

Written evidence submitted by the University of Oxford (PHS0257)

An evidence-based approach for supporting the NHS in preventing chronic disease with physical activity

A proposal to the Health and Social Care Committee's prevention in health and social care inquiry submitted on behalf of the University of Oxford by members of the Oxford Centre for Evidence-Based Medicine

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The problem and why it matters

Physical inactivity in the UK is an underlying factor associated with one in six deaths and an increased risk of multiple non-communicable diseases including stroke, cardiovascular disease, and coronary heart disease.^{1,2} This is estimated to cost the NHS ~£1 billion annually.² While the fiscal budget for healthcare is increasing, it is failing to keep pace with the volume of service-users suffering from these conditions.³

Undertaking regular physical activity is supported by strong scientific evidence which consistently shows that it reduces and manages the risk of disease. In addition, it provides significant benefits for mental health conditions and supports a healthy, independent aging population.^{1,2,4-7} Despite this, the levels of physical activity have been in decline since the 1960s.² The most recent data shows around 1/3 of adults and half of children in England are not participating in sufficient activity.⁸

The Government, acting under the guidance of the Chief Medical Officer, has historically supported numerous efforts to prioritise physical activity promotion and uptake. These include the national physical activity guidelines⁹ and policy initiatives such as 'Healthier Families'¹⁰ and 'Everybody active, every day'.¹¹ The central role of primary care professionals as NHS champions in promoting physical activity to patients is consistently featured across these initiatives. A pivotal role for primary care is supported by the National Institute for Health and Care Excellence (NICE), recommending that primary care practitioners deliver brief physical activity advice to patients who are not currently meeting the guidelines.¹² The Royal College of General Practitioners (RCGP) recently completed an initiative to increase physical activity advice delivered in primary care.¹³

Despite these efforts, physical activity promotion by primary care providers remains infrequent and inconsistent, preventing society from maximising the potential health benefits this strategy holds.¹⁴⁻¹⁶ A key issue is a lack of learning from previous efforts. We need better evaluations of what works, what doesn't work and why. And we need them now. A second important factor is the change in primary care work force and delivery. We need to rethink the what and how of future initiatives if they are to be successful. Our published and ongoing research is addressing both of these issues and will provide important updates to the existing evidence-base.

Why this issue would benefit from scrutiny by the HSCC now

Government and stakeholder initiatives have striven to improve the role of primary care providers in promoting physical activity. However, current programmes targeting promotion practices of healthcare

providers suffer from the same problem as previous efforts – limited evaluations that are unlikely to be fit-for-purpose, limiting our understanding of the successes and failures of these programmes.^{17,18} Previous evaluations in this area lack scope and quality, including a lack of evaluation of the cost-effectiveness and cultural responsiveness of these programmes.^{17–20} High quality and robust evaluations, supported by appropriate methods and resources (e.g., fit-for-purpose evaluation framework), will address these important issues and ensures value for money.

Further, the landscape for physical activity promotion in primary care has changed since the latest guidance and government initiatives. A fundamental change is the roll out of link workers to support Social Prescribing, currently a priority for the NHS as outlined in the NHS Long Term Plan.²¹ Link workers are responsible for matching the needs of those referred through social prescribing with community-based initiatives, which can include physical activity. By 2024, 2.5 million service users will have engaged with these services, thus their broad reach ideally positions them to address physical inactivity across a broad-spectrum of the population. Despite this investment, their role in physical activity promotion has not been established and is under-researched.

Why the Government needs to take action in this area

Currently the growing link worker workforce is not being supported to deliver activity-based interventions which are evidence-based and rigorously evaluated. Their role is complex and needs to be reactive to accommodating the growing needs of the individual in the fast-evolving landscape of physical activity. Without investing in better research, we risk the potential benefit of Social Prescribing and a wasted opportunity and resources for the NHS, the taxpayer and the UK government.

Stakeholders must act decisively to avoid resource waste and facilitate positive health outcomes for patients. This can be achieved through fit-for-purpose evaluations of physical activity initiatives, including the role of link workers, that would benefit from being outlined and encouraged in policy. Downstream benefits can include reduced pressures on health and social care departments and added growth of the UK economy.

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