NICE National Institute for Health and Care Excellence

Surveillance report 2017 – Behaviour change: individual approaches (2014) NICE guideline PH49

Surveillance report

Published: 30 November 2017

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Surveillance decision

We will partially update the guideline on behaviour change: individual approaches.

Reason for the decision

We found 60 new studies, 2 reports and 10 pieces of ongoing research. None of the new evidence considered was assessed as having a substantial effect on the guideline recommendations, but did indicate that there was evidence that addresses a recommendation for research on remotely delivered behaviour change interventions. See appendix A.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 4 years after the publication of behaviour change: individual approaches (2014) NICE guideline PH49.

For details of the process and update decisions that are available, see ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual.

New evidence from 4-year surveillance review on PH49

A literature search was undertaken to identify randomised controlled trials and systematic reviews published between 1 July 2012 to 14th June 2017 on behaviour change interventions that identified behaviour change techniques.

A focused literature search for any study published between 1 July 2012 and 8th June 2017 on choice architecture interventions[1] was also undertaken; this evidence is discussed in the surveillance review for behaviour change: general approaches (2007) NICE guideline PH6, which concluded that there was body of evidence on choice architecture interventions aimed at changing dietary behaviour and as such should be considered as part of the partial update of preventing excess weight gain NICE guideline NG7.

All relevant abstracts were assessed for their impact on the recommendations within PH49.

We reviewed studies highlighted by topic experts for any potential impact on the guideline scope and remit, with 3 studies (including 1 ongoing piece of research) and 2 reports meeting inclusion criteria. These are summarised in the evidence summary (appendix A).

We checked for ongoing and newly published research from NIHR and Cochrane as well as new policy developments. Seven published studies were included as evidence, and 9 pieces of ongoing research were identified.

See appendix A: evidence summary for references and assessment of the abstracts for all

new evidence considered.

Consideration of the evidence

We found a total of 60 new studies, 2 reports and 10 pieces of ongoing research through surveillance of this guideline. This evidence indicates that new evidence is available that impacts directly on:

- Ongoing research was identified on technology-based behaviour change interventions and on identifying effective behavioural components of smoking cessation interventions. Publications of the work on technology-based behaviour change interventions will be looked at when PH49 is updated, if they are available; and publications on effective behavioural components in smoking cessation interventions will be looked at when PH49 undergoes its next surveillance review, if available.

New evidence was identified for the following guideline recommendations, but it has been concluded that it does not have an impact on the content of the recommendations:

- Recommendation 7: Use proven behaviour change techniques when designing interventions.
- Recommendation 8: Ensure interventions meet individual needs.
- Recommendation 9: Deliver very brief, brief, extended brief and high intensity behaviour change interventions and programmes.
- Recommendation 10: Ensure behaviour change is maintained for at least a year.
- Recommendation 13: Provide training for health and social care practitioners.
- Recommendation for research 1: Which choice architecture interventions help to reduce increased-risk and higher-risk drinking of alcohol, improve sexual health behaviours, help stop or reduce smoking, or increase the physical activity levels of the general UK population? How is this related to sociodemographic variables?
- Recommendation for research 3: Which combinations of behaviour change techniques and modes of delivery are effective and cost effective in initiating particular behaviour changes, and in maintaining those changes? How does this vary among people from different socio-demographic groups or with different levels of motivation, access to information or skills?

- Gaps in the evidence 1: A lack of recent evidence on behaviour change techniques used to influence sexual behaviour. In particular, a lack of UK randomised control trials with populations aged 16 and over.

See appendix A for details of the evidence reviewed.

We did not find any new evidence related to:

- Recommendation 1: Develop a local behaviour change policy and strategy
- Recommendation 2: Ensure organisation policies, strategies, resources and training all support behaviour change
- Recommendation 3: Commission interventions from services willing to share intervention details and data
- Recommendation 4: Commission high quality, effective behaviour change interventions
- Recommendation 5: Plan behaviour change interventions and programmes taking local needs into account
- Recommendation 6: Develop acceptable, practical and sustainable behaviour change interventions and programmes
- Recommendation 11: Commission training for all staff involved in helping to change people's behaviour
- Recommendation 12: Provide training for behaviour change practitioners
- Recommendation 14: Assess behaviour change practitioners and provide feedback
- Recommendation 15: Monitor behaviour change interventions
- Recommendation 16: Evaluate behaviour change interventions
- Recommendation 17: National support for behaviour change interventions and programmes.

Implementation

Nothing identified through implementation feedback indicates a need to update the

guideline.

Equalities

No evidence has been found to indicate that the guideline does not comply with anti-discrimination and equalities legislation.

Implications for other NICE programmes

The surveillance review recommendation to partially update behaviour change: individual approaches (PH49) is unlikely to affect the Quality statement (QS) that uses PH49 as a source: QS84 physical activity: for NHS staff, patients and carers (March 2015) as there are no statements in the area proposed for update.

There is a referred public health QS: Programme management: effective ways to run public health programmes to generate a change in behavior that plans to use PH6 as a resource. The decision to partially update PH49 should be taken into consideration when the QS is developed.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline and other correspondence we have received since the publication of the guideline.

Four experts responded about PH49: none indicated that the guideline should be updated (1 responder was 'unsure', 1 thought it did not need updating and 2 did not indicate whether or not they thought the guideline should be updated).

Additionally, a discussion was had with Public Health England (PHE) to get its feedback on the proposed surveillance decision. PHE agreed that a new guideline on technology-based behavior change interventions should be developed. PHE also noted that while PH49 focuses on behavior change within specific lifestyle risk factors, there are also other areas of individual level behavior change that are of importance, such as in relation to air pollution, prescriber behaviour. These are covered within other NICE guidelines.

Overall decision

After considering all the new evidence and views of topic experts, we are proposing that this guideline is partially updated with a modified scope in order to develop a new guideline on remotely delivered behaviour change interventions. A new guideline is proposed as it is anticipated that a broader population and other behaviours than those included in PH49 may be considered in an update.

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The NICE project team would like to thank the topic experts who participated in the surveillance process.

ISBN: 978-1-4731-2765-4

[1] Interventions which change the context in which someone will make a decision in order to influence how they act. For example, placing healthier snacks closer to a shop checkout and putting sugary and high-fat options out of reach may influence people to make a healthier choice because it is more accessible. Behaviour change approaches based on choice architecture are also referred to as 'nudge' or 'nudging' interventions.