HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM RCGP SCOTLAND

The Royal College of General Practitioners (RCGP) is the professional membership body for family doctors in the UK and overseas. We are committed to improving patient care, clinical standards and GP training. RCGP’s objectives, in concern for care for patients, are to shape the future of general practice, ensure GP education meets the changing needs of primary care throughout the UK, grow and support a strong, engaged membership and to be the voice of the GP.

The College in Scotland came into existence in 1953 (one year after the UK College), when a Scottish Council was created to take forward the College’s interests within the Scottish National Health Service. We currently represent around 5,000 GP members and Associates in Training throughout Scotland. In addition to a base in Edinburgh, the College in Scotland is represented through five regional faculty offices in Edinburgh, Aberdeen, Inverness, Dundee and Glasgow.

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

Social prescribing has great potential but limited evaluation, this was commented upon in a recent paper in the British Journal of General Practice, entitled “Social prescribing: where is the evidence?”.1 Therefore, social prescribing needs to be properly resourced and the impacts assessed like any intervention, and allowed enough time for any evaluation to produce worthwhile robust evidence.

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)

The introduction of Community Link Workers (CLW) in GP practices situated in communities with high levels of deprivation across Scotland has been hugely beneficial for both patients and GPs working in these areas. Link Workers provide non-clinical support to patients, providing a social prescribing function within the practice. The type of support that they provide to a patient varies depending on the patient’s own goals and wishes.

Being able to spend extended lengths of time with patients, CLWs can foster relationships of trust and help to address issues of social isolation, identified as a key issue in the pilot managed by the Health and Social Care Alliance Scotland (the ALLIANCE). CLWs also facilitate connection with local non-NHS services as appropriate to patient need, for example into physical activity and sport programmes, where appropriate. Evaluation of the programme by NHS Health Scotland in 2016 found that CLWs were an asset to practitioners and to the most vulnerable patients.

1 Husk, K. et al. Social prescribing: where is the evidence? British Journal of General Practice 2019; 69 (678): 6-7. DOI: https://doi.org/10.3399/bjgp19X700325
RCGP Scotland is increasingly concerned by evidence which shows that loneliness and social isolation can be as bad for patients as chronic long-term conditions, and launched a Loneliness Action Plan in 2018 to tackle this problem. Loneliness puts people at a 50% increased risk of an early death compared to those with good social connections, and it is as bad for health outcomes as obesity. We believe that treating patients means listening to them and understanding their concerns. It means asking ‘what matters to you’, not ‘what’s the matter with you’ - focusing on the emotional and spiritual health of patients as well as their physical symptoms. GPs and their teams are an important cornerstone of the community, with 88% of people in Scotland contacting their practice every year. Therefore, general practice is central to the wider ambition of delivering social prescribing within communities, but the responsibility lies wider than just GPs. The entire multi-disciplinary team, as implemented as part of the new GP contract, has a role to play in referring patients to the services which will enable the greatest benefit to their health and wellbeing. Ideally this would involve CLWs as a conduit between clinicians and wider services, including those outside of the NHS, to long-term reduce clinician workload and improve health outcomes for patients.

RCGP Scotland welcomes the Scottish Government’s pledge to deliver at least 250 CLWs by 2021 and would recommend that initial priority be given to areas of high health inequality, where less social support exists and there is generally less choice on offer to members of the community because of entrenched poverty.

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

RCGP Scotland wants to see sustainable and reliable funding of appropriate third sector organisations within the community. These services are vital to delivering social prescribing to tackle issues such as social isolation and loneliness in communities, however all too often they are funded on a short-term basis and have uncertain futures.

We need to ensure that GPs have the time within their working week to develop and foster relationships with local organisations, for the benefit of their patients. We are calling for increased levels of protected time for Continuous Professional Development (CPD) within GPs’ working weeks to help GPs carry out this important work.

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

With new models of care proliferating across Scotland, there is a need to develop a robust evidence base to support policy and funding decisions at a local and national level. The Scottish School of Primary Care is a well-respected and valued organisation which is well placed to add value, as evidenced in the recent report entitled National Evaluation of New Models of Primary Care in Scotland.