

Issue date: May 2006

# Implementation advice

## Four commonly used methods to increase physical activity

NICE Public health intervention no. 2



This implementation advice accompanies the public health intervention guidance: 'An assessment of four commonly used methods to increase physical activity: brief interventions in primary care, pedometers, exercise referral schemes and community-based exercise programmes for walking and cycling' (available online at: [www.nice.org.uk/PHI002](http://www.nice.org.uk/PHI002)).

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## Supporting implementation

NICE has developed tools to help organisations implement the NICE public health intervention guidance on physical activity (listed below). These are available on our website ([www.nice.org.uk/PHI002](http://www.nice.org.uk/PHI002)).

- *Costing report* - to estimate the national savings and costs associated with implementation
- *Implementation advice* – this document.
- *Audit criteria* to monitor local practice.

A generic guide to implementation called '[How to put NICE guidance into practice](#)' is also available on our website.

## What is the aim of implementation advice?

This document provides practical advice to help NHS organisations to work in partnership with other organisations, such as local authorities, to implement the NICE guidance on physical activity. It will help implementers develop an action plan and should be used alongside the costing tools and audit criteria developed for this guidance.

## Who should read this advice?

This advice is aimed at people responsible for implementing this guidance in their organisation, particularly within primary care trusts, and will help support local commissioning groups, such as practice-based commissioning groups.

## Why implement NICE guidance?

NICE public health intervention guidance is about the promotion of good health and the prevention of ill health. The Healthcare Commission assesses the performance of NHS organisations in meeting core and developmental standards set by the Department of Health (DH) in '[Standards for better health](#)'. The implementation of NICE public health guidance will help organisations meet developmental standard D13. From April 2006, developmental standard D13 states that healthcare organisations should work towards implementing 'effective programmes to improve health and reduce health inequalities,

conforming to nationally agreed best practice, particularly as defined in NICE guidance and agreed national guidance on public health’.

The ultimate responsibility for implementing this guidance rests with the chief executives of organisations responsible for commissioning and delivering public health services. Clinical governance mechanisms should ensure that action plans and progress with the implementation of this guidance are reported back at individual board level. Areas of non-compliance should be recorded.

## **Steps to implementing the guidance**

### ***Check if the guidance is relevant***

Physical activity has a range of benefits and practitioners should encourage people to incorporate regular activity into their daily lives.

The guidance presents recommendations on 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. It considers whether these four methods are effective at encouraging individuals to become more active. It will be of particular interest to clinical and public health directors responsible for coronary heart disease, diabetes, obesity and older people.

If the guidance is not relevant, remember to record it.

When planning how public health services are commissioned and delivered, it is also important to take into account other ongoing initiatives and policies relating to this guidance. We have listed these in appendix A. We have also included a section on related NICE guidance.

### ***Identify implementation leads***

Implementation of the recommendations for exercise referral and walking and cycling schemes will require effective partnership working between different parts of primary care and with organisations outside the NHS, such as local authorities and community groups, making its implementation a little more complex. Because of this, it is a good idea to identify multiple leads to share the

implementation work and ensure seamless support. These leads are likely to be prominent figures that will champion the guidance and inspire others.

### ***Identify an implementation group***

Check if there is an existing group which has members with a remit to implement the [‘Choosing health’](#) white paper (DH 2004), to input into the local area agreement or to implement the national service framework (NSF) for coronary heart disease, diabetes, obesity or older people. This group might be part of existing structures or networks, such as a Choosing Health group, the health and social care group within the local strategic partnership or a local, practice-based commissioning group. In most cases it is better to avoid setting up new structures to manage the implementation of this guideline if there is a current structure that already works effectively.

This group needs to include people from a range of backgrounds such as:

- directors of public health or health improvement leads
- physical activity coordinators within the PCT
- GPs and practice nurses
- health trainers
- patients or members of the public (particularly those who have participated in the interventions described)
- a local authority representative (e.g. leisure and recreation director/manager).

The first task for the implementation group will be to ensure the guidance has been disseminated effectively in its organisation(s). This might involve making presentations or running workshops about the guidance. For more ideas on how to raise awareness of NICE guidance, see [‘How to put NICE guidance into practice’](#).

### ***Carry out a baseline assessment***

A baseline assessment involves comparing current practice with the recommendations. The audit criteria will help you do this. Information could be

gathered through informal discussions, using a questionnaire or by reviewing routinely collected data as described in the audit criteria.

Consider, for example, how the recommendations will have an impact on:

- patient numbers
- staffing
- equipment and training
- budgets
- service provision.

### ***Assess costs and savings***

Assess how much it will cost to implement the guidance in your local area using the costing template. The template can also help you identify potential savings, as well as ways to use existing resources to implement the guidance.

The costing report may also help, as it identifies recommendations from the guidance that have a high-resource impact.

### ***Develop an action plan***

The baseline assessment will have identified which recommendations are not currently being carried out. These recommendations could be put into an action plan, alongside any costs calculated using the costing template. Actions could be assigned to each one. The resources needed for compliance could be calculated and deadlines given for each step. Ideally the responsibility should be shared among interested parties to help share the workload.

### ***Key areas for implementation***

We have identified four key areas for implementation based on the recommendations made in the guidance.

### **Training**

NICE recommends that 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). NICE

recommends that they should use a validated tool, such as the DH's general practice physical activity questionnaire (GPPAQ), to identify inactive individuals (see appendix B).

To meet the recommendation, all primary care practitioners should have access to appropriate and regular training in the delivery of brief interventions. Training could include: provision of information on the health benefits of physical activity, how to use the GPPAQ tool and techniques for delivering brief advice and follow-up procedures.

### **Communication**

As part of the brief intervention, NICE recommends that primary care practitioners provide patients with written information about the benefits of activity and local opportunities to be active.

This information may need to be produced in different languages. In addition, details of local opportunities to be active will need to be kept up-to-date (see appendix A for useful sources of information and toolkits).

### **Monitoring local strategies and systems**

NICE recommends that local policy makers, commissioners and managers, together with primary care practitioners, should monitor the effectiveness of local strategies and systems to promote physical activity, paying particular attention to the needs of hard to reach and disadvantaged communities, including minority ethnic groups. This is particularly important to ensure inactive individuals who are not registered with a GP, or who do not visit their GP regularly, are being reached.

### **Evaluation of existing and new pedometer, exercise referral and walking and cycling schemes**

NICE determined that there was insufficient evidence to recommend the use of pedometer, exercise referral, walking and cycling schemes to promote physical activity. NICE recommended practitioners, policy makers and commissioners should only endorse these schemes to promote physical activity if they are part

of a properly designed and controlled research study to determine effectiveness.

The Institute recognises the importance of developing comprehensive, multi-sectoral strategies to promote physical activity as part of daily life. It also acknowledges that physical activity has a range of benefits beyond direct health outcomes, such as contributing to community cohesion.

The use of pedometer, exercise referral, walking and cycling schemes to promote physical activity can involve partners from a number of sectors – and increased physical activity may be one (but not the sole) measure of success.

Before withdrawing funding or other endorsements, it is important to consider the implications for the work of other partners, so that good partnership arrangements are not damaged for the future.

The example action plan includes advice on how to implement these guidance recommendations (see page 14).

### ***An example action plan***

In the table below, actions to help implement the recommendations in the key areas identified are given. These actions have been developed alongside professionals working in the field (see acknowledgements). Actions given are not formal recommendations and might not be appropriate in all circumstances; they are just examples to help you develop your own action plan.

Every organisation is different and will be starting from a different baseline. We have listed the actions in a roughly sequential order for you to copy and paste as appropriate into your own action plan. You could add columns on resources needed to comply, who is responsible and when compliance will be achieved.

**Table 1 An example action plan for those responsible for implementing NICE guidance in a primary care trust**

Key area	NICE recommendation number	Actions for consideration
<b>Training for primary care practitioners</b>	1, 2	<ul style="list-style-type: none"> <li>• As part of your baseline assessment, identify the training needs of primary care practitioners (including any need for refresher courses) in relation to the delivery of brief interventions.</li> <li>• Consider commissioning courses on how to deliver brief interventions. These might cover the benefits of physical activity – and the levels of activity that are beneficial, techniques to support behaviour change, negotiation skills and goal-setting.</li> <li>• Promote the use of the DH’s general practice physical activity questionnaire (GPPAQ) to help primary care practitioners identify inactive individuals (see appendix B).</li> </ul>
<b>Communication</b>	1, 2, 4	<ul style="list-style-type: none"> <li>• Raise awareness of the guidance recommendations among primary care professionals: you can use local communication channels such as websites, lunchtime meetings, leaflets and review meetings.</li> <li>• Use the costing tool to assess the resource implications of producing/providing printed information for the public.</li> </ul>

Key area	NICE recommendation number	Actions for consideration
		<ul style="list-style-type: none"> <li>• Make sure your local NHS walk-in centres, out-of-hours services and Patient Advice and Liaison Services have access to the <a href="#">NICE quick reference guide</a> (also available in print).</li> <li>• Address any language barriers to reach minority ethnic groups e.g. by using a special language line, link workers or health advocates.</li> <li>• Encourage primary care staff to deliver brief interventions by promoting incentives, such as the potential to gain Quality and Outcomes Framework points for supporting a reduction in obesity. These points are nationally negotiated, however, they can be written into locally enhanced services (LES) agreements that promote physical activity (particularly under the banner of weight management).</li> <li>• Incorporate information on local physical activity opportunities into a database that all primary care practitioners can access. Keep the database up-to-date.</li> </ul>
<b>Monitoring local strategies and</b>	3, 4	<ul style="list-style-type: none"> <li>• Carry out a baseline assessment of local strategies and systems to promote physical activity.</li> <li>• Incorporate the guidance audit criteria into local audit mechanisms.</li> </ul>

Key area	NICE recommendation number	Actions for consideration
systems		<ul style="list-style-type: none"> <li>• Encourage relevant partners, for example, local strategic partnerships, patient public involvement forums and local medical committees, to monitor the effectiveness of local strategies and systems. Where possible, use existing partnership mechanisms.</li> <li>• Include NICE recommendations within local delivery plans, community strategies, local physical activity and neighbourhood renewal strategies.</li> <li>• Involve target groups and/or patient and public involvement forums in monitoring local strategies and systems.</li> <li>• Evaluate local processes to understand how physical activity interventions can be better designed and delivered.</li> </ul>

Key area	NICE recommendation number	Actions for consideration
<b>Evaluation of existing and new schemes</b>	5, 6	<ul style="list-style-type: none"> <li>• Use NICE costing tools to consider whether or not resources should be transferred from the acute sector to support the delivery of brief interventions in primary care.</li> <li>• NHS trusts should consult with other trusts and local universities if they want to get involved in the large-scale research required to assess the effectiveness of exercise referral, pedometer and walking and cycling schemes to improve physical activity levels. The minimum criteria recommended by NICE when commissioning research is likely to generate evidence that could be used to update the guidance (see appendix C and <a href="#">'Methods for development of NICE public health guidance'</a>).</li> </ul>

## ***Review and monitor***

Implementation of the guidance should be reviewed and monitored with results fed back to the relevant trust or partnership board.

One way to monitor the implementation of the guidance is to audit current practice against the NICE guidance. The guidance is accompanied by audit criteria to help you with this.

## **Acknowledgements**

Thank you to everyone who has contributed to the development of this report including the Implementation Planning Group (DH, Countryside Agency, National Primary Care Development Team, Sport England, Office of the Deputy Prime Minister's Neighbourhood Renewal Unit), the External Reference Group, members of the Public Health Interventions Advisory Committee (PHIAC), the people who were consulted through telephone interviews and site visits, as well as participants at the South East Public Health conference workshop, held in London, and at a UK Public Health Association conference workshop, held in Telford.

## Appendix A

### ***National support for local action***

Physical activity can help prevent and manage over 20 conditions and diseases including coronary heart disease, stroke, diabetes and cancer. It also promotes mental well-being and helps people to manage their weight. According to current recommendations, adults should be at least moderately active for at least 30 minutes, at least 5 days a week. Recent estimates from the [Health Survey for England \(2003\)](#) suggest that around 6 out of 10 men and 7 out of 10 women are not active enough to benefit their health<sup>1</sup>. Activity levels vary with age, gender, class and ethnicity. The following government policies and initiatives support the promotion of physical activity.

- [‘Choosing activity: a physical activity action plan’](#) (DH 2005). The plan covers a broad range of policies and interventions, including promoting active transport, discouraging car use, creating a more pleasant and safe environment for walking and cycling, and promoting road safety.
- [‘At least five a week: evidence on the impact of physical activity and its relationship to health. A report from the Chief Medical Officer’](#) (DH 2004). This report reinforces the importance of cross-government action and gives detailed advice on the benefits of physical activity.
- DH [public service agreement](#) (PSA) targets to reduce mortality rates for heart disease, stroke and cancer by 2010. These include action to increase physical activity levels, as part of the government’s broader strategy to tackle obesity.
- [Quality and Outcomes Framework \(QOF\)](#) for general practice reinforces the importance of maintaining disease registers for the purposes of secondary prevention.
- [NHS priorities and planning framework for 2003–06](#) set a target for the updating and extension of practice-based disease registers to ensure advice and treatment is in line with NSFs. Meeting this target is now regarded by

the Healthcare Commission as part of 'core standard' performance by healthcare organisations.

- Office of the Deputy Prime Minister (ODPM) has produced its '[Delivering sport and physical activity in renewal areas: a toolkit for practitioners and strategic managers](#)'.

Other sources of information and support include:

- The British Heart Foundation National Centre for Physical Activity and Health offers '[The physical activity toolkit – a training pack for primary health care teams](#)'.
- The Countryside Agency runs the [Walking the Way to Health](#) campaign.
- The Joint Health Surveys Unit monitors physical activity levels among children and adults at regional level and produces the [Health Survey for England](#).
- [SkillsActive](#), the sector skills council for active learning and leisure, is developing competencies and working with regional sports boards and other relevant groups to develop capacity.
- Sport England's [Active People](#) survey is due to be completed in November 2006. It will provide data on physical activity levels within every local authority area for use in local area agreements and the Comprehensive Performance Assessment. Another survey will be conducted in 2008/09. The [Sport England website](#) includes: an evaluation of sport action zones, a monitoring and evaluation toolkit and 'Physical activity and sports playing its part in delivering choosing health: a resource for strategic health authorities and primary care trusts'. It also runs the [Active Places](#) database.

*Please note that the Institute is not responsible for the quality or accuracy of publications or tools produced by other organisations.*

## **Related NICE guidance**

### **Published**

[Hypertension: management of hypertension in adults in primary care](#). *NICE clinical guideline* no. 18 (2004).

[Falls: the assessment and prevention of falls in older people](#). *NICE clinical guideline* no. 21 (2004).

[Depression: management of depression in primary and secondary care](#). *NICE clinical guideline* no. 23 (2004).

### **Under development**

[Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children](#) (NICE clinical guideline).

[Guidance on physical activity and the wider environment](#) (NICE public health programme guidance).

## Appendix B

### General Practice Physical Activity Questionnaire



Date ..... Name. ....

1. Please tell us the type and amount of physical activity involved in your work. Please tick one box that best corresponds with your present work from the following four possibilities:

Please tick one box only

a.	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	<input type="checkbox"/>
b.	I spend most of my time at work sitting (such as in an office)	<input type="checkbox"/>
c.	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	<input type="checkbox"/>
d.	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	<input type="checkbox"/>
e.	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	<input type="checkbox"/>

2. During the **last week**, how many hours did you spend on each of the following activities?

**Please answer whether you are in employment or not**

	None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
a. Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cycling, including cycling to work and during leisure time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Walking, including walking to work, shopping, for pleasure etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Housework/Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Gardening/DIY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick one box only on each row

3. How would you describe your usual walking pace? Please tick one box only.

Slow pace (i.e. less than 3 mph)  Steady average pace   
 Brisk pace  Fast pace (i.e. over 4mph)

The Questionnaire is designed to assign patients into one of the following categories based upon the physical activity index (PAI) of the original EPIC (European Prospective Investigation into Cancer) questionnaire from which the GPPAQ was developed:

- Inactive
- Moderately inactive
- Moderately active
- Active

### Calculating the 4-level PAI

Inactive	Sedentary job and no recreational physical activity
Moderately inactive	Sedentary job and some but < 1 hour recreational physical activity per week OR Standing job and no recreational physical activity
Moderately active	Sedentary job and 1-2.9 hours recreational physical activity per week OR Standing job and some but < 1 hour recreational physical activity per week OR Physical job and no recreational physical activity
Active	Sedentary job and ≥ 3 hours recreational physical activity per week OR Standing job and 1-2.9 hours recreational physical activity per week OR Physical job and some but < 1 hour recreational physical activity per week OR Heavy manual job

Note: Questions concerning Housework/Childcare and Gardening/DIY have been included to allow patients to record their physical activity in these areas, however these questions have not been shown to yield data of a sufficient reliability to contribute to an understanding of overall physical activity levels. Further, the health benefits of domestic activities such as these is unclear. Similar considerations around data quality also pertain to walking, however self-reported walking levels can be verified using pedometers and professionals should continue to promote walking and cycling (along with other forms of physical activity) as a means of incorporating regular physical activity into people's daily lives. It is therefore recommended that discussion of the PAI with 'Inactive' patients, takes account of self-reported regular walking, at a brisk or fast pace. Further information on the implementation of GPPAQ will be

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published alongside the Questionnaire on the Department of Health website ([www.dh.gov.uk](http://www.dh.gov.uk)). GPPAQ should only be used with reference to this information.

## **Appendix C**

In general, the following criteria should be used to assess the appropriateness of study designs to answer questions of effectiveness.

### ***Minimum inclusion criteria***

Assuming the intervention meets the definition in the guidance, the minimum criteria for inclusion would be:

- an appropriate control or comparison group
- physical activity baselines measured pre-intervention
- a measure of activity at or beyond a 6 week period following the intervention.

### ***Criteria used to determine study quality***

- Does it address an appropriate and clearly focused question?
- Were subjects randomly assigned to intervention and control groups?
- Was the concealment method used for randomisation adequate?
- Was the outcome assessment independent and blind?
- Were the treatment and control groups similar at the start of the trial?
- Was the intervention under investigation the only difference between groups?
- Were all physical activity outcomes measured in a standard, valid and reliable way?
- What was the drop out rate among individuals (or groups of individuals) participating in the intervention arm of the study?
- Were all the subjects analysed in the groups to which they were randomly allocated (often referred to as intention-to-treat analysis)?
- Did the intervention have a different effect in different settings?
- Were the results adjusted for baseline physical activity data?

### ***Other useful questions***

- Does the study include intervention costs?

- Does the study measure intermediate outcomes, such as any increase in professionals' and participants' knowledge, attitudes and skills?
- Does the study measure issues such as the acceptability of the intervention among participants and participants' preferences?