

Comments from Sustrans on the scope for NICE Public Health Guidance on Physical Activity

Thank you for the opportunity to comment as a stakeholder.

We have a number of comments. These are not on details of the scope, but rather on the overall project, the process, the strategy for dissemination and implementation, and how this piece of work sets the tone for future guidance from NICE.

I would like first to say that we are tremendously heartened by the recognition, both in your operating model and in the approach to this guidance, that in public health there are many influential actors outside the health sector. The traditional, more medical approach to public health did not in our view offer the likelihood of a significant and sustained improvement – especially in the area of physical activity. We hope and believe that NICE guidance will be able to influence people in all types of organisations and across the many sectors which have an impact on the environment for physical activity.

- 1 Our first comment flows from that. While there is no doubt at all of the respect in which NICE and your guidance are held in the health sector, we cannot take this for granted in the other sectors which need to be motivated by you. People working in local authorities, private business, NGOs and community groups, among others, and in sectors such as transport, planning, construction, regeneration or education may not initially recognise your guidance as even being relevant to them.

I raised this question at the stakeholder meeting and was impressed by the response. It is clear that you are “on the case”. I would simply like to stress that there is a lot to be done to market NICE and your guidance to these end users, and to suggest that, if resources are available, we would be interested to discuss with you a possible project to do just that in our sectors (those listed above); you might find other specialist stakeholders keen to do likewise in their sectors too.

- 2 Connected to this is the issue of using the public media to carry the message of new guidance as it comes out. While directly influencing the public may not be your remit, it might be a very valuable additional output from your work. However the main reason for raising this is our belief that for your findings and recommendations – especially on the environmental determinants of physical activity – to appear in mainstream media would make them much more accessible to your non health sector audiences. It was clear from the June 22nd meeting that you focus on the outcomes of your guidance, rather than seeing delivery of the guidance as itself being the end of the process. This of course we entirely support. Planned and strategic use of the media could help you to do this, and there are examples of organisations with a broadly similar remit to yours, in other sectors, using the media in this way.

- 3 This brings us to the question of guidance on environmental determinants of physical activity, and on environmental interventions (I use the term intervention here in the sense we have always understood it, ie not necessarily to mean a local focus or health sector leadership; one example would be the National Cycle Network. It seems understandable to begin NICE's work on physical activity with individual-focused interventions of the kind heavily featured in the Choosing Health white paper and delivery plan. But – at least in our field – the environment is always going to be more significant in defining activity levels.

If you are in a position to offer recommendations to the Department of Health on future work, I urge you to recommend looking at the environmental determinants of physical activity, including those related to active travel, and the interventions which address them. This might also be appropriate in other areas too, such as nutrition and smoking.

We feel this is particularly important in the context of your new, wider mission – looking beyond the NHS and the health sector. In the fields of transport and land use planning, there will still be large numbers of influential practitioners, working to define the physical and cultural environment, who do not at all understand the impact of their work – positive or negative – on public health.

Sustrans has two main bodies of evidence which might well be considered in such future research and guidance:

- The National Cycle Network user monitoring programme; the report on 2004, due very shortly, will show over 200 million active journeys, two thirds of users claiming to be more active due to the existence of the network, a quarter of trips substituting for a car trip, and a range of more detailed data
- Travel behaviour data collected in conjunction with the TravelSmart individualised travel marketing programme and the DfT Sustainable Travel Towns programme; these include data on the environmental and behavioural obstacles to changing car trips, allowing predictions of the potential for change and a degree of accuracy in focusing measures.

- 4 In the current piece of guidance, we hope that you will be able to put your findings and guidance about the four specified types of intervention into the context of environmental influences. We feel there is good evidence that, for example, the environment has a more sustained impact on behaviour than do individually focused interventions. If you agree, I hope the guidance can say so.
- 5 Another factor we hope you may consider introducing as context is the disparity in monitoring, evidence preparation, public health analysis etc between the types of interventions carried out by the health sector and those done by local authorities, community groups etc. Non health sector bodies will generally not think of their interventions in public health terms, and even when they do monitor and evaluate, their methodologies may be weaker or may not be focused on health outcomes. We need to be sure to recognise that lack of evidence is not lack of effectiveness.
- 6 We welcome your insistence on the importance of cost benefit (and similar) analysis, and would simply like to underline how significant we feel it could be if

you can find ways to compare the cost effectiveness of environmental and individual focused interventions (using the word intervention in the sense we normally understand it – so that for example the National Cycle Network would be a nationwide environmental intervention).

- 7 I hope you will not mind if I raise an issue based on a feeling. The word “stakeholder” is often used to mean a “user” or representative of users of a service or facility. I suspect that in past NICE work, dealing with the medical and healthcare worlds primarily, stakeholders may generally have come from patient groups, defined for example by condition. The presentation at the meeting on June 22nd dealing with PPI came from this perspective. From what I could see, those at the meeting were representing expert partner organisations, and contributing from their expertise. Recognition as such is quite important in defining how you take and treat our contributions.

I don't intend this to read as a complaint. By involving bodies like Sustrans at this early stage, you have shown that you value our expertise and that you don't think of us as “just” consultees. But I do think it would be valuable to explicitly recognise this potential dual meaning for stakeholders and address it regularly in your planning.

- 8 It would be useful for stakeholders to have a schedule – perhaps eighteen months ahead - outlining forthcoming pieces of work, so that we can plan our contributions.
- 9 In common with other agencies working on public health and wellbeing, NICE should set a good example on physical activity. The venue for the June 22nd meeting was not cycle-friendly – admittedly, not that many yet are, in central London.

We have recently produced a guide to venue selection for Health Scotland, which is now in print. We will send you some copies within a few weeks.

I hope these few comments are of some use. I would be happy to discuss any aspect with you. And I hope that we will be able to keep involved as your public health guidance programme develops. We foresee that this could be of tremendous value in focusing the efforts of people and agencies in our sectors on their public health impacts.

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