Reviewer’s report

Title: The cost-effectiveness of exercise referral schemes

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Reviewer: Brian Easton

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I have been asked to referee the above paper. My background is extensive experience in cost-effectiveness studies, but not in the application to the particular area this applies to, and not in Britain (so that I am not able to judge the appropriateness of the discount rate).

While you, as publisher, properly lists the issues each referee should consider, I will not go through the list item by item – I am happy to tick them all. Instead I would raise with the authors a few issues which they might take into consideration when revising their paper.

1. As a non-Brit I would have found it helpful if they had indicated what was the typical threshold for cost per QALY ratio used in Britain.

2. Figure 2 and Figure 3 could be improved by including the typical ratio. In the case of the Figure 3 it would be a vertical line, in the case of 2 it would be a radiate through the origin. (Do we need all four quarters in Figure 2, or just the NE one.)

3. The perspective is from that of the NHS. Would a wider perspective affect the outcome? For instance, does this take into consideration that the adult may (or may not) feel better from a more systematic exercise regime, even if there was no medical consequences)? I observe, too, that the paper reports that the analysis does not cover some conditions.

4. I am not sure about the ‘primary care setting’, although later the paper refers to 40 to 60 year olds (all of them or some). Would it be possible to give a little more about the population that is being treated.

My point 4 raises an important issue. If the NHS threshold is similar to my country’s, the program seems to be cost-effective. But it is natural to ask whether there are cheaper options, like national advertising or building the promotion automatically into the standard care regime. Or is it being proposed just for recalcitrant non-exercisers only?

That goes on to a second general point. Depending on the threshold, there are a number of people in the population for which the return is below the threshold. That does not invalidate the whole of the program, but can we say anything about those where it is less successful (by age, by gender, anything else) enabling us to sharpen the effectiveness of the program.