

Putting NICE guidance into practice

**Costing statement: Exercise
referral schemes to promote
physical activity**
Implementing NICE guidance PH54

Published: September 2014

1 Introduction

- 1.1 This costing report considers the cost implications of implementing the recommendations made in [Exercise referral schemes to promote physical activity](#) (NICE public health guideline 54).
- 1.2 A costing statement and local costing template have been produced for this guideline because the local cost impact of implementing the recommendations is expected to vary significantly depending on current and future practice. The costing template allows users to calculate the potential local cost impact of implementing the guidance.
- 1.3 Local authorities will commission exercise referral schemes for adults aged 19 and older. Providers of exercise referral schemes may be private, public or voluntary sector organisations.
- 1.4 We encourage organisations to evaluate their own practices against our recommendations and assess the potential local costs. Some of these are discussed in this statement.

2 Background

- 2.1 The guideline is for primary care practitioners and policy makers, commissioners and other practitioners with physical activity as part of their remit working in local authorities and the NHS. In addition, it may be of relevance to providers of exercise referral schemes such as private sector, voluntary sector and third sector organisations and organisations that provide exercise qualifications and accreditation and members of the public.
- 2.2 Most adults in England do not meet the national recommended levels of physical activity. In 2008, based on self-reporting, 39% of men and 29% of women aged 16 and older met the recommended minimum ([Health survey for England 2008: physical activity and fitness](#) Health and Social Care Information Centre 2009).

- 2.3 In 2013 the [Health Survey for England 2012](#) (population chapter, Health and Social Care Information Centre 2013) re-analysed the 2008 data using the revised national recommendations published in 2011. It estimated that 65–66% of men and 53–56% of women were meeting the new recommendations in 2008 – and probably continued to do so up to 2012.
- 2.4 Public Health England’s [Health impact of physical inactivity tool](#) (2013) estimates that low levels of physical activity could be the cause of up to 36,815 premature deaths in England a year from conditions such as coronary heart disease and stroke.
- 2.5 In 2006/07 physical inactivity cost the NHS an estimated £0.9 billion, based on the occurrence of diseases that can be prevented by being physically active (Scarborough et al. 2011). This is a conservative estimate because other health problems, such as osteoporosis and poor mental health, can also be exacerbated by a lack of exercise. There are also wider economic costs, for example sickness absence from work, estimated at £5.5 billion per year (Health and social care Information Centre 2013).
- 2.6 NICE endorses the importance of physical activity as a way to promote good health and prevent disease. NICE have developed guidelines on physical activity for policy makers, commissioners and practitioners with a remit for increasing physical activity levels. These guidelines include:
- [Physical activity: brief advice for adults in primary care](#) (NICE public health guidance 44).
 - [Walking and cycling](#) (NICE public health guidance 41)
 - [Promoting physical activity in the workplace](#) (NICE public health guidance 13)
 - [Physical activity and the environment \(NICE public health guidance 8\)](#).

3 Recommendations with potential resource impact

3.1 If the guideline is fully implemented, fewer people who are sedentary or inactive but otherwise healthy will take part in exercise referral schemes, leading to savings. These savings will depend on the current number of people attending exercise referral schemes and the cost of each scheme per person. See part of recommendation 1 below:

- ‘Policy makers and commissioners should **not** fund exercise referral schemes for people who are sedentary or inactive but otherwise apparently healthy.’

3.2 Exercise referral schemes for inactive or sedentary people with a health condition or other health risk factors could incur additional costs related to the content and the need for data collection. See parts of recommendation 2 below:

- ‘Policy makers and commissioners should only fund exercise referral schemes for people who are sedentary or inactive and have existing health conditions or other factors that put them at increased risk of ill health¹ if the scheme:
 - Incorporates the core techniques outlined in recommendations [7–10](#) of ‘Behaviour change: individual approaches’ NICE public health guidance 49.
 - ‘Collects data in line with the ‘essential criteria’ outlined in the [Standard Evaluation Framework for physical activity interventions](#). Specifically: programme details, evaluation details, demographics of individual participants, baseline data, follow-up data (impact evaluation) and process evaluation.’

3.3 In the local costing template accompanying this statement the cost of an exercise referral scheme has been estimated at £225 per

¹ For example, risk factors for coronary heart disease, stroke and type 2 diabetes.

person. This can be amended to reflect local costs. Or, if local costs vary due to the types of exercise undertaken and the different groups involved, a table in the unit costs worksheet can be used to calculate the average cost.

- 3.4 The local costing template allows users to enter instructor training and revalidation costs and any additional staff costs that could arise if more people are needed to collect and record data.

4 Conclusion

Organisations are encouraged to use the local costing template to estimate local costs and savings of implementing the guideline.

Potential areas for savings locally are:

- A reduction in costs incurred for sending people who are inactive but otherwise healthy to exercise referral schemes, along with a saving on the referral costs.

Potential additional costs may be incurred as follows:

- Additional staff costs for collecting and recording data on exercise referral schemes commissioned for sedentary or inactive people who have a health condition or other health risk factors.

Savings and benefits associated with implementing other NICE guidelines on physical activity are discussed in the costing tools that support each guideline listed in section 2.6.

5 References

Scarborough P, Bhatnagar P, Wickramasinghe KK et al. (2011). The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health* 33: 527–35

About this costing statement

This costing statement is an implementation tool that accompanies NICE's guideline: [Exercise referral schemes to promote physical activity](#) (NICE public health guideline 54).

Issue date: September 2014

This statement is written in the following context

This statement represents NICE's view. It was arrived at after careful consideration of the available data and through consulting professionals. It should be read in conjunction with NICE's guideline. The statement focuses on those areas that may have an impact on resource utilisation.

The cost and activity assessments are estimates based on a number of assumptions. They provide an indication of the potential impact of the principal recommendations and are not absolute figures.

Implementation of this guideline is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guideline, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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