

Physical Activity and the NHS

Why should the Health and Social Care Committee consider this issue as part of its Prevention inquiry?

Physical inactivity is a major modifiable risk factor for non-communicable disease (NCD) including stroke, hypertension, cancer, diabetes, dementia, musculoskeletal pain, anxiety and depression and all cause mortality¹. It accounts for 1:6 deaths in the UK today and now kills more people than smoking. It is the 4th highest cause of ill health in the UK. 1:4 adults living in the UK are classified as physically inactive².

Global cost burden of physical inactivity is estimated at INT\$520 billion between 2020-30 with high income countries bearing 63% of costs³.

People living with long term conditions (LTC's) are particularly inactive despite having the most to gain from increasing their physical activity levels even marginally.

Hospital associated de-conditioning is a primary cause of failed transfer of care and poor medical and surgical outcomes⁴.

¹ Katzmarzyk PT, Friedenreich C, Shiroma EJ, Lee I-M. Physical inactivity and non-communicable disease burden in low-income, middle-income and high-income countries. *Br J Sports Med* 2021; **56**: 101–06

² Musculoskeletal disorders, Global Burden of Disease Study 2019 (GBD 2019) [Internet]. Institute for Health Metrics and Evaluation. 2020 [cited 2023 Jan 3]. Available from: https://www.healthdata.org/results/gbd_summaries/2019/musculoskeletal-disorders-level-2-caus

³ Bull F et al: Lancet global Health [https://doi.org/10.1016/S2214-109X\(22\)00464-8](https://doi.org/10.1016/S2214-109X(22)00464-8)

⁴ Perioperative - Reduces post-operative complications and length of hospital stay [Internet]. Moving Medicine. 2021 [cited 2023 Jan 3]. Available from: <https://movingmedicine.ac.uk/evidence/perioperative-reduces-post-operative-complications-and-length-of-hospital-stay/>

To date, the NHS has failed to deliver physical activity (PA) intervention as a consistent, core part of disease prevention and management despite staggering levels of evidence to support it.

Why should the Committee look at it now: in particular, whether there is an opportunity for it to add value in terms of existing research and evidence?

Over the last 5 years the Sport England Sponsored 'Moving Health Professionals programme' has made significant strides in articulating the problem of physical inactivity as it relates to healthcare. It has produced a plethora of high quality, evidence-based resources endorsed by all the Medical Royal Colleges.

In particular [Moving Medicine](#), and the [Active Hospital Toolkit](#), both produced by the Faculty of Sport and Exercise Medicine provide all the resources health care need to deliver physical activity intervention as a core part of health delivery. These resources provide evidence based consultation guides and disease pathway frameworks. These resources are endorsed by all the UK Medical Royal Colleges and are a recognised step change globally in physical activity promotion in health.

Next steps are to prioritise physical activity within NHS England policy and contracts. The Health and social care committee could and should advocate for this at a governmental level.

Why would this area benefit from scrutiny?

Despite the compelling evidence base to support the integration of physical activity into healthcare, the NHS has failed to prioritise PA as a key disease prevention strategy. Reasons given for this inaction are not easily understood but seem to stem from its failure to understand how to do it at scale in a way that is affordable, transferable, and reproducible.

However, we now have substantial pilot data illustrating that:

- Training healthcare providers (HCP's) in how to deliver PA intervention leads to a positive change in practice.
- PA training is well received by HCP's of all disciplines
- It is safe and effective to deliver PA through inpatient and outpatient pathways

In addition, We now have a medical speciality trained and dedicated to delivering this change at scale within the NHS. Consultants in Sport and Exercise Medicine have a track record of successfully leading PA delivery across the integrated care system.

Why does the Government need to take action in this area?

The World Health organisation have consistently called for action on physical inactivity⁵. Their global target to reduce inactivity by 15% by 2030 remains aspirational in the UK.

Further to direct health benefits of improving physical activity, indirect benefits such as reduced air pollution through increased walking or cycling, increased work productivity and the wider benefits of sports participation are all highlighted and evidenced.

The NHS is actively seeking ways to reduce the burden of LTC's, to reduce inequalities, to shorten hospital admissions, to improve surgical outcomes and to reduce cost of prescription medication. Physical activity can do all of the above.

Now is the time for action.

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⁵ WHO. Global Action Plan on Physical Activity 2018–30: more active people for a healthier world. 2019. <https://apps.who.int/iris/handle/10665/272722> (accessed Nov 19, 2020)