

Physical activity: encouraging activity in all people in contact with the NHS (staff, patients and carers)

NICE quality standard

Draft for consultation

August 2014

Introduction

This quality standard covers encouraging physical activity in people of all ages who are in contact with the NHS, including staff, patients and carers. It does not cover encouraging physical activity for particular conditions; this is included in condition-specific quality standards where appropriate.

For more information see the [topic overview](#).

Why this quality standard is needed

Physical inactivity is the fourth leading risk factor for global mortality (accounting for 6% of deaths globally). Despite the multiple health gains associated with a physically active lifestyle, there are high levels of inactivity across the UK.

Inactivity costs the NHS alone an estimated £1.06 billion per year based on national cases of coronary heart disease, stroke, diabetes, colorectal cancer and breast cancer (all conditions that are potentially preventable or manageable through physical activity). This is a conservative estimate, given that there are a number of other health problems that physical activity can help to prevent.¹

The [Health survey for England 2012](#) found that, based on self-reporting, 67% of men and 55% of women aged 16 and over met the Department of Health (2011) [UK physical activity guidelines](#). However, people often overestimate the amount of

¹ Allender S et al. (2007) The burden of physical activity-related ill health in the UK. *Journal of Epidemiology and Community Health* 61: 344–8.

physical activity they undertake, meaning the real figures may be lower. The survey also found that 26% of women and 19% of men were classed as inactive.

For children, the [Health survey for England 2012](#) found that, based on self-reporting, 21% of boys and 16% of girls aged 5–15 years met the UK physical activity guidelines for children and young people. Among both sexes, the proportion meeting the recommendations in the guidelines was lower in older children. For boys and girls aged 2–4, a similar proportion (9% and 10% respectively) were classified as meeting the UK physical activity guidelines. In this age group, 84% of children fell into the ‘low activity’ group, meaning that they did less than an hour of activity a day, or did not do sufficient activity each day.

There are clear and significant health inequalities in relation to physical inactivity according to income, gender, age, ethnicity and disability². People tend to be less physically active as they get older, and physical activity levels are generally lower in women than in men. Physical activity levels are also lower among certain minority ethnic groups, people from lower socioeconomic groups and people with disabilities.

Increasing physical activity has the potential to improve physical and mental health, reduce all-cause mortality and improve life expectancy. It can also have a positive impact on health and social care services by significantly easing the prevalence of chronic disease.

The quality standard is expected to contribute to improvements in the following outcomes:

- Excess weight in adults.
- Excess weight in children and young people under 18 years.
- Proportion of physically active adults.
- Proportion of physically active children.
- Self-reported wellbeing.
- Social isolation.
- Utilisation of outdoor space for exercise and health reasons.

² [Start active, stay active: A report on physical activity from the four home countries' Chief Medical Officers](#) Department of Health (2011)

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, [Part 1A, Part 1B and Part 2](#).
- [NHS Outcomes Framework 2014–15](#)

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 [Public health outcomes framework for England, 2013–2016](#)

Domain	Objectives and indicators
1 Improving the wider determinants of health	<p>Objective</p> <p>Improvements against wider factors which affect health and wellbeing and health inequalities</p> <p>Indicators</p> <p>1.9 Sickness absence rate</p> <p>1.16 Utilisation of outdoor space for exercise/health reasons</p> <p>1.18 Social isolation</p>
2 Health improvement	<p>Objective</p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p>Indicators</p> <p>2.5 Child development at 2–2½ years</p> <p>2.6 Excess weight in 4–5 and 10–11 year olds</p> <p>2.8 Emotional well-being of looked after children</p> <p>2.12 Excess weight in adults</p> <p>2.13 Proportion of physically active and inactive adults</p> <p>2.17 Recorded diabetes</p> <p>2.23 Self-reported well-being</p> <p>2.24 Injuries due to falls in people aged 65 and over</p>

<p>4 Healthcare public health and preventing premature mortality</p>	<p>Objective Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities</p> <p>Indicators</p> <p>4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)</p> <p>4.5 Under 75 mortality rate from cancer</p> <p>4.7 Under 75 mortality rate from respiratory diseases</p> <p>4.11 Emergency readmissions within 30 days of discharge from hospital*</p> <p><i>4.13 Health-related quality of life for older people (Placeholder)</i></p> <p>4.14 Hip fractures in people aged 65 and over</p> <p><i>4.16 Dementia and its impacts (Placeholder)</i></p>
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Table 2 [NHS Outcomes Framework 2014–15](#)

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	<p>Overarching indicator</p> <p>1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare i Adults ii Children and young people</p> <p>1b Life expectancy at 75 i Males ii Females</p> <p>Improvement areas</p> <p>Reducing premature mortality from the major causes of death</p> <p>1.1 Under 75 mortality rate from cardiovascular disease* 1.2 Under 75 mortality rate from respiratory disease* 1.4 Under 75 mortality rate from cancer* i One- and ii Five-year survival from all cancers</p> <p>Reducing premature death in people with a learning disability</p> <p>1.7 Excess under 60 mortality rate in adults with a learning disability</p>
2 Enhancing quality of life for people with long-term conditions	<p>Overarching indicator</p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p>Improvement areas</p> <p>Ensuring people feel supported to manage their condition</p> <p>2.1 Proportion of people feeling supported to manage their condition**</p> <p>Reducing time spent in hospital by people with long-term conditions</p> <p>2.3i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)</p> <p>Enhancing quality of life for people with dementia</p>
<p>Alignment across the health and social care system</p> <p>* Indicator shared with Public Health Outcomes Framework (PHOF)</p> <p>** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)</p>	

Coordinated services

The quality standard for physical activity specifies that services should be commissioned from and coordinated across all relevant agencies. An integrated approach is fundamental to encouraging physical activity in all people who are in contact with the NHS.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing high-quality services that encourage physical activity in all people who are in contact with the NHS are listed in 'Related quality standards'. [\[Link to section in web version\]](#)

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in encouraging physical activity in all people who are in contact with the NHS should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

Role of families and carers

Quality standards recognise the important role families and carers have in encouraging physical activity in all people who are in contact with the NHS. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about interventions and initiatives that encourage physical activity.

List of quality statements

[In final web version hyperlink each statement to the full statement below.]

[Statement 1](#). Adults in contact with primary care have their physical activity levels assessed using a validated tool, and those who are identified as being inactive are advised to be more physically active.

[Statement 2](#). Parents and carers of children and young people are made aware of the UK physical activity guidelines, and are offered information about the benefits of physical activity and local opportunities to be physically active.

[Statement 3](#). Healthcare professionals involved in changing people's health-related behaviour are given training to provide them with the knowledge, skills and competencies to encourage people to be more physically active.

[Statement 4](#). NHS organisations ensure that when planning new developments and refurbishing existing buildings they maximise opportunities for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life.

[Statement 5](#). NHS organisations develop an organisation-wide policy or plan to encourage and support employees to be more physically active.

[Statement 6](#). NHS organisations introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be more physically active.

[Statement 7](#). NHS organisations have an 'active travel champion' (or champions) who has overall responsibility for developing or promoting schemes that facilitate active travel.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 For each quality statement what do you think could be done to support improvement and help overcome barriers?

Questions about the individual quality statements

Question 4 For draft quality statement 3: Is the need for training for healthcare professionals in the area of physical activity significant enough to consider this an aspirational statement?

Question 5 For draft quality statement 6: Does this need to be a separate statement or could it be incorporated into statement 5?

Quality statement 1: Assessment and advice for adults in primary care

Quality statement

Adults in contact with primary care have their physical activity levels assessed using a validated tool, and those who are identified as being inactive are advised to be more physically active.

Rationale

The primary care setting provides the opportunity to deliver lifestyle advice associated with health benefits to a wide population, and can ensure that advice is given as a preventative measure. Advice given in primary care on the benefits of physical activity should lead to an increase in physical activity and associated health benefits. A validated tool to assess physical activity levels should be used to reduce potential for bias and inconsistency in assessments.

Quality measures

Structure

- a) Evidence of local arrangements to ensure that adults in contact with primary care have their physical activity levels assessed using a validated tool.
- b) Evidence of local arrangements to ensure that adults who are identified as inactive are advised to be more physically active.

Data source: Local data collection.

Process

- a) Proportion of adults who have their physical activity levels assessed when in contact with primary care if it is considered appropriate.

Numerator – the number in the denominator who have their physical activity levels assessed.

Denominator – the number of adults who have contact with primary care for whom it is appropriate to have their physical activity levels assessed.

b) Proportion of adults who have their physical activity levels assessed using a validated tool.

Numerator – the number in the denominator who are assessed using a validated tool.

Denominator – the number of adults who have their physical activity levels assessed.

c) Proportion of adults identified as being inactive whose records state that they have been advised to be more physically active.

Numerator – the number in the denominator whose records state that they have been advised to be more physically active.

Denominator – the number of adults identified as inactive.

Data source: Local data collection.

Outcome

Proportion of adults meeting the recommendations in the UK physical activity guidelines.

Data source: Contained within the Health and Social Care Information Centre's [Health Survey for England: Health, social care and lifestyles](#) chapter on physical activity in adults and Sport England's [Active People Survey](#).

What the quality statement means for service providers, primary care healthcare professionals and commissioners

Service providers (primary care services) ensure that healthcare professionals are trained to assess adults' physical activity levels using a validated tool, and to deliver advice on how to increase physical activity levels.

Primary care healthcare professionals assess adults' physical activity levels using a validated tool, and, if adults are not active enough, advise them to be more physically active. This should involve emphasising the benefits of physical activity and providing information about local opportunities to be physically active.

Commissioners (such as clinical commissioning groups, NHS England and local authorities) ensure that they commission primary care services in which advice on physical activity is incorporated into care pathways.

What the quality statement means for patients, service users and carers

Adults using primary care services have their physical activity levels assessed. Adults who are not physically active enough are advised to do more and are given information on how to increase their physical activity levels.

Source guidance

- [Physical activity: brief advice for adults in primary care](#) (NICE public health guidance 44), recommendations 1 and 2.

Definitions of terms used in this quality statement

Assessing physical activity levels

When considering undertaking an assessment to establish if an adult is inactive, primary care healthcare professionals should:

- use professional judgement to determine when this assessment would be most appropriate, for example, when someone is presenting with a condition that could be alleviated by physical activity. When assessing activity levels, remain sensitive to people's overall circumstances. If it is not appropriate during the current consultation, carry out an assessment at the next available opportunity.
- not rely on visual cues (for example, body weight). Use validated tools such as the [general practice physical activity questionnaire](#) (GPPAQ) and the guidance associated with the tool to assess physical activity levels. [[NICE public health guidance 44](#), adapted from recommendation 1]

Delivering advice on increasing physical activity levels

Primary care healthcare professionals should deliver advice as follows:

- Advise adults who have been assessed as being inactive to be more physically active, with the aim of achieving recommendations in the UK physical activity guidelines. Emphasise the benefits of physical activity.
- When delivering brief advice, tailor it to the person's:
 - motivations and goals (see [Behaviour change: the principles for effective interventions](#) [NICE public health guidance 6] and [Behaviour change: individual approaches](#) [NICE public health guidance 49])
 - current level of activity and ability
 - circumstances, preferences and barriers to being physically active
 - health status (for example whether they have a medical condition or a disability).
- Provide information about local opportunities to be physically active for people with a range of abilities, preferences and needs.
- Consider giving a written outline of the advice and goals that have been discussed.
- Record the outcomes of the discussion.
- Follow up when there is another appointment or opportunity. The follow-up could consist of a conversation about what physical activity someone has been doing, progress towards their goals or towards achieving the recommendations in the UK physical activity guidelines. [[NICE public health guidance 44](#), adapted from recommendation 2]

General practice physical activity questionnaire (GPPAQ)

GPPAQ is an example of a validated questionnaire for assessing someone's (aged 16–74) current level of physical activity. The index can be cross-referred to Read Codes and can be used to determine whether brief advice might be appropriate. See the guidance on using GPPAQ. [[GPPAQ](#) (Department of Health)]

Inactive

Inactive refers to those who are not currently meeting the UK physical activity guidelines. [[NICE public health guidance 44](#)]

Primary care healthcare professionals

This includes anyone working in primary care whose remit includes offering lifestyle advice. Examples include: exercise professionals, GPs, health trainers, health visitors, mental health professionals, midwives, pharmacists, physiotherapists, dietitians and practice nurses. [[NICE public health guidance 44](#), recommendation 1]

UK physical activity guidelines

The current recommendations for physical activity from the Chief Medical Office state the following:

- All adults aged 19 years and over should aim to be active daily.
- Over a week, this should add up to at least 150 minutes (2.5 hours) of moderate intensity physical activity in bouts of 10 minutes or more.
- Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or combinations of moderate and vigorous intensity activity.
- All adults should also undertake physical activity to improve muscle strength on at least 2 days a week.
- They should minimise the amount of time spent being sedentary for extended periods.
- Older adults (65 years and over) who are at risk of falls should incorporate physical activity to improve balance and coordination on at least 2 days a week.
- Individual physical and mental capabilities should be considered when interpreting the guidelines, but the key issue is that some activity is better than no activity. [[UK physical activity guidelines](#) (Department of Health)]

Equality and diversity considerations

When identifying adults who are inactive, primary care healthcare professionals should take into account the person's gender, age, ethnicity and socioeconomic status. When advising adults to become more physically active primary care healthcare professionals should take into account the accessibility of opportunities to participate in physical activity for adults from different socioeconomic backgrounds, adults with mental health conditions, and learning and physical disabilities.

Quality statement 2: Advice and information for parents and carers

Quality statement

Parents and carers of children and young people are made aware of the UK physical activity guidelines, and are offered information about the benefits of physical activity and local opportunities to be physically active.

Rationale

Children's and young people's participation in physical activity is important for their healthy growth and development. It is important to establish being physically active as a life-long habit from an early age. Giving advice and information to parents and carers can be an effective way to establish good physical activity habits for the whole family.

Quality measures

Structure

- a) Evidence of local arrangements to ensure that parents and carers of children and young people are made aware of the UK physical activity guidelines for children and young people.
- b) Evidence of local arrangements to ensure that parents and carers of children and young people are offered information about the benefits of physical activity and local opportunities to be physically active.

Data source: Local data collection.

Process

- a) Proportion of contacts during which healthcare professionals check if parents and carers of children and young people are aware of the UK physical activity guidelines.

Numerator – the number in the denominator during which healthcare professionals check if parents and carers of children and young people are aware of the UK physical activity guidelines.

Denominator – the number of contacts between healthcare professionals and parents and carers of children and young people.

b) Proportion of contacts during which healthcare professionals make parents and carers of children and young people who are not aware of the UK physical activity guidelines aware of them.

Numerator – the number in the denominator during which healthcare professionals make parents and carers of children and young people aware of the UK physical activity guidelines.

Denominator – the number of contacts between healthcare professionals and parents and carers of children and young people who are not aware of the UK physical activity guidelines.

c) Proportion of contacts with healthcare professionals during which parents and carers of children and young people are offered information about the benefits of physical activity and local opportunities to be physically active.

Numerator – the number in the denominator during which parents and carers of children and young people are offered information about the benefits of physical activity and local opportunities to be physically active.

Denominator – the number of contacts between healthcare professionals and parents and carers of children and young people.

Data source: Local data collection.

Outcome

Proportion of children and young people achieving the recommendations in the UK physical activity guidelines.

Data source: Contained within the Health and Social Care Information Centre's [Health Survey for England: Health, social care and lifestyles](#), chapter on physical activity in children.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as, but not limited to, health visiting services, paediatric departments and maternity services) ensure that their staff are aware of the UK physical activity guidelines and are trained to advise parents and carers of children and young people on what the guidelines state, and to offer information about the benefits of physical activity and local opportunities to be physically active.

Healthcare professionals who have regular contact with children, young people, and their parents and carers raise awareness about the UK physical activity guidelines and offer information about the benefits of physical activity and local opportunities to be physically active, for example by promoting active modes of travel such as walking and cycling for local journeys.

Commissioners (such as clinical commissioning groups, NHS England and local authorities) ensure that they commission services from providers whose staff are trained to advise parents and carers of children and young people about the UK physical activity guidelines, and to offer information about the benefits of physical activity. Commissioners may wish to monitor activity by requesting evidence of practice locally.

What the quality statement means for patients, service users and carers

Parents and carers of children and young people are told how much physical activity the government recommends that children and young people should do on a weekly basis, and are offered information about what they can do to be more active, and where and how they can get involved locally.

Source guidance

- [Promoting physical activity for children and young people](#) NICE public health guidance 17, recommendation 15.

Definitions of terms used in this quality statement

Information about physical activity

This should include the following:

- Providing information and advice on the benefits of physical activity, emphasising how enjoyable it is and providing examples of local opportunities.
- Encouraging parents and carers to get involved in physical activities with their children.
- Encouraging parents and carers to complete at least some local journeys (or some part of a local journey) with young children using a physically active mode of travel with the aim of establishing active travel as a life-long habit from an early age.
- Promoting physically active travel as an option for all the family by raising awareness of how it can help children and young people achieve the recommended daily amount of physical activity. [[NICE public health guidance 17](#), adapted from recommendation 15]

UK physical activity guidelines

The current recommendations for physical activity from the Chief Medical Office state the following:

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
- Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
- All children and young people should undertake a range of moderate to vigorous intensity activities for at least 60 minutes over the course of a day.
- For children and young people aged between 5 and 18 years, vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least 3 days a week.
- All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

- Individual physical and mental capabilities should be considered when interpreting the guidelines. [[UK physical activity guidelines](#) (Department of Health)]

Equality and diversity considerations

When giving parents and carers advice and information on physical activity for children and young people, healthcare professionals should take into account the age and gender of the child or young person, as well as the ethnicity and socioeconomic status of the family in order to communicate the information in a sensitive manner. All information given about physical activity should be accessible to people with additional needs, such as physical, sensory or learning disabilities, and to people who do not speak or read English. When sharing information about local opportunities to be active, healthcare professionals should take into account the accessibility of opportunities to participate in physical activity for children from different socioeconomic backgrounds, and children and young people with mental health conditions, and learning and physical disabilities.

Quality statement 3: Training for healthcare professionals

Quality statement

Healthcare professionals involved in changing people's health-related behaviour are given training to provide them with the knowledge, skills and competencies to encourage people to be more physically active.

Rationale

In order to take an effective approach to changing health-related behaviour, healthcare professionals must have sufficient knowledge of the behaviour they are promoting, knowledge of the barriers to and opportunities for behaviour change, and the relevant skills and competencies to encourage behaviour change.

Quality measures

Structure

Evidence of local arrangements to ensure that healthcare professionals involved in changing people's health-related behaviour have the knowledge, skills and competencies required to encourage people to be more physically active.

Data source: Local data collection. Staff training records.

Process

a) Proportion of healthcare professionals involved in changing people's health-related behaviour whose initial training included behaviour change knowledge, skills and delivery techniques relating to physical activity as a formal element.

Numerator – the number in the denominator whose initial training included behaviour change knowledge, skills and delivery techniques relating to physical activity as a formal element.

Denominator – the number of healthcare professionals involved in changing people's health-related behaviour who have completed initial training.

Data source: Local data collection. Staff training records.

b) Proportion of healthcare professionals involved in changing people's health-related behaviour who have behaviour change knowledge, skills and delivery techniques relating to physical activity identified as part of their ongoing continuous professional development.

Numerator – the number in the denominator who have behaviour change knowledge, skills and delivery techniques relating to physical activity identified as part of their ongoing continuous professional development.

Denominator – the number of healthcare professionals involved in changing people's health-related behaviour.

Data source: Local data collection. Staff continuous professional development records or personal development plans.

c) Proportion of healthcare professionals who are involved in changing people's health-related behaviour who are able to demonstrate competency in delivering brief advice to encourage people to be more physically active.

Numerator – the number of healthcare professionals in the denominator who are able to demonstrate competency in delivering brief advice to encourage people to be more physically active.

Denominator – the number of healthcare professionals who are involved in changing people's health-related behaviour.

Data source: Local data collection.

d) Proportion of healthcare professionals who are involved in changing people's health-related behaviour who are able to demonstrate competency in undertaking physical activity assessments.

Numerator – the number of healthcare professionals in the denominator who are able to demonstrate competency in undertaking physical activity assessments.

Denominator – the number of healthcare professionals who are involved in changing people's health-related behaviour.

Data source: Local data collection.

Outcome

Healthcare professionals involved in changing people's health-related behaviour are able to competently discuss and communicate the benefits of physical activity.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that they provide healthcare professionals involved in changing people's health-related behaviour with training to give them the knowledge, skills and competencies to encourage and influence people to be more physically active.

Healthcare professionals involved in changing people's health-related behaviour receive training to give them the knowledge, skills and competencies to encourage and influence people to be more physically active.

Commissioners (such as clinical commissioning groups, NHS England and local authorities) ensure that they commission services from providers who deliver training to give their staff the knowledge, skills and competencies to encourage and influence people to be more physically active. Commissioners may wish to include this training in local service specifications.

What the quality statement means for patients, service users and carers

People accessing NHS services come into contact with healthcare professionals who have a good understanding of physical activity and are able to explain the benefits of increasing the amount of physical activity they do.

Source guidance

- [Behaviour change: individual approaches](#) (NICE public health guidance 49), recommendations 12 and 13.

- [Physical activity: brief advice for adults in primary care](#) (NICE public health guidance 44), recommendation 5.
- [Behaviour change: the principles for effective interventions](#) (NICE public health guidance 6), recommendation 3.

Definitions of terms used in this quality statement

Training to provide the knowledge, skills and competencies to encourage people to be more physically active

This should cover:

- how physical activity promotion fits within their remit and how it can help prevent and manage a range of health conditions
- the definition of physical activity: what constitutes moderate and vigorous physical activity, and what intensity, duration and frequency of physical activity is needed to achieve the recommendations in the UK physical activity guidelines
- groups more likely to be inactive
- misconceptions about who needs to increase their physical activity (based, for example, on visual cues such as body weight)
- how to undertake physical activity assessments
- local opportunities for physical activity
- the needs of specific groups, such as people with disabilities, including local opportunities for them to be physically active
- delivery of brief advice including, for example, the skills to motivate people to change (see [Behaviour change: the principles for effective interventions](#) [NICE public health guidance 6]). [[NICE public health guidance 44](#), recommendation 5]

Equality and diversity considerations

It is important that training on physical activity highlights groups more likely to be inactive and emphasises the need to consider the accessibility of opportunities to be active for specific groups such as people with mental health conditions, and learning and physical disabilities.

Question for consultation

Is the need for training for healthcare professionals in the area of physical activity significant enough to consider this an aspirational statement?

Quality statement 4: Physical infrastructure of NHS sites

Quality statement

NHS organisations ensure that when planning new developments and refurbishing existing buildings they maximise opportunities for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life.

Rationale

In order to encourage people to be more physically active it is important that the environment facilitates physically active movement and travel. Optimising opportunities for physical activity during new developments and refurbishments will help to increase opportunities for physical activity and enable people who are accessing NHS sites to adopt physically active methods of travel.

Quality measures

Structure

- a) Evidence that NHS organisations ensure that when planning new developments they maximise opportunities for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life.
- b) Evidence that NHS organisations ensure that when refurbishing existing buildings they maximise opportunities for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life.
- c) Evidence that NHS organisations involve local communities and experts at all stages of the planning of new developments to ensure that opportunities for physical activity are maximised.

Data source: Local data collection.

Process

- a) Proportion of new developments by NHS organisations where an assessment of the impact the proposals are likely to have on physical activity levels is completed.

Numerator – the number in the denominator that have an assessment of the impact the proposals are likely to have on physical activity levels.

Denominator – the number of new developments by NHS organisations.

b) Proportion of refurbishments undertaken by NHS organisations where an assessment of the impact the proposals are likely to have on physical activity levels is completed.

Numerator – the number in the denominator that have an assessment of the impact the proposals are likely to have on physical activity levels.

Denominator – the number of refurbishments undertaken by NHS organisations.

Data source: Local data collection.

c) Proportion of new developments by NHS organisations where local communities and experts are involved at all stages of the planning of the new development.

Numerator – the number in the denominator that involved local communities and experts at all stages of the planning of the new development.

Denominator – the number of new developments by NHS organisations.

Data source: Local data collection.

What the quality statement means for NHS organisations and commissioners

NHS organisations ensure that when developing plans for new buildings and sites, and for refurbishments, they maximise opportunities for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life.

Commissioners (clinical commissioning groups and NHS Property Services) ensure that when they are involved in commissioning new developments and refurbishing existing buildings, maximising opportunities for people (including those whose mobility is impaired) to be physically active is prioritised.

What the quality statement means for employees, patients, service users and carers

People in newly built or refurbished NHS sites have opportunities to move around the building and its surroundings in a way that makes the most out of being physically active. For example, they are encouraged to use stairs rather than lifts and on large sites can easily walk or cycle to different parts of the site.

Source guidance

- [Physical activity and the environment](#) (NICE public health guidance 8), recommendations 1, 5 and 6.
- [Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation](#) (NICE public health guidance 41), recommendation 9.

Definitions of terms used in this quality statement

Prioritising the need for people to be physically active

Prioritising the need for people to physically active within NHS sites involves the following:

- Involve all local communities and experts at all stages of the development/refurbishment to ensure the potential for physical activity is maximised.
- Involve an assessment, completed in advance, of the impact (both intended and unintended) the proposals are likely to have on physical activity levels. Results should be made publicly available and accessible.
- Involve taking actions such as ensuring that staircases are clearly signposted and attractive to use and that different parts of campus sites (campuses comprise two or more related buildings set together in the grounds of a defined site) are linked by appropriate walking and cycling routes. [[NICE public health guidance 8](#), adapted from recommendations 1, 5 and 6]

Equality and diversity considerations

When prioritising the need for people to be physically active when planning new developments and refurbishing existing buildings, NHS organisations should

consider how easy it will be to move around the site in a physically active way for people with mental health conditions, and learning and physical disabilities.

Quality statement 5: Organisational policy and planning

Quality statement

NHS organisations develop an organisation-wide policy or plan to encourage and support employees to be more physically active.

Rationale

Physically active employees are less likely to suffer from major health problems, take sickness leave or have an accident at work. Developing an organisational policy or plan to promote physical activity should maximise, and raise awareness of, opportunities for employees to be physically active. Workplaces can have a significant influence on people's behaviour meaning that a policy or plan may help to emphasise the importance of physical activity and lead to an increase in the amount of physical activity undertaken by employees and improve their overall health and wellbeing.

Quality measures

Structure

Evidence that NHS organisations have an organisation-wide policy or plan to encourage and support employees to be more physically active.

Data source: Local data collection. Contained within the Royal College of Physicians' [Implementing NICE public health guidance for the workplace audit](#). The audit asks the question: Does the trust have an organisation-wide plan or policy to encourage and support employees to be more physically active?

Process

a) Proportion of NHS organisations that have an organisation-wide policy or plan to encourage and support employees to be more physically active.

Numerator – the number in the denominator that have an organisation-wide policy or plan to encourage and support employees to be more physically active.

Denominator – the number of NHS organisations.

Data source: Local data collection. Contained within the Royal College of Physicians' [Implementing NICE public health guidance for the workplace audit](#). The audit asks the question: Does the trust have an organisation-wide plan or policy to encourage and support employees to be more physically active?

b) Proportion of organisation-wide policies or plans to encourage and support employees to be more physically active that are based on consultation with staff.

Numerator – the number in the denominator that are based on consultation with staff.

Denominator – the number of organisation-wide policies or plans to encourage and support employees to be more physically active.

Data source: Local data collection.

c) Proportion of organisational goals identified in the policy or plan to encourage and support employees to be more physically active that have been met.

Numerator – the number in the denominator that have been met.

Denominator – the number of goals identified in the policy or plan to encourage and support employees to be more physically active.

Data source: Local data collection.

Outcome

a) Lower sickness absence rates.

Data source: Local data collection. Contained within the Health and Social Care Information Centre's [Sickness absence rates in the NHS – October to December 2013](#).

What the quality statement means for NHS organisations

NHS organisations ensure that they develop an organisation-wide policy or plan to encourage and support their employees to be more physically active by including measures to maximise the opportunities for all employees to participate in physical activity.

What the quality statement means for employees in NHS organisations

Employees in NHS organisations are encouraged and supported to be more physically active and are consulted during the development of their organisational policy or plan for physical activity.

Source guidance

- [Promoting physical activity in the workplace](#) (NICE public health guidance 13), recommendation 1.

Definitions of terms used in this quality statement

Employees in NHS organisations

In this context ‘employees’ means people who are employed directly by any type of NHS organisation. Where feasible this also covers people who are employed by any type of NHS organisation via a subcontract, as a volunteer or as a temporary member of staff. [Adapted from [NICE public health guidance 13](#)]

Organisation-wide policy or plan

An organisation-wide policy or plan for encouraging and supporting employees to be more physically active should:

- include measures to maximise the opportunity for all employees to participate
- be based on consultation with staff and should ensure they are involved in planning and design, as well as monitoring activities, on an ongoing basis
- be supported by management and have dedicated resources
- set organisational goals and be linked to other relevant internal policies (for example, on alcohol, smoking, occupational health and safety, flexible working or travel)
- link to relevant national and local policies (for example, on health or transport)
- be made publicly available and accessible. [[NICE public health guidance 13](#) developed from recommendation 1 and expert opinion]

Equality and diversity considerations

When developing an organisation-wide policy or plan employers should take into account the accessibility of opportunities to participate in physical activity for employees with mental health conditions, and learning and physical disabilities. The written policy or plan should be accessible to people with additional needs, such as physical, sensory or learning disabilities.

Quality statement 6: Implementing a physical activity programme

Quality statement

NHS organisations introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be more physically active.

Rationale

A multi-component physical activity programme should introduce flexible working policies and incentive schemes that will encourage and support employees to be more physically active. As part of the programme the dissemination of information on the health benefits of being more physically active and how to be more physically active should also provide support to people who are interested in becoming more active. This should enable employees to increase the amount of physical activity they undertake and improve their overall health and wellbeing.

Quality measures

Structure

- a) Evidence that NHS organisations have in place an organisation-wide, multi-component programme to encourage and support employees to be more physically active.
- b) Evidence that NHS organisations monitor their organisation-wide, multi-component physical activity programme.

Data source: Local data collection.

Process

- a) Proportion of NHS organisations that have an organisation-wide, multi-component physical activity programme.

Numerator – the number in the denominator that have an organisation-wide, multi-component physical activity programme.

Denominator – the number of NHS organisations.

Data source: Local data collection.

b) Proportion of NHS organisations that have an organisation-wide, multi-component physical activity programme that is monitored.

Numerator – the number in the denominator that monitor the organisation-wide, multi-component physical activity programme.

Denominator – the number of NHS organisations that have an organisation-wide, multi-component physical activity programme.

Data source: Local data collection. Contained within the Royal College of Physicians' [Implementing NICE public health guidance for the workplace audit](#), section 3.3 Physical activity and building/site design.

c) Proportion of organisation-wide, multi-component physical activity programmes that include flexible working policies and incentive schemes.

Numerator – the number in the denominator that include flexible working policies and incentive schemes.

Denominator – the number of multi-component physical activity programmes.

Data source: Local data collection.

Outcome

a) Lower sickness absence rates.

Data source: Local data collection. Contained within the Health and Social Care Information Centre's [Sickness absence rates in the NHS – October to December 2013](#).

What the quality statement means for NHS organisations

NHS organisations ensure that they introduce an organisation-wide, multi-component programme to encourage and support employees to be more physically active and monitor the uptake of the programme initiatives and incentive schemes by employees.

What the quality statement means for employees in NHS organisations

Employees in NHS organisations are encouraged and supported to be more physically active (both within and outside the workplace), and are provided with information on how to do this.

Source guidance

- [Promoting physical activity in the workplace](#) (NICE public health guidance 13), recommendations 2 and 3.

Definitions of terms used in this quality statement

Employees in NHS organisations

In this context employees includes people who are employed directly by any type of NHS organisation. Where feasible this also covers: people who are employed by any type of NHS organisation via a subcontract, as a volunteer or as a temporary member of staff. [Adapted from [NICE public health guidance 13](#)]

Multi-component programme

A multi-component programme to encourage and support employees to be more physically active could include:

- flexible working policies and incentive schemes
- policies to encourage employees to walk, cycle or use other modes of transport involving physical activity (to travel to and from work and as part of their working day)
- the dissemination of information (including written information) on how to be more physically active and on the health benefits of such activity. This could include information on local opportunities to be physically active (both within and outside the workplace) tailored to meet specific needs, for example, the needs of shift workers
- ongoing advice and support to help people plan how they are going to increase their levels of physical activity

- the offer of a confidential, independent health check administered by a suitably qualified practitioner and focused on physical activity.

To deliver the programme employers could:

- Encourage employees to walk, cycle or use another mode of transport involving physical activity to travel part or all of the way to and from work (for example, by developing a travel plan).
- Help employees to be physically active during the working day by:
 - where possible, encouraging them to move around more at work (for example, by walking to external meetings)
 - putting up signs at strategic points and distributing written information to encourage them to use the stairs rather than lifts if they can
 - providing information about walking and cycling routes and encouraging them to take short walks during work breaks
 - encouraging them to set goals on how far they walk and cycle and to monitor the distances they cover.
- Take account of the nature of the work and any health and safety issues. For example, many people already walk long distances during the working day, while those involved in shift work may be vulnerable if walking home alone at night.

[\[NICE public health guidance 13\]](#), recommendations 2 and 3]

Equality and diversity considerations

When developing an organisation-wide, multi-component physical activity programme, employers should take into account the accessibility of opportunities to participate in physical activity for employees with mental health conditions, and learning and physical disabilities. Any written information provided as part of the programme should be accessible to people with additional needs, such as physical, sensory or learning disabilities.

Question for consultation

Does this need to be separate statement or could it be incorporated into statement 5?

Quality statement 7: Promotion of active travel

Quality statement

NHS organisations have an 'active travel champion' (or champions) who has overall responsibility for developing or promoting schemes that facilitate active travel.

Rationale

Physically active employees are less likely to suffer from major health problems, take sickness leave or have an accident at work. For many people the easiest and most acceptable way to increase the amount of physical activity they do is to incorporate it into everyday life. Active travel, such as walking and cycling, is something that can be incorporated into daily routines. Identifying an 'active travel champion', working at a senior level, to promote active travel should increase the number of employees who change their modes of travel for commuting and within the workplace from inactive to active.

Quality measures

Structure

Evidence that NHS organisations have identified an 'active travel champion' (or champions) who has overall responsibility for developing or promoting schemes that facilitate active travel.

Data source: Local data collection.

Process

Proportion of NHS organisations that have schemes that facilitate active travel that have been developed or promoted by an active travel champion.

Numerator – the number in the denominator that have schemes that facilitate active travel that have been developed or promoted by an active travel champion.

Denominator – the number of NHS organisations.

Data source: Local data collection.

Outcome

a) Lower sickness absence rates.

Data source: Local data collection. Contained within the Health and Social Care Information Centre's [Sickness absence rates in the NHS – October to December 2013](#).

What the quality statement means for NHS organisations, active travel champions and commissioners

NHS organisations identify a person or persons to fulfil the role of 'active travel champion' (or champions) and give them overall responsibility for developing or promoting schemes that facilitate active travel.

Active travel champions ensure that they coordinate activities and develop or promote schemes that encourage employees in their organisation to use active modes of travel, such as walking and cycling.

Commissioners (clinical commissioning groups and NHS England area teams) may wish to audit levels of practice in order to encourage and monitor uptake.

What the quality statement means for patients, service users and carers

Employees in NHS organisations are encouraged to travel actively, for example, by using stairs instead of lifts and by walking or cycling to work, and are made aware of activities and schemes that make active travel possible.

Source guidance

- [Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation](#) (NICE public health guidance 41), recommendation 9.

Definitions of terms used in this quality statement

Active travel champion

Active travel champions working in NHS organisations should be working at a senior level and should encourage employees to use active travel modes. They should

coordinate activities such as led and informal walking groups, workplace ‘challenges’ and promotional competitions (for example, using pedometers), bicycle user groups and walking interest groups. The active travel champion/s should develop (or promote) schemes that facilitate active travel, for example, schemes that give staff access to a pool of bicycles for short-distance business travel, or access to discounted cycle purchases (such as cycle to work schemes). They should also take into account any health and safety issues. For example, they should consider that those involved in shift work may be vulnerable if walking home alone at night.

[Adapted from [NICE public health guidance 41](#), recommendation 9 and [NICE public health guidance 13](#), recommendation 3]

Employees in NHS organisations

In this context employees include people who are employed directly by any type of NHS organisation. Where feasible this also covers people who are employed by any type of NHS organisation via a subcontract, as a volunteer or as a temporary member of staff. [Adapted from [NICE public health guidance 13](#)]

Equality and diversity considerations

When coordinating activities, and developing and promoting schemes, active travel champions should take into account the accessibility of opportunities to use active travel modes for employees with mental health conditions, and learning and physical disabilities. Any written information provided about activities and schemes that promote physical activity should be accessible to people with additional needs, such as physical, sensory or learning disabilities.

Status of this quality standard

This is the draft quality standard released for consultation from 6 August to 4 September 2014. It is not NICE's final quality standard on physical activity. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 4 September 2014. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from January 2015.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in 'Development sources'. [\[Link to section in web version\]](#)

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) [\[add correct link\]](#) are available.

Good communication between healthcare professionals and people in contact with the NHS who are being encouraged to be physically active is essential. Care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People in contact with the NHS who are being encouraged to be physically active should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard 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 quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards [Process guide](#) on the NICE website.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Behaviour change: individual approaches](#). NICE public health guidance 49 (2014).
- [Physical activity: brief advice for adults in primary care](#). NICE public health guidance 44 (2013).
- [Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation](#). NICE public health guidance 41 (2012).
- [Promoting physical activity for children and young people](#). NICE public health guidance 17 (2009).
- [Promoting physical activity in the workplace](#). NICE public health guidance 13 (2008).
- [Physical activity and the environment](#). NICE public health guidance 8 (2008).
- [Behaviour change: the principles for effective interventions](#). NICE public health guidance 6 (2007).

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- HM Government (2014) [London 2012 Olympic and Paralympic Games: long term legacy vision](#).
- HM Government (2014) [Moving more, living more: Olympic and Paralympic Games legacy](#).
- Health and Social Care Information Centre (2013) [Statistics on obesity, physical activity and diet: England, 2013](#).
- Sport England (APS January 2012 to January 2013) [Active People Survey](#).
- Royal College of Nursing (2012) [Going upstream: nursing's contribution to public health](#).
- Department of Health (2012) [Let's get moving: commissioning guidance – a physical activity care pathway](#).
- Department of Health (2011) [Change4Life: three year social marketing strategy](#).

- Department of Health (2011) [Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers.](#)
- Department of Health (2011) [The public health responsibility deal.](#)
- Department of Health (2010) [Healthy lives, healthy people: our strategy for public health in England.](#)
- Welsh Government (2010) [Physical activity roles and responsibilities framework.](#)
- Welsh Government (2009) [Creating an active Wales.](#)
- Health and Social Care Information Centre (2009) [Health survey for England 2008: physical activity and fitness.](#)
- Sustrans (2008) [Take action on active travel: why a shift from car-dominated transport policy would benefit public health.](#)
- Welsh Government (2008) [A walking and cycling action plan for Wales 2009–2013.](#)
- Natural England (2008) [Walking for Health database.](#)

Definitions and data sources for the quality measures

- Health and Social Care Information Centre (2014) [Sickness absence rates in the NHS – October to December 2013.](#)
- Royal College of Physicians (2014) [Implementing NICE public health guidance for the workplace audit.](#)
- Department of Health (2013) [General practice physical activity questionnaire.](#)
- Sport England (APS January 2012 to January 2013) [Active People Survey.](#)
- Health and Social Care Information Centre (2012) [Health Survey for England: Health, social care and lifestyles.](#)
- Department of Health (2011) [UK physical activity guidelines.](#)

Related NICE quality standards

This quality standard will be developed in the context of all topics in the NICE library of quality standards because encouraging physical activity is relevant to a wide range of conditions and diseases and general health and wellbeing.

Published

- [Patient experience in adult NHS services.](#) NICE quality standard 15 (2012).

- [Service user experience in adult mental health](#). NICE quality standard 14 (2011).

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Managing the transition from children's to adult services.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1. Membership of this committee is as follows:

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific,

concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the [NICE pathway for \[topic\]](#) [\[link to pathway\(s\)\]](#).

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ISBN: