

Scarlett McNally: Exercise still a miracle cure but in need of a different approach

It has now been 6 years since the Academy's pivotal report '[Exercise the miracle cure](#)' that I led. It collated some evidence showing exercise as better than many drugs for prevention (reducing the risk of dementia, diabetes, bowel cancer and depression by 30% at a 'dose' of 150 minutes per week) and as part of treatment. It also included skills on how to empower patients to choose an exercise and stick to it.

In the years since, the evidence has got stronger, yet inequalities in health have increased. The World Health Organization now recommends [150 to 300 minutes per week](#) as the minimum to retain health. 25% of the UK adult population are classed as 'completely physically inactive' (taking less than 30 minutes of physical activity per week), rising to [57% in some patient groups](#).

We need a fundamental re-think. As doctors and in Colleges and Faculties, we forget that some of us doctors, nurses or AHPs are below average. Some struggle to keep up to date. We are also short of time or assume that prevention is not our role. We fear shattering the patient relationship or seeming to stigmatise by asking about a person's inactivity. In our drive to excellence, we ignore the simple.

The NHS paradigm for over 70 years has the patient as a passive receiver of intervention. Yet most ill-health is related to life opportunities and most ill-health is preventable. The pandemic has highlighted that the NHS is a finite resource and that risks are unevenly spread.

A patient pathway may seem like a conveyor belt where nothing is challenged. [Physical inactivity increases the complications](#) of surgery several-fold. We now have evidence that very short interventions, for example daily exercise before cancer surgery, can reduce [complications by 50%](#). This is a teachable moment.

We assume that everyone understands what any intervention is for and has efficacy. Following the pandemic, we need to work on [Shared Decision Making](#). This means listening to the patient's goals and encouraging them to consider the risks, benefits and alternatives of different options, including non-medical options.

We pay too much deference to the Multi-Disciplinary team – absolving us from being involved. Unless doctors mention exercise, it will not be valued. We should embrace the [Academy's focus](#) on teams, creating 'Trans-Disciplinary' teams across pathways,



where each team member shares their skills and has a common goal. Team meetings should include and empower everyone: healthcare professionals, students, HealthCare Support workers such as [Doctors' Assistants](#) and non-clinical staff including managerial, administrative and reception staff.

The win-wins are increasingly being recognised. The best forms of exercise are those that fit into a person's schedule, such as active travel. Every car journey that is converted to cycling gives a dose of exercise to improve health, reduces pollution and reduces fossil fuel usage. There is new awareness of [pollution as a major cause of ill-health](#) and a new focus on [sustainability](#). Electric-bikes have an [astonishing impact](#) allowing elderly, disabled or less fit people to be active. [Swimming](#) is especially good for people with lower limb problems or obesity. The best results are for those moving from [none to some](#) activity.

A three-pronged approach is needed: for the public, healthcare staff and institutions. Public Health England and Sport England have an Advisory Board where I represent the Academy and they have new resources. We all need to advocate for, and role model discussion of, this simplest of treatments – exercise.

Resources for the public and families:

- [NHS Get Active](#)
- [We Are Undefeatable](#) from the charity sector for people with medical conditions
- [Moving Medicine](#) resources by condition
- [Centre for Perioperative Care](#)

Demands for the post-pandemic:

- All NHS staff to undertake movingmedicine.ac.uk '5-minute conversation' training or Making Every Contact Count (MECC) on www.e-lfh.org.uk.
- All NHS Trusts, schools and public buildings should include cycle parking, walkways and active travel subsidies.
- Exercise and motivational interviewing should appear in all our curricula.
- Funding for facilities for cycling and walking. A temporary redirection of road-building funding could enable this.

Mrs Scarlett McNally
Consultant Orthopaedic Surgeon

THE ACADEMY

The Academy of Medical Royal Colleges speaks on standards of care and medical education across the UK. By bringing together the expertise of the medical Royal Colleges and Faculties it drives improvement in health and patient care through education, training and quality standards.

CONTACT DETAILS

Academy of Medical Royal Colleges,
10 Dallington Street,
London, EC1V 0DB.

Telephone: 020 7490 6810
Fax: 020 7490 6811

Charity No. 1056565
Company No. 3166361