

Appendix B: Stakeholder consultation comments table

2018 surveillance of [Physical activity for children and young people](#) (2009)

Consultation dates: 14 to 25 May 2018

Do you agree with the proposal to not to update the guideline?			
Stakeholder	Overall response	Comments	NICE response
UK Active Research Institute	No	<p>NICE need to include a recommendation that national governing bodies need to encourage standardised measurement of cardiorespiratory fitness in children and young people. A recent review by Lang et al. (2018) found that the measurement of cardiorespiratory fitness provides a feasible way to study the link between physical activity and health at population level.</p> <p>Reference: Lang, J.J., Tomkinson, G.R., Janssen, I., Ruiz, J.R., Ortega, F.B., Leger, L., & Tremblay, M.S. (2018). Making a case for cardiorespiratory fitness surveillance among children and youth. <i>Exercise and Sport Science Reviews</i>, 46, 66-75.</p> <p>NICE need to recommend that more local and national governing bodies implement physical activity interventions for children and young people who live in areas of greater</p>	<p>Thank you for your comment relating to cardiorespiratory fitness. The paper by Lang et al., 2018 was not identified in the surveillance review because it was published outside of the literature search cut-off dates. However, it does not meet our inclusion criteria for study type because it is a narrative review. In this surveillance review and in the original protocol for the guideline, this study type was not considered.</p> <p>Thank you for your comment relating to the importance of considering socioeconomic status when delivering physical activity interventions. The paper by Stalsberg 2010 was not identified in the surveillance review because it was published outside of the literature search cut-off dates. Thank you for highlighting the paper by O'Donoghue et al., 2018, this has been added to 'Appendix A: Summary of evidence from surveillance'. As you have highlighted,</p>

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		<p>deprivation. A positive association between socioeconomic status and physical activity was found in a systematic review (Stalsberg & Pedersen, 2011). However, the findings of studies are varied with some showing no association or a negative association. A review of reviews by O'Donoghue et al. (2018) found that there was no association in reviews that focussed on pre-school children or reviews that combined children and adolescents. However, there was more of an association in studies that focussed on these age groups separately, and this may be due to the decreasing physical activity levels from childhood into adolescence.</p> <p>References: Stalsberg, R., & Pedersen, A.V. (2010). Effects of socioeconomic status on the physical activity in adolescents: a systematic review of the evidence. <i>Scandinavian Journal of Medicine & Science in Sports</i>, 20, 368-383.</p> <p>O'Donoghue, G., Kennedy, A., Puggina, A., Aleksovska, K., Buck, C., Burns, C., et al. (2018). Socio-economic determinants of physical activity across the life course: A "Determinants of Diet and Physical ACTivity" (DEDIPAC) umbrella literature review. <i>PLoS One</i>, 13, e0190737.</p>	<p>this review sheds more light onto the association between socioeconomic status and physical activity levels. The results indicate that there was no association between socioeconomic status and physical activity for pre-school, school-aged children and adolescents. However, as the authors point out, this may be due to the availability of data for this age group and the limited quality of primary studies. Evidence on the role of socioeconomic status was taken into account during guideline development (see review 1). The guideline currently recommends ensuring that children from different socioeconomic groups are actively involved and considered during the planning and provision of physical activity (see recommendations 3 and 4). Until there is further evidence on the association in young people, it is unlikely that the guideline will be affected.</p>
Diabetes UK	Yes	<p>We agree that the recommendations of this guideline should be aligned with the recent CMO guidelines on UK physical activity. In addition, we would like to draw attention to the fact that uptake of physical activity for children and young people with a physical condition such as diabetes requires planning beforehand in order to manage their blood glucose levels while being active. This guideline should consider this so as to encourage more</p>	<p>Thank you for your comment regarding physical activity in children and young people with diabetes. NICE has a guideline on Diabetes (type 1 and type 2) in children and young people: diagnosis and management which has several recommendations on the importance of managing blood glucose levels during physical activity. Please see recommendations 1.2.1, 1.2.47-53, 1.2.59, 1.2.63 and 1.3.1.</p>

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		children and young people with diabetes to increase their uptake in physical activity.	
Public Health England (PHE)	Yes	<p>Given that this guideline was last updated in 2009, there are a significant number of changes that require updating including:</p> <ul style="list-style-type: none"> • An increase in our understanding of the impact that inequality has on childhood obesity and physical activity • An extensive list of national policy developments/commitments such as the Childhood Obesity Plan, Sports Strategy, Cycling and Walking Investment Strategy DEFRA 25 year Environment Plan and World Health Organisations commitments on physical activity for children • Publications with guidance on how to interpret planning legislation and processes in order to proactively make changes to tackle the “obesogenic environment” • Sport England’s new responsibility for physical activity in school age children with work ongoing to develop insight into what motivates children and their families to be active • A significant increase in the accumulation of local practice examples from schools and local authorities • The imminent publication of a thematic review from Ofsted on “Obesity, Health Eating and Physical Activity in schools” • The Chief Medical Officer (CMO) has set up a series of groups to review the CMO’s Physical Activity Guidelines for all ages including children. 	<p>Thank you for your comments. Please find a response to each comment below:</p> <ul style="list-style-type: none"> • Thank you for your comment about the impact of inequality on childhood obesity. The guideline currently recommends ensuring that children from different socioeconomic groups are actively involved and considered during the planning and provision of physical activity (see recommendations 3 and 4). There are also recommendations on ensuring transport plans, physical activity facilities and training materials consider those who have a disability (see recommendations 3-6, 8 and 10). We have added a recent review to ‘Appendix A: Summary of evidence from surveillance’ on the association between socioeconomic status and physical activity, however we identified no further evidence in this area which would have an impact on the current recommendations. • Thank you for your comment regarding national policy developments and commitments. The remit of NICE Public Health guidelines no longer covers national policy. Therefore recommendation 1 on national policy did not undergo surveillance. • Thank you for your comment regarding publications with guidance on how to interpret planning legislation. The guideline does not cover environmental aspects of physical

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		<p>PHE suggest that the review is postponed for one year only - until 2019. This will allow for the publication of some of the ongoing research and the second chapter of the government's Childhood Obesity Plan which is anticipated to have an influence on the expectations of local authorities regarding children, young people and physical activity.</p>	<p>activity. However, we have logged this comment as an issue for the NICE guideline on Physical activity and the environment (NG90) which covers this area.</p> <ul style="list-style-type: none"> • Thank you for your comment regarding Sport England's new responsibility for physical activity in school-aged children. It is no longer in the remit of NICE to make recommendations to national bodies, therefore we will not be updating the guideline in this area. • Thank you for your comment regarding the accumulation of local practice examples. We do not include individual case studies and local practices in the guideline, however we have passed this information to the implementation team at NICE for their consideration. • Thank you for highlighting the forthcoming publication from Ofsted on "Obesity, Healthy Eating and Physical Activity in Schools". We have added this publication to our event tracker so that we can assess the impact on recommendations when it is published. • Thank you for your comment regarding the CMO's physical activity guidelines. We have added these details to our event tracker so that we can assess the impact of the new CMO guidance when it is published. • Thank you for your comment regarding the second chapter of the government's Childhood Obesity Action Plan. We have added these details to our event tracker so that we can assess the impact of the Obesity Action Plan when the new chapter is published.
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			The next scheduled full surveillance review will be in 5 years' time, however we will monitor the key areas highlighted by stakeholders and assess any impact on the guideline when available.
Royal College of Nursing	Yes	This is just to let you know that the feedback I have received from nurses working in this topic area suggests that there is no additional comments to submit to inform on the consultation of the above draft guidelines.	Thank you.

Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
ukactive Research Institute	No answer	<p>Additional evidence on Recommendation 6: A systematic review identified 17 studies that addressed the barriers and facilitators of the implementation of physical activity policies in schools. The most common barriers and facilitators reported in the studies included: “environmental context and resources” (e.g. availability of equipment, time or staff), “goals” (e.g. perceived priority of the policy in the school), “social influences” (e.g. support from school boards), “skills” (e.g. teachers’ ability to implement the policy).</p> <p>Reference: Nathan, N., Elton, B., Babic, M., McCarthy, N., Sutherland, R., Presseau, J., et al. (2018). Barriers and facilitators to the implementation of physical activity policies in schools: A systematic review. <i>Preventive Medicine</i>, 107, 45-53.</p> <p>Additional evidence on Recommendation 12: Another systematic review (n=23) also found poor study quality and a low effect size (Villa-Gonzalez et al., 2018). The</p>	<p>Thank you for your comments and for highlighting 2 additional papers for consideration.</p> <p>Thank you for highlighting the study by Nathan et al., (2018), we have added a summary of the findings to ‘Appendix A: Summary of evidence from surveillance’. As you have highlighted, the main barriers and facilitators identified in the new evidence are as follows:</p> <ul style="list-style-type: none"> - “environmental context and resources” (e.g. availability of equipment, time or staff): The guideline already emphasises the importance of making equipment available to enable physical activity in schools (see recommendation 10) so it is unlikely that the guideline will be impacted by this result. - “goals” (e.g. perceived priority of the policy in the school) and “social influences” (e.g. support from school boards): the guideline makes clear recommendations on how physical activity policies in schools can be implemented and encouraged, with the majority of

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		<p>development of quality and effective intervention programs that focus on active commuting to and from school require improvements.</p> <p>Reference: Villa-Gonzalez, E., Barranco-Ruiz, Y., Evenson, K.R., & Chillon, P. (2018). Systematic review of interventions for promoting active school transport. <i>Preventive Medicine</i>, 111, 115-134.</p>	<p>recommendations being aimed at school governors and heads of schools. For example, the guideline mentions that governors and heads of schools should continue to encourage a culture of physically active travel (recommendation 12) and provide daily opportunities for participation in physically active play by providing guidance and support, equipment and facilities (recommendation 10). Therefore, with these themes already running through the guideline it is unlikely that the recommendations will be impacted.</p> <p>- "skills" (e.g. teachers' ability to implement the policy): The guideline already makes recommendations on leadership and instruction, stating that employers should "ensure staff and volunteers have the skills (including interpersonal skills) to design, plan and deliver physical activity sessions (including active play sessions) that meet children and young people's different needs and abilities" (see recommendation 7). There is also a recommendation on training and continuing professional development which is relevant to this area see recommendation 8). Therefore it is unlikely that the guideline will be impacted.</p> <p>Thank you for highlighting the paper by Villa-Gonzalez et al. (2018). This paper was not identified in this surveillance review because it was published outside of the literature search cut-off dates. However, we have since added it to 'Appendix A: Summary of evidence from surveillance' for consideration. As you have noted, the results indicate that more high quality research is needed in the area of active commuting, with randomised designs, greater sample sizes, and the use of valid and reliable instruments. This is supported by research recommendation 2, which states: "Future research should be conducted with greater rigour, improved study design, appropriate sample sizes, and valid and reliable measures of physical</p>
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			<p>activity. It should include long-term follow-up of participants and monitoring of implementation fidelity. Studies should seek to identify causal pathways leading to a change in physical activity and health outcomes (such as a decrease in body fat and an increase in self-esteem). They should identify any potential mediating variables. They should also investigate the relationship between the length and intensity of the intervention and changes in physical activity (including sedentary behaviour).” For this reason, it is unlikely that the guideline will be impacted at this point.</p>
Diabetes UK	Yes	<p>On recommendation 2: Diabetes UK recommends that local strategies to increase physical activity also include initiatives that will reduce incidences of overweight and obesity among children and young people so as to prevent the risk of developing type 2 diabetes. These initiatives should have measurable outcomes which will reverse the trends.</p> <p>On recommendation 3: Diabetes UK is aware that some children with physical conditions such as diabetes can be limited to a certain type of physical activity and intensity level (dependent on their stage of physical development). Providers of physical activity programmes should take into consideration their needs and preferences when they are consulting children and young people with diabetes.</p> <p>On recommendation 6: In order to address behavioural barriers to children and young people over 16 in physical activity, this section to cross-refer to the NICE guideline PH6 Behaviour change: general approaches and PH 49 Behaviour change: individual approaches respectively.</p> <p>On recommendation 6: responding to children. Evidence from the surveillance review of this guideline identified</p>	<p>Thank you for your comments. Please find a response to each point separately below:</p> <ul style="list-style-type: none"> • Recommendation 2: The purpose of NICE guideline PH17 is to promote physical activity in children. Recommendations on preventing obesity in children can be found in the NICE guideline on obesity prevention (CG43). • Recommendation 3: We acknowledge that children with physical conditions such as diabetes will need careful consideration when it comes to providing physical activity opportunities. Recommendation 3 in the guideline states that during local strategic planning of physical activity interventions, children and young people should be involved and consulted to “understand the factors that help or prevent them from being physically active”. It is therefore implicit that by doing this, individual needs of children will be considered. However, for specific guidance on how to promote physical activity in children with diabetes please see NICE guideline NG18.

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		<p>'time' and 'not being good at sport' as barriers to participation. This can be addressed during the design phase of local physical activity programmes in consultation with parents, carers and children. This recommendation should reference this evidence.</p> <p>On recommendation 9: multicomponent school programmes. We recognise the role mobile apps and wearable technology have in increasing activity levels and we think that this guideline should recognise this too.</p>	<ul style="list-style-type: none"> Recommendation 6: The potential barriers mentioned in recommendation 6 are not an exhaustive list of all the barriers identified through research. As detailed in 'Appendix A: Summary of evidence from surveillance', it was felt that the barriers identified from the new evidence were more individual preferences that would be addressed by the advice given in other parts of the recommendation such as "Find out what type of physical activities children and young people enjoy, based on existing research or local consultation (for example, some might prefer non-competitive or single-gender activities). Actively involve them in planning the resulting physical activities". Therefore it is unlikely that the guideline will be impacted at this time. Recommendation 9: As detailed in 'Appendix A: Summary of evidence from surveillance', we identified some evidence on the effectiveness of mobile apps and wearable technologies. The guideline does not currently mention the use of wearable technology as part of a physical activity intervention. We concluded that more evidence in this area is required before the impact on guidance can be assessed.
Public Health England (PHE)	No	No comments provided	Thank you.
Royal College of Nursing	No answer	No comments provided	Thank you.

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Do you have any comments on equalities issues?

Stakeholder	Overall response	Comments	NICE response
ukactive Research Institute	Yes	<p>Additional evidence on Recommendation 11: Two further reviews were identified in the literature. A systematic review by Allison et al. (2017) identified only 4 intervention studies that assessed how physical activity interventions promoted team sport among girls. The findings show that interventions can encourage girls to try new sports, but the evidence is limited.</p> <p>Laird et al. (2016) investigated in their systematic review and meta-analysis (n=84) the effect of social support on girls' physical activity. They found high heterogeneity and some evidence of publication bias. Their results suggest that social support is not a strong predictor of girls' physical activity levels although parents and friends may have a role in enhancing physical activity.</p> <p>References: Allison, R., Bird, E.L., & McClean, S. (2018). Is team sport the key to getting everybody active, every day? A systematic review of physical activity interventions aimed at increasing girls' participation in team sport. <i>Aims Public Health</i>, 4, 202-221.</p> <p>Laird, Y., Fawkner, S., Kelly, P., McNamee, L., & Niven, A. (2016). The role of social support on physical activity behaviour in adolescent girls: a systematic review and meta-analysis. <i>International Journal of Behavioural Nutrition and Physical Activity</i>, 13, 79.</p>	<p>Thank you for your comments. The review by Allison et al. (2017) was not identified in the literature search and we have since added it to 'Appendix A: summary of evidence from surveillance'. As you have noted, the findings from this review indicate that there is limited evidence on physical activity interventions for promoting team sport participation among girls in the UK. Until there is further evidence in this area, the guideline will not be impacted.</p> <p>Thank you for highlighting the review by Laird et al. (2016). This paper was identified during the surveillance review but was excluded because it did not meet the inclusion criteria for the surveillance review due to lack of reporting detail in the abstract.</p>

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Diabetes UK	No	No comments provided	Thank you.
Public Health England (PHE)	No	No comments provided	Thank you.
Royal College of Nursing	No answer	No comments provided	Thank you.

Additional Comments:

None.

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