How can primary care support older adults move more and be active

Findings from a Patient and Public Involvement and Engagement (PPIE) Project

October 2026

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Acknowledgments

We would like to thank the primary care health practitioners and public contributors who have shared their views and lived experiences for this project. We would also like to thank Dr Ashley Gluchowski from the University of Salford for sharing her time and valuable knowledge during the in-person workshop.

Funding

This project was funded by the University of Manchester Research Collaboration Fund. The findings presented in this report reflect the views and experiences shared by participants and the interpretations of the authors. They do not necessarily represent the views of the University of Manchester or Greater Manchester Moving.

One-page Lay language Summary

Why did we do this work?
Being physically active can help older adults stay healthy, independent, and connected to others. However, not everyone has the same opportunities to be active. People living in areas affected by poverty or other disadvantages may face additional barriers, such as poor health, transport difficulties, loneliness, cost, cultural or language barriers, and lack of suitable local activities. We wanted to understand how physical activity is currently promoted through primary care, such as GP practices, and what could be done differently to make it easier for older adults to become and stay active.

What did we do?
We spoke with 10 healthcare professionals working in primary care and held a workshop with older adults aged 65 and over. We asked about their experiences of promoting and taking part in physical activity, what works well, what gets in the way, and what could be improved. The findings were then brought together into themes, with participants' experiences and views guiding the priorities for future research.

What did we hear?

- **Physical activity needs to be presented differently.** People often think of exercise as going to the gym or taking part in formal exercise classes. Healthcare professionals felt that it could be more helpful to talk about everyday movement, such as walking, gardening, housework, or simple exercises at home. Small and achievable changes may feel more realistic, particularly for people who are inactive or have health problems.
- **Primary care has an important role, but there are limits to what can happen in a short appointment.** Healthcare professionals said that physical activity is often discussed informally during appointments or NHS Health Checks. However, ten-minute appointments, competing health problems, and pressure on staff make it difficult to have detailed conversations or provide ongoing support.
- **Simply telling people about an activity is often not enough.** Participants described delays and problems with referral pathways. Some people may lose motivation whilst waiting to start an activity. Social prescribing link workers and health coaches can provide the additional time and support needed to help people move from being interested in physical activity to actually taking part.
- **Being active can help people feel connected.** Walking groups, community activities, volunteering, and group exercise can provide opportunities to make friends, reduce loneliness, build confidence, and improve physical health. For some people, the social side of an activity may be just as important as the activity itself.
- **Activities need to fit people's lives.** There is no single approach that will work for everyone. Activities need to take account of people's health, mobility, confidence, interests, culture, gender, and daily lives. Participants highlighted the importance of trusted and culturally appropriate organisations when working with different communities.
- **Access matters.** Transport, cost, and distance can prevent people from taking part. Participants felt that activities should be available close to where

people live, and in places that they know and trust, such as community centres and parks. Communication also needs to reach people who may not use digital services.

- **Wider circumstances affect people's ability to be active.** For someone experiencing financial difficulties, housing problems, poor health, or social isolation, being physically active may not be their immediate priority. These wider circumstances need to be recognised rather than assuming that inactivity is simply a matter of individual choice or lack of motivation.

What does this mean for policy and future research?
The findings suggest that older adults need more than advice to be physically active. Policies should support better links between GP practices, social prescribing services, and local community organisations so that people can be connected to suitable activities and receive support to keep going. Social prescribing link workers need enough time and resources to provide this support and referral systems should be simple and timely. Policies should also help ensure that local activities are affordable, accessible, culturally appropriate, and available close to where people live. This is particularly important for older adults facing greater barriers. Better information about local activities and stronger partnerships with trusted community organisations could help reach people who may otherwise miss out.

Overall, policy should recognise that being physically active is not simply a matter of individual choice or motivation. Creating fairer opportunities to be active requires investment in the local services, community organisations and support systems that make physical activity possible for everyone.

The findings have influenced the focus of our planned research. Rather than looking only at the impact of individual GP practices, future research will consider how primary care, social prescribing, and community organisations can work together across local neighbourhoods. The aim will be to understand how existing opportunities can be better connected, made more accessible, and tailored to the needs of older adults who experience greater barriers to being active.

The challenge is not simply encouraging people to be more active. We need to make it easier, more appropriate, and more achievable for people to take part and keep going.