NICE National Institute for Health and Care Excellence

# 2018 surveillance of physical activity: exercise referral schemes (NICE guideline PH54)

Surveillance report

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# Surveillance decision

We will not update the guideline on physical activity: exercise referral schemes, but will withdraw the following recommendation:

- Recommendation 3: Public Health England should develop and manage a system to collate local data on exercise referral schemes. This system should:

## Reasons for the decision

The majority of new evidence was found to be consistent with the current recommendations. We found new evidence on barriers to uptake of exercise referral schemes, however recommendations from other NICE guidelines address these barriers and are already cross-referred to in NICE guideline PH54.

We will withdraw recommendation 3, as it was considered to duplicate content from elsewhere in the guideline (recommendation 2).

For further details and a summary of all evidence identified in surveillance, see appendix A.

# Overview of 2018 surveillance methods

NICE's surveillance team checked whether recommendations in physical activity: exercise referral schemes (NICE guideline PH54) remain up to date.

The surveillance process consisted of:

- Initial feedback from topic experts via a questionnaire.
- Input from stakeholders on known variations in practice and policy priorities.
- Literature searches to identify relevant evidence.
- Assessing the new evidence against current recommendations and deciding whether or not to update sections of the guideline, or the whole guideline.
- Consulting on the decision with stakeholders and considering comments received during consultation.

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

# Evidence considered in surveillance

## Search and selection strategy

We searched for new evidence related to the whole guideline.

We found 3 studies in a search for randomised controlled trials, systematic reviews and qualitative studies published between 1 October 2013 and 6 March 2018.

We also included 2 studies identified in comments received during consultation on the 2018 surveillance decision.

From all sources, we considered 5 studies to be relevant to the guideline.

See appendix A: summary of evidence from surveillance for details of all evidence considered, and references.

### Selecting relevant studies

The standard surveillance review process of using RCT and systematic review selection criteria would not capture relevant studies investigating barriers and facilitators to uptake or exercise referral schemes. In line with the selection criteria used in the guideline, we included qualitative evidence in this area.

# Ongoing research

We identified ongoing research that may impact the guideline. Of the ongoing studies identified, 5 studies were assessed as having the potential to change recommendations; therefore we plan to check the publication status regularly, and evaluate the impact of the results on current recommendations as quickly as possible. These studies are:

- A multi-centred randomised trial to assess if adding web-based support to exercise referral schemes for individuals with metabolic, musculo-skeletal and mental health conditions can increase physical activity after 12 months.
- Guildford HyperTension 2000: Exercise interventions to increase levels of physical and sporting activity.
- Physical activity monitors in the Welsh National Exercise Referral Scheme to enhance maintenance.
- Long-term implementation and effects of the National Exercise Referral Scheme (NERS) in Wales.

# Intelligence gathered during surveillance

## Views of topic experts

We sent questionnaires to 14 topic experts and received 6 responses. The topic experts participated in the guideline committee who developed the guideline.

Four of the topic experts felt that the guideline is in need of an update, while 2 did not.

Some of the areas for update included emerging evidence on social prescribing interventions, which often include an element of exercise referral. Another factor was a concern that the wording of the recommendations may be open for misinterpretation, resulting in the commissioning of exercise referral schemes for inactive but otherwise healthy people, which is not recommended in the guideline.

See appendix A: summary of evidence from surveillance for details of how these concerns have been addressed.

## Views of stakeholders

Stakeholders are consulted on all surveillance decisions except if the whole guideline will be updated and replaced. Because this surveillance decision was to not update the guideline, we consulted on the decision.

Overall, 6 stakeholders commented. Two organisations agreed with the decision, 2 organisations disagreed and 2 organisations noted that they had no comments to make on the proposal. A concern was raised around the lack of recommendations on the required length of an exercise referral scheme, with suggestions made of further evidence in this area. The research highlighted during consultation have either been previously considered during original guideline development or are not yet published. We have added the ongoing research onto our event tracker and will review this area once the results have been made available. The guideline also recognises the need for further evidence that compares exercise referral schemes that vary by intensity and duration (see research recommendation 5.1).

A concern was raised around the barriers to uptake and adherence of exercise referral schemes and how the guideline could be more specific in this area. We acknowledge that evidence has emerged in this area since the guideline was published, see appendix A. However, after careful consideration of the findings, it was concluded that the barriers identified are adequately covered by the recommendations in both NICE guideline PH54 and NICE's guideline on behaviour change: individual approaches, therefore no impact on the guideline is expected. In addition, the consultee also highlighted that exercise referral schemes may not be a suitable option for people with multiple conditions and that the guideline should specify this. Whilst we acknowledge that exercise referral schemes may not be suitable for all groups, it is expected that by taking into account individual needs and monitoring progress, as set out in recommendation 2, clinicians and professionals would recognise any issues and consider alternative options accordingly. Therefore it is

unlikely that the guideline will be impacted.

See appendix B for full details of stakeholders' comments and our responses.

See ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual for more details on our consultation processes.

## Equalities

No equalities issues were identified during the surveillance process.

## Editorial amendments

During surveillance of the guideline we identified the following points in the guideline that should be amended:

- Recommendation 2, bullet 2: the hyperlink to the 'Standard Evaluation Framework for physical activity interventions' should be amended to link to the archived version here.
- In the glossary section, the link to the Register of Exercise Professionals should be corrected to the updated link here.
- In Box 1, there is a cross referral to NICE guideline CG88 which needs correcting. This guideline has been replaced by NICE's guideline on low back pain and sciatica in over 16s: assessment and management.
- In Box 2, there is a cross referral to NICE guideline PH8 which needs correcting. This guideline has been updated and replaced by NICE's guideline on physical activity and the environment.

# Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided that no update is necessary.

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