

Physical activity in practice:

why and how to get GPs moving

The pressures facing today's GP are well documented and ever increasing. Consultation numbers are rising while average real terms funding has decreased. Alongside the falling numbers of GPs, doctors' well-being is suffering with a knock-on effect on patient care.

In a recent survey, 57% of GPs reported their workload to be unmanageable and at times impacting quality and safety of care.¹ Stress, burnout, and mental health problems are prevalent among GPs, with doctors twice as likely to be depressed or have alcohol and/or substance dependence than the general population.² It is therefore imperative that we safeguard and enhance the health and well-being of our doctors, using the twin levers of physical activity and being less sedentary.

The typical GP works long hours and is largely desk-based; the simple fact is that many GPs do not move much in their working day. Physical inactivity is the fourth leading risk factor for death worldwide.³ Increasing physical activity reduces mortality and morbidity of chronic diseases (big killers) such as cardiovascular disease and cancer, as well as type 2 diabetes, dementia, and depression. For example, a large systematic review showed that physical activity reduces the risk of breast cancer by 20% and colon cancer by 30–50%.⁴

A GP that shifts from being sedentary to doing some physical activity has the largest potential health gains: just 10 minutes a day of moderate intensity physical activity can add almost 2 years to life and being active in line with the government guidelines can add almost 3 years (Figure 1).⁵

In 2011 the UK Chief Medical Officers released guidelines for physical activity.⁵ However, a recent study showed only one in five GPs are broadly or very familiar with the national physical activity guidelines and as many as 72% of GPs do not speak about the benefits of physical activity to their patients.⁶

SITTING TIME: SEDENTARY TIME

Sedentary behaviour (for example, watching TV, driving, or sitting at a desk in a consultation room) is now recognised as an independent risk factor for poor physical health, distinct from a lack of physical activity. It is possible to engage in significant levels of moderate to vigorous physical activity, but still be sedentary for long periods of the day. To offset the negative

effects of this behaviour, the duration and frequency of sedentariness needs to be reduced during the day. There is increasing evidence that breaking up sedentary behaviour regularly with physical activity has considerable positive effects.⁷ Simply put, going for a run at the end of the day may not be enough to mitigate the negative effects of sedentary behaviours; it is vital that GPs incorporate exercise and move more as part of their working day.

The benefits of physical activity and harm of sedentary behaviour are also shown at a cellular and molecular level. Studies have shown that regular physical activity reduces inflammation and suppresses C-reactive protein (CRP) levels.⁸ Sedentary behaviour is linked to the rapid decrease of lipoprotein lipase (LPL), an enzyme essential for breaking down triglyceride contained in lipoproteins and linked to risk for coronary heart disease.⁹

INCREASING PHYSICAL ACTIVITY: REDUCING INACTIVITY

Reducing physical inactivity requires a 'whole societal approach' including environmental and policy changes to make physical activity an easier choice, as well as a behavioural and cultural shift.

Work environment and policies

The way the modern GP works is different to 20 years ago. With the advent of digital records, online resources, and emails there is less of a need to move from a chair. Structural interventions in the consultation room can help to reduce sedentary behaviour and physical inactivity.

Changes to the structure of the work environment are much more likely to have an impact than behavioural modifications and it is these alterations that have reduced our physical activity over time. Suggested proactive interventions include turning off the electronic call system, removing chairs with wheels (hands up if you've wheeled yourself around the room rather than getting up and walking?), putting the waste bin or printer on the opposite side of the room, standing practice meetings (remove the chairs from the room) and sit-stand desks.

A recent consensus statement recommended the use of sit-stand desk stations, which can reduce the risks associated with prolonged static seated



Figure 1. UK Chief Medical Officers' guidelines for physical activity infographic.⁵

and standing positions.¹⁰ This is supported by a new cluster randomised controlled trial that demonstrates that standing desks in healthcare settings do reduce sitting time, with improvement in work related and psychological health.¹¹

Bringing physical activity to the forefront of practice policy and procedures is important: 'impact on staff physical activity and wellness' should be included as a standard when discussing changes to practice processes, layout, or furniture. Other interventions can include flexible working policies and incentive schemes to encourage employees to have active commutes: walking or cycling to work, shower facilities, and independent health checks.

Individual behaviour change

One in four patients would be more physically active if advised by a GP or nurse and therefore healthcare professionals can play a vital role in supporting patients to be more physically active. A patient survey study at a GP practice showed that 70% of patients would be more physically active if their physicians were also more physically active.¹² This highlights GPs as powerful role models. Being physically active not only improves personal well-being and resilience but can serve to improve health of our patients.

“... going for a run at the end of the day may not be enough to mitigate the negative effects of sedentary behaviours; it is vital that GPs incorporate exercise and move more as part of their working day.”

Recommended behavioural interventions include getting up to call the patient from the waiting room, or at least meeting them at the door. Standing while conducting telephone consultations or dictating and doing some simple exercises (for example, 10 squats or lunges) in between seeing patients. Getting out for a brisk walk every day, particularly after lunch: 10 minutes walking at a moderate intensity has significant health benefits (download the Active 10 app at <https://www.nhs.uk/oneyou/active10/home>). Instead of sending emails, screen messages, or tasks; walk to speak to colleagues in person.

Often it can be difficult to sustain physical activity interventions if doing it alone. Collaborating with other GPs and staff in the practice or elsewhere can increase motivation and lead to more sustained results. Incorporating these activities into a workplace programme can allow for more external, specialised support (see Parkrun practices, a collaboration between RCGP and Parkrun).

WORKPLACE HEALTH PROMOTION

Workplace health promotion plans (WHPPs) are a heterogeneous group of interventions that provide health and wellness promotion to workforce populations usually with a mix of occupational health, human resources, internal, or external specialist consultants. This can include fitness at work, stress management, back care, nutritional interventions with weight management, and smoking cessation. Traditionally these programmes have taken place in larger organisations, but with the movement towards federated working and ‘super-partnerships’ there may be opportunities for WHPPs in primary care, if GP and staff well-being is recognised as a priority by practices and commissioning groups. Such programmes have been shown to be effective in a secondary care setting.¹³ Simple environmental prompts such as putting signs near lifts can encourage stair usage and highlighting that 2 minutes of stair-climbing each day could burn enough calories to eliminate the weight an average adult gains each year.

In the last decade there has been greater

emphasis on IT-based proactive health management programmes. eHealth, the use of IT for health, allows employees to wear activity tracking devices which uploaded individual data onto a well-being platform, providing bespoke, feedback and encouraging activity. IT-based well-being platforms are an emerging area and could be a useful aid for groups of GPs to encourage and support physical activity in their working day.

CONCLUSION

GPs and their staff are under pressure. Improving the health and well-being of GPs through increased physical activity has a vital role to play in improving retention, productivity and patient care. We hope that increased awareness of the risks of sedentary behaviour and lack of physical activity acts as a stimulus to getting our GPs more active in their working lives, and that commissioning groups take heed and support investment in well-being programmes for GPs.

Ian Brockhurst,

GP Principal, Pinfold Medical Practice, Loughborough.

Jean Wong,

GP Principal and GPwSI Sports and MSK Medicine, Pinfold Medical Practice, Loughborough.

Helen Garr,

GP, Cripps Health Centre, University of Nottingham Health Service and regional director of British Society Lifestyle Medicine, Nottingham.

Mark E Batt,

Consultant Sport and Exercise Medicine, Nottingham University Hospitals, Nottingham.

Provenance

Freely submitted; externally peer reviewed.

Competing interests

The authors have declared no competing interests.

DOI: <https://doi.org/10.3399/bjgp19X703769>

ADDRESS FOR CORRESPONDENCE

Ian Brockhurst

Pinfold Medical Practice, The Health Centre, Pinfold Gate, Loughborough, Leicestershire LE11 1DQ, UK.

Email: ianbrockhurst@yahoo.com

REFERENCES

1. British Medical Association. *Survey of GPs in England. Full report Oct–Nov 2016*. <https://www.bma.org.uk/collective-voice/influence/key-negotiations/training-and-workforce/urgent-prescription-for-general-practice/key-issues-survey#Workload> [accessed 20 Apr 2019].
2. Department of Health. *Invisible patients. Report of the working group on the health of health professionals*. London: DH, 2010.
3. WHO. *Global Health Risks: Mortality and burden of disease attributable to selected major risks*. Geneva: WHO Press, 2009.
4. Kyu HH, Bachman VF, Alexander LT, et al. Physical activity and risk of breast cancer, colon cancer, diabetes, ischemic heart disease, and ischemic stroke events: systematic review and dose-response meta-analysis for the Global Burden of Disease Study 2013. *BMJ* 2016; **354**: i3857.
5. Department of Health. *Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers*. 2011. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf [accessed 20 Apr 2019].
6. Chatterjee R, Chapman T, Brannan MG, Varney J. GPs' knowledge, use and confidence in national physical activity and health guidelines and tools: a questionnaire-based survey of general practice in England. *Br J Gen Pract* 2017; DOI: <https://doi.org/10.3399/bjgp17X692513>.
7. Benatti FB, Ried-Larsen M. The effects of breaking up prolonged sitting time: a review of experimental studies. *Med Sci Sports Exerc* 2015; **47(10)**: 2053–2061.
8. Kaspis C, Thompson PD. The effects of physical activity on serum CRP and inflammatory markers. A systematic review. *J Am Coll Cardiol* 2005; **45(10)**: 1563–1569.
9. Hamilton M, Hamilton DG, Zderic TW. Exercise physiology versus inactivity physiology: an essential concept for understanding lipoprotein lipase regulation. *Exerc Sport Sci Rev* 2004; **32(4)**: 161–166.
10. Buckley JP, Hedge A, Yates T, et al. The sedentary office: an expert statement on the growing case for change towards better health and productivity. *Br J Sports Med* 2015; **49(21)**: 1357–1362.
11. Edwardson CL, Yates T, Biddle SJH, et al. Effectiveness of the Stand More AT (SMARt) Work intervention: cluster randomised controlled trial. *BMJ* 2018; **363**: k3870.
12. Harsha DM, Saywell RM Jr, Thygeson S, Panozzo J. Physician factors affecting patient willingness to comply with exercise recommendations. *Clin J Sport Med* 1996; **6(2)**: 112–118.
13. Blake H, Zhou D, Batt ME. Five-year workplace wellness intervention in the NHS. *Perspect Public Health* 2013; **133(5)**: 262–271.