

DH statement on Exercise Referral (March 2007)

Document purpose: Best practice guidance

Gateway reference: 7930

Intended audience: PCT CEs, Directors of PH, SHA Directors of Performance, PCT Finance Directors, PCT Directors of Commissioning, Local Authority Chief Executives.

Description: This statement clarifies the position with respect to local commissioning of exercise referral schemes in England. It should be read in conjunction with the National Institute for Health and Clinical Excellence Public Health Intervention Guidance 2: *Four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling*. [March 2006]

(<http://www.nice.org.uk/download.aspx?o=299528>)

Summary guidance

The Department of Health urges commissioners, practitioners and policy makers to continue to provide high quality exercise referral schemes for their local population where these address:

- a) The medical management of conditions, e.g, type 2 diabetes, obesity and osteoporosis.
- b) Approaches specific to preventing or improving individual health conditions (e.g. falls prevention), which fall outside the overarching advice to achieve 30 minutes moderate activity on at least 5 days a week.

Schemes should be commissioned and managed in accordance with the National Quality Assurance Framework for exercise referral in England.

Exercise referral schemes solely for the purpose of promoting physical activity (i.e. where there is no underlying medical condition or risk) should only be commissioned or endorsed by commissioners, practitioners and policy makers when they are part of a properly designed and controlled research study to determine effectiveness.

Background

The Department of Health (DH) asked the National Institute for Health and Clinical Excellence (NICE) to produce guidance on exercise referral schemes as part of an assessment of four common methods used to increase the population's physical activity levels.

The National Institute for Health and Clinical Excellence defines exercise referral in the following terms:

An exercise referral scheme directs someone to a service offering an assessment, development of a tailored physical activity programme, monitoring of progress and follow-up. They involve participation by a number of professionals and may require the individual to go to an exercise facility such as a leisure centre.

Following consultation, NICE set the following criteria to define which groups should be covered by the assessment:

Groups included in the assessment	Groups not included in the assessment (i.e. groups for which exercise referral may be appropriate outside of randomised control trials)
Adults and young people aged 16 years or older	a) Children aged less than 16 years b) The medical management of related conditions, e.g, type 2 diabetes, obesity and osteoporosis. c) Approaches specific to preventing or ameliorating individual health conditions

	(e.g. falls prevention) which fall outside the overarching advice to achieve 30 minutes moderate activity on at least 5 days a week.
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A review of the evidence of effectiveness of exercise referral schemes to promote physical activity and an economic appraisal of exercise referral were commissioned to inform the recommendations.

The review of the evidence of effectiveness concluded that exercise referral schemes, involving a referral either from or within primary care, can have positive effects on physical activity levels in the short term (6 to 12 weeks).

The recently published findings of the Local Exercise Action Pilots reinforce this observation, and demonstrate that exercise referral schemes can successfully increase physical activity levels, particularly in older age groups.

The NICE review also found that referral schemes are ineffective in increasing physical activity levels in the longer term (over 12 weeks) or over a very long timeframe (over 1 year). The reviewers suggested that further research, using a controlled research design, is required to determine the impact that exercise referral schemes may have on reducing health inequalities and on their effectiveness in increasing physical activity levels in adult populations.

The final NICE recommendation states:

Practitioners, policy makers and commissioners should only endorse exercise referral schemes **to promote physical activity** that are part of a properly designed and controlled research study to determine effectiveness.

Exercise referral schemes which fall outside the scope of the NICE review and are therefore not affected by the NICE guidance include those which address the following:

- a) The medical management of related conditions, e.g, type 2 diabetes, obesity and osteoporosis.
- b) Approaches specific to preventing or ameliorating individual health conditions (e.g. falls prevention) which fall outside the overarching advice to achieve 30 minutes moderate activity on at least 5 days a week.

The NICE document also states that:

“NICE fully endorses the importance of physical activity as a means of promoting good health and preventing disease, and the consequent need to develop comprehensive, multi-sectoral strategies (including innovative approaches) to promote physical activity as part of daily life. NICE also acknowledges that physical activity has a range of benefits beyond direct health outcomes, such as contributing to community cohesion and addressing the needs of vulnerable groups and communities.”

“Primary care practitioners should take the opportunity, whenever possible, to identify inactive adults and advise them to aim for 30 minutes of moderate activity on 5 days of the week (or more) They should use their judgement to determine when this would be inappropriate.”

The Department of Health urges commissioners, practitioners and policy makers to continue to provide such schemes for their local population where appropriate. These schemes should be commissioned in accordance with the National Quality Assurance Framework for exercise referral in England.