HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Marie Curie

About Marie Curie

1. Marie Curie provides care and support for people living with a terminal illness and their families and carers. Last year we provided care for over 7,500 people living with a terminal illness, as well as their families and carers across Scotland.

2. Our vision is for a better life for people and their families living with a terminal illness. Our mission is to help people living with a terminal illness, their families and carers, make the most of the time they have together by delivering expert care, emotional support, research and guidance.

Social prescribing and palliative care

3. Social relations and maintaining community networks can be a fundamental part of enriching the life of someone living with a terminal illness and approaching the end of life. Health and wellbeing is determined and defined by a range of factors, not just the medical care they receive.

4. Palliative care is for people living with a terminal illness where a cure is no longer possible. It is a holistic model of care, treating or managing pain and other physical symptoms, but also helping with psychological, social or spiritual needs. The goal of palliative care is to help the patient, and everyone affected by their illness to achieve the best quality of life.

5. Being diagnosed with a terminal illness can be an incredibly scary and lonely experience. It can have a significant psychological impact on people, often characterised by feelings of helplessness and a lack of control with people experiencing difficulties understanding and expressing their emotions. This can affect people’s mental health resulting in social withdrawal and the breakdown of personal and community relationships.

6. Physical symptoms can exacerbate this. For example, people with Motor Neurone Disease (MND) may experience difficulties talking, swallowing and eating which can cause social embarrassment. Increased fatigue may also mean they are unable to leave the house. This can cause issues with self-image and self-esteem. Dementia and other neurologically disabling illnesses, where physical and mental deterioration occur, can often lead to social isolation and depression. People may feel they are becoming a burden on their loved ones, especially if there are no community support networks. This can all mean people withdrawing from friends, family groups and social networks.
7. As this occurs, people may be forced to give up work, volunteering roles, sports and recreational hobbies. Our staff tell us that one of the issues they see the most in the people we support is loss of identity. Many people when they are living with a terminal illness, are isolated within their own thoughts or within their own family group. They often can’t fulfil their roles, no longer feeling like a wife or a mother.

8. When you’re dying, you should still be able to live, and live the life you want. People sometimes need support to do that and this is where social prescribing can help.

**Social prescribing activities**

9. This consultation focuses primarily around social prescribing for physical activity and sport initiatives. We agree that a social prescription for physical activity and sport will enrich people’s lives. However, we would also like to see a focus on additional activities that would benefit people at all stages of life, including those with multiple, complex, chronic and terminal conditions.

10. For some people living with a terminal illness, physical activity prescriptions can be beneficial, particularly if it is early enough in someone’s illness. Rehabilitation in palliative care can help enhance people’s function and wellbeing. Focusing on personal goals, it can help people to live as independently and autonomously as possible within the limitations of their illness. This can give people both choice and dignity and help them to maintain the activities that make them feel like themselves.

11. Not all people living with terminal illness will need or be able to access a full range of physical activities, they will undoubtedly benefit from social prescriptions, particularly when there is support to enable them to participate. This could include life-enriching activities locally such as painting or music classes, group learning, gardening, healthy eating, and money management.

12. Such activities, promoting independence and focusing on preserving function can help people remain at home. It can lead to reducing hospital admissions, decreasing dependence on nursing and residential homes, and can help support earlier discharge from hospitals and hospices.

**Self-management**

13. Social prescribing can also have effects on self-reliance and the ability of people to self-manage their condition. For example, in the day therapy unit at our Marie Curie Hospice, Edinburgh we see people for activities in the hospice setting. These activities show and support people to allow them to live with the complexities of their condition. This is early intervention activities, with the aim of reducing dependency and maintaining independence. While we may see the same people as their condition progresses, this
work has also shown that people can self-manage their health and wellbeing and may not go on to require the highly specialised care that we provide at Marie Curie.

14. Social prescribing needs to be person-centred, developed with the person, taking into account their goals and aspirations. It also needs to be delivered in a supported environment, with time spent with individuals to build trust and fully assess their needs. There needs to be someone who can advocate for the patient and match them with activities that are meaningful to them and compatible within the context of their condition. There also needs to be follow-up and evaluation.

Who prescribes?

15. The prescriber could be a GP, but in reality, social prescribing can be done by any healthcare professional. It could be a practice nurse, a consultant, an allied health professional such as a physiotherapist, or a community link worker.

16. We recently responded to the Committee’s consultation on Primary Care, of which this consultation is intended to complement. In that response we advocated for the development of community link worker roles to act as patient advocates to help people understand processes, plan for appointments and co-ordinate future care. This model requires a more personal relationship with patients. A link worker, working in GP clusters, could also co-ordinate social prescribing activity.

17. The link worker would have an up-to-date knowledge of local community groups that a healthcare professional might not have the time or capacity to develop. This function could vary from basic signposting to intensive support. Such an initiative would free up GP time to concentrate on other activities.

18. We would expect the link worker in every practice to have a knowledge of our local Marie Curie activities and how people living with terminal illnesses can access that support.

Marie Curie services

19. Our two hospices in Scotland, in Edinburgh and Glasgow, offer inpatient and outpatient care and a broad range of day therapies to meet the needs of individual patients with a range of terminal conditions. We also provide support in the community.

20. Our nursing service delivers care and support to people in 31 local authority areas in Scotland. We mainly provide our services in people’s own homes, but we also offer support in hospitals and residential care homes. Our planned nursing services offer overnight care (typically 10pm to 7am) and shorter periods of care during the day, seven days a week. Our fast track services help prevent unnecessary hospital admission and enable rapid discharge, allowing terminally ill patients to spend their final weeks at home.
21. In addition to these clinical services, we also take referrals for our Helper volunteers service, which offers companionship and practical support to terminally ill people, their families and carers. We also provide nationwide support through our information and support service including our national helpline. People can self-refer to these services, but we also welcome referrals to them from healthcare professionals.

Further information:

Richard Meade
Head of Policy & Public Affairs
Richard.meade@mariecurie.org.uk
@richardmeade13