

Understanding the role of social prescribing in supporting physical activity

Dr Marie Polley
Co-Founder Social Prescribing Network
Director Meaningful Measures Ltd
marie@meaningfulmeasures.co.uk

Aim

How is social prescribing influencing physical activity (n=34)

Reports from organisations (grey literature)

Academic publications

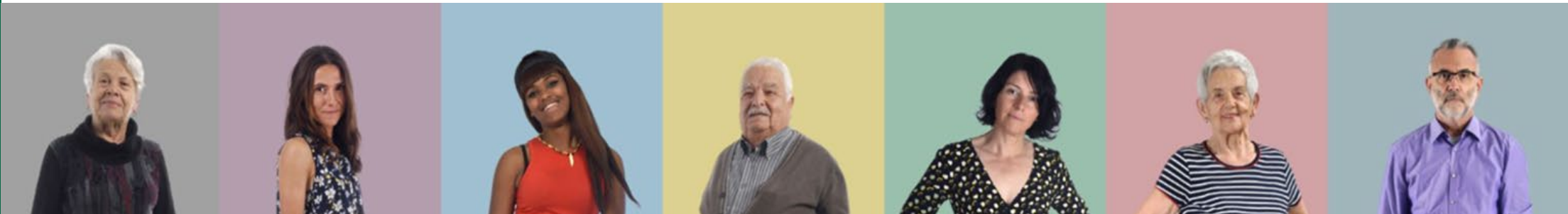
Went back 5 years

Referred to social prescribing or a link worker role

Analysed:

Evaluation of social prescribing that involved physical activity - outcomes

Explored and aspect of the social prescribing process – insights and influence



Who was referred?

Adults who used their GP practice
general adults
long term conditions
Risk of heart disease or type II diabetes

People in deprived communities

People with mental health conditions

People at risk or experiencing social isolation

1/34 reports and studies related to young people.



Client designated concerns

Physical activity

Losing weight

Diabetes

Cholesterol

Blood pressure

Smoking

Pain

Arthritis

Cancer

Emotional
wellbeing

Mental health

Family issues

Social contact

Money

Work

Independent
living

Learning and
development

Carer support

Covid 19



What helped and hindered initial referral processes?



Training and communication

First referral to link worker	
Helped	Hindered
	Lack of consultation time
	lack of trust and relationship between GP and patient
Practice staff understanding value of physical activity	Refers own knowledge and beliefs on physical activity
up to date details on local resources	Lack of knowledge of local offers
collaborative working and buliding connections with wider community	Lack of training on how to engage with local communities
Being confident about quality	concerns over quality assurance of physical activities
Importance of a link worker and wider roles eg social care and care coordinators	lack of understanding of value of link worker role.
Referrer buy-in, early involvement	
Feedback look on patient progress to initial referrer.	

Link worker ative

Helped	Hindered
	Complexity of patient needs
Community centred practice approach to social prescribing	lack of integration & support in the workforce
Good length of time for consultation to listen and build trust	Lack of space to carry out consultations
Training to fit the needs of clients	Lack of practical training
Training to manage demands of the job	Caseload levels
Clinical supervision, peer support, being part of a team	Emotional burden
knowledge of local activities and organisations	Lack of knowledge of what is available
	Waiting lists for services, increases burden on LW

Training
Communication
Support
Integration



Types of physical activities referred to



Walking groups

Running groups and networks

Gardening

General sport and leisure activities

Activities in green outdoor space



Impacts measured (n=5)

Physical activity

Quality of life or wellbeing

(1 study needed to see link worker
3 times minimum)

Weight & BMI

Blood pressure

Cholesterol levels

Smoking

Alcohol misuse.

Client designated concerns

Physical activity

Losing weight

Diabetes

Cholesterol

Blood pressure

Smoking

Pain

Arthritis

Cancer

Emotional

wellbeing

Mental health

Family issues

Social contact

Money

Work

Independent
living

Learning and
development

Carer support

Covid 19



Other parameters

Social - loneliness, work and social adjustment

Psychological - self esteem, anxiety, depression

Empowerment – patient activation

Health service usage – reduced No. of GP appointments

Economic – SROI £5.07 social value generated per £1 invested.

Client designated concerns

Client designated concerns

Physical activity

Losing weight

Diabetes

Cholesterol

Blood pressure

Smoking

Pain

Arthritis

Cancer

Emotional wellbeing

Mental health

Family issues

Social contact

Money

Work

Independent living

Learning and development

Carer support

Covid 19



Clients' perspectives



Clients	
Helped	Hindered
Person-centred approach to discussion about physical activity	being dictated to
Decent consultation time	low health literacy
Trusting the link worker	not understanding the benefit of sport
having control over onward referral	not feeling safe in green spaces
speaking to link worker in person	
having multiple and regular link worker appointments	
open door approach	
having activities designed to suit needs	How a person's physical functioning affects their interaction with physical activity
transport to activities	time of day the activity is provided
sharing interaction at group-based activities	having caring responsibilities
	work life balance
	lack of money to pay for transport
	lack of a support worker for disabled or housebound clients
	transport for people with severe mental health needs

Person centred

Time

Trust

Transport

Appropriate physical activity for client

Summary

Consensus of barriers and enablers

Communication, training, embracing a person centred approach

Outcomes reported show improvement

Many issues important to a person are not captured

Many uncaptured issues affect ability to be physically active

Becoming more active is not a linear process

Social prescribing has an important role to play





marie@meaningfulmeasures.co.uk

[HOME - Meaningful Measures - The home of MYCaW® and MYMOP®](#)

