



Faculty of Sport and Exercise Medicine UK

Excellence in Musculoskeletal Medicine, Exercise Medicine and Team Care

Draft WHO global action plan on physical activity 2018-2030

Response from the Faculty of Sport and Exercise Medicine (UK)

Introduction

The Faculty of Sport and Exercise Medicine (UK), the governing body for the specialty of Sport and Exercise Medicine in the UK, welcomes this opportunity to comment on the draft WHO global action plan on physical activity.

The draft plan is a positive step towards tackling this global and pan-societal issue that will require both top-down and bottom-up changes across the member states. The FSEM (UK) welcomes measures to implement a cultural and educational change (*'positive attitudes and values to everyone being active'*) to encourage people to build physical activity into daily life and understand the immediate and long term benefits regular exercise can bring.

Summary of Response

Goal and Vision

- To make a real impact on the risk reductions for global NCDs, the plan would benefit from a more ambitious goal.
- The Action Plan is a useful template to encourage a coherence of policy across the UK to deliver increased physical activity for all.

Creating an active society

- Consistency and high standards in physical activity teaching and education for health professionals is important. FSEM (UK) is developing exemplar learning resources.
- Exercise Medicine and Musculoskeletal Medicine can prevent and manage NCDs, and should be made available across global health services.
- It is important to offer education, empower and have empathy. Consider the barriers to activity, help people become more active in a way that is right for them.

Creating active environments

- Involve the health profession when planning to create active environments.
- There is an abundance of research and skills borne in sport and paralympic sport medicine which can be applied to public health and in the design of active environments.

- Active environments should be joined up with local healthcare and GPs who can help to address behaviour change and encourage use.

Creating active lives

- Physical education needs to have equal prominence to academic subjects in schools.
- Indicators of success could include physical activity programmes for hard to reach groups as well as whole community. Programmes for hard to reach groups via buddying and incentives in the UK have proven to be effective.
- Those with health barriers to exercise should also have access to expert medical advice to participate in physical activity.
- Analysis of the factors which influence people’s exercise behaviour, can help design effective services for those hard to reach and vulnerable groups.
- Graduated return-to-work (GroW) programmes are effective. Learning can be taken from sport and team medical care where a prescriptive period of appropriate goal-based rehab and a graduated return to work/activity is already being used.
- Physician led workplace wellness schemes are highly effective in managing and preventing musculoskeletal conditions.

Creating active systems

- The FSEM (UK) fully supports the development of a cross government, jointly owned, national action plan on physical activity including policy coherence across all sectors.
- Regional and local delivery is an important part of this.

Comments

Goal

Whilst the goal to have one hundred million people more active by 2030 should be realistic and achievable, the Faculty of Sport and Exercise Medicine (UK) would recommend a more ambitious target to make a real impact on the risk reductions for global NCDs via increased physical activity. One hundred million is just over 1% of the global population. If we take the UK alone 30% of the population (20 million people) are classified as physically inactive and at risk of an NCD. (source: British Heart Foundation Physical Inactivity and Sedentary Behaviour Report April 2017)

Strategic Areas

The FSEM (UK) is supportive of the 4 strategic areas outlined in the draft plan – creating an active society, creating active environments, creating active lives, creating active systems - and outlines a detailed response to areas of relevance below.

Strategic Objective 1: Creating an Active Society

The FSEM (UK) supports the four indicators of success under this objective and in particular the inclusion of physical activity in professional training of sectors in health. The FSEM (UK) is involved in projects with the Royal College of General Practitioners and Public Health England to deliver physical activity learning and reliable, evidence-based, information to prevent and manage lifestyle-related diseases via physical activity for General Practitioners and healthcare professionals in the UK.

The draft plan could also look at how we create global consistency and standards of teaching across the curriculum of all medical and allied health professional qualifications to ensure high quality teaching and information is available to all.

Objective 1: proposed actions for Member States, the secretariat, and/or international and national partners

The FSEM (UK) welcomes a community and locally based approach to creating an active society driven by international and national initiatives.

The FSEM (UK) supports the specific actions on teaching and learning on physical activity (66 & 71) and can offer exemplar teaching and learning resources on physical activity, which are suitable for adoption by medical and allied health professionals.

The FSEM (UK) would also like to see Exercise Medicine and Musculoskeletal Medicine, two key areas of medicine which can prevent and manage NCDs, be made more available across global health services. Raising awareness of these two key medical areas and the workforce needed to deliver them to member states, the secretariat, international and national partners should be considered in the draft plan. Commissioners of health services should start commissioning to prevent disease. In the UK Sport & Exercise Medicine led multidisciplinary healthcare teams are already available and can help make this happen.

The FSEM (UK) welcomes the proposed action for public education, awareness and behaviour change campaigns (54 & 55). It is important to educate, empower and have empathy. People will not become more active because we tell them to. We need to look at what barriers the inactive face, whether they are physical, mental or emotional barriers. Many inactive people will not attend gyms or go swimming. We need to show understanding and identify why they are inactive and empower them to become more active in a way which is right for them.

Strategic Objective 2: Creating Active Environments

Creating active environments will require co-ordination of many government departments, urban planning, transport and infrastructure. The involvement of the health profession and education bodies should also be a key consideration when planning to create active environments, for example:

SEM Consultant and Fellow of the FSEM (UK), Dr Mike Loosemore, who runs NHS clinics at the Institute of Sport Exercise and Health (ISEH) in the UK has delivered presentations at the

Design Council's conference Active by Design. This is a unique collaboration, giving local authorities, architects and town planners a different perspective on the dangers of sedentary behaviour and the importance of planning to enable everyday physical activity and active travel to become the norm. For further information visit <http://www.designcouncil.org.uk/what-we-do/active-design> and <http://www.activemovement.co.uk> created by Dr Mike Loosemore FFSEM.

Proposed actions for strategic objective 2

2.1 Improving the urban design and transport in all cities and communities to enable and increase levels of everyday physical activity with a priority focus on reducing inequalities - this will require the co-ordination of many different government departments and local partnerships. Doctors and allied health professionals have a key role to play in helping deliver this.

Sport and Exercise medicine Consultants are well versed in how to prevent and manage many common conditions via Exercise Medicine and have an abundance of research and skills born in sport medicine and paralympic sport medicine, which can be applied to public health. With this unique background, this area of medicine is uniquely placed to work alongside Government Departments, local Authorities and Local Enterprise Partnerships to support the development of active environments for all.

Objective 2: Specific actions for member states, the secretariat, and/or international and national partners

Proposed actions 80-106. Improved planning and infrastructure to encourage physical activity should be accompanied by addressing the pre-requisites for behavioural change. Improving confidence to cycle and walk, offering choice and addressing the cultural norms which preclude it. Government and local authority initiatives to create active environments should be joined up with local healthcare, GPs and healthcare professionals who can help to address behaviour change and encourage the use of these active environments.

Strategic Objective 3: Creating Active Lives

107. The FSEM (UK) supports the indicators of success based around the quality and availability of physical education in schools. The FSEM (UK) would like to see an indicator which would give physical education equal prominence to academic subjects in schools, with attainment measured alongside other subjects and the achievement of the CMO physical activity guidelines for children and young people.

The FSEM (UK) supports the indicator IV for brief counselling at primary and secondary healthcare services and can offer exemplar teaching and learning resources on physical activity, which can be adopted through primary and secondary healthcare.

Alongside indicator V for whole of community physical activity programmes, the plan may also want to consider if/how there could be an indicator for hard to reach groups. Generation Games is an example of a Sport and Exercise Medicine led physical activity programme targeting hard to reach groups in the UK.

<http://www.ageuk.org.uk/oxfordshire/our-services/generation-games/> led by Dr Natasha Jones FFSEM.

Proposed actions for strategic objective 3

Proposed action 3.1 - The FSEM (UK) would recommend the proposed action includes taking steps to give physical education equal prominence to academic subjects in schools.

Proposed action 3.2 – The FSEM (UK) fully supports this and is designing programmes for the provision of advice on physical activity across healthcare.

Proposed action 3.3 – Alongside increased provision of physical activity opportunities for all, the FSEM (UK) welcomes proposed actions to address the reduction of barriers to physical activity in the community due to disability, culture and social issues. Patients with health barriers to exercise should also have access to expert medical advice to participate in physical activity.

Proposed Action 3.4 – The FSEM (UK) welcomes proposed actions to ensure affordable and equitable access to physical activity in hard to reach and vulnerable groups. The FSEM (UK) recommends that the proposed actions include analysis of the factors which influence people’s exercise behaviour in order to design effective services for those hard to reach groups or those who have barriers to physical activity through illness or disease. (Reference: The PPI project. What are the Factors that Influence People with Multi-Morbidity’s Exercise Behaviour? A Semantic Thematic Analysis using Patient and Public Involvement Data with reference to the Self-Determination Theory Framework Dr Natasha Jones et al).

Objective 3: specific actions for member states, the secretariat, and/or international and national partners

The FSEM (UK) fully supports the specific actions for member states, the secretariat and international partners.

118. Addresses the use of physical activity in rehabilitation pathways for long term conditions, pregnant women and older patients. Graduated return-to-work (GroW) programmes are effective. Learning can be taken from sport and team medical care where a prescriptive period of appropriate goal-based rehab and a graduated return to performance/work/activity is already being used.

119. There are existing and developing resources which could be made available to Member States and the Secretariat to provide an operational manual for the promotion of physical activity through primary and secondary care.

125. Musculoskeletal conditions are a leading cause of inability to work and working days lost, Physician led workplace wellness schemes are highly cost effective. (Source: Arthritis Research UK 2016 Working with Arthritis and Sport and Exercise Medicine A Fresh Approach NHS North West 2011)

Strategic Objective 4: Creating Active Systems

The FSEM fully supports the indicators and propose actions for strategic objective 4.

Objective 4: specific actions for member states, the secretariat, and/or international and national partners

142. The FSEM (UK) fully supports the development of a cross government, jointly owned, national action plan on physical activity including policy coherence across all sectors. Regional and local delivery is an important part of this.

There has been a lack of coordinated action and clear goals in this area. A strategy for delivering the UK Government's sport and physical activity objectives was set out in Game Plan (2002) and followed by Choosing Activity – a physical activity action plan (2005). This paper called for a national program for physical activity, health and wellness, driven by a clearly articulated national plan and supported by a national office. A national plan would set out clear goals and oversee regional delivery. The UK Government has since released Sporting Future: A New Strategy for an Active Nation (2015) to address participation in sport and physical activity on a national level, including local councils and the sport, voluntary, health education and private sectors connected to them.

WHO Global Action Plan and its relevance to the UK

There are, in existence, UK physical activity action plans, projects and guidelines with each devolved government in the UK responsible for delivering its own initiative.

The draft GAPP sets out a consistent framework for each member state to work with and create or improve its own action plan for physical activity. Therefore, it is a useful template to encourage a coherence of policy across the UK on physical activity.

Background to FSEM (UK)

The FSEM (UK) works to develop the medical specialty of Sport and Exercise Medicine (SEM). The Faculty was launched in 2006, and is an intercollegiate faculty of the Royal College of Physicians of London and the Royal College of Surgeons of Edinburgh. The Faculty sets standards in SEM, oversees research, training, curriculum and assessment of SEM doctors.

Our strategic mission *is to promote better health for all through sport and exercise medicine*. The Faculty promotes SEM as a cost effective approach to the prevention and management of illness and injury and is calling for an increase in SEM Consultants in the NHS and the introduction of physical activity and Exercise Medicine training and education, across medicine and with all healthcare professionals, to address the epidemic of physical inactivity. The Faculty has over 590 Members and Fellows. www.fsem.ac.uk

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