

Local strategy, policy and commissioning for physical activity

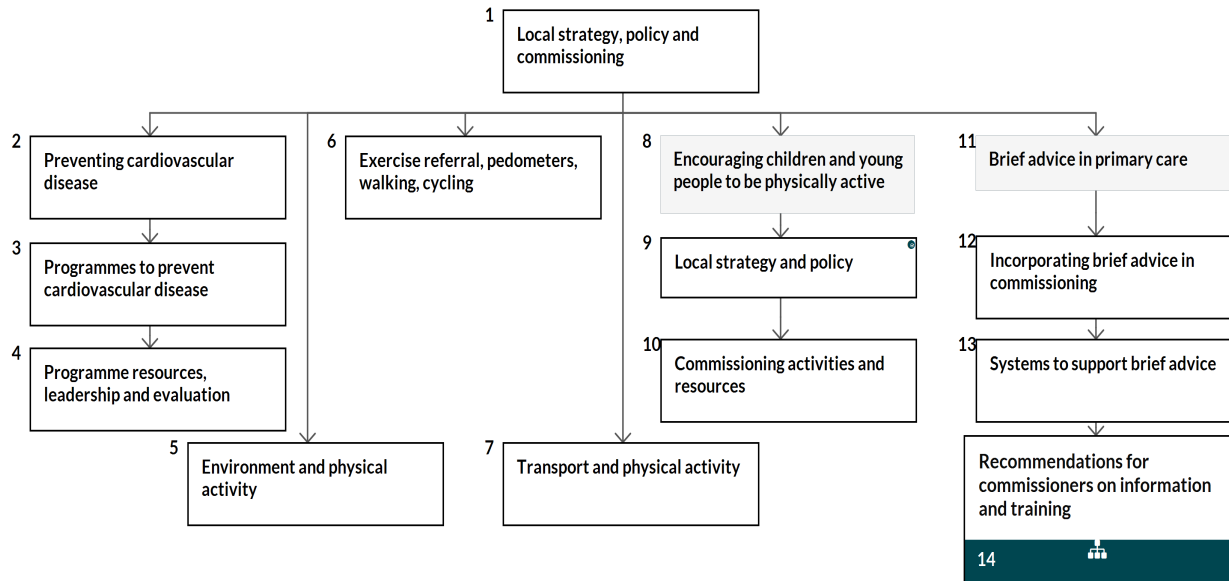
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/physical-activity>

NICE Pathway last updated: 20 April 2021

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Local strategy, policy and commissioning

For related recommendations see [the NICE Pathways on community engagement and unintentional injuries among under-15s](#).

Align actions to promote physical activity with strategies to prevent obesity at a community level to ensure a coherent, integrated approach (see [the NICE Pathway on obesity: working with local communities](#)).

2 Preventing cardiovascular disease

Encourage adults to increase their physical activity even if they do not lose weight as a result, because of the other health benefits physical activity can bring (for example, reduced risk of type 2 diabetes and cardiovascular disease). Encourage adults to meet the recommendations in the [UK Chief Medical Officers' physical activity guidelines](#) for weekly activity.

Advise that to prevent obesity, most people may need to do 45 to 60 minutes of moderate-intensity activity a day, particularly if they do not reduce their energy intake. Advise people who have been obese and have lost weight that they may need to do 60 to 90 minutes of activity a day to avoid regaining weight.

Encourage adults to build up to the recommended activity levels for weight maintenance, using a managed approach with agreed goals.

Recommend types of physical activity, including:

- activities that can be incorporated into everyday life, such as brisk walking, gardening or cycling (see also [the NICE Pathway on walking and cycling](#))
- supervised exercise programmes
- other activities, such as swimming, aiming to walk a certain number of steps each day, or stair climbing.

Take into account the person's current physical fitness and ability for all activities. Encourage people to also reduce the amount of time they spend inactive, such as watching television, using a computer or playing video games.

See also [the NICE Pathways on smoking and diet](#).

In addition, when developing CVD prevention programmes refer to [the NICE Pathway on behaviour change](#).

3 Programmes to prevent cardiovascular disease

A national framework for action

Cardiovascular disease is a major public health problem. Changes in the risk factors can be brought about by intervening at the population and individual level. Government has addressed – and continues to address – the risk factors at both levels.

Interventions focused on changing an individual's behaviour are important. But changes at the population level could lead to further substantial benefits.

Population-level changes may be achieved in a number of ways but national or regional policy and legislation are particularly powerful levers.

The national framework would be established through policy, led by the Department of Health. It would involve government, government agencies, industry and key, non-governmental organisations working together.

The final decision on whether these policy options are adopted – and how they are prioritised – will be determined by government through normal political processes.

The recommendations below should be implemented before those in [programme resources, leadership and evaluation](#) [See page 7].

Good practice principles

Ensure a cardiovascular disease (CVD) prevention programme comprises intense, multi-component interventions.

Ensure it takes into account issues identified in this guidance. See also [the NICE Pathway on cardiovascular disease prevention](#).

Ensure it includes initiatives aimed at the whole population (such as local policy and regulatory initiatives) which complement existing programmes aimed at individuals at high risk of CVD.

Ensure it is sustainable for a minimum of 5 years.

Ensure appropriate time and resources are allocated for all stages, including planning and evaluation.

Preparation

Gain a good understanding of the prevalence and incidence of CVD in the community. Find out about any previous CVD prevention initiatives that have been run (including any positive or negative experiences).

Consider how existing policies relating to food, tobacco control and physical activity, including those developed by the local authority, may impact on the prevalence of CVD locally.

Gauge the community's level of knowledge of, and beliefs about, CVD risk factors. This includes beliefs that smoking is the only solace in life for people with little money, or that only people who have a lot of money eat salad.

Gauge how confident people in the community are that they can change their behaviour to reduce the risks of CVD. See [the NICE Pathway on behaviour change](#).

Identify groups of the population who are disproportionately affected by CVD and develop strategies with them to address their needs.

Take into account the community's exposure to risk factors (factors currently facing adults and those emerging for children and younger people).

Programme development

Develop a population-based approach.

Ensure a 'programme theory' is developed and used to underpin the programme¹. This should cover the reasons why particular actions are expected to have particular outcomes.

Ensure the programme helps address local targets and tackles health inequalities.

Link the programme with existing strategies for targeting people at particularly high risk of CVD and take account of ongoing, accredited screening activities by GPs and other healthcare professionals. This includes the [NHS Health Checks programme](#).

Work closely with local authorities and other organisations covering specific areas to promote policies which are likely to encourage healthier eating, tobacco control and increased physical

¹ Evidence based policy: 2. The promise of 'realist synthesis'

activity. Policies may cover spatial planning, transport, food retailing and procurement. Organisations that may get involved could include statutory, public sector and civil society groups (examples of the latter are charities, clubs, self-help and community groups).

When developing CVD programmes, take account of relevant recommendations made within this guidance. Also see [the NICE Pathways on smoking, behaviour change, community engagement and diet](#).

Only develop, plan and implement a strategic, integrated media campaign as part of a wider package of interventions to address CVD risk factors. Media campaigns should be based on an acknowledged theoretical framework.

4 Programme resources, leadership and evaluation

The recommendations below should be implemented after following advice on how to develop [programmes to prevent cardiovascular disease](#) [See page 4].

Resources

Ensure the programme lasts a minimum of 5 years (while subject to annual evaluation reports) to maximise its potential impact.

Produce a long-term plan – and gain political commitment – for funding to ensure the programme has adequate resources and is sustainable beyond the end of the research or evaluation period.

Ensure the programme is adequately staffed. Avoid adding cardiovascular disease (CVD) prevention to the workload of existing staff without relieving them of other tasks.

Ensure volunteers are an additional (rather than a core) resource and that their training and support is adequately resourced.

Ensure steps are taken to retain staff.

Where staff are recruited from the local community ensure, as far as possible, that they reflect the local culture and ethnic mix.

Ensure there are effective links with other existing and relevant community initiatives.

Leadership

Act as leader and governor of CVD prevention. Identify and articulate local community needs and aspirations and how these may impact on the community's risk of CVD. Reconcile these needs and aspirations or arbitrate on them to help prevent CVD¹.

Identify senior commissioners of public health services as well as others from within local authorities as champions for CVD prevention.

Identify people to lead the CVD programme, including members of the local community. Identify in advance – and provide for – the training and other needs of these potential leaders.

Develop systems within local and other partnerships for agreeing shared priorities with other organisations involved in CVD prevention. Ensure senior staff are involved, as appropriate.

Evaluation

Establish baseline measures before the CVD programme begins. These should include lifestyle and other factors that influence cardiovascular risk, as well as figures on CVD prevalence and mortality. The establishment of such measures should be budgeted for as part of the programme.

Ensure evaluation is built in – in line with [the NICE Pathway on behaviour change](#). It should include the policies and activities of partner organisations which are likely to influence CVD prevalence.

Ensure appropriate methods (using multiple approaches and measures) are used to evaluate the programme's processes, outcomes and measures or indicators. Evaluation should include determining how acceptable the programme is to the local community or the groups targeted.

Ensure the results of evaluation are freely available and shared with partner organisations. Use the findings to inform future activities.

Align actions to promote physical activity with strategies to prevent obesity at a community level to ensure a coherent, integrated approach (see [the NICE Pathway on obesity: working with local communities](#)).

¹ HM Government; Communities and Local Government (2008) Creating strong, safe and prosperous communities. Statutory guidance. London: Community and Local Government Publications.

5 Environment and physical activity

Planning applications and new developments

See [strategies, policies and plans to increase physical activity in the local environment](#).

Public open spaces

See [public open spaces](#).

Planning for children and young people

Children and young people: key themes

- Promoting the benefits of physical activity and encouraging participation
- Ensuring high-level strategic policy planning for children and young people supports the physical activity agenda
- Consultation with, and the active involvement of, children and young people
- The planning and provision of spaces, facilities and opportunities
- The need for a skilled workforce
- Promoting physically active and sustainable travel.

What action should be taken?

Ensure physical activity facilities are suitable for children and young people with different needs and their families, particularly those from lower socioeconomic groups, those from minority ethnic groups with specific cultural requirements and those who have a disability.

Provide children and young people with places and facilities (both indoors and outdoors) where they feel safe taking part in physical activities. These could be provided by the public, voluntary, community and private sectors (for example, in schools, youth clubs, local business premises and private leisure facilities). Local authorities should coordinate the availability of facilities, where appropriate. They should also ensure all groups have access to these facilities, including those with disabilities.

Make school facilities available to children and young people before, during and after the school day, at weekends and during school holidays. These facilities should also be available to public, voluntary, community and private sector groups and organisations offering physical activity programmes and opportunities for physically active play.

Actively promote public parks and facilities as well as more non-traditional spaces (for example, car parks outside working hours) as places where children and young people can be physically active.

Town planners should make provision for children, young people and their families to be physically active in an urban setting. They should ensure open spaces and outdoor facilities encourage physical activity (including activities which are appealing to children and young people, for example, in-line skating). They should also ensure physical activity facilities are located close to walking and cycling routes.

Ensure the spaces and facilities used for physical activity meet recommended safety standards for design, installation and maintenance. For example, outdoor play areas should have areas of shade from the sun and sheltered areas where children can play to reduce the impact of adverse weather.

Assess all proposals for signs restricting physical activity in public spaces and facilities (such as those banning ball games) to judge the effect on physical activity levels.

Align actions to promote physical activity with strategies to prevent obesity at a community level to ensure a coherent, integrated approach (see [the NICE Pathway on obesity: working with local communities](#)).

6 Exercise referral, pedometers, walking, cycling

Exercise referral schemes

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

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 health if the scheme:

- Incorporates the core techniques outlined in [designing and providing interventions and programmes](#) and [helping people maintain change in the longer term](#) in the NICE Pathway on behaviour change.
- 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.

- Makes the data collected available for analysis, monitoring and research to inform future practice.

See [information about exercise referral schemes](#) [See page 20].

Pedometers and walking and cycling schemes

See [providing individual support](#) and [community-wide walking programmes](#) in the NICE Pathway on walking and cycling .

7 Transport and physical activity

Planning applications and new developments

See [strategies, policies and plans to increase physical activity in the local environment](#).

Active travel

See [active travel](#).

Encouraging physically active travel

A national framework for action

Cardiovascular disease is a major public health problem. Changes in the risk factors can be brought about by intervening at the population and individual level. Government has addressed – and continues to address – the risk factors at both levels.

Interventions focused on changing an individual's behaviour are important. But changes at the population level could lead to further substantial benefits.

Population-level changes may be achieved in a number of ways but national or regional policy and legislation are particularly powerful levers.

The national framework would be established through policy, led by the Department of Health. It would involve government, government agencies, industry and key, non-governmental organisations working together.

The final decision on whether these policy options are adopted – and how they are prioritised – will be determined by government through normal political processes.

Physically active travel

Travel offers an important opportunity to help people become more physically active. However, inactive modes of transport have increasingly dominated in recent years. In England, schemes to encourage people to opt for more physically active forms of travel (such as walking and cycling) are 'patchy'.

What action should be taken?

Ensure the physical environment encourages people to be physically active. Implement changes where necessary. This includes prioritising the needs of pedestrians and cyclists over motorists when developing or redeveloping highways.

Apportion part of local transport funding to promote walking, cycling and other forms of travel that involve physical activity. The proportion allocated should be in line with growth targets for the use of these modes of transport.

Ensure cycle tracks created under the Cycle Tracks Act 1984 are part of the definitive map (the legal record of public rights of way).

Local transport plans – young people

Children and young people: key themes

- Promoting the benefits of physical activity and encouraging participation
- Ensuring high-level strategic policy planning for children and young people supports the physical activity agenda
- Consultation with, and the active involvement of, children and young people
- The planning and provision of spaces, facilities and opportunities
- The need for a skilled workforce
- Promoting physically active and sustainable travel.

What action should be taken?

Ensure local transport and school travel plans continue to be fully aligned with other local authority plans which may impact on children and young people's physical activity. Liaise with local partnerships to achieve this.

Ensure local transport plans continue to be developed in conjunction with local authority

departments and other agencies that provide spaces and facilities for children and young people to be physically active.

Ensure local transport plans acknowledge any potential impact on opportunities for children and young people to be physically active. Transport plans should aim to increase the number of children and young people who regularly walk, cycle and use other modes of physically active travel. They should make provision for the additional needs of, or support required by, children, young people and their parents or carers with a disability or impaired mobility.

Continue working with schools to develop, implement and promote school travel plans. This may, for example, include: mapping safe routes to school; organising walk and bike to school days and walking buses; organising cycle and road safety training; and helping children to be 'streetwise'.

Identify any aspect of transport policies which discourages children and young people from using modes of travel involving physical activity (such as walking or cycling). For example, policies that aim to keep traffic moving may make it difficult to cross the road. Consider how these policies can be improved to encourage physically active travel.

8 Encouraging children and young people to be physically active

No additional information

9 Local strategy and policy

Children and young people: key themes

- Promoting the benefits of physical activity and encouraging participation
- Ensuring high-level strategic policy planning for children and young people supports the physical activity agenda
- Consultation with, and the active involvement of, children and young people
- The planning and provision of spaces, facilities and opportunities
- The need for a skilled workforce
- Promoting physically active and sustainable travel.

Raising awareness of the importance of physical activity

Ensure the following (where they exist) address the need for children and young people to be

physically active:

- children and young people's plans
- joint strategic needs assessments
- local development and planning frameworks
- sustainable community plans and strategies.

Ensure there is a coordinated local strategy to increase physical activity among children and young people, their families and carers.

The strategy should ensure:

- there are local indoor and outdoor opportunities for physical activity where children and young people feel safe
- individuals responsible for increasing physical activity are aware of national and local government strategies as well as local plans for increasing physical activity
- partnership working is developed and supported within local physical activity networks
- physical activity partnerships establish and deliver multi-component interventions involving schools, families and communities. (Partners may include: schools, colleges, out-of-school services, children's centres and play services, youth services, further education institutions, community clubs and groups and private sector providers. Out-of-school services are defined as those providing activities that take place outside the formal school day, possibly as part of extended school services. They could involve using school facilities during the evening, weekends and school holidays.)
- local factors that help children and young people to be (or which prevent them from being) physically active are identified and acted upon
- local transport and school travel plans are coordinated so that all local journeys can be carried out using a physically active mode of travel. See [transport and physical activity \[See page 11\]](#).

Ensure physical activity initiatives aimed at children and young people are regularly evaluated. Evaluations should measure uptake among different groups (for example, among those with disabilities or from different ethnic backgrounds). Any changes in physical activity, physical skills and health outcomes should be recorded.

Identify a senior council member to be a champion for children and young people's physical activity. They should:

- promote the importance of encouraging physical activity as part of all council portfolios
- ensure physical activity is a key priority when developing local authority programmes and targets
- promote partnership working with council member leads of relevant departments (for

- example, transport, leisure and health)
- explain to the public the local authority's role in promoting physical activity.

Developing physical activity plans for children

Identify groups of local children and young people who are unlikely to participate in at least 1 hour of moderate to vigorous physical activity a day. Work with Public Health England Centres, schools and established community partnerships and voluntary organisations to achieve this.

Involve these children and young people in the design, planning and delivery of physical activity opportunities, using the information gathered.

Consult with different groups of children and young people and their families on a regular basis to understand the factors that help or prevent them from being physically active. Pay particular attention to those who are likely to be less physically active. Ensure children and young people from different socioeconomic and minority ethnic groups are actively involved in the provision of activities. Also ensure those with a disability (or who are living with a family member who has a disability) are actively involved.

Use the information gathered to increase opportunities for children and young people to be physically active and to plan dedicated programmes that tackle any inequalities in provision. For further recommendations on community engagement, see [the NICE Pathway on community engagement](#).

Planning the provision of spaces and facilities for children

Ensure physical activity facilities are suitable for children and young people with different needs and their families, particularly those from lower socioeconomic groups, those from minority ethnic groups with specific cultural requirements and those who have a disability.

Provide children and young people with places and facilities (both indoors and outdoors) where they feel safe taking part in physical activities. These could be provided by the public, voluntary, community and private sectors (for example, in schools, youth clubs, local business premises and private leisure facilities). Local authorities should coordinate the availability of facilities, where appropriate. They should also ensure all groups have access to these facilities, including those with disabilities.

Make school facilities available to children and young people before, during and after the school day, at weekends and during school holidays. These facilities should also be available to public, voluntary, community and private sector groups and organisations offering physical activity

programmes and opportunities for physically active play.

Actively promote public parks and facilities as well as more non-traditional spaces (for example, car parks outside working hours) as places where children and young people can be physically active.

Town planners should make provision for children, young people and their families to be physically active in an urban setting. They should ensure open spaces and outdoor facilities encourage physical activity (including activities which are appealing to children and young people, for example, in-line skating). They should also ensure physical activity facilities are located close to walking and cycling routes.

Ensure the spaces and facilities used for physical activity meet recommended safety standards for design, installation and maintenance. For example, outdoor play areas should have areas of shade from the sun and sheltered areas where children can play to reduce the impact of adverse weather.

Assess all proposals for signs restricting physical activity in public spaces and facilities (such as those banning ball games) to judge the effect on physical activity levels.

Align actions to promote physical activity with strategies to prevent obesity at a community level to ensure a coherent, integrated approach (see [the NICE Pathway on obesity: working with local communities](#)).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Physical activity: encouraging activity in the community

1. Physical activity champions
2. Public open spaces
3. Public open spaces

10 Commissioning activities and resources

Children and young people: key themes

- Promoting the benefits of physical activity and encouraging participation
- Ensuring high-level strategic policy planning for children and young people supports the

- physical activity agenda
- Consultation with, and the active involvement of, children and young people
- The planning and provision of spaces, facilities and opportunities
- The need for a skilled workforce
- Promoting physically active and sustainable travel.

Responding to children and young people

Identify local factors that may affect whether or not children and young people are physically active by regularly consulting with them, their parents and carers.

Find out what type of physical activities children and young people enjoy, based on existing research or local consultation (for example, some might prefer non-competitive or single-gender activities). Actively involve them in planning the resulting physical activities.

Remove locally identified barriers to participation, such as lack of privacy in changing facilities, inadequate lighting, poorly maintained facilities and lack of access for children and young people with a disability. Any dress policy should be practical, affordable and acceptable to participants without compromising their safety or restricting participation.

Provide regular local programmes and other opportunities for children and young people to be physically active in a challenging environment where they feel safe (both indoors and outdoors). Ensure these programmes and opportunities are well-publicised.

Ensure physical activity programmes are run by people with the relevant training or experience.

Leadership and instruction for activities aimed at children and young people

Ensure informal and formal physical activity sessions for children and young people (including play) are led by staff or volunteers who have achieved the relevant sector standards or qualifications for working with children. This includes the requirements for child protection, health and safety, equality and diversity.

Ensure staff and volunteers have the skills (including interpersonal skills) to design, plan and deliver physical activity sessions (including active play sessions) that meet children and young people's different needs and abilities. Those leading activities should make them enjoyable. The leaders should also be inspiring. They should raise children and young people's aspirations about what they can participate in – and the level of ability they can achieve. In addition, leaders should help foster children and young people's personal development.

Use community networks and partnerships to encourage, develop and support local communities and volunteers involved in providing physical activities for children and young people. For recommendations on the principles of networking and partnership working, see [the NICE Pathway on community engagement](#).

Employers should provide regular and relevant development opportunities for employees and volunteers. The impact on practitioner performance and on children and young people's experiences should be monitored.

Multi-component school and community programmes

Identify education institutions willing to deliver multi-component physical activity programmes involving school, family and community-based activities. Identify families, community members, groups and organisations and private sector organisations willing to contribute.

Develop multi-component physical activity programmes. These should include:

- education and advice to increase awareness of the benefits of physical activity and to give children and young people the confidence and motivation to get involved
- policy and environmental changes, such as creating a more supportive school environment and new opportunities for physical activity during breaks and after school
- the family: by providing homework activities which children and their parents or carers can do together, or advice on how to create a supportive home environment. (For example, advice on how they might help their child become involved in an activity.) It could also include school-based family activity days
- the community: for example, by setting up family fun days and schemes such as 'Play in the park'.

11 Brief advice in primary care

No additional information

12 Incorporating brief advice in commissioning

Who should take action?

Commissioners of health services, including primary care and public health services.

What action should they take?

When commissioning primary care services to prevent or treat conditions such as cardiovascular disease, type 2 diabetes and stroke or to improve mental health, ensure brief advice on physical activity is incorporated into the care pathway.

Ensure brief advice on physical activity is incorporated into services for groups that are particularly likely to be inactive. This includes people aged 65 years and over, people with a disability and people from certain minority ethnic groups.

Include physical activity assessment and brief advice as part of a strategy for addressing domain 2 of the [public health outcomes framework indicator on the proportion of physically active and inactive adults](#)).

Ensure assessment of physical activity and the delivery of, and follow up on, brief advice (see [brief advice for adults](#)) are built into local long-term disease management strategies. Highlight physical activity as an independent modifiable risk factor for many conditions (see [physical activity: definition and current UK recommendations \[See page 20\]](#)). Strategies should also raise awareness of physical activity assessment as part of relevant quality and outcomes framework indicators.

13 Systems to support brief advice

Commissioners of health services, including primary care and public health services should:

- Ensure systems such as Read Codes are being used to identify opportunities to assess people's physical activity levels and deliver brief advice.
- Ensure resources (for example, standard documents and forms) and systems are available to assess, record and follow up on the provision of brief advice.
- Ensure information about local opportunities to be active (including non-sporting activities) is available and up to date. This could include online maps and route finding for walking or adapted cycling.

14 Recommendations for commissioners on information and training

[See Physical activity / Training for people involved in encouraging others to be physically active / Information and training in primary care about physical activity and adults](#)

Physical activity: definition and current UK recommendations

Definition

Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure. It takes many forms, occurs in many settings, and has many purposes (such as daily activity, active recreation, and sport).

Health-enhancing physical activity includes multiple types of activity: cardiovascular; muscle and bone strengthening; and balance training (see the [UK Chief Medical Officers' physical activity guidelines](#) for more information).

National recommendations

Follow the UK recommendations on the type, intensity and duration of activity (see the UK Chief Medical Officers' physical activity guidelines).

Information about exercise referral schemes

Exercise referral schemes seek to increase someone's physical activity levels on the basis that physical activity has a range of positive health benefits. In this guidance, exercise referral schemes consist of **all** the following components:

- An assessment involving a primary care or allied health professional to determine that someone is sedentary or inactive, that is, they are not meeting current UK physical activity guidelines. (See [start active, stay active](#).)
- A referral by a primary care or allied health professional to a physical activity specialist or service.
- A personal assessment involving a physical activity specialist or service to determine what programme of physical activity to recommend for their specific needs.
- An opportunity to participate in a physical activity programme.

Some schemes also review participants' progress at completion of the scheme.

Structured exercise programmes

This guidance does not cover structured exercise programmes designed for managing a specific health condition or for rehabilitation following recovery from a specific condition. This includes cancer, cardiac or pulmonary rehabilitation programmes.

Other benefits of exercise referral schemes

Exercise referral schemes are popular and they may offer other benefits aside from physical activity, such as helping people to socialise, providing a means of getting involved with the community and providing affordable access to facilities. However, although not excluded from the scope of the work for the recommendations on exercise referral schemes in this guidance, no evidence of the impact on these outcomes was identified in the evidence of effectiveness and cost effectiveness, so they were not captured in the economic model.

NICE is therefore unable to judge the effect of exercise referral schemes on these outcomes, compared with other interventions that seek to address the same issues.

Glossary

Access

Access (accessibility) can mean that a particular place or destination is accessible to local residents using a mode of transport that involves physical activity. Destinations may include work, healthcare and education facilities and shops. It can also mean the ability to use a facility because, for instance, it is free or affordable, it does not require people to travel a long distance to use it and the environment and activities are suitable for those with disabilities. Examples of facilities include playgrounds, parks or open spaces and leisure, youth or community centres.

Active play

(The Children's Play Council (now Play England) defines play as: '...freely chosen, personally directed, intrinsically motivated behaviour that actively engages the child...' Active play involves physical activity)

Brief advice

(verbal advice, discussion, negotiation or encouragement, with or without written or other support or follow-up; it can vary from basic advice to a more extended, individually focused discussion)

Cardiovascular disease

(includes coronary heart disease, stroke and peripheral arterial disease: these conditions are frequently brought about by the development of atheroma and thrombosis (blockages in the

arteries); they are also linked to conditions such as heart failure, chronic kidney disease and dementia)

Inactive

(not currently meeting the Chief Medical Officer's recommendation for physical activity as outlined in 'Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers' (Department of Health 2011))

Moderate to vigorous physical activity

(the UK recommendations on the type, intensity and duration of activity should be accessed (see [UK Chief Medical Officers' physical activity guidelines](#) for more information))

Other factors

(for example, risk factors for coronary heart disease, stroke and type 2 diabetes; these include high blood pressure, high blood cholesterol and being overweight)

Read codes

([Read Codes](#) is the standard clinical terminology system used in general practice in the UK)

Sedentary

Being sedentary is not just a lack of physical activity (see 'inactive'). Sedentary behaviour involves activities that do not increase energy expenditure much above resting levels, for example, sitting, lying down, sleeping, watching TV and reading. Sedentary behaviour is an independent risk factor for chronic disease. People who achieve the recommended levels of physical activity can still be at risk if they spend too long being sedentary. (British Heart Foundation National Centre for Physical Activity and Health 2013).

Sources

[Obesity: identification, assessment and management](#) (2014) NICE guideline CG189

[Physical activity: exercise referral schemes](#) (2014) NICE guideline PH54

[Physical activity: brief advice for adults in primary care](#) (2013) NICE guideline PH44

Cardiovascular disease prevention (2010) NICE guideline PH25

Physical activity for children and young people (2009) NICE guideline PH17

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to

make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, 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 interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.