REF NO. HS/S5/19/SP/

HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

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 population is becoming increasingly sedentary. Exercise is important to maintain health in our aging population. It is also important when considering management of obesity in children and adults. Bone health benefits from regular weight-bearing exercise. Many adults do not take exercise as part of their employment or travel to work.

In the public mind, exercise may be seen as sporting elitism rather than something to which everyone should have access.

Social Prescribing could give individuals who thought they could not access physical activity or sport, the ability to experience exercise and its benefits. It gives people permission to exercise.

Physical activity is not just about sport and exercise. It can include such activities walking, dancing, swimming, aerobics and pilates. Prescription would allow the person to choose what they want or will enjoying doing in partnership with a health care professional.

The College is supportive of prescription exercise. There have been many successful schemes throughout the UK, and where best practice guidelines could be developed. Specific areas where physical activity is important are coronary heart disease, chronic chest disease, back pain and spinal disease, neurological disease arthritis and musculo-skeletal injury as exemplars.

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)**

Prescription should be from any health professional with expertise in the specific disease area such as doctor, nurse, physiotherapist and podiatrist. Many areas offer self-referral to physiotherapists, so this approach could also be extended to social prescription for physical activity.

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

Schemes which have worked have not overloaded already existing systems.

Generally, it is safer to exercise than not. Individual organisations may wish to consider their first aid and medical services (which might include provision of a cardiac defibrillator).

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

Review should be made of existing schemes. Full evaluation including costs would be advisable in the short term using assessment principles such as those of NICE.

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Honorary Secretary

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