HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Chartered Society of Physiotherapy

Introduction

The Chartered Society of Physiotherapy (CSP) welcomes the Health and Sport Committee Inquiry into this important aspect of health and social care. This is particularly relevant to the physiotherapy profession in relation to physical activity and the positive health and wellbeing outcomes that are evident from improved physical activity levels.

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

The positive health benefits of physical activity are well documented. Physiotherapists recognise that for people to realise such benefits, participation in physical activity through local groups and services can be a crucial gateway to a sustained change in activity levels.

There remains room for more research on the impact of social prescribing and the interplay of factors that affect ‘sustained participation’ in physical activity, following social prescribing. This might also depend on what is understood to constitute ‘sustained participation’ over time following initial social prescribing. However the clinical and cost effectiveness of such services has been well reported. The challenge is not necessarily to establish what is effective in terms of changes to lifestyle, but rather what is cost effective and beneficial for improved health and wellbeing outcomes.

Ultimately social prescribing allows health professionals to help direct people to local activities that have positive health outcomes for rehabilitation that can reduce the need for repeated healthcare, reduce hospital admissions, increase independent living and reduce reliance on health and social care services.

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)

CSP would be cautious about ‘over-medicalising’ social prescribing. For the most part people can and should be able to participate in local activities without unnecessary hurdles.

There are people with complex co-mobidities who may be in need of specific health professional advice, and health professionals can play a vital role in supporting people to increase their physical activity levels. There should be no need to restrict or define types of health professionals being able to socially prescribe physical activity. Health professionals would only prescribe where this was appropriate for the patient and within the professional scope of the clinician.

Community link workers may play an important role as a conduit, a source of information and advice, and a resource that health professionals can also access in supporting people with particular health needs find appropriate beneficial activities.
3. What are the barriers to effective social prescribing to sport and physical activity and how are they being overcome?

CSP Scotland would point to the greatest barrier to effective social prescribing is funding for local activities. There is a need in all communities for a rich and diverse range of activities and opportunities to participate, which in turn depends on recurrent funding. It is clear that in the absence of provision, greater costs have to be found to support health services and social care for people who need to increase physical activity levels to improve their health.

A diversity of local activities, including exercise classes, walking groups, condition specific and generic rehabilitation groups and others, supported by local authorities and third sector organisations deserve to be recognised as providing a service which saves costs on health and social care as well as enriching lives by adding to quality of life.

Even where good provision exists in communities it is also important that people are able to access them, and it is therefore also important to ensure that facilities are supported to advertise, are low cost or free to participants, and located accessibly. For groups to be maintained and run, advertised and facilitated effectively in community settings also requires additional resource.

Pressure on funding to support and run local groups is therefore the major barrier to effective social prescribing.

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

It is complex and challenging to evaluate in isolation the efficacy of social prescribing because of the multiple variable factors effecting outcomes. Improvements to physical activity might be the result of numerous influences, and factors other than social prescribing may contribute to results (such as location, accessibility, participation costs etc).

Nevertheless, CSP members would assert that the availability of opportunities in local communities to engage in physical activity, (such as exercise classes, walking groups, rehabilitation groups) in social care and third sector settings make a significant contribution to health and wellbeing outcomes and reduce demand on health and social care services. While targeted studies have demonstrated this, effective population evaluation requires good quality data and analysis.

Evaluation could usefully look to the collection of wider data associated with the nine integrated health and social health wellbeing outcomes already established for all local authority areas.

*For further information please contact*

 Kenryck Lloyd-Jones, CSP public affairs and policy manager
 Email ljonesk@csp.org.uk