



2018 surveillance of physical activity for children and young people (NICE guideline PH17)

Surveillance report

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Surveillance decision

We will not update the guideline on physical activity for children and young people. However, we will replace recommendation 12 with a cross referral to recommendation 8 in the NICE guideline on [physical activity: walking and cycling \(PH41\)](#).

Reasons for the decision

The majority of new evidence was found to be broadly consistent with the current recommendations. We found new evidence on multicomponent interventions and after-school programmes, which was not fully in line with the current recommendations; however, no impact is expected due to high heterogeneity in study findings and small sample sizes in studies. We also found new evidence on the effect of classroom equipment and active video games, which are not mentioned in the guideline. Further research is required in these areas before the impact on recommendations can be considered.

It was highlighted that the recommendations should align with the most recent Chief Medical Officer (CMO) [guidelines](#) on UK physical activity levels. We have proposed an editorial correction to take this into account and will revisit this area when the next update of the CMO guidelines is published in 2019.

For further details and a summary of all evidence identified in surveillance, see [appendix A](#).

Overview of 2018 surveillance methods

NICE's surveillance team checked whether recommendations in [physical activity for children and young people](#) (NICE guideline PH17) remain up to date.

The surveillance process consisted of:

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

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

Evidence considered in surveillance

Search and selection strategy

We searched for new evidence related to the whole guideline.

We found 40 studies in a search for randomised controlled trials, systematic reviews and qualitative studies published between 1 August 2014 and 15 February 2018.

We also included:

- 4 studies identified in comments received during consultation on the 2018 surveillance decision
- 12 studies included in the previous surveillance review.

From all sources, we considered 56 studies to be relevant to the guideline.

See [appendix A](#): summary of evidence from surveillance for details of all evidence considered, and references.

Selecting relevant studies

The standard surveillance review process of using randomised controlled trial and systematic review selection criteria would not capture relevant studies investigating barriers and facilitators to physical activity uptake in children. In line with the selection criteria used in the guideline, we included qualitative evidence in this area.

Ongoing research

We identified ongoing research that may impact the guideline. Of the ongoing studies identified, 2 were assessed as having the potential to change recommendations; therefore we plan to check the publication status regularly, and evaluate the impact of the results on current recommendations as quickly as possible. These studies are:

- [Assessing the potential of training teaching assistants to deliver physical activity programmes after school as a method of increasing children's physical activity](#)
- [Stand out in class: reducing sitting in the classroom environment](#)

Intelligence gathered during surveillance

Views of topic experts

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

All of the topic experts felt that the guideline is in need of an update. Examples of areas for update include aligning recommendations with the most recent guidelines from the Chief Medical Officer (CMO) on UK physical activity levels, which we are addressing with an editorial amendment. Other areas included evidence on sedentary behaviour, a need to emphasise importance of data collection and to amend recommendations that referenced old structures and job roles that no longer exist. We have planned several editorial amendments, which address concerns around CMO guidance and old job structures. We are also monitoring several ongoing trials that focus on reducing sedentary behaviour. For further details of how the concerns from topic experts have been addressed, see [appendix A](#): summary of evidence from surveillance.

Views of voluntary and community sector organisations

For this surveillance review, 2 voluntary and community sector organisations completed a questionnaire about developments in evidence, policy and services related to the guideline. One organisation indicated that the guideline should be updated to align with the most recent CMO guidance on physical activity.

See [appendix A](#): summary of evidence from surveillance for details of how the concerns from voluntary and community sector organisations have been addressed.

Views of stakeholders

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

Overall, 4 stakeholders commented. Two organisations agreed with the decision to not update the guideline, yet they highlighted further evidence and impending publications that should be considered in this surveillance review and in future checks. One organisation disagreed with the decision and one noted that they had no comments on the proposal.

A concern was raised that data collection in the area of physical activity in children needs to be improved and there was a call for NICE to recommend that national governing bodies should encourage standardised measurement of cardiorespiratory fitness in children and young people. Because NICE no longer makes recommendations aimed at national bodies, no impact on the guideline is expected. However, we have kept [research recommendation 2](#), which highlights the need for higher-quality research in this area to inform the guideline in future.

There was also a request for the guideline to include more specific recommendations on how to support children to exercise if they have a physical condition such as diabetes, which requires planning beforehand in order to manage blood glucose levels. Such recommendations can be found in NICE's guideline on [diabetes \(type 1 and type 2\) in children and young people](#), and therefore no impact is expected.

New evidence was highlighted on the barriers to implementation of physical activity policies in schools. We have added this evidence to [appendix A](#); however, no impact on the guideline is expected because the recommendations already broadly address the themes identified in the new evidence.

Two impending government reports were highlighted as having potential to impact the recommendations in future: the Ofsted report on 'Obesity, health eating and physical activity in schools' and the next chapter of the [Childhood obesity plan](#). These details have been logged so that that we can monitor progress of the publications and assess the potential impact on recommendations when the reports become available. This is also the case for the new CMO physical activity guidance expected in 2019, as noted in our surveillance decision.

See [appendix B](#) for full details of stakeholders' comments and our responses.

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

Equalities

No equalities issues were identified during the surveillance process.

Editorial amendments

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

- Recommendation 2: In the 'Who should take action' section, the following organisations and job roles should be removed because they no longer exist: Chief executives of primary care trusts and chairs of children's trusts.
- Recommendation 2: In the 'What action should they take' section, the last sentence of bullet 2 should be removed because local area agreement targets are no longer in use: 'The strategy should help achieve local area agreement targets'.
- Recommendation 3: In the 'What action should they take' section, the mention of 'public health observatory' in bullet 1 should be replaced with 'Public Health England centres'. Public health observatories became part of Public Health England in April 2013.
- Recommendations 3, 7 and 11: The cross referral to NICE guideline PH9 should be corrected to refer to the updated NICE guideline on [community engagement: improving health and wellbeing and reducing health inequalities](#) (NG44).
- Recommendations 4 and 5: The cross referral to NICE guideline PH8 should be corrected to refer to the updated NICE guideline on [physical activity and the environment](#) (NG90).

- Recommendation 12: To avoid overlap of recommendations across NICE guidelines, this recommendation should be stood down and replaced with a cross-referral to [recommendation 8](#) in the NICE guideline on [physical activity: walking and cycling](#) (PH41).
- Recommendation 15: Bullet 1 should be corrected so that it is aligned with the most recent CMO guidelines on physical activity. The revised bullet point should state: 'Ensure parents and carers are aware of the [government advice](#) on how much physical activity children and young people should be doing'.

Overall decision

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

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