GENERAL COMMENT: Social prescribing should encompass activities that are wider than physical activity and sport. In terms of inclusion, activities should be accessible and appropriate to the health issue being addressed. For example, dementia sufferers might also benefit from activities which are more creative and cerebral or craft-oriented (like needlework or woodwork or other creative pasties). Consideration should also be given to smoking cessation classes and resources.

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

Smoking causes the premature death of half of those who consume tobacco products. It is vital that we find ways to help people quit smoking and to say quit. It is worth exploring whether substituting an unhealthy behaviour for a healthy one helps people stay focused and committed to quitting. Fitness classes are an ideal way for smokers to realise the health benefits of stopping smoking. Fitness classes/gym/swim membership could be prescribed in combination with other therapies or could support those going ‘cold turkey’.

Social Prescribing could help to stay the effects of dementia. ASH Scotland has been working with Age Scotland (and other partners including Paths for All and Alzheimer’s Scotland) to encapsulate and promote an approach to Dementia risk reduction, Dementia DEFENCE:

- Develop good habits now. What you do today affects your later health.
- Eat well. A balanced diet will help you maintain a healthy weight and keep cholesterol and blood pressure under control.
- Fight loneliness and depression. Maintain your social networks and keep in touch with friends and family.
- Exercise every day. Keep physically active, even if it is just going for a short walk.
- Never smoke. Even occasional smoking is harmful.
- Cut down on alcohol. Drink in moderation and stick to the recommended guidelines.
- Enjoy life. Keep learning new skills and ideas. Be busy, active and engaged.
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 or self-referral)

We consider the most appropriate prescribers to be those who are already responsible for providing other smoking cessation therapies. These would include GPs, hospital doctors, nurses and pharmacists. It is worth having active links with local cessation services.

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

In addition to the costs of gym membership and classes, clothing required for such activities may be costly. This is symptomatic of social and economic inequalities and may deter someone from taking up the provision of classes. There are not-for-profit community gyms where the equipment is largely provided and class attendees are more socially diverse. The costs to participate are largely lower also and may encourage more sustained attendance.

I would also help if Local Authorities ensured that these gyms/classes/swim took place in smoke-free, health promoting cultures and environments. The visibility and culture around smoking breaks not only creates an unsupportive environment for those wishing to quit but it reinforces smoking as an acceptable and sociable behaviour.

The healthy environment should also deter or exclude the use of alcohol, drugs and junk food and drink, and provide and encourage health promoting alternatives.

4. How should social prescribing for physical activity and sport initiatives be monitored and evaluated?

In terms of smoking cessation, it would be useful for prescribers to keep records of what’s being prescribed and the uptake of social prescriptions, and for service providers to capture softer data on the conclusion of the prescription to help assess the results and any subsequent changes in knowledge, attitude and behaviour of the participant.