

Evidence briefing

Social prescribing physical activity

Introduction

This briefing helps set out what the evidence currently tells us about physical activity based social prescribing and health and wellbeing. The focus was on social prescribing via link workers to help exclude exercise on referral schemes (where the referral is direct from the GP) from this review. Studies including community referral and co-production were also searched for, but none were identified.

It summarises the key findings from a rapid evidence review, commissioned by NHSE, and delivered by NASP's academic collaborative.

The methodology for the rapid evidence review, a thematic overview of the results, discussion of the reliability of the data, and future recommendations can all be found in more detail [here](#), alongside other Rapid Evidence Reviews completed in this [series](#).

Headlines from the rapid evidence review

Evidence suggests that taking part in physical activity as a referral from a social prescribing link worker can lead to a wide range of benefits such as:

- **Physical health:** Increased physical activity levels, improvements in measures such as BMI and blood pressure, and increased healthy behaviours.^[8, 19, 20, 21 - 24, 26]
- **Mental health and wellbeing:** Improvements in anxiety, depression, wellbeing, and quality of life.^[19, 20, 22 -24, 26 - 28]
- **Patient empowerment:** Increase in the skills, belief, and confidence to help people manage their own health.^[8,14,21,22]
- **Reduction in health service use and costs.**^[19,22,23, 24]
- A study of social prescribing in areas of deprivation, reported that improvements in mental health, health related quality of life, and exercise, were more likely to be reported when patients saw a link worker at least 3 times.^[20]

What the evidence tells us about social prescribing to increase uptake of physical activity, and health and wellbeing

- **Physical health:** There is a positive relationship between socially prescribed physical activity and physical health outcomes.^[8, 19, 20, 21 - 24, 26] These include improvements to physical health measures such as BMI, blood pressure and cholesterol levels.^[22, 23]
- **Mental health:** There is also a positive relationship between socially prescribed physical activity and improvements in mental health and psychological wellbeing ^[19, 20, 22 -24, 26 - 28] although this evidence is more mixed.
- **Referral reasons:** A wide range of concerns and support needs are raised by people at their first link worker consultation.^[22,23,25] These cover a broad range of areas and can be different from the reason stated on their referral form.
- **Patient empowerment:** Evidence reports significant improvements in people's skills, knowledge, and confidence in managing their own health, and in feeling able, and more motivated, to be physically active.^[8,14,21,22] The link worker's role, including the amount of time and support they could give, was key to helping their patients make positive changes to their health behaviours such as increased physical activity.^[8,14,21] The current evidence on the link between physical activity and improvements in other healthy behaviours is small and mixed, for example there is no evidence yet to demonstrate improvements in stopping smoking, but there is some to suggest improvement in alcohol misuse.^[20, 22, 23]
- **Loneliness:** Social prescribing to physical activity reduced loneliness, and some studies reported significant improvements in relationships and social networks.^[27]
- **Frailty:** This was improved in one study.^[24]
- **Reduction in pressure on Primary and Secondary Care:** Some evidence reports a significant reduction in the number of visits to a GP, and a reduction in emergency hospital activity, attributed to socially prescribed physical activity.^[19,22,23]
 - One study found a 17.4% and 26% reduction in social care and health costs respectively, although for a small number of people the overall costs increased.^[24]
 - One study reported a Social Return on Investment (SROI) analysis^[19] of a £5.07 return for every £1 invested. This is in line with NASP's previous [evidence review](#) on economic impact.

Information on barriers to, and enablers of, social prescribing to physical activity

- **Overall Factors in supporting positive outcomes:**
 - Evidence suggests that improvements in physical activity levels and wellbeing are linked to frequency of seeing link workers or facilitators, due to the support and encouragement able to be given by these roles.
 - Regular involvement with link workers also led to weight loss, reduction in hypertension, reduction in BMI, and in some cases improved mental health or reduced frailty.^[8,21,24,26]
 - Some of this evidence shows that link worker support needs to be maintained long term, for example, up to two years.^[8,12,20]
 - In turn, link workers need support and training to work with people with complex needs over a long period, including people with severe mental ill-health.^[13,15]

It is also helpful to understand what the evidence tells us about both the barriers and enablers to connecting with social prescribing of physical activity for referrers, (such as GPs), link workers (or others performing this function) and patients:

Barriers for referrers:

- Lack of time for consultations with patients to understand their preferences, knowledge and beliefs about the benefits of physical activity. Lack of knowledge about what is available in the local community to refer to. Lack of understanding of the link worker role. Concerns for patient safety, particularly for patients with many health conditions.^[3, 5, 6, 7, 9, 13, 15, 18]

Enablers for referrers:

- Resources to support GPs talk to patients about physical activity. Training to improve staff capability, confidence, and knowledge about link workers and practice champions who connect patients to physical activities and services. Up-to-date resources on what physical activity options are available in the local community, and building partnerships and community connections to better understand what is on offer. To feel confident in the quality of the activities and their ability to safely support patients. All of this supported by a thriving community sector providing services, which may be particularly relevant in rural and deprived areas.^[3, 5-7, 9, 10, 18, 27,]
- Having a practice culture supportive of and promoting physical activity alongside the usual care that people receive. Joint training for all staff on social prescribing, including as upskilling GP receptionists to have initial conversations about social prescribing and signposting to link workers. Being involved in the development of

the scheme and regular feedback to GPs on patients' progress, to encourage referrers.^[6,7,10, 18]

Barriers for link workers or those performing this function:

- Lack of time or expertise to work with people who may have complex needs that include physical and mental health issues and a range of social welfare legal and financial problems. Lack of comprehensive local support of link worker workforce. High case load. Patients who may not be motivated to take up offers of social prescribing^[7, 12], and a lack of community activities to refer people to^[7,11,12,13,15,17]. Lack of suitable consultation space, which is particularly important when supporting people with severe mental ill-health.^[13]

Enablers for link workers or others performing this function:

- Being part of a GP practice that embraces social prescribing and helps link workers to act as co-ordinators. A practical set-up such as link workers being employed in one team in one organisation and sharing an office. Involving link workers in developing the social prescribing scheme. The importance of clear eligibility criteria for the social prescribing scheme and knowledge of local physical activity opportunities and community resources were also enablers. ^[6, 7, 9, 12, 13, 17, 27]
- Longer consultations times, to allow for taking a non-directive approach. Using strong interpersonal and communication skills, allowing a non-judgemental approach and active listening. Developing a system for prioritising the behaviour to change was also seen as helpful.^[4, 12, 27]
- Providing intensive support to patients (reflecting that the link worker caseload may include people with complex physical and mental health needs).^[12] Support for link workers in the form of one-to-one supervision and peer support^[15] and being part of a team.^[15-17] Training including practical skills such as motivational interviewing,^[12,17] confidentiality and safeguarding,^[12] specific health needs of patients with long-term conditions and mental health issues,^[7,12,13,15,17] and coping with the demands of the role. Shadowing other link workers as part of training may be helpful.^[15]

Barriers for patients:

- Patient expectations: Patients may expect to receive medication or a referral for further investigation, and therefore may not want to take up a social prescribing offer,^[14] Social prescribing might be seen as short-term, so they may then be reluctant to participate, for example in one study some patients rejected the offer of two week's free access to the gym,^[7, 14] Patients may be resistant to having a 'formal' prescription.^[5, 10]

- **Accessibility and safety:** For some people, activities may not be accessible, and some may not feel safe, for example being in outdoor spaces.^[10, 18] Activities held during the day may not be accessible for adults who are working, or who have caring responsibilities. Money to pay for transport may be a barrier, and not having a support worker for people who may be disabled or housebound.^[4, 9, 13, 15]

Enablers for patients:

*Figure 1: Summary of factors associated with successful social prescribing referral
Table adapted from [29]*

	Referrers	Linkers	Individuals
System/ Practice level	Training (to improve knowledge, confidence and understanding); To include all staff to signpost;	Training (including to develop ability to support people with multiple and complex needs)	Feeling supported , not dictated to, through person-centred approaches
	Practice culture (to champion physical activity and social prescribing)	Embedded in the practice (including support for link workers such as peer support and one to one supervision)	Accessibility and transport
		Workload and emotional burden	Regular and frequent contact with a link worker
		Being involved in all stages of developing social prescribing schemes, including development of clear eligibility criteria for the scheme	Longer term, flexible service
		Longer consultation time to enable non-directive and non-judgemental approaches	
Community level	Feedback loops about progress of those referred		Peer support and social connection
	Thriving community sector as providers of services		

Individual level	Awareness of and relationships with activity providers	Awareness of and relationships with activity providers	
	Time (to build partnerships, connections, and trust)	Time (to build partnerships, connections, and trust)	Time (to build relationships and trust)

- Trust in the link worker or similar, a person-centred approach, building rapport and trust.^[5,7,8,11,14] Good communication and listening skills, being persistent, and linking to tangible options are all important.^[4,5,7,14,23,27] Patients value link workers being able to take a gradual and holistic approach to change^[11] and having a strong and supportive relationship with the link worker. People having a degree of control over their onward referral, for example individual goal setting and a co-produced plan was an enabler for a range of adult patients including those with multi-morbidity, and helped to sustain behaviour change.^[4,11,12,23,27, 11]
- Speaking to a link worker or similar, in person and at the GP surgery^[23] and having multiple and regular appointments with a link worker.^[8,20,22] An ‘open door’ approach to the service was beneficial for people with long-term conditions including COPD and hypertension who reported improvement in the management of their conditions.^[8] Another study reported the benefits of follow-up calls.^[23] Patients with long-term health needs required a longer-term and flexible service due to the complex nature of their health conditions which can fluctuate and make it difficult to engage with services in a predictable way.^[8]
- More help with understanding social prescribing and breaking down stigma may be needed.^[14] A buddy system, transport to activities, being able to share experiences, and social interaction at group-based activities can all encourage retention and help with loneliness.^[4,9] Exclusive use of facilities for referral may facilitate participation of older people.^[9, 6,18]

How reliable is this evidence?

- The evidence base for physical activity through social prescribing is relatively extensive though mixed in terms of how well it is designed, and how well changes in health are measured. There are also differences in how long data has been collected for. Many of the findings are early findings and need more research to confirm them.
- The quality of the studies included in this review was checked using a standard methodology, involving an assessment of how well the studies were carried out according to agreed standards.

Evidence informed implications for social prescribing planning, delivery and research

- Identify and target those most likely to benefit from socially prescribed physical activity.

- Improve understanding among patient facing health and social care professionals about the role of social prescribing in helping people be more physically active.
- Consider the length of time that might be needed to support patients, particularly those with complex health and social needs. These people may need to be supported for longer, and with more frequent visits to social prescribing link workers and facilitators.
- Training for link workers is important to enable them to manage the complexity, emotional burden and isolation experienced in their roles, and is particularly necessary for those working with people from deprived communities. The need for training in motivational interviewing and supporting people with mental health needs such as depression and suicide ideation were identified in this rapid evidence review.
- Improve collection of data on outcomes and impacts, including wider outcomes such as wellbeing and the social determinants of health, so that full impact can be understood.

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