

# Tops tips for engaging primary care professionals in the promotion of physical activity

## Background

The BHFNC 10th Annual Conference, 'The cure for all ills is not to sit still: Raising the profile of physical activity within primary care' aimed to explore how to embed physical activity into primary care agendas. With the launch of the White Paper 'Equity and Excellence: Liberating the NHS' and the changes afoot in public health, the focus of our conference was quite fortuitous. The coalition government's plans place GPs at the heart of clinical commissioning and these proposals undoubtedly present new opportunities and challenges for physical activity. Engaging with GP commissioning consortia and frontline clinicians will be crucial to ensure physical activity remains on the primary care prevention and treatment agenda.

Since the coalition Government came into office we have already seen some large cuts in physical activity spending and the recently announced comprehensive spending review will undoubtedly have further impacts upon physical activity and public health across the UK. The challenge of responding to these policy changes and funding cuts will require coordinated partnership working to ensure resources are used to maximum and best effect.

**This leaflet pulls together the tips that emerged from the BHFNC 10th Annual Conference for engaging primary care professionals with the physical activity agenda.**

The tips are based on experiences of a limited number of professionals who are working to engage primary care professionals with the physical activity agenda and should be used in this context. The tips within this leaflet are not based on a systematic review of evidence and/or policy.

## Top tips for...

### Making the case

1. Organise meetings with key players such as practice managers and GP commissioning consortia to present the latest evidence on your physical activity initiative's value for money and health benefits for patients.
2. Ensure that your physical activity scheme is properly evaluated so you can clearly communicate its impact / outcomes.
3. There are 39 guidelines (including NICE clinical guidelines) used by GPs and practice staff that recommend physical activity – use these as evidence to build your case.
4. Share experiences with other physical activity specialists to collate and develop further understanding of the value of physical activity and how to best present this to primary care professionals.
5. Emphasise the important influence GPs have over patients and the huge potential they have to change behaviour. There are around 290 million consultations in England per year, with each person in England attending their practice an average of 5 times per year.<sup>1</sup> The Health Survey for England (2007) reports that ~1 in 4 people in England say they would be more active if they were advised to do so by a GP or nurse.
6. Be clear about what physical activity can do, for whom, and how. Use evidence to support these messages.





## Establishing partnerships

1. Find out the priorities of primary care practitioners and develop programmes based around these. Work with them to secure funding rather than developing an idea and then trying to 'sell it' to them.
2. Engage physical activity 'champions' within the medical profession to promote your physical activity scheme to others in the field.

3. Build on previous successes and established relationships to develop new programmes.

4. Sometimes it can be difficult to engage/ meet directly with GPs. It may initially be more effective to work with Practice Managers to engage GPs and other members of the primary care team.

5. Use existing opportunities such as smoking cessation and weight management strategies and embed physical activity into these.

6. Hold project launch events and invite primary care professionals along.

7. Use different methods to engage primary care professionals for example: meetings, reports, presentations, incentives, competitions, training opportunities, briefing papers, DVDs, websites etc.



8. The experiences of our conference delegates suggest that active GPs tend to prescribe physical activity, whereas inactive ones tend not to. Workplace activity offers to practice staff could therefore pay dividends.



## Maintaining partnerships

1. Ensure that processes and pathways are as simple as possible so that they are not deemed to be too time consuming. For example, if you are running an exercise referral scheme, referral forms should be as easy to complete as possible.

2. To ensure continued engagement, it may be necessary to report good outcome measures and success stories regularly.

3. Be aware of practitioner's concerns regarding their ability to 'raise the issue' of physical activity/obesity. Provide support to tackle these concerns, for example, up-skill primary care professionals in behaviour change techniques such as Solution Focused Practice.

4. Offer support and training opportunities to increase awareness of the benefits of physical activity for frontline professionals such as Physiotherapists, Health Visitors, Health Care Assistants, Pharmacists etc.