



# Becoming an Active Practice

**Active Connections Conference**

**Workshop 6**

**More People   More Active   More Often**



# Agenda

- Introductions & Welcome
- **Dr Hussain Al-Zubaidi** – Physical Activity and Lifestyle Champion at RCGP
- **Zoe McKeating** – Health Team at Herts Sport & Physical Activity Partnership

# Innovative Strategies For Embedding Lifestyle Medicine into Primary Care



**Disclaimer...**







How do we get our patients  
more active?





Active Health Professionals  
Make  
**Active Patients.**





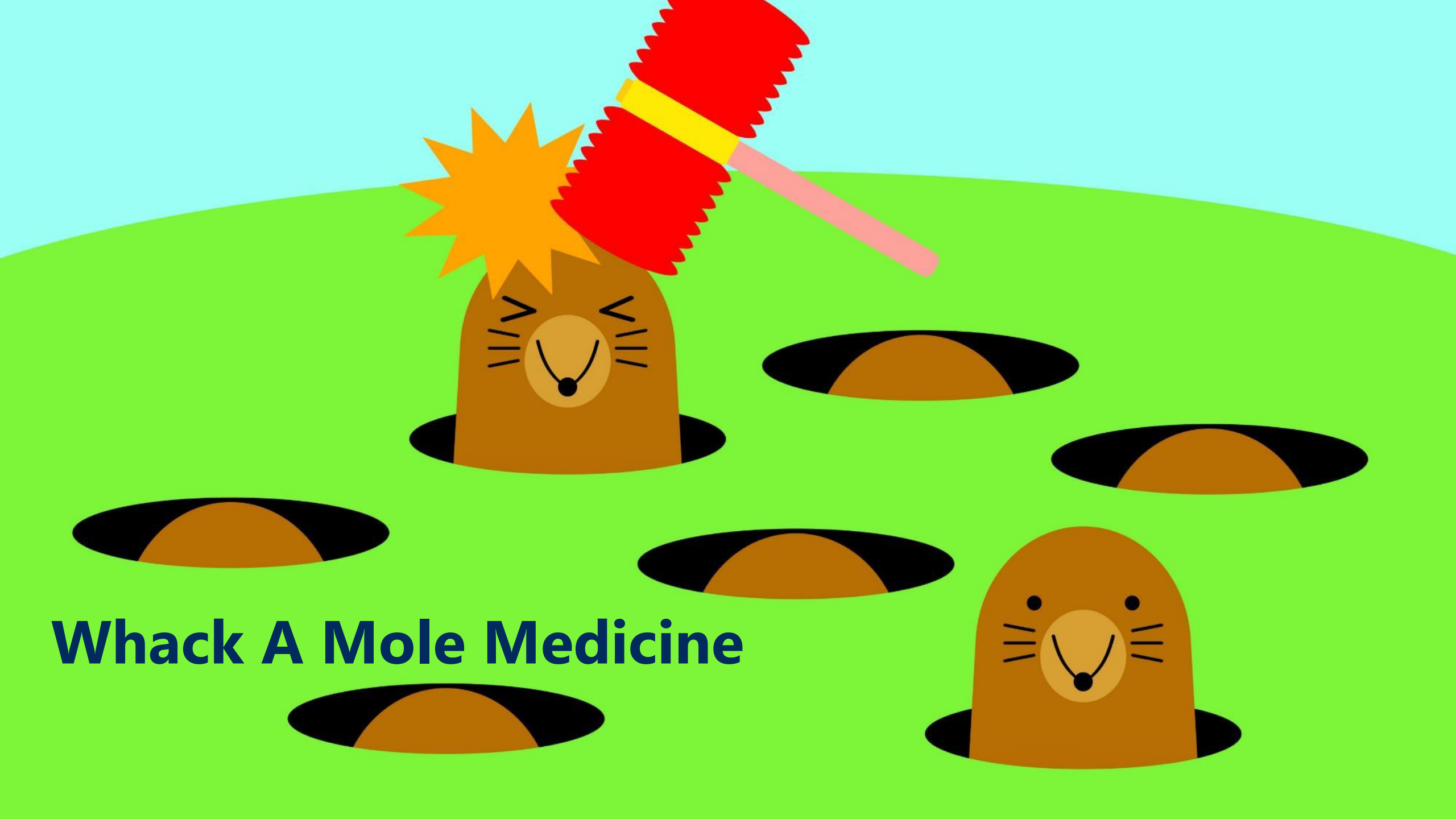


**00:30**

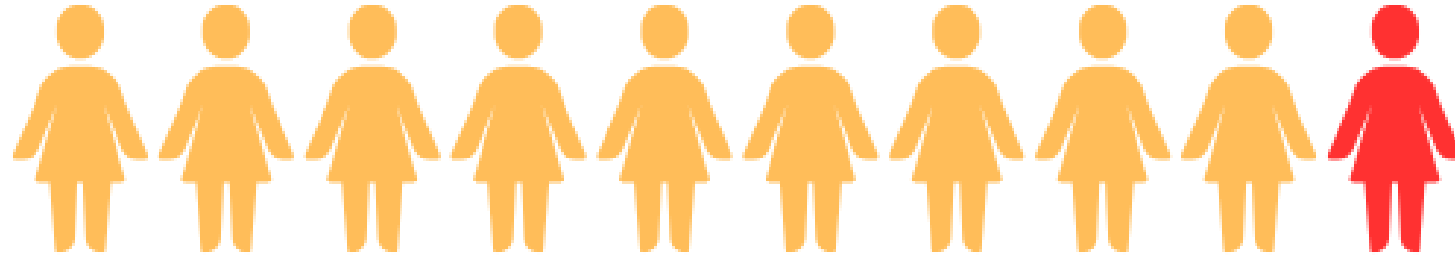


# My Journey





**Whack A Mole Medicine**



90% of all deaths in Europe due to NCDs

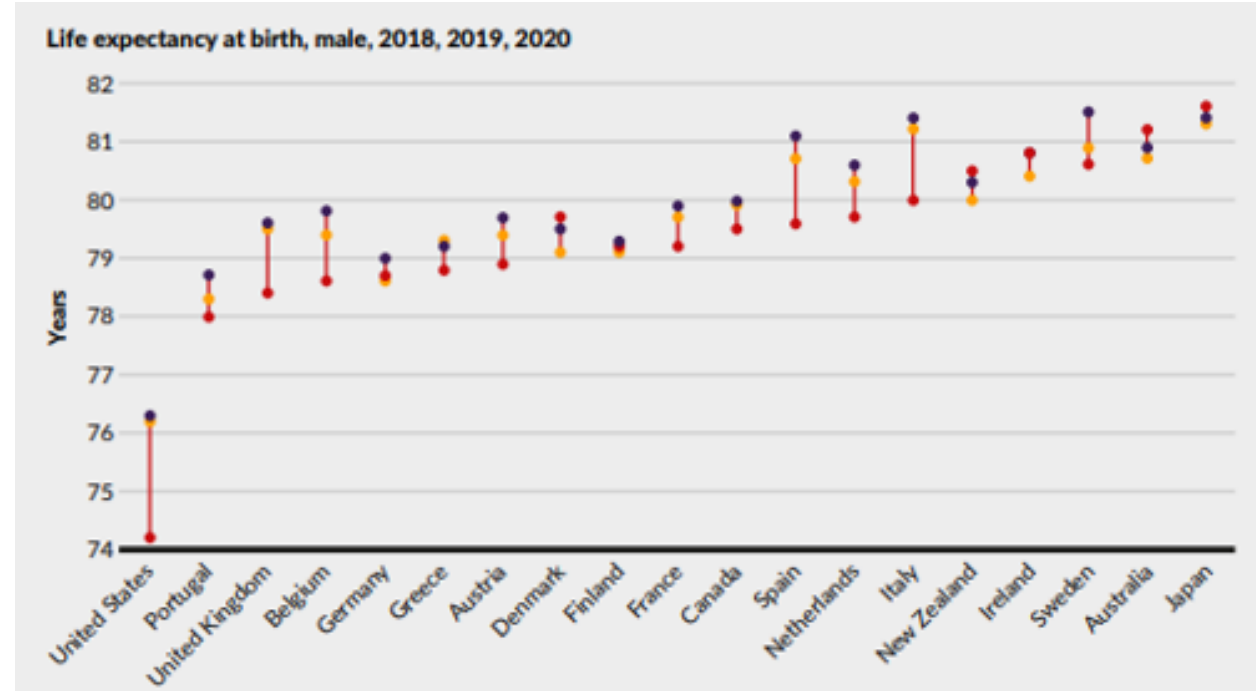
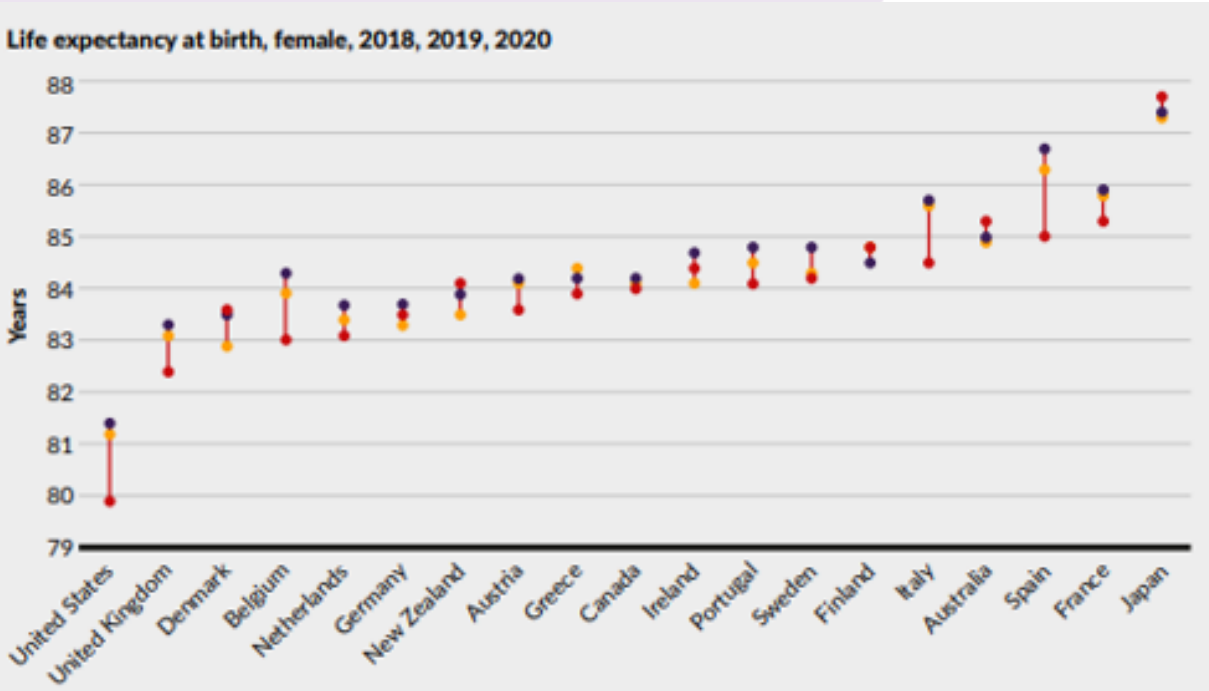


84% of all disability in Europe due to NCDs



# Life Expectancy

Female and male life expectancy at birth in the UK lag other peer countries



2020 2019 2018

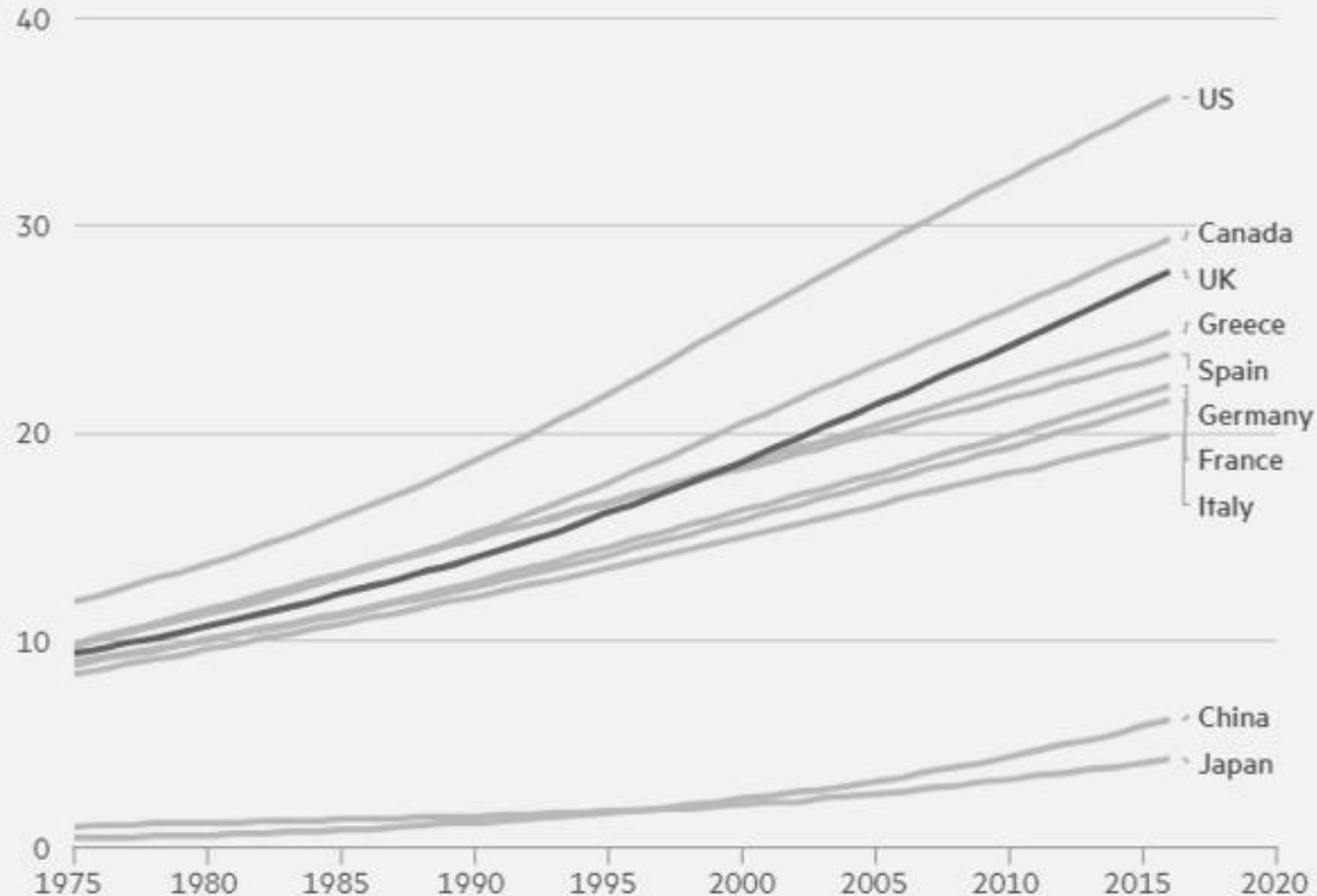
Source: OECD 2023b

Life expectancy at birth is defined as how long, on average, a newborn can expect to live, if current death rates do not change



# Global Increase in Obesity

Prevalence of obesity (BMI  $\geq$  30), among adults, 1975-2016 (%)



UK has one of the highest rates of obesity in the Western World

Effects of obesity cost £6.5 billion per annum

FRESHIDENT OF THE WORLD MEDICAL ASSOCIATION

MICHAEL MARMOT

# THE HEALTH GAP

THE CHALLENGE OF AN  
UNEQUAL WORLD

Sir Michael Marmot

“Why treat people, then return them to the conditions that made the sick in the first place?”





## Archbishop Desmond Tutu

“There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they’re falling in”

**Evidence-based discipline** which aims to support patients to prevent, manage and reverse certain chronic conditions



Q Search this area

**Introduction and overview of GPwER in lifestyle medicine** ^

Purpose of an extended role in lifestyle medicine

Acknowledgements

Framework review

Lifestyle medicine in general practice v

Undertaking an extended role in lifestyle medicine v

How to develop and maintain an extended role in lifestyle medicine v

Additional notes for the lifestyle medicine framework v

References and resources for this lifestyle medicine framework v

# Introduction and overview of GPwER in lifestyle medicine

Publication date: 05 April 2024

Outlining the purpose of the lifestyle medicine framework and who may find it useful, and thanks to those who were involved in its development.

## Purpose of an extended role in lifestyle medicine

This framework provides guidance for GPs who provide – or aspire to provide – skilled care beyond that expected of every GP. You may already have a special interest in lifestyle medicine from roles before CCT or developed since becoming a GP. Alternatively, you may want to vary your career and expand your portfolio to offer this service or be employed to provide lifestyle medicine for a commissioned service. If you are already practising as a GP, this framework offers a benchmark and recommendations for professional development and suggestions for further progression.





# How to develop and maintain an extended role in lifestyle medicine

Publication date: 05 April 2024

Including what qualifications you might need, as well as how to maintain your skills and capabilities.

## Qualifications required to be a GPwER in lifestyle medicine

### Basic qualifications

- Primary medical qualification from UK or overseas
- MRCGP or equivalent route to UK general practice (e.g., Certificate of Eligibility for GP Registration)
- Full GMC registration with licence to practise on NHS performers list
- A qualification in Lifestyle Medicine; options could include multiple courses which cover the full discipline of lifestyle medicine principles and pillars.

### Other qualifications in lifestyle medicine

Containing all 6 pillars:

- [International Board of Lifestyle Medicine](#)
- [Red Whale Lifestyle Medicine](#)



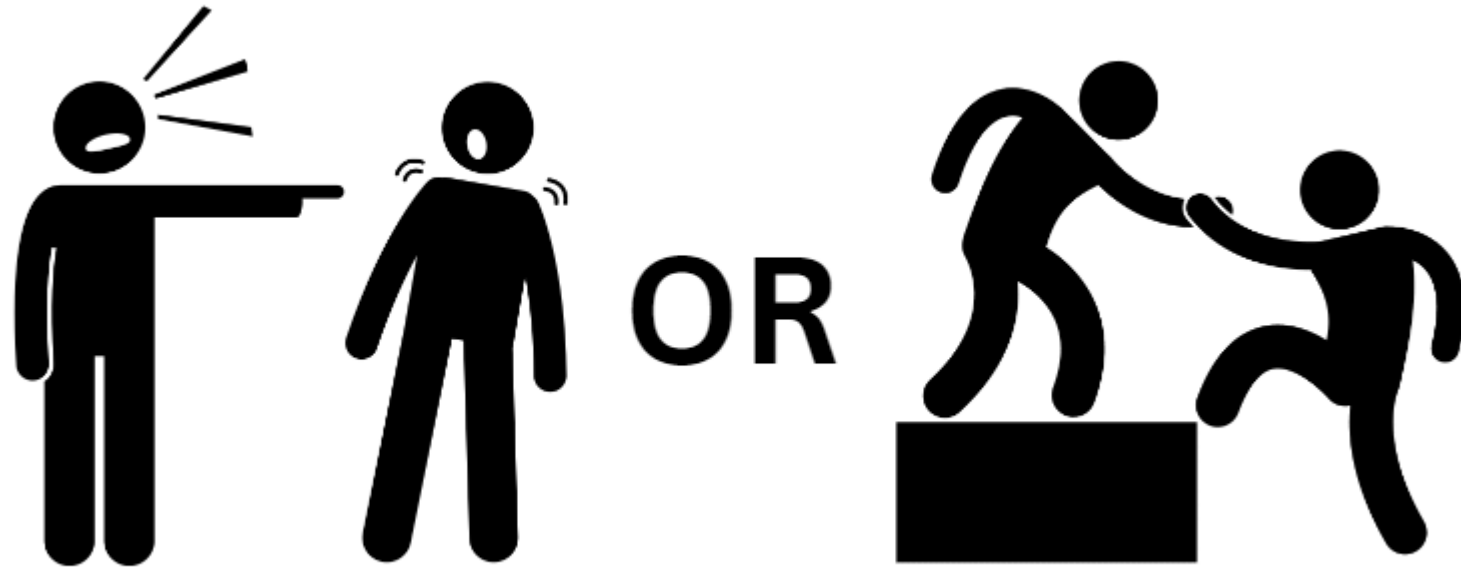


We acknowledge  
there are  
challenges...

Take 2 minutes, turn to the person next to you and:

1. Tell them your favourite form of movement!
2. And discuss challenges you feel are present in primary care







RESEARCH

Open Access



# A movement for movement: an exploratory study of primary healthcare professionals' perspectives on implementing the Royal College of General Practitioners' active practice charter initiative

Callum J. Leese<sup>1\*</sup>, Robert H. Mann<sup>2</sup>, Hussain Al-Zubaidi<sup>3</sup> and Emma J. Cockcroft<sup>4</sup>

## Abstract

**Background** Regular physical activity (PA) results in extensive physical, psychological, and social benefits. Despite primary care being a key point of influence for PA behaviours in the UK, research indicates poor application of PA interventions in this context. To address this, the Royal College of General Practitioners' (RCGP) developed and implemented the Active Practice Charter (APC). The aim of the study was to evaluate the perceived impact and acceptability of the APC initiative from the perspective of primary healthcare professionals (PHPs).

**Methods** An online exploratory cross-sectional survey was designed to assess the perceived impact, experiences, and challenges of the APC initiative, from the perspective of PHPs. The survey was distributed by the RCGP via email to 184 registered APC practices across the UK.

**Results** Responses were reviewed from staff ( $n=33$ ) from 21 APC practices. Initiatives used by APC practices included: educational programmes, partnerships with PA providers, referral systems, and infrastructure investment. Perceived benefits included: increased awareness about PA, staff cohesion, and improved well-being. However, staff felt the APC had limited effect due to implementation barriers, including: a lack of engagement, time, resources, and funding.

**Conclusion** This is the first evaluation of any nationwide UK-based initiative engaging GP practices in promoting PA. Acknowledging the limitations in response rate, although support exists for the RCGP APC, the evaluation highlights challenges to its implementation. Nonetheless, the wide reach of the RCGP, combined with the cited staff and patient benefits, demonstrates the significant potential of the APC initiative. Given the need to address physical inactivity nationally, further development the APC offers a possible solution, with further research required to overcome the challenges to implementation.

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REVIEW

## Narrative review – Barriers and facilitators to promotion of physical activity in primary care

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**Funding information**  
NHS Education Scotland

## Abstract

**The objective:** to provide an overview of the literature on the barriers and facilitators to physical activity (PA) promotion in primary care, as experienced by practitioners and patients.

**Method:** A search strategy of the English-language literature was conducted in EMBASE, MEDLINE and the COCHRANE LIBRARY. Search terms were primary care OR general practice OR family medicine OR family practitioner AND physical activity OR exercise AND barriers OR facilitators. Databases were searched from inception until 21 October 2022.

**Results:** After screening, 63 articles were included within the summary and content analysis of this review. Analysis of the barriers to the implementation of PA highlighted four main themes perceived by practitioners: time, knowledge/skills, resources/support and financial implications. Analysis of the patient perspective identified themes which were categorised into individual (pre-existing health conditions, knowledge of benefits of PA, time/capacity), societal (social support and cultural norms) and environmental (availability of facilities and weather).

**Conclusions:** As the importance of PA increases through the manifestation of sedentary behaviour-related disease, a combined primary care and public health approach to increase PA is required. By identifying the main barriers to PA promotion in primary care, resources and funding can be directed to address this. This is particularly relevant in the United Kingdom, with the re-negotiation of the primary care contract and the changes to healthcare delivery as a consequence of the Covid-19 pandemic. Throughout this review, we have explored ways of addressing the identified barriers through evidence-based interventions.

## KEYWORDS

barriers, physical activity, primary care

## 1 | INTRODUCTION

Research demonstrates that regular physical activity (PA) produces extensive physical, psychological, and social benefits.<sup>1</sup> In 2019, the

Chief Medical Officers for the United Kingdom introduced updated PA guidelines, recommending that adults should aim to accumulate 150 min of moderate-intensity aerobic exercise per week, including 2 weekly sessions aimed at muscle strength and balance.<sup>2</sup> This



Time



Knowledge



Support



Finances



**Let me tell you  
about Charlie...**

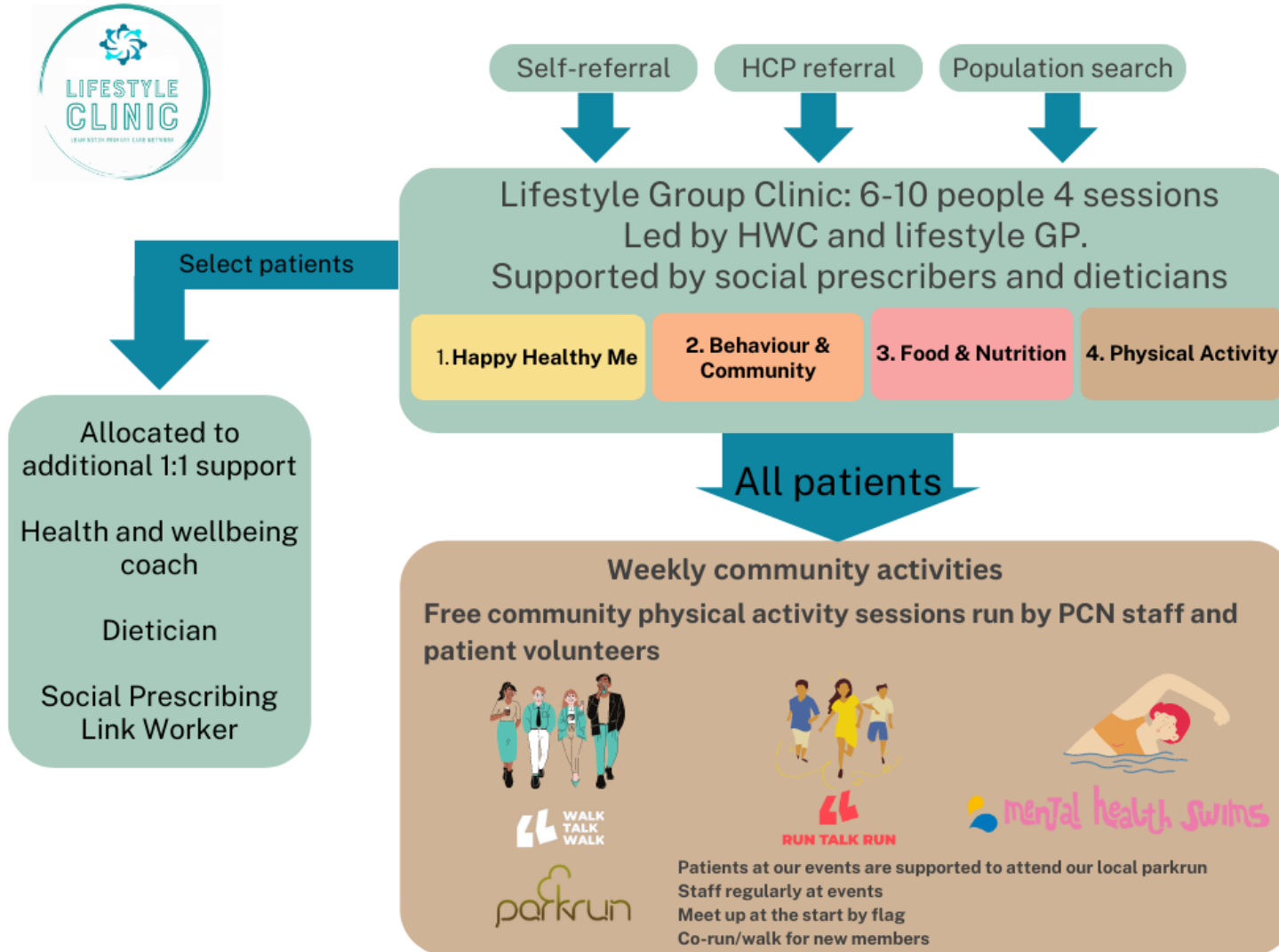


A perspective view of a long, dark tunnel. The tunnel walls are made of concrete segments, and the floor is a smooth, dark surface. A bright light source is visible at the far end of the tunnel, creating a strong lens flare and illuminating the path ahead. The overall atmosphere is mysterious and hopeful.




The Potential



# Leamington Spa Model



# Delivery of Interventions for Multiple Lifestyle Factors in Primary Healthcare Settings: A Narrative Review Addressing Strategies for Effective Implementation

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Funding: There was no specific funding for this study. Callum J. Leese's post is funded by NHS Education Scotland.

Keywords: alcohol | health promotion | lifestyle | nutrition | primary care | physical activity | smoking

## ABSTRACT

The escalating burden of lifestyle-related diseases stands as a critical global public health challenge, contributing substantially to the prevalence of chronic conditions and a large portion of premature mortality. Despite this, concise evidence-based lifestyle interventions targeting physical inactivity, nutrition, alcohol and smoking continue to be underutilised. Although good evidence exists for addressing the four lifestyle-related risk factors independently, rarely do these present in isolation. Evidence is lacking regarding how to integrate interventions targeting multiple risk factors. Consequently, this paper aims to provide an overview of the evidence for delivering multiple interventions in primary healthcare settings.

Different lifestyle factors are inter-related, with decisions around ordering of the delivery of multiple lifestyle interventions an important consideration. There is evidence supporting the effectiveness of addressing some lifestyle factors simultaneously (e.g., physical activity and nutrition), although smoking cessation may be delivered best in a sequential approach. While the World Health Organisation highlights four key lifestyle factors (nutrition, physical activity, alcohol and smoking), incorporating additional elements such as sleep, mental well-being and social connectedness offers a holistic framework for promoting well-being.

Despite the presentation of multiple behaviour risk factors being commonplace in healthcare settings, the evidence (outlined in the paper) for how best to deliver interventions to address this is limited, with further research and subsequent clinical guidance required.

In order to address the barriers to delivering lifestyle interventions in primary care, innovation will be required. The use of non-medical personnel, social prescribers and health coaches has the potential to alleviate time constraints, whilst mounting evidence exists for group consultations for addressing lifestyle-related non-communicable diseases (NCDs). If the challenges to implementation can be addressed, and if healthcare systems can adapt for the promotion of healthy lifestyles, the impact of NCDs can be mitigated.

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# The SNOMED CODES

Activity	Code title	SNOMED CT Identifier (SCTID)
Advice during consultations	Exercises education, guidance, and counseling	410289001
Leaflet/SMS	Patient given written advice on benefits of physical activity	429778002
Walking group	Referral to physical activity program	390893007
Running group	Physical activity target strenuous exercise	408579009
Swim group	Group exercise programme	401167006
Signposted to parkrun	Signposting to community exercise group	1083201000000102
Group lifestyle clinic	Self-help group support	276049006
Individual lifestyle appointment	Lifestyle assessment	443781008

# Community Approach

Monday evening Walk Talk Walk/Run Talk Run group from a North Leamington GP practice.

Thursday morning Walk Talk Walk group from a South Leamington GP practice.

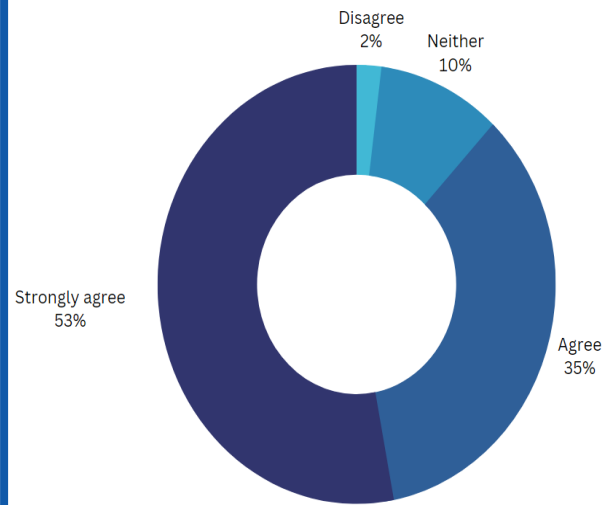
Twice weekly Swim Together group at the centrally located Leamington Spa Leisure Centre (supported by Mental health swims, Everyone Active and Swim England).

Leamington parkrun events: patients accompanied to our local event to spectate, volunteer, walk or jog. This program is called 'path to parkrun'.

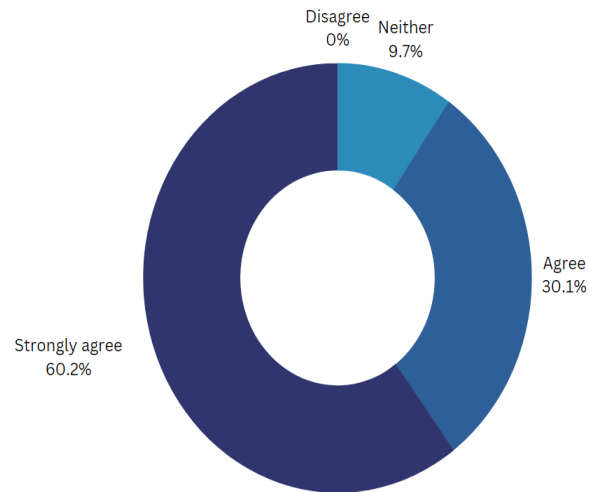


# The Outcomes

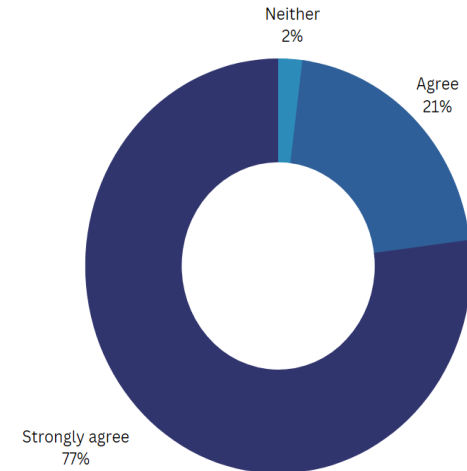
Data based on 142 patients who attended Lifestyle Clinic at a North Leamington GP practice location between 09/21 – 11/22.



Do you have increased confidence to make lifestyle changes?



Have you noticed any positive impacts on your physical health?



Have you noticed any positive impacts on your mental health?

# The Outcomes

## Patient Feedback



I remember going to my first session when I couldn't manage 100m without stopping and I had that awful habit of cuffing away on cigarettes. Now, I'm entering organised races and kicked the filthy habit, all thanks to the people who support and give positive encouragement

Being part of the lifestyle clinic has been life changing for me and I started just after the first lockdown and not looked back! I have gained so much more confidence whilst improving both my physical & mental health. Everyone is so welcoming and supportive.

It has given me increased self belief and a 'yep, I can do this' attitude which isn't easy to achieve especially alone

I have now joined a gym and go three times a week, we eat a lot less meat and processed foods. I cook from scratch more. This clinic has been life-changing for me and even enabled to better engage with talking therapy.

## Staff Feedback



Running the lifestyle service is the highlight of my working week. It is an outlet for creativity, gives me the time and space to have behaviour change conversations with patients in a sensible timeframe, and allows me to work closely with ARRS staff and learn from them!

Lead GP

It is a privilege to accompany patients on their health journey. Seeing patients go from attending their first Lifestyle Clinic, to achieving their first health goal is just the best feeling. And with our physical activity groups, not only can I offer activity suggestions - I'm able to be active with them!

Health and wellbeing coach

I previously worked in a hospital setting. Coming into a PCN was a new experience and I wondered how I would be utilised. Supporting group clinics and having such incredible options all within the PCN has been a really positive experience.

Dietician

I really enjoy supporting the groups and physical activity sessions. I am passionate about walking and as an older woman from the south asian community I like to role model the benefits of movement to encourage more from my community.

Social prescriber



Self-referral    HCP referral    Population search



Lifestyle Group Clinic: 6-10 people 4 sessions  
Led by HWC and lifestyle GP.  
Supported by social prescribers and dieticians

1. Happy Healthy Me	2. Behaviour & Community	3. Food & Nutrition	4. Physical Activity
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Allocated to additional 1:1 support

Health and wellbeing coach

Dietician

Social Prescribing Link Worker



Weekly community activities

Free community physical activity sessions run by PCN staff and patient volunteers

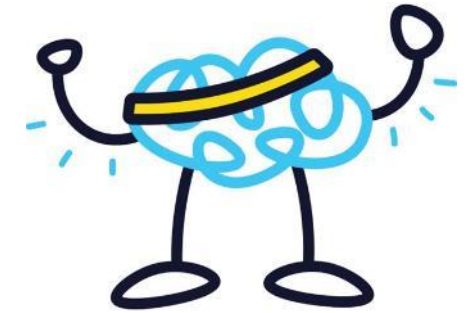
**WALK TALK WALK**

**RUN TALK RUN**

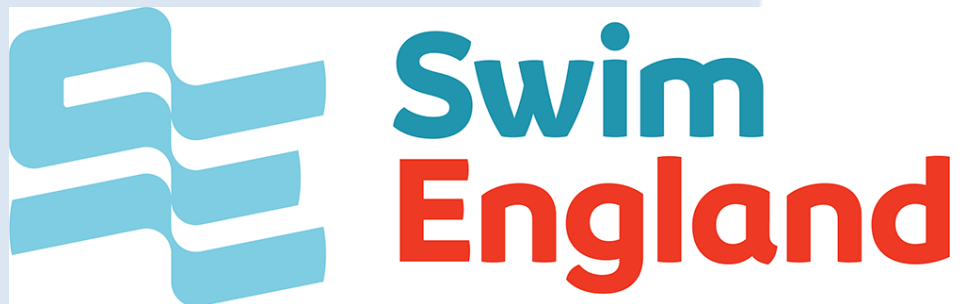
**mental health swims**

**parkrun**

Patients at our events are supported to attend our local parkrun  
Staff regularly at events  
Meet up at the start by flag  
Co-run/walk for new members



**Sport In Mind**





# What are you doing, and what could you do?!



On everybody's chair is a bit of plain paper

Write down one thing you could change or do  
in your practice

And then scrunch it up into a tight ball!

60 seconds!





# The Second Disclaimer...

Step 1: Time to (literally) throw some ideas around. No injuries please!

Step 2: Throw it at someone as far away as possible, but only when I say!

Step 3: And keep throwing ideas around, for 20 seconds!



# The Aftermath

Please find a bit of paper near you...if everyone finds one the clean-up should be complete!

Read it, and then turn to those around you and discuss it (and your original idea!)



# RCGP Lifestyle & Physical Activity

The Toolkit and Resources

The Active Practice Charter

Parkrun Practices

Blog and Newsletter





# RCGP Physical Activity and Lifestyle- The Future

- Sports England Funded Initiative
- Holistic Lifestyle Approach, based on the Leamington Spa Model
- Updated and improved toolkit
- Masterclass sessions (Starting Feb 25)
- Pilot of lifestyle clinics being run next year in NW



# Key Take Home

Healthy professionals make healthy patients

Thank you for listening...any questions?!

# Active Practice Charter – In Hertfordshire



[www.movingmore.co.uk](http://www.movingmore.co.uk)

Herts Sport & Physical Activity Partnership



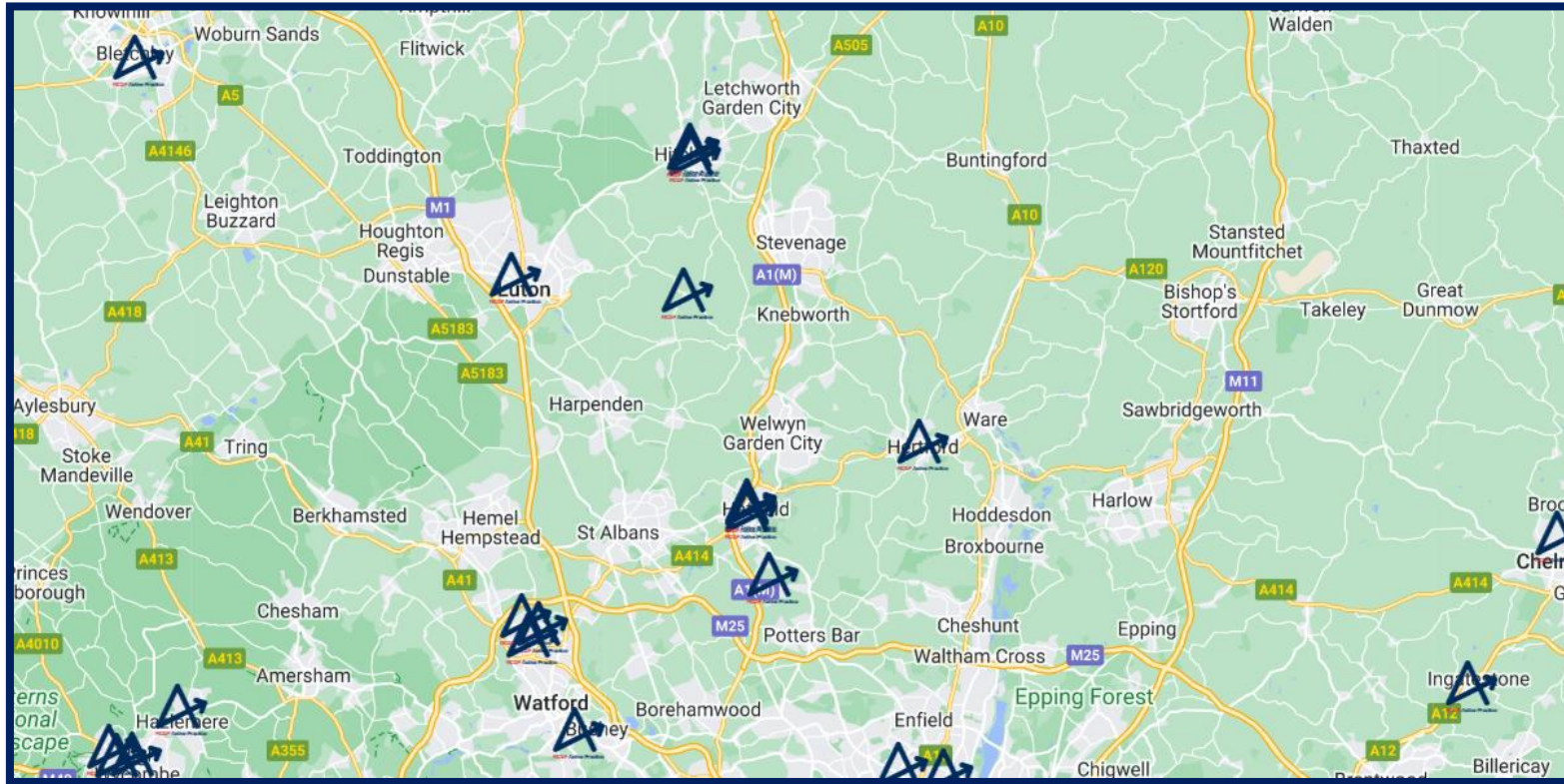
Proud to be an  
#activepractice





# Hertfordshire's Active Practices

You can search all Active Practices via the [RCGP's Map](#)



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# Hertfordshire's Active Practices

Primary Care Networks and surgeries that have achieved status:



**HWPCN**  
Hitchin & Whitwell  
Primary Care Network



Attenborough Surgery

**North  
Watford  
PCN**

Primary Care Networks working towards status:

- **HaLo**
- **Stevenage North**
- **Stevenage South**
- **Broxbourne Alliance**
- **Ware & Rurals**
- **Potters Bar**
- **Alpha**

Herts Sport & Physical Activity Partnership



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# How have we been connecting to PCNs?



# Physical Activity Partners to connect to

- **Exercise Referral Schemes**

- **parkrun**



Proud to be a  
parkrun practice

- **Hertfordshire Health Walks**



- **Mental Health Swims (Swim Together programme)**



- **Leisure Providers and local classes**

- **Herts Sport & Physical Activity Partnership & the Moving More Activity Finder**

- **Live Longer Better in Hertfordshire**



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# How can we support?

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- **We can attend your Protected Learning Time**
- **Reach out about Training Opportunities**
- **Targeted activity support/advice from HSP e.g., active ageing, mental health, LTHCs...**
- **We can support you in writing your application to the RCGP**



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# Next Steps continued



**Physical Activity  
Clinical Champions  
Training**

**Mental Health**

 **PHYSICAL ACTIVITY  
CLINICAL CHAMPIONS**

 **Herts  
Sport &  
Physical  
Activity  
Partnership**

 For all healthcare professionals in Hertfordshire

- Register to attend our next online, free training for healthcare professionals
- Clinical and non-clinical audiences
- Mental health focus
- 27<sup>th</sup> Feb, 12-1pm



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# How do I reduce sedentary behaviour in patients?



## Show seated exercises on screens in waiting rooms

HSP can provide you with seated exercises to show on your GP screens to encourage patients to be active in the waiting rooms

## Nudges for Active Travel use for patients

Include a note on a safe travel plan for you patients to use when travelling to appointments. Speak to an active travel expert and run a simple survey for your practice.

## Moving More activity finder

HSP can help you host our Moving More activity finder on your GP screens to promote all activity in Herts to your patients.

## Personalised care team to advise

Advice on sedentary behaviours, healthy eating, weight management etc. and how physical activity can support a better lifestyle.

## Signpost the stairs clearly

And note the benefits to your patients' health and wellbeing if they should take the steps over the lift.

# How do I reduce sedentary behaviour in staff?

- Introduce walking or standing meetings
- Disable the patient call in system so clinicians must walk to the waiting room to greet patients
- Install standing desks
- Appoint a wellbeing team for your practice to promote positive staff wellbeing
- Organise a training session on physical activity benefits (via HSP support)
- Display easy stretching/movement ideas in kitchen & common rooms

# How do I increase physical activity of patients

- Signpost patients to relevant local activity sessions e.g., via [Moving More](#)
- Send exercise advice to targeted groups e.g., hypertensive patients
- Add the Moving More widget to your website (details on upcoming slide)
- Promote activity apps e.g., couch to 5km or Active 10
- Become a parkrun practice (details on upcoming slide)
- Personalised care staff to promote local blue/green spaces





# How do I increase physical activity of staff?

- Set up a steps-based challenge across your practice/PCN
- Have a monthly competition for the most active staff
- Staff team building activities
- Speak to local gym re discounted rates for staff
- Speak with an Active Travel expert e.g., cycle to work scheme
- Staff to become aware of local blue/green social prescribing offers



# Ideas for partnering with local provider

- Become a parkrun practice
- Set up a Health Walk in your surgery location and promote to patients and/or get staff to become trained walk leaders
- Connect to your local exercise referral scheme
- Speak to local gym re discounted rates for staff and patients with long-term health conditions
- Connect to other local activity classes (look on Moving More activity finder if unsure)
- Collaborate with your Active Partnership (HSP!)



**Proud to be a  
parkrun practice**

