

Access to exercise for people with long-term health conditions

Research report - March 2026



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Executive summary

Exercise offers many physical and mental health benefits. However, Healthwatch Barnet regularly receives feedback from people with long-term health conditions about the challenges they face in relation to physical activity and exercise.

We did this research to find out what would help people in Barnet with long-term conditions to exercise more. We were particularly keen to understand the experiences of people who were experiencing health inequalities.

We carried out surveys with 113 people. We then conducted in-depth interviews with 12 of these 113 people.

Of the survey respondents, 83% (n=94) identified as being a Disabled person, having a long-term condition or both. All 12 people who took part in the interviews advised us that they were Disabled people and / or had long-term conditions. In addition, 10 out of 12 interviewees had long-term conditions which meant they were eligible for Long Term Conditions Locally Commissioned Service (LTC LCS) appointments at their GP surgery.

We wanted to understand the experiences of people who were living on a low income. Of our survey respondents, 52% (n=59) told us that they had no disposable income and 23% (n=26) said they only had a small amount of disposable income.

In addition to our surveys and interviews, we gathered supplementary data on subjects including numbers of referrals to GLL Better Gym's Healthwise programme, the delivery of LTC LCS GP appointments and toilet facilities in Barnet's parks.

Our findings

NHS guidelines state that most people should do at least 150 minutes of moderate intensity activity a week ([NHS 2026](#)). Of our 113 survey respondents, 42% (n=48) reported doing several hours' exercise a week, with a further 22% (n=25) doing between one and two hours a week. By contrast, 26% (n=29) of respondents indicated that they do very little exercise. See page 18.

Given that 83% (n=94) of our respondents were Disabled people and /or people with long-term conditions, it is positive that a significant number were doing several hours of exercise a week. On the other hand, a considerable number of respondents were doing very little exercise.

Much of this research report focuses on changes which could be made to ensure that long-term health conditions do not prevent people from taking part in physical activity. This approach is in line with the Social Model of Disability, which was developed by Disabled people and describes people as being disabled by barriers in society, rather than by an impairment or health condition ([Disability Rights UK 2026](#)).

In our survey, when people reported barriers and enablers to exercise, they could choose as many options as they wished from a multiple-choice menu.

Key factors

Physical health: when we asked about barriers to exercise, 63% (n=56) of survey respondents either selected 'my physical health issues limit exercise' or selected 'other' and described barriers related to physical ill-health. There is clear scope to increase accessibility to ensure that these physical health issues do not prevent people from exercising. See page 23.

Access to healthcare:

- When asked what would encourage them to exercise, 35% (n=31) of participants chose advice from a GP/health professional. See page 24.
- Some people indicated that, for example, they could only engage in limited physical activity because they were waiting for an operation.

Time: 'time pressures due to work' was identified as a barrier to exercise by 15 respondents; 'time pressures due to caring responsibilities' was selected by five. Some interviewees shared caring-related challenges. See page 25.

Cost: 52% (n=59) of respondents had no disposable income; 23% (n=26) had small amounts of disposable income. Unsurprisingly, several interviewees identified cost as a barrier to exercise, for example, joining a gym. See page 26.

Wellbeing

- When we asked about barriers to exercise, 'low motivation' was selected by 19% (n=22) people. There were seven votes for 'not confident to exercise in public'. See page 2.

- Low motivation can have many causes, including physical and mental health problems, time pressures, lack of confidence and inaccessibility.
- Interviewees talked about how their physical health impacted on their confidence and level of social connection and how this in turn affected their engagement with physical activity.
- Some people said support from friends or family helped them to engage with exercise; others described the negative effect of social isolation.

Collective exercise

- In qualitative feedback, access to collective exercise emerged as a major factor in relation to people's engagement with physical activity. See page 28.
- This included peer-led walking groups and classes hosted by Barnet Asian Women's Association. Building exercise into existing social networks, such as faith groups or even pubs, was identified as effective.
- A key theme was interviewees' lack of knowledge about what was available in Barnet in terms of group activities and discounts.

Physiotherapy

- Some interviewees had positive experiences of physiotherapy; others said problems with accessing physiotherapy were a barrier to exercise.

GLL Better Gyms

Barnet's GLL Better Gyms are run in partnership with Barnet Council. Services include the Healthwise scheme for people with health conditions ([GLL Better 2026](#)). Our research findings underlined the vital role played by GLL Better.

As part of our research for this report, we gathered supplementary information through correspondence and meetings with GLL Better, who informed us that:

- Around 3,000 people are referred to Healthwise each year; only about half take up the service, usually because GLL Better cannot contact them despite having their details and contacting them more than once.
- Referrals to the Healthwise Adult Weight Management programme fell from 870 in 2024 to 520 in 2025.
- Circa 30-35 of Barnet's 48 GP surgeries regularly refer to Healthwise. See page 31.

On the GLL Better website, while various discounts are available, the details of these are provided on separate webpages rather than in one place.

Parks and outdoor spaces

Many of our interviewees expressed their appreciation of Barnet's parks and green spaces, including the range of facilities that are available.

Toilets: some interviewees thought there should be more toilets in parks. See page 37.

Outdoor gyms: some interviewees were unaware of Barnet's outdoor gyms. We recommend adding 'points of interest' to OpenStreetMap and Google Maps. See page 38.

Support from GP surgeries

It is important to recognise that, across the country, GP surgeries face significant challenges, including exponential increases in demand for appointments over the last five years ([NHS England 2025](#)).

Information and advice:

- In our survey, we asked about the type of support people wanted from healthcare professionals in relation to physical activity. The most popular response was 'personal advice – safe and sensible activities given my health situation'. This was followed by 'information – local options for activities'. See page 41.
- In qualitative feedback, while several interviewees shared positive experiences with their GP surgery, only one out of 12 interviewees said they had received personalised exercise guidance. None of our interviewees reported being signposted to local exercise opportunities.
- We appreciate GPs are not in a position to give detailed exercise advice; this should be provided by physiotherapists and consultants.
- We recommend that GP surgeries use resources, such as brief online guides endorsed by the Royal College of General Practitioners, to provide basic advice and signposting.

Long Term Conditions Locally Commissioned Service (LTC LCS) appointments:

- The North Central London Integrated Care Board (NCL ICB) introduced LTC LCS appointments for patients with certain long-term conditions.
- Our interviewees were often very unsure whether they had attended a LTCS LCS GP appointment. We were, therefore, unable to draw any conclusions from our interview data about LTC LCS appointments in Barnet, including any provision of support around exercise.
- NCL ICB informed us that, of the circa 71,221 Barnet-registered patients who were eligible for LTC LCS appointments approximately 31,019 had attended a 'check and test' appointment in the 12 months to December 2025. See page 44.

Recommendations

For Barnet's Neighbourhood Health Service

Barnet's Neighbourhood Health Service is a collective project, led by Barnet GP Federation and Central London Community Healthcare NHS Trust, with partners including Barnet Council, NHS West and North London Integrated Care Board, NHS Trusts, Primary Care Networks and voluntary sector groups.

- 1. Communications:** to improve public communications about free and low-cost ways to exercise, including:
 - Publicising options for people with limited mobility.
 - Promoting evening classes and offers for carers.
 - Advertising in GP surgeries, hospitals and health charities.
 - Creating a shared community health events calendar for statutory and voluntary organisations in Barnet.
- 2. Coordination:** creating simple, accessible resources for Barnet's community groups to promote physical activity, linking them to trusted information and clearer routes for involvement.
- 3. Physiotherapy self-referral:** to publicise the option for Barnet patients to [self-refer for physiotherapy](#) as widely as possible, particularly amongst people experiencing health inequalities.
- 4. Exercise Hubs:** to support the further development of GLL Better Gym's existing outreach work, organising classes in community venues.
- 5. Elemental:** to further develop the information about exercise opportunities available through [Barnet's Community Services Directory](#).

For Barnet Council

- 6. Walking groups:** to provide basic resources to support residents with setting up peer-led walking groups.
- 7. Community safety team:** to distribute leaflets to GP surgeries – on safety tips and exercise – to be shared with patients.
- 8. Healthwise:** to consider allowing patients to refer themselves directly to all the programmes within GLL Better Gym's Healthwise scheme.
- 9. Outdoor gyms:** to create 'point of interest' entries for Barnet's outdoor gyms on OpenStreetMap and Google Maps.
- 10. Public toilets:**
 - Where the public are allowed to use park café toilets free of charge, to publicise this widely, including through on-site notices and Barnet Council's [directory of public toilets](#).
 - To require that all new privately-run cafés in Barnet's parks allow the public to use the café toilets free of charge.

- When reviewed, the leases of existing privately-run cafés in Barnet's parks should require that the public are allowed to use the toilets free of charge.
- To further develop Barnet's [Community Toilet Scheme](#).

For GP surgeries

- 11. PACC:** to encourage all relevant healthcare staff to attend Moving Medicine's [Physical Activity Clinical Champions](#) training.
- 12. Exercise advice:** to provide patients with basic, personalised exercise advice in Long Term Conditions Locally Commissioned Service appointments, using resources like [Moving Medicine's](#) GP consultation guides and [We Are Undefeatable's](#) condition-specific resources.
- 13. Exercise signposting:** as part of the Long-Term Conditions Locally Commissioned Service offer, signposting patients to relevant exercise opportunities, including information about costs, via:
 - GP surgery staff, including social prescribers and health and wellbeing coaches.
 - Follow up emails and texts to patients.
 - Leaflets – surgery staff to ensure GPs are supplied with key leaflets on local exercise opportunities for use with patients.
- 14. Healthwise:** to ensure that, wherever possible, when patients are referred to GLL Better Gym's Healthwise programme, they are handed a leaflet and / or their phone is texted basic information about the programme alongside a website link.
- 15. Adult Weight Management:** in view of the sharp reduction of referrals in 2025, to increase the numbers of patients being referred to GLL Better Gym's Adult Weight Management programme.
- 16. Consistent referrals – Healthwise:** for the 10-15 Barnet GP surgeries who do not regularly refer patients to GLL Better Gym's Healthwise programme to begin doing so.

For the NHS West and North London Integrated Care Board

- 17. LTC LCS appointments:** to support GP surgeries to increase the numbers of high-risk patients attending Long Term Conditions Locally Commissioned Service (LTC LCS) appointments.

For GLL Better Gyms

- 18. Communication about discounts:** to develop a webpage which sets out all the memberships and benefits available for Disabled people, including the prices of Barnet-only Disabled memberships.

Acknowledgments

We would like to thank:

- The Barnet residents who took part in this research — for sharing their views and experiences with us.
- The Healthwatch Barnet volunteers who worked with us to engage residents — this report would not have been possible without their generous support.
- The organisations who allowed us to gather data with people using their services: Age UK Barnet, Barnet Primary Care Network 2, Central London Community Healthcare NHS Foundation Trust, Oakleigh Community Church and the Royal Free London NHS Foundation Trust.

About the project

Exercise offers many physical and mental health benefits. However, Healthwatch Barnet regularly receives feedback from people with long-term health conditions about the challenges they face in relation to physical activity and exercise.

Supporting people to increase their physical activity levels is a key aim of both national and local health policy ([NHS Better Health 2026](#)). In October 2023, GP surgeries in North Central London began offering 'Long Term Conditions Locally Commissioned Service' (LTC LCS) appointments. These appointments aim to support patients with a range of health-related matters, including exercising more, eating more healthily, stopping smoking and staying well in winter ([NCL ICS 2023](#)).

We carried out this research to understand more about what would help people in Barnet with long-term conditions to exercise more. We were particularly keen to find out about the experiences of people in financial hardship.

Background information

While long-term health conditions affect the whole population, they are more prevalent in older people. Barnet has an ageing population, with over 58,000 people aged 65 or above, and this is expected to grow by around a quarter in the next 10 years ([NCL ICS 2025](#)). People are living longer but also spending more years in worse health. In England, the average person's healthy life expectancy is only 61.7 years ([ONS 2023](#)).

In addition, long-term conditions have specific impacts on communities living in financial hardship. In Barnet, female residents born in 2020/21, who were living in the least deprived 20% of areas, were projected to live 4.6 years longer in comparison to those living in the most deprived 20% of areas. The life expectancy gap for male residents was larger, at 5.4 years. More than one third of the inequalities in life expectancy between the least and the most deprived quintiles are caused by higher mortality rates in the most deprived areas of Barnet — from heart disease, respiratory disease and male cancers ([Barnet JSNA 2025](#)).

Finally, it is important to note that, nationally, people with Afro-Caribbean and South Asian heritage are disproportionately affected by diabetes and certain heart conditions ([King's Fund 2023](#)).

Data gathering

For this Healthwatch Barnet research report, we carried out surveys with 113 people. We then conducted in-depth interviews with 12 of these 113 people.

We also gathered supplementary information through correspondence and meetings. This included figures on the delivery of LTC LCS appointments in Barnet which is presented in appendix two and data on Healthwise referrals to Barnet's GLL Better Gyms which was collected from our meetings and correspondence with GLL Better.

Section one below provides a demographic breakdown of the people we surveyed and interviewed.

The locations where we carried out surveys are listed in appendix one. We focused on events and locations where we were likely to engage people with long-term conditions. These included Age UK Barnet's 'Silver Sunday' event for older people, an event for people with long-term conditions organised by a Barnet Primary Care Network (PCN 2) and clinics for people with relevant long-term conditions in Edgware Community Hospital and Finchley Memorial Hospital.

We advertised the opportunity to be interviewed widely. We explained that we would only be interviewing Disabled people and people with long-term conditions. We also advised that we were particularly keen to hear from people who were experiencing financial hardship and those who were not currently doing much exercise, so we could understand more about the challenges that people were facing.

The people who we interviewed were given a £30 supermarket voucher as a token of our appreciation. We provided these vouchers to make the interview process more accessible for people in financial hardship.

Limitations

Sample size: we spoke to 113 respondents which is a small number relative to the population of Barnet. However, the insights we gathered may provide a useful snapshot of views and experiences.

Representation: as can be seen from appendix one, we carried out most of our surveys in relevant hospital clinics and at community events. We will, therefore, only have reached people who were engaging with either NHS services or voluntary sector groups.

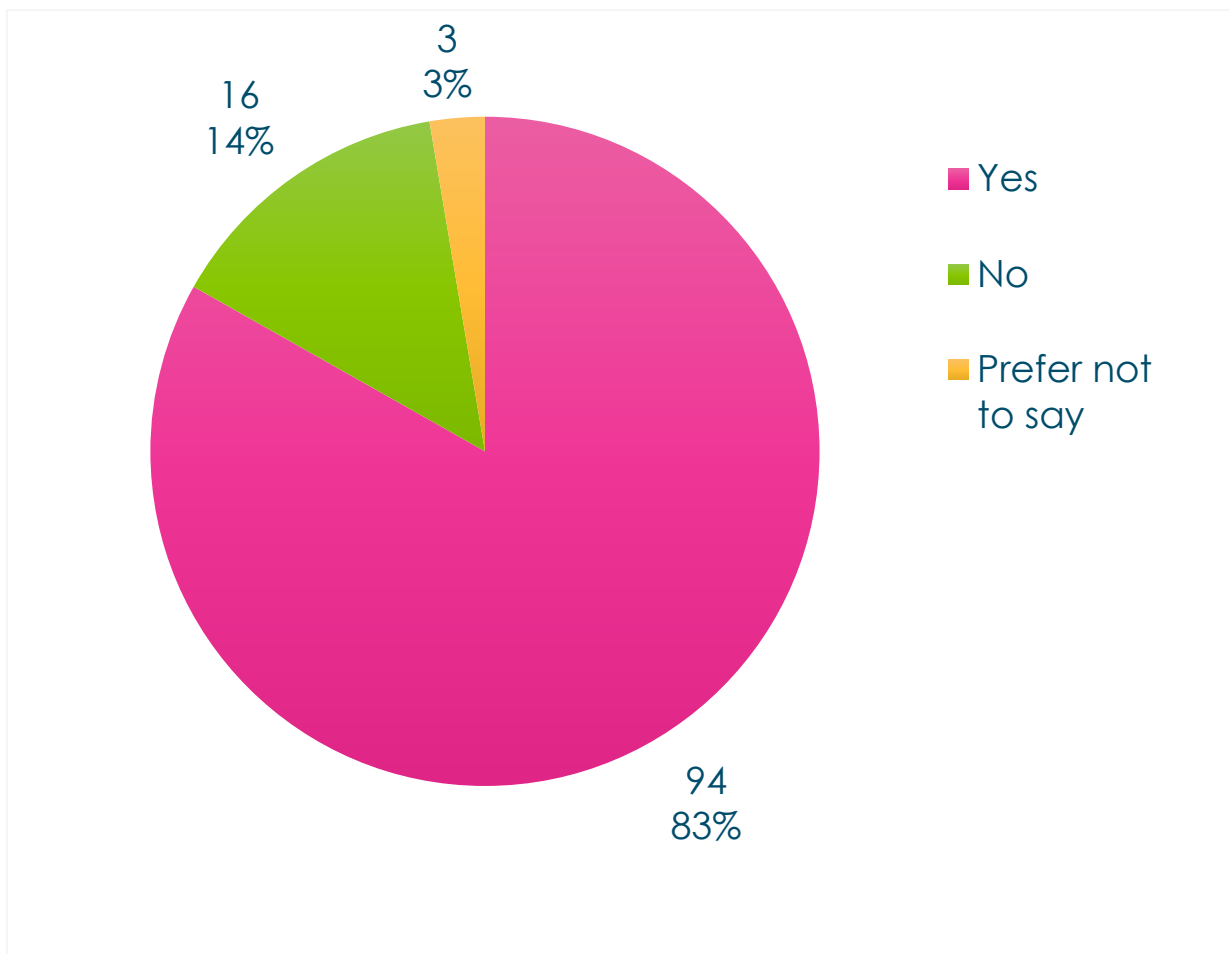
LTC LCS appointments: we collected feedback from all 113 respondents about the type of support they wanted from healthcare professionals in relation to exercise. However, we gathered much more detailed qualitative information from our 12 interviewees in relation to the kind of support they had received from GP surgeries. The reason for this was that, to collect meaningful data, it was important for us to understand certain contextual information about participants' long-term health conditions. Although the sample size was small, the detailed feedback we received may provide useful insights into patient experience.

1. Who took part?

This section of the report provides a breakdown of the people who took part in our research by their age, gender, ethnicity, financial status and whether they were Disabled people or had a long-term health condition.

Disabled and non-disabled people

The pie chart below sets out the number of survey respondents who identified as being a Disabled person, having a long-term condition or both.



As we can see from the chart above, 83% (n=94) of respondents identified as being a Disabled person, having a long-term condition or both. In addition, all 12 people who took part in the interviews advised us that they were Disabled people and / or had long-term conditions.

Our survey question read: 'Do you have any long-term health condition(s) and / or do you consider yourself to have a disability? (when we use the term disability, we mean any neurodivergence or physical, sensory, learning or mental health condition or impairment).'

We also provided a free text box where people could give details of their health conditions.

We found that almost half of the participants surveyed (n=47) disclosed that they had more than one long-term health condition.

In our survey question, we explained that we were also interested in hearing about any mental health issues that participants wished to share. Nevertheless, only one person disclosed a mental health issue when filling in the survey. However, during in-depth conversations some of our 12 interviewees disclosed more information in relation to their mental health.

Among the survey participants, the most reported health condition was diabetes, with 24 respondents indicating they had it. High blood pressure was the second most prevalent condition, reported by 15 participants, followed by arthritis (13 respondents), and heart conditions (10 respondents). Other reported conditions included chronic obstructive pulmonary disease or COPD (9), asthma (8), high cholesterol (7), and cancer (7) – the latter encompassed prostate cancer (2), bowel cancer (1) and myelofibrosis (1). Additionally, three participants reported experiencing general mobility issues.

There were two instances of people reporting each of the following conditions: chronic kidney disease, respiratory papilloma, under active thyroid, Parkinson's disease, hearing problems and back problems. In addition, two participants disclosed that they had undergone limb amputations.

Finally, there were single instances of people disclosing that they had one of the following conditions:

- Athetosis
- Atrial Fibrillation
- Barrette oesophagus
- Blood disorder
- Ehlers-Danlos Syndrome
- Epilepsy
- Glaucoma
- Heart arrhythmia
- Keratitis
- Kidney stones
- Nummular dermatitis
- Neurogenic disorders
- Partially sighted
- Physical neuro-sensory conditions
- Post-traumatic stress disorder
- Raynaud disease
- Sciatica
- Severe bowel diagnosis
- Shoulder pain
- Tremor

In the interviews:

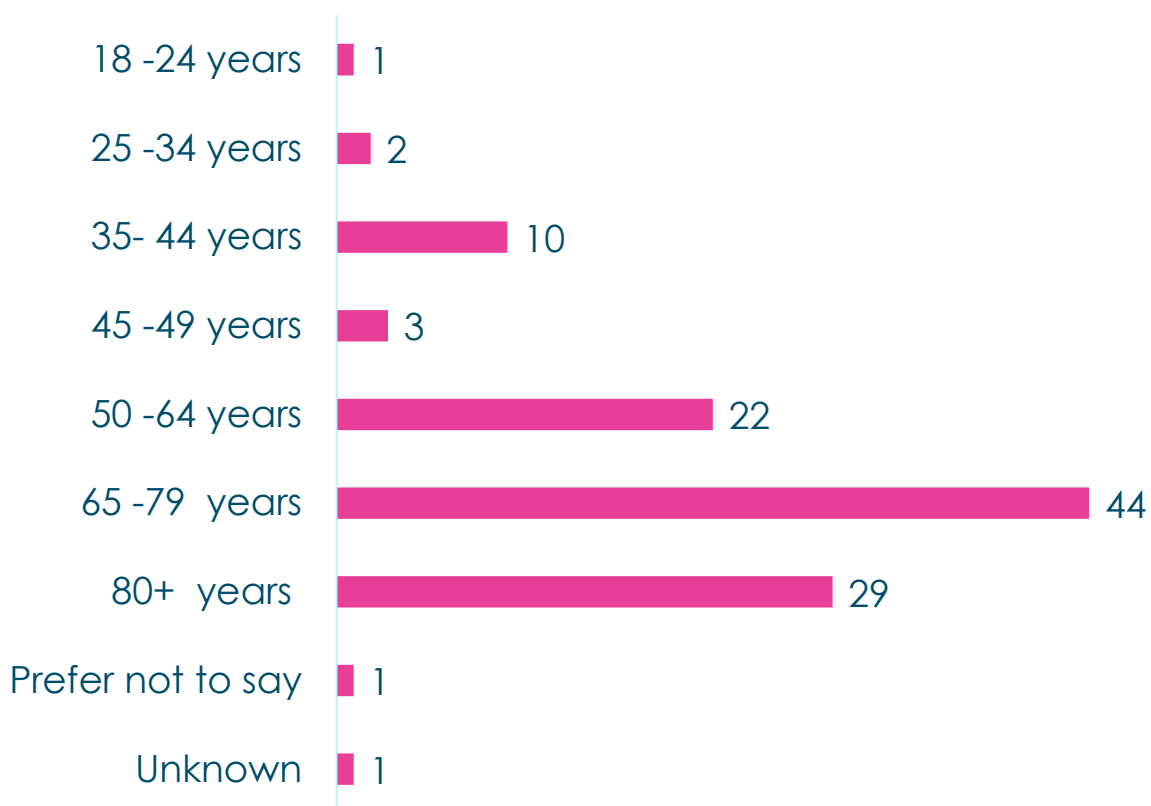
- 10 out of 12 interviewees had long-term health conditions which meant they were eligible for Long Term Conditions Locally Commissioned Service (LTC LCS) appointments at their GP surgery — these included certain heart conditions,

diabetes, chronic kidney disease, high cholesterol, asthma, chronic obstructive pulmonary disease (COPD) and non-alcoholic fatty liver disease.

- However, two participants were not eligible for the LTC LCS service, due to their long-term conditions not being covered by the service. A full list of the conditions covered by the LTC LCS service is provided in appendix two.
- In addition, several interviewees identified as Disabled people and / or had a range of other health conditions including cancer, respiratory papilloma, albuminuria, kidney stones, neurogenic bladder and bowel dysfunction, iron deficiency and limited mobility caused by other health conditions.

Age

The chart below provides a breakdown of the age ranges of our survey respondents.



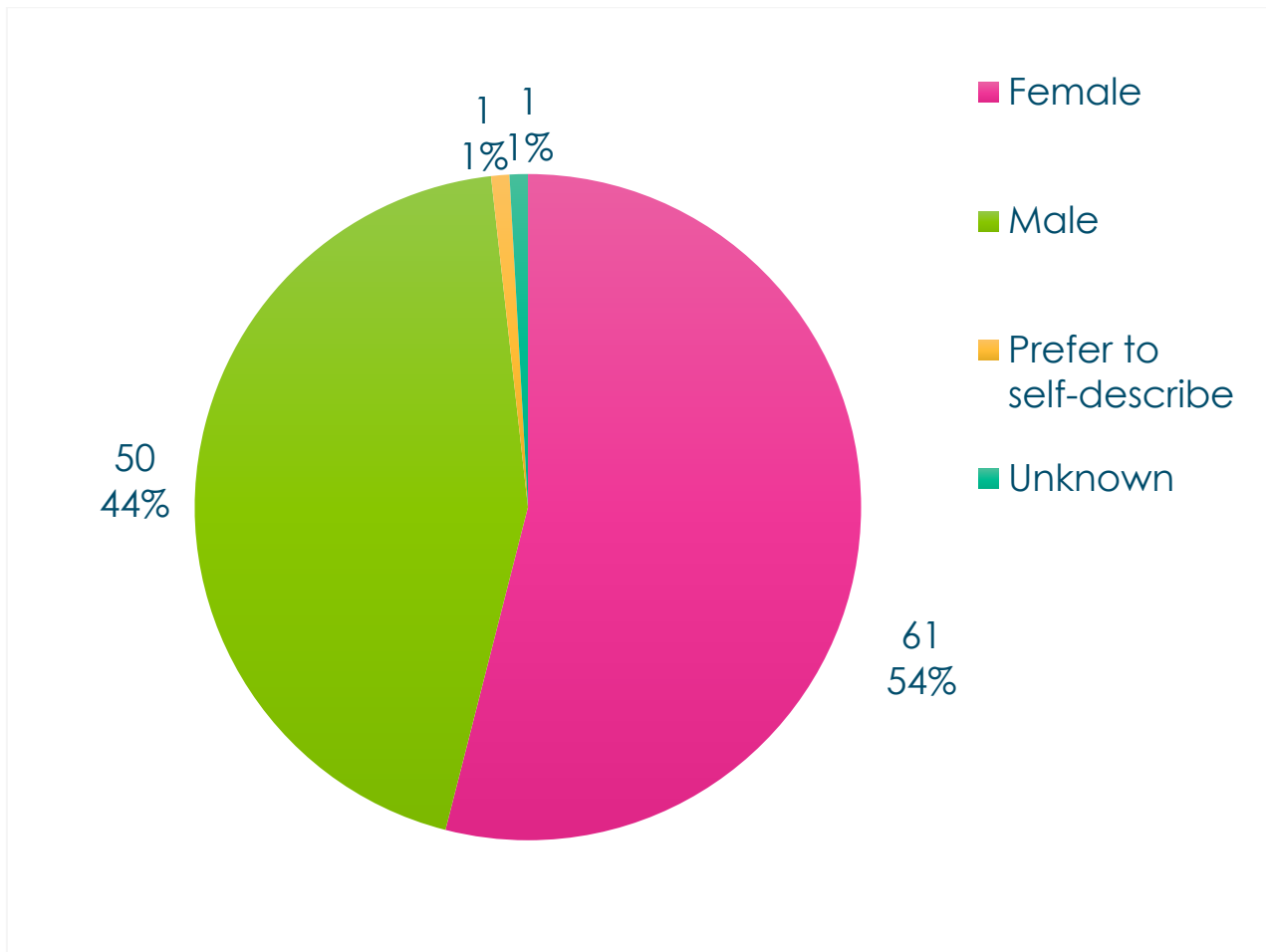
As we can see from the data, the largest group consisted of people aged between 65-79, making up 39% (n=44) of our respondents. This was followed by people aged 80 or over, who comprised 26% (n=29) of participants.

The above chart shows that most of our survey respondents were older people. When seeking participants for this study, our primary focus was on recruiting people who had relevant long-term conditions. As these conditions are more common in later life, this resulted in a sample that included a higher proportion of older adults.

In relation to the interviews, seven interviewees were aged between 65-79 years, two were aged 80 or older and we had one interviewee from each of the following age groups: 25-34 years, 35-44 years and 50-64 years.

Gender

The chart below provides a gender breakdown of our research participants.

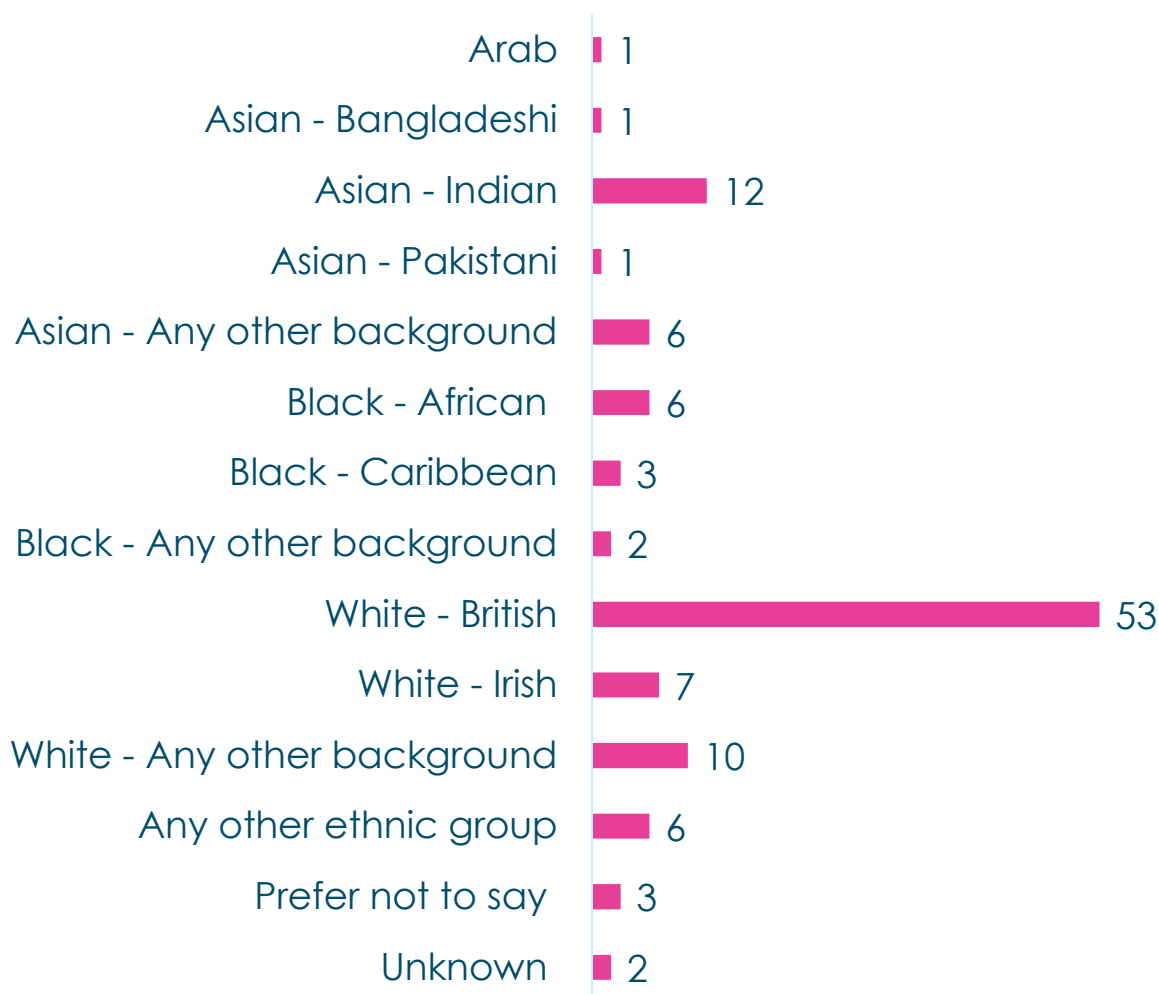


The chart shows that 54% (n=61) of respondents were female, 45% (n=51) were male and one person self-described as 'male sex'.

In the interviews, seven participants were male and five were female.

Ethnicity

The chart below provides a breakdown of our survey respondents by ethnicity.

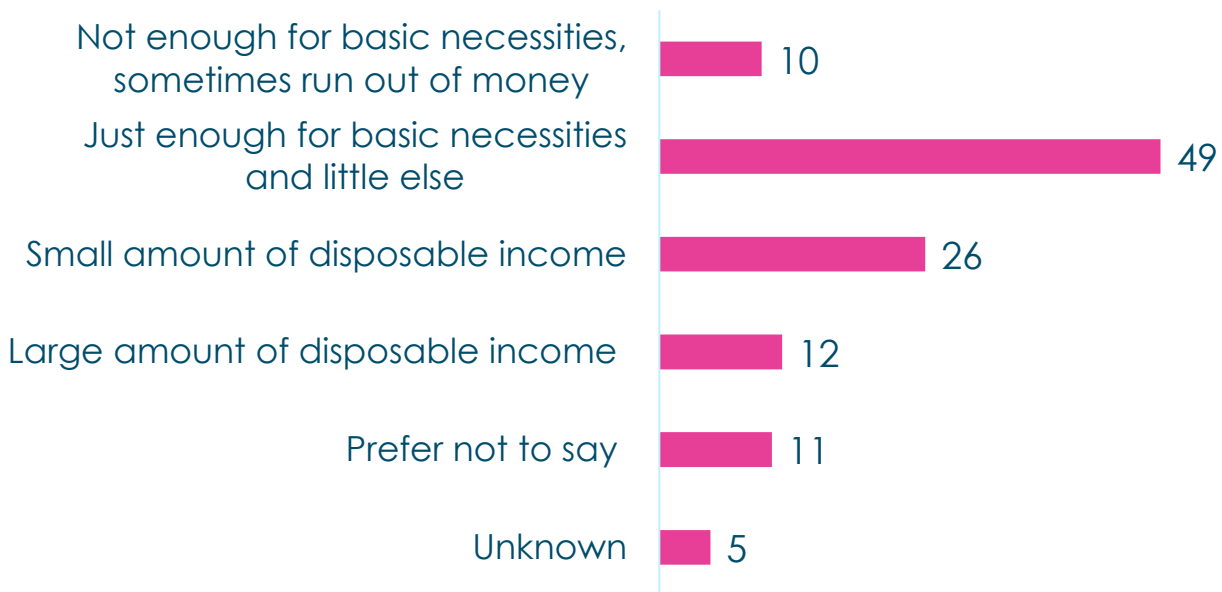


As we can see from the data, White British people were the largest ethnic group in this study making up 46.9% (n=53) of total participants. This was followed by 'Asian/Asian British: Indian' at 11% (n=12) and 9% (n=10) of participants who identified as 'White: any other background.'

Of the 12 people who took part in the interviews, four were White British and a further four were Asian Indian. Two people had Black Caribbean heritage, one person identified as White Irish and one interviewee did not disclose their ethnic background.

Financial status

Household income can have a significant impact on people's access to exercise opportunities – for example, whether they can afford to use a gym. The chart below set out the financial status of our survey respondents.



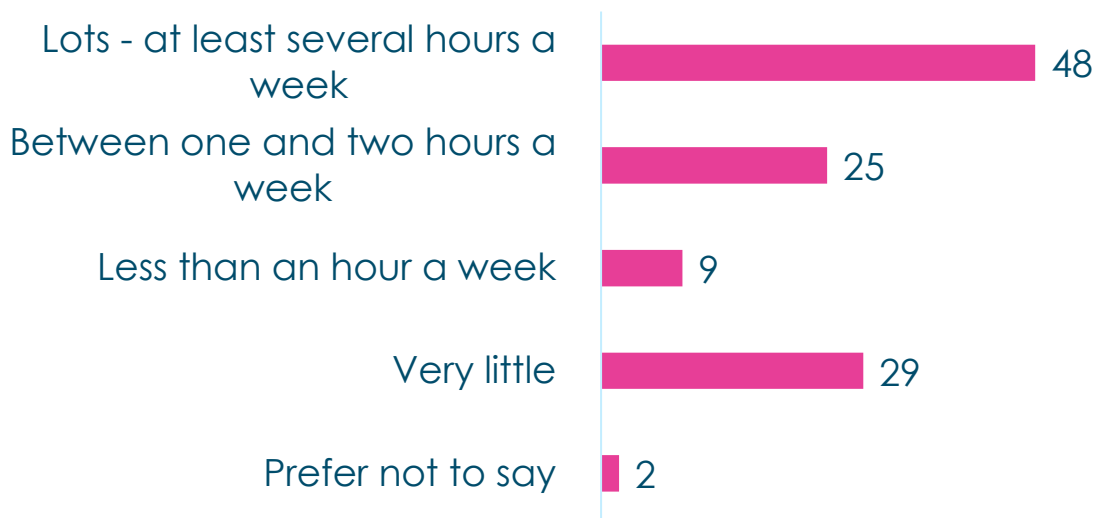
The data show that low household income was a feature of life for most of our respondents. As can be seen from the above chart, 43% (n=49) of respondents told us that they had just enough for basic necessities and little else. A further 23% (n=26) of participants said they had enough for basic necessities and just a small amount of disposable income.

Of our 12 interviewees, eight people advised that they had 'just enough for basic necessities and little else'. Two said that they did not have enough for basic necessities and sometimes ran out of money. A further two interviewees said they had enough for basic necessities and a small amount of disposable income.

2. What physical activity were people doing?

This section of the report provides a breakdown of the type and amount of exercise that our research participants were engaging in.

The chart below shows the amount of exercise that our survey respondents were taking part in.

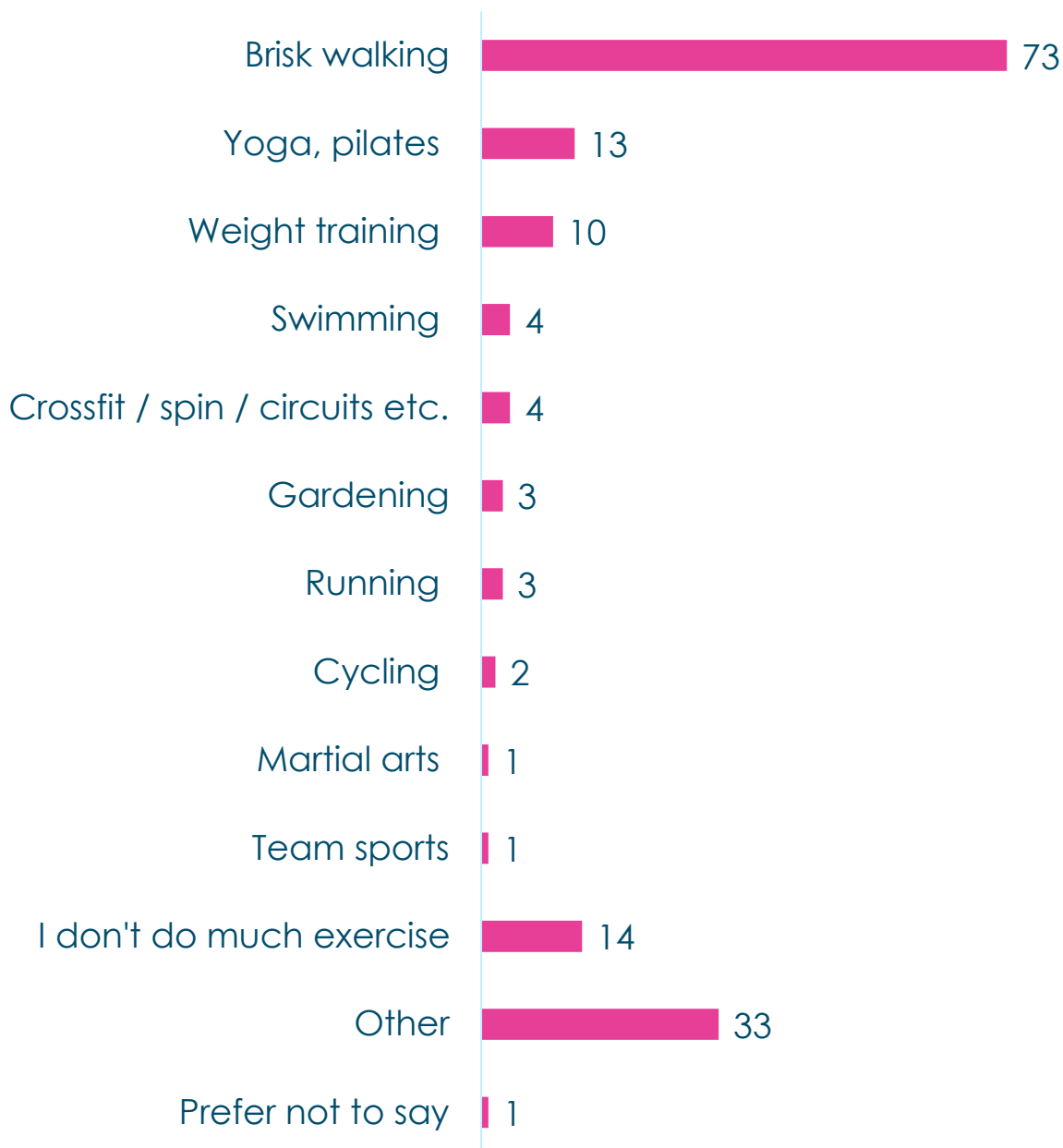


As we can see from this chart, 42% (n=48) of our respondents said that they exercise for several hours a week. By contrast, 26% (n=29) of participants told us that they were doing very little exercise.

In the interviews we conducted, we found that six of our 12 interviewees were exercising for less than an hour a week. In addition, four respondents said they were exercising for between one to two hours a week and two interviewees told us that they engaged in at least several hours of exercise a week.

Type of exercise

The chart below sets out the different forms of exercise that our survey respondents were taking part in. People could select as many options as they wished from a multiple-choice menu.



Brisk walking was by far the most popular form of exercise – this was selected by 65% (n=73) of our respondents.

In addition, 29% (n=33) of participants selected the 'other' option – of these, four said they went to the gym and two told us that they did chair-based exercises. Individual respondents mentioned engaging in activities including music and movement classes, indoor bowls, exercise classes and Tai Chi.

Walking

Brisk walking repeatedly came up as a popular form of exercise for our respondents.

For the interviewees that were exercising more regularly, walking often played a central role in their routine.

One interviewee said:

"I'm walking probably above three and a half miles an hour, maybe close to four miles an hour, and I live quite near a big park and I am walking there probably four or five days a week, and I'm walking for probably about an hour and a half on average. And sometimes, not always, I must say, I do run up some of the hills, so I'm actually doing a little bit of running. But I have some knee problems, so I've got to be careful not to run too much."

However, the same interviewee went on to explain that, on some days, they felt very tired when walking:

"The only thing would be that I go through sometimes some periods of feeling very tired. I tend to force myself, even if I'm feeling very tired. Sometimes when I go for a brisk walk, my legs might feel like lead".

Five further interviewees told us that, due to their health conditions, even going on a short walk would be difficult for them. This limited these people's ability to leave their homes.

Other forms of exercise

We found that interviewees who were more physically active often engaged in several different forms of exercise. These included swimming, yoga and using an exercise bike.

For example, one interviewee, who went for walks around four or five days a week, also went swimming. However, this person told us that swimming consumed much of their energy for the day:

"Then I go swimming once a week. I quite enjoy that, although... when I get back, I feel I can't do much more for that day after swimming."

Two further interviewees told us about other types of exercise they were engaging in, including cleaning, group exercise classes and weightlifting:

"Yeah, I like the cleaning, cleaning and tidying up the house. And then I attend my local Barnet Asian Women's Organisation on Fridays, they do exercises."

"So I go to the gym, so I do a lot of weightlifting, cardio, and I try and do some walking as well."

3. Exercise – key barriers and enablers

In our survey, we asked people about the barriers to physical activity that they experienced and the factors that supported them to exercise.

A large proportion of our 113 respondents told us that their physical health problems limited their ability to exercise. As noted below, there is clear scope to make changes to ensure that these physical health issues do not prevent people from taking part in physical activity. These include, for example, improved access to healthcare, green spaces and collective exercise opportunities.

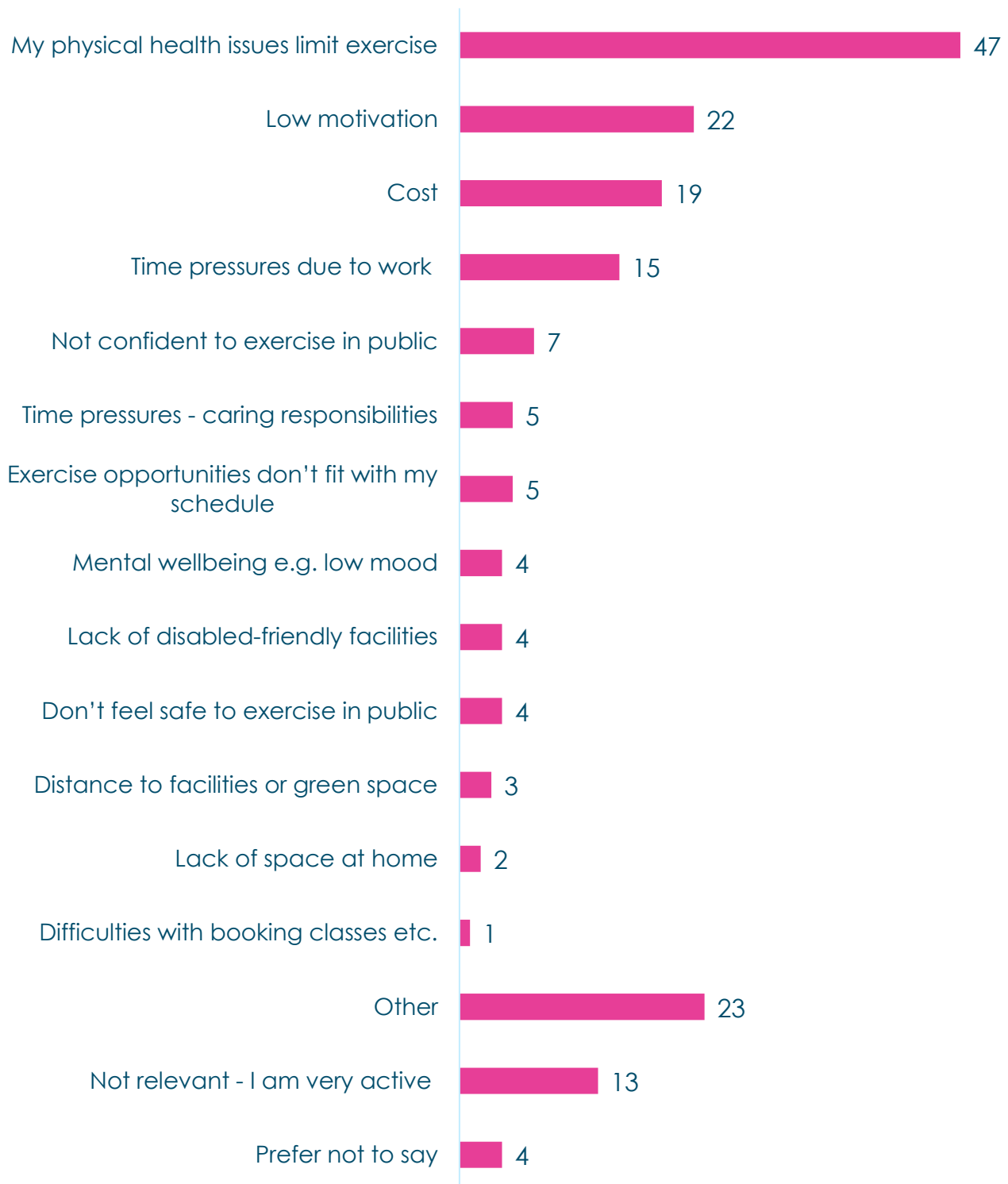
Other key barriers to exercise identified by respondents were time pressures and cost. Our survey findings also underlined the importance of access to group exercise and social support.

NHS guidelines state that most people should do at least 150 minutes of moderate intensity activity a week ([NHS 2026](#)). Within our survey respondents, 42% (n=48) of people reported doing several hours of exercise a week. A further 22% (n=25) stated that they do between one and two hours of exercise a week. By contrast, 26% (n=29) of respondents indicated that they do very little exercise.

Given that most of our respondents were Disabled people and / or people with long-term health conditions, it is positive to note that a significant proportion of people reported doing several hours of exercise a week. On the other hand, a considerable number of respondents said they were doing very little exercise. Supporting people to do more physical activity is widely acknowledged as a public health priority ([NHS England 2026](#))

Barriers to exercise

What, if any, are the main barriers you face to being active? (tick all that apply)



A total of 178 answers were given to this question by 113 respondents. The most popular response to this question was 'my physical health issues limit exercise', followed by 'other', low motivation, cost and time pressures due to work. In addition, 10 respondents selected answer options which were closely related to the theme of time pressures, i.e. 'exercise opportunities don't fit with my schedule' and 'time pressures – caring responsibilities'.

What encouraged people to exercise?

What would encourage you to become more active? (tick all that apply)



The most popular answer to the above question was 'other' with 36 people choosing this. Advice from a GP or health professional' attracted 31 votes. 'Someone else doing exercise with me' and 'support from friends and family' received 13 votes each.

Physical health issues

When respondents were asked about barriers to being active, as noted above, by far the most popular response was 'my physical health issues limit exercise' – 53% (n=47) of survey respondents selected this option. In addition, 23 respondents selected 'other' in response to this question. Of these 23 respondents, nine people – who did not also select 'my physical health issues limit exercise' – went on to describe barriers to exercise related to physical ill-health. Therefore, in total, 63% (n=56) of respondents indicated that, for them, physical health issues were a barrier to exercise.

For example, respondents commented:

"Stairs are a huge challenge."

"Stiffness, pain in joints and getting tired."

"Well, I mean, obviously, you know, my condition does affect my sleeping, especially with my knees if I'm in pain."

The 'about the project' section of this report describes how we ensured that we recruited a number of interviewees who were not doing much exercise, so we could understand more about the challenges that people were facing.

Five of our interviewees told us that, due to their health conditions, even going on a short walk would be difficult for them. This limited these people's ability to leave their homes:

"It [my health condition] affects me enormously. I'm not completely housebound, but unless a friend picks me up, once I get to the bus stop, which is maybe 200 meters away, I'm breathless getting to the bus stop, and that's my nearest method of getting away. If a friend picks me up, he may be able to drop me outside the venue, but he's then got to park a distance away. And it puts an extreme burden on him to pick me up and collect me and take me home."

"My [health conditions] now are not really in control... I have to [have an operation] within three months' time... [I've got] pain in my right hip radiating down... and when standing for too long or walking for too long, I can't... I used to go to a small, very small park next to my house. But not anymore – I cannot walk that far."

"I enjoy walking, I use to do it long ago, but now it's hard, because my muscles are weak... chronic kidney disease... causes me a lot of pain... there is no strength in my legs, no strength in my body."

"I used to do yoga, walk, do exercises, but all that stopped... [due to] my heart failure problem."

"With COPD [Chronic Obstructive Pulmonary Disease], [in the winter] the cold affects my breathing. So, you know, going out and stuff... even any form of exercise, even sometimes just speaking on the phone for a long period of time can make me breathless... even short walks would be, you know, difficult."

Social Model of Disability

In analysing our research findings, we used the Social Model of Disability to support our interpretation of the data.

The Social Model of Disability was developed by Disabled people and describes people as being disabled by barriers in society, rather than by an impairment or health condition. These barriers can be present in physical environments, the way institutions and organisations are run, people's attitudes, the way people communicate and societal discrimination. Removing these barriers creates equality and offers Disabled people more independence, choice, and control ([Disability Rights UK 2026](#)).

As seen above, 63% (n=56) of our survey respondents indicated that, for them, physical health issues were a barrier to exercise. Much of this research report focuses on changes which could be made to ensure that these physical health issues do not prevent people from taking part in physical activity. These include, for example, improved access to healthcare, green spaces and collective exercise opportunities.

Access to healthcare

We asked survey respondents about what would encourage them to become more active. As noted above, in response, 35% (n=31) of participants selected advice from a GP or health professional.

In addition, 36 people selected the 'other' option in their response to this question. Of these, nine respondents went on to indicate that medical care or the resolution of their physical health issues would encourage them to be more active. Three further people said they would like to receive support from health and social care professionals. For example, respondents said that the following would help them to be more physically active:

"An operation."

"Need tailored advice for all my physical issues: arthritis, plantar fasciitis, arm lymphoedema risk."

"Someone helping me with breathing."

"None of these will help. I need replacement of all moving joints."

Similarly, seven of our 12 interviewees mentioned that medical care and advice from a GP or health professional would help them to exercise more. One of these people explained that they were waiting for an operation on their leg:

"Just having a new socket on my leg."

National figures on NHS waiting lists show that, in December 2025, the waiting list for consultant-led elective care in England stood at 7.29 million cases. Approximately 139,000 of these patients had been waiting over a year for treatment. There has been an overall reduction in this waiting list since September 2023, when it stood at 7.77 million cases ([BMA 2026](#)). Nevertheless, these waiting times mean that people who are waiting for an intervention – such as an operation – may be seriously limited in how much physical activity they can engage in for an extended period.

Time pressures

'Time pressures due to work' was identified as a barrier to exercise by 15 survey respondents, whilst 'time pressures due to caring responsibilities' was selected by five respondents.

One interviewee mentioned competing demands on their time in terms of work and domestic responsibilities:

"I've got so many other things to do, such as the housework and cooking and paperwork and phone calls and a lot of medical phone calls and things like that... it's not physical work, it's phoning and paperwork..."

Another interviewee spoke about having caring responsibilities which did not leave them with enough time for exercise. This person also mentioned that the unpredictable nature of these caring responsibilities meant that it was difficult to plan activities:

"A lack of time... because I have a Disabled husband and I'm his carer and he does need attention at times, as it is, he isn't all that well and I have to be around him... there are times when I feel 'oh I've got to do something' and then no – I end up, he needs me – so I don't do it."

A third participant, who is a grandparent, told us that they spend much of their time at home looking after the baby:

“You know, I was looking after the baby at home, so that's why I also don't go out, except on [a] Friday.”

Research suggests that socio-economically disadvantaged grandparents are more likely to be heavily involved in childcare ([Di Gessa et al 2022](#)). It is also worth noting that, very often, carers living in financial hardship cannot afford to pay someone to look after their family member while the carer exercises.

In addition to the feedback listed above, one interviewee talked about the difficulty of finding an outdoor exercise group at a convenient time for them. This type of time restriction was also a factor for the five survey respondents who selected the option ‘exercise opportunities don't fit with my schedule’.

Cost

Household income often has a significant impact on the exercise opportunities available to people, for example whether they can afford to use a gym.

As shown in section one of this report, 52% (n=59) of our survey respondents indicated that they had no disposable income. A further 23% (n=26) said they only had a small amount of disposable income. It is therefore not surprising that the cost of certain types of exercise was a barrier to engagement for some survey respondents.

As can be seen above, when participants were asked about barriers to exercise, 19 respondents selected ‘cost’. Four of our 12 interviewees also talked about the cost of exercise. One person mentioned the price of going to leisure centres, including swimming:

“Money is very important... I think it's quite expensive... if you wanted to do swimming in Barnet – even if you're an OAP.”

The other three interviewees commented on the cost of using a gym. For example, one interviewee said:

“Better gyms, I haven't used them... Well, I think it's because of the cost, number one.”

Emotional wellbeing and confidence

As can be seen above, when participants were asked about barriers to exercise, ‘low motivation’ was selected by 22 respondents. There were seven votes for ‘not confident to exercise in public’ and four for ‘mental wellbeing e.g. low mood’ as a barrier to exercise.

Low motivation can have many causes – which could include physical and mental health problems, competing demands on time, lack of confidence, negative self-perception, cost and accessibility.

In qualitative feedback, interviewees talked about how their physical health problems impacted on their confidence and level of social connection and how this in turn affected their engagement with physical activity. For example, one person shared the following response:

“[Q: What would motivate you to do more exercise in outdoor spaces Barnet?] Well, I think there are quite a lot of things, like walking groups. But I think my, because [of] my pain, my confidence is not very good. So, I need to join a group like that.”

In relation to experiences of walking on roads, one interviewee shared that they had accidentally tripped and fallen while on a walk:

“Because you could trip up, couldn't you?... I was on my way to the hospital actually bringing back the blood pressure machine and I just tripped and fell over... I didn't break anything luckily... to be honest, there wasn't a problem there with the pavement... I lost my balance, whatever.”

A third person shared concerns about the risks that their knee could give way or they could have a stroke while exercising:

“The fact that my knee's loose... I'd be worried because I suppose that would give me a lack of confidence... suppose, you know, you've got high blood pressure and you exert yourself – you could end up with my blood pressure causing a stroke.... [Q: Would you consider exercising in parks and [alongside] roads at all?] No... because I'd feel vulnerable because of... the fact that my knee gives as well.”

Later on in the interview, this person went on to say that they would be interested in exercising and using gym equipment if the right support was available. They explained that, when exercising, they would want to be accompanied by ‘a professional person – because if something happened, they would know what to do’.

On a different note, another interviewee spoke explicitly about being uncomfortable in a gym environment as someone with a larger body:

“I hate gyms. I think they are, for anybody that isn't of a certain shape and size, a source for embarrassment. I am very large and I would struggle to use most of the equipment and... I would be uncomfortable.”

Studies suggest that this kind of concern is likely to be more widely experienced (see for example [Smith et al 2024](#)).

Social connection and isolation

In qualitative feedback, some interviewees talked about the important role which social support from friends and family had played in helping them to be physically active. By contrast, other participants described their social isolation and the limited social support they had available in relation to exercise.

For example, the following interviewees said that support from friends and family had helped them:

“They have encouraged me, yes – because I broke my leg two years ago, and it took me a while, but I got back to walking again and doing my usual things and usual exercise. Even my daughter sends me different exercises as well. Some exercise which she finds out, oh, I've got pain here or pain there.”

“[Q: Have you had any support around exercise from friends, family...?] From the wife. In the beginning I don't want to go – but when I do it I feel better by doing some, you know, slight chair-based exercise.”

By contrast, other participants shared the challenges associated with social isolation:

"In fact, so many times, I want to find somebody, you know, we can just commit that we meet at this time, and then we can go for a walk....Once I get a habit, then I can carry on myself, but at least, you know, to start with., it would make me feel, you know, good to go with somebody... with company, so that you feel that, yeah, you know, you can do more."

"[Q: Have you ever done exercise activities with a friend or a buddy at all? No... I haven't found anybody that wants to go with me. [Would you find that helpful?]... Yes... because you've made an appointment, you've made a time and you've made that arrangement, and so you go. Because when you're on your own, you're like... hmm."

"[Q: Have you ever done exercise or activities with a friend or buddy at all?] No... it's just never been available."

One interviewee explained that they were already socially isolated when they arrived in the UK as a migrant and since then their partner had died:

"My [partner] passed away... [Q: Do you have friends and family supporting you at all for exercises?]... No... relatives I have, but they are all elderly and far away from here... I don't have relations to the community. Since the beginning, when we came here as a settlement visa, reunion with my [partner]."

Another participant, who was doing very little exercise, also said that they did not have anyone to do exercise with. This interviewee went on to say that they would be concerned about being 'a burden' to a walking companion due to the slow speed which the interviewee walks and that their companion 'would probably get bored very quickly'. These comments underline both how low self-esteem can affect people's behaviour around exercise and the importance of having organised opportunities for people to be active with others who move at a similar speed to them.

Collective exercise

We asked survey respondents about what would encourage them to become more active. As can be seen above, in response, 13 people selected 'someone else doing exercise with me'. In addition, five people who selected 'other' in response to this question went on to talk about collective exercise. For example, one person said that 'belonging to more groups and activities' would help them.

One interviewee shared how they were benefitting from gentle exercise classes run by Barnet Asian Women's Association which included chair-based exercises. They said that these classes helped them to feel safe, alive and socially connected. This person also expressed their intention to join more groups in future:

"I attend my local Barnet Asian Women's Organisation – on Fridays they do exercises. When I went to the event on Silver Sunday [run by Age UK Barnet], I came to know there was some walking cricket and walking tennis and things like that – so I was happy – I would love to join those... [At Barnet Asian Women's Association] if you can't stand, you can do a chair exercise... You know, after that you feel more safe. You feel more alive. And then you're with friends."

Another interviewee, who was exercising very regularly, told us that they had set up a weekly walking group with friends. This person said that they thought many people

would find it easier to motivate themselves to exercise if they were able to join a group:

"I organise a walking group every Wednesday morning with friends... we walk for an hour together and then we have a coffee. So, it's quite sociable... I think for most people it's very difficult to self-motivate... So, I think for most people, it would be if they could join a group, somehow, if they could be persuaded to join a group."

In addition to the interviewees mentioned above, three further interviewees said that involvement in collective activity would help motivate them to do more exercise:

"I like to meet people and do things with people, but I just need motivation, people to be around me."

"I don't know, maybe... I need someone to help me to join somewhere so that I can go regularly. I joined a music group on Wednesday and every time I think, oh, I don't want to go, but then I end up doing it and I feel better after I come out."

"[Q: Do you feel safe to do exercise in public, including walking?] It's a good question. I never go alone anyway – because it's company, I'm more motivated [with] people to encourage you."

However, five interviewees talked about their lack of knowledge of exercise groups in the borough. For example, one person said:

"Maybe if there was a group, if there was like a walking group or an exercise group that I joined and they said, yeah, you know, it's nice for the day, let's get exercise in the park. I'd probably come sometimes."

This suggests that greater awareness and access to exercise groups in Barnet could support more people to engage in physical activity.

One interviewee, who was exercising very regularly, said they thought it would be beneficial to organise exercise activities around established social settings, such as a church or a pub. They said that, in their opinion, men in particular were more likely to join activities with people they already knew:

"If they could be persuaded to join a group... the answer is probably either through their church or their pub... I think people are shy, you know, they don't particularly join... particularly men... I find that women are much more happy to go along to a group than men. Men seem to only want to go if there are going to be friends there."

This person went on to say that they thought that the activities that are available in Barnet should be better publicised:

"I've lived in Barnet for 50 years... I bet you 90% of people in Barnet don't have a clue what's on offer in Barnet... I've got no idea really what sort of things are happening in Barnet. The only way I would hear about things in Barnet really is if a friend of mine or somebody told me..."

Finally, this interviewee said that they thought more could be done to raise awareness of the serious health risks which are associated with physical inactivity:

"If you had ads around the place saying lack of exercise can, I don't know, not kill you, but you can die early – 'you might die younger if you don't exercise'. That's a bit long. You've got to find a snappy way of saying it."

Finally, some interviewees said they thought that access to other forms of collective activity, such as events and festivals, would encourage people to be physically active. For example, one person said:

“Well, I think it'd be lovely to go to different things where there's lots of life... and you do relaxation... Like an exercise festival – because I think they had something similar in... South Africa actually, where they do like a marathon and then after that you go to the park and they've got food stalls, drink stalls, they've got like a big stage where everyone comes in to exercise, listen to music. So, if it's more like a fun-filled family festival exercise thing... there's food stalls, there's drink stalls... I would definitely go.”

Social impacts of Covid-19

In qualitative feedback, several interviewees indicated that they were still being affected by the social legacy of the Covid-19 pandemic.

For example, one interviewee advised that they left their home very little during the Covid-19 pandemic and this was still the case for them years later, at the time when we interviewed them:

“Because I just don't get out of the house, you know. Since Covid, I've been very confined and I'm still getting the hang of getting out... we were not supposed to go out in the Covid and then, you know, my husband was very sick.”

In this person's case, the legacy of the Covid-19 pandemic was compounded by caring responsibilities.

Another respondent said they do not handle gym equipment or use toilet facilities in the park due to Covid-19 infection risks:

“Gyms... in the park... Hendon Park has that [Q: Okay – and have you been there?] I tend not to do it, because I'm still a bit nervous with Covid, and I won't be handling everything, so I tend not to use them now...”

By contrast, one participant who was exercising very regularly at the time of their interview with us shared about how they had managed to keep physically active during the Covid-19 pandemic, by repeatedly walking around one park while social distancing restrictions were in place:

“When we had Covid, I was only on XXXX playing fields, just walking round and round and round, you know, walking, walking round, round, round... the rim of XXXX playing fields.”

A number of larger-scale pieces of research have found that while some people engaged in more exercise during the Covid-19 pandemic, other people's levels of physical activity decreased. Studies have shown that people with long-term health conditions and those in financial hardship were disproportionately affected by reductions in physical activity during the pandemic, further widening health inequalities (See for example [BMJ Open Sport and Exercise Medicine 2020](#))

4. Gyms, classes and physiotherapy

This section explores the qualitative feedback we received from research participants about gyms, physiotherapy and exercise classes. It also outlines relevant supplementary data we have gathered, for example regarding referrals to GLL Better Gym's Healthwise scheme.

GLL Better Gyms

Barnet's GLL Better Gyms are run in partnership with Barnet Council. They offer a variety of exercise classes including a senior fitness programme and senior mobility classes.

GLL Better Gyms also provide the Healthwise physical activity referral scheme for people living with health conditions. Currently, a referral from a GP surgery is needed to access most of the activities. The exception to this is the Adult Weight Management Programme, which people can refer themselves to. All five Barnet-based GLL Better leisure centres have been awarded the Inclusive Fitness Initiative accreditation, indicating high levels of accessibility.

GLL Better Gyms are a key physical activity resource for Barnet residents. When reviewing access to exercise for people with long-term health conditions, it is important to consider how people are learning about GLL Better Gyms and being encouraged to access them.

Referral rates

As part of our research, we gathered supplementary information through correspondence and meetings with GLL Better.

We requested information from GLL Better about the Healthwise referrals which they receive from GP surgeries. We asked about whether some GP surgeries refer patients to Healthwise more than others, how GLL Better contact patients once they have been referred and whether there have been any major fluctuations in referrals in recent years. GLL Better informed us that:

- GLL Better's Barnet Healthwise scheme received 3,096 referrals in 2025. Most of these were from GP surgeries as the majority of Healthwise courses and classes (other than Adult Weight Management) require a GP surgery referral.
- Referrals to the Adult Weight Management programme fell from 870 in 2024 to 520 in 2025.
- Of the circa 3,000 people referred to Healthwise each year, only about half begin one of the available programmes. In the vast majority of cases this is because GLL Better are unable to contact the person despite having the correct contact details and contacting them more than once.
- Circa 30-35 of Barnet's 48 GP surgeries regularly refer patients to Healthwise, while the remainder refer patients much less often.

As we can see from the figures above, there was a considerable reduction in referrals to the Barnet Adult Weight Management programme in 2025. It is possible that this is linked to the national increase in the use of prescription weight loss drugs following the National Institute for Health and Care Excellence's publication of guidance on Tirzepatide in December 2024 ([NICE 2024](#)). We note NICE's recommendation that 'all medicines for weight management should be used alongside a reduced-calorie diet and increased physical activity' ([NICE 2026](#)). We urge GP surgeries to continue to refer appropriate patients to Healthwise's Adult Weight Management programme.

We note that GLL Better are unable to contact very significant numbers of people who are referred to Healthwise by GP surgeries, despite having the correct contact details for these people. There will of course always be a proportion of people who choose not to respond to messages about Healthwise despite having agreed to the referral. However, the scale of this issue underlines the importance of GP surgery staff providing patients with the leaflets which are available about Healthwise at the point of referral.

Information provision

In our small sample of interviewees, several people's comments indicated that it was likely they would benefit considerably from a programme such as GLL Better's Healthwise scheme. However, our interviewees had low levels of awareness of the support that is available. During one of our interviews, the interviewee's carer was present and they commented:

"You know it's quite overwhelming when you visit a gym people are doing you know so many things, you know, fast... and you are at the beginning of [the] first step."

Another interviewee initially said that she was hesitant about using GLL Better leisure centres because she wasn't sure what support would be on offer. However, on further discussion she said that if help was available, she would be interested in using one of these leisure centres:

"And also, I wasn't sure about having someone to show me the machine and how to... because I've got pain – I need somebody to educate me on how to use it.... can I have, like, some trainers to begin with? [That would be] lovely... if I were to talk about what bothers me more regarding my health, it's my pain and it's constant, constant pain... if I can get more relief from that, then it'll be lovely. So maybe if I go to the gym and they can let me just strengthen some of my muscles, then perhaps that would help."

Travel times

GLL Better delivers outreach activities, with partners in venues outside of the five Barnet GLL Better leisure centres, which play an important role.

Research indicates that distance and ease of travel is a major factor in whether or not people will visit a gym ([Dstillery 2017](#)). Due to historical infrastructure decisions made by the local authority, three of GLL Better's Barnet-based leisure centres are more than 20 minutes' walk from the nearest tube station. Many marketing blogs advise gyms to focus on a 'marketing radius' of people who can travel from their home to the venue in 15 minutes (see for example [MY PT Website 2026](#)).

This wider context was reflected in feedback from one of our interviewees, who was experiencing fatigue because of their long-term condition. We asked the person whether they had ever used a GLL Better leisure centre and they said:

"It is not very near to my home. [It's] very inconvenient commuting to one place to another."

GLL Better's growing work to run courses in other parts of the borough is fundamental to ensuring that more people can benefit from this service. GLL Better deliver a number of sport and physical activity opportunities in Barnet in partnership with community stakeholders, in locations outside their five Barnet leisure centres. Since the publication of the government's 10 Year Health Plan for England, NHS services across the country have become increasingly focused on preventative healthcare and the development of Neighbourhood Health Centres ([DHSC 2025](#)). There is scope to explore the possibility of developing exercise opportunities in Neighbourhood Health Centres, particularly those located in areas with high levels of deprivation.

Information about concessionary rates

As can be seen in section three of this report, when our survey respondents were asked about barriers to exercise, 21% (n=19) of them selected 'cost'. We carried out internet research on the GLL Better website and found that, while various discounts are available, the details of these are provided on separate webpages across the site rather than in one place. We recommend that GLL Better develop a webpage which sets out all the membership prices and benefits available for Disabled people, including the prices of Barnet-only Disabled memberships.

Physiotherapy

For many people with long-term conditions, access to physiotherapy is crucial to their ability to exercise.

Across England, the waiting list for Musculoskeletal services for adults increased by over 100,000 patients between October 2022 and July 2025 ([Nuffield Trust 2025](#)). In 2024, the Chartered Society of Physiotherapy said that the number of NHS staff roles for physiotherapists was not keeping up with the country's ageing and increasingly obese population ([Guardian 2024](#)).

While some of our interviewees told us about positive experiences of physiotherapy, others said that problems accessing physiotherapy made it difficult for them to exercise.

One of our interviewees said:

"I was referred to the physiotherapy and then I took some physiotherapy, and I have a good result. I've improved myself."

Another person described the personalised advice they had received from physiotherapists about the physical activity they should do:

"Well, the physios would be more the ones that would say to me, you know, try and go for a walk for 20 minutes or something, or, you know, every half an hour stand up..."

By contrast, one of our interviewees, who was doing very little exercise, described the negative effect of difficulties accessing physiotherapy:

"If I could have a qualified professional physiotherapist who could show me how to do exercises and help me with exercises and help with my body as well, because I have serious stiffness. I can't go to have a massage because I can't get on the massage bed, for instance... There is such a lack of physio, I can't understand it."

Other research participants also told us about challenges with access to physiotherapy:

“Physio – but keeps getting postponed”

“Lack of physiotherapy care”

Long waiting lists for physiotherapy treatment are a national issue which impacts on patients at a local level.

It is also worth noting that patients in Barnet can self-refer for physiotherapy ([Central London Community Healthcare NHS Trust 2026](#)). A 2024 meta-analysis of self-referral pathways found that ‘Typically self-referral pathways and direct access pathways tend to widen health inequalities’ because people experiencing inequalities are less likely to self-refer ([Harvey-Sullivan et al 2024](#)). These findings underline the importance of local work to inform people experiencing health inequalities about self-referral and to support them to use this pathway.

Finally, one of our interviewees fed back about the importance of having week-to-week support around exercise alongside physiotherapy treatment:

“My problem with NHS physio is... they give you the exercises and they say go away and do them for three weeks come back and I'm not very motivated for doing that... as I said to you, when I'm left on my own, I just tend not to do it.”

Guided exercise classes

Several interviewees told us that they thought they would benefit from ongoing weekly exercise classes:

“I prefer someone with me, like a teacher, like a class, like a physical therapy. Somebody to do that with me throughout... not couple of classes and that's it.”

“Where there is [an] instructor so that I can follow... so like exercise classes with the instructor rather than doing [it] by yourself.”

One of our interviewees, who was doing at least several hours of exercise per week, had been able to pay for some sessions with a personal trainer. They described how this had benefited them but also mentioned the financial cost involved:

“The benefits [of personal trainers] are that they can push you to a limit... and they kind of hold you to a job, and they also make [me] hold myself to account as well and take full ownership of my health and well-being... the challenge is... it can be quite costly.”

Developing exercise skills

Two interviewees, who were engaging in relatively good levels of physical activity, talked about how they had been able to learn skills which enabled them to exercise more effectively at home. One person said that they had developed these skills by going to the gym:

“In the morning after I wake up, I do quite a few sort of exercises like you do in the gym... I have some weights, by the way... [I use them] for about half an hour at home in the morning, after I get up, before breakfast. So, whereas I used to have to go to the gym to do exercises, nowadays I don't feel I need to go to the gym.”

Another interviewee said that skills which they had developed by going to Pilates classes had helped them to recover from a broken leg:

"I broke my leg two years ago, and it took me a while, but I got back to walking again and doing my usual things and usual exercise. I also do Pilates myself at home... [Q: Do you have an online app?] No, I just do the same thing all the time because I used to go to Pilates and I learned the exercises and now I can do it myself."

5. Parks and outdoor spaces

This section sets out qualitative feedback which we received about parks and roads in Barnet, including toilet facilities, outdoor gyms, pavements and lighting.

Use of parks

Many of our interviewees expressed enthusiasm for Barnet's parks and green spaces, including the range of facilities available:

"I have a park that is a quarter of a mile away that's lovely. It's a lovely open green space that I can sit on a bench and watch the world go by."

"[Q: Do you think that parks and roads in Barnet are generally accessible for someone with your conditions to walk in to do exercises?] Yes, I do... my park which is Hendon Park... it is a very good park. There's a children's play area. There's a cafeteria. There are benches."

"Yeah, the park has got toilets and benches and pathways and it's got a little gym, kind of open-air gym equipment."

Some interviewees also talked explicitly about how local green spaces supported them to do exercise:

"I sometimes go to Dollis Valley Walk, which is wonderful. There's a stream which goes into the Brent River, and you can walk all the way to Mill Hill. I have walked along that Dollis Valley walk up to sort of North Finchley... and there's a lake there. So, these are fantastic areas."

"I think we're very lucky to have so many parks.., you know, it's lovely to walk and nature's an amazing thing and I think, yeah, our parks are wonderful."

When prompted, most interviewees said that there were parks near to their homes. However, only three of our interviewees said they were regular park users. For example, one of these people said:

"[There 's] a small park only across the road... [I can get] there in about five minutes... Well, I go for a walk there most days."

By contrast, five interviewees said that although there was a park very nearby to their home, they hardly ever went there any more as, even though the park was nearby, it would be difficult for them to walk to it. For example, two of these people shared the following feedback:

"[Q: And how far do you live to the nearest park?] More than 500 and 700 metres. [Q: And do you go there often at all?] Not really – physical inability to go there."

"I used to go [to the park], as I said, a lot – but lately with everything I'm doing, I'm really not doing the exercise I should be doing."

Park toilets

We asked interviewees about their experiences of toilet facilities in Barnet's parks. While some people spoke positively about the amenities available, including public toilets, others said they thought there should be more toilets in parks.

Some interviewees told us that their long-term health conditions meant they needed to use the toilet frequently:

"I have chronic kidney disease so it's hard to walk and do exercise, because I have to use the toilet a lot."

"Neither of the two parks by me have toilets... toilet facilities would be really helpful because I've got CKD which is chronic kidney disease."

A 2025 report by Age UK London found that, across the capital, since 2013/14, three times as many public toilets had been closed as had been opened ([Age UK London 2025](#)). A Royal Society for Public Health survey of 2,089 UK adults found that a lack of public toilets deterred 20% of all respondents from venturing out of their homes as often as they would like. This figure rose to 43% of respondents who had medical conditions requiring frequent toilet use.

In our Barnet-based study, as we can see above, some interviewees said they thought there should be more toilets in parks:

"No, I don't [see toilets in parks], and I don't see any signs for toilets. But there used to be years ago, and a lot of those were closed."

"I don't think there are many toilets. I think that needs to be rectified."

While we are aware of the financial pressures on Barnet Council ([BBC 2025](#)), it is clear that increasing the numbers of public toilets in parks would have a positive effect on residents' access to exercise.

One helpful initiative in this area is Barnet Council's Community Toilet Scheme ([Barnet Council 2026](#)). This enables members of the public to use the toilets in a range of approved local businesses and other organisations during their opening hours. Organisations participate in this scheme on a voluntary basis.

We are also aware that, when Barnet Council considers proposals for new privately-run cafes to be opened in parks, seeking to ensure that the public are able to use the café toilets free of charge is a high priority for the Council.

Barnet Council have advised us that, at the time of writing, there are 15 cafes in Barnet's parks. In 13 cases, these parks either have public toilets or there is an arrangement whereby the café allows public access to their toilets free of charge and this is written into the lease. We believe there is scope to better publicise these arrangements.

Park benches

Some interviewees mentioned that, because of their long-term conditions, they found it important to have access to park benches when going for a walk. Two people said that they thought there should be more benches in their local parks.

For example, one of these interviewees told us:

“They could do with more benches – but that’s because I notice that now more than I ever did. West Hendon Park is about to undergo a major refurbishment. I do hope they will [look at this].”

Barnet’s outdoor gyms

Barnet has 13 outdoor gyms in parks and playing fields, providing a mixture of cardiovascular, strength and toning equipment ([Barnet Council 2026](#)). The Council’s website states that all outdoor gyms are ‘equipped with four-wheel spinners, which are accessible for wheelchair users, and the facilities at Childs Hill Park and Friary Park also have accessible hand bikes.’

In the cases where our interviewees were aware of these outdoor gyms, they commented positively on them. For example, one person told us:

“[In] my park, which is Hendon Park... there are exercise machines in the park that are free to use – which is brilliant. So, you don’t have to go to join a gym to do your exercise.”

Two interviewees told us that they use Barnet’s outdoor gyms, with one person commenting:

“I mean that’s a new thing... it’s very good... on XXXX playing fields they have some machines you can use. In fact, there’s one of the machines I do use there, maybe once or twice a week. Because I do exercise bikes, I’m exercising my legs, but not really my arms. And I use one of the arm machines there.”

Communications – outdoor gyms

Many people learn about outdoor gyms by seeing them in person at their local park. However, there is scope to further develop communications about outdoor gyms to increase people’s engagement with them.

In addition, some people with long-term conditions will need or want to plan outdoor activities from home. Other sources of information about outdoor gyms are therefore likely to be particularly useful to this group.

Some of our interviewees were not aware of the outdoor gyms in Barnet’s parks.

Barnet Council’s webpage on outdoor sport sessions and facilities provides an overview of Barnet’s 13 outdoor gyms ([Barnet Council 2026](#)). This links to individual webpages for each of these parks which feature embedded OpenStreetMaps. While these maps are useful, it would be helpful if ‘points’ of interest for the outdoor gyms could be added to both OpenStreetMaps and Google Maps.

In addition, the main Council webpage on [outdoor sport sessions and facilities](#) states that [Hollickwood Park](#) has an outdoor gym, but this is not included in the list of the facilities on this park’s individual webpage.

Paths, pavements and lighting

We asked interviewees about their experiences of paths within Barnet's parks as well as pavements and lighting on roads.

Several interviewees gave us positive feedback about the paths in Barnet's parks. However, others raised concerns in this area. One interviewee said:

"In certain parks... the path where you walk is not even, in certain parts. You know, with walking, it has to be the same level... especially at this age [your] knee sometimes falls down... so, it only gives up when the surface is uneven."

Another interviewee told us about their concerns regarding both pavements on roads and paths in parks being uneven:

"The paving stones [on pavements] are up and down... In Holders Hill... there's a whole part of the path which is not properly gravelled over. So I have to be careful and look where I'm going... sometimes I have to really keep my eyes open."

A third person said that they would find it helpful to have more wheelchair-accessible paths in parks:

"There is no wheelchair assistance. I think [the parks are] generally safe, but maybe [there should be] a proper concrete for walking, special area or reserved area for people with disabilities."

When they were asked about exercising outside, darkness and poor lighting in certain places were raised as a safety issue by some interviewees. For example, one person told us:

"Well, as I said, part of where I walk through, there's a little bit of it that needs to be made more easy from a safety point of view... I'd come back late in the evening and walk through. It's a very small alley. It's on one of the roads through, at the little bit of the park, into the road. And the trees were covering the lights."

Some larger-scale studies indicate that improved lighting of public spaces at night increases people's perceptions of safety and the likelihood that they will use a space ([Welsh et al 2008](#)). A 2021 Centre for London report found that 'Light should allow people to see changes in walking levels, materials, and other potential trip hazards'. However this report also advocates for judicious use of lighting on the basis of the environmental disadvantages of light pollution and the risk of glaring lights actually reducing visibility ([Centre for London 2021](#)).

6. Support from GP surgeries

This section outlines our findings in relation to GP surgeries supporting patients with exercise.

It is important to note that this research took place in a context where GP surgeries face significant challenges. In recent years, demand for GP appointments has increased exponentially. National figures show that in April 2019, GPs and their teams delivered 24.5 million appointments ([NHS England 2024](#)). By June 2025, this figure was around 31.4 million – an increase of 28.2% ([NHS England 2025](#)). However, demand continues to outstrip supply, with significant numbers of patients reporting difficulties with accessing appointments ([GP Patient Survey 2025](#)). Despite recent increases in the numbers of fully qualified practicing GPs, in January 2026 there were 550 fewer fully qualified full-time equivalent GPs than in September 2015 ([BMA 2026](#)).

As part of our research survey, we asked respondents about the type of support they wanted from healthcare professionals in relation to physical activity. The most popular response was 'personal advice – safe and sensible activities given my health situation'. This was followed by 'information – local options for activities'.

During in-depth interviews with 12 participants, we asked about the information and advice they had received from their GP surgery in relation to exercise. Some of our interviewees gave positive overall feedback about the general health advice provided to them by their GP surgery. However, only one of our interviewees reported having received information or advice from their GP surgery about what type of exercise would be safe and appropriate for them, given their long-term health conditions. None of our 12 interviewees reported being signposted to local exercise opportunities by GP surgery staff.

We appreciate that GPs are not in a position to give patients detailed exercise advice and that this should be provided by physiotherapists and specialist doctors. However, we recommend that GP surgeries use some of the resources detailed below to provide patients with basic advice and signposting.

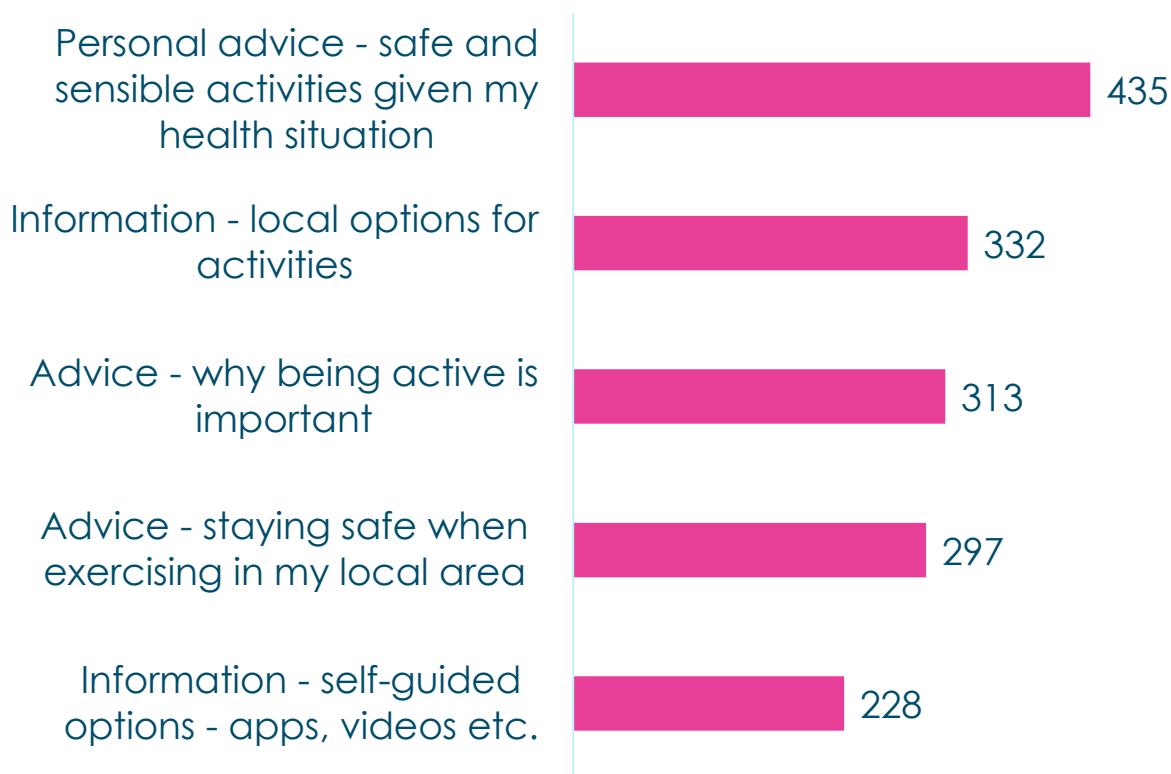
In October 2023, the NHS North Central London Integrated Care Board (NCL ICB) introduced Long Term Conditions Locally Commissioned Service (LTC LCS) GP appointments for patients with certain long-term conditions. Further details about LTC LCS appointments are provided below. We found that our interviewees were often very unsure about whether they had attended a LTC LCS appointment. We were, therefore, unable to draw any conclusions from our interview data about the content of LTC LCS appointments in Barnet, including any provision of support around exercise.

As shown below, we did gather feedback from patients about what support from GP surgeries would help them to increase their levels of physical activity. We hope that this is useful in informing discussions around the future development of LTC LCS appointments.

What advice and information do people want?

As shown in section three of this report, when we asked respondents what would encourage them to become more active, 35% (n=31) of participants selected advice from a GP or health professional. This was by far the most popular response to this question, apart from the option to select 'other' and provide an individualised reply. We went on to ask survey respondents about the type of support they wanted from healthcare professionals in relation to physical activity.

When getting support from a healthcare professional about activity, what is helpful?



Respondents ranked the options on a scale of one to five, with one being the 'most helpful' option.

The most popular response was 'personal advice – safe and sensible activities given my health situation'. This was followed by 'information – local options for activities'.

Personalised information and advice

As shown above, when our 113 survey respondents were asked to prioritise types of support from health professionals around exercise, the most popular choice was 'personal advice – safe and sensible activities given my health situation'.

During our in-depth interviews with 12 participants, we asked about the information and advice they had received from their GP surgery in relation to exercise.

As we can see from the data in section one of this report, all 12 of our interviewees had long-term health conditions. These included, for example, a range of heart conditions, chronic kidney disease, chronic obstructive pulmonary disease (COPD) and non-alcoholic fatty liver disease.

Only one of our interviewees reported having received information or advice from their GP surgery about what type of exercise would be safe and appropriate for them, given their long-term conditions. This person said:

“They’ve told me how long to walk each time I go out for a walk.”

As shown in section three, many of our interviewees were doing very little exercise. Interviewees told us that, in cases where GP surgery staff gave them exercise information, this was general rather than personalised:

“They talked about activities, such as walking, yet again my condition is chronic and not making it personalised.”

“[Q: Did you receive advice about why being active is important?] I was just told, I think, that it was a good thing. I mean, without exactly being explained why it was a good thing.”

“Yeah, it was more generalised than personalised – ‘you have to take care of yourself’ – talking about looking after yourself.”

“[Q: What was your experience of those appointments?] It was very generalised. [Q: What do you mean by that?] Just talking about the condition and how things can help me. [Do you think if you had a family, friend or trusted person in the community to give you advice it would help you?] Maybe...[to] give me advice about different types of exercises. I can do just sitting exercises, not really walking exercises.”

One interviewee spoke in more detail about the type of personalised advice about exercise which they thought should be offered to patients:

“I think a lot of factors [need] to be included, not just physical mobility, but taking into account the health condition, the state of the patient, how we can cope, the recovery period, and is it manageable or not and is it helpful or not – that should be the objective.”

Case study: Anna

Anna* said that, because of her long-term health conditions, over the last two years she had attended ‘loads and loads’ of appointments at her GP surgery.

She told us that, before she became unwell, she used to do lots of exercise including five-kilometre runs. When we interviewed Anna, she was doing very little exercise, well under an hour a week. She said there was a park across the road from her home but she did not go there any longer.

Anna explained that she had enjoyed exercise in the past but stopped due to safety concerns:

“The fact that my knee’s loose... I’d be worried... suppose, you know, you’ve got high blood pressure and you exert yourself – you could end up with my blood pressure causing a stroke.”

Anna told us that she had not received any personalised advice from her GP surgery about exercise:

“I don’t know what would help me because, you know, I’ve got breathing issues and I’ve got a weak knee.”

* Name changed for anonymity

We appreciate that GPs are not in a position to give patients detailed exercise advice. This should be provided by physiotherapists and specialist doctors – for example cardiologists in cases where the patient has certain heart health problems.

At the same time, where patients who are able to safely engage with some exercise but are hardly doing any physical activity at all, this is likely to have serious negative consequences for their health. Using online resources which are available in this area could deliver significant patient benefits. For example, the 'Moving Medicine' website provides short, tailored GP consultation guides for a wide range of health conditions. These are broken down into resources for one minute, five minute and longer discussions ([Moving Medicine 2026](#)). In addition, the 'We Are Undefeatable' website provides bespoke resources for a variety of health conditions ([We Are Undefeatable 2026](#)).

General lifestyle information

Several interviewees gave us positive feedback about the lifestyle information and support which they had received from their GP surgeries:

"I like my GP – it's a lady and I get on well with her. And I was happy, you know, that she explained things and so on... really the things that are fairly, I would say, common knowledge. I mean about exercise, diet, what else? Exercise and diet, I think, are the main things."

"Yeah, [the GP appointments] are positive... it's just like having an MOT. So, I just found it quite good because if not, you know, when do you get the chance to do that?"

"[Q: What do you feel went well in those GP appointments?] Because they're caring enough to invite you along once in a while... because they're monitoring me."

Signposting

During our interviews with 12 participants, we asked about the information and advice they had received from their GP surgery in relation to exercise. None of our 12 interviewees reported being signposted to local exercise opportunities by GP surgery staff. We repeatedly received negative responses to questions in this area, for example:

"[Q: Did they give you any advice about personal safety, exercise, about local activities?] Local activity, no."

"[Q: Did they give you information about local options for activities at all?] No."

Similarly, none of our 12 interviewees reported receiving any information or advice from their GP surgery about staying safe when exercising in their local area.

While we appreciate the considerable pressures on GP's time, there are some practical routes which could be used to increase the provision of patient information about exercise opportunities, including:

- **Leaflets** – arranging for other GP surgery staff to ensure that GPs are supplied with key leaflets about local exercise opportunities for use in patient consultations.

- **Other health professionals** – GPs referring patients to other GP surgery staff, including social prescribers and health and wellbeing coaches. Ensuring that these professionals are equipped with the necessary information and training to signpost patients to relevant local exercise opportunities, including information about costs and discounts.
- **Emails and texts:** using follow up patient communications to signpost to key resources such as the We Are Undeatable website, which provides bespoke resources for a wide range of specific health conditions ([We Are Undeatable 2026](#)).
- **Elemental** – utilising and building on the vital directory of services which is available through Elemental ([Barnet's Community Services Directory 2026](#)).

Long Term Conditions Locally Commissioned Service appointments

In October 2023, NCL ICB introduced a new service for adults with certain long-term conditions. The conditions covered under this service are listed in appendix two and include:

- Certain heart health-related conditions
- Diabetes
- High cholesterol
- Chronic kidney disease
- Certain respiratory or breathing-related conditions

As we can see in appendix two of this report, the service aims to focus on prevention, detection, and management of these conditions and to provide personalised care and support planning over a one-year period. There is an emphasis on supporting patients to self-manage their condition and achieve personalised health and lifestyle goals.

The service offers patients a single annual cycle of proactive, personalised care, including a 'check and test' appointment, 'discussion' appointment and 'follow-up' appointment. These appointments are collectively known as Long Term Conditions Locally Commissioned Service (LTC LCS) appointments.

We have been informed by NCL ICB that, as of December 2025, there were approximately 71,221 Barnet-registered patients who had a long-term condition and were eligible for LTC LCS appointments. The total number of patients who attended a 'check and test' appointment in the 12 months to December 2025 was circa 31,019. The number of eligible residents in Barnet who had attended a 'discussion' appointment was 18,210. Further details are provided in appendix two.

Did our respondents attend LTC LCS appointments?

In both our survey of 113 respondents and our in-depth interviews with 12 people, we asked participants about whether they had attended a LTC LCS appointment at their GP surgery.

Survey data

In our research survey, we asked respondents:

“Do you have an annual long-term conditions health check with your GP?”

We gave participants a simple one-page handout about LTC LCS appointments and our researchers also provided respondents with an explanation of what these appointments involved.

In response, 73% (n=82) of participants said they had attended LTC LCS appointments and 20% (n=23) said they had not. A further 6% (n=7) told us that they were not sure whether they had attended or not and one person selected ‘prefer not to say’.

However, as mentioned above, we have been informed by NCL ICB that, as of December 2025, of the 71,221 of the Barnet-registered patients who were eligible for LTC LCS appointments, approximately 31,019 had attended an appointment in the 12 months to December 2025. Further details on this are provided in appendix two of this report.

The proportion of our respondents who said they had attended a LTC LCS appointment was much higher than the overall numbers of Barnet residents who had attended these appointments.

As a result of the chronic nature of their health conditions, it is likely that many of our respondents were attending GP appointments reasonably regularly. It is possible that, some respondents to this question were referring to attending a non-LTC LCS GP appointment which was focused on their long-term condition.

Interview data

In our 12 in-depth interviews, our researchers provided interviewees with an explanation of what LTC LCS appointments involved. We then questioned interviewees in some detail about whether they had attended a LTC LCS appointment at their GP surgery.

We found that interviewees were often very unsure about whether they had attended a LTC LCS appointment. For example, our researcher asked one interviewee about these appointments and explained that they first started being offered to some patients in 2023. The interviewee responded:

“Well, since then, I became really ill so I've had loads... of GP appointments... I don't know if I've had [a LTC LCS appointment] since me being ill, because I've had so many appointments with my GP.”

It was not clear whether our interviewees had attended LTC LCS appointments, so we cannot draw any conclusions from our interview data about the content of LTC LCS appointments in Barnet, including any provision of support around exercise.

LTC LCS appointments – patient interest

When we explained LTC LCS appointments to participants in our interviews, several people said that they would be interested in attending these appointments.

People said that they would value the opportunity to access advice and information, to monitor their health and to learn about ways to stay healthy:

“For me it's just to kind of monitor and keep on track of my health. And I think it's my own best interest. So, it's kind of like me taking ownership of my health.”

“Well, because I am concerned about... I mean, essentially, I want to keep healthy. So, the more advice you can get or the more, you know, the more you can learn, that's better, as far as I'm concerned.”

“You know, just for information... they might have information that I don't know about, you know... – they're in the know and I'm not.”

Appendix one: Research locations

Date	Venue	Details	Number of people who completed survey
05/10/25	Middlesex University	Age UK Barnet's Silver Sunday event	40
08/10/25	Oakleigh Community Church	Barnet Primary Care Network (PCN) 2 event for people with long-term health conditions	12
13/10/25	Edgware Community Hospital	Outreach in Diabetes, Heart Function and Respiratory Clinics	20
20/10/25	Finchley Memorial Hospital	Outreach in Diabetes, Heart Function and Respiratory Clinics	15
27/10/25	Edgware Community Hospital	Outreach in Diabetes, Heart Function and Respiratory Clinics	12
September and October 2025	Online	Online survey	14

Appendix two: GP long-term conditions appointments

In October 2023, the NHS North Central London Integrated Care Board (NCL ICB) introduced a new service for people with certain long-term health conditions. Appointments within this model of care are known as Long Term Conditions Locally Commissioned Service (LTC LCS) appointments ([NCL ICS 2023](#)).

The conditions covered under this service are:

- Diabetes
- Cardiovascular disease, for example: strokes, transient ischaemic attack (mini stroke), heart failure (inability of the heart to pump blood round the body properly), ischaemic heart disease (narrowing of coronary arteries due to fatty build up), peripheral artery disease (slow, progressive circulation disorder)
- Hypertension (high blood pressure)
- Hyperlipidaemia (high cholesterol)
- Non-alcoholic fatty liver disease
- Atrial fibrillation (condition causing an irregular and often abnormally fast heart rate)
- Chronic kidney disease
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)

The aims of the service include:

- Focusing on prevention, detection, and management of certain long-term conditions
- Systematic delivery of personalised care and support planning
- Supporting patients at risk of, or living with, long-term conditions to self-manage their condition(s), enabling them to achieve their personalised health and lifestyle goals ([NCL ICB March 2025](#))

The service specification sets out that 'Adult patients in scope, across all risk levels, should be offered a single annual cycle of proactive, personalised care, including a Check and Test appointment, sharing of Results letter, Discussion appointment and One Follow-up appointment.' ([NCL ICB 2025](#))

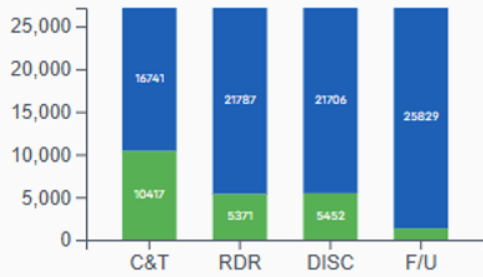
NCL ICB have shared the data below with us – these set out the number of LTC LCS appointments which took place in the 12 months to December 2025.

It is important to note that the management data that we have shared below constantly changes, so are approximate figures and only a snapshot of the December 2025 position.

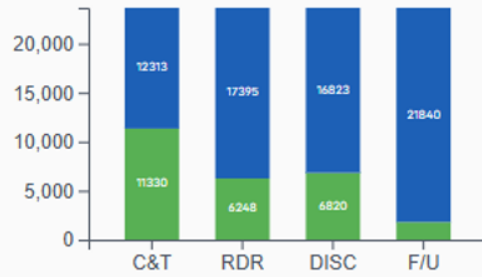
Dashboard – LTC LCS appointments in Barnet 12/2025, NCL ICB

Model of Care(MoC) Progression - Barnet - 12/2025

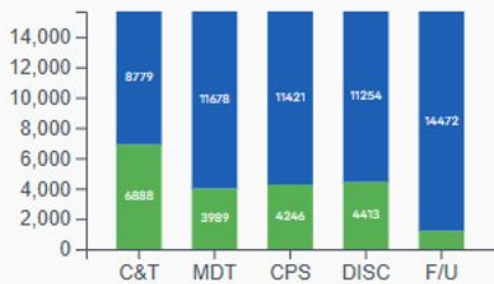
Low Risk(LR) Cohort



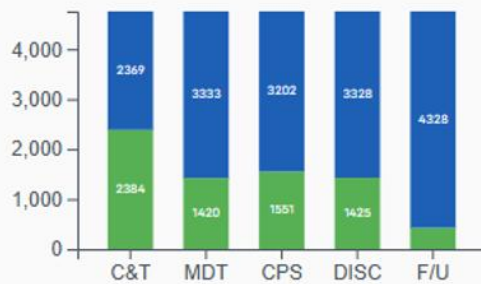
Medium Risk(MR) Cohort



High Risk(HR) Cohort



High Risk + Complex(HRC) Cohort



Key

- Outstanding
- Completed

C&T: Check and test

RDR: Remote desktop review

DISC: Discussion

F/U: Follow up

MDT: Multi-disciplinary team review

CPS: Care planning sharing

As we can see from the charts above, in December 2025 there were approximately 71,221 Barnet-registered patients who were eligible for a LTC LCS appointment.

Within this, circa 10,417 patients who were classified as low risk had attended at least one appointment – a check and test appointment – in the year from December 2024 to December 2025. Approximately 11,330 medium risk, 6,888 high risk and 2,384 high risk and complex patients had attended a check and test appointment during this period. In total circa 31,019, or 45.5%, of eligible patients had attended a check and test appointment.

Bibliography

1. Age UK London, 'Age UK London reveals the extent of public toilet decline in the capital' (12 January 2025), <https://www.ageuk.org.uk/london/about-us/news/articles/2025/lifting-the-lid/> (accessed 20 March 2026).
2. Barnet's Community Services Directory <https://www.elementalsoftware.site/barnetdirectory> (accessed 20 March 2026).
3. Barnet Council, 'Joint Strategic Needs Assessment' (September 2025), <https://open.barnet.gov.uk/joint-strategic-needs-assessment-2024/people/inequalities/> (accessed 20 March 2026).
4. Barnet Council, 'Hollickwood Park' <https://www.barnet.gov.uk/directories/parks/hollickwood-park> (accessed 20 March 2026).
5. Barnet Council, 'Inclusive fitness' <https://www.barnet.gov.uk/health-and-wellbeing/keeping-well-and-active/inclusive-fitness> (accessed 20 March 2026).
6. Barnet Council, 'Map of Public Toilets in Barnet' <https://www.barnet.gov.uk/directories/public-toilets> (accessed 20 March 2026).
7. Barnet Council, 'Outdoor sport sessions and facilities' <https://www.barnet.gov.uk/parks-sport-and-leisure/sport-and-physical-activity/leisure-and-sports-facilities/outdoor-sport> (accessed 20 March 2026).
8. BBC News, 'Why London councils want more Spending Review cash' Susana Mendonça (4 June 2025), <https://www.bbc.co.uk/news/articles/c8re1rdkzjro> (accessed 20 March 2026).
9. British Medical Association, 'Pressures in general practice' (5 March 2026), <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice> (accessed 20 March 2026).
10. British Medical Association, 'NHS backlog data analysis' (12 March 2026), <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/nhs-backlog-data-analysis> (accessed 20 March 2026).
11. Central London Community Healthcare NHS Trust, 'Musculoskeletal physiotherapy' <https://clch.nhs.uk/services/musculoskeletal-physiotherapy> (accessed 20 March 2026).

12. Centre for London, 'Seeing clearly: How lighting can make London a better city' (10 March 2021) <https://centreforlondon.org/reader/lighting-london/summary/> (accessed 20 March 2026).
13. Department of Health and Social Care, '10 Year Health Plan for England: fit for the future' (30 July 2025), <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future> (accessed 20 March 2026).
14. Disability Rights UK, 'Social Model of Disability: Language' <https://www.disabilityrightsuk.org/social-model-disability-language> (accessed 20 March 2026).
15. Dstillery, 'How Close Do You Need to Be to Your Gym?' (2017), <https://dstillery.com/press/https-www-wsj-com-articles-how-close-do-you-need-to-be-to-your-gym-1490111186/> (accessed 20 March 2026).
16. Di Gessa, G., Glaser, K. and Zaninotto, P. 'Is grandparental childcare socio-economically patterned? Evidence from the English longitudinal study of ageing' *European Journal of Ageing* (21 January 2022), <https://link.springer.com/article/10.1007/s10433-021-00675-x> (accessed 20 March 2026).
17. GLL Better, 'Health and wellbeing' <https://www.better.org.uk/fab-health-wellbeing> (accessed 20 March 2026).
18. GP Patient Survey, 'Latest survey results' <https://gp-patient.co.uk/latest-survey/results> (accessed 20 March 2026).
19. Guardian, 'Shortage of NHS physio roles leaves patients in pain as waiting lists soar' James Tapper (26 May 2024), <https://www.theguardian.com/society/article/2024/may/26/shortage-of-nhs-physio-roles-leaves-patients-in-pain-as-waiting-lists-soar> (accessed 20 March 2026).
20. Harvey-Sullivan, A., Lynch, H., Tolley, A., Gitlin-Leigh, G., Kuhn, I. and Ford, J.A., 'Impact of healthcare inequalities on utilisation' *Health Policy* (27 November 2023), <https://www.sciencedirect.com/science/article/pii/S0168851023002361> (accessed 20 March 2026).
21. King's Fund, 'Health of people from ethnic minority groups in England' (17 May 2023), <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-people-ethnic-minority-groups-england> (accessed 20 March 2026).
22. Moving Medicine, 'PACC sessions' <https://movingmedicine.ac.uk/pacc/pacc-sessions/> (accessed 20 March 2026).
23. Moving Medicine, 'Find the right consultation' <https://movingmedicine.ac.uk/consultation-guides/find-the-right-consultation/> (accessed 20 March 2026).

24. My Personal Trainer Website, 'The Top 12 Local marketing strategies for gyms' <https://mypersonaltrainerwebsite.com/blog/top-local-marketing-strategies-gym> (accessed 20 March 2026).
25. National Institute for Health and Care Excellence, 'Tirzepatide for managing overweight and obesity' (1 September 2025), <https://www.nice.org.uk/guidance/ta1026/chapter/1-Recommendations> (accessed 20 March 2026).
26. National Institute for Health and Care Excellence, 'Overweight and obesity management' (8 January 2026), <https://www.nice.org.uk/guidance/ng246/resources/a-guide-for-prescribing-medicines-to-manage-overweight-and-obesity-15299628589/chapter/Diet-physical-activity-and-behavioural-approaches> (accessed 20 March 2026).
27. NHS, 'Exercise guidelines and workouts' <https://www.nhs.uk/live-well/exercise/> (accessed 20 March 2026).
28. NHS Better Health, 'How to be more active' <https://www.nhs.uk/better-health/get-active/how-to-be-more-active/> (accessed 20 March 2026).
29. NHS England, 'Millions more GP appointments in April than before pandemic' (30 May 2024), <https://www.england.nhs.uk/2024/05/millions-more-gp-appointments-in-april-than-before-pandemic/> (accessed 20 March 2026).
30. NHS England, 'Millions more GP appointments delivered in record year' (31 July 2025), <https://www.england.nhs.uk/2025/07/millions-more-gp-appointments-delivered-in-record-year/> (accessed 20 March 2026).
31. NHS England, 'Harnessing the benefits of physical activity' <https://www.england.nhs.uk/ourwork/public-health/harnessing-the-benefits-of-physical-activity/> (accessed 20 March 2026).
32. North Central London Integrated Care Board, 'Schedule 2 – The Services Service Specification' NHS (March 2025), <https://cdn.gpwebsite.org/enhanced-service-specification/1741686671-31aed35c962df0e430cab91b9a38c572.pdf> (accessed 20 March 2026).
33. North Central London Integrated Care System, 'Supporting people with long-term conditions' <https://nclhealthandcare.org.uk/our-working-areas/supporting-people-with-long-term-conditions/> (accessed 20 March 2026).
34. North Central London Integrated Care System, 'Barnet area overview' <https://nclhealthandcare.org.uk/ics/your-area/barnet/> (accessed 20 March 2026).
35. Nuffield Trust, 'How will waiting times in community health services affect the shift towards neighbourhood health' (16 October 2025), <https://www.nuffieldtrust.org.uk/resource/how-will-waiting-times-in-community-health-services-affect-the-shift-towards-neighbourhood-health> (accessed 20 March 2026).

36. Office for National Statistics, 'Healthy life expectancy in England and Wales: between 2011 to 2013 and 2021 to 2023' (12 December 2024), <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/between2011to2013and2021to2023> (accessed 20 March 2026).
37. Smith, S.S., Ten Hoor, G.A, Lakhote, N. and Massar, K., 'Physical activity and healthcare outcomes' *Healthcare* (6 May 2024), <https://www.mdpi.com/2227-9032/12/10/955> (accessed 20 March 2026).
38. We Are Undefeatable, 'Your health condition' <https://weareundefeatable.co.uk/your-health-condition/> (accessed 20 March 2026).
39. Welsh, B.C. and Farrington, D.P., 'Effects of Improved Street Lighting on Crime' *Campbell Systematic Reviews* (25 September 2008), <https://onlinelibrary.wiley.com/doi/full/10.4073/csr.2008.13> (accessed 20 March 2026).



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