

Public Health Interventions

Workplace Physical Activity Draft Scope Consultation – Stakeholder Response Table

01 March to 29 March 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Age Concern		General	Age Concern welcomes the opportunity to comment on this scope.	Thank you. We welcome Age Concern's comments.
Age Concern		4.6	There is no reference to the potential impact on health inequalities. We suggest including the following questions: Will the intervention contribute to reducing health inequalities? Is the intervention effective in increasing physical activity of very inactive people?	All guidance produced by the Centre for Public Health Excellence at NICE is viewed from a context of inequalities. See section 4.6 of the Scope.
Age Concern		4.6	Seventh Bullet: It is unclear whether 'type of job' refers to sedentary as opposed to active jobs or whether it refers to the socio-economic group. We suggest the question should be about the latter.	We will report on both of these factors as far as the evidence allows us.
Association for the Study of Obesity (ASO)		General	A concern about the NICE scope and PA in the workplace is that it is excluding individuals who need medical advice for PA. This is being in the children's guidance as well. This is likely to be a complex area but ignoring them may constitute disability discrimination. Are employers not going to be obliged to make sure that (m)any of the facilities they provide are suitable for disabled people? Or are disabled people and people who need medical advice to exercise not the same?	This guidance will focus on interventions accessible to all working groups, but because of time and resource constraints, we will not be able to consider interventions specifically targeted at disabled people. You can suggest topics for NICE guidance via the website at www.nice.org.uk/page.aspx?o=ts.home

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Association of Public Health Observatories (APHO)		General	APHO welcomes this continued focus on physical activity within NICE's work programme. We were disappointed with the guidance issued by NICE on 'four commonly used methods', as it offered little concrete guidance to help those promoting physical activity. While we support the development of recommendations based on the best available evidence, we were concerned that the previous guidance was developed with an approach based on the assessment of only the types of evidence more suited to clinical interventions. We hope the workplace guidance will not follow this model, and will allow for the inclusion of a wider variety of types of evidence.	Thank you. We aim to cover the widest possible range of workplace interventions and consider evidence from a wide range of sources, including qualitative data.
Association of Public Health Observatories (APHO)	http://www.sepho.org.uk/Topics/physicalActivity.aspx	General	SEPHO is the lead PHO with responsibility for physical activity, and it recently published a report on physical activity ¹ which NICE may find useful for background material.	Thank you. We will read this with interest.
Association of Public Health Observatories (APHO)		General	We note the draft scope contained no definition of physical activity. We encourage NICE to adopt a broad definition of physical activity to include active travel (walking and cycling) as well as play, recreation and leisure alongside more traditional sport or exercise.	Section 4.3.1 of the draft scope outlines the areas which will be covered. Active commuting is a key area for examination in this guidance.

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Association of Public Health Observatories (APHO)		General	<p>We are particularly interested in active travel interventions in the workplace as we believe these may offer greater potential to reach more employees than traditional workplace exercise programmes such as subsidised fitness club memberships.</p> <p>We suggest that the following areas are worthy of consideration:</p> <ol style="list-style-type: none"> 1. The effectiveness of workplace travel planning in increasing active commuting (ie walking and cycling to work). Travel plans are an increasingly popular way for employers to put in place measures to encourage and enable employees to travel to work using physically active modes. 2. Ways that the workplace can designed, built or modified to encourage physical activity as part of the working day. This includes where a workplace is sited (e.g. city centre or out of town business park); it's immediate environment and facilities (e.g. footpaths between offices or green spaces for recreation); and the facilities within the building itself (e.g. access to stairs). 	<p>Thank you. We will consider the effectiveness of workplace-based interventions to increase active commuting and ways that employers can encourage this.</p> <p>This guidance will not cover modifications to the built environment except as part of an overall programme of interventions. This topic is dealt with in the forthcoming guidance on physical activity and the environment. For details visit http://guidance.nice.org.uk/page.aspx?o=PhysicalActivityandEnv</p>
Association of Public Health Observatories (APHO)		4.4	We hope that this does not mean that ONLY controlled trial evidence will be considered. The previous NICE guidance showed how limited this evidence base is, and how it leads to unhelpful guidance.	We will consider the broadest possible range of evidence for this guidance, including qualitative evidence.
Association of Public Health Observatories (APHO)		3a	Surprised that Dishman et al 1998 is quoted as this was equivocal about the effectiveness of workplace physical activity interventions	Dishman was quoted as an example only because of his thorough literature review from which this information was drawn.
Association of Public Health Observatories (APHO)		4.3.1	Suggest you do not exclude interventions that do not explicitly aim to increase physical activity levels but have that outcome. For example workplace travel plans may have the main aim of reducing demand for car parking spaces.	We will include any interventions we find that report on physical activity measures.

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Big Lottery Fund		4.3.1	<p>NICE may wish to broaden the activities covered on page 4. The Guidance could refer to the many British Heart Foundation projects which offer a broader range of activities for workplace health. For instance, under the physical activity aspect of some of the projects they offer cycling schemes and encourage using the stairs rather than the lift etc. Also, if regarding the implementation of workplace health, current thinking suggests that attempting to do so in a holistic way yields better outcomes ie include advice on healthy eating as well and on health in general.</p> <p>In terms of Big Lottery Fund initiatives, NICE may wish to reference Well@Work programme. Well@Work is a joint programme led by BHF with funding from Active England (Sport England and Big Lottery Fund's joint awards programme) and the Department of Health. It is a £1.5m, two-year programme to test ways of getting England's workplaces healthier. It is looking at workplace health interventions with a number of outcomes, including physical activity. A variety of interventions and workplace types are involved across the nine English regions. Loughborough University is carrying out a detailed evaluation involving the collection of baseline data. Further details are at: http://www.bhf.org.uk/thinkfit/article.asp?secID=1590&secondlevel=1593&thirdlevel=1613 . Ceri Jones is the Well@Work contact at BHF: jonesce@bhf.org.uk</p>	<p>Thank you for the link. We will follow this up.</p> <p>All of the topics you mention will be covered under the headings given in 4.3.1.</p>
British Psychological Society		3.b	Socio-economic class	We will adjust the wording to make this clear. Thank you.

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British Psychological Society		4.5	Participation rates would need to be specified more accurately than just doing a head count. In particular their health or psychological benefits are related to the frequency, duration, type and intensity of exercise participation. It would be misleading to compare workers who exercise once a month with those doing this 4 times a week. A comparison could be made between those who meet current guidelines for health benefits emerging from physical activity with those who do not.	Noted. Thank you.
British Psychological Society		4.5	Rather than looking at what motivates people it would be more useful to highlight barriers that prevent people from engaging in work based exercise. We know from current psychosocial models that intentions to engage in exercise do not result in actual participation. Therefore, looking in what prevents people from doing exercise might be a more useful approach and would more likely result in relevant recommendations. In addition, it would be useful to look at adherence and re-uptake of exercise of participants in work based programs. The natural history of exercise model put forward by Sallis and Hovell (1990) might be useful tool in this respect to model different stages of exercise behaviour.	Thank you. We will look at this model. We will consider motivation in its broadest sense, including barriers to participation.
British Psychological Society		4.6	Point 2: Influence effectiveness. This is rather vague. Effectiveness has many components (health, fitness, psychological well-being, economic). Will this review look at all outcome measures or will there be a selection and if so what criteria will be used to this? The selection is particular important when engaging in economic modelling.	Since the CPHE methodology is a review methodology, we can only report on effectiveness as it is defined and reported by the included studies. This guidance will make use of the widest possible range of evidence, including qualitative evidence and therefore it would be inappropriate for us to include specific measures of effectiveness at this time.

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British Psychological Society		4.6	Point 11: This is very much related to the physical environment which means overlap with current NICE projects/guidelines.	There is substantial overlap between the teams working on both of these projects and we will take care to ensure that they dovetail closely together, neither missing evidence nor duplicating effort.
Cambridgeshire PCT		2.d	<p>Cambridgeshire County Council is currently developing a Cambridgeshire Long Term Transport Strategy, as well as undertaking a Transport Innovation Fund study in Cambridge City. Cambridgeshire PCT is supporting this work because of the links between transport planning and promoting physically active ways of travelling.</p> <p>Cambridgeshire PCT also supports the Cambridge Travel for Work Scheme as part of promoting physical activity in the workplace.</p> <p>Given the crucial role of transport planners in influencing investment in 'soft measures' which can impact on how people travel to and for work, such as Travel for Work Schemes, should Transport Planners be identified as one of the specific professional groups for whom this guidance is aimed?</p>	Thank you. We will take this into consideration when redrafting the scope.
Cambridgeshire PCT		4.1.1	Definition of 'adults' ?	The definition will be related to the evidence found. Literature may include 16+ or 18+ in their sampling strategy and we would not want to limit the literature we consider by arbitrarily setting a fixed age for inclusion.

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CCPR (Central Council for Physical Recreation)		General	<p>The strategy would benefit from greater involvement by physical activity organisations. Whilst small changes, such as climbing the stairs and active travel, can be highly successful. It is vital that NICE recommendations include a pathway from workplace initiatives to evening and weekend activity, and this will require the involvement of the community based sport and recreation sector.</p> <p>The PESSCL programme is working very well and a similar ‘Business and Community Club Links’ programme would be an ideal way to motivate staff participation, provide a variety of activities and ensure long term lifestyle changes</p>	<p>Thank you. We strive to include the widest possible range of organisations in the production of NICE guidance. We would encourage you to pass information about this guidance to any organisations you think may be interested. They can register as stakeholders at http://guidance.nice.org.uk/page.aspx?o=370700</p>
CCPR (Central Council for Physical Recreation)		General	<p>It will be vital to offer incentives for employers who offer workplace physical activity initiatives. Ideally these should be fiscal based; either a grant they can apply to for start up costs or tax benefits.</p>	<p>We would not wish to pre-empt the evidence at this point. These are the kinds of questions we hope that this guidance will answer.</p>
CCPR (Central Council for Physical Recreation)		General	<p>Any incentives must include an element of enjoyment and fun. Providing a range of initiatives/activities will ensure something for everyone.</p> <p>Incentives/activities must also be of a high quality, and CCPR recommends the initial use of expert providers, which can be obtained free of charge by linking up with local physical activity providers or community sport clubs. This will ensure that employees’ first experiences encourage continuation with the scheme.</p> <p>It is possible that in the longer term employees could be encouraged to become qualified activity leaders – providing added value and keeping costs to a minimum.</p>	<p>Please refer to our previous response.</p>

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CCPR (Central Council for Physical Recreation)		General	<p>The initiatives recommended must include provision for organised physical activity, and provide employees with incentives for participation.</p> <p>CCPR offers all staff a £150 contribution towards gym or sports club membership fees and in the past has also paid for the staff netball team to enter a local competitive league. This not only contributed to the health and fitness of employees, but also introduced employees to those they don't normally work with and created a more cohesive and supportive working environment.</p> <p>The Everyday Cycling campaign has noticed that many of the groups that use their online resource are work placed based, and that group of employees are adding an element of competition to their active travel by logging mileage and competing with each other to be top of the table. Similarly, lots of employees group together to take part in fun runs for charity, indicating that competition, prizes and clear goals (such as raising money) can be excellent incentives for staff.</p>	Organised physical activity is one of the areas under investigation (see 4.3.1), however we would not wish to pre-empt the evidence at this point regarding financial incentives.
Chartered Society of Physiotherapy		General	The CSP welcomes the creation of this guidance but has no comments to make to the scope. We look forward to consulting on the draft guidance in due course.	Thank you. We look forward to your comments later in the process.

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City & Hackney PCT		General	<p>Promoting physical activity in and of it's self is not sufficient to promote well being amongst employees</p> <p>There needs to be a much more joined up approach which includes healthy eating, especially for those organisations that have on site food venues</p> <p>Promoting gyms and leisure services through the use of subsidised membership should include where people live as well as work. For those members of staff who are low paid/on the minimum wage there should be additional subsidises and these should also be available for single/couples/families.</p> <p>Many people spend long periods of time travelling to and from their place of work and activities similar to those use on long haul flights should be included</p> <p>Walking and the use of green space should be activity encouraged but there is an issue of safety and there needs to be a more joined up approach that would include community safety</p> <p>The benefits of well being should be included in any induction programmes that organisations run and this should include mental well being as well as physical.</p> <p>The benefits of volunteering should also be included – employees should be able to volunteer for community activity within their working day as a right or be given TOIL.</p>	<p>Thank you.</p> <p>We agree that joined up approaches are best, however the referral from the DH for this piece of intervention guidance asked us to consider physical activity interventions in the workplace. The full referral from DH can be found in appendix A of the draft scope.</p>

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City & Hackney PCT		4	What about those employees who have a disability. This should be an inclusive programme.	This guidance will focus on interventions accessible to all working groups, but because of time and resource constraints, we will not be able to consider interventions specifically targeted at disabled people.. You can suggest topics for NICE guidance via the website at www.nice.org.uk/page.aspx?o=ts.home
City & Hackney PCT		4	Any programmes should be culturally appropriate	Noted. Thank you.
Commission for Social Care Inspection		General	CSCI would clearly welcome any initiatives to improve the health of the workforce, this will have benefits immediately for us as an employer, and in the long term as a healthier population will ultimately need less social care provision.	Thank you.
Commission for Social Care Inspection		General	From the more perspective of a H&S professional, involved in various intervention strategies and health campaigns, this raises a whole load of possibilities, questions and suggestions. The biggest issue for me is whether this is going to be about awareness raising or actually doing something. What wouldnt work is some glossy awareness raising job, doing some leaflets and press releases merely encouraging us to do something, without the tools being there.	NICE is not responsible for implementing the guidance recommendations, however, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools. In addition NICE will be working with national organisations to try and identify levers which could aid implementation at a national level.

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Commission for Social Care Inspection		4.6	There is a recognised reversal in trends around fitness and wealth, historically only the rich could afford to be unfit, manual work and a basic diet meant that workers were fit. We have a reversal in this now, gym membership costs £40-£50 per month outside London, and junk food is cheap, so the well off are now the ones who can afford to be fit.	Noted. Thank you.
Commission for Social Care Inspection		4.6	Resources - if there is a real cost benefit to this - then some funding would be useful, even in the form of grants, or pressure brought to bear on employers to resource this. If employers could get some money to help organise something - small grants being available to buy bike racks or buy some footy strips etc, it could work wonders.	If there is evidence to this effect it will be reflected in our guidance, however NICE does not have the remit or the resources to fund this kind of grant scheme.
Commission for Social Care Inspection		4.6	Showers - In addition, employers should be encouraged/advised to fit showers to the workplace, the current problem with many ride/walk/run to work schemes is that staff have nowhere to clean-up. This could be done by modifying the ACOP that goes with the Workplace (Health Safety Welfare) Regulations to include something about 'provision of showers if possible'... I cant stress this enough, my current workplace has a shower and people ride bikes into work, and jog at lunchtimes, play in 5-a-side competitions, this wouldnt happen without a shower. So why not pay a £500 grant for employers to fit a shower?	If there is evidence to this effect it will be reflected in our guidance.

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Commission for Social Care Inspection		4.6	<p>Encouragement - Its a difficult balance between being the 'nanny-state' - and trying to influence change. However, some of the typical comments might be:</p> <ul style="list-style-type: none"> • People are busy - why bother when we are so busy? • As a manager what do I get - this isn't going to help me hit my targets this week? • I haven't got time to organise my work - why should I bother to arrange some sport or other physical activity? • I am too old/overweight/knackered etc etc to do exercise - what about me? <p>The answer is more than just discounted gym membership, if subsidised exercise classes were held at lunchtimes in towns and cities, or subsidised employers sports leagues set up, it would be far more effective, in effect laying it on a plate for people will make it hard for them not to be involved. For people who consider themselves beyond doing any fitness training because of concerns about age, weight or disability, then what about fully subsidised gym membership? The £300 for a year might save the state how much in the long run for these people?</p>	Please refer to our previous response.
Commission for Social Care Inspection		4.6	<p>Why not have an award scheme (like IIP or the two-ticks) - an employer can get some recognition and some money (perhaps on a matched basis) if they can demonstrate effective health/fitness promotion, this 'fit-for-work' award could even be validated by paying for an occ health nurse (not expensive) to attend participating employers to do some free health checks, and feeding back (nationally/regionally) on improved health and fitness levels. We intend to do this internally at CSCI.</p>	We will look forward to hearing about the effects of this pilot scheme at CSCI.

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County Durham PCT		4.5	Will there be a measurement of participation of previously sedentary people?	To some extent the outcome measures are determined by the literature which we find. If this is shown in the literature then it will be reported.
County Durham PCT		4.6	Was any advice taken from external agencies prior to intervention starting?	Please refer to our previous response.
County Durham PCT		4.6	Is the provider external or internal? Does this have any effect upon attendance levels?	Please refer to our previous response.

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<p>CTC, the UK's National Cyclists Organisation</p>		<p>General</p>	<p>Section 2 has already shown that there is good evidence for the health benefits of cycling. What is less well established is whether interventions to encourage cycling, such as the provision of cycle training, are effective in encouraging people to cycle more often in the longer term, such that they fully gain from the potential health benefits of regular cycling. On the other hand, this is largely true for all other forms of physical activity too.</p> <p>There are good empirical reasons to believe that cycling may be a form of activity which people could easily be persuaded to adopt, and – more importantly – that once they do adopt it, it is a habit they are likely to retain. The reasons are as follows:</p> <ul style="list-style-type: none"> • Cycling is an activity requiring skills which are widely available and/or easily acquired. It has been estimated that 99% of adult males and 87% of adult females are able to cycleⁱⁱ, and that there are about as many cycles owned in the UK as cars – about 30 million. Many people with physical, sensory or learning difficulties are able to cycle, even though they may have difficulty walking – all the more so if one includes the use of the many available forms of adapted cycles (e.g. hand-cranked cycles or tandems). • Cycling is a relatively inexpensive activity to participate in, presenting no significant cost-barriers to participation among lower income groups. Cycles themselves can be bought cheaply and, unlike other forms of physical activity, there are no admission costs for participating (e.g. admission fees for swimming pools, gyms or sports clubs, tennis courts, or indeed for joining sports clubs or teams). Indeed cycling for everyday journeys can help to save money compared with the costs of running a car or paying public transport fares. It follows that cycling could make a particularly important contribution to the Government's objectives for tackling health inequalities (i.e. unravelling the vicious circle whereby people facing social, economic or other disadvantages often suffer worse health, and this in 	<p>Thank you for this information, and for the additional list of references you submitted.</p>

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		General (cont.)	<ul style="list-style-type: none"> • Cycling can also save time – for many journeys in larger towns and cities, cycling is the quickest optionⁱⁱⁱ. 68% of all trips are under 5 miles^{iv}, a distance which can easily be cycled in half an hour without needing to be of any more than average fitness. By contrast, virtually any other form of physical activity makes demands on one's time, and this in turn is why many people find it hard to stick to their initial 'good intentions' over improving their fitness. As a form of exercise which fits easily into ones routines (e.g. journeys to work,) and which can save time (as well as money), cycling is a habit which, once acquired, is easily maintained. • Cycling is an activity which will appeal to people who do not regard themselves as "athletic" or "sporty" types^v. 	
Department of Health		General	If the evidence found to support exercise schemes in the work place is limited due to lack of data, then it would be very helpful if the guidance was phrased in such a way as not to discourage schemes. There is a risk, when robust conclusions cannot be drawn, that this will be interpreted as meaning the schemes do <i>not</i> have benefits, when the actual finding is that <i>the case is not definitively proven</i> . We would welcome any steps, which can be taken to reduce this risk.	We will strive to present the evidence as clearly as possible and are always very careful to distinguish between a lack of evidence and a lack of effectiveness.
Department of Health		General	The Department of Health would welcome the guidance considering the Well@Work project (an evaluation of which is currently being undertaken by Loughborough University) looking at nine national workplace pilots funded by the Department. The research is to be completed in October 2007, and involves evaluating workplace health initiatives in a cross section of businesses.	Thank you. We look forward to considering the results of the research.

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Department of Health		General	It would be helpful if the guidance considered the development of the new Investors in People UK framework (dedicated to improving health and well-being in the workplace, which has been commissioned by the Department of Health). The evidence gathered from a number of pilots will help establish how health and well-being criteria might be incorporated into the existing Investors in People Standard when it is reviewed by 2009.	If the research is timely and fits into the timescales for NICE guidance production, we will happily consider any evidence from this project.
Department of Health		2.c	“Health, work and well-being” is a joint DH/DWP/HSE paper. We would be grateful if you could amend the reference to reflect this; <i>(reference: “HM Government. 2005. Health, work and well-being – caring for our future. Department for Work and Pensions, Department of Health, Health and Safety Executive, London”)</i>	Thank you. The scope has been amended.
Department of Health		3	Would you please consider making reference to the fact that individuals spend up to 65% of their waking hours at work; therefore, we feel that the workplace is an important setting to consider health improvement.	Thank you. We will include this in the fuller background provided in the guidance document.
Department of Health		4.2	It would be helpful if you could clarify the rationale for excluding those who are self-employed. It might be the case that, for a number of those who are self employed, they are also responsible for the setting in which they work. However it is also the case that a significant number of self-employed people are working in a setting, for which they have little or no control (for example, a number of freelance/self employed staff are able to engage in more physical activity in their workplace).	The referral for this guidance asked us to look at interventions for employees so we have excluded those who are self-employed in single-handed enterprises.

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Department of Health		4.2	Groups not covered by the study include those who “require specialist medical advice regarding physical activity”. Will the guidance cover admission criteria for schemes that might be unsuitable for staff with undiagnosed (or diagnosed) risk factors? How will the need for specialist advice be ascertained? What are the legal implications for a workforce setting up an exercise scheme if someone has an adverse reaction? The risk is that schemes could end up excluding those who could benefit most (e.g. overweight staff) because of the fear of litigation if that person is not assessed for suitability to participate. Possible solutions to this problem include self-assessment forms, signing waiver forms or advising staff to check with their GPs first. However, any method which avoids putting additional barriers in the way of participation would be most welcome. Businesses' own occupational health arrangements could be key to this.	Thank you. We will consider how these issues can be addressed during the development of the guidance.
Department of Health		4.2	Any evidence that exercise schemes benefit staff with mental health problems (e.g. by self reported improvement in their condition or reduced need for medication after increasing activity levels) would be very valuable.	We will report any evidence which we find relating to mental health outcomes as well as physical ones.
Department of Health		4.3.1	In terms of measuring increasing physical activity levels, it would be helpful to look at any evidence that certain schemes worked better for particular demographics e.g. are there particular activities which appeal to groups who generally exercise less e.g. older staff, women etc. Schemes already recognised and supported by local health visitors and incorporated into a workplace setting could be beneficial.	Thank you. We will report any evidence which addresses this.

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Department of Health		4.3.1	Some working practises which can encourage activity may not be recorded as exercise schemes (e.g. flexible hours encouraging people to take a longer lunch break and go for a walk) so any evidence of this type of 'indirect' scheme would be useful. Data on use of onsite gyms and how to make them more effective would also help firms who have already invested in such a facility increase its effectiveness.	Noted. Thank you.
Department of Health		4.4	Does this mean that interventions with no comparator will also be taken in to account?	Yes, this guidance will consider the broadest possible evidence.
Department of Health		4.5	Will outcomes look at e.g. interventions leading to lasting behaviour change? If so, realistic criteria should be examined as research indicates that effect of single interventions is most at around three months after initiation.	We will report on long-term outcomes as far as we are able from the literature.
Department of Health		4.5	Will intensity of exercise be an outcome, or only other measures such as levels of participation? There could be a risk of losing health benefits if an exercise scheme has high participation but the majority of staff taking part don't reach a level of activity which will give the desired outcomes (unless there is a clear alternative benefit e.g. low intensity sessions such as yoga for reducing stress and improving well being).	The outcomes reported will depend largely on the outcomes contained in the literature.
Department of Health		4.6	When looking at different sections of the workforce, schemes will have to be as widely accessible as possible e.g. to those with disabilities (unless they are in the category of staff who "require specialist medical advice regarding physical activity"). Schemes will have to be in line with both internal equality policies and wider legislation such as the Disability Discrimination Act.	Thank you. We will consider how these issues can be addressed during the development of the guidance.
Department of Health		4.6	What measures help maintain initial staff enthusiasm for exercise schemes into sustainable increase in activity levels? This is important for downstream cost effectiveness of schemes to maximise ongoing participation.	The outcomes reported will depend largely on the outcomes contained in the literature.

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Department of Health		4.6	Differentiating between schemes on grounds of size, and cost of implementation, would be helpful in identifying which might work better in smaller businesses.	Please refer to our previous response.
Department of Health		4.6	In measuring the cost effectiveness of schemes, it may be difficult to find underlying benefits in terms of improved staff productivity. If a scheme is evaluated and demonstrates (for example) less time spent at a workstation, this could be interpreted by businesses as a negative consequence in terms of cost effectiveness. However, it could be that staff are being more productive because they spent time away from their desks doing exercise. Overall, the effect for the employer was better quality work and better value for money. Care should be taken to look at the wider benefits too, as any medium or long term health benefits (such as decreased sickness absence or improved staff satisfaction) may not show up as readily in the evidence as short term apparent decrease in 'desk hours'. Whilst it is difficult to measure, to engage businesses it would be helpful to describe the outputs in terms of productivity, staff retention, staff morale, employee engagement and empowerment, and length of sickness absence.	Please refer to our previous response.
Department of Health		4.6	It would also be helpful to have a sense of the impact an engaged employer can have on the relative success of an intervention. For example, if a CEO personally endorses an approach to taking walking lunches, does this impact on the take up and effectiveness of the intervention?	Please refer to our previous response.
Department of Health		4.6	Would you please consider the inclusion of a comparison between full and part-time staff, when examining "the most effective and appropriate interventions for different sectors of the workforce".	Please refer to our previous response.
Department of Health		4.6	It may be useful to gauge the impact of these interventions on the behaviours of the employees' families – looking at how the healthy schools model encourages behaviour change in the family, can the same be said of the workplace?	This is beyond the remit of this guidance.

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Workplace Physical Activity Draft Scope Consultation – Stakeholder Response Table

01 March to 29 March 2007

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Department of Health		4.7	Human resources are a critical target audience to ensure effective implementation of interventions.	Noted. Thank you.
Help the Aged <i>and</i> TAEN - The Age and Employment Network		General	Help the Aged and TAEN welcome the overall guidance to promote physical activity in the workplace. As mentioned in the draft scope, physical activity promotes mental wellbeing, prevents chronic diseases and reduces sickness leave.	Thank you.

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<p>Help the Aged and TAEN - The Age and Employment Network</p>		<p>4.6</p>	<p>TAEN and Help the Aged support investigating the most effective and appropriate interventions for different sectors of the workforce because they recognise that a 'one size fits all' approach is unlikely to succeed. Age, gender and cultural differences must be taken into account when considering the most appropriate interventions as well as when considering the barriers and facilitators to implementation.</p> <p>TAEN and Help the Aged commissioned a literature review on the health and work of older women and we cite the section on health promotion programmes as an example of the above point: <i>“Many women, especially those who work part-time, find it difficult to participate in after-hour activities. They may also be concerned that lack of fitness will result in the loss of employment (McDaniel, 1988). Many will have learned to identify sport and fitness activities as a male preserve and may find it hard to imagine themselves participating. If health promotion activities are to work with this group, they must not be youth oriented but most reflect the concerns of older women” (from Older women, work and health – Reviewing the evidence by Lesley Doyal and Sarah Payne, University of Bristol, Nov 2006)</i></p> <p>To promote physical activity to minority ethnic groups, it is essential to be aware of the customs and needs of different cultures such as timings, the need for translation of materials, and the availability of men or women-only space.</p> <p>To ensure the success of any physical activity promotion plan, it is essential to tailor initiatives to the needs of all employees. This is why it is important to involve all employees in the planning, implementation and review of any intervention.</p> <p>Help the Aged and TAEN are also pleased to see that one of the questions to be addressed are the resource needs of large, medium and small enterprises in promoting physical activity at work because they recognise that it is more difficult for medium</p>	<p>Thank you. We note all of your points.</p>

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Herts PCTs		General	When reviewing the evidence base please don't set the bar too high in terms of study quality. Experience from other NICE reviews such as walking and cycling shows the importance of valuing the 'grey' literature, otherwise no practical replicable outcomes can be achieved in the evidence based recommendations	We will consider the broadest possible evidence, including qualitative evidence.
Herts PCTs		4.6	Need to add: what are the best tools/methods for practical local evaluation of workplace intervention effectiveness? Given national lack of consensus over the best tools/methods for local physical activity evaluation this could usefully be addressed in any document giving guidance	We will pass this concern on to our Implementation Team. Thank you.
Islington Council and Islington PCT		General	Will examples of workplace initiatives that have not had evaluations published be included in the evidence? It might be that initiatives to increase physical activity were implemented in workplaces without plans to fully evaluate them, or that evaluations weren't published so there may be much useful learning that isn't included in this guidance.	This guidance will consider the broadest possible evidence, including qualitative evidence. In due course stakeholders will be invited to submit additional evidence, including unpublished evaluations and these will be considered for inclusion.
Islington Council and Islington PCT		4.6	It may also be useful to know whether initiatives were more successful if they focused on opportunities for groups, or for individuals to take part in	This information will be drawn out if it is in the evidence.
Islington Council and Islington PCT		4.6	It may also be useful to know whether initiatives which offered a range of opportunities to be more active were more successful than those which just focused on one or two.	Please refer to our previous response.
Islington Council and Islington PCT		4.6	It would be useful to know whether different types of initiative work better in different settings or environments e.g. rural or urban setting; or locations where public transport was good or poor.	Please refer to our previous response.
LB of Southwark (Sports Strategy Unit)		General	We are pleased that guidance will be produced targeting the workplace and welcome the opportunity of playing a role in it's development.	Thank you. We look forward to your input.

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LB of Southwark (Sports Strategy Unit)		General	Is it the role of the employer that they must provide schemes that increase the health of their employees as well as protecting them from poor health and accident? Should this sit in the Health & Safety policy of relevant organisations? How can we give the guidance teeth?	At this time there is no duty to implement NICE guidance outside of the NHS, however we will attempt to quantify the costs and benefits to employers of implementing this guidance.
LB of Southwark (Sports Strategy Unit)		3b	Our own workplace pilot showed that only 23% of our officers are active for at least 30 minutes on five or more days per week.	Noted. Thank you.
LB of Southwark (Sports Strategy Unit)		4.1.1	Although targeting all employees the guidance should differentiate between initiatives that are targeted at active and sedentary jobs.	Noted. Where possible, these distinctions will be drawn.
LB of Southwark (Sports Strategy Unit)		4.2	The guidance should acknowledge that those employees who have a medical condition might be able to benefit from physical activity. Perhaps a link to exercise referral programmes should be made for these staff?	This is beyond the remit of this guidance, however if there is evidence to suggest this then we will report it.
LB of Southwark (Sports Strategy Unit)		4.3.2	Although not covered by the guidance, the environment is a key-determining factor when individuals choose to be active or not. This will also be a factor when targeting employees e.g. when encouraging employees to cycle whilst working in an inner London borough, environment will be an issue.	Noted. NICE guidance considering physical activity and the environment is in development. The documents are available at http://guidance.nice.org.uk/page.aspx?o=PhysicalActivityandEnv
LB of Southwark (Sports Strategy Unit)		4.5	As well as actual participation, it may be useful to identify good practice on methods to increase the awareness of the recommendation of '5x30'. Our pilot showed that only 26% of officers we aware of this.	We propose in section 4.3.1 to consider awareness raising campaigns.
LB of Southwark (Sports Strategy Unit)		4.6	Another key question could be 'What is the best way to establish the baselines?' Data collection will be key to workplaces managing their own scheme and the guidance should recommend if paper, interview or on line surveys are the most effective way of collating information.	Part of the guidance production process is to define research recommendations. This could form a part of that. Thank you.

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LB of Southwark (Sports Strategy Unit)		4.6	Is there a preferred methodology for collecting the baselines? IPAQ, Active People, GPPAQ etc	We will consider the broadest possible range of outcomes and methodologies in accordance with the CPHE process. For full details see www.nice.org.uk/phmethods .
LB of Southwark (Sports Strategy Unit)		4.6	Key to the guidance being used effectively will be developing a case for organisations to utilise it and/or to provide incentives. Could there be a NICE Active Workplace Award? Would this prove attractive to organisations?	This is beyond the remit of NICE.
LB of Southwark (Sports Strategy Unit)		4.6	Is there any evidence that a full time coordinator is required or can schemes be developed with workplace champions and at minimal extra cost?	We will report any evidence that relates to this, however, we would not want to pre-empt the evidence at this point.
LB of Southwark (Sports Strategy Unit)		4.6	Does the level of the employee (manual v management) affect uptake of physical activity? Are different initiatives needed to be developed to get these 2 different groups active?	Please refer to our previous response.
LB of Southwark (Sports Strategy Unit)		4.6	There are smaller schemes that have little data on effectiveness but they are still able to contribute to the guidance on what works and doesn't work from a practical point of view.	Later in the process we ask stakeholders to submit any additional evidence which they are aware of and any data can be submitted at that point. In addition, all CPHE guidance is field tested before publication so that front-line practitioners can give their input into the more practical aspects of the guidance, whether it is realistic and whether it is implementable.
LB of Southwark (Sports Strategy Unit)		4.6	Are taster sessions in activities that the employee has never tried before more effective than long-term sessions in traditional activities? Or is it a combination of the two?	We will report any evidence that relates to this, however we would not want to pre-empt the evidence at this point.

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LB of Southwark (Sports Strategy Unit)		4.6	Is there a role that Occupational Health could play in implementing the guidance in larger organisations such as Local Authorities? Are there any schemes that conduct a physical activity screening check as part of the recruitment process?	Please refer to our previous response.
LB of Southwark (Sports Strategy Unit)		4.6	Is there evidence that group activities for employees increase adherence levels better than individual initiatives such as subsidised gym use?	Please refer to our previous response.
Masterfoods		General	There does not seem to be any reference to sustainability. How are the interventions implemented going to be sustained? There is no point developing an intervention that will only last a short while as this will not change behaviour.	We will report any evidence that relates to this, however we would not want to pre-empt the evidence at this point.
MRC Epidemiology Unit		3	The presented data in this section could possibly be made more applicable to this specific population	Noted. Thank you.
MRC Epidemiology Unit		4.3.2	Workplaces are particularly interesting settings for environmental interventions. Next to changes to the external built environment, this could also include changes to the internal built environment (e.g. making stairs more attractive or having one central printing facility) or interventions to encourage building users to use their environment differently (e.g. takes stairs instead of lift). It is likely that these topics are not covered in the guidance on physical activity and environment. Will these also be considered in the current guidance?	We are working closely with the physical activity and the environment team to ensure that the two pieces of guidance dovetail.
MRC Epidemiology Unit		4.5	Has the committee considered outcome measures such as QALY, productivity or sickness absence?	The standard unit for NICE cost-utility analysis is the QALY.

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MRC Epidemiology Unit		4.6	It is hypothesized that people might compensate for increases in work-related physical activity by decreasing their level of physical activity in another domain, such as recreational activity. This compensation strategy will mean that there is less change in their overall energy expenditure than a measure of one specific domain might show. Will the guidance consider this issue and the difference in effect on overall and domain-specific physical activity?	We will report any evidence that relates to this, however we would not want to pre-empt the evidence at this point.
MRC Epidemiology Unit		4.6	Will the guidance also consider difference in effect according to health status (bmi, smoking status) or current behaviour (active or inactive employees)?	This will be considered if it is reported in the evidence.
MRC Social and Public Health Sciences Unit		4.1.1	Many people become less physically active after they retire. The scope of this guidance could include pre-retirement interventions given while people are still at work which aim to maintain physical activity after retirement.	We will consider those interventions.
MRC Social and Public Health Sciences Unit		4.3.1	'... policies and initiatives which aim to increase employees' physical activity levels'. Should the guidance also consider the effects of policies and initiatives which are not primarily intended to influence physical activity, but which may do so as an unintended or secondary effect?	Where these data are available and fall into our searches, they will be considered. The remit of this guidance, however, is to examine interventions and policies that aim to increase physical activity
MRC Social and Public Health Sciences Unit		4.3.1	What about organised sport at work, e.g. works football or cricket teams? This used to be common, with some large workplaces fielding many sides, organised leagues, etc.	This will be considered. See section 4.3.1 of the scope for details of the kinds of interventions which will be considered.
MRC Social and Public Health Sciences Unit		4.6	'Does effectiveness vary according to the type of job people do?' Is there (or should there be) an unstated question here about a social gradient in the effects of interventions, i.e. do their effects vary according to the grade or status of job?	All CPHE guidance considers the effects of social inequalities on health status.

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National Public Health Service for Wales		General	The only observation is in relation to the employment sectors and sizes. There doesn't appear to be any indication that the review will try and account for differences of particular barriers relating to either the employment sector i.e. Retail, Manufacturing or Service or the size of the businesses i.e. Multi-national, Corporate or SME? These are factors that do have a significant bearing on the capacity of employers to undertake all types of health promotion activity.	Please refer to the key question in section 6 of the scope –Does the type of workplace influence effectiveness?
Natural England		4.3.1	The breadth of areas considered , particularly under health promotion, should include activities that encourage people to get away from the work place and utilise local accessible greenspace i.e. Tai Chi in the park, green gym. This may include activities within the grounds of a work place. Clearly the relative efficacy of the range of interventions must be considered	If these interventions are initiated or supported by the workplace then they will be considered. See section 4.3.2 of the scope.
Newcastle University		General	Following publication of the guidance , it may be helpful to produce material for employees to suggest how they can be physically active in their workplace, regardless of whether their employers decide to adopt a company-wide scheme, based on whatever guidance is issued.	The NICE Implementation Team will be producing materials to support the implementation of this guidance..
Newcastle University		General	It would be helpful in preparing the guidance if NICE could consider the type of advice and guidance needed by employers of different sizes. Smaller employers will have different needs and problems with addressing the guidance than large ones.	Thank you. We hope to be able to address this in the guidance.

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Newcastle University		4.3.2	While we appreciate there may be overlapping from the guidance on 'Physical Activity & the Environment' we think it would be helpful if the environmental aspects of the work environment were also included in this guidance, even if it is derived from the environment and physical activity group. There is much literature, for example, on promoting use of stairs to encourage physical activity in the workplace. Concentrating on primarily organised activity, and not covering the environment, will miss the opportunity to promote activity at work in important ways that should be communicated to employer, who are the main target audience for this guidance.	Thank you. We are working closely with the physical activity and the environment team to ensure that the two pieces of guidance dovetail.
Newcastle University		4.3.2	We are concerned that excluding the environment may also miss opportunities for the guidance to recommend 'active living' – which would include active travel to work.	Section 4.3.2 subsection c specifically targets active travelling as an area of interest.
Newcastle University		4.5	An important outcome measure to try, if possible, to capture would be a change in the 'workplace culture' towards greater physical activity.	The use of outcome measures in the literature defines the outcome measures that we can report. If there is literature measuring this then we will report it. Thank you.
Newcastle University		4.5	A key outcome factor is for how long change in physical activity behaviour is actually maintained, since maintenance of change beyond about 6 months has been hard to achieve in physical activity intervention trials	Please refer to our previous response.
Newcastle University		4.5	Cost-effectiveness should also be included as a key outcome	Thank you. We will add this to the list of outcomes.

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Newcastle University		4.5	You should include as an outcome for all studies the differential uptake, efficacy, compliance, effectiveness and cost-effectiveness by age, sex, ethnicity and measures of socio-economic position (e.g. income, employment grade, social class, educational attainment etc.). This will help to identify interventions that widen or narrow inequalities and also those best suited to disadvantaged groups and those with the lowest levels of activity	The use of outcome measures in the literature defines the outcome measures that we can report. If there is literature measuring this then we will report it. Thank you.
Newcastle University		4.5	Adverse outcomes of interventions should also be identified (e.g. injuries resulting from exercise)	Please refer to our previous response.
Newcastle University		4.6	Bullet point 4 – ‘length’ might be clarified to include frequency, duration, amount etc.	Noted. Thank you.
Newcastle University		4.6	Bullet point 6 – the list should include measures of socio-economic position (see above)	Noted. Thank you.
Newcastle University		4.6	A new bullet point could be added – we need to know in whom the interventions work best and worst, and whether they result in widening or narrowing of inequalities (see comment above about outcomes)	Noted. Thank you.
Newcastle University		4.6	A new bullet point should be added – we need to ask what are the adverse effects of interventions and what are the costs of these to employer, to individuals and to society?	Noted. Thank you.
North East Physical Activity Forum (NEPAF)		4.1	Does this include unpaid work, volunteers?	Yes. It includes all people who work for someone else, paid or unpaid.

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North East Physical Activity Forum (NEPAF)		4.2	As with public health intervention guidance 2, it would seem that the scope will exclude studies that focus on those with long-term conditions, or even short term physically limiting conditions, this might even exclude good work that goes on with those having limiting mental illness, which admittedly under clinical guideline 23 (treatment of depression in primary care) would warrant 'structured' exercise therapy. Would hope this limitation in the scope is not a result of inadequate resources/capacity and could be re-addressed within the guidance."	Thank you. We will consider how these issues can be addressed during the development of the guidance.
North East Physical Activity Forum (NEPAF)		4.5	RE Participation rates; Should we not be aiming to gather info on how near/far to achieving CMO recommendations participants are, and who is taking up activity? A head count would only tell us how many people take up interventions, not if it is the same people who are already active making use of subsidies etc	We appreciate the complexities of this and will report on this as far as the evidence allows.
North East Physical Activity Forum (NEPAF)		4.7	How do we identify who is responsible for physical activity? A designated role may not exist already. Will the guidance produce info on who should be taking responsibility in small, medium and large enterprises? How will the guidance influence employers not already taking responsibility for physical activity in the workplace to do so?	This is beyond the remit of this guidance.
Nottingham University Hospitals		General	We have some grave concerns about the proposed draft scope:	Thank you. We will note your concerns and address them as far as possible.

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Nottingham University Hospitals		General	<p>1. We know that this is an under-researched area that has been sorely neglected by funding bodies, and have concerns that the NICE team will find a paucity of evidence in support of Workplace Wellness schemes, particularly as NICE identified that they have no further funding to develop or assess past and current schemes. Therefore the outcome of the literature search is predictable due to the methodology used. In our experience such schemes have shown positive benefits. However, unless the scope of the review is widened and resources made more readily available, these guidelines are likely to show a lack of hard, scientific evidence in support of Workplace Wellness Schemes which could prove detrimental in our aim to increase population levels of activity. This is a particular concern to us given our prior experience of NICE guidance, notably in exercise prescription, where lack of scientific evidence was then promulgated as exercise schemes being 'ineffective'.</p>	<p>We will be looking for the widest possible range of evidence in the production of this guidance, and will be asking stakeholders to submit any evidence which they have later on in the process.</p> <p>We will distinguish very clearly between a lack of evidence and a lack of effectiveness.</p>
Nottingham University Hospitals		General	<p>2. The decision to make the guidance Intervention rather than Programme seems rather short-sighted as it is already known that the effects of isolated physical activity interventions are limited. It is generally accepted that successful workplace health promotion schemes are those based on ecological models of health – they MUST be multi-faceted and incorporate other health behaviours and targeted at all levels of the organisation from the environment, management and policies to the individual. We strongly recommend changing the guidance from intervention to programme at this early stage</p>	<p>NICE does not define whether a piece of guidance will be intervention or programme guidance. These decisions are made by the ministers who refer topics to NICE. Programme guidance considering physical activity and the environment is in development. The documents are available at http://guidance.nice.org.uk/page.aspx?o=PhysicalActivityandEnv We will be working to ensure that both pieces of guidance dovetail.</p>

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Nottingham University Hospitals		General	3. If physical inactivity and ill health costs the UK £8.2 billion a year and workplace stress £4 billion, guidance should be given to both employers and Government agencies as to the amount of resource that should be allocated to tackle the problem. We know that £ for £ promoting physical activity and other health behaviours is the 'best buy' for public health but are increasingly frustrated by the lack of resources to either implement or evaluate health promotion schemes. We feel that the main emphasis of the guidance should be less about <i>how</i> to deliver workplace wellness schemes and more about encouraging policy makers and employers to <i>accept</i> their importance.	The NICE process includes a review of the cost-utility of interventions, and the production of a costing tool by the NICE Implementation Team. If the evidence and models demonstrate cost effectiveness then we will make this clear.
Nottingham University Hospitals		General	4. We recommend that the literature review be extremely broad and take into account all evidence and suggestions using ecological approaches, social marketing, behaviour change models etc.	We will use the broadest range of literature available given the time and resource constraints of the guidance production process. If you know of evidence which is relevant then we would encourage you to submit this.
Nottingham University Hospitals		General	5. We know that lifestyle factors inter-relate and affect each other; therefore much evidence will come from multi-modal health promotion interventions including smoking, nutrition, stress management etc. (see Peltomaki et al, 2003). We suggest that reviewers learn from successful Finnish models that combine Occupation Health and Health and Safety hazards with Health Promotion Programmes.	Thank you. We will follow this up. If you could provide references for the Finnish models we would be grateful.
Nottingham University Hospitals		General	6. We also recommend liaising with both Unions and Management groups, as their support is vital to the success of such programmes.	Thank you. Many representatives of both of these groups are stakeholders for this guidance. If you have contacts who are not stakeholders, we would ask you to encourage them to register.

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Nottingham University Hospitals		General	7. We suggest the review also focus on the importance of incorporating Workplace Wellness into the policies of employers. This 'ecological approach' has been shown to be successful, particularly in some Nordic countries.	Section 4.3.1 of the scope confirms that we will be examining the effectiveness of policy.
Nottingham University Hospitals		General	8. Several Workplace Wellness programmes are currently running that are being evaluated, but whose results will not be available within the timescale of this review. Therefore, we recommend that interim results of the BHF Well@Work and NUH Q-active programmes, amongst others, be considered as valid evidence.	We will encourage these organisations to submit any evidence they have as part of the guidance production process.
Nottingham University Hospitals		General	9. The above programmes also need to be considered as valuable data sources for lessons learnt. The coordinators of such schemes can educate others on, not only what has worked but, crucially, what does not work – something not always evident in the academic literature.	We will hope to have representatives of BHF and NUH in our fieldwork phase where we try to capture the learning of people delivering these types of schemes.
Nottingham University Hospitals		General	10. We would like to see guidance produced on evaluating workplace wellness programmes – and obtaining funding for these. There are currently many programmes and interventions running that are not being evaluated, as they have been unable to secure funding, therefore under the current scope, these will not provide any academic evidence.	As part of the guidance, we make research recommendations which are flagged up with appropriate research funding bodies.
Nottingham University Hospitals		General	11. We have found the personalities and skill base of the Programme Coordinators to be vital to the success of programmes, but doubt there is any evidence for this.	We agree that this is important, but difficult to capture.
Nottingham University Hospitals		General	12. Workplace health champions are a common theme of successful programmes. We are not aware of any formal evaluation as to the nature or effectiveness of these but this should be considered. The training of these staff is also important as this has time and resource implications for employers.	Noted. Thank you.

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Nottingham University Hospitals		General	13. The recommendations should also consider the impact such schemes have on the rest of the community via behaviour transfer as employees educate and inspire their peers.	Because of time and resource constraints, this guidance will not consider the wider impacts of workplace physical activity interventions.
Nottingham University Hospitals		General	14. In summary we strongly recommend changing the guidance from intervention to programme at this early stage. We would be happy to discuss this with you should you so wish.	Please refer to our earlier response..
Physical Activity Network - West Midlands		General	In light of previous guidance we would query whether there is a wealth of high level, “NICE quality” evidence available on which to base the guidelines. The National Well@Work pilot is still ongoing and our understanding was that this pilot was to provide information on what works, best practice, cost effectiveness etc as this did not already exist to a large extent. Are we pre-empting the results of this? How can the learning from the pilots be used within the guidance or implementation resources?	We regret that several large pilots will be excluded from this guidance because of the timescales. NICE has topics referred by the DH and does not choose the time of the referral.
Physical Activity Network - West Midlands		General	We would recommend gaining higher level strategic support from the Health and Safety Executive regarding the implementation of the guidance, for example standardising guidance on time allowed sitting etc – how will this guidance enable new Health and Safety policies to be put into place? People are no longer allowed to Smoke in the workplace, as physical activity is a huge risk factor for disease what can the Health Safety Executive do to minimise practices where workers sit for long periods of time. How can we ensure that employers enable these practices to be followed?	The Health and Safety Executive is a stakeholder in the production of this guidance and we look forward to its input. We will pass this comment on to colleagues at the HSE.
Physical Activity Network - West Midlands		1	We would suggest that the title was not just related to encouraging employees to be active but also enabling employees to be active. In our experience encouragement without enabling does not aid behaviour change.	Noted. Thank you.

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Physical Activity Network - West Midlands		4.1.1	We would suggest that the guidance does not cover just employees but also the employers. This would ensure that elements such as workplace health policy's and the ethos of the business will also be incorporated into the guidance. Interventions will not succeed if the ethos of the business does not enable it to.	Workplace health policies which support physical activity will be covered as set out in section 4.3.1 of the scope.
Physical Activity Network - West Midlands		4.2.2	<p>Not covering groups with cardiac conditions that are being managed is not suitable, as returning to work is considered a major end point in cardiac rehabilitation. Plenty of evidence for this was offered in 'Is Work Good For Your Health and Well- Being?' (pp211- 221; Waddell G & Burton AK, 2006).</p> <p>There is some anecdotal evidence of employers using completion of Cardiac Rehabilitation phased 3 and 4 programmes as a condition of people returning to work after cardiac events. We would suggest therefore that those in need of specialist medical advice regarding physical activity be included within the scope to incorporate these types of conditions where physical activity has a beneficial effect on a person's ability to return to work.</p> <p>We would like to see this included within the scope of the guidance.</p>	The interventions will be workplace-wide and accessible to some people with chronic conditions and disabilities with suitable medical advice. However, this guidance will not cover specific programmes or interventions for those groups.
Physical Activity Network - West Midlands		4.3.1	<p>We agree that the three that areas mentioned should be covered however we would like to see this list expanded to cover;</p> <ul style="list-style-type: none"> • Incentive schemes where employees are rewarded for being active e.g. time off to exercise/be active, pay increases, increased holiday etc. • Tax breaks e.g. the Tax Free Cycle scheme • Referrals to physical activity programmes by Occupational Health 	All of these examples will be considered under the existing headings in section 4.3.1 of the scope.

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Physical Activity Network - West Midlands		4.3.2	<p>We would suggest that modifications to the work environment i.e. buildings, car parks etc should be included within the scope to ensure that the advice links to travel plans, etc. It is likely that these things are some of the simpler things for employers to do to aid activity i.e. improved lighting on stairways, pictures in stairways, cycle parking facilities etc. To not include these may suggest that they are not important in aiding workplace health.</p> <p>We would also note that by not including this and referencing another piece of guidance may result in the picture on workplace activity being skewed. We should not assume that employers will read two different pieces of guidance as this may not be the case.</p>	We note your concern and will take every opportunity to address these issues, however time and resource constraints mean that we cannot duplicate work which is already being done.
Physical Activity Network - West Midlands		4.5	<p>What is the question that is being asked regarding physical activity levels? Is it about enabling behaviour change, is it about behaviour being changed and if so over how long? I.e. employees being active for 1 year, employees reporting increased behaviour? This is not very clear in the current scope.</p>	Duration of effect will be reported where the data are available.
Physical Activity Network - West Midlands		4.6	<p>We feel that the key questions should link to the business case for physical activity in the workplace i.e. less sick days, improved productivity, increased staff retention etc. These are the hooks for business and so the guidance should answer this and show how physical activity interventions enabled this to happen.</p> <p>We would also like to see a question regarding whether there was an increased understanding of the benefits of being physically active within employees and employers. This is key to achieving increased activity levels. Evidence suggests that only 5% of older adults and 11% of adults actually understand the physical activity messages (BHF National Centre for Physical Activity). How do workplace activity programmes change this?</p>	Where these data are available they will be reported.

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Physical Activity Network - West Midlands		4.7	Awareness raising of the guidance within business and economic organisations will be key to the implementation of any guidance of this sort. Have the Regional Development Agencies, Business in the Community been involved in the development of the scope for this work as they may have specific needs that this guidance could meet? The question of why the business sector would pick up the guidance in the first place needs to be answered to enable this to happen. We would also recommend that the implementation information for the guidance links to key resources for business such as the BHF ThinkFit resource. If the guidance is to be aimed at employers and business the way in which the guidance and implementation advice are written will need to ensure that the business case for workplace activity is coherently made.	Noted. Thank you.
Royal College of Nursing		General	The RCN welcomes the opportunity to review and comment on this document.	Thank you. We welcome comments from our colleagues in the RCN.
Royal College of Nursing		General	<p>We welcome this consultation as it could potentially have an impact on a large population group.</p> <p>We particularly welcome the approach of encouraging physical activity in the working population, as the advent of modern technology has created a much more sedentary work life style.</p> <p>Facilities to enable more walking and cycling to work are to be encouraged, whether they are included or not in this consultation. The approach will enable employees themselves influence for changes in their workplace to help them to be more active.</p>	Thank you. We agree.

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Royal College of Nursing		4.5	<p>2nd bullet. A self-reported questionnaire is not generally regarded as 'objective' as there are too many variables likely to impact on the results. However, we would welcome a sound examination of the factors that motivate people to become more active and how organisations/ employers can enable and empower their employees to take more active physical exercise.</p> <p>Both pre and post intervention data would make the results more meaningful and would enable employees and their member organisations to construct a case for employers to take a more active role in encouraging regular exercise.</p> <p>Practical examples are more likely to have an impact on the realisation of a fitter and more energetic work force and we look forward to the development of such scenarios.</p>	In line with the CPHE process, we are committed to considering the widest possible range of evidence for this guidance, including qualitative evidence. Therefore we must be willing to accept a wide range of outcomes, including self-report.
Scottish Centre for Healthy Working Lives		4.5	Should there be a measure which would indicate improved mental wellbeing resulting in increased levels of physical activity.	Where mental health outcomes are contained in the data, they will be reported.
Sefton PCT and Sefton Public Health Partnership		4.3.1.a	Examples could also include 'taster sessions of different activities' within the working day	We agree. These are included in 4.3.1.a.
Sefton PCT and Sefton Public Health Partnership		4.3.1.c	Examples could also include the availability of pool bikes for work purposes. Policies should be widened from financial (e.g. expenses, subsidies) to include those requiring more of a cultural shift to recognise that travelling on business by walking and cycling can have a time impact.	Both of these are considered in 4.3.1.c

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Sefton PCT and Sefton Public Health Partnership		4.5	The third bullet point on outcomes should include 'barriers' as well as motivating factors. Health outcomes should also be measured such as physiological outcomes including CHD risk factors and BMI, and mental well-being such as stress, mood and anxiety. Another outcome should be absenteeism and productivity.	Barriers are not an outcome per se. Consideration of barriers is one of the list of key questions to be answered. The outcomes measured will depend to a large extent on the outcomes reported in the literature.
Sheffield PCT		General	It would be helpful if the final guidance document distinguishes between what organisations can implement at no or low cost and what requires additional resources. Cost of interventions is a key issue in promoting physical activity in the workplace	Thank you. As part of its toolkit, the NICE Implementation Team will provide a costing tool for this guidance.
Sheffield PCT		4.2	Groups that will not be covered: While people who require specialist medical advice regarding physical activity are not specifically targeted by this guidance it should be acknowledged that within the general workforce there are likely to be significant numbers of people with medical conditions who will also benefit from interventions aimed at increasing general activity levels.	We agree. In addition, many people will be able to participate in general interventions with medical advice.
Sheffield PCT		4.3.1	Areas that will be covered: An examination of participation in 'major charity events' such as Race for Life, marathons, Comic Relief would be useful to determine teams and groups that are participating via a workplace connection.	If this is initiated or endorsed by the workplace then it will be covered.
Sheffield PCT		4.5	Outcomes: Changes in mode of transport in travelling to or from work (particularly where people have moved to more active forms of transport) would be a good outcome to measure for interventions. 'modal shift' is likely to be discussed in transport and planning literature.	We will be pleased to report on modal shift if there is adequate data in the literature which we review to do so.
Sheffield PCT		4.5	Outcomes: As well as increases in numbers of people 'taking up' physical activity it is important to also look for outcomes that relate to maintenance of physical activity.	Duration of effect will be reported where the data are available.

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Sheffield PCT		4.7	Target audiences and settings: The following groups within the NHS would be particularly useful people to target with the final guidance – Improving Working Lives leads, HR leads, Estates and Travel Leads, Directors of Public Health and Union Representatives.	Thank you. Noted.
Sheffield Teaching Hospitals NHS Foundation Trust		4.1.1	What age does 'adult' cover in this paper? If over 18, what about the proportion of the workforce between 16 and 18?	The definition will be related to the evidence found. Literature may include 16+ or 18+ in their sampling strategy and we would not want to limit the literature we consider by arbitrarily setting a fixed age for inclusion.
Sheffield Teaching Hospitals NHS Foundation Trust		4.3.2	Does this include showering and changing facilities?	This guidance will not cover alterations to the physical environment since this is covered by NICE guidance on physical activity and the environment. Where it is part of a larger programme, it will be reported.
Sheffield Teaching Hospitals NHS Foundation Trust		4.7	Do Human Resource personnel also need to be involved in order to ensure consistency of application, etc?	We envisage HR departments as being a key audience for this guidance.
Southwark PCT		4.5	Suggestion: That primary outcome measures includes the consideration of components of programs that encourage maintenance of behavioural change of increased physical activity. It is only through sustained physical activity that the maximal health benefits will be realised.	Thank you. Duration of effect will be reported where the data are available.
Southend University Hospital NHS Foundation Trust		General	This is a very timely development. If physical activity can be incorporated into everyday activities such as working, then the chance of impact is likely to be greater than if it has to be added on.	Thank you.

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Southend University Hospital NHS Foundation Trust		General	For a great motivating tool (pedometer, backed up by a website enabling target setting and monitoring) see www.fitbug.com . (I am not on commission)	We will consider workplace pedometer schemes, however, we would not like to pre-empt the data about their effectiveness at this point.
Sport England		General	<p>Sport England is funding a £ 1.6 million joint 2 year pilot project with Department of Health and BIG looking at workplace physical activity interventions at nine pilot sites around the country involving 8,500 staff at 47 workplaces. A detailed evaluation of the pilots is being undertaken by Loughborough University who are due to report on the findings in October. We would encourage NICE to include the research findings from this pilot programme in their deliberations and if appropriate the findings within any guidance they produce.</p> <p>The pilot programme is reported on quarterly to DH through the Choosing Activity Programme Board.</p>	We are keen to include these findings if timings allow. Thank you.
St Mary's University College, Centre for Workplace Health		2.d	It is essential that the NICE Guidance is not only aimed at people who work in health. One of the major target groups involves employers (or the wider Private sector) and this group must remain in this section as this has implications for the rest of the Guidance.	This guidance is aimed at all employers and employees.
St Mary's University College, Centre for Workplace Health		3.b	It is good to see that the variations in physical activity are noted but the groups used are not the most relevant for this particular subject (perhaps more useful to consider varying levels of activity with job role rather than with class?).	We feel it is important to consider both.

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St Mary's University College, Centre for Workplace Health		3	The 'need for guidance' must include the need from the employer's perspective. This is alluded to in section 3d but not separated out from healthcare costs. It would be a positive addition to see some specific figures relating to the cost of absenteeism and low productivity relating to physical inactivity. It would also be a positive addition to see costs related to inactivity (e.g. parking space provision) mentioned.	We have not been able to find these figures. The need for guidance section of the scope is intended to be illustrative rather than exhaustive.
St Mary's University College, Centre for Workplace Health		4.3.1	The consideration of 'policies' as well as initiatives is essential here.	We agree. Thank you.
St Mary's University College, Centre for Workplace Health		4.3.1	Some mention of Employee Assistance Programmes would be useful in this section (whilst the Programmes are not specifically focussed on physical activity they will cover this as well as wider issues).	We will include any studies pertaining to these programmes. They will be included in the review if evaluations are found.
St Mary's University College, Centre for Workplace Health		4.3.1b	Will Insurance related health promotion activities be included here (e.g. similar to the work being done by PruHealth)?	Only activities which are initiated or endorsed by the employer will be included.
St Mary's University College, Centre for Workplace Health		4.3.1	Work done through Occupational Health and HR activities may be of relevance here and this can often be missed when focussing on a traditional 'health promotion' approach.	Thank you. We agree.
St Mary's University College, Centre for Workplace Health		4.3.1	It is essential that Interventions that aim to promote broader health and wellbeing are included here as these will often have an impact on physical activity levels although specifically increasing physical activity levels may not be their primary objective (e.g. Health MOTs, Weight Watchers).	Insofar as they show up in our literature searches (ie. If they report physical activity outcomes) then they will be included.

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St Mary's University College, Centre for Workplace Health		4.3.2	<p>The wording in the scope leaves no room to consider the effects of any modifications to the environment. It would perhaps be better to exclude projects that focus “solely” on modifications to the environment as it is often impossible to separate out the specific strands of a workplace intervention when considering impact. Interventions looking solely at physical modifications will be covered by the separate NICE Guidance (in development) but it is essential that there is some overlap between the two documents as Workplace Health Interventions are multifaceted and this is reflected in the evidence available.</p> <p>The baseline survey for the London region Well @ Work project showed that the factors which would encourage non cyclists to cycle to work were showering, changing facilities at work and secure cycle storage. The top motivators could be considered as environmental factors and thus might be excluded from this vitally important area of workplace physical activity promotion if there is no overlap with the NICE Guidance (in development)</p> <p>(For more information regarding the London region Well@Work project contact Scott Lloyd, Scott.Lloyd@newhamhealth.nhs.uk)</p>	Where modifications to the environment are part of a larger programme they will be included. We are working very closely with the physical activity and the environment team to ensure that the two pieces of guidance dovetail.
St Mary's University College, Centre for Workplace Health		4.3.2	<p>There are varying levels of effectiveness in relation to stair prompt posters between public settings and in the workplace – wherever this topic is considered (in this review or the physical activity and the environment project), the following paper should be considered / highlighted - see Eves F.F. and Webb, O.J. (2006). Worksite interventions to increase stair climbing; reasons for caution. <i>Preventive Medicine</i>, 43 (1), 4 – 7</p>	Thank you.
St Mary's University College, Centre for Workplace Health		4.5	<p>Outcomes must include those of interest to the employers. Often these will not be health outcomes but rather other measures such as productivity, absenteeism etc.</p>	Where these outcomes are measured they will be reported.

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St Mary's University College, Centre for Workplace Health		4.5	Consideration of ways of measuring 'cultural shift' would benefit this section (e.g. inclusion of health related topics in induction programmes, inclusion of health statements in mission statement or organisation's aims and objectives, inclusion of workplace health responsibility in management job titles etc). Whilst these are not direct measures of health they are very important intermediate measures that relate to sustainability and organisational change.	Where these outcomes are measured they will be reported.
St Mary's University College, Centre for Workplace Health		4.5	Becoming physically active and maintaining physical activity are two different areas of consideration and markers for both should be considered in the scope.	Where duration of effect is measured it will be reported.
St Mary's University College, Centre for Workplace Health		4.5	Alongside factors relating to motivation, other dimensions of behaviour change theory should be included here (e.g. self efficacy, readiness to change etc).	The reporting of this will depend largely on whether the literature reviewed contains papers which report on outcome measures based on specific psychological models of behaviour change.
St Mary's University College, Centre for Workplace Health		4.6	The specialist populations considered in this section are somewhat limited and, whilst consideration of interventions specifically focussed at some populations may be beyond the scope, it is essential to consider the effectiveness of interventions on different groups (e.g. those with a disability, those with a history of CHD, obese/overweight etc).	Where special groups have access to generic interventions and the data are reported, we will consider this.
St Mary's University College, Centre for Workplace Health		4.6	Interventions included in the scope (section 4.3.1) include those delivered by external agencies but the scope does not consider barriers and facilitators to this group.	Assessment of the barriers and facilitators of interventions is contained in the list of key questions in section 4.6 of the scope.

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St Mary's University College, Centre for Workplace Health		4.6	Alongside consideration of the resource needs of small, medium and large enterprises it would be useful to know how all of the questions addressed vary with organisation size and rural/urban location.	We agree. These data will be reported if they are available.
St Mary's University College, Centre for Workplace Health		4.6	It is important to consider whether the effectiveness of interventions is related to whether delivery happens in-house or externally (e.g. via independent consultants) and also whether the involvement of specific departments is a positive or negative factor (e.g. Human Resources or Occupational Health).	Noted. Thank you.
St Mary's University College, Centre for Workplace Health		4.6	The impact of partnerships within and beyond the organisation is a question that should be included in this section.	Noted. Thank you.
St Mary's University College, Centre for Workplace Health		4.6	Workplace Health Interventions have their own challenges when collecting data for monitoring and evaluation purposes. The Guidance should ask questions around this as well as specifically considering effectiveness.	Noted. Thank you.
St Mary's University College, Centre for Workplace Health		4.6	As well as considering "how can employers be encouraged to promote physical activity at work" it would be useful to ask a question surrounding the actual benefit to employers – financial or otherwise. This extends beyond the specific ways of selling Workplace Health Interventions to employers into a more impartial examination of the costs/benefits.	We will do this as far as the data allow.
Sustrans		General	Sustrans welcomes this much needed guidance.	Thank you. We welcome Sustrans input into this process.
Sustrans		General	We recommend that the guidance should make explicit reference to the benefits in other areas of policy to be gained from addressing the activity levels, fitness and health of employees. These benefits may include improved staff attendance and productivity, loyalty and morale, social inclusion, and referred impacts on physical activity levels wider across society.	We will do this as far as the data allow.

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Sustrans		General	We urge you to consider from the earliest, the need to establish relationships with influential organisations in employment and human resources, direction and administration, business sectors and so on, in order to win their endorsement of the guidance, encourage them to distribute it, and find opportunities for their own documents to reiterate the same messages.	Thank you. We have invited these organisations to be stakeholders. Organisations can still register throughout the process and we would urge you to encourage any contacts you have to sign up.
Sustrans		General	In evidence review, we believe that current and forthcoming physical activity guidance may be handicapped by too strict a concentration on intervention studies. We accept that this will have been appropriate in the “traditional” NICE areas, but believe that in physical activity, and in particular the area of active travel, very few of the interventions effective in increasing activity have been designed with research in mind. We think evidence is more likely to be found in correlations through more epidemiological research.	Noted. Thank you.
Sustrans		4.3.1c	<p>Thank you for including active forms of travel for consideration. You may have to dig deep for evidence, because as we have noted above few active travel projects impacting on workforce travel will have been evaluated to conventional public health research standards.</p> <p>In this context, please note that the Department for Transport has reviewed the efficacy of workplace travel plans (DfT 2002, Making Travel Plans Work). We suggest that you should look at travel plan evaluation as part of the evidence review process.</p>	Thank you. We will look at this. Later in the process stakeholders are invited to submit further evidence for consideration. This includes unpublished ‘grey’ literature.
Sustrans		4.3.1c	A corollary problem is that those few interventions carried out to promote physical activity in the workplace have tended to be planned and delivered from a sport and recreation viewpoint. The available evidence is likely to be skewed towards sport, and it is important that this disproportion in evidence should not distort the guidance towards over-endorsement of a sport-based approach.	Noted. Thank you.

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Sustrans		4.3.1c	<p>You will probably also find that interventions and evidence are skewed towards larger employers. These are more likely than Small and Medium Enterprises to be able to provide on-site fitness and sports facilities. Our view is that “lifestyle” physical activity such as walking and cycling to work – which in any case we regard as fundamental to a healthy workplaces approach – will be even more central in the case of SMEs. There may not be much published evidence to NICE standards, but we think there will be enough for you to refer to this as part of the context for the guidance.</p>	<p>We are keen to consider the needs of SME’s as well as larger organisations. Thank you.</p>

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Sustrans		4.3.2	<p>Could you reconsider the exclusion of environmental interventions? While it is true that the forthcoming guidance on physical activity and the environment will cover modifications to the environment promoting physical activity, and there would be no point in repeating the evidence review, we think it most important that the importance of the environment be presented as part of the context.</p> <p>We believe that there is an over-reliance, in policy, on individual-focused motivational approaches to raising physical activity levels, and that without the necessary works to make the environment more conducive, most will not achieve long-term behaviour change. We are also concerned that individual-focused motivational approaches may actually increase health inequalities, because in many cases those most at health need may have the least opportunity to take up the activities being promoted.</p> <p>Very simply, our belief is that the insufficiently active members of the workforce are most likely to incorporate physical activity into their lives by changing their travel behaviour, and that environmental modification will be necessary in most cases to permit them to do this.</p>	<p>Where modifications to the environment are part of a larger programme, they will be included. We are working very closely with the physical activity and the environment team to ensure that the two pieces of guidance dovetail. We are aware of the need for a seamless join.</p>
Transport Research Laboratory		General	<p>Our comments focus on the promotion of physical activity through greater uptake of walking and cycling during the journey to work. The journey to work provides an important opportunity to change people's behaviour as it enables exercise to be fitted into a daily routine and has associated transport benefits that can assist in promoting it to individuals and employers. Promoting active travel to work helps to meet the Chief Medical Officer's recommendation that walking and cycling need to be part of daily life.</p>	<p>We agree. Thank you.</p>

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Transport Research Laboratory		General	For information, Transport for London is funding a study of the links between health, business benefits and workplace travel plans which will include a review of the evidence of the effectiveness of workplace travel interventions in reducing absenteeism through sickness. This study is being managed by TRL and the review led by Dr Adrian Davis of JMP. TfL's support for this project is part of a major programme to deliver workplace travel plans throughout London.	Thank you. We will follow this up.
Transport Research Laboratory		General	The emerging results from Sport England's Active People Survey could usefully be analysed (at regional level) in conjunction with National Travel Survey data, to properly understand the relationship between travel choices for the journey to work and overall levels of physical activity. This would require new analysis to take place.	Thank you. We agree that this would be useful, but unfortunately it is outside our remit and resources to conduct such an analysis.
Transport Research Laboratory		4.3.1c	It is important that this guidance takes into account the considerable body of evidence available from studies of promoting active commuting (i.e. people cycling or walking to work), even where this has not been based on controlled trials. See, for example: Cairns S, Newson C, Davis A and Swiderska C (2002) <i>Making travel plans work: Research report</i> . Department for Transport, London.	Thank you.
Transport Research Laboratory		4.3.1c	The following is an example of an important study for inclusion: Mutrie N, Carney C, Blamey A, Crawford F, Aitchison A and Whitelaw A (2002) 'Walk in to work out': a randomised controlled trial of a self help intervention to promote active commuting. <i>Journal of Epidemiology and Community Health</i> 56, pp407-412.	Thank you.

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Transport Research Laboratory		4.3.2	Regarding the exclusion of physical modifications to the environment from the guidance, we feel that it is important to be aware that physical measures can be key to successfully promoting walking or cycling to work and have been applied in many successful travel plans. Examples include employers paying for a spur route from an existing cycle network to link that network directly to their site. Often such measures are provided as part of a package of measures – and our experience of workplace travel plans suggests that implementing a package of measures is likely to be more effective than one-off or partial initiatives. It may therefore be hard to disaggregate the impact of physical measures from other interventions that have been applied.	This guidance will not cover modifications to the built environment except as part of an overall programme of interventions. This topic is dealt with in the forthcoming guidance on physical activity and the environment. Details are available at http://guidance.nice.org.uk/page.aspx?o=PhysicalActivityandEnv
Transport Research Laboratory		4.6	In relation to cost effectiveness, the study will presumably need to explore the benefits to employers of a more physically active workforce, including reduced absenteeism, and the benefits to individuals, including reduced mortality and morbidity.	We will attempt to report this if the data are available.
Us-Creates		General	I work for Us-Creates, a company that designs innovative interventions for social change, mainly in the area of health. I would be interested in seeing/finding out how the NICE implementation team will be taking the guidelines and implementing them in the workplace. In the guidance, I feel that it is important to provide suggestions and ideas for the workplace so they are aware of how they can achieve NICE's recommendations in a sustainable way.	The NICE Implementation Team does not directly implement the guidance, it produces a toolkit to support implementation.

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Us-Creates		4.6	<p><i>‘Does the length and/or the intensity of the intervention influence its impact?’</i></p> <p><i>‘what are the most effective and appropriate interventions for different sectors of the workforce such as men and women, younger and older workers, minority ethnic groups and temporary/casual workers?’</i></p> <p>The two points above raised further interest and suggestions about the general comment above. From Uscreates’ experience, many health organisations develop interventions but few of these are successful. However we have found that working in a collaborative approach with health experts and organisations that the interventions are intended for as well as the users, produces interventions which are sustainable and a success.</p> <p>I would recommend that NICE develops the interventions with a design company. The quality and originality of interventions will be of a far higher standard and therefore so will their effectiveness. This is what we have witnessed with projects such as The Alzheimer 100 project in Newcastle and Experience Food at Work – www.experiencefood.co.uk</p>	<p>Thank you. However, it is not the remit of NICE to develop interventions, but rather to examine the evidence of effectiveness and acceptability of interventions in the world published literature and to synthesise these into useful recommendations.</p>

ⁱ <http://www.sepho.org.uk/Topics/physActivity.aspx>

ⁱⁱ Mintel. *Bicycles*. Mintel International Group 1989.

ⁱⁱⁱ For a comparison of average journey times in central London, see www.tfl.gov.uk/cycles/company/facts.shtml#speed.

^{iv} Department for Transport. *National Travel Survey 2005*. DfT 2006 (see www.dft.gov.uk/stellent/groups/dft_transstats/documents/downloadable/dft_transstats_612469.pdf).

^v See reference **Error! Bookmark not defined..**