

Time to get our move on
(with added links)

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Surgeon

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BMJ columnist <https://www.bmj.com/search/advanced/mcnally>



- <https://www.nhs.uk/live-well/exercise/physical-activity-guidelines-older-adults/>

Search

[Health A to Z](#)[NHS services](#)[Healthy living](#)[Mental health](#)[Care and support](#)

[Home](#) > [Healthy living](#) > [Exercise](#)

Physical activity guidelines for older adults

Older adults should do some type of physical activity every day. It can help to improve your health and reduce the risk of heart disease and stroke.

Speak to a GP first if you have not exercised for some time, or if you have medical conditions or concerns. Make sure your activity and its intensity are appropriate for your fitness.

Adults aged 65 and over should aim to:

- be physically active every day, even if it's just light activity
- do activities that improve strength, balance and flexibility on at least 2 days a week
- do at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity if you are already active, or a combination of both
- reduce time spent sitting or lying down and break up long periods of not moving with some activity

If you've fallen or are worried about falling, doing exercises to improve your strength, balance and flexibility will help make you stronger and feel more confident on your feet.

Consensus statement (no need for Dr letter)

- <https://movingmedicine.ac.uk/risk-consensus/> = nice website
- <https://bjsm.bmj.com/content/56/8/427>


Moving Medicine

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

Glow ride

- For safe cycling for women and girls
- All welcome. Be bright!
- Thursday 22nd October 2026
- 6.45pm meet for 7pm ride
- Rodmill pub opposite DGH
- For a cycle ride (back to pub by 8pm)
- (bring your bike and friends)

- Register and more info at:

<https://events.eastbourne.cc/e/ bespoke-cycle-campaign/eastbourne-glow-ride>



I was on the Health commission for swimming

Click on “Handout”

<https://www.swimming.org/justswim/be-healthier/>

(Also click on swimming with health conditions for a leaflet or video about each)



For most people with a long term health condition or impairment, swimming and aquatic activity is excellent for health. It is safer to be active than to be inactive.
But there are some things you might need to consider to make your experience a safe and enjoyable one.



Considerations before swimming for certain health conditions to reduce harm or distress:

Conditions to consider	Things to consider in advance
Cancer (during or after treatment)	Water is treated and there are strict cleaning regimes – Infection risk is low but check with cancer treatment team on your personal risk of infection beforehand.
An open wound	- Wait three weeks to heal after an operation and use a waterproof dressing. - Not all wounds need be covered in the water but speak to your healthcare professional.
A stoma or colostomy bag	Wear a plug for a stoma or waterproof seal for a bag.
Incontinence	Getting properly fitting incontinence swim wear with inner leg cuffs to prevent accidental leakage – normal incontinence pads or other products are not suitable for water.
Poor kidney function	- You may experience increased urine production in water. - Plan out your exit from the pool to the toilets. - Wait for at least one hour after eating a big meal before swimming.
Leg swelling due to heart, lung, kidney or mobility problems	- Pressure of the water can help this. - Consider staying in shallower water if breathing is a problem.
Hearing impairments	Ask staff to give you visual warnings if needed e.g. session time ends, etc.
Mental Health problems	- Consider a visit with someone you trust before attending to identify barriers or practical details. - Ask facility staff to support you in addressing any barriers.
Invisible disabilities	Don't be afraid to ask staff for help – they are there to help you and individual issues can often be accommodated.

Links

- www.movingmedicine.ac.uk
- <https://weareundefeatable.co.uk/>
- <https://weareundefeatable.co.uk/campaign-hub/resources-for-use/>
- <https://www.thisgirlcan.co.uk/>

I have no conflicts of interest

- My only income is NHS
- I donate £ from my column
- £0



to charity:



- Previously £0



Royal College
of Surgeons
of England



Office for Health
Improvement
& Disparities



Academy of
Medical Royal
Colleges



Also past/present me!



The Royal College of Surgeons - Council April 2012

For millennia we've known that prevention is better than cure. An excellent new report, *A Covenant for Health*, with input from across the political spectrum and the King's Fund, defines where to act to improve health: nutrition, exercise, pollution, smoking, alcohol, and mental health promotion.

This worthy attempt at prevention is well intentioned, but I predict it will fail because it mainly concentrates on primary prevention – reducing the risk of ever getting a condition. We need a radical shift to incorporate tertiary prevention: once someone has a medical condition we should focus on interventions that might reduce complications from it.

For example, exercise has been described as the "miracle cure" as part of treatment for most common conditions. Research has even suggested it can reduce the risk of recurrence of cancer. The UK's chief medical officers recommend increasing physical activity in frail older people to reduce falls. In the UK's ageing population 19% of people are over 65, of whom 65% have multiple comorbidities, so exercise could benefit millions.

Ironically, decades of medical training in communication skills encouraging empathy may make clinicians wary of discussing lifestyle changes for fear of blaming a patient. But we must learn to empower patients to make healthier choices. Some will change their behaviour at a "teachable moment": in my case, my GP told me to go for a walk every day when I was deemed too unwell for a stem cell transplant. I built up my fitness with an electric bike and became eligible. But action requires knowledge and resources.

prevention at the most intense interventional part of healthcare: surgery. The Centre for Perioperative Care has amassed evidence that preoperative preparation can reduce complications by 30-80%, reduce bed stay by one to two days, dramatically cut the need for postoperative intensive care, and increase the number of people treated as day patients.

Seven interventions are key to preoperative preparation: smoking cessation, exercise, nutrition, alcohol moderation, senior medical review with medication review, psychological preparation, and practical preparation. Many of the same interventions can improve health and tackle inequalities more generally.

We should empower and educate the millions of people on NHS waiting lists to better prepare for surgery. To support this, let's improve our environment and infrastructure to encourage people of all ages to stay active. It would act as primary prevention for people in good health and as tertiary prevention for those with medical conditions. (For completeness, secondary prevention, involving screening and care, can be beneficial but introduces the risk of overdiagnosis.)

Patients should expect clear messages on tertiary prevention in every consultation, using simple motivational interviewing skills to galvanise patients into action.

Even modest prevention of ill health would tangibly improve patients' lives and avoid unwarranted NHS pharmacy and care costs.

Scarlett McNally, professor, Eastbourne
 scarlett.mcnally@cantab.net
 @scarlettmcnally

Cite this as: BMJ 2023;382:g1739

We should empower and educate the millions of people on NHS waiting lists to better prepare for surgery

Prevention (especially at “the teachable moment”)

	is	or
Primary prevention	Never getting it	Reducing risk
Secondary prevention	Catching it early & easier treatment (e.g. screening)	
Tertiary prevention	Reducing complications (when you have the condition)	Part of treatment

Exercise:
The miracle cure and
the role of the doctor
in promoting it

February 2015

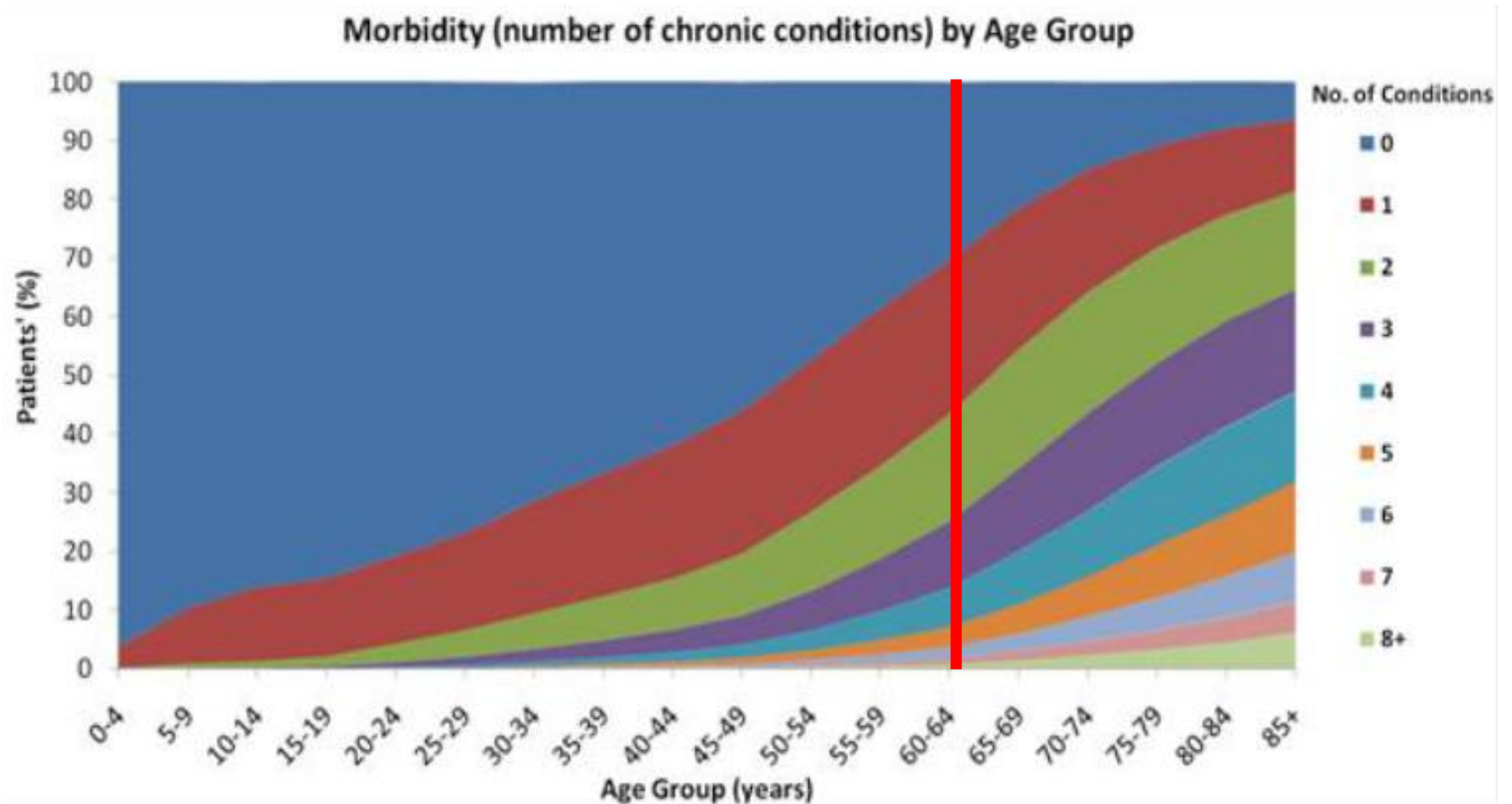
- I was lead author for this
- www.aomrc.org.uk Search “Exercise”
- [https://www.aomrc.org.uk/wp-content/uploads/2016/03/Exercise the Miracle Cure 0215.pdf](https://www.aomrc.org.uk/wp-content/uploads/2016/03/Exercise%20the%20Miracle%20Cure%200215.pdf)

Exercise:
The miracle cure and
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February 2015

[https://www.aomrc.org.uk/wp-content/uploads/2016/03/Exercise the Miracle Cure 0215.pdf](https://www.aomrc.org.uk/wp-content/uploads/2016/03/Exercise_the_Miracle_Cure_0215.pdf)

Reduction in risk with DOSE = 150 minutes/week		Treats?
Dementia	30%	✓
Stroke	30%	✓
Bowel cancer	40%	✓
Breast cancer	25%	✓
Type 2 Diabetes	30-80%	✓
Heart disease	30-80%	✓
High Blood Pressure	up to 50%	✓
Lung diseases	30%	✓
Depression	30%	✓
Osteoporosis	up to 50%	✓
Falls	30-50%	✓



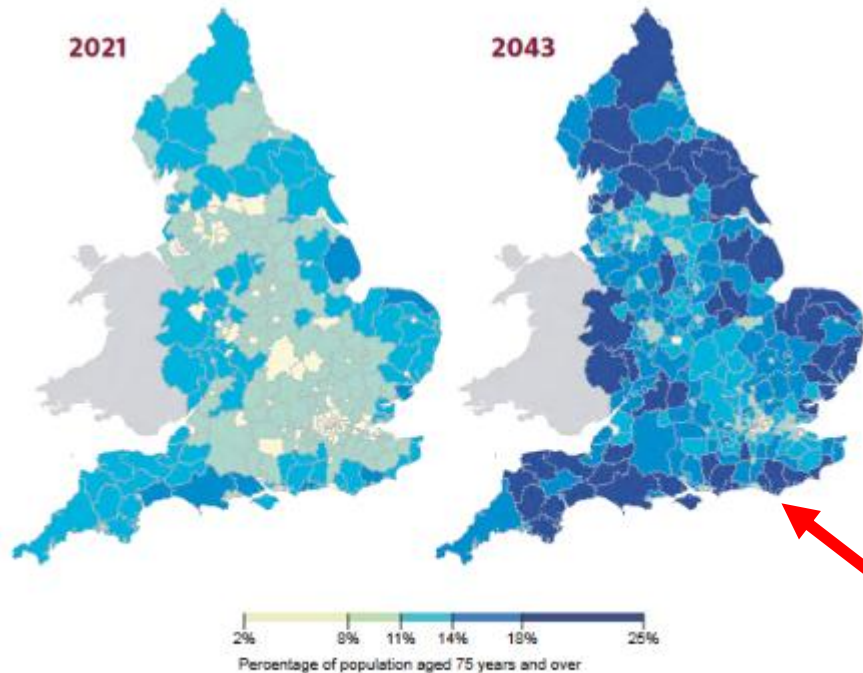
Barnett et al Lancet 2012 [https://doi.org/10.1016/s0140-6736\(12\)60240-2](https://doi.org/10.1016/s0140-6736(12)60240-2)

www.scarlettmcnally.co.uk scarlett.mcnally@nhs.net

Chief Medical Officer's Annual Report 2023

Health in an Ageing Society

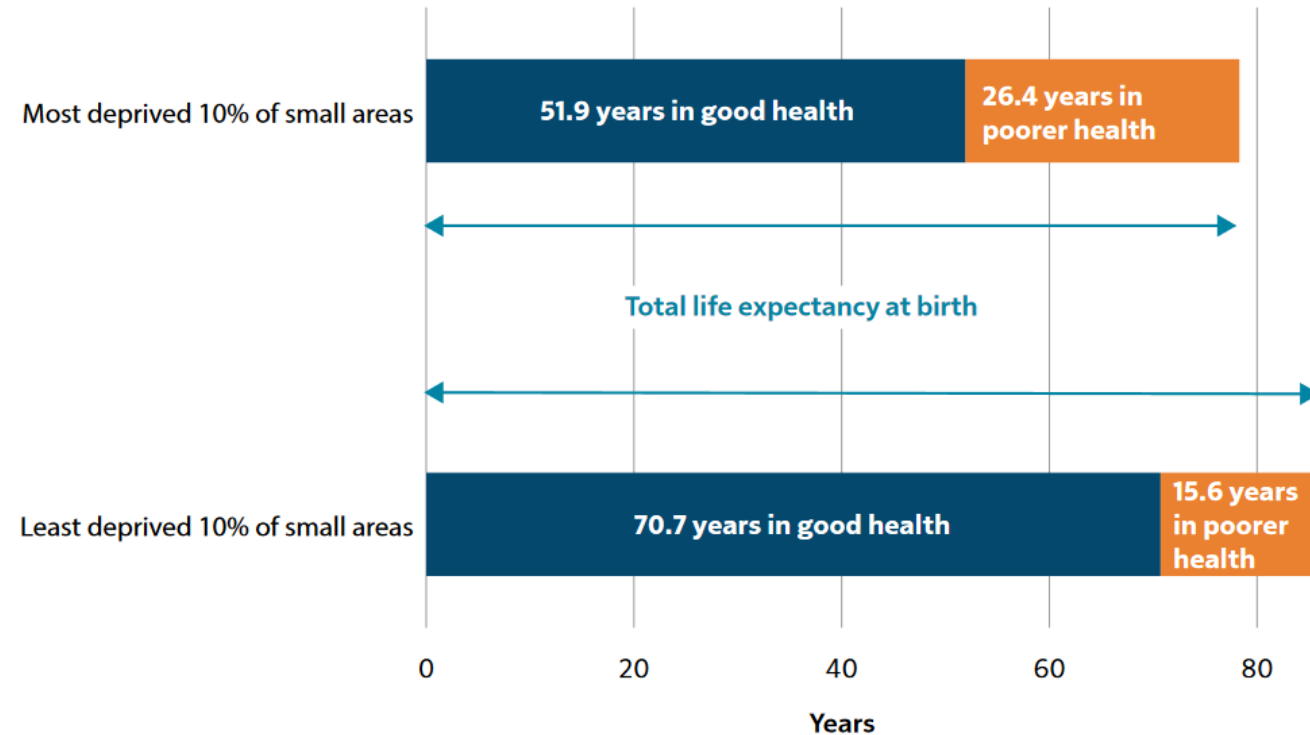
Chris Whitty. Nov 2023



- “Active travel enables older adults etc to embed physical activity into everyday routine and gain health benefits.
- Consider accessibility for older adults
 - terrain of walking paths
 - active travel routes connected to amenities.
- Being physically active throughout the life course:
 - maintaining good health
 - improve muscle strength - for functional independence
 - delay onset of ill health.”

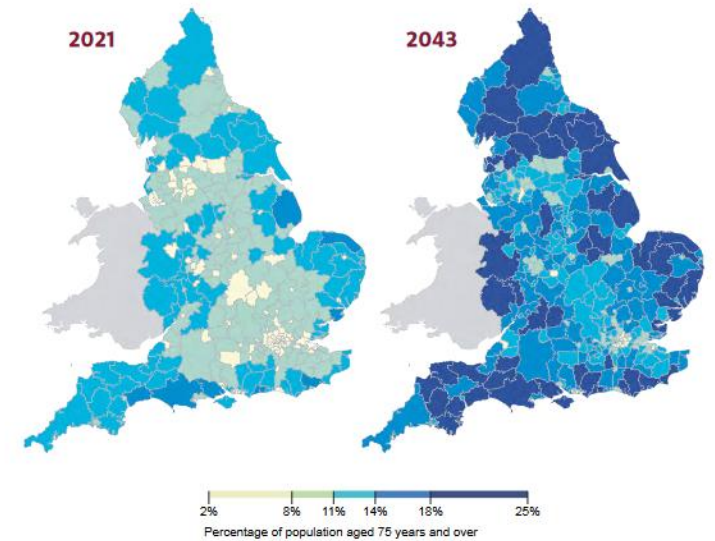
<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2023-health-in-an-ageing-society>

Figure 3: Inequality in life expectancy and healthy life expectancy at birth for females in the most and least deprived areas in England, 2018 to 2020



<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2023-health-in-an-ageing-society>

Chief Medical Officer's Annual Report 2023 Health in an Ageing Society



How to reduce the need for social care

My BMJ paper at www.scarlettmcnally.co.uk



- Ageing is different from lack of fitness
- Start exercise:
 - Can “drop a decade” in better fitness
 - Reduce need for social care
 - If you can get to the toilet in time – need fewer carers

What causes ill health?

- Smoking
 - Nutrition
 - Pollution
 - Physical inactivity
 - Stress/trauma
 - Alcohol
-
- Only 20% of ill-health is genetic

How does change happen?

	Individual	Organisations
Why		
How		

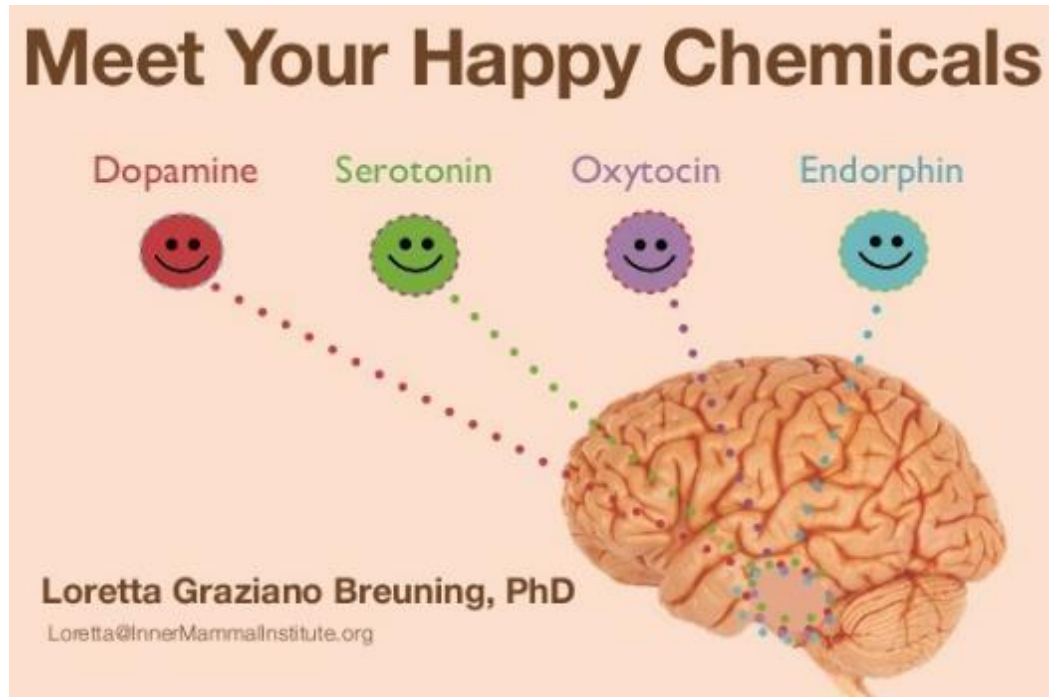
How does change happen?

	Individual	Society/ institutions
Why	Data Stories	Risk Cost saving
How	Practicalities Culture	Policies



Health stats

- 50% at age 65 have multiple medical conditions
- 24% of adults have 2+ conditions
- 10 years earlier with socio-economic deprivation
- 27% of adults do no exercise at all
- 47% of operations are in over 65s
- 16% of 6 – 16 year-olds have a mental health condition
- 8% of adults are on anti-depressants



1. **Dopamine** set goals, mini-rewards (vs. procrastinate)
2. **Serotonin:** **be included** + **sun/UV** Sign up for charity walk/run/cycle!
3. **Oxytocin:** gifts, hugs, sex, memories, **doing a good deed**
4. **Endorphins:** **exercise**, comedy, laughter **TAKES 20 minutes to work!**

We are not logical

We don't assess risks well

We don't picture our future selves

We need habits (eg commuting)

We assume now is normal

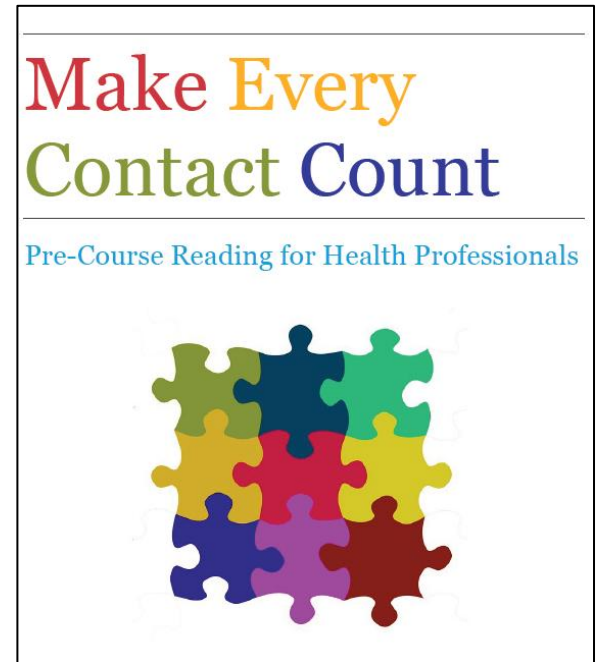
How to do motivational interviewing:

www.movingmedicine.ac.uk



- People need WHY + HOW
- Listen for (and amplify) “Change talk”
- Acknowledge “Sustain” talk (sustaining poor behaviour)
- Agree with patient’s suggestions
- Reinforce a goal/step

<https://movingmedicine.ac.uk/consultation-guides/condition/adult/periop-in-development/>



Things to say

- “Go for a walk every day”
- “Can your partner stop smoking with you”
- “It is really important”
- “Climb a flight of stairs as often as you can”
- “Sit to Stand”



Centre for
Perioperative Care

The Centre for Perioperative Care

The Centre for Perioperative Care

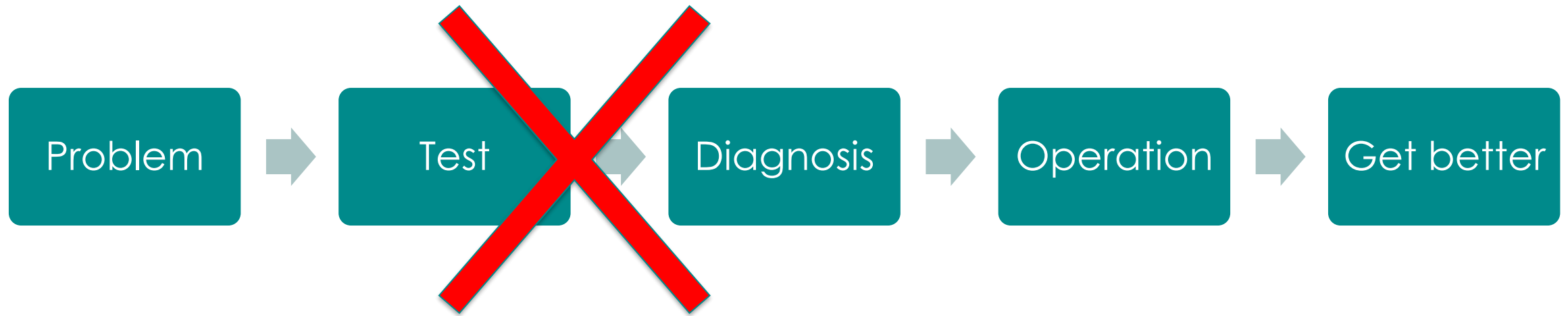


- CPOC since 2019
- Hosted and largely funded by RCoA
- 11 major board partners

www.cpoc.org.uk

- + Patients
- + Charities
- + Advisory group

Most healthcare isn't linear

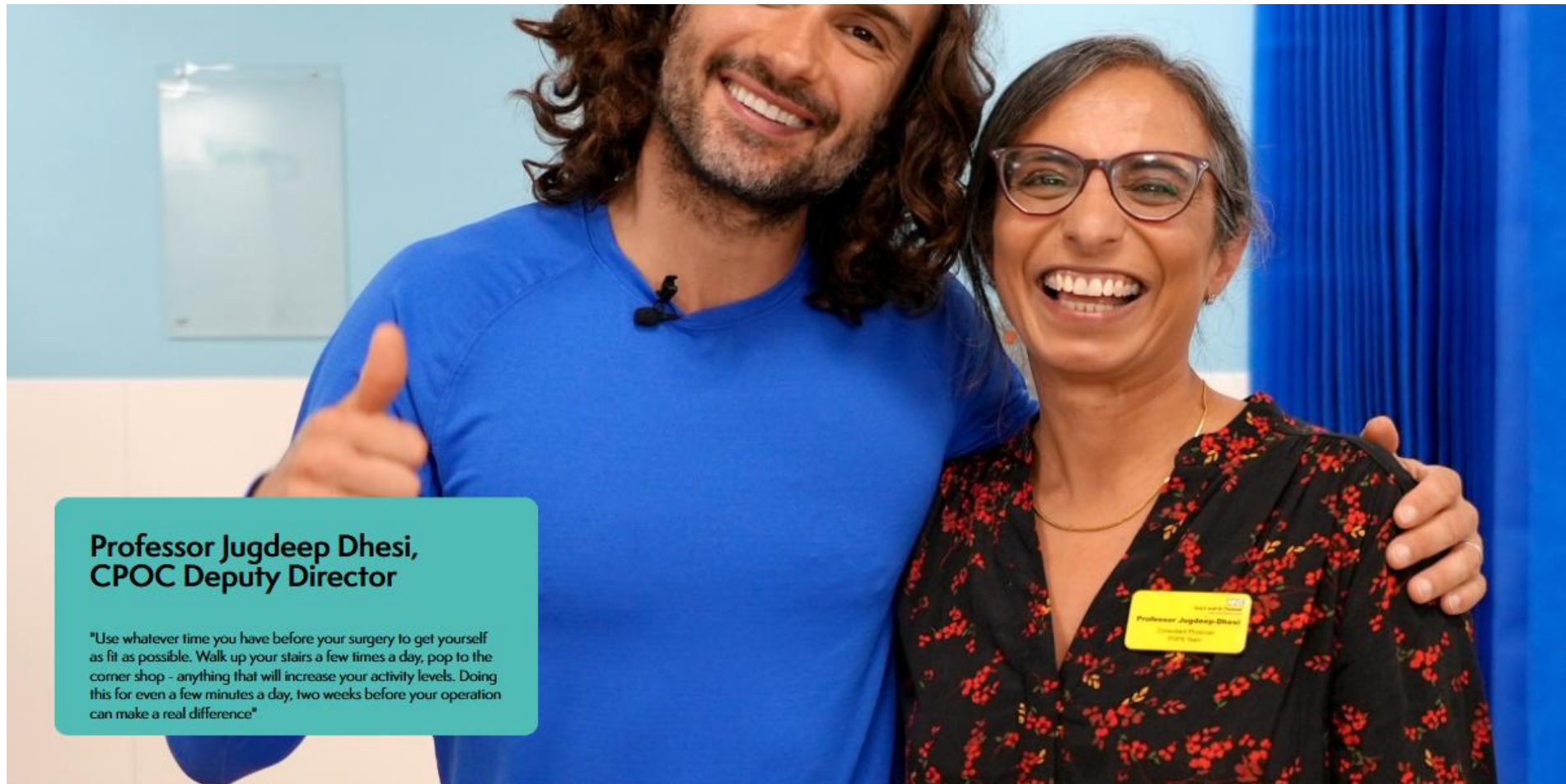


- Unintended consequences
- Natural history
- Other medical, life or social issues
- Services can leave people behind & take staff away

The Centre for Perioperative Care

- Preparation
- People (team-work)
- Pathways
- Patient-centred

Joe Wicks videos



**Professor Jugdeep Dhesi,
CPOC Deputy Director**

"Use whatever time you have before your surgery to get yourself as fit as possible. Walk up your stairs a few times a day, pop to the corner shop - anything that will increase your activity levels. Doing this for even a few minutes a day, two weeks before your operation can make a real difference"

Fix the NHS. Reduce complications of surgery by 50%

A teachable moment www.cpoc.org.uk/patients

10-15%	of operations have a complication	
x5	if frail	https://doi.org/10.1093/ageing/afy110
x4	if physically inactive	https://pubmed.ncbi.nlm.nih.gov/23534776/
30%-80%	decrease with daily exercise	www.cpoc.org.uk/cpoc-publishes-major-evidence-review-impact-perioperative-care

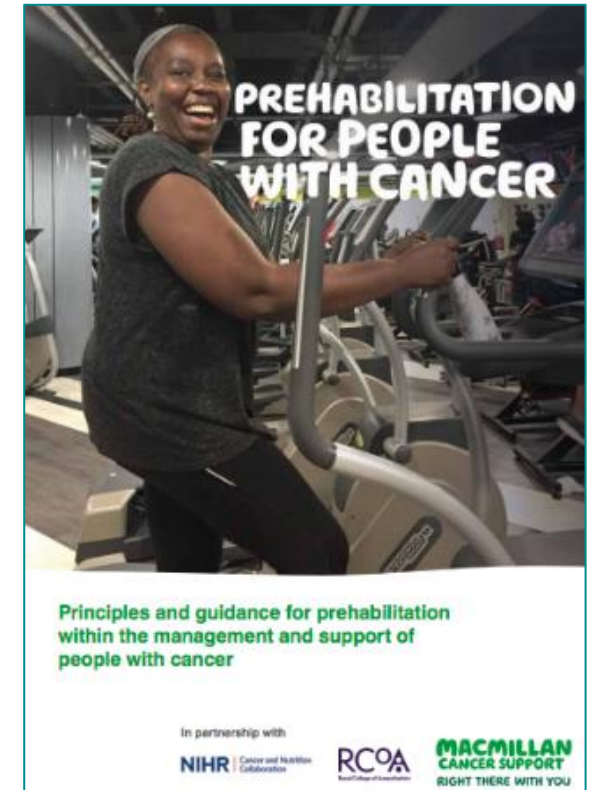


Prehabilitation

= A programme

- Coached exercise
- With some of:
 - Alcohol moderation
 - Smoking cessation
 - Nutrition
 - Psychological prep

OR: “Just Do It”



7 webpages about optimisation...

7 interventions proven to reduce complications by up to 50%

1. Smoking cessation

2. Exercise

3. Nutrition

4. Assessment, Optimisation and Shared Decision Making

5. Alcohol moderation

6. Mental wellbeing

7. Practical preparedness

AND may make day case-able

Exercise www.cpoc.org.uk



<https://www.cpoc.org.uk/guidelines-and-resources/resources/exercise>

Physical activity in the perioperative period

Staying active is one of the best things that patients can do whilst waiting for surgery ("almost", [stopping smoking](#) is the best). Those who get fitter before surgery lower their risk of complications, leading to less time in intensive care, shorter bed stays and better outcomes.

Top tips for everyone include:

- ▶ Remember how important this is, for your future self
- ▶ Remember that it is more dangerous to be inactive than to do some activity
- ▶ Put it in your diary, make it a habit
- ▶ Pick an activity that works for you (swimming, cycling, brisk walking, etc.)
- ▶ Get family, friends, partner involved
- ▶ Set goals and mini-rewards
- ▶ Sign up for something, so you do the training and don't want to let the team down
- ▶ Start slowly and build up: intensity, frequency and duration
- ▶ It is almost always safer to be active than to remain physically inactive. Stop if you: Get heart pain, irregular heartbeat, dizziness or a sudden change in vision; have an infection making you feel unwell

Supporting patients to stay active

Below you will find tools and links to resources to help your patients stay active and prepare them for surgery.



Moving Medicine

[Moving Medicine](#) information and advice on how to have include exercise as a motivational interviewing consultation in one minute



We are Undefeatable

The Richmond Group of Charities and partners

[We are Undefeatable](#) is a physical activity offer for inspiration, ideas and resources. Read stories of people living with long term health conditions, and how they have found their way to move more. The [Five in Five](#) initiative allows for building small amounts of activity into your day, and is a five minute mini customisable workout.



Let's Move for Surgery

A toolkit consisting of short videos of various exercise routines. There is also a collection of personal stories and advice from those living with arthritis and tips from physiotherapists on keeping active

[Let's Move for Surgery](#)



Filter For Surgery, Filter For Life - From Concept to Reality

Read Dr Rebecca Barker's blog, who talks about the impact that prehabilitation can have on surgical outcomes.

[Filter For Surgery, Filter For Life - From Concept to Reality](#)



British Society of Lifestyle Medicine

The British Society of Lifestyle Medicine offers resources on [lifestyle medicine](#) and [physical activity](#), as well as a podcast series called "[Movement Prescription Podcast](#)".



Professor Scarlett McNally CPOC Deputy Director

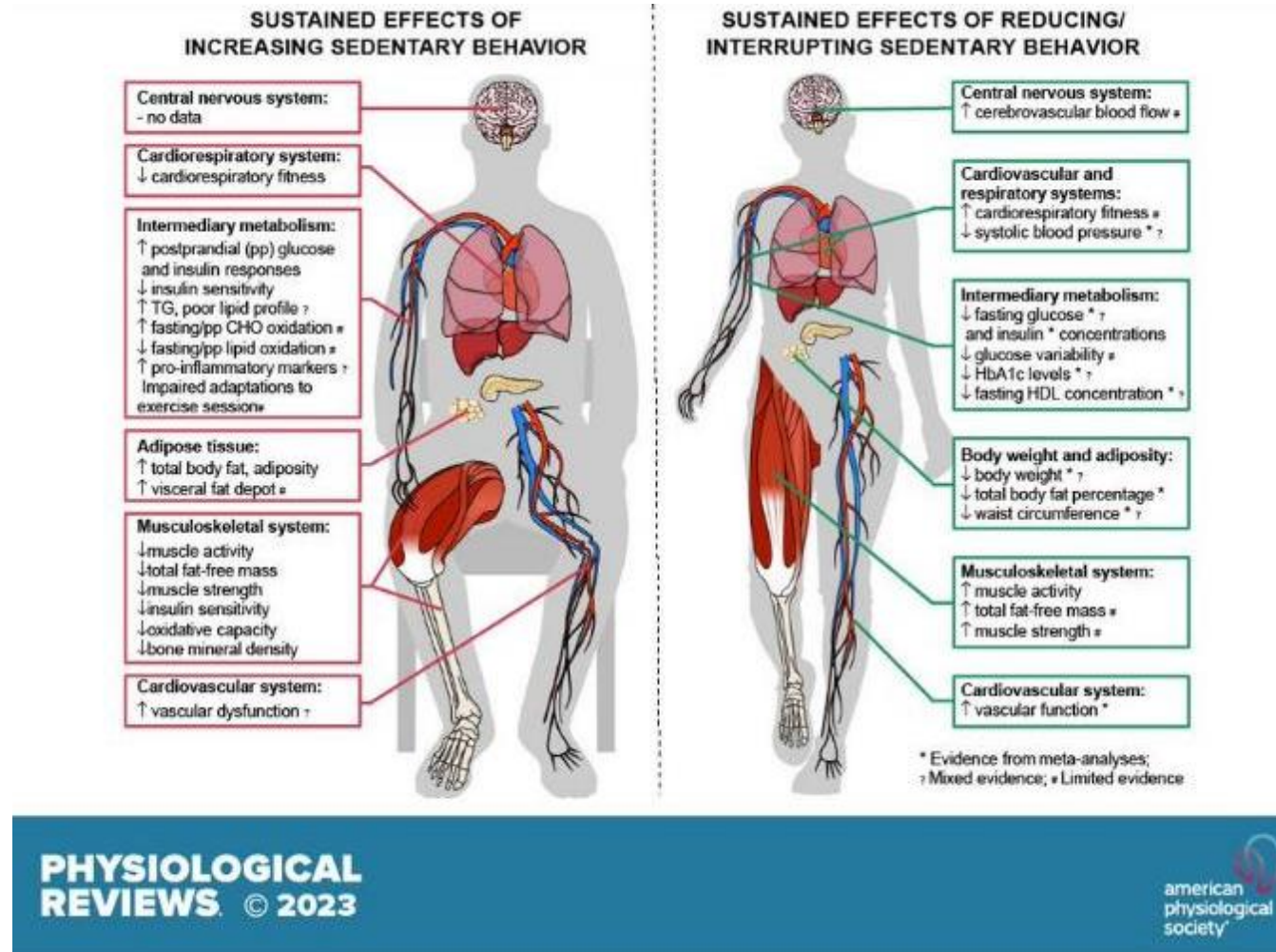
[Read Scarlett's blog on exercise in preparation for surgery](#)



Exercise has most evidence of benefit. Mechanism:

- Heart and lung function and reserve
- Metabolism (stabilising sugar)
- Inflammation (effect on cancer and infection)
- Mental health
- Strength:
 - Get to toilet
 - Be a day case
- Reserve of protein:
 - Wound healing
 - Antibodies
- Pain management
- Long-term benefits

Sedentary is bad + Exercise is good



Exercise = To do:

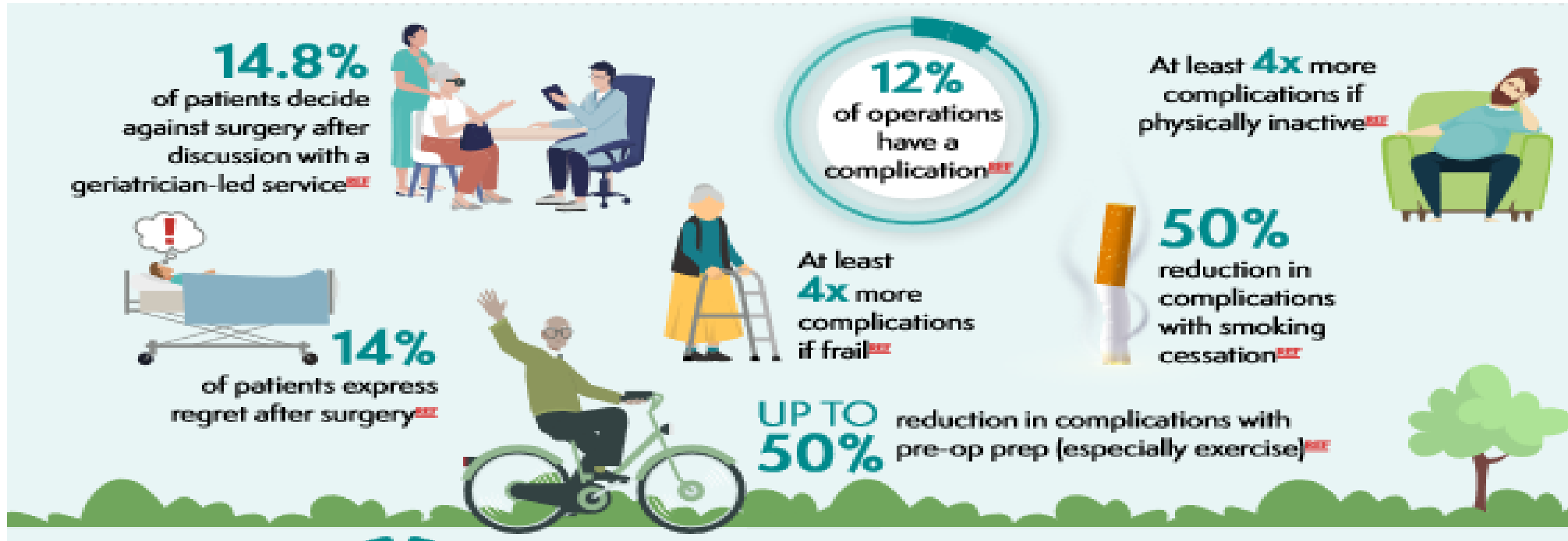
- Aerobic (heart/lung fitness)
 - 150 minutes per week
 - = 21 minutes per day (up to 1 hour per day)
- Strength
 - to get out of bed/hospital
 - big veins
- Balance



Frailty guidance – CPOC + BGS

- Frailty affects:
 - around 10% of those aged over 65
 - up to half those aged over 85
- Increases complications 4x
- Needs recognition
- Need individualised Shared Decision Making
- Prevention (eg building muscle)
- 14% of patients decide against surgery after SDM discussion with geriatrics team





Why and how are women and girls different?

www.MedicalWomensFederation.org.uk

I was President of the Medical Women's Federation



patient. But we must learn to empower patients to make healthier choices. Some will change their behaviour at a "teachable moment": in my case, my GP told me to go for a walk every day when I was deemed too unwell for a stem cell transplant. I built up my fitness with an electric bike and became eligible. But action requires knowledge and resources.

tertiary prevention in every consultation, using simple motivational interviewing skills to galvanise patients into action. Even modest prevention of ill health would tangibly improve patients' lives and avoid unwarranted NHS pharmacy and care costs.

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We should empower and educate the millions of people on NHS waiting lists to better prepare for surgery



Expectations

Passivity

People are secretly waiting for him to come and give permission



Women in general are different from men in general

- Need safety
- Less strong
- Wear nicer shoes
- Have longer hair
- Are judged on their appearance
- Trip chain
- Have children
- Have shopping
- Earn less money
- Pension pay gap

Solutions:

- Safety
 - walking
 - Cycling
 - Bus routes, lighting, etc
- 20mph
- Lockers
- Changing rooms
- Secure cycle parking
- Cycle-to-work schemes
- Electric-cycles

Electric-cycles are a game-changer



- E-cyclists switch from car for journeys

<https://www.sciencedirect.com/science/article/pii/S259019821930017X>

Dementia

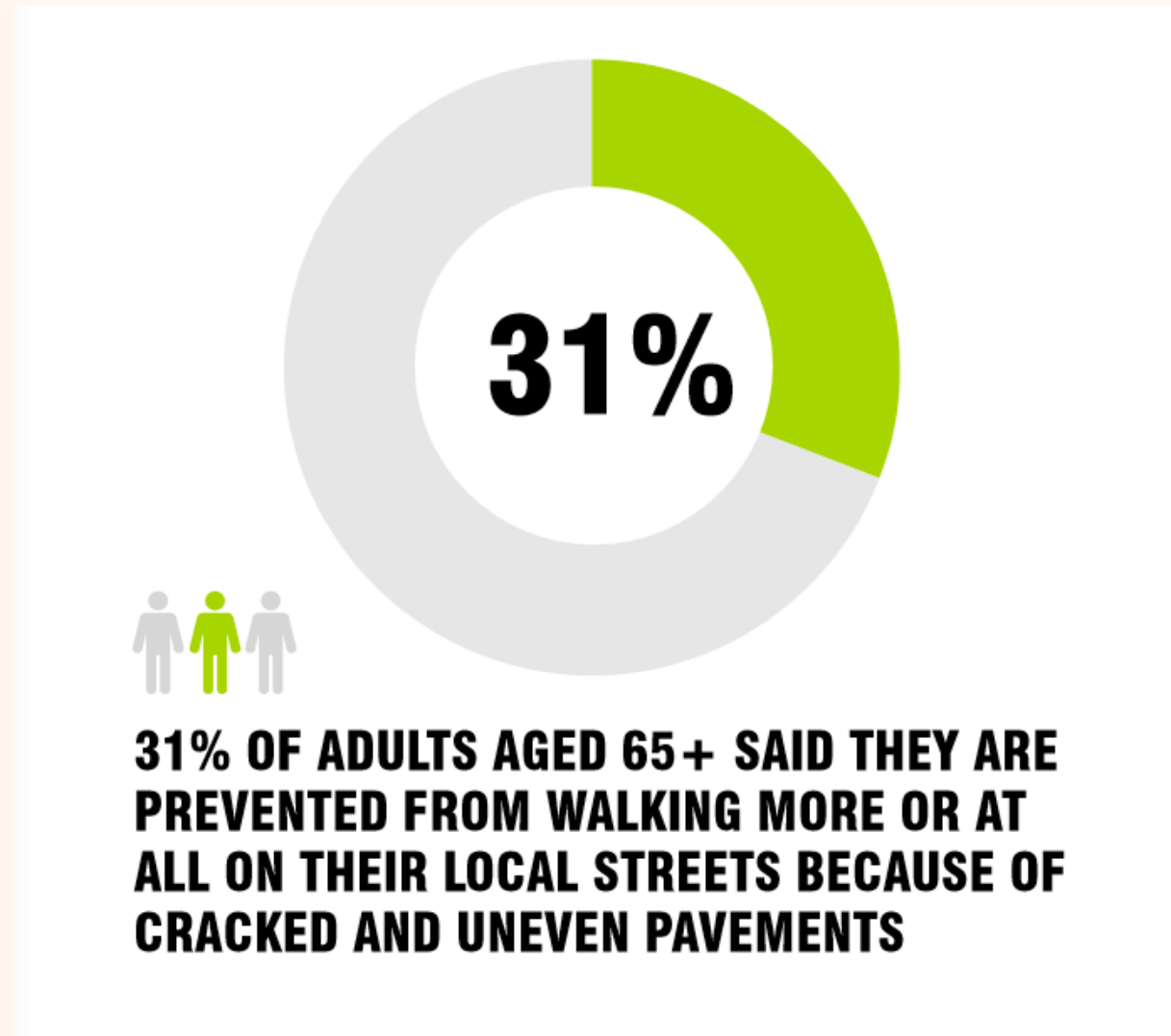
- 1/3 of us are predicted to get dementia
- 982,000 people in UK have dementia
- 1/3 of us will be carers



- Building cycle lanes to ↑ women cycling from 3% to 6% would save £7 BILLION

<https://onlinelibrary.wiley.com/doi/10.1002/gps.70067>

Fix pavements



<https://www.livingstreets.org.uk/media/>

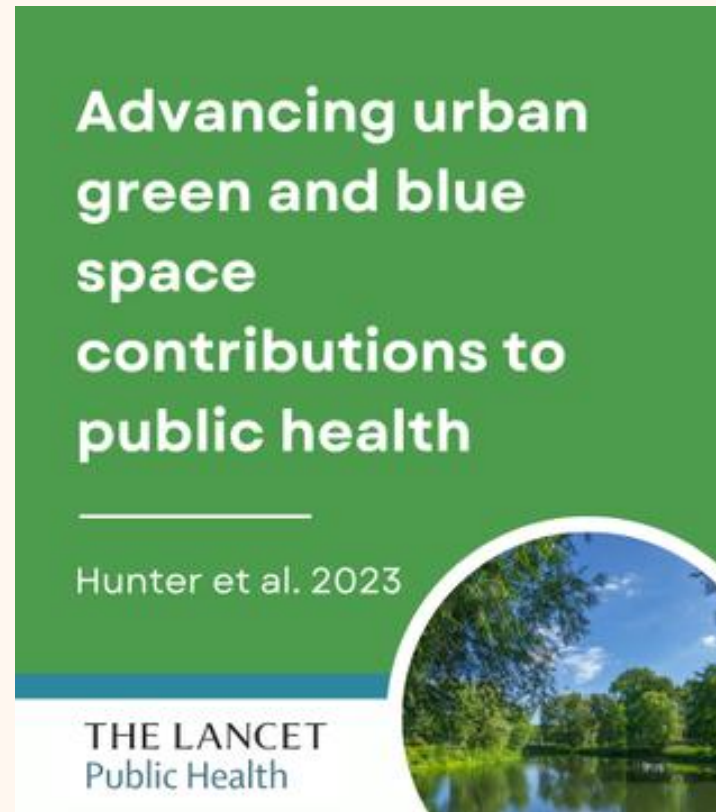
Mental health

- 16% of children have a mental health problem
- Less likely with outdoor play



<https://doi.org/10.1111/jcpp.70175>

Outside + water + greenery + exercise = health



<https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667%2823%2900156-1/fulltext>

Why do something to support other people to be physically active?

It is nice	We can't afford not to
• Improves mental health • Improves physical health • Wellbeing	• Saves NHS costs • Saves social care costs • Social care predicted to be needed for 10 years • Families reduce paid work to be carers • 10 million carers in UK • NHS costs (staff/money) for diseases that might not have happened • Reduces pollution = emissions + particulates from cars • Fewer sick days • More disposable income (?1 car per household)

More about environments

Change ⇐ Why + How

Change ⇐ Facts, statistics, stories + Possibilities, environments

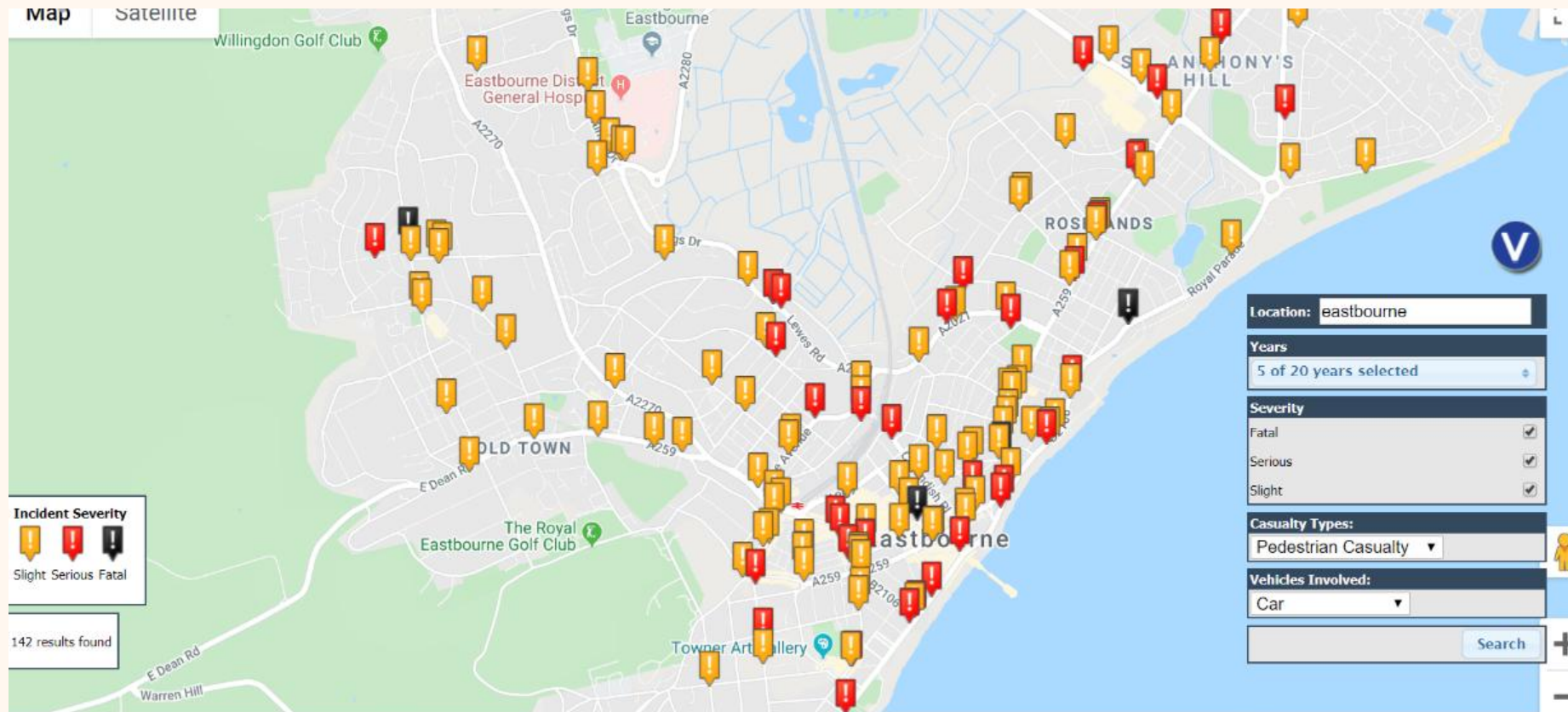
Different reasons stick with different audiences...

Sometimes less is more

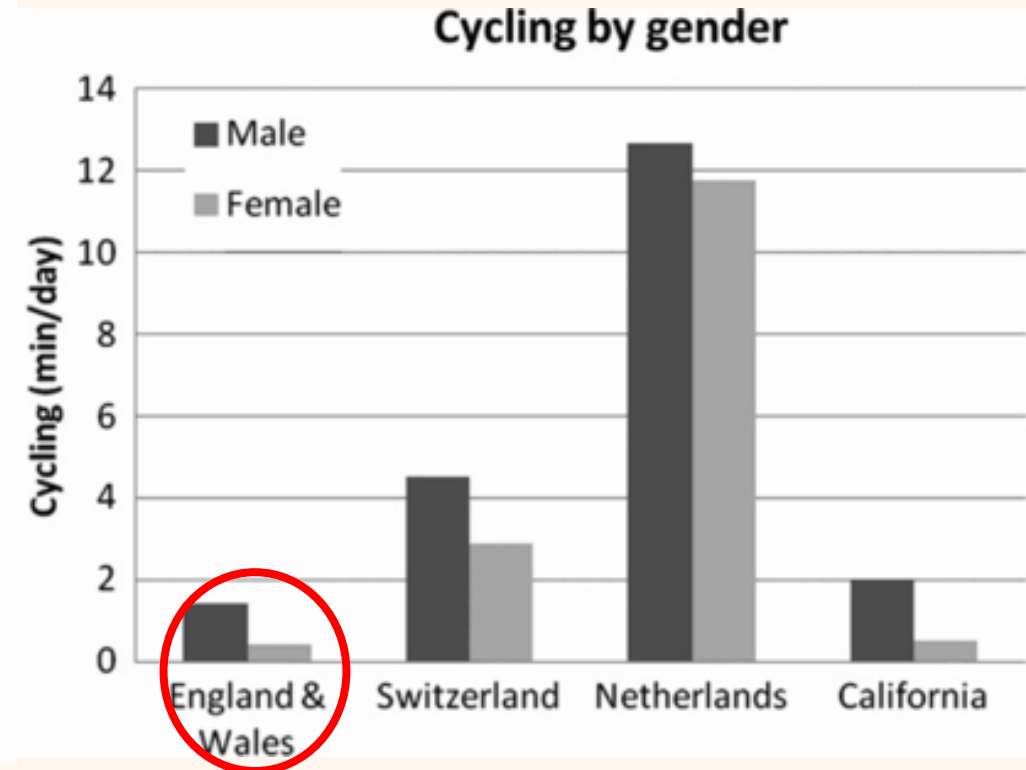
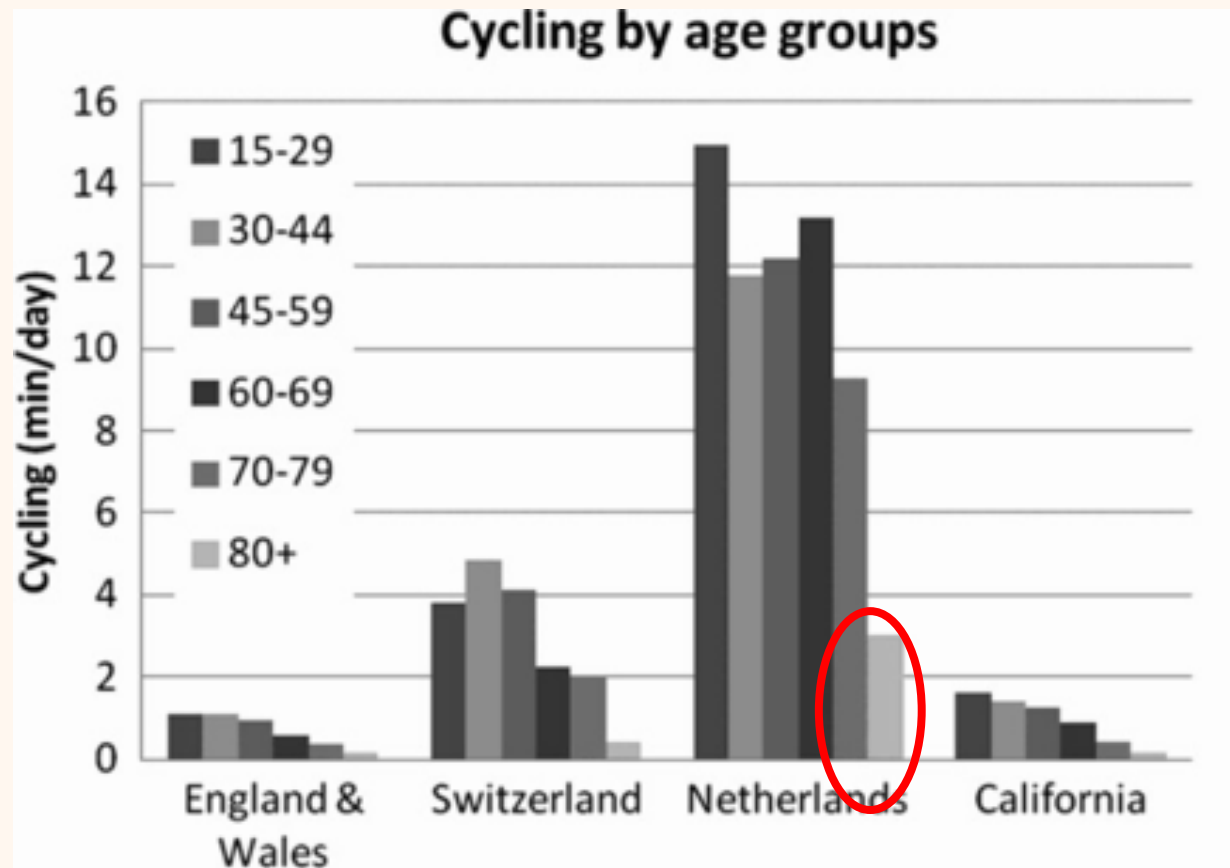
In Lovely Eastbourne:

142 Pedestrian casualties hit by car in 5 years

- We accept 150,000 road casualties per year, G.B.
- including 1500 deaths & 28,000 seriously injured
- (Insert any place to www.crashmap.co.uk)



In England men cycle 3x as much as women
Dutch 80-year-olds cycle more than English 20-year-olds



Götschi T, Garrard J, Giles-Corti B (2015): Cycling as a Part of Daily Life: A Review of Health Perspectives, Transport Reviews: <http://dx.doi.org/10.1080/01441647.2015.1057877>

GEOGRAPHIES IN DEPTH

This is why Dutch teenagers are among the happiest in the world

Jun 21, 2018

- World economic forum
- OECD
- UNICEF

<https://www.weforum.org/stories/2018/06/this-is-why-dutch-teenagers-are-among-the-happiest-in-the-world/>

Politics and policy: June 2026

Introduction

If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat.¹

UK Chief Medical Officers

CONCLUSION

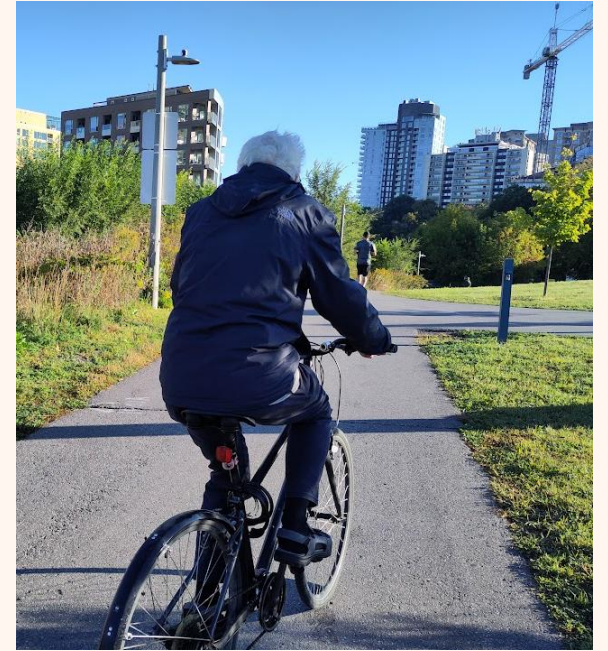
Physical activity can be more effective than drugs in preventing, treating and managing many long-term conditions. Health and

<https://publications.parliament.uk/pa/cm5901/cmselect/cmhealth/1180/report.html>

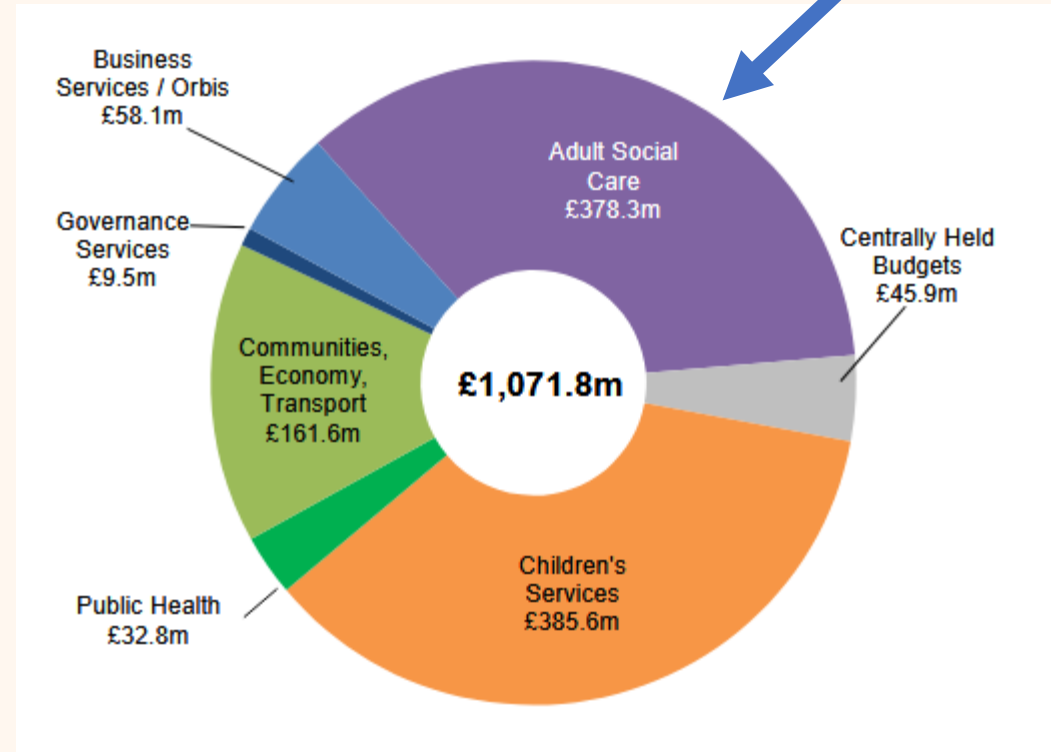


The population and the economy

- 20% are children
- 19% over 65
- 37% children driven to/from school
- 19% of women aged 50-60 care for relative/friend
- 26% English adults do no exercise at all
- 25% of all employed people are in health, education or social care
- 8% of households are in “transport poverty”
- 3:1 working age adults to every over 65 (Japan = 2:1)
- Why are we building housing estates only accessible by car?



35% of ESCC revenue budget = Adult Social Care



Why do something to support other people to be physically active?

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What can drivers do? (change the culture)



DRIVERS:

- If you cannot give 1.5 metres (5 feet) DO NOT OVERTAKE

CYCLING:

- ride in the centre of the lane in slower-moving traffic and approaching to junctions or road narrowings

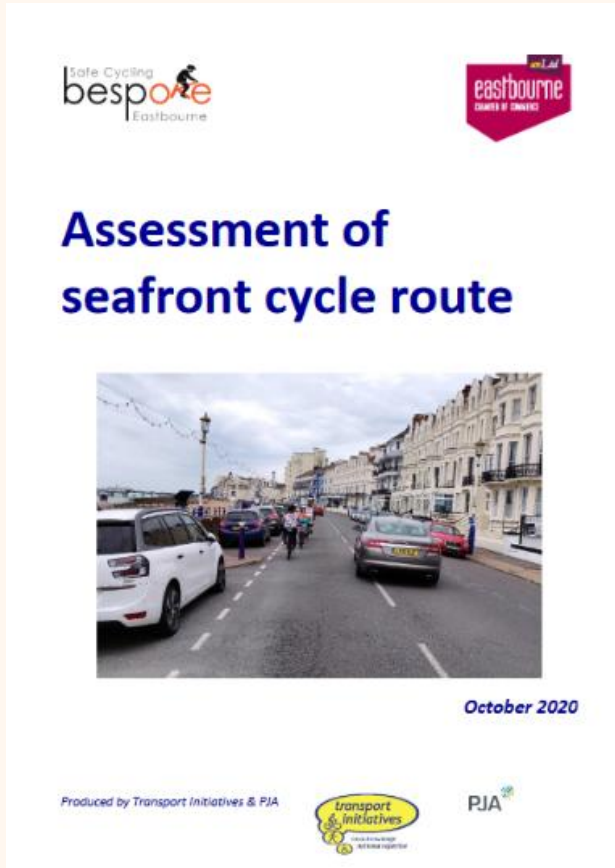


<https://www.gov.uk/government/news/the-highway-code-8-changes-you-need-to-know-from-29-january-2022>

East Sussex County Council are taking away cycle routes in Eastbourne!



Story 1: Bexhill got cycling on the promenade because the children asked



<https://bespokecyclinggroup.org.uk/2021/05/12/eastbourne-seafront-cycling-saga-a-solution-at-last/>

www.scarlettmcnally.co.uk scarlett.mcnally@nhs.net



Story 2: me...

- 2018: Myeloma (cancer of plasma cells) + cardiac amyloidosis.
Chemo. Disabled.

My Consultant: “Your heart’s a muscle you’ve got to use it”

My GP: “Go for a walk every day”

- 2019: GOT ELECTRIC-BIKE
- 2020: Stem Cell Transplant
- 2025: hip replacement as day case



If you prefer audio:

- Radio 4:
<https://www.bbc.co.uk/sounds/play/m001w171>
- CIHT podcast:
<https://www.ciht.org.uk/news/new-podcast-how-transport-can-fix-health-with-professor-scarlett-mcnally/>

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S3. Ep 1 - The Miracle Cure
Series 3: Exercise

Drs Chris and Xand Van Tulleken investigate the science of exercise and the dangers of inactivity. Available now
🕒 29 minutes

Is modern exercise a wellness cult? Or is it a vital cure for a world that's struggling with ill health and stuck on the sofa? Most of us might like to get a bit fitter, but how easy is it to actually start exercising and give up sedentary habits?

In this series Drs Chris and Xand Van Tulleken examine exercise and how best to do it. How much should we be doing? How does it help our bodies? And how does our surrounding environment stand in the way of us getting fitter? Chris is challenged to examine his scepticism towards exercise. Similarly, Xand is asked to look at his new-found exercise evangelism and see what he is really running from.

Recently Xand has discovered the joys of physical activity. He's running, cycling, heading to the gym and playing ping pong like never before. It's been a real transformation and a way to keep on top of things after years of unhealthy living.

His twin brother Chris, on the other hand, is really feeling the aches and pains of middle age. With a busy job and a young family, he has precious little spare time for exercise. After a very active period in his 20s and 30s, Chris is now embracing his 'Dad bod' and sliding into a creaky middle age. Xand wants to help him turn things around. Can he do it?

In Episode 1 - The Miracle Cure - the twins meet Dr Scarlett McNally, a consultant orthopedic surgeon with a special interest in the benefits of exercise. She explains just how beneficial even moderate exercise can be for our bodies and for the NHS as a whole. Meanwhile, Chris is

- # This Girl Can
- # We Are Undefeatable
- www.movingmedicine.ac.uk

- Glow ride (women and allies) 22nd October 6.45pm Rodmill pub
- Kidical Mass ride 1st November 1pm Seafront statue



Summary: different audiences' Why + How

- Exercise is medicine 150 minutes/week + Strength + Balance
- Population
 - 20% are children
 - 19% are over 65
 - 51% are women or girls
- Bonus
 - Community
 - People empowerment
 - Loneliness
 - Less social care
- Sustainability

www.scarlettmcnally.co.uk



www.medicalwomensfederation.org.uk



My articles



Centre for
Perioperative Care www.cpoc.org.uk

