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Beyond the consultation room: GPs and physical activity

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We read last month's editorial on promoting physical activity with pleasure, but feel the authors should have gone further.[1] If we discovered a drug that reduced the risk of cardiovascular disease, diabetes and cancer by 20-50%, calls for more education and signposting would be seen as risible. Treating physical activity seriously is good for patients and has the potential to significantly reduce GP workload.

Lifestyle behaviours like smoking, drinking, eating too much and moving too little cause around 40% of deaths in the UK,[2] yet we spend a relatively small amount of time combatting these major drivers of disease with patients, and even less at the local population level. As public health funding continues to atrophy, our role in addressing social determinants of health within our communities is becoming more important.

In our surgeries we should ensure that we have bike stands, good public transport connections, standing desks, and adverts for local physical activity opportunities such as walking groups, exercise classes, and sports. We should support our staff in stopping smoking and maintaining a healthy weight by encouraging subsidized physical activity opportunities for NHS employees and access to cessation services.

Beyond the practice car park there are myriad ways that GPs can make a real difference to our communities by influencing the physical, social, and policy environments. We should be politically engaged - lobbing councils for green space, safe streets, cycle lanes, improved pavement surfaces, investment in public transport, accessible and affordable facilities for physical activity (including new free–to-access activities such as outdoor gyms), organized sports and community events, and accessible and affordable fruit and vegetables.

Although we have a clear mandate to engage in community-oriented health promotion,[3] currently there are no incentives, no time, and no training. A major reorientation of general practice to proactively prevent disease is inevitable, but in the meantime we still have a duty to address social barriers to health. Virchow said: "If medicine is to fulfill her great task, then she must enter the political and social life".[4] Promoting physical activity in our local communities demands this approach, and has the potential to reduce workload, prevent disease, and ultimately save lives.

References

1. Brooks J, Ahmad I, Easton G. Promoting physical activity: the general practice agenda. *Br J Gen Pract* 2016; DOI: 10.3399/bjgp16X686689. http://bjgp.org/content/66/650/454
2. Institute for Health Metrics and Evaluation. Global Burden of Disease Hub. Seattle, WA: IHME, University of Washington, 2015. Available from http://vizhub.healthdata.org/gbd-compare. (Accessed 5 Sep 2016)
3. Royal College of General Practitioners. *The RCGP Curriculum.* Available from www.rcgp.org.uk/training-exams/gp-curriculum-overview/document-version.aspx
4. Wittern-Sterzel, R. "Politics is nothing else than large scale medicine"-Rudolf Virchow and his role in the development of social medicine". *Verh Dtsch Ges Pathol* 2003; **87:** 150–157.