

## THE ROLE OF THE NATIONAL HEALTH SERVICE

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"Physical activity is recognised to be essential to physical and mental wellbeing and inactivity as a major cause of ill health. The Royal College of GPs welcomes the initiatives of ukactive in highlighting the effects of physical activity and inactivity and promoting the use of interventions in physical activity in the prevention and management of long-term conditions. Primary care is where most NHS prevention and long-term condition management takes place. The promotion of physical activity in primary care, with support from Royal Colleges and local authorities, can only benefit the health of the whole community."



Fig 4.

# ACTIVITY = NHS CORE BUSINESS

*A comprehensive, evidence-based physical activity service should be available to everyone and integral to the future planning of all Healthcare.*

## INTRODUCTION

Physical inactivity contributes to the onset of over twenty non-communicable diseases. In the UK, nearly 20 per cent of breast cancers, 13 per cent of cases of type 2 diabetes and nearly one in five of all premature deaths are caused by an inactive lifestyle.<sup>14</sup> Up to 70 per cent of all of the NHS's costs are connected with the treatment of long-term conditions. Inactivity itself places a huge burden on the health service, with inactive adults likely to spend 38 per cent more time in hospital and visit their doctor far more regularly.

The Academy of Royal Medical Colleges describes activity as a 'miracle cure'.<sup>15</sup> Yet, despite the numerous and varied effects of physical activity, activity-based behaviour change interventions have yet to be utilised to their full reach and undoubted potential. In the current system, they suffer from a lack of exposure and a lack of consistent regulation and quality.

With the *Five Year Forward View* and the appetite of primary care and CCGs to focus attention on a preventative approach for long-term sustainability, there comes an opportunity to embed activity within the core of health delivery and make a meaningful impact on local services. Steps have been made through the Moving Professionals strand of *Everybody Active, Every Day* to start this process in earnest.

Although the support and funding of preventative methods by CCGs is crucial, a wider focus from the NHS, to include the development of healthcare professionals and the need for a strategy to improve the health of the NHS's workforce will be key in kick-starting the culture shift that is needed.

EVERY GP  
SURGERY SHOULD  
BE EQUIPPED  
TO DELIVER  
AN EVIDENCED-  
BASED PHYSICAL  
ACTIVITY  
BEHAVIOURAL  
INTERVENTION.

<sup>14</sup> BHF National Centre on Physical Activity and Health. "Economic Costs of Physical Activity: Evidence Brief", (March 2013), <<http://www.bhfactive.org.uk/userfiles/Documents/economiccosts.pdf>>, [accessed 15/09/15]

<sup>15</sup> Royal College of Physicians. *Exercise for life: physical activity in health and disease*. (2012), London: RCP



## POLICY RECOMMENDATIONS

**1 Physical activity must become a crucial part of the delivery mechanisms of the NHS, with the development of a comprehensive evidence-based systematic integration of physical activity into clinical care.**

- >> Under the expert guidance of the medical community, including key stakeholders such as the Faculty of Sport and Exercise Medicine and The Richmond Group of Charities, physical activity should be immediately integrated into all care pathways of specific conditions where there is an irrefutable evidence base for its effectiveness and mechanisms for its provision firmly established.
- >> To embed activity into the core business of the NHS and meet its mandate to effect 'improvement of the physical and mental health of the people' set out within the NHS Creation Act (1945), the National Health Service, along with NICE and the Department of Health, should commit to developing a long-term plan to introduce a national physical activity behavioural intervention service. It should be based on existing effective models both nationally and abroad and delivered through a range of community, health and physical activity settings. It should be underpinned by commitment from the medical community, and investments made into both the evaluation of its impact and the workforce that delivers the service.

>> Every GP surgery should have access to a trained physical-activity professional, equipped to deliver an evidence-based physical activity behavioural intervention. Their implementation should be supported by local authorities and CCGs to build bridges and become a recognised part of local delivery services both within primary care and beyond.

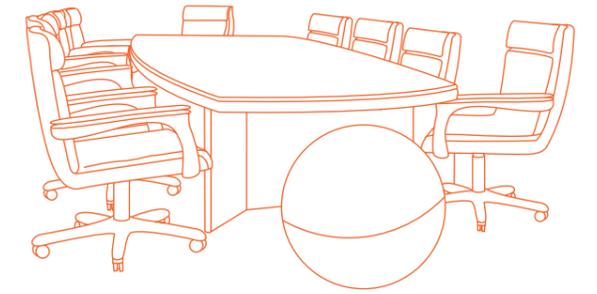
>> CCGs should expand the practice of joining up commissioning budgets with local authorities to invest in evidence-based physical activity initiatives and support local voluntary sector organisations to deliver existing programmes for targeted populations, in relation to condition-specific pathways, which will have a long-term positive impact on various local services and CCG Outcome Indicators. NHS England should take a leading role in supporting and encouraging CCGs with the most forward thinking approaches and strategic visions to preventative health in line with the recommendations in the *Five Year Forward View*.



**2 In order to maximise the impact of community activity schemes, innovative private sector partnerships that incentivise physical activity should be explored, and effective models expanded.**

- >> Lessons should be learned from successful international and UK-based health insurance models which have proven that incentivising physical activity is cost-effective in terms of reducing medical costs. Examples from Switzerland and South Africa have entered the UK via the private health insurance market but could be expanded substantially in both the public and private sector of healthcare provision.
- >> Research should examine the most effective ways that local authorities, CCGs and activity providers can achieve sustained behaviour change by using incentive-based models, as has been trialled in other areas of public health provision and exists within the private health sector.
- >> A sitting member of every local Health and Wellbeing Board should be appointed as a Local Activity Champion, who is easily contactable by the public and local private businesses, to facilitate introductions and connections between people, businesses, leisure providers and other bodies to create more physical activity opportunities in their area, with a particular focus made around how to address health inequalities and target under-represented groups.

A SITTING MEMBER OF EVERY LOCAL HEALTH AND WELLBEING BOARD SHOULD BE APPOINTED AS A LOCAL ACTIVITY CHAMPION.



**NHS ENGLAND'S BOARD OF DIRECTORS SHOULD APPOINT A PHYSICAL ACTIVITY CHAMPION TO LEAD THE NHS'S ENGAGEMENT WITH PHYSICAL ACTIVITY.**

**3 Health practitioners have a pivotal role to play in developing and maintaining active communities. It is essential that every provider of healthcare and wellbeing is aware of and able to effectively communicate the benefits of regular activity.**

- >> NHS England's Board of Directors should appoint a Physical Activity Champion to lead the NHS's engagement with physical activity, with a remit to integrate physical activity within relevant care pathways, to improve knowledge and sign-posting for NHS staff, and improve activity levels within the NHS itself.
- >> To ensure that the English Academy of Royal Medical Colleges is meeting the most ambitious of national standards, it should produce a position statement equivalent to The Scottish Academy of Royal Medical Colleges and Faculties' The Role of Health and Social Care in Increasing Physical Activity and set out specific steps the medical community can take to support tackling physical inactivity.

- >> Additional requirements should be included within the education and training of primary care professionals on the specific mental and physiological benefits of physical activity within the treatment, prevention and management of certain chronic conditions. This should include additional modules integrated within existing training and development pathways for new professionals, as well as the introduction of specialist resources and tools.
- >> The NHS should invest in its own organisational physical activity strategy in line with effective practice from private enterprise. Doctors and nurses are cited in research from Dame Carol Black's *Working for a Healthier Tomorrow*<sup>16</sup> review as some of the unhealthiest public sector professionals. The NHS must take a leadership role in pioneering workplace health to ensure activity is central to the experience of healthcare professionals as well as patients, with a particular focus on encouraging and supporting inactive groups.

<sup>16</sup> Dame Carol Black, *Working for a Healthier Tomorrow*, 2008, < [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf) >