

## NICE guidance Physical activity: brief advice for adults in primary care

### Introduction

On the 29th May, the National Institute for Health and Care Excellence (NICE) published updated guidance for GPs, health visitors, midwives, pharmacists and practice nurses to do more to identify adults who are not active enough and to encourage them to do more physical activity. The term 'brief advice' is used in this guidance to mean verbal advice, discussion, negotiation or encouragement, with or without written or other support or follow-up. Brief advice is not mandatory. Therefore, it usually has a modest, but consistent, effect on physical activity levels.

The UK is not an active nation as only 39% of men and 29% of women aged 16 and over are meeting the UK Chief Medical Officers' minimum recommendations for physical activity in adults whereas the cost of inactivity to the wider economy is estimated at more than six billion pounds. Therefore, NICE aims to persuade GPs to encourage greater levels of physical activity in their patients in order to prevent a wide range of diseases.

### Recommendations for primary care practitioners

The new guidance recommends that primary care practitioners should:

- Identify adults who are not currently meeting the UK Chief Medical Officers' physical activity guidelines, which require for adults to be physically active during 30 minutes on at least 5 days a week.
- This could be done during a consultation or as part of a planned session on management of long-term conditions;
- Not rely on visual clues such as body weight to identify adults who are inactive, but use a questionnaire that has been shown to be accurate (such as the GP Physical Activity Questionnaire) to assess physical activity levels;
- Encourage adults who have been assessed as being inactive to do more physical activity, with the aim of meeting the UK physical activity guidelines. This advice should be tailored to the person's health status (for example whether they have a medical condition or a disability), the person's motivations and goals, current level of activity and ability, circumstances, preferences and the barriers preventing them from being physically active;
- **Provide information about local opportunities to be physically active for people with a range of abilities, preferences and needs.**

### Recommendations for commissioners of health services

The recommendations say that commissioners of health services should:

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- Ensure advice on physical activity is incorporated into the Care Pathway of conditions such as cardiovascular disease, type 2 diabetes and stroke;
- Incorporate advice on physical activity into services for groups that are likely to be inactive, such as those aged 65 and over, those with a disability, and people from specific ethnic groups;
- Ensure assessment of physical activity and the delivery of, and follow up on, brief advice are built into local long-term disease management strategies. These strategies should also raise awareness of physical activity assessment as part of relevant Quality and Outcomes Framework (QOF) indicators;
- Provide information and training for primary care providers. This should cover, for example, how physical activity promotion fits within their remit, how to undertake physical activity assessments, and the needs of specific groups.