# Live Longer Better with the Optimal Ageing Programme

Paper 2

## DEVELOPING A NATIONAL THERAPY SERVICE

### A LEADERSHIP OPPORTUNITY FOR THE FACULTY OF SPORT AND EXERCISE MEDICINE

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| The need for the service | In 2012 the Faculty published jointly with the Royal College of Physicians a report called *Exercise for Life* emphasising the contribution that exercise could make not only to prevent disease but also as a therapy. This then led to The Academy of Medical Royal Colleges Report of 2015 *Exercise, The Miracle Cure*. The need for this new approach, with activity being a therapy of equal importance to drug and psychological therapy is now urgent, partly because of population ageing, with the normal biological process of ageing being only a minor factor compared to loss of fitness and long term conditions complicated by accelerated loss of fitness by the wrong thinking about disease. However, the importance has been increased and Covid and its consequences – long Covid, depression, obesity and deconditioning due to lockdown. |
| The development of activity therapy | Only a small proportion of people with long term conditions reach, a department of sport and exercise medicine or a department of geriatric medicine or a department of cardiology or pulmonary medicine to receive activity therapy, namely the explicit recommendation, with encouragement, facilitation and support to increase activity levels as well as receiving the full range of health care interventions. However, this number amounts to no more than three million a year in the United Kingdom with at least another fifteen million people of all ages having great potential to benefit from what might be termed the rehabilitative culture. It is suggested that the term rehabilitation be used to describe the direct NHS service with the broader term activity therapy being the term that could be used to include, for example , the contribution of trainers in the fitness industry.<br><br>What is needed is to develop a national system bringing together, under the leadership of sport and exercise clinicians and other professional groups , local authorities, primary care, social care, AgeUK, the active partnerships of Sport England and businesses, including the "fitness industry" which is already started to rebrand itself as a wellbeing industry. What is required is the development of a system; a set of activities with a specific set of objectives and a draft set of objectives as laid out in Appendix 1.<br><br>It is important to remember that this is not a structural reorganisation of any bureaucracy but the development of a system with networks and changes taking place in England offer particularly fertile ground for this. It is also important to emphasise that the fertile ground is already there in Scotland, Wales, and Northern Ireland but the NHS in England has been significantly affected by "the market reforms" of 1990. |
| Developing a system for activity therapy | The White Paper in England sets out what is called its Triple Aim<br>• *to support better health and wellbeing for everyone,*<br>• *Better quality of health services for all, and*<br>• *sustainable use of NHS resources.*<br>History was to be achieved neither by reorganisation of the bureaucracy, yet again nor by strengthening the force of the market. The Nobel Prize for Economics in 2009 was awarded to Elinor Ostrom and Oliver Williamson who demonstrated firstly that neither bureaucracies nor markets are ideal for tackling complex problems. Secondly |

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| | that the best way of tackling problems was for the people managing the resources, shepherds or fishermen to become the stewards of those resources, looking after them, the common interests for their own good, and even more important for the long term good. This is now being applied to many services including health care with clinicians as the stewards.<br><br>It should be noted that the word system is mentioned two-hundred-and-fifty-one times in the English White Paper and the purposes of systems are clearly set out.<br>*(a) Improving population health and healthcare;*<br>*(b) Tackling unequal outcomes and access;*<br>*(c) Enhancing productivity and value for money; and*<br>*(d) Helping the NHS to support broader social and economic development.*<br><br>Hospitals are mentioned twenty-one times, and this is not to underestimate the importance of hospital appointment, but to highlight the fact that we need to think in terms of population based integrated systems. |
| How would the service work? | The 20th century was the century of the bureaucracy the 21st century is the century of the system and the network. Once the system objectives and criteria were agreed there would to be a national network with the leadership role being taken by the Faculty, together with UK Active, Sport England and its equivalent, local authorities, AgeUK and other fitness and exercise bodies such as CIMSPAH and the new college for exercise physiologists. The Chartered Society of Physiotherapists should also be engaged in the debate. There would also be networks at "local level" but what do we mean by local?<br><br>In England there will be forty-four integrated care systems, most of them with same boundaries as local authorities and the active partnerships of Sport England. It is important to remember that there are approximately fifty thousand trainers working for various employers or self-employed. There will be about one hundred and fifty place-based partnerships, most of them traditional general hospital catchment populations. The Faculty should be leading the move to ensure that there will be a national network and that every population will be able to draw on the knowledge and expertise of a consultant in sport and exercise medicine.<br><br>Even if there is no department in, for example Derbyshire, then both North Derbyshire, part of the Sheffield network and South Derbyshire, relating to Nottingham's department, should have at least two sessions a week of the time of a consultant with a map on the wall developing the network with the local equivalents of the national organisations.<br><br>We need to be able to shift approximately a hundred million pounds from the drug budget to an activity budget and because clinicians will have been given responsibility of the budgets in the future this could be achieved at local level. |
| The image and brand of the Faculty | The brand of the Faculty is perhaps associated too strongly with elite sport and sporting injury such as musculoskeletal disease. These are vitally important elements of the work of the Faculty and specialists, but its knowledge base and value is much broader, and it should become intellectual leader of the new paradigm based on the revolutionary Moving Medicine initiative |

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| | The faculty should volunteer to publish a second edition of *Exercise, The Miracle Cure* for the Academy of Medical Royal Colleges. The new online physio service, Exi Life has funded a review of all the systematic reviews on exercise as therapy since the publication of *Exercise, The Miracle Cure* and these would be made available to the Faculty and the registrars nearing the end of their training could publish overviews of the systematic reviews, establishing the leading role of the faculty.<br><br>However, what is obvious is that with the development of a network the Faculty would be bringing together different constituencies, and this would have important implications for its own future. |
| Action | It is proposed that the Faculty adopt the concept of a National Activity Therapy Service as one of its missions in the next three years, developing a system that would cover the whole of the UK and promoting the concept of local activity services. For example, for Fife or Cornwall or Northumberland Tyne & Wear or for Merton and Wandsworth.<br><br>This would also raise important implications for the future of the various single professional organisations in this field |

## STRATEGIC OBJECTIVES OF NATS

The strategic aim is to prevent or delay the onset of disease, disability, dementia, dependence and frailty in people with one or more LTCs

The objectives are

- To deliver a world class, consumer-focused, quality-assured journey to ensure that everyone with a LTC is given information about the benefits of physical activity, ensuring that the whole population is covered by a set of population--based services

- To build physical activity as a therapy into routine clinical practice for GPs, pharmacists and other health professionals for patients with a LTC offering a broad range of activity offers that include social prescription, psychological and behaviour change

- To raise awareness with all relevant health care professionals about the benefits and risks of Activity Therapy[1] for people with LTCs

- To strengthen the evidence base of what works, we establish data to be collected and promote the research by providing a systematic capture of outcomes that will facilitate scale, benchmarking, and reporting standards.
- Complement physical services with digitally provided support to add value to patient pathway

[1] Activity Therapy is the explicit signposting of physical activity, with support, for people with long term health problems, either as the only therapy or in association with other social prescribing, drug, psychological or other types of therapy.

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- To engage with and involve people with LTCs in the design and delivery of the service

- Develop a mechanism to reimburse service providers for the value they create in providing people with conditions a chance to manage their health through activity, community action and local options

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