<ul style="list-style-type: none"> • Make person centred, use existing resources • Make it infographic pictorial style information • Provide some concrete actions that can help eg 'take the stairs, sit less, walk more' 	<ul style="list-style-type: none"> • Discuss patient facing infographic development plan • Agree on components and format for this
25	<i>The general 'look and feel' of the designed pages make the resource:</i>					
	<i>a) credible</i>	81	yes	no	<ul style="list-style-type: none"> • Not yet way to go • NHS logo would help • Excellent visuals • Very attractive • Looks like an advert for the partner orgs, I'd make the logos smaller and on one line if poss. Also they don't need to be on every page 	<ul style="list-style-type: none"> • Discuss representation of logos and partner organisations ? only show some at front • Discuss image bank and how we can display variety • Revisit NHS central branding
	<i>b) distinctive</i>	82	yes	no	<ul style="list-style-type: none"> • Not yet – way to go • Needs more colour 	
	<i>c) inclusive</i>	79	yes	no	<ul style="list-style-type: none"> • Recommend images of very frail older adults, BME groups • Sorry can't see what you're referring to • Found it easy to use and liked it very much • The models are all a similar body size (slim) and looks a tiny it couple or family skewed 	
	<i>d) energetic</i>	82	yes	no	<ul style="list-style-type: none"> • But at a realistic level • Not yet – way to go • More colour • Might be a little bit daunting... 	
26	<i>The design helps discriminate between different types of information, for example core content and patient quotes</i>	81	yes	no	<ul style="list-style-type: none"> • I found the page a bit muddled, I found the patients quotes and facts easy to skip over and not notice as the page was already so colourful and busy • Patient quotes lost a bit 	<ul style="list-style-type: none"> • Signpost to patient quotes ? popout speech bubbles

27	<i>The design helps prioritise information</i>	87	yes	no	<ul style="list-style-type: none">• Generally agree• When it goes live will it be on different pages? found scrolling down a bit confusing, i wasn't sure if i was missing anything• But I'm not fully convinced of the order to maximise engagement. Listening first/more.. is what the evidence is saying.. then give the info.	
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