HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Andrew McKinlay, Chief Executive, Scottish Golf Limited

Background

The health benefits, both physical and mental, of playing golf are well documented. Most recently the report of Dr Andrew Murray (Chief Medical Officer PGA European Tour and European Tour Performance Institute) published in 2018 clearly set out these benefits.¹

Some of the headlines from the research carried out can be seen in the following infographic:
In addition to the above, the R&A commissioned research by Sports Marketing Surveys Inc last year and their report into “Golf as a sport for life” included the following headline findings:

- 72% of golfers consider themselves in good health compared with 51% of the general population;
- 80% of golfers are happy with their social life compared to 60% of the general population;
- 79% of golfers believe that golf clubs provide positive social experiences;
- 37% of non-golfers would consider going to their local golf club for non-golf related activities (e.g. Exercise classes);
- 42% of golfers agree that their local club could be used as a social hub for the local community and;
- A third of those categorised as at risk of “Loneliness” would consider going to their local golf club for social activities that helped them meet new people.

When answering the specific questions below, I have answered from a golf not a wider sports perspective. It should also be noted that social prescribing of golf has not taken place in Scotland. However, it has taken place in England and Wales and I will use their experiences to assist with my responses below.

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

   As referred to above golf has not been prescribed in Scotland so it is difficult to be definitive in answering this question.

   Even in England and Wales where it has been prescribed the schemes are in their infancy and, accordingly, it is hard to assess their longer-term benefits.

   However, as set out on the England Golf “Golf on Referral: Pilot Review” document (attached as an appendix to this response):

   “At session 12, individuals were sad that the course was coming to a close and claimed that they felt a lot more confident in playing golf. In addition, they felt that it was a gateway into playing more golf and other physical activities (e.g. walking, swimming) in the future. For example, individuals claimed they would continue to ‘pitch and putt’, while others claimed that they now had a long-term enjoyment and appreciation of golf”.

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)**
This is probably not a question that I am suitably qualified to answer. However, I would say that, whoever ends up being the prescriber should be encouraged to prescribe golf and or other physical activity as there is no doubting that the health benefits and the wider benefits to society (both financial and non-financial) are significant.

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

Anecdotally I understand that the following have been issues in this area in the past:

- Reluctance by prescribers to prescribe physical activity as opposed to more traditional prescriptions;
- Reluctance by patients to accept physical activity as a “medicine”;
- A lack of a joined-up approach between health professionals, sports clubs and transport providers to enable patients to take advantage of the prescribed physical activity.

It is imperative for social prescribing to work that all parts of the process are joined up and talking to each other. Given health and sport are part of the same Government portfolio and transport also comes under the control of the Government to some extent, it should be possible to ensure that this works.

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

There are a number of potential ways to measure impact. In the England Golf “Golf on Referral: Pilot Review” document (attached as an appendix to this response) there is a section on “Measuring impact” and the following was used during that pilot:

“Across both the pilot delivery phases of Golf on referral, data was collected to provide evidence of the impact on those taking part. The measurement approach looked to understand how participation in the scheme impacted the physical and mental wellbeing of those taking part, as well as to provide feedback on what worked from a participant perspective. To collect this information, the ukactive Research Institute utilised a triangulation approach consisting of self-report questionnaires, physiological measures, and focus groups.

The questionnaires utilised were linked to the previous impact of golf research. Specifically the questionnaires asked the participants about their physical activity levels
(utilising the International Physical Activity Questionnaire), personal wellbeing, independent development and social trust. These measures are four of the five outcomes set out in the [UK] Government’s Sporting Future Strategy…

…Both the questionnaire and physiological data were collected during the first and last session to provide a pre and post comparison and measure the change in outcomes”.

Note that focus groups were also conducted with participants these being a good form of qualitative research which explore elements of behaviour change.

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i More information on the health benefits of golf can be found at https://www.golfandhealth.org/

ii Attached as an appendix to this response is the following document:

- Golf on Referral: Pilot Review together with infographic.