



# Faculty of Sport and Exercise Medicine UK

Excellence in Musculoskeletal Medicine, Exercise Medicine and Team Care

## FSEM (UK) Public Affairs Priorities

### Introduction

**Dr Paul D Jackson, President of the Faculty of Sport and Exercise Medicine (UK).**

*“Influencing public health policy, the way in which patients and athletes are cared for, standards and availability of Sport and Exercise Medicine services in the UK is an important part of the work we do.*

*“The unique perspective and expertise of our Members and Fellows can help to shape healthcare policy on a number of key issues, affecting the future direction of the specialty of Sport and Exercise Medicine and its ability to provide healthcare services to prevent and manage many common conditions.”*

This document includes FSEM (UK) statements and priorities on healthcare, sport and physical activity policy, existing reports and government commitments.

It outlines FSEM (UK) priorities to improve public health and provide much needed skills and services to the NHS via Sport and Exercise Medicine.

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### **Public Affairs Priorities**

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## Government Level Reports and Plans

### 1. Duty of Care in Sport

The FSEM (UK) supports this Independent Report to Government led by Baroness Tanni Grey-Thompson, looking into the safety, wellbeing and welfare of our sporting participants.

Our key areas in responding to the report are:

- The FSEM (UK) supports the concept of a National Sports Ombudsman to oversee governance structures in all sports
- The FSEM (UK) supports the proposal for a National Sports Injury Register and the need for it to become mandatory to better understand the relative risk of injury in each sport
- The FSEM (UK) supports better education, understanding and management of concussion
- The FSEM (UK) supports the availability of more defibrillators in public places
- The FSEM (UK) recommends all medical Doctors working in sport undertake an emergency care course in sport endorsed by the Faculty of Pre-Hospital Care
- The FSEM (UK) Professional Code provides clarity for doctors working in sport and where their responsibilities lie within the potential conflict between the performance goals of a sport and the health and wellbeing of the athletes

### 2. Sporting Future – A new strategy for an active nation

The FSEM (UK) welcomes this government report focusing on the social good that sport and physical activity can deliver - physical wellbeing, mental wellbeing, individual development, social and community development and economic development.

The FSEM (UK) is part of a key deliverable in this strategy under section 6.2 Physical Activity

*'PHE will, with others including Health Education England (HEE) and the Faculty of Sport and Exercise Medicine (FSEM), support the growth of sport and exercise medicine and its use within the NHS and wider public health practice, including through supporting the development of the National Centre for Sport and Exercise Medicine (NCSEM).'*

#### **Two key areas of clinical expertise that Sport and Exercise Medicine can bring to the NHS**

The FSEM (UK) is committed to promoting and managing good health for the public through increasing Exercise Medicine and Musculoskeletal Medicine services in the NHS. Both are a cost effective treatment option in the prevention and management of many chronic diseases and MSK conditions and are currently under used and under commissioned in the NHS.

### **3. Five Year Forward View – NHS England**

Launched by NHS England in 2014, this view sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill-health. The plan calls for '*A radical upgrade in prevention and public health*'.

#### **Sport and Exercise Medicine can offer key skills**

Exercise Medicine and Musculoskeletal Medicine, two key components of Sport and Exercise Medicine skills and training, have an enormous application across both primary and secondary care as an efficient and cost effective treatment option. Through leading Multi-disciplinary teams in the NHS, Sport and Exercise Medicine practitioners have the skills to help deliver '*a radical upgrade in prevention and public health*' through the prevention and management of many common diseases and conditions. The evidence for this can be found in the FSEM (UK) NHS information documents [A Fresh Approach](#) and [A Fresh Approach in Practice](#).

#### **MSK Medicine**

Sport and Exercise Medicine physicians are highly trained in Musculoskeletal (MSK) Medicine. MSK Medicine, in particular, has a huge contribution to make to the NHS and the management of common MSK illnesses and injury. The burden to the NHS of MSK problems and physical inactivity is now significant there are around 10 million adults, and around 12,000 children, with a musculoskeletal condition in England today<sup>i</sup>. MSK disorders now account for up to 30% of all primary care consultations and the vast majority of these cases (82%) do not convert to surgery with patients typically re-representing to GPs which is neither time or cost effective.<sup>ii</sup>

## FSEM (UK) Public Affairs Priorities

Although NHS policy is devolved, issues of funding, changing demographics, public health and workforce planning are being felt across all parts of the UK.

The FSEM (UK) is focused on the following UK wide priorities in its public affairs activity.

### 1. Working together to make it easier to participate in regular physical activity

Physical inactivity directly contributes to one in six deaths in the UK: the same number as smoking<sup>iii</sup>. The FSEM (UK) supports Public Health England's (PHE) report *Everybody Active Everyday What works – the evidence* looks at how we embed physical activity into the fabric of daily life, and to think long-term. The report also involves all sectors in driving that change. The FSEM (UK) is working with PHE provide all healthcare professionals with the tools and knowledge for physical activity assessment and intervention.

**Make the physically active choice the easy choice through a national policy across government departments and local authorities**, to support easy access for all to resources for physical activity and exercise, including health, transport, planning and sport. The FSEM (UK) supports the free use of public parks and public spaces for sport, exercise and recreation.

### 2. NHS Funding and Resources

The FSEM supports the government and devolved governments' commitments to increases in NHS funding, including the UK Government's commitment for an increase in the number of domestic students entering medical training in England by 1,500 per year, widening the participation and improving access so that the medical workforce is more representative of the population it serves:

#### 2.1 Medical Training

**In addition to increased resources, the FSEM (UK) recommends that Exercise Medicine becomes a key part of all undergraduate medical training** and is working with Public Health England and other Royal Colleges to deliver training and education suitable for GPs, health professionals and undergraduates.

#### 2.2 Workforce Planning

The FSEM (UK) sets the standards for Sport and Exercise Medicine Higher Specialty Training in the UK, including overseeing the curriculum and training pathways. We are working closely with Health Education England and the Specialty Advisory Committee for Sport and Exercise Medicine to ensure we are supplying a workforce relevant and ready to take on the challenges the NHS faces today. The FSEM (UK) is also looking to influence the NHS policies of the devolved governments to re-introduce Sport and Exercise

Medicine training in Scotland, Wales and Northern Ireland to provide much needed Exercise Medicine and MSK Medicine services to the NHS across the UK.

### 2.3 Exercise Medicine and Musculoskeletal Medicine - A Cost Effective Solution

On average, an inactive person spends 38% more days in hospital than an active person, and utilises 5.5% more GP visits, 13% more specialist services and 12% more nurse visits than an active individual. The cost of providing medical care for the consequences of the UK's physical inactivity endemic are not sustainable. Non communicable chronic disease causes 79% of deaths in developed countries. The NHS will need to invest proportionately in physical activity interventions for the prevention and treatment of diseases known to be substantially affected by sedentary lifestyles. The evidence for the therapeutic use of physical activity and exercise is compelling:

#### Exercise in the treatment of chronic disease

Chronic disease	Effect of exercise therapy
Ischaemic heart disease	35-40% reduction in risk of event
Chronic Obstructive Pulmonary Disease (COPD)	Improvement in aerobic fitness, quality of life, symptoms of dyspnoea, cardiovascular risk factors
Breast cancer	50% reduction of breast cancer death
Bowel cancer	50% reduction of bowel cancer death, improvement of tolerance of cancer treatment
Cerebrovascular disease (most commonly stroke)	Improvement of aerobic capacity, sensorimotor function and cardiovascular risk factors
Diabetes	42% reduction in diabetes related mortality, 32% reduction in diabetes related complications
Impaired glucose tolerance	42% reduction in risk of developing diabetes
Hypertension	Reduced systolic blood pressure by 7.4mmHg, and diastolic blood pressure by 5.8mmHg
Depression/anxiety disorders	Effect as good as pharmacological treatments for moderate depression
Rheumatoid arthritis	Improved aerobic fitness, disease activity, function and quality of life
Osteoarthritis	Improved aerobic capacity, reduce fatigue and pain. Improve muscle strength and function
Source:	Sport and Exercise Medicine – A Fresh Approach NHS Information Document 2011

#### Musculoskeletal Medicine the evidence

The evidence for the NHS investing in MSK Medicine services is compelling:

Setting up a Sport and Exercise Medicine led Musculoskeletal Medicine service to redirect traditional Orthopaedic referrals can save up to £62 - £85 per consultation<sup>iv</sup>. NHS Tayside MSK Primary Care Clinic, over a 10 year period, seeing approximately 800 patients per year in one session per week has created a £500k - £650k saving.<sup>v</sup>

### **How can Musculoskeletal Medicine be delivered in the NHS?**

Change the care pathways for patients with Musculoskeletal conditions to include a Sport and Exercise Consultant led multidisciplinary team to manage conditions and reduce the burden of pain. Sport and Exercise Medicine physicians are highly trained in MSK Medicine and have proven to deliver cost savings and reduced referrals in MSK services across both primary and secondary care<sup>vi</sup> [Read more about the FSEM \(UK\) MSK priorities](#)

## **3. Children and Young People**

**3.1 The FSEM (UK) supports healthy active lifestyles for children and young people** including the [Chief Medical Officer guidelines for physical activity](#). An increase from the government for the support of sport and physical activity in primary schools and the ongoing initiatives from devolved governments like the Active Schools network is a key part of achieving this.

**3.2 The FSEM (UK) supports measures to reduce sedentary behaviour in schools.** The increasingly sedentary lifestyle of all children is contributing to the increased levels of obesity which may lead to future ill health.<sup>vii</sup> The NICE Guideline on Obesity Prevention recommends that 'schools play an important role in this by providing opportunities for children to be active and develop healthy eating habits, and by providing role models. Improving children's diet and activity levels may also have wider benefits: regular physical activity is associated with higher academic achievement, better health in childhood and later life, higher motivation at school and reduced anxiety and depression.' Public Health England also addresses sedentary behaviour in its report *How Healthy Behaviour Supports Children's Wellbeing*.

**The FSEM (UK) would like to see physical education given equal prominence to academic subjects in schools** and all children and young people given regular daily access to physical activity; whether through sport, exercise or other physical recreation such as dance and active travel.

## **4. Reducing the barriers to physical activity**

**Reduce barriers to physical activity in the community** due to disability, culture and social issues. Patients with health barriers to exercise should have access to expert medical advice to participate in physical activity.

**Train all GPs and Healthcare Professionals in physical activity assessment and exercise interventions.** The FSEM (UK) is a key delivery partner in the Royal College of GPs 3 year clinical priority on Physical Activity and Lifestyle. The Faculty is also working closely with Public Health England on its *Moving Professionals* programme.

**Support employers to have a healthy workplace** by encouraging and supporting breaks for physical activity together with active workstations. There needs to be a change in attitude towards workplace assessments to facilitate more physical activity.

**Increased provision of physical activity and exercise services for the elderly** in order to reduce the burden of falls and management of diseases of the UK aging population.

An example of a local community based exercise service for the over 50s:

Generation Games is a programme run by Age UK Oxfordshire in partnership with the Department of Sport and Exercise Medicine Oxford University Hospitals NHS Trust. It is a not-for-profit free service for Oxfordshire's over 50s. Generation Games provides opportunities for older people to become and remain physically active.

It forms a network of over 1000 different exercise opportunities, education, information, incentives and buddying aiming at some of the hardest to reach groups.

<http://www.ageuk.org.uk/oxfordshire/our-services/generation-games/>

## 5. Obesity

As a member of the Obesity Health Alliance the FSEM supports its work and policy recommendations to encourage healthy eating.

**The FSEM (UK) recommends an equal focus on physical activity levels, diet and lifestyle** to reduce risks and help manage many of the common conditions connected to obesity.

### 5.1 Sports Drinks

Address the marketing and availability of high sugar low PH Sports Drinks to children and young people. Sports drinks are not intended for children and most adults, can cause tooth decay and a vastly increased calorific intake.<sup>viii</sup>

## 6. Healthcare Policy Groups

The FSEM (UK) is a member of the following organisations and policy groups:

Academy of Medical Royal Colleges (AoMRC)

Arthritis and Musculoskeletal Alliance (ARMA)

Obesity Health Alliance (OHA).

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### References:

<sup>i</sup> Source: Arthritis and Musculoskeletal Alliance – What are Musculoskeletal Disorders  
<http://arma.uk.net/musculoskeletal-disorders-msk/>

<sup>ii</sup> Sport and Exercise Medicine – A Fresh Approach in Practice NHS Information Document 2014  
<http://www.fsem.ac.uk/media-resources/publications/a-fresh-approach-in-practice.aspx>

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- <sup>iii</sup> Public Health England – Everybody Active Everyday October 2014  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/374914/Framework\\_13.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf)
- <sup>iv</sup> Sport and Exercise Medicine – A Fresh Approach in Practice NHS Information Document 2014 – Models of care Primary and Secondary
- <sup>v</sup> Kings Cross HCCC – 10 years of MSK Primary Care Services, Dr Niall Elliot FFSEM 2017
- <sup>vi</sup> Sport and Exercise Medicine – A Fresh Approach in Practice Improvements and Patient Satisfaction 2014
- <sup>vii</sup> Interventions designed to reduce sedentary behaviours in young people: a review of reviews, Stuart J H Biddle, Irene Petrolini, Natalie Pearson 2013 <http://bjsm.bmj.com/content/48/3/182>
- <sup>viii</sup> A survey of sports drinks consumption amongst adolescents. Br Dent J 2016; 220: 639-643, D Broughton BDS (Hons), RM Fairchild BSc (Hons), PhD, MZ Morgan BSc (Hons), PGCE, MPH, MPhil, FFPH. Applied Clinical Research and Public Health, College of Biomedical and Life Sciences, Cardiff University, School of Dentistry, Cardiff Metropolitan University, Department of Healthcare and Food.