

#### INTRODUCTION

The idea of running a surgery lifestyle walk came from a realisation that an increasingly large part of my workload was comprised of mild to moderate mental health issues that would be best addressed by lifestyle changes.

I found myself discussing similar themes with my patients and wondered whether these could be applied to a group consultation model as promoted at the Royal College of General Practitioners (RCGP) conference in 2018 (Symington E. Group consultations. Part of a lecture at the RCGP Conference, Glasgow, 2018). The topic of lifestyle intervention would naturally lend itself to a walk outside, so, if the concepts didn't resonate, then people would at least benefit from the setting of the intervention itself! The walk would be led by a GP in whom people had confidence and trust, rather than a third-sector provider. I reasoned there would be comfort in discussing intimate, difficult issues walking side-by-side within a small peer group.

#### TO CONNECT

The content was based around Rangan Chatterjee's *The 4-Pillar Plan*.<sup>1</sup> I used his four key lifestyle elements of Relaxation, Eating, Movement, and Sleep, introducing a fifth pillar of 'Connection' after Johann Hari's book.<sup>2</sup>

I began by sharing my own experiences of dealing with mental health issues in my practice, with my own friends and family, and the factors important in maintaining my own mental health. I then led the walkers around a 2-mile route, stopping at five locations to give a 15-minute interactive discussion about each 'pillar' — encouraging them to reflect together on these topics in small groups as we walked to the next location.

The walks were advertised by a poster in the waiting room and a post on our practice patient participation group's Facebook page. To facilitate attendance, the walks were held on the first Tuesday of every month in a set location. I kept the walks informal and anonymous to encourage the sharing of ideas, while emphasising the need to maintain confidentiality within the group.

I deliberately didn't seek formal feedback as I felt this would skew walkers' experience



Photograph by Peter Churn, taken on the first walk. Cockenzie and Port Seton, East Lothian, Scotland.

and perception of the intervention.

We held six walks over a 6-month period between April and September 2019. In total 43 people attended — an average of seven each walk. The most that attended was 15 people, while the final walk was unattended. We held one evening walk in response to feedback.

The walks seemed to be enjoyed by all who attended. There was a palpable sense of enthusiasm within the group and only positive comments volunteered, for example, *'Best thing the surgery has done'*; *'So enjoyable and informative'*; *'This would help so many people.'*

Some individuals formed their own weekly walking group, which has continued.

#### CHALLENGES

I found it challenging to manage the largest group of 15 walkers because of significantly disparate physical abilities, and it became difficult to facilitate discussions between the smaller groups that formed on the walking legs.

I was disappointed that nobody attended the last walk! We had cancelled the preceding walk as I was on holiday and neglected to advertise this final walk in the waiting room.

Perhaps all motivated individuals had already taken the opportunity to attend. However, I had become wary of wider promotion in response to my large-group experience. I feel, though, that the intervention encouraged the right people to attend, that is, it was attended by those who needed it most. The majority of participants had significant mental health issues and

were willing to share their own experiences. There were two individuals who thought it was more of a walking group than a guided discussion, but they still professed to have enjoyed the experience and found it helpful.

As a GP facilitating the walk, I found it slightly stressful talking to groups in a public setting. Some of this anxiety came from the uncertainty of how many people would attend and managing issues around confidentiality and physical abilities. My practice partners certainly valued the walking initiative as an option to recommend to patients they had seen.

#### HIGHLY VALUED BY PATIENTS

Overall, we believe the intervention to have been a success. There appears to be a role for a group intervention around lifestyle medicine to be delivered in an outdoor setting. However, the results are limited by a lack of formal feedback and clear outcome measures to reflect upon.

It is difficult to measure the impact on the health of the community from the lifestyle advice being shared more widely by walkers, nor the reputational gain for the surgery. These considerations influence the cost-effectiveness of a GP providing the intervention rather than a lay or third-sector provider.

For my part, I certainly enjoyed the experience and it will help maintain my own fitness to practise. The patients valued it as an innovative and proactive health leadership intervention for the community, and a further series of walks from spring 2020 is planned.

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1. Chatterjee R. *The 4 pillar plan: how to relax, eat, move and sleep your way to a longer, healthier life*. London: Penguin Life, 2017.
2. Hari J. *Lost connections. Uncovering the real causes of depression — and the unexpected solutions*. London: Bloomsbury Circus, 2018.