

A systematic review and economic evaluation of exercise referral schemes in primary care: a short report

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Plain English summary

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Exercise referral schemes (ERSs) are schemes in which health professionals refer patients to external exercise providers to increase their physical activity to recommended levels. These schemes have been widely rolled out across the UK, despite concerns that they may not produce sustained changes.

We combined data from eight randomised controlled trials to examine the effectiveness of ERSs. We found that, compared with usual care, ERSs results in a small increase in the number of people who report that they achieve the recommended level of physical activity. Referral to an ERS did not lead to changes in objective measures of health such as weight or blood pressure.

Based on the experiences of those involved in the trials (those referred and those providing ERSs), people who lacked their own transport or who lived in more deprived neighbourhoods were less likely to take up a referral to an ERS, and people who had a history of being more physically active, who were referred for coronary heart disease risk factors or who were older appeared to be more likely to increase their levels of physical activity.

We found that the cost savings and health benefits attributable to reducing long-term risk stroke, type 2 diabetes mellitus and coronary heart disease through ERSs were small, although there may be some immediate short-term health gain associated with becoming physically active. Overall, the upfront costs of providing ERSs outweigh the benefits, although there was a large amount of uncertainty in our estimates of the health benefits.

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