



R&A



Assessing Primary Care Practitioners' Knowledge of Golf and Health.



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1. Executive summary

BACKGROUND

What?

Physical activity referral schemes (PARS) aim to improve health outcomes. Primary care practitioners are well placed to promote and prescribe non-pharmacological treatments, such as Physical Activity (PA), to patients.

Why?

Published research highlights the clear benefits of golf in relation to physical and mental health, as well as building social connections. Golf has been recognised to help individuals meet the moderate-to-vigorous physical activity (MVPA) guidelines in addition to improving balance and strength and avoid sedentary behaviour.

Aim

To explore primary care practitioners' views on PA prescribing and discover ways they can be supported to promote these schemes further.

METHODS

An online survey was shared in February 2022 with primary care practitioners who have the capacity to prescribe in the primary care setting using a purposive sampling method. The survey consisted of 24 questions including information on demographics.

Questions asked participants about their knowledge of prescribing PA, specifically golf, and asked how their knowledge on promoting golf could be improved.

Full results were analysed and presented in this report.

RESULTS

100 people accessed the survey and 83 people completed the survey.



18% deemed themselves as regular golfers (playing >10 times a year).

84% of participants thought golf was beneficial to physical health

86% of participants thought golf was beneficial to mental health



83% respondents were General Practitioners (GPs) or GP trainees



However, only

28%

of participants are likely to prescribe golf.



8 themes were identified that facilitate prescribing golf:



35% of participants identified that the main barrier to prescribing golf was:

Respondents thought the best way to promote PARS was via leaflets, face to face or a dedicated website.



Respondents would prefer to generally promote golf alongside a formal referral scheme.



CONCLUSION

In conclusion, this survey has gathered information on the facilitators that would promote prescribing golf in primary care as well as some of the barriers that should be addressed, to help promote golf as a health enhancing form of PA. Scan the QR code for a summary animation.



SCAN ME



2. Background

PHYSICAL ACTIVITY REFERRAL SCHEME

Physical inactivity has been identified as a risk factor for a multitude of non-communicable diseases¹. As the burden to society is mounting, novel ways to tackle this inactivity pandemic are being introduced to improve health outcomes. One such scheme is the Physical Activity Referral Scheme (PARS)².



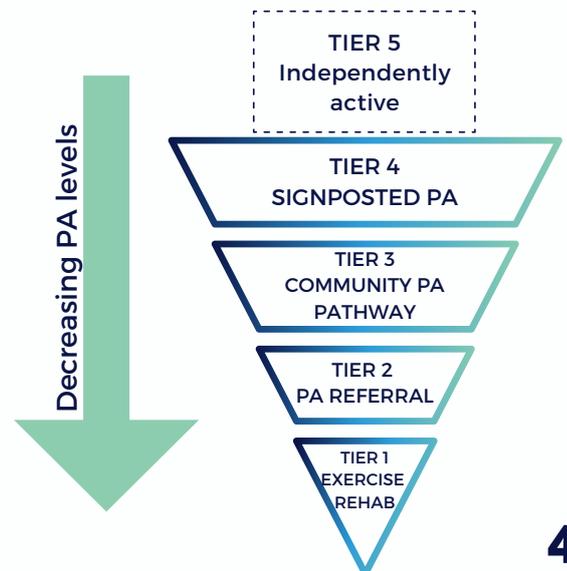
PARS include all PA interventions for those with health conditions, including exercise referral and social prescribing.



PA can be recommended or formally prescribed by a healthcare professional or the patient can be formally referred to a service. This could be as an alternative to medication for conditions such as high blood pressure, impaired glucose tolerance and low mood.

Recent PA referral standards were published by Public Health Scotland which supplies a structured approach to improve health via PA³.

One element of this is a tiered approach outlining different consultation and delivery methods to different target audiences of varying baseline PA levels, displayed in the diagram opposite.





PRIMARY CARE PRACTITIONERS

Research has found that moderate to vigorous PA (MVPA) levels increase when PA is recommended by a primary care practitioner⁴.

Primary care practitioners are those that work within the community and not the hospital, usually in a General Practice setting. The primary care team is usually made up of General Practitioners (GPs), Nurses, Advanced Nurse Practitioners (ANPs), Physiotherapists and Pharmacists with some additional support in some practices such as Link workers. Link workers are based in primary care and help connect patients with schemes in the community to help them meet their goals⁵.

Therefore primary care practitioners have been identified as the best healthcare professionals to incorporate PA interventions into the health care system⁴.



GOLF AND HEALTH

Golf is a form of PA that incorporates strength, balance and flexibility as well as cardio-respiratory fitness⁶.

It is an outdoor activity that has been recognised to improve mental health as time is spent in green spaces.

Golf can be played at all stages in life at a recreational or competitive level, for both able bodied and those with a disability⁷.





Increases step count



Boosts mental wellbeing

BENEFITS OF GOLF TO PHYSICAL AND MENTAL HEALTH



Improves flexibility



Improves strength and
cardio-respiratory fitness

AIMS

- 1** To explore primary care practitioners' views on physical activity (PA) prescribing, specifically golf.
- 2** To understand any limitations that primary care practitioners' have with regards to PA prescribing, specifically golf.
- 3** Explore how any limitations can be addressed, with regards to the future of prescribing golf.
- 4** Create an animation and one page summary for the stakeholders to promote the prescribing of golf amongst primary practitioners.
- 5** Collate findings and present to policy makers and allied professionals at Golf and Health Conference 2022.

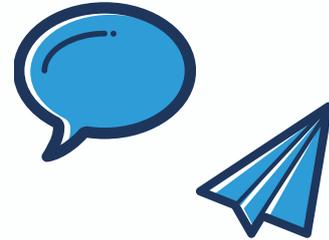


3. Methods

1. Study description

An online questionnaire was shared for 1 month in February 2022 to collect quantitative data and explore the views of primary care practitioners on golf and health.

STEP
01



2. Before data collection

An ethics application was submitted and accepted by the University of Edinburgh School of Education Ethics committee.



3. Data collection

Qualtrics was used to create a survey composed of 24 questions, which took no more than 10 minutes to complete.

The stakeholders reviewed the survey prior to making it live. The survey questions gathered information on demographics and golf and health information.

STEP
03



4. Participants

The main inclusion criteria were for all participants to be prescribers or practitioners in primary care in the UK. Despite a golf and health focus, there was no requirement for participants to have previous knowledge of PARS.

STEP
04



3. Methods continued

5. Recruitment

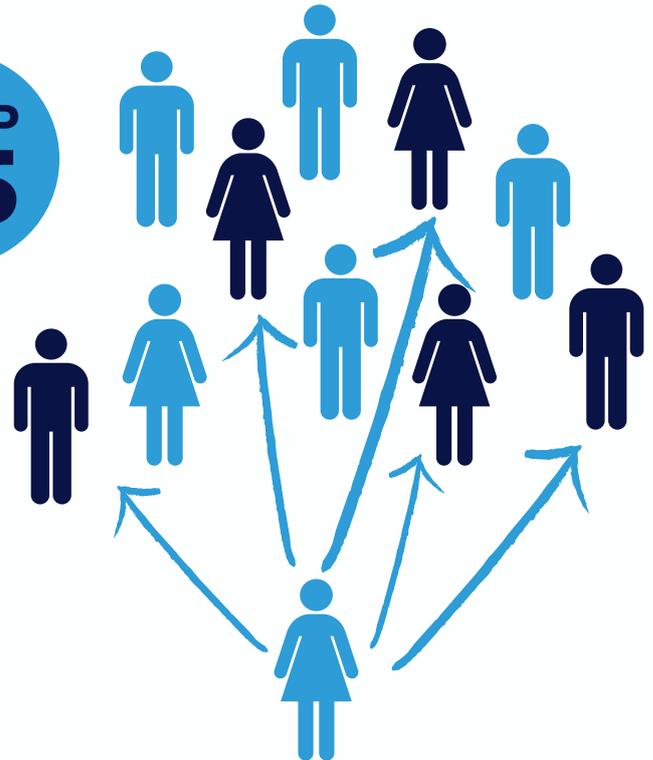
The survey was shared via purposive sampling amongst personal and professional contacts, via an online link, which was live for the month of February 2022, via Twitter. Emails were also shared amongst medical colleagues in primary care around the UK.

Jennifer Duncan @JenniferDunca10 4 Feb
🌟 Primary care practitioners, please see the video below for more information on golf and health 🏌️ and follow the link to my survey below 📄

edinburgh.eu.qualtrics.com/jfe/form/SV_5u...

Sample tweet

STEP
05



Purposive sampling

The researcher uses their discretion to select appropriate participants.

6. Consent

A participant information sheet was the initial question to the online survey, which included relevant information about the study. This was required to be completed before continuing with the survey.

STEP
06



7. Data analysis

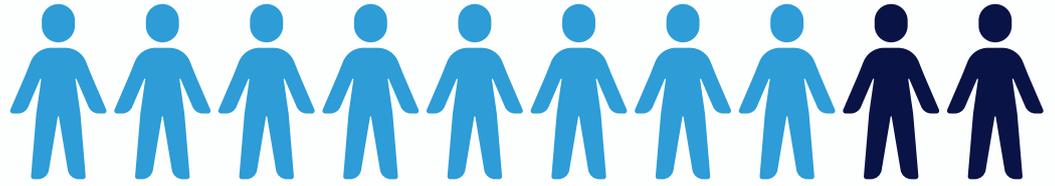
Results from the questionnaire were exported from Qualtrics. Closed questions were measured as percentages or frequencies. Open questions were analysed and collated into appropriate themes.



STEP
07

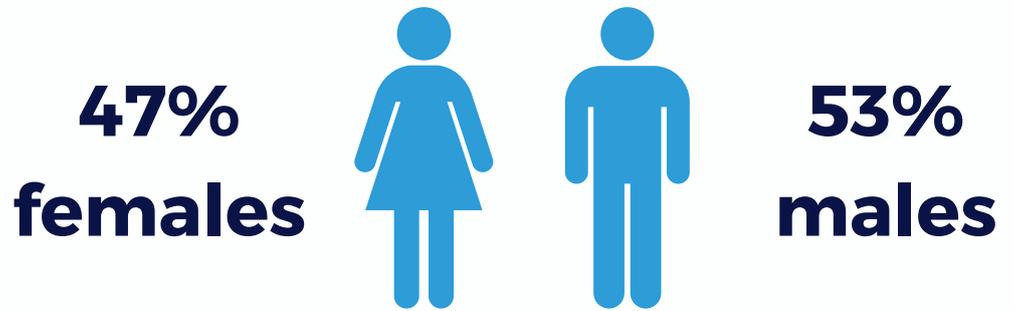
4. Results

DEMOGRAPHICS

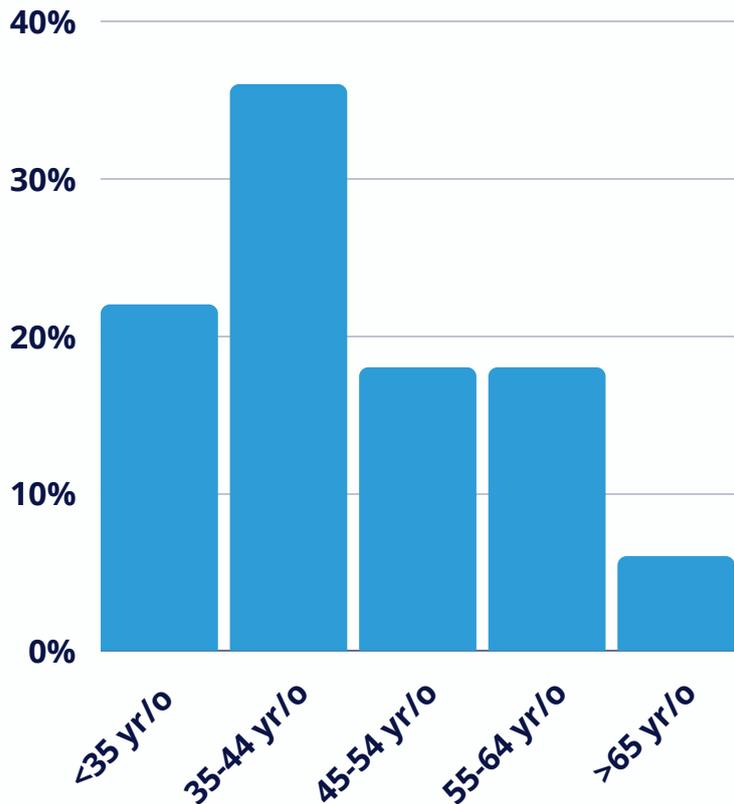


100 people accessed the survey, with 83 participants fully completing the survey.

83%
completion



47% were female and 53% were male with the most represented age group being 35-44 years old.



DEMOGRAPHICS continued

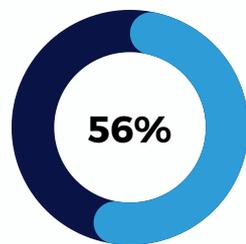
The most common type of healthcare professional (HCP) to complete the survey was General Practitioners (GPs) or GP trainees.



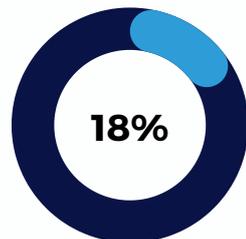
83% respondents were General Practitioners (GPs) or GP trainees

Type of HCP	Percentage of participants
GP/trainee	83%
Nurse practitioner	5%
Junior Doctor	1%
Physiotherapist	1%
Pharmacist	1%
Link worker	0%
Other	8%

This table shows the breakdown of healthcare professionals that completed the survey.



56% of participants were physically active on 5 days or more each week.



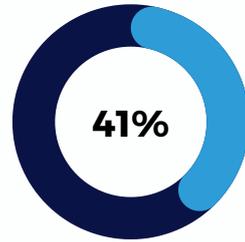
18% of participants deemed themselves as regular golfers (playing golf >10 times a year).



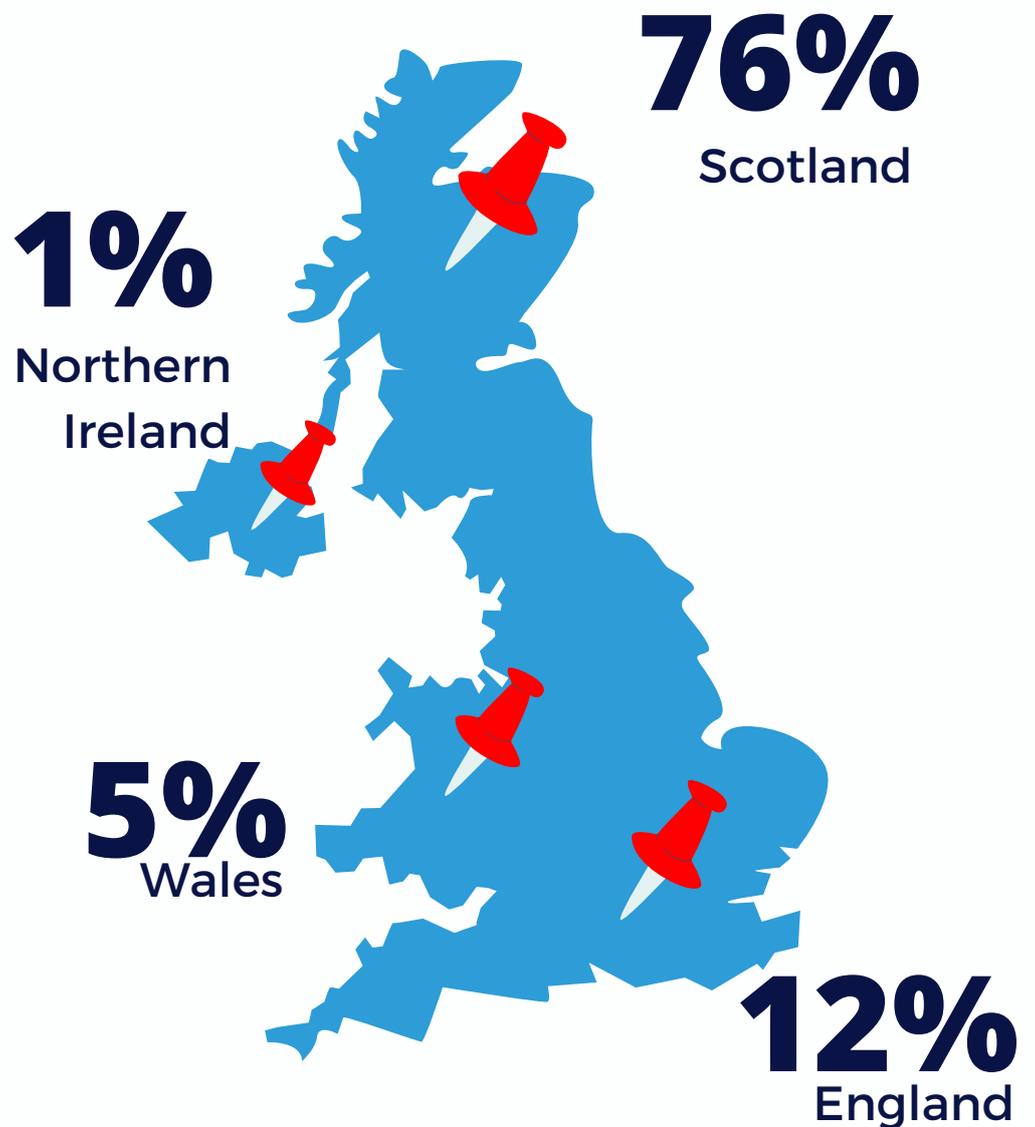
4. Results continued



DEMOGRAPHICS continued



41% of participants had been in their role for 20 years or more.



The above map shows the distribution of the survey participants around the UK.

76% of respondents were based in Scotland. NHS Highland, NHS Ayrshire and Arran and NHS Lothian returned the most survey responses.



KNOWLEDGE OF PARS



60% of respondents were familiar with PARS

OVERALL BENEFIT OF WALKING



93% of participants thought walking was beneficial to physical health

91% of participants thought walking was beneficial to mental health



OVERALL BENEFIT OF GOLF

84% of participants thought golf was beneficial to physical health

86% of participants thought golf was beneficial to mental health



4. Results continued



The results show the participants of this survey deem walking to be more beneficial for both mental (86%) and physical health (84%) in comparison with golf.



They are more likely to prescribe walking than golf, at present, with a breakdown of results below.

LIKELIHOOD OF PRESCRIBING:

70%

of participants are likely to prescribe exercise or PA to a patient



72%

of participants are likely to prescribe walking as a health enhancing activity

28%

of participants are likely to prescribe golf as a health enhancing activity





EXPLORING THE VIEWS OF PRESCRIBING PA & GOLF FACILITATORS TO PRESCRIBING PA

8 main themes were identified from the open question exploring the facilitators to recommending and prescribing PA and they are highlighted below:

KNOWLEDGE/ RESOURCES

"Resources better advertised"



EVIDENCE ABOUT THE BENEFITS

"Good research to support benefits"

"Proof a scheme works"

AWARENESS

"Increase patient and Doctor awareness"



TIME

"Time - longer appointments as patient presenting with multiple issues"



REFERRAL/ PRESCRIPTION

"Patient led referral (no workload for the GP)"



EASE OF ACCESS/AVAILABILITY LOCALLY

"Inclusive local groups with ease of access"



COST/FUNDING



"Free/funded/ sustainable options"

OPTIONS OF PA

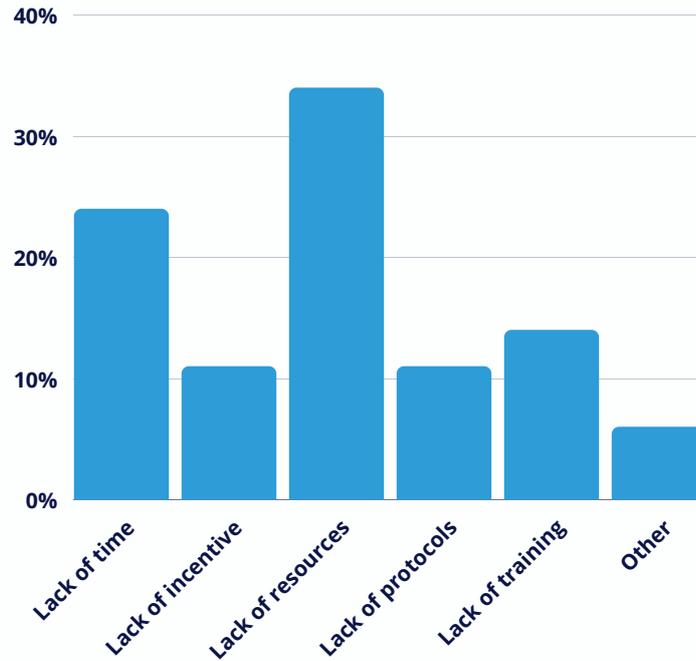
"Options of organised PA"

"Walking groups"



4. Results continued

BARRIERS TO PRESCRIBING PA



The main barrier to prescribing PA was a **lack of resources**, with 34% selecting this option.

A text box enabled respondents to expand on their answers with an "other" option, producing the following responses:



"Useful to know more about organisations/groups so increased understanding of recommendations"



"Difficult not to sound patronising"

"Practically difficult in some areas due to deprivation"



"Forms, forms, forms!"



"Patient buy in"



"There's just not enough time"



4. Results continued



FACILITATORS TO PRESCRIBING GOLF

8 main themes were identified to facilitating recommending and prescribing golf. Seven themes were the same as prescribing PA. The 8th theme was named "other" containing 2 other comments about prescribing golf.

KNOWLEDGE/ RESOURCES

"I have a lack of knowledge about golf...learn more about advantages of golf on health"

REFERRAL/ PRESCRIPTION

"Self referral"
"Easy way to prescribe - prescription pad or online form"



EVIDENCE ABOUT THE BENEFITS

"Research into proven benefits to demonstrate to patient"

EASE OF ACCESS/AVAILABILITY LOCALLY



"Easy access to local council courses"

AWARENESS

"Would be great to have the option - increased awareness"

COST/FUNDING



"Subsidised equipment and course fees as golf is an expense to the patient"

TIME



"Dedicated time to running the incentive"

OTHER

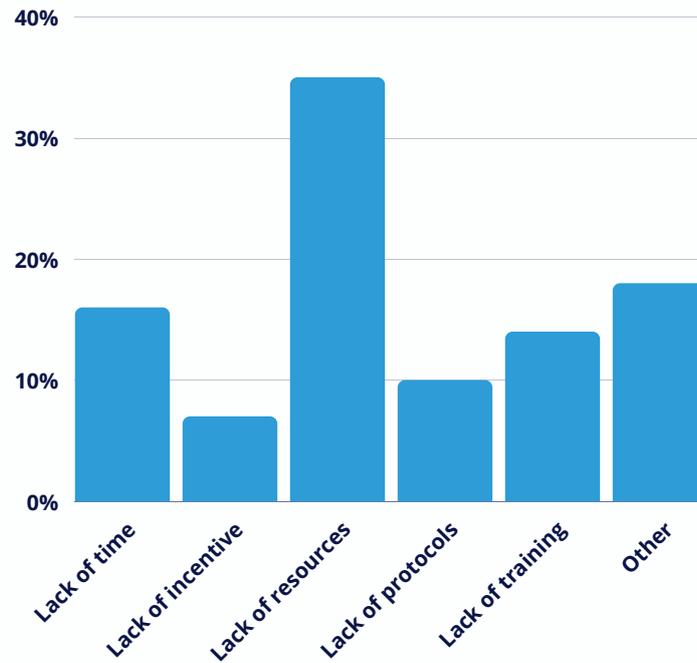
"I wouldn't [prescribe golf] as there are too many barriers and other PA is easier (walking); it is unrealistic for people as a form of PA as it is expensive"

"Walking > golf"

4. Results continued



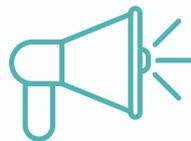
BARRIERS TO PRESCRIBING GOLF



The main barrier to prescribing golf was a **lack of resources**, with 35% selecting this option.

Free text comments were also analysed and found 4 main themes:

LACK OF AWARENESS



LACK OF KNOWLEDGE

"Better information of local scheme"



EXPENSE

"Money required for equipment and access to golf courses"



OTHER

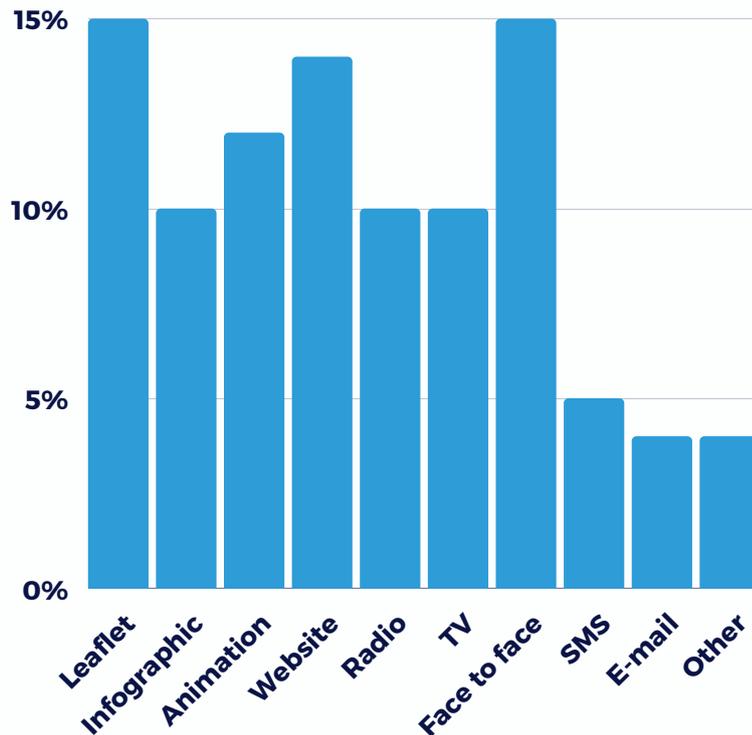
"Pre conceptions about the game"

"Patients never exposed, perhaps not confident to try new things"

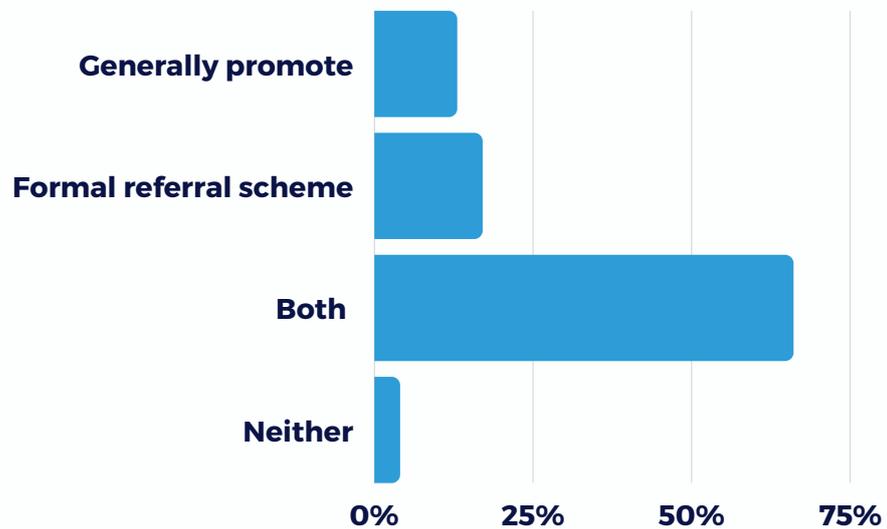
4. Results continued



PRACTICALITIES OF PRESCRIBING PARS IN PRIMARY CARE



Respondents thought the best way to promote PARS was via leaflet, face to face and via a website.



Respondents would prefer to generally promote golf alongside a formal referral scheme.

5. Conclusions



CONCLUSION



In conclusion, this survey has generated rich and detailed insights into primary care practitioners' experiences with promoting and prescribing PA, specifically golf.

This project generated responses from the UK, mainly from Scotland, most likely due to the researcher and stakeholder's links to practitioners.

This survey has found that there are many facilitators to prescribing golf that should be addressed to increase the uptake of promoting and prescribing this form of PA, including more resources and a clear referral pathway for the practitioners and patients.

Overall, a lack of resources is the main barrier to prescribing golf and should be addressed by circulating leaflets, online material and sharing information face to face, when the opportunity arises.



NEXT STEPS

This project has produced a one page summary and animation for the stakeholders to disseminate accordingly, addressing aim 4 of the project.

The animation can be accessed via the following QR code:

SCAN ME



This project will be presented at the Golf and Health Conference 2022.

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