

*'GPs have a detailed understanding of the health needs of their catchment area and for the first time they now have the power to influence commissioning decisions for their patients.'*

### A lasting legacy: clinical commissioning groups and sport medicine

One of the key factors in London being awarded the Olympic Games was its potential to leave a 'lasting legacy'. There was a romantic notion that the hype that accompanies the Olympic bandwagon would herald a renaissance in grass root participation in sports and a general shift in attitude where individuals would choose exercise over TV. The increased participation in sport in today's children was supposed to have led to a decrease in obesity in tomorrow's adults. It is a matter of debate as to what public health impact the Games have actually had.

However two events have occurred in recent times that potentially could get Britain moving and provide the legacy that we were all promised. One is the formation of the Faculty of Sport and Exercise Medicine (FSEM) and the other is the birth of clinical commissioning groups (CCG).

Although the delivery of services and the organisation and teaching of sport and exercise medicine has been a key concept in the medical profession in the UK since 1912, it is only since the formation of FSEM that a formal programme has been devised to specifically train doctors to provide expertise in sport medicine.<sup>1</sup> The programme consists of 4 years of sport medicine specific training with a pre-requisite being that the trainees already possess membership to either the Royal College of Physicians or General Practitioners. With the advent of formal assessment, the quality of doctors in this field has become standardised and has allowed patients to be treated more holistically. The sports physician is better equipped than ever before to encourage activity in a patient in the treatment and prevention of disease and to approach musculoskeletal system disorders in a multidisciplinary fashion.

While this small change caused nothing more than a ripple in the sea of medical training, the metamorphosis of the now defunct primary care trust (PCT) into CCGs has had a more tsunami-like effect on the medical profession. The formation of

CCGs has been greeted with a great deal of scepticism by the medical fraternity.<sup>2</sup> One of the main fears is that GPs will not be able to fully commit time or energy to CCGs, emphasising the need for commissioning support services, some of which will be private companies.

However CCGs should not be looked on as a burden but as an opportunity. GPs have a detailed understanding of the health needs of their catchment area and for the first time they now have the power to influence commissioning decisions for their patients. By having Sport and Exercise Medicine (SEM) physicians on commissioning boards, services can be sought for the local population where problems endemic to most regions such as obesity, poor diet and nutrition, and inadequate services in the rehabilitation of the injured and disabled, can be addressed appropriately. The burden on musculoskeletal services in tertiary care could also be relieved, as there would be greater awareness on how to manage common problems such as back pain in our ever-ageing population.

Overall, the advent of CCGs should be greeted with optimism and not suspicion. Improved public health strategies could be implemented where provision and delivery of healthcare education to the target population could be optimised. Inadequacies in local fitness and sporting facilities could also be addressed. The cost of physical inactivity is unsustainable<sup>3</sup> and with physical activity levels being the most modifiable risk factor for chronic disease, the presence of SEM doctors on the various local boards could lead to better cost efficiency, delivery of services and ultimately improved population morbidity.

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