NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH GUIDANCE

SCOPE

1 Guidance title

Physical activity: brief advice for adults in primary care

1.1 Short title

Physical activity advice in primary care

2 Background

a) This is a partial update of ‘Four commonly used methods to increase physical activity’, NICE public health guidance 2 (2006). Following a review of the guidance in 2009, NICE decided to update the ‘brief advice in primary care’ recommendations[1]. This update will:

- make use of current evidence to provide greater detail on how brief advice can be incorporated more routinely in primary care
- have an additional focus on the role of local infrastructure and systems in supporting delivery of brief advice
- consider mental wellbeing as an outcome.

b) The other elements of NICE public health guidance 2 will be addressed as follows.

- NICE will reconsider the need to update the recommendations on **exercise referral** in light of the health technology assessment (HTA) review on the subject (Pavey et al. 2011). If there is sufficient new evidence, the recommendations will be updated as part of a future piece of work.

[1] For further details on the review decision, visit www.nice.org.uk/guidance/PH2

- NICE is developing new guidance on **local measures to promote walking and cycling** which will include an update of the recommendations on pedometers and walking and cycling schemes.

c) This guidance will support a number of related policy documents including:

- 'Healthy lives, healthy people: our strategy for public health in England' (Department of Health 2010).
- ‘Improving outcomes: a strategy for cancer' (Department of Health 2011a).
- ‘Let’s get moving. Commissioning guidance. A new physical activity care pathway for the NHS’ (Department of Health 2009).
- 'No health without mental health: a cross-government mental health outcomes strategy for people of all ages' (HM Government 2011).
- ‘Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers’ (Department of Health 2011b).
- ‘The public health responsibility deal’ (Department of Health 2011c).

d) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at primary care practitioners and those working in primary care settings, for example community nurses, exercise professionals, GPs, health trainers, health visitors, mental health professionals, pharmacists and physiotherapists. It may also be of interest to commissioners of health services, those with a role in the promotion of physical activity and members of the public.

e) The guidance will supersede recommendations 1–4 in 'Four commonly used methods to increase physical activity' NICE public health guidance 2.

f) The guidance will complement NICE guidance on: behaviour change, cardiovascular disease, community engagement, the management of type 1 and type 2 diabetes, mental wellbeing, obesity, and physical activity. For further details, see section 6.

This guidance will be developed using the NICE public health intervention process.

3 The need for guidance

a) Increasing physical activity has the potential to significantly improve both physical and mental wellbeing, reduce all-cause mortality and improve life expectancy. For example, increasing activity levels will help prevent and manage over 20 conditions and diseases including coronary heart disease (CHD), cancer, diabetes, musculoskeletal disorders and obesity (Department of Health 2011b).

b) One in four people will experience some form of mental health problem in the course of a year (Mental Health Foundation 2011). Physical activity can help prevent and alleviate problems such as clinical depression, dementia (Laurin et al. 2001) and Alzheimer's (Scarmeas et al. 2009). It may even be as successful as psychotherapy or medication in treating clinical depression (Lawlor and Hopler 2001). Physical activity also has a role in enhancing psychological wellbeing by improving mood, self-perception, self-esteem and reducing stress.

c) The majority of adults and many children in England do not meet the Chief Medical Officer's (CMO) recommendations for physical activity. In 2008, based on self-reporting, 39% of men and 29% of women aged 16 and over met the then CMO recommendations on minimum physical activity levels (The Health and Social Care Information Centre 2011a)[2].

d) Physical activity levels vary according to income, gender, age, ethnicity and disability. People tend to be less physically active as they get older and levels of physical activity are generally lower among women than men. Physical activity levels are also lower

[2] The recommended level of activity for adults at that time was five episodes of at least moderate-intensity activity on at least 5 days a week. In 2011, this was changed to being active daily and accumulating at least 150 minutes of moderate-intensity, or 75 minutes vigorous activity, in bouts of 10 minutes or more over a week. Additional recommendations on strength and balance, and for older people and children, were also developed (Department of Health 2011).

among certain minority ethnic groups, among people from lower socioeconomic groups and among those with disabilities (Department of Health 2011b).

e) Inactivity costs the NHS an estimated at £1.06 billion based on national cases of CHD, stroke, diabetes, colorectal cancer and breast cancer (all potentially preventable or manageable through physical activity). This is a conservative estimate given, the exclusion of other health problems that can be exacerbated through lack of physical activity. (Examples include osteoporosis, falls and mental wellbeing (Allender et al. 2007). The total cost of inactivity further increases when considering the wider economic costs. These include sickness absence, estimated at £5.5 billion per year, and the premature death of productive individuals of working age from 'lifestyle-related' diseases, estimated at £1 billion per year (Ossa and Hutton 2002).

f) There is strong evidence that doctors should first encourage patients to adopt a healthy lifestyle and then help them to maintain it when helping people with a 'lifestyle-related' disease (Khan et al. 2011). Despite the benefits of physical activity and NICE guidance on brief advice in primary care[3], the systematic use of brief advice on physical activity is not universal. For instance, Weiler and Stamatakis (2010) note that: 'despite physical inactivity being the most prevalent, modifiable affliction and possibly the greatest chronic disease risk factor, it is still not receiving the attention that scientific and clinical evidence would seem to merit'.

[3] See 'Four commonly used methods to increase physical activity' NICE public health guidance 2.

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider.

4.1 Who is the focus?

4.1.1 Groups that will be covered

Adults aged 19 and over.

4.1.2 Groups that will not be covered

Children and young people aged 18 years and under.

4.2 Interventions/approaches

4.2.1 Interventions/approaches that will be covered

This guidance will consider:

a) Brief advice to promote physical activity. Brief advice comprises: verbal advice, discussion, negotiation or encouragement, with or without written or other support or follow-up. It could be opportunistic and can typically take from less than a minute to up to 20 minutes. It can vary from basic advice to a more extended, individually-focused discussion. The advice might be delivered in a GP surgery, health centre or other primary care setting. It may also be delivered by primary care professionals in other settings (for example, a residential home). People who may give this advice include: community nurses, GPs, heath visitors, pharmacists, physiotherapists, exercise professionals or health trainers.

b) This guidance will also consider local infrastructure and systems that facilitate the delivery of brief advice in primary care settings. These might include:

- structured arrangements such as scheduled annual health checks
- 'triggers' in computerised patient records
- incentive schemes for professionals such as the 'Quality and outcomes framework'[4].

4.2.2 Interventions/approaches that will not be covered

- Exercise referral schemes offering an assessment of need, development of a tailored physical activity programme, monitoring and follow-up. (See 'Four commonly used methods to increase physical activity' NICE public health guidance 2 for recommendations on exercise referral.)

- Schemes that encourage physical activity – for example, walking and cycling schemes.

- Advice given in the context of specific conditions (that is, tertiary prevention[5]).

4.3 Key questions and outcomes

Below are the overarching questions that will be addressed, along with some of the outcomes that would be considered as evidence of effectiveness:

Question 1: What types of brief advice are effective and cost effective in promoting physical activity in primary care? Does the method of delivery, type of advice and person delivering the advice influence the effectiveness and/or cost effectiveness of the intervention?

Question 2: What type of local infrastructure and systems support effective and cost effective delivery of brief advice on physical activity in primary care?

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[4] The 'Quality and outcomes framework' (QOF) is part of the general medical services (GMS) contract for general practices and was introduced on 1 April 2004. QOF financially rewards practices for the provision of 'quality care' and helps to fund further improvements. Practice participation in QOF is voluntary but most participate. This includes practices on GMS contracts, as well as those on personal medical services (PMS) contracts (The Health and Social Care Information Centre 2011b).

[5] Tertiary prevention aims to limit the complications and disabilities that result from a condition, reduce the severity and progression of disease or provides rehabilitation.

Question 3: What are the barriers to, and facilitators for, the delivery of brief advice on physical activity in primary care?

Question 4: What are the barriers to, and facilitators for, the uptake of brief advice on physical activity in primary care?

Expected outcomes:

- A change in practitioners' knowledge, intentions, ability and confidence in relation to giving brief advice; and how often they offer such advice.
- A change in people's knowledge of, and attitudes and intentions towards, physical activity.
- A change in the intensity, frequency and duration of physical activity.
- A change in people's physical health (for example, cardiovascular capacity) and their mental health and wellbeing.
- A change in the local infrastructure and systems used to initiate or support the giving of brief advice.

4.4 Status of this document

This is the final scope, incorporating comments from a 4-week consultation.

5 Further information

The public health guidance development process and methods are described in 'Methods for development of NICE public health guidance (second edition)' (NICE 2009) and 'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public (second edition)' (NICE 2009).

6 Related NICE guidance

Published

Preventing type 2 diabetes – population and community interventions. NICE public health guidance 35 (2011)

Weight management before, during and after pregnancy. NICE public health guidance 27 (2010)

Prevention of cardiovascular disease. NICE public health guidance 25 (2010)

Mental wellbeing and older people. NICE public health guidance 16 (2008)

Identifying and supporting people most at risk of dying prematurely. NICE public health guidance 15 (2008)

Promoting physical activity in the workplace. NICE public health guidance 13 (2008)

Physical activity and the environment. NICE public health guidance 8 (2008)

Behaviour change. NICE public health guidance 6 (2007)

Obesity. NICE clinical guideline 43 (2006)

Four commonly used methods to increase physical activity. NICE public health guidance 2 (2006)

Under development

Preventing type 2 diabetes: risk identification and interventions for high risk individuals. (Publication expected May 2012)

Walking and cycling. (Publication expected October 2012)

Obesity: working with local communities. (Publication expected November 2012)

Assessing thresholds for body mass index (BMI) and waist circumference in black and minority ethnic groups. (Publication date to be confirmed)

Overweight and obese adults: lifestyle weight management services. (Publication date to be confirmed)

Appendix A Potential considerations

It is anticipated that the Public Health Interventions Advisory Committee (PHIAC) will consider the following issues.

- Critical elements. For example, whether effectiveness and cost effectiveness of brief advice varies according to:
  - the diversity of the population (for example, in terms of the person's age, gender or ethnicity)
  - the status of the person delivering it and the way it is delivered
  - its frequency, length and duration
  - where it takes place and whether it is transferable to other settings
  - its intensity.

- Whether it is based on an underlying theory or conceptual model.

- Any trade-offs between equity and efficiency.

- Any factors that prevent – or support – effective implementation, for example the knowledge, competencies and beliefs of practitioners.

- Any adverse or unintended effects, for example, muscular injury.

- The range and variability of current practice.

- Availability and accessibility for different groups.

Appendix B References

Allender S, Foster C, Scarborough P et al. (2007) The burden of physical activity-related ill health in the UK. Journal of Epidemiology and Community Health 61: 344–348

Department of Health (2009) Let's get moving: Commissioning guidance. A new physical activity care pathway for the NHS. London: Department of Health

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Department of Health (2011b) Start active, stay active: A report on physical activity from the four home counties' Chief Medical Officers [online]

Department of Health (2011c) The public health responsibility deal [online]

HM Government (2011) No health without mental health: a cross-government mental health outcomes strategy for people of all ages. London: Department of Health

Khan KM, Weiler R, Blair SN (2011) Prescribing exercise in primary care. British Medical Journal 343: d4141

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Mental Health Foundation (2011) Governance [online]

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Pavey TG, Anokye N, Taylor AH et al. (2011) The clinical effectiveness and cost-effectiveness of exercise referral schemes: a systematic review and economic evaluation. Health Technology Assessment 15 (44)

Scarmeas N, Luchsinger JA, Schupf N et al. (2009) Physical activity, diet, and risk of Alzheimer's disease. Journal of the American Medical Association 302 (6): 627–37

The Health and Social Care Information Centre (2011a) Statistics on obesity, physical activity and diet: England, 2011 [online]

The Health and Social Care Information Centre (2011b) Quality outcomes frameworks online GP practice database [online]

Weiler R, Stamatakis E (2010) Physical activity in the UK: a unique crossroad? British Journal of Sports Medicine (44) 13: 912–4