HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Professor Gill Hubbard on behalf of the stoma and physical activity research group

We are responding from the perspective of social prescribing for physical activity and sport in people with a stoma; however, we believe that the points we make may be relevant to people with other unique medical conditions. A stoma is an artificial opening on the surface of the abdomen that has been surgically created in order to divert the flow of faeces or urine. The stoma and physical activity research group includes consultant surgeons, nurses, AHPs, patients and academics. Our research has been funded by the Ileostomy and Internal Pouch Association, Kingston Trust and Bowel and Cancer Research.

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

It is unclear if determinants of short-term and sustained participation in physical activity differ. For example, factors such as, social support, monitoring and other behaviour change techniques are likely to be important for initiation and maintenance of physical activity.

We know that people with a stoma are less physically active following stoma formation surgery [1-3]. This means that they are a group of the population missing out on the physical health and mental wellbeing benefits arising from engaging in physical activity. Social prescribing for physical activity is therefore crucial for this group.

Our recent research clearly shows that many of the determinants of physical activity in this group are the same as the general population [4]. People with a stoma in our study said that establishing an exercise routine, goal-setting and monitoring helped them sustain participation in physical activity. They also told us that social support from exercise instructors, family and friends helped them maintain engagement in physical activity. These determinants of physical activity are fairly typical and relevant to the general population [5].

Our research also highlights that there are some determinants of physical activity that are unique to people with a stoma. These include fear of hernia, surgical wounds, stoma appliance, stigma, pain, fatigue. Hence, if the Scottish government wishes to see sustained participation in physical activity for EVERYONE living in Scotland then the government will need to address some of the unique determinants of physical activity for specific groups of the population, including people with a stoma.

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)

Anyone who is not meeting the recommended guidelines for physical activity increases their risk of experiencing poor physical and mental health. Hence, a social prescription for physical activity is relevant to a large proportion of the general population. In this sense, social prescription is every health professionals’ business. Research suggests that people
need to be self-motivated to sustain physical activity and therefore self-referral may be the best option for the general population.

There may be unique health benefits for people with specific medical conditions. If these people were offered a social prescription for physical activity then they would see improvements in general health and wellbeing and condition-specific health and wellbeing. Hence, there are additional – value-added – benefits targeting social prescription for physical activity to people with medical conditions. Participants in our study for instance, said that the physical activity intervention addressed the condition-specific problems of stoma-related fatigue, pain, and hernia risk [4]. A social prescription for physical activity by a member of the stoma patient’s clinical team may be highly appropriate and could sit alongside self-referral. It is important that people whose judgement patients trust encourage physical activity. Our research shows that people with a stoma are being given contradictory advice – “Don't exercise to prevent hernia” “Exercise to prevent hernia”. This causes confusion and frustration.

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

A major barrier to effective social prescribing to physical activity for people with a stoma is lack of expertise in specific stoma-related barriers to exercise. In our study, we addressed this by training exercise instructors to support people with a stoma. We have produced a Manual for exercise instructors and a brief film encouraging physical activity in people with a stoma [6].

Another barrier is that we do not have evidence of the benefits of specific types of exercise for specific stoma-related problems. People with a stoma want to be prescribed exercises that are specifically relevant to them and their condition. This gap in evidence means that people with a stoma are prescribed general exercises used for the general population, which does not address their unique needs. To address this gap, we are currently developing and evaluating unique core training and core strengthening exercises for people with a stoma [7]. We are producing a series of brief films of these stoma-specific exercises. We aim to find out if these exercises reduce risk of hernia.

Finally, our physical activity intervention is being delivered by video conferencing and each patient has an individually tailored prescription. This is for the following reasons:

- There are not enough exercise instructors around the UK who are qualified to support people with a stoma. By delivering the intervention remotely, all participants will have access to a specialist.
- A barrier to engaging in physical activity is travel and distance.
- Evidence suggests that people will sustain physical activity only if they are engaging in activities that they enjoy and in places that they like.

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

We believe that robust evaluation of all initiatives is essential for the purposes of learning and improvements. A national programme of ‘test-bed’ initiatives may be a useful starting
point. A national programme has the advantage of avoiding duplication, pooling expertise and learning outcomes and can leverage national roll out of initiatives that work.

REFERENCES

NOTES
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