

## Joint Cross Party Group on Sport & Cross Party Group on Heart Disease and Stroke

Tuesday 26th May 2015 17.30 – 19.30

Scottish Parliament

---

### Present

Liz Smith MSP, Alison Johnstone MSP, Dennis Robertson MSP, Kim Atkinson, Lee Cousins, Catherine Ronald, Dr Andrew Murray, Maurice Donoghue, Lynne Irons, Nathan Stephens, Charlie Raeburn, Roger Scrutton, Mark Smith, Stew Fowlie, Gill Alexander, Mary Allison, Jan Buncle, Rosi Capper, Tess Capper, Eimear Culliney, Kirsty Cumming, Chris Dickson, Jackie Doody, Sarah Florida-James, Jamie Frail, Stuart Gallagher, Rona Gibb, Laura Hastings, Brian Henderson, Paul Hodson, Ruth Mendel, Alan Miller, Jim Moffat, Alistair Gordon, Grant Jarvie, Jay Lee, Charles Mackenzie, Jim McIntosh, Catriona Morrison, Mary Colvin and Joshua Bird.

### Apologies

Jenny Ackland, Jackie Baillie, Vincent Bryson, Diane Cameron, Jane Campbell-Morrison, David Fergusson, Jeannette Gaul, Hugh Hall, Stewart Harris, Jim Harte, Jane Harvey, David Laing, Liza Linton, Helen MacFarlane, David Matthew, Greg McCracken, Prof. Nanette Mutrie, Keith Oliver, Ronnie Sloan, James Watkins and Mary Sinclair.

### Previous Minutes

Proposed by: Jim McIntosh

Seconded by: Grant Jarvie

### Next Meeting Date

TBC – after the Summer recess.

### Opening

Alison Johnstone MSP (Co-Convenor) welcomed attendees and speakers. She particularly welcomed Dennis Robertson MSP, Convenor of the CPG on Heart Disease and Stroke.

The topic for the meeting is: *Prevention: Realising the Benefits of Sport/Being Active for Health.*

Alison introduced the keynote speaker Dr Andrew Murray.

### **Speaker 1: Keynote Speaker**

#### ***Dr Andrew Murray***

Andrew began by talking about the benefits to health of doing physical activity and sport, about how prevention is better than cure.

He said that for doctors, it should be about looking to do the best for every patient every time and most importantly, helping people to live longer, happier and healthier lives.

He noted that life expectancy has grown massively. Though in Scotland, despite not being genetically unhealthy, in the last 40/50 years health has deteriorated largely due to lifestyle factors – 51% of the things that kill people are due to lifestyle factors.

He suggested that Scotland performs extremely well as a healthcare nation, except in the area of prevention and healthy lives and he encouraged that we learn from across the world on how we can improve on this.

Andrew suggested attendees thought about what could make the biggest difference, given that at the moment, 7 people/day die from physical inactivity, so it's a problem that really needs tackled. He suggested "[Investments that work in physical activity](#)" as an article worth reading.

In terms of health and social care, he pointed to a couple of things

- Can we incorporate physical activity into prescriptions?
- Can we include use of it as a prescription in medical training (only two medical schools out of five teach about sport and physical activity)?

Call to action:

Andrew summarised his asks to the Group:

- Keep on increasing happiness and health
- Tell stories and share data
- Think walking, physical activity and sport
- Look at the NHS Health Scotland Portal
- [Watch 23.5 Hours](#)

## **Speaker 2**

### ***David McColgan – British Heart Foundation Scotland***

David spoke of the economic cost of physical inactivity.

He explained that 75% of deaths in Scotland are from non-communicable diseases (NCDs) and the single biggest killer is heart disease. Importantly, he highlighted that all of Scotland's top killers are preventable.

He cited that 36% of people aged 16+ are not getting enough physical activity and there is a significant gap between levels of physical activity in more deprived areas vs less deprived areas.

He gave examples of how much incidence of certain diseases could be reduced if physical activity levels increased as detailed in the table below.

<b>NCD</b>	<b>Global Contribution</b>	<b>UK Contribution</b>	<b>Cost to NHS (millions)</b>
Coronary Heart Disease	6%	10.5%	£542
Colon Cancer	10%	18.7%	£65
Breast Cancer	10%	17.9%	£54

Type 2 Diabetes	7%	13.0%	£158
-----------------	----	-------	------

He said that overall, coronary heart disease costs the UK £8.7 billion, with a wider economic impact of £18.9 billion.

David explained to attendees that, in light of the various illnesses that can either be prevented or improved through physical activity, a collection of organisations have formed an initial group to work together and strengthen the messaging around physical activity and sport for the purpose of prevention. The group consists of the following organisations: SSA, SAMH, BHF, Bowel Cancer UK, Breakthrough Breastcancer, Age Scotland, Alzheimer Scotland, The Care Inspectorate, Diabetes UK and Chest, Heart & Stroke Scotland. All members of this group have a common interest in promoting the benefits of sport and physical activity to aid their various causes.

### **Speaker 3**

#### ***Maurice Donoghue and Lynne Irons – Scottish Association for Mental Health (SAMH)***

Lynne began by giving a summary of SAMH’s work – she explained the importance of promoting mental wellbeing for all and ending the stigma and discrimination associated with mental health, especially given that it affects 1 in 4 people.

She noted that 25% of people experiencing mental health issues wait 12 months before going to the doctor, which is too long.

She highlighted too, that 30% of GP patient appointments have a mental health component.

She explained that, although people are talking more about mental health, there’s still a habit of talking only about the illness aspect of it as opposed to overall mental health and wellbeing.

As regards physical activity, it has a role to play in both the treatment and prevention of mental health conditions.

She noted that, unfortunately, there are significantly less opportunities for people with mental health issues to engage with sport and physical activity.

Maurice continued, talking to attendees of case studies from SAMH’s Get Active programme, where being active has turned people’s lives around. He showed the Group a case study of a man who, through getting active, improved his mental health so significantly that he then went on to work with others in a similar situation to help them improve their mental health too.

Maurice also explained to attendees about the work SAMH is doing with SGBs and elite athletes. He talked of the high pressure environment within which athletes operate, they can be dropped from squads/teams, have short careers, have sudden drops in income, lose networks etc and this can be extremely challenging mentally. They work to help athletes in being mentally prepared for such situations and to provide assistance/advice if they are struggling.

### **Q&A**

Alison thanked all speakers and explained that the meeting would now move to the Q&A session. Before doing so, she introduced Nathan Stephens, who would be on the panel for the session. Nathan is a Scottish Clinical Leadership Fellow at the The Royal College of Surgeons of Edinburgh, a Scottish Clinical Leadership

Fellow for NHS Education for Scotland and a Representative of the Association of Surgeons in Training. He was also one of the lead instigators in the development of the Scottish Academy of Medical Colleges and Faculties Pledge as to the integration of physical activity into health and social care in Scotland.

Alison also offered the apologies of Shulah Allan (Convenor of the Scottish Council for Voluntary Organisations and the Vice Chair of the Lothian Health Board) who was unable to joint our panel this afternoon due to unforeseen circumstances.

- 1) Dennis Robertson MSP questioned whether, in promoting the benefits of sport/being active for prevention, we're using the right language?
  - a) Dr Andrew Murray responded saying that he wasn't so concerned about specific language, rather that the message is getting out there and getting people active.
  - a) Nathan Stephens talked of how the impact of physical activity on disease prevention, reducing disease progression and improving the rehabilitation process is well-founded now, but it's true that the medical industry hasn't been great about talking about this and this does need to improve.
  
- 2) Gill Alexander (NHS Greater Glasgow & Clyde) highlighted that for people who have suffered illness, there are perceived obstacles to being active, it's unfamiliar territory to them – she suggested that we, as an industry, need to support people to self-manage their health and put this to the panel.
  - a) Alison Johnstone MSP agreed with Gill's comments, noting that being active is not the norm for everyone.
  - a) Chris Dickson (West Lothian Leisure) explained that they have programmes in place to help those people with illnesses that find exercise a daunting prospect. He agreed that terminology is important and suggested to be flexible with environment/venue in order to make people feel more comfortable to attend. He made an interesting point too in highlighting that, if deaths on the road were akin to those caused by physically activity, it'd be likely that more action would be taken by the government. Why is it then that deaths caused by physical activity are somehow less shocking?
  - a) David (BHF Scotland) talked about the WHO target, known as 25 by 2025. This is a target to reduce global incidences of non-communicable diseases by 25% by 2025. It asks for inactivity to be reduced by 10%. David said that it'd be interesting to know where the Scottish Government stands on prevention of NCDs.
  - a) Lynne (SAMH) talked of how we're starting to see a person-centred design in approaching physical activity – it's as much about the social interaction as it's about physical activity. She suggested it should be about developing sustainable habits.
  - a) Charles (SACU) made a plea for the Group and health/wellbeing industry in general, to recognise the contribution of motorsport to the bigger picture, highlighting that it is in fact a very physical sport, although it's not always perceived in this way.
  
- 3) Alison Johnstone MSP asked the panel whether they saw one significant barrier that was stopping people developing that active lifestyle?
  - a) Dr Andrew Murray said that it's about changing the culture eg doctors considering prescribing activity instead of pills
  - a) David (BHF Scotland) said he agreed that there was a need for a culture change
  - a) Maurice (SAMH) emphasised that the education process is key eg is it right that PE can be dropped in 4<sup>th</sup> year at school?

- 4) Dennis Robertson MSP queried whether people with disabilities were participating as equals and if enough was being done to use our role models?
  - a) Nathan Stephens agreed that there are definitely barriers and there is a challenge in the branding of physical activity. Young people are really drawn to celebrities and sport could make better use of this appeal.
  - a) Lynne (SAMH) agreed that a positive impact can be had from celebrities/high profile people - they've had this experience in mental health. She suggested that people don't need to be told that physical activity is good for them, as that's a given, rather opportunities need to be facilitated for it to take place.
  
- 5) Cllr Ron McKail suggested it's about small changes, like at school, should we have no drop-off zones to encourage walking to school? Do we spend too much money on elite sport and not enough on the general population?
  - a) Alison Johnstone MSP agreed that the school run and parent drop-off in general is a great opportunity to grasp the attention of parents.
  - a) Dr Andrew Murray said that it's about having the right balance between elite sport and sport/physical activity in the general population. He said that there's a need for greater investment in health, but investment in elite sport is worthwhile too.
  
- 6) Jay Lee asked the panel what a successful national campaign to get people more active would look like?
  - a) Nathan Stephens said that it is harder to package a campaign aimed at tackling physical inactivity. Whilst campaigns like 5-a-day (for fruit and vegetables) have short, memorable taglines, it's less clear what would have the same effect in encouraging the habit of being active.
  
- 7) Grant Jarvie (University of Edinburgh) explained that he was shocked that issues related to physical inactivity are mentioned very little in the various party manifestos. He queried whether, as a sector, we should be insisting that manifestos address the challenge of physical inactivity.
  - a) David (BHF Scotland) suggested that one of the problems is that all the parties agree on what the issues are what could be done to help – because they agree there isn't sufficient challenge to get any action from them.

To conclude, Alison Johnstone MSP asked all panel members, what's the one thing they'd put in place to allow people to live longer, healthier and happier lives?

- Nathan would like to change the perception that the gym is the only place you can exercise
- Lynne would like to see Scotland as a country that supports and facilitates people to be active, a more positive approach
- Maurice would like to the benefits of walking for health communicated more effectively
- David would like to see the Scottish Government make a non-communicable disease prevention strategy
- Andrew echoed Maurice, saying we should never underestimate the benefits of walking.

Alison Johnstone MSP thanked all speakers and attendees for their contributions. She noted that the next CPG on Heart Disease and Stroke was scheduled for 10<sup>th</sup> June 2015, whilst the next CPG on Sport meeting date would be after the Summer recess and would be communicated to all Group members in due course.

*It is jointly administered by the offices of these MSPs and the Scottish Sports Association.*