

## **The clinical effectiveness and cost-effectiveness of exercise referral schemes: a systematic review and economic evaluation**

Adults seeking assistance to increase their physical activity (PA) levels are often identified in primary-care settings in the UK. Exercise referral schemes (ERS) underpin the process by which the General Practitioner (GP) or health care professional thereafter signpost the individual to a third-party service to identify and prescribe a uniquely tailored, and appropriate exercise programme. The objective of this study was to “assess the clinical effectiveness and cost-effectiveness of ERS for people with a diagnosed medical condition known to benefit from PA.”

Six databases were searched for studies reporting on the efficacy and cost-effectiveness of ERS. Of the identified studies, seven met inclusion criteria (reporting cost-effectiveness, predictors of uptake and adherence) and were used to inform the results. Women and elderly were more likely to join an exercise referral scheme, but less committed to them in the long-term when compared with men. Having said so, ERS did not have a significant impact on the duration of exercise that both genders engage in. The average incremental cost for ERS was £169, with a cost-effectiveness ratio highest at £20,876 in sedentary individuals without a medical condition, and lowest for sedentary individuals with depression.

More long-term data is needed on the efficacy (both clinical and cost) of ERS with a focus to identify the components of programmes that may contribute to the effectiveness of the scheme. At current, modelling tools to capture cost-effectiveness are limited, and do not capture the “potential impact on a wide range of health outcomes.”

*Pavey, T., Anokye, N., Taylor, A., Trueman, P., Moxham, T., Fox, K., Hillsdon, M., Green, C., Campbell, J., Foster, C., Mutrie, N., Searle, J. and Taylor, R., 2011. The clinical effectiveness and cost-effectiveness of exercise referral schemes: a systematic review and economic evaluation. Health Technology Assessment, 15(44).*