

**Quick reference guide**

**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

**Introduction**

This quick reference guide 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. This guidance only considers whether these four methods are effective at encouraging individuals to become more active: a broader range of methods will be the subject of future NICE programme guidance. Physical activity has a range of benefits and practitioners should encourage people to incorporate regular activity into their daily lives.

The guidance is for professionals in the NHS, local authorities and the voluntary sector with direct or indirect responsibility for physical activity.

**Brief interventions in primary care**

Brief interventions involve opportunistic advice, discussion, negotiation or encouragement. They are commonly used in many areas of health promotion, and are delivered by a range of primary and community care professionals. The interventions vary from basic advice to more extended, individually-focused attempts to identify and change factors that influence activity levels.

**Exercise referral schemes**

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.

**Public Health Intervention Guidance 2**

The guidance represents the views of the Institute and was arrived at after careful consideration of the evidence. Health and other professionals with an interest in physical activity are advised to take it into account.

## Pedometers

Pedometers are a common aid to increasing physical activity through walking. Much of the research about pedometers has involved comparing the validity and reliability of different models. This guidance focuses on how effective they are at increasing people's physical activity levels.

## Walking and cycling schemes

In the context of this guidance, walking and cycling schemes are defined as organised walks or rides. Public health practitioners have increasingly become involved in these types of project in recent years.

## Recommendations

### Recommendation 1

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)<sup>1</sup>. They should use their judgement to determine when this would be inappropriate (for example, because of medical conditions or personal circumstances). They should use a validated tool, such as the Department of Health's forthcoming general practitioner physical activity questionnaire (GPPAQ), to identify inactive individuals.

### Recommendation 2

When providing physical activity advice, primary care practitioners should take into account the individual's needs, preferences and circumstances. They should agree goals with them. They should also provide written information about the benefits of activity and the local opportunities to be active. They should follow them up at appropriate intervals over a 3 to 6 month period.

<sup>1</sup>The practitioner may be a GP or another professional. Health trainers are also likely to play a role. 'Inactive' is shorthand for those failing to reach the Chief Medical Officer recommendation. 'Advise' is shorthand for 'encourage, advise, discuss, negotiate'.

### **Recommendation 3**

Local policy makers, commissioners and managers, together with primary care practitioners, should monitor the effectiveness of local strategies and systems to promote physical activity. They should focus, in particular, on whether or not opportunistic advice is helping to increase the physical activity levels of people from disadvantaged groups, including those with disabilities (and thereby tackling health inequalities). They should also assess how effective professionals from a range of disciplines are at raising long-term physical activity levels among these groups.

### **Recommendation 4**

Local policy makers, commissioners and managers, together with primary care practitioners, should pay particular attention to the needs of hard to reach and disadvantaged communities, including minority ethnic groups, when developing service infrastructures to promote physical activity.

### **Recommendation 5**

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. Measures should include intermediate outcomes such as knowledge, attitudes and skills, as well as measures of physical activity levels. Individuals should only be referred to schemes that are part of such a study.

### **Recommendation 6**

Practitioners, policy makers and commissioners should only endorse pedometers and walking and cycling schemes to promote physical activity that are part of a properly designed and controlled research study to determine effectiveness. Measures should include intermediate outcomes such as knowledge, attitude and skills, as well as measures of physical activity levels.

## Implementation tools

NICE has developed tools to help organisations implement this guidance (listed below). These will be available on our website ([www.nice.org.uk/PHI002](http://www.nice.org.uk/PHI002)) in April 2006.

- Costing tools
  - Costing report to estimate the national savings and costs associated with implementation
  - Costing template to estimate the local costs and savings involved.
- Implementation advice on how to put the guidance into practice and national initiatives which support this locally.
- Audit criteria to monitor local practice.

## Further information

You can download the following documents from our website at: [www.nice.org.uk/PHI002](http://www.nice.org.uk/PHI002)

- A quick reference guide (this document) for professionals and the public.
- The guidance, which includes all the recommendations, details of how they were developed and evidence statements.
- Supporting documents, including evidence reviews and an economic analysis.

## Related guidance

### Published

- Hypertension: management of hypertension in adults in primary care. *NICE clinical guideline* no. 18 (2004). Available from: [www.nice.org.uk/CG018](http://www.nice.org.uk/CG018)
- Falls: the assessment and prevention of falls in older people. *NICE clinical guideline* no. 21 (2004). Available from: [www.nice.org.uk/CG021](http://www.nice.org.uk/CG021)
- Depression: management of depression in primary and secondary care. *NICE clinical guideline* no. 23 (2004). Available from: [www.nice.org.uk/CG023](http://www.nice.org.uk/CG023)

### Under development

- Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children (NICE clinical guideline)  
Further information can be found at: [www.nice.org.uk/page.aspx?o=Obesity](http://www.nice.org.uk/page.aspx?o=Obesity)
- Guidance on physical activity and the wider environment (NICE public health programme guidance)  
Further information can be found at: [www.nice.org.uk/page.aspx?o=PhysicalActivityandEnv](http://www.nice.org.uk/page.aspx?o=PhysicalActivityandEnv)

## Review

In March 2009 this guidance will be reviewed and the state of the evidence base at that time will be reassessed. A decision will then be made about whether it is appropriate to update the guidance. If it is not updated at that time, the situation will be reviewed again in March 2011.

### Ordering information

Copies of this quick reference guide can be obtained from the NHS Response Line by telephoning 0870 1555 455 and quoting reference number N1015.

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