HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Active Stirling

1. **To what extent does social prescribing for physical activity and sport increase sustained participation in physical activity and sport for health and wellbeing?**

Our evidence within Stirling is now well established in this area having successfully implemented a social prescribing system in partnership with the NHS since April 2013. From our 12 week brief intervention period which takes place post social prescription from a health professional over 80% of all patients follow on to continued physical activity. We are looking to develop our monitoring to establish the longitudinal perspective of adherence.

2. **Who should decide whether a social prescription for physical activity is the most appropriate intervention, based on what criteria? (e.g. GP, other health professional, direct referral from Community Link Worker, self-referral)**

In consultation with health professionals and the national guidance on exercise prescription stratification took place and eligibility criteria per medical condition established and these are contained on a referral form for health professionals to reference and this creates transparency in respect to appropriateness of referral.

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

Barriers are as follows with remedial measures: -

- **Establishing trust for medical professionals to refer to activities** – remedied through regular partnership dialogue including steering group meetings to review progress and patient figures, rigorous monitoring and evaluation enlisting higher education support

- **Awareness of schemes from health professionals amongst the myriad of other priorities** – as above partnership working to continually raise awareness and remind partners of the programme, presentations to health departments including hospitals and out patient settings

- **Cost of participating in the scheme** – through engagement with stakeholders we took a significant amount of time to explain the need to charge as a cost recovery model but are developing creative ways to enable all to participate to remove any remaining financial barriers from patients

4. **How should social prescribing for physical activity and sport initiatives be monitored and evaluated?**
Partnering up with an academic institution whom have expertise in this field is a good step to delineate expertise in the most appropriate manner. Criteria of what to monitor and evaluate will be specific to each local authority area linking to outcome priorities but agreed in partnership at steering group partner meetings.