

Appendix 1. Stakeholder responses

Do you agree the guidance should be placed on the static list?			
Stakeholder Organisation / PHAC member	Agree/Disagree (delete as appropriate)	Comments	NICE response
2gether NHS Foundation Trust for Gloucestershire and Herefordshire	Disagree	I agree that the recommendations are current and should be implemented, however, I feel that some of the finer points within the document need to be updated or amended.	Thank you for your comments. A decision to update a guideline requires there to be a body of published evidence indicating that current recommendations are either incorrect (and should therefore be changed) or that additional recommendations should be made. We appreciate you highlighting areas that could benefit from some additional detail, however this would not meet criteria for updating a guideline at this current time. When we are made aware of published evidence that may impact the recommendations we will consider whether the guideline should be withdrawn from the static list and whether a surveillance review should be undertaken to determine whether or not the guideline should be updated.
		The document talks of broad representation and approach being taken through the health and well-being board. It must be	Thank you for your comment.

		<p>ensured that all groups are represented and that their needs are met. Invitation to join a group is often felt to be tokenistic. In order to ensure true representation it may be necessary to form sub groups that can work effectively and then feed into the wider group.</p>	<p>We will note this feedback for consideration at the next surveillance review.</p>
		<p>The document says that the JSNA must consider the full range of factors that may influence weight, but there is no mention of how obesity can be as a consequence of other illness and conditions, e.g. anti-psychotic medication and Schizophrenia.</p>	<p>Thank you for your comment.</p> <p>The recommendation says ‘consider the full range of factors that may influence weight’ followed by some examples; it is not possible to provide an exhaustive list of factors.</p> <p>Please note that the impact of antipsychotics in weight is noted in guidelines on psychosis and schizophrenia, for example in Psychosis and schizophrenia in children and young people: recognition and management (CG155).</p>
		<p>Education has a huge part to play in prevention of obesity, but this must also include education in how you work with and approach specific populations, e.g. those suffering from severe and enduring mental illness.</p>	<p>Thank you for your comment.</p> <p>NICE has published several guidelines relating to obesity prevention and management. Please see NICE’s diet pathway and obesity pathway for further details.</p>

		<p>Physiotherapists have a huge part to play in the prevention and treatment of those suffering from conditions which can lead to obesity. They are working with all ages and can use their skills and knowledge in prevention, treatment of conditions caused by obesity and using effective means of reducing weight and gaining and maintaining a healthy weight for individuals across all populations.</p>	<p>Thank you for your comment.</p> <p>Frontline staff are mentioned throughout the recommendations, this would include physiotherapists. As mentioned above, there are also other guidelines relating to obesity prevention and management which address the role of staff including physiotherapists.</p>
		<p>The document speaks of advising people of opportunities available. There needs to be a definitive list of available opportunities, with contacts, associated costs, accessibility for specific populations, etc. held within specific areas.</p>	<p>Thank you for your comment.</p> <p>It is not possible to provide exhaustive lists of opportunities, and these may differ depending on locality and change with time. NICE is not able to provide lists of locally available services.</p>
		<p>Nowhere within the document are people with a learning disability mentioned.</p>	<p>Thank you for raising this issue. The guideline does discuss the needs of 'people with disabilities', this would include people with a learning disability, please see recommendation 6. We have also noted that while in the section on 'whose health will benefit' discusses people with a physical disability, people with a learning disability are not mentioned, we shall amend the text to include people with a learning disability.</p>

		<p>Serious consideration needs to be given to access to leisure services. Specific populations find access impossible and work needs to be carried out to ensure that everyone can access appropriate leisure services , e.g. people who are morbidly obese find access to leisure services difficult. This can be due to issues about body image, fear, shame, risk of equipment not being available to take their weight, etc. Work is on-going in Gloucestershire to enable those who are morbidly obese to access services in a safe and confident manner.</p>	<p>Thank you for your comment.</p> <p>The need to work with leisure services is highlighted within the recommendations (please see recommendations 2 and 8). The issue of ensuring/improving access to all services is discussed in the recommendation section on 'cultural appropriateness'. We will ensure that we assess the impact of Public Health England's Whole Systems Obesity implementation work on the guideline's static list status when it is published.</p>
University of East Anglia	Agree	I agree that no substantial new evidence has become available that would change the recommendations we made on the PDG	Thank you for your comment.
Royal College of Nursing	YES the RCN supports the decision for the resource to be on the static list	<p>The RCN welcomes the opportunity to comment on this discussion for the surveillance review PH42 to be placed on the static list. This will ensure the information is kept for future use.</p> <p>We agree that there is no need for the guidance to be updated and agree that the</p>	Thank you for your comment.

		work is now being taken forward by Public Health England (PHE). The RCN remains committed to this as a significant area of concern to the population's health. The RCN are involved with the various strands of work being led by PHE to tackle the issues of obesity.	
Obesity Group of the British Dietetic Association	Agree	We agree with the pragmatic decision that this guideline should be placed on the static list and reviewed every 6 years unless new evidence which may impact upon the guidance emerges or a quality standard relating to it is commissioned. We are strongly of the view that withdrawing this guidance would be a retrograde step.	Thank you for your comment.
		The work of Public Health England in this area is of critical importance in helping local authorities embed a whole systems approach, and we very much welcome and support this work.	Thank you for your comment.
		We hope that the work currently underway at Leeds Beckett University will help to inform this area and look forward to its publication.	Thank you for your comment.
		We hope that the earlier 'Healthy Towns' initiative (Department of Health) will be published in order to share the learnings of this work.	Thank you for your comment.

Leeds Beckett University		<p>In response to your invitation to comment on the guidance on Obesity Working With Communities I would just like to say that with respect to the following Shared Learning examples which I helped pull together:</p> <p>Community Health Educators (CHEs) & Fit Together, Healthy Living Network Leeds (HLNL)</p> <p>East Riding Health Trainer Service</p> <p>Sheffield Community Health Champions programme; addressing obesity through community engagement</p> <p>that the lessons from these are still valid but that delivery has changed somewhat particularly in relation to the first example Fit Together which unfortunately no longer operates as the funding ran out.</p> <p>The comments I made in submission to the Committee preparing the 2012 guidance are still valid although again some of the examples are no longer current,</p>	<p>Thank you for your comments. Shared learning examples will remain relevant regardless of funding. If there are changes in details concerning the methods of delivery of these services that mean the information we currently have is incorrect we would be grateful if you would advise us of any necessary amendments to ensure the information is accurate. Please see https://www.nice.org.uk/about/what-we-do/submit-local-practice-example</p>
Public Health England (PHE)	Agree	Public Health England (PHE) supports NICE's proposed position to put guidance PH 42 on the static list.	Thank you for your comments. We look forward to seeing the publication of the WSO work and will consider implications

		<p>NICE in the review of this guidance have acknowledged the work PHE is taking forward to support local authorities in taking a whole systems approach to obesity, realising what Foresight set out in 2007.</p> <p>PHE's 3 year programme of work, Whole Systems Obesity (WSO), is due to complete in 2018 and PHE would encourage NICE to revisit the proposed static position of the guidance pending future developments relating to the WSO programme; in particular local implementation evidence and the findings from the broader systematic review.</p> <p>PHE would like to acknowledge the important role that Guidance PH42 has had in helping to form PHEs development in this area, including the WSO programme.</p>	<p>of the work in relation to the guideline's static list status.</p>
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