NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

PUBLIC HEALTH GUIDANCE

SCOPE

1 Guidance title

Physical activity: exercise referral schemes to promote physical activity (partial update of PH2)

1.1 Short title

Exercise referral schemes

2 Background

a) This is a partial update of Four commonly used methods to increase physical activity (NICE public health guidance 2 [2006].) An update of the recommendations on 'brief advice in primary care' has already been published[1]. In addition, the recommendations on pedometers and community-based programmes for walking and cycling have been superseded by NICE guidance on walking and cycling.

b) When the guidance was first reviewed in 2009, NICE deferred a decision about the recommendation on exercise referral schemes, pending the findings from a health technology assessment (HTA) review. The HTA review was published in December 2011 (Pavey et al) and subsequently, it was decided to update the recommendation about exercise referral schemes[2].

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

[1] See Physical activity brief advice in primary care for details.
[2] For details on the 2012 review decision see Physical activity (PH2) exercise referral: review decision.

- ‘Exercise referral systems: a national quality assurance framework’ (NHS 2001)
- 'Healthy lives, healthy people: our strategy for public health in England' (Department of Health 2010)
- ‘Improving outcomes and supporting transparency: a public health outcomes framework for England, 2013–2016’ (Department of Health 2012a)
- ‘Improving outcomes: a strategy for cancer' (Department of Health 2011a)
- ‘Let’s get moving. Commissioning guidance. Physical activity care pathway for the NHS’ (Department of Health 2012)
- '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 commissioners, managers and professionals with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It is particularly aimed at those responsible for referring people to exercise referral schemes. This includes: GPs, practice nurses and other members of the primary health care team and allied health professionals such as physiotherapists and dietitians. It is also aimed at those who commission, develop, manage and deliver exercise referral schemes and physical activity ‘exit strategies’ from those schemes. This includes leisure centre staff, exercise and physical activity professionals, health promotion

and public health specialists. It may also be of interest to members of the public.

e) The guidance will supersede recommendation 5 in Four commonly used methods to increase physical activity NICE public health guidance 2.

f) The guidance will complement, but not replace, other NICE guidance on: behaviour change, cardiovascular disease, community engagement, diabetes, mental wellbeing, obesity and physical activity. For further details, see section 6.

This guidance will be developed using the NICE public health guidance process and methods guides.

3 The need for guidance

a) Physical activity can significantly improve both physical and mental wellbeing and reduce all-cause mortality throughout life. It can also improve life expectancy. For example, physical activity can help prevent and manage over 20 conditions and diseases including coronary heart disease (CHD), some cancers, diabetes, musculoskeletal disorders and obesity (Department of Health 2011b).

b) In 2011, the Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland issued joint UK physical activity guidelines for people of all ages (Department of Health 2011b). For adults, the guidelines recommend 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. The guidelines also recommend minimising sedentary behaviour such as sitting for long periods. There are additional recommendations on strength for all groups and in relation to improving balance for older people.

c) Most adults and many children in England do not meet the levels of physical activity recommended by the UK physical activity guidelines. In 2008, based on self-reporting, 39% of men and 29% of women aged 16 and over met the recommendations[3] on minimum physical activity levels (NHS Information Centre for Health and Social Care 2009). Physical activity levels vary according to income, gender, age, ethnicity and disability. Generally women are less active than men and people tend to be less active as they get older. Leisure time physical activity levels are also lower among certain minority ethnic groups, people from lower socioeconomic groups and those with disabilities (Department of Health 2011b).

d) During 2007/2008, an estimated 292.4 million consultations took place in primary care, with the average patient receiving 5.3 consultations (QRESEARCH and the Health and Social Care Information Centre 2008). Every consultation provides an opportunity to promote physical activity or to refer people to a physical activity programme (Boyce et al. 2008).

e) Physical inactivity costs the NHS an estimated £0.9 billion, based on the occurrence of diseases that can be prevented by being physically active (Scarborough et al. 2011). This includes: coronary heart disease, stroke, diabetes, colorectal cancer and breast cancer. Other health problems, such as osteoporosis and poor mental health, can also be exacerbated through lack of physical activity so this is a conservative estimate. In the UK in 2002, researchers found that physical inactivity was responsible for 3.1% of all deaths and illnesses (Allender et al. 2007).

f) The cost to industry of sickness absence caused by conditions related to physical inactivity is around £5.5 billion per year. In

[3] In 2008, adults were advised to undertake 30 minutes of at least moderate-intensity activity on at least 5 days a week.

addition, the cost of people of working age (as defined in the reference) of dying from 'lifestyle-related' diseases is estimated at £1 billion per year (Ossa and Hutton 2002).

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 years and over who are inactive[4]

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

Exercise referral schemes which consist of:

- An assessment involving a primary care or allied health professional to determine that someone is 'inactive', that is, they are not meeting the current UK physical activity guidelines (see section 3 above).
- A referral by a primary care or allied health professional to a physical activity specialist or service.
- An assessment involving a physical activity specialist or service to determine what programme of physical activity to recommend.
- Participation in a physical activity programme.

[4] 'Inactive' refers to those who are not meeting current UK physical activity guidelines.

This guidance will also consider other factors that support the delivery of effective exercise referral schemes.

4.2.2 Interventions/approaches that will not be covered

- Brief physical activity advice on its own.
- Walking and cycling schemes that are not part of an exercise referral scheme.
- Rehabilitation programmes used to aid recovery from specific conditions (for example, cardiac or pulmonary rehabilitation programmes).

4.3 Key questions and outcomes

Question 1: How effective and cost effective are exercise referral schemes? What are the most important factors that influence effectiveness and cost effectiveness? For example: how does effectiveness and cost effectiveness vary according to different types of scheme and by participant?

Question 2: What factors influence referral to an exercise referral scheme? For example:

- What are the barriers to, and facilitators for, referring people?
- What facets of an exercise referral scheme (such as the type, location or cost) have an impact?
- What factors about the person making the referral (such as age, gender and/or attitude to physical activity) have an impact?
- What 'participant' factors (such as travel and/or cost) have an impact?

Question 3: What factors influence attendance at, and successful completion of, the scheme? For example:

- What 'activity' factors (such as type, location and/or cost) have an impact?
- What 'activity leader' factors (such as attitude, empathy and/or knowledge) have an impact?

- What ‘participant’ factors (such as resource, time and/or availability of activities) have an impact?

Question 4: What factors influence longer-term participation in physical activity following attendance at an exercise referral? For example:

- How does the availability, cost and/or location of activities influence participation?
- What ‘participant’ factors (such as time, travel and/or availability of activities) influence participation?

Expected outcomes

- A change in the number of people assessed and/or referred to a specialist or service for a programme of physical activity.
- A change in the number of people attending and completing the supervised or directed exercise activity.
- A change in people’s knowledge of, and attitudes and intentions towards, physical activity.
- A change in the frequency, duration or intensity of physical activity that people undertake.
- A change in people’s physical health (for example, cardiovascular capacity or blood pressure) or their mental health and wellbeing (for example quality of life).
- A change in other health and social outcomes (for example, work productivity or social interaction and participation).

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 (third edition) (2012) and The NICE public health guidance development process (third edition) (2012).

6 Related NICE guidance

Published

Walking and cycling. NICE public heath guidance 41 (2012)

Preventing type 2 diabetes: risk identification and interventions for high risk individuals. NICE public health guidance 38 (2012)

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

Depression in adults. NICE clinical guideline 90 (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)

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

Obesity. NICE clinical guideline 43 (2006)

Under development

Physical activity brief advice in primary care (partial update of PH2). NICE public health guidance (publication expected May 2013)

Body mass index and waist circumference thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups. NICE public health guidance (publication expected June 2013)

Overweight and obese children and young people: lifestyle weight management services. NICE public health guidance (publication expected October 2013)

Overweight and obese adults: lifestyle weight management services. NICE public health guidance (publication expected May 2014)

Primary, secondary and tertiary interventions to promote mental well being and independence of older people. NICE public health guidance (publication date to be confirmed)

Appendix A Potential considerations

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

- Critical elements including any interaction between them. For example, whether the effectiveness and cost effectiveness of exercise referral schemes varies according to the:
    - diversity of the population (for example, in terms of the person's age, gender or ethnicity)
    - health status of the person being referred
    - way people are identified for referral
    - status and characteristics of the person initiating the referral
    - status and characteristics of the person delivering the activity and the way it is delivered
    - frequency, length and duration of the activity
    - variety of activities offered
    - inclusion of monitoring and evaluation processes
    - use of motivational techniques.

- Levels of awareness among health practitioners of exercise referral schemes and the knowledge, competencies and beliefs of primary care or exercise professionals.

- Whether exercise referral schemes are based on an underlying theory or conceptual model.

- Any trade-offs between equity and efficiency.

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

- Availability and accessibility of exercise referral schemes for different populations.

- Administration arrangements between primary care and physical activity services for transfer of initial assessments and medical records and for the referral of people from primary care to physical activity services.
- Presence, type, content and duration of ‘exit strategies’ on completion of an exercise referral scheme
- Effect on physical activity levels following the scheme.
- The current public health context.

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: 344–8

Boyce T, Robertson R, Dixon A (2008) Commissioning and behaviour change: Kicking bad habits final report. London: The King's Fund

British Heart Foundation National Centre for Physical Activity and Health (2010) A toolkit for the design, implementation and evaluation of exercise referral schemes [online]

Department of Health (2010) Healthy lives, healthy people: our strategy for public health in England. London: Department of Health

Department of Health (2011a) Improving outcomes: a strategy for cancer. London: Department of Health

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

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

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Health and Social Care Information Centre (2009) Health survey for England 2008: physical activity and fitness. London: Health and Social Care Information Centre

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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)

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QRESEARCH, Health and Social Care Information Centre (2008) Trends in consultation rates in general practice: 1994/1196 to 2007/2008: Analysis of the QRESEARCH database. London: NHS Information Centre for Health and Social Care

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