ORIGINAL ARTICLE

Health and Social Care in the community

WILEY

Collaboration between primary care and a voluntary, community sector organisation: Practical guidance from the parkrun practice initiative

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Abstract

Voluntary and community sector organisations are increasing their role in supporting primary care services through 'social prescribing'. parkrun is a charity that delivers free, weekly 5 km events, on a Saturday morning in areas of open space across the UK and globally. In June 2018, parkrun and the Royal College of General Practitioners launched an initiative to encourage the linking of general practitioner practices and local parkrun events. This study investigates the interaction between parkrun events and practices in order to understand why and how parkrun events' promote such linkage, and their experiences of doing so. Its purpose was to provide practical recommendations for developing the parkrun practice initiative and similar collaborations between primary care and voluntary and community sector organisations. An online survey, which included both tick box questions and free text comments was sent to Event Directors for all UK parkrun events and completed by half (322/634, 50.8%). Over two-thirds (225/322; 69.6%) of the event teams were knowingly linked with one or more general practices; and this was generally viewed as having been a positive experience and was motivated by wanting to positively impact on the health and well-being of their community. Challenges centred on the process of initiating contact between parkrun events and practices; the lack of time among parkrun event volunteers to promote the scheme; and the difficulty of clarifying parkrun event and practice responsibilities, including who takes the lead. Practical recommendations include: ensuring clear pathways of communication between event teams and practices (e.g. via a Link Worker or designated person within the practice and/or parkrun event); minimising resource implications and ensuring mutual understanding from practices and parkrun event teams as to expected roles and involvement. Our findings, while focused on the parkrun practice initiative, are likely to have relevance to other collaborations between primary care and voluntary and community sector organisations.

KEYWORDS
community, health services research, physical activity, primary care

1 | Background

Voluntary and community sector organisations are increasing their role in supporting primary care services through 'social prescribing' (NHS Long Term Plan, 2019; South et al., 2008). 'Social prescribing' enables linking of patients with non-medical sources of support within the community, and is a means of addressing mental, psychological or socioeconomic issues, and enhancing community well-being and social inclusion (British Medical Association, 2019). While social prescribing can be delivered through a range of models, its success relies upon the availability and accessibility of appropriate community structures (Public Health England, 2018). Voluntary and community sector organisations face a variety of challenges, such as continuity and having enough capacity and resources to deliver (South et al., 2008). There is a need for more evidence about how they are engaging with public health in order to maximise their impact on health and well-being.

parkrun is a charity that delivers through its volunteers free, weekly 5 km events for all ages, on a Saturday morning in areas of open space across the UK and 21 other countries. It is widely accessible; currently, over 690 events take place weekly across the UK (at the time of writing this [May 2020], parkrun has currently suspended all parkrun events in line with the UK Government COVID-19 guidelines). parkrun offers an opportunity to be physically active by removing some of the common barriers to participation; for example, the events are free to take part in, they are family friendly, offer a supportive community network and do not require any specialist equipment, other than comfortable shoes and clothes. Participants can walk, jog, run all or some of the 5 km distance or volunteer in one of the many roles required to deliver the event each week. There is evidence that parkrun benefits people's health and well-being (Grunseit et al., 2018; Morris & Scott, 2019; Stevinson & Hickson, 2014), including those with long-term conditions, particularly for those who volunteer, as well as walk and run (Haake et al., 2019).

In June 2018, parkrun and the Royal College of General Practitioners (RCGP) jointly launched an initiative to encourage the linking of GP practices with their local 5 km parkrun events(s) to become a 'parkrun practice' (RCGP, 2018) (see Box 1). Practices register via the parkrun practice website and are sent a certificate to display in their waiting room. In addition to encouraging patient participation, the initiative also seeks to improve staff health and well-being and generate a unifying, morale boosting experience for the whole practice. It does so by encouraging staff to take part in parkrun, through the organisation of such activities as practice staff volunteer takeovers (where the practice take over all of the volunteering activities on one particular parkrun day), or with staff taking part in parkrun alongside with their patients.

To date, over 1,500 GP practices across the UK have registered with the initiative. We recently reported that practices had positive views on the initiative as a means of improving patient and staff health, and are engaging with the initiative in a broad variety of ways (Fleming et al., 2020). However, as with other community-based

What is known about this topic?

- Taking part in parkrun is beneficial to people's health and well-being.
- Through the parkrun practice initiative, parkrun is being used in UK primary care as a form of social prescribing.
- Practices have positive views on the initiative as a means of improving patient and staff health and well-being, and are engaging with the initiative in a broad variety of ways.

What this paper adds?

- Examines the parkrun practice initiative from the perspective of the volunteers responsible for delivering weekly parkrun events.
- Identifies challenges in linking and maintaining links between primary care and parkrun events.
- Provides practical guidance for successful collaboration between primary care and voluntary and community sector organisations.

events aimed at promoting health and well-being, it is important to understand the experiences and views of the provider, in this case parkrun event teams, in order to augment understanding of the initiative's potential to improve public health (Reece et al., 2018; Wiltshire et al., 2018).

The current study was undertaken to examine how this collaborative health and well-being initiative (namely, the parkrun practice initiative), that connects the voluntary and community sector and public health sector, is being implemented from the perspective of the volunteers who provide the local events. The aim of this paper is to investigate the interaction between parkrun event teams and general practice in order to:

1. understand parkrun event teams' motivation for linking with practices.
2. identify how parkrun event teams are linking with practices, and the experiences of such linkage.
3. identify the range of processes involved in taking the initiative forward and growing links between parkrun events and practices.
4. provide practical recommendations for developing the parkrun practice initiative and similar collaborations between primary care and voluntary, community sector organisations.

2 | METHODS

A questionnaire survey (delivered on Qualtrics) was devised using information from the parkrun practice Toolkit and registration portal, with input from parkrun Head Office, two parkrun Health and Wellbeing Ambassadors who are practicing GPs and the

> **Box 1 The parkrun practice initiative**
>
> The specific aims of the initiative are to:
> - Improve the health and well-being of practice staff.
> - Improve the health and well-being of patients.
> - Raise awareness of the services that practices provide.
> - Develop a local community centred on wellness.
> - Support the growth of social prescribing activities.
>
> A parkrun/RCGP Toolkit is available on the parkrun practice website:
>
> https://r1.dotdigital-pages.com/p/49LX-52M/parkrunpractice
>
> This offers contextual information, guidance and ideas for the types of activities that can be undertaken to encourage walking, running, volunteering or spectating at parkrun. The onus is on the practice and the parkrun event(s) to maximise the opportunity in a way that best meets the needs of the local community.
>
> The process for registration is:
>
> Either (a) the practice contacts their local parkrun event team or (b) event teams can approach their local practice, and both discuss the possibility of becoming a parkrun practice. Practices are told to note that events are delivered by volunteers and participation in the initiative is at their discretion.
> - At least one designated person should be chosen as the principal contact within the practice.
> - The practice and the parkrun team liaise and agree how to implement the partnership.
> - Practices should fill out the form at www.rcgp.org.uk/parkrun to register their interest in becoming a parkrun practice. A follow-up email will include a link to the certificate (to be displayed for example, in the practice waiting room).
> - Undertake some/all of the activities suggested in the Toolkit.

RCGP (Clinical Champion for Physical Activity and Lifestyle and Membership Events Co-ordinator). It was piloted with a selection of event teams prior to being finalised. The survey was a mixture of tick box (multiple choice), drop down menu and free text and took approximately 10 min to complete. This study was reviewed and given favourable opinion by the University of Warwick's Biomedical and Scientific Research Ethics Committee: REGO-2019-2236 AM01 (approved 16 April 2019).

parkrun Head Office emailed (May 2019) the online survey to Event Directors for all parkrun events in the UK ($n = 634$), with a request that they, or another member of the event team, complete it. The email explained that the survey was being undertaken with the support of the RCGP and parkrun. A reminder was sent 1 week later. The parkrun practice initiative was initiated in June 2018 and

so this survey went out within the first year of implementation. It is worth noting therefore, that for many parkrun event teams, completion of the survey was early on in their experience of the initiative.

The survey asked respondents about their parkrun event, the number of practices they were linked with and how those connections had been established, the activities being carried out by the event team and practices as part of the initiative, and any challenges they were experiencing. It also explored the awareness and perception of the initiative among event teams who were not yet linked with a practice. Questions with free text comments allowed respondents to expand on their answers and also provide thoughts on how to address challenges and how the initiative could be improved.

2.1 | Data analysis

Data were downloaded by the researchers and the dataset was subsequently exported into SPSS (Version 26).

Descriptive statistics were carried out for all quantitative sections of the survey.

We applied thematic analysis (Braun & Clarke, 2006) to the free-text data. Comments were read, organised and coded. The coding framework was developed iteratively during analysis, following the six-step process laid out by Braun and Clarke (2006) of: familiarisation; generation of initial codes; search for themes; review of themes; definition of themes and a final report. In order to familiarise themselves with the data, one researcher read and initially coded all of the data. These codes were reviewed and then discussed and refined with a second researcher who independently coded a sample of the data. The coding framework was drawn from the data as well as informed by the survey questions and themes highlighted in the wider literature on the parkrun practice initiative (Fleming et al., 2020).

Suggested solutions to the challenges faced with the initiative, presented in this paper, are generated both from the direct input from the survey participants and derived by the research team based on the information provided and the current systems in place, both within practice and parkrun.

3 | RESULTS

A total of 322/634 (50.8%) parkrun event teams completed the survey. Event and respondent characteristics are detailed in Table 1.

Almost half of the responding event teams had 100–300 people completing their parkrun each week (153/320; 47.8%), in line with the average of 206 people per event across the UK (parkrun, 2019). The majority of respondents were Event Directors (282/320; 88.1%). A small proportion were health professionals (25/321; 7.8%), of whom 2/25 (8%) were GPs.

Almost all event teams (319/322; 99.1%) had heard of the parkrun practice initiative. The most common channels were the parkrun

TABLE 1 Event and respondent characteristics

	n
Parkrun event team characteristics	
Average number of volunteers each week	(n = 317)
Less than 10	20 (6.3%)
10–15	83 (26.2%)
15–20	84 (26.5%)
More than 20	130 (41.0%)
Average number of parkrunners each week	(n = 320)
Less than 100	41 (12.8%)
100–300	153 (47.8%)
300–500	90 (28.1%)
500–700	30 (9.4%)
700–900	4 (1.3%)
More than 900	2 (0.6%)
Linked with a GP practice as part of the initiative	(n = 322)
Yes	225 (69.9%)
No	97 (30.1%)
Number of practices knowingly linked with	(n = 224)
1	78 (34.8%)
2	72 (32.1%)
3	34 (15.2%)
4	21 (9.4%)
5 or more	11 (4.9%)
Don't know	8 (3.6%)
Responder characteristics	
Role	(n = 320)
Event director	282 (88.1%)
Run director	17 (5.3%)
Core team member	17 (5.3%)
Other	4 (1.3%)
Qualified health professional	(n = 321)
Yes	25 (7.8%)
No	296 (92.2%)
Type of health professional	(n = 25)
Dentist	2 (8.0%)
GP	2 (8.0%)
Health visitor	1 (4.0%)
Link worker/community navigator	1 (4.0%)
Registered nurse	8 (32.0%)
Retired	1 (4.0%)
Other	10 (3.1%)

Abbreviation: GP, general practitioner.

newsletter/blog (271/319; 85%), parkrun UK social media (200/319; 62.7%) and the core volunteer email (163/319; 51.1%). One-fifth of event teams (71/319; 22.3%) had heard about it via a practice staff member.

Over two-thirds (225/322; 69.6%) of the event teams were knowingly linked with one or more general practices; it is currently possible for a practice to register without informing their local event team. Most of these were linked with one (78/224; 34.8%) or two practices (72/224 32.1%); 11 (4.9%) were linked with five or more practices.

118 (36.6%) teams provided free text comments at the end of the survey. 83/118 (70.3%) were provided by event teams linked with at least one practice and 35/118 (29.7%) were made by event teams not currently linked to a practice. Generally, these reflected positivity about the initiative, with event teams highlighting their support.

The thematic analysis of the free text comments at the end of the survey identified five key themes: 'Processes and experiences in linking with practices', 'Challenges' 'Taking the initiative forward', 'Expressions of positivity' and 'Advice'. Themes around 'experiences' and 'challenges' and 'taking the initiative forward' were likely directly linked to questions within the survey. Those around ideas for 'expressions of positivity' and 'advice' were not directly linked to the survey but may have emerged due to the tone set up by the survey. The themes are described below, within the wider context of the survey.

3.1 | Motivation for linking with practices

As shown in Table 2, for teams linked with one or more practices, the most influential factors driving this were 'wanting to improve the health and well-being of the local community' (187/217; 86.2%), 'wanting to show support for the initiative' (157/214; 73.4%) and 'wanting to improve the link between parkrun and the healthcare sector' (131/214; 61.2%). A small proportion (27/214; 12.8%) had GPs within their event team who had positively influenced their support for the initiative.

Of the 97 responding event teams who were not knowingly linked with a practice, the most frequent reason given for this was that they had not yet been approached by a practice (67/97; 69%). Other reasons included: 'local practices not wanting to link with parkrun' (10/97; 10.3%); 'other parkrun events in the area having already linked with a practice' (7/97; 7.2%), 'no practices being close to the parkrun event' (1/97; 2.0%) and 'not having heard of the initiative' (2/97; 2.1%).

When asked if their event team would consider being linked to a practice, the majority (90/97; 92.8%) said 'yes', and the remaining (7/97; 7.2%) reported they 'did not know'. When asked what would help establish a link between their event and a practice, the most common response was 'having a direct approach from a practice' (82/97; 84.5%). The benefits that they anticipated from linking up with practices were similar to those described above; most commonly these were 'improving the health and well-being of the community' (85/97; 87.6%); and 'encouraging less active people to participate in parkrun' (84/97; 86.6%).

TABLE 2 Factors which influenced decision to link with a GP practice

Factor	Yes, a lot	Yes, a little	Not at all
Wanting to improve the health and well-being of our local community (n = 217)	187 (86.2%)	23 (7.1%)	7 (3.2%)
Wanting to show our support for the initiative (n = 214)	157 (73.4%)	50 (23.4%)	7 (3.3%)
Wanting to improve the link between parkrun and the healthcare sector (n = 214)	131 (61.2%)	72 (33.6%)	11 (5.1%)
Having event team members who are GPs (n = 211)	27 (12.8%)	36 (17.1%)	148 (70.1%)
Feeling obliged to by parkrun HQ (n = 208)	5 (2.4%)	38 (18.3%)	165 (79.3%)
Other (n = 23)	9 (39.1%)	2 (8.7%)	12 (52.2%)

Abbreviation: GP, general practitioner.

TABLE 3 Activities since linking with local GP practice

Activity	Done	Plan to do/will do again	Do not plan to do	Open to the idea of doing
Mention parkrun practice initiative in parkrun event communication, e.g. run reports and social media (n = 216)	103 (47.7%)	42 (19.4%)	13 (6.0%)	58 (26.9%)
Provide the GP practice with copies of the parkrun flyers/posters (n = 216)	89 (41.2%)	29 (13.4%)	30 (13.9%)	68 (31.5%)
Mention parkrun practice in the pre-event briefing, e.g. acknowledge new patients/practice groups attending for the first time (n = 217)	77 (35.5%)	44 (20.3%)	22 (10.1%)	74 (34.1%)
Deliver a presentation on parkrun to practice staff (n = 216)	51 (23.6%)	17 (7.9%)	47 (21.8%)	101 (46.8%)
Facilitate a GP practice volunteer takeover (n = 215)	36 (16.7%)	35 (16.3%)	24 (11.2%)	120 (55.8%)
Contribute to media/press articles on the parkrun practice initiative (n = 218)	34 (15.6%)	25 (11.5%)	36 (16.5%)	123 (56.4%)
Enable the GP practice to have an information stand at the event (n = 216)	9 (4.2%)	19 (8.8%)	31 (14.4%)	157 (48.8%)
Other (n = 16)	6 (37.5%)	2 (12.5%)	7 (43.8%)	1 (6.3%)

Abbreviation: GP, general practitioner.

3.2 | Processes and experiences in linking events and practices

Event teams were asked to state how their initial contacts with local practices had been made. Most commonly (187/225; 83.1%), this had been initiated by the practice. However, a quarter of event teams (57/225; 25.3%) stated that they had made an initial contact with at least one local practice that had subsequently become a parkrun practice. Practices had contacted their local event via email (141/187; 75.4%) and/or in person at a parkrun event (80/187; 42.8%). Where event teams had made the initial contact, this was most commonly via email (31/57; 54.4%), but also by visiting the practice in person (24/57; 42.1%) or speaking with a health professional at a parkrun event (18/57; 31.6%).

In some cases, despite the guidelines in the Toolkit, some practices had registered for the initiative without making any contact with the parkrun event team first.

"The practices registered as parkrun practices before approaching [town] parkrun. This isn't a significant issue but it might be good to put something in the signing up process to prevent this happening. Equally we wouldn't want this to happen if became a barrier for practices signing up". (Core team member, Event 319, linked)

It was felt that more detailed information by parkrun Head Office, in the form of formal notification to the event team that a practice had registered, along with details of the key contact at the practice, would help progress the link once practices had registered. Other suggestions included, better advertising and education to parkrun event teams about how the initiative works from parkrun Head Office, and the RCGP providing event teams with leaflets and other promotional materials intended for general practices.

"We didn't know that the practice had signed up until they appeared at parkrun one morning. It would have

been helpful to have had a notification when they'd signed up & a contact name & email address so that we could establish contact". (Event Director, Event 246, linked)

Only 5/220 (2.3%) of respondents reported that a practice they had approached had declined to link as part of the initiative. The reasons given from practices included, 'wanting the approach to be from the Clinical Commissioning Group', 'concerns about possible litigation', thinking that a member of staff would need to attend with patients and nobody being willing', 'not being runners and therefore not feeling it was of relevance'. None of the event teams reported declining an offer from a practice to collaborate.

3.3 | Taking the initiative forward and growing links between parkrun events and practices

Responders were asked to select from a list of activities (all of which are suggested in the parkrun practice Toolkit), which activities they had *'done'*, *'plan to do/will do again'*, *'do not plan to do'*, *'open to the idea of doing'*. (Table 3). The most common activities which event teams had done since linking with a practice were 'mention the parkrun practice initiative in parkrun event communication, such as run reports and social media' (103/216; 47.7%), 'provide the GP practice with copies of parkrun flyers/posters' (89/216; 41.2%) and 'mention parkrun practice in the pre-event briefing' (77/217; 35.5%). While only 36/215 (16.7%) had facilitated a practice volunteer takeover (i.e. where the practice staff carry out all of the parkrun volunteer duties on a specified day), this was something which many event teams (120/215; 55.8%) were open to. Other activities which event teams were open to doing were 'contributing to media/press articles' (123/218; 56.4%), 'enabling the GP practice to have an information stand at the event' (157/216; 48.8%) and 'delivering a presentation on parkrun to practice staff'. The amount of effort and potential support required for event teams to be able to carry out these activities varies, with those activities requiring less being those most commonly done at present.

There were different perspectives as to who should drive the initiative, though most event teams felt the initiative should be led by their local practices.

> "I think it's up to the GP practices to do the legwork needed. The parkrun volunteers don't really have time to do anything in addition to putting on a timed weekly 5 km run". (Event Director, Event 18, linked)

> "There are different perspectives within the team as to how much this should be pushed by us as a parkrun, or whether we should wait for GP practices to approach us. Many people agree it's better if led by the GP practices – which in our experience it hasn't been. I know this isn't the case in other local parkrun events

who are successfully linked". (Core team member, Event 117, not linked)

Once a link had been made, about a third (88/222; 39.6%) of event teams reported maintaining contact with their linked practice(s). This was most commonly done via GPs attending parkrun (110/147; 74.8%) or via email (103/147; 70.1%). A third of event teams (75/222; 33.8%) reported not maintaining any contact with their linked practice(s).

A third of event teams were aware of their linked practices' patients having attended their parkrun event (80/220; 36.4%). Of these, they were aware of patients having introduced themselves to a member of the parkrun event team (40/80; 50%) or by practice staff informing the event team that their patients would be attending (30/80; 37.5%). Sometimes, patients were known to have attended as part of a practice group (23/80; 28.8%).

Most of the linked event teams were aware of practice staff attending their parkrun event (163/220; 74.1%). Practice staff were most commonly jogging/running at the parkrun event (158/163; 96.9%). Event teams were also aware of practice staff walking at the event (67/163; 41.1%) or volunteering (87/163; 53.4%). A small number of event teams (7/163; 4.3%) reported having seen practice staff accompanying patients.

In terms of establishing the initial link between the parkrun event team and the practice, few event teams (35/219; 16.0%) reported this to have been challenging, and most (152/211; 72.0%) did not feel that there was anything which would simplify establishing such connections.

Free text comments described the types of 'challenges' encountered. For parkrun event teams who made initial contact with a practice, this could often involve contacting all of the local practices, but the challenge was knowing exactly who to contact within each practice.

> "We have contacted all of the local practices and I believe 2 have signed up but we have not had any official confirmation that we have been linked with them or that they have actually signed up. Information is difficult to come by". (Event Director, Event 245, linked)

> "I would love to contact more GPs around [city] but I don't know how to approach this as I don't know who to contact. Usually you can't get past the receptionist! We have been communicating about the initiative and this has brought GPs to us. We just don't know how to contact them". (Event Director, Event 257, linked)

In some cases, event teams indicated that practices, having reached out and made contact, had not maintained that communication with the event team.

> "Several practices approached us to ask what they needed to do. I sent them the toolkit and never heard from anyone again. However, I know they signed up.

We haven't heard of anything specific happening as a result of that registration, e.g. patients being prescribed parkrun or practice staff taking part". (Event Director, Event 78, linked)

Some comments demonstrated that having key people involved, such as a designated person within the event team and/or practice, helped to facilitate the linkage with practices. For some, the continued link was easy; for others sustaining the link after registration had been challenging as they experienced that the initial enthusiasm from a practice was not always maintained.

"The GP practices we deal with have one single representative who coordinates the volunteers in all three practices which makes it very easy for us". (Event Director, Event 178, linked)

"We appointed a Single Point of Contact to easy communication with those linked & signed up to our event. However after the initial contact & willingness on our behalf to engage in any way with the respective surgeries/centre, there was no up take". (Event Director, Event 215, linked)

Some drew attention to the challenges associated with event team members being volunteers and that engaging in the initiative was difficult alongside other commitments.

"We have two event directors who both work full time, so to visit practices we have had to take time off work or make alternative arrangements (I can work from home sometimes). We find practices quite keen to link up and tick a box but not really keen to do anything after that". (Event Director, Event 50, linked)

While practices were often initially keen to engage with the event team for activities such as practice volunteer takeovers, event teams had been made aware that staffing pressures could sometimes make this difficult.

"They [practice] have expressed a desire to do a takeover, but haven't been able to follow through due to staffing pressures". (Event Director, Event 140, linked)

There was a perception that time was required from both event teams and practices in order to take forward the initiative and that this could be challenging on both sides, both from event teams being volunteers and with practices having many other priorities. Some event teams mentioned the challenge of time. For the event team it can be difficult to conduct roles undertaking any additional activities, over and above delivering a weekly event.

Overall suggestions for improvement to the initiative included being automatically notified when a practice signs up, and also improvements associated with the materials and flyers available.

"It would be good to have parkrun design a specific display poster that could be enlarged onto a banner or display stand and would be then a more prominent and visual display at GP Surgery rather than a poster on the wall that's seldom viewed". (Event Director, Event 39, linked)

Event teams were very willing to accommodate activities associated with the initiative, but there was acknowledgement that the lead needed to come from the practice and that maintaining a two-way relationship was important for continued success. This included receiving feedback from practices as to whether patients were due to attend parkrun and how many patients they were signposting. There was suggestion of the need for a champion or GP role model to help maintain links once made. Also, the importance that practice staff took part in parkrun themselves to set a good example to patients was highlighted.

"A brilliant initiative, but it needs a "parkrun champion" in the practice for it to succeed". (Event Director, Event 311, linked)

There was also the suggestion that a dedicated parkrun volunteer could be used as a named contact to meet patients for the first time so that there was someone to ask for on arrival for signposted patients. This would be in addition to the usual first timers' briefing which is held at the beginning of every parkrun event for people who are new.

For event teams not currently linked with practices, the most frequently reported challenges they faced were: 'making first contact with a practice' (58/97; 59.8%); 'maintaining the link with the practice' (33/97; 34%); and 'the extra volunteer time that may be required' (29/97; 29.9%). In addition, 16/97 (16.5%) event teams reported 'other' challenges, including potential difficulties in engaging with practices and establishing a reciprocal relationship between the event team and the practice.

3.4 | Expressions of positivity

Many event teams used the free text comments area as a place to express their feelings of positivity towards the initiative, highlighting their feelings of it being a good initiative and one they would like to have continued involvement with.

"This is a fantastic initiative and will be actively developing this. We do not make any attempt to distinguish those who attend and those who have been signposted or prescribed it as we want the individuals to feel just like all the other athletes" (Event Director, Event 2, linked)

TABLE 4 Practical solutions for developing the parkrun practice initiative

Challenge	Possible solutions
Knowing exactly who to contact within each practice	• For practices who have registered, an automatic notification could be sent to the event team with contact details of a key person at the practice. • For event teams initiating the contact, approaching social prescribing link workers (Primary Care Networks) first.
Practices registering to be a parkrun practice before contacting their local parkrun first	• Make contacting the parkrun event team a pre-requisite of registering to the initiative, e.g. tick box on registration form.
Maintaining good contact between the practice and event team	• A designated person within the event team and/or practice to help facilitate linkage with practices, e.g. a named contact within the practice, or a social prescribing link worker. • Establishing routes of communication early on, e.g. email, at parkrun event, via link worker. • Creation of a champion or GP role model, to help maintain links once made. • Creation or add on to a parkrun volunteer role, e.g. part of the new person's briefing, to specifically ask who has been signposted by their practice. • Receiving feedback from practices as to whether patients were due to attend parkrun and how many patients they were signposting.
Time (parkrun event teams as volunteers) and the perception of the initiative taking more time than it actually will	• Support event teams further in delivery of the initiative, e.g. more specific instructions and advice on how they can proceed. The production of a parkrun Event Team-specific Toolkit could help event teams. Information could include 'how to contact a GP practice', 'what to do if a GP practice contacts you', 'How to maintain a good link with your GP practices'. Plus provision of materials to hand out if required or a ready-made presentation to deliver to a practice. • Parkrun HQ and RCGP to articulate the actual amount of time required to carry out initiative activities and making it easier for event teams and practices to undertake activities in a way that does not place pressure on resources. • A Frequently Asked Questions has since been added to the parkrun practice initiative website in response to these findings.
Time (staffing pressures within practice)	• Creation of a champion or GP role model. • Social prescribing link worker to create the go-between for patients signposted to parkrun.
Clarifying the mutual responsibilities of the parkrun event and practice, e.g. establishing who is taking the lead	• Creating a mutual understanding of the role of the practice and parkrun event team (the lead most likely coming from the practice and that maintaining a two-way relationship was important for continued success. This needs to be established from the start of the collaboration.
Enabling event teams to maintain their current activities and/or enable event teams 'open to the idea' of carrying out new activities to do so (refer to Table 3)	• Providing event teams with leaflets and other promotional materials, e.g. ready-made PowerPoint presentation to delivery to primary care teams. • Providing event directors with a pre event presentation guidelines. • Sharing event team experiences in organising a GP practice takeover. • provision of a press release template. • Support for the provision of standard parkrun assets e.g. a parkrun practice stand for use at parkrun. • Provision of advice and resources for effectively delivering presentations in GP practices. • Identifying practice staff amongst the regular parkrun community to champion the initiative at the event and professionally.

Abbreviations: GP, general practitioner; RCGP, Royal College of General Practitioners.

"It's a great initiative and I will be seeking to further enhance our links with practices in the coming months". (Event Director, Event 321, linked)

3.5 | Advice

In some cases, the free text was used as an area to ask for advice, for aspects such as making contact with GP practices and engaging with GP practices further.

"I think this is great but it's not obvious who to contact in the GP practice to have the conversation -so all help connecting GP practices with EDs to start the conversation [would] be fantastic". (Event Director, Event 23, not linked)

"Any advice as to how to engage further with GP practices would be good. There is a set up in [town] called 'Healthy Options' which is a GP link with local sports facility (community run) and I was invited to address one of their groups so it may be GPs feel that this established link is sufficient". (Event Director, Event 318, not linked).

4 | DISCUSSION

Collaboration between parkrun event teams and local general practices is intended to support the creation of healthier, connected

communities. At a national level, the collaboration between the RCGP and parkrun UK provides an example of how two organisations can work successfully together to deliver a low cost volunteer-led initiative, aimed at promoting activity and improving health and well-being. This study demonstrates how the interaction between parkrun events and general practice is working at local level from the perspective of the provider (parkrun). It shows that within the first year of the launch of the initiative, a high level of engagement had already been achieved with 70% of those responding to the survey already being linked to at least one practice. parkrun event teams described their main motivation to becoming involved was their commitment to supporting improved health and well-being of their local community.

Emerging challenges were centred on the initial linking between parkrun events and practices and knowing who to contact; time (both for the event teams who are volunteers and staffing pressures within practices); difficulties around clarifying the mutual responsibilities of the parkrun event and the practice, e.g. establishing who takes the lead. These challenges and possible solutions are detailed in Table 4. Relatively few event teams reported having engaged in activities with practices which go beyond individual staff and patient participation in parkrun (e.g. a practice volunteer takeover, enabling the practice to have an information stand at their event, or contributing to media/ press releases); this might reflect the early nature of the initiative, with the scheme having only been launched nationally within the previous 12 months. However, the high numbers of event teams who were open to doing such larger scale activities suggested interest and willingness to support them. Likewise, the positivity reflected in some of the free text comments, along with event teams asking openly for advice, reinforces their willingness, with the right support, to help move the initiative forward. Support and guidance to voluntary and community sector organisations is important to ensure there is a good structure in place and that the success of the initiative is not purely reliant on the good will of individuals (Southby & Gamsu, 2018).

The NHS Long Term Plan (NHS England 2019) is funding social prescribing link workers in every newly created Primary Care Network, stating that 'within 5 years over 2.5 million more people will benefit from social prescribing'. While link workers were not common at the time of this study, their potential for future involvement with the parkrun practice initiative could bridge some of the gaps described in relation to time and capacity and allow parkrun event teams to have a named point of contact for initiating discussions with practices.

4.1 | Strengths and limitations

The response rate for this survey is relatively high (50.8%) for an online survey (Guo et al., 2006). The parkrun events were representative in terms of size and distribution of parkrun finishers and volunteers across the UK. In May 2019 the average number of parkrun finishers was 254 and the average number of volunteers per event was 22 (parkrun, 2019). However, it is possible that the event teams who responded to the survey are those who are more aware of, have a more favourable attitude or who have greater experience of the initiative.

In addition, data collection took place within the first year of implementation of the parkrun practice initiative, and while this is useful in providing early insights about how event teams experience it, their perceptions may change as the initiative becomes more established. The free-text data generated provided insight into the perspectives of parkrun event teams on collaboration with primary care. The anonymity of the survey allowed respondents to share their views openly within their role as an Event Director, or other event team volunteer role. Perspectives were collected online which may have favoured those who are more comfortable using online technologies.

Free-text comments are limited in their content and were preceded by survey questions exploring perspectives towards various aspects of the parkrun practice initiative. As such, the comments may be open to anchoring bias (Kahneman, 2011). The open free-text comment at the end of the survey was provided by less than half of the sample (118; 36.6%), thus increasing the potential for bias in this particular data.

4.2 | Comparison with existing literature

There is evidence that GPs in the UK are keen to collaborate with voluntary and community sector organisations (Southby & Gamsu, 2018). Our previous survey and qualitative study involving parkrun practice staff, highlighted practices' positive attitude towards the initiative and the potential it has for improving public health, whilst highlighting some of the associated challenges in delivery (Fleming et al., 2020). The current study confirms the willingness of parkrun event teams to be active participants within this initiative, while highlighting some of the associated challenges.

The evidence base is currently not sufficiently developed methodologically to make general inferences about particular models or approaches to social prescribing (Husk et al., 2019). However, it is clear from the current study that the continued success of the parkrun practice initiative will require mutual co-operation, co-ordination and communication from event teams and linked practices in supporting patients and practice staff to take part. Facilitating communication between event teams and practices will likely help the initiative moving forward. In line with previous work on factors effecting general practice collaboration with voluntary and community sector organisations there was a sense that the link between parkrun and a practice worked best where there was a shared understanding and respect between the two, including recognition of what was expected of each respectively (Southby & Gamsu, 2018). Strategic collaborations should be complemented by efforts to build shared understandings, trust and connections to achieve effective joined up working (White et al., 2017).

5 | CONCLUSIONS

This study explored in detail about how a collaborative health and well-being initiative (that connects the voluntary and community

sector and health sectors) might be implemented – who engages, the motivations for doing so, challenges and barriers, and methods for overcoming these. It provides a parkrun event team perspective on the provision of a social prescribing initiative when at the early stage of national implementation. Our findings, while focused on the parkrun practice initiative, are likely to have relevance to other collaborations between primary care and voluntary and community sector organisations. The main practical lessons from this study include ensuring clear pathways of communication between primary care and voluntary and community sector in order to establish and maintain links (e.g. via a link worker or designated person within the practice team and parkrun event team); consideration of how activities can be most easily implemented by both parties (events teams and practices), especially bearing in mind time and other resource pressures (e.g. specific resources that can be easily delivered by event teams to practices, easily accessible information on common queries) and mutual understanding from both primary care and voluntary and community sector organisations as to their expected roles and involvement. The initiative has been taken up by approximately 1,500 practices in the UK to date. Of interest for future research is to identify the reach of the initiative within the vicinity of where parkrun is available, and where there are gaps in such availability.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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