

## Exercise referral schemes

### Introduction

The aim of the HTA programme is to ensure that high quality research information on the costs, effectiveness and broader impact of health technologies is produced in the most efficient way for those who use, manage, provide care in or develop policy for the NHS. Topics for research are identified and prioritised to meet the needs of the NHS. Health technology assessment forms a substantial portfolio of work within the National Institute for Health Research and each year about fifty new studies are commissioned to help answer questions of direct importance to the NHS. The studies include both primary research and evidence synthesis.

### Question

***What is the clinical and cost effectiveness of exercise referral schemes for people consulting their GP who have a clinical indication to do more exercise?***

- 1 Technology:** Exercise referral schemes. Researchers to specify and justify.
- 2 Patient group:** People with a diagnosed condition known to benefit from exercise, and who may benefit from any combination of supervised and unsupervised physical activity.
- 3 Setting:** Any.
- 4 Control or comparator treatment:** No intervention.
- 5 Design:** Evidence synthesis to include an updated meta-analysis of published exercise interventions; this should be undertaken using the standardised mean difference approach. An economic model of the cost effectiveness of exercise referral schemes should also be included.
- 6 Outcomes/quality of life:** Commencement of schemes, adherence to recommended scheme, physical activity, persistent change in exercise behaviour following completion of scheme, using a validated interview or self-administered measure which captures information on both structured (facility-based) and lifestyle physical activity. Quality of life measures should include appropriate measures for the study's population, and enable an evaluation of cost-effectiveness.

### Background to commissioning brief:

*Surveys have consistently shown a high prevalence of physical inactivity in the UK population. Despite a 3% increase between 1997 and 2004, only 35% of men and 24% of women aged 16 years and over currently reach recommended levels of physical activity, with a progressive decline with age in both genders. Exercise referral schemes offer supervised exercise to people who are inactive or who have a medical condition.*

*Research is required in the form of evidence synthesis, to include an updated meta-analysis of the clinical and cost effectiveness of published exercise interventions; for people who have a clinical indication to do more exercise.*

### Making an application

If you wish to submit a proposal on this topic, complete the electronic application form and return it, along with a detailed project description, to the HTA Commissioning Manager at the National Coordinating Centre for Health Technology Assessment, Mailpoint 728, Boldrewood, University of Southampton, Southampton SO16 7PX by *{date}*.

Your full proposal will be assessed by designated Commissioning Board members, alongside other applications submitted in the same topic area. They will decide on a maximum of three proposals to be taken forward for peer review by external referees, and subsequent consideration by the HTA Commissioning Board at its meeting in **November, 2008**

***Applications received after 1300 hours on the due date will not be considered.***

***Please see **GUIDANCE ON APPLICATIONS** overleaf.***

## Guidance on applications

### Methods

Applicants should demonstrate knowledge of current research in the field and of systematic review methods and state how these would apply to the question posed. Valid and reliable methods should be proposed for identifying and selecting relevant material, assessing its quality and synthesising the results. Guidance on choice of appropriate methods is contained in NHS CRD Report 4 *Undertaking systematic reviews of research on effectiveness* ([www.york.ac.uk/inst/crd/report4.htm](http://www.york.ac.uk/inst/crd/report4.htm)). Where policy implications are considered, the emphasis should be on assessing the likely effects of a range of policy options open to decision makers rather than a judgement on any single strategy. Where epidemiological modelling or economic evaluation is required, the range of uncertainty associated with the results should be assessed. In the assessment of cost-effectiveness, further data collection may be required to estimate resource use and costs. If there is evidence that the ratio of costs and benefits may differ between readily identifiable groups, applicants are encouraged to state how they will identify these differences.

### Cochrane

Applicants wishing to produce and maintain a Cochrane systematic review from this HTA commissioned systematic review should make the case in their proposal. This will need to include the approval of the relevant Cochrane Review Group ([www.cochrane.org](http://www.cochrane.org)). Any additional costs associated with the initial preparation of a Cochrane review should be included in your project proposal. Maintenance costs cannot be met.

### Public involvement in research

The HTA programme recognises the increasing active involvement of members of the public in research and would like to support research projects appropriately. The HTA programme encourages applicants to consider *how* the scientific quality, feasibility or practicality of their proposal *might* be improved by involving members of the public. Research teams wishing to involve members of the public should include in their application: the aims of active involvement in this project; a description of the members of the public (to be) involved; a description of the methods of involvement; and an appropriate budget. Applications that involve members of the public will not, for that reason alone, be favoured over proposals that do not but it is hoped that the involvement of members of the public will improve the quality of the application.

### Updating

It is the policy of the NCCHTA that all search strategies undertaken as part of evidence synthesis/secondary research projects must not be more than 12 months out of date when the draft final report is submitted. We expect that most projects will manage to bring their searches up to date prior to analysis and writing up. As research funders we are aware that exceptional circumstances can apply that would not allow this to be case but this must be the exception rather than the rule and will be assessed on a case by case basis. The expectation is that projects funded by the HTA programme will deliver information that is both relevant and timely.

In addition, in order to inform decisions on whether and when to update the review, researchers will be expected to give some indication of how fast the evidence base is changing in the field concerned, based on the nature and volume of ongoing work known at the time the review is completed. Applicants should note that they will not be expected to carry out any future updating as part of the contract to complete the review.

### Communication

Communication of the results of research to decision makers in the NHS is central to the HTA Programme. Successful applicants will be required to submit a single final report for publication by the HTA programme. They are also required to communicate their work through peer-reviewed journals and may also be asked to support the NCCHTA in further efforts to ensure that results are readily available to all relevant parties in the NHS. Where findings demonstrate continuing uncertainty, these should be highlighted as areas for further research.

### Timescale

There are no fixed limits on the duration of projects or funding. However, there is a pressing need within the NHS for the information and so the research would normally be expected to be completed as soon as possible – however it is for applicants to justify the duration and costs proposed.