HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM THE COLLEGE OF PODIATRY

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

The College of Podiatry is of the belief that social prescribing of physical activity and sport activities for individuals is a critical part of delivering holistic and person-centred care, and also that this can stimulate sustained participation in exercise, which can improve overall health and wellbeing. For particular individuals, social prescribing for physical activity and sport can be limb, and potentially life, saving.

In order that social prescribing for physical activity leads to sustained participation, it is important that initial interventions, particularly for people living with complex conditions such as vascular disease, are supervised and structured. Peripheral Arterial Disease (PAD), (which is the name given to vascular disease that occurs in the peripheral or outer arteries of the body, such as the legs), is a condition which is estimated to affect 1 in 5 of the population aged 60+ in the UK.\(^1\) One of the key risk factors for PAD involves a lack of cardiovascular exercise.\(^2\)

Podiatry-led early diagnosis and treatment services for PAD have been established in some areas of the NHS, which has resulted in more appropriate treatment for patients presenting with mild – moderate PAD, which can include community-based exercise rehabilitation programmes. A structured PAD-specific exercise programme can be provided by a local cardiac rehabilitation team.

A tailored management plan could include:

- A weekly two-hour supervised exercise class for all PAD patients for a three-month period in a community location, as close to home as possible
- Chair-based exercise for patients with a diabetic foot ulcer/ amputation
- Exercise advice with specific relevance to PAD
- On discharge, patients are referred into community programmes for ongoing exercise.

There is evidence that supervised exercise improves walking capacity and quality of life to a greater extent than independent exercise,\(^3\) \(^4\) and also results in longer term benefits and

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\(^1\) British Heart Foundation, [https://www.bhf.org.uk/heart-matters-magazine/medical/peripheral-arterial-disease](https://www.bhf.org.uk/heart-matters-magazine/medical/peripheral-arterial-disease), viewed on 13/08/2019

\(^2\) The College of Podiatry, Podiatry-led detection, diagnosis and management of peripheral arterial disease, Available at: [https://cop.org.uk/about/policy-positions](https://cop.org.uk/about/policy-positions); Viewed on 13/08/2019

\(^3\) Fokkenrood HJ, Bendermarcher BL, Jan Lavret G et al. Supervised exercise therapy versus non supervised exercise therapy for intermittent claudication. Cochrane Database of Systematic Reviews 2013; issue 8: CD005263.

sustained improvements.\textsuperscript{5} In the example above, patients are referred into community programmes for ongoing exercise only after a period of supervised, structured activity. Sustained participation in ongoing exercise is likely to be more effective following an initial referral to a structured programme.

A large proportion of the population experience musculoskeletal pain which can be a barrier to beginning or continuing physical activity. Foot and ankle pain affects 20% of adults in middle – old age,\textsuperscript{6} and 25% of children experience musculoskeletal pain,\textsuperscript{7} with foot pain being the most common problem in ages 10-13 years.\textsuperscript{8} In order to encourage sustained participation in physical activity and sport, it is vital to ensure that the population has direct access to Podiatry services. First point of contact Podiatrists are skilled in the delivery of person centred care, collaborating with individuals to find out what is important to them and what support they need to achieve their personal goals. Podiatrists can support people to begin or continue exercising though providing assessment, diagnosis, treatment and rehabilitation of a range of foot and lower limb musculoskeletal complications.

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 or self-referral)

A social prescription for physical activity should only be offered once a person has consulted a first point of contact practitioner with expertise in the presenting condition. This will ensure that any treatment plan which is offered, whether it includes a social prescription for physical activity or not, is person centred and does not adversely impact the patient.

A person presenting in primary care with suspected vascular disease should not be offered a social prescription for social activity before a full assessment has been carried out by a vascular specialist. For example, a patient with severe peripheral arterial disease or critical limb ischemia should not be offered a physical activity programme and should instead be referred immediately to vascular surgery for revascularisation. The consequences of providing a social prescription for physical activity to a patient where this is not appropriate for their condition could be fatal. Therefore, if a person presents in primary care with unexplained pain in their lower limb, it follows that the person should be fully assessed by a vascular specialist podiatrist.

Similarly, a person presenting with a musculoskeletal condition affecting the foot or lower limb should not be offered a social prescription for social activity before a full assessment


\textsuperscript{8} Tan A, Strauss V Y, Protheroe J, Dunn K M. Epidemiology of paediatric presentations with musculoskeletal problems in primary care. BMC Musculoskeletal Disorders 2018
has been carried out by a musculoskeletal specialist Podiatrist. Generic community based exercise programmes may exacerbate a musculoskeletal condition, particularly if a person needs to avoid weight-bearing exercise as part of their treatment programme. Instead, someone with a musculoskeletal complication should follow a specialist treatment programme which can be tailored to their individual needs.

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

There are various barriers to effective social prescribing to sport and physical activity. These can be grouped into cultural, psychological and financial barriers.

Firstly, there is still an expectation from some patients that the NHS follows a medical model. It is very important that patients understand the value of self-care and management in the context of their overall healthcare so they can be encouraged to participate in various activities, such as sport and physical activity programmes. The College of Podiatry is of the belief that it would be helpful for Scottish Government to lead on developing national messaging which would encourage patients to consider and understand the role and value of self-care and management.

Secondly, how engaged a patient is with their own health will have an impact on their willingness to engage with a referral to a sport and/or exercise programme. Some patients who have not ever engaged in structured exercise may not be interested in a referral to a physical activity programme, even if they know that this would have a positive impact on their overall health, because they would feel vulnerable. For this reason, many patients find it difficult to attend sport and physical activity programmes on their own. One potential solution to this may be providing a patient with the opportunity to take a friend, family member or carer along with them to a socially prescribed programme. This could encourage them to attend both initially and on an ongoing basis. It is also very important that those leading community exercise programmes are sensitive to the needs of service users, many of whom will be in a new and unfamiliar environment.

Finally, cuts to local authority services and transport links is another major barrier to people becoming active. It is important that where physical activity is prescribed that there are adequate local transport links in place to allow a person to attend an activity, otherwise take up of that activity is likely to be impacted. This is a very good example of where Integrated Joint Boards can work to co-ordinate local services to improve patient outcomes.
4. How should social prescribing for physical activity and sport initiatives be monitored and evaluated?

Podiatrists working in Scotland’s NHS report anecdotally that they receive very positive feedback from their patients who they have referred to sport and physical activity programmes in the community. Patients who are referred to such programmes have a regular (depending on their individual need) catch up with the referring podiatrist who asks them how they are getting on with their programme. Podiatrists have found that having a regular catch up with patients who have been referred is very helpful as this adds a level of accountability to their self-care and management which encourages greater participation in the programme.

Although Podiatrists feel that social prescribing for physical activity and sport is having a positive impact on patients, unfortunately, there is a lack of empirical evidence to support social prescribing for physical activity and sport. The College of Podiatry would like to see Scottish Government investing in a national research study which could test these anecdotal theories. Podiatrists can help build the evidence base for social prescribing as outlined in The Common Outcomes Framework for social prescribing.9 The Royal Society of Public Health outlines that “The framework focusses on how social prescribing impacts on the person, community groups and the health and social care system.”10 Any empirical evidence which is conducted should be focussed on these three areas.

In terms of evaluation, social prescribing for physical activity and sport should be measured against The Scottish Government’s National Health and Wellbeing Outcomes, in particular outcome 1 (People are able to look after and improve their own health and wellbeing and live in good health for longer). This will ensure that evaluation is linked to a patient’s overall health and wellbeing and not just their ongoing levels of physical activity.

Contact

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