

# The Benefits Outweigh the Risks

Physical activity improving the daily lives of people with long term conditions

9<sup>th</sup> November 2023



BREAST  
CANCER  
NOW

ASTHMA+  
LUNG UK



PARKINSON'S<sup>UK</sup>



ROYAL  
VOLUNTARY  
SERVICE



British Heart  
Foundation

VERSUS  
ARTHRITIS

BritishRedCross

MACMILLAN  
CANCER SUPPORT



Stroke  
Association



DIABETES UK  
KNOW DIABETES. FIGHT DIABETES.



# The Richmond Group

Health and care charities collaboration – 12 national partners

Three priorities:

- Supporting people with multiple long term conditions
- Reducing physical inactivity among people with long term conditions, working in partnership with **Sport England, MS Society, Mind, Parkinson's UK**
- Engaging and supporting Integrated Care Systems

The  
Richmond  
Group  
of Charities



**WE ARE  
UNDEFEATABLE**



BREAST  
CANCER  
NOW

ASTHMA+  
LUNG UK



PARKINSON'S<sup>UK</sup>



VERSUS  
ARTHRITIS

BritishRedCross

MACMILLAN  
CANCER SUPPORT









Stroke  
Association



DIABETES UK  
KNOW DIABETES. FIGHT DIABETES.



# Agenda

	Context
	Risks and relevance
	Pathways
	Personalisation
	Enabling Change
	Wrapping up

---

# Ice Breaker

How do you like to move?

- Movement in your daily life
- Sport
- Exercise & fitness – classes, workouts, gym
- Active travel and recreation

WE ARE  
UNDEFEATABLE

Context



## Long term conditions and inactivity: national picture

- **40%** people with long term conditions in England
- **15-30%** estimates of those with multiple conditions
- **2x** as likely to be inactive with long term conditions as without
- **Intersectionality**

Sources: NHS E Digital, 2021; various; Sport England Active Lives, November 2022;



# Long term conditions and inactivity: Leicester, Leicestershire and Rutland

## LLR Population - LTCH / Disability



**13,385**  
more people in LLR have a long term physical or mental health condition or illness that limits their day-to-day activities, since 2011.\*

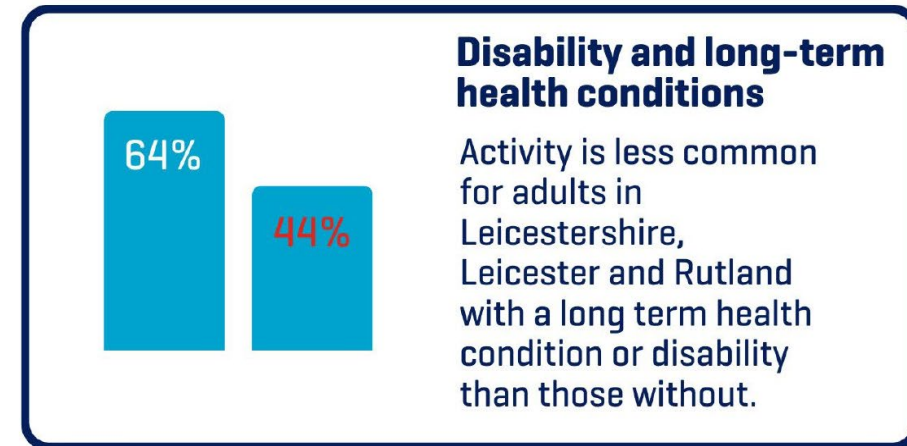


\*disabled under the equality act.

Sport England Adult Active  
Lives Survey November 21/22

 = active

## Levels of activity Leicestershire, Leicester and Rutland



\*active = 150+ minutes of physical activity a week



## Insight: barriers and needs

I find it very hard to play with my nephew. I don't have it in me to keep up and it's disappointing for me and him. So that's my goal, to be a fun aunt again

I don't just want to be pigeon-holed as someone with MS. I have multiple conditions and lots of factors determine whether I can exercise

There are days when I cannot do anything due to pain, fatigue, exhaustion

I would already need to pay for a taxi both ways and it would also require me to pay for my carer to go with me

## Insights: barriers and needs

If I was slim and had more energy I would go to the gym but at the moment I am too embarrassed about my weight and how I look to go to a gym

The cost of doing some forms of exercise has an impact. As I am medically retired due to my condition I don't have the available finances like I used to have when I was working full time

I have been told about a class near to me where there are some older ladies that enjoy Zumba, all shapes and sizes so I think I would feel comfortable there. Having trust and confidence in an instructor is important and enjoying the session is really important

I think most people need an exercise 'buddy' to get moving in the first instance

# Making physical activity feel relatable

Finding a way to be active that works for you – encouraging choice and providing reassurance

Working with relatable messengers - people with lived experience

Providing flexible support and encouragement - no two days looks the same with long term conditions

Making it realistic and achievable – motivations often lie beyond physical activity so make it personal



# Spotlight on Demelza and Debbie

WE ARE  
UNDEFEATABLE

Risks and relevance

# The consensus statement on risk

UN



## It's safer for people with long-term conditions to be physically active

### 1. The benefits outweigh the risks

Physical activity is safe, even for people living with symptoms from multiple medical conditions.



### 2. The risk of adverse events is very low but that's not how people feel

Well informed conversations with healthcare professionals can reassure people who are fearful of their condition worsening, and further reduce this risk.



### 3. It's not as easy as just telling someone to move more

Be aware of the concerns of individuals and their carers to help build confidence.



### 4. Everyone has their own starting point

Help people identify their own starting point, begin there and build up gradually.



### 5. Stop and seek medical review if...

They notice a dramatic increase in breathlessness, new or worsening chest pain and/or increasing GTN requirement, a sudden onset of rapid palpitations or irregular heartbeat, dizziness, a reduction in exercise capacity or sudden change in vision.



To find out more scan the QR code or visit [www.movingmedicine.ac.uk](http://www.movingmedicine.ac.uk)

Risk statement



# The change we're seeking

Our vision of a fairer system: We want to change this. To drive collective efforts to redesign a fairer system that works better for everyone - patients, healthcare professionals and sports organisations and their workforce. So that everyone can enjoy the benefits of an active life.

Our vision is a more person-centred alternative – a culture of medical guidance that aligns processes with the most up to date evidence base and empowers and supports people to manage their own activity and wellbeing.

And where individuals with specific concerns about their symptoms can seek advice rather than clearance, to enable and empower them to best manage their condition and get active in ways that work for them.



# An Insight-led Approach

This future state is supported by the findings of the #EasierToBeActive conversation with over 600 people, many of whom have lived experience of health conditions, highlighting the need for individualised pathways that empower people and create more effective integration across services and sectors.

"...most [healthcare professionals] aren't qualified to assess the risk for an individual of exercising and the current system doesn't give them the confidence to signpost or refer without fear of them being liable. This is such a tricky area that we haven't cracked mainly because of the worries about liability for both the 'referrer' and the 'receiver' (instructor or coach who may or may not be qualified or confident either!)"

Quote from #EasierToBeActive report

"I manage my conditions pretty well. I really don't see why a GP needs to sign a form to say I can go to the gym. My GP knows nothing about me really, all my care is from the hospital. The GP signing the form is a hoop I shouldn't have to jump through. I make life or death decisions about my medication every day but I can't be trusted to make a decision about my own ability to exercise? It is so disempowering. The medical approval forms MUST be reviewed."

Quotes from #EasierToBeActive report from someone with lived experience of a health condition






# What does success look like



1. Improved Pathways: Integrated pathways that improve the patient experience, provide the workforce with the confidence, knowledge and skills needed and so enable everyone to enjoy the benefits of being active.
2. A better understanding of risk: Challenging and changing mindsets across the health and sport and physical activity sector about the perceived risks and safety of physical activity for people with health conditions.
3. Patient Empowerment: Supporting the transition to shared decision making and patient empowerment.
4. Improved processes: A culture of medical guidance, not clearance, and pre-participation screening approaches that aligns processes with the most up to date evidence base and empowers and supports people to manage their own activity and wellbeing.
5. Reduced bureaucracy: Removed the need, at least in most instances, for GPs to sign people off as fit for exercise,

# Local priorities for LTCs and physical activity



**Improving Health and Wellbeing  
in Leicester, Leicestershire and Rutland**

Our Integrated Care Strategy  
2023-2028

**DRAFT FOR ENGAGEMENT**

The complex block contains a collage of 15 small images at the top, depicting various scenes of people, nature, and community. Below the collage is a dark blue rectangular area with white text. The text reads: "Improving Health and Wellbeing in Leicester, Leicestershire and Rutland", "Our Integrated Care Strategy 2023-2028", and "DRAFT FOR ENGAGEMENT".

Physical activity priority





# Pathways

Victorian

# Physical activity pathways

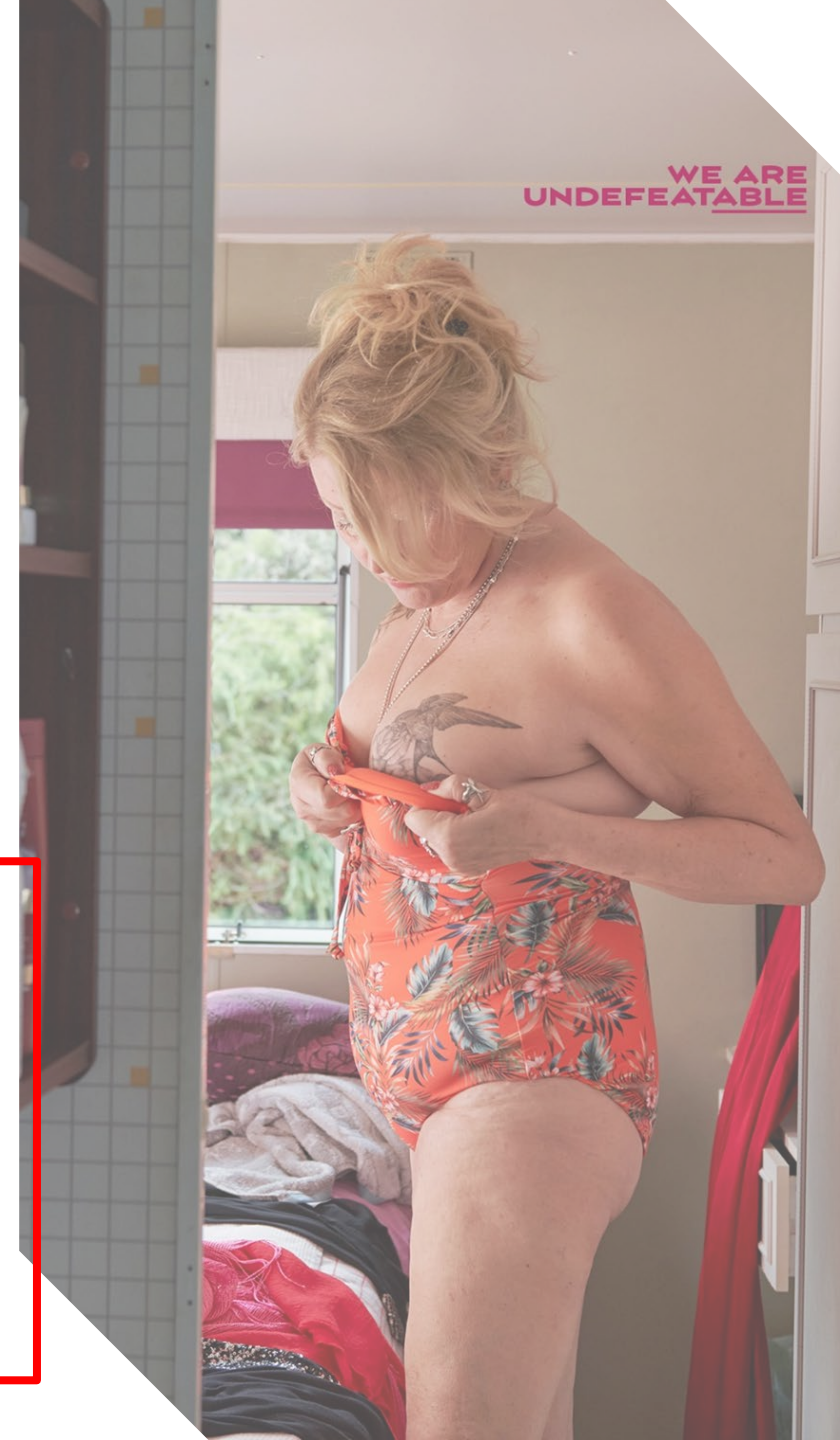
Prehab/rehab  
& Exercise on  
referral

Signposting physical  
activity/community sector &  
Social prescribing

Self referral

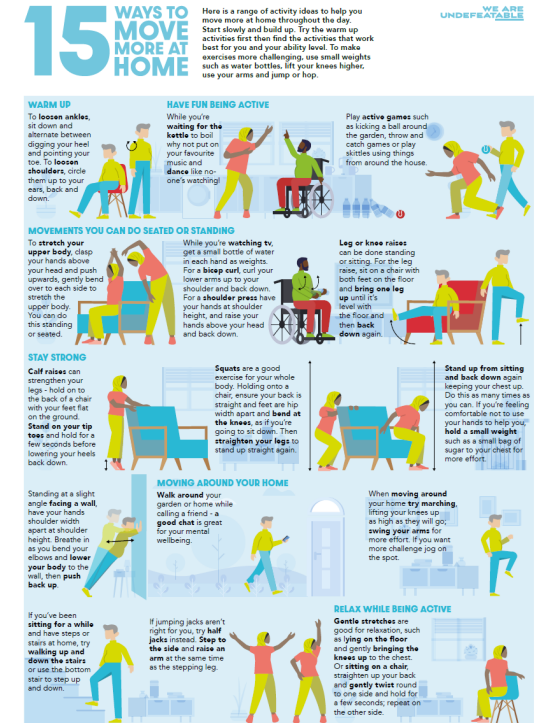
Pathways

WE ARE  
UNDEFEATABLE



# We Are Undefeatable

- [My Daily Undefeatable Printable Planner and Chatbot](#)
- [Ways to Move at Home Leaflet and Poster](#)
- [Move To Your Mood Videos](#)
- [We Are Undefeatable YouTube Playlists](#)
- [Five In Five](#)
- [Make Your Move Exercise Videos](#)
- [Team Undefeatable virtual walking football and dance programmes](#)
- [Freedom to Move](#)



### FREEDOM TO MOVE

Being active doesn't have to require a costly investment. In fact, We Are Undefeatable is here to help you find ways you can be more physically active that can be as simple and enjoyable as moving more whilst going about your day-to-day activities at home.

Teaming up with Bill Bailey and some familiar We Are Undefeatable faces, we've created three easy to follow videos that show you the free ways you can stay active through everyday activities that can be done from your own home and are suited to everyone's capabilities.

Watch on YouTube

**WE ARE  
UNDEFEATABLE**

**Personalisation**



# Personas

## **Darren**

55- 85

White

Hypertension, arthritis, asthma

Circumstances – lives in Rutland with his partner

AB/C1

Barriers – symptoms, used to be active and now can't in the same way,

Health system touchpoints – social prescribing link worker, GP, hospital stay for knee replacement 5 years ago with limited physio follow up

## **Mandeep**

35 -55

Asian/Asian British

T2 Diabetes, depression, overweight

Circumstances – lives in Leicester city suburbs with her husband and family, which includes teenage children

C2/DE

Barriers – fatigue, cost, lack of confidence about activity, no one to be active with

Health system touchpoints – diabetes clinics, talking therapy, GP,

## Improving access and inclusivity

### Discussion:

- Consider one or both personas
- Consider how is our physical activity offer meeting the needs of local people with LTCs?
- Consider whether there might be gaps?





WE ARE  
UNDEFEATABLE

Enabling change



# Discussion

## Goal:

We want to enable physical activity to improve the daily lives of people with long term conditions, thinking about how the benefits outweigh the risks

## Actors:

Who is contributing to success or failure of making it easier to be active?

## Behaviours:

What are the actions we need to take or behaviours we need to embed to enable the change we want to see?

## Consider:

What's the benefit for your organisation in making change?

What might be levers for change?

What one pledge can we agree to undertake today to start the change process?



**WE ARE  
UNDEFEATABLE**

**Wrapping up**

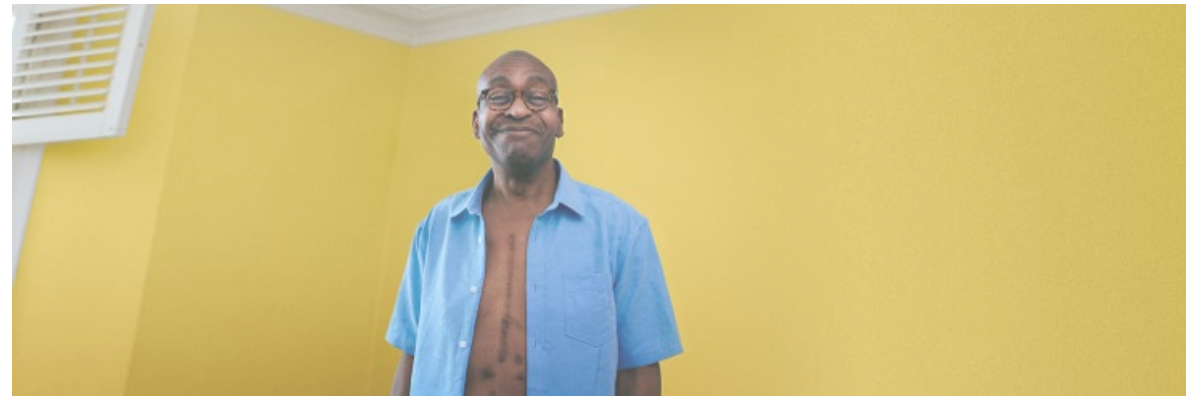


## Recap

- The benefits of physical activity outweighs the risks – physical activity is safe
- We need to ensure inclusive activity is integrated with health
- What are we going to do as a sector to build confidence around this?



# Questions?



# Workshop Questions

**What is your one key learning from this workshop?**

**What is the one action that you will take away from this workshop for you or your organisation?**

## Contacts

**WE ARE  
UNDEFEATABLE**

<https://weareundefeatable.co.uk/>  
[WeAreUndefeatable@ageuk.org.uk](mailto:WeAreUndefeatable@ageuk.org.uk)  
[@undefeatable](#)

The  
Richmond  
Group  
of Charities

<https://richmondgroupofcharities.org.uk/physical-activity>  
[@RichmondGroupOC](#)  
[Michelle.roberts@ageuk.org.uk](mailto:Michelle.roberts@ageuk.org.uk)  
[@MichelleRob3rts](#)

**WE ARE  
UNDEFEATABLE**

**Thank you!**





# What's Next

Refreshment Break (opposite Main Hall)

Then

Big Conversation 2 (Main Hall – please note table number on your delegate badge)