



Parliamentary Review of Health and Social Care Wales Adolygiad Seneddol o Iechyd a Gofal Cymdeithasol

Written evidence submitted by the Faculty of Sport and Exercise Medicine UK

Executive Summary

- **This response contains the evidence and recommended actions for fully embedding physical activity for health into primary care, secondary care, social care and health education, giving key resources and how change can be delivered.**
- A significant increase in the pace and scale of efforts and resources to improve physical activity levels is required to ensure a sustainable approach to improved outcomes for health and social care in Wales and a 'radical upgrade in prevention and public health'.
- A 'Physical Activity Champion', a Sports and Exercise Medicine Consultant in each Health Board of Wales who understands the impact of inactivity on disease and population health, who can lead a wider integrated team and influence local and national governmental bodies.
- Investment in an Exercise Medicine Consultant to work with chronic multi-morbidity will be repaid many times over in terms of reduced hospital admissions, reduced absenteeism, reduced social support, and shorter surgical stays in hospital.
- To deliver these services, reinstatement of Sport and Exercise Medicine training in Wales is a priority. Trainees also provide a vital role in training other branches of medicine, this is missing in Wales.
- Partners working in education, transport, the environment, workplace settings, sport and active recreation as well as in health and social care will have a key role to play in increasing physical activity in Wales.
- Increasing physical activity must be given equal priority to the resources and services of smoking cessation, dietary advice and addressing harmful use of alcohol and drugs.

Introduction to the Faculty of Sport and Exercise Medicine UK

The Faculty of Sport and Exercise Medicine represents the medical specialty of Sport and Exercise Medicine and its application to public health and the NHS.

Below is detailed the role of physical activity in population health and the impact a more active population would have on the health of the Welsh nation. In responding to the call for views on health and social care in Wales, The Faculty of Sport and Exercise Medicine (FSEM) UK is able to provide clear guidance and support

for prevention strategies focussed on the role of physical activity in a community, the known benefits and the role that a structured Sport and Exercise Medicine Consultant (SEM) would bring to the wider clinical, patient centred and social structure in the Welsh Health boards, giving support to Primary Care.

1. Key Issues Facing Health and Social Care

It is well known that leading a more active lifestyle has health benefits, this is well researched and studied the world over. The benefit is not just for prevention but also maintenance of health in situations where an illness is present:

1.1 Risk Reduction

Disease	Risk Reduction via Regular Physical Activity
Heart Disease	40%
Stroke	27%
Colon Cancer	25%
Breast Cancer	24%
Type 2 Diabetes	30%
Hypertension	50%

Source: A Fresh Approach in Practice – NHS North West and the FSEM UK 2011

The World Health Organisation (WHO) identifies a lack of physical activity as the fourth leading risk factor for global mortality, directly implicated in 6% of deaths worldwideⁱ. On average, an inactive person spends 38% more days in hospital than an active person, and utilizes 5.5% more GP visits, 13% more specialist services and 12% more nurse visits than an active individualⁱⁱ

Physical inactivity has grown to be one of the major public health challenges of the 21st century, **with over 1 million adults in Wales physically inactive**ⁱⁱⁱ. Positive progress has been made and must continue in relation to smoking and harmful use of alcohol. However, a significant increase in the pace and scale of efforts and resources to improve physical activity levels is required to ensure a sustainable approach to improved outcomes for healthcare in Wales and a ‘radical upgrade in prevention and public health’^{iv}.

2. The Case for Change

Creating a healthcare/community/social interface where the benefits of active lifestyles (e.g. active commuting, active schools, active leaders) become second nature to a community will have the largest impact. 2.1 outlines an example of the type of impact this could make on just one condition.

Healthcare teams are no longer a traditional medic and nurse led structure, but include wider allied health professionals such as physiotherapists, orthotists, podiatrists and psychologists. These teams, working within ‘localities’, are now starting to integrate with social and community based structures such as city/town councils, council sport departments, regional authorities and central government departments.

2.1 The case for change - Diabetes in Wales

Source	Statistic
Diabetes UK ^v	177,000 people with diabetes
	610,000 people at risk of diabetes or have diabetes with no confirmed diagnosis
FSEM & NHS North West ^{vi}	Physical activity reduces the overall risk of diabetes by 30%
FSEM UK	Over 183,000 adults in Wales could be spared long-term illness by a simple intervention – Physical Activity

2.2 How can change be delivered?

The FSEM recommends three main courses of action to improve healthcare outcomes, increase physical activity and develop a preventative strategy for Health and Social Care in Wales:

Recommendation 1

Placing a 'Physical Activity Champion' in each Health board of Wales; a Sport and Exercise Medicine Consultant who understands:

- The impact of inactivity on disease and population health
- How to lead a wider integrated team to address physical activity and influence local and national governmental bodies
- Provide a service to colleagues across the medical specialties, advising on prevention strategies that are researched and impactful (e.g.: cardiovascular diseases, certain cancers, diabetes, mental health and musculoskeletal conditions)
- Provide clinical support for complex rehabilitation cases or areas such as concussion where supervision of return to work/return to play is becoming increasingly important
- Improve the musculoskeletal pathway, reducing referrals to secondary care, reducing radiology burdens, improving patient outcomes and access to the right person at the right time

Recommendation 2

Investment in an Exercise Medicine Consultant to work with chronic multi-morbidity will be repaid many times over in terms of reduced hospital admissions, reduced absenteeism, reduced social support, and shorter surgical stays in hospital. See 1.1 disease risk reduction via regular physical activity and 2.1 Diabetes in Wales

Recommendation 3

Reinstatement of Sport and Exercise Medicine training in Wales as a priority to deliver these services. Trainees also provide a vital role in training other branches of medicine and this is missing in Wales.

2.3 Creating a sustainable workforce to deliver the management and prevention of chronic disease

The FSEM recommends that health boards in Wales re-instate Sport and Exercise training posts to provide a sustainable workforce.

Sport and Exercise Medicine roles already exist in NHS England. There are currently 56 NHS SEM Consultant posts in England, working over 19 NHS Trusts. There are 48 National Training Numbers with 12 new trainees per year^{vii}. There are three National Centres for Sport and Exercise Medicine where NHS care, research and care of the performance athlete are delivered. These integrate with local authorities to look at the wider population health and inactivity endemic. At primary care level 17 Clinical champions of physical activity are integrating with the GP workforce and educating the primary workforce about physical activity benefits.

In comparison Wales has no NHS SEM Consultant Posts and SEM training posts have ceased to exist. With no substantive SEM posts within the NHS in Wales, this has meant a continued drain of young talent when qualifying within Wales.

2.4 The medical profession working with external partners to increase physical activity

Increasing physical activity levels in Wales is possible, but not by any one single solution.

Partners working in education, transport, the environment, workplace settings, sport and active recreation as well as in health and social care will have a key role to play.

- **Environment:** Permit and promote increased levels of physical activity across both the built and natural environment in Wales

- **Workplace settings:** Employers will require ways to make it easier for people to be more physically active as part of their everyday working lives
- **NHS and Social Care:** NHS and care services will need to promote and help achieve recommended levels of physical activity across all the service
- **Education settings:** all places of learning in Wales will need to promote and provide increased physical activity within the class room and leisure time learning
- **Sport and active recreation:** The people of Wales will be more active in their leisure time
- **Communications:** The people of Wales will understand and appreciate the benefits of physical activity, and know how to be active

There is plenty of evidence to support a cross-sector approach to achieve greater uptake of physical activity behaviour, beyond just the health sector:

2.5 Evidence for a cross-sector approach to physical activity

Source	Evidence	Link
The Lancet Physical Activity 2012	A multi-sector and systems-wide approach that goes way beyond health will be critical to increase population-levels of activity worldwide.	http://www.thelancet.com/series/physical-activity
BJSM 2013 Investments that work for physical activity	Whole-of-community approaches where people live, work and recreate have the opportunity to mobilize large numbers of people.	http://bjsm.bmj.com/content/46/10/709
The Toronto Charter for Physical Activity	The Charter provides a framework for action and partnerships across multiple sectors and with communities to build healthier, active, environmentally sustainable communities.	http://www.paha.org.uk/Resource/toronto-charter-for-physical-activity-a-global-call-for-action
GAPA - Global Advocacy for Physical Activity	Supportive environments and infrastructures are essential for improving levels of physical activity of populations	http://www.globalpa.org.uk/

3. How can change be delivered within existing Health and Social Care services?

The Faculty of Sport and Exercise Medicine UK and RCGP Wales recognise the importance of increasing physical activity across all age groups and wish to actively promote this through a number of different routes, including Sport and Exercise Medicine led Physical Activity Champions.

From high level policy making to those who deliver clinical front line services and who those who deliver educational teaching. It is recognised that having a collaborative approach involving all stakeholders across sectors and networks such as PH Wales, RCGP Wales and The Wales Deanery with resources such as Motivate 2 Move^{viii}, is the strongest way to ensure effective progress.

Increasing physical activity must be given equal priority to the resources and services of smoking cessation, dietary advice and addressing harmful use of alcohol and drugs. The Welsh CMO advocates a minimum of 150 minutes' physical activity per week for adults, 60 minutes per day for school age children and we propose working towards:

3.1 Fully embedding physical activity for health into primary care by ensuring that all primary care staff (including general practitioners, practice nurses, health visitors, district nurses, physiotherapists and pharmacists) are adequately 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.

Recommended actions:

1. By end 2017, all primary care practitioners and nurses should receive information about the 'physical activity primary care pathway'.
2. By end 2018, all primary care staff should know the UK CMO minimum recommendations of physical activity.
3. By end 2018, all primary care staff should have received an opportunity to learn about behaviour change techniques.
4. By end 2018, all primary care staff 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, diet and alcohol.
5. By end 2018, there should be clear methodology in how to incentivise the achievement of physical activity goals (such as through Enhanced services or Locality targets).

Key resources:

- RCGP 3 year Clinical Priority on Physical Activity and Lifestyle to support primary care professionals with reliable, evidence-based information to prevent and manage lifestyle-related diseases. <http://www.fsem.ac.uk/news/faculty-news/2016/august/physical-activity-and-lifestyle-announced-as-a-clinical-priority-by-the-rcgp.aspx>
- National Exercise Referral Scheme details at: <http://wlga.wales/national-exercise-referral-scheme-ners> Referral pages available at: http://www.nersdb.info/ref_sys/ref_sys_open.php
- DEWI website for being active with recreational activities <https://www.dewis.wales/being-active>
- Primary care Motivate2move website physical activity health advice for health professionals available at: <https://gpcpd.walesdeanery.org/index.php/welcome-to-motivate-2-move>
- Benefit from Activity website for patient's health advice on physical activity available at: <http://www.benefitfromactivity.org.uk/>
- Every waiting room in GP surgeries will have been sent a copy of "23.5 hours", and encouraged to play it in waiting areas. <https://www.youtube.com/watch?v=aUaInS6HIGo>

3.2 Fully embedding physical activity for health into secondary care by ensuring all secondary care staff are adequately educated and able to assess physical activity levels, provide education on the recommended minimum levels of physical activity for health, offer brief advice and intervention, and signpost to community resources fully supporting the National Exercise Referral Scheme.

Recommended actions:

- Every outpatient department will have been sent a copy of "23.5 hours", and encouraged to play it in waiting areas. <https://www.youtube.com/watch?v=aUaInS6HIGo>
- Every clerking document should contain questions about physical activity and diet in addition to ones on smoking and alcohol.
- Every discharge summary should contain recommendations on physical activity and every patient leaving hospital should receive brief advice or brief intervention on physical activity and signposting to supportive resources by a health professional.
- NHS estates should use 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 and from NHS facilities.
- Every hospital in Wales should establish and clearly signpost walking routes for staff, patients and relatives. Examples available from Walk Unlimited <http://www.walk.co.uk/maps/map-examples.asp>

Key resources:

- National exercise Referral Scheme <http://wlga.wales/national-exercise-referral-scheme-ners>
- DEWI website <https://www.dewis.wales/being-active>
- Motivate2move website: <https://gpcpd.walesdeanery.org/index.php/welcome-to-motivate-2-move>
- Benefit from Activity website: <http://www.benefitfromactivity.org.uk/>
- Walk4Life walking routes available for hospitals to make around their grounds <http://www.walk.co.uk/maps/map-examples.asp>
- 23 and a half video link <https://www.youtube.com/watch?v=aUaInS6HIGo>
- FSEM Exercise Medicine prescription book available at: <http://www.fsem.ac.uk/training-education/exercise-prescription-booklet.aspx>

3.3 Fully embedding physical activity for health into social care by ensuring care workers, midwives and home visitors are adequately educated and able to assess physical activity levels, providing education on the recommended levels of physical activity for health and signposting to community resources.

Key resources:

- 10 steps to a healthy weight. Active play encouraged <http://www.wales.nhs.uk/sitesplus/888/page/84915>

3.4 Integrating physical activity for health into health education. UK CMO recommendations, assessment of physical activity levels, knowledge of the benefits of physical activity and the contraindications to activity should be fully integrated into all undergraduate health care curricula, postgraduate training and examinations and continued professional development.

Recommended actions:

- By end 2018 UK CMO recommendations relating to physical activity and training in health behaviour change should be integrated fully into the medical undergraduate curriculum in both Welsh medical schools.
- By end 2018, UK CMO recommendations relating to physical activity and training in health behaviour change should be integrated fully into nursing and other allied health professional undergraduate schools.
- Physical activity benefits should play a significant part in College and Faculty's educational events.

Key resources:

- Undergraduate resources - medical, nursing, Allied health professionals contact annbgates@googlemail.com
- Exercise on prescription book <http://www.fsem.ac.uk/training-education/exercise-prescription-booklet.aspx>
- Motivate 2 Move website now available to all allied health professionals: <https://gpcpd.walesdeanery.org/index.php/welcome-to-motivate-2-move>

4. The Economic Benefits

4.1 Spend

Spending shift from reactive/acute services to primary or preventative services must be backed with evidence.

4.2 Evidence from SEM led MSK services

Evidence from Musculoskeletal (MSK) Service - Setting up a Sport and Exercise Medicine led MSK service to offload traditional Orthopaedic referrals is already known to save £62 - £85 per consultation. NHS Tayside MSK clinic, over a 10 year period, seeing approximately 800 patients per year in one session per week has created a £500k - £650k saving^{ix}. The evidence from England reflects this economic benefit too in the models of care outlined for NHS commissioners in Sport and Exercise Medicine A Fresh Approach in Practice^x

4.3 Physical activity and population health

The question about incentivising or speeding up the shift of monies from reactive to prevention work has to lie in the presentation of evidence. A good point in case is diabetes. Taking UK as a whole, there is an estimated £10bn spent on the care of patients with diabetes.

According to Diabetes UK, if current trends continue, by 2025, it is estimated that 300,000 people in Wales will have Diabetes. Diabetes accounts for 10 per cent of the annual NHS Wales budget. This is approximately £500m a year. Eighty per cent of this figure is spent on managing complications, most of which could be prevented. See also section 2.2 Diabetes in Wales.

The evidence for embedding physical activity for health across a whole host of clinical areas is compelling and researched. With risk reductions ranging from 24% to 50% in common conditions such as breast cancer to hypertension, applying resource to prevention strategies will bring return clinically (which is the most important patient-centred aspect) and financially. **There are trained health care clinicians, SEM Consultants, who can assist with and deliver this to the NHS in Wales today.**

5. Conclusion

Significant mismatches are present between current and best practice in relation to physical activity. Health and Social care integration offers an opportunity to prioritise the key interventions needed to increase physical activity. The Faculty of Sport and Exercise Medicine is committed in working with partners and supporting this intervention across the UK to apply evidence informed interventions consistently. This will enable Wales to achieve the desired step change in physical activity levels and provide person centred, clinically effective and cost effective care to our patients.

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ⁱⁱ Physical inactivity and its Impact on Healthcare Utilization – Namiz Sari, Department of Economics & SPHERU, University of Saskatchewan Canada July 2008

ⁱⁱⁱ British Heart Foundation, 'Physical Inactivity Report 2017' available at <file:///C:/Users/bcameron/Downloads/physical-inactivity-report---myrathon-final.pdf>

^{iv} NHS Five Year Forward View – Getting serious about prevention October 2014 <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

^v Diabetes UK – Diabetes in Wales https://www.diabetes.org.uk/In_Your_Area/Wales/Diabetes-in-Wales/

^{vi} Sport and Exercise Medicine A Fresh Approach, Faculty of Sport and Exercise Medicine and NHS North West 2011 <http://www.fsem.ac.uk/media-resources/publications/a-fresh-approach.aspx>

^{vii} Health Education England Medical Workforce Planning Programme: Sport and Exercise Medicine 2015, FSEM Survey of Sport and Exercise Medicine Consultants 2015 NHS (includes MOD)

^{viii} Motivate2 move website. Available at <https://gpcpd.walesdeanery.org/index.php/welcome-to-motivate-2-move>

^{ix} NHS Tayside Dr Niall Elliott Head of Sports Medicine, Sportscotland & SEM Physician

^x Sport and Exercise Medicine A Fresh Approach in Practice A National Health Service Information Document, FSEM UK 2014 <http://www.fsem.ac.uk/media-resources/publications/a-fresh-approach-in-practice.aspx>

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