EU
PHYSICAL
ACTIVITY ON
PRESCRIPTION

Physical activity on prescription in Sweden

An elementary mapping of the work in Sweden's 21 regions

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The Swedish method of physical activity on prescription

Regular physical activity is important for our health and well-being, but it is also proven to prevent and treat different diseases, such as heart disease, stroke, diabetes, several types of cancers and depression. Physical activity on prescription, PAP, is a method developed in Sweden. It has proven to be a useful tool in health care with good evidence.

This is a summary of a Swedish report describing the work with PAP in Sweden's 21 regions with regard to governance, knowledge support, education, professionals and stakeholders, activity organisers, financial incentives, monitoring and obstacles. The work has been carried out as part of the EU-project, A European physical activity on prescription model, EUPAP, coordinated by the Public Health Agency of Sweden.

Governing documents for physical activity in health care

Many regions use the the *National Guidelines for Prevention and Treatment of Unhealthy Lifestyle Habits*, published by The National Board of Health and Welfare, when it comes

Physical activity can be used to prevent and treat non-communicable diseases, including mental disorders.

to governance and management of the work. In these guidelines, PAP is a recommended method to increase physical activity in patients with insufficient level of physical activity.

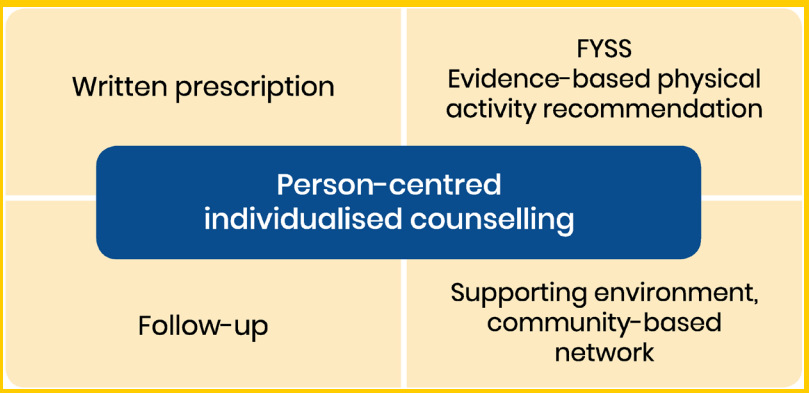
The Swedish Professional Associations for Physical Activity have produced and published the scientific handbook *Physical Activity in the Prevention and Treatment of Disease, FYSS*, which is also used to direct the work in many regions. FYSS summarizes the evidence for how physical activity can be used to prevent and treat a large number of different conditions such as diabetes, high blood pressure, back pain, sleeping problems or depression.

Almost every region also have regional governing documents for the work of promoting physical activity in health care, however not always specifically focusing on PAP. At the time of the survey some regions were awaiting *the National Care Program for Prevention and Treatment of Unhealthy Lifestyle Habits*. The care program is a product of Sweden's national system for knowledge-driven management within health care.

Knowledge support used in practice

The FYSS is also used as a knowledge support and used in practice. The Swedish Network of Health Promoting Hospitals have as well published educational materials about PAP, which contributes to the knowledge support. This material includes information about the evidence of PAP in prevention and treatment of diseases, and there is information about how to prescribe PAP and how to follow-up the prescription. The material is used when educating employees about the method.

The uniqueness of the Swedish PAP is the interplay between five core components. The person-centred counselling using diagnosis-specific and evidence-based recommendations of physical activity, results in an individualised written prescription accompanied by a follow-up. Furthermore, the healthcare services collaborate with various activity organisers in the local community to help individuals both increase and maintain their activity level.



Adopted from Kallings LV, Leijon M, Hellenius ML, Stahle A. *Physical activity on prescription in primary health care: a follow-up of physical activity level and quality of life.* Scand J Med Sci Sports. 2008;18(2):154-61.

The follow-up of the patient is the responsibility of the prescriber, and it is an important part of PAP.

Supplementary training in PAP is rare

Almost all regions offer shorter courses of 2–4 hours about the PAP method for their employees. Supplementary or advanced courses are offered in a few regions. Shorter introductory courses about PAP are also included in basic and specialised medical and health care educations at university level. There are also independent courses about PAP at some universities.

A range of professionals, activity organisers and stakeholders work with PAP

In most regions, registered staff prescribes PAP, most commonly physiotherapists or nurses. In some regions, doctors delegate the prescription to unregistered staff. To help the patients conduct their activities, there are both private and public activity organisers. Many regions have an established cooperation with the Swedish sports movement or other non-governmental organisations.

Common stakeholders involved in PAP is the Swedish Sports Confederation, municipalities, the County Administrative Board, patient organizations and non-governmental organizations.

Financial incentives differs and is not used in every region

Some regions offer financial compensation for prescription of PAP or for other work with prevention and lifestyle habits in health care. Other financial incentives are compensation to regional sports federations and activity organizers as well as financial compensation to the patient who receive PAP. Some regions do not have any financial incentives.

There are shortcomings in PAP monitoring

The follow-up of the patient is the responsibility of the prescriber, and it is an important part of the method. This is performed via physical visits, phone or mail. To monitor the health care and the prescriptions of PAP, many regions need to extract data from the medical records for these analyses. There are national classification codes for treatment in health that can be used to register and monitor the prescriptions of PAP. The National Board of Health and Welfare monitor the work with PAP yearly through these classification codes.

The data of prescriptions of physical activity in primary health care has been analysed in our report, and it shows that prescription varies a lot between the regions, from 1 to 30 prescriptions per 1 000 visits in primary health care. The data is, however, not fully applicable because the use of the classification codes vary among prescribers.

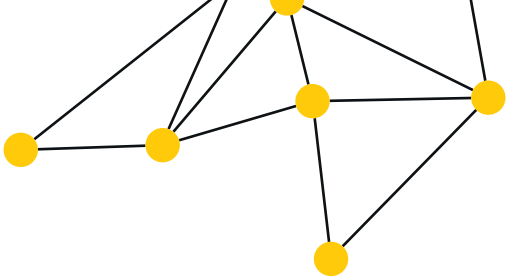
Monitoring of the activity organisers and the quality of the work with PAP seems to be absent. There are also challenges when it comes to monitoring the work due to the use of different technical systems, different ways of documentation and also because a lack of documentation in the regions.

Perceived obstacles for PAP implementation

The obstacles mentioned by the regions can be categorised into four themes – knowledge and norms, time management and resources, organisation and structure and technical solutions. The regions perceive that there are both a lack of knowledge about how to use the method and about the evidence for the method and therefore professionals, management and decision-makers may have low trust for the method. There is also insufficient education about PAP, which further restricts the knowledge.

Time constraints is also an obstacle that limits the possibility to fully use the method, both lack of time with every patient and lack of time for further education about PAP. The regions conceive that the management needs to further prioritize health-promoting activities.

Most of the regions lack routines and structures for the work with PAP. Guidelines that clarify responsibilities, patient flows and collaborations could facilitate the work. Some obstacles are related to lack of easy-to-use technical systems with regard to patient registers and monitoring systems. A preferred solution would be if the documentation could be coordinated nationally in order to harmonise and improve the follow-up.



Reflections

Large differences in the regions' work with PAP

All regions use PAP, but there are wide variations in the governance and support of the work with PAP. The regions with functioning support structures seem to be prescribing PAP to a higher extent, according to our analysis. Most of the regions have regional governing documents that comprises PAP, but there are variations regarding which educational initiatives and knowledge support that aim towards different organisations. Furthermore, many educations can be seen as introductory courses and few of the regions state that they have any supplementary or advanced educations to provide.

Lack of time and knowledge inhibits the work

The regions also report various obstacles in the use of PAP, mostly lack of time, resources and knowledge among decision makers and professionals, but also technical obstacles. Mutual operations on regional as well as national level are alternatives mentioned to handle these obstacles.

Differences in documentation complicates monitoring

Documentation of the prescriptions differs between the regions based on data from the National Board of Health and Welfare. This variation in documentation aggravates the monitoring of PAP. There is a desire for national coordination of documentation and monitoring of PAP according to the regions.

To summarize

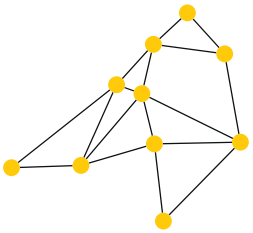
The result from this report shows that the work with and monitoring of PAP differs between regions. It is of importance for the regions to exchange knowledge and experiences to improve the work with PAP. This kind of collaboration is vital for equal care and health equity related to non-communicable diseases including mental health.

Method

Information about governing documents, knowledge support, education, professionals and stakeholders, activity organisers, financial incentives, monitoring, follow-up and obstacles have been collected through dialogues with representatives of the regions. Other stakeholders that have contributed to this report is, the Swedish Association of Local Authorities and Regions, National Board of Health and Welfare and the Swedish Network of Health Promoting Hospitals and Health services.

Information has also been collected through a survey conducted with regional representatives working with physical activity and PAP. Some information was collected from the regions' websites. Furthermore, the report includes an analysis of the number of PAPs prescribed in primary health care according to data that the regions have reported to the National Board of Health and Welfare.

www.eupap.org



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