

Editorials

parkrun:

increasing physical activity in primary care

INTRODUCTION

Increasing physical activity among the general population is a priority in the prevention and treatment of disease and ongoing disease. Primary care is well placed to promote physical activity among sedentary adults. General practice provides over 300 million patient consultations each year,¹ and primary healthcare teams play a key role in encouraging patients to make positive changes to their existing physical activity levels. Substantial numbers of these consultations take place with patients who could be helped by increasing their physical activity.

Prevention as a priority runs throughout *The NHS Long Term Plan*, and emphasises the need to expand social prescribing.² Physical activity initiatives and exercise referral schemes are a form of social prescribing that have the potential to improve patient health and wellbeing. However, many such schemes are often limited in availability and duration, which may limit their success at establishing longer-term changes to physical activity behaviours.³

COULD PARKRUN HELP?

parkrun is a series of free, weekly 5k events for all ages every Saturday morning, in areas of open space across the UK, as well as in over 20 countries globally. The organisation also delivers junior parkruns, which are 2k events for 4–14-year-olds and their families on a Sunday morning. The concept is simple: participants can walk, run, jog, spectate, or volunteer, meaning it is open to all, including those who are inactive or have health conditions or disabilities. There are no joining fees, no restrictions of a time-limited programme, no intimidating equipment. Just yourself, some comfy clothes and shoes, and a willingness to join in!

parkrun enables participants to automatically become part of a supportive community. Once signed up, participants can opt to receive regular emails from

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parkrun, keeping them up to date with the parkrun community, as well as a personalised email after each parkrun they complete with details of their position and time. If linked with social media, participants receive many opportunities to connect with others and receive motivation for continued participation. An online registration and results system allows participants to track their progress over time. A further benefit is the inclusive nature of parkrun as a family activity. Collectively, these features present opportunities of participation by removing some of the usual barriers.

The name ‘parkrun’ could be intimidating to some, but evidence shows that parkrun is attractive to non-runners.⁴ Furthermore, these are more likely to include women, and those who are overweight, or with a limiting disability or health problem.⁴ parkrun’s efforts to address health and wellbeing inequalities are reflected in the participation data, which show increasing levels of participation by people who have not previously been runners. In 2018, over 400 000 parkruns were completed in the UK by participants who were previously inactive. Finish times are getting slower, indicating that parkrun is becoming more successful in attracting those who favour walking. As parkrun continues to grow, its inclusive nature is being recognised.

LINKING GENERAL PRACTICE TO PARKRUN — THE PARKRUN PRACTICE

In June 2018, the Royal College of General Practitioners (RCGP) and parkrun launched the parkrun practice initiative to encourage

GP practices to link with their local 5k parkrun event(s) to become a parkrun practice. A parkrun practice is one that makes a commitment to promoting parkrun through the appropriate channels. There are, however, no specific requirements or commitments demanded of the practice.

Practices can become a parkrun practice simply by making contact with their local parkrun and then registering on the RCGP website. A toolkit is available that offers practices ideas and information on the types of activities they can carry out.⁵ Practices, however, are at liberty to make it what they want. There is no formal monitoring from the RCGP or parkrun. These range from passive forms of promotion, such as leaflets in waiting rooms and information on TV screens, to volunteer takeover days, with whole practice teams (and even patients) carrying out the volunteer roles at a particular parkrun.

As well as being an initiative to signpost patients, being a parkrun practice also means encouraging practice staff to give it a go. Engaging the whole practice team may not only create a happier and healthier workforce, but it may also allow practices to lead by example for patients coming for advice. Although practices can engage at whichever level they feel able, it stands to reason that those who have a greater proportion of staff at all levels enthused by and engaged in the initiative are likely to be able to drive the initiative more, especially at a time where GP time is so pushed.⁶ There is evidence to support the notion that physically active healthcare professionals are more likely to provide physical activity counselling to their patients, and, in turn, may become role models for increased physical activity.⁷ Brockhurst *et al*⁸ recently cited the need to get GPs moving, and suggest that collaborating with other GPs and staff in the practice or elsewhere can increase motivation, and lead to more sustained results.

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There is clearly a motivation for practices to engage in this initiative. In just over a year, over 1200 GP practices across the UK have become parkrun practices. The initiative has taken off rapidly and continues to grow.

WHAT IS THE EVIDENCE AND WHAT DO WE NEED TO KNOW?

It is well established that physical activity is good for the prevention and treatment of disease and ongoing disease, particularly when moving from being 'inactive' to even 'a little bit active'.⁹ There is evidence of the health benefits of parkrun,⁴ with parkrun having been shown to benefit participants' mental health.¹⁰ The parkrun practice initiative is gaining momentum, and so the important question now is: What do we need to know to maximise this initiative's benefit? There are numerous case studies to draw from that highlight the power of signposting to parkrun in primary care. GP Simon Tobin has 'prescribed' parkrun to more than 100 patients in the past 2 years, with success stories in patients with autism and cardiovascular disease to name just a few.¹¹ This low-cost intervention is making real changes to people's lives already. Granted, parkrun may not be suitable for all, and, for some, there may be other forms of physical activity that are more suitable, but the idea that a parkrun practice allows an avenue for the initial conversation about physical activity to take place is key. One of the main challenges for exercise referral schemes is to increase uptake and improve adherence by addressing barriers.¹² These include personal barriers, such as lack of self-efficacy and social support, as well as exercise scheme barriers, such as intimidating environments and inadequate supervision. parkrun has the potential to offer what other primary care physical activity initiatives may not, and it is important to explore whether, and how, it can live up to our expectations, not

only further informing the parkrun practice initiative, but also other social prescribing initiatives as well.

At the Unit of Academic Primary Care at the University of Warwick, we are working in collaboration with the RCGP and parkrun to build a portfolio of work exploring the parkrun practice initiative. Earlier this year, an online survey was delivered to all 780 registered parkrun practices at that time, allowing us to see what is happening 'on the ground', and the challenges practices are experiencing. An online survey was also delivered to all 634 parkrun event teams across the UK in order to gain the perspective of those delivering parkrun events. More locally, we have carried out interviews and focus groups with parkrun practices in the West Midlands, and carried out interviews with non-registered practices situated near to a parkrun venue, to establish their awareness and perceptions of the initiative. This wealth of data will provide initial feedback to the RCGP and parkrun in helping develop and improve the continued roll-out of the initiative. Husk *et al*¹³ recently cited the difficult nature of developing an evidence base in social prescribing — our portfolio of work will start to build a base on which to inform future work. Although parkrun might not be the answer, it will certainly contribute to the overall aim of getting our population more active, and primary care is now at the forefront of enabling that to happen.

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