National Institute for Health and Clinical Excellence

Obesity Consultation Table: PH and clinical
1st consultation
16 March – 11 May 2006

Organisation	Order no.	Document	Page no.	Line no.	Comments	Response
4Children	1				Thank you for the opportunity to comment on the draft Obesity Guidance. 4Children would like to offer these general comments: **Evidence shows obese children tend to become obese adults with an increased associated risk of developing major health problems such as type two diabetes, coronary heart disease, strokes and cancer.** **The government aims to halt this annual increase by 2010. As part of its strategy, the Department of Health recently published guidance to help family doctors and front-line health-care professionals inform patients better. The idea is that improved education will lead to more informed choices about lifestyle and eating preferences. GPs are also advised on how to raise the delicate issue of weight with children.** **However, 4Children believes that if this**	Noted. The implementation of NICE guidance is outlined in section 3 of the "NICE version". NICE is not responsible for implementing the guidance recommendations. However, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools. In addition NICE will be working with national organisations to try to identify levers which could

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					approach is to be successful there needs to be more support for parents. As the rollout of extended schools and children's centres continues, it is important that help is available from health professionals, local authorities, schools and other providers. **It is clear that a combination of healthy eating habits and regular physical activity can benefit everyone. Ensuring that strategic approaches to leisure and play are built into the children and young people planning process and are combined and rolled out as a core element of all aspects of the integrated agenda will be crucial.** 4Children would also like to support the comments made by the Children's Play Council.	aid implementation at a national level. Noted.
Abbott Laboratories Ltd	5	Full version	9	–	Please insert: "Alcohol by volume (ABV)" as an abbreviation	Term added to list of abbreviations.
Abbott Laboratories Ltd	6	Full version	25	–	Please insert" Abbott" as a Registered Stakeholder	Added to list of stakeholders.
Abbott Laboratories Ltd	16	Full version	60	13	Recommendation 4: "Dietitian" is missing from the list of health care providers	Noted but not amended. The GDG takes the view that the health professionals listed should be those that the public could approach directly rather than those whom they would generally only see through

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						referral.
Abbott Laboratories Ltd	17	Full version	71	9	Recommendation 17 (i) There appears to be text missing- consider adding: ”and portion sizes”	Amended.
Abbott Laboratories Ltd	18	Full version	89	3	Recommendation 9 please change: “though” to “through”	Amended.
Association for Continence Advice	1	Full version	General		There is no mention of the links between obesity and bladder and bowel problems. BMI index has been shown to have a correlation with bladder and bowel problems and should be highlighted, one of the most recent refs Bradley C, Kennedy C, Nygaard I. (2005). Pelvic floor symptoms and lifestyle factors in older women. *Journal of Women's Health* 14(2): 128-135.	Noted but not amended. Relative risk table on p. 123 of the full version includes colon cancer. There is not enough space in this document to discuss all potential health problems associated with obesity.
Association for the Study of Obesity	1		General		For ease, the guidance should be separated to define guidance for adults, and guidance for children	Noted but not amended. The GDG was of the view that an integrated produce would be more useful for the majority of users.
Association for the Study of Obesity	2		General		There was a view that the guidance was not practical enough for clinicians and was too generic, adding little to existing publications.	Noted. Short, accessible quick-reference guides and information for the public are currently being developed. The specifics of implementation are outside the remit of this work. However, the implementation team at NICE

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						will be supporting implementation of this guidance by producing a range of implementation support tools. In addition NICE will be working with national organisations to try to identify levers that could aid implementation at a national level. The implementation of NICE guidance is outlined in section 3 of the "NICE version".
Association for the Study of Obesity	3		General		The guidance seems to assume that health professionals are already trained to deliver information to patients about weight management including dietary and lifestyle changes which is not the case. There is a serious lack of trained professionals and at present there is no national or standardised training programme with minimum standards at any level. The ASO are one organisation that offers training for health professionals but there are others and programmes differ across organisations. Clear recommendations need to be made about what training is required at different levels i.e. community, undergraduate, post graduate, pre and post-registration and who should be delivering the training. Core training in the basic science of Nutrition, physical activity and behavioural change should be considered at all levels.	The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate. In addition, a brief section on training has been added in the full and NICE version.

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Association for the Study of Obesity	4	NICE version	General		Much of the guidance is to vague to be of practical use–	The specifics of implementation are outside the remit of this work. Furthermore, in many instances, The evidence considered has not allowed more specific guidance on exactly how interventions should be designed in order to give maximum return. This is reflected within the research recommendations. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
Association for the Study of Obesity	41	NICE version	55	2	BMI is not a measure of body fatness	This has been amended to: "… measure outcomes to *estimate* body fatness" in the full version and will be amended in the NICE version.
Association for the Study of Obesity	43	Full version	13		Low-calorie. Why use this term rather than low-energy? Calories are not used, even kcals are 'obsolete'. We should be using SI units even though kcals are more commonly 'understood'.	Noted but not amended. While not strictly scientifically correct, "calories" or "kcals" is commonly used within the evidence considered and understood by the public and non-health professionals.
Association for the Study of Obesity	45	Full version	39	12	We are concerned that the guidance will have a very low status in respect of implementation. Even the previous HTAs	Noted. The status of the guidance is outlined in section 3 of the "NICE version".

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					on orlistat, sibutramine, and particularly bariatric surgery, remain unimplemented by a significant number of PCTs (especially surgery). What is the statutory role/status of this guidance? It needs to be spelt out in the document so that those purchasing or providing healthcare know how useful the guidance really is.	
Association for the Study of Obesity	46	Full version	40	1–7	This statement needs amplifying to say that systems need to be in place to provide for all needing MCIs. Many PCTs 'comply' with requirements merely by providing a small scale 'pilot' that can only reach a very small proportion of the eligible population	The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate. In addition, a brief section on training has been added.
Association for the Study of Obesity	47	Full version	40	19–21	Worthy but what if it conflicts with existing fire and disabled and other legislation? Again loopholes that give an excuse for inaction or avoidance should be firmly identified in order to try and remove 'opt-outs'.	Noted. The following text has been included in the background to the recommendations for the NHS, local authorities (LAs), schools and workplaces: "The following recommendations that refer to the planning of buildings, and stair use in particular, should be

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						considered in the context of existing building regulations and policies, particularly in relation to inclusive access for disabled people."
Association for the Study of Obesity	52	Full version	64	15–24	This should be stronger. Currently nutrition and specifically obesity training is almost totally absent in the curricula for medical students and doctors. We suspect the same is true for Nurses and other health care professionals. The guidance should emphasise the need for an increase in this and preferably state the core competencies that health professionals should all have in order that they be equipped to provide appropriate advice and deliver appropriate intervention.	The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate. In addition, a brief section on training has been added.
Association for the Study of Obesity	53	Full version	70	1–20	All worthy statements but realistically how do health professionals do this? Many PCTs do not implement an obesity strategy or provide bariatric surgery. I think these sort of motherhood and apple-pie statements detract from the overall document which should stand as something that is an must be delivered by the health professions.	The recommendations are based on a rigorous evidence review (links to evidence statements given in the full version) and detailed consideration by the GDG. NICE fully acknowledges the difficulty in implementing some of the recommendations outlined but is of the view that it should not shy away from making such recommendations.

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						Costing tools and audit criteria are currently being developed. Local and national funding issues are outside the remit of the guidance.
Association for the Study of Obesity	54	Full version	98	10	Physical literacy – what is this?	Noted. The term has been added to the glossary.
Association for the Study of Obesity	65		119	12–15	Very well stated	Noted.
Association for the Study of Obesity	68		128	4	**Any** action …. Most that did take action only took minimal action often measured by programmes aimed at <50 patients.	Noted.
Association for the Study of Obesity	69		129	20	But what was the quality of this information? Counterweight found only 36% of patients had weight management literature – 65 different leaflets of which 37% was from food and pharmaceutical industries. Counterweight Project Team, J Hum Nutr Diet 2004;17:183-90	Noted. This information is for background only, not an assessment of evidence.
Association for the Study of Obesity	7	NICE version	7		Key priorities: who will oversee implementation?	The implementation of NICE guidance is outlined in section 3 of the "NICE version". NICE is not responsible for implementing the guidance recommendations. However, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools. In addition, NICE will be working with national organisations to try to identify levers that could

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						aid implementation at a national level.
Association for the Study of Obesity	70		135	19–23	And what is their value? NICE surely must say something about the futility or otherwise of these often politically rather than health-inspired programmes.	Noted. The evidence of effectiveness of national programmes implemented locally was considered where available. However, as noted within research recommendations, such evidence was often unavailable. The consideration of national policies is outside the scope of this work.
Association for the Study of Obesity	8	NICE version	8	10	Who will provide parents with advice?	Noted. Recommendation amended.
Association of British Clinical Diabetologists	1	Full version	13		Low-calorie. Why use this term rather than low-energy? Calories are not used, even kcals are 'obsolete'. We should be using SI units even though kcals are more commonly 'understood'.	Noted but not amended. While not strictly scientifically correct, "calories" or "kcals" is commonly used within the evidence considered and understood by the public and non-health professionals.
Association of British Clinical Diabetologists	11	Full version	64	15–24	This should be stronger. Currently nutrition and specifically obesity training is almost totally absent in the curricula for medical students and doctors. I suspect the same is true for Nurses and other health care professionals. The guidance should emphasise the need for an increase in this and preferably state the	The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation.

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					core competencies that health professionals should all have in order that they be equipped to provide appropriate advice and deliver appropriate intervention.	However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate. In addition, a brief section on training has been added.
Association of British Clinical Diabetologists	12	Full version	70	1–20	All worthy statements but realistically how do health professionals do this? I cannot even get our PCTs to implement an obesity strategy or provide bariatric surgery. I think these sort of motherhood and apple-pie statements detract from the overall document which should stand as something that is an must be delivered by the health professions.	The recommendations are based on a rigorous evidence review (links to evidence statements shown in full version) and detailed consideration by the GDG. NICE fully acknowledges the difficulty in implementing some of the recommendations outlined but is of the view that it should not shy away from making such recommendations. Costing tools and audit criteria are currently being developed. Local and national funding issues are outside the remit of the guidance.
Association of British Clinical Diabetologists	13	Full version	98	10	Physical literacy – what is this?	Noted. The term has been added to the glossary.
Association of British Clinical Diabetologists	27		128	4	**Any** action …. Most that did take action only took minimal action often measured by programmes aimed at <50 patients.	Noted.
Association of British Clinical Diabetologists	28		129	20	But what was the quality of this information? Counterweight found only 36% of patients had weight management	Noted. These comments are within the

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					literature – 65 different leaflets of which 37% was from food and pharmaceutical industries. Counterweight Project Team, J Hum Nutr Diet 2004;17:183-90	introduction to the guidance, not within the assessment of the evidence.
Association of British Clinical Diabetologists	29		135	19–23	And what is their value? NICE surely must say something about the futility or otherwise of these often politically rather than health-inspired programmes.	Noted. The evidence of effectiveness of national programmes implemented locally was considered where available. However, as noted within research recommendations, such evidence was often unavailable. The consideration of national policies is outside the scope of this work.
Association of British Clinical Diabetologists	4	Full version	39	12	I am concerned that the guidance will have a very low status in respect of implementation. Even the previous HTAs on orlistat, sibutramine, and particularly bariatric surgery, remain unimplemented by a significant number fo PCTs (especially surgery). What is the statutory role/status of this guidance? It needs to be spelt out in the document so that those purchasing or providing healthcare know how useful the guidance really is.	Noted. The implementation of NICE guidance is outlined in section 3 of the "NICE version". NICE is not responsible for implementing the guidance recommendations, however, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools. In addition NICE will be working with national organisations to try to identify levers that could aid implementation at a national level.

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Association of British Clinical Diabetologists	5	Full version	40	1–7	This statement needs amplifying to say that systems need to be in place to provide for all needing MCIs. Many PCTs 'comply' with requirements merely by providing a small scale 'pilot' that can only reach a very small proportion of the eligible population	Noted. The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate. In addition, a brief section on training has been added.
Association of British Clinical Diabetologists	6	Full version	40	19–21	Worthy but what if conflicts with existing fire and disabled and other legislation? Again loopholes that give an excuse for inaction or avoidance should be firmly identified in order to try and remove 'opt-outs'.	Noted: highlighted in background text for local authorities, schools, etc.
Audit Commission	1	Full version			We welcome the guidance on this important public health topic. However, the overall structure of the guidance is haphazard, particularly the executive summary. Given that the document is 2531 pages, a tight structure and good summary will be essential.	Noted.
Audit Commission	2				To provide guidance covering both local authorities and the NHS is not an easy task, but there are a substantial number of recommendations for both local	Noted. The recommendations are based on a rigorous evidence

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					authorities and PCTs which will not only be difficult to co-ordinate but may be costly to implement. The guidance suggests numerous actions that local authorities should undertake. However, recent evidence indicates that attempting to provide healthy food in schools has been a challenge and yet the guidance suggests that schools should not only concentrate on this. In addition they are expected to provide training for staff on healthy lifestyles, consider the curriculum, school travel plans and the physical layout of their schools and recreational areas amongst many other suggested areas. This is a very sizeable burden to suggest to any school and may not be financially feasible for many, let alone a priority.	review and detailed consideration by the Guideline Development Group (GDG). NICE fully acknowledges the difficulty in implementing some of the recommendations outlined, but is of the view that it should not shy away from making such recommendations. The implementation of NICE guidance is outlined in section 3 of the "NICE version". The implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools (including costing tools and audit criteria). In addition, NICE will be working with national organisations to try to identify levers that could aid implementation at a national level.
Audit Commission	5				Throughout the guidance it is unclear as to whether the recommendations are specific to tackling obesity or whether they are to promote and encourage physical activity. For example, will the provision of maps and bike stands actually tackle obesity or as is more likely, simply encourage physical activity	Noted. The public health sections of the guidance aim to do both. The rigorous evidence reviews considered interventions with weight, activity and/or diet outcomes. As the reviews highlight, while there was a lack of public

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					amongst all sectors of the population and therefore not specifically target those who are obese or at risk of obesity?	health interventions with weight outcomes, the evidence that is available suggests that people who are more active are more likely to maintain a healthy weight. Studies with activity outcomes (but not necessarily weight outcomes) have indicated the type of interventions that are more likely to be effective.
Audit Commission	6				It would also be useful to distinguish between recommendations that follow guidance from the Department of Health and those which are NICE specific.	Noted. All recommendations are based on evidence considered by NICE. However, existing guidance and recommendations from the Department of Health and other government departments or agencies bodies are noted as appropriate (particularly within Annex D within the “NICE version”).
Audit Commission	7				Overall, the guidance provides a heavy set of recommendations, based on a variable evidence base, but little or no priority is given to their implementation. For example, does a recommendation with an A grade evidence base have a higher implementation priority than that with a D grade? The guidance would be better received	*Evidence* The guidance is based on a rigorous evidence review. Within the full version of the guidance clear links are made between each recommendation, the relevant evidence statement(s) and specific reference(s). The full version of the guidance clearly states where recommendations

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					amongst the non clinical community if it not only prioritised its recommendations in a clear manner, but also provided some practical advice as to how to achieve and implement its recommendations. As little is known about what works in tackling obesity the guidance reflects a scatter gun approach to tackling the problem rather than any weighted consideration of approaches, and has resulted in extensive recommendations for schools, PCTs and LAs.	are the opinion of the GDG – these are the minority of recommendations. The status of the guidance is highlighted within sections 3.1 and 5.2 within the "NICE version". *Grading* The NICE Board decided in March 2006 that NICE recommendations would no longer be graded A to D. The reasons for this decision are outlined on the NICE website. However, the evidence considered will continue to be graded as is the case within this guidance. The minutes of the Board meeting on the 15th March 2006 state that "… the full guidance and supporting evidence would always be made available where the strength of evidence will be made explicit. It was reported that work was progressing to improve electronic access to the underpinning data".
Audit Commission	8				We would also encourage NICE to consider the recommendations contained within the recent report *Tackling Child Obesity- First Steps,* published by the Audit Commission, The Healthcare	Noted. The report has been considered and highlighted as appropriate. Please not that the report was

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					Commission and the National Audit Office. This report contains a number of recommendations directed at LAs and their partners, which could be included within the next draft of the NICE guidance.	published just before publication of draft NICE guidance. Please note that the NICE guidance is based on a rigorous assessment of the evidence base, rather than an assessment of current policy. The guidance recommends that a local strategy should bring together NHS and local authorities.
Barnsley PCT	1				Thank you for the opportunity to be an official consultee on the obesity documents. We have found it very interesting and several people from Barnsley Health Services and Public Health have contributed to the consultation process. Please excuse any repetition as several people may have made the same point	Noted.
Barnsley PCT	10			1.1.3.2	NICE should be aware of difficulties in engaging LSP's in their strategic roll unless action on obesity is part of LAA's or LPSA's. What evidence exists to indicate local audit or barriers will show issues which are in fact national in extent. i.e. advertising supermarket practice and monopolies, sedentary behaviour linked to TV watching & computers. Survey better for government to concentrate on	Noted. The recommendations are based on a rigorous evidence review and detailed consideration by the GDG. NICE fully acknowledges the difficulty in implementing some of the recommendations outlined but is of the view that it

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					reversing changing unhealthy public policy rather than expect local authorities with limited capacity to plaster over the cracks. The focus on the contribution of the built environment to active going is very positive and will help engage LSP partners who have previously not been engaged in Health Promotion.	should not shy away from making such recommendations. As highlighted in the scope, the guidance focuses on what can be done locally. National policy and action at a national level are outside the remit of the guidance. The Scope states that "in terms of prevention of overweight and obesity, the guidance will contribute to the evidence base leading to subsequent recommendations in national Government or European policies, including fiscal policy, food labelling policy and food advertising and promotion. The guidance is intended to support local practice whereas national or 'upstream' action will be addressed in the context of wider work such as the forthcoming Food and Health Action Plan."
Barnsley PCT	100		66	22	Are written materials actually beneficial? What's the evidence to support their use?	Evidence within "community 1": Havas 2003, Elley 2005 and Eakin 2000. In all three multi-component interventions the arm that included provision of written advice materials was the arm that showed more positive

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						results.
Barnsley PCT	101		67	2	Is this idealistic? It would be wonderful to be able to provide this service but is it practical? Will there be dedicated health professionals / assistants to carry out this work or will it be expected from existing staff?	NICE makes recommendations based on the best available evidence. It is for local agencies to determine how services are delivered.
Barnsley PCT	102		67	8	The meaning of this paragraph in unclear	Noted. This recommendation has been amended for clarity.
Barnsley PCT	103		70	2	Communication between businesses providing	Noted.
Barnsley PCT	104		71	8	Will there be funding attached to the recommendations?	The status of NICE guidance is outlined in sections 3.1 and 5.2 of the “NICE version”. National and local funding issues are outside the remit of NICE. However, audit tools are currently being developed to aid the implementation of the guidance.
Barnsley PCT	51		54	Para 1	Is there going to be guidance on developing local implementation?	The specifics of implementation are outside the remit of this work. However, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools. In addition NICE will be working with national organisations to try to identify levers which could aid implementation at a national

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						level. The implementation of NICE guidance is outlined in section 3 of the "NICE version".
Barnsley PCT	52		55		Where is the information on implementation in the full version?	Noted. To be clearly signposted in final version.
Barnsley PCT	54		56	4.1.3, Line 17	Long term follow up is paramount	Noted.
Barnsley PCT	55		70	Public Health Map	I could not read the writing. It needs to be on 2 pages.	Noted. Layout being considered.
Barnsley PCT	56		72	Links to Public Health Map	This needs to have more information on its use.	Noted. The format of the public health map has been revised.
Barnsley PCT	67				The short document needs to contain a reference at key points to the literature/evidence supporting the assertion/recommendation. A note to refer to the main document is not enough. This could be accomplished by having a column at the side of the page in the short document with a brief description of evidence and its level. Or there could be an Appendix in the short document which gives a Table with several columns. Column 1 could include the assertion/recommendation from the text in the body of the document; Column 2 could identify the source of the evidence; Column 3 could include comments on the evidence e.g. level of evidence, generalisation & limitation; Column 4 could include research needs.	Noted. The short form follows a standard NICE template that does not include details of the evidence considered. Those interested in the evidence base should refer to the full version.
Barnsley PCT	68				The turn-around time to feed back comments is too short considering the	Noted.

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					length of the two documents.	
Barnsley PCT	69				How are the authors expecting professionals to use the short and long versions. Can we be given recommendations on how to combine such lengthy documents?	Noted. The documents have been developed in line with standard NICE templates. The short form is intended for "every day use" and the full version considered when more background information is required. Please note that quick reference guides and information for the public are also being developed, as are a set of implementation tools.
Barnsley PCT	70				How can the guidance be used as the basis for auditing practice? Are recommendations going to be made?	Audit criteria and costing tools are currently being developed.
Barnsley PCT	71				What strategies are there to prevent anorexia and bulimia i.e. eating disorders.	Please refer to existing NICE guidance on *Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders*.
Barnsley PCT	72				There is no reference to good breastfeeding practice and guidelines or how this contributes to weight control later in life.	While it is recognised that this is an extremely important issue, as outlined in the scope, the guidance covers children aged 2 years onwards and so pregnancy is outside the remit of this work. However, NICE is currently developing *Guidance for midwives, health visitors,*

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						pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households, due to be published in May 2007. For further information see: www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
Barnsley PCT	77				The supporting evidence should be inserted in the shorter, summary 80-page document to make it more comprehensive for those who haven't read the full document.	Noted but not amended; the shorter "NICE version" adheres to a standard NICE template that does not include details of the evidence considered. Those interested in the evidence base should refer to the full version.
Barnsley PCT	78				I look forward to a succinct summary at the beginning of the full document. I have my doubts as to the practicality of implementing some of the recommendations.	Noted. The shorter "NICE version" adheres to a standard NICE template. Quick reference guide(s) and implementation tools will be developed.
Barnsley PCT	80				Many of my comments relate to the funding of recommendations. Will there be funding available locally to implement the recommendations suggested?	National and local funding issues are outside the remit of NICE. However, audit criteria and costing tools are currently being developed to aid the implementation of the guidance (see section 3 of the "NICE version").
Barnsley PCT	81				'User friendly' ways of reading the documents would be appreciated e.g. bullet pointed lists, tables, graphics such	Noted. The format/layout of the documents will be considered prior to publication.

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					as bar graphs or other simple and effective ways of communicating information in an easily readable format.	
Barnsley PCT	82				When referring to particular methods of physical activity within the document, i.e. walking; reference should be made to the NICE guidance on physical activity.	Amended – references have been added where appropriate. However, please note that the NICE public health intervention guidance on physical activity only considered brief interventions, led walks, pedometers and exercise referral schemes.
Barnsley PCT	83				Once again a long document however the way it has been sectioned makes it relatively easy to read. It would be useful to separate the prevention sections from the treatment for different audiences. Would like to see very short summary documents so that all are aware of the recommendations for different areas.	Noted. Quick reference guide(s) and information for the public, as well as implementation tools, are currently being developed.
Barnsley PCT	84				Overall happy with document especially coverage of public approaches and how it has highlighted the importance of healthcare professionals having the appropriate training and the emphasis on the importance of a behavioural approach.	Noted.
Barnsley PCT	86	Full version	General comments		I appreciate the clarity, simplicity and brevity of the 80-page summary, as I believe it is unrealistic to think that most people have sufficient time to read the 2531 page full guidance document. I think the 80-page document could be	Noted. Quick reference guides and Understanding NICE Guidance (information for the public) are currently being developed.

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					shortened further to provide clearer recommendations. I do praise the fact that the documents are ambitious I do however feel that some of the recommendations are a little idealistic and not realistic. There does appear to be repetition throughout the document.	
Barnsley PCT	87				This is an extremely large document that is very difficult to read, however it has been split into useful sections so that people can identify those sections most relevant to them. It may be useful to have some summary documents that are much easier to read and to separate these into different areas as different sections appeal to different audiences e.g. our local authority partners will find this extremely laborious to sit and read and need a summary of what we should be aiming to do.	Noted. Quick reference guide(s) and information for the public, as well as implementation tools, are currently being developed.
Barnsley PCT	94		54	24	Definition of a 'pulling club'?	This was a reference to pulling a golf trolley and has been amended for clarification.
Barnsley PCT	95		59	19	Families should be encouraged to do more activity together. ? Consider incentive schemes to be initiated for weekend family activities at leisure clubs	Noted. The specifics of implementation are outside the remit of this work. However, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools. In addition NICE will be working with national organisations to

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						try to identify levers that could aid implementation at a national level. The implementation of NICE guidance is outlined in section 3 of the "NICE version".
Barnsley PCT	96		62	4	Parents and carers should get involved in active play and encourage active play with their children	Noted.
Barnsley PCT	97		64	9	Drop in support could be considered, facilitated by trained staff such as Dietetic Assistants, Health Trainers or Health Care Assistants	Noted. The specifics of implementation are outside the remit of this work. However, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools. In addition NICE will be working with national organisations to try to identify levers which could aid implementation at a national level. The implementation of NICE guidance is outlined in section 3 of the "NICE version".
Barnsley PCT	98		65	18	This could prove problematic at a local level. Will this recommendation tie in the GP contract to ensure it is mandatory?	Noted. The status of the guidance is outlined in sections 3.1 and 5.2 of the "NICE version".
Barnsley PCT	99		66	2	'Appropriate health professionals'? Use Health Care Assistants and not more expensive GP's, Practice Nurses etc to deliver the messages	The specifics of implementation – including the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as

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						appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate.
British Association for Counselling and Psychotherapy (BACP)	1	Full version	General		We welcome the development of this timely and important guideline. Overall, we feel the guideline reflects the current evidence-base well.	Noted.
British Association for Counselling and Psychotherapy (BACP)	2	NICE version	General		This shorter version of the guideline is essential as a working document, bearing in mind the unwieldy size of the full guideline. It is clear and well presented.	Noted.
British Cardiovascular Society	1		General		The British Cardiovascular Society has taken into account views of its affiliated groups, in particular that of the British Association for Cardiac Rehabilitation. At an early stage in the document, there should be a distinction made between fat and weight. Obesity is related to excess fat and weight is used as an analogous term.	Noted. Terms checked throughout for consistency. However, it is highlighted within the full version of the guidance that the most commonly used estimate of body “fatness” is the body mass index (BMI), a simple index of weight for height squared. For the majority of the population, a high weight will equate with a high BMI and, if a more accurate measure of body fatness was used, high fat.

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					It would be helpful to recognise the potential role of teachers. The concentration appears to be on health professionals. The NICE version is clear and concise and easy to read and understand. All our comments refer to NICE document.	Noted. The guidance includes a set of recommendations specifically for schools. Noted.
British Cardiovascular Society	26		53	6	Other audiences… employers, both large and small. There could be incentives (awards) for those who implement effective delivery The Consultation talks of partnership working – at a stage when most NHS trust are in financial crisis – what benefit will there be for trust/PCT to provide input into an organisation, particularly if very few of its workers actually live within that particular health district?	Noted. The specifics of implementation are outside the remit of this work. However, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools. In addition NICE will be working with national organisations to try to identify levers which could aid implementation at a national level. The implementation of NICE guidance is outlined in section 3 of the "NICE version". Noted. The full version of the guidance highlights that a range of services are available (both NHS and non-NHS). Some of the suggested services would incur a cost to business.

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					If it weren't for organisations such as weight watchers and slimming world, there would probably be a much larger number of obese individuals. We think it would be excellent for the NHS to use this type of group. People often like to be "anonymous" when they have decided to lose weight – can some of the proposed initiatives ensure that this happens?	Noted. There is a specific set of recommendations on commercial, community and self-help strategies within the guidance (currently titled "Management in non traditional settings").
British Cardiovascular Society	27		56	4.1.3	Cost effectiveness - as we have already mentioned – "Make use of present services where possible." Ie make good use of the multidisciplinary teams delivering care in other areas of treatment. Any treatment being delivered by a health care professional eg for function, should be encouraged to include health, fitness and wellbeing.	Noted.
British Cardiovascular Society	28		57	4.1.4	What are the fundamental elements of interventions…as mentioned – use of existing services eg. cardiac rehabilitation. The treatment of coronary heart disease involves multi faceted interventions – obesity, being a risk factor for coronary heart disease needs a programme that incorporates all of the elements that are presently provided. On a recent study tour in Canada, one of our members visited a hospital which took advantage of the benefits of using cardiac	Noted. The specifics of implementation are outside the remit of this work. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation. The guidance has aimed to highlight the role of a wide range of health and other

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					rehabilitation as a basis for health promotion. Large scale talks on health promotion were delivered. These talks were advertised in the local press. We have not seen such an initiative for the lay person in this country. Obesity can affect anyone, including the disabled. They often feel that they have little or no chance of shedding weight. Cardiac rehabilitation provides a progressive exercise regime for these patients. Weight management and exercise needs to be seen to embrace all.	professionals. The prevention and management of obesity among all population groups highlighted within the scope were considered, though the limitations of the evidence base highlighted throughout.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	1	NICE version	General		Thank you for giving the British Dietetic Association the opportunity to comment on this guidance.	Noted.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	13	NICE version	General		It is well documented in DoH reports that people with a severe mental illness are at greater risk of developing obesity, diabetes and coronary heart disease than the general population and yet this patient group has not been identified as one of the vulnerable groups in this draft.	The scope highlights that the prevention or management of comorbidities associated with overweight or obesity are outside the remit of this work. Therefore, the management of overweight and obesity associated with mental illness, particularly in relation to drug treatments for mental illness,

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						are outside the remit of this work.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	15	Both documents	General		Documents are for England and Wales yet on the majority of occasions they refer only to the health structure of England (PCTs). E.g. NICE version p15 point 1.1.2	Noted. This guidance was jointly commissioned by the Department of Health and the Welsh Assembly in 2003. Where relevant, references to Welsh policies and structures have been made throughout the text and in the recommendations themselves.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	16	NICE version	General		The BDA supports the promotion of use of behavioural, counselling and motivational techniques throughout the document.	Noted.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	2	NICE version	General		the document has a mix of bullet points and tables, in particular section on classification of obesity. This format is difficult to follow and appears repetitive.	Noted. The layout/format of the document will be considered prior to final publication.
British Dietetic Association	59		35 and 36		It is helpful to have clarification on BMI, especially in the context of waist	Noted.

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Reviewers: Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)					circumference and for adults and specific ethnic groups	
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	77		55	4.1.2	Interventions by population group should include people with a severe mental illness	The scope highlights that the prevention or management of comorbidities associated with overweight or obesity are outside the remit of this work. Therefore, the management of overweight and obesity associated with mental illness, particularly in relation to drug treatments for mental illness, is outside the remit of this work.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	78	NICE version	56		Long term follow up is paramount	Noted.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity	80	Both documents	General		Documents are for England and Wales yet on the majority of occasions they refer only to the health structure of England (PCTs). E.g. NICE version p15 point 1.1.2	This guidance was jointly commissioned by the Department of Health and the Welsh Assembly in 2003. Where relevant, references to Welsh policies and structures

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Management BDA Specialist Group (DOM UK)						have been made throughout the text and in the recommendations themselves.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	81	Full version	General		This is an extremely large document that is very difficult to read, however it has been split into useful sections so that people can identify those sections most relevant to them. It may be useful to have some summary documents that are much easier to read and to separate these into different areas as different sections appeal to different audiences e.g. our local authority partners will find this extremely labourious to sit and read and need a summary of what we should be aiming to do.	Noted. The following are forthcoming: • Implementation tools • Quick reference guides • Information for the public: Understanding NICE guidance • Audit criteria
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	82	Full version	General		Once again a long document however the way it has been sectioned makes it relatively easy to read. It would be useful to separate the prevention sections from the treatment for different audiences. Would like to see very short summary documents so that all are aware of the recommendations for different areas.	Noted. The following are forthcoming: • Implementation tools • Quick reference guides • Information for the public: Understanding NICE guidance • Audit criteria
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM	83	Full version	General		Covers all key areas of identification, assessment and treatment	Noted.

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UK)						
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	84	Full version	3	307 of 2531 266 of 2531	Statement 3 – Diet and activity outcomes. It is difficult to interpret what is meant in the following statement (and it gives a confusing message about what makes for a successful outcome in relation to weight management) ' Interventions which do not identify significant positive trends in weight may identify significant positive trends in diet and activity'. Statement 7 – diet and activity outcomes As above but relating to weight maintenance.	Noted. Statements amended to: "Interventions which do not identify favourable changes in weight outcomes may identify favourable changes in diet and/or activity outcomes (where recorded)."
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	99	General			For N. Ireland please refer to CREST Obesity Guidelines and Fit Futures	Noted. The guidance applies to England and Wales only.
British Heart Foundation	10	NICE version	General		<u>Patients with mental illness</u> We believe that patients with severe and enduring mental illness should be considered a specific vulnerable group, as the incidence of obesity related to some anti-psychotic medication is high and associated with premature onset of diabetes and cardiovascular disease.	The scope highlights that the prevention or management of comorbidities associated with overweight or obesity are outside the remit of this work. Therefore, the management of overweight and obesity associated with mental illness,

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						particularly in relation to drug treatments for mental illness, are outside the remit of this work.
British Heart Foundation	12	NICE version	General		Evaluation and Monitoring The BHF strongly emphasises the importance of collecting nationally consistent data. This is crucial in order to demonstrate the effectiveness of interventions; identify and address inequalities; and to make sound comparisons between areas and populations. We also note that whilst there have been detailed documented data and concern about the increasing trends in obesity for at least the last two decades, the management of obesity has not been very well covered in research. Resources need to be directed into this area, and a real focus on the cost effectiveness of interventions may encourage more investment into obesity management.	Noted.
British Heart Foundation	25	NICE version	General		The guidance highlights the importance of information in contributing towards a local obesity strategy. The BHF has a wide range of educational and information resources that are free from conflicts of interest and written in plain English. These can be accessed from our website at www.bhf.org.uk	Noted but not included. Due to the long list of potentially relevant links, those listed have been restricted to Government and government agencies and/or sources of information explicitly mentioned within the guidance.

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British Heart Foundation	3	NICE version	General		Scope of guidance The BHF would like to see the guidance address the psychological aspects of obesity with more depth. Negative food behaviours arise from many wide-ranging influences such as culture, guilt, anxiety, compulsion, social pressure, habit, stress and lack of self esteem. In addition, the success of weight control depends on the extent of discrimination experienced, the support available, the motivation of the individual and the ability of the health professional to motivate and maintain change. The BHF is therefore concerned that the approach of the guidance may be over simplistic in focusing largely on physical activity and energy intake. Tackling obesity means addressing food behaviours, equipping people with essential life skills and offering a full range of support.	Noted. A rigorous evidence review was undertaken as part of the development of this guidance. All evidence that met the agreed review parameters would have been included if available. The GDG was careful not to develop recommendations that overstep the evidence base. The evidence considered does not allow the provision of more specific guidance on these issues. However, the guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
British Heart Foundation	4	NICE version	General		Consistency It is crucial that the public are provided with information that is repeated, consistent and reliable. We suggest advice needs to evolve slowly as new research evidence emerges to inform public information campaigns.	The specifics of implementation are outside the remit of this work. However, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools. In

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						addition, NICE will be working with national organisations to try to identify levers that could aid implementation at a national level. The implementation of NICE guidance is outlined in section 3 of the "NICE version".
British Heart Foundation	5	NICE version	General		Cultural Issues The BHF is concerned that some of the changes suggested in the guidance are challenging to some of the habits and lifestyles which reflect the makeup of modern society. For example, sitting down for family meals is a laudable aspiration but one that some single parent families or those where parents work in shifts may find difficult to achieve. We also believe it is crucial to note the differences of lifestyle between ethnic groups and use this to the advantage of the local population. For example, in some communities a religious leader may prove to be the most suitable person to help effect a variety of lifestyle changes.	Noted. The GDG considered the specific needs of black and minority ethnic groups, vulnerable groups and people at vulnerable lifestages when the evidence was available.
British Heart Foundation	6	NICE version	General		Strategy Local strategy must address the commitment of organisations to the importance of tackling obesity and funding appropriate interventions that will address the local situation. This should include a clear statement on the roles and responsibilities of partner organisations,	Noted. The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the

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					as well as the practical issues of work force training and allocation of time. PCTs are currently undergoing a structural change which in many cases will break to co-terminosity of PCT and local authority boundaries. This distance may hinder the maturing local strategic partnerships' ability to deliver a local strategy. The role of local overview and scrutiny panels needs to be considered. Hospitals are big local employers and have a large number of the population passing through their doors each day. We believe their role in public health is under developed and under utilised and that they should be partners in the development of local obesity strategies.	guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate. In addition, a brief section on training has been added. The full version provides links to existing HDA documents on best practice re partnership working. This will also be addressed in the forthcoming implementation info. Noted. A recommendation has been added re the NHS leading by example.
British Heart Foundation	7	NICE version	General		<u>Sustainable change</u> The ability of individuals to keep to new years resolutions is a useful analogy to organisations keeping to their public health commitments. Consistent and persistent messaging, and sustained programmes to address obesity need to be developed. To asses this, the evaluation of projects will increase ongoing commitment. A local strategy is	Noted.

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					essential whilst audit and external scrutiny will encourage compliance with the strategy.	
British Heart Foundation	8	NICE version	General		Inequalities The BHF is concerned that there is little in the guidance which addresses the issue of health inequalities. We believe evaluation of success should assess if the gap between the lowest and highest socio-economic group is narrowing, and that this goal should be a stated aim of the NICE guidance.	A rigorous evidence review was undertaken as part of the development of this guidance. All evidence that met the agreed review parameters would have been included if available. Therefore, the evidence relating to health inequalities (in particular black and minority ethnic groups and vulnerable groups) was reviewed as available. However, as reflected within the research recommendations, there was a dearth of evidence on these issues. The guidance does highlight the importance of tailoring interventions and taking account of the needs of these groups in particular.
British Heart Foundation	9	NICE version	General		Ethnicity While addressing ethnicity is explicitly listed as part of the scope of the guidance there is little specific comment on this in earlier sections. We therefore believe this should be expanded.	A rigorous evidence review was undertaken as part of the development of this guidance. All evidence that met the agreed review parameters would have been included if available. Therefore, the evidence relating to black and

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						minority ethnic groups was reviewed as available. However, as reflected within the research recommendations, there was a dearth of evidence on these issues. The guidance does highlight the importance of tailoring interventions and taking account of the needs of these groups in particular.
British Heart Foundation National Centre for Physical Activity & Health	1	NICE version	General		BHF National Centre for Physical Activity and Health (BHFNC) feels the document needs to provide more detail to help practitioners deal with the specifics.	Noted. The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
British Heart Foundation National Centre for Physical Activity & Health	11	NICE version	8	4	How impact on this?	The specifics of implementation are outside the remit of this work. In this instance, the evidence considered does not allow the provision of more specific guidance.

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British Heart Foundation National Centre for Physical Activity & Health	12	NICE version	8	5/6	Guide on how much.	The evidence considered does not allow the provision of more specific guidance.
British Heart Foundation National Centre for Physical Activity & Health	13	NICE version	8	2–10	Good opportunity to influence organised and informal play but staff need support/training to ensure this is safe, effective and most of all enjoyable.	Noted. The specifics of implementation are outside the remit of this work.
British Heart Foundation National Centre for Physical Activity & Health	14	NICE version	8	12–22	May need training. Young People and children's input/voice.	Noted. The specifics of implementation are outside the remit of this work.
British Heart Foundation National Centre for Physical Activity & Health	2	NICE version	General		BHFNC feels the guidance is very much lifestyle focused and needs provide guidance on how to tackle some of the wider social, political and environmental determinants of health. Such an individualist lifestyle approach might be seen as 'victim blaming'.	Noted. The guidance aims to address the potential role of a number of factors including the wider environment, as highlighted in the recommendations for local authorities and partners, schools, nurseries and workplaces. The guidance also recognises the role of individual and as such includes specific recommendations for the public. It should be noted that some aspects of wider determinants are outside the scope of this work. However, NICE is currently developing guidance for the Highways Agency, local

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						authorities, primary care, pharmacists, health visitors and community nurses, schools, workplaces, the leisure industry and sports clubs to meet the CMO's physical activity recommendations, due September 2007. For further information see: www.nice.org.uk/page.aspx?o=PhysicalActivityandEnv
British Heart Foundation National Centre for Physical Activity & Health	3	NICE version	General		Training for healthcare professionals is a central theme running throughout the document, but quality assurance must be central to the development of any such training and adequate resources must be made available to fund this.	Noted. National and local funding issues are outside the remit of NICE. However, audit tools and costing criteria are currently being developed to aid the implementation of the guidance (see section 3 of the "NICE version").
British Heart Foundation National Centre for Physical Activity & Health	63	NICE version	52	12	This section is poor, the implementation guidance lacks real practical help for the professionals expected to deliver these recommendations.	Noted. The specifics of implementation are outside the remit of this work. However, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools. Quick reference guides and information for the public are also being produced. In addition, NICE will be working with national organisations to try to identify levers which could

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						aid implementation at a national level.
Cambridge City and South Cambridgeshire PCTs	1	Full version	General		Very comprehensive and covers the entire spectrum from prevention to treatment of morbid obesity but difficult to find relevant sections in such a large document. Summary of key recommendations would be helpful.	Noted. The following are forthcoming: • Implementation tools • Quick reference guides • Information for the public: Understanding NICE Guidance • Audit and costing criteria
Cambridge City and South Cambridgeshire PCTs	3	Full version	58	10, 11	Other vulnerable stages in life are during and after pregnancy and also when weaning infants.	Noted. As outlined in the scope, the guidance covers children aged 2 years onwards. Pregnancy and weaning are outside the remit of this work (although there is some reference to pregnancy as a "vulnerable lifestage" within several of the public health recommendations). However, NICE is currently developing *Guidance for midwives, health visitors, pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households,* due to be published in May 2007. For further information see: www.nice.org.uk/page.aspx?o=

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						MaternalandChildNutritionMain
Cambridge Manufacturing Co. Ltd	8	Full version	147	14–23	On page 147 the reference by Summerbell/Garrow comments on the difficulty of collecting evidence in non-clinical environments and designing good randomised control trials. It would, however, be misleading to conclude that such interventions do not work at all.	Noted but not amended. Section 3.7 highlights the general problems in assessment, but does not imply that randomised controlled trials (RCTs) do not work at all.
Chartered Society of Physiotherapy	1				The CSP has no comments to make at this stage	Noted. Thank you.
College of Occupational Therapists	1	NICE version	General		More reference is needed to the exercise options available to people with disabilities, for whom the stated options are not appropriate	In this instance and as with all NICE guidance, professionals should exercise their judgement in interpreting the recommendations appropriately for different individuals. Furthermore, we do acknowledge that you raise and important point and suggest this as a topic suggestion for future development (e.g. physical activity for people with disabilities). This can be done via the NICE website.
Department of Health (DH), Department for Education and Skills (DfES), and	1	General			Note: Comments in italics and large type at the front of the document constitute major issues for the Departments. Detailed comments on the draft	Noted.

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Department for Culture, Media and Sport (DCMS)					recommendations, including issues of implementation, are towards the rear.	
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	10	NICE version/Full version	General		***Activity:*** *In the list of activity recommendations, there is no specific recommendation for adults to participate in sport or other active recreation. Adults who did not participate in sport cited swimming and aerobics as the sports they would most like to start, were they to exercise (General Household Survey, Sports Participation). It would be helpful if consideration were given to including these. We believe that the value of the final / implementation guidance would be strengthened by making specific recommendations for participation in physical activity and sport by adults.*	Noted. Aerobics and swimming have been added as examples of activity for adults; swimming is already included as an example of activity for children. The recommendations for parents and carers state "Encourage children to participate in sport or other active recreation." In relation to "sport", the wording of recommendations generally reflects the evidence considered. Furthermore, the GDG consciously avoided the use of "sport" and focused on "physical activity" more generally to ensure that the recommendations were as inclusive as possible and to reflect the consensus that sections of the population do not enjoy "sport" or do not consider it something that they do.

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						Please note that the final guidance on physical activity interventions was published after the draft obesity guidance. The physical activity guidance will be referenced as appropriate within the final version of the obesity guidance.
					It is also important that the draft recommendations are consistent with published NICE guidance on physical activity interventions. For this reason, it would be helpful if consideration were given to including advice on how professionals could assess the level of activity taken such as with the short physical activity questionnaire (GPPAQ).	A reference to the GP PAQ has been added to section 1.6.1.2 of the full version and will be inserted in the short version.
					It would also be helpful if the guidance provided clear advice on the role of pedometers (particularly as a motivational tool) and considered the Chief Medical Officer's (CMO) recommendations re the amount of exercise that should be taken, the expected benefits from it and that activity and dietary changes have to be made together to achieve weight loss.	
					In particular, we would appreciate it if the CMO's recommendations were quoted faithfully and in the context of 'general health benefits'.	References to CMO recommendations in full version (section 1.6.1.2) have been checked and amended as

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					It would be helpful if the guidance indicated that primary care practitioners could also promote activity by the use of brief interventions.	appropriate. The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	12	NICE version/Full version	General		*It would be helpful if the final / implementation guidance addressed emotional health and well-being needs as these can have a significant effect on obesity.*	Noted.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	13	NICE version/Full version	General		Resources: Many of the interventions recommended are potentially resource intensive and we would appreciate it if this were stated explicitly.	Noted. Audit criteria and costing tools are currently being developed.
Department of Health (DH), Department for Education and Skills	14	NICE version/Full version	General		It would be helpful if “child” were defined.	Noted. A definition has been added.

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(DfES), and Department for Culture, Media and Sport (DCMS)						
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	15	NICE version/Full version	General		It would be helpful if a clearer focus on the pregnant mother were included. The Child Health Promotion Programme (NSF) has the important concept that whilst this should be a universal service, additional support should be directed to the most needy. In the obesity context, vulnerability to childhood obesity can be partially detected in pregnancy.	Noted. While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years onwards and pregnancy is outside the remit of this work. However, NICE is currently developing *Guidance for midwives, health visitors, pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households,* due to be published in May 2007. For further information see: www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	16	General			Specific comments on sections in the full draft guidance are set out below. We believe that the value of the guidance for end-users would be strengthened considerably by including a clear focus on practical implementation issues such as these, in the light of the available evidence.	Noted.
Department of Health (DH), Department for	26	Full version	53	1–7	For accuracy, NICE might wish to consider changing 'Guidelines' for	Wording has been amended as suggested.

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Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)					physical activity to 'recommendations', and change "The current general guidelines on physical activity for cardiovascular health..." to "The current recommendations on physical activity for general health benefits...."	
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	29	Full version	59	13–15	Recommendations to all: Recommendation 2: Eating sufficient high fibre foods and fruit and vegetables and reducing alcohol consumption alcohol: We believe the value of the final guidance would be enhanced by specific proposals on how this recommendation could be achieved and how the NHS can help deliver this. In particular it would be useful for the final / implementation guidance to: • Indicate how health professionals in primary and secondary care will be able to practically influence and support patients (especially children) to increase fruit and vegetable intake and reduce alcohol and how it will link into existing policy such as the *National Strategy to Reduce the Harm from Alcohol / Choosing Health* and the *Brief Interventions for Alcohol* guidance. • Indicate specifically how PCTs / other NHS organisations should develop the partnerships to enable this to	Noted. The specifics of implementation are outside the remit of this work. Furthermore, the evidence considered has not allowed more specific guidance on exactly how interventions should be designed in order to give maximum return. This is reflected within the research recommendations. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation. Sources of existing guidance (including guidance on partnership working) are highlighted within Annex D.

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					happen.	
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	30	Full version	59 62	19–23 1–14	Recommendations to all: Recommendation 2: Increasing activity / minimising sedentary activities / maximising Physical Education: We would appreciate it if you were to consider including specific proposals (in all settings) but in particular for the NHS / local authorities and schools, as to how this might be done. In particular it would be helpful for the final / implementation guidance to: • Indicate how clinicians in primary and secondary care will be able to influence practically and support patients to increase their exercise levels such as through brief interventions based upon the patient's responses to the General Practice Physical Activity Questionnaire (GPPAQ). • Demonstrate how the guidance will practically link in *to Choosing Health* / Chief Medical Officer's recommendations on physical activity / Sport In Schools Programme / other national exercise strategies. • Indicate specifically to PCTs / acute trusts / primary care how they should best develop exercise	Noted. The specifics of implementation are outside the remit of this work. It is not feasible for the guidance to include details of all potentially relevant guidance and policy, particularly given concerns about the length of the guidance as it stands. However, sources of existing guidance (including guidance on partnership working) are highlighted within Annex D. Reference to the General Practice Physical Activity Questionnaire (GP PAQ) added to section 1.2.1.6 within the full version (introduction to public health recommendations). It will be considered for inclusion in the short version.

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					programmes / facilities / targeted at whom specifically (in particular children). • Indicate specifically how PCTs / other NHS organisations should develop the partnerships to enable this to happen. • We would also like the guidance to acknowledge the needs for adults to take part in active recreation and sport.	Noted. The importance of adults being physically active is highlighted throughout.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	31	Full version	60	4–8	Recommendations to all: Recommendation 3: Adults to periodically check weight: We believe the final / implementation guidance would be strengthened if there were specific proposals as to: how often people should check their weight, how people should be educated to do it and what action they should take if their weight is increasing and where to go for advice. In particular it would be helpful if the final / implementation guidance: • Assisted health care professionals to understand how to educate adults to weigh themselves correctly, including the use of charts to track trends. • Advised that scales should be of	Noted. This is addressed in recommendations 1.1.1.3 to 1.1.1.6. The GDG was unable to be more prescriptive due to the lack of evidence. The specifics of implementation – including health education – are outside the remit of this work.

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					a suitable standard and fit for purpose.	
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	32	Full version	60, 61	10–17+ 2–12	Recommendations to all / parents and carers: Recommendation 4 / 5: Adults / Parents / Carers encouraged to discuss with health professional / consult information sources re weight / diet / activity: It would be helpful if the guidance were to included specific proposals about - how the public should be educated about this; - how NHS professionals should be trained to respond to these questions; - how barriers to action by health professionals can be minimised; and - how professionals should best proactively and sensitively raise the subject for those not raising the issue themselves. The final / implementation guidance could usefully show how PCTs / other NHS organisations should publicise the information sources listed in the guidance and demonstrate how it links to for example the Department for Education and Skills (DfES) parenting strategy, *Every Child Matters*, Sure Start and Children's Centres .	Noted. 'Understanding NICE guidance' booklets are being developed for the public. The specifics of implementation - including health education - are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation. It is not feasible for the guidance to include details of all potentially relevant guidance and policy, particularly given concerns about the length of the guidance as it stands. However, sources of existing guidance (including guidance on partnership working) are highlighted within Appendix D

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					It would also be helpful if the final / implementation guidance indicated: • What PCTs and other NHS providers should do to raise awareness with adults / parents / carers that they should raise concerns about their children with health professionals. • How awareness should be raised with parents who do not recognise child is overweight. • How to recognise and target high-risk families where parents are overweight.	of the NICE version. See above. Issues around being aware of sensitive issues are addressed in a section titled “Working with people to prevent and manage overweight and obesity: the issues”.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	33	Full version	61	13–20	Recommendations for parents and carers: Recommendation 6: Healthy behaviours: Recommendations for NHS professionals (in pre-school and family settings): Recommendation 18: Family programmes led by health professionals: We believe that the final / implementation guidance would be enhanced by showing how the NHS / health professionals can contribute towards this with: • Explicit recommendations for how health professionals can support parents and carers to achieve	Noted. The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. A number of

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					family level and child specific behaviour change. • Which behaviour change techniques produce the optimum changes? • Specific proposals for how behaviour change could be targeted at those who do not know / understand the need to change. • How NHS organisations should train health professionals to achieve these behaviour changes.	recommendations highlight the type of skills that should be acquired by staff, as appropriate. In addition, a brief section on training has been added.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	34	Full version	65, 77, 81, 86, 92	2–5, 6–10, 13–16, 5–11, 1–7	Recommendations for NHS professionals / Local Authorities including PCTs / Early years settings / Schools / workplaces (overarching): Recommendation 1: Ensure preventing / managing obesity is a priority for action: We believe the final / implementation guidance would have greater impact if it explicitly demonstrated to NHS organisations / health care professionals / local authorities which parts of the guidance should be prioritised first. It could usefully also include advice on how to monitor progress with suitable process / outcome based indicators for use in a variety of settings.	Noted. The specifics of implantation (including evaluation) are outside the remit of this work. A number of recommendations have been prioritised and are listed in the NICE version, the QRG and in section 1.2 of the full guideline.

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					Specific proposals on how pre-schools / schools / workplaces should in practice prioritise action would be helpful. For example, what should actually be done in terms of policy development and consultation with stakeholders, how and to which groups of children / workers. NB: because of differences between settings in the same sector, local managers (e.g. head teachers) will need to decide exactly who, within the setting, will implement guidance proposals. It would be appreciated if the final guidance gave examples of good practice / benefits of implementation in order to help translate practice to other settings.	The implementation materials will include audit criteria to assist in measuring implementation of the recommendations. NICE guidance does not include individual examples of best practice, but these may be contained in websites and documents referenced within the guidance (see Annex D in particular). Implementation tools (including audit criteria) are currently being developed.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	35	Full version	65	8–13	Recommendations for NHS professionals (overarching): Recommendation 2: Primary care settings will have a local obesity strategy: It would be helpful if the final / implementation guidance indicated what the core components of a strategy could be. Doing this might help improve consistency and reduce duplication and	Noted. Implementation tools are currently being developed, including audit criteria and costing tools. However, the specifics of implementation are outside the remit of this work. Furthermore, in most instances, the evidence considered does

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					therefore costs.	not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	36	Full version	65, 66, 72, 87, 87	15–22, 1–14, 12–17, 1–7, 8–13	Recommendations for NHS professionals / schools (overarching): Recommendation 3: Primary care settings / schools should address training / partnerships etc, Recommendation 4: Elements of training: Recommendations for NHS professionals (in workplace): Recommendation 19: Establish partnerships with local business. We believe that the final / implementation guidance would be strengthened by indicating: • What the components of a training programme might be (especially addressing the needs of children / families with children). • How it should be best delivered and to what depth / duration. • How it should be evaluated for effectiveness.	Noted. Implementation tools are currently being developed. However, the specifics of implementation – including evaluation – are outside the remit of this work. Furthermore, in most instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical

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					It would be helpful if the guidance also explicitly indicated how trainers (and NHS organisations more widely) should tackle negative professional perceptions of the possibility of achieving change in clients. It would be helpful if the final / implementation guidance clearly indicated how staff should most effectively go about developing successful partnerships, including with which types of organisations / groups. It would also be helpful if the guidance were to include specific examples of which type of businesses are likely to produce the greatest benefits in order to allow targeting of limited resources (e.g. based on size / willingness to engage). (Although all employers should be expected to aspire to the same levels of health promotion).	judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation. The importance of monitoring and evaluating all local and national policy/action is highlighted within the research recommendations. Links to existing guidance on best practice (including partnership working) are given within Annex D of the "NICE version".
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	37	Full version	66	16–24	Recommendations for NHS professionals (delivery): Recommendation 5: Behaviour change to achieve greater activity. We consider that it would be valuable in the final / implementation guidance to have specific advice on how professionals should achieve behaviour change to increase activity and level of engagement across all clinical types (in particular	The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific

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					obese / overweight children), perhaps by linking to NICE's published guidance on physical activity interventions, but being clear on how e.g. brief interventions should be offered, ideally with examples of practice. There should be specific advice on how to ensure children who are overweight / obese participate in activity and gain benefits. In particular, the final / implementation guidance could usefully indicate for professionals how specifically to achieve increased activity in daily life for clients, particularly in children / families with children, with examples of effective practice. Additionally it should indicate how NHS organisations could assist in this. It is our assessment that the evidence review should have considered activities that increase social engagement as a driver for continued participation in physical activity. It would be helpful if this were reflected in the final / implementation guidance.	guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation. NICE guidance does not include individual examples of best practice, but these may be contained in websites and documents referenced within the guidance (see Appendix D in particular). Implementation tools are currently being developed – see section 3 of the "NICE version" for further information. A rigorous evidence review was undertaken as part of the development of this guidance. All evidence that met the agreed review parameters would have been included if available. However, NICE is currently developing *Guidance for the Highways Agency, local authorities, primary care, pharmacists, health visitors and*

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						community nurses, schools, workplaces, the leisure industry and sports clubs to meet the CMO's physical activity recommendations, due September 2007. For further information see: www.nice.org.uk/page.aspx?o=PhysicalActivityandEnv
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	38	Full version	67, 87	1–6, 14–19	Recommendations for NHS professionals (delivery): Recommendation 6: Focus on multi-component interventions: Recommendations for NHS professionals (in pre-school and family settings): Recommendation 17: Range of components: We believe the final / implementation guidance would be enhanced by specific advice for the NHS as to: • How multi-component interventions should be designed to obtain an optimum return (particularly for children). • How to evaluate the effectiveness of individualised / family-based counselling and support. This could help improve consistency, effectiveness, equity and efficiency and reduce duplication.	Noted. The evidence considered has not allowed more specific guidance on exactly how interventions should be designed in order to give maximum return. This is reflected within the research recommendations.

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Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	39	Full version	67, 79	7– 2, 21–25	Recommendations for NHS professionals (delivery) / local authorities: Recommendation 7: Long term - promotional activities. All workplace recommendations: Recommendation 4: Incentive schemes should be sustained: All workplace recommendations: Recommendation 6: Educational and promotional programmes: We believe the final / implementation guidance would benefit from clarifying: • Which mediums are most effective for achieving change? • What duration promotional activities should be, what the ideal mix of mediums is, and how to assess the outcome. • Which groups should be targeted first and how best to reach them? The final / implementation guidance could also usefully indicate for businesses which type of schemes are the most effective / required / how best to deliver them and should give examples of good practice schemes that have made a difference. It could also give advice on tackling negative incentives – e.g. company cars / fuel for private use schemes. Should longer-term	The specifics of implementation are outside the remit of this work. The evidence considered does not allow the provision of more specific guidance on these issues. This is reflected in the research recommendations. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.

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					interventions be combined with short-term targeted interventions such as a programme to measure blood pressure in the workforce?	
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	40	Full version	67	13–19	Recommendations for NHS professionals (delivery): Recommendation 8: Raise issues with clients especially during periods associated with weight gain. It would be helpful if the final / implementation guidance specifically indicated that this should be a core part of training given to health professionals, so that they can recognise who is at risk, how to give precautionary advice and how best to intervene.	The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate. In addition, a brief section on training has been added.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	41	Full version	67, 81, 89	20–23, 18–22, 1–6	Recommendations for NHS professionals (delivery) / early years settings / schools: Recommendation 9: Actively involve parents and carers of children / young adults. It would be helpful if the final /	Implementation tools are

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					implementation guidance were specific about how the NHS / preschools / schools should best achieve this and advice for handling situations where a child does not want the parents / carers involved. Additionally, it would be helpful if explicit advice on how professionals / school staff should involve parents, particularly if they are disengaged / not interested were included.	currently being developed. However, the specifics of implementation are outside the remit of this work. Furthermore, in most instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
					NICE may wish to note that the evaluation of the *Schools on the Move* pilot, which has made pedometers available across 50 schools, will report in May 2006 and this may help to inform the guidance in this area.	Noted. The evidence reviews conducted as part of the development of this guidance only includes published research that meets the agreed review parameters.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	42	Full version	68	1–9	Recommendations for NHS professionals (in primary care): Recommendation 10: Consider if parents obese / habitual diet / activity levels. We would find it helpful if the final / implementation guidance were explicit as to how / which health professional should raise this, and how best to opportunistically engage overweight / obese parents. For example, it would be	The specifics of implementation – including local training needs and skill mix required – are outside the remit of this work. Furthermore, in most instances, the evidence considered does

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					helpful to give examples of how this can be done in early years or maternity settings. It would be helpful if the final / implementation guidance indicated specifically that NHS organisations should build this in as an aspect of training given to professionals.	not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation. NICE guidance does not include individual examples of best practice, but these may be contained in websites and documents referenced within the guidance (see Appendix D in particular). Implementation tools are currently being developed – see section 3 of the "NICE version" for further information. Please note that as outlined in the scope, the guidance covers children aged 2 onwards and therefore pregnancy/breastfeeding/weaning/and the needs of children under age 2 years are outside the remit of this work. However, NICE is currently developing *Guidance for midwives, health visitors, pharmacists and other*

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						primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households, due to be published in May 2007. For further information see: www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	43	Full version	68	10–18	Recommendations for NHS professionals (in primary care): Recommendation 10: Individualised / family based counselling and support: We believe the final / implementation guidance would have greater impact if it gave specific advice on how this counselling should best be done / delivered.	Noted. Explicit links between this recommendation and relevant recommendations in the clinical section will be included in the final version of the guidance.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	44	Full version	69	1–6	Recommendations for NHS professionals (in primary care): Recommendation 12: Supporting smoking cessation: We believe the final / implementation guidance would benefit from being specific on the best methods of providing information on services and who should provide it (e.g. PCT / primary care etc). Also we believe the final / implementation guidance would have a greater impact if it	Implementation tools are currently being developed. However, the specifics of implementation are outside the remit of this work. Furthermore, in most instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and

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					was explicit about how smoking cessation services should link into obesity prevention services and gave examples of model services that PCTs could copy. We consider that the risks of obesity / weight gain should be integrated into advice on smoking cessation routinely and appropriate advice given on where to go for help. It would be helpful if the final / implementation guidance were to reflect this. It would also be helpful if the final / implementation guidance indicated how general weight management services for those that stop smoking should be evaluated in terms of effectiveness.	for local providers to interpret and implement the guidance as appropriate to their situation. NICE guidance does not include individual examples of best practice, but these may be contained in websites and documents referenced within the guidance (see Appendix D in particular).
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	45	Full version	69, 79	12–21, 13–20	Recommendations for NHS professionals (broader settings): Recommendation 13:Consider fundamental concerns: Local authorities specific intervention recommendations: recommendation 6: Consider fundamental concerns: We believe the value of the final / implementation guidance could be strengthened by including specific examples for health professionals / local authorities (including PCTs) of: • How they should tackle some of	The specifics of implementation are outside the remit of this work. NICE guidance does not include individual examples of best practice, but these may be contained in websites and documents referenced within

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					the barriers to becoming more active / eating a healthier diet (in particular for children under 11 years old). • What they can do about it. • What they should do for specific minority groups. It would be helpful if the guidance addressed wider concerns, including parental concerns about child safety / bullying etc.	the guidance (see Appendix D in particular). Implementation tools are currently being developed – see section 3 of the "NICE version" for further information. The evidence on minority groups was reviewed as available. However, as reflected within the research recommendations, there was a dearth of evidence on these issues. The guidance does highlight the importance of tailoring interventions and taking account of the needs of these groups in particular. A section titled "Working with people to prevent and manage overweight and obesity: the issues" has been inserted that addresses some of the issues around your queries.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	46	Full version	70, 79	1–6, 7–12	Recommendations for NHS professionals (broader settings): Recommendation 14: Actively support / promote local retail / catering schemes: Local authorities specific intervention recommendations: recommendation 5: Encourage local shops / caterers to promote healthier choices:	The specifics of implementation are outside the remit of this work. NICE guidance does not include individual examples of best practice, but these may be contained in websites and documents referenced within the guidance (see Appendix D

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					We consider that the value of the final / implementation guidance for end users could be enhanced by being very specific about how this can be done. In particular it would be helpful if advice on how PCTs / other local NHS bodies / local authorities could provide this support were included. For example should they be: - Lobbying local caterers / national retailers to change their practices, e.g. healthier food options for children in play facilities with cafes and/or - Exhorting local stores to make greater efforts to promote healthier choices?	in particular). Implementation tools are currently being developed – see section 3 of the "NICE version" for further information.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	47	Full version	70	7–14	Recommendations for NHS professionals (broader settings): Recommendation 15: Actively support local community facilities: We believe the final / implementation guidance would benefit from being clear about exactly how health professionals / NHS organisations should do this, in conjunction with which partners and what resources they would be expected to invest. In particular, guidance on which groups should be targeted and how health	Audit criteria are currently being developed. The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the

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					professionals should identify, reach and tailor support to these groups would be helpful. It would be helpful if the final / implementation guidance were explicit about what things should be audited for the local needs assessment, how often / to what scale and how NHS organisations should act on the findings (with which partners).	provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation. Links to existing guidance on best practice (including partnership working) are given within Appendix D of the "NICE version".
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	48	Full version	70, 79	15–20, 2–6	Recommendations for NHS professionals (broader settings): Recommendation 16: Support motivated groups with travel schemes: Local authorities specific intervention recommendations: recommendation 4: Support motivated groups with travel schemes: It would be helpful if the final / implementation guidance indicated how health professionals / local authorities / PCTs could practically do this. For example this could include how they should: • Identify motivated individuals. • Promote activity through travel	The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to

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					plans. • What actual measures can / should be taken. As an example, work has already been done by DfT and other organisations to assess the potential of 'soft measures', such as personalised travel planning to increase the uptake of public transport and active travel options. It would also be helpful if the guidance specifically indicated how to target and reach children and those that are not motivated to change / engage in active modes of travel. Although this recommendation has a an A grade, in practice, how much impact will it have overall on obesity levels and therefore should it really be prioritised given limited resources? Should the NHS be required to implement this requirement? Would it be more appropriate for PCTs to be working with local partners to deliver this recommendation?	exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation. Recommendations that are a priority for implementation are highlighted at the front of the "NICE version". The NICE Board decided in March 2006 that NICE recommendations would no longer be graded A to D. The reasons for this decision are outlined on the NICE website. Costing tools are currently being developed to aid the implementation of the guidance (see section 3 of the "NICE version"). National and local funding issues are outside the remit of NICE. The status of NICE guidance is outlined in sections 3.1 and 5.2 of the "NICE version".
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture,	49	Full version	77 and 78	12–27 and 1–11	Local authorities / PCTs strategic recommendations: recommendation 2: Engage with local community. It would be helpful if the final /	The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the

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Media and Sport (DCMS)					implementation guidance made it clear to PCTs / local authorities how an audit of barriers / opportunities to promoting healthier eating and activity could be done. For example by outlining what components to examine as part of the audit. It would also be helpful if model needs assessments with simple checklists and examples were provided as these could help to enhance consistency and therefore coherence of approach across the whole of the country. It would also be helpful if the guidance explicitly indicated that the needs assessment should focus on tackling obesity in children. A less bureaucratic approach could be to indicate what to do in certain settings e.g. inner city with poor access to quality food or rural community with no public transport.	provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	50	Full version	78	12–25	Local authorities strategic recommendations: recommendation 3: Quality of local environment We believe the value of the final / implementation guidance would be improved by providing a clear steer on the best way PCTs / local authorities could practically provide information / promotion / points of decision material. It would also be helpful if clear advice on how to target change in behaviour in particular in	The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows

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					children and their families were included.	professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	51	Full version	81	14	It would be helpful if 'all Sure Start Children's Centres' were included.	Children's Centres have been added to the audience list for this section and reference to Sure Start Programmes have been addressed in 1.6.4.6.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	52	Full version	81	18–20	Early years settings: Recommendation 2: To involve parents / carers. We believe the final / implementation guidance could be improved by explaining clearly how to involve parents / carers.	The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
Department of Health (DH), Department for Education and Skills	53	Full version	82	2	Again, It would be helpful if 'all Sure Start Children's Centres' were included.	The text has been amended to highlight that one of the recommendations will support

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(DfES), and Department for Culture, Media and Sport (DCMS)						"Sure Start initiatives, including Sure Start Children's Centres".
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	54	Full version	82, 92, 94	1–9, 8–19, 7–14	Early years setting recommendations: recommendation 3: Nurseries and childcare facilities should improve children's dietary intakes and activity levels: All workplace recommendations: Recommendation 2: Opportunities to eat a healthier diet and be more active: All workplace recommendations: Recommendation 6: Improve food provision: We believe the final / implementation guidance would have more impact if it provided clear direction as to: • How staff / workplaces can in practice increase children's / workers activity / improve dietary intakes, with examples of good / changes in practice that have achieved these improvements (ideally within existing resources) / businesses that have been able to make these changes, what the positive spin offs vs. costs have been in order to encourage other perhaps more reluctant workplaces.	The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals / clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation. NICE guidance does not

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					• The Caroline Walker Trust has been commissioned by the Food Standards Agency to revise the Healthy Eating Guidance for Under 5 year olds. The final / implementation guidance would be strengthened by referring to this.	include individual examples of best practice, but these may be contained in websites and documents referenced within the guidance (see Appendix D in particular). Implementation tools are currently being developed – see section 3 of the "NICE version" for further information. Reference added to CWT guidance. Link added to website and recommendation 3 for pre-school settings amended to "implement DfES, FSA and Caroline Walker Trust guidance on food procurement and healthier catering".
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	55	Full version	82, 88	10–15, 13–18	Early years setting recommendations: recommendation 4: Eat in supportive supervised environment: Schools recommendations to health professionals / school staff and parents: recommendation 7: Eat in supportive supervised environment: We believe the final / implementation guidance would be of greater value if it gave simple, clear, practical examples of how in reality pre-school / school settings could achieve this, particularly in existing settings. We are concerned that the	Thank you. The recommendations have been changed to refer to social environment free from other distractions (such as television).

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					guidance recommends the need for the eating environment to be free from other distractions. Some schools use music / television to make the environment attractive and to draw pupils into the dining room. We would advocate the guidance encouraging eating places within schools to be attractive places.	Noted. The wording of this recommendation has been amended. However, the specifics of implementation are outside the remit of this work.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	56	Full version	85		Sources of Information: It would be helpful if the final / implementation guidance included a reference to the new School Food Trust. www.schoolfoodtrust.org.uk	The School Food Trust (SFT) has been added to the list of sources of further information within section 1.6.7.1 of the full guidance, and will be considered for inclusion in the short version.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	57	Full version	86, 92, 93	12–24, 20–25, 1–8	Schools strategic recommendations: recommendation 2: Review the school environment including policies: All workplace recommendations: Recommendation 3: Cross-organisational policies: We believe the value of the final / implementation guidance would be increased by being clear how wide and in depth this assessment should be without making the process too bureaucratic or merely a box ticking exercise. We believe that schools should not be expected to undertake a comprehensive assessment - they should review / consider only their current policies / environment.	Noted. The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals to exercise their own clinical judgement as

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					Any school policy would need to encompass the whole school and would need to be developed through wide consultation (parents, teachers, pupils, governors, head teachers, caterers etc) implemented, monitored and evaluated for impact. (The Healthy Schools Programme uses this approach with success). It's important that a member of the senior management team and Chair of governors are closely involved in the process. We believe that the final / implementation guidance reflect this. Specific sample / best practice policies designed to help schools such as those provided through the Healthy Schools Programme / workplaces minimise the risks of their procedures leading to obesity growth would help. It would be helpful if the guidance also indicated which were the most effective promotion techniques and it would be helpful if the link in to the work undertaken by the Healthy Schools Initiative were also included.	appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation. NICE guidance does not include individual examples of best practice, but these may be contained in websites and documents referenced within the guidance (see Annex D in particular, which includes links to *Food in Schools* and *Wired for Health*).
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	58	Full version	87	8–11	Schools: Recommendation 4 Establish links: It would be helpful if the final / implementation guidance included a recommendation to establish links with their Local Healthy Schools Coordinator.	Noted. The evidence considered does not allow such a specific recommendation to be made. Links to *Food in*

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						Schools and *Wired for Health* are included within Annex D of the NICE version.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	59	Full version	88	1–12 6	Schools recommendations to health professionals / school staff and parents: recommendation 6: Develop physical literacy skills: It would be helpful if the final / implementation guidance to avoided the use of jargon terms like 'physical literacy'. These are terms not understood by all and therefore should be explained fully. It would be helpful if the Physical Activity criteria of the Healthy Schools Programme were considered in the development of the final / implementation guidance. It would be helpful if the guidance to referred to activity both inside and outside school. It would be helpful if the final / implementation guidance were specific as to the best, most effective way of achieving this in schools, which children to target - should it be a whole school approach? It would also help if it gave examples of good practice that other schools can then copy (ideally within existing resources). It would be helpful if the guidance also identified activities that can engage whole family participation and	Noted. The term "physical literacy" has been added to the glossary. The recommendations to schools are based on a rigorous review of the evidence base. A dearth of UK based evidence was identified on the "whole school approach" and/or "healthy schools" programme. The specifics of implementation are outside the remit of this work.

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					be sustained after the school day. It would also be helpful if consideration were given to how this recommendation links in to the Healthy Schools Initiative?	
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	60	Full version	88	20–25	Schools children and parents recommendations: recommendation 8: Actively consider the views of children and young people / address barriers: It would be helpful if the final / implementation guidance were specific about how schools should seek, consider the views and encourage the participation in decision making of children and young people and how it should address barriers to change such as modifying food availability / physical activity to suit individual preferences. It would be helpful if examples of good / alterations in practice that have helped to achieve changes were included in order that schools can learn / copy from these. It would be helpful if consideration were given to the different preferences between different age and ethnic groups.	The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation. Evidence on the impact of age and ethnicity on the effectiveness of interventions was reviewed as available. However, as reflected within the research recommendations, there was a dearth of evidence on these issues. The guidance does highlight the importance of

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						tailoring interventions and taking account of the needs of these groups in particular.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	61	Full version	89	7–11	Schools children and parents recommendations: recommendation 10: Parents consider journey to school. We believe the final / implementation guidance would have greater value if explicit advice on how schools and school travel advisors can help parents make these decisions / provide alternative solutions for parents were included. It would help if specific examples of best practice (involving school travel plan advisors, parents, local authorities and school staff) were illustrated so that they can be translated to other schools. It would be helpful if the guidance considered how this fits with current school choice and DfT and DfES policies. It would be helpful if the guidance indicated that travel plans development should engage parental involvement e.g. through development of car-pooling schemes.	The specifics of implementation are outside the remit of this work. NICE guidance does not include individual examples of best practice. Furthermore, it is not feasible for the guidance to include details of all potentially relevant guidance and policy, particularly given concerns about the length of the guidance as it stands. However, examples of best practice and information on relevant policies may be contained in websites and documents are listed in the Implementation resource list and some in the NICE version Appendix D.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	63	Full version	78	9	It would be helpful if the final / implementation guidance included reference to the Healthy Start website in the list on page 78. The Healthy Start website provides healthy eating advice and information to families, including healthy eating recipes. Healthy Start is	Noted but link not amended. It is not possible to add all potential links within the document. While it is recognised that pregnancy, breastfeeding and

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					the new scheme replacing the Welfare Food Scheme. It will provide certain low-income families with vouchers to exchange through retail for fresh fruit and vegetables, liquid cows' milk and infant formula. www.healthystart.nhs.uk	weaning are extremely important areas, they are outside the remit of this work. However, NICE is currently developing *Guidance for midwives, health visitors, pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households,* due to be published in May 2007. For further information see: www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	66	NICE version	79	Sport section	It would be helpful if the PE & School Sport website www.teachernet.gov.uk/pe were included.	Link added to sources of further information within section 1.6.7.1, and it will be considered for inclusion in the list of implementation resources.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	7	NICE version/Full version	General		***Research:*** *Where recommendations are based either on a good practice point or on lower quality evidence, it would be helpful if consideration were given to the final / implementation guidance specifically recommending careful evaluation / additional research for these so that the impact (positive and negative) can be*	Noted. The research recommendations emphasise the need for full evaluation of all local and national policy/action which may impact on obesity.

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					assessed.	
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	9	NICE version/Full version	General		***Training:*** *There are extensive training implications to the guidance.* *We believe that the value of the full / implementation guidance would be strengthened by giving explicit examples of how best to deliver training, to whom, what components should be covered / refreshed.*	Noted. The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate. In addition, a brief section on training has been added. NICE guidance does not include individual examples of best practice, but these may be contained in websites and documents referenced within the guidance (see Annex D in particular). Implementation tools are currently being developed – see section 3 of the "NICE version" for further information.

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Department of Health (DH), Scientific Advisory Committee on Nutrition	101	Full version	11		BMI /body mass index not defined: there is a lot of misunderstanding about the interpretation of this measurement.	BMI has been added to the glossary.
Department of Health (DH), Scientific Advisory Committee on Nutrition	109		55	2–4	*"The wide range of health benefits of physical activity significantly outweigh the risks (for example, from injury or accidents), particularly at the levels of activity required to promote and maintain health".* This seems a very sweeping statement particularly where children are concerned because unintentional injury remains the leading cause of death in children over 1 (particularly in adolescent boys). Has an adequate risk assessment really been undertaken? What consideration has been given to the risk: benefit ratio of various activities and the influence of age in an attempt to promote safer activity patterns within a UK context? As far as I can see safety is only discussed later (section 12.5) in the sense of public perceptions. Again poor cross-referencing makes it very difficult for the reader to identify such information.	Noted but not amended. The GDG considered that the statement accurately reflects the CMO Report (2004) *At least five a week: Evidence on the impact of physical activity and its relationship to health*. This report is referenced within the following sentence.
Department of Health (DH), Scientific Advisory Committee on Nutrition	110		63	6–8	*'Health professional' in the recommendations below refers to all appropriately trained allied health professionals in a position to provide public health advice, based in primary care and the wider community".* What is the size of this workforce? Is it sufficient to deliver? What is the measure of	The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation.

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					competence applied? Question applies to entire section 1.6.4.	However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate.
Department of Health (DH), Scientific Advisory Committee on Nutrition	111		64	9	*"Many of the recommendations below also highlight the need to provide ongoing support – this can be in person by phone, mail or internet (as appropriate)".* Is there any evidence these modalities are equally effective (or ineffective)?	Noted. Studies generally did not compare the relative effectiveness of support by phone, mail or internet. Of particular interest is evidence statement 6 within review of management in non-clinical settings (also highlighted with workplace and community 1 evidence reviews). The specifics of implementation are outside the remit of this work. Furthermore, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.

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Department of Health (DH), Scientific Advisory Committee on Nutrition	112		64	14–24	Training problem clearly identified and brief mention of appropriate competences made later but no recommendation made about mechanisms for measuring attainment of competences. No specific guidance is given to bodies (e.g. Royal Colleges, medical schools) with responsibility for professional training.	NICE fully acknowledges the difficulty in implementing some of the recommendations outlined, but is of the view that it should not shy away from making such recommendations. The specifics of implementation – including mechanisms for measuring attainment of competencies – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. In addition, a brief section on training has been added.
Department of Health (DH), Scientific Advisory Committee on Nutrition	113	Full version	65	1–12 and passim	To illustrate the above: repeated reference to 'appropriately-trained healthcare professionals'. The NHS is cutting staff right, left and centre. Where are all the professionals who will have the TIME to be appropriately trained? Or, even more to the point, where are all the NHS professionals, trained or not, who will be needed to implement this strategy? Has anyone asked GPs how they will find the time to counsel overweight patients, given that most of the population fall into this category now? The recommendations are worthy but astonishingly divorced from reality.	Noted. NICE fully acknowledges the difficulty in implementing some of the recommendations outlined but is of the view that it should not shy away from making such recommendations.

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Department of Health (DH), Scientific Advisory Committee on Nutrition	114		80–82	Section 1.6.6	Not clear about lower age limit applied to these recommendations.	As highlighted in the Scope, the guidance applies to children age 2 years and above.
Department of Health (DH), Scientific Advisory Committee on Nutrition	115	Full version	86		Many of the recommendations for practical action are not specific enough. It is already widely accepted by the general population that a good diet and physical activity are important to health and that not enough of either may lead to obesity.	In developing the recommendations the GDG was wary not to step beyond the evidence base. In many circumstances, the evidence was not available to give more specific guidance. However, the guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
					Taking the example of schools from the report; other than suggesting that school heads should act on their own pre-existing knowledge – can't see what key **Recommendation 2** adds to. Actually this paragraph does not even propose action it recommends that head teachers should 'consider the implication of school policies'. If the reports authors think that removing vending machines, soft drinks, confectionery, etc, from schools would help reduce obesity then why not say so. Circumstances will vary between schools but this advice appears	Noted. This recommendation has been amended.

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					to leave it up to the school to work out its own diet and activity strategy to prevent obesity. It is not helpful at all. There are many useful practical recommendations that a report such as this could provide for schools, local authorities and workplaces and I would encourage the authors to be more specific.	See above.
Department of Health (DH), Scientific Advisory Committee on Nutrition	116		117	3–12	Children under 2 excluded from guidance. Whilst this is appropriate from a management perspective, it is not appropriate from a prevention perspective. More consideration of early life risk factors is needed.	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years onwards. However, NICE is currently developing *Guidance for midwives, health visitors, pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households,* due to be published May 2007. For further information see: www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
Department of Health (DH), Scientific Advisory Committee on Nutrition	118		126	19	*"Children's weight tends to 'track' from childhood to adulthood"* some qualification needed to exclude infancy here: recent work suggests that children at-risk of adult cardiovascular complications are those who are thin in infancy but gain weight	Noted but not amended. This comment raises an important nuance but is separate to the point being made within this section.

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					rapidly from 2 onwards(1)	It is also of note that this guidance applies to children aged 2 years onwards, as outlined in the Scope.
Department of Health (DH), Scientific Advisory Committee on Nutrition	119		142		Needs to include some information on SES contributions.	Noted but not amended. Text considered appropriate for purpose.
Department of Health (DH), Scientific Advisory Committee on Nutrition	120	Full version	142–147	Section 3.6	If the report can provide more focused recommendations for action many of the strategies to prevent obesity would have a reasonable chance of working in individuals and families with the motivation, financial resources and social skills needed to change lifestyle. Those disadvantaged in one or more of these are likely to be more problematic. (Addressing inequalities in health) in the full report provides a good review of obesity as related to social class, ethnicity etc but I could not find any recommendations specific to disadvantaged groups in the full report or the NICE summary. There are recommendations in the report which impinge on the disadvantaged within the population (e.g. 1.1.2.17, 1.1.3) but not enough effort has been made to analyse the barriers to change specific to this heterogeneous group and recommend to schools, local authorities and workplaces practical strategies to surmount those	All evidence that met the agreed review parameters would have been included if available – including any data on minority groups, vulnerable groups and inequalities in health. However, as reflected within the research recommendations, there was a dearth of evidence on these issues. The GDG was careful not to develop recommendations that overstep the evidence base. The guidance does highlight the importance of tailoring interventions and taking account of the needs of these groups in particular. Furthermore, the guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret

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					barriers. The disadvantaged in society are important with respect to multiple health risks and they could usefully be considered separately in the report.	and implement the guidance as appropriate to their situation.
Department of Health (DH), Scientific Advisory Committee on Nutrition	125				Reference List (1) Barker DJ, Osmond C, Forsen TJ, Kajantie E, Eriksson JG. Trajectories of growth among children who have coronary events as adults. N Engl J Med 2005; 353(17):1802-1809. (2) Wells JC. A Hattori chart analysis of body mass index in infants and children. International Journal of Obesity & Related Metabolic Disorders: Journal of the International Association for the Study of Obesity 2000; 24(3):325-329.	Noted.
Department of Health (DH), Scientific Advisory Committee on Nutrition	67	NICE version	General		The whole review is a most helpful and comprehensive reference work summarising current knowledge. It is clear and widely accepted that solving the population problem of obesity demands multi-sectoral and multi-professional working. On those grounds it is both laudable and logical that this guidance is aimed at a wide audience, including parties outside the conventional “health sector.” However, the document is much too large for any individual to assimilate and	Noted. Noted. Please note that the NICE version based on a

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					signposting at present is insufficiently clear. The NICE guideline needs to cross-reference the list of recommendations to those in the full document. Those in the NICE guidance are not numbered in any way, nor is the grading given, and without cross-referencing we found it difficult to follow through to appropriate text in the full report and understand the justification.	standard template adhered to for all NICE guidance; details of the evidence base are not included within this document. Further consideration will be given to signposting. Readers interested in the evidence base are asked to refer to the full version of the guidance. Please note that the following are forthcoming: • Implementation tools, including audit criteria • Quick reference guides • Information for the public. Please note that the NICE Board decided in March 2006 that NICE recommendations would no longer be graded A to D. The reasons for this decision are outlined on the NICE website. However, the evidence considered will continue to be graded as is the case within this guidance. The minutes of the Board meeting on the 15 March 2006 state that "… the full guidance and supporting evidence would always be made available where the

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						strength of evidence will be made explicit. It was reported that work was progressing to improve electronic access to the underpinning data".
					The report is certainly comprehensive and anyone with a knowledge of obesity should be able to find at least one sentence/paragraph/chapter in the report which is relevant to every issue/intervention they might think of.	Noted.
					However, whilst it succeeds in covering all the bases, the report fails to make clear to the target audience what action is most important.	Recommendations that are priorities for implementation are outlined at the start of the "NICE version".
					All of the target organisations (primary health care trusts, schools, local authorities, etc) have limited budgets and need to prioritise spending. The report is keen on 'multi-component interventions', and this strategy may indeed provide the most benefit, but in practice these organisations are not going to have the resources to do everything and they are going to have to prioritise. The experts on the committee could help them greatly by highlighting what in their view are the most important problems and corresponding recommendations.	The recommendations are based on a rigorous evidence review and detailed consideration by the GDG. NICE fully acknowledges the difficulty in implementing some of the recommendations outlined, but is of the view that it should not shy away from making such recommendations. Costing tools and audit criteria are currently being developed. Local and national funding issues are outside the remit of the guidance.

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					Many of the recommendations appear hard to achieve given the very limited level of nutritional and physical activity knowledge which GPs and practice nurses currently have. It is not sufficient to simply say that training will be provided – there is a fundamental lack of basic knowledge on which any specific obesity related information could be built. In 5 years of running the Intercollegiate Course in Human Nutrition (for Medical Practitioners) very few GPs have attended. Obesity treatment is presently substantially underfunded and prevention hardly addressed at all within the NHS. Thus, the only way it could be afforded is by removing funding from something else. Eventually if obesity rates are reduced there will be less expenditure needed areas such as CHD and diabetes, but until then these co-morbidities will still need to be treated and more money found for obesity prevention and earlier treatment. The Main document thoroughly covers this substantial area. The NICE summary is an adequate representation of the major document and its findings. The NICE document needs to include more of	The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate. Noted. Please note that the NICE version is a standard template adhered to for all NICE guidance; details of the evidence are not included

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					the evidence supporting the recommendations, at present it seems to predominantly represent the opinions of the panel rather than have a strong evidence base. The guidance represents more of a "wish list" rather than practical guidance - there are far too many "should" rather than "will". There is an overall assumption that there are financial and skilled human resources to deliver the guidance at a local level - this is simply not the case.	within this document. Readers interested in the evidence base are asked to refer to the full version of the guidance. The recommendations in the NICE version are duplicates of those included in the full version. The guidance is based on a rigorous evidence review. Within the full version of the guidance clear links are made between each recommendation, the relevant evidence statement(s) and specific reference(s). The full version of the guidance clearly states where recommendations are the opinion of the GDG – these are the minority of recommendations. The status of the guidance is highlighted within sections 3.1 and 5.2 within the “NICE version”. Standard phrasing of NICE recommendations is adhered to (or will be adhered to with further editing). Please note that the term “should” is used as standard throughout NICE guidance where there is no legal

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						requirement for the recommendation to be implemented. The status of NICE guidance is outlined in sections 3.1 and 5.2 of the "NICE version".
					The guidance takes little account of social inequalities and the fact that obesity visits most those who are more socially deprived.	The evidence relating to inequalities in health was reviewed as available. However, as reflected within the research recommendations, there was a dearth of evidence on these issues. The guidance does highlight the importance of tailoring interventions and taking account of the needs of these groups in particular.
					Moreover, although the guidance is targeted at health services and health professionals, it assumes close interaction with local authorities, urban planners, schools etc. This is generally not the case.	The guidance recognises the importance of partnership working and hence makes a series of recommendations on this issues (to reference). Further information on best practice on partnership working is given within Annex D.
					It is uncertain who will monitor the implementation of the guidance in the circumstances - PCTs will have their time taken up with commissioning and may related issues, whereas SHAs will now	The specifics of implementation are outside the remit of this work. However, links to existing guidance on partnership working are given within Annex

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					cover large sectors of England that will make monitoring difficult. The guidance makes no attempt to identify who should take responsibility for each element particularly with an ever-changing NHS. There is an assumption that doctors, nurses and health professionals are trained to manage obesity - this simply is not the case. there needs to be recommendations about undergraduate, pre-registration, postgraduate and post-registration training. The overall guidance seems too generic. There is no attempt to risk assess patients – it is unrealistic to assume that hard pressed health professionals will be able to manage every overweight or obese individuals. Moreover, guidance about who is at particularly risk is crucial in defining management approaches.	D of the “NICE version”. Noted.
Department of Health (DH), Scientific Advisory Committee on Nutrition	94	Full version/NICE version	General		As a statement of aspiration, the document is laudable. For recognition of the real world, it is distinctly lacking. The financial and human resources required to create the huge degree of change envisaged in both professional practice and personal lifestyles appear not to have been considered at all.	The recommendations are based on a rigorous evidence review and detailed consideration by the GDG. NICE fully acknowledges the difficulty in implementing some of the recommendations outlined but is of the view that it should not shy away from making such recommendations. Costing tools and audit criteria

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						are currently being developed. Local and national funding issues are outside the remit of the guidance.
					The report provides an authoritative review of current thinking on a wide range of factors relevant to the prevention and treatment of obesity in the UK. It is a very useful reference resource for professionals already working in the field of obesity. It is particularly useful in evaluating the current state of knowledge, proposing future research and framing research questions.	Noted.
					It is less good on the translation of that knowledge into practical recommendations which are likely to be effective. Indeed the contrast between the rigorous approach to evidence, studies and data and the vagueness of the practical recommendations to address the problem of obesity is striking. This may be less of a problem for primary health care trusts where clinicians and other professionals already working on obesity will be able to make full use of the information in the report. The concern arises with respect to schools, local authorities and workplaces which are likely to be wholly dependent on the clarity of the recommendations in the	In developing the recommendations the GDG was wary not to step beyond the evidence base. In many circumstances, the evidence was not available to give more specific guidance. This is reflected within the research recommendations. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation. Please note that

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					report and in the NICE version in particular. Many of the schematic figures in particular are very complicated and really only make sense if the reader already know the point(s) they are designed to make. This may be reasonable for sections of the full version but some attempt should be made to provide simple schematics within the key recommendations in the full report and certainly in the short NICE version.	Implementation tools, quick reference guides and information for the public are currently being developed. Noted. The format of the Care pathways and map are being considered.
Department of Health (DH), Scientific Advisory Committee on Nutrition	95	Full version/NICE version	39–97		The NICE guidelines seem to be a slightly edited version of the 'priority guidelines' of the full version, so observations about these apply to both texts.	Noted.
Department of Health (DH), Scientific Advisory Committee on Nutrition	97	Full version	General		It isn't clear for whom the recommendations are intended and who should act on them. For instance, whether 'the public' is intended to note and follow the recommendations applying to them or if these are statements of the advice professionals should be giving to the public. If the former, the guidance given is too general to be of any practical help. For instance 'avoid other foods high in fat and sugar such as *some (my italics)* 'take-away' and 'fast' foods'. Is pizza good or bad? KFC? A brie and cranberry	Noted. Implementation tools, quick references guides and information for the public are currently being developed. The specifics of implementation are outside the remit of this work. It is not feasible for the guidance to include details of all potentially relevant guidance and policy, particularly given concerns about the length of the guidance as it stands.

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					baguette? How do I find out? What is the recommended intake of alcohol within which I am supposed to keep? *(Rhetorical question).* The FSA recommendations in Appendix D (page 74) of the NICE version are much more helpful.	Within the guidance it is highlighted that all recommendations should be considered in the context of existing general guidance on healthy eating and physical activity. Annex D (in the NICE version) is intended to provide a brief summary of existing guidance. The wording of recommendations to the public has been edited.
Department of Health (DH), Scientific Advisory Committee on Nutrition	98	Full version	Section 1		Physical activity – this section contains the correct information about duration and frequency of periods of physical activity needed for preventing obesity and maintaining weight loss. The values transcribed into the NICE version are incorrect.	The wording within full version (1.1.6.2) has been amended to ensure that it is a copy of the CMO text.
Diabetes UK	1	NICE version (80 page document – all comments relate to this document)	General		We welcome what appears to be a thorough and well thought out document.	Noted.
Diabetes UK	2		General		Pleased that emphasis is based on the "whole family" especially with regards to childhood obesity. Document may benefit from this kind of emphasis for adult obesity too.	Noted.

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Disability Rights Commission	3		General		Prescriptions for exercise: There are now around 1,300 exercise referral schemes across the UK and 42% of GPs report having access to such schemes (Mental Health Foundation, 'Up and Running?', 2005). Mental health problems are a criterion for referral for some schemes. However, schemes are still under-used by GPs. Only 15% of the 42% of GPs use them 'very frequently' or 'frequently' for people with mild or moderate depression.	Noted. The scope highlights that the prevention or management of comorbidities associated with overweight or obesity are outside the remit of this work. Therefore, the management of overweight and obesity associated with mental illness, particularly in relation to drug treatments for mental illness, are outside the remit of this work.
Disability Rights Commission	4	Full version	146	19	The term 'vulnerable groups' is not acceptable. This heading should be removed and the sub-sections become new sections in their own right (i.e. 3.6.3 and 3.6.4).	Noted. The term “vulnerable groups” is stated within Scope for this work and cannot therefore be amended at this stage. However, a clear definition will be included within the glossary.
Disability Rights Commission	5	Full version	147	1–2	Add that the prevalence of obesity is 20% higher for people with depression (ref 95). Ref 96 does not refer to prevalence, so should be omitted here.	Thank you. This has been amended.
Disability Rights Commission	6	Full version	174	4–11	The reports by Samele et al will be published in September 2006. Publication will be by the Disability Rights Commission.	Thank you. This has been amended.
Faculty of Public Health	1	Full version	11		Active play: definition should include some reference to bodily movement	Noted but not amended; definition of the Department for Culture, Media and Sport (DCMS).

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Faculty of Public Health	10	NICE version	7		Schools: suggest inserting 'standards and' before 'guidance'. Reference should also be made to the new Schools Food Trust guidance.	Wording amended as suggested. Reference to the Schools Food Trust has been added to the full version and will be considered for the short version.
Faculty of Public Health	18	NICE version	33–51		We have deliberately chosen not to comment on the clinical recommendations	Noted.
Faculty of Public Health	19	NICE version	70		Public Health Map (really a map of preventive settings): does not work very well as it stands. Difficult to navigate. Would probably work better as circles within the big circle of Broader (or Wider) Environment	Noted. The format of the map is being reconsidered.
Faculty of Public Health	2	Full version	11		Suggest adding a definition of 'active travel'	A definition has been added to the glossary.
Faculty of Public Health	20	NICE version	72		Links diagram: seems to be an alternative to previous map. Again, doesn't quite work – there's a disconnect between the 'NHS Community' and the care circle in the middle.	Noted. The format of the links diagram is being considered.
Faculty of Public Health	3	Full version	11		Calorie value: definition needs to be consistent in its handling of Calorie (capital C), calorie (small c) and kilocalorie. People generally use the term 'calorie' (small c), and the text reflects this by using 'calorie' throughout	Noted. Consistency has been checked throughout.
Faculty of Public Health	4	Full version	15		Social marketing: suggest replacing 'technologies' with 'techniques'	Noted but not amended – specific wording from stated reference.
Faculty of Public Health	5	NICE version	General		The NICE version should contain a glossary of terms as per the full version	Noted, but this is not consistent with the NICE template.

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Faculty of Public Health	6	NICE version	3–4		Rationale for integrating clinical and public health. This rationale seems too introspective – being based on organisational issues within NICE. Surely the rationale should be based on the seamless continuum of prevention, from promotion of healthy lifestyles in the wider community through to individual lifestyle advice aimed at secondary prevention for long-term conditions in the clinical setting. Reference should be made to the new White Paper on out-of-hospital care. Logically the public health aspects should come first, and the section re-titled to reflect this continuum or pathway. It would also be useful to include something here about targeting approaches to reduce health inequalities.	Noted.
Faculty of Public Health	8	NICE version	7		The opening statement about the benefits and risks of obesity requires a reference to a recent review.	Noted but not amended. The NICE version follows a standard template that does not include references. The full version of the guidance is fully referenced.
Faculty of Public Health	9	NICE version	7		NHS: some mention should be made to targeted interventions aimed at higher-risk groups, such as certain ethnic minorities or deprived populations to reduce health inequalities. There is a marked social gradient for obesity.	A rigorous evidence review was undertaken as part of the development of this guidance. All evidence that met the agreed review parameters would have been included if available. Therefore, the evidence on minority groups or

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						deprived populations was reviewed as available. However, as reflected within the research recommendations, there was a dearth of evidence on these issues. The guidance does highlight the importance of tailoring interventions and taking account of the needs of these groups in particular.
Food and Drink Federation	1	General			FDF represents the UK food and drink manufacturing industry, the largest manufacturing sector in the UK.	Noted.
Food and Drink Federation	7	Full version	59	1–17	Much of the best practice recommendations are based upon evidence rated as 2+ (well conducted case-control cohort studies) which is the 5th lowest level of evidence considered, and so not as robust as it could be. Furthermore, some of the recommendations for whole populations are based on research done on more narrow population groups and thus may not work in a wider setting FDF does not object to recommendations being made in this way, providing the limitations of the recommendations are highlighted.	Noted. The development of public health recommendations followed standard NICE processes, as outlined within chapter 4 of the full version of the guidance. The GDG considered the applicability and directness of research in detail before making recommendations. Much of the public health evidence considered consists of non randomised trials, which are also considered 2+. The problems in assessing public health interventions are

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						discussed elsewhere (e.g. Weightman A, Ellis S, Cullum A et al (2005) *Grading evidence and recommendations for public health interventions: developing and piloting a framework*. London: Health Development Agency).
					Dietitians are increasingly aware that many patients, in hospitals and in their outpatient clinics, are underweight and require building up. For such individuals, a low fat/sugar diet is not desirable. Similarly, some children and the elderly have small appetites and therefore cannot achieve sufficient calories with the bulk of a low energy dense diet[1]. Athletes and sportsmen also require a high calorie diet which necessitates eating some calorie dense foods (which would be high in fat/sugar). ***[Footnote marker here but no footnote text]***	As stated in the scope, guidance on the prevention of obesity applies to a general, healthy population. Guidance on the management of overweight and obesity is based on clinical assessment. Malnutrition is considered in a separate NICE guideline: *Nutrition Support in Adults: oral nutrition support, enteral tube feeding and parenteral nutrition* (2006).
					For those individuals concerned about their weight, the food industry has developed a wide variety of reduced energy (calorie) products from which to choose. Furthermore, many popular day-to-day lines have undergone compositional changes, resulting in reductions in saturated fats, trans-fats and sugars. The food industry is	Noted.

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					committed to continuing this trend, provided consumers continue to buy such foods.	
Food and Drink Federation	8	Full version	67	20–22	FDF supports the recommendation that action aimed at preventing excess weight gain in children and young adults should actively involve parents and carers. This involvement should help to ensure that good practices learnt at school are brought into the family home, and maintained over time.	Noted.
Food and Drink Federation	9	Full version	79	7–10	Encouraging local food businesses to promote healthier food choices is a positive recommendation. For most consumers, price is a major factor affecting food choices. This is more so for lower-income consumers, who can be reluctant to try new foods in case they are disliked. This recommendation will not work in isolation. Consumers will still have to purchase the products. A realistic, objective and science based obesity campaign from the Department of Health should help to raise awareness and motivate change towards ensuring the consumption of a balanced diet by all.	Noted. As highlighted in the scope, the guidance focuses on what can be done locally. National policy and action at a national level is outside the remit of the guidance. The Scope states that “in terms of prevention of overweight and obesity, the guidance will contribute to the evidence base leading to subsequent recommendations in national Government or European policies, including

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						fiscal policy, food labelling policy and food advertising and promotion. The guidance is intended to support local practice whereas national or 'upstream' action will be addressed in the context of wider work such as the forthcoming Food and Health Action Plan."
Food and Drink Federation	10	Full version	82	18–20	FDF's supports the statement that school years are known to be a key stage on the life course for shaping behaviours. FDF members agree that school food provision should exemplify and encourage the eating of a balanced diet; balance should not mean that certain foods are demonised and banned. On the contrary, such practice could set a dangerous example for children. FDF members strongly support the idea of a 'whole school approach'. Only by teaching children about diet and health, including cooking skills, and by enhancing knowledge of the production and the physiological and social aspects of food, can changes in pupils' behaviour, especially in building their diets, really start to happen.	Noted.

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Food and Drink Federation	11	Full version	83	3–5	Although a number of school-based recommendations are set out, FDF is pleased that the report recognises that parents hold the ultimate responsibility for children's development. We would recommend that the report also recognises the responsible role to be played by carers.	Noted.
Food and Drink Federation	12	Full version	83	15–17	The report states there is no evidence to suggest school-based obesity prevention interventions foster eating disorders or extreme dieting. However, FDF would ask that caution is exercised when implementing any obesity prevention recommendation in schools as we are aware of evidence which suggests girls as young as eight can show signs of obsessive behaviour around food[2]	Noted. Evidence statement 8 of the review of school-based interventions within the full version of the guidance (see section 9.1) highlights that "No negative outcomes were reported in the identified studies. One multi-component study showed that measures of extreme dieting behaviour remained unchanged." Eating disorders are considered within the NICE guideline (2004) *Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders.*

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Food and Drink Federation	13	Full version	88	21	FDF supports the notion that all school based interventions should actively consider the views of children and young people. Success in influencing behaviour is much more likely to be achieved by involving children in decision making and ensuring change is at a pace acceptable to them.	Noted.
Food and Drink Federation	14	Full version	89	2	FDF supports the recommendation that school based interventions should engage parents wherever possible. Parental and carer interest is important to ensure children are encouraged to maintain good practices out of the school environment.	Noted.
Food and Drink Federation	15	Full version	92	10–12	FDF agrees that the workplace provides opportunities to encourage staff to eat a healthier diet and be more physically active. FDF members are committed to establishing and promoting healthy workplace schemes on diet and lifestyle in premises belonging to companies in the food chain and within their communities. A 2005 survey of 20 leading FDF members, showed that 80% of respondents ran, or planned to run, a healthy lifestyle workplace scheme - in excess of 100,000 employees and in many cases, their families too.	Noted.

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					FDF members also joined in partnership with the British Dietetic Association (BDA) in June 2005, to support its Weight Wise @ Work campaign to increase opportunities to eat healthily and increase levels of physical activity in the workplace. This collaboration will continue in June 2006.	
Food and Drink Federation	19	General			Van Assema P, Martens M, Rutler RAC, Brug J. (2001) Framing of nutrition education messages in persuading consumers of the advantages of a healthy diet, J Hum Nutr Diet, 14 (6) p435-442. [2] Wardle, J and Huon G (2000). An experimental investigation of the influence of health information on children's taste preferences. Health Education Research, 15 p39-44. [3] Ello-Martin, J.A. (2005) The influence of food portion size and energy density on energy intake: implications for weight management, Am J Clin Nutr, 82(1): 236S-241S. [4] The National Centre for Eating Disorders (1999). Anorexia Nervosa Information Sheet.	Noted.
Food Standards Agency	1		General		The Agency welcomes the publication of the NICE draft guidelines on obesity prevention. We welcome the inclusion of FSA commissioned research within the evidence base for this report. In particular, we welcome recognition of our school based interventions such as *5 a*	Noted.

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					day the Bash Street way, *Dish it Up*! and the *Strategic Framework* for school governors. The Agency is already active in a number of areas upon which NICE draft guidance comments and we note the synergy between the Agency and NICE advice to consumers, caterers and employers. For example: • The Agency provides a range of information through the Eatwell and food.gov.uk websites to consumers on how to eat a healthy balanced diet which, together with being active, can help maintain a healthy weight. • The Agency recognises the importance of a healthy workforce and supports its staff through corporate gym scheme and health checks for employees. In procuring research the Agency will continue to look to secure the highest standards in the research that we commission. The Agency has already taken steps, that may help address some of the limitations in the evidence base identified by NICE. The Agency notes that the NICE	

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					Guidance Development Sub-group on treatment and management of obesity have recommended a revised cut-offs (classification) of obesity for Asian adults using Body Mass Index and Waist Circumference measurements. It additionally suggests amendments for cut-offs for obesity for older people. The Scientific Advisory Committee on Nutrition (SACN) will be providing a view in response to the consultation.	
Greater Peterborough Primary Care Partnership	7	NICE version	15 and 40	1.1.2 and 1.2.4.4	*…. 'healthcare professional' refers to all appropriately trained healthcare professionals who ……* In order to provide consistent, reliable, evidence based interventions/information to the public and our patients we need to ensure we have a competent workforce. It is imperative that we establish as an urgent priority • **training by suitably qualified and experienced specialists** (specialist dietitians and physical activity specialist with advanced skills in psychological techniques such as behaviour change skills) at a local level and	Noted. The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate. In addition, a brief

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					° identification of suitable (culturally sensitive) and appropriate resources at a national (the new DH primary care resources are welcomed as a start) and local level.	section on training has been added. As highlighted in the scope, the guidance focuses on what can be done locally. National policy and action at a national level is outside the remit of the guidance.
Hampshire Partnership NHS Trust	1	NICE version	General		The emphasis on prevention and early intervention is good the care pathway is also good.	Noted.
Hampshire Partnership NHS Trust	4	NICE version	General		The guidelines could address the function of eating	Noted. This issue is outside the remit of the work.
Healthcare Commission	1		General		Unless the resource is made more accessible, documentation of over 2500 pages places a very heavy burden on healthcare and other organisations to respond to	Please note that implementation tools, quick reference guides and information for the public will be developed.
Heart of England NHS Foundation Trust	2	NICE version	76		Recommendations around the Balance Of Good Health - states fruit and vegetables - lots and also drink lots of water. It would it be useful to include a more specific guide i.e. 5-a-day and 8 glasses of water.	Noted. Annex D is only intended as a brief summary of existing guidance. The wording is as stated by DH, FSA, etc., as appropriate. Links are given for further information.
Heart of Mersey	1	NICE version	General		HoM welcomes publication of the draft guidance on obesity. HoM recommends that the guidance should in the future include a review and recommendations on national, European and other international policies which impact obesity – in particular those related to agriculture & food production, as well as advertising,	As highlighted in the scope, the guidance focuses on what can be done locally. National policy and action at a national level is outside the remit of the guidance. The Scope states that: “in terms of prevention of overweight and obesity, the

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					labelling etc.	guidance will contribute to the evidence base leading to subsequent recommendations in national Government or European policies, including fiscal policy, food labelling policy and food advertising and promotion. The guidance is intended to support local practice whereas national or 'upstream' action will be addressed in the context of wider work such as the forthcoming Food and Health Action Plan."
Heart of Mersey	2	NICE version	3–4		Rationale for integrating clinical and public health – should be based on supporting public health prevention initiatives which support healthy lifestyles in the population through to individual lifestyle advice in the clinical setting. It follows that the wider-reaching public health aspects should come first and this should be reflected in the title. This section should also refer to reducing health inequalities and the new White paper on out-of-hospital care.	Noted.
Heart of Mersey	3	NICE version	General		The guidance fails to mention the key role of infant nutrition – and in particular breastfeeding in the prevention of obesity in children, and in supporting natural post-partum weight loss in mothers. The recent paper by Reilly and colleagues (2005)	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years onwards. Infant nutrition is therefore outside the

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					identified eight risk key risk factors in early life (up to 3 years) for obesity in children, including weight gain in first year – which is associated with formula feeding. Ref: Reilly J, Armstrong J et al. Early life risk factors for obesity in childhood: cohort study. BMJ 2005;330;1357-64.	remit of this work. However, NICE is currently developing *Guidance for midwives, health visitors, pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households,* due to be published in May 2007. For further information see: www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
Heart of Mersey	4	NICE version	General		The guidance should include recommendations to local authorities to support and promote the provision of breastfeeding facilities in all public places in order to encourage and support an increase in uptake of breastfeeding nationally, or explicitly make links to other relevant NICE guidance on this issue.	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years onwards. Breastfeeding and weaning are outside the remit of this work. However, NICE is currently developing *Guidance for midwives, health visitors, pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households,* due to be published in May 2007. For further information see: www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain

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Heart of Mersey	7	NICE version		General	The guidance presents a real opportunity for concerted action to improve diets and reduce diet-related disease in the UK. It is therefore essential that these recommendations are made within the context of tackling the wider diet-related chronic diseases such as coronary heart disease and cancers. The guidance must not be solely based on calorie reduction, and recommendations on the nutritional quality of diets need to be included.	Noted. The guidance highlights that recommendations should be viewed in the context of existing guidance on diet and activity (briefly summarised in Annex D). It is not possible for the guidance to refer to all, existing, potentially relevant policies and recommendations, particularly in the light of concerns about the length of the guidance as it stands.
Heart of Mersey	8	NICE version		General	NICE should state and advise on the policy implications to Government of its review findings.	Noted. As highlighted in the scope, the guidance focuses on what can be done locally. National policy and action at a national level is outside the remit of the guidance. The research recommendations do however note the importance of local and national evaluation. A range of government departments are stakeholders for this work. The full list of stakeholders is available at: www.nice.org.uk/page.aspx?o=63364
Heart of Mersey	9	NICE version		General	Once NICE has included a review of the national and international policies affecting diet / obesity, it should make recommendations on timescales for	As highlighted in the scope, the guidance focuses on what can be done locally. National policy and action at a national level is

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					action with short, medium and longer-term actions which will be delivered at all levels.	outside the remit of the guidance. New procedures for topic selection are being considered and may be of interest – see the NICE website for further information.
Hyperlipidaemia Education And Research Trust (UK)	17		59	6	Reference should be made to NICE guidelines on diabetes, hyperlipidaemia and statins and appropriate National Service Frameworks for coronary heart disease, stroke, diabetes, renal disease and the elderly.	Thank you. Relevant NICE guidelines have been added.
Infant and Dietetic Foods Association	4	Full version	94	10–13	"Recommendation 3 : GP practices and other primary care settings should only consider commercial and self help programmes… alongside, and not as an alternative to, interventions led by health professionals in primary care." *This is not clear. It seems as if it is intended that anyone embarking on a weight loss programme requires intervention at PC level, but given the scale of the problem this is presumably not the advice intended?* *Objective : Clarify whether it is intended that ALL commercial interventions should be supervised and monitored at PHC level.*	Noted. The recommendation has been edited to improve clarity.

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Infant and Dietetic Foods Association	5	Full version	94	14–19	"Recommendation 4 : Health professionals considering any commercial or 'self help' weight loss programmes to recommend to individuals are encouraged to check that they adhere to best practice." ***We totally support this advice provided that the guidance on 'best practice' also includes information on PARNUTS Foods (i.e. Meal Replacements and VLCDs)***	Noted. "Best practice" is based on existing guidance from the British Dietetic Association.
Infant and Dietetic Foods Association	7	Full version	105	7	"Individuals with obesity and their families…..sources of information on: ° Obesity in general ° Realistic targets for achievable weight loss ° Diagnosis and treatment options" ° FORMULA FOODS FOR WEIGHT CONTROL (MEAL REPLACEMENTS AND TOTAL DIET REPLACEMENTS INCLUDING VERY LOW CALORIE DIETS) Recommended addition in caps Objective : Ensure that obese individuals have full information about interventions open to them, including PARNUTS foods.	We have checked both the evidence and the wording of these recommendations, and consider the wording to be appropriate.
Infant and Dietetic Foods Association	9	Full version	131	14	Self help strategies may include ….Specific weight loss products including meal replacements and 'low calorie'	Wording amended to: "specifically formulated weight loss products such as meal

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					meals and snacks ***Replace with:*** **SELF HELP STRATEGIES MAY INCLUDE… SPECIFICALLY FORMULATED WEIGHT LOSS PRODUCTS SUCH AS MEAL REPLACEMENTS AND VERY LOW CALORIE DIETS, AND 'LOW CALORIE' VERSIONS OF NORMAL MEALS AND SNACKS** ***Recommended change in caps*** ***Objective : Understanding of the unique legal status of Meal Replacements – they must not be confused with 'normal' foods***	replacements and low-calorie meals and snacks".
Infant and Dietetic Foods Association	10	Full version	154	13–15	Evidence submitted by stakeholder organisations that was relevant to the key questions and was of at least the same level of evidence as that identified by the literature searches was also included ***Some evidence submitted by Slim-Fast one of our members appears to have been omitted***	We have considered the issue of meal replacements at length, and consider that the use of meal replacements (as available over-the-counter [OTC]) are not considered to be a clinically prescribed intervention, and as such are outside the scope of the clinical guidance.
Infant and Dietetic Foods Association	11	Full version	155	7–13	In summary, reviews included: ° Systematic reviews from 1995 and single studies (predominantly RCTs and non-randomised trials)… ° Studies which reported outcome measure of weight change (in kg for	We have considered the issue of meal replacements at length, and consider that the use of meal replacements (as available OTC) are not considered to be a clinically

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					adults….) ° Studies with at least 12 months follow up for adults…	prescribed intervention, and as such are outside the scope of the clinical guidance. ***[relevant response?]***
Leeds Teaching Hospitals NHS Trust	3	NICE version	General		This is a very welcome document that clearly and concisely highlights guidance regarding issues related to childhood (and adult) obesity. Particularly welcome is the guidance relating to the paediatric care of obese children, and the need for clear pathways of care and appropriate services. Also welcome is the emphasis on a need for research into effective interventions	Noted. Thank you.
Leeds Teaching Hospitals NHS Trust	33				The following are comments from the paediatric dietetic team	Noted.
Mend Central Ltd	2	NICE version	7	Public Health – NHS	Multicomponent interventions should be designed to not only prevent but also treat the 3 million overweight/obese children in the UK. There are a whole host of initiatives currently available to prevent child obesity but no national treatment programmes such as the MEND Programme. The MEND Programme is a prevention and treatment family based programme. It treats the obese child in a family setting but also prevents overweight children from becoming obese and also prevents healthy weight siblings from becoming obese. Given the ease with which the MEND Programme has	Noted.

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					recruited overweight and obese children and their families and the high retention rates (90%+ on the RCT to date) this would also seem to be a very targeted and cost-effective use of scarce resources.	
Mend Central Ltd	38	NICE version	52	3 – second bullet	Please can you provide details of where the national costing report and the local costing template can be found. We were unable to locate and would like to review it as part of the Draft Guidelines.	Costing tools and audit criteria are currently being developed.
Mend Central Ltd	39	NICE version	54	4.1	We would like to make NICE aware of the current MEND RCT. This will be the largest, community based, child obesity intervention in the UK. All children will be followed-up for one year. 6 months RCT data will be available in June 2006, with one-year follow up of 118 families in January 2007. Please contact [X] for further information.	Noted. Publication will be too late for consideration by the GDG.
Mend Central Ltd	40	NICE version	78		Please include the MEND website in the guidance document. www.mendprogramme.org	Noted but not included. Due to the long list of potentially relevant links, those listed have been restricted to government and to government agencies and/or sources of further information explicitly mentioned within the guidance.
Merck Sharp & Dohme Ltd	5	NICE version	54	4.1.1	We believe the government should commission research into treating obesity within the NHS, and endorse the recommendation that there should be a minimum of 12 months post intervention	Noted.

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					follow up time.	
MRC Collaborative Centre for Human Nutrition Research (HNR)	29	NICE version	55	4.1.1	Remove BMI as it is not a validated method for the measurement of body fat.	Thank you. The text has been amended to refer to “estimate”.
National Heart Forum (NHF)	1	Full version	General		In future NICE should also review the regional, national and international measures/interventions that would reduce overweight and obesity. As this was not in the initial NICE brief and has not been undertaken this should now be recommended as action for the Department of Health/NICE.	As highlighted in the scope, the guidance focuses on what can be done locally. National policy and action at a national level is outside the remit of the guidance. New procedures for topic selection are being considered and may be of interest – see the NICE website for further information.
National Heart Forum (NHF)	2	Full version	General		Once the above has been assembled recommendations should be for a comprehensive program of action that clearly identifies short, medium and longer term actions at local, regional, national and international levels and in particular the need for horizontal and vertical integration of interventions.	Noted.
National Heart Forum (NHF)	3	Full version	General		Obesity prevention should be contextualised within a broader framework of recommendations that add value to the reduction of linked avoidable chronic disease morbidities and mortality. Essentially most these avoidable chronic diseases are interlinked have the same	Noted.

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					root causes whether risk factors or wider determinants. It is thus important to review the effectiveness and cost effectiveness within the rubicon of a broader public health framework. For example food should not just be considered in terms of energy density but also nutritional quality. Likewise increased physical activity can add to the reduction of at least 30 major chronic conditions.	
National Heart Forum (NHF)	4	Full version	General		NICE should also look at related social outcomes that add value and not have too narrow a focus on the classic health improvement outcomes sought in reviews of effectiveness - such as the need to address interim outcomes such as safe places for physical activity.	Noted. For information, some of these issues are being addressed by other interventions and programmes of work being undertaken by the Centre for Public Health Excellence at NICE. In particular, NICE is currently developing guidance for the Highways Agency, local authorities, the NHS, the independent sector and others, on the promotion and creation of built or natural physical environments that are conducive to and support increased levels of physical activity among local communities, to meet the physical activity

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						recommendations of the Chief Medical Officer of England, due September 2007. For further information see: www.nice.org.uk/page.aspx?o=PhysicalActivityandEnv
National Heart Forum (NHF)	5	Full version	General		NICE should also state and advise on the policy implications to Government of its review findings.	Noted. For information, a range of government departments are stakeholders for this work (the full list of stakeholders is available at: www.nice.org.uk/page.aspx?o=63364
National Heart Forum (NHF)	6	Full version	General		NICE advice/guidance could also apply to NGO's and professional groups.	Noted. The status of NICE guidance is outlined in sections 3.2 and 5.1 of the "NICE version".
National Heart Forum (NHF)	7	Full version	General		Is there to be a real time system of regularly updating the review (nationally and/or through international collaboration) as obesity prevention is a fast developing area that now commands considerable interest from researchers, practitioners	Procedures for reviewing the guidance are outlined in section 7 of the "NICE version".

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					and researchers.	
National Heart Forum (NHF)	8	Full version	General		The National Heart Forum and Faculty of Public Health has with DH funding produced an obesity prevention toolkit- "lightening the load" on strategic development and resource for front line workers. This is a free key resource identified in Choosing Health and comended by the Audit Commission/Health Care Commission/ National Audit Office report on the obesity delivery chain as essential for front line workers and planners at local level. The resource will compliment the NICE guidance. This was agreed by NICE. ***It would be nonsensical not to refer to the toolkits availability in the final NICE guidance.***	Noted. Links to the toolkit have been added.
National Obesity Forum	33		52		NOF requests to be stakeholder to comment on the development of the implementation tools.	Noted. NOF were invited to a one-off meeting with a range of stakeholders to discuss implementation tools on the 19 June 2006.
National Public Health Service for Wales (NPHS)	1	Full version	General		The evidence base is clearly comprehensive – however duplication and presentation of information is distracting from the quality and usefulness of the data. Academic and those specialising in the area will value the data in the full version – but it could be streamlined. However key that the NICE version is easy to read and follow by all those	Noted. Quick reference guides are forthcoming. The NICE version is based on a standard template adhered to for all NICE guidance.

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					involved in this area of activity – not just those in the health field.	
National Public Health Service for Wales (NPHS)	16	NICE version	31	Final bullet	Further information should be provided regarding the suggestion of 'ongoing support'. A summary of effectiveness in this area or pointed for success would be useful.	Noted but not amended. Best practice list as stated by the British Dietetic Association. The specifics of implementation are outside the remit of this work. Furthermore, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
National Public Health Service for Wales (NPHS)	18	NICE version	General		Definitions of age (child/adult) should be made clear from the outset.	Noted. Definitions have been added to the full version and a statement about age criteria has been mentioned in the NICE version.
National Public Health Service for Wales (NPHS)	2	NICE version/Full version	General		This guidance is a combination of both clinical and PH guidance, and its evidence based approach is very much welcomed However as the NICE clinical guidance differs in its status to the NICE PH guidance combining both elements in one document is difficult to follow. From a	Noted. This guidance was jointly commissioned by the Department of Health and the Welsh Assembly in 2003.

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					Welsh perspective, this could well lead to much confusion amongst the practitioners and specialists (who will be supporting this agenda locally). In general the documents are peppered with references to England only, and if applicable to both E+W, this will need addressing further. We urge you to carefully consider this issue, and the implications for both E+W.	However, the Welsh Assembly subsequently decided that only the clinical elements of NICE guidance would apply in Wales. From the outset, the complementary nature of the public health and clinical elements of this work was fully recognised. As such, the guidance has been developed in such a way as to ensure an integrated approach to prevention and management. The status of the public health recommendations in Wales will be made explicit within the final version of the guidance and it will be highlighted that the examples of current policy within recommendations apply in England only. The status of NICE guidance is outlined in 3.1 and 5.2 of the "NICE version".
National Public Health Service for Wales (NPHS)	24	NICE version	General		Since obesity and overweight are key issues from an early age – had hoped to see mention of importance of correct diet at the weaning stage – this could be slotted into several sections and its omission excludes an important area of preventative work.	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years onwards. Weaning is therefore outside the remit of this work. However, NICE is

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						currently developing *Guidance for midwives, health visitors, pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households,* due to be published in May 2007. For further information see: http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
National Public Health Service for Wales (NPHS)	25	NICE version	General		Some indication of what is an appropriately trained health professional could be useful.	The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate. In addition, a brief section on training has been added.
National Public Health Service for Wales (NPHS)	3	NICE version	3		Introductory paragraph should clearly explain the issues as applicable to both E+W. (You only mention 'Choosing Health' – an English document)	Noted, as above.

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National Public Health Service for Wales (NPHS)	4	NICE version	4		Agree that we need to address the 'hazy' boundary between prevention and clinical management – but clarity is required for those in the service and the document should provide that clarity.	Noted.
National Screening Committee	1	NICE version	General		The National Screening Committee welcomes the NICE consultation on obesity. This is an extremely important topic with major implications for the health of the nation. We are pleased that the main emphasis is on prevention, a strategy that we would support strongly. The report does not recommend routine screening of children, for a number of reasons. We consider this to be appropriate, but should be kept under review. If evidence emerges that simple interventions are effective and screening can pick out those children in whom these interventions would be effective, the recommendation should be reconsidered.	Noted.
NCC-AC	1	NICE version	General		Firstly please could we congratulate the development team for this very inspiring and well thought out document. It has been a pleasure to read. We have only a few suggestions.	Noted.
North Central London Strategic Health Authority	1	NICE version	General		The guidance appears systematic, however it remains difficult to follow particularly the public health section.	Noted. Quick reference guides are currently being developed.

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Nutrition Society	1	NICE version	General		The Nutrition Society is pleased to have the opportunity to comment on NICE's consultation on Obesity Guidance and welcomes the need to address this important issue.	Noted.
Nutrition Society	2	NICE version	General		The Society believes the whole review is a helpful and comprehensive reference work summarising current knowledge. It is widely accepted that solving the population problem of obesity demands multi-sectoral and multi-professional working. On those grounds it is both laudable and logical that this treatise is aimed at a wide audience, including parties outside the conventional "health sector." However this also poses a threat; the document is much too large for any individual to assimilate and signposting at present is insufficiently clear. The NICE guideline needs to cross-reference the list of recommendations to those in the full document. Those in the NICE guidance are not numbered in any way, nor is the grading given, and without cross-referencing it is extremely difficult for the reader to follow through to appropriate text in the full report and understand the justification.	Noted. Noted. The NICE version is based on a standard template adhered to for all NICE guidance. Details of the evidence base are not included within this document. Further consideration will be given to signposting. Readers interested in the evidence base are asked to refer to the full version of the guidance. Please note that the following are forthcoming: • Implementation tools, including audit criteria

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					In addition, the review seems more wide-ranging than needed and would benefit from focus on interventions and provision of services.	• Quick reference guides • Information for the public. The guidance aims to cover all areas stated within the Scope of the work. The recommendations are based on a rigorous evidence review and detailed consideration by the GDG.
Nutrition Society	3	NICE version	General		The general tone of this document is very wide-ranging but non-specific; some more helpful specific items could include a clear definition of standards which should be met in any non-NHS weight management programmes and proposed system for identifying programmes which meet these standards.	The recommendations that apply to the management of obesity in non-clinical settings have been edited for clarity. The specifics of implementation are outside the remit of this work. Furthermore, the evidence considered has not allowed more specific guidance on exactly how interventions should be designed in order to give maximum return. This is reflected within the research recommendations. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.

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Nutrition Society	4	NICE version	General		It is the Society's view that the tone of the report needs to highlight more explicitly the purpose of dealing with obesity – i.e. in adults there is the fundamental need to control risk (especially that of CVD and diabetes) applying to both the primary prevention and treatment of obesity. A similar approach is also needed for children, though (see below) the interpretation of BMI in children is different from adults, and the implications of high BMI during childhood vary with age.	Noted but not amended. The necessity of addressing obesity is highlighted within the introduction, the Scope (within full version) and within certain public health recommendations.
Nutrition Society	7	NICE version	General		An essential point that must be considered is the amount of training for health care professionals,needed to implement these recommendations: this issue has not been addressed in adequate depth. Guidance on the content of training and who should deliver it is needed. The Society is currently 'Mapping the Nutrition Workforce' and would like to take this opportunity to offer additional information to NICE if required. Please contact Jackie Landman for further discussion regarding this aspect (j.landman@nutsoc.org.uk)	A brief section on training has been added. Noted.
Patient and Carer Network, Royal College of Physicians	104				**Respondent 1** This document is forward thinking, well prepared and extensive. It covers all aspects of addressing obesity in adults	Noted. As highlighted in the scope, the guidance focuses on what can be done locally. National policy

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					and children at the present time. Reading it I felt that even if only half could be achieved we would be working on the right lines to try and approach the right way to make for a slimmer and more healthy Britain. However, my only reservations are that you would only succeed with the children if you succeeded with their parents. A great many mothers go out to work and more often than not dinner is a quickly put together affair mainly because of the lack of time to do anything else. It can be said that to put together a nutritional and healthy meal would be as easy as a calorie laden one but if people do not know how to do this then it will not happen. Meetings for parents is a good idea but would they attend them? Most people are creatures of habit and to change those habits can be difficult but not impossible. If nutrition and calorie intake is part of the senior school curriculum then there is hope but if not I am not so sure. As stated in the document outdoor activities are an excellent idea for children and young people but we live in a world of	and action at a national level is outside the remit of the guidance. Therefore comments in relation to supermarket food are outside the remit of this work.

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					electronic devices which encourage our young people to sit for great lengths of time, play stations, game boys and every other attraction keeps people sitting on their bottoms. Further it has to be said that even if children live near parks, green open spaces, playgrounds in today's world it is not safe to let children out on their own however quiet a vicinity might be. Adults are busy, more busy then ever before and although going to the park or play area might be an occasional occurrence it would be unlikely to be an every day event simply because of the time factor so once again youngsters amuse themselves with indoor computer games etc. What about the food we eat bought from the supermarket. Maybe it would be an idea to find out why there is so much sugar, starch and salt in our food. Again although the public are much more aware of what they are eating it has to be said there are very many people who do not bother to find out and have no intention of doing so. So again I ask the question why is there so much sugar, starch and salt in our food? Is it there for	

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					medical reasons? I think not and I would dearly like to know why it is there. Preservatives are all very well but why so many? We are all programmed to go along to the supermarket, buy our groceries, and nobody seems to mind they are laden with all these fattening and health threatening inclusions. Many more people these days are buying organic food and for good reason but why should they have to? Obesity would not be such a huge problem today if the heart of the matter was addressed - the food we eat. We all have to eat, surely something should and could be done to minimize salt, starch and sugar in the food we buy on a regular basis from the supermarkets etc.	
Patient and Carer Network, Royal College of Physicians	105				**Respondent 2** I am in total agreement with the aims, and the rationale, for integrated clinical and public health guidance. If the proposal recommendations are fully implemented in schools, including pre-schools, there is some hope for improvements in the health and well-being of future generations. The recommendations will however need to be implemented in an exciting and innovative way – and ideally involve families as well as the children themselves.	Thank you. Noted.

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					As BMI is accepted as the best available simple guideline for overweight or obese children of school age and adults, I would like to see the BMI for all children recorded when a child starts primary school – ie at age 4/5. This would help to emphasise the importance of weight to children and their parents, and identify the need for some children and their parents to receive guidance on achieving and maintaining a healthy weight. The BMI could be entered onto the child's medical records as relevant medical information. The "exercise" could be repeated when the child is about to leave primary school at age 11 to update medical records and flag up any issues which need to be addressed at that time. If BMI is to be regarded as the single most important guideline to be used to determine overweight and obesity, then the public in general must be made aware of its relevance. By educating schoolchildren, they, and hopefully parents and grandparents, will become much more aware of the importance of weight to healthy living. Whilst I agree that the workplace (p 28) has potential for addressing issues such as obesity, I am concerned that large	In relation to the routine measurement/screening of children and adults, please note that, as highlighted in the scope, population-based screening programmes for overweight or obesity are outside the remit of this work.

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					numbers of the working population are self-employed or work for small companies. It may well be that self-employed people are less likely to take exercise, and are more likely to eat “fast food” as a result of the pressure to earn money ie long working hours with no proper meal breaks. On the general issue of the self-employed, they are less likely to consult health professionals on what they regard as minor health matters and perhaps therefore more susceptible to conditions which might be identified earlier in employed people who are more likely, I would suggest, to consult their GP. In an ideal world, I would like to see each adult being given the opportunity of a general health screening at given ages – say 35 and 60 – carried out at local clinics or GP surgeries during late afternoons and early evenings. The screening would include BMI and, where appropriate, an alcohol usage questionnaire. I have no way of assessing the cost: benefit analysis of such a general screening programme but the cost to the NHS of obesity and alcohol related conditions is substantial. Many “regular” GP patients could be exempted on the basis that their general health situation is on record. A	

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					rough estimate suggests that the screening at 35 and 60 would involve up to 75 patients per annum per 2000 patients. The suggestion of 35 and 60 is arbitrary, but 35 is likely to cater for young parents or couples considering parenthood – and screening at 60 would offer a pre-retirement check at an age where advice on general health may be both important, and patients may be more inclined to follow advice to maintain or improve their quality of life. The screening would fit with the strategy of prevention and improvement in general health and could include basic checks on blood pressure, BMI, sugar levels etc. – the tests which are most likely to identify current or potential future health issues.	
Roche	1	NICE version	General		Overall, Roche considers that the draft guideline represents a comprehensive assessment of the evidence and the recommendations therein to be appropriate. We would like to congratulate the GDG for their work in developing the draft guidance in this complex area. Roche would like to make the following points, which we hope may help to optimise the final published guideline and its value to NHS organisations:	Noted.
Roche	7	NICE version	7, 52–53		Roche fully endorse the Key Priorities for Implementation and the provision of implementation tools to support this	

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					guidance (section 3.1):- • We suggest that the section on Public Health priorities for the NHS (page 7 of 80) and the 'NHS - Primary Care: Adults' box within the Public Health Map (page 70 of 80) could be usefully expanded to include the need for selective pro-active screening of those patients who have already been identified as at risk. This would engender alignment and support for the Quality Outcomes Framework (QOF), which requires all primary care organisations to set-up obesity registries. • For example, page 7 could recommend that "All primary care settings must ensure mechanisms are in place to proactively raise the subject of obesity with patients / public, this would include the use of IT search tools to identify at risk patients from practice registers". Similarly, the Public Health Map could include a new bullet point - "Mechanisms for regular screening of patients to identify at risk individuals and proactively raise issues around weight: these mechanisms may	Noted. As highlighted in the scope, population-based screening programmes for overweight or obesity are outside the remit of this work.

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					include IT search tools linked to practice databases." • We would like to request that NICE offers stakeholders the opportunity to comment on draft versions of the tools highlighted on pages 52-53, in particular the costing tools. This would be in line with stakeholders' opportunity to input to NICE's costing templates and reports for other pieces of guidance.	The development of implementation tools for this guidance follows standard procedures. There will not be an opportunity for stakeholders to comment on costing templates and other tools due to time constraints.
Royal College of Nursing	1	NICE version	General		Overall happy with document especially how it has highlighted the importance of healthcare professionals having the appropriate training and the emphasis on the importance of a behavioural approach	Noted.
Royal College of Paediatrics and Child Health	1	NICE version	General		The scope did not consider children less than 2 years. Given the increasing problem of early onset obesity and increasing evidence that early intervention may be of use, this needs to be addressed in the future.	NICE is currently developing *Guidance for midwives, health visitors, pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households,* due to be published in May 2007. For further information see: http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
Royal College of Paediatrics and Child	5	NICE version	General		Schools & nurseries are being recommended in this guidance to take the	The implementation of NICE guidance is outlined in section 3

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Health					lead on preventing and managing obesity – are they signed up to this, trained and able to deliver?	of the “NICE version”. NICE is not responsible for implementing the guidance recommendations. However, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools. In addition NICE will be working with national organisations to try to identify levers that could aid implementation at a national level.
Royal College of Paediatrics and Child Health	50	Full version	12–13		The healthy diet section states to reduce salt to below 6grams /day - NB 6g is still 50% greater than Na RNI for adults. Note that salt targets for children are lower than this and age dependent.	Noted. A footnote has been added to highlight that the maximum amount of salt recommended for children is less than that for adults – see www.eatwell.gov.uk for specific recommendations.
Royal College of Paediatrics and Child Health	52	Full version	48		Lower limit of “pre-school” needs defining.	As highlighted within the Scope, the guidance applies to children aged 2 years and above.
Royal College of Paediatrics and Child Health	53	Full version	49		This diagram is unhelpful.	Noted.

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Royal College of Paediatrics and Child Health	54	Full version	55	2–4	This seems a very sweeping statement, particularly where children are concerned because unintentional injury remains the leading cause of death in children over 1 (particularly in adolescent boys). Has an adequate risk assessment really been undertaken? What consideration has been given to the risk: benefit ratio of various activities and the influence of age in an attempt to promote safer activity patterns within a UK context? As far as we can see, safety is only discussed later (section 12.5) in the sense of public perceptions. Again, poor cross-referencing makes it very difficult for the reader to identify such information.	Noted but not amended. The GDG considered that the statement accurately reflects the CMO Report (2004) *At least five a week: evidence on the impact of physical activity and its relationship to health*. This report is referenced within the following sentence.
Royal College of Paediatrics and Child Health	55	Full version	63	6–8	What is the size of this workforce? Is it sufficient to deliver? What is the measure of competence applied?	The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate.
Royal College of Paediatrics and Child Health	56	Full version	64	8–9	Is there any evidence these modalities are equally effective (or ineffective)?	Noted. Studies generally did not compare the relative effectiveness of support by phone, mail or internet.

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						Of particular interest is evidence statement 6 within review of management in non-clinical settings. Also highlighted with workplace and community 1 evidence reviews. The specifics of implementation are outside the remit of this work. Furthermore, in this instance, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
Royal College of Paediatrics and Child Health	57	Full version	64	14–24	A training problem is clearly identified. There is brief mention of appropriate competences made later, but no recommendation made about mechanisms for measuring attainment of competences. No specific guidance is given to bodies (e.g. Royal Colleges, medical schools) with responsibility for professional training.	The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the

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						type of skills that should be acquired by staff, as appropriate. In addition, a brief section on training has been added.
Royal College of Paediatrics and Child Health	58	Full version	80–82		In section 1.6.6, the lower age limit applied to these recommendations is unclear.	As highlighted in the scope, the guidance applies to children aged 2 years and above.
Royal College of Paediatrics and Child Health	59	Full version	87	14–18	The need to avoid short-term interventions is mentioned in several places. Surely the point here is not necessarily to avoid short-term interventions completely, but to make them part of a longer and broader plan. Successful weight loss with a short-term intervention can enable a child to feel more active, develop some self-esteem, etc., but obviously sustainable permanent lifestyle change must follow. As it reads, this recommendation could be interpreted as suggesting that only interventions that involve the community and the whole school environment should take place. In an ideal world where we have the power to change communities as well as school environments, we agree. But is it realistic to suggest this? We need to start to treat obesity, and if	The wording of recommendations referring to short term interventions has been amended for clarity. Noted. The wording of the recommendation has been amended for clarity. NICE fully acknowledges the difficulty in implementing some of the recommendations outlined but is of the view that it should not shy away from making such recommendations. Noted.

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					we wait for the perfect circumstances nothing will happen. Perhaps schools need very specific advice so they can pick out what is achievable.	
Royal College of Paediatrics and Child Health	6	NICE version	General		More guidance is needed on how to engage families into obesity prevention and management.	The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
Royal College of Paediatrics and Child Health	61	Full version	117	3–12	Children under 2 are excluded from the guidance. Whilst this is appropriate from a management perspective, it is not appropriate from a prevention perspective. More consideration of early life risk factors is needed.	While it is recognised that this is an extremely important area, it is not possible to amend the scope of the work at this stage. However, NICE is currently developing *Guidance for midwives, health visitors, pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households,* due to be published May 2007. For further information see:

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						http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
Royal College of Paediatrics and Child Health	62	Full version	126	19	Some qualification is needed to exclude infancy here: recent work suggests that children at-risk of adult cardiovascular complications are those who are thin in infancy but gain weight rapidly from 2 onwards(1).	Noted but not amended. The comment raises an important nuance. However, the paragraph in question is making a separate point. It is also worth noting that the guidance applies to children aged 2 years and above, as highlighted in the scope.
Royal College of Paediatrics and Child Health	64	Full version	170–232		The amalgamation of adult and child information in this section is particularly difficult, leaving the reader skipping from section to section to see the whole story for children.	Noted. Further consideration is being given to the layout of this section.
Royal College of Paediatrics and Child Health	66	Full version	259		Regarding section 7.5, what do children think about the issue of obesity? Do they see it as a problem; what are there causal concepts; at what ages do these develop? When do they notice fatness in others or themselves? Other than the Hastings review of food preferences there seems no mention of these very important issues. Instead, it appears to be assumed that children's behaviour will be influenced by an adult biomedical model. What is the evidence for this? These issues are crucial to successful engagement with the child population.	Noted. Evidence on children's views was considered where available (see in particular the review of raising awareness and review of school-based interventions within the full version of the guidance).
Royal College of Physicians	1	NICE version/Full	General		We are profoundly disappointed in the Guidance as it stands.	Noted.

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		version			We feel that it does not take current knowledge forwards and that it represents more of a "wish list" rather than practical guidance - there are far to many "should" rather than "will".	The GDG was careful not to develop recommendations that overstep the evidence base. In many circumstances, the evidence considered does not allow the provision of more specific guidance on these issues. This is reflected in the research recommendations. However, the guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation. Please note that the term “should” is standard NICE terminology where there is no legal framework for the implementation of recommendations. The status of the guidance is highlighted in section 3 of the “NICE version”
					There is an overall assumption that there are financial and skilled human resources to deliver the guidance at a local level - this is simply not the case.	NICE fully acknowledges the difficulty in implementing some of the recommendations outlined but is of the view that it should not shy away from making such recommendations. The specifics of implementation

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						– including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate.
					The guidance takes little account of social inequalities and the fact that obesity visits most those who are more socially deprived.	A rigorous evidence review was undertaken as part of the development of this guidance. All evidence that met the agreed review parameters would have been included if available. Therefore, the evidence on inequalities was reviewed as available. However, as reflected within the research recommendations, there was a dearth of evidence on these issues. The guidance does highlight the importance of tailoring interventions and taking account of the needs of these groups in particular.
					Moreover, although the guidance is targeted at health services and health	The importance of monitoring and evaluating all local and

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					professionals, it assumes close interaction with local authorities, urban planners, schools etc. This is generally not the case. We are uncertain who will monitor the implementation of the guidance in the circumstances - PCTs will have their time taken up with commissioning and many related issues, whereas SHAs will now cover large sectors of England that will make monitoring difficult. The guidance makes no attempt to identify who should take responsibility for each element particularly with an ever-changing NHS.	national policy/action is highlighted within the research recommendations. Links to existing guidance on best practice (including partnership working) are given within Annex D of the "NICE version".
Royal College of Physicians	2	NICE version/Full version	General		We are disappointed that this document has not moved forward into thinking about what the needs of people with obesity are. Very broadly these are firstly, prevention of further weight gain or weight gain after weight loss. Secondly, weight loss for those who are able to do it. Thirdly, improvement in risks of obesity-related ill-health, whether or not the individual is successful in losing weight or preventing further weight gain. There a number of evidence-based ways of doing this, both in the non-pharmacological, pharmacological, and also of course surgical interventions. There is also an awful lot of well meaning	Noted.

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					assertion. This document does not clearly differentiate between what is evidence-based and what is not. It might, for example, usefully refer to the review carried out by the DH on interventions for weight loss, which identified those which were evidence-based as distinct from those which simply offered the service without evidence. As far as we are aware the only truly evidence-based programme was the Counterweight programme which is now being adopted by the Health Department in Scotland.	The guidance is based on a rigorous evidence review. Within the full version of the guidance clear links are made between each recommendation, the relevant evidence statement(s) and specific reference(s). The full version of the guidance clearly states where recommendations are the opinion of the GDG – these are the minority of recommendations. The NICE Board decided in March 2006 that NICE recommendations would no longer be graded A to D. The reasons for this decision are outlined on the NICE website. However, the evidence considered will continue to be graded as is the case within this guidance. The minutes of the Board meeting on the 15 March 2006 state that "… the full guidance and supporting evidence would always be made available where the strength of evidence will be made explicit. It was reported

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					By virtue of the sheer bulk of the main document, we think it is unlikely that this one will have a great deal of impact. We do not believe it is taking things much forward. It lacks a clarity of thinking about obesity.	that work was progressing to improve electronic access to the underpinning data." Quick reference guides and implementation tools are currently being developed. The layout of the NICE version and Full version of the guidance follow standard NICE templates. The Full version is not designed for "every day" use but provides additional information on the evidence base for those interested. We have referred to counterweight but the final results are still not available.
Royal College of Physicians	3	NICE version/Full version	General		We are concerned at the recurrent use of the term "healthy diet" throughout the document. The document is meant to be about obesity. If there is an acceptance that obesity itself will not be tackled, then there are reasons to improve the diet of obese people with a view to improving their long-term health. However, if the aim is to help people avoid weight gain and even to lose weight in some situations, then the term healthy diet is really very unhelpful. The only	Noted. As highlighted within the methodology, the public health evidence reviews considered outcomes on weight, diet and activity. The recommendations aimed at preventing obesity are primarily for population groups who are a healthy weight and so do not necessarily aim to bring about weight loss. The recommendations for the public, which aim to prevent obesity, are based on the findings of the "energy balance"

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					aspect of the diet composition which is well supported by evidence in preventing weight gain and weight loss is total fat content, and that probably needs to be 30% of total energy or less to help those people who are losing the battle against obesity.	review. It is highlighted that all recommendations should be viewed within the context of existing guidance on diet and activity (as briefly outlined in Annex D of the "NICE version").
Royal College of Physicians	38	NICE version	76		This page shows the "tilted plate" of the Food Standards Agency which is supposed to represent a week of healthy diet choices spread out on a round table and divided into segments for the different food groups. This diagram was originally a piece of artwork. It is not based any kind of fact or evidence. When an attempt was made to lay out the foods appropriate for a healthy week on a table in this way, it did not work because there were huge amounts of fruit juice and milk which could not sensibly be fitted onto the table, so they were simply cut off. We think an evidence-based organisation such as NICE should look more critically at this type of material.	Noted. The information included within this section (and Appendix D in the NICE version) provides a brief overview of existing guidance on diet and activity. All recommendations are to be viewed within the context of existing guidance. It would not have been feasible for the GDG to consider all existing, potentially relevant guidance in the time frame for this work.
Royal College of Physicians	39	Full version	13		Low-calorie. Why use this term rather than low-energy? Calories are not used, even kcals are 'obsolete'. We should be using SI units even though kcals are more commonly 'understood'.	Noted but not amended. While not strictly scientifically correct, "calories" or "kcals" is commonly used within the evidence considered and understood by the public and non-health professionals.
Royal College of Physicians	4	NICE version/Full	General		The document does not appear to have addressed the major issue facing people	As highlighted in the scope, the guidance focuses on what can

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		version			with weight problems and that is that everywhere they turn foods are being presented with unnecessary large amounts of calories, often without those calories being labelled (eg in virtually all catering outlets in the country). Rather than talking about the healthfulness of the diet whatever that means, in order to prevent and manage overweight and obesity in adults and children, what is needed is a simple signposting and regulation system such that meals and snacks can be presented of a standard and known number of calories, unless the individuals want to have more.	be done locally. National policy and action at a national level is outside the remit of the guidance. The Scope states that "in terms of prevention of overweight and obesity, the guidance will contribute to the evidence base leading to subsequent recommendations in national Government or European policies, including fiscal policy, food labelling policy and food advertising and promotion. The guidance is intended to support local practice whereas national or 'upstream' action will be addressed in the context of wider work such as the forthcoming Food and Health Action Plan."
Royal College of Physicians	41	Full version	39	12	We are concerned that the guidance will have a very low status in respect of implementation. Even the previous HTAs on orlistat, sibutramine, and particularly bariatric surgery, remain unimplemented by a significant number of PCTs (especially surgery). What is the statutory role/status of this guidance? It needs to be spelt out in the document so that those purchasing or providing healthcare know how useful	The status of the guidance is highlighted in 3.1 and 5.2 of the "NICE version".

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					the guidance really is.	
Royal College of Physicians	42	Full version	40	1–7	This statement needs amplifying to say that systems need to be in place to provide for all needing MCIs. Many PCTs 'comply' with requirements merely by providing a small scale 'pilot' that can only reach a very small proportion of the eligible population.	The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
Royal College of Physicians	43	Full version	40	19–21	Worthy but what if it conflicts with existing fire and disabled and other legislation? Again loopholes that give an excuse for inaction or avoidance should be firmly identified in order to try and remove 'opt-outs'.	Noted. The following has been added to the background for recommendations for the NHS, LAs, schools and workplaces: *"Existing legislation* The following recommendations that refer to the planning of buildings, and stair use in particular, should be considered in the context of existing building regulations and policies, particularly in relation to inclusive access for disabled people."
Royal College of Physicians	48	Full version	64	15–24	This should be stronger. Currently nutrition and specifically obesity training is	The specifics of implementation – including local training needs

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					almost totally absent in the curricula for medical students and doctors. We suspect the same is true for Nurses and other health care professionals. The guidance should emphasise the need for an increase in this and preferably state the core competencies that health professionals should all have in order that they be equipped to provide appropriate advice and deliver appropriate intervention.	and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate. In addition, a brief section on training has been added.
Royal College of Physicians	49	Full version	70	1–20	All worthy statements but realistically how do health professionals do this? It is difficult to get PCTs to implement an obesity strategy or provide bariatric surgery. We think these statements detract from the overall document which should stand as something that must be delivered by the health professions.	Noted. The evidence base for these statements is shown within the full version. NICE fully acknowledges the difficulty in implementing some of the recommendations outlined but is of the view that it should not shy away from making such recommendations.
Royal College of Physicians	50	Full version	98	10	Physical literacy – what is this?	Noted. The term has been added to the glossary.
Royal College of Physicians	53	Full version	103	Table	? missing text on investigations for adults.	Revised in light of this and other comments.
Royal College of Physicians	61	Full version	119	12–15	Very well stated	Noted.
Royal College of Physicians	64	Full version	128	4	**Any** action …. Most that did take action only took minimal action often measured by programmes aimed at <50 patients.	Noted.
Royal College of Physicians	65	Full version	129	20	But what was the quality of this information? Counterweight found only	Noted. This statement is included in the general

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					36% of patients had weight management literature – 65 different leaflets of which 37% was from food and pharmaceutical industries. Counterweight Project Team, J Hum Nutr Diet 2004;17:183-90	background; it is not an assessment of the evidence.
Royal College of Physicians	66	Full version	135	19–23	And what is their value? NICE surely must say something about the futility or otherwise of these often politically rather than health-inspired programmes.	Noted. The evidence of effectiveness of national programmes implemented locally was considered where available. However, as noted within research recommendations, such evidence was often not available. Consideration of national policies was outside the scope of this work.
Royal College of Physicians	9	NICE version	7		Key priorities: who will oversee implementation?	The specifics of implementation are outside the remit of this work. However, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools. In addition, NICE will be working with national organisations to try to identify levers that could aid implementation at a national level. The implementation of NICE guidance is outlined in section 3 of the “NICE version”.
Royal College of Physicians of	1	NICE version	General		**Structure:** A general concern is the size and focus of	Noted. Quick reference guides

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Edinburgh					the draft guideline. In its current form, it is difficult for practising clinicians to use. It is bulky and structured in a way that makes it difficult to find specific recommendations for prevention of weight gain, sustaining weight loss and interventions to improve the general health risks for patients who fail to respond to weight loss strategies. **Evidence Base:** It is not always clear which recommendations are based on clear evidence and the strength of that evidence, or which recommendations are based on observation or best practice.	are forthcoming. Further consideration is being given to signposting. The guidance is based on a rigorous evidence review. Within the full version of the guidance clear links are made between each recommendation, the relevant evidence statement(s) and specific reference(s). The full version of the guidance clearly states where recommendations are the opinion of the GDG – these are the minority of recommendations. The NICE Board decided in March 2006 that NICE recommendations would no longer be graded A to D. The reasons for this decision are outlined on the NICE website. However, the evidence considered will continue to be

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						graded as is the case within this guidance. The minutes of the Board meeting on the 15 March 2006 state that "… the full guidance and supporting evidence would always be made available where the strength of evidence will be made explicit. It was reported that work was progressing to improve electronic access to the underpinning data."
					The College understands that a complementary document or version summarises the full evidence, but some information should be retained within the short form guideline to allow the clinician to quickly understand the weight of evidence, and with pointers to the actual evidence for reference purposes. This is particularly important when an evidenced based guideline is referring to guidance already in the public domain.	The shorter "NICE version" adheres to a standard template for all guidance. The potential to signpost information between the shorter and full version is being considered with a system of dynamic linking between the NICE, FULL version and the evidence statements.
					An example would be within the references in Appendix D (page 76) to existing guidance on eating and physical activity where the "tilted plate" designed to illustrate messages about balanced diets is biased (for simplicity) and may be unhelpful for clinical intervention in obesity. It is important to distinguish	It is highlighted at the start of the public health recommendations that they should be viewed in the context of existing guidance on diet and activity. Annex D, which contains the Balance of Good Health "plate" is intended to

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					between a guideline and guidance.	provide a brief overview of this guidance. This section is not necessarily appropriate for clinical intervention.
					The guideline might usefully refer to the review carried out by the Department of Health on interventions for weight loss, which identified those which were evidence-based as distinct from those which simply offered the service without evidence. An example of an evidence-based programme was the Counterweight programme, which is now being adopted by the Health Department in Scotland.	Noted.
					Use of the term "healthy diet": The College is concerned that this may be unhelpful within a guideline intended to address obesity. The aspect of diet composition which is best supported by the evidence for preventing weight gain and supporting weight loss is total fat content, which needs to be a less than 30% of total energy intake.	The term "healthy diet" is predominantly mentioned within sections of the guidance that relate to prevention rather than management of obesity. As above, the recommendations are to be viewed in the context of existing guidance on diet and activity (as outlined in Annex D).
					Wider strategies to support obesity: The guideline would benefit from attention to commercial and societal influences on eating habits, and the need for a regulation and labelling system to assist	As highlighted in the scope, the guidance focuses on what can be done locally. National policy and action at a national level is

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					individuals to manage portion size and choice. Engaging the food industry is critical to the sustainability of all initiatives to address obesity.	outside the remit of the guidance. The Scope states that "in terms of prevention of overweight and obesity, the guidance will contribute to the evidence base leading to subsequent recommendations in national Government or European policies, including fiscal policy, food labelling policy and food advertising and promotion. The guidance is intended to support local practice whereas national or 'upstream' action will be addressed in the context of wider work such as the forthcoming Food and Health Action Plan."
					Resources: The College is concerned that facilities for intervention in secondary care may not be able to cope with the recommendations within these guidelines. **Training implications:** Training curricula should be screened to ensure obesity management is included, particularly in metabolic medicine, but also all other specialties where obesity is a problem eg cardiology, diabetes, arthritis etc.	NICE fully acknowledges the difficulty in implementing some of the recommendations outlined but is of the view that it should not shy away from making such recommendations. The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and

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						implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate.
Salford PCT	1	NICE version	6		Wouldn't want to encourage 'their obesity' to be used as a term. Need more appropriate language	Noted. The wording will be amended.
Sanofi-aventis	21	NICE version	52		We recommend that the words "…in the NHS" be removed from the section heading, since this section also details information for other audiences	Noted. This wording will be amended in the short version.
Sanofi-aventis	22	NICE version	54	4.1.1	There is a typo in Section 4.1.1. – the word cost-effective is misspelled.	Noted. Spelling corrected to say "effective".
Sanofi-aventis	7	NICE version	7		The comment that relates to systems being in place in primary care should refer to both prevention and management. As such, this comment should refer to both Public Health priorities, and clinical priorities.	Noted.
Sanofi-aventis	8	NICE version	7		It is encouraging that priority is given to the development of local strategies to tackle obesity [and overweight], but we question how rigorous implementation will be if specific funding is not 'ear-marked'. Will such funding be stipulated?	National and local funding issues are outside the remit of NICE. However, audit tools and costing criteria are currently being developed to aid the implementation of the guidance (see section 3 of the "NICE version").
School Food Trust	18	NICE version	57	4.1.4	Section 4.1.4. We agree that an evaluation of the barriers to implementation is important. The SFT will	Noted.

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					be providing an analysis of factors that influence both effectiveness and sustainability of changes in school food, and the key elements of training that can increase the effectiveness of the interventions. Section 4.2.2. We endorse the use of schools to collect regular information on height and weight, but suggest that this be done at all ages (not just Reception and year 6 as currently proposed), and that any reporting is put in the context of healthy eating and physical activity. We repeat our comment from above, that this measurement should take place in private for each child.	Please note that routine measurement/screening is outside the remit of this work.
School Food Trust	2	Full version	general		With reference to the full guidance, we express concern that the document is over 2,500 pages long, and therefore hard to access for many readers. We feel that the document will be more useful to readers if the summary document contains references to the relevant sections in the full guidance.	Noted. Quick reference guides and information for the public are forthcoming.
School Food Trust	20		57		Section 4.1.4. We agree that an evaluation of the barriers to implementation is important. The SFT will be providing an analysis of factors that influence both effectiveness and sustainability of changes in school food, and the key elements of training that can increase the effectiveness of the	Noted.

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					interventions. Section 4.2.2. We endorse the use of schools to collect regular information on height and weight, but suggest that this be done at all ages (not just Reception and year 6 as currently proposed), and that any reporting is put in the context of healthy eating and physical activity. We repeat our comment from above, that this measurement should take place in private for each child.	Please note that routine measurement/screening is outside the remit of this work.
Slim Fast Foods – Unilever	10	Full version	105	7	"Individuals with obesity and their families…..sources of information on: ° Obesity in general ° Realistic targets for achievable weight loss ° Diagnosis and treatment options" ° FORMULA FOODS FOR WEIGHT CONTROL (MEAL REPLACEMENTS AND TOTAL DIET REPLACEMENTS INCLUDING VERY LOW CALORIE DIETS) Recommended addition in caps Objective : Ensure that obese individuals have full information about interventions open to them, including PARNUTS foods.	We have considered the issue of meal replacements at length, and deem that the use of meal replacements (as available OTC) are not considered to be a clinically prescribed intervention, and as such are outside the scope of the clinical guidance.
Slim-Fast Foods – Unilever	12	Full version	131	14	Self help strategies may include ….Specific weight loss products including meal replacements and 'low calorie'	Noted. The wording has been amended to: "specifically formulated weight loss products

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					meals and snacks ***Replace with:*** **SELF HELP STRATEGIES MAY INCLUDE… SPECIFICALLY FORMULATED WEIGHT LOSS PRODUCTS SUCH AS MEAL REPLACEMENTS, AND 'LOW CALORIE' VERSIONS OF NORMAL MEALS AND SNACKS** ***Recommended change in caps*** ***Objective : Understanding of the unique legal status of Meal Replacements – they must not be confused with 'normal' foods***	such as meal replacements and low-calorie meals and snacks".
Slim-Fast Foods – Unilever	13	Full version	154	13–15	Evidence submitted by stakeholder organisations that was relevant to the key questions and was of at least the same level of evidence as that identified by the literature searches was also included ***[Comment : Some evidence submitted by Slim-Fast has been omitted from the assessment (references listed above)***	We have considered the issue of meal replacements at length, and deem that the use of meal replacements (as available OTC) are not considered to be a clinically prescribed intervention, and as such are outside the scope of the clinical guidance.
Slim-Fast Foods – Unilever	14	Full version	155	7–13	In summary, reviews included: ° Systematic reviews from 1995 and single studies (predominantly RCTs and non-randomised trials)… ° Studies which reported outcome measure of weight change (in kg for adults….) ° Studies with at least 12 months	We have considered the issue of meal replacements at length, and consider that the use of meal replacements (as available OTC) are not considered to be a clinically prescribed intervention, and as such are outside the scope of

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					follow up for adults… *Comment : In addition to the RCTs omitted in error from the evidence, the following paper was received by NICE and would appear to meet the criteria for inclusion but is not listed either as being included or excluded. Please re-evaluate or list reason for exclusion:* Heymsfield SB, Van Mierlo C, Van der Knapp H, Heo M, Frier HI. **Weight Management using a meal replacement strategy: meta and pooling analysis from six studies**. *Journal of Obesity* 2003;**27(5)**:537-49.	the clinical guidance.
Slim-Fast Foods – Unilever	8	Full version	94	10–13	"Recommendation 3 : GP practices and other primary care settings should only consider commercial and self help programmes… alongside, and not as an alternative to, interventions led by health professionals in primary care." ***This is not clear. It seems as if it is intended that anyone embarking on a weight loss programme requires intervention at PC level, but given the scale of the problem this is presumably not the advice intended?*** ***Objective : Clarify whether it is intended that ALL commercial interventions should be supervised***	Noted. Wording amended for clarity.

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					and monitored at PHC level.	
Slim-Fast Foods – Unilever	9	Full version	94	14–19	"Recommendation 4 : Health professionals considering any commercial or 'self help' weight loss programmes to recommend to individuals are encouraged to check that they adhere to best practice." ***We totally support this advice provided that the guidance on 'best practice' also includes information on Meal Replacements.*** ***We are pleased that the best practice advice is drawn from BDA WeightWise Guidelines. Please note that Meal Replacements are also covered in BDAWeightWise:*** http://www.bdaweightwise.com/bda/support_approach4.html	Noted.
Slimming World	3	NICE version	General		The short/summary version would benefit from being more directional. It does not appear to be that practical in terms of signposting to treatment options. For example it would be valuable to encourage PCTs to engage with all local providers and potential partners to create a database of weight management options within their area which could be offered to patients to provide the required intensity of weight management suggested in the care pathways.	Noted. The shorter "NICE version" adheres to a standard template. The recommendations included within the document are a duplicate of those included in the full version. Quick reference guides and *Information for the public: understanding NICE guidance* are currently being developed.

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						The specifics of implementation are outside the remit of this work. However, recommendation 1.1.7.1 for local strategic health agencies and local authorities to work together to audit local services. The wording of this recommendation has been amended for clarity.
Slimming World	33	Full version	42	10	It could also be acknowledged that workplaces are an ideal setting to support employees attending weight management support groups. A number of workplaces use staff benefit schemes to support attendance at a commercial weight management group such as Slimming World.	Noted. The specifics of implementation are outside the remit of this work. Furthermore, the evidence considered did not allow the provision of more specific guidance on workplace based weight management groups.
Slimming World	36	Full version	64	15	It may not be necessary to have a health professional providing the support providing the person has received adequate training.	Noted.
Slimming World	37	Full version	132	1–4	It should be acknowledged that there are also increasing examples of health professionals formally referring patients to a commercial slimming club via an established partnership scheme rather than just informally recommending them to patients.	Noted. The specifics of implementation are outside the remit of this work. Furthermore, the evidence considered did not allow the provision of more specific guidance on this issue.
Slimming World	38	Full version	140	4–9	The Dr Foster report suggests that this is very variable.	Noted.
Slimming World	4	NICE version	General		It is very difficult to cross reference between the two versions. Given that the	Noted. The shorter “NICE version” adheres to a standard

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					majority of people will probably read and refer to the shorter version but with the option to look at the more detailed evidence where appropriate, this at present is quite difficult.	template. However, the potential to signpost information between the shorter and full version is being considered with a system of dynamic linking between the NICE version, Full version and the evidence statements.
Slimming World	40	Full version	140	14–15	There is some evidence cited in the WHO 1998 obesity report regarding primary care intervention working with ante-natal groups in London.	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years onwards. Antenatal care is therefore outside the remit of this work. However, NICE is currently developing *Guidance for midwives, health visitors, pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households,* due to be published in May 2007. For further information see: http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain Evidence submitted by stakeholders was considered if it met the agreed parameters for evidence reviews.

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				22	Evidence supporting the partnership between commercial slimming sector and primary care was submitted on the basis that it had been accepted for publication and could have been mentioned as an area which could be further developed regarding treatment options for adults.	We have rechecked the evidence, see other comments.
Slimming World	5	NICE version/Full version	General		It is not always easy to access the original source of the evidence. Better referencing between the NICE and FULL version would help.	Noted. The shorter "NICE version" adheres to a standard template. However, the potential to include signposting between the NICE and full version is currently being considered.
Slimming World	6	NICE version/Full version	General		It would help if there was an easy means of identifying the section and subsection of the report on each page e.g. as a header.	Noted. The shorter "NICE version" adheres to a standard template. However, the layout of the document is currently being considered.
South West Peninsula Strategic Health Authority	1	NICE version	4		We welcome the emphasis on multi-agency approaches to tackling obesity	Noted.
South West Peninsula Strategic Health Authority	14	NICE version	General		There are a number of references to ensuring relevant competencies/appropriate training. Whilst we appreciate that the draft guidance suggests the need for further research in these areas (4.1.4 – 57), we would welcome any further clarity that could be provided at this stage.	The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the

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						type of skills that should be acquired by staff, as appropriate.
South West Peninsula Strategic Health Authority	15	NICE version	52/53	Costing tools	These are welcomed. We believe it is equally important to provide costing tools that help measure the impact of investment in reducing obesity on savings in NHS service provision. This would certainly help local practitioners and managers gain the resources needed to take this work forward. We believe sufficient work has been done on measuring the financial cost to the NHS of treating obesity for this to be feasible. However if this is not possible at this stage, we would like to see it included in the list of areas identified for further research (56)	Noted. Audit criteria and costing tools are being developed.
South West Peninsula Strategic Health Authority	16		General		Earlier this month, the DH published a set of interim tools to support health professionals in primary care until the definitive NICE guidance is published. It is important that revised versions of these are published alongside the guidance if any changes are required. These tools do not seem to be mentioned in the NICE guidance, but are being used by many PCTs. Their future status will therefore need clarifying.	Noted. The status of the tools will be clarified in the final version. NICE understands that the NICE guidance will supersede the DH tools.
The National Centre For Eating Disorders	1	Full version	169	12	On researching this index of useful courses I reached the DOM website. The Department of Health surely would not	Noted. Links to be checked. However, please note that due to the long list of potentially

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					recommend one organisation? Please ensure that there is a totally independent database of courses which are provided by ALL organisations specialising in training for obesity including our own see www.eating-disorders.org.uk for courses on adult and childhood obesity skills and also courses such as delivered by the NOF the ASO and Weight Concern etc	relevant links, those listed have been restricted to government and to government agencies and/or sources of information explicitly mentioned within the guidance. The specifics of implementation are outside the remit of this work. NICE is therefore unable to establish the type of database requested.
The Obesity Awareness & Solutions Trust (TOAST)	33	NICE version	54	Para 1	*"Training may be needed to ensure that health professionals and other staff involved have the skills to tackle the prevention of obesity."* What are these appropriate skills needed to tackle the prevention of obesity?	The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate.
The Obesity Awareness & Solutions Trust (TOAST)	35	Full version	64	21–22	It is important to address the emotional issues as well and there is a lack of courses that offer diet, activity and personal development.	Noted.
UKPHA		Both	General		The UKPHA welcomes this comprehensive review and guidance in particular in the areas focusing upon upstream determinants of obesity. We are pleased to see that the role of local authorities is acknowledged.	Noted.

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					Our concerns mainly centre upon: the heavy reliance upon US based studies and a relative paucity of European research (in particular Scandinavian) insufficient emphasis upon the need for developing the societal fabric and infrastructure which will support physical activity and	 Noted. The recommendations are based on a rigorous evidence review. UK-based data were included where available. However, as highlighted in the research recommendations, there was a general paucity of paucity of UK data. Noted. These issues are to some extent outside the remit of this work, though where relevant work met review parameters, were included (particularly see public health review “community 2”). NICE is currently developing *Guidance for the Highways Agency, local authorities, the NHS, the independent sector and others, on the promotion and creation of built or natural physical environments that are conducive to and support increased levels of physical activity among local communities, to meet the physical activity recommendations of the Chief*

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					the absence of performance management of local authorities in their identified role of creating a framework and culture within which obesity is reduced.	*Medical Officer of England*, due in September 2007. For further information see: http://www.nice.org.uk/page.aspx?o=PhysicalActivityandEnv The specifics of implementation are outside the remit of this work. However, the implementation team at NICE will be supporting implementation of this guidance by producing a range of implementation support tools. In addition, NICE will be working with national organisations to try to identify levers which could aid implementation at a national level. The status of NICE guidance is outlined in section 3 of the "NICE version".
University College London Hospitals NHS Trust	1	NICE version	General		In general this is an excellent document which provides the beginning of guidance for the treatment of obesity in children and adolescents. I have a number of general and specific reservations. Generally the document and the process have erred by not considering children under 2 years. The rationale for this is flawed, given the increasing problem of	Noted. It is too late to change the scope of this work. While it is recognised that this is an extremely important area, as

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					early onset obesity, and increasing evidence that early intervention may be of use.	outlined in the scope, the guidance covers children aged 2 years onwards. However, NICE is currently developing *Guidance for midwives, health visitors, pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households,* due to be published in May 2007. For further information see: http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
					The document fails to adequately separate issues for children and adolescents from those of adults. This should be rectified. The document appears to be missing an over-arching statement that children and adolescents should not be treated in adult obesity programmes using adult approaches, be it either lifestyle modification or other treatment. This is essential – the NSF is clear that children and adolescents must not be treated in adult programmes.	We have revised the recommendations as to ensure that they were clearer in regard to this issue, and have added in statement as to cross-refer to the National Service Framework (NSF).
					Firstly, children and adolescents are usually lumped together – or adolescents are ignored while children and adults are	Noted. The evidence considered does not allow the provision of more specific

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					discussed separately. This is incorrect and ignores the centrality of growth and puberty to the development and perpetuation of obesity. Treatment, both physically (in terms of diet, fat requirements, caloric requirements) and psychologically (in terms of family involvement) are quite different for growing children (i.e. before and at peak growth velocity) and adolescents. There is minor recognition of this (e.g. last point of Section 1.1.2.11) but it is insufficient. A further general point about the guidance and children concerns bariatric surgery. I strongly oppose recommendations (Section 1.2.7.2) that bariatric surgery for children be undertaken within adult centres with the addition of paediatric staff. This is directly contrary to guidance from the National Service Framework for Children and Young People, and contrary to established models of paediatric specialist surgery, in which adult surgeons operate jointly with paediatric surgeons within a *paediatric* environment. This should be undertaken with bariatric surgery. The surgical team should be moved to the paediatric environment, not the child to the surgical environment. While this has implications for surgical kit	guidance on these issues. This information for children was based on cohort studies identified within the "energy balance" review (see full version section 6). We understand the concern in regard to these recommendations. We have revised them and are also referring them to the NSF.

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					and for training for paediatric centres undertaking bariatric surgery, this is consistent with the restriction of adolescent bariatric surgery to very few centres in the UK.	
University College London Hospitals NHS Trust, Nutrition and Dietetics	21	Full version		General	Reasons for energy imbalance relates to a lack of knowledge	Noted.
University of Leeds	1				Could I point out to you that you have not given me my correct title on page 64 . I am professor rather than doctor thanks (Professor Rudolf)	Noted. Text amended.
University of Leeds	2	NICE version	General		This is a very welcome document that clearly and concisely highlights guidance regarding issues related to childhood (and adult) obesity. Particularly welcome is the guidance relating to the paediatric care of obese children, and the need for clear pathways of care and appropriate services. Also welcome is the emphasis on a need for research into effective interventions	Noted. Thank you.
Weight Concern	1	NICE version	General		Weight Concern warmly welcomes the NICE guidelines for both the clinical management and prevention of obesity.	Noted.
Weight Concern	2	NICE version	General		The current document format, which includes both Adults' and Children's guidance incorporated together side by side is confusing at times. The information would be presented more clearly in a more user-friendly fashion if it they were separated. Although we appreciate that	Noted and revised as in light of the stakeholder recommendations.

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					certain points are applicable to both adults and children, the majority of health professionals following the guidelines would not be working with both adults and children simultaneously, especially at the delivery level. The algorithms in Appendix C clearly demonstrate the overall relationship between the two.	
Weight Concern	3	NICE version	General		We would like to see the inclusion of evidence grading in these NICE guidelines. The omission of evidence grading could impact individuals using the guidance. Knowing the quality of evidence in specified areas (particularly for children under pharmacological and surgical interventions) is beneficial for commissioners in the process of developing, changing and implementing services.	The NICE Board decided in March 2006 that NICE recommendations would no longer be graded A to D. The reasons for this decision are outlined on the NICE website. However, the evidence considered will continue to be graded as is the case within this guidance. The minutes of the Board meeting on the 15 March 2006 state that "… the full guidance and supporting evidence would always be made available where the strength of evidence will be made explicit. It was reported that work was progressing to improve electronic access to the underpinning data." The full version of this guidance will continue to be graded for those interested.

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Weight Watchers	10	NICE version	General		The full version of the report is so comprehensive and technical that it is, by necessity a lengthy report of almost 2,500 words. Those needing the technical/scientific detail will be happy to access the report in this style. We imagine however that the majority of people will want to read the NICE version and feel that in its present style and format it is not easy on the eye. We would suggest that some of the apparent repetition might be reduced, and that the use of designers with expertise in this area would help to make the report more accessible in its presentation.	Noted. The guidance will undergo further editing prior to publication. In addition, the other versions to be produced are: the NICE version, the Quick Reference Guide, Understanding NICE Guidance and the Implementation Documents, which should enable users to access information as required more easily.
Weight Watchers	4	Full version	52	12–14	Portion control. Although section 1.1.6.1. of the full version of the report raises the "probable evidence on increased consumption of sweetened drinks and large portion sizes increasing risk of weight gain and obesity", the need to control portion sizes does not appear to feature in the NICE version of the document or form part of the 'best practice' dietary recommendations. We believe that guidance on portion sizes is critical to weight control – particularly of energy dense foods which are high in fat and/or high in sugar. We have spoken informally to Professor Carolyn Summerbell who agrees and has	The GDG considered the evidence on portion sizes insufficient for the basis of a recommendation. Please note that the direct approach to the reviewer has

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					offered to find the relevant references to support this concern.	been brought to the attention of the Chair of the GDG and declared by Professor Summerbell. The evidence reviews undertaken during the development of the guidance adhere to previously agreed research parameters and follow systematic processes for searching and assessing evidence.
Weight Watchers	5	Full version	48 and 74		Care pathway We note that the care pathway recently launched by the Department of Health appears to be at odds with that shown here and assume that inconsistencies will be aligned by the time the final version of the NICE guidance is agreed later this year. In other areas of the present (draft) NICE obesity guidance it is recommended that health professionals may offer *other* weight loss options alongside those offered by health professionals within traditional clinical settings. Commercial slimming organisations which operate on a 'best practice' basis are included as one such option. Indeed the evidence section (page 405) rates the RCT assessing the impact of Weight Watchers published by Heshka et al as 1++ and this intervention shows a modest effect on weight loss.	Noted. NICE understands that the care pathway and associated tools developed by DH were intended as interim guidance until the NICE guidance was available. NICE understands that the NICE guidance will supersede the DH guidance once it is finally published. DH did liaise with NICE during the development of their care pathways and NICE provided comments.

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					We would suggest therefore that offering patients an option of referral to a commercial slimming group such as Weight Watchers, as first line advice, could usefully be included in the care pathway. This could apply to patients at varying degrees of overweight and obesity, as an approach for obesity management or obesity prevention. (Weight Watchers own recent analysis of the members' database for 2005, shows that of all the people self referring to Weight Watchers in the community, 54% were obese, 37% were overweight and 9% were at the upper end of the healthy weight range.) The option to refer appropriate patients to Weight Watchers may be especially pertinent if the proposed cost-effectiveness analysis (see below) indicates that attending Weight Watchers is a highly cost-effective option, as we anticipate.	
Weight Watchers	7	Full version	94 and 95	17–22 1–6	The recommendations made in relation to commercial slimming organisations reiterate the need for best practice. This refers to the best practice for self-help weight management strategies within non-traditional settings, as set out in page 94 of the full version of the draft report. Would it be possible to make this link more explicit by a cross reference to the specific page number?	Noted. The wording and layout of these recommendations have been amended for clarity.

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Weight Watchers	8	Full version	General		Since the submission of our stakeholder evidence to NICE in 2005, we would like to inform you of Weight Watchers firm plans to undertake a global trial to further test the efficacy of Weight Watchers in the UK (and also France, Germany and Australia). The investigating team in the UK will be led by Dr Susan Jebb at the MRC Human Nutrition Unit in Cambridge. The trial will test the effect of Weight Watchers when offered through the NHS referral scheme (in the UK), compared with usual care for weight management in the primary care setting. Currently the research protocol has been drafted and the first meeting of the research teams is to be held in mid July.	Noted.
Welsh Assembly Government	1	General			The document contains both clinical and public health guidance. In Wales, there is a difference in the response required of these two types of NICE guidance. This needs to be explained in the introduction, stating that the public health guidance does not apply for implementation in Wales.	This guidance was jointly commissioned by the Department of Health and the Welsh Assembly in 2003. However, the Welsh Assembly subsequently decided that only the clinical elements of NICE guidance would apply in Wales. From the outset, the complementary nature of the public health and clinical elements of this work was fully recognised. As such, the guidance has been developed in such a way as to ensure an integrated approach to

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						prevention and management. The status of the public health recommendations in Wales will be made explicit within the final version of the guidance and it will be highlighted that the examples of current policy apply in England only.
Welsh Assembly Government	2	General			There are clearly large gaps in the evidence base on the prevention or management of obesity in children and adults in the UK. Given this, it is surprising to find such a large number of recommendations for implementation. We suggest that each recommendation is referenced to appropriate robust evidence.	The guidance is based on a rigorous evidence review. Within the full version of the guidance clear links are made between each recommendation, the relevant evidence statement(s) and specific reference(s). The NICE Board decided in March 2006 that NICE recommendations would no longer be graded A to D. The reasons for this decision are outlined on the NICE website. However, the evidence considered will continue to be graded as is the case within this guidance. The minutes of the Board meeting on the 15 March 2006 state that "… the full guidance and supporting evidence would always be made available where the

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						strength of evidence will be made explicit. It was reported that work was progressing to improve electronic access to the underpinning data."
Welsh Assembly Government	3				The recommendations need to be placed in the appropriate policy context if the NHS, local government and other partners are to consider implementation of the guidance. In Wales, the Welsh Assembly Government will expect the NHS, local government etc to prioritise actions in its own strategies, plans, etc, such as the Food and Fitness Action Plan for Children and Young People.	This guidance was jointly commissioned by the Department of Health and the Welsh Assembly in 2003. Where relevant, references to Welsh policies and structures have been made throughout the text and in the recommendations themselves.
Welsh Assembly Government	4				The guidance is written from an English perspective,	This guidance was jointly commissioned by the Department of Health and the Welsh Assembly in 2003. Where relevant, references to Welsh policies and structures have been made throughout the text and in the recommendations themselves.
West Gloucestershire PCT	1		NICE version	General comments	1. The **full document** is overwhelming and we wonder if anyone will read it in its current format – could it be simplified or presented in a more accessible way?	The full version is not intended for every day use, but for those who would like more background information on the topic, methodology and evidence base behind the recommendation. Please also note that quick reference guides are currently being

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						developed.
					2. Please revise the use of some of the language within this document: - Firstly, much of the wording within the document is not within the spirit of a patient-centred approach and for us this affects its credibility. Use of words like 'advise', 'tell' and 'should', when applied to patients and their carers, needs to be carefully reconsidered. Words like 'support' and 'offer information', and an overall ethos of 'informed choice' should be applied instead. Some specific examples are given below - Secondly, some of the language used lacks impact and makes the document seem 'wishy-washy' in places. For example, p. 20 last para 'All local planning decisions may therefore have an impact on the health of the local population' – 'Local planning decisions **will** impact on the health of local people'	Noted. The recommendations will be fully edited before publication, and topics such as patient-centred care will be considered. However, the use of words such as "should" or "must" follow standard NICE usage, which is determined, for example, by whether there is a legal framework for implementing a recommendation.
					3. Pathway needs to be supported by: - National standards for obesity services (see reference on page 32, line 1.1.7.1) and training - National competencies framework for those working in weight management (knowledge and skills framework)	The specifics of implementation, including local training needs, are outside the remit of this work. Furthermore, as highlighted in the scope, the guidance focuses on what can be done locally. National policy

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						and action at a national level is outside the remit of the guidance.
					4. There needs to be more emphasis on scope to do harm if ineffective, inappropriate or unwanted interventions are applied, or if staff fail to communicate in an empathetic and encouraging manner. This is a very real risk with obesity becoming higher on agenda and the likelihood of more unqualified people delivering well-meaning 'advice' and delivering interventions. It is crucial that people understand these risks e.g. to self-esteem, self-efficacy, development of eating disorders, and to overall physical and mental health. We should also be mindful of the risks of raising anxiety levels around weight before we have anything concrete to offer in terms of effective treatments	Noted. The recommendations are based on a rigorous evidence review. Information on harm was collected and commented on where identified. However, in many instances, such information was not available.
					5. This guidance represents an opportunity to draw much more on the huge evidence-base within the fields of psychology, psychotherapy, motivational interviewing, building self-esteem and general health behaviour change – managing obesity involves major behaviour change – lets use what we know about this from other	The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to

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					fields.	exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as appropriate to their situation.
					6. Throughout the document healthy eating and increasing activity levels are cited as the two prongs of tackling obesity. Since we know that self-esteem, self-efficacy and emotional literacy are all key to implementing behaviour changes these areas should be given the same emphasis. And no amount of 'advising' people to eat healthily and be more active will work – we need to be helping people to develop the knowledge, skills, attitudes and confidence to manage their weight throughout life	Noted. The recommendations are based on a rigorous evidence review.
					7. Would like to see more reference to how this fits in with the inequalities agenda, targeting limited resources etc	All evidence that met the agreed review parameters would have been included if available. Therefore, the evidence on vulnerable groups/inequalities was reviewed as available. However, as reflected within the research recommendations, there was a dearth of evidence on these issues. The guidance does highlight the importance of

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						tailoring interventions and taking account of the needs of these groups in particular.
					8. Needs to be more emphasis on workforce development in order to limit unhelpful interventions and increase expert capacity. A patient-centred approach is a totally different way of working to the more traditional advice giving model and people will need training and support to change their practice. Workforce development initiatives should aim to increase knowledge, skills and confidence in weight management – one off 'education' sessions are not sufficient to change practice – see comment below (page 17)	The specifics of implementation – including local training needs and the skill mix required – are outside the remit of this work. The guidance allows local providers to interpret and implement the guidance as appropriate to their situation. However, a number of recommendations highlight the type of skills that should be acquired by staff, as appropriate.
					9. Useful to include structured intervention protocols e.g. how to structure a brief weight management intervention	The specifics of implementation are outside the remit of this work. Furthermore, in many instances, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the guidance as

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						appropriate to their situation.
West Gloucestershire PCT	47	NICE version	54	Heading 'Other audiences and settings'	Instead of saying 'training may be needed' please be more definitive – 'Training will be essential…'	A section on issues around training has been included in the NICE version and the full version.
West Gloucestershire PCT	48	NICE version	55	4.1.2	<u>Priority for research</u> How can we best support / empower parents to help their children maintain a healthy weight	Research into the influences of parents would be encompassed by the current wording of the recommendation.
West Gloucestershire PCT	49	NICE version	56	4.1.3	<u>Priorities for research</u> - What can we learn from field of mental health about supporting major behaviour change and how can this be applied to treatment of obesity - Establish the role of commercial slimming companies, and diet food industries (and the media) could be perpetuating the problem and explore ways in which this could shift so they could form part of the solution instead	Although there is a potential to learn from this field, we do not feel this should be the focus of the priority recommendations. We do not feel this is a priority for NHS research.
Wolverhampton PCT	2		5	Second para, second line	Stressing obesity is a clinical term may also result in the unnecessary medicalisation of the problem and actually result in people feeling the health service is responsible for their weight. This needs to be balanced	Noted.
World Cancer Research Fund International	1				The World Cancer Research Fund (WCRF) is an organisation that funds research exclusively into the prevention of cancer through diet, physical activity and	Noted.

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					weight control. We already know that 30-40% of cancers can be prevented by healthy ways of life, and there is more and more evidence that weight control is central to the prevention of cancer. The WCRF is to produce its second expert report in Autumn 2007 which will be the result of the deliberations of an independent panel of international experts, based on a series of systematic literature reviews of available science relating diet, nutrition, physical activity and weight control to cancer prevention. The WCRF's first global report - published in 1997 with sister organisation the American Institute of Cancer Research - quickly became the most authoritative global report ever to be published on the subject of diet, nutrition and prevention of cancer. It also became a 'must have' document for those working in the nutrition field. To date it has been cited thousands of times worldwide (on average around 200 times a year). As the evidence for the second report is in the process of being collected, and conclusions drawn, the WCRF is not in a position to share the final conclusions of the panel, although we have provided some evidence from a systematic review as background to NICE's obesity consultation. However, as soon as the conclusions can be shared, including any	

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					policy recommendations that will be made, we will be back in touch.	