



The Faculty of Sport and
Exercise Medicine (UK)

6 Hill Square
Edinburgh EH8 9DR

Tel: 0131 527 1612

Email: enquiries@fsem.ac.uk

www.fsem.ac.uk

A New Strategy for Sport: Consultation Paper

Faculty of Sport and Exercise Medicine UK (FSEM) response October 2015

Introduction:

The Faculty of Sport and Exercise Medicine UK (FSEM) is an intercollegiate Faculty of the Royal College of Physicians of London and the Royal College of Surgeons of Edinburgh. It represents Sport and Exercise Medicine Doctors in the UK and overseas.

The FSEM's key strategic objective is to improve the health of the nation through sport and exercise, therefore its response focuses on the sections of the consultation most relevant to public health:

Section 1 Participation

Section 2 Physical Activity

The FSEM represents many consultants working in Elite and Professional Sport and supports the learning and skills this has developed within the specialty. The FSEM supports and aligns with the English Institute of Sport and the work being done at the National Centre for Sport Exercise Medicine (NCSEM) for:

Section 6 Elite and Professional Sport

Dr Roderick Jaques, the President of the FSEM (UK), explains why the Faculty's focus is on public health and a priority for sport and exercise medicine to apply its unique skills in physical activity and exercise prescription:

"The pressures on our healthcare system have never been greater and the burden of physical inactivity in the UK is now significant. We need a fresh approach to this health problem, putting physical activity at the core of our healthcare system, in order to provide a sustainable solution to improve public health and the pressures facing the NHS."

Section 1 Participation:

Government would welcome views on what action could be taken - by Government, Sport England and the wider sector - to achieve a long-term, sustainable increase in sport participation in England.

The Faculty of Sport and Exercise Medicine UK (FSEM) would recommend a national preventative strategy which encourages a sustained participation in physical activity, including all types of sport and exercise.

The FSEM recommends a strategy which would implement a cultural and educational change to encourage people to build physical activity (including sport) into daily life and understand the immediate and long term benefits regular exercise can bring. Effectively creating 'a culture of wellness' within our communities in order to provide a sustainable way to manage and protect



health and wellbeing over the long term, including the management and prevention of non-communicable diseases.

The FSEM supports the UK Government's Moving More Living More commitment to help people become more active and identifies NHS England's Person Centred Care approach as a key initiative for the delivery of increased participation.

The FSEM's key points and recommendations to increase long-term participation in physical activity and sport are:

- **A centrally coordinated campaign to encouraging an increase in physical activity participation, including sport, which unites bodies and people across the UK.**
- **The education and encouragement of school children through an increase in regular participation in physical activity at school at least 2 hours per week of physical activity (including sport). This will require strategic management at Government level to ensure that common guidelines are implemented across our schools and communities.**
- **Ideally schools should consider how they can contribute towards children and adolescents achieving NICE's formal guidance on physical activity, active play and sport for pre-school and school-age children and young people in family, pre-school, school and community settings. The guidelines include at least 60 minutes per day of moderate to vigorous intensity physical activity including twice weekly weight-bearing activities.**
- **The education of medical students and key primary medical staff (GPs, nurses, health visitors) in the benefits of physical activity and exercise prescription is of vital importance.**
- **The use of physical activity as a therapeutic tool at the Hospital level of care.**
- **A strategy to 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 and participation in sport.**
- **The FSEM recommends working with the third sector as it focuses investment on Physical Activity as a means of preventing and treating chronic diseases.**
- **Educate, empower and have empathy. People will not become more active because we tell them to. Look at what barriers the inactive face, whether they are physical, mental or emotional barriers. Many people will not attend gyms, join a sports team or go swimming. Communications need to show understanding, identify why they are inactive and offer**



The Faculty of Sport and
Exercise Medicine (UK)

6 Hill Square

Edinburgh EH8 9DR

Tel: 0131 527 1612

Email: enquiries@fsem.ac.uk

www.fsem.ac.uk

easier ways to become active using a person centred care approach. (ref: NHS England's approach to person centred care 2013).

- **Communications detailing the associated dangers of physical inactivity are often ignored by the general public. The FSEM recommends a focus on the celebration of the benefits of physical activity using real people, which low participation groups can identify with, and real stories to inspire and encourage.**
- **A campaign to change perceptions about the types of physical activity and exercise available and how small differences can be made easily. Taking more exercise doesn't necessarily mean taking up a sport, however, in some groups, an increase in physical activity could ultimately lead to an increase in participation in sport.**
- **The FSEM is actively supporting a working group with the aim to introduce physical activity assessment at a GP level and the coordination of GP education re physical activity and its health benefits. This would help to encourage more people to participate in physical activity and sport as both a preventative measure and a means of managing an existing health condition.**

i) whether we should be encouraging particular types of participation?

The FSEM recognises the need to identify types of participation for key groups of the population, as part of a national preventative strategy.

Focusing on groups of the population to encourage an increase in physical activity as a starting point. A national preventative strategy which sets out clear goals and oversees regional delivery to identify and include participation in physical activity (including sport) relevant to local communities.

The FSEM is recommending a plan of action to identify and deliver types of participation relevant to four key work streams:

- Children and Adolescents – Grow a National Plan with our children and youth: this would be a 10-15 year plan of social change.
- Workplace Health - 54% of the global population. The key would be lifestyle management programmes: physical activity and nutrition.
- Active Ageing-Health Ageing – Partnership for Older People.
- Exercise rehabilitation programmes

Rehabilitation:

The NHS currently delivers limited exercise rehabilitation programmes. These are aimed at specific disease areas rather than at the population as a whole and in particular the multi-morbid population. In the light of compelling evidence showing the importance and effectiveness of exercise



The Faculty of Sport and
Exercise Medicine (UK)

6 Hill Square

Edinburgh EH8 9DR

Tel: 0131 527 1612

Email: enquiries@fsem.ac.uk

www.fsem.ac.uk

across the spectrum of chronic disease, for multi-morbid populations and for those with the greatest background risk, the FSEM recognises a need to consider if it is effective and cost effective for the NHS to extend its current delivery of exercise rehabilitation. (Extract from 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, Drs Natasha Jones FFSEM and Julia Newton FFESM)

The FSEM supports the Sport and Recreational Alliance manifesto for local authorities to produce a comprehensive strategy for physical activity opportunities to respond to local needs.

The FSEM supports the Government's report Start Active Stay Active which identifies the duration and type of physical activity needed to meet the CMO physical activity guidelines.

The FSEM makes the following key points and recommendations:

- **The need to identify and deliver relevant types of participation for four key groups of the population – Children, workplace, ageing and those who need rehabilitation.**
- **The NHS currently delivers limited rehabilitation programmes, there is compelling evidence for exercise rehabilitation across the spectrum of chronic disease.**
- **The FSEM recommends a campaign to encourage participation in physical activity (not just sport) to meet the CMO guidelines.**

ii) how whatever forms of participation in sport and physical activity we seek to encourage should be measured in future and how their return on investment can be proven

There are excellent examples of models of care and projects in existence which provide information on the return on investment when sport and exercise medicine is used as an intervention. Examples can be found in:

Sport and Exercise Medicine A Fresh Approach - NHS information document outlining the total savings and improvements to musculoskeletal, orthopaedic, soft tissue and hospital services where sport and exercise medicine is used to deliver outcomes such as a reduction in referral rates to secondary care, an increase in patient satisfaction and a reduction in appointment waiting times.

Generation Games - an example of how exercise medicine can become an effective reality in the NHS. The project includes a complete exercise resource for the over 50's to improve community engagement in exercise and is funded by Oxford university Hospitals NHS Trust and Age UK Oxfordshire.

By creating more local working models, such as this, crucially showing improved participation results when compared to existing programmes. The Generation games model is reproducible and sustainable and its effectiveness and cost effectiveness is measurable. (extract from Generation Games a shining example of how exercise medicine can exist in the NHS, Dr Natasha Jones FFSEM)

The FSEM makes the following key points and recommendations:



The Faculty of Sport and
Exercise Medicine (UK)

6 Hill Square

Edinburgh EH8 9DR

Tel: 0131 527 1612

Email: enquiries@fsem.ac.uk

www.fsem.ac.uk

- **Creating many more physical activity projects and pilots, like Generation Games, in order to provide robust information about the ROI from physical activity interventions.**
- **The development of 20 pilot sites throughout the country with Sport and Exercise Medicine services to research the cost-effectiveness of a multi-disciplinary team approach to treating patients with physical activity and exercise interventions.**

iii) what these particular types of participation should be?

Please see key points and recommendations for question i)

Government would welcome views on how we can ensure that funding goes to those organisations that can best deliver an increase in participation.

The creation of GP assessment of physical activity levels and GP and health professionals' education in physical activity and exercise, on a national scale, would deliver an increase in the participation of physical activity.

Funding for more health projects which monitor ROI on increased physical activity and sport participation to improve health is also needed.

The FSEM makes the following key points and recommendations:

- **Funding GP assessment and education.**
- **Funding sport and exercise medicine pilots for treating patients with physical activity interventions.**

How to address the participation challenge in under-represented groups and in particular where maximum value for money can be found in delivering long-term, sustainable change?

GP physical activity assessment and education of GPs and health professionals in physical activity and exercise prescription is key to identifying and addressing low participation in all groups, including under-represented groups.

The development of preventative and therapeutic sport and exercise medicine services in the NHS will provide value for money in delivering a long-term sustainable models of care (Ref: A Fresh Approach and A Fresh Approach in Practice NHS information documents published by the FSEM).

The FSEM makes the following key points and recommendations:

- **Address under-represented groups via GP physical activity assessment.**
- **Deliver long term sustainable change through value for money therapeutic sport and exercise medicine services in the NHS.**



The Faculty of Sport and
Exercise Medicine (UK)

6 Hill Square
Edinburgh EH8 9DR
Tel: 0131 527 1612
Email: enquiries@fsem.ac.uk
www.fsem.ac.uk

Government would welcome views on:

i) the role of the private sector in delivering public policy objectives in sport.

ii) how public sector bodies, National Governing Bodies and other sports bodies can work with the private sector more effectively, and vice-versa.

The FSEM supports the Sport and Recreational Alliance response to these questions.

Government would welcome views on how we can best support participation in new sports and activities, along with new and more flexible formats of traditional sports.

The FSEM supports the Sport and Recreational Alliance response to this question.

i) what we can do to maximise the potential of new technology, such as health, fitness and physical activity apps to increase participation in sport.

Physical activity assessment and education at a GP and health professional level, for physical activity and exercise prescription, alongside the use of physical activity and exercise therapies in hospitals, will open the door to health centres and hospitals supporting physical activity technology and raising awareness of its use and availability to patients.

The FSEM makes the following key points and recommendations:

- Embedding physical activity and exercise therapies in the NHS will support the use of physical activity technology.

ii) how we can make best use of the vast data sources which could be made available from the public and private sectors.

- The FSEM recommends the use of available data resources to shape and implement a national preventative strategy which translates to increased local level participation in physical activity.

Government would welcome views on how we can best join together the relevant organisations and government departments to realise the positive social outcomes which sport can deliver, and whether government funding should be directed to achieve particular social outcomes.

The FSEM supports the Sport and Recreational Alliance response to this question.



Theme 2 Physical Activity:

Government would welcome views on how sport can specifically address the number of people who are physically inactive?

The FSEM recommends that this consultation broadens the scope to all physical activity and considers the preferences and psychology of the nation, many of whom are not motivated by sport.

It is the FSEM's view that there are many other forms of valuable physical activity that are more inclusive and may lead to an interest in sport for some i.e.

- Active commuting
- Community based physical activity
- The benefits of standing more (specifically in the workplace)

The FSEM recommends that physical activity (including sport) can be promoted effectively to people who are inactive by engaging all areas of Government such as planning, education and public transport, to work collaboratively and encourage a greater uptake of physical activity.

The FSEM makes the following key points and recommendations:

- **The inclusion of all types of physical activity (including sport) in any strategy.**
- **Facilitation of healthy personal choices by “making the physically active choice the easy choice” through national policy across government departments to include health, transport, planning and sport.**
- **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.**

Government would welcome views on how sport and physical activity can play a more significant and effective role as part of a wider strategy to combat obesity, diabetes and other physical health conditions.

There is compelling evidence that regular physical activity is effective in the primary prevention of chronic disease and in the prevention of early death. Here are just some of the outcomes where chronic disease is effectively treated with exercise:

Chronic Disease	Effect of Exercise Therapy
Ischaemic Heart Disease	35-40% reduction in risk of event
Chronic Obstructive Pulmonary Disease	Improvement in aerobic fitness, quality of life, symptoms of dyspnoea, cardiovascular risk factors
Breast Cancer	50% reduction in the relative risk of death



Bowel Cancer	50% reduction in bowel cancer death, improvement of tolerance of cancer treatment
Cerebrovascular Disease	Improvement of aerobic capacity, sensorimotor function and cardiovascular risk factors
Diabetes	42% reduction in diabetes related mortality. 32% reduction in diabetes related complications
Depression/anxiety disorders	Effect as good as standard pharmacological treatments for moderate depression
Osteoarthritis	Improved aerobic capacity, reduce fatigue and pain. Improve muscle strength and function
Source: Sport and Exercise Medicine A Fresh Approach	http://www.fsem.ac.uk/media-resources/publications/a-fresh-approach.aspx

Behaviour Change:

The key issue is getting the population to exercise, either as a preventative measure (wellness) or as part of the treatment of chronic disease or musculoskeletal injury.

The challenge is to persuade the sedentary, unfit and unwell to change their behaviour.

The FSEM recognises that behaviour change in order to use physical activity as a means to combat physical health conditions requires investment of time and expertise to provide advice, training, encouragement and selective long term monitoring.

NHS England's person centred care approach is very relevant to this and could be tailored to enable shared decision making and self-management through physical activity.

General Practice and Healthcare Providers in the delivery of physical activity:

The FSEM recommends that all GPs should be enabled with the tools to assess and advise on physical activity. Routine education and support for GPs and other members of the primary care team on physical activity prescription should be enabled on a national level for those identified as high risk.

The FSEM also recommends that physical activity is promoted by all healthcare providers (in both primary and secondary care). Exercise rehabilitation and referral schemes need to be reviewed and modernised in order to provide a, patient centred, service which can address the complex medical, social and cultural barriers to long term behavioural change.

The FSEM has recognised that many people with serious chronic disease such as cancer, dementia, depression, osteoarthritis and obesity have no access to physical activity interventions and are being denied treatment which could dramatically improve long-term outcomes.

The skills and knowledge in sport and exercise medicine:

A sport and exercise led medical service would relieve many of the pressures placed upon GPs and Hospital Specialists in dealing with physical inactivity by providing, organising and supporting clear



The Faculty of Sport and
Exercise Medicine (UK)

6 Hill Square

Edinburgh EH8 9DR

Tel: 0131 527 1612

Email: enquiries@fsem.ac.uk

www.fsem.ac.uk

patient pathways which are based on available local resources but sensitive to the medical cultural and social needs of individuals. Sport and exercise medicine's application to both primary and secondary care in the prevention and treatment of chronic disease is outlined in detail in A Fresh Approach NHS information document - <http://www.fsem.ac.uk/media-resources/publications/a-fresh-approach.aspx>

The FSEM makes the following key points and recommendations:

- **There is compelling evidence that regular physical activity is effective in the prevention and management of chronic disease.**
- **Use a person centred care approach to enable behaviour change around physical inactivity.**
- **Increase access, for those identified as high risk, to physical activity interventions and exercise medicine.**
- **Use the skills and knowledge in the specialty of Sport and Exercise Medicine to create sustainable patient pathways for physical health conditions.**

To enable decision making and strategic direction the FSEM's manifesto recommends:

The development of 20 pilot sites throughout the country with sport and exercise medicine services to research the cost-effectiveness of a multi-disciplinary team approach to treating patients with physical activity and exercise interventions.

Government would welcome views on how sport and physical activity can play a more significant and effective role in addressing mental health problems.

According to the WHO experts, more than 150 million of the world populations are suffering of nervous, psychological and social disorders (1). The effects of exercise therapy on depression and anxiety disorders are as good as standard pharmacological treatments for moderate depression (2).

The British Journal of Sports Medicine published a study on the effect of participation in physical activity on mental health with positive results showing participation in sports activities have "Significant effects on mental health... enhancing the tolerant of the people versus the oppressions of the environment preventing mental disorder."

The FSEM makes the following key points and recommendations:

- **Pilot services to be commissioned by the NHS in order to research the effectiveness and cost effectiveness of treating mental health disorders in a community setting with physical activity, sport and exercise therapies.**
- **Strong evidence also exists that physical activity can boost academic performance in children and improves the overall welfare of children.**
- **Ensuring that the government's physical activity guidelines for the early years, children and young people are consistently and effectively implemented across our schools and communities will help to address mental health.**

References:



1 – A Fresh Approach in Practice, NHS information document, FSEM 2014

2 – A study on the effect of participation in physical activity on mental health BJSM
http://bjsm.bmj.com/content/44/Suppl_1/i60.2.abstract

Government would welcome views on how sport and physical activity can be used to both prevent and treat conditions associated with ageing.

The FSEM recognises that the challenge is getting the right type of exercise and physical activity therapies to the groups who need it most. Generation Games is an effective example running for the over 50s in Oxfordshire:

Generation Games funded by Oxford University Hospitals NHS Trust and Age UK Oxfordshire. – is a great example of how exercise medicine for the over 50s can become an effective reality in the NHS. The project includes a complete exercise resource, including a network of over 1000 different exercise opportunities, education, information, home exercise, incentives and buddying with a targeted marketing strategy aimed at hard to reach groups.

There are also great examples of exercise referral schemes running where exercise is used as a cost effective approach to tackling the long term conditions suffered by older adults in our community.

The FSEM makes the following key points and recommendations:

- **Exercise therapies and physical activity intervention be used throughout the NHS to prevent and treat a range of conditions associated with ageing, including dementia, falls, osteoarthritis, osteoporosis and heart disease.**
- **Implementing a more joined up approach between primary and secondary care and exercise referral programmes to encourage more people with age related conditions, and those at risk of age related conditions, to participate in regular physical activity.**

References and background reading:

Generation Games - <http://generationgames.org.uk/>

Falls Prevention and Exercise Referral - <http://www.fsem.ac.uk/blog/posts/2015/june/the-lay-view-does-the-current-falls-prevention-programme-stop-someone-from-falling-or-just-try-to-stop-them-falling-again.aspx>

Wales national exercise referral scheme -
<http://www.physicalactivityandnutritionwales.org.uk/page.cfm?orgid=740&pid=34474>

Government would welcome views on how to raise awareness of the CMO physical activity guidelines, and ensure more people are meeting them.

There is no simple answer to the question of how to get more people to meet the guidelines regularly. This is a pan-societal issue that will require top-down and bottom-up changes to see change, with a realistic expectation of timing and magnitude of change. It will also require a cultural and educational change to encourage people to build physical activity into daily life and understand the immediate and long term benefits regular exercise can bring.



The Faculty of Sport and
Exercise Medicine (UK)

6 Hill Square
Edinburgh EH8 9DR
Tel: 0131 527 1612
Email: enquiries@fsem.ac.uk
www.fsem.ac.uk

The FSEM welcomes the new physical activity infographic for health professionals, which is being launched by all 4 CMOs, as a great awareness raising initiative amongst health professionals.

The FSEM makes the following key points and recommendations:

- **The FSEM recognises the need for a joined up approach to communicating the CMO physical activity guidelines with a national campaign.**
- **Facilitation of healthy personal choices by "making the physically active choice the easy choice" through national policy across government departments to include health, transport, planning and sport.**

For a full list of key actions and recommendations by the FSEM on how to ensure more people can meet the CMO physical activity guidelines, please refer to section 1 Participation: Key points and recommendations to increase long-term participation in physical activity and sport.

Government would welcome views on how best health and other professionals can work together to raise awareness of the benefits of physical activity.

The education of medical students and key primary medical staff (GPs, nurses, health visitors) in the benefits of physical activity and exercise prescription would enable all Allied Health Professionals to confidently engage with both patients and other organisations on physical inactivity.

The workplace is also a key target area for alliances between the health profession and other organisations.

The FSEM makes the following key points and recommendations:

- **The education of key primary medical staff in the benefits of physical activity to help them confidently engage with other professionals.**
- **Support employers to have a healthy workplace by encouraging and supporting breaks for physical activity together with active workstations.**

Government would welcome views on:

i) ways it can improve joined up working with others, highlighting where there are key areas of shared responsibility.

The FSEM recognises the need for further peer reviewed evidence of the benefits and the health economies of physical activity in order to take forward a strategy to make physical activity (and the sports connected to this) a part of everyday life. There is a shared responsibility for the Government and the Medical Profession to make this happen.

Our manifesto asks the government to develop pilot sites throughout the country with Sport and Exercise Medicine services.



The Faculty of Sport and
Exercise Medicine (UK)

6 Hill Square

Edinburgh EH8 9DR

Tel: 0131 527 1612

Email: enquiries@fsem.ac.uk

www.fsem.ac.uk

Improving joined up working with key industries by implementing a national programme for physical activity health and wellness across government departments to include health, transport, planning and sport. This would encourage shared responsibility for ensuring solutions are implemented on a local level i.e. active travel, town planning to enable physical activity and access to sports and exercise facilities.

The FSEM makes the following key points and recommendations:

- **There is a shared responsibility for the government and the NHS/medical profession to enable further evidence to be created on the benefits and health economies of physical activity.**
- **A national preventative programme for physical activity, health and wellness to be implemented by all Government departments.**

ii) how it can take advantage of these links to promote various kinds of physical activity.

A national programme, could link infrastructure, planning, the workplace, sport and exercise industries, medicine and social care to promote physical activity and enable behavioural change on a pan-societal basis.

The Scottish Government's National Physical Activity Pathway is an example of joined up working within the NHS to promote physical activity across both primary and secondary care.

Theme 6: Elite Sport

The FSEM supports the work being completed by the National Centre for Sport and Exercise Medicine (NCSEM) to support Elite Sport.

The FSEM (alongside the English Institute of Sport EIS) recognises the need for the NCSEM to lead the development of a national approach to sports and exercise medicine strategy for Elite Sport, which identifies key research needs, promotes collaboration and co-ordinates research.

- **The FSEM fully supports the work of the NCSEM to ensure the continued sustainability and growth of this valuable national medical and science resource for Elite Sport.**

The FSEM aligns with the EIS response to this section.

END

Contact for enquiries:

Beth Cameron

PR & Communications Office

Faculty of Sport and Exercise Medicine UK

Email: b.cameron@fsem.ac.uk

Tel: 0131 527 3498