# Maintaining health and treating illness through regular physical activity

A position statement produced by the Royal College of Physicians and Surgeons of Glasgow

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Non vivere sed valere vita • Life is not only to be alive but to be healthy



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# 1. Background

The World Health Organisation has identified a lack of physical activity as the fourth leading risk factor for global mortality, being directly implicated in 6% of deaths worldwide<sup>1</sup>. Publications such as "the five year forward view", "20/20 vision", and the "Christie Commission" agree that increased prioritisation of effective, person-centred preventative medicine is needed to allow people to live longer, healthier lives in their communities both in the UK and worldwide<sup>2,3,4</sup>.

Regular physical activity can improve academic attainment and healthy development in children and young people, improves productivity and health outcomes in young and middle aged adults, whilst maintaining functional independence in older adults. Regular physical activity helps maintain good mental and physical health, and helps prevent over 40 chronic diseases.

Physical inactivity is a highly prevalent and major public health challenge in the 21st Century.<sup>5</sup> While progress has been made, and must be sustained in relation to smoking, a significant increase in the pace and scale of efforts to increase physical activity is required.

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# 2. How can we work together to increase physical activity?

Despite global levels of physical activity decreasing, increasing population-wide participation in physical activity is possible with some countries including Scotland and Switzerland demonstrating improvement in this regard. The College is committed to promoting the approach articulated below, and urge College Members, Fellows, the institutions we work in and other stakeholders to contribute actively to achieving a step-change in physical activity levels.

What is needed is working collaboratively with a range of partners, investing human and capital resource in programs, and policies that are effective in increasing physical activity as well as promoting regular physical activity in our everyday clinical practice, and being physically active ourselves.

The WHO-sponsored "Toronto Charter on Physical Activity" collated the evidence, informed other reports, for example the Scottish Government's National "Physical Activity Implementation Plan", and called for a comprehensive, cross-sectoral approach at community, local, national, and international levels. Partners working in education, transport, urban design, the workplace, sport, public education and communication as well as in health and social care have a key role to play<sup>7,8</sup>.

#### Education

Making physical activity in the early years, school age children, and students a normal and fulfilling activity

#### Transport and the environment

Transport policies and systems that prioritise walking, cycling and public transport

#### Urban design and infrastructure

Providing safe and equitable access for recreation and physical activity across the life course

#### The workplace

Promoting policies and an environment that encourage regular physical activity and other health promoting behaviours

#### Sport and recreation

Sport systems and programs that promote "sport for all" and encourage participation across the life span

#### Communications/public education

Systematic, consistent public education, including mass media to raise awareness of the benefits, and change social norms relating to physical activity

#### Health and social care

Embedding assessment and advice about physical activity as a routine part of the NHS and social care and into medical education

## 3. The role of health and social care

The Royal College of Physicians and Surgeons of Glasgow recognises the value of regular physical activity and wishes to actively promote this from high level policy making to clinical front line service delivery by our Fellows and Members. Fundamentally, we have an opportunity to support policy makers and the best available evidence in integrating preventative medicine into health care systems. Increasing physical activity must be given equal priority to smoking cessation and addressing harmful use of alcohol. We advocate, and urge Members, Fellows, health care professionals and policy makers to take concrete actions to:

#### a) Fully embed physical activity for health into secondary care

- Ensure secondary care staff are adequately educated and feel comfortable assessing physical activity levels, providing brief advice/brief intervention, and signposting to community resources
- Embed the question "Do you do 150 minutes of physical activity a week?" into all patient clerking documents and outpatient assessments along with questions regarding smoking status, alcohol consumption, weight and diet. These activites may be undertaken by any of the team (nurse, doctor, clinical support)
- Provide pre-discharge brief advice or brief intervention by doctor, nurse, allied health professional (AHP), or clinical support (unless inappropriate)
- Ensure information about the benefits of physical activity should be available to patients in outpatient departments using resources such as "23.5 hours9", patient information leaflets, and other resources, for example those developed in Scotland by the Health Promoting Health Service (HPHS)

#### b) Fully embed physical activity for health into primary care

Although the vast majority of our Members are not based in primary care, international evidence suggests health and social care systems should:

- Ensure primary care staff (including general practitioners, practice nurses, health visitors, pharmacists and physiotherapists) feel adequately educated and comfortable assessing physical activity levels, providing advice and signposting to community resources through resources such as "Health Behaviour Change", and "Raising the Issue of Physical Activity<sup>10</sup>" e-learning and international resources such as "Physical Activity in the prevention and treatment of Disease<sup>11</sup>".
- Ensure practitioners are rewarded appropriately for this, for example by making increasing physical activity equal in value to smoking in the Scottish and UK Quality and Outcomes Framework (QOF)
- Ensure appropriate resources including patient information leaflets are available in every general practice, and potentially showing "23.5 hours" on waiting room screens.

Regular physical activity helps maintain good mental and physical health, and helps prevent over 40 chronic diseases.

#### c) Fully embed physical activity for health into social care

Ensure social care staff including care workers and home visitors are adequately educated and feel
comfortable assessing physical activity levels, providing education on the recommended minimum
levels of physical activity for health, offering brief advice and brief intervention, and signposting to community resources.

#### d) Integrate physical activity for health into health education

- Chief Medical Officer (CMO) recommendations, assessment of physical activity levels, methods for health behaviour change and the benefits of physical activity in relation to life expectancy, physical and mental health outcomes should be integrated into every medical and healthcare professionals undergraduate, postgraduate curriculum, and health care professional curriculums. There should also be integration into undergraduate and postgraduate exams.
- The College will in 2015 produce educational events, hard copy and e-learning resources and signpost to other appropriate resources for our Members and Fellows. We will also work with universities to incorporate physical activity for health into undergraduate teaching. We will also work to develop assessment of this area within College medical and surgical postgraduate exams.

#### e) Mobilise health leaders to prioritise increasing physical activity

- Healthcare leaders in policy, medical royal colleges, medical education, health boards,
  hospitals and departments have a renewed focus on tackling physical inactivity. The College will work
  collaboratively to embed physical activity for health into primary care, secondary care, and medical
  education, supporting innovation, measuring progress and driving improvement. Increasing knowledge
  of required levels of physical activity amongst the general public is imperative, as is sessional time for
  consultants to advocate physical activity and deliver services to increase physical activity.
- In 2015 the College has committed to working with partners and the popular press to increase public knowledge around physical activity. The College will also work closely with the Scottish Academy of Medical Royal Colleges, the AHP Directors Group, NHS Health Scotland, Scottish Government, Universities, BMJ group and international partners to deliver the improvements required to make physical activity normal.

# f) Increase physical activity in the health and social care workforce, and workplace

- The College encourages health care workers to increase their physical activity levels and programs that support this and to be role models for physical activity in their health boards and for their patients. Health Boards should support such activity through the provision of showers, signage, and green space, as well as staff physical activity challenges that can promote lifestyle changes and active travel.
- In 2015 the College will improve shower facilities, provide a bike rack, promote physical activity
  challenges and engage schools and members of the public in this, and provide walking routes from the
  College for staff, Members and Fellows. We will look to assist staff and members increase physical activity
  year on year.

# 4. Conclusions and Next Steps

Physical inactivity has been labelled "pandemic" by The Lancet editor Richard Horton, and is directly responsible for 2,500 deaths per year in Scotland and 5.3 million worldwide.

Although an equal threat to personal and population health as smoking and alcohol, physical activity has not received equal attention or efforts to improve the situation.

The College will work across sectors including education, communications and the workforce, but will focus most effort on working with partners and encouraging our members to deliver the concrete actions and interventions in secondary care, primary care, social care, medical education, and the medical workforce that will increase physical activity levels.

In addition we advocate to Members, Fellows and health professionals to make an assessment of physical activity levels, providing brief advice or brief intervention, and signposting to resources a routine part of clinical care, and to be active ourselves - providing a healthier, happier and more productive health and social care workforce.

Increasing physical activity must be given equal priority to smoking cessation and addressing harmful use of alcohol.

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