HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM: Anne B. Murray

Pre-amble – my own experience

Over the course of 2016-2017 I had two total hip replacements. I had excellent care in hospital but after discharge I was only visited once by the district nurse in order for her to remove sutures. I live alone and had recently moved house from another city (where I had the operations) to Stirling, so had limited local contacts. I contacted my GP practice and asked if I could have an outpatient appointment with a physiotherapist, as I was nervous about what exercise I should and should not be doing. I was given a telephone number to self-refer and told by the practice that it would probably be 12 weeks before I got an appointment. In the event I got a cancellation appointment within two weeks. The physiotherapist I saw was excellent, I had one appointment each week for four weeks. It was she who advised me to re-contact my GP and ask for referral to exercise classes at the local council-run gym. I did so, and received free specialist exercise classes only available to GP referrals for a period of 12 weeks, with a subsequent cheaper than normal subscription to the gym for a further 12 weeks, which I took up. At the gym I picked up publicity material on “Active Stirling” a scheme of graded walks, which I joined. This not only gave me good exercise but also social company, which was equally important, as I felt isolated and bored – both feelings very bad for mental health – as I was frustrated as I had been very active before being affected by arthritis. When I was on crutches and unable to walk more than about 15-20 minutes there was a buddy scheme by which I received one-to-one company for the walk and then we both waited for the others for a tea/coffee after the main walk. I was also picked up and taken home by car. Fully fit, I am now volunteering as a walking buddy myself.

Question 1: To what extent does social prescribing for physical activity and sport increase sustained participation in these for health and wellbeing?

In my own case, I have kept up these activities. However, I was active before my illness, and I am also a pro-active type of person. Please see Question 3.

Question 2: Who should decide whether a social prescription for physical activity is the most appropriate intervention, based on what criteria?

I think as many health professionals as possible should be able to decide if physical activity is the most appropriate intervention in any individual case.

If there has been a hospital stay (either for a physical illness or mental health issue) the hospital liaison nurse (if there is one) or community psychiatric nurse/worker or other
appropriate professional (consultant, physiotherapist, occupational therapist) should be able
to directly refer a patient.

If a patient presents at the GP with depression/anxiety/mild to moderate mental issues
caused by isolation/loneliness, there should be a direct referral via the community link worker
(if there is one). District/Community Nurses should also be able to refer.

I feel self-referral is also appropriate. I do not think the system would be inundated with
people self-referring. We do not have a particularly active/sporty culture; but exactly how
and to whom does the patient explain their case? See Question 3

What criteria? Patients post medical trauma such as cardiac or cardio-vascular treatment
and stroke seem to be catered for in the cities anyway in having specialist activity classes.
Post orthopaedic surgery, as I was, and other recently discharged patients who live on their
own and have limited social interaction, tend to be left to their own devices. I believe however
that those with mental and emotional health issues are the most in need of physical activity
and the company it provides. They are the very ones who need the most encouragement to
self-refer and need to know how to go about it. See Question 3.

Question 3: What are the barriers to effective social prescribing to sport and physical
activity and how are they being overcome?

This is the most crucial question that has to be addressed, and I am again going to refer to
my own experience. The barriers are:

Lack of knowledge of what is already available. I came across “social prescribing” only
because I asked for follow-up and the individual professional whom I saw happened to know
about it and mentioned it to me. Due to illness, I have attended out-patient depts and two
GP practices quite a bit in the last five years. I have never seen any sign on any noticeboard
in any GP practice or hospital I have attended. I have never seen it on any NHS website (I,
like many others, do not use Social Media such as Facebook, Twitter, etc. but I doubt if it is
mentioned there). I have never heard the expression “Community Link Worker”. People
need to know about a service before they can access it. Publicity is key.

Transport is a major issue. Many people (myself included) do not drive or do not have their
own car. The gym I was referred to was two bus journeys away. I was determined and made
the journey with difficulty myself. People who are not used to going out and being active will
not make this effort. Cost of transport may also be an issue. Cost of sports activities
certainly is, which is one reason for having free social prescribing of sports activities for a
reasonable length of time, then having reduced rates available. The provision of activities
should also be responsive to the uptake rate. There are currently waiting lists on all the
low-key activity classes in my local authority gym. It’s the people who are doing the low-key
activities that need the exercise more than those who do high impact activities. More liaison
between the health service and the activity providers is needed.
Many people are reluctant to try new things of any kind particularly if it means going outside the house and meeting new people (both of which are necessary for mental health). More **buddying schemes** where either a professional or volunteers (who like myself have been in the position of being isolated, stuck at home, etc.) are needed. This could involve a one-to-one accompanier actually visiting the client/patient in their own home in the first instance and then accompanying them to the activity.

**Question 4: How should social prescribing for physical activity and sport initiatives be monitored and evaluated?**

I have no experience in this field. Clearly there would have to be a system for **registration** of those receiving social prescriptions, some **baseline data** on emotional and physical health taken then and **follow up of the data** done at say 6 weeks and 6 month post registration.