The Scottish Academy of Medical Royal Colleges and Faculties Pledge

"We will work with a range of partners to fully integrate PHYSICAL ACTIVITY FOR HEALTH into Health and Social Care and increase physical activity in Scotland"

Specifically, during 2015-2016, collectively and individually, all Scottish Academy members pledge to work with key stakeholders to:

- Fully embed physical activity for health into primary care
- Fully embed physical activity for health into secondary care
- Prioritise physical activity for health in Health and Social Care integration and in social care
- Integrate physical activity for health into health education
- Increase physical activity in the health and social care workforce and workplace
- Mobilise health and policy leaders to prioritise increasing physical activity
- Ensure that our 'Pledge' is prioritised, reported upon and reviewed throughout 2015-2016

On behalf of the Scottish Academy

The Role of Health and Social Care in Increasing Physical Activity: A Position Statement by the Scottish Academy of Medical Royal Colleges and Faculties

1. Background

The World Health Organisation (WHO) has identified a lack of physical activity as the fourth leading risk factor for global mortality, directly implicated in 6% of deaths worldwide[1]. It is increasingly accepted in Scotland that as a society, and as health care professionals we have both a responsibility and an opportunity to create health, and prevent disease, in parallel to treating illness. Publications such as the Five Year Forward View[2], 20/20 vision[3], and the Christie Commission[4] agree that increased prioritisation of effective, person-centred preventative medicine is required to allow people to live longer, healthier lives in their communities.

2. Why increase physical activity?

Regular physical activity has comprehensive health and wellness benefits across the lifespan providing increased life expectancy, better physical and mental health outcomes, and better quality of life. Physical inactivity is one of the major public health challenges of the 21st Century, with significant portions of the UK and global adult population currently failing to meet WHO minimum guidelines on physical activity[5]. Positive progress has been made, and must be sustained in relation to smoking, obesity and the harmful use of alcohol. However, a significant increase in the pace and scale of efforts to improvephysical activity levels is required if we are to achieve the Scottish Government's aim for "Scotland to be a world leader in the promotion of physical activity"[6].

3. How can we work together to increase physical activity?

Increasing population-wide participation in physical activity is possible, with encouraging increases in child and adult physical activity levels seen in recent Scottish data coinciding with increased effort and partnership working in Scotland.

The National Physical Activity Improvement Programme is offering a system of improvement that is based on testing and learning. Making significant and meaningful improvements requires change. The Scottish Academy will support and develop actions that will increase physical activity in Scotland, measure results and spread approaches to get inactive people active across Scotland.

There is no single solution to increasing physical activity. The Lancet "Physical Activity" Series published in 2012 emphasised that in order to realise greater uptake of physical activity behaviour, it is imperative to extend focused efforts beyond just the health sector[7]. Similarly, evidence from the WHO sponsored Investments that Work for Physical Activity[8] and Toronto Charter for Physical Activity[9] informed the Scottish Government's Physical Activity Implementation Plan, which in turn calls for a comprehensive, cross-sector approach at individual, community, local, national, and international levels[8,10,11]. The Scottish Academy believes that partners working in education, transport and the environment, workplace settings, sport and active recreation, and communications as well as in health and social care have a key role to play.

Environment: Scotland's built and natural environments will permit and promote increased levels of physical activity.

Workplace settings: Employers will make it easier for people to be more physically active as part of everyday working lives.

NHS and Social Care: NHS and care services will promote and help achieve recommended levels of physical activity.

Education settings: All places of learning in Scotland will promote increased physical activity.

Sport and active recreation: Everyone in Scotland will be more active in their leisure time.

Communications: The people of Scotland will understand and appreciate the benefits of physical activity, and know where and how to be active[10].

4. The Role of Health and Social Care

The Scottish Academy and member Colleges and Faculties recognise the value of increasing physical activity and wish to actively promote this through a number of routes; from high level policy making to those who deliver clinical front line services. It is recognised that having a collaborative approach involving all key stakeholders across sectors and supporting work already done by networks such as the Health Promoting Health Service (HPHS) is the strongest way to ensure effective progress.

Fundamentally, we have an opportunity to support policy makers and use the best available evidence to integrate preventative medicine into health care systems.

Increasing physical activity must be given equal priority to smoking cessation and addressing harmful use of alcohol. The Scottish Academy advocates a minimum of 150 minutes physical activity per week for adults, 60 minutes per day for school age children, and will work towards:

a) Fully embedding physical activity for health into primary care

Ensure primary care staff (including general practitioners, practice nurses, health visitors, pharmacists and physiotherapists) areadequately educated to assess physical activity levels, provide education on the recommended minimum levels of physical activity for health, offer brief advice and brief intervention, and signpost to community resources.

Objectives:

1. By end 2015 all primary care practitioners must have received information about the “physical activity primary care pathway”
2. By end 2016 60% primary care practitioners should know the UK CMO recommendations (i.e. 150 minutes moderate physical activity per week) (up from the current 13%; NHS Health Scotland, unpublished data).
3. By end 2016, every primary care practice should have mechanisms to deliver brief advice and brief interventions for physical inactivity in the same manner and to as many patients as it does for smoking and alcohol.
4. By end 2018, there should be clear methodology in how to incentivise the achievement of physical activity goals (e.g. one method could be remuneration equal to harmful use of alcohol in primary care contracts

(Quality and Outcomes Framework (QOF), Enhanced Services or equivalent)).

Key resources:

- Primary care pathway (available via Flora.Jackson@nhs.net and http://www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs/nhs-physical-activity-promotion.aspx)
- Exercise on prescription physical activity book (available 2015)

b) Fully embedding physical activity for health into secondary care

Ensure secondary care staff are adequately educated and comfortable to assess physical activity levels, provide education on the recommended minimum levels of physical activity for health, offer brief advice and brief intervention, and signpost to community resources fully supporting the aims of the Health Promoting Health Service.

Objectives:

1. By end 2015, every outpatient department will have been sent a copy of “23.5 hours”, and encouraged to play it in waiting areas.
2. By mid 2016, every clerking document should contain questions about physical activity level and diet, in addition to current questions relating to smoking and alcohol.
3. By end 2016, every health board should be delivering the Scot-PASQ or equivalent to all patients in secondary care at some point during their inpatient stay (physical activity pathway for secondary care).
4. By end 2018, every patient leaving hospital should receive brief advice or brief intervention (when indicated as appropriate on the Scot-PASQ) on physical activity and signposting to supportive resources by a health professional.

Key resources:

- Secondary care pathway
- Every Step Counts
- Raising the issue of physical activity (available e-Learning)

(The above all at http://www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs/nhs-physical-activity-promotion.aspx)

- Exercise on prescription book (available 2015).

c) Fully embedding physical activity for health into social care

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

Objectives:

1. The Scottish Academy fully endorses the Active and Healthy Ageing: Action Plan for Scotland[12] document and actions, and will support delivery of these actions where needed throughout 2015/16.
2. By end 2016 every person entering care will have an appropriate assessment of physical activity using Scot-PASQ or equivalent, and receive brief advice or brief intervention when indicated (unless inappropriate).

Key resources:

- Active and Healthy Ageing: Action Plan for Scotland[12] (https://careforolderpeoplescotgov.files.wordpress.com/2014/05/active-healthy-ageing-action-plan-final.pdf)
- Raising the issue of physical activity (available e-Learning) (http://www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs/nhs-physical-activity-promotion.aspx.)

d) Integrating physical activity for health into health education

UK CMO recommendations, assessment of physical activity levels, techniques for encouraging health behaviour change, knowledge of both the benefits of physical activity and the dangers of physical inactivity in relation to life expectancy, physical and mental health outcomes should be integrated

into undergraduate health care professional curricula, postgraduate training and examinations, as well as continued professional development (CPD).

Objectives:

1. By end 2015 UK CMO recommendations relating to physical activity and training in health behaviour change should be integrated into the medical undergraduate curriculum in all five Scottish medical schools.
2. Physical activity should play a significant part in each Member College and Faculty's educational events.
3. By end 2016 UK CMO recommendations relating to physical activity and training in health behaviour change should be integrated into every other health care undergraduate curriculum in Scotland.

Key Resources:

- Undergraduate resources – Medical, Nursing, AHP. Contact annbgates@googlemail.com
- Portal http://www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs/nhs-physical-activity-promotion.aspx
- Exercise on prescription book.
- AHP director group educational resources (via Lynne Douglas, AHP Director)

e) Mobilising health leaders to prioritise increasing physical activity

Healthcare leaders in policy, the Medical Royal Colleges, medical education, health boards, hospitals and departments must renew their focus on tackling physical inactivity. Key partners should 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 the required levels of physical activity amongst the general public is imperative. The exemplary leadership shown by the AHP Directors Group and the AHP Physical Activity Pledge is fully supported by the Scottish Academy.

Objectives:

1. By end 2016 the recommendations of any Chief Executive Letters (CEL) relating to the HPHS, physical inactivity and health inequalities must be delivered, in addition to the recommendations in this paper.
2. By end of 2017, NHS Boards should demonstrate evidence of providing consultants with appropriate Supporting Professional Activities (SPA) sessional timeto advocate physical activity and enable them to shape and deliver services to increase physical activity, where relevant.

Key Resources:

- Joint communication and recommendations strategy (early 2015)
- 2015 Chief Executive letters (early 2015)
- AHP Pledge (http://www.paha.org.uk/Announcement/ahp-directors-physical-activity-pledge)

f) Increasing physical activity in the health and social care workforce

Promote the values of the Healthy Working Lives initiative and the HPHS programmes and encourage healthcare workers to increase their physical activity levels by work based lifestyle changes.

Objectives:

1. By end 2015, (and reviewed annually thereafter), NHS Estates and Facilities should maximise the use of the NHS outdoor estate as a health promoting asset by encouraging and enabling staff, visitors and patients to engage in green exercise and active travel opportunities to, from and within NHS grounds.
2. By end 2015 every hospital in Scotland should establish, and clearly signpost, walking routes for staff, patients and relatives, and each health board should offer robust reports on the Health Promoting Health Service. Every hospital should have educational content and resources prominently displayed
3. By end 2015, all health boards should promote and provide resource and support staff physical activity challenges in the workplace.

Key Resources:

- CEL-1 2012 (HPHS)
- Scottish Centre for Healthy Working Lives
- Physical activity portal http://www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs/nhs-physical-activity-promotion.aspx

Conclusions and next steps

Collaborative and cross-sectoral work has led to Scotland being one of few countries worldwide demonstrating an (albeit modest) increase in physical activity levels. Significant mismatches are present between current, and best practice in relation to physical activity. Key drivers and workstreams within health and social care exist that should facilitate concrete SMART actions and enable projects to deliver improvements. Health and Social Care integration offers an opportunity for joint boards to prioritise the key interventions needed to increase physical activity.

The Scottish Academy of Medical Royal Colleges and Faculties is committed to working with a range of partners including NHS Health Scotland, HPHS, medical educationalists, health boards, British Medical Association, clinical leads, and Scottish Government to apply these evidence informed interventions consistently. This will enable Scotland to achieve the desired step-change in physical activity levels and provide person centred, clinically effective and cost effective care to our patients[13,14].

This document will be reviewed by the Scottish Academy at the end of 2015/start of 2016 to ensure adequate progress and delivery of objectives.

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