Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Department for Health and Social Care	Guideline	005	001	Refer to the 'former Public Health England' (or similar) in relation to Public Health England's Whole systems approach to obesity guideline.	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
Royal College of General Practitioners	Guideline	005	006	Rec 1.1.1 We are concerned that this recommendation overlooks evidence indicating that exercise does not lead to weight loss e.g. Increases in physical activity of the amount common for most individuals, such as 3 days/week of 1 h of aerobic activity, will not lead to weight loss, nor will it help prevent weight gain, for the majority of the population.(1) Luke A, Cooper RS. Physical activity does not influence obesity risk: time to clarify the public health message. International Journal of Epidemiology. 2014;42(6):1831-6. Advice-only and exercise-alone groups experienced minimal weight loss at any time point. (2) Franz MJ, VanWormer JJ, Crain AL, Boucher JL, Histon T, Caplan W, et al. Weight-loss outcomes: a systematic review and meta-analysis of weight-loss clinical trials with a minimum 1-year follow-up. J Am Diet Assoc. 2007;107(10):1755-67.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update. Thank you for providing these references. Section 1.1 was outside the scope for this guideline update therefore the NICE guideline development team have not considered any new evidence for this section.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
X-PERT Health	Guideline	005	010	A link to existing NHS eat well information risks creating a conflict with recommendations 1.7.1 and 1.7.3. These proposed updates recommend the use of "flexible and individualised" approaches and acknowledge that dietary targets can be achieved through a number of routes, including low-carbohydrate diets, whereas existing NHS eat well information is specific to a low-fat approach, and so is inconsistent with these new recommendations. We are supportive of the proposed updates to recommendations 1.7.1 and 1.7.3 to include multiple dietary approaches, thus propose making minor wording changes (for the purpose of clarification) to recommendation 1.1.1, by removing direct reference to the NHS eat well information. The same applies to recommendation 1.7.6 (page 65, lines 13 to 15).	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update. The committee agreed to keep the cross reference to the NHS eatwell guide as it is a key policy tool used to define government recommendations on eating healthily and achieving a balanced diet.
Association of Clinical Psychologists UK	Guideline	005	011	Extreme physical activity, disordered eating /eating disorder encourage use of a screening tool such as The SCOFF questionnaire: assessment of a new screening tool for eating disorders | The BMJ Assessment | Diagnosis | Eating disorders | CKS | NICE	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Hywel Dda University Health Board	Guideline	005	011	Agree with the point about avoiding extreme dietary and physical activity behaviours. This is very important to highlight in the context of the increase in 'dieting' content on social media etc	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Big Birthas	Guideline	005	001 - 019	Surprised that this section suggests nothing with regards to the financial implications and pressures of adhering to such a diet. If people are struggling in these times of increased financial pressures, merely advising them to eat more fresh fruits, vegetables and whole grains and less processed foods does not address any of the issues behind why people may eat such diets, or how they might realistically change that without increasing their food budget.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
University of Derby	Guideline	005	011 - 014	Why have low carbohydrate diets been used as the exemplar. Surely, very low calorie diets are more of an issue then people wanted to lower their carbohydrate intake?	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
X-PERT Health	Guideline	005	012 & 013	The reference to "cutting out all carbohydrates" risks creating a conflict with recommendation 1.7.3, which acknowledges that low-carbohydrate diets can be a suitable option. Although "cutting out all carbohydrates" and following a low carbohydrate diet are not necessarily the same, there is still a risk of confusion. This includes a risk that it could be misconstrued by some readers as advising against low carbohydrate approaches in general. We are supportive of the proposed update to recommendation 1.7.3 to include low carbohydrate diets as a suitable option, thus propose making minor wording changes (for the purpose of clarification) to recommendation 1.1.2, by removing "cutting out all carbohydrates" or replacing it with an alternative example.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
UK Society for Behavioural Medicine	Guideline	005	General	Recommendation 1.1.3: The included suggestions seem to have missed a few key points that are evidenced to impact healthy weight (some of these points are actually mentioned in other sections of the document, but it is important here to offer to individuals a more holistic picture of potential risky behaviours): overconsumption of fast food/ take aways; not having a well-balanced diet; not eating regularly home cooked meals; parents/ caregivers practising unhealthy eating. Lachat, C, Nago, E, Verstraeten, R, et al. (2012) Eating out of home and its association with dietary intake: a systematic review of the evidence. Obes Rev 13, 329–346 behaviours. Giskes K, van Lenthe F, Avendano-Pabon M, Brug J. A systematic review of environmental factors and obesogenic dietary intakes among adults: are we getting closer to understanding obesogenic environments? Obes Rev. 2011 May;12(5):e95-e106. doi: 10.1111/j.1467-789X.2010.00769.x. PMID: 20604870. Mahmood, L.; Flores-Barrantes, P.; Moreno, L.A.; Manios, Y.; Gonzalez-Gil, E.M. The Influence of Parental Dietary Behaviors and Practices on Children's Eating Habits. Nutrients 2021, 13, 1138. https://doi.org/10.3390/nu13041138	Thank you for your comment. The committee considered this issue and agreed this is covered in rec 1.3.2. Thank you for providing these references. Section 1.1 was outside the scope for this guideline update therefore the NICE guideline development team have not considered any new evidence for this section.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
University of Derby	Guideline	006	001 - 010	Interested to know why alcohol has not been added to this list, I know this is mentioned on page 9 but a note maybe to say avoid alcohol see page or section??	Thank you for your comment. Alcoholic drinks has been added to section 1.3.
NHS Gloucestershire ICB	Guideline	006	004 - 005	We would suggest adding 'underestimating how much food (kcals or energy) is being consumed'	Thank you for your comment. The recommendation has been amended as suggested to rec 1.3.2.
Hywel Dda University Health Board	Guideline	006	006	Food as the focus of social events is something that comes up frequently in clinical practice, important to support people with strategies to manage this	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Public Health Wales	Guideline	006	006	1.1.3 The phrase "being aware that food is often the focus of social events" does not target a specific perception or behaviour for weight management. This may benefit from rephrasing to provide a clearer focus to specific to behaviour change.	Thank you for your comment. The wording of this recommendation has been amended to take this issue into account.
Leeds Beckett University - Obesity Institute	Guideline	006	012	checking their measurements regularly such a weekly weighing. I would like to see a caveat around this being where appropriate, and acknowledging that for the many people that live with disordered eating this may not be a helpful behaviour and may be associated with greater disordered eating behaviour	Thank you for your comment. The guideline has been amended to include a caveat about the risk of eating disorders. This section of the guideline is out of scope for update however, so no further substantial changes could be made at this point.
Plymouth City Council Public Health	Guideline	006	012 - 025	Need to be careful about 'encouraging' people to keep an eye on their weight as this can lead to overemphasis / focus on weight and moving away from benefits of changing lifestyle behaviours if weight doesn't change. Also if weight doesn't change or goes up this can cause people to enter into all or nothing thinking which may lead to disordered	Thank you for your comment. The guideline has been amended to include a caveat about the risk of eating disorders. This section of the guideline is out of scope for update however, so no further substantial changes could be made at this point.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				eating behaviours. Having a general idea of weight by weighing once per month for example is going to be more helpful and likely less triggering for people. In fact this whole section (line 14 – 25) promotes 'dieting' behaviours that can only lead to weight cycling / weight increase so is therefore detrimental to any goals or health gains Dieting and weight cycling as risk factors for cardiometabolic diseases: who is really at risk? - Montani - 2015 - Obesity Reviews - Wiley Online Library	
Royal College of General Practitioners	Guideline	006	014	Rec 1.1.4 We would like to highlight that at this point and at further sites in the guideline it must be remembered that many CYP and young adults presenting with "concerns about weight" are suffering from eating disorders and repeated weighing is counter-productive and even hazardous, along with encouraging exercise, which could lead to further deterioration without a full, holistic, biopsychosocial assessment of the patient.	Thank you for your comment. The guideline has been amended to include a caveat about the risk of eating disorders. This section of the guideline is out of scope for update however, so no further substantial changes could be made at this point.
Royal College of General Practitioners	Guideline	006	026	Rec 1.1.5 Patients with learning disability have an increased incidence of obesity and Type 2 Diabetes and have a higher overall mortality and rate of morbidity. Therefore, literature appropriate to their needs, needs to be made available such as the "Easy Read" literature highlighted by the foundation for people with learning disabilities.	Thank you for your comment. The recommendation (now 1.1.6) has been amended as suggested.
NHS England	Guideline	006	026	'such as the NHS weight loss plan' should be followed by 'for adults'	Thank you for your comment. The guideline now refers to NHS Better Health which has a section on losing weight.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Royal College of General Practitioners	Guideline	007	002	Rec 1.1.6 We are concerned that this recommendation overlooks evidence indicating that physical activity does not lead to weight loss e.g Increases in physical activity of the amount common for most individuals, such as 3 days/week of 1 h of aerobic activity, will not lead to weight loss, nor will it help prevent weight gain, for the majority of the population.(1) Luke A, Cooper RS. Physical activity does not influence obesity risk: time to clarify the public health message. International Journal of Epidemiology. 2014;42(6):1831-6. Advice-only and exercise-alone groups experienced minimal weight loss at any time point.(2) Franz MJ, VanWormer JJ, Crain AL, Boucher JL, Histon T, Caplan W, et al. Weight-loss outcomes: a systematic review and meta-analysis of weight-loss clinical trials with a minimum 1-year follow-up. J Am Diet Assoc. 2007;107(10):1755-67.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update. Thank you for providing these references. Section 1.1 was outside the scope for this guideline update therefore the NICE guideline development team have not considered any new evidence for this section.
Leeds Beckett University - Obesity Institute	Guideline	007	014	Should this be clarified as leisure based screen time. I wonder whether specific guidance around work place screen time could be added.	Thank you for your comment. The recommendation (1.15.4) has been amended as suggested.
Public Health Wales	Guideline	007	018	1.1.8 From a prevention perspective we would have expected to see "encourage breastfeeding" and "introduction to solid foods around 6 months" within the	Thank you for your comment. The committee considered this issue and agreed this will be addressed in the update of the NICE maternal and child nutrition guideline (PH11).

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				section on Healthy eating advice and reference to SACN guidance on feeding in the first year of life.	
Big Birthas	Guideline	007	019	Surprised that this advice is not accompanied with an acknowledgement of all the work done by manufacturers and their marketing departments to undermine and confuse the public with regard to what is 'healthy' and that traffic light systems are all well and good, but when those red bars on a box of sugar-laden, fatty cereal are tiny in comparison with all the green branding shouting about 'contains wholegrains' or 'contains X vitamins' that this messaging is lost on consumers.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Royal College of General Practitioners	Guideline	007	025	Rec 1.1.9 We are concerned about the advice around red meat; to reduce intake. It is important to note that although epidemiology studies suggest an association, it is very rarely that the hazard ratios are so great (>5) that it should be the basis of guidelines. The magnitude of association between red and processed meat consumption and all-cause mortality and adverse cardiometabolic outcomes is very small, and the evidence is of low certainty ADDIN EN.REFLIST 1.Zeraatkar D, Han MA, Guyatt GH, Vernooij RWM, El Dib R, Cheung K, et al. Red and Processed Meat Consumption and Risk for All-Cause Mortality and Cardiometabolic Outcomes: A Systematic Review and Meta-analysis of Cohort Studies. Ann Intern Med. 2019.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update. Thank you for providing these references. Section 1.1 was outside the scope for this guideline update therefore the NICE guideline development team have not considered any new evidence for this section.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				2.Iqbal R, Dehghan M, Mente A, Rangarajan S, Wielgosz A, Avezum A, et al. Associations of unprocessed and processed meat intake with mortality and cardiovascular disease in 21 countries [Prospective Urban Rural Epidemiology (PURE) Study]: a prospective cohort study. The American Journal of Clinical Nutrition. 2021.	
NHS Gloucestershire ICB	Guideline	007	025 - 027	We would suggest including other sources of protein alongside fish – for example, lean meat, poultry, eggs and plant-based protein sources. And then following with the cautionary note about red or processed meat	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Plymouth City Council Public Health	Guideline	007	025 - 030	Suggesting the upper limit (70g) for Red and Processed Meat only encourages people to see this as the amount they should aim for. Saying 'limit' rather than 'reduce' may be more helpful and encouraging people to have 1-2 meat free days per week might be a more precise guide.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
X-PERT Health	Guideline	007	026	The inclusion of beans, pulses and wholegrains as foods which meals should be based on risks creating a conflict with recommendation 1.7.3, which acknowledges that low-carbohydrate diets can be a suitable option. We are supportive of the proposed update to recommendation 1.7.3 to include low carbohydrate diets as a suitable option, thus propose making minor wording changes (for the purpose of clarification) to recommendation 1.1.9, by adjusting it so it provides examples of foods that could be suitable, rather than presenting the foods as a list of items which should be included.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS England	Guideline	007	030	include something about children requiring a balanced diet that meets nutritional requirements and is appropriate for their age (for example, children aged 1-2y should drink whole milk)	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update. This issue will also be addressed in the update of the NICE maternal and child nutrition guideline (PH11).
Bradford Metropolitan District Council – Public Health	Guideline	008	001	1.1.10 - Energy dense foods. I don't think we should be grouping drinks made with full fat milk (which would most commonly be tea in England) OR comparing full fat milk in any way to chocolate, cream and savoury snacks.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Tees, Esk and Wear Valleys NHS Foundation Trust	Guideline	008	005	Whole milk has been referred as "full fat milk". Whole milk is only 4% which is relatively low fat.	Thank you for your comment. This recommendation has now been removed.
NHS England	Guideline	008	019	In view of the most recent research & WHO statement, should NICE be recommending non-nutritive sweeteners? Studies also suggest negative impacts for weight management and on the gut microbiome.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Plymouth City Council Public Health	Guideline	008	001 - 011	AND encourage people to think about WHY they might be eating energy dense foods > no regular meal pattern, skipping breakfast, emotional eating, boredom eating, habitual eating… a link to something about triggers to eating and / mindful eating might be helpful to include here- this advice doesn't need to be saved until people are accessing T3 / T4 services!	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
X-PERT Health	Guideline	008	022 - 026	This recommendation is a direct contradiction of recommendations 1.7.1 and 1.7.3, as these proposed updates recommend the use of "flexible and individualised" approaches and acknowledge that dietary targets can be achieved through a number of routes, including low-carbohydrate diets. We are supportive of the proposed update to recommendations 1.7.1 and 1.7.3 to include multiple dietary approaches, thus propose making minor wording changes (for the purpose of clarification) to recommendation 1.1.13, by changing the opening sentence to, "Encourage people who opt to follow a low-fat dietary approach to reduce their total fat intake" and/or adding an acknowledgement that this recommendation may not apply where individuals choose to follow an alternative dietary approach (such as a low carbohydrate diet).	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
University of Derby	Guideline	008	027 - 028	Why are we encouraging people to eat breakfast – some people do not like breakfast but additionally there is also a lot of research regarding time restricted eating and intermittent fasting which goes against eating breakfast	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
X-PERT Health	Guideline	008 - 009	029 & 001	The example breakfast creates a partial conflict with recommendation 1.7.3, which acknowledges that low-carbohydrate diets can be a suitable option. We are supportive of the proposed update to recommendation 1.7.3 to include low carbohydrate diets as a suitable option, thus propose making minor wording	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				changes (for the purpose of clarification) to recommendation 1.1.14, to either remove the example or to explicitly state that this is an example of a breakfast that would be suitable for those opting to follow a low-fat diet.	
X-PERT Health	Guideline	009	003	This recommendation creates a partial conflict with recommendation 1.7.3, which acknowledges that low-carbohydrate diets can be a suitable option. We are supportive of the proposed update to recommendation 1.7.3 to include low carbohydrate diets as a suitable option, thus propose making minor wording changes (for the purpose of clarification) to recommendation 1.1.14, by changing the first sentence to, "Where carbohydrate foods are consumed, encourage people to choose high-fibre or wholegrain options, for example by…".	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Plymouth City Council Public Health	Guideline	009	010	Missing a trick here to highlight that THERE IS NO SAFE LIMIT FOR ALCOHOL, not mentioned in the NHS advice	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Bradford Metropolitan District Council – Public Health	Guideline	009	012	1.1.17 - As a generalism, I think alcohol needs to appear within the guidance more substantially given that we know consumption is higher in more deprived communities, 1 in 5 people drink at a level likely to increase risk of harm in England and there are over 600 calories in a bottle of wine.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Big Birthas	Guideline	009	021	Would prefer that the guideline begins with this more holistic approach to health.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
British Association of Dermatologists (the BAD)	Guideline	009	028	Please include hidradenitis suppurativa (HS) in this list. There is ample evidence in multiple studies of the close association between excess weight and HS. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8298595/	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
NHS England	Guideline	010	003	Exercise can increase HDL cholesterol which is a good thing. The statement should say 'improve cholesterol profile'	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
NHS England	Guideline	010	006	add something to reflect that weight gain in childhood needs to be monitored on a growth chart to take into consideration growth in height as only through doing this do we know if weight gain has been excessive or not i.e. weight loss may not always be appropriate - sometimes need to aim for weight maintenance	Thank you for your comment. The committee considered this issue and agreed this is covered in recs 1.10.7, 1.10.9 – 1.10.11 and 1.12.3.
University of Derby	Guideline	010	017 - 029	I agree with this statement regarding the importance of sleep but this should be advice for everyone not just children and young people. It may be helpful to add the benefits off adequate daylight on the skin… not just looking at it through a window, to aid sleep patterns/circadian rhythms	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Department for Health and Social Care	Guideline	010	017 - 031	This feedback in relation to greyed text but is inaccurate and so needs amending. Recommendation 1.1.20	Thank you for your comment. The committee considered this issue and have added encouraging repeated exposure to vegetables to increase consumption to rec 1.3.7. A reference has been added to the NHS advice on

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				In its 1-5 report, SACN found moderate evidence from systematic reviews that feeding practices (including repeated taste exposure, pairing with positive stimuli such as liked foods, modelling of vegetable consumption and offering the child non-food rewards) increase vegetable consumption in children aged 1 to 5 years (in the short term, up to 8 months). In terms of recommendations, SACN only made one that directly relates to feeding behaviour – recommending repeated exposure to unfamiliar vegetables: Children aged 1 to 5 years should be presented with unfamiliar vegetables on multiple occasions (as many as 8 to 10 times or more for each vegetable) to help develop and support their regular consumption. Therefore, it's not correct to use the SACN 1-5 report to support the NICE recommendations to: "Eat meals with them" and "Avoid using food as a reward or to manage behaviour" as the SACN report does not include evidence on these points or make recommendations on them. However, more broadly, these recommendations are captured in NHS.uk advice - for example here: Fussy eaters - NHS (www.nhs.uk) and it is very positive to see the SACN report referenced by NICE. Would NICE consider reiterating recommendations made in SACN's 1-5 report, for example, encouraging repeated exposure to vegetables to increase consumption?	fussy eaters as this is evidence-based Government guidance, This issue will also be addressed in the update of the NICE maternal and child nutrition guideline (PH11)..

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS England	Guideline	010	018	can we add a bullet in this section on maintaining good oral health and opportunistically refer to the NHS oral health/brushing teeth page	Thank you for your comment. The recommendation (1.3.7) has been amended as suggested.
NHS England	Guideline	010	022	after 'eat meals with them' add 'being a positive role model'	Thank you for your comment. The recommendation (1.3.7) has been amended as suggested.
Hywel Dda University Health Board	Guideline	010	023	Using food as a reward to manage behaviour – important the consequences of this are discussed as see this frequently in clinics. It is not unusual for adults/parents to be also unable to list any other self rewards than food and alcohol.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Leeds Beckett University - Obesity Institute	Guideline	011	006	Can we remove 'minority' and just state ethnic background.	Thank you for your comment. Ethnic minority background is the preferred NICE editorial style.
Leeds Beckett University - Obesity Institute	Guideline	011	015	Should this also state that messages should be coproduced with local communities as this has been shown to be more effective.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
NHS England	Guideline	011	015	add something about avoiding weight stigma.	Thank you for your comment. The recommendation has been amended as suggested.
NHS England	Guideline	011	024	quite vague - where can one find the local strategy?	Thank you for your comment. The committee considered this and agreed this further detail is dependent on local provision and arrangements for disseminating their local strategy.
NHS Gloucestershire ICB	Guideline	011	015 - 017	We support this recommendation in principle, however the evidence on how to implement a whole systems approach is still emerging. Consequently, the term 'whole-systems	Thank you for your comment. Public Health England has produced a guide and set of resources to support local authorities with implementing a whole systems approach

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				approach' is defined, interpreted and applied very differently by different individuals, organisations and partnerships. In addition, the investment of time and resources required to adopt a truly whole systems approach can be a barrier. Moving towards more effective whole-systems approaches could be strengthened with: An agreed definition for whole systems working. Building capability in local areas/ systems in whole systems working Building the evidence base for whole systems working. Meanwhile, it would be helpful to emphasise that a long-term perspective and investment is needed and that the evidence on how to implement such an approach is still emerging. And to outline what steps local areas can take if they do not have the resources to invest in a whole systems approach -for example, what evidence is there for impact of approaches like the LA/ NHS Healthy Weight Declaration - and, according to best available evidence, what can we point to that sets out the steps local organisations and partnerships could take to move towards such an approach.	to address obesity and promote a healthy weight. Further information can be found here.
Public Health Wales	Guideline	012	002	1.2. Suggest rephrase 'integrated care systems' (ICSs) (which refer to a model in England and not across the UK) to 'local/ regional strategic partnerships' instead to support	Thank you for your comment. The recommendation has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				wider adoption of the guidance. Examples could then be given of ICSs in England, Regional Partnership Boards (RPBs)/ Public service Boards in Wales (PSBs) in Wales, etc.	
Public Health Wales	Guideline	012	003	1.2.1 Although not requesting comment, on this section, it is suggested that 'integrated care systems' (ICS) (which refer to a model in England and not across the UK) is rephrased to 'local/ regional strategic partnerships' instead to support wider adoption of the guidance. Examples could then be given of ICSs in England, Regional Partnership Boards (RPBs)/ Public service Boards in Wales (PSBs), etc.	Thank you for your comment. The recommendation has been amended as suggested.
Public Health Wales	Guideline	012	022	1.2.3 Although not requesting comment on this section, it is important to recognise that the statement "Ensure that systems are in place in primary care to implement the local overweight and obesity strategy" will require staff and infrastructure and has significant cost, resource, capacity and capability implications.	Thank you for your comment. The focus of this consultation is on areas or recommendations that have been subject to an update or were newly made. This is a recommendation of 2006 and has not been updated.
Novo Nordisk	Guideline	012	022 - 027	Novo Nordisk supports the implementation of an education strategy for healthcare professionals working to provide interventions to prevent and manage obesity. Further guidance on training requirements and competencies would ensure systems are equipped to deliver on this recommendation.	Thank you for your comment. Guidance on training requirements is not within the remit of NICE guidelines.
NHS Gloucestershire ICB	Guideline	012	022 - 027	We support this recommendation but feel that the initial priority should be on ensuring that primary care teams are confident and competent to raise the issue of weight with their patients, to have a non-judgemental, person-centred conversation, and to support people to access local support	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS Gloucestershire ICB	Guideline	012	040 - 011	As above	Thank you for your comment.
Leeds Beckett University - Obesity Institute	Guideline	012 - 013	022 - 009	Should this not also explicitly mention taking a person centred approach, training in having compassionate and respectful conversation and always asking if weight can be discussed ADDIN EN.CITE.DATA (2, 3). Good to see 1.2.15 include asking permission to discuss weight.	Thank you for your comment. The recommendation has been amended as suggested.
NHS England	Guideline	013	009	add a point about the impact of weight stigma	Thank you for your comment. The recommendation has been amended as suggested.
NHS Gloucestershire ICB	Guideline	013	018	We support the use of motivational interviewing and counselling techniques but would like to see 'personalised care and health coaching' approaches included.	Thank you for your comment. The committee considered your feedback and amendments have been made to this recommendation.
Plymouth City Council Public Health	Guideline	013	019	Important to integrate training around the commercial determinants of health including marketing of HFSS foods to populations and upskilling people on how to identify marketing strategies so they can increase their awareness and move towards behaviour change- if marketing tactics move from subliminal to conscious / aware then people can better make conscious decisions about their choice of food.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update. Guidance on training requirements is not within the remit of NICE guidelines.
NHS England	Guideline	013	020	Include reference that training needs to be adult and paediatric	Thank you for your comment.. Guidance on training requirements is not within the remit of NICE guidelines.
BDA Obesity Specialist Committee	Guideline	013	026	1.2.6 - Consider asset based community development and strength based approaches. In addition to barriers, identify strengths and enablers in local communities. Consider community builder roles to enable this. Asset Based Community Development (ABCD) - Nurture Development	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Strengths-based approaches | SCIE	
NHS England	Guideline	014	001	in subheading 'assessing' include 'weight related stigma' and 'practicality of accessing opportunities when living in a bigger body'	Thank you for your comment. Additions have been made throughout the guideline acknowledging the impact of weight stigma and highlighting the need to use non-stigmatising language and images.
Public Health Wales	Guideline	014	010	1.2.7 Although not requesting comment on this section, suggest rephrase 'integrated care systems' (ICSs) (which refer to a model in England and not across the UK) to 'local/ regional strategic partnerships' instead to support wider adoption of the guidance. Examples could then be given of ICSs in England, Regional Partnership Boards (RPBs)/ Public service Boards in Wales (PSBs) in Wales, etc.	Thank you for your comment. The recommendation has been amended as suggested.
NHS England	Guideline	014	030	include 'raise awareness of the impact of weight stigmatising imagery and simple actions eg signpost to appropriate image banks'	Thank you for your comment. This amendment was not added as this issue is covered in rec 1.1.6.
NHS England	Guideline	015	012	After 'tailor messages to any local concerns' add 'and involve those with lived experience to contribute to development and changes to programmes'	Thank you for your comment. The recommendation (1.5.9) has been amended as suggested.
NHS Gloucestershire ICB	Guideline	015	005 - 013	We strongly support the recommendation to ensure that programmes address the concerns of participants that might impact on their ability to make sustainable lifestyle changes. We would encourage coproduction of programmes with individuals and communities.	Thank you for your comment.
NHS Gloucestershire ICB	Guideline	016	025 - 028	Would like to see schemes based on an audit of local assets as well as needs.	Thank you for your comment. The committee considered this and agreed this further detail is dependent on local systems and provision.
Big Birthas	Guideline	017	003	Parents contacted by the school weight and measures programme already experience shame and judgement. It	Thank you for your comment. The aim of this recommendation was not to cause shame and judgement

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				sounds as though you are now suggesting parents whose children are not identified as overweight or obese should be included in this practice, as you are defining them 'at high risk' because of having an obese parent? This wording is extremely judgemental. It ignores the multifactorial reasons why people themselves are obese and by extension, why their children may be more likely to be or become obese because they're likely to be subject to the same. It implies that the parent themself is putting the child 'at high risk'. It ignores and negates any efforts on the part of that parent to try to break cycles they may themselves have identified with regards to their own obesity – much like when a person who has made efforts to engage in healthy behaviours is still berated by a healthcare professional for being overweight – potentially sabotaging all the good work, because honesty 'what's the point?!' It implies a 'good parent/bad parent' scenario on the basis of weight, which is overly simplistic and frankly, objectionable. There are far worse things to be than fat! In the case of a family where only one parent is obese and everyone else is of 'ideal' BMI, there is the potential for this to forever label the parent as 'defective' in the eyes of the children by suggesting that the family should attend some kind of intervention as a result. Have you even considered how many families such a policy would impact, given the prevalence of obesity in the UK?	to parents but to acknowledge that the evidence shows that interventions to prevent excess weight gain in children and young people are more successful if they involve families and carers.
NHS England	Guideline	017	003	can an example of who this "appropriately trained professional" might be? people are v stretched.	Thank you for your comment. The committee were unable to provide further detail in the recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS England	Guideline	017	003	and also depends on local availability	Thank you for your comment. The committee considered this and agreed this further detail is dependent on local provision.
Betsi Cadwaladr University Health Board	Guideline	017	028	Can the definition of early years settings be expanded upon to include parent and toddler groups, playgroups and childminders as well as nurseries and schools	Thank you for your comment. The evidence base supporting these recommendations were based in preschool, childcare and family settings so the committee were unable to extrapolate these findings to other settings.
Royal College of Paediatrics and Child Health	Guideline	017	029	(Ensure that improving the nutrition and activity levels of children) our comment: prevention of obesity starts from neonatal period and above by adherence to breast-feeding rather than formula .Breastfeeding can significantly reduce the prevalence of overweight and obesity among children and adolescents aged 6 to 16 years. Those who were breastfed for more than 12 months had a lower risk of developing overweight and obesity, especially boys between the ages of 9 and 11. Over the previous decade, many studies have indicated an association between breastfeeding and childhood obesity. In a large birth cohort of 42,550 children from Southeast China, Zheng et al. found that longer duration of exclusive breastfeeding (EBF) was associated with lower risk of overweight [1]. A meta-analysis of 39 studies published by the World Health Organization (WHO) also showed that prolonging the duration of breastfeeding reduces the risk of obesity in children [2].	Thank you for your comment. This issue has been addressed in the update of the NICE maternal and child nutrition guideline (PH11).
Health Equalities Group	Guideline	017	029	Rec 1.2.22: We are pleased to see the recommendations for early years, nurseries, other childcare settings and schools. We would however we keen to see specific	Thank you for your comment. The committee considered this feedback and agreed these issues were addressed in

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				recommendation to implementing Milk or Water Only Policies within these settings. This has been an approach adopted in Greater London, and Food Active (a programme of work delivered by the Health Equalities Group) has developed a similar resource for primary schools as part of the Give Up Loving Pop campaign. The Food Active programme is also about to pilot a version specifically for early years settings, a recommendation by the former Chief Medical Officer in her last report. Department of Health and Social Care. 2019. Time to Solve Childhood Obesity an Independent Report by the Chief Medical Officer, 2019 Professor Dame Sally Davies.	the Department for Educations' school food standards practical guide.
NHS England	Guideline	017	029	Add 'using non-stigmatising language and imagery'	Thank you for your comment. The recommendation has been amended as suggested.
Big Birthas	Guideline	017	010 - 026	Calling these programmes that 'prevent obesity' is disingenuous, and again focuses all attention on weight as a primary outcome measure of importance, rather than overall indicators of health. This messaging is stigmatising, harmful and inaccurate.	Thank you for your comment. This guideline was formerly titled weight management, but the committee decided to change this to overweight and obesity management to reduce the focus on weight. They agreed that overweight and obesity are clinical conditions which are appropriate for a clinical guideline on management, whereas high body weight is a symptom of these conditions rather than an issue itself. The committee, lead on this issue by the lay members, felt that focusing on overweight and obesity in clinical terms reduced stigma compared to the previous focus on weight.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS Gloucestershire ICB	Guideline	017	014 - 020	Would like to this list to include strategies for managing common issues faced by parents like fussy eating and pester power, other ways to reward children (that don't involve food) etc	Thank you for your comment. A reference has been added to the NHS advice on fussy eaters to rec 1.3.7 as this is evidence-based Government guidance.
Department for Health and Social Care	Guideline	017 - 18	027 General	Consider adding recommendations about maternity or health visiting for supporting early years in schools, nurseries and childcare facilities. See information here https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/early-years-high-impact-area-4-supporting-healthy-weight-and-nutrition	Thank you for your comment. Recommendation 1.6.3 recommends that the following guidance is implemented - Department for Education's Early years foundation stage statutory framework and Public Health England's guidance on early years: supporting healthy weight and nutrition. This guidance outlines the role and value of health visiting for supporting early years.
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	017 - 018	029 - 003	1.2.22 – this is a good addition and links with a lot of work already being done in terms of healthy schools programmes.	Thank you for your comment.
Kent County Council	Guideline	017 - 018	029 - 030 001 - 003	Improving nutrition and physical activity to be included in quality measurement for the early years and schools. With monitoring in place, it will be easier to implement the recommendation due to a shrinking budget and competing priorities.	Thank you for your comment. The committee considered this and agreed this further detail is dependent on local provision.
First Steps Nutrition Trust	Guideline	017 - 019	General	section 1.2.22-1.2.29 - It is appropriate to see the Early Years Settings Statutory Framework referenced, and within this there is guidance for food provision. However, recent research highlights issues with this guidance that need	Thank you for your comment and for raising these implementation issues. The Early years foundation stage statutory framework has been referenced in the guideline.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				addressing, and calls in to question to feasibility of its implementation without further resourcing. See Shining a light on early years nutrition: The role of councils | Local Government Association. We feel that these factors ought to be acknowledged so that users of this guideline can take appropriate steps to address them, including providing financial support to settings as needed. The report also gives examples of best practice which could be shared to facilitate implementation.	
First Steps Nutrition Trust	Guideline	017 - 019	General	section 1.2.22-1.2.29 - SACN guidance on feeding young children aged 1-5 years reported evidence that larger portion sizes of snacks and meals provided in preschool settings are associated with higher food and energy intakes in the short term (less than 6 months). Could this be used to make a specific recommendation about portion sizes offered in early years settings in addition to referring to the EYS statutory framework?	Thank you for your comment. The committee considered this issue and agreed that the recommendation should refer to SACN advice on portion size.
Betsi Cadwaladr University Health Board	Guideline	018	001 - 002	Should the wording also make reference to helping to prevent too rapid weight gain? Particularly during infancy (first year of life).	Thank you for your comment. The committee considered this issue and agreed that the recommendations refer to preventing excess weight gain.
Betsi Cadwaladr University Health Board	Guideline	018	002	The whole school approach feels like a separate recommendation as not all early years settings are part of schools should this be separate but recognise the links so 'all Early Years settings should prioritise nutrition and physical activity levels recognising that lifelong eating and physical activity habits are formed from an early age. The approaches taken in early years settings should then	Thank you for your comment. The committee considered this issue and agreed that the recommendation should highlight the importance of a whole-school approach.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				continue to be supported in schools by taking a whole school approach to eating well and being active. Aligning all early years' settings with school area networks to create consistent system beliefs, goals and structures for food and physical activity levels would then support this as parents and children would be familiar with approaches from initial entry into childcare through to secondary school.	
Hywel Dda University Health Board	Guideline	018	003	Need to include emotional well being, self esteem, positive body image alongside lifelong healthy eating and physical activity practices	Thank you for your comment. The recommendation (1.6.1) has been amended as suggested.
Betsi Cadwaladr University Health Board	Guideline	018	003	Expand on what a whole school approach is and include examples at each system level – for example addition of development of a healthy food and drink policy (system structure), training for governors (system beliefs), implementing non-food rewards policy (structure and event level)	Thank you for your comment. Further detail on the whole school approach can be found in rec 1.6.9 and 1.6.11.
NHS England	Guideline	018	004	Add 'and policies and practices discouraging the use of food-based rewards / incentives and 'treat food' brought in from home to share with the class e.g. to celebrate a pupils birthday'	Thank you for your comment. The committee considered this issue and the recommendation (1.6.3) has been amended to include 'encourage the use of non-food based rewards'.
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	018	004 - 009	1.2.23 – Family approach is definitely required and a good update. Little nudges and flashcards would be an effective way to promote this further.	Thank you for your comment. The committee considered this issue and agreed that adding 'little nudges and flashcards' would make the recommendation unclear. So this addition was not made.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Betsi Cadwaladr University Health Board	Guideline	018	007 - 009	Could snacks and hydration also be referenced here? This point could also be further strengthened to acknowledge the interchange of key messages between home and setting/ school and how this builds consistency, familiarity and recognition for a child's development of eating and physical activity habits.	Thank you for your comment. Drinks has been added to the recommendation.
Public Health Wales	Guideline	018	008	1.2.23 This should include a broader holistic perspective that models healthy lifestyle throughout all school events, all events on the school site and via outside speakers and guests and when rewarding children too. Bake sales and fun events that are used to support school and PTA funds and often include messages that do not align and consideration and clarity may be needed to ensure consistent messaging.	Thank you for your comment. Adopting a broader holistic perspective is covered in recs 1.6.1 and 1.6.9 which outlines the use of a whole school approach and considering the whole school environment.
Royal College of General Practitioners	Guideline	018	010	Rec 1.2.24 We are in agreement with this recommendation but the plight of CYP with cerebral palsy should be highlighted – exercise is more difficult, and obesity can predispose one to early osteoporosis, making rehabilitation more difficult and accidents more common.	Thank you for your comment. The committee considered this issue and agreed that cerebral palsy was covered by reference to special educational needs and disabilities.
Royal College of Paediatrics and Child Health	Guideline	018	010	(minimise sedentary activities during play time) our comment: #We consider the availability of digital devices as updated mobiles, eye pads and others, that became in the hand of babies and children, are real challenges resembling global pandemics with their adverse effects on the health generally and specially obesity, so this warranted an urgent and applicable global guidelines about this issue. #Statistics on childhood obesity collected by the World Health Organization lead one to conclude that the number	Thank you for your comment and for bringing this issue to our attention. The committee considered this issue but were unable to make a recommendation on internet addiction disorder as they have not considered the evidence base for this condition.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				of overweight or obese infants aged 0 to 5 years has increased from 32 million in 1990 to 41 million in 2016. This is currently projected to reach 60 million worldwide by 2035, and ensuring that our youngest follow the right diet may not be enough to prevent this from happening (6,7).. #the projection of increasingly excessive time spent online indoors [5] by increasingly younger children is likely to put their physical and psychological development and general health at risk, in both the short and long term. #Internet Addiction Disorder (IAD) is a disabling condition that calls for full consideration as it has a severe impact on young people's brain function. Internet addiction disorder (IAD), sometimes also called pathologic/problematic internet use (PIU), is widely defined in terms of an impulse control disorder characterized by uncontrolled Internet use (3, ,4)	
Manchester Foundation Trust	Guideline	018	010	The guidance is incredibly loose with no guidance about maximum time of sedentary activity or minimum amount of time for physical activities. There are no examples given of the type of activity that would be beneficial.	Thank you for your comment. This topic is outside the scope of this guideline update which cross references to the UK Chief Medical Officers' Physical Activity Guidelines.
Big Birthas	Guideline	018	010 - 021	While this is all laudable – it forgets that the current landscape is such that primary schools in particular regularly see it now as within their remit to lecture parents on the contents of lunchboxes – demanding parents NEVER provide 'unhealthy' snacks etc (by their definition) – and taking a very narrow view of what healthy eating looks like – while then, seemingly unironically, rewarding children with sweets, pizza parties and chocolates for things like	Thank you for your comment. The committee considered your feedback and agreed that the intent was not to be patronising and hypocritical but to provide guidance to support the prevention of overweight and obesity and its associated negative health consequences.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				good attendance and punctuality. This patronising and hypocritical approach should be addressed more clearly in this guidance.	
Betsi Cadwaladr University Health Board	Guideline	018	013	Consider inclusion of encouraging active lessons / lessons delivered outside and use of initiatives such as forest school	Thank you for your comment. The committee considered this issue and agreed that they did not have the evidence to make the suggested change to the recommendation.
Reed Wellbeing Ltd	Guideline	018	014	Adding the 'physical activity guidance for disabled children and young people', this isn't mentioned anywhere in the document. Please include a link. Physical activity guidelines: disabled children and disabled young people - GOV.UK (www.gov.uk).	Thank you for your comment. The recommendation (1.6.8) has been amended as suggested.
Public Health Wales	Guideline	018	016	1.2.24 The inclusion of the Early Years Statutory Framework is helpful but the guidance would be clearer and more applicable in the UK if parallel Welsh versions of documents were referenced at this point alongside the England documents. We have an agreement that all NICE guidelines and quality standards are available to use in Wales and their use is not mandatory (except for technology appraisal guidance). National Minimum Standards for Regulated Childcare for children up to the age of 12 years https://www.gov.wales/sites/default/files/publications/2023-05/national-minimum-standards-for-regulated-childcare_0.pdf .	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Reed Wellbeing Ltd	Guideline	018	018	Could you link this line to the links covered in 1.2.27. pg19 line 1 & 2 for clarity and consistency.	Thank you for your comment. A cross reference to the Department for Education school food standards has been included as a stand-alone recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Plymouth City Council Public Health	Guideline	018	018	A link to resources on healthy eating for EY settings would be useful here e.g. Eat-Better-Start-Better1.pdf (foundationyears.org.uk) or Example menus for early years settings in England - GOV.UK (www.gov.uk)	Thank you for your comment. The recommendation has been amended as suggested.
Betsi Cadwaladr University Health Board	Guideline	018	018	Could this be re-worded to be inclusive of food and drink provision	Thank you for your comment. The recommendation has been amended as suggested.
Betsi Cadwaladr University Health Board	Guideline	018	020 - 021	Could this be re-worded to include any individualised dietary needs (special diets)	Thank you for your comment. The recommendation has been amended as suggested.
Public Health Wales	Guideline	018	022	1.2.25 Additional clarity is needed with this point as this describes the outcome but not necessarily the detail or mechanisms to achieve this. This point may benefit from indicating the benefits of guidance to (e.g what is a healthy packed lunch), and policies (as referenced in 1.2.31) to support this. This may also benefit from consideration of data (collation and submission) for assurance. Affordability and food access may also need to be considered with this point. Procurement and the food supply chain can affect the range of foods offered so policies to support this may need to be considered, along with costs.	Thank you for your comment. Recommendation 1.6.3 and 1.6.6 outlines the relevant statutory documents and guidance. The other issues raised are outside the scope of this guideline update.
ABL Health	Guideline	018	022	We need to encourage schools to teach children about food and nutrition from an early age i.e. a balanced diet curriculum. This includes education on physical activity and	Thank you for your comment. The committee considered this issue and agreed that education about food and nutrition is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				why this is important. Guidance for schools about the importance of providing regular access to a wide variety of school-based activities would be important to embed these messages in order to empower young people to make healthier choices. This should be taught throughout i.e. early years education until the end of high school. Education on nutrition should include reading food labels and cooking skills.	
Reed Wellbeing Ltd	Guideline	018	023 - 024	It is clearly challenging for schools to fund catering choices that maintain high nutritional standards for budgetary reasons and for many young people to afford regular, healthy meals. Could some reference be made to increasing free school meals (FSM) uptake?	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Betsi Cadwaladr University Health Board	Guideline	018	027	Could this be reworded to include 'and have time to be active'	Thank you for your comment. The committee agreed that this rewording is not needed. The recommendation already acknowledges a range of factors such as promoting a range of activities, motivation and confidence to take part and understand the value of physical activity.
Public Health Wales	Guideline	018	028	1.2.26 The inclusion of the Early Years Foundation Stage Framework is helpful but the guidance would be clearer and more applicable in the UK if parallel Welsh versions of documents were referenced at this point alongside the England documents. As stated above, we have an agreement that all NICE guidelines and quality standards are available to use in Wales and their use is not mandatory (except for technology appraisal guidance). However acknowledgement of the parallel documents may help with clarity. https://www.gov.wales/sites/default/files/publications/2023-	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				05/national-minimum-standards-for-regulated-childcare_0.pdf	
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	018	028 - 030	1.2.26 – would the meals mentioned for the staff also need to be healthy. It would make sense if yes but it needs to be clarified further.	The recommendations assumes that staff will eat the same food as the children and young people outlined in rec 1.6.5.
Reed Wellbeing Ltd	Guideline	018	030	Could you link the 'early-years foundation stage statutory framework' Early years foundation stage (EYFS) statutory framework – GOV.UK (www.gov.uk)	The guideline has been amended to include this link.
Diabetes UK	Guideline	019	001	We support the inclusion of the need to implement the School Food Standards developed by DfE as they are an essential tool for schools to ensure children are developing healthy eating habits.	Thank you for your comment.
Public Health Wales	Guideline	019	001	1.2.27 The inclusion of the department of Education Food standards is helpful but the guidance would be clearer and more applicable in the UK if parallel Welsh versions of the documents were referenced at this print alongside the England reference. Healthy eating in maintained schools: https://www.gov.wales/sites/default/files/publications/2018-12/healthy-eating-in-maintained-schools-statutory-guidance-for-local-authorities-and-governing-bodies.pdf	NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Manchester Foundation Trust	Guideline	019	001	There needs to be a clear guideline in the type if physical exercise for children to be involved and also guideline and resources for the parents. Current guidance is 3 hours a day of active time for < 5 years.	Thank you for your comment. The committee considered this and agreed this is outside the scope of the guideline update. Rec 1.6.8 cross refers to current relevant guidelines on physical activity.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Betsi Cadwaladr University Health Board	Guideline	019	001- 002	Could the guidance acknowledge other relevant guidance specific to Wales https://www.gov.wales/food-and-nutrition-guidance-childcare-providers https://www.gov.wales/sites/default/files/publications/2018-12/healthy-eating-in-maintained-schools-statutory-guidance-for-local-authorities-and-governing-bodies.pdf	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Betsi Cadwaladr University Health Board	Guideline	019	001 - 011	Consider making reference to age appropriate needs / requirements	Thank you for your comment. The committee agreed that this detail was not needed in the recommendation. The recommendation already acknowledges a wide range of factors to take into account including the views of children and young people.
Royal College of Paediatrics and Child Health	Guideline	019	003	We add to that: the corner stone in management of obesity is screening for growth disorders as planned program since birth and children aged 6 years or older for obesity and offer or refer children with obesity to intensive weight management programs.(U.S preventive services Tasks force recommendation)	Thank you for your comment. The committee considered this issue and agreed that this is out of scope. This topic is covered in NICE guidance on Faltering growth: recognition and management of faltering growth in children NG75.
Diabetes UK	Guideline	019	003	We would recommend that children with medical conditions are explicitly mentioned to adapt activities for all children with SEND. Staff are often unsure on how to appropriately manage a child's condition, particularly a condition such as diabetes that is heavily affected by their diet and physical activity levels. To ensure they are not excluded and/or put at risk from any of the interventions, children with a medical condition should have an Individual Healthcare Plan (IHP). These are produced with the child's healthcare team to outline how the school can support the child. As a crucial aspect for a child's involvement and safety, we would	Thank you for your comment. The recommendation (1.6.7) has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				recommend a bullet point with the phrasing 'children that require special education needs and alternative provision, including children with medical conditions.	
Manchester Foundation Trust	Guideline	019	003	Please clarify where childminders and nurseries or childcare providers are meant to gather the evidence for school-based interventions from? This is a big ask without signposting.	Thank you for your comment. The recommendations do not require this to be undertaken by childminders and nurseries or childcare providers.
Health Equalities Group	Guideline	019	003	Rec 1.2.28: With regards to school-based interventions to prevent overweight and obesity, we would advocate for the inclusion of a reference to ensure the intervention does not stigmatise or alienate children living with obesity.	Thank you for your comment. Additions have been made throughout the guideline acknowledging the impact of weight stigma and highlighting the need to use non-stigmatising language and images.
Betsi Cadwaladr University Health Board	Guideline	019	003 - 011	Consider adding in application of language and terminology that promotes and protects the development of healthy relationships with food throughout school years. Has evidence on this matter been considered/ explored in the context of planning such interventions? (E.g. avoiding terms such as 'good' or 'bad' foods, and any activities that involve calorie counting/ monitoring etc.)	The committee considered this issue and agreed that education about food and nutrition is outside the scope of this guideline update.
Health Equalities Group	Guideline	019	012	Rec 1.2.29: We would also be keen to see a reference here to adapting activities for children living with obesity, and ensuring they are inclusive for all pupils.	Thank you for your comment. The recommendation (1.6.8) has been amended as suggested adding a link to the physical activity guideline – disabled children and disabled young people.
Reed Wellbeing Ltd	Guideline	019	020	Adding the 'physical activity guidance for disabled children and young people', this isn't mentioned anywhere in the document. Please include a link. Physical activity guidelines: disabled children and disabled young people – GOV.UK (www.gov.uk)	Thank you for your comment. The recommendation (1.6.8) has been amended as suggested adding a link to the physical activity guideline – disabled children and disabled young people.
Betsi Cadwaladr	Guideline	019	020	Consider adding in 'encourage wearing of active footwear to encourage activity throughout the day'	The committee considered this issue and agreed that this amendment was not necessary. The recommendation

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
University Health Board					already acknowledges a wide range of factors that schools should consider.
Big Birthas	Guideline	020	001 - 010	While this is all laudable – it forgets that the current landscape is such that primary schools in particular regularly see it now as within their remit to lecture parents on the contents of lunchboxes – demanding parents NEVER provide 'unhealthy' snacks etc (by their definition) – and taking a very narrow view of what healthy eating looks like – while then, seemingly unironically, rewarding children with sweets, pizza parties and chocolates for things like good attendance and punctuality. This patronising and hypocritical approach should be addressed more clearly in this guidance.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Public Health Wales	Guideline	020	002	1.2.30 While comments are not invited for this aspect of the consultation it may be helpful to add in a list of wider stakeholders including Head teachers, Chairs of Governors and/or Catering Providers work with Local Authority/Health Board/Public Health Organisations to enable sharing of routine data generated through provision of school meals to facilitate understanding of the impact of school food environments on children's health and wellbeing outcomes.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Health Equalities Group	Guideline	020	002	We are pleased to see a reference to policies including vending machines and food and drink brought into school, as we often hear these are two significant challenges schools face in promoting healthy eating in school. We would however like to see a reference to considering the wider environment surrounding the school, specifically in terms of access to less healthy food and drink i.e. corner	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				shops or fast food outlets as well as the advertising of less healthy food and drink near schools, and how this may have an impact on pupils.	
NHS England	Guideline	020	008	add 'for themselves or others' after 'the food and drink pupils bring into school'	Thank you for your comment. The recommendation (1.6.9) has been amended as suggested.
NHS England	Guideline	020	011	add 'including avoiding the use of food-based rewards / incentives'	Thank you for your comment. The recommendation (1.6.9) has been amended as suggested.
Leeds Beckett University - Obesity Institute	Guideline	020	014	Should this section include something on providing education and support to prevent weight stigma, bias and related bullying.	Thank you for your comment. The recommendation has been amended as suggested.
NHS England	Guideline	020	014	Add 'ensure that the impact of weight stigma is considered and mitigated against'	Thank you for your comment. The recommendation has been amended as suggested.
Public Health Wales	Guideline	020	020	1.2.33 While comments are not invited for this aspect of the consultation, updates should be considered. The first part of the sentence is unclear, does this mean these health professionals working in one business should support other businesses? Or these types of staff needing to become available more widely within individual workplaces? If the former, an explanatory sentence should be added to this paragraph to make this clear and the purpose of this recommendation, i.e. to provide support by larger businesses to smaller organisations that do not have in-house staff of their own focusing on health and wellbeing. This role can and is currently undertaken within larger organisations by a range of staff relevant to how individual	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				businesses are structured (e.g health and wellbeing teams). As worded, there is a presumption of a more medical model of delivery of workplace health and wellbeing programmes (i.e. by emphasising occupational health first) which does not reflect the reality in many businesses. Occupational health is not the only possible model to achieve this and should not be promoted over and above other workplace health models. In addition, 'public health practitioners' is a term that is used widely within the discipline/profession of Public Health, and does not generally mean an individual directly working for an employer to provide health and wellbeing support to the workforce. The second sentence could be reworded to reflect the above comments about a lack of emphasis on how organisations currently structure their health and wellbeing activity and also terminology, e.g. Those workplaces with health and wellbeing practitioners should establish partnerships with local business to support the implementation of workplace programmes to prevent and manage overweight and obesity. However, this raises the question about whether this is a role that larger organisations would want to take on, and what added value there is to them, and as this impacts on the mechanisms, capacity and funding available to enable this recommendation to be enacted. In addition, this paragraph does not take account of local authority level public health programmes already being run (by some local authorities) in England or national level	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				public health programmes being run by NHS trusts in Wales (Public Health Wales) and Scotland (Public Health Scotland). The first part of this recommendation should articulate the value of public health programmes where they exist in supporting businesses at local, regional or national level to support the implementation of workplace programmes to prevent and manage overweight and obesity. These programmes provide relevant expertise and, given they are already in place and working with employers, should be promoted (and where necessary specifically funded to take on a more active role with employers in relation to obesity and overweight) as a more cost-effective focus for supporting employers in implementing workplace programmes to prevent and manage overweight and obesity. As an example, in Wales there are plans to develop work in this area to support implementation of Welsh Government's Healthy Weight Healthy Wales strategy over time.	
Health Equalities Group	Guideline	020	020	Any workplace health initiative or intervention should ensure this is delivered in a non-stigmatising way to employees. Settings could also consider adopting a policy on weight stigma to help address weight bias and stigmatisation that is often found within the workplace, in addition to workplace health initiatives.	Thank you for your comment. The committee considered this issue and agreed that the delivery of workplace health initiatives to help address weight stigma was outside the scope of this guideline update.
NHS England	Guideline	020	023	Add 'This includes initiatives to reduce weight stigma e.g. within communications'	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Public Health Wales	Guideline	020	029	1.2.34 Although not requesting comment on this section, it is suggested that 'integrated care systems' (ICSs) (which refer to a model in England and not across the UK) is rephrased to 'local/ regional strategic partnerships' instead to support alignment and wider adoption of this guidance. Examples could then be given of ICSs in England, Regional Partnership Boards (RPBs)/ Public service Boards in Wales (PSBs) in Wales, etc.	Thank you for your comment. The recommendation (1.7.2) has been amended as suggested.
NHS Gloucestershire ICB	Guideline	021	001 - 016	Would like to see this section acknowledge the evidence of a link between workplace stress and obesity and the importance of policies, practices and support to prevent and manage workplace stress	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Department for Health and Social Care	Guideline	021	005 - 006	Refer to the 'former Public Health England' (or similar) in relation to Public Health England guidance on healthier and more sustainable catering https://www.gov.uk/government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-food-to-adults.	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
Nursing, Midwifery and Allied Health Professions Research Unit (Univeristy of Stirling)	Guideline	021	017	Rec 1.2.36 The overall recommendations to encourage healthy workplaces are of value. However, of specific note recommendation 1.2.36 is the only mention of incentives that have a financial value in the entire guidance document. There is the potential for health inequalities implicit in this recommendation - namely that people in work are likely to be healthier, more advantaged, have lower levels of disability, multiple long-term conditions and mental health problems when compared to people who are not in work.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Bradford Metropolitan District Council – Public Health	Guideline	022	001	1.3.2 - Discussion, communication and follow-up. It is mentioned later about the sensitivities that may make it more difficult to talk about weight from the professionals perspective. So as this section is first and about communication It may be better to include something here. E.g add a bullet point to - Before discussing overweight, obesity or central adiposity, take into account: * Your own feelings and sensitivities about weight whilst still feeling able to ask the question 'would you like to talk about weight' and obtaining and utilising motivational skills training.	Thank you for your comment. The committee considered this and agreed to amend the recommendation (1.1.2) as suggested.
Leeds Beckett University - Obesity Institute	Guideline	022	003	This must include emotional and disordered eating – given it is such a huge concern for many patients and represent a large proportion of those seeking weight management support	Thank you for your comment. We agree that eating disorders are an important context for overweight and obesity, so we have added this to the list.
Health Equalities Group	Guideline	022	005	Rec 1.3.1: We are very pleased to see the recommendation that the wider determinants of healthy weight should be considered before and during conversations as a general principle. However, there is evidence to suggest that many healthcare professionals hold negative and bias attitudes towards people living with obesity, believing it to be down to a lack of willpower and have little understanding of the wider drivers. Greater training and awareness of the complexities of obesity across healthcare professionals is essential if this recommendation is to be fully adhered to. Reference: Phelan SM, Burgess DJ, Yeazel MW, Hellerstedt WL, Griffin JM, van Ryn M. Impact of weight bias and stigma on quality of care and outcomes for	Thank you for your comment. We agree that training would be beneficial, however training is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				patients with obesity. Obes Rev. 2015 Apr;16(4):319-26. doi: 10.1111/obr.12266. Epub 2015 Mar 5. PMID: 25752756; PMCID: PMC4381543.	
Diabetes UK	Guideline	022	006	We welcome this recommendation. Diabetes UK have recently released our Tackling Inequalities Commission Report that provides essential insight and recommendations, for organisations and individuals including healthcare professionals, on how to support those most at risk of inequality in diabetes, particularly those experiencing deprivation and those from Black and South Asian communities. These findings can be applied beyond diabetes care across the NHS and other organisations. Linking to this and other resources can support healthcare professionals and health services to address these wider determinants of health. Tackling Inequalities Commission Report: 366_Tackling_Inequality_Commission_Report_DIGITAL (1).pdf (amazonaws.com)	Thank you for your comment and for highlighting this report.
Public Health Wales	Guideline	022	006	1.3.1 In terms of discussions, the points raised are valid but it is not clear who this applies to. There are many members of the healthcare team who may initiate a discussion. This needs to consider who, how and when the issue is raised (this is mentioned later in the document but consistency and clarity is needed). There are likely to be time and cost implications associated with training for developing capability within the workforce.	Thank you for your comment. This recommendation applies to all healthcare professionals. The guideline has acknowledged the potential need of new resources in the rationale and impact session.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Royal College of General Practitioners	Guideline	022	006	Rec 1.3.1 We are concerned that these principles omit lifestyle determinants such as sleep quality, shift work, mental wellbeing, use of tobacco and alcohol and social isolation. The association of poor sleep quality with obesity has not been mentioned in the entire guideline-There is significant literature in this field (e.g. Chaput, Jean-Philippe, et al. "The role of insufficient sleep and circadian misalignment in obesity." Nature Reviews Endocrinology 19.2 (2023): 82-97.) Furthermore, In the management of CYP mention should be made of those CYP whose obesity reflects and in turn promotes their low mood. As a result of organic depression, social circumstances and /or adverse childhood experiences they suffer low mood and their excessive eating becomes a form of self-harm. Isolation from peers promotes their low mood. The increased loading of their joints and increased joint and connective tissue stress causes no complications but the obesity can result in poor coordination, poor balance, poor gait, pes planus and lower limb pain which makes exercise more difficult, especially if initiated with peers. Additionally, to avoid confusion "learning disability" could be added as an additional bullet point. Furthermore, included in "wider determinants" should be "consider syndromic origins of obesity especially in patients with learning disability".	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Kent County Council	Guideline	022	006 – 008	It is excellent to consider the wider determinants, medications that may increase body weight and the need for medication review to be considered.	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS Gloucestershire ICB	Guideline	022	006 - 026	Would like to see this section headed with the importance of taking a 'compassionate approach to weight' e.g. as adopted by Doncaster, Plymouth.	Thank you for your comment. The committee considered this and agreed that this amendment was not required due to a lack of consensus amongst the overweight and obesity management community on this issue.
Beat	Guideline	022	006 - 026	Recommendation 1.3.1 refers to factors to consider within the wider context of a patient's life before or during any discussions. We recommend adding that it is also crucial to consider that patients may be presenting with current or previous eating disorder (which may or not be disclosed), and being aware of this to ensure the right services are involved is crucial.	Thank you for your comment. We agree that eating disorders are an important context for overweight and obesity, so we have added this to the list.
Reed Wellbeing Ltd	Guideline	022	009	We agree with the listed wider determinants and would suggesting adding life events i.e., Pregnancy, Menopause, Retirement.	Thank you for your comment. The committee agreed that life events can be determinants of overweight and obesity, so we have added this to the list in relation to personal circumstances.
Department for Health and Social Care	Guideline	022	009 - 026	Under 1.3.1. 'Discussion, communication and follow-up' consider including the following determinants of overweight and obesity: employment status and working conditions (for example shift work pattern), level of health literacy, cooking skills, available cooking equipment and facilities, area of residence with regards to availability of food (urban/rural, food desert, density of hot food takeaways in the area, easy access to healthy and affordable food)	Thank you for your comments. The issues you've raised were outside the scope of this guideline update.
Manchester Foundation Trust	Guideline	022	018	Experiences of stigma should feature higher up on this list of principles.	Thank you for your comment. The order of items in this list does not signify importance or hierarchy, so no changes have been made.
Department for Health	Guideline	022	019 - 020	Under 1.3.1. 'Discussion, communication and follow-up' consider including or highlighting eating disorders, for example in the 'psychosocial considerations (for example,	Thank you for your comment. We agree that eating disorders are an important context for overweight and obesity, so we have added this to the list.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
and Social Care				depression, anxiety or sense of self-esteem or self-perception)' determinant.	
Association of Clinical Psychologists UK	Guideline	022	022	Neurodevelopmental disorders needs to include: sensory processing issues (including ARFID) and referral to a specialist service if there are nutritional concerns. Reference to More-than-words-supporting-effective-communication-with-autistic-people-in-health-care-settings-3.pdf (england.nhs.uk) for guidance for health professionals and neurodiversity	Thank you for your comment. We have added this to the definition of neurodevelopmental disorders provided in the glossary of terms.
BDA Obesity Specialist Committee	Guideline	022	022 - 023	It is good to see the inclusion of the wider determinants including neurodevelopmental conditions and special educational needs and disabilities (SEND)	Thank you for your comment.
Association of Clinical Psychologists UK	Guideline	022	024	Previous history of an eating disorder	Thank you for your comment. We agree that eating disorders are an important context for overweight and obesity, so we have added this to the list.
Slimming World	Guideline	022	General	section 1.3 - We are pleased to see this section added and it is good that consideration is being given for the vital importance of conversations around weight being managed sensitively and considering the individual and their wants and needs. Slimming World understands the huge difference that managing conversations sensitively can make to a person's weight management journey. Anecdotal evidence from or members suggests that many have been shamed previously and this has had a real impact on their self-esteem and motivation. Slimming World avoids the use of stigmatising language and refers to the health benefits of	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				being a healthier weight throughout materials and would be happy to provide more information on this.	
Public Health Wales	Guideline	023	001	1.3.2 In terms of discussions, the points raised are valid but it is not clear who this applies to. There are many members of the healthcare team who may discuss overweight, obesity or central adiposity. This needs to consider who, how and when the issue is raised (this is mentioned later in the document but consistency and clarity is needed). There may be time and cost implications for training for health teams.	Thank you for your comment. This recommendation applies to all healthcare professionals. We acknowledged the potential need for new resources in the rationale and impact section.
Manchester Foundation Trust	Guideline	023	001	There is a list things to take into account before having a discussion however the actual language and content of language useful discussions in not mentioned. Encouragement to avoid stigmatising language with examples or a signpost should be included. This is tackled in 1.3.5. but the preparatory work section should include this.	Thank you for your comment. Recommendation 1.1.1 focuses on the wider determinants and the context of overweight and obesity rather than how overweight and obesity is discussed. Recommendation 1.1.4 and 1.1.5 focus on how overweight and obesity are discussed and includes avoiding stigmatising language, therefore no further changes have been made.
Department for Health and Social Care	Guideline	023	001 – 007	Under 1.3.2, we agree with the importance of reducing stigma and recognise the feedback that informed these changes. Although, we feel that this recommendation could discourage practitioners from following the Making Every Contact Count approach (very brief interventions). Please consider highlighting the importance of having conversations about weight, whilst also emphasising the need to do this in a sensitive manner and in appropriate contexts.	Thank you for your comment. This recommendation (1.1.2) has been amended to take these considerations into account.
NHS Gloucestershire ICB	Guideline	023	001 - 007	Would like to see added 'that the individual might have made many attempts to lose weight before, and as a result may have low self-efficacy'	Thank you for your comment. The committee considered your suggestion but decided not to include self-efficacy because this could imply blame.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
BDA Obesity Specialist Committee	Guideline	023	001 - 030	It is good that the healthcare professional is reminded of the need to consider whether the timing of the discussion is appropriate, the use of appropriate language and respect for the person's decision	Thank you for your comment.
BDA Obesity Specialist Committee	Guideline	023	002	It is welcomed that overweight and central adiposity are also included although currently there are limited referral opportunities available to support adults living with overweight or central adiposity without obesity. We would encourage there to be more support for these adults in the attempt to prevent obesity.	Thank you for your comment.
NHS Gloucestershire ICB	Guideline	023	003 - 005	How will HCPs/ people working with an individual know when it is appropriate or important to discuss weight and take measurements? This section would benefit from recommending tools to assess 'readiness' to support a consistent approach.	Thank you for your comment. Guidance on training requirements is not within the remit of NICE guidelines. Section 1.9 and 1.10 of the guideline has recommendations on when to take measurements in adults and children and young people. This includes asking permission and ensuring discussions are sensitive and non-judgemental. This guideline document has cross referenced to Public Health England's let's talk about weight resources which provides practical advice and tools to support health and care professionals Adult weight management: short conversations with patients - GOV.UK

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					Child weight management: short conversations with families - GOV.UK NICE has also produced a visual summary which provides an overview of the principles of care on discussion, communication and follow up.
Diabetes UK	Guideline	023	006	We welcome this comment highlighting the burden for patients who have repeated discussions around their weight. We would suggest the addition of wording highlighting the need for healthcare professionals to explain to the patient why it is important to discuss weight and that it is a medical condition and not to do with them as a person.	Thank you for your comment. The committee considered this suggestion but decided that it is already covered by recommendation 1.1.5 which encourages focusing on improvements in health and wellbeing rather than simply talking about weight.
Public Health Wales	Guideline	023	010	1.3.2 Considering vulnerability of young people to eating disorders is helpful, however the second part of this statement suggests that weight measurement has a negative impact on young people. It may be helpful to separate this comment from the weight measurement as the overall wellbeing, mental health and vulnerability should be considered as part of care. It may then be helpful to consider positive approaches for routine weight measurement as a separate point.	Thank you for your comment. The committee discussed measuring young people who may have a vulnerability to eating disorders and felt it was an important risk to highlight in this recommendation. It is further addressed throughout the guideline, with greater emphasis now put on wellbeing, mental health, and disordered eating.
Beat	Guideline	023	010 - 011	This section recommends thinking about the vulnerability of young people to eating disorders, and the impact of measuring their weight. Eating disorders can affect anyone at any age, and we recommend expanding this so it	Thank you for your comment. The committee agreed that eating disorders can affect anyone at any age, so have amended the guideline to reflect this.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				includes adults. It should be discussed with patients, and regularly reviewed.	
NHS England	Guideline	023	016	Add 'ask permission and' [respect the person's choice]	Thank you for your comment. The guideline has been amended as suggested.
NHS England	Guideline	023	020	Discussion outcome should be recorded to ensure that subsequent professionals are aware that the matter has been raised, the person's views and any actions already taken.	Thank you for your comment. The guideline has been amended as suggested.
Hywel Dda University Health Board	Guideline	023	021	Need to consider child's relationship with their body and with food – focus should be on health and strengths rather than weight	Thank you for your comment.
Leeds Beckett University - Obesity Institute	Guideline	023	021	Can we include health AND wellbeing in conversations as wellbeing is something that patients often mention.	Thank you for your comment. The guideline has been amended as suggested.
NHS England	Guideline	023	021	Discussions about weight loss may be better received as a part of a health check conversation, an offer of such a conversation may be an alternative to seeking permission to discuss weight in primary care recognising that an adequate conversation is likely take longer than the allocated consult time (if weight loss was not the presenting issue). Also, that in the context of a pressured primary healthcare environment, utilising other members of the healthcare team may be more appropriate to undertake weight loss discussions.	Thank you for your comment. The use of health checks as an opportunity to discuss weight loss is covered in recs 1.9.3 and 1.10.4.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Health Equalities Group	Guideline	023	021	Rec 1.3.4: We are very pleased to see the recommendation that all discussions relating to weight should be conducted in a sensitive, non-judgemental and person-centred way. However, there is evidence that professionals working with children, families and adults lack confidence on talking about weight with patients, and also struggle with signposting to relevant local support. Over the last two years, Food Active have been delivering the Why Weight to Talk? Training programme. Initially commissioned by Cheshire West and Chester Council, the programme is now being rolled out across 4 other local authorities across Cheshire and Merseyside as part of the Children and Young People's Transformation Programme (Beyond) and last year alone was delivered to 200 practitioners last year including staff from the 0-19 service, GPs, social prescribers, and health visitors. Evaluation from the training suggests increasing practitioners' knowledge and confidence as well as confidence to engage and refer children and families into support services where appropriate. For more information, please visit: https://foodactive.org.uk/wp-content/uploads/2023/09/2023-CWaC-Why-weight-to-talk-Project-Evaluation.pdf	Thank you for your comment and for bringing this training programme to our attention. Guidance on training requirements is not within the remit of NICE guidelines. This guideline document has cross referenced to Public Health England's let's talk about weight resources which provides practical advice and tools to support health and care professionals Adult weight management: short conversations with patients - GOV.UK Child weight management: short conversations with families - GOV.UK NICE has also produced a visual summary which provides an overview of the principles of care on discussion, communication and follow up. .

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS Gloucestershire ICB	Guideline	023	021 - 030	We welcome the inclusion of this recommendation, which align to taking a compassionate approach to weight. Would suggest adding a recommendation to consider referring to services as 'healthy weight services' rather than obesity services	Thank you for your comment. The committee agreed that this suggested change to 'healthy weight services' was not appropriate. This guideline was formerly titled weight management, but the committee decided to change this to overweight and obesity management. They agreed that overweight and obesity are clinical conditions which are appropriate for a clinical guideline on management, whereas high body weight is a symptom of these conditions rather than an issue itself. Similarly weight management is one approach, among many options, for managing overweight or obesity.
Association of Clinical Psychologists UK	Guideline	023	023 - 024	Collaboratively identify what the person's primary concerns are eg being overweight may prevent them playing football and so the goal may be to play more football and in order to that a secondary goal is to achieve a healthier weight.	Thank you for your comment. The committee agreed that this was not appropriate as the recommendation already refers to the need to take into account the person's thoughts, views and cultural, religious or spiritual beliefs about overweight and obesity management.
Betsi Cadwaladr University Health Board	Guideline	023	024	Weight history should also be considered	Thank you for your comment. The guideline has been amended as suggested.
Association of Clinical Psychologists UK	Guideline	023	028	Focusing on what the person values and if they value 'being healthy' – pull a list together of all the things they could do to become 'healthier'	Thank you for your comment. The committee agreed that this was not appropriate.
The Royal Borough of	Guideline	023	028 - 030	Really important point, should this then go on to state that there should be focus on keeping active in multiple different	Thank you for your comment. The committee agreed that this was not appropriate.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Windsor and Maidenhead Public Health Team				formats e.g. discussion around taking the stairs instead of lift, walking to the appointment instead of driving.	
UK Society for Behavioural Medicine	Guideline	024	001	Perhaps "staying positive, supportive and solution-focused" would fit better with known techniques /terminology (i.e., solution-focused therapy) and would also be clearer linguistically?	Thank you for your comment. The committee agreed that this was not appropriate.
Reed Wellbeing Ltd	Guideline	024	003	Could you be more specific about what 'taking into account the person's thoughts, views and cultural, religious or spiritual beliefs' might look like, could this consider how approaches might differ for different groups – specific examples would add value.	Thank you for your comment. The committee considered this issue and agreed that it is difficult to add further detail as this is based on an individual approach.
Plymouth City Council Public Health	Guideline	024	005	May be better to use 'behaviour change' instead of weight loss as it is the behaviours that lead to positive health that are important	Thank you for your comment. The committee agreed that the behaviours that lead to positive health are important, however this recommendation is to highlight that there are factors outside of a person's control that can restrict weight loss regardless of behaviour or other health improvements.
Betsi Cadwaladr University Health Board	Guideline	024	008	Weight history should also be taken into account	Thank you for your comment. The guideline has been amended as suggested
The Royal Borough of Windsor	Guideline	024	008 - 010	For children and young people, using accurate facts and figures, for example growth charts, to visually demonstrate their weight. I think this is good and It gets CYP	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
and Maidenhead Public Health Team				understanding their weight and why they may weigh different amounts.	
UK Society for Behavioural Medicine	Guideline	024	009	Perhaps "to visually demonstrate their weight in relation to the norm for their age/gender"? Invoking social norms is a recognised motivational technique (e.g. it is widely used in "nudge theory" interventions).	Thank you for your comment. The guideline has been amended to include a reference to BMI centile which takes into account age and gender.
NHS England	Guideline	024	009	add 'and body mass index'	Thank you for your comment. The guideline has been amended as suggested.
Leeds Beckett University - Obesity Institute	Guideline	024	011	Would it be useful to include reference to ECPO image bank too? https://ecpomedia.org/image-bank/	Thank you for your comment. The guideline has been amended to include a reference to obesity image banks.
Royal College of General Practitioners	Guideline	024	011	Rec 1.3.5 We agree with this recommendation but should also include a link to Easy Read literature with either simple vocabulary or pictures only.	Thank you for your comment. Additions have been made throughout the guideline acknowledging the impact of weight stigma and highlighting the need to use non-stigmatising language and images.
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	024	011 - 014	1.3.5 'Ensure that all written, visual and verbal communications with 12 people living with overweight and obesity use non-stigmatising 13 language and images'. This is very important and will hopefully improve the proportions of people attending services to support their healthy weight goals.	Thank you for your comment. Additions have been made throughout the guideline acknowledging the impact of weight stigma and highlighting the need to use non-stigmatising language and images.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS Gloucestershire ICB	Guideline	024	011 - 019	Talking to your child about weight (bath.ac.uk) this resource by the University of Bath and BDA has a place in supporting encouraging conversations among CYP, parents and carers – the guidelines would benefit from considering more local (non-national) resources, such as this.	Thank you for your comment. NICE encourage NHS trusts to disseminate local resources to supplement the national resources in this guideline
BDA Obesity Specialist Committee	Guideline	024	011 - 019	In the resources, it would be helpful to include links to obesity image banks such as those provided by ECPO and WOF so that appropriate images can be used.	Thank you for your comment. The guideline has been amended to include a reference to obesity image banks.
Public Health Wales	Guideline	024	015	1.3.5 This is an England, English language reference, given the focus on language are there alternate language versions available. There may be a cost to making this available more widely.	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department for Health and Social Care	Guideline	024	015 – 020	Consider linking to OHID's Healthy Weight Coaching e-learning https://www.gov.uk/government/publications/healthy-weight-coach-elearning-programme-for-primary-care-networks-healthcare-practices-and-pharmacies which is a useful resource to help upskill the workforce to have sensitive conversations about weight and health with adults. Consider adding guidance specifically for talking to parents about child weight, for example these produced by University of Bath or NCMP guidance: https://www.bath.ac.uk/projects/promoting-positive-conversations-between-parents-and-children-about-weight/ https://www.bath.ac.uk/publications/talking-to-your-child-	Thank you for your comment. A cross reference to the NCMP documents has been added.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				about-weight-a-guide-for-parents-and-caregivers-of-children-aged-4-11-years/ NCMP: a conversation framework for talking to parents (for delivery teams e.g. school nurses) https://www.gov.uk/government/publications/national-child-measurement-programme-conversation-framework. This content is relevant for discussions about weight outside of the NCMP	
Department for Health and Social Care	Guideline	024	016	Refer to the 'former Public Health England' (or similar) in relation to Public Health England guidance Public Health England's let's talk about weight'.	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
Public Health Wales	Guideline	024	016	1.3.5 This is an England, English language reference, given the focus on language are there alternate language versions available. There may be a cost to making this available more widely.	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Betsi Cadwaladr University Health Board	Guideline	024	017	Suggest adding the word 'many' so 'a focus for many' children…..Weight maintenance, although initially the correct goal for all children living with obesity is not sufficient for all. For example a 14 year old weighing 175kg really does need to aim long term for weight loss. Adding this word will just clarify that maintenance, although a great starting point, is insufficient for some.	Thank you for your comment. The guideline has been amended as suggested.
Public Health Wales	Guideline	024	019	1.3.5 Invalid link.	Thank you for your comment. This link has now been fixed.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Department for Health and Social Care	Guideline	024	019	Hyperlink not working to Obesity UK Language Matters. Advice checking with EASO and Obesity UK. Consider replacing with this resource https://cdn.easo.org/wp-content/uploads/2020/07/31073423/Obesity-Language-Matters-_FINAL.pdf	Thank you for your comment. The link provided does not link to this document. We are struggling to find a link to this document.
Xyla Health & Wellbeing	Guideline	024	019	The link to the document suggested does not work.	Thank you for your comment. We no longer link to this document within the guideline.
Perspectum	Guideline	024	020	Recommendation 1.3.5 In individuals living with obesity or overweight, images are considered by both patients and clinicians as most conducive to communicating health outcomes and risk of poor health outcomes (1). We propose that resources for communications should include: visual images/reports of organ health derived from imaging techniques. These imaging techniques may include magnetic resonance imaging (MRI), as exemplified by the highly visual reports of an individual's liver colour-coded to provide immediate understanding of organ health from cT1, provided using a UKCA-cleared medical software, LiverMultiScan. Liver cT1 (iron corrected T1) is a non-invasive biomarker of liver disease activity that predicts both liver and cardiovascular disease events (2,3) and can accurately assess change in liver tissue characteristics even over a short timeframe (4). Based on semi-structured interviews with 101 individuals the LiverMultiScan visual report contributed to better patient experience and	Thank you for your comment. The committee considered this issue and agreed that they haven't considered the evidence base for the inclusion of body composition by MRI. Therefore we are unable to make your suggested addition.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				increased comprehension of liver disease (5). Liver cT1 can provide a panoramic view of the whole liver's disease activity, equivalent to a "virtual biopsy" (6). This is particularly pertinent to individuals living with obesity and type 2 diabetes where liver biochemistry and liver function tests are often normal, despite poor underlying organ health (as shown in the UK Biobank and from a prospective study of such individuals (7-9). Similarly, individuals living with obesity whose management includes bariatric surgery, are still at risk of liver-related outcomes, despite surgery. Higher risk patients (i.e. those with pre-operative liver cirrhosis) have a higher incidence of immediate post-operative complications after bariatric surgery, including acute hepatitis (10). Again, despite complications, liver biochemistry and liver function tests are frequently normal in follow up. Liver cT1 therefore is an essential follow-up assessment to ascertain whether a patient is likely to require an involved management strategy, such as total parenteral nutrition (TPN). Liver cT1's high reproducibility and repeatability (11) make it an appropriate biomarker to quantify change over time, including specifically in individuals undergoing bariatric surgery (12) or management by diet (13). Complications in more organs affected by overweight or obesity (heart, lungs, kidneys, liver, spleen, pancreas) can be monitored by MRI measures of organ fat and fibroinflammation, thus enabling comprehensive characterisation of individuals living with overweight or	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				obesity, and allocation of appropriate treatment strategy (9, 14-16). For these, again, highly visual reports are available with UKCA-cleared medical software, CoverScan, and abnormalities can be seen even when routine biomarkers are in normal ranges, for the multi-system conditions of type 2 diabetes and long COVID (9,14,16). References Hollands et al. (2022). Visualising health risks with medical imaging for changing recipients' health behaviours and risk factors: Systematic review with meta-analysis. PLoS Med.; 19(3):e1003920. Jayaswal et al. (2020). Prognostic value of multiparametric magnetic resonance imaging, transient elastography and blood-based fibrosis markers in patients with chronic liver disease. Liver International; 40(12), 3071-3082. Roca-Fernandez et al. (2023). Liver disease is a significant risk factor for cardiovascular outcomes - A UK Biobank study. J Hepatol.; 79(5):1085-1095. Harrison et al. (2020). NGM282 improves liver fibrosis and histology in 12 weeks in patients with nonalcolohic steatohepatitis. J Hepatol; 71(4), 1198-1212. McKay et al. (2021). Patient understanding and experience of non-invasive imaging diagnostic techniques and the liver patient pathway. J Patient Rep Outcomes; 5(1):89.	Thank you for providing these references however these are outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Muratori et al. (2023) Diagnosis and management of autoimmune hepatitis. BMJ, 380, e070201 Waddell et al. (2022). Greater ectopic fat deposition and liver fibroinflammation and lower skeletal muscle mass in people with type 2 diabetes. Obesity (Silver Spring); 30(6):1231-1238. Eichert et al (2022). High Prevalence of Multiorgan Steatosis and Fibroinflammation, Identified by Multiparametric Magnetic Resonance Imaging, in People with Type 2 Diabetes. Diabetes; 71(Supplement_1):60-OR. Diamond et al. (2023). Quantitative imaging shows clustering of multi-organ damage in individuals living with type 2 diabetes: a real-world, multicenter, observational study. Submitted to: Diabetes. Van Golen et al. (2022). Acute liver injury and acute liver failure following bariatric surgery. Case Reports in Gastroenterology; 16(1), 240-246. Bachtiar et al. (2019). Repeatability and reproducibility of multiparametric magnetic resonance imaging of the liver. PLoS One, 14(4), e0214921. Tan et al. (2023). Multiparametric magnetic resonance imaging and magnetic resonance elastography to evaluate the early effects of bariatric surgery on non-alcoholic liver	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				disease. International Journal of Biomedical Imaging; 2023:4228321. Koutoukidis et al. (2023). A low-energy total diet replacement program demonstrates a favorable safety profile and improves liver disease severity in nonalcoholic steatohepatitis. Obesity (Silver Spring); 31(7):1767-1778. Dennis et al (2023). Multi-organ impairment and long COVID: a 1-year prospective, longitudinal cohort study. J R Soc Med.;116(3):97-112. C-MORE/PHOSP-COVID Collaborative Group (2023). Multiorgan MRI findings after hospitalisation with COVID-19 in the UK (C-MORE): a prospective, multicentre, observational cohort study. Lancet Respir Med. 11(11):1003-1019. Forshaw et al. (2022). STIMULATE-ICP Consortium. STIMULATE-ICP-Delphi (Symptoms, Trajectory, Inequalities and Management: Understanding Long-COVID to Address and Transform Existing Integrated Care Pathways Delphi): Study protocol. PLoS One.;17(11):e0277936.	
Betsi Cadwaladr University Health Board	Guideline	024	020	It would be useful to add 'Further guidance and non-stigmatising images are available at Language guidelines and image banks | World Obesity Federation'	Thank you for your comment. The guideline has been amended to include a reference to obesity image banks

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
British Academy of Childhood Disability (BACD)	Guideline	025	004	Rec 1.3.8 – Suggest adding the BACD Weigh to Go! initiative to this section, to ensure that children and young people with disabilities can also have their weight and height assessed: In 2018, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) published its Each and Every Need report which identified that weight and height were not recorded in all children and young people (CYP). One of the key recommendations is that: "patients with neurodisabling conditions should have their weight and nutritional status considered at every healthcare encounter, and assessed and recorded based on clinical need." Weigh to Go! is a BACD initiative raising awareness of the need to weigh and measure all children and young people regularly, including those who are vulnerable, physically disabled, and neurodevelopmentally diverse, to ensure: they get the right amount of medication they are healthy and growing well However, not all UK healthcare providers and environments have the facilities, resources, or skills to accurately weigh and measure children and young people. Whilst BACD acknowledges that it is not always clinically appropriate to weigh and measure every child and young person on every visit (e.g. if their growth is being monitored elsewhere, or if they have very frequent assessments) it	Thank you for your comment. The committee considered this issue and agreed this recommendation is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				believes it is unacceptable that weight and nutritional status should not be considered and recorded during every encounter, and that all child and young person health services should be able to offer the facility to record weight and height for all children and young people. We invite all UK healthcare providers to: sign up to Weigh to Go! with a commitment to ensure all children and young people are weighed and measured regularly and be your organisation's nominated Weigh to Go! champion ensure that clinics have appropriate facilities and that staff have the right skills undertake an annual audit We would be grateful if this guideline could refer to BACD Weigh to Go! to ensure that reasonable adjustments are made to ensure healthy weights are achieved for children and young people with disabilities and/or neurodevelopmental diversity and those who are clinically vulnerable. More information can also be found here: Weigh to Go! | British Academy of Childhood Disability (bacdis.org.uk)	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Department for Health and Social Care	Guideline	025	006 – 007	Refer to the 'former Public Health England' (or similar) in relation to Public Health England weight management interventions: standard evaluation framework.	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
Leeds Beckett University - Obesity Institute	Guideline	025	017	Should there be an explicit recommendation to address Adverse Childhood Experiences, and considering a trauma informed approach (although this is applicable to both adults and children).	Thank you for your comment. The committee considered this but agreed this is outside the scope of this guideline update The NICE looked after children and young people guideline NG205 has made a number of recommendations on trauma informed training, building expertise about trauma and improving awareness of the impact of trauma.
Public Health Wales	Guideline	025	022	1.3.11 This statement needs to be linked to the specific advice about behavioural change and the support and help offered to families as this is not clear.	Thank you for your comment. The committee agreed that a cross reference is not needed.
Public Health Wales	Guideline	025	025	1.2.34 While this area is not included within the consultation this may benefit from an update. It would be helpful if the second sentence of this recommendation was reworded to reflect countries other than England, e.g. Collaborate with key bodies, such as integrated care systems, local authorities and health boards, to ensure that action is in line with the local/national overweight and obesity strategy (as relevant).	Thank you for your comment. The committee considered this but agreed this is outside the scope of this guideline update
Reed Wellbeing Ltd	Guideline	026	001	The language needs to be consistent between this point and the rationale. In this line, it states under 12-year-old and the rational states around 12 years old. Under 12 seems more definitive and is consistent with Gillick Competence.	Thank you for your comment. The reason the rationale states that around 12 years is the appropriate age rather than exactly 12 years is to acknowledge that this differs between individuals. For the recommendation itself, the

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					committee used under 12 to be consistent with Gillick competence.
Royal College of General Practitioners	Guideline	026	004	Rec 1.3.12 Referral to CAMHS should be mentioned here alongside mentioning those CYP whose obesity reflects and in turn promotes their low mood. As a result of organic depression, social circumstances and /or adverse childhood experiences they suffer low mood and their excessive eating becomes a form of self-harm. Isolation from peers promotes their low mood. The increased loading of their joints and increased joint and connective tissue stress cause no complications but the obesity can result in poor coordination, poor balance, poor gait, pes planus and lower limb pain which makes exercise more difficult especially if initiated with peers.	Thank you for your comment. The committee considered this issue and have made an addition to the recommendation (1.2.4) suggesting a referral to emotional health and wellbeing support and services.
NHS Gloucestershire ICB	Guideline	026	004 - 014	It would be helpful here to emphasise the need for national / locally adapted guidance regarding obesity and safeguarding	Thank you for your comment. The committee considered this but agreed this is outside the scope of this guideline update. The rationale and impact section of the guideline notes - the committee discussed situations in which weight or weight-related comorbidities posed a risk to the child or young person's health that would become a safeguarding concern if not addressed. They agreed that guidance was needed to assist with making decisions that balance the need for person-centred care that respect the choice of child and young person (and that of their families or carers) about the care they receive with the duty of care to the child or young person when there is a serious risk to their long-term health.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Public Health Wales	Guideline	026	007	1.3.11 This statement needs to be linked to the details of specific additional support needed as this is not clear.	Thank you for your comment. The committee were unable to be more specific regarding additional support as this should be based on individual need and circumstances.
Reed Wellbeing Ltd	Guideline	026	007	Agree with the inclusion of additional support but examples could help health care professionals understand what this would include. Examples - paediatric dietitian referral, food shop vouchers to help with better food or free activities (sports clubs).	Thank you for your comment. The committee were unable to be more specific regarding additional support as this should be based on individual need and circumstances.
Big Birthas	Guideline	026	008	Unsure why this sentence is in here, since it basically gives no guidance at all. Much more clarity is needed before making such a statement, surely?	Thank you for your comment. The committee were unable to be more specific regarding additional support as this should be based on individual need and circumstances.
Kent County Council	Guideline	026	008 - 009	Considering that other health and social practitioners also have the duty of care, professional judgement may be more suitable as indicated in different sections.	Thank you for your comment.
NHS England	Guideline	026	009	Add: where there are medical comorbidities, ensure the child is referred to specialist for management of these	Thank you for your comment. The guideline has been amended as suggested.
Diabetes UK	Guideline	026	018	We would recommend a statement ensuring healthcare professionals are aware that there are lower BMI thresholds for eligibility onto many of the available weight management services, including treatment with medication. We would also reenforce the need for healthcare professionals to discuss weight without stigmatising patients when highlighting the increased risk for people from ethnic minority backgrounds.	Thank you for your comment. This issue is addressed in recommendation 1.9.11 .
Leeds Beckett University - Obesity Institute	Guideline	026	018	Should remove minority, as South Asian and Black African populations are actually global majority populations – also need to be clear that people from certain ethnic background such as those of Black African, Caribbean, South and East	Thank you for your comment. This issue is addressed in recommendation 1.9.11. Ethnic minority background is the preferred NICE editorial style.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Asian decent) may be more prone to central adiposity and therefore present increased risk of…	
Manchester Foundation Trust	Guideline	026	018	this does not specify which ethnic minority backgrounds need to be considered. Not every ethnic minority group are at risk of central adiposity e.g the Chinese.	Thank you for your comment. This issue is addressed in recs 1.8.1 -1.8.3.
Bradford Metropolitan District Council – Public Health	Guideline	026	018	1.4.1 - Ensure healthcare professionals are aware that people from ethnic minority backgrounds are prone to central adiposity and so are at 20 an increased risk of chronic weight-related health conditions at a lower BM. Need consistency – see page 31. Not all ethnic minorities are at greater risk so It is better the list some communities most at risk as on p31	Thank you for your comment. This issue is addressed in recommendation 1.9.11.
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	026	018 - 021	1.4.1 - How would this be done as the BMI scale would not incorporate this?	Thank you for your comment. This issue is addressed in recommendation 1.9.11.
NHS Gloucestershire ICB	Guideline	026 - 027	017 - 021 & 001 - 008	We would like to see this section include a recommendation about the importance of cultural competence in having conversations with people from ethnic minority backgrounds – and of sharing information on sources of culturally appropriate healthy weight information and support alongside describing the risks. We would like to see this guidance made relevant to all professionals that work with individuals with obesity (not	Thank you for your comment. The committee agreed that this is an important issue and have amended rec 1.1.2 accordingly.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				just HCPs); greater awareness across services/ settings would support early risk identification.	
Public Health Wales	Guideline	027	001	1.4.2 There is a benefit to raising awareness of risk but consideration needs to be given to but consideration needs to be given to the most appropriate approach to applying this, using a public health approach with communities to support appropriate inclusive and non-stigmatising messages	Thank you for your comment. The guideline has been amended as suggested in section 1.1 – general principles of care.
Manchester Foundation Trust	Guideline	027	001	this does not specify which ethnic minority backgrounds need to be considered. Not every ethnic minority group are at risk of central adiposity e.g the Chinese.	Thank you for your comment. This issue is addressed in recommendation 1.9.11 and 1.9.14.
Association of Clinical Psychologists UK	Guideline	027	001	Ensure people from ethnic minority backgrounds (and the families and carers of children and young people from these backgrounds) are aware that they are prone to central adiposity … and therefore at higher risk of developing T2D ensuring that this is delivered appropriate to the health literacy of the individual 4a_Health_Literacy-Full.pdf (publishing.service.gov.uk) Importance of ensuring what is being communicated is what is being understood. More important when this is conveyed through interpreters	Thank you for your comment. This issue is addressed in recommendation 1.9.11 and 1.9.14.
Kent County Council	Guideline	027	001 – 005	Include discussion in a sensitive and non-judgmental manner so that ethnic minority families do not feel stereotyped or harassed. Raise awareness of increased risks of comorbidities such as type 2 diabetes and hypertension within public awareness and use appropriate social medial channels and culturally relevant resources.	Thank you for your comment. The guideline has been amended as suggested in section 1.1 – general principles of care. A reference and links to culturally adapted Eatwell guides has been added to the recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Public Health Wales	Guideline	027	006	1.4.3 There is a benefit to raising awareness of risk but consideration needs to be given to the most appropriate approach to applying this. This needs to consider population based public health approaches with multidisciplinary teams for communities to support appropriate inclusive and non-stigmatising messages.	Thank you for your comment. The guideline has been amended as suggested in section 1.1 – general principles of care.
Big Birthas	Guideline	027	011 - 016	Oh my goodness, yes. Thank you.	Thank you for your comment.
Beat	Guideline	027	011 - 016	This section recommends that where a person presents with another health problem this should be discussed before asking permission to discuss weight. We feel that this could be strengthened by adding a clarification that this also includes mental health conditions. People can be affected by an eating disorder at any weight, and it is not possible to tell someone has one by just looking at them, with people often reporting feeling stigmatised if they are not underweight, which can in turn exacerbate their eating disorder.	Thank you for your comment. The committee agreed that eating disorders can affect anyone at any weight, so have amended the guideline to reflect this.
BDA Obesity Specialist Committee	Guideline	027	011 - 027	We agree with the reminder to address the underlying condition first and to seek permission regarding discussions on weight or before taking measurements.	Thank you for your comment.
Hywel Dda University Health Board	Guideline	027	013	Very important to address presenting problem first before asking permission to discuss weight.	Thank you for your comment.
Diabetes UK	Guideline	027	013	We welcome this addition to avoid stigmatising people living with overweight and obesity.	Thank you for your comment.
Novo Nordisk	Guideline	027	014	Novo Nordisk acknowledges the importance of avoiding diagnostic overshadowing. However, most of the	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				population in England (64.3% of adults) are living with overweight or obesity. Obesity – a chronic and relapsing medical condition – is associated with more than 200 complications, including type 2 diabetes, osteoarthritis, and cardiovascular disease. As such, it is felt that no opportunity should be lost to discuss weight management where appropriate. Following the principle of Making Every Contact Count, touchpoints across a patient's journey in the NHS, particularly in primary care where an individual may first present, should foster environments that enable sensitive discussions about weight management. These discussions should include reference to the range of services that are available locally, nationally or digitally (where self-referral is available).	
Department for Health and Social Care	Guideline	027	014	Could a more user-friendly term be used than 'diagnostic overshadowing'.	Thank you for your comment. The recommendation (1.9.1) has been amended to 'avoid attributing all symptoms to weight'.
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	027	015 - 016	1.4.4 – Good point about professional judgement. However, is there further guidance on this as it could be deemed not clear enough.	Thank you for your comment. The committee were unable to cross refer to further guidance on professional judgement. This is the responsibility of health professionals.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Association of Clinical Psychologists UK	Guideline	027	015 - 016	Use professional judgement (eg If the person seems sensitive or embarrassed about their body size, shape, weight) to ask more general questions such as 'is there any aspects of your health that you are worried about or bother you?' Concern and anecdotal data suggests that HCP do not always know when this is a sensitive topic or not. Significant clinical data to show when this is insensitively conveyed can trigger long term body image and weight and shape problems leading long term mental health issues and low self esteem as well as eating disorders	Thank you for your comment. The committee agreed that this further detail is not needed as they were unable to provide guidance on professional judgement. This is the responsibility of health professionals.
Big Birthas	Guideline	027	017	Asking for permission is implied in the "Please can you hop up on the scales?". That is not the same as getting informed consent i.e. asking for permission and stating WHY you are asking and what that information will be used for. I think this distinction should be made.	Thank you for your comment. The committee agreed that this further detail is not needed. Recommendations 1.1.1 to 1.1.4 outlines steps to think about before discussing overweight, obesity and central adiposity and how to ensure discussions are sensitive and non-judgemental.
Department for Health and Social Care	Guideline	027	General	In 'Identification, assessment and referral in adults' it is not clear how professionals assessing and referring people for weight management services should assess for eating disorders (including binge eating disorder), and whether these people are suitable for referral. This is an important practice consideration to clarify.	Thank you for your comment. Assessment for eating disorders is outside of the scope of this guideline. We have added a link to NICE guideline NG69: Eating disorders: recognition and treatment for further information.
Perspectum	Guideline	028	002	Recommendation 1.4.6 We propose inclusion of measurement of body composition by MRI in the list of potential measurements to record (via referral to a community diagnostic or other imaging center, see also comment 5 herein). Derivation of BMI may not be	Thank you for your comment. The committee considered this issue and agreed that as they haven't considered the evidence base for the inclusion of body composition by MRI. Therefore, the committee were unable to make your suggested addition.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				enough to ascertain metabolic health for the individual with overweight or obesity and MRI measures of visceral adipose tissue (VAT) and subcutaneous adipose tissue (SAT) provide a better estimate. The clinical utility of the body mass index (BMI) as a metric is limited since it describes global body mass relative to height and does not describe body fat distribution. For example, individuals with overweight/obesity and type 2 diabetes are characterised by a distinct body composition profile (significantly higher volumes of VAT, increased liver fat deposition and reduced skeletal muscle mass) that is measurable by MRI but not by weight/height/waist circumference and, therefore, BMI (1-4). Furthermore, elevated VAT but not SAT, has been associated with a significant increase in circulating insulin and plasma glucose and incidence of the metabolic syndrome (5), highlighting the importance of measuring body fat distribution to prevent development of diabetes in persons living with overweight or obesity. While it is possible to wait until such individuals have type 2 diabetes, preventing this complication is better to avoid healthcare costs associated with these complications (£827 attributable to type 2 diabetes per person with obesity in the UK (6)) and reduction in a person's quality of life. These considerations are particularly pertinent to individuals from different sexes and ethnicities. VAT is superior to BMI, for predicting metabolic health, in women, especially when considering different ethnicities in up to 5	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				ethnic groups (7). Changes in VAT and insulin resistance occur irrespective of BMI in African American and Mexican American people with metabolic risk, so correct management requires monitoring of body composition (8). The importance of recording body composition measurements to inform treatment strategies is highlighted by newer, dual-agonist class therapeutics like tirzepatide (see guideline recommendation 1.8.3 Table 1) that result in substantial weight loss, and substantial reduction in liver fat and VAT, by also targeting the incretin response via GIP, whose receptor is expressed in white adipose tissue (9). References Waddell et al. (2023). Poor glycaemic control and ectopic fat deposition mediates the increased risk of non-alcoholic steatohepatitis in high-risk populations with type 2 diabetes: Insights from Bayesian-network modelling. Front Endocrinol (Lausanne).; 14:1063882. Waddell et al. (2022). Greater ectopic fat deposition and liver fibroinflammation and lower skeletal muscle mass in people with type 2 diabetes. Obesity (Silver Spring).; 30(6):1231-1238. Levelt et al. (2016). Ectopic and visceral fat deposition in lean and obese patients with type 2 diabetes. J Am Coll Cardiol; 68(1):53–63. Linge et al. (2018). Body Composition Profiling in the UK	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Biobank Imaging Study. Obesity (Silver Spring).; 26(11):1785-1795. Shah et al (2014). Visceral adiposity and the risk of metabolic syndrome across body mass index: the MESA study. JACC: Cardiovasc Imaging; 7(12):1221–35. Bell et al. (2022). Estimating the full costs of obesity. Frontier Economics Jan 2022. Villegas-Valle et al. (2021). Metabolic syndrome screening using visceral adipose tissue (VAT) from opportunistic MRI locations in a multi-ethnic population. Obes Res Clin Pract.; 15(3):227-234. Mongraw-Chaffin et al. (2021). Association of Visceral Adipose Tissue and Insulin Resistance with Incident Metabolic Syndrome Independent of Obesity Status: The IRAS Family Study. Obesity (Silver Spring).; 29(7):1195-1202. Gastaldelli et al. (2022). Effect of tirzepatide versus insulin degludec on liver fat content and abdominal adipose tissue in people with type 2 diabetes (SURPASS-3 MRI): a substudy of the randomised, open-label, parallel-group, phase 3 SURPASS-3 trial. Lancet Diabetes Endocrinol.; 10(6):393-406.	Thank you for providing these references. These are outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS England	Guideline	028	005	change 'people' to 'adults' as that BMI cut-off is irrelevant in children and young people	Thank you for your comment. This section is about when to take and record measurements in adults, so does not apply to children and young people
Department for Health and Social Care	Guideline	028	005 - 006	The recommendation to consider measuring waist to height ratio in people with a BMI of less than 35kg/m2 is consistent with guidelines for commissioning Tier 2 services. However, this was not included in Evidence Review D and we wonder if this upper limit remains relevant given the scope of the revised guideline is broader than lifestyle services.	Thank you for your comment. The committee discussed this recommendation in terms of evidence presented in Review A and decided to keep this limit. They agreed that at a BMI greater than 35 kg/m2, WHtR would typically be high, which means that the measure would add little to the prediction of health risks.
Kent County Council	Guideline	028	006 - 008	Develop and maintain trusted relationship with local ethnic minority groups. Use the existing community and faith leaders to increase awareness and engagement among the high-risk groups.	Thank you for your comment. The committee agreed that this further detail was not needed.
Kent County Council	Guideline	028	008 - 009	To include hospital admissions, medication reviews, and follow-up appointments. Consider that telephone consultations are now common in the GP surgeries. A positive-weight conversation over the phone may be challenging. How do we engage with seldom- heard groups and those who are not enrolled with a GP? We need to address health inequality and provide this population with equal access to weight management service. Weight management and early identification should be incorporated into the personalised care model.	Thank you for your comment. The committee agreed that this further detail is not needed. The committee agreed that the examples provided in the recommendation were appropriate for implementation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Encourage patients to measure their weight and waist circumference, report their measurements to their healthcare providers so that it can be documented in their medical records. It also reduces the stigma associated with health professionals measuring weight and waist circumference, as well as the time spent on the assessment. Commissioning and NHS to consider the long-term cost-effectiveness of early identification, prevention, and management of obesity over the time required for the health professionals to have positive weight conversations and refer patients to appropriate weight management services.	This issue is addressed in rec 1.9.5.
Slimming World	Guideline	028	011	(section 1.4.7) - This is really key point. Showing interest and giving praise where patients have been making changes and making progress is vital. Making sure the whole journey is taken into account and patients feel really listened to and supported by both their health care team and weight management programme can be invaluable.	Thank you for your comment.
Royal College of Physicians (RCP)	Guideline	029	011	There are scoring systems available to stage Obesity, such as the Edmonton Obesity Staging System (EOSS) which is straight forward to use and is better correlated with mortality than BMI alone which would help identify patients at greatest need of support (stages2-3) and those who may have end-stage disease (stage 4) who may benefit from a more palliative approach.	Thank you for your comment. The Edmonton Staging System is outside the scope of the guideline update

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Public Health Wales	Guideline	028	011	1.4.7 In many places in practice there are opportunities for people to use practice equipment for self-monitoring of weight. This can be recorded on notes without seeing a Health professional. This can support a person to take ownership, can reduce the burden on clinicians and can also increase the amount of routine data available. It would be helpful to suggest this as an option.	Thank you for your comment. The committee agreed that this further detail is not needed. This recommendation is aimed at healthcare professionals and not individuals.
Kent County Council	Guideline	028	011 - 009	To include information sharing between the GP and weight management services and obtain patient consent for information sharing. Health and Social care professionals should offer continuous support while patients are undergoing weight management interventions. Ensure accurate weight and BMI data documentation in patient medical records, both in primary and secondary healthcare settings.	Thank you for your comment. The committee considered your feedback and agreed this was sufficiently covered in recs 1.9.2, 1.9.3 and 1.9.4.
Novo Nordisk	Guideline	028	011 - 013	It is recommended that a record of a patient's measurements is kept up to date "if possible". Novo Nordisk recognises the importance or establishing greater real-world evidence related to the inclusivity, accessibility, effectiveness, costs and sustainability of specialist weight management services. Therefore, more emphasis should be placed on the requirement for services to record data in a way that facilities efficient and meaningful analysis, the sharing of good practice, and public dissemination.	Thank you for your comment. The committee agreed to add these issues to the rationale and impact section of this recommendation.
Plymouth City Council	Guideline	028	013	AND ensure that records are checked prior to consultations so as not to contribute to stigma by highlighting OW / obesity when this is being managed elsewhere	Thank you for your comment. The committee considered your feedback and agreed this was sufficiently covered in recs 1.9.2, 1.9.3 and 1.9.4.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Public Health					
Kent County Council	Guideline	028	015 - 016	It may be challenging for staff to use their professional judgement especially if they are not equipped to do so. Although the committee indicated that training is not within the scope of this recommendation, professional judgement was repeated in different sections. Encouraging health and social care professionals to undertake motivational interviews and positive weight conversation trainings to increase their confidence in providing weight conversation in a non-judgmental and sensitive manner will be beneficial.	Thank you for your comment. Guidance on training requirements is not within the remit of NICE guidelines. This guideline document has cross referenced to Public Health England's let's talk about weight resources which provides practical advice and tools to support health and care professionals Adult weight management: short conversations with patients - GOV.UK Child weight management: short conversations with families - GOV.UK NICE has also produced a visual summary which provides an overview of the principles of care on discussion, communication and follow up.
Big Birthas	Guideline	030	010	The term 'healthy weight' is inappropriate and should not be used. Weight is not a proxy for health – you can be of this weight and be unhealthy, you can be above this weight and be metabolically healthy. It is misleading, stigmatising, and unhelpful.	Thank you for your comment. The committee considered this issue carefully and agreed to keep the use of healthy weight. A definition has been added to the terms used in the guideline section to provide further clarification.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Leeds Beckett University - Obesity Institute	Guideline	031	016	should there be something specifically about diagnosis of sarcopenic obesity.	Thank you for your comment. This issue is outside the scope of this guideline update.
NHS Gloucestershire ICB	Guideline	031	016 - 019	Suggest adding e.g. conditions associated with oedema as an example	Thank you for your comment. This issue is outside the scope of this guideline update.
Leeds Beckett University - Obesity Institute	Guideline	032	011	should there also be some discussion around root causes, and also mental health conditions. Work in our team has demonstrated the need for psychological support, requested by people living with obesity	Thank you for your comment. This issue is outside the scope of this guideline update.
Plymouth City Council Public Health	Guideline	032	011	ASK people if they are aware of the possible health risks of excess weight or excess tummy fat? Do not assume that they do not know and need to be told, this can come across as patronising and break down any trust that might help facilitate behaviour change. If they are not aware, then ask if they would like to know what the possible health risks are. Explain that there are a number of other factors that influence whether someone might become unwell in a bigger body, including stress, shift work, sleep patterns, medications etc	Thank you for your comment. These issues are considered in section 1.1 of the guideline which outlines the need for sensitive, non-judgemental and person-centred conversations and for asking permission beforehand.
NHS Gloucestershire ICB	Guideline	032	011 - 017	Alongside the clinical implications of an individual's weight status we would like to see a recommendation to explore the individual's perspective on how their weight affects them and what they would see as the benefits of weight loss	Thank you for your comment. These issues are considered in section 1.1 of the guideline which outlines the need for sensitive, non-judgemental and person-centred conversations and for asking permission beforehand.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
British Association of Dermatologists (the BAD)	Guideline	032	015	Please include HS in this list. There is ample evidence in multiple studies of the close association between excess weight and HS. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8298595/ .	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Slimming World	Guideline	032	019	(section 1.4.20) - This is an important point. How will this knowledge be gained and maintained? The guideline doesn't cover this and who will take responsibility for this, and for keeping knowledge up to date?	Thank you for your comment. The committee considered this issue and have amended the recommendation (1.11.5) outlining that this local knowledge should be gained and maintained through local systems and processes.
Diabetes UK	Guideline	032	019	Diabetes UK insights with HCPs and people with type 2 diabetes found that people were often not provided with information on possible weight management services due not only lack of knowledge from HCPs but also due to other factors. This included excessive waiting lists putting of HCPs from referring and stigmatising views of HCPs that their patients would not adhere to advice. HCPs need to have greater awareness of the weight management pathway, and what options there are where waiting lists are significant. They should also challenge their own prejudices so that they can provide the best support for people living with overweight and obesity.	Thank you for your comment. The committee considered this issue and have amended the recommendation outlining that this should be achieved through local systems and processes.
Public Health Wales	Guideline	032	019	1.4.20 It would help to add ease of access for these service for example, simple, practical referral methods to support prompt referral and support and avoid unnecessary delays. This would be strengthened by routine communication to the referrer to ensure notes are updated and progress is recorded to ensure appropriate support and best practice.	Thank you for your comment. The committee considered this issue and have amended the recommendation outlining that this should be achieved through local systems and processes.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Novo Nordisk	Guideline	032	019	Novo Nordisk strongly agrees that healthcare professionals involved in identifying overweight and obesity should be aware of the services that are available locally, nationally and digitally for weight management. Healthcare professionals should be aware of obesity management services that can provide access to evidence-based care that is safe, effective and age and culturally specific where appropriate. As an easily accessible resource for healthcare professionals or patients does not currently exist, we recommend that the services captured by the National Tier 3 Obesity Database (run by the Society for Endocrinology and Hicom), and used by the National Obesity Audit, is published. At a minimum, we would recommend that a navigable database is made available to teams within ICBs with responsibility for weight management. We would also recommend that a public-facing database which provides details of local, national and digital services is made available to create a single platform that is accessible by patients and healthcare professionals. Implementation and training support may also be required to ensure utilisation of this tool is embedded in clinical practice. Healthcare professionals should also discourage patients from accessing weight management advice and guidance that does not meet the criteria set out within the guidance, and alert patients to the risks of interventions being provided by unqualified practitioners in unsuitable settings.	Thank you for your comment. The committee considered this issue and have amended the recommendation outlining that this should be achieved through local systems and processes.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Obesity management services should also proactively engage with healthcare professionals who can refer into their service to make them aware of the service, and what it provides.	
Manchester Foundation Trust	Guideline	032	019	This statement is easier said than done. There are no centralised resources to enable HPs to identify local services and no onus on commissioners from ICBs or councils to collate this information.	Thank you for your comment. This issue has been addressed in recommendation 1.11.50.
Royal College of Physicians (RCP)	Guideline	032	019	It would be helpful to highlight the importance of collaboration between ICBs, commissioners, public health, primary and secondary care to share local information about services. Also illustrates the importance of mapping all tiers.	Thank you for your comment. This issue has been addressed in recommendation 1.19.25.
Royal College of General Practitioners	Guideline	032	019	Rec 1.4.20 It would be very useful if this guidance could reflect the lack of NHS weight management services. Including more detailed options for care where e.g. tier 3 services are not available for referral would be useful – this is the most likely situation for most primary care referrers.	Thank you for your comment. The committee considered and acknowledged variation in provision of specialist weight management services. More detail relevant to areas without this service is out of scope.
BDA Obesity Specialist Committee	Guideline	032	019	HCPs should be aware of the overweight and obesity management services that are available locally and nationally. The evidence showed that, in many areas, there were very few overweight and obesity management services and, if they were available, healthcare professionals were often not aware of them. The committee noted that the availability of services is an issue in many areas across the UK and highlighted that, for services to be used effectively, it was important for healthcare professionals involved in identifying	Thank you for your comment. The committee considered this issue and have amended the recommendation outlining that this should be achieved through local systems and processes.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				overweight and obesity to be aware of what is available. We agree that this is very important and could make a real difference in the support that people living with overweight or obesity are offered. However what is lacking in the recommendations is how this is going to be achieved – who is going to formulate the local list of provision and then who/how is this going to be updated. We suggest that a live online document may work well but there would still need to be 'ownership'. Hence there are resource implications – yes small but important.	
Association of Clinical Psychologists UK	Guideline	032	019 - 022	Healthcare professionals involved in identifying overweight, obesity and central adiposity should be aware of the overweight and obesity management services, eating disorder and psychological therapy services that are available locally and offering information on national help if none available such as Beat.	Thank you for your comment. The committee considered this issue and have amended the recommendation outlining that this should be achieved through local systems and processes.
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	032	019 - 022	1.4.20 – Agreed. This will support further intervention engagement and possible healthy weight status being achieved. Linking up services to GPs is essential Some advice on how would be appropriate.	Thank you for your comment.
Department for Health and Social Care	Guideline	032	019 - 022	Under 1.4.20 'Choosing interventions with adults' consider recommending that professionals should be aware of other appropriate services locally and nationally for example	Thank you for your comment. The committee considered this issue and agreed this is covered in rec 1.11.11.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				talking therapies, in addition to weight management services.	
NHS England	Guideline	032 - 034	015	Referring adults for interventions and specialist services and when to refer, this largely replicates the criteria for referral to Tier 3 in the previous guidelines, it does not set specific BMI criteria (1.4.26). Previous guidance (CG189 recommendation 1.3.7; 2 amended 2024) states drug treatment is being considered for a person with a BMI of more than 50 kg/m2. BMI is required to support the referral pathway and effective patient management including guidance on pre bariatric use of weight management drugs.	Thank you for your comment. The guideline definition of specialist overweight and obesity management services states specialist primary, community or secondary care-based services led by a multidisciplinary team, offering a combination of nutritional, psychological and surgical interventions, and medicines. These services can include but are not limited to tier 3 and tier 4 services. The guideline has a table which summarises the medicine options for weight loss in adults. This contains the BMI requirement to receive specific medicines as stated within the relevant technology appraisal.
Royal College of General Practitioners	Guideline	033	001	Rec 1.4.21 We agree with this recommendation but to avoid confusion "learning disability" could be added as a further special group of patients.	Thank you for your comment. The recommendation (1.11.6) has been amended as you suggest.
Association of Clinical Psychologists UK	Guideline	033	006 - 014	Eating disorders and disordered eating (consistent with page 64)	Thank you for your comment. The guideline has been amended as suggested.
NHS Gloucestershire ICB	Guideline	033	014 - 019	Alongside clinical needs this should take into account an individual's preferences i.e., what type of intervention they are more likely to engage with	Thank you for your comment. The committee considered this issue and agreed this is covered in recs 1.11.2, 1.11.8 and 1.11.10.
Royal College of	Guideline	034	002	It would be helpful to guide clinicians on suggesting how much weight loss is needed to improve health depending	Thank you for your comment. The committee considered this issue and agreed that further detail on weight loss

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Physicians (RCP)				on the co-morbidity identified. I.e. 0-5% weight loss to improve BP, 5-10% weight loss to prevent T2DM in someone with pre-diabetes, >15% weight loss to reverse diabetes and reduce CVS mortality etc.	could not be specified as this should be based on an individualised approach.
Big Birthas	Guideline	034	011	Yes. Thank you.	Thank you for your comment.
Leeds Beckett University - Obesity Institute	Guideline	034	015	there is the current NHS drug trial out of hospital settings about to start – should there be some form of recognition of this here?	Thank you for your comment. NICE considers the findings of trials after publication in peer reviewed publications.
Department for Health and Social Care	Guideline	034	024	We note the recommendation to consider referral to specialist weight management services includes 'people being considered for weight loss medicine', whilst previously this sub-point in the eligibility criteria for specialist weight management services said 'treatment with weight-loss medicines in people with a BMI of 50 is being considered'. The new draft recommendation removes the reference to a specific BMI. The eligibility criteria for the newest weight loss drugs are one weight-related comorbidity and a BMI 35 or more, or – exceptionally - a BMI 30 or more if they also meet the referral criteria for specialist weight management services. This new recommendation changes the criteria for access to specialist weight management services. The impact of this on service capacity and budgets should be considered, as well as on the cost effectiveness of this treatment for a wider cohort.	Thank you for your comment. The guideline definition of specialist overweight and obesity management services states specialist primary, community or secondary care-based services led by a multidisciplinary team, offering a combination of nutritional, psychological and surgical interventions, and medicines. These services can include but are not limited to tier 3 and tier 4 services. The guideline has a table which summarises the medicine options for weight loss in adults. This contains the BMI requirement to receive specific medicines as stated within the relevant technology appraisal. All other criteria for consideration of referral to specialist overweight and obesity management services remains the same as NICE's previous guideline.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				It is also important that the wording of the recommendation does not restrict opportunities to adapt services to provide these medicines safely outside of traditionally defined 'specialist' services.	
Public Health Wales	Guideline	034	024	1.4.26 This may not fit with existing referral pathways, some services have self-referral routes which means there may not be a clear route to determine whether the person may be eligible for weight management medication at the point of referral. Clear guidelines and information and appropriate processes for assessment will be needed to support the user journey. In addition, weight management medications should be provided in combination with diet and activity, therefore medication is not used in isolation. This may be better phrased as where a weight management medication is indicated as part of weight management care. A lack of clarity and processes could overwhelm services with inappropriate referrals with significant cost and capacity implications.	Thank you for your comment. The committee considered this issue and agreed this further detail is dependent on local commissioning and provision of services. These should include local referral pathways and referral criteria.
Novo Nordisk	Guideline	034	024	Novo Nordisk agrees that those who are being considered for treatment with weight loss medicines should be referred to specialist weight management services. However, referral to specialist weight management services should be considered for all those who are eligible. As the assessment of the underlying causes of obesity should take place under the supervision of a multidisciplinary team (MDT) within a specialist weight management service, Novo Nordisk recommends that all those who meet the criteria to access specialist services be	Thank you for your comment and for raising these issues.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				referred onwards for an assessment of the patient's disease state. At this point, following assessment by the MDT, the optimal treatment options should be considered based on individual patient needs.	
Royal College of Physicians (RCP)	Guideline	034	024	Patients do not need to be re-referred to specialist weight management centres for orlistat. Would also be helpful for patients to be informed prior to referral to specialist weight management centres of the limitations, contra-indications, and limited duration of time that weight loss medicines will be available within these services.	Thank you for your comment. The guideline has a table which summarises the medicine options for weight loss in adults. This contains the BMI requirement to receive specific medicines as stated within the relevant technology appraisal. All other criteria for consideration of referral to specialist overweight and obesity management services remains the same as NICE's previous guideline.
Plymouth City Council Public Health	Guideline	034	028	If a person has expressed a wish to want to address their excess weight and there is perceived motivation that they will engage with services- this will need to be explored!! Perhaps a link to p43 would be sufficient as it feels as if it's been overlooked but it is covered later down the guidance.	Thank you for your comment. The committee agreed that the recommendation did not need amending as in the instance described this would not necessarily mean referral to specialist services.
British Society of Lifestyle Medicine	Guideline	034	029	Asking the family or carer and the child or young person for permission before discussing weight or taking measurements is a good idea. However, I wonder if the term 'permission' might be uneasy for GP's. Could we use the word 'invitation' instead as obtaining consent is already a skill embedded in good clinical practice.	Thank you for your comment, The committee considered this and agreed to use permission rather than invitation.
British Association of Dermatolog	Guideline	034	General	"Assessing and managing comorbidities" HS could be considered here as it is an associated co-morbidity that, independent of BMI, raises cardiovascular morbidity further.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
ists (the BAD)				https://pubmed.ncbi.nlm.nih.gov/24577555/ & https://pubmed.ncbi.nlm.nih.gov/26885728/	
Betsi Cadwaladr University Health Board	Guideline	035	003	Raising the issue of weight is reported by health professionals as being one of the most challenging conversations they have with patients. Having this conversation with parents is even more challenging, this section should be strengthened and signpost professionals to appropriate MECC training and relevant conversation guides to ensure these conversations are non-judgement and non-stigmatising.	Thank you for your comment. These issues are considered in section 1.1 of the guideline which outlines the need for sensitive, non-judgemental and person-centred conversations and for asking permission beforehand. This guideline document has cross referenced to Public Health England's let's talk about weight resources which provides practical advice and tools to support health and care professionals Adult weight management: short conversations with patients - GOV.UK Child weight management: short conversations with families - GOV.UK NICE has also produced a visual summary which provides an overview of the principles of care on discussion, communication and follow up. Guidance on training requirements is not within the remit of NICE guidelines.
Diabetes UK	Guideline	035	005	We welcome the additions on identifying and recording overweight and obesity in children and young people.	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Reed Wellbeing Ltd	Guideline	035	006	Whose responsibility is it to identify children and young people who are overweight or obese and who aren't covered under the National Child Measurement Programme or Healthy Child Programme and not in mainstream state education? i.e., special education needs schools.	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local services and provision.
Association of Paediatric Emergency Medicine (APEM)	Guideline	035	006	Rec 1.4.27 & 1.4.28: We note that the recommendations refers to "processes to identify children and young people with overweight and obesity in addition to the National Child Measurement Programme and the Healthy Child Programme, particularly for children and young people outside the age groups covered by these Programmes, and children not in mainstream state education" as well as "if the child or young person is presenting with another health problem or condition". We also note that there is no explicit mention of urgent or emergency care services in relation to identification of children with overweight and obesity. We feel that urgent and emergency care services are in a good position to identify children who are overweight or obese as the majority of children attending such services will be routinely weighed (and a proportion also heighted) in order to deliver their care, and we wonder if explicit mention of such services would be advisable?	Thank you for your comment. The committee considered this and agreed that urgent and emergency care services do not warrant explicit mention in this recommendation. This setting is no different from other settings where possible referrals can be made.
BDA Obesity Specialist Committee	Guideline	035	006	We agree that there does need to be additional processes in place to identify childhood overweight and obesity (in addition to the NCMP and healthy Child Programme). However there are limited recommendations as to what these processes should be – more direction is required for the recommendation to be actioned. This would have resource implications.	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local services and provision.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Department for Health and Social Care	Guideline	035	006 – 008	Ensure there are processes to identify children and young people with overweight and obesity in addition to the National Child Measurement Programme and the Healthy Child Programme, particularly for children and young people outside the age groups covered by these Programmes, and children not in mainstream state education. [2024] We agree that it's important for identification to also take place outside these programmes and processes are in place to ensure children of all ages are reached. It would be helpful if the guidance advised on how to do this for example it could be considered at other time points when children receive public health interventions such as immunisations/vaccinations/dental reviews. These can be considered in local child obesity care pathway.	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local services and provision.
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	035	006 - 011	1.4.27 – Very positive step for people outside of the NCMP programme. As more data is required for teenagers.	Thank you for your comment.
Public Health Wales	Guideline	035	007	1.4.27 This references the England National Child Measurement Programme but not the Child Measurement Programme (CMP) in Wales. For this point clarity may be needed as surveillance programmes are not for the purpose of identifying people for referral to services and the	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				phrasing in "addition to" suggests that the surveillance programmes have a screening function.	
Leeds Beckett University - Obesity Institute	Guideline	035	012	we very much welcome guidance to avoid diagnostic overshadowing!	Thank you for your comment.
Royal College of General Practitioners	Guideline	035	012	Rec 1.4.28 In the management of CYP, mention should be made of those CYP whose obesity reflects and in turn promotes their low mood. Referral to CAMHS might be needed and their team can support the CYP in weight management. It is also important to mention CYP presenting and asking about "weight problems" who might have: Anorexia nervosa - referral to Eating Disorders Service Relative energy deficiency in sport syndrome – referral to general paediatrics Compulsive exercise syndrome – referral to CAMHS	Thank you for your comment. The committee agreed this further detail is not necessary and is based on an individualised approach.
NHS England	Guideline	035	012	Add point – 'use non-judgemental and non-stigmatising language'	Thank you for your comment. This recommendation has been amended to make it clear of the need to discuss weight to avoid attributing all symptoms to weight. The guideline makes recommendations about non-stigmatising language and imagery in discussions about weight in recommendations 1.1.5, 1.1.6, 1.4.10 and 1.9.22.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS England	Guideline	035	012	Add consider whether a further appointment to discuss weight needs to be made	Thank you for your comment. The committee agreed this further detail is not necessary and is based on an individualised approach.
Big Birthas	Guideline	035	014	Yes. Thank you.	Thank you for your comment.
Department for Health and Social Care	Guideline	035	015	Could a more user-friendly term be used than 'diagnostic overshadowing'.	Thank you for your comment. The recommendation (1.9.1) has been amended to 'avoid attributing all symptoms to weight'.
NHS England	Guideline	035	020	central adiposity - not sure this is routinely measured (or should be in absence of training, which clinicians don't receive)	Thank you for your comment. This issue is covered in rec 1.10.10.
Reed Wellbeing Ltd	Guideline	035	025	The inclusion of sitting height could be measured to work out adult height prediction and peak height velocity for adolescent young people which could support the advice i.e., if the child will grow into their weight (Sherar et. A. 2005. Prediction of adult height using maturity-based cumulative height velocity curves. The Journal of Paediatrics, Vol 147, issue 4: P508-514).	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Royal College of Paediatrics and Child Health	Guideline	035	General	Identification, assessment and referral in children and young 4 people – #In clinical practice assessment of childhood obesity or overweight depends on BMI-fore-age centiles. # The greatest limitation of any measure that relegates the diagnosis of obesity to the mere quantity of weight and circumference gain, without taking into account the body	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				composition, in terms of body fat increase and body lean decrease, is the failure to consider the impact of adiposity on physiological and metabolic processes that result in increased morbidity and mortality[8) #In fact, the outdated BMI formula developed nearly 200 years ago by Quetelet, is not a measurement of adiposity, but merely an imprecise mathematical estimate[9,10] # Because BMI does not measure percentage of body fat (PBF) directly and poorly distinguishes between total body fat and total body lean, or bone mass, the use of BMI as an index of PBF for a person may be inaccurate and not useful as a cardiovascular risk factor [11) # Due to the role of adipose tissue in lipid and glucose metabolism, and low grade inflammation, it is necessary to classify obesity on the basis of body fat composition and distribution, rather than the simply increase of body weight, and the Body Mass Index. Four phenotypes of obesity have been described, based on body fat composition and distribution: (1) normal weight obese (12); (2) metabolically obese normal weight (13); (3) metabolically healthy obese (14); and (4) metabolically unhealthy obese (15).	
NHS Gloucestershire ICB	Guideline	035 - 036	001 - 006	The recommendation to consider measuring waist circumference feels counterintuitive and invasive versus the clear efforts within 1.4.29 and 1.4.30 to avoid fear of	Thank you for your comment. The committee considered there is clear evidence to support the use of waist circumference measurements to calculate waist-to-height ratio.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				judgement and stigma by only weighing and measuring when absolutely necessary.	
Royal College of General Practitioners	Guideline	036	001	Rec 1.4.31 We agree with this recommendation but the use of MUAC (mid upper arm circumference) could be usefully mentioned during opportunistic contact with children aged 1-5 years with a MUAC of 16cm suggesting and 17cm indicating obesity.	Thank you for your comment. The committee considered this issue and agreed there is a lack of evidence to support the use of MUAC. This measurement is usually used in the assessment of malnutrition.
Manchester Foundation Trust	Guideline	036	001	Although there is inadequate evidence to substantiate, clinical experience will demonstrate that taking a waist circumference measurement in an adolescent is far more stigmatising than doing bio impedance measurements.	Thank you for your comment. The committee did not review the evidence on this so were unable to make changes based upon it. Recommendations 1.4.5 and 1.4.29 stress the importance of asking permission before discussing weight or taking measurements.
Betsi Cadwaladr University Health Board	Guideline	036	001	'Consider measuring a child or young person's waist circumference' - The invasive nature of such a measurement should be recognised and the risk that this may cause psychosocial distress acknowledged.	Thank you for your comment. Recommendations 1.9.2 and 1.10.3 stress the importance of asking permission before discussing weight or taking measurements, so this measurement should only be taken with their consent. Recommendation 1.1.2 also encourages thinking about the vulnerability of young people to eating disorders, and the impact of measuring their weight.
Department for Health and Social Care	Guideline	036	012 – 013	Under recommendation 1.4.33, please also make reference to the NHS BMI healthy weight calculator (see https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/). This is a quick an easy way for practitioners to calculate a child's weight category, it adjusts for a child's age and sex at birth and provides a child's BMI centile as an output. The RCPCH child growth charts are not embedded in all NHS clinical systems yet, the digital RCPCH growth charts website only includes a demonstration it should not be used when working with parents and children in this context.	Thank you for your comment. This cross reference has been added to the recommendation (1.10.7).

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS Gloucestershire ICB	Guideline	036 - 037	010 – 023 & 001 - 006	Consideration should be given to take an individualised approach to monitoring progress, especially in teens, where insights suggest that they do not want to have BMI checked and will not engage with programmes that require this.	Thank you for your comment. The need for an individualised approach has been outlined throughout the guideline.
NHS England	Guideline	037	002	NDSS use Down Syndrome rather than 'Down's syndrome'	Thank you for your comment. The NHS still uses Down's so NICE follows suit.
British Academy of Childhood Disability (BACD)	Guideline	039	012	Rec 1.4.39: We agree it's essential to tailor the approach to include any disabilities or neurodevelopmental diversity.	Thank you for your comment.
Leeds Beckett University - Obesity Institute	Guideline	039	017	should there be mention of the CEW clinics here – or at least this tailored multi-disciplinary approach and alignment to the data collection requirements.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
NHS England	Guideline	040	003	note that investigations may be required to determine presence of co-morbidities	Thank you for your comment. The consideration of co-morbidities is outlined in rec 1.12.12 and 1.12.13.
NHS England	Guideline	040	007	suggest that any child who is clinically overweight should be assessed	Thank you for your comment. The consideration of overweight is outlined in rec 1.12.12.
NHS England	Guideline	040	014	note that weight loss will be an important part of treating the comorbidities and reducing future health risk	Thank you for your comment. The consideration of co-morbidities is outlined in rec 1.12.12 and 1.12.13.
NHS England	Guideline	040	019	add to investigations list 'sleep studies if obstructive sleep apnoea suspected' also maybe a statement about idiopathic intracranial hypertension?	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
British Academy of Childhood	Guideline	041	017	Rec 1.4.46: We agree that onward referral should be considered for those with complex needs; suggest adding disabilities to the wording here to the sentence in brackets:	Thank you for your comment. The recommendation (1.12.15) has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Disability (BACD)				(for example, SEND, disabilities, or additional support needs)	
BDA Obesity Specialist Committee	Guideline	042	001	1.5 - "Behavioural overweight and obesity management interventions". This term is not defined until page 120 and therefore is likely to be missed. It appears to be tier 2 services which are more likely to offer programmes focussing on lifestyle changes. These behavioural interventions will not be at the same level as those used in specialist weight management services. Advice is more likely to be provided by health trainers with no access for patients to specialist healthcare professionals.	Thank you for your comment. A cross reference has been added to the definition of behavioural overweight and obesity management services
Betsi Cadwaladr University Health Board	Guideline	042	005	It would be useful to list the more common health professionals that actually identify adult patients living with overweight and obesity, technically this should be all health professionals and stating this might be enough but we know the more common ones are GPs, Practice Nurses, Doctors and Nurses working in outpatient clinics etc. not just those already involved in obesity management. This will ensure these health professional identify their role in this work. The current wording gives the impression this is directed at staff working in specialist weight management services when these professional groups will be familiar with pathways but are unlikely to be the first point of contact for patients referred via health professionals.	Thank you for your comment. This extra detail was not considered necessary for this recommendation.
UK Society for Behavioural Medicine	Guideline	042	005 - 008	The scope is too narrow here. These recommendations also apply to any HCP likely to organise a referral of a patient to weight management services, including GPs, specialist nurses, practice nurses, healthcare assistants, social prescribers and a wide range of secondary care	Thank you for your comment. This extra detail was not considered necessary for this recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				consultants and practitioners. Arguably they apply to all healthcare professionals as raising awareness of overweight /obesity is part of the NHS' Making Every Contact Count agenda.	
BDA Obesity Specialist Committee	Guideline	042	005 - 008	We are pleased to see the recognition that dietitians and registered nutritionists are included in the healthcare professionals that use behavioural interventions	Thank you for your comment.
Diabetes UK	Guideline	042	009	We welcome the addition recommending HCPs are familiar with local and national behavioural overweight and obesity management interventions, including mental health support. Links within the guidance that signpost to where HCPs can find this information would be beneficial. Many ICSs provide information for HCPs and NHSE developed a similar tool but a clear source online for all would be helpful for busy HCPs.	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local services and provision.
Leeds Beckett University - Obesity Institute	Guideline	042	009	should there be some consideration here for the social and cultural appropriateness of the intervention for the family?	Thank you for your comment. This issue is covered in rec 1.11.2 and 1.11.6 where the wider health, psychological, social, and cultural determinants should be considered.
NHS Gloucestershire ICB	Guideline	042	009 - 015	We think this would be a good opportunity to recommend that professionals access training to ensure they are confident and competent in having the conversation – and could signpost to available national training resources and recommend familiarisation with local offers	Thank you for your comment. Guidance on training requirements is not within the remit of NICE guidelines. This guideline document has cross referenced to Public Health England's let's talk about weight resources which

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					provides practical advice and tools to support health and care professionals Adult weight management: short conversations with patients - GOV.UK Child weight management: short conversations with families - GOV.UK NICE has also produced a visual summary which provides an overview of the principles of care on discussion, communication and follow up.
Association of Clinical Psychologists UK	Guideline	042	011 - 015	If disordered eating is suspected identify local access to guided self help in eating difficulties (first line treatment for binge eating disorder NG69) growing evidence that binge eating disorder present in weight management services. https://www.researchgate.net/publication/325592893_Guided_self-help_to_manage_binge_eating_in_a_dietetic-led_community_weight_management_service	Thank you for your comment. The committee discussed awareness of services for eating disorders and mental health support. They decided that the most appropriate place in the guideline to address these are in recommendations 1.1.1, 1.1.2 and 1.12.3.
Eli Lilly and Company	Guideline	042	015	Therefore, whilst this statement encourages familiarity of the capacity of services, the reality is that the capacity of services is lacking or absent in many areas. the draft NICE Guideline should attempt to address this gap by providing additional recommendations that help healthcare professionals discuss these limitations with patients and how to prioritise patients that require escalation of care.	Thank you for your comment. The committee considered this issue and agreed this further detail is dependent on local commissioning and provision of services. These should include local referral pathways and referral criteria.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Royal College of General Practitioners	Guideline	042	015	Rec 1.5.1 It is important to ensure that the guidance reflects the lack of NHS weight management services and capacity of existing scarce services – an example of a local hospital trust with no tier 3 has a current plan to set up a service for only 200 patients with obesity/year in an area that has thousands of people eligible for support. What should clinicians do to support their patients in the most likely case that their patient is not able to access treatment as per these guidelines?	Thank you for your comment. The committee considered this issue and agreed this further detail is dependent on local commissioning and provision of services. These should include local referral pathways and referral criteria.
Royal College of Physicians (RCP)	Guideline	042	015	Referrers knowing the capacity of the services they are referring to is needed to help manage patient expectations. See point 3.	Thank you for your comment. The committee considered this issue and agreed this further detail is dependent on local commissioning and provision of services. These should include local referral pathways and referral criteria.
Department for Health and Social Care	Guideline	042	General	Refer to 'the former Public Health England' (or similar) for 'Public Health England's family weight management: changing behaviour techniques, adult weight management: changing behaviour techniques, and promoting healthy weight in children, young people and families'.	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
Association for the Study of Obesity UK	Guideline	042	General	1.5 - "Behavioural overweight and obesity management interventions". Unless the reader looks at page 120, it is not clear that the term "Behavioural overweight and obesity management interventions" means the current tier 2 services which are not run by healthcare professionals specialising in the treatment of severe and complex obesity. This needs to be made clearer, especially given that specialist weight management services also use behavioural interventions.	Thank you for your comment. A cross reference has been added to the definition of behavioural overweight and obesity management services.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Department for Health and Social Care	Guideline	043	001 - 005	The recommendations relating to 'Before deciding on referral for adults' are also relevant for primary care health professionals who assess and refer patients to weight management services including general practitioners and other health care professionals such as health care assistants, nurses, pharmacists. Consider adding these professionals to the existing list.	Thank you for your comment. This extra detail was not considered necessary for this recommendation.
Betsi Cadwaladr University Health Board	Guideline	043	002	It would be useful to list the more common health professionals that actually identify adult patients living with overweight and obesity, technically this should be all health professionals and stating this might be enough but we know the more common ones are GPs, Practice Nurses, Doctors and Nurses working in outpatient clinics etc. not just those already involved in obesity management. This will ensure these health professional identify their role in this work. The current wording gives the impression this is directed at staff working in specialist weight management services when these professional groups will be familiar with pathways but are unlikely to be the first point of contact for patients referred via health professionals.	Thank you for your comment. This extra detail was not considered necessary for this recommendation.
UK Society for Behavioural Medicine	Guideline	043	002 - 005	These recommendations also apply to any HCP likely to organise a referral of a patient to weight management services, including GPs, specialist nurses, practice nurses, healthcare assistants, social prescribers and a wide range of secondary care consultants and practitioners. Arguably they apply to all healthcare professionals as assessing the need for referral for overweight /obesity services fits with the NHS' Making Every Contact Count agenda.	Thank you for your comment. This extra detail was not considered necessary for this recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Diabetes UK	Guideline	043	006	We welcome this recommendation detailing how to have supportive conversations, set goals, and provide person centred options. People with type 2 diabetes have told us in focus groups that they are not routinely provided with supportive conversations from HCPs and they often experience stigmatising exchanges. This can be demoralising and have the opposite affect to providing weight management support.	Thank you for your comment and for sharing this information.
Leeds Beckett University - Obesity Institute	Guideline	043	006	these personalised goals should be discussed and agreed with the patient – to ensure you are measuring an outcome that is meaningful to the patient.	Thank you for your comment. This list has been amended as suggested.
Plymouth City Council Public Health	Guideline	043	006	Agree with this but might be good to include improved sleep, energy levels, regular bowels, mental wellbeing also… Current suggested benefits all relate to body size rather than changes to health from behaviour change.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Royal College of General Practitioners	Guideline	043	006	Rec 1.5.3 The recommendation should consider including other lifestyle behaviours such as prioritising sleep quality, social connection, food timing, avoidance of smoking and alcohol as part of a weight management strategy.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Betsi Cadwaladr University Health Board	Guideline	043	006	This section needs to acknowledge that many health professionals do not feel they have the confidence and skills to raise overweight and obesity with their patients. This section should reflect the additional training that is available to support health professionals to have non-judgemental and non-stigmatising conversations. This	Thank you for your comment. Guidance on training requirements is not within the remit of NICE guidelines.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				would include MECC training and scripts to guide conversations.	This guideline document has cross referenced to Public Health England's let's talk about weight resources which provides practical advice and tools to support health and care professionals Adult weight management: short conversations with patients - GOV.UK Child weight management: short conversations with families - GOV.UK NICE has also produced a visual summary which provides an overview of the principles of care on discussion, communication and follow up.
Department for Health and Social Care	Guideline	043	006 – 008	Consider more relevant personal goals for example playing with their children or grandchildren, finding it easier to breathe when walking or climb stairs, compared to being able to fasten a standard-length seatbelt. It is possible that the latter may be considered stigmatising.	Thank you for your comment. The guideline has been amended as suggested.
UK Society for Behavioural Medicine	Guideline	043	006 - 010	Reccn 1.5.3: Other benefits might include better a) outcomes from surgeries and other treatments (e.g. glucose lowering treatment for diabetes) and b) reduced pain for musculoskeletal pain conditions.	Thank you for your comment. Further realistic personalised goals have been added to this recommendation (1.12.4).
Association of Clinical	Guideline	043	006 - 010	Discuss realistic, personalised based health goals eg being able to go out walking with friends, (using wider examples	Thank you for your comment. Further realistic personalised goals have been added to this recommendation (1.12.4).

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Psychologists UK				focuses on the wider social and psychological benefits of losing weight)	
BDA Obesity Specialist Committee	Guideline	043	006 - 010	We are pleased to see the inclusion of goals related to quality of life	Thank you for your comment.
Eli Lilly and Company	Guideline	043	006 - 026	Overweight and obesity prevalence is increasing in the UK. A person with excess body weight may first seek support from a GP. In the UK, an average appointment time is 9.2 minutes1. Therefore, the draft NICE Guideline should recommend an escalation criteria and simplified patient treatment algorithm, so that treating healthcare professionals can guide the conversations regarding weight management in an appropriate and time effective manner. References:1. Irving G, et al. BMJ Open 2017;7:e017902. doi:10.1136/bmjopen-2017-017902	Thank you for your comment. An implementation tool has been developed for this guideline which provides an overview of a potential care journey.
Perspectum	Guideline	043	008	Recommendation 1.5.3 We agree that discussion between the healthcare professional and the individual living with overweight or obesity should highlight the "importance and the wider benefits of making sustainable, long-term changes to dietary behaviours and increasing physical activity levels". Recent recommendation from the SOPHIA consortium (The European Union-funded Innovative Medicine Initiative project Stratification of Obesity Phenotypes to Optimize Future Obesity Therapy) indicate that overweight and	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				obesity be considered a set of long-term diseases with multiple subphenotypes that account for risk of complications and response to treatment (for example, obesity and heart failure with preserved ejection fraction) and require characterisation in order to optimise therapy (1). Such complications may include severe COVID-19 and long COVID, that are more prevalent in those with overweight/obesity and liver fat (2-4) and require multidisciplinary management in the community, including with magnetic resonance imaging (5-7). References Tahrani et al (2023). Stratification of obesity phenotypes to optimize future therapy (SOPHIA). Expert Rev Gastroenterol Hepatol.; 17(10):1031-1039. Roca-Fernández et al (2021). Hepatic steatosis, rather than underlying obesity, increases the risk of infection and hospitalization for COVID-19. Front Med (Lausanne).; 8:636637. Dennis et al (2023). Multi-organ impairment and long COVID: a 1-year prospective, longitudinal cohort study. J R Soc Med.;116(3):97-112. Waddell et al. (2023). Bayesian networks and imaging-derived phenotypes highlight the role of fat deposition in COVID-19 hospitalisation risk. Front Bioinform.; 3:1163430.	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Davis et al (2023). Long COVID: major findings, mechanisms and recommendations. Nat Rev Microbiol.; 21(3):133-146. Heightman et al. (2021) Post-COVID-19 assessment in a specialist clinical service: a 12-month, single-centre, prospective study in 1325 individuals. BMJ Open Respir Res.; 8(1):e001041. Forshaw et al. (2022). STIMULATE-ICP Consortium. STIMULATE-ICP-Delphi (Symptoms, Trajectory, Inequalities and Management: Understanding Long-COVID to Address and Transform Existing Integrated Care Pathways Delphi): Study protocol. PLoS One.;17(11):e0277936.	
Slimming World	Guideline	043	011	(section 1.5.4) - We note the recommendation includes discussing referral and taking into account individual preferences and needs. With the current postcode lottery of services, what's available and on offer will vary considerably between localities. It's vital that there is choice on offer for patients so they can select a service that's right for them.	Thank you for your comment. The committee considered this issue and agreed this further detail is dependent on local commissioning and provision of services. These should include local referral pathways and referral criteria.
UK Society for Behavioural Medicine	Guideline	043	011 - 013	UKSBM support this recommendation, whilst also noting that it is quite radical: Many current services don't allow 'second-chance' referrals – if you don't take up the offer first time around, or if you need further support afterwards, this is often (and often as a matter of local policy) refused. Interested to see what service provider organisation and	Thank you for your comment and for sharing this information. The committee considered this issue and agreed that further referral in the future be included in this recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				ICBs will make of this one, as there could be considerable resource implications.	
Department for Health and Social Care	Guideline	043	011 - 015	Recommendation 1.5.4 does not mention considering the importance of a person's readiness to change as part of considering referral to weight management services. Was this included in the scope of the evidence review?	Thank you for your comment. The consideration of the process or stages of change is outside the scope of this guideline update.
Public Health Wales	Guideline	043	016	1.5.5. Information about the offer should be available to support decisions including expected waiting times to access the offer	Thank you for your comment. The committee agreed that this detail is not feasible and not needed in this recommendation.
BDA Obesity Specialist Committee	Guideline	043	016	It is commendable that the individual should have some choice in the referral made, that interventions should be culturally appropriate and tailored to specific demographic groups. Also that there should be acknowledgement of any progress that a person has already made in making healthier lifestyle changes. However we would like to see a recommendation that emphasises the need for more support to be available to support people (adults) in maintaining their weight loss/preventing weight regain. Adults – again the need for an awareness of local interventions is recommended. Please see response to 1.4.20. we would argue that there are limited referral opportunities for people living with overweight unless they have another co-existing comorbidity.	Thank you for your comment. The committee considered this issue and agreed this further detail is dependent on local commissioning and provision of services. These should include local referral pathways and referral criteria.
Eli Lilly and Company	Guideline	043	016 - 018	How would the NICE WMGC recommend addressing patient choice of a referral if there is no capacity or if the patient has already attempted behavioural overweight and obesity interventions and did not achieve clinically significant weight loss, however, their locality does not have	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				access to a specialist weight management service to escalate that patient to?	
Leeds Beckett University - Obesity Institute	Guideline	043	019	should there be some guidance to remind professionals that these conversations need to helpful, supportive, non-judgemental and non-stigmatising.	Thank you for your comment. This issue has been covered in rec 1.1.5.
Eli Lilly and Company	Guideline	043	019 - 026	This section fails to recognise that obesity as a chronic disease and the physiological impact this has on the patient. Based on clinical guidelines, how would the NICE weight management guideline committee (WMGC) recommend escalating patient care, beyond behavioural overweight and obesity interventions, if the patient has been suffering from the disease for a number of years?	Thank you for your comment. The escalation of patient care, beyond behavioural overweight and obesity intervention is dependent on local availability and service provision.
Association of Clinical Psychologists UK	Guideline	043	025	wider health, psychological, social and cultural determinants	Thank you for your comment. The guideline has been amended as suggested.
Betsi Cadwaladr University Health Board	Guideline	043	026	Consider adding 'Discuss any disordered eating and consider whether referral to an eating disorder service would be more appropriate'	Thank you for your comment. The guideline has been amended as suggested.
Department for Health and Social Care	Guideline	043	General	In the section 'Before deciding on referral for adults' consider including recommendations on screening for psychological disorders (including eating disorders) that may be affecting weight.	Thank you for your comment. The guideline has been amended as suggested.
UK Society for	Guideline	043	General	Somewhere in this sequence of recommendations it should say that "If the patient has 'pre-diabetes' (aka non-diabetic	Thank you for your comment. The guideline has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Behavioural Medicine				hyperglycaemia), consider referral to a diabetes prevention programme (e.g., the NHS Healthier You programme for English NHS services). See NICE PH38 /related guidance on diabetes prevention.	
NHS Gloucestershire ICB	Guideline	043 - 045	General	We welcome the recommendations regarding referrals including reference to the wider determinants of obesity. It would be helpful to give some examples, noting it will not be an exhaustive list. Would be helpful to make reference to digital exclusion/ and local offers for people who may need support to access digital options.	Thank you for your comment and positive feedback. Digital exclusion is outside the scope of this guideline update.
Department for Health and Social Care	Guideline	044	001 - 005	The recommendations relating to 'Deciding on referral for adults' are also relevant for primary care health professionals who assess and refer patients to weight management services including general practitioners and other health care professionals such as health care assistants, nurses, pharmacists. Consider adding these professionals to the existing list.	Thank you for your comment. This extra detail was not considered necessary for this recommendation.
Betsi Cadwaladr University Health Board	Guideline	044	002	It would be useful to list the more common health professionals that actually identify adult patients living with overweight and obesity, technically this should be all health professionals and stating this might be enough but we know the more common ones are GPs, Practice Nurses, Doctors and Nurses working in outpatient clinics etc. not just those already involved in obesity management. This will ensure these health professional identify their role in this work. The current wording gives the impression this is directed at staff working in specialist weight management services	Thank you for your comment. This extra detail was not considered necessary for this recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				when these professional groups will be familiar with pathways but are unlikely to be the first point of contact for patients referred via health professionals.	
Diabetes UK	Guideline	044	006	While we welcome the recommendation to identify culturally appropriate and demographic specific support offers, we have also found in focus groups with people from South Asian backgrounds that people do not necessarily want to be in weight management programmes that are exclusive to people from their communities. Cultural awareness was highlighted as important, but it is also important to ensure that personalised support provides people with a choice to decide on which services they find the most appealing.	Thank you for your comment and for sharing this information.
Public Health Wales	Guideline	044	006	1.5.7. While a range of referral options may be possible, there may be challenges with capacity to deliver a range of options, e.g. as a result of recruitment issues for particular posts and or limited funding for services.	Thank you for your comment. The committee considered this issue and agreed this further detail is dependent on local commissioning and provision of services. These should include local referral pathways and referral criteria.
Slimming World	Guideline	044	009	(section 1.5.8) - It's worth noting that while men only groups might be beneficial for some, data consistently shows that men who access general weight management services, (not gender specific), achieve positive outcomes both in attendance and weight loss outcomes. Ref Stubbs RJ, Morris L, Pallister C, Horgan G, Lavin JH. Weight outcomes audit in 1.3 million adults during their first 3 months' attendance in a commercial weight management programme. BMC Public Health. 2015 Sep 10;15:882. doi: 10.1186/s12889-015-2225-0. PMID: 26359180; PMCID: PMC4566482.	Thank you for your comment and for bringing this research to our attention.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				We would also like to highlight the postnatal period as a key time period where additional support should be offered. Ref Bick D, Taylor C, Bhavnani V, et al. Lifestyle information and access to a commercial weight management group to promote maternal postnatal weight management and positive lifestyle behaviour: the SWAN feasibility RCT. Southampton (UK): NIHR Journals Library; 2020 Jul. (Public Health Research, No. 8.9.) Available from: https://www.ncbi.nlm.nih.gov/books/NBK559991/ doi: 10.3310/phr08090	The committee considered this and agreed this is outside the scope of this guideline update.
Public Health Wales	Guideline	044	009	1.5.10 Supporting patients will include offers within local pathways but it may also be appropriate to make people aware of wider safe evidenced based offers available locally and acknowledge that some people may want to fund support and access this independently, particularly where there are waiting lists to support funded local offers. Developing, maintaining and sharing lists of safe, evidenced based offers can involve infrastructure, resources and staff time but may also improve effectiveness.	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local services and provision.
Betsi Cadwaladr University Health Board	Guideline	044	009	Is there a danger with this section that it will make referring patients to weight management services appear overly complicated. Often there is a single point of access for most services where the service will then consider issues like cultural appropriateness. As most health professionals only have very limited time to complete their patient consultation should we be making the process of identifying patients with overweight and obesity, discussing this and	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local services and provision.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				referring them on simpler than this section makes it appear to be. Lots has been learnt from smoking in this space and there have been significant successes with this approach as like smoking most people living with obesity will know they need to lose weight the important thing is that health professionals acknowledge the patients weight, acknowledge the benefits of losing weight and reassure the patient that services are available to help them.	
Diabetes UK	Guideline	044	020	We welcome the addition of the importance of providing information on social prescribing and mental health support available in different areas.	Thank you for your comment.
Department for Health and Social Care	Guideline	044	024	Under 1.5.10, consider adding 'free' before 'healthcare endorsed apps'.	Thank you for your comment. The guideline has been amended as suggested.
Eli Lilly and Company	Guideline	045	001	Current completion rates of behavioural interventions for overweight and obesity in NHS England from 2021-2022 was 37%, with only 15% of those patients achieving <5% weight loss 1. This poor completion rate may be due to lack of effective weight loss options within a primary care setting, including patients declining a re-referral. How would the NICE WMGC recommend addressing the intervention completion rates and re-referral declines due to the lack of effective weight loss options within primary care? Reference:1. Adult tier 2 weight management services: short statistical commentary September 2023 - GOV.UK (www.gov.uk)	Thank you for your comment. The committee considered this issue and agreed this further detail is dependent on local commissioning and provision of services. Recommendations 1.3.1 to 1.3.4 outline recommendations on encouraging adherence to behavioural interventions in adults and recs 1.14.24 to 1.4.31 on encouraging adherence in children and young people.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
X-PERT Health	Guideline	045	001 - 010	Recommendation 1.3.3 includes a sentence recommending sensitively exploring the reason for patients refusing to discuss overweight, obesity or central adiposity (or delaying the discussion until an appropriate time). A comparable statement would add value to recommendation 1.5.11, as it may help to remove barriers to attendance, either at the time of the initial discussion or in the future; or it may help to inform changes to locally available resources or services (e.g., if a number of patients express a similar concern it may draw attention to an otherwise unknown issue that can be addressed, to the benefit of other potential service users). The same applies to recommendation 1.5.30 (page 52, lines 13 to 24).	Thank you for your comment. The guideline has been amended as suggested.
Royal College of General Practitioners	Guideline	045	008	Rec 1.5.11 It will be unhelpful for those in community services such as primary care, to state "give them information about other ways to make sustainable long-term changes to their dietary behaviours and physical activity levels" – this is the most common outcome in a weight management consultation given the shortage of any NHS or suitable (accessible and acceptable) NHS services available to refer to. There is also a huge range of conflicting advice specifically on what food changes are needed. A more detailed expansion of specific information on weight management would be more practically useful. For example consider summarising the latest evidence around ultra-processed foods and the need to focus on food quality and timing.	Thank you for your comment on the role of medications. The guideline has been amended as suggested. Considering medications has been covered in recs 1.1.1 and 1.1.5.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				This guidance assumes that the only role of primary care teams will be to refer onwards when this is often not desired by the patient and not available. There is evidence that brief-interventions are effective for weight management and that GPs can give brief advice. The Canadian "Ask, Advise, Assist" guidelines are very practically useful for clinicians working with short appointments and limited services (Canadian Adult Obesity Clinical Practice Guidelines - Obesity Canada). GPs also have an important role in reviewing medications to assess whether prescribed medications are contributing to weight gain and could be stopped. Guidance on which medications to review would be very helpful e.g. tri-cyclic antidepressants, progesterone only contraception, insulin, gliclazide etc. The role of a medication review in weight management has not been mentioned in this guidance. It may be worth linking this guidance into those on deprescribing/polypharmacy as those with obesity most often have a degree of polypharmacy	These highlighted issues are outside the scope of this guideline update. The guideline update did not make a recommendation on this primary care approach as service delivery is outside the scope of this guideline update. Considering medications has been covered in recs 1.1.1 and 1.1.5.
Slimming World	Guideline	045	011	(Section 1.5.12) - We welcome the recommendation to give the opportunity for re-referral, acknowledging that a short term 12-week referral, which is often the case, isn't enough for many people and to help support long term changes. This helps to recognise overweight and obesity as chronic relapsing conditions with ongoing support needed. Evidence suggests long-term health benefits can be seen if people are able to re-join a weight management	Thank you for your comment and for providing this reference. Long term weight loss maintenance is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				programme. Ref Avery et al, 2023. Long term weight loss maintenance in females after participation in a community weight management programme – a feasibility study. Clinical Nutrition Open Science, 51 (1-14) https://doi.org/10.1016/j.nutos.2023.07.003	
Public Health Wales	Guideline	045	011	1.5.12 Consider patient instigated follow up (PIFU) to allow user reflection and access within a set period of time rather than having to re-refer to try and access whilst motivated for efficient best practice	Thank you for your comment. The committee considered this and agreed this principle is already in the recommendation.
Public Health Wales	Guideline	045	011	1.5.14 Consider patient instigated follow up (PIFU) to allow user reflection and access within a set period of time rather than having to re-refer to try and access whilst motivated for efficient best practice	Thank you for your comment. The committee considered this and agreed this principle is already in the recommendation.
Novo Nordisk	Guideline	045	011	Novo Nordisk strongly agrees that re-referral be possible for patients, acknowledging the impact of weight stigma, and how context can influence a person's ability to accept a referral. To ensure re-referral is possible in practice, consideration of how this could be achieved would help services that are navigating various funding streams, datasets and handover points (ie local authority [tiers one and two] and NHS [tiers three and four]) to simplify their pathway to ensure patients do not miss out on opportunities to access care. Consideration should also be given to the commissioning and contracting element of re-referral.	Thank you for your comment. The committee considered this and agreed this further detail is dependent on local needs and provision.
Leeds Beckett University -	Guideline	045	011	We very much welcome acknowledgement of obesity management as a long term process.	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Obesity Institute					
BDA Obesity Specialist Committee	Guideline	045	011	We are pleased to see the recommendation for people to have the opportunity for either a re-referral or for a referral at a later date – recognising overweight and obesity as chronic relapsing conditions and for the need to recognise that there can be different barriers affecting people at different times in their life.	Thank you for your comment.
Royal College of General Practitioners	Guideline	045	011	Rec 1.5.12 It is important to provide guidance on the lack of NHS weight management services; "when no services are available" or when "support is not available in a timely fashion" i.e. waiting lists of over a year etc. which is the most likely clinical scenario.	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local services and provision.
Leeds Beckett University - Obesity Institute	Guideline	045	018	we have identified through extensive PPIE work, and our current research that emotional and disordered eating can be significant barrier to many people living with obesity with signposting for additional support if not provided within the service. We would however encourage providers to develop skills in supporting emotion and disordered eating given the prevalence within this population group the NHS low calorie diet programme delivered as planned? An observational study examining adherence of intervention delivery to service specification (In preparation	Thank you for your comment. The guideline has been amended to include referral to additional support for eating disorders.
Department for Health and Social Care	Guideline	045	018 - 023	For recommendation 1.5.13 consider the following additions (in red): Discuss with the person any concerns or barriers that may affect their attendance and participation in the intervention	Thank you for your comment. The guideline has been amended as suggested. This wording process of change has been changed to 'making changes'.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				(such as personal circumstances, including financial and cultural barriers, physical health needs including neurodevelopment or psychological factors), including those that affect the process of change and their progress towards meeting their goals. Repeat these discussions during the course of the intervention if needed and acknowledge:	
Association of Clinical Psychologists UK	Guideline	045	020	Discuss personal solutions to how they might manage these barriers differently in the future eg someone who has dropped out of interventions before because they lose motivation after their weight plateaus agrees to flag this as soon as they notice it happening so a plan can be put in place and they can be reminded about the reasons why they wanted to sign up for the program	Thank you for your comment. The committee considered that these issues are already covered in the recommendation.
Department for Health and Social Care	Guideline	045	021	Consider changing 'process of change' to more user-friendly phrasing.	Thank you for your comment. This wording has been changed to 'making changes'.
BDA Obesity Specialist Committee	Guideline	045	023	Also explore HCPs attitudes to understand views about the value of local community-based supports (funded and unfunded) for the patients and carers to inform areas of need for integration consider 'resilient communities and new alliances pillar' Nine Pillars of Integrated Care - IFIC (integratedcarefoundation.org)	Thank you for your comment. The committee considered this and agreed this is outside the scope of this guideline update.
Association of Clinical Psychologists UK	Guideline	046	007 - 008	7 should go after 8. Could also include as an option before 7 and 8. Discuss revising the goals to be reflect current situation. Discuss whether gaining additional support from family and/or friends could help	Thank you for your comment. Extensive revisions of the guideline structure have been made following draft guideline consultation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
X-PERT Health	Guideline	046	012 - 015	Recommendation 1.5.15 should be extended to include other individuals outside of members of the patients' household; such as friends, family, colleagues and/or peers in the case of group programmes. Individuals may live alone, and support is important beyond the home even where they do not.	Thank you for your comment. The guideline has been amended as suggested. Support within household members has been kept as extending this may result in resource and data protection issues.
Department for Health and Social Care	Guideline	046	016 - 020	Under recommendation 1.5.16, consider emphasising the importance of health outcomes apart from weight loss for example improved sleep and sleep-related problems, improved mental health outcomes, improved fitness, to ensure person remains motivated even if the weight has not changed/has changed a little.	Thank you for your comment. The recommendation (1.13.4) outlines the need to review the person's health and progress they have made towards meeting their own goals. This can include the outcomes suggested,
Xyla Health & Wellbeing	Guideline	046	017	Does this suggest that services should send feedback about progress towards a patient's goals to GPs as standard? Or would this be done as per request?	Thank you for your comment. The committee considered these actions to be standard practice with the person's consent.
Department for Health and Social Care	Guideline	046	017 - 018	Under 1.5.16, could the recommendation to send feedback to the referring healthcare professional be more specific, for example: send weight, BMI and weight change (in kg and %) at a specified date, and ask for this to be updated in the patient's health records.	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local services and provision.
NHS Gloucestershire ICB	Guideline	046	General	This section could be strengthened with reference to weight maintenance strategies/ support after weight loss	Thank you for your comment. The issues raised on weight loss maintenance are covered in recs 1.12.4, 1.14.1 and 1.14.19.
Department for Health and Social Care	Guideline	047	001 - 005	We are concerned that the phrasing on this recommendation may imply that submission of data to the National Obesity Audit is optional and is not required if data is submitted elsewhere. Providers of publicly funded weight management services	Thank you for your comment. The guideline has been amended to clarify that the data is required.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				currently described as Tiers 2, 3 and 4 in England are required to submit data to the National Obesity Audit. This recommendation could be strengthened to reflect this. The recommendation as it is currently drafted is appropriate for non-publicly funded services but should be further clarified for publicly funded services. For further information: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-obesity-audit#services-included-in-the-audit	
Diabetes UK	Guideline	047	002	We welcome inclusion of the importance of provider to submit data to the National Obesity Audit.	Thank you for your comment.
NHS Gloucestershire ICB	Guideline	047	006 - 020	If healthy weight services are to be more integrated, these recommendations should be for professionals working across the system (not just HCPs), including those working within the VCSE sector (e.g., community weight management providers) to support a consistent referral process and understanding of support offers available throughout the locality.	Thank you for your comment. The committee considered this issue and agreed this further detail is dependent on local commissioning and provision of services. These should include local referral pathways and referral criteria.
Department for Health and Social Care	Guideline	047	008 - 013	The recommendations relating to 'Raising awareness of behavioural overweight and obesity interventions for children and young people' are also relevant for primary care health professionals who assess and refer patients to weight management services including general practitioners and other health care professionals such as health care assistants, nurses, pharmacists. Consider adding these professionals to the existing list.	Thank you for your comment. This extra detail was not considered necessary for this recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Betsi Cadwaladr University Health Board	Guideline	047	010	It would be useful to list the more common health professionals that actually identify adult patients living with overweight and obesity, technically this should be all health professionals and stating this might be enough but we know the more common ones are GPs, Practice Nurses, Doctors and Nurses working in outpatient clinics, Paediatricians, Dentists, School Nurses, Heath Visitors etc. not just those already involved in obesity management.	Thank you for your comment. This extra detail was not considered necessary for this recommendation.
Beat	Guideline	047	010 - 020	Recommendation 1.5.18 refers to the services that professionals involved in behavioural overweight and obesity management services should be aware of. We recommend adding that the listed healthcare professionals should also be aware of local eating disorder services (both statutory and non-statutory), how patients can access these, and should actively work with local eating disorder services to ensure effective transitions for people that have been referred for a weight management intervention or to weight management services where an eating disorder service would be more appropriate. Eating disorders have the highest mortality rate of any mental health condition, and aiding early intervention is crucial. The role of carers (family members or friends) can also be vital in identifying an eating disorder, and so whether here or elsewhere, we also recommend adding that carers should be provided with information on identifying the signs of an eating disorder and signposted to the relevant organisations where appropriate.	Thank you for your comment. This recommendation refers to support services and a further recommendation is made in 1.12.3 that suggests it may be more appropriate to refer to other services such as social care, physiotherapy, medical assessments for any comorbidity, eating disorder services, and early help services (for example youth work or parenting).
Diabetes UK	Guideline	047	014	We would recommend reference to social prescribing as this can be used to improve access to exercise, well-being,	Thank you for your comment. This list has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				peer support and community food projects. This is particularly useful tool where workforce pressures are limiting NHS capacity to provide these services.	
Public Health Wales	Guideline	047	016	1.5.18 It may be helpful to include having processes in place to ensure that local information is up to date to include new or updated offers and information about waiting lists.	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local commissioning and service provision.
BDA Obesity Specialist Committee	Guideline	047	016	This recommendation assumes that there will be behavioural interventions available for children and young people (CYP) in all localities. We do not believe this to be the case and thus there could be a postcode lottery associated with this recommendation. Generally we feel that the recommendations pertaining to CYP in this section could be enhanced by there being an extra recommendation to encourage additional support to be offered during school holidays which is where we often see relapse in this population.	Thank you for your comment. The committee considered this and agreed this is outside the scope of this guideline update.
Health Equalities Group	Guideline	047	019	Rec 1.5.18: Through the Why Weight To Talk? Training programme, it has been evidenced that healthcare practitioners working with children, families and adults lack confidence in referring patients/clients to the correct service. As a result, practitioners are less likely to engage in conversations where there is limited knowledge of local healthy weight pathways, weight management services and support offers available. Training and raising awareness of local provision, eligibility criteria and appropriate referral builds capacity and confidence for the health and social care workforce and is an important consideration.	Thank you for your comment. Guidance on training requirements is not within the remit of NICE guidelines. This guideline document has cross referenced to Public Health England's let's talk about weight resources which provides practical advice and tools to support health and care professionals Adult weight management: short conversations with patients - GOV.UK

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					Child weight management: short conversations with families - GOV.UK NICE has also produced a visual summary which provides an overview of the principles of care on discussion, communication and follow up.
Department for Health and Social Care	Guideline	048	003 - 007	The recommendations relating to 'Before deciding on referral for children and young people' are also relevant for primary care health professionals who assess and refer patients to weight management services including general practitioners and other health care professionals such as health care assistants, nurses, pharmacists. Consider adding these professionals to the existing list.	Thank you for your comment. This extra detail was not considered necessary for this recommendation.
Betsi Cadwaladr University Health Board	Guideline	048	004	It would be useful to list the more common health professionals that actually identify adult patients living with overweight and obesity, technically this should be all health professionals and stating this might be enough but we know the more common ones are GPs, Practice Nurses, Doctors and Nurses working in outpatient clinics, Paediatricians, Dentists, School Nurses, Heath Visitors etc. not just those already involved in obesity management.	Thank you for your comment. This extra detail was not considered necessary for this recommendation.
NHS England	Guideline	048	008	add 'using non-judgemental language' at the start of the sentence.	Thank you for your comment. The committee considered this comment and agreed that the use of non-judgemental language is covered in section 1.1 – general principles of care.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS Gloucestershire ICB	Guideline	048	008 - 011	We feel this recommendation should be proportionate to the level of risk (e.g., overweight/ obesity severity) and to avoid 'scare-mongering', only mention health risks when BMI is significantly above a healthy weight, e.g., >98th centile? Guidance to support consistent conversations amongst HCPs would be helpful, recognising that BMI is not the only factor to identify a health risk.	Thank you for your comment. Guidance on training requirements is not within the remit of NICE guidelines. This guideline document has cross referenced to Public Health England's let's talk about weight resources which provides practical advice and tools to support health and care professionals Adult weight management: short conversations with patients - GOV.UK Child weight management: short conversations with families - GOV.UK NICE has also produced a visual summary which provides an overview of the principles of care on discussion, communication and follow up.
Beat	Guideline	048	008 - 015	Recommendation 1.5.20 notes factors to consider when discussing obesity with a child or young person, and their family or carers. We recommend adding considering that those who are 'living with overweight or obesity' may be experiencing an eating disorder. The NICE Guideline for eating disorders (NG69) recommends that for people with binge eating disorder, weight loss is not a target therapy in itself. It is not the case that anyone who is 'living with	Thank you for your comment. The committee discussed concerns that people may also have comorbid eating disorders and decided that the most appropriate place in the guideline to address this is in recommendations 1.1.1, 1.1.2 and 1.12.3.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				overweight or obesity' will have binge eating disorder, but highlights the importance of addressing the eating disorder first, in which case a referral to an eating disorder specialist is warranted not to a weight management service. This is also applicable to adults, and to recommendation 1.5.26.	
Betsi Cadwaladr University Health Board	Guideline	048	016	Is there a danger with this section that it will make referring children and young people to specialist weight management services appear more complicated than it needs to be? Although some health professionals may have more time with paediatric patients those in primary care will often be challenged for time and many of the suggested discussion points can be led by the specialist weight management services regrading goals, required changes and benefits.	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local services and provision.
NHS Gloucestershire ICB	Guideline	049	004 - 007	We feel that the guidance should highlight the importance of 'appropriate' long-term behaviour changes that can help reduce weight and therefore lower BMI. This bullet point would benefit from saying: 'explaining that this is the most sustainable [only] way they can lower their BMI', acknowledging that BMI can be lowered in a number of ways, but not all methods will be necessarily beneficial to health (e.g., very low calorie and nutrient poor diet coupled with over exercising).	Thank you for your comment. The committee agreed this suggested wording is not needed.
Department for Health and Social Care	Guideline	049	006 - 007	The current phrasing of recommendation 1.5.21 overlooks other treatments such as weight loss surgery and drug treatments. Consider reflecting this, possibly through rephrasing as follows:	Thank you for your comment. The guideline has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				'supporting young people who have reached their near-final height in making the long-term behavioural changes that can help them reduce their weight, and explaining that this is the only way they can sustain a lower their BMI'.	
Public Health Wales	Guideline	049	010	1.5.21 This mentions psychosocial outcomes, wellbeing, self-efficacy, self-esteem and self-perception, this language is different when compared to Page 163 (line 24) where Mental Health and Wellbeing is described. Overall there is a lot of variability in language for mental health and wellbeing and it may be of help to consider consistency through the document.	Thank you for your comment. The rationale for this recommendation uses the same wording. The rationale wording for general psychosocial outcomes will not be the same as mental health conditions. A language consistency check has been carried out before final guideline publication.
Department for Health and Social Care	Guideline	049	013 - 014	We agree with the recommendation to consider personalised goals but suggest that more age appropriate and relevant goals are used that will resonate with children. Some young people might have other higher priority goals, for example feeling less breathless when playing with their friends compared to being able to fasten a standard-length seatbelt.	Thank you for your comment. The guideline has been amended as suggested.
Association of Clinical Psychologists UK	Guideline	049	013 - 014	clothes fitting better, - seems an example for adults? Often associated with body image. This may apply to children and YP but again with link with weight shape and eating concerns and screen for eating disorders. YP and children as they are growing can often have clothes fitting too tightly so confusing example. Alternative example is social which is important to children and YP eg being able to play games with friends,	Thank you for your comment. The guideline has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Leeds Beckett University - Obesity Institute	Guideline	049	015	I think the impact of bullying and ACEs needs to be a consideration here – given the strong associations of these lived experiences in children living with obesity.	Thank you for your comment. The impact of bullying and adverse childhood experiences has been highlighted and added to section 1.1 – general principles of care.
Reed Wellbeing Ltd	Guideline	049	015	Agree with the discussion points on previous and ongoing attempts and suggest including exploring reasons for failure of the last attempt.	Thank you for your comment.
Hywel Dda University Health Board	Guideline	049	015 - 030	Important to focus on children's strengths, the functions of their body, what they are good at etc – aim to reinforce positive attributes. The risk of over focusing on weight means that children's experience can lead to them feeling defined by their weight. This is frequently reported by adults who have had experience of children's weight management services in childhood.	Thank you for your comment. The committee agreed that this detail is not needed.
Department for Health and Social Care	Guideline	049	022	Consider changing 'process of change' to more user-friendly phrasing	Thank you for your comment. This wording has been changed to 'making changes'.
Association of Clinical Psychologists UK	Guideline	049	022	Process of change – mentioned twice – here and page 45 line 21 Are you referring to the stages of change here – just wondering if needs reference as could refer to psychologists as other process issues such as gaining a good therapeutic alliance, impasse, motivation etc	Thank you for your comment. This wording has been changed to 'making changes'. The consideration of the process or stages of change is outside the scope of this guideline update.
Reed Wellbeing Ltd	Guideline	049	029 - 030	The following wording 'wider health, social and cultural determinants and norms, and the impact of deviating from these to achieve better health.' is unclear. Is it trying to say:	Thank you for your comment. The recommendation (1.12.7) has been reworded as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				'exploring assumptions around health and diet, within cultural and social contexts'? If so, it could be interpreted as reading that the cultural outlook of some communities are unhealthy by nature.	
Public Health Wales	Guideline	050	001	1.5.23 This may be better rephrased to indicate that referrals should be part of overall holistic care. Additionally, it would be helpful to emphasise the importance of local processes in place to support joined up care and efficient referrals to other services as appropriate. This will also include maintaining an up to date list of contacts and points of referral.	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local commissioning and service provision.
NHS Gloucestershire ICB	Guideline	050	001 - 007	We feel that this guidance would benefit from further consideration to understanding the drivers of obesity. Professionals across the healthy weight system would benefit from guidance to explore conversations with CYP/ families to better understand the route cause(s) of obesity.	Thank you for your comment. There are a number of recommendations that consider and address the drivers of overweight and obesity.
Public Health Wales	Guideline	050	008	1.5.24 Joined up care with mental health is indicated however, this may be challenging. There are often strict Child And Adolescent Mental Health Services (CAHMS) criteria which means some patients may not meet with these criteria and may not be offered provision. Some areas may not have a choice of mental health support available to support this recommendation. Costs may be incurred for infrastructure and staff to extend current provision.	Thank you for your comment. The committee considered this issue and have made an addition to the recommendation (1.12.3) suggesting a referral to emotional health and wellbeing support and services.
Leeds Beckett University - Obesity Institute	Guideline	050	010	should there be a focus here on the impact to improved wellbeing – as this is one of the most prominent concerns for parents.	Thank you for your comment. The impact on improved health and wellbeing is covered in rec 1.12.10.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Reed Wellbeing Ltd	Guideline	050	010	Agree with the advice on what overweight and obesity management interventions include and would suggest to add 'a reduction in long-term conditions and comorbidities.	Thank you for your comment. The recommendation (1.12.10) has been amended as suggested.
NHS Gloucestershire ICB	Guideline	050	010 - 020	By comparison, section 1.5.21 seems to have a stronger focus on weight loss versus stabilisation, which for many CYP would be the first achievable step before even considering weight reduction (which may not be appropriate for some). We feel that section 1.5.25 would benefit from being presented first to set the tone around the mutual health benefits of weight reduction and stabilisation.	Thank you for your comment. Extensive revisions of the guideline structure have been made following draft guideline consultation.
Big Birthas	Guideline	050	010 - 020	This is not given enough importance (was it entirely missing from the adult section, or did I miss it?) as it is absolutely the crux of the issue – the obsession with weight as a health measure and goal misses the point that surely the better aim is to be healthy overall.	Thank you for your comment.
Department for Health and Social Care	Guideline	050	012 - 013	This sentence under 1.5.25 reads negatively. Could something be added to address this, for example: Advise children, young people and their families and carers that behavioural overweight and obesity management interventions: may not reduce BMI in the long term without sustained behavioural changes but may help improve health and wellbeing even if the reduction in BMI is short-term	Thank you for your comment. The guideline has been amended as suggested.
Betsi Cadwaladr University	Guideline	050	018	Suggest changing to 'provide support for a maintenance for a period after the intervention, and signpost to sources of longer term support'	Thank you for your comment. The committee agreed that this suggested amendment is already addressed in the recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Health Board					
Department for Health and Social Care	Guideline	050	018 - 020	In this sentence under 1.5.25 it is unclear what is meant by support. For example, does this mean further support may be needed in the future as weight regain is common? Advise children, young people and their families and carers that behavioural overweight and obesity management interventions: need to provide support for maintenance after the intervention, because overweight and obesity can be a long-term health issue and relapses are normal.	Thank you for your comment. The committee agreed that this suggested amendment is already addressed in the recommendation.
Department for Health and Social Care	Guideline	051	001 - 005	The recommendations relating to 'Deciding on referral for children and young people' are also relevant for primary care health professionals who assess and refer patients to weight management services including general practitioners and other health care professionals such as health care assistants, nurses, pharmacists. Consider adding these professionals to the existing list.	Thank you for your comment. This extra detail was not considered necessary for this recommendation.
Royal College of Paediatrics and Child Health	Guideline	051	006	Deciding on referral for children and young people – Our comment: overweight or obese with short stature endocrine disorders must be considered , while nutritional obesity presented with normal or tall stature<U+0632>	Thank you for your comment. The committee considered these issues and agreed these are out of scope for this guideline update.
Royal College of General	Guideline	051	006	Rec 1.5.26 We are concerned that the vast majority of clinicians will not have access to paediatric weight management services. Therefore, this section is not helpful. A greater expansion on what constitutes "sources of	Thank you for your comment. A cross reference has been added to NHS Better Health advice.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Practitioners				information" about how to make dietary and physical activity changes would be more useful as would reviewing the evidence around practical self-care around behavioural sleep interventions, support for "picky eating", screen time management and mental wellbeing/social connection.	
BDA Obesity Specialist Committee	Guideline	051	006	an opportunity to link to the BDA Childhood Obesity guidelines	Thank you for your comment. NICE are unable to cross refer to other non-NICE and non-Governmental guidelines.
Association of Clinical Psychologists UK	Guideline	051	015	Neuro-diverse affirming	Thank you for your comment.
Public Health Wales	Guideline	051	021	1.5.27 Waiting times may be long and this would need to be considered and discussed at the time of the offer.	Thank you for your comment. The committee agreed that this detail is not feasible and is not needed in this recommendation.
Association of Clinical Psychologists UK	Guideline	051	021 - 029	Focus on ''giving' and 'explaining' information – not collaborative as suggested in 18-20 Alternative: Offer information by 'chunking' information into manageable bitesize pieces and then check understanding and any questions or need to seek clarification.	Thank you for your comment. The committee agreed that this wording is not needed.
X-PERT Health	Guideline	052	003	The line "Emphasise their choice in the referral" is ambiguous (i.e., is the choice made by the patient being emphasised in the referral to the provider, or is it being emphasised to the patient that they can choose which	Thank you for your comment. The wording of this recommendation has been amended to remove this ambiguity.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				option they think is best for them?). It should therefore be clarified.	
Department for Health and Social Care	Guideline	052	004 - 008	We note recommendation 1.5.28 and wonder if NICE have checked the legal position for recommending that some providers/services are not referred to. Instead, it may be preferrable to recommend that providers offer longer term support or that these services are commissioned. The second part of the recommendation on referral to other services that can help to address the drivers of obesity is unclear and would benefit from further clarification and some examples.	Thank you for your comment. The guideline has been amended as suggested.
Department for Health and Social Care	Guideline	052	004 - 008	Under recommendation 1.5.28 consider recommending referral to programmes that offer opportunities to be involved in healthy eating and/or exercise activities such as walking/cycling groups/food growing schemes and other children's activities (these may be delivered by community organisations or other local support).	Thank you for your comment. The guideline has been amended as suggested.
NHS Gloucestershire ICB	Guideline	052	004 - 008	To allow joined up care, this section could stress the importance of working alongside the professionals delivering the weight management intervention to support referrals into other appropriate. For example, if a CYP has spent a long time within the service before being referred into the weight management intervention, the professionals are likely to have a greater understanding of the context and needs surrounding the CYP.	Thank you for your comment. The guideline acknowledges the need for a joined-up approach (rec 1.12.11) alongside other health and social care services that can help address the drivers of obesity.
Association for the	Guideline	052	009	1.5.29 - Although many healthcare professionals working in the obesity field know that specialist weight management services have also been known as tier 3 services, the non-	Thank you for your comment. The committee agreed to refer to specialist overweight and obesity management services rather than tiers.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Study of Obesity UK				specialist may not be aware. People may not look at the description on page 122 lines 1 to 5. Behavioural interventions are also a key part of treatment but provided by specialist healthcare professionals.	
BDA Obesity Specialist Committee	Guideline	052	009	1.5.29 - Specialist weight management services are not defined until page 122 lines 1 to 5. Behavioural interventions are also a key part of treatment but provided by specialist healthcare professionals. Within the recommendations, it needs to be clear the composition of the team providing programmes called "Behavioural overweight and obesity management interventions" is not the same as the highly specialist multidisciplinary teams providing specialist weight management service.	Thank you for your comment. A definition of behavioural overweight and obesity management interventions is provided in terms used in the guideline section.
Manchester Foundation Trust	Guideline	052	013	Some advice needs to be provided in this section about what to do if carers and the young person decline referral to weight management in the presence of significant health complications such a social care support in the form of early help up to more serious safeguarding.	Thank you for your comment. Rec 1.12.16 addresses the issue of declining a referral to an intervention.
NHS England	Guideline	052	013	add a statement that links to the safeguarding section earlier in the document	Thank you for your comment. The committee agreed that this was not needed.
Diabetes UK	Guideline	052	022	Although this comment does link back to the list of wider factors that impact overweight and obesity, it does not provide any information on how to provide support for barriers. It would be beneficial to include a link to resources on how to provide support that can practically overcome barriers.	Thank you for your comment. The need to address barriers is acknowledged throughout the guideline. Guidance on how to achieve this should be based on individual needs.
X-PERT Health	Guideline	052	022 - 024	In our opinion, the wording of the final point in recommendation 1.5.30 could be improved. The reference to barriers should relate to overcoming them, rather than	Thank you for your comment. The need to address barriers caused by the wider determinants has been addressed in rec 1.5.5 and 1.12.16.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				offering support "for" them; and we believe that the use of the word "the" ahead of "context" is superfluous and reduces the readability of the sentence. We would therefore propose the following as a replacement: "offer support to overcome barriers caused by the wider determinants and/or context of overweight and obesity"	
Leeds Beckett University - Obesity Institute	Guideline	053	005	we very much welcome the need for ongoing maintenance support	Thank you for your comment.
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	053	005 - 007	1.5.31 – Positive step.	Thank you for your comment.
Reed Wellbeing Ltd	Guideline	053	008	To be able to tailor the intervention to meet individual need, more specific categories for ethnicity is needed, so we can give better targeted advice to young people who are more overweight.	Thank you for your comment.
Royal College of General Practitioners	Guideline	053	008	Rec 1.5.32 We believe, providing greater detail on what constitutes "multi-component" would be useful for clinicians – for example mentioning assessment of sleep, social connection, physical activity, how to assess food quality and timing, mental wellbeing and medications.	Thank you for your comment. Examples of multi component have been added to this recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	053	008 - 014	1.5.32 – This is much needed and will allow further targeted intervention.	Thank you for your comment.
X-PERT Health	Guideline	053	012 & 013	We believe that the use of the word "the" ahead of "context" is superfluous and reduces the readability of the final sentence in recommendation 1.5.32. We would therefore propose the following as a replacement: "These needs may be influenced by the wider determinants and/or context of overweight and obesity"	Thank you for your comment. The guideline has been amended as suggested.
Hywel Dda University Health Board	Guideline	053	015 - 027	Similar comment to above, need to focus more on building positive habits. There is a risk that overfocusing on weight could contribute to a disordered relationship with food into later life. This is something we see frequently in adult weight management services.	Thank you for your comment.
NHS Gloucestershire ICB	Guideline	053	015 - 027	We feel 1.5.33 and 1.5.34 do not fully acknowledge the need to create capacity in the CYP/ family's life compared to 1.5.32 which recognises the need for a holistic and individualised approach. Could this instead read: 'Where there is capacity to (see recommendation 1.5.32), ensure interventions focus on:'...	Thank you for your comment. The committee agreed that this suggested addition was not needed.
Royal College of General	Guideline	053	016	Rec 1.5.33 It would be useful to include guidance on how to make a dietary quality assessment e.g. Including validated tools to support doing this in a clinical setting. Additionally, more detailed guidance on food insecurity would be useful	Thank you for your comment. The committee considered the issues of dietary quality assessment, validated tools

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Practitioners				– how to assess food insecurity and sources of support to help with food vouchers/food bank/citizens advice etc. Furthermore, it is important to include specific guidance and raise awareness around the Healthy Start Scheme as a significant proportion of these go unclaimed https://www.healthystart.nhs.uk/. This section also omits the role of sleep in overweight and obesity and overlooks the need for a sleep assessment.	and the role of sleep and agreed these is outside the scope of the guideline update. The committee also considered cross referencing to the Healthy Start scheme. This scheme is not relevant to this topic and will be considered as part of the update of the NICE maternal and child nutrition guideline (PH11).
Public Health Wales	Guideline	053	021	1.5.34 It may be helpful to consider the range of approaches that may be used to deliver this, to support the development of wider opportunities than 1-1. There may be training needs and associated costs for these techniques.	Thank you for your comment. Recommendation 1.12.6 outlines the need to be aware of the local and national overweight and obesity management pathway, links to support services, referral criteria and capacity of services. Training as a whole is now outside the remit of NICE guidelines.
X-PERT Health	Guideline	053	022	The word "and" should perhaps be changed to "and/or" to reflect that not all of the persons listed here will necessarily be relevant. This applies to other recommendations too (e.g., 1.5.43, 1.5.52, 1.5.54, and 1.5.55).	Thank you for your comment. The committee agreed that these changes were not needed and the focus should be on a combination.
Manchester Foundation Trust	Guideline	053	024	A number of strategies are given here but there is no signposting or explanation for some of these e.g. motivational techniques.	Thank you for your comment. The committee considered this issue and agreed that no further signposting is needed.
Association of Clinical Psychologists UK	Guideline	053	024 - 027	Improving mental health and wellbeing	Thank you for your comment. The committee agreed that these changes were not needed. The list provided in the recommendation is illustrative.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
X-PERT Health	Guideline	053	026	This should perhaps emphasise that any rewards used should not be food related.	Thank you for your comment. The committee agreed that these changes were not needed. This issue is covered in recs 1.6.3 and 1.6.9.
UK Society for Behavioural Medicine	Guideline	053 - 056	General	The guidance has "Core components of behavioural overweight and obesity management interventions" for children and young people, but why not for adults? There is good evidence that the list of techniques and recommendations in 1.5.31, 1.5.32, 1.5.33, 1.5.34 also apply to adults (see NICE PH38 and [1]). It is likely that 1.5.35 and 1.5.36 also apply to adults. The same applies to much of the content under the heading "Developing a tailored plan to meet individual needs" (individual tailoring to support change in diet and pa is also recommended in PH38). Greaves CJ, Sheppard KE, Abraham C, et al. Systematic review of reviews of intervention components associated with increased effectiveness in dietary and physical activity interventions. BMC Public Health 2011; 11: 1-12. DOI: 10.1186/1471-2458-11-119.	Thank you for your comments. The core components listed are based on the evidence from this recent update. The committee has not considered the evidence for adults as it was outside the scope of this guideline update.
Public Health Wales	Guideline	054	001	1.5.34 Teaching people strategies focusses on the individual and suggests a class room or teaching based approach. Few people are trained to teach effectively. It may be helpful to consider using less didactic terms such as supporting people to identify and implement strategies. There may be training needs and associated costs for these techniques.	Thank you for your comment. The committee agreed that these changes were not needed. This recommendation does not suggest a classroom or teaching based approach.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Public Health Wales	Guideline	054	002	1.5.34 Making it easier for people to change needs consideration of the public health work to support change and create healthier environments and more opportunities locally. This links to the whole systems approaches identified in this document.	Thank you for your comment. The committee agreed that these changes were not needed and is covered in other resources. Public Health England has produced a guide and set of resources to support local authorities with implementing a whole systems approach to address obesity and promote a healthy weight. Further information can be found here.
Betsi Cadwaladr University Health Board	Guideline	054	002	Suggest adding 'support with parenting skills'	Thank you for your comment. The committee agreed that these changes were not needed. The evidence review for this review question did not find any evidence to support parenting skills.
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	054	002 - 003	1.5.34 – How will barriers be reduced? It is a good recommendation but will be specific and vary between areas.	Thank you for your comment. The committee agreed that these changes were not needed. Barriers will vary depending on the individual and the local commissioning and service provision.
Public Health Wales	Guideline	054	004	1.5.35 Physical activity interventions are often conflated with wider changes to opportunities to be more physically active. With the evidence for children and young people which suggests that increased activity levels may have a small benefit in combination with diet, and the wider benefits of an active healthy lifestyle it would be clearer for this recommended interventions to support being more physically active during the day including considering	Thank you for your comment. The committee agreed that these changes are not needed. Further detail to rec 1.14.4 could not be added as the role of physical activity in overweight and obesity management was outside the scope of this guideline update,

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				interventions to increase the range and duration of physical activities.	
Manchester Foundation Trust	Guideline	054	004	This does not account for wheelchair users. Please ensure other forms of physical activity are encouraged for non-weight being individuals. Very little guidance is provided for individuals with mobility issues.	Thank you for your comment. Consideration of disabilities is outlined in section 1.15 physical activity approaches.
NHS Gloucestershire ICB	Guideline	054	004 - 010	As there have been no major updates to the recommendations for 'physical activity approaches in children and young people' since 2006, this feels like a missed opportunity to highlight the non-weight related benefits of activity as part of weight management interventions, e.g., developing friendships, peer support groups, improvements in mental wellbeing, etc.	Thank you for your comment. Physical activity approaches in children and young people are out of scope for this guideline update.
Betsi Cadwaladr University Health Board	Guideline	054	007	Could this also include the recommendation to support children, young people and their families to use the free green and blue health opportunities within their community to be physically active as well as promoting mental health and wellbeing? This can also provide families within an ongoing strategy for taking part in free accessible physical activity long-term.	Thank you for your comment. The use of free green and blue health opportunities is outside the scope for this guideline update.
Betsi Cadwaladr University Health Board	Guideline	054	007	Could this include the recommendation to encourage and support children, young people and their families to actively travel all journeys under three miles including travelling to school and leisure activities by walking, scooting or cycling as a way of being less sedentary and more physically active?	Thank you for your comment. This issue is outside the scope of this guideline update.
The Royal Borough of Windsor	Guideline	054	008 - 010	1.5.35 – Although adding PA is great. It may be useful to also add non-competitive activities which involve active movement to support those who do not enjoy sport. This	Thank you for your comment. The committee agreed that these changes were not needed. The recommendation

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
and Maidenhead Public Health Team				would support more CYP to be active. This point is based on a research project I was involved in.	(1.15.7) outlines the need for tailoring to meet individual needs.
Public Health Wales	Guideline	054	011	1.5.36 The addition of recognition of small changes and positive benefits for supporting people may help clarify this point (would help to align to 1.5.50)	Thank you for your comment. The committee agreed that these changes were not needed.
Leeds Beckett University - Obesity Institute	Guideline	054	011	should there be a recommendation about the inclusion of addressing self esteem, body satisfaction and support for emotional and disordered eating where appropriate? Should there also be something about family based approaches particularly for younger children, where one of more family members are also living with obesity (see Cochrane preschool review evidence).	Thank you for your comment. The committee agreed that these issues are outside the scope of this guideline update.
Beat	Guideline	054	011 - 013	Recommendation 1.5.36 says to ensure that obesity management interventions encourage all family members to eat healthily and be physically active, regardless of their weight. We recommend adding that it is important to be mindful of how this message is delivered and could be misinterpreted or harmful for people affected by eating disorders.	Thank you for your comment. The committee considered this recommendation to be in line with standard health messaging, so did not need to be changed.
The Royal Borough of Windsor and Maidenhead Public	Guideline	054	011 - 013	1.5.36 – Agree with this, good addition.	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Health Team					
Public Health Wales	Guideline	054	015	1.5.33 Clarity is needed for "targeted diet modifications" and which approaches for delivery of this should be considered and are most effective. Also the evidence reviews (interventions to prevent obesity in Children aged 2-4 years old and interventions to prevent obesity in children aged 5 to 11 suggested that diet and activity may be slightly more effective than diet alone. Given the positive benefits of increasing activity, it would be helpful if the guidance reflected this.	Thank you for your comment. Further detail could not be added to 'targeted diet modifications' as this depends on individual needs.
Public Health Wales	Guideline	055	008	1.5.38 Efficient communication is needed throughout to keep all parties involved updated on progress. This can be challenging as some data systems often do not work together which means time can be lost e.g. chasing updates and referrals. There is a cost in terms of IT infrastructure, time and funding to ensure these services are available and are effective in a way that provides seamless care.	Thank you for your comment. The committee considered this but agreed this is outside the scope of this guideline update.
Reed Wellbeing Ltd	Guideline	055	008	1.5.38 – This needs to be made easier. For providers of Integrated Health Services GPs are difficult to contact and inform regarding any concerns or GP notifications, it would be good to see suggestion of improving this communication and utilising technology i.e., provider CRM's (Customer Relationship Management systems) and GP systems to be able to talk to each other.	Thank you for your comment. The committee considered this but agreed this is outside the scope of this guideline update.
Public Health Wales	Guideline	055	011	1.5.39 Joined up care with mental health is indicated however, this may be challenging. There are often strict Child And Adolescent Mental Health Services (CAHMS)	Thank you for your comment and for raising these challenges. These challenges are dependent on local commissioning and service provision.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				criteria which means some patients may not meet with these criteria and may not be offered provision. Costs may be incurred in terms of infrastructure and staff to extend this provision.	
Association of Clinical Psychologists UK	Guideline	055	011	Or an eating disorder is suspected	Thank you for your comment. The guideline (recommendation 1.14.9) has been amended as suggested.
X-PERT Health	Guideline	055	011 - 014	1.5.39 should also include a recommendation to refer to the local mental health pathway if there are concerns at any stage that issues relating to the child or young person's mental wellbeing have caused or contributed to their weight gain (as opposed to the converse - circumstances that influence their weight affecting their mental health - which is, rightly, already included).	Thank you for your comment. Mental wellbeing has been added to this recommendation (1.14.9).
Beat	Guideline	055	011 - 014	We agree with this recommendation to refer to the local mental health pathway if there are concerns at any stage of the intervention for a child or young person's mental wellbeing. We recommend adding that these relationships should be actively built with mental health services (particularly eating disorder services) to avoid unnecessary delays, and to ensure joint working approaches. We also recommend that this recommendation should not be limited to children and young people, but instead to people of all ages.	Thank you for your comment. A similar recommendation for adults is outlined in rec 1.11.5.
The Royal Borough of Windsor and	Guideline	055	011 - 014	1.5.39 – good addition.	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Maidenhead Public Health Team					
Hywel Dda University Health Board	Guideline	055	011 - 021	Given the prevalence of psychological co-morbidities associated with increased weight in childhood it is not sufficient to say to refer into a mental health pathway. All interventions should be psychologically and trauma informed to enable the child's wellbeing to be the focus. Need to foster a long term positive body image and relationship with food.	Thank you for your comment. The committee considered this but agreed this is outside the scope of this guideline update. The NICE looked after children and young people guideline NG205 has made a number of recommendations on trauma informed training, building expertise about trauma and improving awareness of the impact of trauma.
Association of Clinical Psychologists UK	Guideline	055	018	Add Body image issues	Thank you for your comment. The committee agreed this addition is not needed. This recommendation refers to a number of factors and the list is illustrative.
Royal College of General Practitioners	Guideline	055	018	Rec 1.5.41 We agree with this recommendation, but this should be mentioned earlier on in the guideline ideally in sections 1.1 and then repeated in 1.3 and 1.4 bearing in mind the ongoing national epidemic of mental health problems and eating disorders in young people.	Thank you for your comment. The committee agreed this change is not needed. The issues highlighted are raised earlier in the guideline in rec 1.3.5.
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	055	018 - 021	1.5.41 – Good open space to discuss and get to the route of the weight management concern. Overall positive but is there capacity within services to do this? Would this require further personnel?	Thank you for your comment. The committee agreed that extra time would be needed to implement this however this cost is expected to be offset by savings from better health outcomes.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
X-PERT Health	Guideline	055	022 & 023	1.5.42 would perhaps benefit from emphasising that these goals do not necessarily need to be to related to weight loss specifically, but could be related to other objective or subjective factors that matter to the child/young person and/or their family/carer(s).	Thank you for your comment. The committee agreed that these changes were not needed. This issue is covered in rec 1.12.4.
Reed Wellbeing Ltd	Guideline	055	024	Agree with the discussion points on making health changes with families and carers as well as children and young people, could consider adding 'Support mental health and wellbeing'.	Thank you for your comment. The committee agreed that these changes were not needed.
Public Health Wales	Guideline	055	027	1.5.43 Clarity needed in terms of what is needed to address this and what advice should be given.	Thank you for your comment. The committee agreed that these changes were not needed. The committee considered this issue and agreed this further detail is dependent on local commissioning and provision of services
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	056	001	1.5.44 – Great inclusion of affordability considering the current cost of living.	Thank you for your comment.
Betsi Cadwaladr University Health Board	Guideline	056	004	Could the wording be amended to advise rather than ensure as services can offer this advice but it is challenging to ensure the patients adhere to this.	Thank you for your comment. The committee agreed that these changes were not needed. Recommendations 1.13.1 to 1.13.4 outline recommendations on encouraging adherence to behavioural interventions in adults and recs 1.14.24 to 1.14.31 on encouraging adherence in children and young people. The wording of these recs has been changed to advise.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
X-PERT Health	Guideline	056	004 - 008	1.5.45 and (particularly) 1.5.46 read as if they are things that will be done to the patient, rather than changes that the intervention will aim to help the patient achieve. They should be reworded.	Thank you for your comment. The committee agreed that these changes were not needed
Reed Wellbeing Ltd	Guideline	056	007	Agree with the point about physical activity and would like to add in 'and type' which would change it to, 'Consider increasing the amount and type of moderate-to-vigorous-intensity physical activity during the intervention'. This is as per the CMO (Chief Medical Officer) activity guideline which states 'Children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength.'.	Thank you for your comment. This amendment has been made to recommendation 1.14.15 as suggested.
Association of Clinical Psychologists UK	Guideline	056	007	Rather than 'consider' use 'encourage'	Thank you for your comment. NICE uses 'consider' in a particular way to indicate strength of evidence. The committee cannot make this change unless there is sufficient evidence.
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	056	009 - 012	1.5.47 – Positive as this keeps the parents responsible. Recipes and alternatives to certain foods may be a good way to further approach this.	Thank you for your comment.
Association of Clinical Psychologists UK	Guideline	056	028	Encourage goals around increasing activity is more motivational than .	Thank you for your comment. The committee agreed that these changes were not needed. Further detail cannot be added to the recommendation as the role of physical

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Aiming to not do something that is highly motivational (eg screens) i	activity approaches is outside the scope of this guideline update.
BDA Obesity Specialist Committee	Guideline	058	013	an opportunity to link to the resource that the OSG has endorsed produced by Fiona (Bath)	Thank you for your comment. Thank you for your comment. A cross reference to the NCMP documents has been added.
NHS Gloucestershire ICB	Guideline	058	013 - 016	The section on 'necessary' and 'accessible' facilities would benefit from specificity and examples. What makes settings inclusive and welcoming? E.g., settings should have wide doors, appropriate scales, seats without arms, private weighing area, appropriate waiting room, etc.	Thank you for your comment. The committee agreed that this further detail is not needed as it varies depending on local provision.
BDA Obesity Specialist Committee	Guideline	058	021	Maintaining consistency of staff throughout the intervention being offered to a child or their family is important but this could be better achieved if staff were not on short-term contracts and a service is appropriately resourced.	Thank you for your comment. Local service provision and staff contracts is outside the scope of this guideline update.
Manchester Foundation Trust	Guideline	058	023	Please specify how frequent is the regular contact meant to be. How often is often enough?	Thank you for your comment. The committee agreed this should be based on individual need.
NHS Gloucestershire ICB	Guideline	058	026 - 029	'Ensure safeguarding' – which guidance should be referred to? Collectively, we feel there are insufficient recommendations around safeguarding and a lack of consensus (one single definition) for system-wide professionals around when obesity is recognised as a sign of abuse and neglect.	Thank you for your comment. The committee considered this but agreed this is outside the scope of this guideline update. The rationale and impact section of the guideline notes - the committee discussed situations in which weight or weight-related comorbidities posed a risk to the child or young person's health that would become a safeguarding concern if not addressed. They agreed that guidance was needed to assist with making decisions that balance the need for person-centred care that respect the choice of

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					child and young person (and that of their families or carers) about the care they receive with the duty of care to the child or young person when there is a serious risk to their long-term health.
ABL Health	Guideline	058	027	We do feel pleased that safeguarding is in this document but feel there needs to be more information. For instance, if a service provider is working with a child in need due to neglect due (causing obesity), it is often the case where the risk reduction is being driven by weight reduction (and a reliance on weight management services) rather than looking at all the drivers for weight. Weight management providers often feel isolated in the support they give whilst a collaborative support network would be more effective and efficient (more collaboration between all services involved with the child, eg social care etc)	Thank you for your comment. The committee considered this but agreed this is outside the scope of this guideline update. The rationale and impact section of the guideline notes - the committee discussed situations in which weight or weight-related comorbidities posed a risk to the child or young person's health that would become a safeguarding concern if not addressed. They agreed that guidance was needed to assist with making decisions that balance the need for person-centred care that respect the choice of child and young person (and that of their families or carers) about the care they receive with the duty of care to the child or young person when there is a serious risk to their long-term health.
First Steps Nutrition Trust	Guideline	058	General	section 1.5.58 - As has been done in other places in the guidelines, suggest making explicit that child care may be required for some families to make their participation possible (as per wording in 1.10.18 on page 85 "If possible, provide affordable childcare (for example, a creche) and provision for breastfeeding".)	Thank you for your comment. The committee agreed that the provision of affordable childcare should not be added to this recommendation.
Department for Health and Social Care	Guideline	059	005 – 009	Under recommendation 1.5.64 consider including reasons beyond the families' control such as unemployment / financial difficulties / additional caring responsibilities.	Thank you for your comment. This amendment has been added to the recommendation (1.14.30).

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Diabetes UK	Guideline	059	018	We are supportive of the recommendations to provide ongoing support after interventions have been completed.	Thank you for your comment.
Public Health Wales	Guideline	060	001	1.5.67 Funding may be needed to access opportunities and this barrier may need to be addressed to reduce inequity	Thank you for your comment. These costs were acknowledged and discussed in the rationale and impact section.
Betsi Cadwaladr University Health Board	Guideline	060	001	Should services develop a discharge plan with children, young people and families to support the ongoing maintenance of the changes that have been achieved which detailed strategies for maintaining dietary changes, strategies for managing risky situations, how to manage emotions and weekly physical activity goals and participation strategies that include green health and active travel.	Thank you for your comment. The committee agreed a discharge plan was not needed in this recommendation.
NHS Gloucestershire ICB	Guideline	060	001 - 004	The guidance does not refer to the opportunity for weight management pathways to join up care alongside Social Prescribing, who as a workforce, could play an active role in supporting CYP (and adults) to access local community services alongside weight management interventions. This guideline feels like the ideal place to champion the role of a Social Prescriber.	Thank you for your comment. The guideline acknowledges the need for a joined-up approach (rec 1.12.11) alongside other health and social care services that can help address the drivers of obesity. Social prescribers are already mentioned in rec 1.11.11.
Leeds Beckett University - Obesity Institute	Guideline	060	006	I think there should also be the option to measure outcome measures that have been developed with the patient – not just weight, as weighing can be triggering for some young people.	Thank you for your comment. The committee considered this issue and agreed that weight is a key outcome in this recommendation.
Big Birthas	Guideline	060	006	This should be an 'offer', not a presumption.	Thank you for your comment.
NHS Gloucestershire ICB	Guideline	060	006 - 008	The recommendation to continue weighing and measuring post-intervention ad-hoc seems vague, specificity is needed here to reduce weighing and measuring too frequently. The	Thank you for your comment. The committee considered the issue of ongoing support and agreed this needs to be determined locally based on local needs.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				guidance would further benefit from suggesting which professionals can continue with follow-up measurements? Acknowledging opportunities for upskilling, how could this be carried out by professionals within the community?	
Big Birthas	Guideline	060	009	Or other measure of progress, not solely weight/BMI! E.g. improved sleep, ability to do more without getting out of breath, improved mood, improved confidence... Weight/BMI is only one measure of health, and not a very good one!	Thank you for your comment. The recommendation (1.14.34) has been amended as suggested to include improvements to fitness and mental wellbeing.
Department for Health and Social Care	Guideline	060	009 - 010	Recommendation 1.5.69. Use information from the interventions (such as change in weight or BMI) to help monitor progress and provide ongoing support. Should the above recommendation reflect monitoring a child/young person's 'BMI centile' to adjust for growth rather than absolute BMI, thus aligning with recommendation 1.4.35 which recommends BMI centiles to classify degree of overweight and 1.5.68. Should waist-to-height ratio also be mentioned as a useful tool to monitor progress.	Thank you for your comment. This has been added to the recommendation (1.14.34) as suggested.
Department for Health and Social Care	Guideline	060	009 - 011	Under recommendation 1.5.69 consider including additional measures of monitoring progress that go beyond weight such as level of fitness, improved sleep, improved mental wellbeing.	Thank you for your comment. The recommendation (1.14.34) has been amended as suggested.
BDA Obesity Specialist Committee	Guideline	060	014	it is good to see long-term support being recommended but this does have resource implications.	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Department for Health and Social Care	Guideline	060	014 - 021	Under recommendation 1.5.71, consider recommending that children and young people weight management services are part of a joined up multidisciplinary team approach, recognising complexity of need that may exist.	Thank you for your comment. The recommendation has been amended as suggested.
Beat	Guideline	060	015 - 021	Recommendation 1.5.71 lists information that should be provided to children and young people, and their families and carers as ongoing support. We recommend adding information about eating disorder services, and organisations such as Beat's helpline and other support services.	Thank you for your comment. The recommendation (1.14.36) has been amended to include charities and helplines as sources of support.
Department for Health and Social Care	Guideline	060	019	Under 1.5.71, consider adding 'free' before 'healthcare endorsed apps'.	Thank you for your comment. The recommendation (1.14.36) has been amended as suggested.
Royal College of Physicians (RCP)	Guideline	060	019	Encourage the use of more digital technology and appropriate use of social media in informing and educating children and young people. Possibly an area for research using digital tools or AI.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
NHS Gloucestershire ICB	Guideline	060 - 061	005 -021 & 001 - 011	This section acknowledges that the weight management intervention is only one part of the jigsaw puzzle in response to the complex needs of the CYP/ family. However, nationally, services would benefit from further advice/ guidance to define the exit strategy for CYP who access weight management services (appreciating that no one size fits all).	Thank you for your comment. The committee agreed that advice on exit strategies was not needed as this is based on individual needs.
NHS England	Guideline	061	001	add bullet point 'adapt approach to help meet the person's needs'	Thank you for your comment. Recommendations 1.14.7 to 1.14.20 outline developing a tailored plan to meet individual needs.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Betsi Cadwaladr University Health Board	Guideline	061	006	Suggest it is acknowledged that there may not be an alternative intervention available. In which case re-referral to the same intervention may be appropriate.	Thank you for your comment. This issue is addressed in recs 1.11.15, 1.13.2. 1.14.31 and 1.14.37.
Department for Health and Social Care	Guideline	061	006 - 008	This part of recommendation 1.5.72 suggests that an alternative service should be offered for any increase in BMI. Should it be clarified that a re-referral to a previously accessed service is also appropriate or the child/family may be able to revisit previously used/learnt techniques in the previously accessed service.	Thank you for your comment. This issue is addressed in recs 1.11.15, 1.13.2. 1.14.31 and 1.14.37..
Department for Health and Social Care	Guideline	061	012 - 016	We are concerned that the phrasing on this recommendation may imply that submission of data to the National Obesity Audit is optional and is not required if data is submitted elsewhere. Providers of publicly funded weight management services currently described as Tiers 2, 3 and 4 in England are required to submit data to the National Obesity Audit. This recommendation could be strengthened to reflect this. The recommendation as it is currently drafted is appropriate for non-publicly funded services but should be further clarified for publicly funded services. For further information: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-obesity-audit#services-included-in-the-audit	Thank you for your comment. The guideline has been amended to clarify that the data is required.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Public Health Wales	Guideline	061	013	1.5.73 Submit data for national audit and analysis. There may be a benefit to additional clarity in relation to data in terms what is collected and how this is used. This may include the collection and submission of data relating to the pathway processes and outcomes. Parallel datasets may need to be considered e.g (Minimum Dataset) in Wales. Data collection and submission for the purposes of surveillance may also need to be considered to support planning.	Thank you for your comment. The guideline has been amended to clarify that the data is required. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Betsi Cadwaladr University Health Board	Guideline	061	013	Is it possible to detail the options available in England, Wales and Scotland for submitting data for national audit? Public Health Wales is currently leading on this in Wales.	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Manchester Foundation Trust	Guideline	061	013 & 001	It is unclear how professionals get involved in submitting data to the National Obesity Audit Psychological therapies - stop NICE has merely made a recommendation for research of psychological therapies to address weight stigma. It should also include– to review factors that may contribute weight gain including social and financial factors and the families should be signposted for further support	Thank you for your comment. The guideline has been amended to clarify that the data is required for the National Obesity Audit. **T**he issues raised on weight loss maintenance are covered in recs 1.12.11, 1.14.11 and 1.14.19.
Big Birthas	Guideline	062	009	'Encouraging 'people to increase their levels of physical activity without taking a baseline measure of what that physical activity level is, is presumptive, rude and judgemental. There are fat ballet dancers, marathon runners, yoga teachers and swimmers. Being fat should not	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				automatically lead to an assumption of inactivity – which this implies, which is inaccurate and stigmatising.	
Big Birthas	Guideline	062	016	This directly contradicts the current advice of 5x30 minute sessions (150 mins) per week currently widely given.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
NHS Gloucestershire ICB	Guideline	062	General	The section on physical activity for adults could be strengthened with reference to the evidence for the role of physical activity in supporting weight maintenance following weight loss	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
British Association of Dermatologists (the BAD)	Guideline	063	General	Physical activity in some groups of patients (HS) is very difficult. HS is a chronic condition affecting the flexures characterised by pus, blood and draining tunnels – it is known that friction and sweating can cause a flare of disease and therefore increasing physical activity in some groups is not always a viable part of weight management and we would advocate for this to be taken into account when assessing patients with HS. https://pubmed.ncbi.nlm.nih.gov/26617356/	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Royal College of General Practitioners	Guideline	064	009	Rec 1.7.1 We are concerned that low carb approaches to weight loss have not been considered. Several practices have been offering a low carb approach to weight loss for over ten years. At 30 months the average weight loss is 10kg or approximately 10% of body weight. It is important to consider the following evidence (majority of which indicate better results from the low carb approach): Unwin D, Delon C, Unwin J, Tobin S, Taylor R. What predicts drug-free type 2 diabetes remission? Insights from an 8-year general practice service evaluation of a lower	Thank you for your comment. The committee looked at evidence on a range of diet types, including low-carbohydrate diets. They noted that many of the studies compared low-carbohydrate diets with 'conventional' diets that were typically low-fat. Generally, the evidence could not differentiate between the approaches. So the committee agreed they could not recommend specific types of macronutrient diets and that different approaches to lowering macronutrient content, by reducing either fat

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				carbohydrate diet with weight loss. BMJ Nutrition, Prevention & Health. 2023:e000544. A Randomized Trial Comparing a Very Low Carbohydrate Diet and a Calorie-Restricted Low Fat Diet on Body Weight and Cardiovascular Risk Factors in Healthy Women. Brehm et al. https://doi.org/10.1210/jc.2002-021480 A Randomized Trial of a Low-Carbohydrate Diet for Obesity. Foster et al.https://doi.org/10.1056/NEJMoa022207 A Low-Carbohydrate as Compared with a Low-Fat Diet in Severe Obesity. Samaha et al. https://doi.org/10.1056/NEJMoa022637 Effects of a low-carbohydrate diet on weight loss and cardiovascular risk factor in overweight adolescents. Sondike et al. https://doi.org/10.1067/mpd.2003.4 The National Cholesterol Education Program Diet vs a Diet Lower in Carbohydrates and Higher in Protein and Monounsaturated Fat A Randomized Trial. Aude et al. https://doi.org/10.1001/archinte.164.19.2141 A Low-Carbohydrate, Ketogenic Diet versus a Low-Fat Diet To Treat Obesity and Hyperlipidemia: A Randomized, Controlled Trial. Yancy et al. https://doi.org/10.7326/0003-4819-140-10-200405180-00006	or carbohydrate intake, could be used to create the energy deficit needed. The committee also made a research recommendation on the adverse events associated with different dietary approaches (for example, low-energy and very-low-energy diets, low-carbohydrate diets, intermittent fasting) for people living with overweight or obesity. Thank you for providing these references. These have been considered for inclusion in evidence review G - What is the effectiveness and cost effectiveness of total or partial diet replacements, intermittent fasting, plant-based and low carbohydrate, in achieving and maintaining weight loss in adults living with overweight or obesity? Unwin et al 2023 – this study did not need the evidence review protocol criteria as the intervention routinely offered advice on lowering dietary carbohydrate intake with a low-carbohydrate diet being offered as an option. Brehm et al 2006 – this study did not meet the evidence review criteria as the study compared a very low carbohydrate diet and a calorie-restricted low-fat diet in healthy women. Foster et al 2004 - this study did not meet the evidence review criteria as the study compared a low-carbohydrate, high-protein, high-fat diet with a low-calorie, high-carbohydrate, low-fat (conventional) diet.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Comparison of energy-restricted very low-carbohydrate and low-fat diets on weight loss and body composition in overweight men and women. Volek et al. https://doi.org/10.1186/1743-7075-1-13 Comparison of a Low-Fat Diet to a Low-Carbohydrate Diet on Weight Loss, Body Composition, and Risk Factors for Diabetes and Cardiovascular Disease in Free-Living, Overweight Men and Women. Meckling et al. https://doi.org/10.1210/jc.2003-031606 Lack of suppression of circulating free fatty acids and hypercholesterolemia during weight loss on a high fat, low-carbohydrate diet. Hernandez et al. https://doi.org/10.3945/ajcn.2009.27909 Perceived Hunger Is Lower and Weight Loss Is Greater in Overweight Premenopausal Women Consuming a Low-Carbohydrate/High-Protein vs High-Carbohydrate/Low-Fat Diet. Nickols-Richardson et al. https://doi.org/10.1016/j.jada.2005.06.025 Short-term effects of severe dietary carbohydrate-restriction advice in Type 2 diabetes—a randomized controlled trial. Daly et al. https://doi.org/10.1111/j.1464-5491.2005.01760.x Separate effects of reduced carbohydrate intake and weight loss on atherogenic dyslipidemia. Krauss et al.	Samaha et al 2004 - this study did not meet the evidence review criteria as the study compared a Low-Carbohydrate with a Low-Fat Diet in severe obesity. The follow-up period also did not meet the inclusion criteria. Sondike et al. 2003 - this study did not meet the evidence review criteria as the study examined overweight adolescents and the evidence review considered adults. Aude et al 2004 - this study did not meet the evidence review criteria as the study compared the National Cholesterol Education Program Diet vs a diet lower in carbohydrates and higher in protein and monounsaturated fat. Yancy er al 2004 - this study did not meet the evidence review criteria as the study compared a low-carbohydrate, ketogenic diet versus a low-fat diet to treat obesity. Volek et al 2004 - this study did not meet the evidence review criteria as the study compared energy-restricted very low-carbohydrate and low-fat diets. The time period of the trial did not meet the PICO criteria. Meckling et al 2004 - this study did not meet the evidence review criteria as the study compared a low-fat diet to a low-carbohydrate diet on weight loss. The time period of the trial did not meet the PICO criteria.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				https://doi.org/10.1093/ajcn/83.5.1025 Comparison of the Atkins, Zone, Ornish, and LEARN Diets for Change in Weight and Related Risk Factors Among Overweight Premenopausal Women The A TO Z Weight Loss Study: A Randomized Trial. Gardner et al. https://doi.org/10.1001/jama.297.9.969 Low- and high-carbohydrate weight-loss diets have similar effects on mood but not cognitive performance. Halyburton et al. https://doi.org/10.1093/ajcn/86.3.580 A low-carbohydrate diet is more effective in reducing body weight than healthy eating in both diabetic and non-diabetic subjects. Dyson et al. https://doi.org/10.1111/j.1464-5491.2007.02290.x The effect of a low-carbohydrate, ketogenic diet versus a low-glycemic index diet on glycemic control in type 2 diabetes mellitus. Westman et al. https://doi.org/10.1186/1743-7075-5-36 Weight Loss with a Low-Carbohydrate, Mediterranean, or Low-Fat Diet. Shai et al. https://doi.org/10.1056/NEJMoa0708681 Effects of weight loss from a very-low-carbohydrate diet on endothelial function and markers of cardiovascular disease risk in subjects with abdominal obesity. Keogh et al. https://doi.org/10.1093/ajcn/87.3.567	Meckling et al 2003 - this study did not meet the evidence review criteria as the study compared a low-fat diet to a low-carbohydrate diet. The time period of the trial did not meet the PICO criteria. Hernandez et al. 2010 - this study did not meet the evidence review criteria as the study compared a high fat, low carbohydrate diet. Nickols-Richardson et al. 2005 - this study did not meet the evidence review criteria as the study compared a low-carbohydrate/high-protein vs high-carbohydrate/low-fat diet. Daly et al 2006 - this study did not meet the evidence review criteria as the study compared a severe dietary carbohydrate-restriction advice in Type 2 diabetes. The time period of the trial did not meet the PICO criteria. Krauss et al 2006 - this study did not meet the evidence review criteria as the study compared a moderate carbohydrate restriction diet before and after weight loss and in conjunction with a low or high dietary saturated fat intake. Gardnet et al 2007 - this study did not meet the evidence review criteria as the study compared the Atkins, Zone, Ornish, and LEARN diets.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				www.PublicHealthCollaboration.org Metabolic Effects of Weight Loss on a Very-Low-Carbohydrate Diet Compared With an Isocaloric High Carbohydrate Diet in Abdominally Obese Subjects. Tay et al. https://doi.org/10.1016/j.jacc.2007.08.050 Carbohydrate Restriction has a More Favorable Impact on the Metabolic Syndrome than a Low Fat Diet.Volek et al. https://doi.org/10.1007/s11745-008-3274-2 Long-term effects of a very-low-carbohydrate weight loss diet compared with an isocaloric low-fat diet after 12 mo. Brinkworth et al. https://doi.org/10.3945/ajcn.2008.27326 Efficacy and Safety of a High Protein, Low Carbohydrate Diet for Weight Loss in Severely Obese Adolescents. Krebs et al. https://doi.org/10.1016/j.jpeds.2010.02.010 In type 2 diabetes, randomisation to advice to follow a low-carbohydrate diet transiently improves glycaemic control compared with advice to follow a low-fat diet producing a similar weight loss. Guldbrand et al. https://doi.org/10.1007/s00125-012-2567-4 A Randomized Pilot Trial of a Moderate Carbohydrate Diet Compared to a Very Low Carbohydrate Diet in Overweight or Obese Individuals with Type 2 Diabetes Mellitus or Prediabetes. Saslow et al. https://doi.org/10.1371/journal.pone.0091027	Halyburton et al 2007 - this study did not meet the evidence review criteria as the study compared low- and high-carbohydrate weight-loss diets. Dyson et al 2007 - this study did not meet the evidence review criteria as the study compared a low-carbohydrate diet to healthy eating in type 2 diabetes and non-type 2 subjects. Westman et al 2008 - this study did not meet the evidence review criteria as the study compared a low-carbohydrate, ketogenic diet versus a low-glycaemic index diet. Shai et al 2008 - this study did not meet the evidence review criteria as the study compared a low-carbohydrate, mediterranean, or low-fat diet. Keogh et al date unknown - this study did not meet the evidence review criteria as the study compared a low carbohydrate to a low fat diet. Tay et al 2008 - this study did not meet the evidence review criteria as the study compared a very-low-carbohydrate diet with an isocaloric high-carbohydrate diet in abdominally obese subjects. Volek et al 2008 - this study did not meet the evidence review criteria as the study compared calorie restriction to a low-fat diet.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Effects of Low-Carbohydrate and Low-Fat Diets: A Randomized Trial. Bazzano et al. https://doi.org/10.7326/M14-0180 The Role of Energy Expenditure in the Differential Weight Loss in Obese Women on Low-Fat and Low Carbohydrate Diets. Brehm et al. https://doi.org/10.1210/jc.2004-1540 Effects of a Low Carbohydrate Weight Loss Diet on Exercise Capacity and Tolerance in Obese Subjects. Brinkworth et al. https://doi.org/10.1038/oby.2009.134 Comparative Study of the Effects of a 1-Year Dietary Intervention of a Low-Carbohydrate Diet Versus a Low-Fat Diet on Weight and Glycemic Control in Type 2 Diabetes. Davis et al. https://doi.org/10.2337/dc08-2108 Weight and Metabolic Outcomes After 2 Years on a Low-Carbohydrate Versus Low-Fat Diet: A Randomized Trial. Foster et al. https://doi.org/10.7326/0003-4819-153-3-201008030-00005 Effects of a Low-intensity Intervention That Prescribed a Low-carbohydrate vs. a Low-fat Diet in Obese, Diabetic Participants. Iqbal et al. https://doi.org/10.1038/oby.2009.460 Consuming a hypocaloric high fat low carbohydrate diet for 12 weeks lowers C-reactive protein, and raises serum	Brinkworth et al 2008 - this study did not meet the evidence review criteria as the study compared a very-low-carbohydrate weight loss diet with an isocaloric low-fat diet. Davies et al 2009 - this study did not meet the evidence review criteria as the study compared a low-carbohydrate diet versus a low-fat diet. Foster et al 2010 - this study did not meet the evidence review criteria as the study compared a low-carbohydrate versus low-fat diet. Iqbal et al 2009 - this study did not meet the evidence review criteria as the study compared a low-carbohydrate vs. a low-fat diet. Ruth et al 2013 - this study did not meet the evidence review criteria as the study examined a hypocaloric high fat low carbohydrate diet. Noakes et al 2006 - this study did not meet the evidence review criteria as the study compared a isocaloric very low carbohydrate/high saturated fat and a high carbohydrate/low saturated fat diet. Brinkworth et al 2009 - this study did not meet the evidence review criteria as the study compared a very low-carbohydrate diet and a low-fat diet.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				adiponectin and high density lipoprotein-cholesterol in obese subjects. Ruth et al. https://doi.org/10.1016/j.metabol.2013.07.006 Comparison of isocaloric very low carbohydrate/high saturated fat and high carbohydrate/low saturated fat diets on body composition and cardiovascular risk. Noakes et al. https://doi.org/10.1186/1743-7075-3-7 Long-term Effects of a Very Low-Carbohydrate Diet and a Low-Fat Diet on Mood and Cognitive Function. Brinkworth et al. https://doi.org/10.1001/archinternmed.2009.329 The effects of low-carbohydrate versus conventional weight loss diets in severely obese adults: one-year follow-up of a randomized trial. Stern et al. https://doi.org/10.7326/0003-4819-140-10-200405180-00007 A Randomized Trial of a Low-Carbohydrate Diet vs Orlistat Plus a Low-Fat Diet for Weight Loss. Yancy et al. 2010. https://doi.org/10.1001/archinternmed.2009.492 A randomized controlled trial of low carbohydrate and low fat/high fiber diets for weight loss. Baron et al. https://doi.org/10.2105/ajph.76.11.1293 A very low-carbohydrate, low-saturated fat diet for type 2 diabetes management: a randomized trial. Tay et al. https://doi.org/10.2337/dc14-0845	Stern et al 2004 - this study did not meet the evidence review criteria as the study compared a low-carbohydrate versus conventional weight loss diets. Yancy et al 2010 - this study did not meet the evidence review criteria as the study compared a low-carbohydrate diet vs orlistat plus a low-fat diet. Baron et al 1986 - this study did not meet the evidence review criteria as the study compared a low carbohydrate and low fat/high fibre diet. Tay et al 2014 - this study did not meet the evidence review criteria as the study examined a very low-carbohydrate, low-saturated fat diet. Truby et al 2006 - this study did not meet the evidence review criteria as the study compared four commercial weight loss programmes. Sharman et al 2004 - this study did not meet the evidence review criteria as the study compared very low-carbohydrate and low-fat diets. McAuley et al 2005 - this study did not meet the evidence review criteria as the study compared high-fat and high-protein diets with a high-carbohydrate diet.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Randomised controlled trial of four commercial weight loss programmes in the UK: initial findings from the BBC "diet trials". Truby et al. https://doi.org/10.1136/bmj.38833.411204.80 Comparison of the Atkins, Ornish, Weight Watchers, and Zone Diets for Weight Loss and Heart Disease Risk Reduction: A Randomized Trial. Dansinger et al. https://doi.org/10.1001/jama.293.1.43 www.PublicHealthCollaboration.org Very Low-Carbohydrate and Low-Fat Diets Affect Fasting Lipids and Postprandial Lipemia Differently in Overweight Men. Sharman et al. https://doi.org/10.1093/jn/134.4.880 Comparison of high-fat and high-protein diets with a high-carbohydrate diet in insulin-resistant obese women. McAuley et al. https://doi.org/10.1007/s00125-004-1603-4 Diet-Induced Weight Loss Is Associated with Decreases in Plasma Serum Amyloid A and C-Reactive Protein Independent of Dietary Macronutrient Composition in Obese Subjects. O'Brien et al. https://doi.org/10.1210/jc.2004-1011 Advice to follow a low-carbohydrate diet has a favourable impact on low-grade inflammation in type 2 diabetes compared with advice to follow a low-fat diet. Jonasson et al. https://doi.org/10.3109/07853890.2014.894286	O'Brien et al 2005 - this study did not meet the evidence review criteria as the study examined diet-induced weight loss. Jonasson et al 2014 - this study did not meet the evidence review criteria as the study examined advice to follow a low carbohydrate diet. Yamade et al 2014 - this study did not meet the evidence review criteria as the study examined a non-calorie-restricted low-carbohydrate diet for patients with type 2 diabetes. Bradley et al 2009 - this study did not meet the evidence review criteria as the study compared a low-fat versus low-carbohydrate weight reduction diet. Lean et al 1997 - this study did not meet the evidence review criteria as it did not meet the date limit. De Luis et al 2012 - this study did not meet the evidence review criteria as it compared weight loss and adipocytokines levels after two hypocaloric diets with different macronutrient distribution. Fletcher-Mors et al 2010 - this study did not meet the evidence review criteria as it compared protein-enriched meal replacements.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				A non-calorie-restricted low-carbohydrate diet is effective as an alternative therapy for patients with type 2 diabetes. Yamada et al. https://doi.org/10.2169/internalmedicine.53.0861 Low-Fat Versus Low-Carbohydrate Weight Reduction Diets Effects on Weight Loss, Insulin Resistance, and Cardiovascular Risk: A Randomized Control Trial. Bradley et al. https://doi.org/10.2337/db09-0098 Weight loss with high and low carbohydrate 1200 kcal diets in free living women. Lean et al. https://doi.org/10.1038/sj.ejcn.1600391 Evaluation of weight loss and adipocytokines levels after two hypocaloric diets with different macronutrient distribution in obese subjects with rs9939609 gene variant. De Luis et al. https://doi.org/10.1002/dmrr.2323 Enhanced weight loss with protein-enriched meal replacements in subjects with the metabolic syndrome. Flechtner-Mors et al. https://doi.org/10.1002/dmrr.1097 Long-term effects of a low carbohydrate, low fat or high unsaturated fat diet compared to a no intervention control. Lim et al. https://doi.org/10.1016/j.numecd.2009.05.003 A randomized study comparing the effects of a low-carbohydrate diet and a conventional diet on lipoprotein subfractions and C-reactive protein levels in patients with	Lim et al 2010 - this study did not meet the evidence review criteria as it compared low carbohydrate, low fat or high unsaturated fat diet compared to a no-intervention control. Seshardi et al 2004 - this study did not meet the evidence review criteria as it compared the effects of a low-carbohydrate diet and a conventional diet on lipoprotein subfractions and C-reactive protein levels. Tay et al 2015 – this study is included in evidence review F. Gardner et al 2016 - this study did not meet the evidence review criteria due to insufficient follow up. Partsalaki et al 2012 - this study did not meet the evidence review criteria as the study is in children and adolescents. Sato et al 2017 - this study did not meet the evidence review criteria due to insufficient follow up. Goday et al 2016 - this study did not meet the evidence review criteria due to insufficient follow up. Veum et al 2017 - this study did not meet the evidence review criteria due to insufficient follow up.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				severe obesity. Seshadri et al. https://doi.org/10.1016/j.amjmed.2004.04.009 Comparison of low- and high-carbohydrate diets for type 2 diabetes management: a randomized trial. Tay et al. https://doi.org/10.3945/ajcn.115.112581 Weight loss on low-fat vs. low-carbohydrate diets by insulin resistance status among overweight adults and adults with obesity: A randomized pilot trial. Gardner et al. https://doi.org/10.1002/oby.21331 Metabolic impact of a ketogenic diet compared to a hypocaloric diet in obese children and adolescents. Partsalaki et al. https://doi.org/10.1515/jpem-2012-0131 A randomized controlled trial of 130 g/day low-carbohydrate diet in type 2 diabetes with poor glycemic control. Sato et al. https://doi.org/10.1016/j.clnu.2016.07.003 Short-term safety, tolerability and efficacy of a very low-calorie-ketogenic diet interventional weight loss program versus hypocaloric diet in patients with type 2 diabetes mellitus. Goday et al. https://doi.org/10.1038/nutd.2016.36 Visceral adiposity and metabolic syndrome after very high–fat and low-fat isocaloric diets: a randomized controlled trial. Veum et al. https://doi.org/10.3945/ajcn.115.123463	Saslow wt al 2017 - this study did not meet the evidence review criteria due to insufficient follow up. Tsaban et al 2017 - this study did not meet the evidence review criteria as it examined the dynamics of intrapericardial and extrapericardial fat tissues. Gibas et al 2017 - this study did not meet the evidence review criteria as it examined Induced and controlled dietary ketosis. Saslow et al 2017 - this study is included in evidence review F. Tay et al 2015 - this study is included in evidence review F. Gardner et al 2017 - this study did not meet the evidence review criteria as it did not examine a relevant intervention. Morris et al 2020 - this study did not meet the evidence review criteria due to insufficient follow up. Michalczyk et al. 2020 - this study did not meet the evidence review criteria as it did not examine a relevant intervention. Chen et al 2020 - this study did not meet the evidence review criteria as it examined an outside of scope outcome (dense low-density lipoprotein and carotid intima-media thickness).

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				An Online Intervention Comparing a Very Low-Carbohydrate Ketogenic Diet and Lifestyle Recommendations Versus a Plate Method Diet in Overweight Individuals With Type 2 Diabetes: A Randomized Controlled Trial. Saslow et al. https://doi.org/10.2196/jmir.5806 www.PublicHealthCollaboration.org Dynamics of intrapericardial and extrapericardial fat tissues during long-term, dietary-induced, moderate weight loss. Tsaban et al. https://doi.org/10.3945/ajcn.117.157115 Induced and controlled dietary ketosis as a regulator of obesity and metabolic syndrome pathologies. Gibas et al. https://doi.org/10.1016/j.dsx.2017.03.022 Twelve-month outcomes of a randomized trial of a moderate-carbohydrate versus very low-carbohydrate diet in overweight adults with type 2 diabetes mellitus or prediabetes. Saslow et al. https://doi.org/10.1038/s41387-017-0006-9 Effects of an energy-restricted low-carbohydrate, high unsaturated fat/low saturated fat diet versus a high-carbohydrate, low-fat diet in type 2 diabetes: A 2-year randomized clinical trial. Tay et al. https://doi.org/10.1111/dom.13164 Effect of Low-Fat vs Low-Carbohydrate Diet on 12-Month Weight Loss in Overweight Adults and the Association With	Goss et al 2020 - this study did not meet the evidence review criteria due to insufficient follow up. Govers et al 2021 – this study did not meet the evidence review criteria due to the sample population (patients with type 2 diabetes) Gram-Kampmann et al 2022 - this study did not meet the evidence review criteria due to insufficient follow up. Durrer et al 2021 - this study did not meet the evidence review criteria due to the sample population (patients with type 2 diabetes). Han et al 2021 - this study did not meet the evidence review criteria as the study examined medication withdrawal. Saslow et al 2023 - this study did not meet the evidence review criteria due to the sample population (adults with a triple multimorbidity).

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Genotype Pattern or Insulin Secretion: The DIETFITS Randomized Clinical Trial. Gardner et al. https://doi.org/10.1001/jama.2018.0245 A food based, low energy, low carbohydrate diet for people with type 2 diabetes in primary care: A randomized controlled feasibility trial. Morris et al. https://doi.org/10.1111/dom.13915 The Effects of a Low Calorie Ketogenic Diet on Glycaemic Control Variables in Hyperinsulinemic Overweight/Obese Females. Michalczyk et al. https://dx.doi.org/10.3390%2Fnu12061854 Effect of a 90 g/day low-carbohydrate diet on glycaemic control, small, dense low-density lipoprotein and carotid intima-media thickness in type 2 diabetic patients: An 18-month randomised controlled trial. Chen et al. https://doi.org/10.1371/journal.pone.0240158 Effects of weight loss during a very low carbohydrate diet on specific adipose tissue depots and insulin sensitivity in older adults with obesity: a randomized clinical trial. Goss et al. https://doi.org/10.1186/s12986-020-00481-9 Carbohydrate Content of Diet Determines Success in Type 2 Diabetes Outcomes. Govers et al. https://doi.org/10.1016/j.metabol.2020.154591 Effects of a six-month low-carbohydrate diet on glycemic control, body composition and cardiovascular risk factors in	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				patients with type 2 diabetes: an open-label RCT. Gram-Kampmann et al. https://doi.org/10.1111/dom.14633 A randomized controlled trial of pharmacist-led therapeutic carbohydrate and energy restriction in type 2 diabetes. Durrer et al. https://doi.org/10.1038/s41467-021-25667-4 A Low-Carbohydrate Diet Realizes Medication Withdrawal: A Possible Opportunity for Effective Glycemic Control. Han et al. https://doi.org/10.3389/fendo.2021.779636 [Comparing Very Low-Carbohydrate vs DASH Diets for Overweight or Obese Adults With Hypertension and Prediabetes or Type 2 Diabetes: A Randomized Trial. Saslow et al	
BDA Obesity Specialist Committee	Guideline	064	009 - 021	It is good that a person-centred approach is recommended recognising preferences, circumstances and relevant medical history.	Thank you for your comment.
Public Health Wales	Guideline	064	010	1.7.1 The term individualised approach appears to suggest 1-1 interventions, it may help to rephrase this to indicate a flexible approach to broad range of evidence based options to support individual needs and preferences.	Thank you for your comment. The committee agreed this detail is not need in the recommendation.
X-PERT Health	Guideline	064	010 - 021	We are broadly supportive of the proposal for recommendation 1.7.1. In particular, we welcome the element referring to the use of "flexible and individualised" approaches, as this will help to support patients in making informed choices.	Thank you for your comment. The committee considered this issue carefully and agreed that nutritional balance is an appropriate term in this recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				However, we do not consider the term "nutritional balance" to be meaningful, particularly as it is undefined and no context is provided within this guideline. The use of vague terminology increases the risk of biases being used to promote certain approaches over others. This will likely result in a bias towards previous guidelines (e.g., the use of low-fat diets over alternative ways of eating) as healthcare professionals and patients are more likely to be familiar with them. That is to say, it is probable that many people are more likely to perceive alternative approaches (such as low-carbohydrate diets) to be "unbalanced". We also believe that the overall wording implies a sole focus on consciously reducing calorie intake, whereas the benefits of dietary approaches which revolve around improving dietary quality are often affected through a different route. Specifically, energy intake is often reduced subconsciously as a result of increased satiety and reduced hunger. As such, we believe an adjustment to the wording to reflect this (or, at least, to remove any implication that calorie restriction needs to be consciously controlled) would be of benefit. Based on the two points set out above, we would suggest the wording of the first sentence be changed to, "Use a flexible and individualised approach to tailor dietary interventions to improve dietary quality whilst supporting efforts to lose weight, taking into account…"	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
University of Derby	Guideline	064	013 - 020	Food preferences based on the cultural preferences/health conditions is good practice. However, it's imperative to remember to include five vegetable/fruits a day	Thank you for your comment. A reference and links to culturally adapted Eatwell guides has been added to the guideline.
Reed Wellbeing Ltd	Guideline	064	015	'Family finances' does not capture the complex situation of a person who is living in poverty given the far higher prevalence of overweight/obesity amongst lower-income families; perhaps include socio-economic circumstances. Could the guidelines offer any more specific advice for supporting people with a low income to eat a healthy balanced diet?	Thank you for your comment. The committee considered this issue and agreed that specific advice for supporting people with a low income to eat a healthy balanced diet is outside the scope of this guideline update.
Association of Clinical Psychologists UK	Guideline	064	016	Finally mention eating disorders or disordered eating but needs to be mentioned earlier with comorbidities and risk factors. However overall, the guidance reads as if it has been written in chunks by different people with different approaches and there is a chunk here written differently with reference to different comorbidities and not consistent with earlier entries although I'm happier with how it is written here	Thank you for your comment. The committee discussed the issue of eating disorders and have amended the guideline in several places to address this issue.
ABL Health	Guideline	064	019	Provision or consideration of psych support for clients with neurodiversity as they may need additional support rather than just considering that it may affect their diet and eating behaviour. Great that stigma is taken into consideration	Thank you for your comment. The committee discussed this issue and agreed that a flexible and individual approach will include a consideration of whether additional support is needed, such as psychological support.
Department for Health	Guideline	064	021	Under 1.7.1, should 'personal taste' (or likes and dislikes) be added to the list or could it be clarified as relevant under food preferences.	Thank you for your comment. Personal taste will be considered as part of food preferences.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
and Social Care					
Royal College of General Practitioners	Guideline	064	021	Rec 1.5.34 We are concerned that the guidance doesn't adequately reflect the latest evidence-base around ultra-processed foods and the importance of food quality over calorie intake e.g the difference in health effects of a low-calorie, low-fat, ultra-processed pack of biscuits and a higher calorie, high-fat but whole food such as a mackerel fillet. Large scale epidemiological studies (Srour B, et al. Ultra-processed food intake and risk of cardiovascular disease: prospective cohort study (NutriNet-Santé) BMJ 2019; 365 :l1451 doi:10.1136/bmj.l1451) and good quality metabolic ward studies on ultra-processed foods should be reflected in this guidance. (Hall KD et al. Ultra-Processed Diets Cause Excess Calorie Intake and Weight Gain: An Inpatient Randomized Controlled Trial of Ad Libitum Food Intake. Cell Metab. 2019 Jul 2;30(1):67-77.e3. doi: 10.1016/j.cmet.2019.05.008)	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
NHS England	Guideline	064	022	add in 'improved gut microbiota profile' as a benefit from dietary improvements	Thank you for your comment. The committee agreed this detail is not needed in the recommendation. The committee did not consider the evidence for gut microbiota.
BDA Obesity Specialist Committee	Guideline	064	026	We agree that there can be a range of options to achieve an energy deficit.	Thank you for your comment.
X-PERT Health	Guideline	064 - 065	026 & 002	We are broadly supportive of the proposal for recommendation 1.7.3. In particular, we welcome the element referring to the use of different dietary approaches,	Thank you for your comment. The committee considered your suggested alternative wording and agreed that the current recommendation wording should remain.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				including low-carbohydrate diets, as this will help to support patients in making informed choices. However, we believe that the overall wording implies a sole focus on consciously reducing calorie intake, whereas the benefits of dietary approaches which revolve around improving dietary quality are often affected through a different route. Specifically, energy intake is often reduced subconsciously as a result of increased satiety and reduced hunger. As such, we believe an adjustment to the wording to reflect this (or, at least, to remove any implication that calorie restriction needs to be consciously controlled) would be of benefit. Based on the above, we would suggest the wording of recommendation 1.7.3 be changed to, "Ensure that dietary approaches for adults to support overweight and obesity management keep the person's total energy intake below their energy expenditure. Methods of achieving this can include deliberate restriction (such as lowering the intake of specific macronutrients or using other methods to limit overall energy intake) and/or through making dietary changes that lead to reduced energy intake without consciously reducing the number of calories that are consumed (such as through improving diet quality, with reductions in hunger leading to subconscious reductions in energy intake). A range of dietary approaches can be used to achieve this, including low-fat or low-carbohydrate diets."	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS England	Guideline	065	001	Greater clarity and guidance on low carbohydrate diets is required, low energy and low carb are put together in the same sections and are taking different approaches.	Thank you for your comment. The committee looked at evidence on a range of diet types, including low-carbohydrate diets. They noted that many of the studies compared low-carbohydrate diets with 'conventional' diets that were typically low-fat. Generally, the evidence could not differentiate between the approaches. So the committee agreed they could not recommend specific types of macronutrient diets and that different approaches to lowering macronutrient content, by reducing either fat or carbohydrate intake, could be used to create the energy deficit needed. The committee also made a research recommendation on the adverse events associated with different dietary approaches (for example, low-energy and very-low-energy diets, low-carbohydrate diets, intermittent fasting) for people living with overweight or obesity.
Hywel Dda University Health Board	Guideline	065	001 - 002	Need to clarify re limiting macronutrient content to limit energy intake – this does not mean cutting out food groups from diet.	Thank you for your comment. The committee agreed this detail is not needed in the recommendation.
Royal College of General Practitioners	Guideline	065	002	Rec 1.7.8 We are concerned that this does not align with current evidence and suggests that very-low calorie diets are safe, effective and acceptable to patients and their clinicians, and have now been rolled out at scale on the NHS in the form of the "Paths to Remission" programme. The wording used is negative and could frame the option as appropriate for some patients. It should be considered and discussed as a viable approach specifically to achieve	Thank you for your comment. The recommendation outlines that low-energy and very-low-energy diets should not be used as a long-term strategy. The recommendations have been re-ordered in this section starting with positive recommendations to improve clarity.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				"remission of Type-2 diabetes and hypertension" in individuals during the early stages of these chronic diseases, rather than just aiming for "improvement in diabetes".	
Betsi Cadwaladr University Health Board	Guideline	065	003	GOSH recommendations are as per age rather than weight. We have 13 year olds who are 175kg and 6 year olds who are ~ 62kg so feeding to age with that size body mass may be detrimental and clinical judgement would be better advice.	Thank you for your comment. The committee agreed that the level of overweight or obesity is an important consideration in this recommendation.
Department for Health and Social Care	Guideline	065	003 – 006	Recommendation 1.7.4 Ensure that dietary approaches for children and young people keep their total energy intake at or below the recommended daily calorie intake for their age and sex, depending on their level of overweight or obesity and any weight-related comorbidities. [2024] Helpful to include guidance on children's energy and nutrient recommendations, if reference is being made to keep children's energy intake close to government dietary recommendations. Children shouldn't be put on overly restrictive diets, guidance should focus on healthy eating as recommendation 1.7. 6 refers to. See https://assets.publishing.service.gov.uk/media/5a749fece5274a44083b82d8/government_dietary_recommendations.pdf	Thank you for your comment. The recommendation (1.16.4) has been amended as suggested.
NHS Gloucestershire ICB	Guideline	065	003 - 006	This guideline would benefit from highlighting the potential complications associated with calorie restricted diets among CYP. If this is not carefully managed, putting a child in an energy deficit which is below their age-appropriate requirements can impact on their mental health, growth, nutritional adequacy, sleep, energy and activity levels,	Thank you for your comment. The committee agreed this detail is not needed in the recommendation. The recommendation outlines that any dietary approaches for children and young people that maintain an energy deficit are offered support from an appropriately trained

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				concentration, and can lead to disordered eating. Emphasis should also be placed on ensuring the calorie deficit is relevant and gradual when compared to the CYP's current calorie intake, e.g., for a CYP consuming 3,000kcal per day, it would be inappropriate to suggest a 1,800kcal diet.	healthcare professional who will be aware of the potential complications and will be able to mitigate against this.
Public Health Wales	Guideline	065	007	1.7.5 This needs additional clarification as this suggests that any dietary approach with an energy deficit should be offered support from an appropriately trained healthcare professional. This could be interpreted as suggesting that all people undertaking a weight loss attempt (as most will use a diet with a degree of energy deficit) should be offered in person/ virtual contact with a trained professional. This could have the potential to overwhelm services and other modes of support may be appropriate to meet individual needs. It may be helpful to rephrase this to clarify a range of options (e.g online/ websites/ apps with appropriate healthcare professional input) that may be used for support during a general weight loss attempt with a diet with an energy deficit. It may also be helpful to clarify when a particular diet (e.g TDR and VLCD as outlined in this document) will need more direct oversight or specific support.	Thank you for your comment. The committee considered this issue and agreed that in person/ virtual contact with a trained professional is needed. The recommendations reflect general principles of care and are largely in line with current practice, so are not expected to need extra resources.
Manchester Foundation Trust	Guideline	065	007	The concept of an energy deficit diet is mentioned here but there is no clarity about what this is or how much energy deficit should be considered.	Thank you for your comment. The committee agreed that the energy deficit which should be considered will be based on the individual.
Betsi Cadwaladr University	Guideline	065	007	'Appropriately training HCP e.g. registered dietitian or registered nutritionist'. It would be helpful if a more thorough guidance document could be developed to support this statement as in practice it may be interpreted in a variety of	Thank you for your comment. The committee considered this issue and agreed that the current recommendation wording should remain.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Health Board				ways, with many assumptions. Not all dietitians are experts in weight management. There are competent professionals with multi-professional backgrounds who can effectively provide weight management intervention at various stages, but there is currently a limited definition of competencies. Alongside this, there are professionals/partners offering unhelpful /contradictory advice (from a diabetes perspective most HCP would not offer advice regarding medications without accredited training, but offer diet and lifestyle advice freely). The inclusion of "registered nutritionist" should also be thought through further. The registration is a voluntary self-regulated professional register, which is not linked to the Health Care Professions Council.	The committee considered the issue of Registered dietitians and Registered nutritionists and their use in services carefully. They agreed the use of these health care professions is dependent on local service provision and availability.
Royal College of General Practitioners	Guideline	065	012	Rec 1.7.6 We are concerned that clinicians using this guidance traditionally lack any nutrition training and will not understand what a "nutritionally balanced diet" means. Additionally, the Eat Well guidance does not reflect the new research around food quality (ultra-processing versus whole foods – see above evidence) and timing (i.e. the evidence for the harms of snacking/eating late at night or during night shifts).	Thank you for your comment. The committee considered this issue carefully and agreed that nutritionally balanced is an appropriate and understandable term in this recommendation. The issue of processed food is outside the scope of this guideline update. Please see the SACN statement on processed foods and health.
X-PERT Health	Guideline	065	012 - 015	We do not consider the term "nutritionally balanced" to be meaningful, particularly as it is undefined and no context is provided within this guideline. The use of vague terminology increases the risk of biases being used to promote certain approaches over others. This will likely result in a bias towards previous guidelines (e.g., the use of low-fat diets over alternative ways of eating) as healthcare professionals	Thank you for your comment. The committee considered this issue carefully and agreed that nutritionally balanced is an appropriate and understandable term in this recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				and patients are more likely to be familiar with them. That is to say, it is probable that people are more likely to perceive alternative approaches (such as low-carbohydrate diets) to be "unbalanced". We would suggest rewording recommendation 1.7.6 to avoid referring to "balance" (or lack thereof), but instead focusing on making sure people adapt a long-term dietary approach that meets all of their nutritional needs, that is aligned with their personal needs and preferences, and that allows them to meet their own health goals.	
Department for Health and Social Care	Guideline	065	012 - 015	SACN's 1-5 report identified other systematic review evidence in relation to diet/nutrition and children's BMI which was sufficiently strong to make recommendations. See here: https://www.gov.uk/government/publications/sacn-report-feeding-young-children-aged-1-to-5-years SACN 1-5 report – systematic review evidence related to body weight/BMI: Moderate evidence that higher total protein intake in children aged 1 to 5 years is associated with higher body mass index (BMI) in childhood. Adequate evidence that higher sugar-sweetened beverage (SSB) consumption in children aged 1 to 5 years is associated with greater odds of overweight or obesity in childhood.	Thank you for your comment. A cross reference has been added to the SACN report: feeding young children aged 1 to 5 years.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Moderate evidence that higher SSB consumption in children aged 1 to 5 years is associated with a greater increase in BMI in childhood and adolescence. This SR evidence, together with evidence from dietary surveys and NCMP, underpin the recommendations made in the 1-5 report. For example: children aged 1 to 5 years should not be given sugar-sweetened beverages [SACN 2023] Foods (including snacks) that are energy dense and high in saturated fat, salt or free sugars should be limited in children aged 1 to 5 years in line with current UK dietary recommendations. [SACN 2023] [Government should] consider strategies to reduce consumption of: free sugars and excess protein in children aged 1 to 5 years [SACN 2023] foods (including snacks) that are energy dense and high in saturated fat, salt or free sugars in children aged 1 to 5 years, while encouraging uptake of healthier snacks [SACN 2023] sugar-sweetened beverages in children aged 1 to 5 years [SACN 2023]	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Please note SACN's 1-5 recommendations are in the process of being endorsed by government, we can provide an update once this has concluded. These recommendations will be captured in Better Health Start for Life and NHS.uk resources – could these be highlighted in the NICE guideline alongside the Eat well page: https://www.nhs.uk/start-for-life/baby/ https://www.nhs.uk/start-for-life/baby/recipes-and-meal-ideas/ https://www.nhs.uk/conditions/baby/weaning-and-feeding/what-to-feed-young-children/ https://www.nhs.uk/conditions/baby/weaning-and-feeding/drinks-and-cups-for-babies-and-young-children/	
Hywel Dda University Health Board	Guideline	065	016 - 018	Need to add more details to what a nutritionally unbalanced diet looks like eg very severe restriction of carbohydrate.	Thank you for your comment. The committee considered this issue carefully and agreed that nutritionally balanced is an appropriate and understandable term in this recommendation.
X-PERT Health	Guideline	065	016 - 018	We do not consider the term "nutritionally unbalanced" to be meaningful, and we also have concerns about the use of the term "restrictive". In both cases these terms are undefined and no context is provided within this guideline, which exacerbates the issue. The use of such terminology, in both cases, increases the risk of biases being used to	Thank you for your comment. The committee considered this issue carefully and agreed that nutritionally balanced is an appropriate and understandable term in this recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				promote certain approaches over others. This will likely result in a bias towards previous guidelines (e.g., the use of low-fat diets over alternative ways of eating) as healthcare professionals and patients are more likely to be familiar with them. That is to say, people are more likely to perceive alternative approaches (such as low-carbohydrate dietary approaches) to be "unbalanced" and/or "restrictive". We also do not believe that any evidence is provided which supports the claim made in this recommendation (though, as above, without the relevant terms being defined it is difficult to fully appraise the assertion). Based on the above points, we believe recommendation 1.7.7 should be removed.	
UK Society for Behavioural Medicine	Guideline	065	019	Consider changing the title: None of the text in this section refers to intermittent fasting strategies (e.g., the 5:2 diet) – the text here seems to be more about "meal-replacement" or "low energy diet" approaches?	Thank you for your comment. . The committee agreed to keep the title for this section.
X-PERT Health	Guideline	065	019 - 021	Based on the content of evidence review F, we are disappointed that support is not provided for the use of intermittent fasting as a potential approach. For all but one outcome, analyses favoured the intermittent fasting arm or found no difference compared to standard care. Although we acknowledge that there was limited evidence, and the evidence was not of a high quality, this can equally be used to conclude that there is not strong evidence that standard care is superior to intermittent fasting.	Thank you for your comment. Due to a lack of evidence the committee were unable to make a recommendation on intermittent fasting and NICE does not comment on the evidence base in their recommendations. This information can be found in the rationale and impact sections. The committee noted in this section - the variation in approaches to intermittent energy restriction and that there were problems with the studies, such as not being able to differentiate between the intervention and control for some outcomes. So they did not make

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				It is our position that the available evidence shows that intermittent fasting is safe and can be effective, thus including it amongst the guidelines (alongside a recommendation to monitor and provide support to patients) would be justified. The more approaches that are supported by the guidelines the more likely it is that any given individual will be able to identify an approach that works for them, and the more comfortable and confident healthcare professionals will be in supporting patients who decide they would like to try something different to current standard care. Further, many individuals already experiment with intermittent fasting, as is acknowledged in evidence review F. Providing support for such approaches in the guidelines increases the likelihood that patients will be able to receive advice and support from a healthcare professional, including in relation to matters such as medication adjustment (where relevant). This increases the safety of the approach, as well as the chances of success.	recommendations on these diets but made a recommendation for research on intermittent fasting in adults to encourage better quality trials.
Royal College of General Practitioners	Guideline	065	020	It is important to make a statement about the likely lack of harms and the sufficient evidence around intermittent fasting practices that simply involve restricting eating to day times and to 2-3 meals a day i.e. reducing snacking.	Thank you for your comment. Due to a lack of evidence the committee were unable to make a recommendation on intermittent fasting and NICE does not comment on the evidence base in their recommendations. This information can be found in the rationale and impact sections. The committee noted in this section - the variation in approaches to intermittent energy restriction and that there were problems with the studies, such as not being

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					able to differentiate between the intervention and control for some outcomes. So they did not make recommendations on these diets but made a recommendation for research on intermittent fasting in adults to encourage better quality trials.
BDA Obesity Specialist Committee	Guideline	065	020 - 021	It states that NICE has made a recommendation for research about intermittent fasting in adults. It would be helpful to have a statement at this point about intermittent fasting e.g. there is insufficient evidence to recommend…	Thank you for your comment. Due to a lack of evidence the committee were unable to make a recommendation on intermittent fasting and NICE does not comment on the evidence base in their recommendations. This information can be found in the rationale and impact sections. The committee noted in this section - the variation in approaches to intermittent energy restriction and that there were problems with the studies, such as not being able to differentiate between the intervention and control for some outcomes. So they did not make recommendations on these diets but made a recommendation for research on intermittent fasting in adults to encourage better quality trials.
NHS Gloucestershire ICB	Guideline	065	General	We would like to see added 'in the absence of clear definitions and conclusive evidence regarding the safety and efficacy of intermittent fasting, this approach should not be recommended'.	Thank you for your comment. Due to a lack of evidence the committee were unable to make a recommendation on intermittent fasting and NICE does not comment on the evidence base in their recommendations. This information can be found in the rationale and impact sections. The committee noted in this section - the variation in approaches to intermittent energy restriction and that there were problems with the studies, such as not being able to differentiate between the intervention and control for some outcomes. So they did not make recommendations on these diets but made a

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					recommendation for research on intermittent fasting in adults to encourage better quality trials.
NHS England	Guideline	066	001	The low energy/ calorie diets section should accommodate the NHS Type 2 Diabetes Path to Remission programme which is a Nationally available.	Thank you for your comment. The NHS type 2 diabetes path to remission programme is highlighted in the rationale and impact section.
NHS England	Guideline	066	001	(1.7.8 onwards) - Given that intensive weight loss interventions have the potential to lead to loss of muscle mass and exacerbate sarcopenia, we request that NICE provide recommendations regarding when these would not be clinically appropriate or even pose overall risk of harm. This may include consideration of age thresholds as well other risk factors likely influencing the balance of risks and benefits in relation to weight loss.	Thank you for your comment. The committee considered this issue and agreed that they did not have the evidence to support these suggestions.
UK Society for Behavioural Medicine	Guideline	066	002 - 005	Reccn 1.7.8: Please specify (in months) what you mean by "long term"	Thank you for your comment. Recommendation 1.16.11 outlines that low-energy and very-low-energy diets should last no more than 12 weeks.
Total Diet and Meal Replacements Europe (TDMR)	Guideline	066	002 - 005	In recommendation 1.7.8. the guidelines state that neither low-energy diets nor very-low-energy diets should be used as a long-term strategy to manage obesity. Although very low-energy diets are indeed designed to be used for a limited number of weeks, it is important to note their scientifically proven safety ensures that consumers can use the programmes repeatedly throughout their lives without any risk to their health. More importantly, there is no reason to warn against the intermittent use of low-energy diets as a long-term strategy for weight loss. Introducing meal replacement products as a regular feature of the diet	Thank you for your comment and for providing extra information. The committee considered this carefully and agreed to keep the current recommendations that low-energy diets and very-low-energy diets should not be used as a long-term strategy to manage obesity. In most of the studies, participants followed low-energy and very-low-energy diets for between 8 and 16 weeks, and most commonly for 12 weeks. So the committee agreed that neither approach should be used as a long-term strategy and should be followed for no more than 12

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				of those struggling with obesity and overweight can help them manage their weight and avoid gaining weight back after a TDR programme. This was shown quite clearly in the Copenhagen osteoarthritis trial over a 3 year period. Daily use of one MRP or intermittent use of TDR delivered on average a 10% weight reduction maintenance over 3 years (See: Christensen P etal Am J Clin Nutr 2017 Sep;106(3):755-763. doi: 10.3945/ajcn.117.158543.). These products indeed have two approved health claims (implying strong scientific evidence) regarding their effectiveness in weight loss and weight maintenance [Commission Regulation (EU) 2016/1413 of 24 August 2016 amending Regulation (EU) No 432/2012 establishing a list of permitted health claims made on foods other than those referring to the reduction of disease risk and to children's development and health, https://www.legislation.gov.uk/eur/2016/1413/introduction]. Does your guidance align with these legally allowable health claims (that were originally scrutinised by EFSA)?T	weeks. They emphasised that this should be explained to people before they start the diet. The NICE team considered the Christensen et al (2017) study and this would not have been considered in evidence review F as it examined weight loss maintenance following a lifestyle intervention trial. The study compared two approaches intermittent treatment versus regular treatment with no control group. Finally the study participants used meal replacements for a three year period which is longer than 12 weeks recommended by the committee.
Diabetes UK	Guideline	066	006	We would suggest that the Type 2 Diabetes Path to Remission Programme is specifically referenced as an example to raise awareness of this to health care professionals who may not be familiar with the programme.	Thank you for your comment. The NHS type 2 diabetes path to remission programme is highlighted in the rationale and impact section.
Total Diet and Meal Replacements Europe (TDMR)	Guideline	066	006 - 012	In recommendation 1.7.9, you state that low-energy diets should be used only as part of a multicomponent overweight and obesity management strategy with long-term support within a specialist overweight and obesity management service. It is very unclear what this wording means. Weight management services in the context of a	Thank you for your comment and for providing extra information. The committee agreed that diet interventions can be useful but should be given alongside other obesity management services, including support to prevent weight-regain. The focus on long-term support reflects the

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				clinical setting are not widely available in England. Restricting the use of these programmes to those services only is extremely restrictive and unsupported by the scientific evidence, and this flies in the face of the current use of TDR as the first phase of the current NHS England diabetes remission programme. In this recommendation, the guidelines also emphasise that the products should be used on people living with obesity (with or without diabetes) or living with overweight and with type 2 diabetes. This wording implies that low energy diets should not be used by people living with overweight but without type 2 diabetes. Given the programmes proven safety, it is unclear why the panel is discouraging their use outside of obesity or overweight and type 2 diabetes cases. Low energy diets are highly effective and safe for overweight individuals with other related comorbidities such as obstructive sleep apnoea (extensively used in Scandinavia and proven effective by Johansson at the Karolinska See: BMJ. 2009 Dec 3;339:b4609. doi: 10.1136/bmj.b4609. and BMJ. 2011 Jun 1;342:d3017. doi: 10.1136/bmj.d3017.) osteoarthritis (Christensen P et al Clinical obesity (2011)1, 31–40), and for those without any known comorbidity. Those with obesity and no overt comorbidity are known to have proteomics markers indicating high risk of comorbidity development in later life. Geyer and Torekov's work shows clearly how weight loss in those with no comorbidities improves the marker profiles and this improved profile is maintained with maintenance of weight loss (See: Geyer P et al Molecular Systems Biology	available evidence from DIRECT and DROPLET trials, both including long-term weight maintenance support. The recommendations state that low-calorie diet interventions should be considered in people living with obesity (with and without diabetes) and people living with overweight and diabetes. This reflects the findings of the health economic model that demonstrated that the intervention is cost-effective in these two populations, but not cost-effective in those living with overweight but without diabetes.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				(2016)12:901 https://www.embopress.org/doi/full/10.15252/msb.20167357).	
Total Diet and Meal Replacements Europe (TDMR)	Guideline	066	016 - 021	In recommendation 1.7.10, the guidelines emphasise that very low-energy diets should be considered for people who are living with obesity and have a clinically assessed need to rapidly lose weight (for example, to make surgery safer and more feasible). It is again unclear why the guidelines are limiting the use of these scientifically proven safe products only for people living with obesity and with the need to rapidly lose weight. The guidelines miss the fact that the rapid weight loss provided by these products has a strongly motivating effect (that anyone who has used TDR in clinical, dietetic or community practice would know) that sustains compliance and is in part responsible for the programmes' effectiveness. The myths surrounding rapid weight loss have been repeatedly disproved in the scientific literature. The fact that short periods of rapid weight loss (as used in liver shrinkage diets before bariatric surgery) or longer periods as in the DiRECT diabetes trial (Lean MEJ et al Primary care-led weight management for remission of type 2 diabetes (DiRECT): an open-label, cluster-randomised Trial The Lancet 2018 391, p541–551 ; and Lean MEJ etal 2019 Durability of a primary care-led weight-management intervention for remission of type 2 diabetes: 2-year results of the DiRECT open-label, cluster-randomised trial. Lancet Diabetes and Endocrinology 2019	Thank you for your comment and for providing extra information. The committee considered this carefully and agreed to keep the current recommendations for low-energy diets and very-low-energy diets.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				7, 5, 344-355 http://dx.doi.org/10.1016/S2213-8587(19)30068-3) should surely mean that this myth ought by now to buried. We prefer that the recommendation should be 'that any person with obesity may benefit from these programmes, following an assessment to determine suitability and need for management of any medications used or comorbid conditions present'.	
Perspectum	Guideline	067	003	Recommendation 1.7.11 Propose that after low-energy and very-low-energy diets, weight maintenance would be better achieved if diets are followed by an exercise-based intervention. A weight loss of ~15 kg, achieved by calorie restriction as part of an intensive management programme, can lead to remission of type 2 diabetes (T2D) in ~80% of patients with obesity and T2D (1). Increases in physical activity and fitness are an important contributor to T2D remission when combined with calorie restriction and weight loss, as advocated in diabetes prevention programme, shown to reduce diabetes incidence by 27% over 15-years of follow-up (2) and adopted in NICE guidelines for T2D prevention (3). Alignment with diabetes intervention strategies is important given the additional risk posed by development of T2D to individuals with overweight or obesity. References	Thank you for your comment. The committee considered this issue and agreed that the role of physical activity is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Magkos et al (2020). Diet and exercise in the prevention and treatment of type 2 diabetes mellitus. Nat Rev Endocrinol.; 16(10):545-555. Diabetes Prevention Program Research Group (2015). Long-term effects of lifestyle intervention or metformin on diabetes development and microvascular complications over 15-year follow-up: the Diabetes Prevention Program Outcomes Study. Lancet Diabetes Endocrinol.; 3(11):866-75. NICE (2017) Type 2 diabetes: prevention in people at high risk. Public health guidelines [PH38].	
Xyla Health & Wellbeing	Guideline	067	007	It is unclear how involved the registered dietitians / nutritionists would need to be – would they need to conduct consultations with patients, or would they be involved in developing / overseeing such programmes?	Thank you for your comment. The recommendation was reworded as "access to support" from dietitians /nutritionist as the committee agreed that although they are not strictly needed for the delivery of the programme, participants should have access to one of these professional figures if required.
NHS England	Guideline	067	007	Needs further clarifying as open to interpretation. For example, NHS Type 2 Diabetes Path to Remission Programme does not include dietitian or registered nutritionist in day-to-day delivery.	Thank you for your comment. The recommendation 1.16.11 was changed from "involve" to "access to support" from dietitians /nutritionist as the committee agreed that although they are not strictly needed for the delivery of the programme, participants should have access to one of these professional figures if required.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Betsi Cadwaladr University Health Board	Guideline	067	007	'Appropriately trained registered dietitian or registered nutritionist' – what does that mean? It needs thinking about in terms of levels of practice and training in specific weight management interventions. The wider health care workforce also needs to be considered. In the Direct study, practice nurses were effectively trained in Counterweight.	Thank you for your comment. The committee agreed that these were commonly used terms and do not need defining in our terms used in the guideline section.
Hywel Dda University Health Board	Guideline	067	007 - 008	Welcome the addition of a registered dietitian or registered nutritionist, this is important.	Thank you for your comment.
Diabetes UK	Guideline	067	020	Although we agree with the need to highlight that weight regain is likely, weight regain is likely for all dietary approaches not just low- & very-low-energy diets. It is important healthcare professionals and patients are aware of this possibility with all strategies, that they can plan for this possibility and that support can be provided accordingly. Therefore, reference to weight regain should be included under the 'Dietary approaches for all ages' rather than singled out for low energy diets. (pg67,line9).	Thank you for your comment. The committee agreed to acknowledge weight regain in recommendation 1.16.1 – dietary approaches for all ages.
NHS Gloucestershire ICB	Guideline	067	027	We have concerns regarding potential use of very low energy diets in people with eating disorders and would recommend that screening for an eating disorder should be undertaken as part of the clinical decision to propose a VLED	Thank you for your comment. The committee discussed the possibility of screening but decided that without an established standard method or tool they could not make this recommendation. They have instead amended the guideline to encourage taking vulnerability to eating disorders into consideration before any weight management.
PrescQIPP CIC	Guideline	067	030 - 031	We think that the comment, "Review any medicines they are taking and discuss any changes that may need to be made" would benefit from further guidance as clinicians in	Thank you for your comment. The committee considered this issue and agreed this should be provided by the

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				primary care may not have expertise in the dose adjustments that may be required for e.g. antihypertensives and antihyperglycaemics. Is there a resource that this could be linked to – e.g. cross referenced to, or adapted from, the advice in the Type 2 Diabetes Remission program?	overweight and obesity management service. The commissioning programme should provide guidance.
Hywel Dda University Health Board	Guideline	068	011 - 016	Welcome the consideration of medications only after dietetic, physical activity and behavioural approaches have been started and evaluated.	Thank you for your comment. The guideline has a table which summarises the medicine options for weight loss in adults. This contains the BMI requirement to receive specific medicines as stated within the relevant technology appraisal.
University of Derby	Guideline	068	011 - 022	Before start of the therapeutic approach to weight loss, patient should be informed that therapeutic weight loss regime will not achieve a normal BMI in all the patients	Thank you for your comment. This issue is outside the scope of this guideline update.
NHS Gloucestershire ICB	Guideline	068	General	While we strongly agree that the 'glutides should be use within specialised obesity services – there should be some acknowledgement that current demand vs capacity within specialised/ Tier 3 services are likely in practice to severely limit access to these medicines.	Thank you for your comment. The issue of current demand vs capacity is outside the scope of this guideline update.
Hywel Dda University Health Board	Guideline	069	008	The availability and provision of medications only through level 3 weight management services will be difficult in practice. Lack of capacity to meet demand and risk of postcode lottery and failing to meet people's expectations of services.	Thank you for your comment. The issue of current demand vs capacity is outside the scope of this guideline update.
Royal College of	Guideline	069	008	The recommendation that Semaglutide is only to be used within a specialist obesity service will be difficult to implement and is unfair. The availability of tier 3 services	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Physicians (RCP)				nationally is very patchy and the suggestion that surgeons will prescribe it from a tier 4 service is laughable. This will mean that thousands of patients will miss out on an efficacious medication. Current tier 3 services are already unable to cope with demand for services with many having a wait of >12 months for an initial assessment forcing some services to stop accepting referrals from GP (Bristol). Withdrawing the medications if it is effective after 2 years does not make sense and as far as I am aware is not required for other efficacious medications such as asthma inhalers, antihypertensives, anticoagulants, GLP-1 RA for Type 2 diabetes etc etc. It is well recognised that patients regain weight once GLP-1 agonists are discontinues. This suggests bias towards people living with obesity by denying a long term medication that dramatically improves co-morbidities such as type 2 diabetes, hypertension, CVD, OSA etc.	The guideline has a table which summarises the medicine options for weight loss in adults. This contains the relative criteria to receive specific medicines as stated within the relevant technology appraisal. The issue of current demand vs capacity is outside the scope of this guideline update.
PrescQIPP CIC	Guideline	069	008	(Table 1) - The table implies that there are no stopping criteria for liraglutide. We note that unlike semaglutide TA875, no stopping criteria are specified in liraglutide TA664. However, the cost-utility analysis used in liraglutide TA664 assumes2 years of treatment, and the committee discussion notes, "the assumption that treatment would be stopped at 2 years" was reasonable in the context of NHS tier 3 weight management services".	Thank you for your comment. The guideline has a table which summarises the medicine options for weight loss in adults. This contains the relative criteria to receive specific medicines as stated within the relevant technology appraisal.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Clear unambiguous guidance on stopping criteria and sequential use of weight management drugs should be included in the guidance, to ensure that there is no inequity in access to treatment and that these drugs are used in a way that has been demonstrated to be cost effective to the NHS.	
British Association of Dermatologists (the BAD)	Guideline	069	General	Consideration should be given to HS being considered a high-risk co-morbidity for access to medicines have been recommended by NICE for weight loss such as liraglutide and semaglutide that, for 4 reasons. It is known that: Greater BMIs are associated with more severe HS. Patients with HS have a greater risk of major adverse cardiovascular events independent of factors such as age, sex, socioeconomic status, smoking, comorbidity, and medication https://pubmed.ncbi.nlm.nih.gov/26885728/ There is evidence to demonstrate that the efficacy of high-cost medicines such as adalimumab and secukinumab may be greater in HS patients with lower body mass index (BMI) https://pubmed.ncbi.nlm.nih.gov/36892752/ & https://pubmed.ncbi.nlm.nih.gov/36582044/ Surgery, one of the core treatments for HS, can be more readily accessed if the BMI is <35 (general anaesthetic risk means patients are refused surgery at high BMI).	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Total Diet and Meal	Guideline	070	001 - 008	The guidelines state in recommendation 1.7.11 that low-energy and very-low-energy diets should be nutritionally	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Replacements Europe (TDMR)				complete. It is important to note that, by law, total diet replacements products need to be nutritionally complete and their formulation is strictly regulated in 1997. We prefer the words 'low-energy and very-low-energy diets that use specific formulated products which are required by law to be nutritionally complete.' The recommendation also mentions that low and very low energy diets should not last longer than 12 weeks. Twelve weeks is a figure plucked out of the air by a review panel in 1986. There is no scientific publication that reports experimental data that exceeding 12 weeks is associated with specific contraindicated effects. Repetition of the 12-week limit is 'expert opinion' – the very lowest and least useful form of evidence on the classical hierarchy of evidence. As for the recommendation of ensuring clinical supervision, this is unreasonable given that these products are offered outside of a medical setting and have been commercially available for ~40 years, and have proven to be broadly effective and safe. The recommendation of involving a registered dietitian or nutritionist is also not supported by the latest scientific evidence. The Oxford DROPLET trial proved that trained and experienced (but not registered nutritionists or dieticians) people in the community can safely and successfully implement low calorie diets to substantially reduce weight, with GP supervision of medication changes.	The recommendation 1.16.11 was changed from "involve" to "access to support" from dietitians /nutritionist as the committee agreed that although they are not strictly needed for the delivery of the programme, participants should have access to one of these professional figures if required. The committee agreed to keep this as the evidence is based on 12–16-week maximum length trials. The recommendation was reworded as "access to support" from dietitians /nutritionist as the committee agreed that although they are not strictly needed for the delivery of the programme, participants should have access to one of these professional figures if required.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
PrescQIPP CIC	Guideline	070	002	Rec 1.8.4 "Medicines may be used to maintain weight loss rather than to continue to lose weight" needs to be annotated to take into account the stopping criteria for the GLP-1 agonists. We are not aware that NICE has considered the cost effectiveness of GLP-1 agonists for maintenance of weight loss, so is this statement correct for these medicines? There needs to be clearer information on the sequential use (or not) of the different GLP-1 agonists. Can patients be switched to a different GLP-1 agonist and the 2-year clock re-started? Or is the 2 years of treatment (in total) the maximum duration for any combination of GLP-1 agonists? In addition to the lack of evidence for the clinical and cost effectiveness of the medicines themselves after 2 years, there is likely to be a lack of capacity in weight management services if treatment continues for > 2 years. If this is not absolutely clarified there will be different interpretations in different areas and hence inequity of access.	Thank you for your comment. The guideline has a table which summarises the medicine options for weight loss in adults. This contains the BMI requirement to receive specific medicines as stated within the relevant technology appraisal.
Health Equalities Group	Guideline	070	008	Table 1: Medicines recommended by NICE for weight loss in adults Semaglutide may be a helpful tool to support adults to manage their weight and improve their health. However, the short-term nature of interventions such as these do not take	Thank you for your comment. The guideline has a table which summarises the medicine options for weight loss in adults. This contains the relative criteria to receive specific medicines as stated within the relevant technology appraisal.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				into account the additional support individuals require to sustain behaviour change and manage their weight over time. Furthermore, whilst evidence suggests even modest weight loss can have health benefits, there may also be concerns in regard to the impact of weight cycling if focusing on short-term weight loss interventions. In addition, it is important that government addresses the environmental drivers of obesity, that play a crucial role in determining weight status, including the advertising of less healthy food and drink, the saturation of fast-food outlets and providing sufficient opportunities to use active modes of transport. We are concerned about the recent significant focus on weight loss drugs such as semaglutide, and at the same time seeing the government delay important policy measures such as a 9pm watershed on food and drink advertising and restricting multibuy promotions of less healthy food and drink. It is important that we continue to focus our efforts on prevention and not just the treatment and management of obesity. Furthermore, it is very concerning to see recent reports of a black market developing for weight loss drugs such as semaglutide, being sold through beauty salons in some areas of England. This situation needs to be monitored closely.	The environmental drivers of obesity, advertising of less healthy food and drink, saturation of fast-food outlets and active modes of transport are outside the remit of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Total Diet and Meal Replacements Europe (TDMR)	Guideline	070	009 - 026	Recommendation 1.7.12 requires the need to discuss a number of points before starting someone on a low-energy or very-low-energy diet. This includes the need to explain that this is a restrictive diet with a specific health goal (such as improvement in diabetes) and risks (such as weight cycling, weight regain and potential adverse events, and for very-low-energy diets also the risk of constipation, fatigue and hair loss). There is extensive scientific evidence showing that adverse effects after use of total diet replacements are minimal. Precise figures from the PREVIEW study on 2224 people with prediabetes showed that constipation affected 7.6% of participants, fatigue 5.0% and hair loss 0.9% [Ref Christensen P et al Diabetes Obes Metab.2018;20:2840–2851.]. These low rates of adverse events provide the evidence to support the quoting of true published evidence: the risk of hair loss is 1 in 117, while the risk of constipation is 1 in 13. The latter should be addressed properly by asking about large gut function and previous history of diverticular disease or other colonic disease and the proactive addition of stool-bulking compounds where appropriate to prevent constipation. Weight cycling and regain is a common misconception surrounding these programmes that is not supported by the scientific evidence. The DROPLET trial, for example, showed that this intervention can result in the majority of weight loss being maintained over three years (See: Astbury N et al BMJ. 2018 Sep 26;362:k3760 .https://www.bmj.com/content/362/bmj.k3760.long ; Astbury	Thank you for your comment and for providing extra information. The committee considered this carefully and agreed to keep the current recommendations for low-energy diets and very-low-energy diets.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				N et al Int J Obes (Lond). 2021 Nov;45(11):2432-2438. doi: 10.1038/s41366-021-00915-1.) Furthermore, the principal investigator of the study (Prof Susan Jebb, OBE, Chair of the Food Standards Agency) has stated that those subjects who lost the most weight fastest, were more likely to have long-term success – i.e. three-year weight-loss maintenance success along with the attendant health benefits. [https://news.sky.com/story/yo-yo-dieting-claim-of-rapid-weight-loss-a-myth-10386282]. Please also see a relevant quote (written in 2021 as the NHS England diabetes remission programme was getting under way) from DROPLET: The NHS does not routinely offer this type of programme, and many primary care doctors are wary about supporting people who choose to use a TDR programme because they are unfamiliar with this approach or have concerns about the safety of such interventions. This trial should provide reassurance. General practitioners were given guidance to reduce, or stop, drugs for patients taking oral hypoglycaemic agents or antihypertensives at the start of the diet and to monitor these patients at four weeks. Weight loss at four weeks is a strong predictor of long term success, provides an opportunity to adjust drugs based on early weight change, and in this trial this approach did not give rise to an excess of adverse events. We included detailed elicitation of adverse events, and no unexpected or related adverse events occurred during the 12 weeks of TDR, and no cases of cholecystitis occurred during an	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				extended reporting period to 24 weeks. The advice to flag that weight regain is likely to happen should be rephrased. We prefer "weight regain might happen" to avoid discouraging patients and setting them up for failure. As for the recommendation to discuss how the use of these programmes is not a long-term weight loss strategy, it is important to note that The Copenhagen osteoarthritis study [https://pubmed.ncbi.nlm.nih.gov/28747328/] showed that intermittent (three times annually) use of low calorie diets, when used with appropriate support, resulted in maintenance of an average 10% weight loss over three years, making it the most-successful, long-term weight maintenance study using TDR and or MRP ever conducted.	
NHS Gloucestershire ICB	Guideline	071	009	'May need to recommend less strict goals' is outdated language -we think it is more appropriate to say 'may need to help manage the person's expectations about the rate of weight loss'.	Thank you for your comment. This wording has been amended as suggested.
PrescQIPP CIC	Guideline	072	002 - 003	Rec 1.8.14 "Weight-loss medicines are not generally recommended for children younger than 12 years". This should be annotated to make it clear that GLP-1 agonists should not be used in children under 12. NICE has not assessed GLP-1 agonists as clinically- or cost-effective treatments for children <12.	Thank you for your comment. Weight-loss medicines was outside the scope of this guideline update. A cross reference has been added in this section to the NICE guideline on the diagnosis and management of diabetes in children and young people. An update published in 2023 made recommendations for some GLP-1 agonists for children aged 10 years and over with type 2 diabetes.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
University of Derby	Guideline	071	005 – 006	Rate of weight loss and Lipid profile should be monitored before withdrawing the patient from therapeutic weight loss treatments	Thank you for your comment. Weight-loss medicines was outside the scope of this guideline update.
Leeds Beckett University – Obesity Institute	Guideline	072	009	1.8.16 – we have evidence that may be useful to support an update on the use of GLP-1s and other medicines for children aged 12 years+ especially when GLP-1s are going to be used in the Complications from Excess Weight (CEW) clinics for children https://www.england.nhs.uk/get-involved/cyp/specialist-clinics-for-children-and-young-people-living-with-obesity/ references 1. Late-Breaking Abstracts for ECO2023. Obes Facts 16 May 2023; 16 (Suppl. 1): 352–416. https://doi.org/10.1159/000530674 2. The 32nd Annual Conference of ECOG, Albena, Bulgaria, September 7-9 2023, Abstracts: Congress Abstracts 2023. Ann Nutr Metab 26 October 2023; 79 (4): 381–399. https://doi.org/10.1159/000533360 3. Abstracts des Gemeinsamen Kongresses der Deutschen Adipositas-Gesellschaft (DAG) und Deutsche Gesellschaft für Essstörungen (DGESS), Gera, 27.–29.10.2023. Adipositas – Ursachen, Folgeerkrankungen, Therapie, 2023: 17 (3), S18-01, pp 150. https://www.thieme-connect.de/products/ejournals/issue/10.1055/s-013-58199/grouping/127456/10.1055/s-00034923	Thank you for your comment. Weight-loss medicines was outside the scope of this guideline update. A cross reference has been added in this section to the NICE guideline on the diagnosis and management of diabetes in children and young people. An update published in 2023 made recommendations for some GLP-1 agonists for children aged 10 years and over with type 2 diabetes.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				4. Gabriel Torbahn, Andrew Jones, Alex Griffiths, Jamie Matu, Maria-Inti Metzendorf, Louisa J Ells, Gerald Gartlehner, Aaron S Kelly, Daniel Weghuber, Tamara J Brown. Pharmacological interventions for the management of children and adolescents living with obesity – a systematic review with meta-analyses. Submitted to Pediatric Obesity 29 September 2023	
Novo Nordisk	Guideline	072	009 – 018	Novo Nordisk notes the recommendation of off-label use of orlistat for the treatment of overweight and obesity in children aged 12 years and older if physical comorbidities or severe psychological comorbidities are present. As on-label, licenced pharmacological options – including liraglutide and semaglutide – exist as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adolescents ages 12 years and above, Novo Nordisk recommends the inclusion of these pharmacological treatment options within the guideline. This would provide healthcare professionals and the public with the full range of licensed and available options for the treatment of overweight and obesity in the adolescent population. It would also provide direction to clinicians and commissioners involved in the development and delivery of specialist weight management services for children and	Thank you for your comment. Weight-loss medicines was outside the scope of this guideline update. A cross reference has been added in this section to the NICE guideline on the diagnosis and management of diabetes in children and young people. An update published in 2023 made recommendations for some GLP-1 agonists for children aged 10 years and over with type 2 diabetes.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				young people by referencing the licenced treatment options that are already being used in clinical practice for managing obesity in young people. We believe that inclusion could also help address existing inequities in access across the country, particularly as the Complications of Excess Weight (CEW) clinics continue to evolve and expand.	
PrescQIPP CIC	Guideline	072	027 – 028	Rec 1.8.18 "Medicines may be continued in primary care, for example with a shared-care protocol, if local circumstances or licensing allow". This needs to be amended to reflect that currently shared care is not an option for the GLP-1 agonists when prescribed for the weight loss indication, and they should not be prescribed in primary care for this indication. The PAS price of the GLP-1 agonists is not available to primary care therefore they are not cost-effective if prescribed in primary care.	Thank you for your comment. Weight-loss medicines was outside the scope of this guideline update. The guideline has a table which summarises the medicine options for weight loss in adults. This contains the relative criteria and setting to receive specific medicines as stated within the relevant technology appraisal.
Manchester Foundation Trust	Guideline	073	004	Only orlistat is recommended for children. GLP1 agonists are not mentioned due to a pause in technology appraisal for this. We feel this needs to be commented on despite no relevant area to signpost this to.	Thank you for your comment. Weight-loss medicines was outside the scope of this guideline update. A cross reference has been added in this section to the NICE guideline on the diagnosis and management of diabetes in children and young people. An update published in 2023 made recommendations for some GLP-1 agonists for children aged 10 years and over with type 2 diabetes.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Royal College of Physicians (RCP)	Guideline	073	020	It is time to move away from offering bariatric surgery purely based on BMI and no co-morbidities. A staging system such as EOSS should be used alongside BMI to identify patients who serve to benefit most in terms of mortality (EOSS 2-3)	Thank you for your comment. The committee considered this issue and agreed it is outside the scope of this guideline update.
British Association of Dermatologists (the BAD)	Guideline	074	004	Box 2 – Please include hidradenitis suppurativa in the list in this box, although we are aware that the list is not exhaustive There is evidence that weight loss from bariatric surgery can improve HS disease severity, reduce the number of anatomical skin sites affected, and reduce the impact on quality of life from HS. https://pubmed.ncbi.nlm.nih.gov/34003299/ & https://pubmed.ncbi.nlm.nih.gov/24577555/	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update. The examples listed in box 2 are based on the evidence identified for this guideline.
Perspectum	Guideline	074	006 & 012	Recommendations 1.9.4 & 1.9.5 The expedited assessments for bariatric surgery should be also offered to people with same criteria for BMI but also nonalcoholic fatty liver disease / nonalcoholic steatohepatitis (NAFLD/NASH). The committee has recommended that patients with a diagnosis of recent-onset type 2 diabetes (T2D) should receive expedited assessment for bariatric surgery. Whilst it is encouraging that the committee realises the benefits of early intervention and weight loss in T2D, the same logic should be extended to those with non-alcoholic fatty liver disease/non-alcoholic steatohepatitis (NAFLD/NASH), where the same principle holds true.	Thank you for your comment. The committee considered this issue and agreed it is outside the scope of this guideline update. We will pass your comment and suggested references to the NICE surveillance team which monitor key events relevant to the guideline.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Weight loss and reduction of steatohepatitis are the most important endpoints in the management of patients with NAFLD/NASH and multiple studies have shown that weight loss triggered by bariatric surgery not only reduces liver fat but can also resolve steatohepatitis (1,2). It is no longer sufficient to wait until patients develop fibrosis or cirrhosis before an intervention is deemed necessary. Evidence shows that patients with isolated steatosis (NAFLD), steatohepatitis (NASH), NASH with fibrosis, and cirrhosis all have an increased likelihood of adverse clinical outcomes (3). Indeed, bariatric surgery has been shown to improve long term liver- and cardiovascular-related outcomes (4). Furthermore, NASH is highly prevalent in patients undergoing bariatric surgery, with some estimates suggesting up to 30% of patients undergoing bariatric surgery had NASH on routine liver biopsy (5). NASH is becoming a leading cause for liver transplantation (LT), and in patients who experience progression of NASH over time, lower body mass index makes the LT operation safer and less complicated. Offering expedited access to patients with NAFLD/NASH is therefore highly likely to benefit those patients in the short term whose liver health improves, but also those whose disease progresses regardless of the weight loss induced by bariatric surgery. References	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Lassailly G, Caiazzo R, Ntandja-Wandji LC, Gnemmi V, Baud G, et al. Bariatric surgery provides long-term resolution of nonalcoholic steatohepatitis and regression of fibrosis. Gastroenterology. 2020;159:1290–1301.e5. Fakhry TK, Mhaskar R, Schwitalla T, Muradova E, Gonzalvo JP, Murr MM. Bariatric surgery improves nonalcoholic fatty liver disease: a contemporary systematic review and meta-analysis. Surg Obes Relat Dis. 2019;15:502–11 Simon TG, Roelstraete B, Khalili H, et al. Mortality in biopsy-confirmed nonalcoholic fatty liver disease: results from a nationwide cohort. Gut 2021;70:1375-1382 Aminian A, Al-Kurd A, Wilson R, et al. Association of Bariatric Surgery With Major Adverse Liver and Cardiovascular Outcomes in Patients With Biopsy-Proven Nonalcoholic Steatohepatitis. JAMA. 2021;326(20):2031–2042. Doi:10.1001/jama.2021.19569 Udelsman BV et al. Risk factors and prevalence of liver disease in review of 2557 routine liver biopsies performed during bariatric surgery. Surg Obes Rel Dis. 2019;15(6):843-849.	Thank you for providing these references. These are outside the scope of this guideline update.
Association of Clinical Psychologists UK	Guideline	075	001	Important to consider during assessment, screening for eating disorders, disordered eating, also consideration of neurodiversity and social and communication differences, where consent for surgery and all implications is fed back	Thank you for your comment. The committee considered this issue and agreed it is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				by the patient and also their understanding post-surgery of what their understanding of outcomes and what is expected of them.	
Perspectum	Guideline	075	015	Recommendation 1.9.7 Preoperative assessment should include a comprehensive non-invasive liver assessment with multiparametric magnetic resonance imaging biomarkers (LiverMultiScan) to risk-stratify patients at greatest need and to exclude inappropriate candidates. Liver volumetry should also be assessed at the same time. Patients living with obesity and steatohepatitis with/without fibrosis are candidates at high need of bariatric surgery and for whom it can be an effective treatment for both their weight and liver health (1,2). However, in patients with advanced fibrosis, cirrhosis, and portal hypertension, bariatric surgery may have adverse consequences and has traditionally been a contraindication. More recent evidence suggests that those with well compensated cirrhosis are suitable candidates, but risk assessment is still an essential part of candidate selection. Additionally, the health of the liver may inform what type of bariatric surgery the patients should undergo. The presence of liver disease activity may encourage a less invasive method of surgery such as LAGB or sleeve gastrectomy instead of more expansive surgery. This personalises the approach to patients and ensures the best possible surgical	Thank you for your comment. The committee considered this issue and agreed it is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				plan. With the scale of bariatric surgery likely to increase, it is unfeasible to perform pre-operative liver biopsies on everyone, therefore non-invasive assessment is necessary to inform planning. Liver cT1 can provide a panoramic view of the whole liver's disease activity, equivalent to a "virtual biopsy" (3), correlates with histological measures on biopsy (4,5), predicts clinical outcomes (6) and has been shown to provide invaluable information pre-operatively to improve surgical outcomes in patients undergoing liver surgery (7). As bariatric surgery becomes more accessible to a wider pool of patients, a uniform, standardised, comprehensive liver assessment is necessary to generate the best possible outcomes for patients and the NHS. Quantifying liver volume prior to surgery is an important assessment to make, as ideally a patient will have undergone a Very Low Calorie (VLC) diet that aims to shrink the liver to allow the surgeon adequate access and visibility during the procedure. If the liver has not reached the required volume, it may be optimal to lengthen the duration of the VLC diet and postpone surgery, or to take a decision not to operate. Currently, either objective, qualitative assessments are made on the size of the liver on imaging, or a laborious, time-consuming approach of manually contouring is performed by radiologists. Perspectum's AI-based liver volume and segmentation calculation is the only technique that has reported on its	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				repeatability & reproducibility with excellent results (8), it saves radiologists significant time and is pending UKCA marking – in the future, this technique should be incorporated into pre-operative assessment. For these reasons, a comprehensive assessment of liver health using multiparametric MRI and liver volumetry as part of pre-operative workup should be carried out to ensure that the right patients are referred for bariatric surgery and the most appropriate bariatric procedures offered (9). References Lassailly G, Caiazzo R, Ntandja-Wandji LC, Gnemmi V, Baud G, et al. Bariatric surgery provides long-term resolution of nonalcoholic steatohepatitis and regression of fibrosis. Gastroenterology. 2020;159:1290–1301.e5. Fakhry TK, Mhaskar R, Schwitalla T, Muradova E, Gonzalvo JP, Murr MM. Bariatric surgery improves nonalcoholic fatty liver disease: a contemporary systematic review and meta-analysis. Surg Obes Relat Dis. 2019;15:502–11 Muratori et al. (2023) Diagnosis and management of autoimmune hepatitis. BMJ, 380, e070201 Banerjee, R., et al. (2014). Multiparametric magnetic resonance for the non-invasive diagnosis of liver disease.	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Journal of Hepatology, 60(1), 69–77 Andersson, A., et al. (2021). Clinical utility of MRI biomarkers for identifying NASH patients at high risk of progression: A multi-center pooled data and meta-analysis. Clinical Gastroenterology and Hepatology, 20(11), 2451–2461 Jayaswal et al. (2020) Prognostic value of multiparametric magnetic resonance imaging, transient elastography and blood-based fibrosis markers in patients with chronic liver disease. Liver International, 40(12), 3071-3082 Sundaravadanan 2023 AHBPA (abstract) Mojtahed, A., et al. (2021). Repeatability and reproducibility of deep-learning-based liver volume and Couinaud segment volume measurement tool. Abdominal Radiology, 47(1), 143–151. Udelsman BV et al. Risk factors and prevalence of liver disease in review of 2557 routine liver biopsies performed during bariatric surgery. Surg Obes Rel Dis. 2019;15(6):843-849.	Thank you for providing these references. These are outside the scope of this guideline update.
University of Derby	Guideline	076	010	The hospital specialist or Bariatric surgeon should discuss the success rate of bariatric surgery. Success of Bariatric surgery depends on the %weight loss and Metabolic recovery.	Thank you for your comment. The committee considered this issue and agreed it is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS England	Guideline	076	016	Detailed guidance/criteria on skin surgery/plastic surgery post weight loss/Tier 4 intervention is needed, specific to intervention levels and treatment received. Currently only apronectomy is mentioned and the additional psychological support is essential to be considered for provision and cost.	Thank you for your comment. The committee considered this issue and agreed it is outside the scope of this guideline update.
University of Derby	Guideline	077	007 – 012	If surgery is not offered to a obese patient clear reasons should be mentioned and patient should advise not to undertake bariatric surgery outside the UK is important	Thank you for your comment. The committee considered this issue and agreed it is outside the scope of this guideline update.
Association of Clinical Psychologists UK	Guideline	080	007	Adult Eating Disorders: Community, Inpatient and Intensive Day Patient Care: Guidance for commissioners and providers (england.nhs.uk) Eating disorders: recognition and treatment (nice.org.uk)	Thank you for your comment. The committee considered this issue and agreed it is outside the scope of this guideline update
Public Health Wales	Guideline	081	012	1.10 Recommendations and guidance on breastfeeding (maternal and child nutrition) should be available at the start of this section not further down the page under supporting women who have given birth. The benefits to mother and from obesity prevention perspective for child should be outlined and linked to NICE guidance on maternal and child nutrition.	Thank you for your comment. This issue will also be addressed in the update of the NICE maternal and child nutrition guideline (PH11).
NHS England	Guideline	081	012	The post-pregnancy section should involve signposting to the NHS Diabetes Prevention Programme for those who had gestational diabetes during the pregnancy.	Thank you for your comment. The committee considered this issue and agreed it is outside the scope of this guideline update.
NHS Gloucestershire ICB	Guideline	081 – 085	General	Pregnancy section – we recommend that the guidance should make reference to safe weight management during pregnancy to avoid any confusion about what to advise women with BMI > 30, > 35 and > 40 on their booking appointment	Thank you for your comment. People who are pregnant were outside the scope of this guideline. For further information, please refer to the scope. This issue will be addressed in the update of the NICE maternal and child nutrition guideline (PH11).

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS England	Guideline	082	028	This section should signpost to NHS Diabetes Prevention Programme for those who had gestational diabetes during pregnancy.	Thank you for your comment. The committee considered this issue and agreed it is outside the scope of this guideline update
Public Health Wales	Guideline	083	007	1.10.8 Although not requesting comment on this section, for after 'how to lose weight safely after childbirth' suggest inserting the words 'for those living with overweight or obesity'.	Thank you for your comment.
Public Health Wales	Guideline	083	015	1.10.9 Although not requesting comment on this section, a rephrase of 'integrated care systems' (ICSs)(which refer to a model in England and not across the UK) to 'local/ regional strategic partnerships' would support wider alignment and adoption of this guidance. Examples could then be given of ICSs in England, Regional Partnership Boards (RPBs)/ Public service Boards in Wales (PSBs) in Wales, etc.	Thank you for your comment. The guideline has been amended as suggested referring to local/ regional strategical partnerships. .
Public Health Wales	Guideline	083	025	1.10.11 The 6-8 week check is too late to "encourage breastfeeding".	Thank you for your comment. This issue will be addressed in the update of the NICE maternal and child nutrition guideline (PH11).
First Steps Nutrition Trust	Guideline	083	General	section 1.10.11 – Consider reframing this point to counteract misleading messaging that commercial milk formula companies convey to women from pre-pregnancy and beyond; i.e. To state that a special diet is not needed to support breastfeeding. Consider also sharing explicitly that breastfeeding can facilitate return to pre-pregnancy weight.	Thank you for your comment. This issue will also be addressed in the update of the NICE maternal and child nutrition guideline (PH11).
Public Health Wales	Guideline	085	008	1.10.18 Suggest amend to take out "if possible provision for breastfeeding" and change to women who are breastfeeding should be supported to do so outside of the home environment	Thank you for your comment. This issue will also be addressed in the update of the NICE maternal and child nutrition guideline (PH11).

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Public Health Wales	Guideline	086	006	1.10 These documents all refer to processes in England for clarity references to the relevant equivalent documents would be helpful for Wales and other devolved administrations.	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Betsi Cadwaladr University Health Board	Guideline	086	007	Could the Welsh equivalent documents be included here including Adult weight management pathway 2021 | GOV.WALES Weight management pathway 2021: children, young people and families | GOV.WALES	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Health Equalities Group	Guideline	086	010	It is imperative that funding for weight management services is planned with a long-term vision to ensure sustainability of service provision The national funding for tier 2 weight management services in 2021 was a much-welcomed boost to develop and deliver a local offer, particularly in light of consistent cuts to the public health grant. Many local areas spent a significant amount of time establishing tier 2 services, or co-designing specific services for particular groups i.e. adults with learning difficulties or ethnic minority groups. Withdrawal of this funding has left some authorities without resources to deliver weight management services, leaving a gap in provision or authorities and local providers trying to deliver services within a short-term cyclical and unsustainable way, ultimately impacting negatively on service users.	Thank you for your comment and for highlighting this issue. The funding of services is outside the scope of this guideline update.
NHS Gloucestershire ICB	Guideline	086	011	The term 'system-wide' need to be defined. Alternatively, consider the term 'community-led, partnership approach' – but also to include a definition/ brief description	Thank you for your comment. The committee considered this issue and agreed that system wide did not need to be defined.
BDA Obesity	Guideline	086	011	Planning and commissioning services and interventions for all ages. We welcome the emphasis on the development of	Thank you for your comment and for highlighting this issue.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Specialist Committee				local obesity partnership groups and the call for there to be co production in the development of services. Similarly the need for there to be good accessibility with services available that are suitable for people with different levels of overweight and obesity and for a range of settings, including the workplace, to be available. There is an emphasis on the importance of all healthcare staff involved to be appropriately trained but the resource implications of this training need have not been fully acknowledged.	
NHS England	Guideline	086	011	Add 'Ensure non-judgemental language and non-stigmatising imagery are used throughout strategies and campaigns'	Thank you for your comment. The recommendation (1.19.22) has been amended as suggested.
Department for Health and Social Care	Guideline	086	077	Refer to the 'former Public Health England' (or similar) for the following: Adult weight management: key performance indicators Community centred public health: taking a whole system approach Guide to commissioning and delivering tier 2 adult weight management services Guide to delivering and commissioning tier 2 weight management services for children and their families Healthy weight environments: using the planning system – Whole systems approach to obesity	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Department for Health and Social Care	Guideline	087	011 – 012	Refer to the 'former Public Health England' (or similar) for 'Public Health England's Whole Systems Approach to Obesity'	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
Novo Nordisk	Guideline	087	023	Novo Nordisk welcomes the recommendation to identify an obesity partnership group to work on joint approaches to reduce obesity and overweight, in line with Public Health England's 'Whole systems approach to obesity'. To deliver this in practice and ensure consistency across the country, we recommend that further guidance is provided on the composition, objectives and remit of the partnership group. We would also suggest that the group is complementary rather than duplicative to existing ICS groups and strategies, such as population health improvement boards, cardiovascular risk strategies or other such groups that have been established to address obesity within their communities.	Thank you for your comment. The committee considered this issue and agreed it is outside the scope of this guideline update
Betsi Cadwaladr University Health Board	Guideline	087	023	Not all interventions will be suitable for everyone, this may be better worded as ensure overweight and obesity management services offer a range of interventions for people of all ages and including people with very high BMI.	Thank you for your comment. This issue is covered in rec 1.19.2.
NHS Gloucestershire ICB	Guideline	087	023 – 026	See comment 3 on whole systems approaches	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Public Health Wales	Guideline	087	025	1.11.5 This is not clear, This refers to population based whole systems approach in England, where data relating to overweight and obesity may be of help but these programmes are not specific to the weight management service and pathway outcomes. There are parallel programmes in Wales and other devolved administrations for Whole Systems Approach to Obesity. This also refers to Tier 2 of the England pathway, which is more specific to weight management offers and outcome data. To avoid confusion it may help to be clearer about the use of data for whole systems and population based preventive approaches and the use of data for service improvement and development. As documents referenced are for England it would be helpful to recognise the Weight Management Pathway and Minimum datasets for the other devolved administrations.	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
British Association of Dermatologists (the BAD)	Guideline	087	General	Agree with this but note that it may not be recognised that dermatologists treating patients with HS should be invited to engage and would like to raise this as a point for consideration.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
NHS Gloucestershire ICB	Guideline	088	004	In practice this is extremely challenging without conclusive evidence of what works. On this point we welcome research recommendation No:35.	Thank you for your comment.
BDA Obesity	Guideline	088	012	Recommendation 1.11.9 It is good to see this statement. It is also important to make sure there are accessible services to people living with learning disabilities or severe mental	Thank you for your comment. The recommendation (1.19.2) has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Specialist Committee				illness. Often people with these conditions may be excluded from these services. Shared care can work well in these situations.	
Novo Nordisk	Guideline	088	012 – 016	Novo Nordisk welcomes this statement about inclusivity and accessibility but feels it should go further. Services should be actively promoted to underserved and high-risk populations. Data-led local intelligence can inform service providers about the demographic profile of their patients and be used to highlight specific populations are who underrepresented.	Thank you for your comment. This issue is covered in rec 1.19.2.
Eli Lilly and Company	Guideline	088	012 – 016	The implementation of this section is critical to improve the outcomes in obesity in the UK. The availability of Tier 2 services should be more readily accessible in primary care. The Government pilot sets out this aspiration (https://www.gov.uk/government/news/new-drugs-pilot-to-tackle-obesity-and-cut-nhs-waiting-lists), as does the NICE Early Value assessment guidance for digital technologies for providing specialist weight management services (https://www.nice.org.uk/guidance/indevelopment/gid-hte10023). This will help alleviate backlogs in secondary care treatment and could also be used in primary care. These initiatives should be incorporated into the draft NICE Guideline recommendations.	Thank you for your comment. A cross reference has been added to this early value assessment guidance.
NHS Gloucestershire ICB	Guideline	088	013	We agree with the recommendation not to impose an upper BMI limit but need to recognise the resource implications and gaps in evidence regarding what works for these cohorts. We would support a research recommendation in this area including supporting people with complexity and a history of psychological trauma	Thank you for your comment. The committee considered this issue but were unable to add this research recommendation as they have not considered the evidence base for people with complexity and history of

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					psychological trauma. Research recommendations are made to help fill an identified gap in the evidence base. The NICE looked after children and young people guideline NG205 has made a number of recommendations on trauma informed training, building expertise about trauma and improving awareness of the impact of trauma.
NHS Gloucestershire ICB	Guideline	088	016 – 018	We believe that we should remain open to novel approaches to weight management and would support research in this area –for example social prescribing, cultural commissioning interventions or community-led activities that support people to find purpose and make connections, rather than an overt emphasis on weight loss	Thank you for your comment. The committee considered this issue but were unable to add this research recommendation as they have not considered the evidence base for example social prescribing, cultural commissioning interventions or community-led activities. Research recommendations are made to help fill an identified gap in the evidence base.
Public Health Wales	Guideline	088	088	1.11.9 Funding and resources will be needed to enable access.	Thank you for your comment.
Royal College of Physicians (RCP)	Guideline	090	008	This sounds like it is mandatory – could this be reworded to "for example registration with…"	Thank you for your comment. Extensive revisions of the guideline structure have been made following draft guideline consultation.
Department for Health and Social Care	Guideline	090	008 – 010	Under 1.11.12, is it appropriate to specify physical activity instructors must be a practitioner member of the CIMSPA (Chartered Institute for the Management of Sport and Physical Activity) or could that cause restrictions on other suitably qualified staff or recruitment barriers / delays. Could this instead be an example of a suitable qualification? For example, we're aware of current offers	Thank you for your comment. The recommendation (1.19.5) has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				through the Additional Roles Scheme in the GP Network Contract and wellbeing workers in the voluntary and community sector.	
Public Health Wales	Guideline	090	009	1.11.12 Clarity may be needed to delineate physical activity interventions where a physical activity instructor is needed when compared to a planned public health approach to strategically work with partners to support the development of opportunities to be active within communities (e.g. whole systems approaches)	Thank you for your comment. This recommendation is relevant to the delivery of one-to-one interventions rather than a broader community approach. Public Health England has produced a guide and set of resources to support local authorities with implementing a whole systems approach to address obesity and promote a healthy weight. Further information can be found here.
NHS England	Guideline	090	021	add bullet point 'encouraging family based changes'	Thank you for your comment. The recommendation (1.19.6) has been amended as suggested.
NHS Gloucestershire ICB	Guideline	091	0–9 - 010	We suggest including more examples of groups that are likely to benefit from/ prefer a different approach e.g. young versus older adults; people with mild/ moderate mental health problems; and so on...noting that the list is not exhaustive	Thank you for your comment. The committee considered this issue and agreed that they were unable to make this addition as they have not considered the evidence base for these population groups.
NHS England	Guideline	092	010	add 'including planning strategy'	Thank you for your comment. The committee considered this amendment and agreed it was not needed due to a lack of understanding of the term 'planning strategy'.
NHS Gloucestershire ICB	Guideline	092	017	In practice the time, and confidence and skills to have the conversation sensitively and effectively are among the barriers facing primary care. Upskilling other professionals and trusted individuals including those in communities should also be encouraged.	Thank you for your comment. Guidance on training requirements is not within the remit of NICE guidelines. This guideline document has cross referenced to Public Health England's let's talk about weight resources which provides practical advice and tools to support health and care professionals

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					Adult weight management: short conversations with patients - GOV.UK Child weight management: short conversations with families - GOV.UK NICE has also produced a visual summary which provides an overview of the principles of care on discussion, communication and follow up.
Novo Nordisk	Guideline	094	019	Novo Nordisk supports the ambition to complement overweight and obesity management interventions with a range of services that address health inequalities. While outside the scope of this guidance, we would recommend that obesity management – like tobacco cessation – is captured within the CORE20PLUS5 framework in light of the relationship between obesity, inequalities and the five focus clinical areas highlighted in the policy. The inclusion would also support ICSs which are already taking steps to tackle obesity in line with this policy.	Thank you for your comment. The committee considered this issue and agreed that this is outside the scope of this guideline update.
Novo Nordisk	Guideline	095	002	Novo Nordisk welcomes the recommendation to include local businesses in the wider approach to preventing overweight and obesity. Business can play a pivotal role in supporting employees and communities to maintain and improve their physical and mental health, and, as former Chair of the CBI's Health Council, Novo Nordisk has worked closely with business leaders to promote health as	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				a major driver of wellbeing, productivity and prosperity. We continue to collaborate with partners to support the health of the population.	
NHS England	Guideline	095	002	Add bullet point: workplace health initiatives that promote adequate sleep and targeted support for shift workers	Thank you for your comment. The committee considered this issue and agreed that this is outside the scope of this guideline update.
Public Health Wales	Guideline	095	005	1.1.28 There are a number of updates to this section. These points would benefit from further clarification to align to existing programmes e.g. Health in Work in Wales. Suggested amendments include a new first bullet about setting out the benefits to employers of taking action on this topic area/having a healthier workforce in terms of e.g. reduced sickness absence, higher morale, productivity and retention, and lower recruitment costs. Swapping order of highlighted section would improve clarity, so that the opportunity to eat healthily would be outlined before not creating an incentive to overeat. It may be helpful to add creating incentives to eat healthily to this bullet point.	Thank you for your comment. The committee considered this issue and agreed that this is outside the scope of this guideline update.
Hywel Dda University Health Board	Guideline	095	005 - 014	Workplace initiatives are useful but would benefit from more detail. For example, need to be more than tick box exercise and focus on provision of food etc in staff canteens. Often there is a conflict between the value businesses put on using staff catering as a means of raising income and the value they put on providing nutritionally balanced meals.	Thank you for your comment. The committee considered this issue and agreed that this is outside the scope of this guideline update.
Department for Health and Social Care	Guideline	097	014	Refer to 'the former Public Health England' (or similar) for 'Public Health England's guide to delivering and commissioning tier 2 adult weight management services'.	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					under the new name we'd change the reference to give that instead.
Department for Health and Social Care	Guideline	097	014 - 015	Refer to the 'former Public Health England' (or similar) for the 'Public Health England guide to delivering and commissioning tier 2 adult weight management services and commission services' and 'Public Health England's Adult weight management: key performance indicators'.	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
Department for Health and Social Care	Guideline	097	014 – 020	The National Obesity Audit and the PHE Key Performance Indicators were not developed at the same time, has the committee confirmed that they are both consistent and that services can meet the measures set out in both or are these provided as examples? Providers of publicly funded services in England are required to submit data to the National Obesity Audit whilst the former PHE developed KPIs are best practice guidance for local authority behavioural services.	Thank you for your comment. The guideline has been amended to clarify that the data is required.
NHS England	Guideline	097	017	Supportive of references made to National Obesity Audit.	Thank you for your comment.
NHS England	Guideline	097	024	in the examples of health inequalities include people in more disparate areas such as coastal and rural communities	Thank you for your comment
Hywel Dda University Health Board	Guideline	098	010	Do not think this would work in practice, already stretched NHS workforce might not have time to manage the loaning and returning of equipment	Thank you for your comment. The recommendation does not suggest the loaning of equipment.
NHS England	Guideline	098	018	This should include children's services and hospitals having appropriate equipment and facilities e.g. strong enough	Thank you for your comment. The recommendation (1.19.13) has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				toilets (this has been an issue in a children's hospital recently)	
NHS England	Guideline	098	022	Material used to raise awareness should be inclusive of all body shapes, disability, ethnicity etc.	Thank you for your comment. The recommendation (1.19.22) has been amended as suggested.
Public Health Wales	Guideline	098	025	1.11.39 Although not requesting comment on this section, suggest rephrase 'integrated care systems' (ICSs) (which refer to a model in England and not across the UK) to 'local/ regional strategic partnerships' instead to support alignment and adoption. Examples could then be given of ICSs in England, Regional Partnership Boards (RPBs)/ Public service Boards in Wales (PSBs) in Wales, etc.	Thank you for your comment. The recommendation has been amended as suggested.
NHS England	Guideline	099	013	add 'promoting use of less stigmatising imagery and language'	Thank you for your comment. The guideline has been amended as suggested.
Diabetes UK	Guideline	099	018	We welcome these recommendations for commissioners to take into consideration.	Thank you for your comment.
Eli Lilly and Company	Guideline	099	018 - 023	Lilly agrees that further awareness of overweight and obesity management services is critical for planning how obesity care can be provided to more patients who are in critical need. However, with the unmet need outlined in HTE14 by NICE, we believe the wording "aware of" is not appropriate when trying to address the obesity epidemic. For line 24 to 30, the primary focus of commissioners should be the "expansion of" these overweight and obesity management services including offering additional options available within the behavioural overweight and obesity interventions for adults.	Thank you for your comment. The committee considered this issue and agreed no further changes were needed.
Association of Clinical	Guideline	099	018 onwards	Commissioners to consider…… Ensuring communication is encouraged and opportunities	Thank you for your comment. The guideline has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Psychologists UK				are created for liaison and consultation with clinicians who provide interventions for people living with overweight or obesity Linking up pathways that offer services for other LTC	
Association of Clinical Psychologists UK	Guideline	099	020 - 030	Separate point Aware and can screen for eating disorders and disordered eating	Thank you for your comment. The committee discussed the possibility of screening but decided that without an established standard method or tool they could not make this recommendation. They have instead amended the guideline to encourage taking vulnerability to eating disorders into consideration before any weight management.
Public Health Wales	Guideline	099	028	1.11.44 This may include considering collation of wider options available locally that are safe and evidenced based and developing mechanisms to collate and share wait times to access offers.	Thank you for your comment. The committee considered this issue and agreed no further changes were needed.
Eli Lilly and Company	Guideline	099	028	With 25.9% of the UK population suffering from obesity, current services and pathways are not sufficient in managing or treating this chronic disease. Lilly suggests the draft NICE Guideline recommendations are explicit in the options available to commissioners when looking at the range of interventions that could be commissioned locally. In particular, interventions available in a Tier 2 service should be expanded to include pharmacological treatment in (1) localities that do not have funded Tier 3 or 4 services or in areas that have referral waiting times of 1+ year(s) and (2) critical patients (e.g. those that are considered most at risk due to their obesity).	Thank you for your comment. The committee considered this and agreed this further detail is dependent on local provision. The guideline has a table which summarises the medicine options for weight loss in adults. This contains the BMI requirement to receive specific medicines as stated within the relevant technology appraisal.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Association of Clinical Psychologists UK	Guideline	099	029	In areas with high levels of diversity and low proportionate referrals, Commissioners to consider delivering weight management services in community venues, churches. Mosques etc	Thank you for your comment. The committee consider this and agreed that this detail is not needed in the recommendation.
Slimming World	Guideline	100	004	(section 1.11.45) - We welcome the emphasis on raising awareness of interventions available among health and social care professionals. What's not clear from the guidance is how this will be done and how knowledge will be maintained and kept up to date.	Thank you for your comment. The committee cannot be prescriptive in this recommendation as this will be based on local needs and system.
Public Health Wales	Guideline	100	005	1.11.45 This may need to include reference to the parallel Child Measurement Programme (CMP) in Wales. As previously stated to point 1.4.27 this point clarity may be needed as surveillance programmes are not for the purpose of identifying people for referral to services and the phrasing in "addition to" suggests that the surveillance programmes have a screening function. With this point it may be helpful to consider how this may be achieved as the work needed to do this well. Without this, the opportunity for a more strategic approach. e.g. appropriate public health input and work with partners would be needed to best support the process of awareness raising may be missed. This may also need to consider healthy weight conversation training and the costs and resources to support this.	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Department for Health and Social Care	Guideline	100	011 - 012	It is unclear why the NCMP conversation framework has been referenced here. This is a resource to support NCMP delivery staff talk about weight with parents and carer, is the rationale to signpost to a resource to help with this? Further clarification is required. Should it be the NCMP Operational Guidance? See here:	Thank you for your comment. Rec 1.1.6 has been checked and the cross reference to the NCMP Operational Guidance has been corrected.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				https://www.gov.uk/government/publications/national-child-measurement-programme-operational-guidance	
Reed Wellbeing Ltd	Guideline	100	012	Could add mention of raising awareness about community, local and cultural groups that support healthy lifestyle interventions. Health and social care professionals being aware of these groups could offer alternatives for when referral to overweight and obesity management interventions are not suitable or desirable for the service user.	Thank you for your comment. The committee considered this and agreed that this detail is not needed in the recommendation.
Slimming World	Guideline	100	013	(section 1.11.46) - Indeed, hybrid or different delivery methods provide increased accessibility. Slimming World continually develop their provision of online and social media resources to increase the support to members who attend in-person and the reach of messages. In addition to using the digital service to provide stand-alone weight management support. The online programme has recently been evaluated. Ref Toon J, Geneva M, Sharpe P, Lavin J, Bennett S, Avery A. Weight loss outcomes achieved by adults accessing an online programme offered as part of Public Health England's 'Better Health' campaign. BMC Public Health. 2022 Jul 30;22(1):1456. doi: 10.1186/s12889-022-13847-w. PMID: 35907834; PMCID: PMC9339188.	Thank you for your comment. NICE are unable to cross refer to specific overweight and obesity management programmes. Thank you also for providing this reference. This topic is outside the scope of this guideline update.
Public Health Wales	Guideline	100	013	1.11.46 In view of the issues of stigma which are raised in these document, this may need to consider public health input and behaviourally informed messaging	Thank you for your comment. The committee considered this and agreed that this detail is not needed in the recommendation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Manchester Foundation Trust	Guideline	100	013	It is unclear whose responsibility is it to make online and social media resources that are reliable and effective. The statement is broad but there is no indication of ownership or types of content.	Thank you for your comment. This issue is outside the scope of this guideline update.
BDA Obesity Specialist Committee	Guideline	100	013	it is indicated that a range of online and social media resources should be available and accessible to share with patients but with no indication as to who is going to formulate and police the list for suitability.	Thank you for your comment. This issue is outside the scope of this guideline update.
Betsi Cadwaladr University Health Board	Guideline	100	017	As this is UK guidance can it be identified who should be responsible for this in other UK nations?	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Hywel Dda University Health Board	Guideline	100	018 - 026	Effort needs to be made to ensure messaging is non judgemental and non-stigmatising. Focus on positive messages to empower change	Thank you for your comment. The guideline has been amended as suggested.
NHS England	Guideline	100	027	add point 'all messaging should use non-judgemental language and non-stigmatising imagery'	Thank you for your comment. The guideline has been amended as suggested.
Public Health Wales	Guideline	101	011	1.11.48 This need to consider the challenges of cost and travel (to people and the system if subsidised) to ensure affordable, accessible options. This also needs to consider appropriate public health input to support this recommendation.	Thank you. The potential costs associated with raising awareness were acknowledged in the rationale and impact section.
NHS Gloucestershire ICB	Guideline	101	011 - 012	Given the harm we know that can be caused by oversimplifying the root causes of childhood obesity, is this helpful to coincide with service specific comms as it could contribute to the 'eat less move more' narrative? Completely appreciate the importance of general public health	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				messaging, but given the target audience, recommendations should still be realistic and achievable.	
Public Health Wales	Guideline	101	013	1.11.49 This needs to consider how this may be best achieved, e.g. using evidence based public health approaches.	Thank you for your comment. The committee agree this is best achieved through evidence based public health approaches.
Association of Clinical Psychologists UK	Guideline	101	014	Health and psychosocial benefits	Thank you for your comment.
NHS England	Guideline	101	015	This could also include that advice and adjustments to lifestyle may be sufficient for some to reach and maintain a healthier weight (to avoid implying that weight loss requires time-consuming or medical interventions for all).	Thank you for your comment.
Public Health Wales	Guideline	101	022	1.11.49 While it is helpful to include relevant information sources in communications about overweight and obesity, there are many modes of communication, some with more space for information than others. It may not be achievable to include details of information sources to all communications about weight and it is suggested that this is rephrased to "relevant information in communications".	Thank you for your comment. The committee agreed that this suggested amendment is not needed.
Slimming World	Guideline	101	024	(section 1.11.50) - Developing and maintaining an up-to-date list of local weight management interventions is vital. How will this list be compiled and importantly maintained and kept up to date? Ideally this list would include information on what the services offer, how to access and the costs involved.	Thank you for your comment. The committee considered this issue and agreed this further detail is dependent on local commissioning and provision of services.
Manchester Foundation Trust	Guideline	101	024	It should be a definite recommendation in putting the onus of keeping an up-to date list of local obesity interventions	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local services and provision.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				and management services on the ICB. This often gets devolved to local councils but should be a health agenda.	
BDA Obesity Specialist Committee	Guideline	101	024	the development and maintenance of the up-to-date list of local weight management services is so important but who and how is the list going to be compiled – this has unacknowledged resource implications. Such a list should include a description of each of the services available and any additional costs that may be incurred given that individuals are often worried about associated costs	Thank you for your comment. The committee considered this issue and agreed this further detail is dependent on local commissioning and provision of services.
Reed Wellbeing Ltd	Guideline	101	024 - 027	1.11.50 - Add a recommendation for ICBs (Integrated Care Boards) to proactively encourage GPs to engage with their providers of overweight and obesity interventions.	Thank you for your comment. The committee agreed this should be part of standard practice.
Hywel Dda University Health Board	Guideline	103	001	Consider inclusion of other measurements for people who find weight triggering	Thank you for your comment. Recommendations 1.9.2 and 1.10.3 stress the importance of asking permission before discussing weight or taking measurements, so people who find this triggering are able to decline.
British Academy of Childhood Disability (BACD)	Guideline	104	012	Rec 1.12.4: We absolutely support taking into account those with special needs or disabilities when commissioning interventions and feel this is an essential point to highlight.	Thank you for your comment.
British Academy of Childhood Disability (BACD)	Guideline	104	017	Rec 1.12.5: We agree that individuals with complex needs and their families should have access to specialist services.	Thank you for your comment.
NHS England	Guideline	104	024	Where has this list of professionals come from? A paediatrician is not interchangeable with a nurse, I suggest that it's changed to registered professionals who together	Thank you for your comment. The committee considered this issue and agreed that this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				can meet the physical, mental and social assessment and intervention needs of children and young people living with obesity and / or complications of excess weight. This will likely include a dietitian, physical health professional such as a paediatrician, as well as mental health and social health specialists.	
PrescQIPP CIC	Guideline	105	012	Contracts and intervention specifications – for the weight management digital technologies, these need to align with whatever is agreed in the "Digital technologies for providing specialist weight-management services: early value assessment" due for publication in January 2024.	Thank you for your comment. A cross reference has been added to this early value assessment guidance.
Department for Health and Social Care	Guideline	106	016	Refer to 'the former Public Health England' (or similar)	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
PrescQIPP CIC	Guideline	106	017	Rec 1.13 "Monitoring and evaluating all local provision". Recommendations in this section should refer to and align with the motoring and evaluation requirements set out HTE14 and/or the "Digital technologies for providing specialist weight-management services: early value assessment" due for publication in January 2024.	Thank you for your comment. A cross reference has been added to this early value assessment guidance.
Public Health Wales	Guideline	107	012	1.13.4 Monitoring arrangements are specific to England. This should refer to the All Wales Weight Management Pathway and the Minimum Dataset in Wales.	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Department for Health and Social Care	Guideline	107	012 - 013	Refer to 'the former Public Health England' (or similar)	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
Department for Health and Social Care	Guideline	109	005 – 008	Refer to 'the former Public Health England' (or similar)	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
Public Health Wales	Guideline	109	021	1.13.13 This update refers to Public Health England documents. To be relevant in the UK it would help to consider parallel documents from the devolved administrations for example, the All Wales Weight Management Pathway, and the Wales Minimum Dataset,	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Public Health Wales	Guideline	109	021	1.13.14 while this is not being updated, the language for mental health should be updated to mental health and wellbeing with relevant suggested tools.	Thank you for your comment. The guideline has been amended as suggested.
NHS Gloucestershire ICB	Guideline	109 & 111	014 – 028 & 016 - 027	Consider other effective means of monitoring progress, that are less likely to disengage people, for example, experience with teens suggest they do not engage with having their BMI monitored. This maybe another recommendation for research.	Thank you for your comment. The committee considered this issue and agreed that this is outside the scope of this guideline update.
Bradford Metropolitan District Council –	Guideline	112 - 015	019 - 001	1.14.2 - 1.14.7In 2010 we had strategic health authorities and until 2013 we had PCT's (it stems from guidance during that time). I think in this section it now needs to be clearer	Thank you for your comment. Training as a whole is now outside the scope of NICE guidelines.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Public Health				about who is being asked to ensure this training because without it nobody will claim ownership.	
NHS England	Guideline	113	001	add bullet point 'being aware of the importance of using non-judgemental language and non-stigmatising imagery'	Thank you for your comment. The guideline has been amended as suggested.
Department for Health and Social Care	Guideline	113	004	Update NCMP report to the 2022/23 School Year, available via the following link: https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2022-23-school-year	Thank you for your comment. References to National Child Measurement programme data has been updated with the latest 2022/23 findings reported.
Hywel Dda University Health Board	Guideline	115	008	Ensure staff are aware of weight stigma and its prevalence. Need to consider how their own views affect their interactions with patients	Thank you for your comment. This issue has been added to recommendation 1.1.1.
Department for Health and Social Care	Guideline	117	022 - 023	Under 1.14.21, is it appropriate to specify physical activity instructors must be a practitioner member of the CIMSPA (Chartered Institute for the Management of Sport and Physical Activity) or could that cause restrictions on other suitably qualified staff or recruitment barriers / delays. Could this instead be an example of a suitable qualification? For example, we're aware of current offers through the Additional Roles Scheme in the GP Network Contract and wellbeing workers in the voluntary and community sector.	Thank you for your comment. The guideline (rec 1.15.1) has been amended as suggested.
Hywel Dda University Health Board	Guideline	117	024	Welcome the need for CPR qualification	Thank you for your comment.
NHS England	Guideline	118	021	Add bullet point 'reducing sedentary behaviour and improving sleep'	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Department for Health and Social Care	Guideline	120	009 - 022	It is unclear why two definitions have been introduced, one for behavioural obesity and obesity management interventions and another for behavioural overweight and obesity services. Neither of these refer to a minimum duration of 12-weeks (which was included in the previous NICE definition). It is unclear why this has changed and what this means for local implementation. Should the minimum duration be included or the guideline be clarified that there is no recommendation on length? Should the components of an intervention be included in the definition of a behavioural weight management service.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Association of Clinical Psychologists UK	Guideline	121	001 - 007	This point states the guidance only refers to over 25 years and yet it refers to neurodivergence in relation to children and YP. Needs clarification.	Thank you for your response. This guideline is for all ages groups (including SEND for under 25s and those over 25 years). This is explained in the terms used in the guideline section.
Department for Health and Social Care	Guideline	121	013	The term weight management service seems to have been replaced with overweight and obesity management services. It is unclear why this has changed and if this is based on the latest evidence. We are concerned about possible stigmatising language and wonder if weight management services should be the term used. If not, it may be helpful to provide the evidence that led to this change.	Thank you for your comment. This guideline was formerly titled weight management, but the committee decided to change this to overweight and obesity management. They agreed that overweight and obesity are clinical conditions which are appropriate for a clinical guideline on management, whereas high body weight is a symptom of these conditions rather than an issue itself. Similarly weight management is one approach, among many options, for managing overweight or obesity. The committee, lead on this issue by the lay members, felt that focusing on overweight and obesity in clinical terms

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					reduced stigma compared to the previous focus on weight.
Public Health Wales	Guideline	121	016	Although this bullet point is preceded by the statement 'definitions vary locally', going on to describe 'universal services such as health promotion or primary care (sometimes referred to as tier 1) is ambiguous, potentially inaccurate and doesn't contextualise 'tier 1' as a term used in England. The All Wales Weight Management Pathway describes levels, rather than tiers, and these are defined differently in Wales. Given the pressures on primary care, lack of resource, capacity and capability, it would be concerning to introduce language of primary care as a 'universal overweight and obesity management service'. Instead, incorporating language from Pg.44 line 20 might be better in this section i.e. "Sources of community or healthcare support (for example, provided by social prescribers, health coaches, pharmacists, local support groups, online groups or networks, friends and family, Talking Therapies, healthcare-endorsed apps, national campaigns, and local community groups such as walking or gardening groups). See NICE's guideline on behaviour change: digital and mobile health interventions. [2024]	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Betsi Cadwaladr University Health Board	Guideline	122	001	Can this description make it clear that not all of these services are always necessarily available in all weight management services? More appropriate wording may be Specialist primary, community or secondary care-based services led by a multidisciplinary team offering a range of services which can include surgical, dietetic,	Thank you for your comment. The committee were unable to make your suggested amendments.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				pharmacological and/or psychological obesity management interventions.	
Department for Health and Social Care	Guideline	122	001 - 005	The definition for a specialist weight management service has changed, for example: The definition no longer specifies who the multidisciplinary team should consist of. Should the core team members be added to provide clarity to the providers of these services? The definition also merges the components offered across tier 3 and tier 4 services. This may imply that surgical interventions are available in tier 3 services, for example, which is incorrect. Consider clearer drafting of which interventions are available in Tier 3 compared to Tier 4 to reduce any confusion.	Thank you for your comment. The expertise within a specialist overweight and obesity management service is outlined in rec 1.16.6. The committee agreed to refer to specialist overweight and obesity management services rather than tiers.
Perspectum	Guideline	122	002	Specialist overweight and obesity management services We propose that in the definition of these services community diagnostic centres should be named and included. Community diagnostic services have been developed to address the capacity limitation of NHS secondary care after COVID-19 and enable services to be brought closer to hesitant patient groups, in a community setting (1). This applies to individuals living with overweight or obesity who notoriously tend to avoid medical solutions because of the common perception of obesity as a behavioural condition and a lifestyle choice (2-3).	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				References Richards et al (2022). Diagnostics: a major priority for the NHS. Future Healthcare Journal.; 9(2):133-137. Caterson et al. (2019). Gaps to bridge: misalignment between perception, reality and actions in obesity. Diabetes Obesity Metab.; 21(8):1914–1924. Rubino et al. (2020). Joint international consensus statement for ending stigma of obesity. Nature Med.; 26(4):485–497.	
Royal College of Physicians (RCP)	Guideline	122	006	Other suggested areas for research – Real world evidence of tolerability and weight loss outcomes of medical therapies. Access to weight loss medication and areas of inequality Real world outcomes for digital specialist weight management programmes, and longer term outcomes for weight loss maintenance	Thank you for your comment. NICE guideline committees make research recommendations to fill an identified gap in the evidence base. As these highlighted areas are outside the scope of this guideline update, the evidence base was not considered. Therefore the committee were unable to make these research recommendations.
BDA Obesity Specialist Committee	Guideline	122	007	this is a comprehensive and ambitious list of recommendations for future research which we hope can be delivered on.	Thank you for your comment.
Reed Wellbeing Ltd	Guideline	122	010	We support the recommendation that identification of overweight and obesity in people from ethnic minority backgrounds is the first priority recommended for research.	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				It is striking in the discussion in evidence review D that the review question sought to look specifically at people from Black, Asian, and ethnic minority backgrounds but representation of these populations in mixed population studies was minimal and not a single specific study of people from ethnic minority family backgrounds was identified. We would stress the importance of encouraging as much specificity as possible in this recommendation for it to be useful for Health Care Practitioners, given that Health Care Practitioners may be working predominantly with a specific group and generalised findings about people from Black, Asian and ethnic minority family backgrounds may be of limited usefulness.	
University of Derby	Guideline	122	011 - 013	Categorising patients as Metabolically healthy obese patients, metabolically unhealthy obese patients and Metabolically unhealthy lean patients would be effective and acceptable in identifying obese and overweight patients who require weight loss regime (reference:DOI: 10.1186/s12902-021-00754-1 and DOI: 10.1097/MCO.0000000000000317) .	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update.
Hywel Dda University Health Board	Guideline	122	014	Welcome the need for research into adverse effects of identification of overweight and obesity in children and young people. This is crucial.	Thank you for your comment.
Department for Health and Social Care	Guideline	122	014 - 017	We welcome the research recommendation to explore what the adverse effects of identifying children and young people as living with overweight or obesity, particularly the risk of disordered eating and eating disorders. Noting the evidence highlighted that families and carers had concerns and	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				anxieties about this, but there was little quantitative research measuring whether adverse effects occurred. We agree with the committee that this is an important gap in the evidence (relating to page 137).	
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	122	016 - 017	Adverse Effects on Identifying CYP – I like the addition of disordered eating and eating disorders. Although this is not for underweight it would incorporate that which is also a cause for further understanding.	Thank you for your comment.
NHS Gloucestershire ICB	Guideline	122 - 132	General	Recommendations for research - Given the lack of consensus and single definition of childhood obesity being recognised as a sign of abuse and neglect, we feel that childhood obesity and safeguarding should be a key recommendation for research to understand local approaches across Integrated Care Systems. Since the previous publication date, there have been several child death reviews at the hands of obesity. Meanwhile, this document signposts to the current guidance on childhood abuse and neglect, yet there is no single mention of 'obesity'. Locally, we know that the definition of childhood obesity as a sign of abuse and neglect is defined differently between professionals, despite there being good practice recommendations available to support the identification of childhood obesity as a sign of abuse or neglect, e.g., in the Child Protection Companion.	Thank you for your comment. The committee considered this but agreed this is outside the scope of this guideline update. The rationale and impact section of the guideline notes - the committee discussed situations in which weight or weight-related comorbidities posed a risk to the child or young person's health that would become a safeguarding concern if not addressed. They agreed that guidance was needed to assist with making decisions that balance the need for person-centred care that respect the choice of child and young person (and that of their families or carers) about the care they receive with the duty of care to the child or young person when there is a serious risk to their long-term health.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Hywel Dda University Health Board	Guideline	123	001	Welcome research into intermittent fasting	Thank you for your comment.
UK Society for Behavioural Medicine	Guideline	123	001 - 004	As per the previous comment, you may mean "meal-replacements" or "low energy diets" here rather than "intermittent fasting"?	Thank you for your comment. The research recommendation refers to intermittent fasting.
Department for Health and Social Care	Guideline	123	001 - 004	In research recommendation 3, should the term intermittent fasting be clarified, does this include the various patterns of time restricted eating in addition to fasting.	Thank you for your comment. The committee agreed a definition of this term is not needed.
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	123	001 - 004	Intermittent fasting in adults – This is intriguing and necessary as a lot is mentioned on social media about the impact of fasting. Insights will be useful.	Thank you for your comment.
NHS Gloucestershire ICB	Guideline	124	006	Recommendations for research - Re: measuring health risks – has evidence for the Edmonton Staging System been considered?	Thank you for your comment. The Edmonton Staging System is outside the scope of the guideline update.
Hywel Dda University Health Board	Guideline	125	002	Welcome the need for research into psychological therapies to address the effect of stigma.	Thank you for your comment.
The Royal Borough of	Guideline	125	008 - 011	Using waist-height in children and young people – what is important is explaining to CYP the impact of weighing	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Windsor and Maidenhead Public Health Team				themselves at one point during the day and keeping that consistent. This would inform and lead to a reduced number of eating disorders if this was more clear.	
The Royal Borough of Windsor and Maidenhead Public Health Team	Guideline	126	001 - 004	Beliefs about weight – good questions and will inform myth busting and future programmes. It would be good to see if people understand what interventions are available.	Thank you for your comment.
X-PERT Health	Guideline	127	011 - 014	Low-fat diets should be included amongst the list of dietary approaches used as examples, in relation to the need for further research to assess possible adverse effects. The exclusion could be taken to imply that there are no question marks in relation to a low-fat diet, whereas there is not clear, high-quality evidence of the long-term effects of low-fat diets any more than there is for the other dietary approaches listed. Indeed, where longer-term studies have been performed, they have failed to show benefits of low-fat diets over other approaches. For example, the LookAHEAD trial was stopped after 9.6 years as there was no reduction in cardiovascular disease risk compared to the control group1, and in the Women's Health Initiative Study glycaemic	Thank you for your comment. The research rec relates specifically to the effectiveness of low energy (total replacement) diets including low energy liquid diets (defined as diet containing 800-1200 calories per day). The trials in the references you've provided did not investigate the effectiveness of total meal replacement or low energy liquid diets.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				control was worse in the low-fat arm than the control group after 6 years2. Low fat diets should be subject to the same expectations for evidence as other ways of eating. 1. The Look Ahead Research Group. N Eng J Med. (2013) 369:145-154. Doi. 10.1056/NEJMoa1212614. 2. Shikany et al. Am J Clin Nutr. (2011) 94:75-85. Doi: 10.3945/ajcn.110.010843.	
University of Derby	Guideline	127	012 - 014	Low energy and low-calorie diet cannot be taken for longer periods. The biochemical and molecular reason needs to investigate. Deciphering a specific molecular pathway involve in a low calorie diet will explain the reasons for adverse event.	Thank you for your comment. The committee have made a research recommendation to examine the effectiveness and cost effectiveness of low-energy and very-low-energy diets. Further detail is provided in evidence review F. The detailed PICO table includes adverse events as an outcome.
Health Equalities Group	Guideline	130	023	We are pleased to see that there is a recommendation for research on how best to communicate results from the National Child Measurement Programme with families. However, this recommendation was made in 2013 and we continue to see this as a significant challenge being faced by local authorities engaged in the Food Active network. The effectiveness and impact of routine parental feedback on a child's weight status following the NCMP process is a mixed picture and there is an emerging body of evidence to suggest that the current process needs review, particularly in communicating and feeding back results to parents/carers.	Thank you for your comment and for providing this evidence. The National Child Measurement Programme is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				The reactions of many parents/carers whose children are identified as being overweight include a range of behaviours such as shock, disgust with the programme, feeling judged through denial and self-blame to acceptance, worry and intention to seek help, Some local areas have started to explore how they can address some of the unintended impacts of the programme and better support local families. These include (but are not limited to): Co-designing the feedback letter, with local parents through consultation including focus groups and workshops. Provide the raw height and weight measurements as opposed to the BMI-score, so that parents can choose whether they want to find out their child's BMI score. Only send feedback letters to parents where their children are within the highest and lowest BMI scores/centiles. In Wales, the programme is only carried out for children in reception and the results are not routinely reported back to parents. Examples of co-production currently underway across parts of Cheshire & Merseyside and other examples of approaches: Improving the National Child Measurement Programme	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				(NCMP) in Kent. Kent Community Health NHS Foundation Trust. Child Obesity Stigma. A Stronger Sandwell Approach. Health for Kids Leicester (includes video) London Childhood Obesity Taskforce: Engagement with Children and Youth Evidence in Support of Calls to Action. Bridgewater NHS Trust: Frequent comments and questions about the NCMP Compassionate Approach to CYP Health and Weight Plan (plymouth.gov.uk) A compassionate approach to working with families | PLYMOUTH.GOV.UK We believe there needs to be greater discussion around the NCMP process, and whether in its current format, the benefits of data generation outweigh the potential negative impact it may be having on children and their families. And whether the current NCMP process actually supports positive opportunities to engage families in regard to health and well-being.	
First Steps Nutrition Trust	Guideline	134	015 - 016	Is there a reason those that have been found to be effective are not mentioned in the guidelines?	Thank you for your comment. Interventions for adults is outside the scope of this guideline update. For this current update, the committee agreed not to name interventions

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				On page 103 the guidelines list evidence based interventions for adults (Slimming World and Weight Watchers). Is there a reason that evidence based interventions for children are therefore not included? An example of an evidence based intervention for pre-school children with sustained impact is: Planet Munch Healthy Lifestyle Programme - tackling childhood obesity through creative education | NICE	for children and young people as this would quickly date the guideline. They instead recommended core components of successful interventions.
BDA Obesity Specialist Committee	Guideline (HE)	135	006	It is stated that the recommendations are in line with current practice and are unlikely to lead to a significant cost impact. We would strongly disagree with this statement. Yes indeed the additional links to guidance and resources could help staff plan interventions but as there is currently such a postcode lottery in the availability of services at a local level, there will be cost implications if best practice is to be achieved. For each recommendation, it is stated that 'the additional time needed to discuss overweight and obesity management options and address any barriers that affect uptake is likely to increase the length of appointments. But the cost of this is expected to be insignificant and to be offset by savings from better health outcomes'. The immediate real costs will not be offset by savings from better health outcomes down the line – not unless we have the perfectly delivered whole systems approach to the prevention of obesity alongside improved accessibility to weight management services (T2, T3 & T4).	Thank you for your comment. The committee considered this and agreed to keep the current wording that it is in line with current practice.
Slimming World	Guideline (HE)	135	006	While the guidance states that this is setting out good practice the reality is that in many localities there isn't sufficient provision of weight management services and	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local service implementation.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				there is a real postcode lottery as to what's available in different areas. It's vital that these guidelines are followed and services are available for people but and it's important to note that this is likely to have an impact on cost overall as provision will need to be increased to achieve this desired best practice.	
Association of Clinical Psychologists UK	Guideline	135	016 - 026	It is great that the committee made this ruling but this is not reflected in the guidance ie no reference to childhood atrocities of trauma informed care.	Thank you for your comment. The committee considered this issue and agreed this is outside the scope of this guideline update. The NICE looked after children and young people guideline NG205 has been a number of recommendations on trauma informed training, building expertise about trauma and improving awareness of the impact of trauma.
Association of Clinical Psychologists UK	Guideline	136	010 - 011	Totally agree with eating disorder screening and discussions. These sensitive conversations if not handled correctly can lead to long term chronic problems. Should more guidance around these conversations be included in this guidance eg through case studies? The prevalence has increased since the pandemic	Thank you for your comment. The committee discussed eating disorders and agreed that this issue should be given more prominence in the guideline. Several recommendations have now been amended to address this.
ABL Health	Guideline	136	015	Have any strategies in weight stigma reduction been considered and what research has been considered in supporting this decision.	Thank you for your comment. The committee were interested in evidence on reducing weight stigma. Therefore they have recommended further research on the effectiveness and acceptability of psychological therapies to address the effect of stigma (research recommendation 8)
ABL Health	Guideline	137	004	We are worried about the age of 12yrs and the way this is worded. Most children still rely on their parents for the	Thank you for your comment. The guideline has been amended to clarify that young people can be empowered

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				provision of meals, and this feels like it may put the responsibility of weight more onto the child. Can the wording of this section be considered, and safeguarding be brought into this too? eg that children as young as 12yrs CAN have the capacity to take some responsibility for their weight, and that we should work with children to support and empower them to do so, but that overall responsibility still lies with parents and is influenced by the environment also.	to manage their overweight or obesity rather than have responsibility for managing it.
Royal College of General Practitioners	Guideline	144	021	The term "learning disabilities" should be used as opposed to "learning difficulties" as it is more appropriate in the context of possible physical challenges for weighing.	Thank you for your comment. The guideline has been amended as suggested.
BDA Obesity Specialist Committee	Guideline	145	005	The rationale behind the recommendation for choosing interventions with adults (p145) really highlights the contradictions for no additional resource to be required.	Thank you for your comment. This issue is outside the scope of this guideline update.
Department for Health and Social Care	Guideline	146	011 - 013	'The committee noted that measurements from these programmes are often not given to families or carers or to their GPs, so they are often not followed up' What is the basis of this? It is accurate based on extensive user research with stakeholders that NCMP measurements are not routinely shared with GP's or other HCP's but with regards to parents it's a local authorities decision on whether parents are provided with their child's measurement data, published survey evidence which included two thirds of LA's shows that around 86% share	Thank you for your comment. This statement is based on committee experience and consensus.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				feedback in some form to parents (see https://www.cambridge.org/core/journals/public-health-nutrition/article/delivery-of-the-national-child-measurement-programme-in-england/C456CB77D85CE42394D4611157844E36). The NCMP IT system analytics shows that around 80% of local authorities generate feedback letters for parents. These two pieces of evidence suggest that more parents receive feedback, the more pressing issue is understanding why parents don't act on them and that GP's/HCP's are unable to follow-up because the data doesn't flow. Work is in progress nationally to improve the flow of data to NHS Clinical systems. Related to page 35, line 6 – 8, we agree that it's important for identification to also take place outside these programmes and processes are in place to ensure children of all ages are reached. This could be considered at other time points when children receive public health interventions such as immunisations/vaccinations/dental reviews. These can be considered in local child obesity care pathways.	Alternative opportunities for identification are addressed in rec 1.10.4.
Association of Clinical Psychologists UK	Guideline	146	020 - 024	'The evidence reviewed for adults showed that they often felt that when they presented with another health issue, this was overshadowed by discussions about weight,' this is an extremely common issues in my clinical experience and leads to high levels of relapse and drop out and non-adherence to other care plans.	Thank you for your comment. The issue of diagnostic overshadowing is addressed in recommendations 1.9.1 (for adults) and 1.10.2 (for children and young people).

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				It is important earlier in the guidance that this is stressed as there is such a focus on weight over and above anything else	
Department for Health and Social Care	Guideline	147	005 - 006	Refer to the 'former Public Health England' or similar for 'Public Health England's guidance on conversations with children and their families about overweight and obesity management'.	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
Department for Health and Social Care	Guideline	147	018 - 019	Refer to the 'former Public Health England' or similar for 'Public Health England's guidance on conversations with children and their families about overweight and obesity management'.	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
Royal College of General Practitioners	Guideline	149	013	Learning difficulties should be replaced with learning disabilities – care must be taken to not use these as interchangeable terms as they are not.	Thank you for your comment. The guideline has been amended as suggested.
Royal College of General Practitioners	Guideline	149	021	Learning difficulties should be replaced with learning disabilities – care must be taken to not use these as interchangeable terms as they are not.	Thank you for your comment. The guideline has been amended as suggested.
Slimming World	Guideline	156	001	Slimming World has been shown to be effective across all levels of deprivation with attendance and outcomes very similar across all socioeconomic groups.	Thank you for your comment and for highlighting your draft evaluation paper. This topic is outside the scope of this guideline update

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Stubbs RJ, Morris L, Pallister C, Horgan G, Lavin JH. Weight outcomes audit in 1.3 million adults during their first 3 months' attendance in a commercial weight management programme. BMC Public Health. 2015 Sep 10;15:882. doi: 10.1186/s12889-015-2225-0. PMID: 26359180; PMCID: PMC4566482. A draft evaluation paper is currently being prepared for publication which shows similar findings but importantly over the long term, showing positive 12-month outcomes. We would be happy to discuss this data. Anecdotal evidence suggests that because people are changing their eating habits, they are able to save money which may then help towards funding membership of a weight management programme.	
Department for Health and Social Care	Guideline	158	001 – 010	We are concerned that the phrasing on this recommendation may imply that submission of data to the National Obesity Audit is optional, rather than required. Providers of publicly funded weight management services currently described as Tiers 2, 3 and 4 in England are required to submit data to the National Obesity Audit. This recommendation could be strengthened to reflect this. The recommendation as it is currently drafted is appropriate for non-publicly funded services but should be further clarified for publicly funded services. For further information: https://digital.nhs.uk/data-and-	Thank you for your comment. The guideline has been amended to clarify that the data is required.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				information/clinical-audits-and-registries/national-obesity-audit#services-included-in-the-audit	
ABL Health	Guideline	162	018	Local authorities need to share responsibility for maintenance by supporting individuals with healthier food choices in the areas they live. Eg some areas seem to have mostly fast food chains and few green areas to support physical activity. More needs to be done to tackle food advertising to children and adults (poor food choices).	Thank you for your comment. This issue is outside the scope of this guideline update.
Association of Clinical Psychologists UK	Guideline	164	020	Costs associated with awareness training	Thank you for your comment.
Association of Clinical Psychologists UK	Guideline	164	023 - 024	Vital point made here 'But a focus on addressing the drivers…' The committee recommendations are good in recognising stigma and eating disorders and disordered eating but the guidance lacks understanding as to why obesity occurs for many regarding triggers and drivers eg : Recognizing fulness and hunger signals Being depressed, stressed and overeating and not caring about appearance etc Links with low self esteem / trauma Data on SMI and obesity etc	Thank you for your comment. The NICE looked after children and young people guideline NG205 has made a number of recommendations on trauma informed training, building expertise about trauma and improving awareness of the impact of trauma.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Novo Nordisk	Guideline	166	010	As has been noted elsewhere in the guidance, obesity is a chronic, relapsing disease rather than an 'issue'. We recommend that 'issue' is replaced with 'disease' or 'health condition'.	Thank you for your comment. The guideline has been amended as suggested. Some use of the word issue remain in the guideline were deemed editorially appropriate.
Department for Health and Social Care	Guideline	168	002 - 012	We are concerned that the phrasing on this recommendation may imply that submission of data to the National Obesity Audit is optional, rather than required. Providers of publicly funded weight management services currently described as Tiers 2, 3 and 4 in England are required to submit data to the National Obesity Audit. This recommendation could be strengthened to reflect this. The recommendation as it is currently drafted is appropriate for non-publicly funded services but should be further clarified for publicly funded services. For further information: https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-obesity-audit#services-included-in-the-audit	Thank you for your comment. The guideline has been amended to clarify that the data is required.
Association of Clinical Psychologists UK	Guideline	169	015 - 016	If also presenting with weight shape concerns screen for eating disorder	Thank you for your comment. The committee discussed the possibility of screening but decided that without an established standard method or tool they could not make this recommendation. They have instead amended the guideline to encourage taking vulnerability to eating disorders into consideration before any weight management. The recs are 1.11.3 (adults) and 1.12.3 (CYP), also cross referencing the determinants and context listed in 1.1.1.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
X-PERT Health	Guideline	170	017	It is stated that for most outcomes intermittent fasting was "not effective", but this is not a fair conclusion based on the evidence presented. A lack of difference between the intermittent fasting arm and the standard care arm is NOT evidence of intermittent fasting being ineffective, just that there was not evidence that it was superior (or inferior) to standard care. This statement should therefore be reworded or removed.	Thank you for your comment. The guideline has been amended to clarify that the data is required.
ABL Health	Guideline	170	022	Whilst high quality and robust evidence has been sought about this method, we would like to see more research in this field too to have been considered as there is a lot of evidence of variable qualities out there that supports time-restricted eating as a viable option that can work well for some people. Similarly, the benefits of lower carbohydrate options has been well documented, https://nutrition.bmj.com/content/early/2020/11/02/bmjnph-2020-000072 https://nutrition.bmj.com/content/early/2023/01/02/bmjnph-2022-000544	Thank you for your comment and for highlighting this paper. The committee has made a research recommendation (no 12) to help address the gap in the evidence base.
Counterweight Limited	Guideline	171	014	Please use the correct term through the document, e.g. total diet replacement NOT total meal replacement. Thanks	Thank you for your comment. Total meal replacements has been used in the evidence review and guideline where the studies has used this terminology.
Counterweight Limited	Guideline	171	016	Please use the correct term when talking about Weight Loss Maintenance, it is not Weight Maintenance	Thank you for your comment. The committee considered this issue and agreed to keep weight maintenance which is maintenance of a new lower weight.
ABL Health	Guideline	172	012	We would like further research on the psychological impact of a restrictive diet.	Thank you for your comment. The committee considered this issue but were unable to add this research recommendation as they have not considered the

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				The eating disorders and lack of research to support the link to restriction/low kcal diets is disappointing as there is a lot of research on this, especially post-pandemic. The eating disorder clinics may use this to justify expecting WM services to handle people who are clearly suffering from EDs.	evidence base for the psychological impact of a restrictive diet. Research recommendations are made to help fill an identified gap in the evidence base.
NHS England	Guideline	172	017 - 027	We would suggest removing the requirement for a dietitian / nutritionist (line 026) to deliver low-energy diets, or making clear that this requirement is only in the context of specialist weight management services. We note that the rationale for this element of the recommendation was that studies of low energy diets had used registered dietitians and nutritionists to provide support. However, since the time of those studies, we have launched a real-world programme (the NHS Type 2 Diabetes Path to Remission Programme, formerly called the NHS Low Calorie Diet Programme) offering low energy diet interventions using total diet replacement. This has largely been delivered without the use of dietitians and nutritionists, although they have been involved in programme and protocol design. We are very happy to share the outcomes of this programme with NICE – a summary is that we see uptake of 66%, retention to 3 months of 89%, retention to 12 months of 56% and mean weight loss at 12 months of 10.3kg (9.5%). We therefore feel there is sufficient real-world evidence to show that a dietitian / nutritionist is not necessary for	Thank you for your comment. The committee discussed recommendation 1.16.11 in light of the 12 months results from the Path to Remission Programme. They recognized that the requirement of dietitian / nutritionist should not be as strict as it was in the original recommendation, although they agreed that access to a Registered dietitian or nutritionist should always be ensured and facilitated when needed. Therefore, recommendation 1.16.11 was refined as "access to support" from appropriately trained Registered dietitian or Registered nutritionist

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				effective delivery of low-energy diets, particularly within the context of at-scale programmes such as the NHS Type 2 Diabetes Path to Remission Programme.	
Betsi Cadwaladr University Health Board	Guideline	172	017 - 027	Terminology of competence – regarding low-energy or/ very low energy diets the section acknowledges a range of health care professionals including dietitian, GP, counsellors etc. There needs to be consistency throughout the document on who is an appropriately trained health care professional to deliver these interventions.	Thank you for your comment. The degree of skills and competencies are defined throughout the guideline depending on the intervention. The guideline refers to NHS England's healthier weight competency framework.
Counterweight Limited	Guideline	172	022	The Direct and droplet studies provide evidence for delivery of these programmes by consultants and dietitians/practice nurses outside of specialist weight management services. Therefore these recommendations need to be revised.	Thank you for your comment. The recommendation 1.16.11 was changed from "involve" to "access to support" from dietitians /nutritionist as the committee agreed that although they are not strictly needed for the delivery of the programme, participants should have access to one of these professional figures if required.
Counterweight Limited	Guideline	173	004	Please review evidence on no adverse events linked to very low or low energy diets, as in the literature there is evidence of cholecystitis and it would be in the best interest of the patient to know this is a known side effect and potential adverse event. It would be better for guidelines to state the KNOWN side effects of formula low energy diets so readers are aware and manage appropriately for patient safety. The conversation with patients is balancing the risks and benefits of low energy diets for patients to choose. Also outline the benefit of formula low energy diet as this provides complete nutrition rather than food based approaches.	Thank you for your comment. The committee have made a research recommendation to examine the effectiveness and cost effectiveness of low-energy and very-low-energy diets. Further detail is provided in evidence review F. The detailed PICO table includes adverse events as an outcome.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Association of Clinical Psychologists UK	Guideline	173	012 - 021	Add although not a causative link maybe a correlation that people who show a preference for restriction and fasting are more likely to have a vulnerability to an eating disorder	Thank you for your comment. The guideline has been amended as suggested.
Betsi Cadwaladr University Health Board	Guideline	173	022 - 026	It may be useful to consider a dietitian with supplementary prescribing (for adjustment of medication) when undertaking very low energy diets as well as GP/consultant or nurse prescriber – to reduce the number or contacts a patient requires and also improve safety.	Thank you for your comment. The recommendation 1.16.11 was changed from "involve" to "access to support" from **dietitians** /nutritionist as the committee agreed that although they are not strictly needed for the delivery of the programme, participants should have access to one of these professional figures if required.
Association of Clinical Psychologists UK	Guideline	174	008 - 013	T2D screen for binge eating disorder – Coales E, Hill A, Heywood-Everett S, Rabbee J, Mansfield M, Grace C, Beeton I, Traviss-Turner G. Adapting an online guided self-help intervention for the management of binge eating in adults with type 2 diabetes: The POSE-D study. Diabet Med. 2023 Aug;40(8):e15082. doi: 10.1111/dme.15082. Epub 2023 Apr 3. PMID: 36897802. increasing evidence for T2D obesity and disordered eating. Particularly high in south Asian communities. Recommend screening and preference for support from local community	Thank you for your comment. This issue is outside the scope of this guideline update.
Betsi Cadwaladr University Health Board	Guideline	174	014 - 018	Is there any evidence for which groups should be eligible for free total meal replacement diets to increase compliance? Is investing in providing the diet free to eligible individuals the most cost effective option or would investing in more support be a more effective use of the funding? Real world feedback is that total meal replacement diets are cheaper than most other diets.	Thank you for your comment. The health economic model on total diet replacement (TDR) plus support interventions considered different populations: people with BMI >25, >30 and people with diabetes.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					The cost-effective findings suggest that low-calorie TDR plus support is cost-effective in people with BMI above 30 and people with diabetes and a BMI above 25, which is reflected in recommendation 1.16.9. As per the research question, the economic model looked at the combination of diet and support intervention defined in the clinical trials included in the review. Both were found to be paramount in reducing weight and maintaining the weight reduction over time. There was no clinical data that allowed us to look at the two components separately. Overall, the economic model supports the free provision of TDR products combined with maintenance support to those who are eligible as this is likely to be a cost-effective intervention.
Department for Health and Social Care	Guideline	180	011 - 015	The 2021 Health Survey for England estimates of overweight and obesity prevalence are based on self-reported data and are subject to uncertainty. Should a caveat be added to reflect this or should the last measured data available be used instead?	Thank you for your comment. The text has been amended to make it clear that these are estimates rather than definitive figures. We are satisfied that the methodology used by the 2021 Health Survey for England is appropriate to provide these.
Novo Nordisk	Guideline	180	014 - 015	Novo Nordisk agrees with the recommendation to use of non-stigmatising and person-first language. As such, we recommend that lines 14 and 15 on page 18 are updated from 'obese' to 'living with obesity'.	Thank you for your comment. The guideline has been amended as suggested.
Department for Health and Social Care	Guideline	181	001 - 003	We are concerned that these lines may imply all of these approaches are standard management for overweight and obesity, but pharmacological treatments and surgical interventions are not generally standard management for	Thank you for your comment. The guideline has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				overweight. Could clearer phrasing be used here to clarify this?	
Royal College of Paediatrics and Child Health	Guideline	General	General	References !. .Zheng JS, Liu H, Li J, et al. Exclusive breastfeeding is inversely associated with risk of childhood overweight in a large Chinese cohort. J Nutr. 2014;144:1454–9. https://doi.org/10.3945/jn.114.193664. Article CAS PubMed Google Scholar 2. World Health Organization. Available online at: http://www.who.int/newsroom/fact-sheets/detail/obesity-and-overweight. (Accessed 9 June, 2021) 3. Shaw M., Black D.W. Internet addiction: Definition, assessment, epidemiology and clinical management. CNS Drugs. 2008;22:353–365. doi: 10.2165/00023210-200822050-00001. [PubMed] [CrossRef] [Google Scholar] [Ref list] 4. Ryan P. Technology: The New Addiction. US Naval Institute Publications. Proceedings. 2018;144:387. [Google Scholar] [Ref list]. 5. Russart K.L.G., Nelson R.J. Light at night as an environmental endocrine disruptor. Physiol. Behav. 2018;190:82–89. doi: 10.1016/j.physbeh.2017.08.029. [PMC free article] [PubMed] [CrossRef] [Google Scholar]	Thank you for these references. As these references are on the underlying causes of obesity and nutritional consequences, they are outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				[Ref list] 6. Belenchia A.M., Tosh A.K., Hillman L.S., Peterson C.A. Correcting vitamin D insufficiency improves insulin sensitivity in obese adolescents: A randomized controlled trial. Am. J. Clin. Nutr. 2013;97:774–781. doi: 10.3945/ajcn.112.050013. [PubMed] [CrossRef] [Google Scholar] 7. Salehi B., Sharopov F., Fokou P.V.T., Kobylinska A., Jonge L., Tadio K., Sharifi-Rad J., Posmyk M.M., Martorell M., Martins N., et al. Melatonin in Medicinal and Food Plants: Occurrence, Bioavailability, and Health Potential for Humans. Cells. 2019;8:681. doi: 10.3390/cells8070681. [PMC free article] [PubMed] [CrossRef] [Google Scholar] [Ref list] 8. Poirier P. Adiposity and cardiovascular disease: are we using the right definition of obesity? Eur Heart J. 2007;28:2047-2048. [PubMed] [Cited in This Article: 2] 9.Gómez-Ambrosi J, Silva C, Galofré JC, Escalada J, Santos S, Millán D, Vila N, Ibañez P, Gil MJ, Valentí V. Body mass index classification misses subjects with increased cardiometabolic risk factors related to elevated adiposity. Int J Obes (Lond). 2012;36:286-294. [PubMed] [DOI] [Cited in This Article: 1] [Cited by in Crossref: 304] [Cited by in F6Publishing: 273] [Article Influence: 27.6] [Reference Citation Analysis (0)]	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				10. Flegal KM. Commentary: the quest for weight standards. Int J Epidemiol. 2010;39:963-967. [PubMed] [DOI] [Cited in This Article: 1] [Cited by in Crossref: 7] [Cited by in F6Publishing: 5] [Article Influence: 0.6] [Reference Citation Analysis (0)] 11 Romero-Corral A, Somers VK, Sierra-Johnson J, Thomas RJ, Collazo-Clavell ML, Korinek J, Allison TG, Batsis JA, Sert-Kuniyoshi FH, Lopez-Jimenez F. Accuracy of body mass index in diagnosing obesity in the adult general population. Int J Obes (Lond). 2008;32:959-966. [PubMed] [DOI] [Cited in This Article: 3] [Cited by in Crossref: 711] [Cited by in F6Publishing: 635] [Article Influence: 50.8] [Reference Citation Analysis (0)] 12. De Lorenzo A, Martinoli R, Vaia F, Di Renzo L. Normal weight obese (NWO) women: an evaluation of a candidate new syndrome. Nutr Metab Cardiovasc Dis. 2006;16:513-523. [PubMed] [Cited in This Article: 5] 13. Karelis AD, St-Pierre DH, Conus F, Rabasa-Lhoret R, Poehlman ET. Metabolic and body composition factors in subgroups of obesity: what do we know? J Clin Endocrinol Metab. 2004;89:2569-2575. [PubMed] [Cited in This Article: 1] 14..Karelis AD, Faraj M, Bastard JP, St-Pierre DH, Brochu M, Prud'homme D, Rabasa-Lhoret R. The metabolically healthy but obese individual presents a favorable inflammation profile. J Clin Endocrinol Metab.	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				2005;90:4145-4150. [PubMed] [Cited in This Article: 3] 15. Seo MH, Rhee EJ. Metabolic and cardiovascular implications of a metabolically healthy obesity phenotype. Endocrinol Metab (Seoul). 2014;29:427-434. [PubMed] [DOI] [Cited in This Article: 2] [Cited by in Crossref: 41] [Cited by in F6Publishing: 28] [Article Influence: 5.9] [Reference Citation Analysis (0)]	
UK Society for Behavioural Medicine	Guideline	General	General	Despite a wealth of research on the topic, there is almost no mention of interventions (or evidence about what are the best interventions or intervention components) to support maintenance of weight loss for adults in the entire guideline. There are a few vague recommendations to offer "ongoing maintenance" or "maintenance advice" for children and a (2006) recommendation that physical activity can help to maintain weight loss in adults. Also a few vague mentions of the issue for adults given energy-restriction diets or surgery. This is a major oversight, given the economic evidence that has been included showing that assumptions about the health economic benefits of weight management are massively dependent on assumptions about maintenance of weight loss. This may be something to consider next time you review this guideline, as there is a large amount of literature on this topic (a few examples of which are below). Dombrowski SU, Knittle K, Avenell A, et al. Long term maintenance of weight loss with non-surgical interventions	Thank you for your comment. The topic of weight loss maintenance is outside the scope of this guideline update. NICE has previously made a research recommendation on the long-term maintenance of weight loss in children and young people (research rec 25).

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				in obese adults: systematic review and meta-analyses of randomised controlled trials. BMJ 2014; 348: g2646. 10.1136/bmj.g2646. Greaves CJ, Poltawski L, Garside R, et al. Understanding the challenge of weight loss maintenance: A systematic review and synthesis of qualitative research on weight loss maintenance. Health Psychology Review 2017; 11: 145-163. Kwasnicka D, Dombrowski SU, White M, et al. Theoretical explanations for maintenance of behaviour change: a systematic review of behaviour theories. Health Psychology Review 2016; 10: 277-296. DOI: 10.1080/17437199.2016.1151372. Bates SE, Thomas C, Islam N, et al. Using health economic modelling to inform the design and development of an intervention: estimating the justifiable cost of weight loss maintenance in the UK. BMC Public Health 2022; 22: 290. DOI: 10.1186/s12889-022-12737-5.	Thank you for providing these references. We will pass your comment to the NICE surveillance team which monitor key events relevant to the guideline.
UK Society for Behavioural Medicine	Guideline	General	General	Perhaps relating to section 1.11.44: Health care professionals who discuss weight with either children or adults would benefit from training in basic principles of behaviour change to support their practise. This would also be consistent with NICE Guidance PH49 on Behaviour change: Individual approaches.	Thank you for your comment. This guideline document has cross referenced to Public Health England's let's talk about weight resources which provides practical advice and tools to support health and care professionals

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					Adult weight management: short conversations with patients - GOV.UK Child weight management: short conversations with families - GOV.UK NICE has also produced a visual summary which provides an overview of the principles of care on discussion, communication and follow up.
UK Society for Behavioural Medicine	Guideline	General	General	Health care professionals who discuss weight with either children or adults would benefit from training in person-centred counselling skills to support their practise. This would also be consistent with NICE Guidance PH49 on Behaviour change: Individual approaches.	Thank you for your comment. Guidance on training requirements is not within the remit of NICE guidelines. This guideline document has cross referenced to Public Health England's let's talk about weight resources which provides practical advice and tools to support health and care professionals Adult weight management: short conversations with patients - GOV.UK Child weight management: short conversations with families - GOV.UK

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					NICE has also produced a visual summary which provides an overview of the principles of care on discussion, communication and follow up.
Medtronic Ltd	Guideline	General	General	Medtronic would like to thank NICE for the opportunity to comment on this important consultation. Given the complexity and size of the current guidelines we welcome the attention that has been given to assess the individual sections and the supporting evidence review documents. Medtronic welcomes these recommendations and acknowledges that this guideline is supported by a breath of clinical evidence and clinical expertise focusing on: Reducing health inequalities, Improving quality of life for adults, children and young people, Reducing stigma and improving the quality of communication between individuals, healthcare providers and the public Obtaining meaningful clinical outcomes, Providing cost effective preventative measures and clinical interventions,	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Identifying the most appropriate healthcare professionals within the specified weight management multidisciplinary teams, Encouraging commissioners to be aware of the unmet need, the number of services available and where service provisions should be introduced and, Ensuring healthcare professionals have access to training when required.	
Public Health Wales	Guideline	General	General	There are a number of references to Public Health England models e.g 1.2 Pg. 12 line 2 and guidance e.g. 1.2.35 Pg. 21 line 5 where it would help to include reference to relevant parallel Welsh and other UK devolved versions of guidance, documents or policy where these exist. We have an agreement that all NICE guidelines and quality standards are available to use in Wales and their use is not mandatory (except for technology appraisal guidance). However the inclusion of relevant references would support alignment, working together and adoption of the guidance.	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations. Unfortunately, we are unable to cross refer to Welsh guidance or policy documents.
Public Health Wales	Guideline	General	General	Most of the recommendations have a cost implication in terms of the capacity and finance for infrastructure, training and staff to deliver this. This document would benefit from highlighting the need for public health input and planned approaches particularly for recommendations relating to population based prevention, communication, planning and evaluation.	Thank you for your comment. The issues raised is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Public Health Wales	Guideline	General	General	There is a lot of variation in terminology for mental health. This may be because of changes over time and the range of documents used to develop this guidance. It would be helpful if the document had more consistent terminology e.g. mental health and wellbeing.	Thank you for your comment. It is not possible to make terminology consistent as some recs are more specific than others. We will try to address inconsistency as much as possible before publication of the final guideline.
British Society of Lifestyle Medicine	Guideline	General	General	The document is very comprehensive and touches on the wider determinants of health. However, the practicalities were not stressed enough i.e. addressing food poverty, fast food shops around schools, educating kids and family members on nutrition. Nutrition is not stressed in schools as much as PE.	Thank you for your comment. The wider determinants of health is outside the scope for this guideline update. No evidence was reviewed and therefore no recommendations have been made.
British Society of Lifestyle Medicine	Guideline	General	General	There was no mention of the impact of sleep especially with the increased use of screens etc. Poor sleep can increase the risk of weight gain and obesity due to the effect on leptin and ghrelin which can affect our appetite. It also an important factor health care professionals can address with patients.	Thank you for your comment. The impact of sleep is outside the scope for this guideline update. No evidence was reviewed and therefore no recommendations have been made.
British Society of Lifestyle Medicine	Guideline	General	General	Co-production is absolutely necessary to tackle obesity but from my perspective as a GP the services are very fragmented. Even though, it looks like we are all working together. How can we really encourage the ICB to streamline the existing services so we are all communicating? As an example, it should be mandatory for service providers to feed back to GP practices and other relevant professionals on the progress of weight loss interventions. Can we utilize social prescribers or well-being practitioners in updating practices on the services available and providing that link to service users?	Thank you for your comment. The issues you've raised are covered in this update. The guideline has recommended (rec 1.13.4) that feedback should be sent to the person's referring GP or healthcare professional (with their permission). Rec 1.11.5 outlines that it is important that healthcare professionals involved in identifying overweight and obesity to be aware of what is available. Finally rec 1.19.24 outlines that the local population should be aware of the range of overweight and obesity management services available locally and nationally.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Novo Nordisk	Guideline	General	General	Novo Nordisk welcomes the publication of the overweight and obesity management guideline. Consolidating and updating eight existing obesity guidelines brings welcome clarity and direction for all those involved in commissioning and delivering care for people living with overweight and obesity. Novo Nordisk particularly welcomes the strong focus on placing the person living with obesity at the centre of decision-making, addressing weight stigma and encouraging an acknowledgement of individual circumstances in non-judgmental environments within the NHS.	Thank you for your comment.
Leeds Beckett University - Obesity Institute	Guideline	General	General	Overall the changes are most welcome and provide clear, more inclusive and compassionate approach to the prevention and management of obesity.	Thank you for your comment.
X-PERT Health	Guideline	General	General	We are concerned that there may be conflicts between some of the recommended updates and existing recommendations, which could cause confusion. Specific cases are highlighted in our other comments, but as such a large number of guidelines will be affected by these recommendations we felt it was important to highlight this as a general issue. As a number of the recommendations which have not been reviewed have undergone "minor wording changes for clarification", providing a precedent for your ability to do this during the current update, we would recommend the same action be performed in cases where a conflict or contradiction may be caused. This will help to ensure consistency between recommendations and	Thank you for your comment. The committee made careful consideration to avoid conflicts and confusion to ensure that recommendations are clear. The use of links is carefully considered for accuracy and appropriateness.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				guidelines. This issue also applies to some of the external sources referred to within existing recommendations; for example, where the external sources only provide support for a single dietary approach, in contrast to a number of the suggested new recommendations which support the use of a range of different eating patterns (as in recommendations 1.7.1 and 1.7.3, for example). As part of updating wording to reduce or remove the risk of conflicts, we would recommend removing most or all of the links to external sources of information (outside of other relevant NICE guidelines or documents and related governmental policy documents). This would also limit or remove any potential future issues related to resources being reviewed or updated on separate schedules, which is liable to create (further) discrepancies.	
Reed Wellbeing Ltd	Guideline	General	General	Change the language when talking about children and young people's BMI. The use of BMI and BMI centile have been used. One consistent term should be used to avoid confusion.	Thank you for your comment. The committee considered this and agreed that both BMI and BMI centile can be used depending on the context.
College of Mental Health Pharmacy	Guideline	General	General	Guideline scope + recommendations Our research group recently conducted a qualitative descriptive study with the aim of assessing how individuals with lived experience of a severe mental illness and unwanted weight gain from antipsychotics conceptualise preferred management of AIWG and how this could be realised in practice. The focus of the study was around ascertaining patient values and preferences for	Thank you for your comment and for sharing your qualitative study findings with us. Unwanted weight gain from antipsychotics is outside the scope of this guideline update. The committee considered this issue and agreed that this is an important area where further research is needed. They agreed to keep an existing research recommendation to examine obesity management interventions for people with conditions associated with

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				management whilst also acquiring evidence addressing other key guideline decision-making criteria as outlined by the World Health Organisation (WHO), including feasibility, acceptability, and equity considerations of current recommendations for AIWG management,1,2 and across suggested management interventions. A research paper (currently in peer review) summarising results can be requested in full from the primary author. Contact email: xxxxxxx Several changes to current guidance were suggested by participants. Participants were provided with an overview of recommendations for AIWG management contained in the limited current guidance available, including that from the WHO 1 and BAP 2. A brief overview of the participant feedback regarding current management algorithms and interventions contained therein (dietary and lifestyle changes, switching antipsychotic and use of pharmacological adjuncts) is contained below. Current AIWG management guidance – what works and what's missing? Participants reported current guidance is oversimplified, lacks the specificity and scope required, and endorses a homogenous management approach to an extensively heterogenous side-effect, both in presentation and manageability. Significant changes in AIWG management guidance were called for by participants due to lack of applicability and transferability across individuals and	increased risk of obesity, such as enduring mental health difficulties.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				contexts. Suggested changes include expansion of recommendation scope to address prevention and early intervention and assessment of intervention effectiveness to align with patient-important outcomes. This includes outcomes addressing management of food cravings and ability to plateau further weight gain. Participants emphasised that AIWG is a unique cause of weight gain, often in unique contextual circumstances, and requires an equally distinctive approach to management. Improved recommendations in AIWG management recognise diversity amongst individuals in the initial risk and subsequent trajectory of AIWG and allow for intervention use to be tailored towards risk of overweight or obesity, individual physical and mental health capabilities and their treatment preferences. Thus, uniform and hierarchical treatment algorithms were strongly disagreed with across participants. Participants expressed a preference for all management options to be considered collaboratively, ideally early in the experience of AIWG, and as part of contingency planning when prescribing medium- or high-risk antipsychotics. A reduction in overreliance on lifestyle and behavioural interventions to manage AIWG was also called for as this was often perceived by participants as the absence of collaborative management by clinicians. Those at high-risk of AIWG, for example, through antipsychotic prescribed or personal/family history, generally expressed a preference for more intensive early intervention, including early use of pharmacological adjuncts. Behavioural/dietary and lifestyle changes	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Participants largely disagreed with endorsement of uniform recommendation of behavioural changes as first-line AIWG management. Barriers to implementation included the impact of mental illness and antipsychotic treatment on motivation, cognition and capacity, intensity of food cravings and speed of AIWG in at-risk individuals. Lack of resources within psychiatric services to support implementation and experiences of differential efficacy when used alongside high- versus low-risk antipsychotics were also barriers to uniform endorsement. Participants expressed a preference for recommendations regarding behavioural changes to be specifically reflective of the evidence base in AIWG management. Avoidance of erroneous recommendation of population-level weight management advice and continued recommendations to implement non-specific, or previously ineffective behavioural changes were highlighted as important given the potential impact on internalised weight stigma. Strategies to support individuals effectively implementing behavioural interventions were provided and included longitudinal provision within psychiatric services and involvement of peer-support networks. Pharmacological management – switching antipsychotic and pharmacological adjuncts. In contrast to its relegated role in current guidance, participants endorsed use of pharmacological adjuncts as acceptable interventions. Amongst those at high-risk of	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				obesity, due to treatment or personal history, their preference was for pharmacological adjuncts to be offered as preventative or early interventions. Participants placed a high value on their use to maintain weight and low resource cost associated with oral adjuncts. Earlier consideration of pharmacological adjuncts was also valuable to participants as it avoided risks associated with changing antipsychotic. Evidence for preventative and treatment roles of pharmacological adjuncts is now increasing and aligning with patient preferences for earlier use. However, participants also valued being informed about the differential risk of weight gain across antipsychotics and the option of switching to manage AIWG, particularly amongst participants prescribed high-risk antipsychotics. Switching of antipsychotic amongst those prescribed high-risk antipsychotics was also useful to participants to manage food cravings and implementing lifestyle changes effectively, i.e., beyond a sole focus on weight reversal. Whilst much of the intervention research and subsequent guidance in AIWG management focusses on efficacy of interventions to reverse established AIWG, participants suggested novel use of pharmacological adjuncts and assessment of additional patient-important outcomes not previously considered, including reduction in food cravings and weight stabilisation. References Management of physical health conditions in adults with severe mental disorders: WHO guidelines. World Health	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Organization 2018. Available from: https://www.ncbi.nlm.nih.gov/books/NBK534487/ Cooper SJ, Reynolds GP, Barnes T, England E, Haddad PM, Heald A, et al. BAP guidelines on the management of weight gain, metabolic disturbances and cardiovascular risk associated with psychosis and antipsychotic drug treatment. J Psychopharmacol. 2016; 30(8): 717–48.	
College of Mental Health Pharmacy	Guideline	General	General	Algorithm – targeting at risk groups and early intervention – The prognosis of antipsychotic-induced weight gain is highly variable, even amongst people prescribed the same antipsychotic, and largely for reasons that are not understood. Thus, replication of management algorithms endorsing hierarchical and uniform management of obesity in the general population are not appropriate. Whilst it is difficult to predict at the point of antipsychotic prescribing those individuals at highest risk of worse long-term prognosis, our research group recently conducted a field-wide systematic review and meta-analysis of non-genetic prognostic factors for their association with weight and BMI outcomes following antipsychotic initiation.1 The aim of this review was to assess whether more simple and readily available sociodemographic, biological and clinical variables that are often routinely collected in clinical practice are of use in predicting AIWG. The review also placed a significant focus on the clinical utility of reliable associations. We conducted GRADE quality assessments of all prognostic factor-outcome associations. One of the most significant findings of this review was that trend of	Thank you for your comment and for sharing your research findings. Unwanted weight gain from antipsychotics is outside the scope of this guideline update. The committee considered this issue and agreed that this is an important area where further research is needed. They agreed to keep an existing research recommendation to examine obesity management interventions for people with conditions associated with increased risk of obesity, such as enduring mental health difficulties.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				early BMI (change within 12 weeks treatment) was identified as the most clinically significant prognostic factor influencing long-term AIWG prognosis (BMI change at 1 year) and was associated with a moderate quality GRADE evidence rating. Significant increases of BMI early in treatment likely represent phenotypic expression of those at higher inherent risk of AIWG and may be a more efficient way of measuring genetic correlates of AIWG and operationalising early intervention. We suggested that trend of early BMI change should be included in AIWG management for its prognostic value. Those who gain 5% or more of their baseline body weight (typical cut off for clinically significant weight gain) following antipsychotic commencement should be prioritised for pharmacological management or use of resource-intensive non-pharmacological interventions shown to be most effective in AIWG management vs low intensity interventions. Metformin use here as a pharmacological intervention may be particularly beneficial vs. GLP-1 agonists given its role in interventional studies has primarily been to stabilise weight in the intervention group versus continued weight gain in the placebo group. Trend of early weight gain could also be used to prioritise those where antipsychotic switching is more prudent with a focus on improving longer-term outcomes. We also assessed the role of antipsychotic dose and plasma concentration in predicting AIWG outcomes and found there to be insufficient evidence to support either in	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				meaningfully influencing AIWG prognosis. With that in mind, in this paper we suggested that AIWG management guidance should highlight the lack of evidence to suggest dose reduction as a meaningful intervention to reduce the burden of AIWG given the significant known risks of dose reduction to mental health outcomes. In practice, we frequently observed dose reduction being offered to individuals as a means to reduce the burden of AIWG. References: Fitzgerald I, Sahm LJ, Byrne A, O'Connell J, Ensor J, Ní Dhubhlaing C, et al. Predicting antipsychotic-induced weight gain in first episode psychosis - A field-wide systematic review and meta-analysis of non-genetic prognostic factors. Eur Psychiatry 2023; 66(1): e42.	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					Thank you for providing this reference. This study is outside the scope of this guideline update as it examines the weight gain in first episode psychosis,
NHS England	Guideline	General	General	The potential harm at older ages for weight loss interventions needs to be acknowledged i.e. those with frailty, sarcopenia or advanced age. Protective value of weight in older age and the possible protective effect of having a slightly higher BMI when older but there appears little to make clear about amplified risk.	Thank you for your comment. The issue raised has been addressed in recommendation 1.9.13.
NHS England	Guideline	General	General	There should be a section on specialist weight management services (formally known as tier 3 services). 2014 NICE CG189 has a section on tier 3 services and referral criteria for general practice and interventions available and should be reflected in the new guideline.	Thank you for your comment. The committee considered this and agreed this further detail is dependent on local provision. The committee agreed to refer to specialist overweight and obesity management services rather than tiers.
NHS England	Guideline	General	General	Clear definitions for Tier 3 and Tier 4 services, including service delivery aims. Suitable referral criteria for general practice. Evidence for service aftercare/follow-up care requirements and duration would be beneficial.	Thank you for your comment. The committee considered this and agreed this further detail is dependent on local provision. The committee agreed to refer to specialist overweight and obesity management services rather than tiers.
NHS England	Guideline	General	General	Guidelines should review the evidence for tier 3 services as a precursor to bariatric surgery.	Thank you for your comment. This is outside the scope of this guideline update.
NHS England	Guideline	General	General	Clarification on receiving weight management surgery/interventions outside of England (in UK and overseas), qualifying criteria to fund this through the NHS ICB, as well as ICB commitment to follow-up care.	Thank you for your comment. NICE guidelines only cover health systems in England. This topic is also outside the scope of this guideline update.
NHS England	Guideline	General	General	Confirmation and clarification of the assessment for surgery conducted by the multidisciplinary team, and the required participation and make up of that MDT for CYP and Adult services are required.	Thank you for your comment. Further detail on the participation and make up of the multidisciplinary team is covered in recs 1.18.13, 1.18.14 and 1.18.16.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS England	Guideline	General	General	Overall, this guideline is clear and helpful. There are themes that might come through more strongly. These are normalising height and weight measurement we would blood pressure measurement to avoid stigma. Recognising that not all individuals may reach an ideal BMI and to acknowledge the benefit of the reductions made.	Thank you for your comment.
NHS England	Guideline	General	General	I wonder whether there should be a comment about the importance of recording discussions in an objective and non-judgemental way given that patients have access to their medical records and the potential negative impact of ill-considered records.	Thank you for your comment. The committee considered this issue and agreed that this is standard practice.
NHS England	Guideline	General	General	We strongly suggest the document makes reference to making reasonable adjustments. This is a legal requirement as stated in the Equality Act 2010. Adjustments aim to remove barriers, do things in a different way, or to provide something additional to enable a person to receive the assessment and treatment they need. Possible examples include; allocating a clinician by gender, taking blood samples by thumb prick rather than needle, providing a quiet space to see the patient away from excess noise and activity. We recommend including reference to the Reasonable Adjustment Digital Flag (RADF) and the RADF Information Standard which mandates all providers and commissioners of health services and publicly funded social care to identify, record, flag, share, meet and review Reasonable Adjustments, including details of their underlying conditions.	Thank you for your comment. The guideline makes reference to making reasonable adjustments in recs 1.20.1 and 1.9.10 and in the corresponding committee rationale sections. The committee considered this issue and agreed this is a local implementation issue.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				DAPB4019: Reasonable Adjustment Digital Flag - NHS Digital	
NHS England	Guideline	General	General	We recommend including reference to the importance of Communication: Using simple, clear language, avoiding medical terms and 'jargon' wherever possible. Some people may be non-verbal and unable to describe verbally how they feel. Pictures may be a useful way of communicating with some people, but not all.	Thank you for your comment. The use of simple and clear language is outlined in rec 1.3.8.
NHS England	Guideline	General	General	Please note recent LeDeR research: kcl.ac.uk/ioppn/assets/fans-dept/leder-main-report-hyperlinked.pdf	Thank you for your comment and for highlighting this report.
Eli Lilly and Company	Guideline	General	General	Summary:Eli Lilly and Company Limited ('Lilly') would like to thank NICE for its commitment to advancing clinical care for patients who are overweight or suffer from obesity. Lilly also continues to be fully committed to advancing care for patients suffering from obesity-related comorbidities to ensure patients receive the right care at the right time, preferably in a closer to home setting. With this shared ambition and commitment to improve the lives of patients suffering from a chronic disease like obesity, Lilly welcomes the opportunity to respond to the draft NICE Overweight and Obesity Management guidelines (GID-NG10182). Lilly agrees with many of the new recommendations set out by the committee in GID-NG10182, particularly: the decision to ensure all discussions are conducted in a sensitive, non-judgemental, and person-centred manner;	Thank you for your comment. The committee considered the issues you've raised and agreed that change to the provision of weight management services is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				the enhanced guidelines around identification, assessment, and referral which would help fully understand the burden of obesity at a primary care level; and the acknowledgement that healthcare professionals should take into account a patient's individual needs, preferences, and choice in intervention. However, we strongly feel that there are areas of the draft NICE Guideline which represent significant missed opportunities to further improve the lives of patients and address areas of inequality of care. The main areas of concern include: We are disappointed that with the arrival of more effective medications, the guideline has failed to take the opportunity to make transformational change to the recommendations for provision of weight management services that, if expanded, would make a meaningful impact on the obesity epidemic in the UK. The draft recommendations have made it clear that healthcare professionals should consider a patient's individual needs, preferences, and choice when discussing interventions. However, within a tier 2 setting the only option available to both a healthcare professional and patient is to continue with a healthy lifestyle, the intervention being various options of diet and exercise. Ultimately, this does not provide a choice of effective medical treatment options for weight management. The draft NICE Guideline should provide this clarification that the options in behavioural weight management services is restricted to a single option.	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				There is a severe lack of capacity across all obesity services, including a lack of access to Tier 3 services in many Integrated Care Systems. Due to these capacity constraints, the ethical care of patients needs to be considered, especially if waiting times for a Tier 3 service is for one year or more and all options at a Tier 2 level have already been explored by the healthcare professional. The draft NICE Guideline should address this and provide additional recommendations on how to manage these patients while they are waiting for access to specialist weight management services, especially how to avoid the patient gaining additional weight when diet and exercise has already failed. Overall, clearer guidance is needed on recommended obesity treatment pathways, patient escalation criterion, and the expansion of overweight and obesity services to adequately address the growing number of people suffering with obesity. The draft NICE Guideline is comprehensive; however, we would recommend an executive summary specifically for use by busy healthcare professionals who have limited time with patients. This should include an abbreviated patient pathway with escalation criteria to support decision making at point of care. The draft NICE Guideline represents a small step forward to addressing obesity as a chronic disease. Given the	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				overwhelming clinical evidence that obesity is a chronic disease, alongside the WHO definition, we are disappointed that this significance is not carried throughout the draft recommendations. The NICE Guideline could address this by adjusting the tone throughout the document, and by providing a short introduction to obesity that highlights the gravity of the disease, patient long term outcomes, and impact on the healthcare system and society. We have made specific comments to the relevant sections of the draft guideline below. Lilly respectfully requests the Committee to consider these important additions with a view to improving the access, speed, and quality of care for patients who are overweight and suffer from obesity in the UK.	An implementation tool has been developed for this guideline which provides an overview of a potential care journey.
Association for the Study of Obesity UK	Guideline	General	General	Although it is helpful to have all the guidelines collated in one place, there is concern that it may discourage people from accessing them given that the combined guidelines are now around 120 pages long. It will be important to make sure that topics are easily acceptable.	Thank you for your comment. Extensive revisions of the guideline structure have been made following draft guideline consultation.
Association for the Study of Obesity UK	Guideline	General	General	There is helpful information on how to approach the subject of overweight and obesity and the use of appropriate language. How will this be disseminated so that all healthcare professionals are aware.	Thank you for your comment. Implementation activity is planned by NICE which will help disseminate the updated guideline.
Association for the Study of Obesity UK	Guideline	General	General	Throughout the document, registered dietitians and registered nutritionists are mentioned together, which infers that these two professions are interchangeable. They are not. Registered dietitians are HCPC registered and are the	Thank you for your comment. The committee considered the issue of Registered dietitians and Registered nutritionists and their use in services carefully. They

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				only healthcare professionals who "are the only qualified health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public health level". In contrast, registered nutritionists "are qualified to provide information about food and healthy eating, but not about special diets for medical conditions". Hence specialist dietitians are key members of specialist weight management and bariatric surgery services. In contrast, registered nutritionists may work in tier 2 services, and are not qualified to provide therapeutic interventions unless under the supervision of a dietitian. This needs to be made clear.	agreed the use of these health care professions is dependent on local service provision and availability.
Association for the Study of Obesity UK	Guideline	General	General	Although it is recognised that services need to be accessible and appropriate for people with learning disabilities and neurodevelopmental conditions, the needs of people with severe mental illnesses appear to be neglected. This group tends to be excluded from tier 2 services. Specialist weight management services, especially those with links to liaison psychiatry, are better placed to provide specialist support enabling people to access treatment, including bariatric surgery.	Thank you for your comment. The committee considered the needs of people with learning disabilities and neurodevelopmental conditions and made a number of recommendations to address these. They also agreed to keep an existing research recommendation to examine obesity management interventions for people with conditions associated with increased risk of obesity, such as enduring mental health difficulties.
Big Birthas	Guideline	General	General	Disappointed that this document continues the assumption and obsession that weight is a proxy for health, the management of which is a goal in and of itself. People can be at their least well, holistically speaking, when doctors would observe they are of 'ideal weight', this document misses that point entirely. Improved health overall should be the important outcome under review – not merely pursuit of an 'ideal' weight/BMI as determined by a overly simplistic	Thank you for your comment. The issues you've raised were considered by the committee and the recommendations in section 1.1 – general principles of care were developed to address these.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				statistical model devised on only a subset of adult human bodies for an entirely different purpose. Disappointed that the decision has continue to label people with the word obese and obesity, despite clear indications that many people no longer find this term acceptable.	
Beat	Guideline	General	General	Previous NICE guidelines have recommended that multidisciplinary teams carrying out bariatric surgery can provide specialist eating disorder assessments. We feel that this does not do enough to minimise the risks posed to people with eating disorders, and recommend that all people being considered for a weight loss intervention or within a weight management service in any setting are screened for an eating disorder, that they (and their carers as appropriate) are informed about eating disorders, and referred to eating disorder specialists where a possible issue is identified. Dietary restriction and an increase in physical activity can be symptoms of an eating disorder. The NICE Guideline for eating disorders (NG69) recommends that for people with binge eating disorder, weight loss is not a target therapy in itself. It is not the case that anyone who is 'living with overweight or obesity' (to use the language of the guideline) will have binge eating disorder, but highlights the importance of addressing the eating disorder first, in which case a referral to an eating disorder specialist is warranted not to a weight management service.	Thank you for your comment. The committee discussed the possibility of screening but decided that without an established standard method or tool they could not make this recommendation. They have instead amended the guideline to encourage taking vulnerability to eating disorders into consideration before any weight management.
Beat	Guideline	General	General	The draft guideline at various points refers to training for different healthcare professionals on the topic. We recommend that this training should include information on	Thank you for your comment. Recommendation 1.1.2 has been amended to include taking into account that eating disorders can affect people at any weight. It also now links

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				identifying eating disorders, the associated risks, addressing any misconceptions, the support that is available, and referring to this support. It may be assumed that those who fall into the overweight BMI category have binge eating disorder, when they may have a different eating disorder and be experiencing a wide range of symptoms, which are important to explore.	to NICE guideline NG69 on eating disorders to provide further guidance.
Beat	Guideline	General	General	The guideline refers to factors for commissioners to consider. We recommend the facilitation of professionals from the eating disorder and weight management fields to work together to design evidence-based campaigns that view obesity as a complex interaction between multiple factors, rather than an individual's choice or something to be ashamed of. We also recommend that where childhood measurement programmes are mentioned, their risk of exacerbating eating disorders should be acknowledged and addressed. We also recommend a greater focus on schools ensuring guidelines intended to protect the wellbeing and privacy of children are rigorously followed and consider the risk of and impact on eating disorders.	Thank you for your comment. The committee. Recommendation 1.1.2 includes 'taking into account the vulnerability of young people to eating disorders, and the impact of measuring their weight'. Your other suggestions are outside the scope of this guideline.
ABL Health	Guideline	General	General	Is there a recommendation that NICE can make to the government to ensure that financial and economical drivers on weight are considered by a wide variety of experts in the field when considering weight issues? E.g. putting calories on menus.	Thank you for your comment. It is not possible to make specific recommendations for government policy. This guidance is intended for: • Healthcare professionals • Commissioners and providers • People who work in, and are responsible for providing, services in the wider public, private, voluntary and community sectors

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					• Childcare settings, nurseries and schools • Employers • People using services, their families and carers, and the public Members of the public, particularly those living with overweight or obesity, their families and carers
ABL Health	Guideline	General	General	Can I just suggest that the committee provides/includes a statement on the individuals involved in the development of this guideline to include people living in large bodies? To provide transparency and lived experience.	Thank you for your comment. The guideline committee has three lay members who provide personal and lived experience. Details of our committee members can be found here.
First Steps Nutrition Trust	Guideline	General	General	The guideline does not address the known effect of marketing on food/drink choices. In our view it would be appropriate to make explicit in appropriate places throughout that actions to help address obesity should include 1. restrictions on the inappropriate advertising of specific foods and drinks which are drivers of overweight and obesity, and 2. messaging to health care professionals and the public who are intended users/beneficiaries of these guidelines to be circumspect of food/drink marketing, such as health and nutrition claims on labels. Specific foods and drinks of concern would include high fat, salt and/or sugar foods/drinks as identified by the Ofcom Nutrient Profile Model and inappropriate foods and drinks marketed for infants and young children as identified by the WHO Europe Nutrient Profile and Promotion Model. It should be noted that there are examples of local authorities who are implementing such marketing restrictions already.	Thank you for your comment. The effect of marketing on food and drink choice were outside the scope for this guideline update. No evidence was reviewed and therefore no recommendations have been made.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Examples of where this recommendation would be relevant are pages 14, 21, 94-96, 117, 119.	
First Steps Nutrition Trust	Guideline	General	General	The guideline does not make reference to the Healthy Start scheme which certain low income families with babies under 1 and children aged 1 to 4 years of age are eligible for. This is relevant to the prevention and management of obesity in women in the post-partum phase and for children aged 1-4 as the scheme is meant to enable access to foods which can form the basis of a healthy diet. It is particularly important in the current cost of living crisis given the rising food inflation and because food insecurity is a driver of overweight and obesity. Suggest consider mentioning in appropriate places.	Thank you for your comment. The committee considered this issue and agreed that the primary focus of the Healthy Start scheme is not on the prevention and management of obesity. They were unable to make reference to this scheme in the guideline.
First Steps Nutrition Trust	Guideline	General	General	There is no mention among the relevant practitioners of midwives anywhere in the guideline and there should be with respect to the recommendation relevant to supporting pregnant/ post-partum women.	Thank you for your comment. NICE guidelines prefer to use a broader term such as healthcare professionals to cover all those who engage with women and people planning a pregnancy or have recently given birth.
Total Diet and Meal Replacements Europe (TDMR)	Guideline	General	General	Total Diet & Meal Replacements (TDMR) Europe is the European trade body for manufacturers and distributors of total diet replacements (TDRs) and meal replacements (MRPs), which provide weight loss and weight management programmes for the overweight and obese. TDRs, which include very low-energy diets (VLEDs) and low-energy diets (LEDs), are specifically formulated programmes that are based around formula foods that replace the whole of the daily diet. These formula foods are nutritionally balanced with key vitamins, minerals, high quality protein, essential fats, and fibre, and are designed to	Thank you for your comment. Low- energy total diet replacement and their clinical and cost-effectiveness were assessed in this guideline both in the clinical review and health economics model. The results suggest that they are effective and cost-effective for people with a BMI above 30 and those with diabetes and BMI above 25 and therefore were recommended in 1.16.8 and 1.16.9 The strength of the recommendation reflects not only the clinical and cost-effective evidence available, but the

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				replace conventional foods for a period to facilitate optimal weight loss. MRPs are products presented as a replacement for one or more meals of the daily diet. They are used alongside conventional food, as part of an energy restricted diet, to facilitate and maintain weight loss. Composition is determined by detailed national regulations that ensure that they are nutritionally complete [The Foods Intended for Use in Energy Restricted Diets for Weight Reduction Regulations, 1997, https://www.legislation.gov.uk/uksi/1997/2182/contents/made]. High quality clinical trials and feasibility studies in primary care and community settings (with health economic analyses of these) have demonstrated that such effective weight loss interventions are feasible, clinically effective and cost-effective. TDMR Europe welcomes NICE's guidelines on weight management: preventing, assessing and managing overweight and obesity. We are pleased to see that low and very low-energy diets are recognised as effective weight loss methods but are disappointed by the guideline's cautious and rather negative tone when discussing these programmes despite the overwhelming scientific evidence proving their safety and cost effectiveness, as well as (a) the recognition of Total Diet Replacement as the most effective way to achieve diabetes remission in the European Association for the study of Diabetes dietary	overall discussion and clinical expertise of the committee members. Although the committee acknowledged the potential benefits of these diets for some people, they were aware of potential harm in others, particularly when rapid weight regain and physical and/or psychological adverse effects occur. Therefore, they made recommendations that offer health professionals the flexibility to consider several factors when considering a low- energy diet intervention, and make a tailored decision based on their clinical judgement and patient's preference.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				guidelines published in 2023 (see: The Diabetes and Nutrition Study Group (DNSG) of the European Association for the Study of Diabetes (EASD) Diabetologia. 2023 Jun;66(6):965-985. doi: 10.1007/s00125-023-05894-8.) and (b) the current roll-out of TDR to achieve the initial weight loss in NHS England's diabetes remission programme within which weight losses have been so good that a third cohort is to be delivered (see: https://www.england.nhs.uk/diabetes/treatment-care/diabetes-remission/ ; https://www.diabetes.org.uk/about_us/news/weight-loss-can-put-type-2-diabetes-remission-least-five-years-reveal-latest-findings).Please see our comment below.	
Total Diet and Meal Replacements Europe (TDMR)	Guideline	General	General	When it comes to dietary advice, the NICE committee agrees that low and very-low-energy diets are effective weight loss methods. The guidelines however do not actively recommend these diets and seem to rather focus on recommending that their use is limited to very specific cases, under strong supervision with caution. TDMR Europe finds that, given the vast amount of scientific evidence supporting their safety and effectiveness the review process of the totality of evidence has been inadequate. The many cautions included in the guidelines regarding their use are particularly unhelpful considering how weight loss drugs with much less scientific evidence supporting their use (and rather poor adverse-event profiles) are being widely offered in medical settings around the country. Does this suggest a pro-drug bias or an anti-diet bias at NICE?	Thank you for your comment. The committee acknowledged that very-low-energy diets are effective but were aware that they are very restrictive and could place a heavy burden on people. Therefore, the recommendation limits this intervention to people that have a clinically assessed need to rapidly lose weight reflecting concerns on patients' wellbeing. The recommendation on low-calorie TDR, on the other hand, does not limit the intervention to few specific cases, and gives health care professionals the flexibility to assess multiple factors when considering it. This reflects the view of the committee who acknowledged the usefulness of this intervention in some people, while aware that it could cause harm in others.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					The recommendation 1.16.11 was changed from "involve" to "access to support" from dietitians /nutritionist as the committee agreed that although they are not strictly needed for the delivery of the programme, participants should have access to one of these professional figures if required.
PrescQIPP CIC	Guideline	General	General	We believe that there needs to be reference to the weight loss digital technologies as service options in numerous sections of the guideline as per HTE14. They don't appear to be mentioned at all currently, therefore it is unclear how the digital technologies fit within other services and how these will be used within the context of the obesity clinical pathway. The guideline needs to be joined up with HTE14 and/or the "Digital technologies for providing specialist weight-management services: early value assessment" due for publication in January 2024.	Thank you for your comment. A cross reference has been added to this early value assessment guidance.
NHS England	Guideline	General	General	Section 1 - Quite repetitive and long, can the child/adult parts be separated more clearly	Thank you for your comment. Extensive revisions of the guideline structure have been made following draft guideline consultation.
NHS England	Guideline	General	General	Generally, there is a move towards more holistic care and a biophycosocial approach, which has been adopted by the Complications of Excess Weight (CEW) pilot sites.	Thank you for your comment.
NHS England	Guideline	General	General	There is no change in the available evidence base with regard to what works in reversing excess weight.	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
NHS England	Guideline	General	General	Whilst there is some mention of technology and medicines, this is targeted towards adults so it needs to be made clear that children and young people, and particularly young people, should have access to new treatments.	Thank you for your comment.
Betsi Cadwaladr University Health Board	Guideline	General	General	Is there a place within this guideline to consider the impacts of planning/wider environment on school aged children e.g. proximity of fast food takeaways to school buildings and the design of school buildings in supporting children to eat well and be active (food production space, dining space, play space)	Thank you for your comments. The issues you've raised were outside the scope of this guideline update.
Betsi Cadwaladr University Health Board	Guideline	General	General	Throughout the document could the Welsh equivalents of the English only guidance be included	Thank you for your comment. NICE guidelines only cover health systems in England. Decisions on how they apply to Wales, Scotland and Northern Ireland are made by the devolved administrations.
Leeds Beckett University - Obesity Institute	Guideline	General	General	1. Romano KA, Swanbrow Becker MA, Colgary CD, Magnuson A. Helpful or harmful? The comparative value of self-weighing and calorie counting versus intuitive eating on the eating disorder symptomology of college students. Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity. 2018;23(6):841-8. 2. Luig T, Wicklum S, Heatherington M, Vu A, Cameron E, Klein D, et al. Improving obesity management training in family medicine: multi-methods evaluation of the 5AsT-MD pilot course. BMC Medical Education. 2020;20(1):5. 3. Ells LJ, Ashton M, Li R, Logue J, Griffiths C, Torbahn G, et al. Can We Deliver Person-Centred Obesity	Thank you for providing these references. These are outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				Care Across the Globe? Current obesity reports. 2022;11(4):350-5. 4. Marwood J, Kinsella K, Homer C, Drew KJ, Brown T, Evans TS, et al. Is the NHS low calorie diet programme delivered as planned? An observational study examining adherence of intervention delivery to service specification (In preparation). 2023. 5. Marwood J, Radley D, Evans TS, Flint S, Matu J, Clare K, et al. Emotional and binge eating in UK adults taking part in the NHS Low-Calorie Diet Pilot for Type 2 Diabetes (In preparation). 2023. 6. Marwood J, Brown T, Kaiseler M, Clare K, Feeley A, Blackshaw J, et al. Psychological support within tier 2 adult weight management services, are we doing enough for people with mental health needs? A mixed-methods survey. Clinical obesity. 2023:e12580.	
Association of Paediatric Emergency Medicine (APEM)	Guideline	General	General	We were unable to find any mention of referral pathways from urgent and emergency care services for children and young people who have been identified as overweight or obese i.e. non specialists as mentioned in recommendation 1.5.18. Would this be something that could be made available within the guideline?	Thank you for your comment. The committee considered this and agreed that urgent and emergency care services do not warrant explicit mention in this recommendation. This setting is no different from other settings where possible referrals can be made.
Total Diet and Meal Replacements Europe (TDMR)	Guideline	General	General	The guidelines include a series of recommendations that are unhelpful for those already living with obesity. For example, in recommendation 1.1 the guidelines recommend encouraging physical activity. Although physical activity does indeed have health benefits and can help people	Thank you for your comments. The issues raised are outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				relatively fit manage their weight, it is often unhelpful advice for those people living with obesity and struggling with their mobility. The guidelines also include dated recommendations that are not supported by scientific evidence. For example, they encourage people to eat breakfast while there is no evidence that this has a positive effect on weight loss or weight maintenance.	
BDA Obesity Specialist Committee	Guideline	General	General	We note that registered dietitian and registered nutritionist are mentioned together in the document. To those who are unfamiliar with the two professions, it may appear that the roles are interchangeable. This is not the case. Registered Dietitians are the only qualified health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public health level. They are the only nutrition professionals to be regulated by law. Registered nutritionists work in different roles including public health, health improvement, health policy, local and national government. They are qualified to provide information about food and healthy eating. They cannot work with acutely ill hospitalised patients or those living in the community requiring therapeutic interventions without supervision from a dietitian. Therefore whilst a registered nutritionist may be involved in a behavioural overweight and obesity management services (sometimes referred to as tier 2 services), it is a dietitian who would be the core member of the specialist overweight and obesity management services (sometimes referred to as tier 3 and tier 4 services).	Thank you for your comment. The committee considered the issue of Registered Dietitians and Registered Nutritionists and their use in services carefully. They agreed the use of these health care professions is dependent on local service provision and availability.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Sleep Apnoea Trust Association (SATA)	Guideline	General	General	Sleep Apnoea Trust welcome the approach being taken by NICE in creating a GL which brings together previous GLs on this important topic ensuring updates and amended scope in a more comprehensive document . Obesity is the main driver of the significant increase in demand for OSA and mirrors the USA in this respect. The growth in obesity has known and recognised comorbidity links with many who suffer from Obstructive Sleep Apnoea (OSA).We note specific individual reference or comment concerning OSA seems implied as excluded from scope and or only to be found in an unchanged GL reference linked to bariatric surgery so we have not commented on the detailed content However we have registered as a stakeholder to ensure SATA keeps up to date on the development of this topic as we will wish to promote its existence to increase awareness amongst our members (who are patients and carers with OSA) once this GL is published	Thank you for your comment.
Royal College of General Practitioners	Guideline	General	General	We are concerned that the guideline relies heavily on nutritional epidemiology. It is important to note that epidemiological studies can only SUGGEST association. We question the use of nutritional epidemiology as the basis of this guidance and encourage NICE to review all evidence to help inform guidelines.	Thank you for your comment. The committee considered your feedback and agreed that this guideline is based primarily on evidence derived from intervention studies rather than nutritional epidemiology.
Royal College of General Practitioners	Guideline	General	General	We are concerned that a large amount of evidence around low carb diets and weight loss has been overlooked. In addition to the evidence provided, it is important to consider the findings from the following meta-analysis: Frontiers | Effect of carbohydrate restriction on body weight in adults with overweight and obesity: a systematic review and dose-	Thank you for your comment. The NICE team considered this meta-analysis which was recently published (December 2023) after the completion of evidence review F. The evidence search for evidence review F was completed in April 2023.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				response meta-analysis of 110 randomized controlled trials (frontiersin.org) . It is imperative for NICE to consider the large amount of published evidence that supports a low carb approach.	This systematic review would not be included in evidence review F as the definitions of low carbohydrate diet and very low carbohydrate diet in the systematic review differ hugely from the definitions included in our review protocol.
Department for Health and Social Care	Guideline	General	General	This text was identified as confidential and has been removed.	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
Department for Health and Social Care	Guideline	General	General	References to NCMP data need to be updated through-out to reflect the most recent data published in October 2023 National Child Measurement Programme, England, 2022/23 School Year We appreciate the most recent data would have been 2021/22 when the reviews and guidance were originally drafted, in some places the 2020/21 data is referenced. Comments below do make reference to updates.	Thank you for your comment. References to National Child Measurement programme data has been updated with the latest 2022/23 findings reported.
Department for Health and Social Care	Guideline	General	General	Consider including 'Office for Health Improvement and Disparities (OHID)' All Our Health frameworks as relevant and useful guidance for Health, Care and Public Health Professionals applicable across both prevention and the management of overweight and obesity. These resources are regularly updated, align with Government guidance and also link to interactive e-learning on NHS platform e-learning for health (previously Health Education England).	Thank you for your comment. A cross reference to this Government guidance has been added.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health https://www.e-lfh.org.uk/townscape/PHE_townscape_interactive_PAGE1.html https://www.gov.uk/government/publications/adult-obesity-applying-all-our-health https://www.gov.uk/government/publications/healthy-eating-applying-all-our-health https://www.gov.uk/government/publications/physical-activity-applying-all-our-health	
Royal College of Physicians (RCP)	Guideline	General	General	The RCP is grateful for the opportunity to respond to the above consultation. In doing so we would like to endorse the response submitted by the British Association of Dermatologists (BAD). We have also liaised with our Advisory Group for Weight and Health, and would like to comment as follows.	Thank you for your comments.
Royal College of Physicians (RCP)	Guideline	General	General	New guidance relating to stigma and tackling childhood obesity is welcomed.	Thank you for your comment.
Royal College of General	Guideline	General	General	Given the inclement weather conditions in the UK and the issue of muddy footpaths, suggesting cycling which is both hazardous and a minority activity is not beneficial. Instead, a strong commitment or recommendation to improve the	Thank you for your comment. The committee considered these issues but agreed these are outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Practitioners				state of accessible pavements and footpaths is suggested. This is a cost-effective means to enhance public health in the country.	
Royal College of General Practitioners	Guideline	General	General	There seems to be emphasis on children, but we are concerned that there is no mention of the issues for women of childbearing age. It is important to include guidance on contraception, doses of LNG-EC, doses of folic acid, harms of reduced fertility and increased AN complications and in delivery.	Thank you for your comment. The committee considered these issues but agreed these are outside the scope of this guideline update.
Department for Health and Social Care	Guideline	General	General	We see the benefit of amalgamating some of the various existing guidelines however the draft guideline is over 180 pages long and it feels that in general the recommendations on prevention may be used by different stakeholders than the recommendations on the identification and management of overweight and obesity. We wonder if the guideline could be made more user-friendly, perhaps by creating two guidelines of a more manageable length, for example a public health guideline on prevention and a clinical guideline on identification and management of overweight and obesity.	Thank you for your comment. It is not feasible at this stage to restructure the guideline because there is too much overlap between sections. Extensive revisions of the guideline structure have been made following draft guideline consultation.
Department for Health and Social Care	Guideline	General	General	The term weight management service seems to have been replaced with overweight and obesity management services. It is unclear why this has changed and if this is based on the latest evidence. We are concerned about possible stigmatising language and wonder if weight management services should be the term used. If not, it may be helpful to provide the evidence that led to this change.	Thank you for your comment. This guideline was formerly titled weight management, but the committee decided to change this to overweight and obesity management. They agreed that overweight and obesity are clinical conditions which are appropriate for a clinical guideline on management, whereas high body weight is a symptom of these conditions rather than an issue itself. Similarly weight management is one approach, among many options, for managing overweight or obesity. The

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					committee, lead on this issue by the lay members, felt that focusing on overweight and obesity in clinical terms reduced stigma compared to the previous focus on weight.
Counterweight Limited	Guideline	General	General	General comment: please include weight loss targets based on ability to reverse obesity mediated medical conditions, e.g Type 2 diabetes. For example >10% weight loss for people. This means that people accessing Specialist Weight Management Services should be offered programmes that achieve >10% weight loss as first line interventions.	Thank you for your comment. The committee considered this issue and agreed to recommend personalised health goals taking into account individual needs and preferences. In the preparation of our evidence reviews published minimal important difference thresholds relevant to this guideline were used that might aid the committee in identifying decision thresholds for the purpose of GRADE. For change in weight a threshold of 5% was used. This was taken from Jensen et al 2013 which reported that a 5% weight loss results in clinically meaningful health benefits.
Counterweight Limited	Guideline	General	General	Please frame weight regain as complex and multifactorial to avoid stigmatising individuals or health care professionals. This is critical as we now know that people regain weight for a variety of different reasons and this needs to be actively communicated to individuals etc	Thank you for your comment. The committee considered this issue and agreed this detail was not needed in the recommendation.
Nursing, Midwifery and Allied Health Professions Research Unit	Guideline and Evidence review	General	General	This text was identified as confidential and has been removed.	Thank you for your comment and for sharing your early findings. We will pass your study details to the NICE surveillance team which monitor key events relevant to the guideline.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
(Univeristy of Stirling)					
UK Society for Behavioural Medicine	Economic Report	038	015 – 026 & Table 17	The analyses could also usefully expand a little on the examination of the impact of different maintenance assumptions. In particular, would it be possible to know how much it would be worth spending to achieve a flat maintenance profile (a mean zero kg per year of regain) (see also [1] below). This would be extremely useful in informing policy-making and informing future research on weight loss maintenance – for example, this could help researchers to see whether an ongoing lower-level form of intervention (refresher support) over several years be cost-effective (and therefore worth researching). 1. Bates SE, Thomas C, Islam N, et al. Using health economic modelling to inform the design and development of an intervention: estimating the justifiable cost of weight loss maintenance in the UK. BMC Public Health 2022; 22: 290. DOI: 10.1186/s12889-022-12737-5.	Thank you for your comment. To estimate weight maintenance after a TDR intervention in the long-term, published and academic-in-confidence data from an included trial was used and different assumptions tested for beyond last follow-up extrapolation. As weight maintenance support was a component of the TDR interventions included in the diet interventions research question, isolating its specific treatment effect was not possible. Consequently, our economic model couldn't ascertain the cost required to achieve a plateau in weight regain. Nevertheless, both the trials and the economic analysis confirmed that weight maintenance in the long-term is a crucial aspect when considering the cost-effectiveness of diet interventions, and therefore it was mentioned explicitly in the recommendation. The effectiveness and cost-effectiveness of weight loss maintenance interventions were flagged for future updates of the guideline.
Department for Health and Social Care	Evidence Review D	033	040 - 041	This text was identified as confidential and has been removed.	Thank you for your comment. The use of the term screening in evidence review D has been either removed or amended to case finding when talking about the NCMP.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Department for Health and Social Care	Evidence Review D	036	022 - 029	Please note the briefing linked to in the evidence review has NCMP data that is two years old referring to 2020/21 date which was the collection year impacted by Covid-19. This is the most recent data National Child Measurement Programme, England, 2022/23 School Year text should reflect the most up to date data. Line -21-22 should state the following: 'More than 3 in 10 children aged 10-11 years (36.6%) are overweight or living with obesity.' Not '1 in 3 children leaving primary 22 school are living with overweight or obesity'	Thank you for your comment. Evidence review D has been amended with this correction.
Department for Health and Social Care	Evidence Review D	037	011 - 012	'The NCMP only measures children at age 4-5 and age 10-11 in primary schools and feedback is often not provided to families or carers' The NCMP is a surveillance programme originally created to measure the weight status of children at the start and end of primary school, please could the word 'only' be deleted. It delivers what it was originally designed to do and as laid out in Local Authorities Public Health Functions legislation. It has evolved into an opportunity to engage with parents about child health, growth and weight, this was because both parents, Primary Care Trusts, Ministers and public health bodies were advocating for it to do so. Providing parents with their child's measurements is not a mandated part of the programme, it is a local authority's decision whether to provide feedback to parents. Suggested revision: 'The NCMP measures children at age	Thank you for your comment. Evidence review D has been amended with this correction.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				4-5 and age 10-11 in primary schools, it varies by local area whether feedback is provided to families or carers'.	
UK Society for Behavioural Medicine	Evidence review D	037	028 - onwards, 040 - 042	Evidence reviews for identifying overweight and obesity in children, young people and adults - The committee's decision implies frequent measurement, but this does not clearly link to evidence presented. The recommendation that measurement is undertaken when professional judgement indicates should also take account of the availability of support for parents to respond to weight measurement, given that weight management services for children are not consistently available across the country.	Thank you for your comment. The committee's discussion of this evidence was grounded in their experiences of healthcare services for children and young people, which lead them to conclude that frequent measurement is already common practice. The committee further discussed the availability and appropriateness of services in relation to evidence presented in evidence review E.
Department for Health and Social Care	Evidence Review D	038	020	Refer to the 'former Public Health England' or similar for 'Public Health England's guidance on conversations with children and their families about overweight and obesity management'.	Thank you for your comment. The NICE editorial style is always to give the organisation that authored a document, regardless of any subsequent changes to that organisation. If any publications have been reissued under the new name we'd change the reference to give that instead.
Department for Health and Social Care	Evidence Review D	038	044 – 046	'Qualitative evidence highlighted the negative emotions felt by parents who were told their child was overweight without having had the opportunity to consent to them being measured for this purpose.' Although the context of this sentence doesn't state it's the National Child Measurement Programme, it's important to be aware that all parents of children eligible to be weighed and measured are provided with an opportunity to withdraw their child, it is a legal requirement that local authorities contact all parents to explain what the NCMP is, why their	Thank you for your comment. The evidence review has been amended to make it clear that this was the parents' perception of their experience.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				child is being measured and what will happen with their child's data. Under GDPR and Data Protection Act 2018 the NCMP collection and legislation does not require parental consent if the opportunity to withdraw is provided. Operational Guidance also states that no child is forced to be measured and they can opt out on measuring day.	
UK Society for Behavioural Medicine	Evidence review D	040	017	Evidence reviews for identifying overweight and obesity in children, young people and adults -Emphasis is put on encouraging professionals to talk to families about children's weight in a sensitive manner to try and reduce/minimise stigma, which is welcomed, and there are some good examples provided. However, recent development work with parents and stakeholders (1) indicates it is not just the words that are important, but how responsibility for weight management – and for children becoming overweight – is attributed. We need to convey understanding of wider influences beyond parents' control to really provide an alternative narrative than a criticism of parents. People living with social disadvantage in particular find a highly individualistic approach disempowering – acknowledging other factors, even while trying to support individual responses could help to reduce perceptions of blame and stigma (e.g., 2,3 among others). Increasing the recognition of upstream determinants of obesity among health care professionals as well as the public is likely essential to reduce obesity stigma and better enable engagement with health care. Gillison, F. B., Grey, E. B., Baber, F., Chater, A., Atkinson,	Thank you for your comment and the resources you have shared. The committee discussed these issues in depth and the lay members in particular described the points you raise. As a result of this the committee created a new section of the guideline to take into account the wider determinants and context of obesity in section 1.1.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				L., & Gahagan, A. (2023). The systematic development of guidance for parents on talking to children of primary school age about weight. BMC Public Health, 23(1), 1704. Smith, K.E. and R. Anderson, Understanding lay perspectives on socioeconomic health inequalities in Britain: a meta-ethnography. Sociology of Health & Illness, 2018. 40(1): p. 146-170. Berg, J., J. Harting, and K. Stronks, Individualisation in public health: reflections from life narratives in a disadvantaged neighbourhood. Critical Public Health, 2021. 31(1): p. 101-112.	
UK Society for Behavioural Medicine	Evidence review D	040	025	Evidence reviews for identifying overweight and obesity in children, young people and adults - Consider using a different word than "normal", both parents and some health care practitioners object to describing overweight as abnormal – especially given its prevalence.	Thank you for your comment. The word normal is used in this context because it was taken directly from the evidence which synthesised parents' reports of their experiences and perceptions, so this has been retained to accurately represent their views in this instance. The evidence review has been amended to put 'normal' in inverted commas, as this was not a term NICE would otherwise choose to use for the reasons you state.
UK Society for Behavioural Medicine	Evidence review E	034	030	Evidence reviews for increasing uptake of weight management services in children, young people and adults - The committee suggest emphasising the health risks of having a high BMI to parents as a way to motivate families. In fact, research and stakeholder insight shows that this may not be effective and can be off putting: while parents are of course interested in their children's long term health, they can feel this emphasis is tone deaf to their primary	Thank you for your comment. The committee discussed these issues and have since included recommendations that focus more on the wider health of the child or young person, including improvements in psychosocial outcomes (such as sense of wellbeing, self-efficacy, self-esteem and self-perception), such as recommendation 1.12.4. The committee discussion in evidence review E has been amended to reflect this.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				concern to support their child's health and happiness here and now (i.e., it is someone else's agenda, not theirs). This aligns with what could be expected by motivational theory (e.g., self-determination theory) – for sustained behaviour change, autonomous motivation which draws in personally meaningful rationales for change may be more effective than forms of motivation that are driven externally by (what are perceived to be) other people's values and agendas. As recognised in the evidence review of report D, parents often see weight management and identification as a threat to their child's wellbeing, for example risking triggering eating disorders, and undermining children's self image and self-esteem. Providing a rationale that is aligned with parents' and children's priorities, rather than traditional medical/public health models, may help to bridge the gap between health care and parenting; for example, a rationale that chimes with their concerns could include flagging the mental health benefits of exercise, and/or the support and empowerment that others report to taking part in child weight management interventions, which could promote self-esteem. This would offer a more person-centred approach.	
Public Health Wales	Evidence Review E	061	001	Findings discussed in this review include the use of social media and other approaches for communication for engagement with services. While these routes of communication can be useful, this review does not include evidence to indicate how this is best achieved. Consideration needs to be given to the use of population data, engagement, behaviourally informed communication	Thank you for your comment. The committee considered this issue and agreed this was outside the scope of this evidence review.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				and a planned public health approach working with relevant stakeholders. Joined up approaches may be needed as there are many health conditions and services which can be relevant to people in communities leading to multiple sources of information being available, leading to challenges for people in finding the information they need.	
Public Health Wales	Evidence Review F	099	001	The committee considered that approaches to support weight loss needed to maintain an energy deficit and then stressed that any dietary approach with an energy deficit should be offered adequate support from an appropriately trained healthcare professional. Clarification is needed to indicate the range of approaches that may achieve this, as this currently appears to suggest that all people undertaking a weight loss attempt should be offered in person/ virtual contact with a trained professional. This evidence review focussed on different diets and there is evidence for support when using specific diets, e.g. TDR. This study does not include evidence to indicate that all people attempting weight loss require a particular mode of delivery for support. It may be helpful to rephrase this to clarify a range of options (e.g online/ websites/ apps with appropriate healthcare professional input) that may be used for support during a general weight loss attempt with a diet with an energy deficit and when a particular diet (e.g. TDR and VLCD) will need more direct oversight or specific support.	Thank you for your comment. The evidence review has been amended to include more detail on support.
Public Health Wales	Evidence Review F	105	034	1.1.11 This recommendation is set out however, given the evidence and discussions, there may need to be additional details and clarifications for diet interventions that require a	Thank you for your comment. The committee considered this and agreed this further detail is dependent on local commissioning and provision arrangements.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				specific support package as part of this intervention to be effective.	
Department for Health and Social Care	Evidence Review F	General	General	NICE to note that the differences in outcomes are relatively small over short periods of time and that none of the studies have an intervention arm that is actively promoting UK government dietary advice, and that it is not clear if the limited success is the result of the intervention or the lack of prolonged 'support' (though what that means varies between studies) and there is limited data on what happens after the low energy diets are stopped – recognising that some studies have included this and that they note it is important to provide support during a transition from replacement diets (usually liquids) to 'regular foods'.	Thank you for your comment. Diets consistent with standard UK government dietary advice formed part of the comparator arm in many studies in this review.
Public Health Wales	Evidence Review H	147	017	This refers to the UK and then reports data for the England child measurement programme. This needs to be clear that this data only relates to England.	Thank you for your comment. Evidence review H has been amended to make clear that the NCMP data is from England.
Department for Health and Social Care	Evidence Review H	147	017 - 034	The NCMP data can be updated to the 2022/23 data. Lines should be replaced using the text below to reflect the newest data from the annual report National Child Measurement Programme, England, 2022/23 School Year - NHS Digital: Obesity prevalence in children remains high in the UK and tracks as children grow (Use this ref: Changes in the weight status of children between the first and final years of primary school - GOV.UK (www.gov.uk). The prevalence of obesity among reception (aged 4-5 years) children in 2022/23 shows a 1.0 percentage point (pp) decrease in obesity prevalence to 9.2%. The decrease is a return to	Thank you for your comment. References to National Child Measurement programme data has been updated with the latest 2022/23 findings reported.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				pre-pandemic levels for this age group and is one of the lowest levels since 2006/07. The prevalence of obesity among reception children had been relatively stable, ranging from 9.1% to 9.9% between 2006/07 to 2019/20. In 2020/21 there was a large increase in obesity prevalence (14.4%) during the pandemic. Prevalence then decreased but remained above pre-pandemic levels at 10.1% in 2021/22. For children in year 6 there has been a 0.8 percentage point decrease to 22.7% which is still above pre-pandemic levels, and reflects the long term trend of increasing obesity prevalence which was evident before the pandemic. The prevalence of obesity in year 6 children was increasing slowly over time from 18.7% in 2009/10 up to 21.0% in 2019/20. In 2020/21 prevalence increased by 4.5pp to 25.5%, and in 2021/22 decreased to 23.4% which was still well above pre-pandemic levels. Severe obesity: Severe obesity prevalence in year 6 (5.7%) was more than twice as high as in reception (2.5%). Data from 2022/23 for reception children shows that the prevalence of children living with severe obesity was over three times as high for children living in the most deprived areas (3.8%) than for children living in the least deprived areas (1.2%). Between 2013/14 and 2022/23, the gap for children living in the most and least deprived areas increased by 0.2pp due to the prevalence of children living with severe obesity increasing more in the most deprived areas. The prevalence of year 6 children living with severe	

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				obesity was over four times as high for children living in the most compared to the least deprived areas (9.2% and 2.1% respectively). Between 2013/14 and 2022/23, the deprivation gap between children living in the most and least deprived areas increased by 2.6pp due to the prevalence of children living with severe obesity increasing more in the most deprived areas. Lines 30-34 are still up to date: 30 The prevalence of children living with obesity was over twice as high for children living in the 31 most deprived area than for children living in the least deprived areas. Additionally, the 32 prevalence of children living with obesity was highest in disadvantaged urban communities 33 for children in reception, and highest in disadvantaged urban communities and multicultural 34 city life areas for children in year 6	
Public Health Wales	Evidence Review H	Document	General	Clarity may be needed for physical activity and sports interventions and more community based interventions supporting people to be more active.	Thank you for your comment. Physical activity and sports interventions were considered in evidence review H as a component of healthy living programmes. Physical activity and sport interventions as a standalone intervention were outside the scope for this guideline update. No evidence

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
					was reviewed and therefore no recommendations have been made on this topic.
Royal College of General Practitioners	Evidence Review I	General	General	The management options for children aged 5-11 years have not been validated with evidence especially, in the community setting where it is most applicable and important. We are concerned that there is no clear guidance on how to approach and manage the stigma or any information on the services these patients can be referred to for support.	Thank you for your comment. A lack of evidence was found for evidence review I and therefore only research recommendations could be made to address this.
Royal College of Nursing	Evidence review	General	General	Thank you for the opportunity to contribute to the above consultation, we received no member comments this time.	Thank you for your comment.
Xyla Health & Wellbeing	Question 1	-	-	No	Thank you for your comment.
Xyla Health & Wellbeing	Question 2	-	-	No	Thank you for your comment.
Birmingham City Council – Public Health Division	Guideline	018	019	You could include links to culturally different 'eat well plates' here. Birmingham are developing some with the Diverse Nutrition Association. For more info: Culturally diverse healthy eating guides | Food system projects | Birmingham City Council	Thank you for your comment. A reference and links to culturally adapted Eatwell guides has been added to the recommendation.
Birmingham City Council – Public	Guideline	019	007	Is 'gender' to be ignored in this instance?	Thank you for your comment. The committee considered this issue and agreed that the recommendation should remain as it is.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Health Division					
Birmingham City Council – Public Health Division	Guideline	024	011	1.3.5 Need to consider take away resources or recommendations for websites and apps that individuals and families can use post appointment and during an intervention to build knowledge, skills and long-term self-management techniques	Thank you for your comment. The issue raised is covered in recs 1.11.11, 1.12.16 and 1.14.36.
Birmingham City Council – Public Health Division	Guideline	024	013	More recent work by the University of Bath and shared with pilot projects funded by OHID weight management funds in 2021 included a 'talking to your child about weight: a guide for parents and caregivers of children aged 4-11 years' guidance document and e-learning tool https://www.bath.ac.uk/publications/talking-to-your-child-about-weight-a-guide-for-parents-and-caregivers-of-children-aged-4-11-years/ https://www.bath.ac.uk/projects/promoting-positive-conversations-between-parents-and-children-about-weight/	Thank you for your comment and for highlighting this work. NICE are unable to cross refer to and non-Governmental guidance and tools.
Birmingham City Council – Public Health Division	Guideline	026	001	We should also be taking into consideration the understanding of the parent. Consideration should be given for English as a second language, where the parent/carer cannot read in their first language and whether parent has additional learning, SEND needs.	Thank you for your comment. The recommendation has been amended as suggested.
Birmingham City Council –	Guideline	032	019	1.4.20 This is a real and persistent challenge and needs some central resource. Provision changes rapidly based on short term funding and prioritisation of resources that	Thank you for your comment and for raising this issue.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Public Health Division				commissioning organisations are under pressure to respond to	
Birmingham City Council – Public Health Division	Guideline	044	010	1.5.8 It but it may be useful to include an example of a culturally appropriate intervention in the guideline.	Thank you for your comment. A reference and links to culturally adapted Eatwell guides has been added to the guideline.
Birmingham City Council – Public Health Division	Guideline	044	020	1.5.10 This should also be encouraged as part of activity that can be commenced whilst waiting for a weight management intervention and continued alongside a 'formal' intervention	Thank you for your comment. The recommendation has been amended as suggested.
Birmingham City Council – Public Health Division	Guideline	088	012	1.11.9 All age services including for those with complex needs may not be appropriate. There needs to be clear guidelines around how these should be delivered, considering safeguarding implications and the skill mix of staff that would be required. The cost of providing an open referral service may be prohibitive and needs to be financially modelled	Thank you for your committee. The committee considered this issue and agreed that delivery needs to be addressed at a local level to meet local needs. They acknowledged this will have a resource impact.
Birmingham City Council – Public Health Division	Guideline	106	017	1.13 This section may require an additional recommendation regarding the need for information governance/data protection adherence when commissioning interventions.	Thank you for your comment. The committee agreed this should be part of standard practice.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Birmingham City Council – Public Health Division	Guideline	136	022	The statement that the guidelines are not expected to have an impact on resources would only apply to areas that have comprehensive weight management pathways and a fully skilled and diverse workforce across all allied sectors and tiers. This is an unrealistic assumption. Weight management provision/resources are also not just NHS led, impact on other organisations is not referred to.	Thank you for your comment. The section was edited to acknowledge the impact to public sectors other the NHS. However, the committee agreed that any increase in resources would not be significant and offset by future benefits, as the more flexible approach is expected to increase the efficiency in identifying people living with overweight or obesity, therefore reducing costs occurring downstream.
Birmingham City Council – Public Health Division	Guideline	145	General	The rationale for the recommendation and impact on practice contradict each other. There was recognition of limited-service provision and knowledge about what exists, but a statement that professionals will be aware of local services with no implications for additional resources	Thank you for your comment. The committee considered this and agreed this further detail is dependent on local commissioning and provision arrangements. Given the financial implications of overweight and obesity to society and the far worse health and social care outcomes, most interventions that address overweight and obesity are likely to be cost effective or even cost saving from the wider public sector perspective.
Birmingham City Council – Public Health Division	Guideline	161	021 - 022	Assessment and referral for MH support alongside weight management referral needs further consideration and may need to be sequenced to increase uptake of lifestyle/behavioural support. Where there is an existing MH diagnosis, further guidance on pathways between MH services and weight management services would be beneficial	Thank you for your comment. The committee have considered this issue and have made recommendations (rec 1.12.5 and 114.9
Birmingham City Council – Public	Guideline	General	General	Has the 'healthy schools guidance' been taken into consideration at all?	Thank you for your comment. The committee noted that the healthy school scheme is no longer delivered nationally and is currently under review.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Health Division					
Birmingham City Council – Public Health Division	Guideline	General	General	Whilst physical activity guidelines are available as a separate suite of documentation (and part of a multicomponent weight management programme) very little reference is made to including an assessment of sedentary behaviour as part of engagement, assessment, and referral processes for weight management interventions which is a missed opportunity.	Thank you for your comment. Rec 1.21.1 (data to collect) suggests sedentary behaviour as an outcome for data collection.
Birmingham City Council – Public Health Division	Guideline	145	General	The rationale for the recommendation and impact on practice contradict each other. There was recognition of limited-service provision and knowledge about what exists, but a statement that professionals will be aware of local services with no implications for additional resources	Thank you for your comment. The committee considered this and agreed this is the shared responsibility of local services and provision.
Birmingham City Council – Public Health Division	Evidence Review D	066	007 - 009	Highlights the increased prevalence of obesity in more deprived areas and amongst women in these areas. Again, the reviews reliance on health care professionals/settings to identify this will miss a significant proportion of people who don't routinely access healthcare services	Thank you for your comment. Other settings were outside the scope of this review.
Birmingham City Council – Public Health Division	Evidence Review D	069	041	Training is outside of the scope of the review. Would suggest that follow up research is undertaken on the impact of training on increasing identification. The key findings of evidence review D relate to HCP feedback on not feeling comfortable to raise the issue and or it not being their job	Thank you for your comment.
Birmingham City	Evidence Review D	071	001	Disagree that people with disabilities, learning disabilities and neurodevelopmental disabilities are adequately	Thank you for your comment. Evidence review D focused on identification of overweight and obesity, so the

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Council – Public Health Division				covered by the recommendations. Birmingham City Council Public Health first commissioned weight management services for people with disabilities in 2021. There are very few specialist weight management services available nationally, and limited evidence of what works. Our insights have evolved based on learning from the delivery of our local services	availability of suitable weight management services is outside the scope of this particular evidence review and the recommendations drafted from it. To clarify, the committee felt that that people with disabilities, learning disabilities and neurodevelopmental disabilities are adequately covered by the recommendations pertaining to identification specifically. They drafted a research recommendation for more evidence on the best way to deliver obesity management interventions for people with conditions associated with increased risk of obesity (such as people with a physical disability that limits mobility, a learning disability or enduring mental health difficulties).
Birmingham City Council – Public Health Division	Evidence Review D	071	013	No research or evidence provided in relation to older adults is concerning. Older populations are likely to have a higher prevalence of co-morbidities which may be adversely affected by overweight and obesity issues	Thank you for your comment. The issue raised has been addressed in recommendation 1.9.13.
Birmingham City Council – Public Health Division	Evidence Review E	033	044 - 045	The evidence indicated that weight management services have very little effect on reducing BMI. The existing guidelines for AWM intervention recommend a target of 5% weight loss at 12 weeks. Whilst weight loss and BMI are different measures, this finding should influence guidance on how weight management outcomes are measured, and be reflected in the national obesity audit	Thank you for your comment.
Birmingham City Council – Public	Evidence Review E	036	001	Safeguarding – shouldn't this reflect the same principles that are applied to children and vulnerable adults where underweight and malnourishment concerns are identified?	Thank you for your comment. The committee considered this but agreed this is outside the scope of this guideline update.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Health Division					The rationale and impact section of the guideline notes - the committee discussed situations in which weight or weight-related comorbidities posed a risk to the child or young person's health that would become a safeguarding concern if not addressed. They agreed that guidance was needed to assist with making decisions that balance the need for person-centred care that respect the choice of child and young person (and that of their families or carers) about the care they receive with the duty of care to the child or young person when there is a serious risk to their long-term health.
Birmingham City Council – Public Health Division	Evidence Review E	066	028 - 030	Signposting to support where referral has been declined i.e. self-guided support online or in the community may have financial challenges, not everyone has facilities to weigh themselves and may not also be able to travel to a facility where activities are taking place. Digital literacy and inclusion issues will also feature here	Thank you for your comment. This issue is addressed in rec 1.11.11.
Birmingham City Council – Public Health Division	Evidence Review E	067	024	Disability and SEND – addressed as an 'important consideration', however further guidance to inform uptake and adherence is much needed as very little is published/available	Thank you for your comment. The committee considered this but agreed this is outside the scope of this guideline update.
Birmingham City Council – Public Health Division	Evidence Review E	067	030	Older Adults – use of a person-centred approach is advocated, however further guidance to inform uptake and adherence is much needed as very little is published/available	Thank you for your comment.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Birmingham City Council – Public Health Division	Evidence Review F	097 - 098	044 – 047	1 – 4 - We are concerned that this recommendation may imply an individualized approach to dietary interventions based on preferences, cultural considerations, and health conditions. However, this may pose challenges in developing standardized guidelines. Therefore, guidelines that provide a framework for tailoring interventions but allow for flexibility based on individual needs should be created.	Thank you for your comment. Further detail on tailoring interventions to individual needs was explored in evidence review E.
Birmingham City Council – Public Health Division	Evidence Review F	098	019 - 021	Concerned that this recommendation continues to associate weight with risk of developing disease condition. Although convincing individuals of the importance of dietary improvements beyond weight loss may be challenging. With effective communication strategies, we can develop clear and compelling educational materials that highlight the broader health benefits of dietary improvements: beyond weight loss and disease risks. Utilize various communication channels, including social media, to disseminate information and engage the public in understanding the holistic impact of dietary changes, highlighting the positives such as improved mental wellbeing, increased energy level, healthy skin, and general immunity boost.	Thank you for your comment and for sharing your experience from local practice. The committee considered this suggestion but decided that it is already covered by recommendation 1.1.4 which encourages focusing on improvements in health and wellbeing rather than simply talking about weight.
Birmingham City Council – Public Health Division	Evidence Review F	099	003 - 005	The requirement for support from trained healthcare professionals introduces challenges related to resource allocation, training, and accessibility. Suggestion: Addition of telehealth services to this recommendation. Integration of dietary support services within existing	Thank you for your comment. The evidence review has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
				healthcare structures to ensure seamless collaboration between professionals.	
Birmingham City Council – Public Health Division	Evidence review I	030	009	There is mention that the committee agree weight stigma is an issue for children and young people however this statement is not backed up by evidence as the review didn't find any papers. This recommendation can be challenged given the lack of primary evidence.	Thank you for your comment. This evidence review looked at psychological approaches to address weight stigma and found no studies on children and young people. NICE did not review the evidence on the prevalence or impact of weight stigma. So the committee's comment that it is an issue is based on their consensus view rather than the evidence base of the research question.
Birmingham City Council – Public Health Division	Evidence review I	030	025	Relating the training recommendation to behaviour change/ health psychology measures around upskilling health care professionals would enable the recommendation to be delivered in practice. There is a number of evidence around motivational interviewing for example to help HCPs have the discussion around weight with parents, caregiver and/or adults.	Thank you for your comment. The evidence review has been amended as suggested.
Birmingham City Council – Public Health Division	Evidence review I	030	031	The committee mention training in stigma is recommended but without offering suggestions of the delivery of the training this may be challenging to deliver in practice.	Thank you for your comment. The evidence review has been amended as suggested.
Birmingham City Council – Public Health Division	Evidence review I	031	036	This statement may receive some challenge from the British Psychological Society or the Health Care and Professional Council so it might be worth making reference to them to support the statement made.	Thank you for your comment. The evidence review has been amended as suggested.

Overweight and obesity management
Consultation on draft guideline - Stakeholder comments table
17/10/2023 to 28/11/2023

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Birmingham City Council – Public Health Division	Equalities and health inequalities assessment (EHIA)	007		Section 4.5. It would be helpful to identify which national organisations who represent the stakeholder groups were involved in the guideline updates. This would enable a point of reference for local areas wanting to further assess compliance and practice by engaging with local organisations	Thank you for your comment. A list of national organisations representing groups who may experience inequalities and who took part in the draft guideline consultation is included in section 5.1 of the EHIA.

**None of the stakeholders who comments on this clinical guideline have declared any links to the tobacco industry.*