



Social Prescribing delivery within the fitness and leisure sector

Survey submission questions

Welcome to the ukactive Research Institute's social prescribing consultation, in partnership with Matrix Fitness, which will look to examine the scale and impact of healthcare links through the prism of social prescribing within the fitness and leisure sector.

The survey will take approximately 10-15 minutes to complete and will explore delivery within the fitness and leisure sector to determine what is being delivered, where it is taking place, and the impact it has on participants.

We do not have a specific Social Prescribing pathway, should we take part in this research?

Although the research will focus on social prescribing, it will also explore the sector's existing links, formal or otherwise, with the NHS and healthcare, capturing pathways such as rehabilitation, prehabilitation, falls prevention, dance or other social and physical activity interventions. This could be through a dedicated programme or part of your standard delivery that both individuals from social prescribing referrals or through a standard visit can participate. We are interested in your broad support for social prescribing delivery and outcomes which may not be physical activity focused. If you are still unsure, please contact the ukactive Research Institute by emailing research@ukactive.org.uk

What is Social Prescribing?

Social prescribing is a referral pathway that links primary care patients with a range of community support to promote improvements in health and wellbeing. A social prescription referral can be to a range of social activities and interventions provided within the local community to address factors such as long-term conditions, poor health, relationships, finances, and physical activity.

Why is this research being undertaken?

This research is part of ukactive's ongoing commitment to enable the fitness and leisure sector to play a major role in social prescribing ambitions. It is hoped that the findings will highlight the sectors role and link with healthcare provision and provide recommendations on how the sectors relationship with health can be improved. The findings will support the preparation work for the generous offer to NHSE of 500,000 hours of physical activity provision from the sector, available at no cost to the end user via the social prescribing services being rolled out across England.

Thank you for supporting this research and taking the time to complete this survey.

Data protection

All data will be viewed with confidence and is collected for ukactive's ongoing Social Prescribing work. Your individual submissions will remain anonymous and not be shared unless you wish this to be the case, and we will contact you before sharing the information contained or adding identifying details. Submissions will be used to inform ukactive's social prescribing work through the collation and analysis of social prescribing delivery detail and will be used as part of an ongoing social prescribing research, in ukactive reports and research outputs, and other work to support ukactive's social prescribing vision. All information provided within this survey submission will remain confidential and stored securely in accordance with the General Data Protection Regulations (GDPR).

By completing the submission, you agree to take part in the below examination of social prescribing delivery within the fitness and leisure sector. You understand that data collected for this will be looked at by individuals from ukactive. By completing this submission, you give permission for individuals from this organisation to have access to your submitted data. You may be contact for further information as required where it relates to this project.

If you have any questions or issues over the confidentiality of this submission form, please do not hesitate to get in contact with the ukactive Research Institute by emailing research@ukactive.org.uk

To start with, we would like to understand a bit about your organisation and how you are supporting social prescribing delivery.

1. What is the name of your organisation?
2. Do you have a dedicated Social Prescribing programme?
 - a. Yes
 - b. No
 - c. Unsure
 - d. If 'Yes' – what is it called?

We may need to contact you for further information or in relation to ukactive's ongoing Social Prescribing work (Q7). If you are happy for us to contact you please can you provide the below information?

3. What is the name of the best person to contact for further information?
4. What is the email address of the best person to contact?
5. Are you a ukactive member?
 - a. Yes - Operator
 - b. Yes - Supplier
 - c. Yes – Strategic Partner
 - d. Yes – other or unsure on membership type
 - e. No
 - f. Don't know
6. In what region(s) are your services being offered? (Please select all that apply)
 - a. Midlands
 - b. East of England
 - c. London
 - d. North East and Yorkshire
 - e. North West
 - f. South East
 - g. South West
 - h. Scotland
 - i. Wales
 - j. Northern Ireland
 - k. Other (please specify)

ukactive is committed to enabling the fitness and leisure sector to play a major role in social prescribing ambitions. This will be an evolving, large-scale diversification of the fitness and leisure, linking to health and social care.

Within the NHS Long Term Plan, NHS England committed to building the infrastructure for social prescribing in primary care. This included 1,000 new social prescribing link workers in place by 2020/21 (a target that has already been exceeded), rising to 4,500 in 2023/24 so that at least 900,000 people will be referred to social prescribing by 2023/24. This is part of the drive to [Universal Personalised Care](#) that will see at least 2.5 million people benefiting from personalised care by 2023/24.

The fitness and leisure sector is leading this work with a generous offer to NHSE of 500,000 hours of physical activity provision from the sector, available at no cost to the end user via the social prescribing services being rolled out across England. Participants will need to be referred to the fitness and leisure sector by a social prescribing link worker in order to access the scheme.

7. Would you be willing to support this sector wide offer of 500,000 hours? By selecting 'yes' you are registering your interest in supporting the sector's offer and will be sent further information later in the project to the contact email entered earlier. This is non-binding and you can remove interest at any point.
- a. Yes
 - b. No

Implementation

Next, we would like to know more about what your delivery entails for those that are taking part.

8. Please describe what your social prescribing delivery includes. Information could include the type of programme(s), participants, referral routes in and out, and the workforce or link workers. Max 1,000 characters.
9. What are the aims and objectives of your delivery to support social prescribing? Select all that apply
 - a. Support whole population-groups to increase physical activity levels
 - b. Support people with certain medical conditions to increase physical activity levels
 - c. Support inactive people to increase physical activity levels
 - d. Maintaining/Increasing personal wellbeing (e.g. happiness/reducing anxiety)
 - e. Maintaining/increasing opportunities for social interaction (reducing isolation)
 - f. Reducing risk of health problems (e.g. diabetes, high blood pressure)
 - g. Increasing strength and balance
 - h. Reducing risk of falls
 - i. Maintaining independence
 - j. Maintaining Quality of Life
 - k. Support participation in sport
 - l. Support weight loss
 - m. Other (please specify)
 - n. None of the above
10. Which of the below, if any, specific community health services or health interventions are part of your social prescribing delivery? Select all that apply.
 - a. Exercise referral
 - b. Cardiac Rehabilitation
 - c. Cancer Rehabilitation
 - d. Cancer Rehabilitation
 - e. Pulmonary Rehabilitation
 - f. Falls Prevention
 - g. Stroke Rehabilitation
 - h. Physical activity signposting
 - i. Non-physical activity signposting (e.g. to arts and culture activities)
 - j. Weight Management
 - k. Covid-19 / Long-covid rehabilitation
 - l. Social or peer interventions (e.g. support groups)
 - m. Sport specific interventions (e.g. Walking Football, Swimming lessons)
 - n. Arts and culture interventions
 - o. Other (please specify)
 - p. None of the above

11. In which format do you receive social prescribing referrals? Select all that apply.

- a. Automated/online direct from the link worker
- b. Manual online direct from the link worker
- c. On paper/in person from a link worker
- d. Automated/online direct from another service or professional (e.g. adult social care)
- e. Manual online direct from another service or professional (e.g. adult social care)
- f. On paper/in person from another service or professional (e.g. adult social care)
- g. Manual online from the individual being referred (self-referral)
- h. On paper/in-person from the individual being referred (self-referral)
- i. Other (please specify)
- j. None of the above

12. Which of these **settings**, if any, are used to support your social prescribing delivery? Select all that apply

- a. Local authority leisure facility
- b. Private leisure facility
- c. Online / Digital
- d. Outdoor settings
- e. Community venue
- f. Primary care setting
- g. Library
- h. Other (please specify)
- i. None of the above

13. Within the setting(s) selected, which of the below, if any, specific **facilities** do you use as part of your social prescribing delivery? Select all that apply.

- a. Gyms
- b. Studios
- c. Indoor courts
- d. Outdoor courts
- e. Outdoor astro turf pitches
- f. Outdoor grass pitches
- g. Swimming pools
- h. Digital or virtual offerings
- i. Other (please specify)
- j. None of the above

14. What types of activities do you offer or support? Select all that apply

- a. Walking
- b. Dancing
- c. Jogging / running
- d. Cycling
- e. Swimming
- f. Group activity classes
- g. Gym-based sessions (e.g. PT)
- h. Condition specific exercise classes
- i. Resistance exercises
- j. Lifestyle activity (e.g. gardening)
- k. Sports
- l. Yoga / Pilates / tai-chi
- m. Chair-based exercises
- n. Social prescribing
- o. Exercise referral
- p. Motivational counselling
- q. Other Health and Wellbeing assessments or consultations
- r. Fall prevention, strength and balance
- s. Wear an activity monitor
- t. Nutritional support
- u. Social activities (e.g. tea/coffee catch ups)
- v. Rehabilitation (e.g. post-surgery)
- w. Other (please specify)
- x. None of the above

15. How long is the delivery that supports social prescribing? Select all that apply.

- a. One off event
- b. Signposting only
- c. Drop in session
- d. Less than 6 weeks
- e. 6 to 12 weeks
- f. 12 to 18 weeks
- g. 18 to 24 weeks
- h. 24 to 30 weeks (up to 6 months)
- i. 6 months to 12 months
- j. Longer than 12 months
- k. Continuous delivery
- l. Other (please specify)
- m. None of the above

16. How frequently are sessions delivered? Select all that apply.

- a. Once a month
- b. Once every two weeks
- c. Once a week
- d. Twice a week
- e. More than twice a week
- f. Other (please specify)
- g. None of the above

17. How long have you been offering social prescribing in its current format?

- a. 0-6 months
- b. 6-12 months
- c. 1-2 years
- d. 3-5 years
- e. More than 5 years

18. How is your social prescribing delivery funded?

- a. Local authority
- b. Central Government
- c. Clinical commissioning group
- d. Individual pays
- e. Charity
- f. Privately
- g. Other (please specify)

19. Do individuals incur any costs to take part?

- a. Induction / assessment fee
- b. Fee per session
- c. Weekly/monthly/annual fee (e.g. membership)
- d. No fee
- e. Other (please specify)

Reach

In this next section, we would like to ask you some more detailed questions about how you support social prescribing delivery specifically focusing on the number of individuals and the representativeness of these individuals who are participating in your programme.

20. How many participants have taken part in your social prescribing delivery **in total per year**?
- a. 0 - 100
 - b. 100 - 250
 - c. 250 - 500
 - d. 500 - 1,000
 - e. 1,000 - 5,000
 - f. More than 5,000 – please provide details
21. How many participants **on average** take part in specific sessions as part of your Social Prescribing delivery?
- a. 1 on 1
 - b. Less than 25
 - c. 25-50
 - d. 50-75
 - e. 75-100
 - f. More than 100
 - g. Don't know as don't record participant throughput
 - h. Activity signposting only
 - i. None of the above – please provide more information
22. Does your social prescribing delivery have any inclusion criteria? Select all that apply
- a. Age
 - b. Gender
 - c. Ethnicity
 - d. Socio-economic status/area of deprivation
 - e. Disability
 - f. Physical ability
 - g. Physical inactivity
 - h. Health indicators (e.g. high blood pressure/BMI/diabetes)
 - i. Medical condition
 - j. Carers and caring responsibilities
 - k. Other (please specify)
 - l. None of the above
23. Does your social prescribing delivery have any exclusion criteria? Select all that apply
- a. Age
 - b. Gender
 - c. Ethnicity
 - d. Socio-economic status/area of deprivation
 - e. Disability
 - f. Physical ability
 - g. Physical inactivity
 - h. Health indicators (e.g. high blood pressure/BMI/diabetes)
 - i. Medical condition
 - j. Carers and caring responsibilities
 - k. Other (please specify)
 - l. None of the above

Effectiveness

Now that we know more about your social prescribing delivery, we would now like to understand more about the effectiveness of what you offer. Below are a number of questions around data and research that you may or may not have imbedded within your delivery. Please provide as much detail as possible.

24. To date, can you give a brief account of the impact that your social prescribing delivery has had on the health, social and/or economic outcomes of the participants?
- a. Yes
 - b. No
25. Based on your answer to the previous question, can you please provide a brief account of the impact that your social prescribing delivery has, or has not, had on the health, social and/or economic outcomes of the participants? Max 2,000 characters.
26. Have you collected any of the below participation, demographic or feedback data to demonstrate the impact of your delivery? Select all that apply.
- a. Customer feedback/testimonials
 - b. Participations figures
 - c. Demographic data
 - d. Membership data (including frequency of attendance, demographics)
 - e. None taken
 - f. Other (please specify)
27. Have any observational measures and/or feedback of the impact of the delivery been taken? Select all that apply.
- a. Questionnaires
 - b. Focus groups
 - c. One-on-one interviews
 - d. Diary logs
 - e. None taken
 - f. Other (please specify)

The next six questions ask about the outcome data associated with health that you may have collected. Please selected any outcomes you have measured under each of the categories.

28. **General health or wellbeing**
We use this term in relation to a general understanding of health and wellbeing as opposed to a detailed picture of a known disease or chronic condition.
- a. General wellbeing
 - b. Quality of Life
 - c. General health
 - d. Other (please specify)

29. Physiological outcomes

- a. Blood glucose levels
- b. Blood pressure levels
- c. Cholesterol levels
- d. BMI
- e. Waist circumference
- f. Fatigue
- g. Energy levels
- h. Aches and pains
- i. Stamina
- j. Weight e.g. obesity or malnutrition
- k. Lung function
- l. Tooth decay
- m. Other (please specify)

30. Outcomes relating to modifiable risk factors

- a. Smoking cessation
- b. Alcohol intake
- c. Substance abuse
- d. Cardiovascular disease risk
- e. Physical activity
- f. Healthier diet
- g. Sight checks
- h. Hearing checks
- i. Quality of sleep
- j. Sexual health
- k. Frailty
- l. Memory loss
- m. Mobility
- n. Other (please specify)

31. Psychological Outcomes

- a. Anxiety
- b. Depression
- c. Self-esteem
- d. Suicide ideation
- e. Anger
- f. Encouraged
- g. Cheerfulness
- h. Relaxation
- i. Absorbed
- j. Support / listened to
- k. Enjoyment
- l. Concentration
- m. Body image
- n. Sexuality
- o. Guilt
- p. Other (please specify)

32. Outcomes relating to Empowerment

- a. Confidence
- b. Positive decision making
- c. Problem solving
- d. Feeling well informed
Ability to carry out everyday activities
- e. Motivation
- f. Sense of control
- g. Personal resilience
- h. Pride in appearance
- i. Increased self-awareness
- j. Activation levels
- k. Other (please specify)

33. Outcomes relating to Spiritual Wellbeing

- a. Hope
- b. Sense of purpose
- c. Personal fulfilment
- d. Enlightenment
- e. Trust
- f. Inspired
- g. Engagement with religion
- h. Forgiveness
- i. Other (please specify)

34. Please provide details of any outcome measures you capture that are not provided here.

35. Have you conducted any of the below to measure the impact of your delivery? Select all that apply.

- a. Pre and post data collection
- b. Cohort study
- c. Regular interval data collection
- d. No measures of impact conducted
- e. Other (please specify)

36. Were there any measured behaviour changes seen amongst those who participated?

- a. Yes – positive
- b. Yes – negative
- c. No measured behaviour changes
- d. Don't know

37. Please provide details to explain the measured behaviour change seen from the previous question. If you did not measure behaviour change, please provide details on why this was not measured. Max 1,000 characters.

38. Has your delivery used a control group or comparison group?

- a. Don't know
- b. No control or comparison group
- c. Yes – please provide more details of the control or comparison group including the sample size of each group

39. Who, if anyone, has evaluated your delivery? Select all that apply.

- a. In-house evaluation
- b. External evaluation
- c. No formal evaluation has been undertaken
- d. Other (please specify)

40. Do you have a Theory of Change for your delivery?

- a. Yes
- b. No
- c. Don't know

41. Do you think your social prescribing delivery has the potential to be scaled up? For example, do you think it could be operated by someone else, somewhere else whilst continuing to have a positive and direct impact upon outcome measures?

- a. Don't know
- b. No
- c. Yes – please provide information to support the scaling of your programme

Workforce

Social prescribing delivery requires many individuals across a workforce for successful implementation. These next few questions ask about your workforce that you have working on your social prescribing delivery.

42. How many of your workforce directly work on your social prescribing delivery? This includes any member of staff that interacts with participants through appointments, delivers or supports activities, or works in the background.
43. Which of the following roles within your workforce support your social prescribing delivery? Select all that apply
- a. Leisure Team Member
 - b. Customer Service Team
 - c. Health Navigator
 - d. Fitness/Gym Instructor
 - e. Personal Trainer
 - f. Group Exercise Instructor
 - g. Sports Activator
 - h. Sports Coach
 - i. Assistant Sports Coach
 - j. Swimming Teacher
 - k. Assistant Swimming Teacher
 - l. GP/Exercise Referral professional
 - m. Cardiac Phase IV Rehabilitation professional
 - n. Cardiac Rehabilitation professional
 - o. Cancer Rehabilitation professional
 - p. Pulmonary Rehabilitation professional
 - q. Chronic Lower Back Pain professional
 - r. Mental health professional
 - s. Obesity and Diabetes professional
 - t. Other (please specify any other roles)
 - u. None of the above
44. On the whole, does your workforce hold a membership with the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA)?
- a. Yes
 - b. No
 - c. Don't know

Social Prescribing connections

Almost there. In these next three questions we would like to ask you about any links you have that support your Social Prescribing delivery.

45. Social Prescribing connects people with a wide range of community-based activities and support. Do you currently have any links with other social prescribing opportunities within any of these areas? Select all that apply

- a. The arts
- b. Green space or the outdoors
- c. Physical activity (beyond your delivery)
- d. Community-based activities
- e. Finance, housing or other practical support agencies
- f. We do not have links with other social prescribing opportunities
- g. Other (please specify)

46. An important aspect to this research is the fitness and leisure sector's links to healthcare. For instance, do you have any existing links with the NHS or referral pathways? Select all that apply

- a. Hospital, GP or health services
- b. Allied health professionals (i.e. physiotherapists, occupational therapists)
- c. Commissioners (i.e. Local Authority or Clinical Commissioning Group-led)
- d. Primary care networks
- e. Integrated care system
- f. A social prescribing service or link worker
- g. No links with these groups
- h. Other (please specify)

47. The Voluntary Community and Social Enterprise (VCSE) sector is a key element of the health and wellbeing of a community. Do you have links or collaborate with the Voluntary Community and Social Enterprise sector? Select all that apply

- a. Charity (e.g. Age UK, MIND, British Heart Foundation)
- b. Social Enterprise (e.g. Community Interest Companies [CICs], volunteer groups or non-profit organisations)
- c. Community support services (e.g. housing, education, social care, or library services)
- d. Sports and other activity groups (e.g. non-professional, Active Partnerships, Walking, 'Stitch & Knit', or Dance groups)
- e. Youth groups
- f. Faith groups
- g. No links with these groups
- h. Other (please specify)

Additional information

Finally, to support the collective work being undertaken across the fitness and leisure sector and the sharing of data we are interested in the leisure management solution you use (if any) and your engagement with OpenActive. OpenActive is a community-led initiative to help people in England get active using open data.

48. If you use a leisure management software solution, which one do you use?

- a. Bookteq
- b. Bookwhen
- c. Classfinder
- d. Clubspark
- e. Exercise Anywhere
- f. EzRunner
- g. fibodo
- h. Gladstone
- i. Kinetic Insight
- j. Legend
- k. Makesweat
- l. Membr
- m. Mindbody
- n. Participant
- o. PerfectGym
- p. Playfinder
- q. Playwaze
- r. Reach by Played
- s. Sport80
- t. Sportsuite
- u. Teamup
- v. Upshot
- w. Views
- x. Volution
- y. XN Leisure
- z. We do not use a leisure management software solution

49. Which statement best represents your involvement in OpenActive?

- a. Not aware of OpenActive before today
- b. Aware but not actively engaged
- c. We are talking to Open Active team and/or leisure management system
- d. We have asked our leisure management system to be open activity enabled
- e. We are working with our leisure management system to be open activity enabled
- f. We are open active enabled

Thank you!

50. Thank you for contributing to this examination of the fitness and leisure sector's delivery of social prescribing. If you have any additional comments regarding your social prescribing delivery please use the below comment box.

If you have any questions regarding this research please email the ukactive Research Institute research@ukactive.org.uk

If you have any questions regarding ukactive's social prescribing work please email membership@ukactive.org.uk with 'social prescribing' within the subject line.