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Is the answer to improved health hiding in plain sight?

By [Dr Anne Elliott and Professor Tim Evans](#) - Integrated Care Journal



The UK is suffering from a major gap in the provision for exercise as a prevention or management tool for chronic disease. Outlining this growing healthcare crisis is Dr Anne Elliott, Senior Lecturer in Physical Activity for Special Populations and Healthy Ageing, and Prof Tim Evans, Professor in Business and Political Economy at Middlesex University London.

Over and above record NHS waiting lists¹ and the adverse effects of the Covid pandemic, there is a tsunami of chronic disease on the horizon, and it is flowing towards us at a stately and predictable rate². We can see the wave growing and developing, we can gauge its potential cost, we can foresee the amount and quality of resources that will be needed, and we can estimate the number of specialist healthcare professionals that will be required to address it - and yet we seem unable to avert what increasingly appears to be an inevitable disaster.

We cannot lay the blame for the growth in long-term illness on a lack of health education, as positive health messaging from both the state and private sectors is prevalent in all popular media and easily accessible for all age groups and populations. At the bare minimum, the general public understands the importance of 'eat less' and 'move more'. Over the last 20 years, successive governments have sponsored numerous initiatives that have attempted to address such issues, from Change4Life (PHE 2009) that aimed to encourage families to exercise together, to the recent adoption of an old idea, social prescribing³ (NHS 2020), that targets loneliness and depression at a local community level.



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However, differing socio-economic determinants have been identified as obstacles to participation. Although authorities try to address these barriers, sedentary behaviours and lifestyles are responsible for 40 per cent of premature mortalities and continue to be the weak spot for 'preventative medicine'⁴, a term now well established within Parliament and across the UK's broader political discourse.

Cost is consistently found to be one of the biggest barriers to moving towards a healthier lifestyle. Through physical activity in the private sector and with levels of economic status found to be correlated to health outcomes⁵, it would be beneficial to make access to exercise easy as both a preventative tool in the public sector and as a response to the onset of many diseases further adversely impacting the medical sector.

A gap in provision

“There is a clear gap in provision for exercise as a prevention or management tool for chronic disease and there isn't availability or knowledge in the existing medical workforce to bridge it”

At present, general practitioners are the most efficient and effective pathway to intervention and support for people in local communities. However, there are limited options, such as exercise referral schemes⁶, found to be too short for exercise adherence and too expensive for most practices to utilise, or referral to a scheme such as the NHS Diabetes Prevention Programme. Apart from these 'schemes' the next level of physical specialism is physiotherapy and associated disciplines which are geared to address more clinically acute rehabilitative issues.

It is against this backdrop that there is a clear gap in provision for exercise as a prevention or management tool for chronic disease and there isn't availability or knowledge in the existing medical workforce to bridge it. However, with some creative change and investment, the workforce required to fill this gap could be closer at hand than most commentators realise.

Currently, there are approximately 66,300 fitness instructors in the UK, of which 22,032 are personal trainers. They are well placed to work with the general public with diagnosed or undiagnosed chronic conditions - it is common for sufferers to live with low level conditions for up to 20 years before they seek help from their doctor, when the condition interferes with their quality of life. The Chartered Institute for the Management of Sport and Physical Activity (CIMPSA), acknowledges this specialist need and has drawn up professional standards for fitness⁷. Ukactive⁸ also discussed using trainers more within a wider community based social prescribing framework. We see professional bodies turning

their consideration to this in light of Covid, which has created an awakening of understanding for the need to improve the physical and mental health of an ailing population.

Upskilling the workforce

"While such upskilling requires investment, the costs will not be as great as leaving health outcomes to an unnecessarily disjointed and unreformed skills base"

The fitness workforce has historically been eschewed by the medical profession on the basis that too many of its practitioners lack appropriate levels of educational attainment. Personal trainers are shown to have qualifications that range from a 'two-week online course' to a Masters degree in a sport specialisation such as Strength and Conditioning. Industry regulation has mitigated this to a certain extent by registering most practitioners with a vocational qualification equivalent to an A level. However, these fitness qualifications are not mapped to any NHS accreditation and qualification requirements and so a divide between health provisions runs deep.

An obvious solution to this division is to bring existing fitness qualifications into parity with the medical regulatory framework. The workforce can be upskilled into the range of existing NHS levels of qualifications and pathways, such as apprenticeships, which may then provide an opportunity to create roles acknowledged by the Health and Care Professions Council.

While such upskilling requires investment, the costs will not be as great as leaving health outcomes to an unnecessarily disjointed and unreformed skills base. At a time when the NHS is facing its largest ever backlog, it would be wholly inappropriate to invent a new category of worker, train them from scratch, or alternatively do absolutely nothing.

Workforce planning

"While in the past the pressures of electoral politics have often prohibited effective workforce planning, inaction with regards to the country's fitness workforce is contributing to a multifaceted healthcare crisis"

To mitigate the ill effects of both the waiting list backlog and the coming tsunami of chronic disease outcomes, it is important to make key investment and workforce planning decisions now. These plans should ideally be locked into our health system for the longer term through a robust cross-party agreement.

For decades, successive British governments of all stripes have avoided workforce planning issues. Incentivised by shorter-term electoral cycles, they have instead left the healthcare system dangerously exposed to the fragilities of professional overstretch. This is why the UK has so few doctors and nurses in comparison to other comparable countries in the developed world⁹.

However, with today's spiralling costs, waiting lists setting ever higher records and more than 21 per cent of people now opting to use private healthcare¹⁰, the NHS urgently needs creative solutions if it is going to have space to develop and implement better planning.

It is in this context that this proposal to upskill and realign existing professional skills and resources makes so much sense. As a swift and effective solution to overcome a current and costly chasm in our health system, the objective has to be not only holding back the looming wave of chronic disease but to enact comparatively inexpensive reform that will mitigate its most damaging and costly effects.

Faced with an unprecedented and systemic crisis of demand, the time for imaginative supply side reform is now more pressing than ever. If several tens of thousands of people are not empowered to fill the gap in our health economy, then the NHS - and the electoral support that it has hitherto enjoyed - could become irreparably damaged. While in the past the pressures of electoral politics have often prohibited effective workforce planning, inaction with regards to the country's fitness workforce is contributing to a multifaceted healthcare crisis.

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