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**Making the case for social prescribing
of active travel: a toolkit to support
patients to walk and cycle**



Overview

- Background
- Health benefits of active travel
- Policy
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- How to support patients to take up active travel
- Summary

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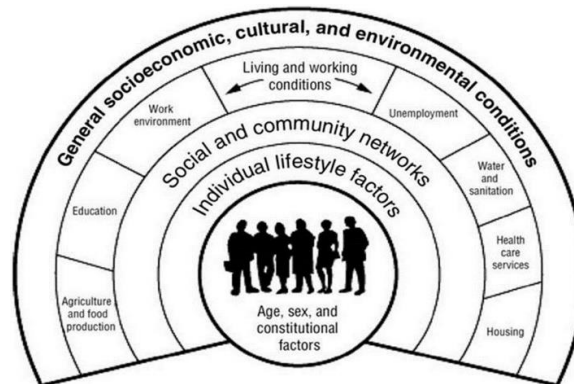
Background

Social prescribing is a means of enabling primary care professionals to refer people to a range of local, non-clinical services.

Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way and increase patients' agency and autonomy.

Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

There are many different models for social prescribing, but most involve a link worker or navigator who works with people to access local sources of support



Background

Case study

Encouraging patients to fit 20 minutes of walking or cycling as part of a journey into their lives each day

Aim/context

The Mayor's Transport Strategy 2018 sets out the ambition that by 2041 all Londoners will be achieving 20 minutes of active travel per day, enabling them to get sufficient physical activity to maintain good health and wellbeing, in line with the Chief Medical Officers' recommendations. In the summer of 2019, Transport for London (TfL) commissioned research to explore how Londoners could integrate 20 minutes of active travel (walking or cycling as part of a journey) into their everyday lives.

Sarah* from Waltham Forest was one of the study participants. Sarah has a chronic illness that creates challenges for her daily



*participant's name has been changed

life. This meant she wasn't physically active prior to her involvement in the study. During investigations for an injury a year ago she was diagnosed with a new health problem related to inactivity and told that if she got more exercise things could get a lot better – and that without exercise the situation would get worse.

Because the advice was just given as 'get more exercise', Sarah asked her GP for more details about the kind of exercise that she could do given her situation.

"I couldn't go to the gym or do yoga or pilates because of the injury, so I said 'What kind of exercise can I do then?' and the GP just said 'Walking or swimming.'"

Sarah left the GP thinking about her options...

"Well I can't swim so that's out. I like walking but when I think of walking I think of 'going for a walk' as something you do on holiday, like 'a walk on the coast' – something you make time for. So that's what I set out to do – to try to fit in a recreational walk on most days."

Sarah was determined to find a way to 'get more exercise' and did a lot of research about how much and how briskly she'd need to walk to get exercise benefit. She managed a few months of recreational walking in local parks and natural areas,

TfL commissioned research on the '20 Minute Challenge': how Londoners can incorporate 20 minutes of active travel into their lives daily.

- Research found that participants were being told by health professionals to exercise but were finding it difficult to incorporate into everyday life
- Exercise was perceived as something patients had to make time for (such as going to the gym) rather than an activity that could be integrated into their daily journeys
- Participants found active travel was an accessible way of achieving physical activity recommendations
- Participants saw benefits to physical/mental health and felt more connected to their local communities

“Why did it never occur to me that exercise could be walking as part of a journey?”

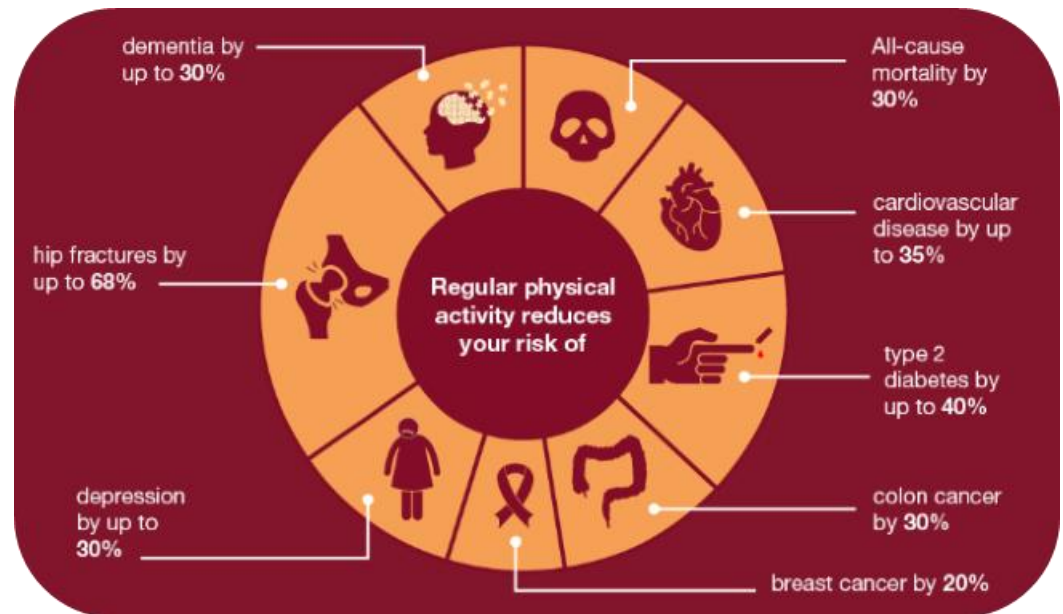
Background

“If a health care worker is going to tell someone to get more active then they need to go further and give clear information and guidance about how to achieve it. Vague, well-meaning advice to ‘get more exercise’ risks simply serving as a reminder of what you are missing rather than an enabling and motivating message that encourages change.”

Health benefits of active travel

The pandemic has shown the importance of supporting, improving and promoting the health of Londoners

Those with underlying health issues such as diabetes, cardiovascular disease and lung conditions are more vulnerable to the virus. Through increasing physical activity and reducing air pollution, active modes can support health and wellbeing and help build resilience in Londoners in the long term.



Active travel is an easy, accessible way of achieving recommended physical activity levels. The Active People Survey has shown that people who cycle for travel purposes (i.e. rather than simply for recreation) are four times as likely to meet physical activity guidelines (Sustrans 2017).

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Health benefits of active travel

Active travel is the main source of physical activity for Londoners.

Physical activity helps to prevent and manage over 20 chronic conditions and diseases, including some cancers, heart disease, type 2 diabetes and depression. It is recommended that all adults get 150 minutes of physical activity per week. Before the pandemic, more than a third of Londoners reported not doing sufficient physical activity (Sport England 2019).

There is a risk that with more Londoners staying at home and switching from public transport to car use, Londoners will be getting even less exercise than before the pandemic.

Prolonged periods at home could result in worse health and wellbeing outcomes if Londoners are not supported to exercise. Active travel is protective and mitigates health outcomes that make individuals vulnerable to COVID-19.

A person who is physically active every day reduces their risk of:

Type 2 diabetes

35–50% ▼

Depression

20–30% ▼

Coronary heart disease

20–35% ▼

Alzheimer's disease

20–35% ▼

Breast cancer

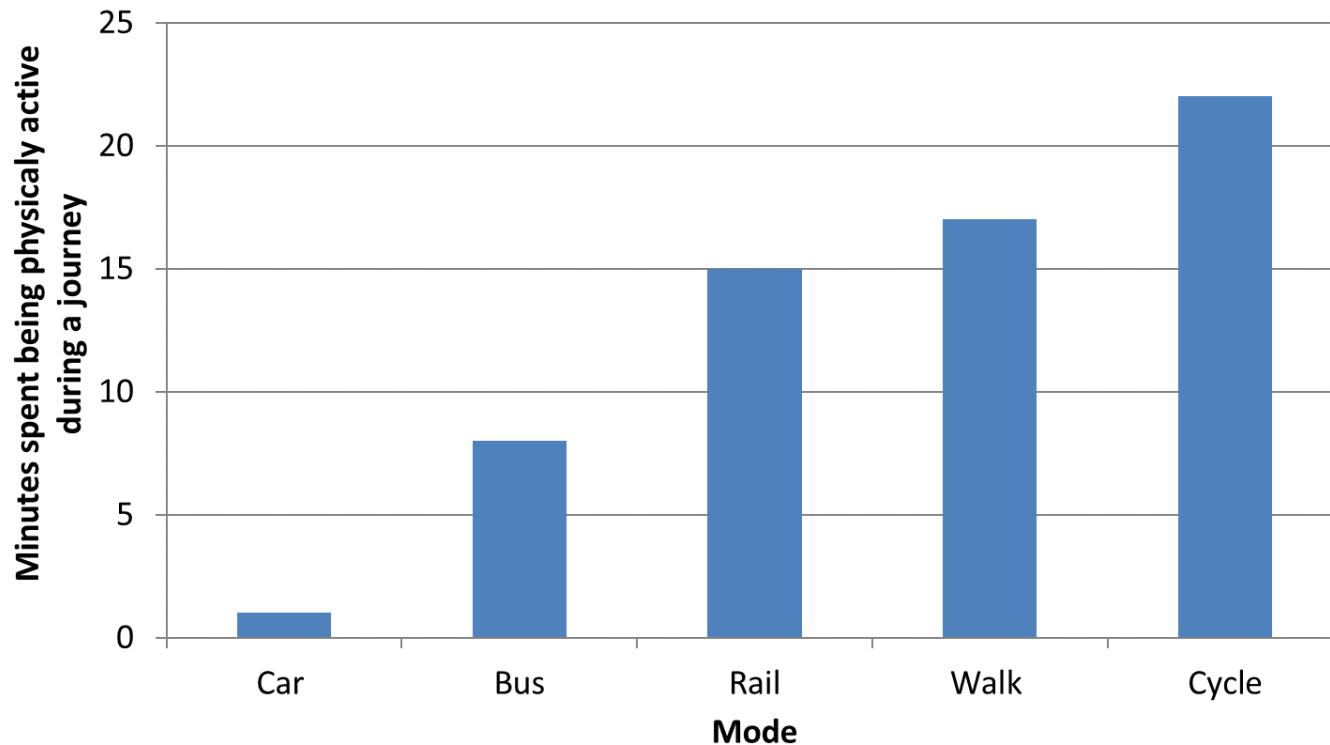
20% ▼

Colon cancer

30–50% ▼

Health benefits of active travel

Walking, cycling and public transport allow people to be more physically active compared to car use, with the average amount of time spend physically active per journey being less than 1 minute for car trips; 8-15 minutes for public transport trips; 17 minutes for walking trips; and 22 minutes for cycling trips.



Health benefits of active travel

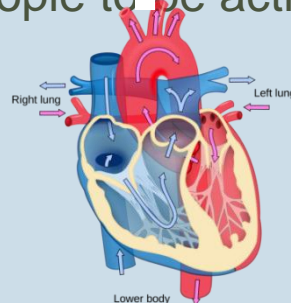
If every Londoner walked or cycled for 20 minutes a day:

We would prevent
1 in 6 early deaths



...and save the NHS
£1.7bn
in treatment costs
over the next 25
years

1 in 10 cases of
stroke and heart
disease could be
prevented by
supporting inactive
people to be active.



We could prevent
around **20,000**
people getting
depression
and around
20,000 people
getting **dementia**

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Health benefits of active travel

Severance impacts the health and wellbeing of Londoners

Community severance is when transport infrastructure or motorised traffic acts as a **physical or psychological barrier** to the movement of pedestrians.

Severance may form a **barrier to accessing local resources such as green spaces and healthy food options, as well as health services, education and employment opportunities.**

Severance may also influence social capital, that is, the ability to develop and maintain familial and friendship networks, and feelings of community cohesion and social isolation.

The pandemic has increased social isolation and poor mental health outcomes, therefore the issue of severance is particularly key at this moment. Access to green spaces and healthy food have become essential. Infrastructure to support active travel can reduce severance and social isolation.



Carriageway in London



Pedestrians in London

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Health benefits of active travel

Active travel can help reduce air pollution, road danger and noise

Half of air pollution emissions (PM and NO₂) come from road transport. In London, poor air quality is estimated to contribute to thousands of deaths each year. Between 2014-2016 over 4,000 Londoners, a quarter of whom were children, were hospitalised with asthma or other lung conditions as a result of air pollution (KCL 2019). There is evidence suggesting higher levels of COVID-19 mortality in areas of deprivation where there are also higher levels of air pollution, and it is known that exposure to air pollution increases the risk of developing respiratory diseases that make individuals vulnerable to severe coronavirus outcomes.

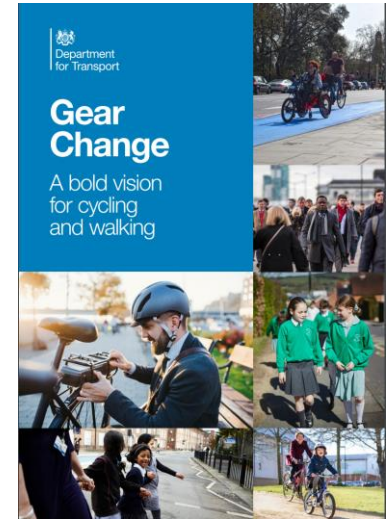
Road transport increases risks of accidents and death in pedestrians. Children from disadvantaged backgrounds are 5x more likely to be killed on the roads as pedestrians than children from more affluent backgrounds. Collisions can result in death, long term injury, disability and mental health issues for the those involved and their families.

Road traffic is the largest cause of noise pollution in London: almost 2.4 million people are exposed to road traffic noise levels that are above WHO guidelines (55dB). Noise can lead to cardiovascular and physiological effects, stress, mental ill health, and hearing impairment. Noise can also impact on sleep, which can lead to higher rates of obesity and increased mortality, as well as poor performance and potential health and safety risks in the work place.

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Policy

- In the government's active travel strategy 'Gear Change: A Bold Vision for Cycling and Walking', the PM's foreword states 'This strategy sets out our plans to **start prescribing bikes on the NHS** – with the bicycle in effect giant, universal prescription, with our bike lanes becoming huge, 24-hour gyms, free and open to everyone'.
- Four strategic themes:
 - Theme 1: Better Streets for cycling and people
 - Theme 2: Cycling at the heart of decision-making
 - Theme 3: Empowering and encouraging local authorities
 - Theme 4: We will enable people to cycle and protect them when they cycle.



One of the theme 4 actions is '**We will work more closely with the NHS, incentivising GPs to prescribe cycling and building cycle facilities in towns with poor health**':

'We will choose several pilot places with poor health and low physical activity rates to deliver personalised care by working through social prescribing in primary care networks to incentivise GPs to prescribe cycling wherever appropriate. **A stock of cycles would be available to lend, with training, access to cycling groups and peer support; in some cases, if they used them enough, patients would be allowed to keep them.** Patients will not cycle unless they feel safe, so **these places will also be major locations for our infrastructure interventions such as segregated lanes, low-traffic neighbourhoods and secure cycle parking.** Access to good quality green space and green routes, away from traffic, can both increase attractiveness of cycling and bring mental health benefits. Such interventions could be connected to NHS campaigns in the pilot areas'.

Policy

- In the government's obesity strategy, 'Tackling obesity: empowering adults and children to live healthier lives', rather than focusing primarily on childhood obesity, the strategy represents a new focus on empowering adults to lose weight as well. This plan is being launched alongside an exciting new 'Better Health' campaign, led by Public Health England (PHE), which will call on people to embrace a healthier lifestyle.
 - One action is to 'expand weight management services available through the NHS, so more people get the support they need to lose weight'. **However, there is no direct mention of social prescribing in the strategy.**
 - Nevertheless, the press release states that as part of the obesity strategy the government will 'expand NHS services': 'weight management services will be expanded so more people get the support they need to lose weight. ... From next year doctors will be offered incentives to ensure people living with obesity are given support for weight loss and primary care staff will also have the opportunity to become 'healthy weight coaches' though training delivered by PHE. **Separately, GPs will also be encouraged to prescribe exercise and more social activities to help people keep fit'**.



Policy paper

Tackling obesity: empowering adults and children to live healthier lives

Published 27 July 2020

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1. Introduction

Tackling obesity is one of the greatest long-term health challenges this country faces. Today, around two-thirds (6.3%) of adults are above a healthy weight, and of these half are living with obesity^[footnote:1]. We have [1 in 5 children](#) leaving primary school who are already overweight or living with obesity with [1 in 5](#) living with obesity^[footnote:2].

Obesity prevalence is [highest amongst the most deprived groups in society](#)^[footnote:3]. Children in the most deprived parts of the country are more than [twice as likely](#) to be obese as their peers living in the richest areas^[footnote:4]. This is sowing the seeds of adult diseases and health inequalities in early childhood.

Obesity is associated with reduced life expectancy. It is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, at least [12 kinds of cancer](#), liver and respiratory disease^[footnote:5], and obesity can impact on mental health^[footnote:6].

Our country's rates of obesity are storing up future problems for individuals and our NHS. But worryingly, there is now consistent evidence that people who are overweight or living with obesity who contract coronavirus (COVID-19) are more likely to be admitted to hospital, to an intensive care unit and, sadly, to die from COVID-19 compared to those of a healthy body weight status^[footnote:7]. Obesity has become an immediate concern for anyone who is overweight and for our health and care services.

Lots of people who are overweight or living with obesity want to lose weight but find it hard. Many people have tried to lose weight but struggle in the face of endless prompts to eat – on TV and on the high street. In supermarkets, special offers and promotions tempt us to buy foods that are not on the shopping list but are hard to resist. When we eat out, we have little information about how many calories are in the food we are offered. We are biologically programmed to eat and when we are bombarded by advertisements and promotions for food – it's hard to eat healthily, especially if we are [busy or tired or stressed](#)^[footnote:8].

We understand this. We've heard from people up and down the country who want to help themselves. But we've also heard that there are some things where they need our help. Today we are announcing a new set of policies that starts to change this environment: to empower people to make the healthier choices they want to make and give the full support of the NHS to people who are overweight and who want to lose weight. It is the start of this government's effort to shift healthcare to focus more on public health and prevention.

Helping people to achieve and maintain a healthy weight is one of the most important things we can do to improve our nation's health.

2. COVID-19 and obesity

We have known for decades that living with obesity reduces life expectancy and increases the chance of [serious diseases](#) such as cancer, heart disease and type 2 diabetes^[footnote:9]. In the last few months we have seen that being overweight or living with obesity puts you at risk of dying from COVID-19^[footnote:10].

As Public Health England's (PHE's) recent assessment has made clear, new evidence in the UK and internationally, indicates that being overweight or living with obesity is associated with an increased risk of hospitalisation, severe symptoms, advanced levels of treatment such as mechanical ventilation or admission to intensive care units and death from COVID-19. These risks increase progressively as an individual's body mass index (BMI) increases^[footnote:11].

There are likely to be several reasons why people living with obesity are at a greater risk of being seriously ill, and dying, from COVID-19. These include the effect excess fat tissue has on vital organs like the heart, lungs and liver; increased inflammation and decreased immune response to infection^[footnote:12]. And obesity increases the risk of diseases like type 2 diabetes, heart disease and respiratory disease, which themselves increase the risks of complications in someone who contracts COVID-19.

This new evidence from the UK and internationally is consistent. It suggests that the risk posed by being overweight or living with obesity to people with COVID-19 is relatively high^[footnote:13]. This relationship cannot be explained by factors such as age, sex or race, or other diseases.

We know that black, Asian and minority ethnic populations and those living in deprived

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Case Studies

“My patient has been isolated for most of 2020. She would sometimes take a bus two stops to go shopping. She has underlying medical conditions and has suffered from depression in recent years. She is over 60 years old and lives alone.

She was referred by her GP to social prescribing. We would talk every two weeks for up to an hour. She would often tell me how long it had been since she went out. She did use to love walking but had stopped due to Covid-19 concerns.

I told her about a walking group that was running in her area with social distancing and it was all outside. She was not keen. Part of our work is motivational coaching and interventions being person-led. I knew she needed to want to go out.

On a call she told me she had finally gone for a walk on the way back from shopping, but she couldn't find the park. She doesn't use a computer or have a smartphone. I again told her about the local walking group. She agreed to have a call back. They made contact with her and spoke to her several times. She agreed to meet a member of group.

She went for her first walk in her local park. I called her the following day. She really enjoyed finding her local park. She still needs reminders and sometimes she doesn't answer her phone or forgets but she does go out for walk most weeks as part of local walking group.”

David Sagman
Social Prescriber/Care Navigator
Kilburn Primary Care Co-Op Limited

Case Studies

A promotional poster for Southwark Cycle Buddies. The top section has a red background with the title 'Southwark Cycle Buddies' in a black, cursive font. Below this is a blue section with white text asking if the reader is a new cyclist or an experienced one looking to help. To the right of the text is a partial image of a bicycle wheel with blue spokes. The bottom section has an orange background with white text providing application details and a disclaimer. To the left of the text is a partial image of a bicycle wheel with orange spokes. At the bottom right is the 'SOUTHWARK CYCLISTS' logo, which includes the text and a stylized graphic of three overlapping circles representing a bicycle wheel and handlebars.

*Southwark
Cycle Buddies*

Are you a new cyclist, nervous about riding on London's roads?

Or are you an experienced cyclist* who would like to help a nervous rider discover the joy and freedom of getting about by bike?

Southwark Cycle Buddies puts new riders in touch with experienced riders in their local area. Buddies can then meet up and ride together – to work, to the shops, or just to the park for a bit of practice!

Apply to be a Buddy at <https://bit.ly/southwarkCBs> or email cyclebuddies@southwarkcyclists.org.uk for more information!

* This isn't a formal scheme so you don't need any specific training to be the "experienced rider", just road sense and a passion for helping others!

SOUTHWARK
CYCLISTS 

- Southwark Cycle Buddies scheme launched to support the many new cyclists who started cycling as a result of the pandemic. The scheme helps new cyclist to gain confidence and use their bikes for routine travel – to work, to school, to the shops.
- The scheme pairs inexperienced with experienced cyclists in their own area. They can then meet up and do some riding together, for example trying out routes to work.
- Similar schemes have launched in Wandsworth and Lambeth.

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Case Studies

- Wheels for Wellbeing is a London-based charity that supports inclusive cycling and offers disabled people and their carers cycle training at a subsidised cost.
- Training is provided on both standard and non-standard bikes.
- Cycling can be easier than walking for some patients.



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Case Studies

- Yorkshire's 'cycling on prescription' scheme: Cycle for Health running for 4 years in Yorkshire delivered by Cycling UK.
- Referrals from GPs, hospitals, CCGs and mental health charities.
- Improvements seen in physical activity with more meeting physical activity guidelines and mental health.

Cycle for Health

Over 12 weeks, participants receive expert cycle tuition, develop their cycling skills and go on led bike rides within a small and inclusive group. The projects currently run from a variety of sites in West Yorkshire including community centres, leisure centres and social enterprise hubs where all equipment is provided. Many people attending do not have access to a bike and so this helps to clear this initial barrier. The weekly structure is flexible and is driven entirely by the abilities of those attending.

The main route onto the programme is via referral from a professional within a health setting. This may be a local GP, health worker, case worker, an exercise team (usually within a local authority) or a healthy eating adviser who considers that 12 weeks of cycling and activity will have a positive effect on a person's mental or physical well-being.

Cycle for Health is currently being delivered by Cycling UK on behalf of the West Yorkshire Combined Authority City Connect project. It has three targets:

- to increase participant activity levels thereby improving their health and wellbeing
- to change participant travel behaviour by offering cycling as a mode of transport
- to offer opportunities to cycle where it otherwise would not be possible.

How to support patients to take up active travel

Participants “top tips” to health care professionals:

- Tell people how much walking (or other exercise) ‘counts’ as active / what the guidelines are (for example walking for 20 minutes each day adds up to 140 minutes a week, which is very close to the recommendations for adults to get at least 150 minutes of exercise per week).
- Give suggestions for how to break down the weekly exercise goals into daily amounts (for example 20 minutes per day, or 2 x 10 minute or 4 x 5 minute trips).
- Tailor advice to show how exercise can be achieved in manageable and easy ways that suit the person’s lifestyle (for example fitting it into a journey rather than doing something extra)
- Remind them that they can get exercise as part of a journey – that “active travel” (walking or cycling as part of a journey) is an easy and achievable way to get active, and can be a good way to be time efficient
- Signpost people to wayfinding tools (e.g. walking maps and apps) and information sheet with the basic facts, and some tailored local advice about places to walk, with the option of referral or self-referral to someone who can give advice and troubleshoot if you’re still struggling after 5-6 weeks.
- Provide ways to check-in regularly on progress – on or offline

Case study

Encouraging patients to fit 20 minutes of walking or cycling as part of a journey into their lives each day

Abstract
The Mayor's Transport Strategy 2018 sets out the ambition that by 2041 all Londoners will be achieving 20 minutes of active travel per day, enabling them to get sufficient physical activity to maintain good health and wellbeing, in line with the Chief Medical Officers' recommendations. In the summer of 2019, Transport for London (TfL) commissioned research to explore how Londoners could integrate 20 minutes of active travel walking or cycling as part of a journey into their everyday lives.


Sarah from Waltham Forest was one of the study participants. Sarah has a chronic illness that creates challenges for her daily life. This meant she wasn't physically active prior to her involvement in the study. During investigations for an injury a year ago she was diagnosed with a knee health problem related to inactivity and told that if she got more exercise things could get a lot better – and that without exercise the situation would get worse.

Because the advice was just given as 'get more exercise', Sarah asked her GP for more details about the kind of exercise that she could do given her situation.

"I couldn't go to the gym or do yoga or pilates because of the injury, so I said 'What kind of exercise can I do then?' and the GP just said 'Walking or swimming.'"

Sarah left the GP thinking about her options...
"Well I can't swim so that's out. I like walking but when I think of walking I think of going for a walk as something you do on holiday, like 'a walk on the coast' – something you make time for, so that's what I set out to do – to try to fit in a recreational walk on most days."

Sarah was determined to find a way to 'get more exercise' and did a lot of research about how much and how often she'd need to walk to get exercise benefits. She managed a few months of recreational walking in local parks and natural areas.



<http://content.tfl.gov.uk/20-minute-challenge-case-study.pdf>

“If I was getting a prescription I’d be told how many tablets to take per day, so if it’s ‘exercise on prescription’ you need to be told how much and how often”

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How to support patients to take up active travel

- Creativity is key: work with patients to understand where they could fit active travel into their day or when a less active journey (by car or public transport) could be changed into a more active mode.
- Keep an activity diary with patients to help understand daily movements and build more active travel opportunities into daily lives.
- Help patients recognise where they are already travelling actively, for example, on a grocery shopping trip
- If it is difficult to find time to exercise, try walking to the shops, getting off the bus or train a stop early, or replacing your shortest car journeys with walking or cycling.
- Understand the local area and help patients plan routes for walking and cycling that are less polluted, quiet or go through greenspace.
- Print maps for patients who do not have access to the internet or smartphones.
- [Walk to School kit](#) (Living Streets) – a toolkit to support families to walk to school.
- Encourage patients to sign up for [free cycle skills training](#). If patients do not have access to a bicycle, their local authority may offer bicycles to borrow or at low cost.

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How to support patients to take up active travel

Maps and Wayfinding:

- Transport for London walking and cycling maps:
 - [Walking Times Between Tube and Rail Stations](#) (Zones 1-3)
 - [Steps Between Tube and Rail Stations](#) (Zones 1-3)
 - [Central London](#) walking route
 - A table of [Central London tube journeys that are faster to walk](#)
- [Footways](#) produces online and paper walking maps for quiet routes in Central London
- Encourage patients to look out for [Legible London](#) maps which can help with way finding and walking routes.

Routes:

- [Walk London Network](#) routes
- [Ramblers](#) routes

Software and apps:

- Google Maps
- Citymapper
- [Active 10](#) (NHS) – to track your steps and record how much walking you do
- [Couch to 5K](#) (NHS) – a running programme for beginners who have never run before
- [Go Jauntly](#) – an app that helps users find the best local walking routes
- [Ramblers](#) – an app to search for Ramblers walking groups and routes
- [Tree Talk](#) – generates walking routes through local trees

How to support patients to take up active travel during the COVID-19 pandemic

- During the COVID-19 pandemic, patients may be reticent to leave the house due to fears of infection. Healthcare professionals may need to manage and alleviate patients' anxiety, and emphasise the importance of walking and cycling for both short term and long term physical and mental health.
- If patients can not leave the house, take patients for a 'digital walk in the park' by showing them the local greenspace via a phone or laptop.
- First steps to active travel can include walking around the house, using the stairs, walking around the garden, or walking to the end of the local street.
- More patients may be staying at home or working from home. With less need to travel, it is important to ensure that remaining journeys – grocery shopping, school runs, seeing friends, visiting healthcare – are made through walking and cycling.
- For patients who work from home, try to create a routine of walking in the morning before work, during lunch, or right after work.
- Encourage walking and cycling that can be safely done avoiding risk of infection, for example socially distanced walking groups or in keeping with 5 Ways to Wellbeing, connect with a friend or family member over the phone while walking.
- Social prescribing of active travel must always follow current COVID-19 guidelines.

Summary

- [Research commissioned by TfL](#) found that patients were being told to exercise by their GP but they were finding it difficult to incorporate physical activity into their daily lives. Active travel – walking/cycling for all or part of a journey – was an easy and accessible way of meeting physical activity recommendations.
- By supporting patients to meet physical activity recommendations, active travel can help reduce the risk of obesity, diabetes, cardiovascular disease, cancer and poor mental health outcomes. Active travel also reduces air pollution thereby decreasing respiratory health outcomes such as asthma and lung disease. Active travel also reduces noise, severance and road traffic accidents resulting in better health outcomes for Londoners.
- The Government's [active travel strategy](#) and [obesity strategy](#) both point to the importance of the NHS supporting patients to take up walking and cycling.
- There are numerous local case studies, tools, and resources than can help healthcare professionals to support patients to take up active travel. Creativity is key: work with patients to understand where they could fit active travel into their day or when a less active journey (by car or public transport) could be changed into a more active mode.