

Is general practice engaged with physical activity promotion?

The many positive benefits of regular physical activity (PA) and resultant increased cardiorespiratory fitness on improved health are widely acknowledged.¹ GPs are in a unique position to engage the public in PA given their access across local communities, particularly less healthy populations, older people, and those with lower socioeconomic status, and they provide a trusted source of advice. Currently there is a lack of engagement from primary care physicians in following PA promotion clinical guidelines, with barriers against best clinical practice including a lack of time, education and resources. Comprehensive, multisectoral strategies are needed to reverse the physical inactivity pandemic. Engaging GPs in PA promotion alone will not reverse current trends. Other approaches that are needed to increase PA levels include: school-based methods that incorporate physical literacy, improved urban design planning, and active transport policies, to name a few.²

SHOULD GPs ENGAGE WITH PHYSICAL ACTIVITY PROMOTION?

The physical inactivity pandemic

Given the current burden of chronic non-communicable diseases in the UK, a greater emphasis needs to be placed on chronic disease prevention and treatment through regular PA. Improving patient PA levels could save approximately 5.3 million lives worldwide,³ and over £8 billion⁴ for the UK economy each year. The World Health Organization (WHO) cite physical inactivity as the fourth leading risk factor for global mortality causing an estimated 6% of deaths globally. UK levels of physical inactivity are among the highest worldwide. When asked, only about one-third of UK adults reported meeting the Chief Medical Officer's (CMO's) PA guidelines to confer even basic health benefits.¹ Alarming, when a subsample of these adults had their PA levels objectively measured with an accelerometer only 5% met the CMO's PA guidelines.⁵

Structural incorporation of physical activity promotion in primary care

'Investments that work for physical activity', supported by the WHO and numerous global experts, and organisations, concludes that integrating PA promotion into primary healthcare systems is one of the 'best buys' in public health with proven effectiveness in decreasing the burden of

non-communicable diseases and improving quality of life.² The National Institute for Health and Care Excellence (NICE)⁶ conclude brief advice and brief intervention in primary care is 'highly cost effective'. However, there is little support or incentive for GPs to follow clinical guidelines to improve PA and reap patient healthcare rewards, with no place for PA promotion within the England, Wales and Northern Ireland Quality and Outcomes Framework (QOF). The QOF is the principal target-based system through which GPs are incentivised to prioritise care.

Physical activity promotion by primary healthcare professionals

Given PA promotion's relevance to health (in the treatment and prevention of chronic disease), primary care healthcare professionals should be following PA promotion guidelines regularly with their patients. GPs do not need to spend a long time PA counselling: inclusion within consultations emphasises the importance for both patient and practitioner. Many global PA guidelines highlight that any increment in physical activity level and less sedentary time is beneficial for individual and public health. Most patients engage in walking and moving. GPs can easily counsel patients to take extra steps in daily life, such as using stairs rather than escalators and/or lifts, or to park further away from work every day.

IS GENERAL PRACTICE ALREADY ENGAGED?

Evidence suggests that primary care practitioner knowledge is disconnected from clinical guidelines, with a study demonstrating that only 13% of UK-based GPs, and even fewer health visitors and practice nurses, were able to correctly recall current CMO guidelines, which compares unfavourably to over 60% of Australian GPs, and 68% of medical students.⁷⁻⁹ Furthermore, PA guidelines seem poorly recalled compared to other modifiable risk factors: 97% of medical students knew equivalent guidelines in relation to alcohol excess.⁹

To further assess GP engagement with PA for health, a short survey was carried out at the British Medical Association (BMA) Local Medical Committees (LMCs) annual conference in 2013. LMCs are local representative committees of NHS GPs who represent GPs' interests with local health authorities, and who work with the

GP committee to negotiate the GP contract with NHS employers. This survey assessed GP policymakers' knowledge of the current UK CMO PA guidelines. Only 25% and 12% of the GPs questioned were able to correctly identify the PA guidelines for adults and children respectively. This survey provides a current snapshot, but generalisation of the results is difficult as the sample size was small ($n = 70$ GPs), with a low response rate (12%) and limited to a select group of GPs.

MAIN BARRIERS TO GP ENGAGEMENT

Time and resources

Time available during patient consultations is clearly at a premium. However, if 'lack of time or resources' is a reason, should efforts be made to deprioritise less important issues in primary care, and provide quick, effective assessment tools and training for primary care health professionals to deliver effective clinical guidelines? Doctors and primary care colleagues regularly spend time counselling patients on their weight, alcohol consumption, and smoking status yet PA counselling is widely neglected. Physical inactivity is a modifiable and treatable risk factor, which the WHO concludes kills more people prematurely than alcohol excess or obesity.

Education

Research confirms education is lacking at undergraduate and postgraduate level. Most senior medical students do not feel competent to deliver accurate PA advice, and university deans believe their medical students are unlikely to be competent in exercise prescription.⁹ GPs' need further education on PA promotion given the numbers who do not know the recommended guidelines. However, GPs lack of engagement in PA education may be symptomatic of their uncertainty of the clinical effectiveness of brief intervention and seemingly complex changes to CMO PA guidelines as research knowledge grows. Lack of education on this topic will limit healthcare professionals from encouraging this hugely beneficial health-creating behaviour, influencing their personal confidence to deliver advice, perceptions of benefit, and will likely adversely impact on public health and commissioning decisions.¹⁰

Incentives

GPs may be more likely to prioritise health

"We need to question the current education provision for doctors and GPs on physical activity promotion."

problems for which they are adequately educated, contracted, and incentivised. The Scottish Government and Scottish General Practitioners Committee has recently incorporated an indicator for PA. Application of basic public health principles makes it very hard to understand why such a cause for disease and premature death is not part of a GP contract in the rest of the UK.

HOW CAN WE ENGAGE GPs?

Lack of time is a perceived barrier to PA promotion and the UK could learn from other nations who have a structured PA promotion system, such as 'physical activity on prescription', where a personalised written prescription of PA is given to a patient whose health would benefit from increased PA. PA on prescription has been employed in Swedish primary care for >30 years. *Physical Activity in the Prevention and Treatment of Disease*, is an all-encompassing PA prescription guide developed in Sweden that could be a staple reference text for all GP practices.¹¹ Furthermore, the validated General Practice Physical Activity Questionnaire (GPPAQ) is stated to only take 60 seconds to complete and could be incorporated into a relevant brief advice/intervention by a range of practice staff. If GPPAQ is itself a barrier, there are plenty of other validated shorter questionnaires (such as SCOT-PASQ), which could be used to assess and commence brief interventions in primary care.¹²

If primary care is to stand a chance of following the treatment recommendations of 39 non-optional sets of clinical disease guidelines,¹³ as well as specific PA NICE guidelines for primary care, significant change is required. We need to question the current education provision for doctors and GPs on PA promotion. Research is also needed to understand the knowledge and attitudes of other healthcare-delivering primary care staff, assessing current provision in healthcare curriculums to help identify and quantify educational needs ensuring accurate assessment, health behaviour change, and signposting skills are in place to bridge knowledge gaps identified in staff.

In an increasingly reductionist and target-based healthcare system, there is currently no place in the QOF for the

fourth leading cause of premature mortality. Incorporating PA promotion into the UK contract represents a relatively inexpensive opportunity to improve health outcomes, with one QOF point across the UK costing only around £1 million.¹⁴

CONCLUSION

GPs are not engaged with PA promotion or various PA promoting clinical guidelines for prevention and treatment of chronic disease. An alarming number of GPs have poor knowledge of PA guidelines. Considering the importance of PA for health and chronic disease treatment, it seems odd that it is not integrated within any GP contracts. There is an urgent need for simple, effective PA assessment tools and resources to support GPs in following clinical guidelines, and for educational support (both undergraduate and postgraduate) accompanied by a profound cultural change in practitioner attitudes to engage patients to achieve at least the minimum recommended PA levels. Further research is required to understand how to more effectively promote PA in general practice, and why general practice is not engaged with PA promotion, despite the recommendations of numerous clinical guidelines. Physically inactive environments, time pressures, lack of resources, incentives and education are all obstacles to greater engagement within primary care. The lack of engagement may, in part, be due to GPs underestimating the risk of physical inactivity in healthcare compared to other lifestyle factors, and a massive underestimation of benefits of increased PA in public health.

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