HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM RENFREWSHIRE LEISURE

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 offers important opportunities for physical activity and sport to improve health outcomes. Finding suitable, local community-based activities that are verified by trusted parties is essential for individuals to continuously participate. In addition, patients must have a clear pathway that can be entered at any baseline fitness level and have the ability of progression.

However, fundamental to this, health professionals must be enforcing this message at every interaction with a patient as part of care. Patients must view physical activity as part of everyday life, with not viewing it as a burden – increasing the likelihood of sustained participation.

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)

Further thoughts required on what is an ‘inappropriate’ referral. If a patient is screened inappropriate to take part in physical activity, could health professionals continue with discussions around increasing activity of daily living and increasing low intensity activity.

Everyone’s role for promotion of physical activity, understanding that this will be different for every person. Local authority will have specific exclusion criteria but important we don’t increase sedentary behaviour and discourage any movement.

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

Health professional values subconsciously influencing what is being prescribed e.g. if health professional themselves are active, they are more likely to encourage physical activity. They may also not have confidence to discuss physical activity or knowledge of its importance to the person. Furthermore, health professionals may not be aware (or trust) local services due to a fault in the community/clinic communication.

As health professionals become more strained, it has been highlighted that some believe it is not within their role to encourage physical activity or that they do not have time within their consultations for intervention. Education of brief advice and an easy and accessible referral pathway is fundamental for this barrier to be overcome.

A third barrier to social prescribing being effective is the physical activity guidelines. Government guidelines are confusing, jargon heavy and not meaningful to the general
public. If the social prescriber isn’t from a physical activity background, promoting the message of what is required/suggested by the government isn’t easy.

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

A National Exercise Referral classification taxonomy and/or one National Exercise Referral Scheme suitable for all would lead to improvements in interpretation and understanding of the evidence, which would then allow better monitoring and evaluation nationally. Allowing meaningful differentiation between reach, uptake, efficacy or effectiveness. Long-term lifestyle behaviour (physical activity) is indispensable to show impact of services as this is required for positive physiological impact on individuals.