HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Macmillan Cancer Support

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

Macmillan Cancer Support recognises the health benefits of increased physical activity and has developed models and resources to help people with cancer and other long-term conditions become more physically active and support behaviour change.

**Prehabilitation**

Macmillan want to ensure that everyone is offered personalised and integrated cancer care, and that people’s clinical and wider wellbeing needs are met, which includes supporting people to physically active where possible. Being active is a vital part in prehabilitation, which is important in the rehabilitation pathway. Early interventions shortly after diagnosis can in some cases improve a person’s ability to cope with treatments and improve quality of life.

Macmillan have recently produced a set of Prehabilitation Guidelines which seeks to enable people with cancer to prepare for treatment by promoting healthy behaviours and prescribing exercise, nutrition and psychological interventions where appropriate to a person’s needs. Interventions should be implemented as early in the patient pathway as is possible, ideally soon after diagnosis, and as well in advance of treatment as possible for maximum benefit.

Prehabilitation offers people with cancer and their caregivers three main benefits:

- **Personal empowerment**: Fostering a sense of control and purpose in people, facilitating preparation for treatment and improving quality of life.

- **Physical and psychological resilience**: An opportunity to improve physiological function and psychological wellbeing, thereby improving resilience to the effects of cancer treatments, enhancing the quality of recovery and enabling the living of life as fully as possible before, during and after treatment.

- **Long-term health**: An opportunity to reflect on the role of healthy lifestyle practices following a cancer diagnosis, promote positive health behaviour change and thereby impact long-term health.

*Health and care professionals*

---

It is also important that health and care professionals encourage physical activity, and that people living with cancer are able to speak to them about any fears or concerns they have. People living with and beyond cancer need to know that it is safe to become and stay active, at a level that is right for them, listening to their body, starting slowly, building gradually, and planning around treatment cycles and physical limitations. Research commissioned by Macmillan about the drivers and barriers to participating in physical activity emphasised the importance of health and care professionals as having a strong influence on physical activity behaviour. The research states: “Many participants and their family members were sceptical about the evidence of the benefits of physical activity for people living with cancer. They wanted to hear these messages from trusted health and care professionals, gaining permission to be active. They wanted to know that it is safe and right for them and their condition.”

**Working with people in a different way**

Link worker roles/social prescribing roles aim to work with people to enable them to take more control over their health and care by working in a way that builds on people’s strengths. Working with people as experts in their own lives and utilising their strengths is more likely to create an environment where sustained participation is seen as beneficial to achieving life goals and ambitions and a choice and not seen as being told to do which can have an impact. Macmillan research has also shown that sustained change in behaviour such as adopting self-management techniques is more likely to happen when someone has a single point of contact such as a link worker to support them. Consistency and continuity of care which can be provided by an adequately resourced and well skilled workforce are critical elements to ensure that the intervention has maximum benefit and value to the individual.

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)**

Social Prescribing is often developed for people who have non-medical needs that are causing or exacerbating a physical or mental health problem which may benefit from social prescribing, navigating and connecting programmes. These might relate to work, money, relationships, lifestyle, loneliness, social isolation or housing.

Social prescribing, navigating and connecting programmes are sometimes targeted at people who frequently use their GP surgery but are unlikely to benefit from new / additional drug-based interventions. This can include people living with multiple long-term conditions.

**Transforming Cancer Care**

---


3 Transforming care after treatment, Realist evaluation of Holistic Needs Assessment and Care Planning, Oct 2018, Edinburgh Napier University
However, this can sometimes be unhelpful as it may miss out individuals such as people who are lonely or socially isolated who would benefit. Furthermore, research also shows that those who are from more socioeconomically deprived backgrounds encounter more significant challenges in trying to access their GP. A 2015 report into accessing primary care in rural areas found that a socioeconomically disadvantaged older person in a rural area is less likely to be able to obtain an appointment if they do not understand the system, are not assertive, appointments are not available at convenient times, or the practice is not responsive to their needs. Other contributing contexts include available personal resources such as transport, technology, educational status, and experience of healthcare. It is clear therefore that taking a whole population approach where support is offered to everyone diagnosed with cancer would mean that the offer would ensure it could reach a greater proportion of the population. Macmillan has been developing a model of care and support across Scotland which will ensure that everyone is offered an assessment of their needs carried out by a trained professional and an integrated care plan based on this. We are doing this in partnership with the Scottish Government through the Transforming Cancer Care (TCC) programme.

Much of the TCC programme has been informed by the Improving the Cancer Journey Programme in Glasgow, which successfully utilised the link worker role within the integrated system. Improving the Cancer Journey (ICJ) is a community-based, multidisciplinary service supporting people affected by cancer in Glasgow. ICJ is the first cancer service of its kind in the UK and is an integrated service operating across several different care providers. It is proactive and inclusive and the key intervention, a Holistic Needs Assessment (HNA), is facilitated by a ‘link officer,’ a trained council employee, not a health service professional, as is usually the case. By utilising a link worker within the service, clinicians reported “a reduction in burden” as they knew there was an expert in non-clinical matters who could provide support for their patients- particularly with financial and practical matters. Patients also praised the link officers’ level of skill and knowledge and ability to resolve their concerns.

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

Sustained Funding

The latest Audit Scotland report on workforce planning within primary care notes that: “Reform of primary care is complex and challenging. It is not solely the responsibility of the Scottish Government; NHS boards and integration authorities (IAs), which are partnerships between NHS boards and councils, have a crucial role. The voluntary sector has a role to play, particularly in the development of the community link worker workforce.”

However, in order to achieve this, it is vital that there is sustained funding and investment in the infrastructure available for practical and emotional support schemes within communities and the voluntary sector. Simply linking people or creating a social prescription does not immediately meet people’s needs, it is the sustained personal networks and practical and

---

5 ICJ Penultimate Report, 2019, Edinburgh Napier University
6 ICJ Penultimate Report, 2019, Edinburgh Napier University
emotional support within the voluntary and community sector that help people live their lives as well as possible, and these services will need long term funding to achieve this.

We also know from the Audit Report looking at the progress of Health and Social Care Integration, that Integration Authorities are facing a challenging funding climate\(^8\), and that these financial pressures will make it difficult for IAs to make sustainable changes to the way services are delivered. Long term financial planning needs to be put in place so that IAs are able to deliver more collaborative services that meet the practical and emotional needs of people across Scotland.