Arthritis and related musculoskeletal conditions affect 18.8 million people in the UK, including almost 1.5 million people in Scotland, or 29% of the Scottish population – and many have more than one type of arthritis.\textsuperscript{i}

This has an impact on the NHS, with the musculoskeletal health budget among the largest in terms of annual spend and an estimated 20-30% of GP appointments in Scotland involving discussion of musculoskeletal conditions.\textsuperscript{ii,iii}

Musculoskeletal conditions are the leading cause of long-standing illness in Scotland, and the burden of these conditions falls disproportionately on the most deprived communities.\textsuperscript{iv}

Physical activity can reduce the risk of developing back and joint pain by 25%, and falls by 30%.

21% of adults (19+) in Scotland do less than 30 minutes of physical activity per week.\textsuperscript{v}

41% of adults (16+) in Scotland with a long-lasting musculoskeletal condition are inactive compared to just 10% of adults with no condition.\textsuperscript{vi}

Main points on social prescribing:

- People with arthritis and other musculoskeletal conditions are key beneficiaries of physical activity-focused social prescribing but they also have additional barriers based on their experience of chronic pain and fatigue
- Social and peer support is instrumental in encouraging and sustaining support for engagement in physical activity
- Health care professionals often lack confidence in talking about and prescribing physical activity options with patients
- Community-led partnerships and consortia are vital in developing and sustaining social prescribing
- Versus Arthritis has a range of resources and programmes which can support social prescribing

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

1.1 Keeping physically active is important for musculoskeletal (MSK) health. A wide range of physical activities have been shown to be beneficial in reducing the overall risk of developing MSK conditions and disability.\textsuperscript{vii} Regular physical activity reduces risk of:

- Hip and knee osteoarthritis pain by 6%
- Joint and back pain by 25%
- Depression by up to 30%
- Hip fractures by up to 68% and Falls by 76%
1.2 In order to ensure that people with arthritis and other MSK conditions have access to physical activity services/support, Versus Arthritis has developed the concept of a ‘prescription for better musculoskeletal health’\(^{viii}\), which includes:

- producing and maintain up-to-date lists of local physical activity opportunities and contacts that can be shared with colleagues and patients;
- when seeing people with arthritis and back pain, promoting physical activity as a way to improve symptoms;
- developing local services, such as health trainers, or care and support planning, which can signpost people to local physical activity services;

1.3 For people living with arthritis and other long-term conditions, the role of ‘self-efficacy’\(^{ix}\) and ‘social support from significant others’ (peers, close family and friends) are important for sustained participation in physical activity.\(^{x}\) Versus Arthritis’s self-management programme, Living Well, is built around opportunities for peer support, including health walking groups, tai chi classes and other peer support group activities, and is offered to anyone living with a long term condition.\(^{xi}\)

1.4 Versus Arthritis is one of 15 leading health and social care charities which have launched a campaign in England to inspire and support people with long-term health conditions to be active. The campaign, “We are undefeatable”\(^{xii}\) is inspired by, and features, the real-life experiences of people with long-term health conditions getting active despite the ups, downs and unpredictability of their condition and aims to support people living with health conditions to build physical activity into their lives, in a way that suits them. Part of the campaign involves the distribution of resource packs to every GP surgery and community pharmacy in England as part of a wider programme to help healthcare professionals promote physical activity to patients.

1.5 To promote physical activity, social prescribing services should map their current provision of local physical activity services that are appropriate for people with musculoskeletal conditions, and address gaps to increase uptake using tools such as the Versus Arthritis UK physical activity commissioning pyramid.\(^{xii}\)

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)

2.1 Versus Arthritis’ physical activity services are open to self-referral as well as direct referral from community link workers, healthcare professionals and through community-based partnership organisations. Many of our service users have found out about the activities on offer via word of mouth.

2.2 People need personalised support and encouragement to help them increase motivation and confidence. Healthcare Professionals are important in recommending exercise as a motivation for people with MSK to manage their condition. Information needs
to be relevant, accessible, timely, enabling personal independence and a person-centred approach which facilitates informed and shared decisions. Individuals should be central to the decision-making process.

2.3 We welcome Scottish Government investment in Link Workers and First Contact Practitioners. It is vital that this workforce has sufficient skills to encourage better self-care and higher levels of physical activity. Versus Arthritis offer core skills training and education resources for Healthcare Professionals with physical activity elements included. However, insight work conducted by research agency, Revealing Reality addressed the lack of confidence and skill of clinicians in supporting patients to become more physically active.

2.4 Versus Arthritis is working with partners to help address these challenges and we supported the development of the ‘Musculoskeletal Pain’ Moving Medicine resource. Moving Medicine “provides clinicians and allied health professionals with accessible, evidence based, condition specific information to help give advice on physical activity at all stages of a patient’s treatment pathway.” Although Moving Medicine currently has limited presence in Scotland, we would recommend the approach and more engagement with the resource in supporting social prescribing in Scotland.

2.5 ESCAPE-pain is a self-management, exercise-based programme to help people with arthritis cope with pain and provides community rehabilitation for people with osteoarthritis. Versus Arthritis encourages social prescribing link workers to signpost into evidence-led interventions such as ESCAPE-pain to support people with arthritis to become, and remain, physically active. Evidence has been collected around the effectiveness of the face-to-face programme.

2.6 As referred to earlier, Versus Arthritis offers a range of support for people living with arthritis to be physically active. Walk with Ease is a community-based walking programme, which has been shown to be effective in reducing arthritis-related symptoms and improving physical function when delivered in either a group or self-directed format. University of Aberdeen-based researchers are currently being supported by Versus Arthritis, Pfizer and the Chief Scientist’s Office of the Scottish Government to understand how Walk with Ease can be implemented more widely and integrated within existing Scottish and UK health and social care settings.

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

3.1 People with arthritis often report pain, fatigue and stiffness, which make engaging in and increasing physical activity especially challenging. Physical activity barriers can be categorised as follows:

- Physical health – e.g. Symptoms of Rheumatoid Arthritis
- Psychological – e.g. Belief and fear (increasing symptoms), loss of motivation
- Setting – e.g. Inaccessible facilities, lack of time, contact with other, bad weather
• Social Environment – e.g. Lack of support, of exercise knowledge, of confidence, conflict in advice from healthcare.

3.2 However, there is still a limited understanding of the barriers to sustaining physical activity for people living with long term conditions. A research study being carried out with people with Rheumatoid Arthritis (RA) in Glasgow aims to “identify barriers and facilitators for patients with inflammatory arthritis to sustain healthy physical activity levels following participation in NHS exercise therapy”\textsuperscript{xvi}. It is hoped that, as a result of the study, clinicians and patients will be enabled to “actively target barriers and overcome them so that patients can reach healthy physical activity levels in the future”.

3.3 Research suggests that support from healthcare providers and family/friends is an important facilitator for physical activity in RA.\textsuperscript{xvii} Research also suggests that there is often a lack of confidence amongst healthcare providers about prescribing exercise as well as a lack of knowledge regarding referral programmes that are appropriate. Although social prescribing based in primary care is likely to benefit from the growth of First Contact Practitioners, confidence at GP level also needs to be enhanced and good evidence emerging from some of the programmes already mentioned will hopefully help build confidence. Versus Arthritis provides RCGP accredited training and support to primary care workers to increase their knowledge of the impact of arthritis and musculoskeletal conditions.\textsuperscript{xviii}

3.4 Anecdotal feedback from our local self-management programmes suggests that GPs operate as gatekeepers to resources, which can stifle activity-based social prescribing. This can only in part be addressed by a focus on enhancing GP confidence in social prescribing. Self-referral and community referral also need to be boosted and this means building community and third sector capacity. The Community Health Exchange (CHEX) have said that social prescribing works best by “tapping into, while also supporting, community-based provision”.\textsuperscript{xix} As a national organisation with a local presence in communities across Scotland, Versus Arthritis is well placed to help build community and sectoral capacity which can embed social prescribing in local practice.

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

4.1 NICE guidance (PH49)\textsuperscript{xx} recommends providers and practitioners involved with behaviour change programmes and interventions should help people maintain their behaviour change in the long term by receiving feedback and monitoring at regular intervals for a minimum of 1 year after they complete the intervention. Long term follow-up is recommended to take place in a variety of formats, face to face, digital or via telephone support. A mixed methods approach is recommended including quality assurance of the service user experience and quality of life measurements as a minimum. Data should also be collected on the service itself, the activities, return on investment, reduction in GP visits, training opportunities gained as well as service user case studies.
4.2 The MSK-HQ is a short questionnaire that allows people with musculoskeletal conditions (such as arthritis or back pain) to report their symptoms and quality of life in a standardised way. The MSK-HQ enables patients and their clinicians to monitor progress over time and response to treatment. Considering individual components of the score, such as sleep quality or mood can allow particular aspects of musculoskeletal health to be addressed, ensuring a holistic approach to patient needs. The purpose of the work was to develop holistic indicators that reflect how well services improve quality of life for people with musculoskeletal conditions, such as arthritis or back pain. The MSK-HQ instrument is designed to be used across different musculoskeletal care pathways in different healthcare settings.

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12 https://www.campaignlive.co.uk/article/sport-england-campaign-tells-people-health-conditions-undefeatable/1595020


14 http://movingmedicine.ac.uk/about/


16 Information on study can be found online: https://www.hra.nhs.uk/planning-and-improving-research/application-summaries/researchsummaries/sustaining-physical-activity-levels-in-inflammatory-joint-disease/


19 CHEX, Redefining the model - An introduction to social prescribing. February 2019
