National Institute for Health and Clinical Excellence

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

Organisation	Order no.	Document	Page no.	Line no.	Comments	Response
Abbott Laboratories Ltd	32	Full version	237		For consistency, perhaps change "Parental fatness" to "Parental Adiposity" or "Parental Obesity"	The heading for section 6.3.1 has been amended to 'parental obesity'.
Abbott Laboratories Ltd	33	Full version	239	23	Please add age group if available	The age group has been added (9–12 years).
Abbott Laboratories Ltd	34	Full version	247	12	Should this be "8 to 10"?	The age group has been amended to 8–10 years.
Association for the Study of Obesity	76		405	Line 2 of table	Effectiveness	The text has been amended.
Association for the Study of Obesity	42		General	Appendix D	The Appendix on healthy eating does not specifically relate to weight loss and weight management. More detailed information on how to control energy intake is needed. In order to prevent weight gain or promote weight loss it is necessary to focus more on total energy intake by reducing intake of energy dense foods and portion sizes. A regular meal pattern across the whole day should also be stressed, instead of only breakfast.	Noted. Appendix D provides a brief overview of existing guidance on diet and activity for the general population – it is not intended to address weight loss and weight management. Strategies which may aid weight maintenance and/or the prevention of obesity are provided within recommendation 1.1.1.2.

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					Altering the structure to provide information on preventing weight gain and another section with the same structure amended for weight maintenance would be helpful.	
Association for the Study of Obesity	10	NICE version	13		Ethnic differences and social inequalities are not accounted for in the list	Noted but not amended. This is a general list of strategies which may help maintain weight and/or prevent obesity, based on the findings of the 'energy balance' review of cohort studies. The need to tailor advice for different groups is addressed elsewhere.
Association for the Study of Obesity	11	NICE version	13		'Maintaining a low-fat diet' is not defined. What is a 'low-fat diet'? For many this would mean reducing fat intake Fried foods are not always high in fat in absolute . Other foods that aren't fried can be high in fat. Using a term such as 'energy dense' in the title might be better	Noted but not amended. It is stated that these recommended strategies are within the context of existing guidance, as outlined in appendix D of the NICE version. Clear links between this recommendation and the appendix will be ensured in the final version. The guideline development group (GDG) considered the term 'energy dense' to be inappropriate for the public and non health professionals within a recommendation. However, the concept has been added to the background information of the full guidance.
Association for the Study of Obesity	12	NICE version	13	Line 18	Rephrase to: Eating at least 5 portions a day of a variety of fruit and vegetables, especially in place of foods high in fat and	The text has been amended as suggested.

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					calories.	
Association for the Study of Obesity	13	NICE version	15		Activity list – makes no mention of working mothers/single parents and the difficulties they may face	Noted but not amended. This is a general list of strategies which may help maintain weight and/or prevent obesity, based on the findings of the 'energy balance' review of cohort studies. The need to tailor advice for different groups is addressed elsewhere.
Association for the Study of Obesity	14	NICE version	15		'trained health professionals' – see earlier points about 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. We have removed the word 'appropriately' before 'trained' and replaced with either 'relevant training' or 'specific training'. The meaning of these terms is explained in a brief section under guidance in section 1 of the NICE version.
Association for the Study of Obesity	15	NICE version	16	1.1.2.1	When the Government has set targets for waiting lists and treatment, what is the evidence for this statement?	Noted. As highlighted within the full version of the guidance, this recommendation is a 'good practice point', based on the opinion of the GDG.
Association for the Study of Obesity	16	NICE version	18	1.1.2.10	Family based interventions are mentioned but not described.	Noted. The evidence considered does not allow the provision of more specific guidance. This recommendation is based on the

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						findings of a systematic review which included interventions with a family-based component where at least one parent participated in the treatment with the child.
					Also what does 'appropriately trained' mean? Training needs to be in basic nutrition and physical activity as well as behaviour change, and many health professionals do not receive this as part of their core 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. We have removed the word 'appropriately' before 'trained' and replaced with either 'relevant training' or 'specific training'. The meaning of these terms is explained in a brief section under guidance in section 1 of the NICE version.
Association for the Study of Obesity	17	NICE version	19	1.1.2.14 & 15	'Appropriate competencies' needs to be defined and again raises training issues.	The term 'competencies' has been amended to 'training' throughout.
Association for the Study of Obesity	18	NICE version	21	1.1.3–1.1.4.4	Evidence is required on the local implementation groups that includes others in addition to health professionals	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

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						and implement the guidance as appropriate to their situation.
Association for the Study of Obesity	19	NICE version	21	Last section	It is important that any evaluations carried out are done so independently and findings are fed back to allow and enhance policy development	Noted but not amended. The GDG considered that independent evaluations are unlikely to be realistic for all. Furthermore, the key issue is whether evaluation has been undertaken appropriately rather than whether it is independent.
Association for the Study of Obesity	20	NICE version	32	1.1.7.3–4	What is the definition of 'best practice' for commercial and self-help weight loss programmes? Shouldn't NICE be defining this for health professionals?	Noted. These recommendations have been amended to improve clarity. The British Dietetic Association (BDA) guidance (previously included in the introduction) is now embedded within recommendation 1.1.7.1 to make it clear that the 'best practice' being referred to is that specified in the BDA guidance.
Association of British Clinical Diabetologists	35		405	Line 2 of table	Effectiveness	The text has been amended.
Audit Commission	3				The guidance suggests that implementation of NICE recommendations is likely to contribute to local area agreements (LAAs), public service agreements and comprehensive performance assessment targets. However, a recent report by the Audit Commission, Healthcare Commission and National Audit Office demonstrated that obesity was not a priority for many LAAs	Noted. The introduction of the guidance recognises variable action and many of the recommendations highlight that more action is needed than is currently taking place. The recommendations are based on a rigorous evidence review and

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					and partnership working was difficult due to lack of resources, something which this guidance does not appear to consider. For example: 1.6.5.3 Recommendation 2 suggests: *Local authorities should undertake a local audit of barriers to and opportunities for promoting healthier eating and physical activity, engaging with the full range of partners including PCTs, residents, businesses and institutions (including voluntary and religious) and all those responsible for maintaining the wider environment.* This alongside recommendations for *local authorities to encourage local shops and supermarkets to promote healthier food choices*, seems particularly burdensome.	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.
Audit Commission	4				The guidance also asks local authorities to address issues of safety, crime and inclusion. This appears to go outside the required scope of the guidance and adds further burden to local authorities, albeit an aspiration that they should seek to achieve in the long term.	Noted. The scope of the work highlights that broader environmental interventions would be considered. Issues such as safety and crime were highlighted as important barriers within the evidence reviewed; the GDG therefore considered them appropriate for inclusion.

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Barnsley PCT	79				Private industry must not be ignored and should be worked with i.e. Commercial slimming groups, food manufacturers and associated advertising companies	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	6		13		Diet: Include regular meals as well as breakfast	The GDG considered the evidence on regular meals to be insufficient to form the basis of a recommendation.
Barnsley PCT	7		17		The reference here to modelling behaviour is unclear. Does it refer to the client or health care professional? What is the impact on client of advice/intervention delivered by a 'healthy' health professional versus a 'unhealthy' health professional e.g.	The text has been amended for clarity to 'modelling exercise behaviour'. No evidence was identified on the impact of a health professional considered 'healthy' or 'unhealthy'.

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					smoker, overweight etc?	
Barnsley PCT	8		18	1.1.2.8	This suggests all health care professionals in primary care and community should raise issues of weight, diet & activity with clients. This needs to be in the flow diagram.	Noted. This recommendation has been amended to 'Health professionals should discuss weight, diet and activity with people at times when weight gain is more likely, such as during and after pregnancy, during the menopause and while stopping smoking.'
Barnsley PCT	9		19	1.1.2.14	'Promote local retail and catering schemes promoting healthier choices that are consistent with existing guidance' – what is this existing guidance? The reader needs to be directed to relevant support information about this.	Noted. Existing guidance is in appendix D of the short form. The potential to increase signposting in the final version is currently being considered. A specific link to Food Standards Agency (FSA) guidance on healthier catering has been added to the background of this section.
Barnsley PCT	11		24	1.1.4	The document does not mention breastfeeding/weaning practices. The whole document omits to look at the feeding practices of children from birth to 2 years of age. Correct feeding practices at this age can help to promote sustained healthier eating habits.	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and older. Breastfeeding and weaning are 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*

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						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	12		25	1.1.4.3	'Implementing the DeFS and FSA guidance on food procurement and healthier eating – What is this guidance. The reader needs to be able to find the associated documents easily – individuals may think they know what this is referring to however without it being explicitly mentioned it may be that the reader goes to the wrong piece of information.	Specific information on this has been included in the Implementation documents.
Barnsley PCT	13		30	1	As above (Consider providing incentives (e.g. discount schemes for 'healthy' food choices))	Noted but not amended. Incentive schemes are already addressed within existing recommendations and evidence statements. The evidence considered did not allow more specific recommendations.
Barnsley PCT	14		32	1.1.7.1	What are the minimum thresholds?	Noted. This set of recommendations has been substantially re-worded to improve clarity. The term 'minimum thresholds' has been removed.
Barnsley PCT	15		32	21	Use Dieticians as reference for advice re appropriate methods for weight reducing diets	Noted but not amended. The GDG did not consider it appropriate to include a specific statement.

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Barnsley PCT	16		32	1.1.7.3	Agree that groups should be alongside NHS interventions. 'which meets best practice guidance' – needs to be clear what 'best practice' is.	Noted. This set of recommendations has been substantially re-worded to improve clarity. BDA guidance on best practice (previously in the background) is now embedded into recommendation 1.1.7.1.
Barnsley PCT	61		P 75	Appendix D	Would be useful to summarise the White Paper guidance here rather than just refer to it.	Noted but not amended. Appendix D is intended to provide a summary of existing guidance rather than existing policy. It is not feasible for the guidance to include details of all potentially relevant policy, particularly given concerns about the length of the guidance as it stands.
Barnsley PCT	89		Section 7 Research recommend-ations		Will there be dedicated funding for research?	National and local funding issues – including research funding – are outside the remit of NICE.
Barnsley PCT	2	NICE version	P 8	21	Consider providing incentives (e.g. discount schemes for 'healthy' food choices)	Noted but not amended. Incentive schemes are already addressed within existing recommendations and evidence statements.
British Cardiovascular Society	5		13	22	Activity- with government targets for education to be met, will schools be prepared to encourage pupils not to spend long periods sitting in front of a computer?	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

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						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.
British Cardiovascular Society	6		15	7	Activity – they should gradually reduce sedentary….. Could schools implement reward systems eg for those who walk to school – and encourage parents to park a distance away to enable a walk. How will this proposed reduction be monitored?	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.
British Cardiovascular Society	7		15	Last line	Limited value in reporting a new category of health professional, when remit and competencies are unclear.	Noted but not amended because of the likely duration of the 'life' of the guidance and the intended role of health trainers (as outlined in *Choosing Health*). The current lack of clarity on competencies and remit is noted.
British Cardiovascular Society	8		19	Last line	Opportunities need to be developed to disseminate successful local schemes nationally.	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.
British Cardiovascular Society	9		20	Line 7	'nutrition' is a preferable term to 'diet' which has very specific connotations.	Noted but not amended. The GDG did not agree that 'nutrition' was preferable to 'diet'.
British Cardiovascular Society	10		24	1.1.3.7	Promotional activities – this should include regular health promotional talks in eg large forums (of which there have been examples in Canada)	Noted. The implementation of NICE guidance is outlined in section 3 of the NICE version. NICE is not responsible for implementing the guidance recommendations;

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						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.
British Cardiovascular Society	11		25	1.1.5	It would be beneficial for health professionals to deliver talks on chronic disease to include obesity and its impact on these diseases – and highlighting the importance of healthy lifestyle and measures needed to give protection ie. Use staff who work within the services eg cardiac rehabilitation	Noted. The role of a range of health professionals in a range of settings is highlighted throughout the guidance. However, the specifics of implementation are outside the remit of this work.
British Cardiovascular Society	12		26	1.1.5.1	Schools should have targets for health promotion as well as academic achievement.	Noted. 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.
British Cardiovascular Society	13		32	1.1.7.4	Healthcare professionals considering using commercial groups – discussions should take place to encourage 'men only' groups. Men in general are significant by their absence in weight loss programmes. Tailored groups are the key. This should include the availability of groups for chair based activities for patients with disabilities or multiple or	Noted. The lack of men in interventions to manage obesity in non-clinical settings was highlighted within the review. However, there was insufficient evidence to provide more specific recommendations on how this could be addressed. Similarly, evidence on people with disabilities would have been included if available. The specifics

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					complex pathologies.	of implementation are outside the remit of NICE.
British Cardiovascular Society	24		51	1 (i)	Exercise on prescription when used generally doesn't include multi-component.	Noted.
British Cardiovascular Society	25		51	(2)	The prevention of overweight and obesity in adults……. Use existing services which are cost effective eg cardiac rehabilitation (health and lifestyle management) for any patient with 2 or more risk factors for chronic disease.	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 Cardiovascular Society	29		77	11–12	Some reference should be made to energy intake in this statement.	Noted but not amended. This wording is as stated within the CMO report (2004) *At Least 5 A Week*.
British Cardiovascular Society	30		77	17–18	Evidence of 60-70% children exercising moderately for 60 min/day needs to be quoted and checked.	Reference checked. Please note that the NICE version follows a standard template; this does not include references. The full version of the guidance is fully referenced. The link to this reference is from the Health Survey for England http://www.archive2.official-documents.co.uk/document/deps/doh/survey02/hcyp/hcyp.htm
British Cardiovascular Society	3		8	24	Will there be an award scheme for workplaces that actively promote health and activity/wellbeing?	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

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						guidance on these issues.
British Cardiovascular Society	2	NICE version	8	2	Guidance on food procurement and healthier catering – how will this be monitored?	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.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	47		26	1.1.5.1	It is important that 'lifelong-learning' is emphasised	Noted.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	48		29	1.1.6.2	Maybe include recommendation that NHS specifically (& Educational establishments) should aim to set good example in the workplace?	Noted. A recommendation has been added emphasising that the NHS should be an exemplar in public health strategies to prevent and manage obesity.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA	49		31	1.1.7	We have concerns that the recommended maximum weekly weight loss may be interpreted as a goal.	Noted but not amended. The GDG considered the wording appropriate, and the wording is as stated by the BDA (Weightwise website).

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including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)					Some weight loss may occur weekly but alternated with weight maintenance may be a more realistic aim especially in people on medication for severe mental illness.	The scope highlights that the prevention or management of comorbidities associated with overweight or obesity is 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)	52		32	1.1.7.3	Commercial/ self help weight loss programmes do not allow for the weight gain side effect of some medications used in the treatment of severe mental illness	The scope highlights that the prevention or management of comorbidities associated with overweight or obesity is 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)	23	NICE version	13		Diet: Include regular meals as well as breakfast	The GDG considered the evidence on portion sizes and regular meals to be insufficient to form the basis of a recommendation.
British Dietetic Association **Reviewers:** Registered	24	NICE version	13		The advice on healthy eating is not specific enough for weight loss e.g. there is no mention of portion sizes in this	The GDG considered the evidence on portion sizes and regular meals to be insufficient to form the basis of

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Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)					section and pasta is advised in plenty. Eating breakfast – can this be expanded to include a statement such as Eating regular meals, in particular breakfast.	a recommendation.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	25	NICE version	13	1.1.1.2	Where it says to 'eat breakfast' – need to specify 'Healthy Breakfast'	Noted but not amended. The statement is based on the evidence considered, which was for breakfast consumption per se rather than a particular type of breakfast. It is highlighted that this list of strategies should be viewed within the context of existing guidance, as outlined in appendix D of the NICE version. Clear links between this recommendation and the appendix will be ensured in the final version.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	26	NICE version	13		Section on alcohol should state what recommended amount is or cross reference to p76	Existing guidance on alcohol consumption is provided in appendix D of the NICE version. It is highlighted that the list of strategies should be viewed within the context of existing guidance, as outlined in appendix D. Clear links between this recommendation and the appendix will be ensured in the final version.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians	27	NICE version	14	1.1.1.3	'*simple alternative'* will people know what this means?	The recommendation has been amended to: 'All adults should be encouraged to periodically check their weight,

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Working in Obesity Management BDA Specialist Group (DOM UK)						waist measurement, or a simple alternative, such as the "fit" of their clothes.'
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	28	NICE version	14	1.1.1.4 & 1.1.1.5	Should read '**appropriately trained** healthcare professional' as in other parts of guidance and full document	Noted but not amended. The GDG considered that, within this context, training issues were addressed elsewhere.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	29	NICE version	16		Tailoring advice: It is good to see emphasis on the importance of advice being tailored to the needs of individuals.	Noted.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	30	NICE version	16	1.1.2	Tailoring advice. Vulnerable groups should include people with a severe mental illness	The scope highlights that the prevention or management of comorbidities associated with overweight or obesity is 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.

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British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	31	NICE version	16	1.1.2	There is little distinction between obesity in affluent or deprived areas. Obesity in affluent areas is as much a problem as in deprived areas and it could be argued that obesity has resulted from increasing affluence enabling people to exercise their access to the massive choice of food available outside the home.	Noted.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	32	NICE version	16	Top	Refers to pharmacy assistants giving opportunistic advice. Unclear as to how they would do this, particularly incorporating behavioural approaches outlined in document. If a one off consultation will not meet guidance recommendations and need to be sure the document doesn't promote practice that is not proven to be effective.	The comment on pharmacy assistants (who are given as an example of additional staff who may be able to provide advice if trained) reflects evidence statement 12 within the 'community 1' review (see full guidance section 11.1). The GDG have agreed that naming professionals is not appropriate and that what is important is training; and that 'The type of health professional who provides the advice is not critical as long as they have the relevant training and experience, are enthusiastic and able to motivate, and are able to provide long-term support.' A section on training has been added. In the NICE short form this information can be found as an introductory paragraph under guidance, where we explain that there is a difference between 'relevant' and 'specific' training.

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British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	33	NICE version	17	1.1.2.2 & 1.1.2.3	Good to see emphasis on 'systems' being put in place and also that it is stated that training needs & allocation of adequate time for action is covered.	Noted.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	34	NICE version	18	1.1.2.8	Periods associated with weight gain should include commencing on anti-psychotic, mood stabilising , and some antidepressant medications.	The scope highlights that the prevention or management of comorbidities associated with overweight or obesity is 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)	35	NICE version	19 of 80	1.1.2.14	'Promote local retail and catering schemes promoting healthier choices that are consistent with existing guidance' – what is this existing guidance? The reader needs to be directed to relevant support information about this.	Noted. Existing guidance is in appendix D of the short form. The potential to increase signposting in the final version is currently being considered. A specific link to FSA guidance on healthier catering has been added to the background of this section.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA	36	NICE version	22	1.1.3.2	It is important that local authorities and Mental Health Trust Community Mental Health Teams liaise to support access to healthier eating & support for people	The scope highlights that the prevention or management of comorbidities associated with overweight or obesity is outside the

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including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)					discharged to local authority day centres	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)	37	NICE version	22	1.1.3.2	**Local Authorities** should work with local communities to map access to retail food outlets. They should take up opportunities presented by the Local Development Framework to engage with local communities to promote access to healthier food such as limiting the number of fast food outlets, food retail planning strategies and health impact assessments	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.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	38	NICE version	24	1.1.4	**Pre School and childcare settings** Obesity prevention should be part of a holistic whole population approach to Early Years Nutrition. We agree that this should be a priority setting but need to define how nurseries	Noted. The guidance (under heading 'Early years setting') highlights that recommendations should be considered within the context of existing National Service Frameworks (NSFs) and *Choosing Health,* which emphasises these points. A reference to *Every Child Matters* has been added to the NICE version. The specifics of implementation are outside the remit of this work.

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					and childcare facilities can 'prevent excess weight gain and improve children's diets' (1.1.4.1) and involve parents and carers (1.1.4.2) The example of the 'Healthy Schools' programme where food in schools is now an essential part of the accreditation process, the introduction of nutritional standards and inspection by OFSTED has seen a dramatic shift in school food culture and provision. This top down framework with targets and clear criteria can be very supportive to bottom up action. We need a similar framework for Early Years: Caroline Walker Trust are publishing revised nutritional standards for under 5s settings. They need to be mandatory and inspected by OFSTED. Traditionally infant feeding guidelines have been produced by PCTs to promote consistent, evidence based advice. However 'Every Child Matters - Be Healthy' strand and the target/ indicator on halting the rise in childhood obesity means that this underpins all policies/ strategies regarding children. We need to focus more on delivery, implementation and monitoring of an **Early Years Nutrition programme** that outlines the roles of all staff involved in health, education and childcare.	Furthermore, in these 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. Please note that, 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 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.' A reference to the new Caroline

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					The elements of an Early Years Nutrition programme should include: - mandatory nutritional standards implemented in all childcare settings so that healthy eating is the norm. - Parenting support programme in Children's Centres eg weaning parties, cook and eat, fun family food, support for faddy eaters etc. This could be linked to 'Healthy Start' voucher scheme. - Play activities linked to the foundation curriculum e.g Storysacks, fruit and veg tasting, healthy baking - Rolling programme of training linked to local authority workforce development/training programme for childcare and education staff.	Walker Trust (CWT) guidance has been added. The guidance highlights that all recommendations are within the context of existing guidance and standards.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	39	NICE version	24	1.1.4	Although the scope of the guidance does not extend to children under 2, surely it is worth stressing the evidence of links between breastfeeding and obesity and referring to the NICE document' Effective action briefing on the initiation and duration of breastfeeding'. Weaning is also a crucial time for establishing healthy eating habits such as fruit and veg eating and an opportunity to engage positively with parents and influence family eating habits which are a key factor for obesity prevention. 'Healthy Start' provides opportunities to intervene at this age and address inequalities.	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and older. Pregnancy, 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 May 2007. For further information

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						see ww.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	40	NICE version	24	1.1.4	Public health outcomes need to be developed and agreed to monitor an Early Years Nutrition programme. In addition to measuring obesity in reception children, proxy measures could be used such as breastfeeding rates, DMF and nursing bottle caries, number of general anaesthetics for tooth extraction. This links with evidence of links between soft drink intake and obesity	The specifics of implementation are outside the remit of this work. Routine measurement and population-based screening programmes for overweight or obesity are also 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)	41	NICE version	24	1.1.4	Feedback from those working with preschool children say that it is imperative that measures suggested are backed up by legal requirement to ensure healthy diets & activity for this age group (same as included in ofsted inspection for schools – has had a big impact)	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 status of NICE guidance is outlined in sections 3.1 and 5.2 of the NICE version.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	42	NICE version	24	1.1.4	The document does not mention breastfeeding/weaning practices. The whole document omits to look at the feeding practices of children from birth to 2 years of age. Correct feeding practices at this age can help to promote sustained healthier eating habits.	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and older. The feeding practices of children under 2 years of age are outside the remit of this work. However, NICE is currently developing *Guidance for midwives, health visitors, pharmacists and*

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						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
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	43	NICE version	24	1.1.4	There is not enough advice for mothers who bottle feed Roll out programmes such as Sure Start can offer weaning advice/cook and eat sessions to those who don't or can't breastfeed.	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and older. The feeding practices of children under 2 years of age 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 May 2007. For further information see www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians	44	NICE version	25	1.1.5	**Schools** Many of the recommendations are implicit in the Healthy Schools programme that promotes a whole school approach to fitness and positive body image.	Noted.

PH only comments

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Working in Obesity Management BDA Specialist Group (DOM UK)					We must be careful not to collude with 'fat equals bad' message. We need to emphasise fitness not fatness. The stigma and bullying associated with overweight/ obesity and effects on emotional well being and educational achievement need to be addressed as the resulting poor self esteem and social isolation can actually aggravate obesity and comfort/ disordered eating. PHSE teachers need training to address these issues and it should be included in anti- bullying approaches. Children who are not obese may still be unfit and eating an unhealthy diet. Again	We have incorporated some of your sentiments into the section titled 'Working with people to prevent and manage overweight and obesity'. However, it should also be noted that the evidence review of school-based interventions (see section 9 of the full guidance) found that 'No negative outcomes were reported in the identified studies. One multi-component study showed that measures of extreme dieting behaviour remained unchanged' (evidence statement 8). 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 public health recommendations apply to all children.

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					schools need to focus on making healthier food choices easier for all children.	
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	45	NICE version	25	1.1.5	The current emphasis on meeting targets in schools detracts from building nutrition into the curriculum for example it fits into many mainstream curriculum areas such as history and geography.	Noted.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	46	NICE version	25	1.1.4.3	'Implementing the DeFS and FSA guidance on food procurement and healthier eating – What is this guidance. The reader needs to be able to find the associated documents easily – individuals may think they know what this is referring to however without it being explicitly mentioned it may be that the reader goes to the wrong piece of information.	Specific information on this has been included in the Implementation documents.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	50	NICE version	31	Last point	Re: providing on-going support – should it describe what this means and what form of on-going support is most effective.	Noted but not amended. The GDG considered the wording appropriate, and the wording is as stated by the BDA (Weightwise website). Furthermore, the evidence considered does not allow the provision of more specific guidance on what type of on-going support is most effective.
British Dietetic Association **Reviewers:** Registered	51	NICE version	32	1.1.7.3	We do not feel that a GP will be in a position to assess which self help groups meet 'best practice'guidance. The	This set of recommendations has been substantially re-worded to improve clarity. The BDA best

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Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)					document should state requested guidance / advice on suitable programmes in the area from an appropriately trained HCP e.g. Registered Dietitian. Alternatively NICE could propose a core curriculum & training of staff to deliver this, along with the best practice guidance for self help groups to follow.	practice guidance, previously included in the introduction, is now embedded within recommendation 1.1.7.1. The GDG did not consider it appropriate to make a specific reference to dietitians within the recommendation.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	53	NICE version	32	1.1.7.3	Agree that groups should be alongside NHS interventions. 'which meets best practice guidance' – needs to be clear what 'best practice' is.	Noted. This set of recommendations has been substantially re-worded to improve clarity. The BDA best practice guidance, previously included in the introduction, is now embedded within recommendation 1.1.7.1.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	19	NICE version	8		The comprehensive coverage on public health in this section is very valuable.	Noted.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity	5	NICE version	General		From a public health perspective, prevention of obesity needs to be seen in the wider context of a holistic food and health strategy that addresses the obesogenic environment and links with a sustainable food economy. There are	Noted.

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Management BDA Specialist Group (DOM UK)					many people who eat an unhealthy diet, are unfit and yet are not obese. Prevention of obesity should be part of a population based approach to making healthier food choices available for all.	
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	10	NICE version	General		Directors of Public Health need to become obesity champions to overcome the lack of a defined voice.	Directors of Public Health are included in the audience list for NHS and LA recommendations. Directors of Public Health are a key audience and will hopefully be instrumental in the implementation of the guidance.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	11	NICE version	General		There needs to be recognition of the impact of obesogenic environments in order to help tackle the problem. To this end the BDA welcomes the development of NICE public health guidance on Physical activity and Environments.	Noted.
British Dietetic Association **Reviewers:** Registered Dietitians of the BDA including Dietitians Working in Obesity Management BDA Specialist Group (DOM UK)	14	NICE version	General		The BDA welcomes the FSA workstream to develop consensus on front of package signposting by food manufacturers as the current situation leads to confusion for consumers.	Noted.

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British Heart Foundation	13	NICE version	15		A growing number of professionals are now invited to give health promotion advice to patients, clients and the public. It would therefore be helpful to address the guidance to all healthcare professionals.	Noted. The guidance highlights that 'Healthcare professionals refers to all appropriately trained healthcare professionals who can provide public health advice based in primary care and the wider community.' Some recommendations have been amended, referring to '*health* professionals' rather than '*healthcare* professionals', to emphasise the wide range of staff potentially involved.
British Heart Foundation	14	NICE version	17		Training for healthcare professionals is essential, but adequate resources must be made available to fund this.	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	15	NICE version	17		The BHF has identified a number of ways to increase physical activity levels and we believe it is important for healthcare professionals to be imaginative in their approach, for example by considering alternative activities for people who find walking difficult.	Noted.
British Heart Foundation	16	NICE version	20		Family programmes would be an ideal form of activity but would need adequate resources and structure, as well as a willingness for local authorities and PCTs	National and local funding issues are outside the remit of NICE. However, audit tools and costing criteria are currently being

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					to take on the responsibility and cost.	developed to aid the implementation of the guidance (see section 3 of the NICE version).
British Heart Foundation	17	NICE version	25		More emphasis could be placed on the participation of parents and family members in these activities.	Noted. 1.1.4.2 highlights that all action should actively involve parents.
British Heart Foundation	18	NICE version	27		We believe school nurses have a role to play in school based interventions and that this should be more clearly reflected in the guidance.	Noted but not amended. The audience list highlights the role of all healthcare professionals working in or with schools. Furthermore, the evidence considered does not allow the provision of more specific guidance on the specific role of nurses within schools.
British Heart Foundation	19	NICE version	28		Parents and children need not only to be informed *about* menus but to be involved in menu planning and choosing healthy vending machine and tuck shop supplies. Active participation should foster a sense of ownership over the healthier food options.	Noted. This issue is addressed in 1.1.5.8. Specifics of implementation are outside the NICE remit.
British Heart Foundation	20	NICE version	28		The BHF would like to see all workplaces encourage staff to be as active as possible. We currently produce the 'Think Fit' workplace activity toolkit which offers a variety of practical tips on encouraging activity in the workplace. The BHF is also managing the 'Well at Work' pilot projects (funded by the DH	Thank you – this will be considered when the implementation materials are developed.

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					and Active England) which will offer a variety of interventions to encourage better workplace health. These include an education and awareness strand which promotes the use of posters, signs, and advice leaflets; programmes and services such as lunchtime walks and runs or encouraging workplace activity teams; providing environments which are conducive to encouraging physical activity such as improving shower, locker and storage facilities; and developing a workplace physical activity policy to set out everything that is being done.	
British Heart Foundation	1	NICE version	General		The BHF believes that the emphasis on the management of obesity within NHS settings needs to be balanced by a much greater emphasis on the prevention of overweight and obesity in the population. The task in prevention is the more difficult issue, due to the evidence base being less well developed than for some therapeutic measures; the key responsibilities being spread widely across a number of bodies; the need to manage projects so that they create sustainable change; and the fundamental ethnical and moral issues to address.	Noted.
British Heart Foundation	2	NICE version	General		The BHF would like to emphasise the need to involve commissioners of care in attributing responsibility of implementation for the measures contained in the	Noted. 'Commissioners of care' have been added to the audience list for NHS recommendations.

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					guidance. As the NHS is evolving and developing its commissioning functions the provision of care is increasingly moving away from traditional NHS providers. Therefore, as not for profit and private organisations begin to provide NHS commissioned services there will be a need to ensure a commitment to public health is part of the provider service.	
British Heart Foundation	11	NICE version	General		Community Safety The need to provide an environment which is perceived to be safe by those living in the community is vital in order to promote increased play and active travel to work. The role of local strategic partnerships and local community safety partnerships is vital therefore in facilitating the implementation of this guidance.	Noted. The audience list for recommendations aimed at local authorities and partners highlights the role of local strategic partnerships (LSPs) and other local community partnerships.
British Heart Foundation National Centre for Physical Activity & Health	22	NICE version	12	4	Replace does with should.	Noted but not amended; the current wording is considered appropriate.
British Heart Foundation National Centre for Physical Activity & Health	23	NICE version	12	16–18	How will this be managed? The media play a big part in portraying conflicting health messages to the public. There needs to be a means of control over how public health information is disseminated to prevent confusion.	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

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						national organisations to try to identify levers which could aid implementation at a national level.
British Heart Foundation National Centre for Physical Activity & Health	24	NICE version	13	28	PE and physical activity participation rather than just PE.	Noted. The wording has been amended as suggested.
British Heart Foundation National Centre for Physical Activity & Health	25	NICE version	14	1–16	Healthcare Professionals need training around specific messages regarding physical activity and modifications required for people with obesity and/or other associated health conditions.	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. Please note that the management of obesity is addressed elsewhere in guidance.
British Heart Foundation National Centre for Physical Activity & Health	26	NICE version	14	19	Too general – we need to consider how we can support these parents and carers in this role.	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. The guidance allows professionals/clinicians to exercise their own clinical judgement as appropriate, and for local providers to interpret and implement the

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						guidance as appropriate to their situation.
British Heart Foundation National Centre for Physical Activity & Health	27	NICE version	16	4–13	Need to make links to NICE guidance brief advice in primary care for physical activity.	Noted. Links have been added.
British Heart Foundation National Centre for Physical Activity & Health	28	NICE version	16	20/21	In an already pressurised system how can one ensure that preventing and managing obesity is given priority action. What systems will be put in place to support staff, ensure that this happens?	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 aid implementation at a national level.
British Heart Foundation National Centre for Physical Activity & Health	29	NICE version	16	24	Who is responsible for leading a local obesity strategy - need to specify. Also provide examples of strategies to support PCTs struggling with this.	The background to these recommendations highlights key audience 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/

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						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	30	NICE version	17	2	How will training needs be identified and met?	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.
British Heart Foundation National Centre for Physical Activity & Health	31	NICE version	17	3	How will time be made available in an already over-stretched system?	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	32	NICE version	17	22–28	Again this recommendation needs to be linked to NICE guidance on brief	Noted. Links have been added to the guidance on brief interventions.

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Centre for Physical Activity & Health					interventions – need to consider evidence of what's worked and look at characteristics of most effective interventions.	
British Heart Foundation National Centre for Physical Activity & Health	33	NICE version	18	5	Agree that isolated one-off events should be avoided – however, these can provide momentum when part of a planned programme of action.	Noted. The wording of this recommendation has been amended for clarity.
British Heart Foundation National Centre for Physical Activity & Health	34	NICE version	18	12–14	How can parents and carers become involved?	Although there is good evidence that involving parents increases the chance of effectiveness, 'involvement' is poorly described in the research.
British Heart Foundation National Centre for Physical Activity & Health	35	NICE version	18	19	What should healthcare professionals do? – need direction	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.
British Heart Foundation National Centre for Physical Activity & Health	36	NICE version	18	22–25	This recommendation needs clarification: Is the recommendation that families need counselling or the child or both? Who will provide the counselling? Will practice nurse/school nurse have the time or skills? Should they be expected too or	The wording of this recommendation has been amended for clarity. Please note that this recommendation is for healthcare professionals working in primary care settings – it is not

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					should there be specialist in primary care settings/schools. If schools need to consider impact on child if other children know a peers is seeing an obesity counsellor this might lead to bullying/teasing.	specifically for schools. 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.
British Heart Foundation National Centre for Physical Activity & Health	37	NICE version	19	22–24	This is a huge task: How will professionals be made aware of these opportunities? – need mechanisms to ensure these schemes are drawn to professionals attention	The specifics of implementation are outside the remit of this work. Issues of partnership working are addressed within the guidance (specifically within recommendations for local authorities and partners, for which health professionals are considered a key audience).
British Heart Foundation National Centre for Physical Activity & Health	38	NICE version	19	27	Who will be responsible for audit of local needs?.	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.

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						Issues of partnership working are addressed within the guidance (specifically within recommendations for local authorities and partners, for which health professionals are considered a key audience).
British Heart Foundation National Centre for Physical Activity & Health	39	NICE version	19	30	How will professionals be made aware of these opportunities – need mechanisms to ensure these schemes are drawn to professionals attention.	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. Issues of partnership working are addressed within the guidance (specifically within recommendations for local authorities and partners, for which health professionals are considered a key audience).
British Heart Foundation National Centre for Physical Activity & Health	40	NICE version	20	10–12	Taster sessions and new activities.	Noted but not amended.
British Heart Foundation National Centre for Physical Activity & Health	41	NICE version	20	15/16	Professionals need examples of what are the most effective techniques, and training to be able to provide support and behaviour change.	The specifics of implementation are outside the remit of this work. Furthermore, the evidence considered has not allowed more specific guidance on exactly how

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						interventions should be designed in order to give maximum return. The majority of studies included in the systematic review on which this recommendation was based compared active treatment groups and it was difficult to ascertain the most effective behaviour change techniques.
British Heart Foundation National Centre for Physical Activity & Health	42	NICE version	20	22–24	Give examples and ideas.	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 in particular). Implementation tools are currently being developed – see section 3 of the NICE version for further information.
British Heart Foundation National Centre for Physical Activity & Health	43	NICE version	25	10	How do we minimise sedentary activities?	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

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						and implement the guidance as appropriate to their situation.
British Heart Foundation National Centre for Physical Activity & Health	44	NICE version	25	11/12	What constitutes regular?	The GDG considered that the evidence does not allow this recommendation to be more specific.
British Heart Foundation National Centre for Physical Activity & Health	45	NICE version	27	6–9	Bit vague just suggesting 'consider implications' without specific recommendations re. what to do. Should engage young people in the process. Help support those with long term conditions eg. Obesity.	Noted. This recommendation has been re-worded. Recommendation 1.1.5.8 highlights the need to consider the views of children.
British Heart Foundation National Centre for Physical Activity & Health	46	NICE version	27	16	There seems to be a lot of emphasis on role of the healthcare professional in delivering the obesity agenda – but have concerns about the capacity of these professionals to deliver all of these recommendations.	Noted but not amended. The guidance highlights the importance of a range of audiences in the delivery of recommendations. 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. Local and national staffing issues are outside the remit of the guidance.
British Heart Foundation National Centre for Physical Activity & Health	47	NICE version	27	20	Short term interventions and on-off events are OK to add initial momentum as long as they are backed up by sustained intervention.	Noted. This recommendation has been amended for clarity.

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British Heart Foundation National Centre for Physical Activity & Health	48	NICE version	27	26–29	Should consult with young people to find out what they want to do.	Noted. Recommendation 1.1.5.8 highlights the need to consider the views of children.
British Heart Foundation National Centre for Physical Activity & Health	49	NICE version	28	1–3	Plethora of words. Clarify what is meant.	Noted. This recommendation has been amended for clarity.
British Heart Foundation National Centre for Physical Activity & Health	50	NICE version	28	9–16	This is crucial and should be placed earlier in the document.	Noted but not amended. The placing of this recommendation is considered appropriate.
British Heart Foundation National Centre for Physical Activity & Health	51	NICE version	28	13	Conflicts with statement on page 27 line 20 which states one off events should be avoided.	Noted. This recommendation has been amended for clarity.
British Heart Foundation National Centre for Physical Activity & Health	52	NICE version	30	1–22	Also need to consider; • management support and commitment • person committed to champion physical activity in the workplace • setting up a group to take the programme forward • researching employee needs • Develop an action plan Consider work in 4 areas; 1. awareness raising and education 2. activities and opportunities 3. supportive environment 4. policy	Noted. Best practice is covered in the background to the workplace recommendations within the full version of the guidance. In addition, the specifics of implementation are outside the remit of this work. However, your suggestion will be considered when the implementation materials are developed.

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British Heart Foundation National Centre for Physical Activity & Health	53	NICE version	32	17	Need to clarify this. Will interventions only focus on interested individuals or all those in need based on health grounds? Need clear pathway for obesity management based on health need **not** interest.	Noted but not amended. The recommendation highlights that health professionals should discuss if the individual is interested/has concerns or is at risk. Clinical pathway has been revised in light of the changes made to the recommendations.
British Heart Foundation National Centre for Physical Activity & Health	54	NICE version	32	22–25	How will this best practice guidance re. commercial and self help groups be made available to GPs & PC settings?	Noted. This set of recommendations has been substantially amended for clarity. The BDA best practice, previously included within the background, is now embedded within recommendation 1.1.7.1.
British Heart Foundation National Centre for Physical Activity & Health	4	NICE version	4	16–18	Obesity is primarily seen as a health issue, other agencies need to see it as their responsibility therefore need some accountability. Need to specify agencies who also have a role and responsibility and identify mechanisms for them to make a difference.	Noted. 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. However, a range of government departments and agencies are registered stakeholders for this work. The status of NICE guidance is outlined in sections 3.1 and 5.2 of the NICE version.

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British Heart Foundation National Centre for Physical Activity & Health	10	NICE version	7	25–27	NHS should also think about building design and space – as one of the largest employers in England/Wales they have great potential to influence physical activity patterns of staff/visitors by how they plan/design buildings and hospital settings.	Noted. A recommendation has been added emphasising that the NHS should be an exemplar in public health strategies to prevent and manage obesity.
British Heart Foundation National Centre for Physical Activity & Health	64	NICE version	77	Appendix D: Physical Activity	Physical activity recommendations vary depending on the goal, the distinctions need clarifying for both adults and children, for example: 1. recommendations for maximum cardio-vascular protection (eg 3 x 20 vigorous intensity) 2. recommendations for general health benefits (eg 5 x 30mins moderate intensity) 3. recommendations for prevention of obesity 4. recommendations for treatment of obesity 5. recommendations for long-term maintenance following weight loss. *Extremely important for **ALL** professionals that these distinctions are made and messages are consistent.* In addition, there needs to be clarification that recommendations might need modifying for individuals who are trying to lose weight with other co-morbidities such as diabetes,	Noted. The wording has been checked and amended to ensure that it is in line with recommendations outlined in the CMO (2004) report *At least 5 a week*.

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					hypertension, orthopaedic problems.	
British Heart Foundation National Centre for Physical Activity & Health	65	NICE version	79	3	Would suggest heading should be Sport and physical activity. There should be a range of websites	The heading has not been changed but a number of related websites are included in the NICE version appendix D*]*and in the Implementation Resources document.
British Heart Foundation National Centre for Physical Activity & Health	15	NICE version	8	22–29	Also need to consider; • management support and commitment • person committed to champion physical activity in the workplace • setting up a group to take the programme forward • awareness raising and education • researching employee needs	Noted. Best practice is covered in the background to the workplace recommendations within the full version of the guidance. In addition, the specifics of implementation are outside the remit of this work, although a number of related websites have been included in the Implementation Resources document.
British Heart Foundation National Centre for Physical Activity & Health	66	NICE version	80	18	Could include Well Fit Campaign - interactive healthy living programme.	A number of related websites have been included in the Implementation Resources document.
British Heart Foundation National Centre for Physical Activity & Health	16	NICE version	9	1/2	Not just out of hours. Provide opportunities to be active during the working day eg lunch time classes, walking groups before and after.	Noted. This issue is highlighted within recommendation 1.1.6.3.
British Obesity Surgery Society	15		4		The reference to gynaecological cancer does not make any sense.	We do not know where this refers to.

PH only comments

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College of Occupational Therapists	2	NICE version		1.1.3.3	Include wheelchair routes as a means of enabling greater activity by wheelchair users	No evidence was identified on interventions aimed at enabling greater activity by wheelchair users. The GDG considered that adding a specific reference to wheelchair routes could restrict the uptake of the recommendation by making it extremely difficult to implement.
Community Practitioners and Health Visitors Association	7				School have healthy school accreditation and comments of Ofsted	Noted.
Community Practitioners and Health Visitors Association	8		12	1.1.1	Evidence for gaining weight during menopause, is this a myth?	Please refer to evidence statement 6 within the 'energy balance' review (section 6 of the full guidance).
Community Practitioners and Health Visitors Association	9		15	1.1.2	Good that the role of health trainers noted. It is important that other health workers do not leave the issue of obesity to the health trainers alone.	Noted.
Community Practitioners and Health Visitors Association	11		19	1.1.2.15	Specialist Community Public Health Nurses – known as Health Visitors, School Nurse, and other, should be in a position to do this.	Noted.
Community Practitioners and Health Visitors Association	12		20	1.1.2.19	Worth drawing attention to Specialist Community Public Health Nurse/Occupational Health Nurses specifically.	Noted. The wording has been amended to 'Health professionals with appropriate training, such as occupational health staff and health promotion specialists…'.
Community Practitioners and Health Visitors Association	13		28	1.1.6	Need for incentive – award – or some sort of recognition for the 'healthy workplace'.	The specifics of implementation are outside the remit of this work. Furthermore, in this instance the evidence considered does not allow

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						the provision of more specific guidance. 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.
Community Practitioners and Health Visitors Association	6		8		What incentatives are suggested for workplaces to participate?	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 aid implementation at a national level.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	62		95, 96, 97.	9–20, 1–24, 1–9	Recommendations to local strategic health authorities and local authorities: Recommendation 1,3,4,5: Provider quality: It would be helpful if the final / implementation guidance to explicitly indicated how commissioners could assess obesity service provider quality,	The specifics of implementation are outside the remit of this work. Furthermore, in many instances the evidence considered does not allow

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					perhaps with a checklist to enable a consistent / rapid approach. Given that the evidence for effectiveness in non-traditional settings is weak, it would be helpful if the guidance recommended evaluation of these at a local level, or ideally specific research (with minimum criteria) to assess effectiveness.	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. 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 appendix D of the NICE version.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	25	Full version/ NICE version	41 8 (NICE)	2	We would like to see that after the phrase, 'nurseries and childcare facilities' that 'all Sure Start Children's Centres' is added.	Noted, but the recommendation has not been amended. Sure Start Children's Centres have been added to the audience list for this recommendation.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	27	Full version/ NICE version	59 13 (NICE)	8	A reference is made to less healthy foods being 'treats'. We would appreciate it if the final / implementation guidance did not refer to less healthy foods as treats.	Noted. The text has been amended.

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Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	28	Full version/ NICE version	59 13 (NICE)	10	We respectfully point out that the spelling of confectionery needs correcting.	Noted. The typo has been amended.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	20	NICE version	18	1.1.2.9	The active involvement of parents and carers in the care of obese/overweight children and young adults would seem a laudable aim. However, we would appreciate it if further consideration were given to the rights of children and particularly young adults to be cared for independently of their parents and carers, relative to the benefits of family-supported interventions.	Noted but not amended as the recommendation already states that family involvement should depend on the age and maturity of children. However, your points will be highlighted in the patient care section.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	23	NICE version	22		It would be helpful if 'walking buses' were included.	In this instance, the evidence considered does not allow the provision of specific guidance on walking buses. No included studies directly assessed the effectiveness of 'walking buses'. Only one cross-sectional study, included as corroborative evidence, assessed levels of physical activity in 5-year-olds who walked to school compared to those who were driven in urban primary schools in Avon (Metcalf 2005). Being driven to school did not affect the overall

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						physical activity levels of 5-year-olds, although the GDG had concerns about the wider applicability of these findings. A randomised controlled trial of site-specific advice on school travel patterns using a school travel plan coordinator increased the production of school travel plans 1 year post-intervention in London primary schools, but there was no evidence that this changed travel patterns or reduced parental fears.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	24	NICE version	25/6		We feel that this paragraph underplays the risk of stigmatising and bullying of obese/overweight children, and would appreciate further consideration being given to this.	Noted. Additional text has been added to address this issue in the 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)	18	NICE version	7 and later		It would be helpful if the guidance mentioned road safety – this is potentially one of the reasons cited for parents being reluctant to allow their children to walk/cycle to school.	Noted but not amended. Road safety is already identified as a key barrier that needs to be addressed within the recommendations for local authorities and partners (see 1.1.3.2 and 1.1.3.6).
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture,	21	NICE version	Page 15 ff.	Section 1.1.3	It would be helpful if consideration were given to the particular contribution that practice-based commissioning could make to this issue, both in the final / implementation guidance and in any	Noted. 'Commissioners of care' have been added to the audience list for NHS recommendations.

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Media and Sport (DCMS)					themed commissioning guide that NICE may produce.	
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	3	NICE version/ Full version	General		***Targeting:*** *Given that the obesity burden does not fall evenly across the population, we would appreciate it if the final / implementation guidance explicitly indicated how interventions should be balanced between targeting specific groups for best effect and broader approaches that for example impact on a whole school.*	The guidance is not at odds with current policy. Implementation of the guidance will contribute to the achievement of the Public Service Agreement (PSA) target. However, the guidance was commissioned by the Department and the Welsh Assembly in 2003, well in advance of the establishment of the PSA target. In line with the scope, the public health component of the work focuses on the whole population (from age 2) but identifies stages in the lifecourse where there is greater risk for an individual to gain weight and/or become overweight or obese. In line with the scope, the guidance does not solely focus on individuals at highest risk. The evidence considered has not allowed more specific guidance on exactly how interventions should be designed to target particular groups of children in order to give maximum return. This is reflected within the research

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						recommendations. However, the guidance does highlight throughout the importance of tailoring interventions and taking account of the needs of these groups in particular. 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.
					Given that there is the Public Service Agreement to reduce obesity in under 11 year old children, from the Department of Health's perspective, we believe the final / implementation guidance could usefully be more explicit about how to make the biggest impact for this group. In particular, it would be useful to have guidance on how targeting should best occur and whether it should be at an individual or risk group level.	This will be considered in the development of the implementation materials.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	5	NICE version/ Full version	General		***Specific examples:*** *We believe the impact of the final / implementation guidance could be strengthened by being very specific about how the NHS / Health Professionals / Local Authorities / Schools / early years settings / Workplaces could practically*	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

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					implement the guidance with clear examples of good practice so that these can be readily translated to other settings. *We believe that by providing explicit examples of e.g. suitable local strategies / multi-component interventions, this would help commissioning and provider organisations to deliver programmes to tackle obesity consistently, efficiently, effectively, equitably and reduce duplication.*	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.
Department of Health (DH), Department for Education and Skills (DfES), and Department for Culture, Media and Sport (DCMS)	11	NICE version/ Full version	General		***Early years:*** *The recommendations affecting early years appear to be aimed at all nurseries and childcare facilities. By implication, this would appear to exclude children's centres not offering childcare facilities. We would appreciate it if the guidance specifically mentioned Sure Start Children's Centres.*	Noted. Sure Start Children's Centres added to audience list for pre-school and family recommendations.
Department of Health (DH), Scientific Advisory Committee on Nutrition	72		13		Diet – what is 'low-fat'? It should be specified. The alcohol bullet point should indicate that it is the recommended maximum intake. Strongest reaction relates to the absence	Noted but not amended. It is stated that these recommended strategies are within the context of existing guidance, as outlined in appendix D of the NICE version. Clear links between these recommendations and the appendix will be ensured in the final version. The guidance is based on a

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					of evidence for many of the recommendations - for example on page 13, there is a recommendation to eat a 'low fat' diet and to avoid increases in 'fat/calorie' intake, as if these are interchangeable. Our understanding of the trials is that the fat content of the diet does not has much impact on weight change. Going beyond the details, strongly support the aim of providing guidance on combating obesity by improving diet.	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 GDG were careful not to develop recommendations which overstep the evidence base. For the example given, the recommendation is based on the 'energy balance' review statements 3, 4, 5, 8 and 9 (see chapter 6 within the full guidance). The 'energy balance' review considered predominantly cohort-level evidence of healthy populations, not trials of individuals aiming to lose weight.
					The wish list takes no account of social inequalities nor ethnic differences. There is no mention about cigarette smoking	Noted but not amended. This is a general list of strategies which may help maintain weight and/or prevent obesity, based on the findings of the 'energy balance' review of cohort studies. The need to tailor advice for different groups is addressed elsewhere.

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Department of Health (DH), Scientific Advisory Committee on Nutrition	102		13		'Healthy diet'; reduce salt to below 6g /d (NB 6g is still 50% greater than Na RNI for adults). Note that salt targets for children are lower than this and age dependent.	Within the glossary, the statement has been amended to '*no more than* 6g/day', in line with Scientific Advisory Committee on Nutrition ***[?]***(SACN) guidance and the wording on the FSA website. A note has been added that values for children are less. This wording is already used within section 1.6.1.1 of the full guidance and appendix D of the NICE version, with comments about lower values for children.
Department of Health (DH), Scientific Advisory Committee on Nutrition	73		15	Sec 1.1.2	Activity: No mention of working mothers / single parents and the difficulties they may face. 'appropriately trained health professionals' who will train?	Noted but not amended. This is a general list of strategies which may help maintain weight and/or prevent obesity, based on the findings of the 'energy balance' review of cohort studies. The need to tailor advice for different groups is addressed elsewhere. 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.

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Department of Health (DH), Scientific Advisory Committee on Nutrition	75		16	1.1.2	Tailoring advice – there is clear evidence that mail and internet approaches do not work, so why are they recommended here? Tailoring advice: this needs to provide guidance for ethnic groups and low income. It could draw an information from NDNS. Overarching recommendations - 'Managers and appropriately trained healthcare professionals in all primary care settings must ensure that preventing and managing obesity is a priority action. Is this realistic in the face of so many conflicting needs - what is the evidence for this statement when Government has set targets for treatment and waiting lists?	See evidence statements for the workplace, 'community 1' and management in non-clinical settings reviews. Intervention data was considered for questions relating to evidence for effectiveness. 'Corroborative data', such as qualitative studies and cross-sectional surveys, were considered as appropriate and as time allowed. The National Diet and Nutrition Survey (NDNS) provides a breakdown of results by age, sex, region and household receipt of benefits; it does not analyse results by ethnicity. The Low Income NDNS is not yet available. 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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Department of Health (DH), Scientific Advisory Committee on Nutrition	76		18	1.1.2.6	Dietary assessment is fraught with difficulty and error in obese subjects. It also takes a long time to do properly (30-60 min) so how will it be included in a GP or practice nurse appointment?	Noted. This recommendation has been amended to 'dietary modification' rather than 'assessment'. Please note that this is a public health recommendation and applies to individuals who are not yet obese.
Department of Health (DH), Scientific Advisory Committee on Nutrition	77		19	1.1.2.14 1.1.2.15	What is meant by 'Competencies'? What are thay?	Noted. 'Competencies' has been amended to 'training' throughout.
Department of Health (DH), Scientific Advisory Committee on Nutrition	78		20	1.1.2.17 1.1.3 & 1.1.4.4 1.1.5	Is this really a responsibility for healthcare professionals? The remainder of this section needs evidence about local implementation groups that includes others in addition to health professionals. No mention about training of staff – why should they see this as their	Noted but not amended. The GDG considered that health professionals did have a role in implementing these recommendations. Please note that some recommendations have been amended to highlight the role of '*health* professionals' rather than '*healthcare* professionals', to emphasise the potential role of a broad range of staff. The specifics of implementation – including local training needs and skill mix required – are outside the remit of this work. In this instance, the evidence considered does not allow the provision of more specific guidance on these issues. The guidance allows local providers to

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					responsibility?	interpret and implement the guidance as appropriate to their situation.
Department of Health (DH), Scientific Advisory Committee on Nutrition	79		25	Last line	There is no evidence to suggest that school based interventions to prevent obesity, improve diet and increase activity levels foster eating disorders or extreme dieting or exercise behaviour'. Clarification of this statement would be helpful to the readers.	Noted. This statement is based on evidence statement 8 within the review of school-based interventions (see section 9.1 within the full guidance). A link will be added to the final version of the full guidance for clarity.
Department of Health (DH), Scientific Advisory Committee on Nutrition	80		32	1.1.7.3–1.1.7.4	Surely NICE should be defining 'best practice guidance'. These two sections are unhelpful in the circumstance.	Noted. This set of recommendations has been substantially re-drafted for clarity. The BDA list of 'best practice', previously in the background, is now embedded within recommendation 1.1.7.1.
Department of Health (DH), Scientific Advisory Committee on Nutrition	122		Page 259	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.	In line with the review parameters, studies which considered attitudes and awareness without diet, physical activity and/or weight outcome(s) were not considered. However, where this information was reported in studies with diet, activity or weight outcome(s), it was considered and the findings are highlighted throughout section 3, particularly in the 'raising awareness' review and the review of school-based interventions. A number of recommendations highlight the importance of

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						considering the views of children and parents.
Department of Health (DH), Scientific Advisory Committee on Nutrition	100		Section 3 – page 6		The problem in all studies of dietary or activity factors associated with the development of obesity is that the research studies have either studied diet, or activity, but few if any have studied both together. Without an integrated approach to the two components of energy balance, the studies are extremely limited in their value. (It is unlikely that the WCRF review of factors contributing to obesity will change this conclusion)	Noted. The limitations of the evidence base are acknowledged. Cohort studies were only considered within the 'energy balance' review – other reviews considered interventions. Evidence statements highlight that interventions that address diet and activity are more likely to be successful.
Department of Health (DH), Scientific Advisory Committee on Nutrition	71	NICE version	11		It is a bold step to make recommendations to such a broad range of stakeholders but disappointing that Government, as the legislator, seems to be excluded. This is a problem; for example constraints on road traffic legislation and local authority expenditure limit the ability of local authorities to deliver in important areas.	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

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						forthcoming Food and Health Action Plan.'
					Similarly the 'health sector' is broader than 'health professionals' – this difference is important. Some recommendations should be addressed to the latter. For example see comment on 1.2.4.4 in relation to training.	Noted. A number of recommendations have been amended to highlight the role of *health* professionals rather than *healthcare* professionals to emphasise this point. The background to the NHS section highlights the range of staff with a potential role.
Department of Health (DH), Scientific Advisory Committee on Nutrition	69	NICE version	Page 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 which could aid implementation at a national level.
Diabetes UK	11		' '	' '	'Drinks and confectionery high in added sugars' add text 'and fat'	Noted but not amended. The evidence considered focused on sugar-sweetened drinks in particular.
Diabetes UK	8		12	1.1.1 Back-ground/4th	Pleased to see that emphasis has been placed on 'the effort required to gradually	Noted.

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				para	change long standing behaviours cannot be underestimated'	
Diabetes UK	9		12	1.1.1 Back-ground/ Last sentence of section	'such as reducing the risk of heart disease….' Include diabetes in this statement. 80% of all people diagnosed with Type 2 diabetes are overweight or obese at diagnosis.	Noted. Type 2 diabetes has been added to recommendation 1.1.1
Diabetes UK	10		13	1.1.1.2 Diet/point 3	'as treats' does not promote healthy thoughts about food behaviour	Noted. The wording has been amended.
Diabetes UK	12		15	1.1.2	Pleased that training needs has been acknowledged	Noted.
Diabetes UK	13		21	Last para	Pleased that the need for evaluation and monitoring of interventions has been included	Noted.
Diabetes UK	14		22	1.1.3.1	Pleased that managing obesity is documented as a priority for action	Noted.
Diabetes UK	15		23	1.1.3.6	Pre-existing concerns – only one example listed. Would be good to highlight more than one as is in earlier text on page 16	Noted but not amended. The GDG considered the existing text appropriate.
Diabetes UK	16		28	1.1.5.8	'preferences between boys and girls' – also ethnicity or religious beliefs may influence this.	Thank you. However, the GDG have decided that this is not supported by the evidence.
Diabetes UK	17		31	1.1.7	This section is not listed as a priority for implementation on pages 7 – 8.	Noted. Recommendation 1.1.7.1 has been added to the list of priority recommendations.
Diabetes UK	18		31	1.1.7	Best practice should include a point about needing 'appropriately trained staff'	Noted but not amended. The best practice list as the BDA (referenced). The GDG considered that this issue was sufficiently addressed elsewhere.
Diabetes UK	6		7	Public Health/	Refers to healthcare professionals but the NHS may encompass other personnel	Noted. The wording of this recommendation has been

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				NHS	working in obesity that are not healthcare professionals	amended to highlight the role of local strategic partnerships. Please also note that the background to the recommendations for NHS highlights the full range of staff that may have a role.
Diabetes UK	33		76	FSA advice	The advice is not specific enough e.g. 'lots of fruit', 'plenty of water' and needs advice pertaining to cutting down on total fat as well as saturated fat.	Noted but not amended. This section provides a brief overview of existing guidance. The text is a direct quote from the Food Standards Agency (FSA). Further information is provided on the Eatwell website, for which the link is provided.
Diabetes UK	34		76	Alcohol	The size of a glass of wine and alcopops can vary considerably and the size of the glass/alcopop should be specified for unit content here.	Noted but not amended. This section provides a brief overview of existing guidance. The links provided to the Department of Health (DH) and FSA websites will provide more information on this issue.
Diabetes UK	35		76	Alcohol	The recommendations for alcohol and diabetes differ to these guidelines. We would welcome the diabetes specific recommendations being included here (2 units per day for women and 3 units per day for men)	Noted but not amended. This section provides a brief overview of existing guidance for the *general* population. The links provided to the DH and FSA websites will provide more information on this issue. The management of other conditions, such as diabetes, is outside the remit of this work.
Faculty of Public Health	13	NICE version	12		4th para: re benefits – worth mentioning hypertension and diabetes	Noted. The wording of this paragraph has been amended to

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						include type 2 diabetes. The wording of recommendation 1.1.1 has also been amended to include type 2 diabetes. The GDG did not consider it appropriate to include a reference to hypertension because of the weaker evidence on this condition.
Faculty of Public Health	14	NICE version	15		NHS: Reference should be made to the NHF/FPH obesity toolkit, *Lightening the Load* , which provides detailed advice on the elements of an obesity strategy and useful tools concerning the choice and targeting of interventions	Noted. Relevant links have been added to the Implementation Resources documents.
Faculty of Public Health	15	NICE version	19		1.1.2.13: Mention could also be made to the provision of community nutrition and dietetic advice or NHS-contracted commercial slimming organisations.	Noted but not amended. The GDG considered that amendment could limit implementation of the recommendation.
Faculty of Public Health	16	NICE version	28		1.1.5.9: There is an opportunity here to mention the potential role of extended schools	Noted but not amended. The existing term 'after schools' is considered appropriate.
Faculty of Public Health	17	NICE version	32		1.1.7.1: At some point in the document there needs to be a recognition of the new commissioning environment in primary care	Noted. 'Commissioners of care' have been added to the audience list for NHS recommendations.
Fitness Industry Association (FIA)	5	NICE version	11		The recommendations on public health are divided into key audiences. Whilst local authorities and partners are included the FIA feel that there is a significant omission in terms of private sector leisure provision. FIA private sector (as well as public) are in an excellent position to give	The private sector as an audience is covered by 'partners'.

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					expert advice in the implementation of physical activity programmes.	
Fitness Industry Association (FIA)	6	NICE version	15		Activity – the FIA's Adopt a School programme, when evaluated by Loughborough University, discovered that children of primary school age far preferred games such as 'tag', 'catch' and skipping than any formalised physical activity sessions.	Noted.
Fitness Industry Association (FIA)	7	NICE version	15	1.1.2	'Health Trainers' have a remit to give lifestyle advice which includes advice on smoking cessation, diet and physical activity. However, neither the FIA or Skills Active have been consulted on the physical activity element of their skills and training which leaves us in severe doubt as to their competence and ability to advise on the uptake of physical activity. The fitness industry has 35,000 registered instructors at levels 2 and 3 NVQ and it would appear to be a waste of talent not to use this resource, particularly as the Department of Health funded the set up and early development of the Register of Exercise Professionals.	Noted. 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 specifics of implementation – including local training needs and the skill mix required – are also 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.
Fitness Industry Association (FIA)	8	NICE version	17	1.1.2.4	As referred to above, the fitness industry has a rich resource of qualified exercise professional who could be utilised amongst the range of healthcare	The private sector is covered by reference to 'partners'.

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					professional necessary to deliver best practice.	
Fitness Industry Association (FIA)	9	NICE version	17	1.1.2.5	Walking is undoubtedly an excellent form of physical activity. However the FIA would welcome some guidance on levels of intensity required to aid in the management of a healthy weight.	Moderate activity is generally defined as activity that raises the heart rate and breathing a little, hence the inclusion of brisk walking among other examples.
Fitness Industry Association (FIA)	10	NICE version	18	1.1.2.10	If families of children and young people identified as being at high risk of obesity are to receive individualised counselling the resource required will be significant and perhaps even a little idealistic.	Noted. The wording of this recommendation has been amended for clarity.
Fitness Industry Association (FIA)	11	NICE version	27	1.1.5.6	It is essential to promote enjoyable activities to children to facilitate motivation. The FIA have had great success with both our primary school programme and our teenage girls programme as they both work on the principle that children need to have fun whilst being physically active.	Noted.
Fitness Industry Association (FIA)	12	NICE version	30	1.1.6.2	Workplaces should be encouraged to implement tailored physical activity programmes which involve qualified exercise professionals. Expertise from leisure centres and health clubs could be invaluable in assisting with this.	Noted.
Fitness Industry Association (FIA)	13	NICE version	30	1.1.6.4	Workplaces that make contributions to gym memberships are to be applauded. However, employees are penalised by being taxed on the contribution as a benefit in kind. The FIA have lobbied the treasury on this issue for a number of years as the tax acts as a disincentive to	Noted.

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					accepting the gym membership provided by the employer.	
Fitness Industry Association (FIA)	2	NICE version	8		Schools – The request for all head teachers and chairs of governors to commit to the implementation of policies aimed at children being able to maintain a healthy weight, eat a healthier diet and be physically active is admirable. However, primary schools often have very little PE provision and in addition it is very often of poor quality as staff are inadequately trained to teach physical activity and sport. The FIA runs a programme, funded by DCMS, which is aimed at primary school age children, called Adopt a School, which includes a high quality toolkit to enable teachers to continue to teach the programme in addition to receiving expert	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. Noted.

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					help from exercise professionals. One hundred primary schools are currently involved but the programme has the potential to be rolled out nationally.	
Fitness Industry Association (FIA)	3	NICE version	8		Schools – PE teachers in secondary schools are often poorly equipped to motivate teenagers (particularly girls) into participating in physical activity. The FIA have a DCMS funded programme that has just launched in 50 secondary schools particularly for teenage girls. The programme involve a link with a health club or leisure centre where an exercise specialist will visit the school and instruct motivating group sessions in such activities as 'funk', 'street jam', body combat, yoga and pilates amongst others. The tool kit enables PE teachers to develop the skills to instruct the programme in the longer term.	Thank you. This will be considered when the implementation materials are developed.
Fitness Industry Association (FIA)	4	NICE version	8		Workplaces – The FIA 'Active at Work' programme, funded by two Sport England regional sports boards, has been extremely successful in encouraging employees to participate in physical activity. 16 business have been partnered with a health club or leisure centre where a range of activities have been offered including non- gym based activities such as walking, cycling and swimming.	Noted.
Food and Drink Federation	16	Full version	257	9–13	We note NICE's recognition that there is little evidence to show whether the	The conclusions drawn are as previously reported by the FSA and

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					influence of food promotion on children's diet is greater or lesser than that of other factors.	not unique to NICE. Evidence statement 4 within section 7.1 of the full guidance states that 'There is a body of evidence that food promotion can have an effect on children's food preferences, purchase behaviour and consumption. The majority of food promotion focuses on foods high in fat, sugar and salt and therefore tends to have a negative effect. However, food promotion has the potential to influence children in a positive way.' This statement is a reflection of the evidence summary from page 257 onwards.
Food and Drink Federation	2	Full version	General		The Guidance states that the fundamental cause of overweight and obesity is an energy imbalance (page 124, line 14). This is well reflected throughout the guidance. FDF particularly welcomes the continuing emphasis on the importance of being physically active throughout life. In order to promote physical activity, along with other healthy lifestyle initiatives, FDF has developed a consumer information programme 'foodfitness'. This incorporates an interactive education programme, which	Noted. Noted.

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					enables teachers to introduce science-based diet and lifestyle messages into their lessons for 7-9 year olds. See www.foodfitness.org.uk and www.jointheactivaters.org.uk	
Food and Drink Federation	3	Full version	General		FDF believes that the concept of non milk extrinsic sugars is flawed. This is because sugars (whether naturally present in a food or added), are metabolised in exactly the same way in the body. FSA has accepted that added sugars/ NMES is a difficult concept for use on labelling. This is because it cannot be analysed and there is no fool-proof way of double checking that the calculation for working out the amount of added or NME sugar is accurate. For this reason industry prefers the concept of total sugars and this is what has to be declared on a label. Under the auspices of IGD, industry has also developed a Guideline Daily Amount for total sugars. This allows consumers to monitor their total sugars intake against the GDA for total sugars.	Noted. As highlighted in the guidance aims (page 3 of the NICE version), the guidance is intended to support the implementation of the *Choosing Health* White Paper, the revised General Medical Services (GMS) contract and the existing national service frameworks. Therefore, as outlined in appendix D, the guidance should be viewed in the context of the existing advice on diet and activity. The debate on the usefulness or otherwise of the classification of sugars is outside the remit of this work and should be raised with DH, FSA or SACN.
Food and Drink Federation	4	Full version	General		There is evidence to suggest that for both adults and children, the use of positive messages and encouragement around	Noted. The specifics of implementation are outside the remit of this work. Furthermore, in

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					food is more likely to produce behaviour change, and less likely to cause disordered eating than prescriptive messages[12]. FDF believes NICE should include an overarching recommendation stressing the need for NHS professionals, local authorities, nurseries, schools and workplaces to promote positive messages about broadening and varying the diet alongside an active lifestyle.	this 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.
Food and Drink Federation	5	Full version	General		FDF represents the interests of the dietetic foods industry as regulated by Directive 89/398/EEC on Foods Intended for Particular Nutritional Uses (PARNUTS). A sub directive of PARNUTS defines very clearly composition and other requirements for Foods Intended for Use in Energy Restricted Diets for Weight Reduction (Directive 96/9/EC). The composition and other characteristics of such foods distinguishes them in both a regulatory and an actual sense from normal foods. The Draft Guidance has failed to separate	Noted. Noted. We have considered the issue of

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					the category of Meal Replacements for Weight Control from normal foods that may be low calorie, calorie counted, low fat, etc. As recognition of their unique dietary status, FDF requests NICE to incorporate special provisions for meal replacements for weight control within the guidance. Details of this request will be provided in the submission from FDF's member IDFA (Infant & Dietetic Foods Association).	meal replacements at length; we consider that the use of meal replacements (as available OTC) is not a clinically prescribed intervention, and as such is outside the scope of the clinical guidance.
Greater Peterborough Primary Care Partnership	6	NICE version	14	1.1.1.3	periodically & regularly ….This is confusing!	Noted. This recommendation has been amended for clarity.
Greater Peterborough Primary Care Partnership	8	NICE version	23	1.1.3.5	Include those easily accessible by school children (in close proximity or on way to school etc)	Noted but not amended. The GDG is of the view that such an amendment could limit the implementation of this recommendation.
Greater Peterborough Primary Care Partnership	9	NICE version	28	1.1.5.7	a good environment for either school meals or lunch brought in from home.	Noted. The recommendation has been amended to include reference to 'packed lunches'.
Greater Peterborough Primary Care Partnership	10	NICE version	32	1.1.7.3	Evidence based commercial or voluntary programme should be a choice for patients There is a role for the NHS through local specialist dietitians and physical activity specialists to support local programmes in achieving good practice and being identified an a suitable choice options for patients..	Noted.

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Greater Peterborough Primary Care Partnership	3	NICE version	8		School setting Surveillance through the collection of height and weight measures in reception & year 6 should be added as a priority	As highlighted in the scope, routine measurement and population-based screening programmes for overweight or obesity are outside the remit of this work.
Hampshire Partnership NHS Trust	5	NICE version	General		Encouraging the experimentation and food choices in primary and secondary schools.	Noted.
Healthcare Commission	3		Evaluation and monitoring: 18.3.1:		Because - due to confidentiality issues - data on measuring young people will only have postcode of school attended rather than residence, it will be difficult for the Healthcare Commission to assess achievements in tackling obesity, as our data requirements relate to PCT areas.	Noted.
Healthcare Commission	2	NICE version Guidance	page 52	3.1 para 2	This section could be strengthened by pointing out that two of the public health domain standards - Core Standard 22 addresses partnerships (including those that can support achievement of the obesity PSA) and Core standard 23 makes specific reference to reducing obesity through action on nutrition and exercise. In addition, the public health developmental standard D13 also addresses developmental elements of public health programmes, health promotion and prevention services for the public.	Thank you. This will be considered for the NICE version and implementation materials.
Heart of Mersey	6	Full version	238	14–18	The full guidance refers to evidence that higher percentage of calories from fat among children aged 3-5 years were	As highlighted in the scope, the guidance focuses on what can be done locally. National policy and

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					associated with greater increases in BMI. Full-fat milk and dairy products are the biggest source of calories from fat for this age group, and yet the national guidance around provision of skimmed milk and/or low fat dairy products is vague. The government's free milk scheme, for example, only supports full-fat milk for pre-school children aged 3-6 in England. The NICE guidance should make recommendations for the clarification of the nutritional and dietary guidance for food provision for this age group, particularly as there is evidence that fat children are likely to remain fat into adulthood.	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.' 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 http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
Heart of Mersey	5	NICE version	8		The guidance states that nurseries and childcare facilities should take action to improve children's dietary intakes by	Noted. This recommendation has been amended to include reference to the forthcoming Caroline Walker

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					implementing the DFES / FSA guidance on food procurement on healthier catering. This guidance is however very vague – particularly in comparison to the new guidance that is being developed for schools. A key recommendation of the NICE guidance should be for a revision of the DFES/FSA guidance to provide more comprehensive guidelines for food provision in the pre-school sector.	Trust guidance for children under 5. Specific links to relevant FSA and DfES websites have been added.
Infant and Dietetic Foods Association	13		411 412	29–30 1–7	***Criticism of the 5 year study:*** Rothacker, DQ. **Five-year self-management of weight using meal replacements: Comparison with matched controls in rural Wisconsin**. Nutrition. 2000; 16; 344-348 ***which appears to have led to the conclusion that there is no evidence to support the use of meal replacements may be helped by reference to:*** Mattes RD**. Feeding behaviours and weight loss outcomes over 64 months**. Eating Behaviors 2 (2002) 191-204 ***This paper examines the characteristics of three distinct grouped results from the trial – characterised as Non-responders, Rebounders and Maintainers according to their initial response to the meal replacement programme and their subsequent maintenance over the 5 year examination period.***	Noted. The Mattes paper has been assessed against the inclusion criteria for the review. It does not meet the criteria for the review as, in terms of weight data it provides before and after data only – the control group used in the Rothacker study was not included. Studies without a control or comparison group were not eligible for inclusion in the review. The Mattes study is a survey conducted at the end of the Rothacker study that explores the relationship between various participant characteristics and how these varied between participants who were non-responders, rebounders and maintainers. Aside from not meeting the inclusion criteria of the review, the Mattes study does not provide any new

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					Objective : change of evidence statement to acknowledge value of meal replacements alongside	data in relation to the effectiveness of meal replacement compared to no weight loss intervention.
Leeds Teaching Hospitals NHS Trust	12		32	1.1.7.4	Information on commercial slimming groups which meet best practice would be useful for use in primary care	Please note that this series of recommendations has been substantially amended to improve clarity. The BDA list of best practice, previously included in the introduction, is now embedded within recommendation 1.1.7.1. A link to the BDA Weightwise website has also been added.
Leeds Teaching Hospitals NHS Trust	8	NICE version	13		Drinking 8 glasses of water a day (or similar advice on fluid intake)is usually included in healthy eating advice	Noted but not amended. It is stated that these recommended strategies are within the context of existing guidance, as outlined in appendix D of the NICE version. Water consumption is mentioned in appendix D. Clear links between this recommendation and the appendix will be ensured in the final version.
Leeds Teaching Hospitals NHS Trust	9	NICE version	13		Would be useful to state recommended alcohol intake (note mentioned in appendix D)	Noted but not amended. It is stated that these recommended strategies are within the context of existing guidance, as outlined in appendix D of the NICE version. Clear links between this recommendation and the appendix will be ensured in the final version.

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Leeds Teaching Hospitals NHS Trust	10	NICE version	14	1.1.1.5	There will be a training implication for primary care to ensure consistency of message and delivery of message by health professionals- This could be a role for dietetics	Noted.
Leeds Teaching Hospitals NHS Trust	11	NICE version	19	1.15	The document emphasises the importance of work within schools and this is obviously key in terms of population focused efforts. It does not directly address the issue of targeting obese children by teaching or school nursing staff for intervention. Obese children are often the target for ridicule and bullying and our research indicates that they would not wish to be overtly identified or offered input within the school setting. I recommend that a statement is included that school is not the ideal setting to offer treatment to obese individuals, and if offered must be done confidentially and in privacy.	Noted. Noted. We have added a reference to bullying in the background to schools in the full version, and the issues are also discussed in the NICE version, in 'Working with people to prevent and manage overweight and obesity'. The recommendations for schools are based on public health evidence reviews and the recommendations apply to all children. The GDG are agreed that recommendation(s) targeting obese children within schools are not appropriate.
Living Streets	5		11		As above for page seven, we suggest that the remit for public health recommendations should be set more widely to include other public bodies and central government policy.	See response above.
Living Streets	6		13		Under Activity, the opportunities should include reference to active travel in everyday activities. This could include	Noted but not amended. For adults, walking or cycling as part of everyday life is already mentioned.

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					walking to work or to shops and services (or substituting walking as part of the journey). For children, walking to school should be included alongside encouraging participation in sport or other active recreation outside school.	For children, walking to school is already recommended. The GDG considered that this point was made sufficiently here and elsewhere in guidance.
Living Streets	7		17	1.1.2.5	We support the recommendation that health care professionals should focus on activities that fit easily into people's everyday life. This should include the opportunities for active travel.	Noted but not amended – guidance for active travel is included in other recommendations.
Living Streets	8		20	1.1.2.19	Support for workplace programmes to prevent obesity should also include support for workplace travel plans which include active travel.	Noted but not amended – guidance for active travel is included in other recommendations.
Living Streets	9		20	1.1.3	We support the recognition of the role of planning in influencing an environment that helps people to be active.	Noted.
Living Streets	10		21		We strongly support the recommendation that local authorities and their partners monitor and evaluate the impact of their action on obesity.	Noted.
Living Streets	11		22	1.1.3.2	We strongly support the recommendation that local authorities and PCTs engage with the community to identify and address local environmental barriers to physical activity. We also support the recommendation that the needs of sub-groups should be considered. Some forms of physical	Noted. Noted.

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					activity may be more likely to be used by some social, ethnic, religious or cultural groups and action should be focussed on activities (such as walking) that all groups take part in. However, different groups may have different needs and concerns, eg the provision of benches or tackling fears over crime and safety. Local authorities and others with control or influence over public space should identify and address barriers to walking through the use of Community Street Audits. Community Street Audits are a method for evaluating the quality of streets and public spaces from the viewpoint of the people who use them rather than those who manage them. Community Street Audits bring together local people's knowledge of their own neighbourhoods with the expertise of Living Streets to identify the issues and challenges and generate options and ideas for improving their local areas. Community Street Audits involve facilitators taking people out to look at how places work for people on foot. Instead of using tick boxes and lists of questions, we use the tools of observation and conversation to encourage a fluid, natural response to the street environment. Community Street Audits were mentioned in the recent State of the	Noted.

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					English Cities report as an effective way of evaluating the functionality of local environments. For more information see http://www.livingstreets.org.uk/consultancy.php. The Guidance should also add that PCTs and other health bodies should seek to support local authority action to improve opportunities for physical activity. For instance, health bodies should consider how they can support action to make roads safer - for instance traffic calming where the highways authority bears the expense but where savings may go to health bodies. Health bodies may have a role in publicly supporting moves to introduce road pricing or workplace parking levies which may be controversial.	Noted. The importance of partnership working between PCTs /health professionals and local authorities is highlighted within a number of recommendations and within the background to the NHS and local authority sections. Recommendations have been added highlighting that the NHS and local authorities should be exemplars in public health strategies to prevent and manage obesity.
Living Streets	12		23	1.1.3.3	We strongly support the recommendations for local authorities to engage with local partners to consider the quality and layout of the local environment and create safe spaces for walking. We particularly welcome the advice on providing facilities to support that, including benches and area maps. In addition, good signage for pedestrians can play an important role in encouraging walking.	Noted.

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Living Streets	13		23	1.1.3.4	We support schemes to provide personalised travel planning.	Noted.
Living Streets	14		27	1.1.5.2	We support the recommendation that school heads and governors consider the impact of their policies on physical activity. As well as looking at building layout within the school, they should also consider the school's accessibility by walking (including to sites like playing fields which may be off site). The Guidance should also include reference to school travel plans in promoting walking and cycling. Schools should also actively take part in the Walk to School Campaign run by Travelwise and Living Streets and funded by the Department for Transport and Transport for London. The campaign runs two walk to school weeks each year. Evaluation of the May 2005 campaign showed a modal shift of 30% in participating schools. Over 6,300 schools took part in 2005. The campaign also promotes WOW (walk once a week). For more information see www.walktoschool.org.uk.	Noted but not amended. The GDG considered that the current reference to school layout and travel plans is sufficient. Noted.
Living Streets	15		28	1.1.5.10	We support the recommendation that parents should be encouraged to consider their child's journey to school when choosing schools.	Noted.

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					Related to this, central government should consider the impact of its school policies on the ability of children to walk to their school and local authorities should consider walking distances in choices about new school locations or the closure of schools.	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.
Living Streets	16		29/30	1.1.6.2 and 1.1.6.3	We support the recommendations for workplaces to have a supportive physical environment and working practices and policies and, in particular, the recommendations in 1.1.6.3 that workplaces have workplace travel plans in place to promote active travel and promote walking during breaks at work. However, the key issue is creating a public space environment that encourages and enables people to walk all or part of their journey to work. Hospitals and other health bodies should take a lead on this. See http://www.livingstreets.org.uk/page.php?pageid=554 for more details of our Walking Works Wales project.	Noted. The issues raised are likely to be covered by the guidance 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 Medical Officer of England*, due September 2007. For further information see http://www.nice.org.uk/page.aspx?o=PhysicalActivityandEn Noted. A recommendation has been added that the NHS should be an exemplar in public health strategies to prevent and manage obesity.
Living Streets	17		31	1.1.7	We support the recommendation that regular physical activity which is part of an individual's daily life be recommended.	Noted but not amended. The list is as stated by the British Dietetic Association. The GDG considered

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					The Guidance could add that active travel (particularly walking to shops and services, or as part of the journey to work) is one way to do this.	that this issue was dealt with sufficiently elsewhere.
Living Streets	3		7		The list of bodies as priorities for delivering public health improvements should be drawn more widely to include other public bodies who have a direct role in creating an environment in which activity can take place. For instance this should include the role of agencies like: • the Highways Agency • National Rail (which has a role in promoting pedestrian and cycle access to stations) • English Partnerships and other regeneration agencies who have a direct influence in the development of the built environment and the opportunities for walking. Central Government policy also has an impact on the environment for walking, for instance: • national policy on school admissions which can affect the ability of pupils to walk to school • planning policy – influencing the built environment and the location of shops and services • transport policy – including street design and support for walking and cycling	Noted but not amended. The audience list for implementation of recommendations for local authorities and their partners highlights that a range of local community partnerships and transport services are key audiences. 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

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					• support for services (such as Post Offices) in rural areas which affects the ability of people to walk to local shops or services. We support the recommendation that local authorities should engage with local partners to consider the quality and layout of the local environment. The spaces for incidental activity should also include streets and public spaces, for instance through developing home zones, quiet lanes and additional public spaces.	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.'
Living Streets	4		8		We support the recommendations on workplaces implementing a tailored physical activity environment.	Noted.
Living Streets	1	NICE version	General		Living Streets welcomes the opportunity to comment on the draft guidance on obesity. We particularly welcome that the Guidance brings together complementary clinical and public health guidance, as well as addressing some of the environmental and wider social aspects underlying increasing rates of obesity. As well as the target audiences listed, we believe the Guidance should also include recommendations for public bodies beyond local authorities and health bodies and should inform wider government policy.	Noted. Noted. 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

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						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.'
					Living Streets promotes the role of walking as part of a healthy lifestyle and works with a range of stakeholders to create better streets and public spaces for people on foot. We are currently working in partnership with North Glamorgan Health Trust in Wales on a project called Walking Works Wales, which aims to encourage staff members to walk to work and aims to improve the street infrastructure to encourage walking.	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 Medical Officer of England*, due September 2007. For further information see http://www.nice.org.uk/page.aspx?o=PhysicalActivityandEnv

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					We have also conducted a research project on the walkability of hospitals on a number of sites across England (report forthcoming). The research showed that many hospitals prioritised vehicles in terms of access to hospitals. People arriving on foot often had to cope with problems such as indirect routes, lack of footways and poor crossing facilities. Our aim in the Walking Works Wales project and the hospitals survey is to highlight the need for resources to be allocated to preventative measures. Encouraging people to walk contributes to improve health and well-being, whether they are members of staff or members of the public. Investment in a better walking environment can pay for itself by improving the health of members of the community.	Please note that, in line with standard NICE methodology, the evidence reviews conducted in the development of this guidance include only published research which meets agreed review parameters.
					The Government's White Paper, Choosing Health highlights the workplace as a key setting for improving health. It emphasises the important roles for employers, employees, the Government and others in achieving these goals. It challenges workplaces to reduce barriers to being physically active, improve working conditions, promote the work environment for better health and encourages employers to engage and motivate staff to be more active, within the	Noted. A recommendation has been added highlighting the need for the NHS to be an exemplar in public health strategies to prevent and manage obesity.

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					workplace setting. It goes further and challenges all public sector organisations and particularly the NHS to 'lead by example'. The Guidance would therefore benefit from stressing to health bodies (from hospital trusts to community health centres to GP surgeries) the need to ensure good pedestrian access. Moves to encourage walking by the public may have less success if health bodies are difficult to access by foot and therefore seem unwilling to practice what they preach to others.	
Mend Central Ltd	7	NICE version	13	Diet – 3rd bullet point	Remove word 'treats'. Gives the wrong message, sets up comfort eating in the future.	Noted. The text has been amended.
Mend Central Ltd	8	NICE version	13	Activity – 1st bullet point	Active play is beneficial for children but so are the rest of the activities listed. We should be recommending activities that the family can do together – going cycling as a family improves everyone's health and also fosters good family relationships.	Noted. This recommendation is for childcare settings; family activities are highlighted within 1.1.1.6
Mend Central Ltd	9	NICE version	14	1.1.1.3	The words periodically and regularly contradict each other – list what you mean by simple alternatives.	Noted. The wording of this recommendation has been amended for clarity.
Mend Central Ltd	10	NICE version	14	1.1.1.5	Appendix D is referred to as a source of reliable information – please add the MEND website to this Appendix www.mendprogramme.org	Noted but not included. Because of the long list of potentially relevant links, those listed have been restricted to government and government agencies and/or sources of information explicitly

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						mentioned within the guidance; furthermore, there are a number of other related links included in the Implementation Resources document.
Mend Central Ltd	11	NICE version	14	1.1.1.4/5	Any healthcare professionals who are dealing with overweight/obese children and their families should have specific training in this area – MEND provides a one-day child obesity training aimed at all health professionals including front line staff as do a number of other providers.	Noted.
Mend Central Ltd	12	NICE version	15	Diet Second bullet point	Although it is recommended that children and parents eat the same foods in order to prevent becoming fussy eaters, portion sizes for children and adults are different and parents need to be educated on appropriate portion sizes for children.	Noted but not amended. The GDG did not consider it appropriate or necessary to add a specific statement about portion sizes for children against those for adults within this section.
Mend Central Ltd	13	NICE version	16	1.1.2.1	What incentives will be provided to enable/promote this being a priority?	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.

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Mend Central Ltd	14	NICE version	16	1.1.2.2.	Include behavioural change after diet and activity.	Noted but not amended. The GDG did not consider amendment necessary as this is addressed elsewhere.
Mend Central Ltd	15	NICE version	18	1.1.2.7	What is mean by promotional activities?	Noted. The wording of this recommendation has been amended for clarity.
Mend Central Ltd	16	NICE version	18	1.1.2.10	Families with obese parents and therefore children at risk of becoming obese should be given the option of being referred to a family-based multicomponent intervention. A GP referral scheme for families would be ideal for this. Some PCTs are adapting the adult GP referral scheme. This should be encouraged through the provision of a national template.	Noted. The wording of this recommendation has been amended for clarity. Noted. The specifics of implementation are outside the remit of this work. Furthermore, 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.
Mend Central Ltd	17	NICE version	20	1.1.2.17	Include a 3rd bullet point – behaviour change e.g. goals and rewards.	Noted but not amended. There is insufficient evidence to amend the recommendation. The evidence review for 2–5-year olds and their families (see full version, section 8) identified evidence for the benefits of behaviour change treatment strategies for family-based interventions. However there was not sufficient evidence for 2–5-year-olds.

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Mend Central Ltd	18	NICE version	20	1.1.2.18	More detail needs to be provided on what is meant by providing ongoing, tailored support?	Noted but not amended. The evidence considered has not allowed more specific guidance on exactly how interventions should be designed in order to give maximum return.
					MEND provides free passes for the local leisure centre to families who have completed the MEND Programme in order to encourage the whole family to continue being active. We also provide MEND graduate exercise classes for kids that want to continue exercising after the programme. We are evaluating the free passes as part of the current MEND RCT.	Noted. In line with standard NICE methodology, the evidence reviews conducted in the development of this guidance included only published research which met agreed review parameters.
					A centrally designed website, such as an extension of that mentioned in the first comment, would be an extremely useful resource as it would allow healthcare professionals and others engaged in combating obesity to be more readily aware of each others' programmes. At MEND we are regularly contacted independently by two or more professionals in the same area who do not know that the other is investigating obesity treatment solutions. The waste of effort nationally must be very large, with significant missed opportunities for promoting sustainability.	Noted. 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.

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Mend Central Ltd	19	NICE version	22	1.1.3.1	Needs stronger wording to ensure that preventing and managing obesity is a priority. It should be made one their 12 priority targets. Also information on what resources will be made available to ensure this happens.	The strength of the final wording of this recommendation will be in line with standard NICE terminology for recommendations that have no legal basis. The status of NICE guidance is outlined in section 3 and section 5 of the NICE version. NICE has been informed by the Local Government Association that local authorities have different ways of prioritising action, i.e. not all have 12 priority targets. The recommendation has been amended to highlight that there should be dedicated resources. However, national and local funding issues are outside the remit of NICE. Audit tools and costing criteria are currently being developed to aid the implementation of the guidance (see section 3 of the NICE version).
Mend Central Ltd	20	NICE version	23	1.1.3.4	More info on what is the basis for targeting?	Noted. Within the full version of the guidance, clear links are made between each recommendation, the relevant evidence statement(s) and specific reference(s).
Mend Central Ltd	21	NICE version	24	1.1.3.7	What is mean by promotional? What is the timeframe for 'longer-term', this should be specified.	Noted. The wording of this recommendation has been amended for clarity. A definition of

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						short and long term has been added to the glossary.
Mend Central Ltd	22	NICE version	26	1.1.5.1	Please include a definition of a life-long learning approach?	Noted. The term 'life-long learning' is considered appropriate for this audience, but a definition has been added to the glossary.
Mend Central Ltd	23	NICE version	31	1.1.7 4th bullet	Include behaviour change in the brackets after … diet and activity.	Noted but not amended. The wording is as the BDA (as referenced).
Mend Central Ltd	24	NICE version	31	1.1.7 8th bullet	Need to give some examples from the literature of what forms of ongoing support have been shown to be effective.	Noted but not amended. The wording is as the BDA (as referenced). Furthermore, the evidence considered does not allow the inclusion of more specific guidance.
Mend Central Ltd	25	NICE version	32	1.1.7.1 Line 4	What are the minimum standards?	Noted. The wording of this series of recommendations has been substantially re-worded for clarity. The BDA list of best practice is now embedded within recommendation 1.1.7.1 and the term 'minimum standards' has been deleted.
Mend Central Ltd	26	NICE version	32	1.1.7.2	What is the definition of the full range of potential weight management options?	Noted but not amended. We consider this self-explanatory. Also see above.
Mend Central Ltd	27	NICE version	32	1.1.7.3	This point is wrong. GP practices and other primary care settings should consider the option that is most cost-effective and most effective irrespective of whether it is provided by the independent sector or the NHS.	Noted. The aim of this recommendation has been misinterpreted. Please note that the wording of this recommendation has been substantially re-worded for clarity.

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					It needs to be emphasised that it costs money to launch or create a new intervention. It is not cost-free for the NHS to create lots of different interventions all over the country. The health professional time involved is substantial and often the programmes are not even evidence based and / or have poor measurement of outcomes. Often these are not even reproducible within one PCT, let alone from one to another. This must be taken into account when making comparisons with local interventions and national, evidence based interventions such as MEND. As an example, the MEND manual (essential for replicability) for training trainers is currently on its third version. This is possible for a central resource – and essential to continuous improvement. However, it is not appropriate to replicate this at a local level as it is extremely expensive and unlikely to be executed very well given the relative scarcity of resources at a local level.	Noted.
Mend Central Ltd	1	NICE version	5	No line numbers on doc – line starts	Providing patients with information on available community treatment programmes is a very useful idea but will require coordination of local programmes	The implementation of NICE guidance is outlined in section 3 of the NICE version. NICE is not responsible for implementing the

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				evidence-based information	and production of a document to give to patients. This will require additional resources and guidance from NICE on its compilation. Perhaps there could be a central website or coordinating body who could collate any available community treatments, sporting facilities etc. It would then be the responsibility of the provider to let NICE know who would then make this information available to GP's and the public. This would be a far cheaper option for all and allow a standardised approach to be adopted – easier for patients and suppliers, as well as organisers.	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 aid implementation at a national level. National and local funding issues are also 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).
Morecambe Bay PCT Public Health Development	2	NICE version	22	1.1.3.2	**Local Authorities** should work with local communities to map access to retail food outlets. They should take up opportunities presented by the Local Development Framework to engage with local communities to promote access to healthier food such as limiting the number of fast food outlets, food retail planning strategies and health impact assessments	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.
Morecambe Bay PCT	3	NICE version	24	1.1.4	**Pre School and childcare settings**	Noted. The guidance highlights that

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Public Health Development					Obesity prevention should be part of a holistic whole population approach to Early Years Nutrition. We agree that this should be a priority setting but need to define how nurseries and childcare facilities can 'prevent excess weight gain and improve children's diets' (1.1.4.1) and involve parents and carers (1.1.4.2) The example of the 'Healthy Schools' programme where food in schools is now an essential part of the accreditation process, the introduction of nutritional standards and inspection by OFSTED has seen a dramatic shift in school food culture and provision. This top down framework with targets and clear criteria can be very supportive to bottom up action. We need a similar framework for Early Years settings: Caroline Walker Trust are publishing revised nutritional standards for under 5s settings. They need to be mandatory and inspected by OFSTED. Traditionally infant feeding guidelines have been produced by PCTs to promote consistent, evidence based advice. However 'Every Child Matters - Be Healthy' strand and the target/ indicator on halting the rise in childhood obesity means that this underpins all policies/ strategies regarding children. We need to focus more on delivery, implementation and monitoring of an **Early Years**	recommendations should be considered within the context of existing NSFs and *Choosing Health,* which emphasises these points. A reference to *Every Child Matters* has been added to the NICE version. The specifics of implementation are outside the remit of this work. Furthermore, in these 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. Please note that, 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 fiscal policy, food

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					Nutrition programme that outlines the roles of all staff involved in health, education and childcare settings. The elements of an Early Years Nutrition programme should include: - mandatory nutritional standards implemented in all childcare settings so that healthy eating is the norm. - Parenting support programme in Children's Centres eg weaning parties, cook and eat, fun family food, support for faddy eaters etc. This could be linked to 'Healthy Start' voucher scheme. - Play activities linked to the foundation curriculum e.g Storysacks, fruit and veg tasting, healthy baking - Rolling programme of training linked to local authority workforce development/training programme for childcare and education staff. Although the scope of the guidance does not extend to children under 2, surely it is worth stressing the evidence of links between breastfeeding and obesity and referring to the NICE document' Effective action briefing on the initiation and duration of breastfeeding'. Weaning is also a crucial time for establishing healthy eating habits, such	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.' A reference has been added to the forthcoming Caroline Walker Trust guidance. While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and older. Breastfeeding and weaning are outside the remit of this work and therefore the evidence base has not been considered. It is too late to change the scope of this

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					as fruit and veg eating, and an opportunity to engage positively with parents and influence family eating habits which are a key factor for obesity prevention. 'Healthy Start' provides opportunities to intervene at this age and address inequalities Public health outcomes need to be developed and agreed to monitor an Early Years Nutrition programme. In addition to measuring obesity in reception children, proxy measures could be used such as breastfeeding rates, DMF and nursing bottle caries, number of general anaesthetics for tooth extraction. This links with evidence of association between soft drink intake and obesity	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 May 2007. For further information see http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain Please note that, as highlighted in the scope, routine measurement and population-based screening programmes are outside the remit of this work.
Morecambe Bay PCT Public Health Development (Have been invited to register as a SH)	1	NICE version	General		From a public health perspective, prevention of obesity needs to be seen in the wider context of a holistic food and health strategy that addresses the obesogenic environment and links with a sustainable food economy. There are many people who eat an unhealthy diet, are unfit and yet are not obese. Prevention of obesity should be part of a population based approach to making healthier food choices available for all.	Noted. The guidance highlights that the public health recommendations should be viewed within the context of existing guidance, as outlined in appendix D of the NICE version. Clear links between this recommendation and the appendix will be ensured in the final version.

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MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	16	Full version	234/235	Table 6.1	Although the table focuses on risk factors for weight gain, it's important to also view the evidence for risk factors for overweight or obesity. For example, there is strong evidence for a relationship between television viewing and overweight, both cross-sectional and longitudinal evidence (such as, Dennison, Erb, Jenkins. Television viewing and television in bedroom associated with overweight risk among low-income preschool children. *Pediatrics* 2002;**109**:1028-35; Reilly *et al*. Early life risk factors for obesity in childhood: cohort study. *BMJ* 2005;**330**:1357; Viner, Cole. Television viewing in early childhood predicts adult BMI: a longitudinal birth cohort study. *J.Pediatr.* 2005;**147**:429-35.). The inconsistent association between weight gain and television use could be that only a few studies have been conducted in this area; however, many more have been conducted on television use and overweight. This additional evidence should be considered.	Noted. However, please note that the review parameters for public health reviews predominantly focused on individuals who were not already overweight or obese. Thank you for the suggested references: ▪ Dennison et al 2002 Pediatrics; 109:1028–1035 – cross-sectional, non-UK so would not be included. ▪ Reilly et al 2005 BMJ; 330: 1357 – now included in the updated review. ▪ Viner et al 2005; J Pediatrics; 147: 429–435. – now included in the updated review.
MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	17	Full version	234/235	Table 6.1	The following suggestions are also related to the point raised above, regarding the importance of also including studies related to the risk factor and overweight or obesity (not only weight gain). For example: • There is strong evidence for the relationship between maternal	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and older. Detailed consideration of pregnancy is outside the remit of this work. However, NICE is currently developing *Guidance for*

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					overweight prepregnancy or during pregnancy and increased risk of overweight in children (such as, Salsberry,.Reagan. Dynamics of early childhood overweight. *Pediatrics* 2005;**116**:1329-38; Li *et al.* Additive interactions of maternal prepregnancy BMI and breast-feeding on childhood overweight. *Obes.Res.* 2005;**13**:362-71; Whitaker. Predicting preschooler obesity at birth: the role of maternal obesity in early pregnancy. *Pediatrics* 2004;**114**:e29-e36.) (a) There is strong evidence for the relationship between smoking during pregnancy and increased risk of overweight in children (such as Wideroe, Jacobsen, Bakketeig. Does maternal smoking during pregnancy cause childhood overweight? *Paediatr.Perinat.Epidemiol.* 2003;**17**:171-9; Toschke *et al.* Early intrauterine exposure to tobacco-inhaled products and obesity. *Am.J.Epidemiol.* 2003;**158**:1068-74; Power, Jefferis. Fetal environment and subsequent obesity: a study of maternal smoking.	*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 http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain

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					Int.J.Epidemiol. 2002;**31**:413-9.)	
MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	18	Full version	240/241	6.4.2	There is also strong evidence that maternal overweight prepregnancy or during pregnancy is associated with an increased risk of overweight in their children (see references above). Pregnancy should be recognised as a risk factor for maternal overweight and, if the mother is overweight, also child overweight.	Noted. See above.
MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	19	Full version	242	6.4.4	There is also strong evidence that maternal smoking during pregnancy is associated with an increased risk of overweight in their children (see references above). Women before or during pregnancy should be encourage to stop smoking because smoking during pregnancy is a risk factor for childhood overweight.	Noted. See above.
MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	9	NICE version	12/13		Recommendations for all: The recommendations and targets (listed above) could be referenced in this section as well.	See above. Please note that it is standard NICE policy that the shorter NICE version does not include references. The full version of the guidance is fully referenced.
MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	10	NICE version	18	1.1.2.8	Although pregnancy is discussed as a potential cause of weight gain, overweight should also be discussed with women who are pregnant or planning to become pregnant because of the increased risk for problems during pregnancy, such as	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and older. Obesity and obesity in pregnancy is outside the remit of

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					having a baby born large-for-gestational age, and overweight in their children (see references below). Pregnancy could be referred to as a 'critical period' for preventing obesity in mothers and children.	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 May 2007. For further information see http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	11	NICE version	20	1.1.2.17/1.1.2.18	Evidence suggests that parents do not always recognise that their child is overweight or obese (Baughcum *et al.* Maternal perceptions of overweight preschool children. Pediatrics 2000;106:1380-6; Carnell *et al.* Parental perceptions of overweight in 3-5 y olds. Int.J.Obes. 2005;29:353-5.). Programmes aimed at parents should take this into consideration.	Noted. See evidence statement 13 of section 7.1 within the full version of the guidance. In relation to the stated references, Baughcum et al would not have been included as corroborative evidence as it is US-based; Carnell 2005 was not identified within the December 2005 'update' search – the most likely explanation is that it had not been added to Medline by 1 December.
MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	12	NICE version	23	1.1.3.4–1.1.3.7	Although interventions are recommended for communities, change also needs to occur through government. For example, local authorities can encourage local shops to promote healthier foods (1.1.3.5), but national legislation would be more effective at creating a context for change, such as banning advertising aimed at children. It will be important to	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

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					promote a healthy lifestyle through change occurring at both the national and local levels.	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.'
MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	13	NICE version	24	1.1.4	The section on pre-school and childcare settings should also include childminders. The national guidance for day care includes both day care and childminders (DfES and DWP. *Full day care - National standards for under 8s day care and childminding* Nottingham: DfES, 2003).	Noted. Home-based childminders have been added to the audience list.
MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	15	NICE version	78		Provides a list of further information for schools, but does not include any information for pre-schools. A similar list should be included for pre-schools or a statement should be included that says that the information is also relevant for pre-schools.	Noted. In the Implementation Resources **documents** a list of a number of relevant websites has been included.
MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	8	NICE version	8		Pre-school settings and schools: Although more detail is provided on pages 24-28, there is no reference to the relevant recommendations and targets (even on pages 24-28). It would seem appropriate for these sections to highlight the following:	Noted. It is stated that recommendations should be viewed within the context of existing guidance, as outlined in appendix D of the NICE version. Also a number of other relevant links related to schools are included in the

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					• DH 5 a day recommendation: pre-schools and schools are helping children achieve the recommendation of eating at least 5 fruits and vegetables daily • The guidelines should suggest that pre-schools and schools are encouraged to use nutrient-based guidelines for foods • Cabinet Office PE and sport target: target for 75% of children aged 5-16 years to spend a minimum of 2 hours each week on physical education and school sport • Chief Medical Officer physical activity recommendation: children should achieve at least 60 minutes of moderate to vigorous physical activity each day • Although there are no requirements for physical activity in pre-schools, the guidelines should suggest that pre-schools will help children achieve the physical activity recommendation	Implementation Resources documents. Noted. Recommendations for pre-schools and families include recommendations for increased physical activity and reduced sedentary activity.
MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	1	NICE version	General		It is encouraging to see that the prevention of obesity in children is emphasised and both the role of the family and pre-schools/schools are included in supporting the development of health-related behaviours in children. It is also positive to have the environment	Noted.

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					highlighted as a necessary component for supporting physical activity and diet.	
MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	2	NICE version	General		Breastfeeding or infant feeding is not considered under the 'diet and nutrition' topics. Although the guidelines are intended for children aged 2 years and older, it would still be important to include information on breastfeeding and a healthy diet early in life (even if it's in the section on adults). Furthermore, recent systematic reviews have found an inverse relationship between breastfeeding and overweight across the life course (Owen *et al.* Effect of infant feeding on the risk of obesity across the life course: a quantitative review of published evidence. *Pediatrics* 2005;115:1367-77; Harder *et al.* Duration of breastfeeding and risk of overweight: a meta-analysis. *Am.J.Epidemiol.* 2005;162:397-403.). Breastfeeding should be supported based on its potential for preventing childhood overweight and additional health benefits.	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and older. Breastfeeding and weaning are 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 May 2007. For further information see http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
MRC Centre of Epidemiology for Child Health, Institute of Child Health, University College London	3	NICE version	General		Although there is some mention that vulnerable groups are at higher risk for obesity, there is no discussion of the importance of addressing health inequalities (despite a section in the full version).	Please note that these issues have been addressed in the section titled 'Working with people to prevent and manage overweight and obesity: the issues'.
MRC Centre of Epidemiology for Child Health, Institute of Child	4	NICE version	General		There should be links to other NICE guidance: • For breastfeeding, there should	Noted. Links/references to 'other related NICE guidance' have been listed.

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Health, University College London					be reference to the 'postnatal care guidance' and the 'effective action briefing on the initiation and duration of breastfeeding'. • For physical activity there should be reference to the recently published 'physical activity guidance'.	
MRC Collaborative Centre for Human Nutrition Research (HNR)	6	NICE version	13	1.1.1.2	Diet (2nd bullet): Maintaining a low-fat diet. Few people consume a low fat diet. This should be rephrased as reducing fat intake to achieve a low fat diet.	Noted but not amended. The GDG considered the wording appropriate in relation to the evidence identified. Furthermore, average total fat intake is currently reported to be in line with COMA recommendations. It is stated that these recommended strategies are within the context of existing guidance, as outlined in appendix D of the NICE version. Clear links between this recommendation and the appendix will be ensured in the final version.
MRC Collaborative Centre for Human Nutrition Research (HNR)	7	NICE version	13	1.1.1.2	Diet (3rd bullet): The list of foods would be more usefully described as energy dense foods. 'Reduce fried foods' is incomplete advice to cut fat intake. People should be discouraged from adding fat during cooking but other foods high in fat should also be cut.	Noted but not amended. The GDG considered the wording appropriate in relation to the evidence identified. Furthermore, the GDG considered the term 'energy dense' to be inappropriate for the public and non health professionals. A reference to energy density will be added to the background of this section.

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MRC Collaborative Centre for Human Nutrition Research (HNR)	8	NICE version	13	1.1.1.2	Diet (5th bullet): Rephrase to: Eating at least five portions a day of a variety of fruit and vegetables, **especially in place** of foods high in fat and calories.	Noted. The wording has been amended as suggested.
MRC Collaborative Centre for Human Nutrition Research (HNR)	9	NICE version	13	1.1.1.2	Activity (new bullet): We also recommend that specific advice be given to encourage people to choose active transport.	Noted but not amended. The GDG considered that this issue is adequately addressed elsewhere.
MRC Collaborative Centre for Human Nutrition Research (HNR)	11	NICE version	18	1.1.2.10	'Families of children and young people identified …should receive individualised counselling and ongoing support from an appropriately trained health care professional.' Knowledge of nutrition can be very limited among health care professionals and few health professionals have formal training in behaviour change techniques.	Noted. This recommendation has been amended for clarity. 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.
MRC Collaborative Centre for Human Nutrition Research (HNR)	12	NICE version	21	1.1.3 Last section	'Local authorities and their partners are strongly encouraged to monitor and evaluate the impact of local action.' It is important that this evaluation is independent and that the evaluation is fed	Noted but not amended. The GDG considered that independent evaluations are unlikely to be realistic for all. Furthermore, the key issue is whether evaluation has been undertaken appropriately

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					back into evolution of policy.	rather than whether it is independent.
MRC Collaborative Centre for Human Nutrition Research (HNR)	13	NICE version	27	1.1.5.5	We commend NICE for acknowledging that short term interventions and one-off events should be avoided.	Noted.
MRC Collaborative Centre for Human Nutrition Research (HNR)	14	NICE version	27	1.1.5.6	We support the recommendation for physical activity to be undertaken by children within their everyday lives.	Noted.
MRC Collaborative Centre for Human Nutrition Research (HNR)	1	NICE version	8	Line 10	Preschool setting - 'All action should be supported by ongoing advice for parents'. Who will provide the parents with this advice?	Noted. This recommendation has been amended for clarity.
MRC Collaborative Centre for Human Nutrition Research (HNR)	2	NICE version	8	Line 22	Workplace setting – There is also an opportunity to provide advice on healthy eating and physical activity within the workplace. In addition guidance on healthy eating standards for procurement should be developed in a similar manner to those for public bodies.	Noted. The evidence considered does not allow the provision of more specific guidance; the evidence review for workplace-based interventions did not identify any evidence on (a) healthy living advice provided from a workplace setting or (b) procurement advice in relation to healthy eating in the workplace. Sources of existing guidance are highlighted.
MRC Collaborative Centre for Human Nutrition Research (HNR)	30	NICE version	Appendix D General		The Appendix does not specifically relate to weight loss and weight management. More detailed information on how to control energy intake is needed.	Noted. The appendix focuses on existing national guidance for the general population rather than specific advice for overweight and obese individuals.

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					In order to prevent weight gain or promote weight loss it is necessary to focus more on total energy intake by reducing intake of energy dense foods and portion sizes. A regular meal pattern across the whole day should also be stressed, instead of only breakfast. One section could be outlined for preventing weight gain and another section with the same structure amended for weight loss. The section on healthy eating relates to the Balance of Good Health and the FSA's advice on healthy eating. While this information is useful, we feel that the core dietary advice for those people who are obese is missing. Dietary advice for the prevention of weight gain should be provided e.g eat proportionally more carbohydrates, use reduced fat cooking methods, choose smaller portions all the time and restrict your intake of energy dense foods. The phrase 'remember to enjoy your food' needs to be viewed in the context of the need to control calories and might be better phrased in the context of appreciating the quality of food and taking time to enjoy meals without distraction.	The GDG considered the evidence on portion sizes and regular meals to be insufficient to form the basis of a recommendation. Please see above. Please see above.
National Obesity Forum	12		18	1.1.2.13 onwards	No mention of other HCP & upward / sideward referrals (physical activity	Noted but not amended. The GDG was concerned that the suggested

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					specialists etc)	amendment could limit implementation of the recommendation.
National Obesity Forum	13		23	1.1.3.5	Include 'particularly those easily accessible by school children (on way to school etc)	Noted but not amended. The GDG was concerned that suggested amendment could limit implementation of the recommendation.
National Obesity Forum	14		23	1.1.3.5	Need to practice what we preach – need to expand to include 'provision'. The NHS & local authorities need to be seen to have healthy foods & no smoking environment etc	Noted. Recommendations have been added highlighting that the NHS and local authorities should be exemplars in public health strategies to prevent and manage obesity.
National Obesity Forum	16		28	1.1.5.7	Open to interpretation, they should be in a good environment whether its school provided meals or lunch brought in from home.	Noted. The text has been amended to include 'packed lunches'.
National Obesity Forum	18		32	1.1.7.3	In 4 made statements the primary care can't do it alone, so why in this section does the guidance require commercial programme to be use along side. Where is patient choice? Recommend remove 'only' and 'not as an alternative'.	Noted. The aim of this recommendation has been misinterpreted. The wording has been amended for clarity.
National Obesity Forum	6	NICE version	11	1.1.1	Suggest this section is strengthened to read 'Decisions will influence their weight'. In this section which is labelled as recommendations for the public, the message of encouraging individuals to take responsibility for their own diet and activity levels needs to be much more emphatic. If we accept that we live in a more obesocentric environment	Thank you. The text has been amended.

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					compared to previous decades, the message of people needing to make a special effort to avoid obesity is especially important. This is particularly the case for physical activity, which, in previous decades was habitual and necessitated by daily life, as opposed to today's technology and convenience induced inactive lifestyles.	
National Obesity Forum	9	NICE version	14	1.1.1.3 1.1.1.4	Ambiguous – 'periodically & regularly'. What 'simple alternatives' are suggested? Health Visitors rarely have time to be consulted by adults about their weight	Noted. The wording has been amended for clarity. Noted but not amended. The GDG considered the reference to health visitors appropriate.
National Obesity Forum	10	NICE version	16	1.1.2	More important than pharmacy assistants, are GP receptionists and support staff. Teamwork throughout the entire practice is vital, and all staff must understand the feelings of discrimination suffered by obese people.	Noted. The text has been amended to 'pharmacy assistants or support staff with GP practices' in the full version and this will also be done for the NICE version.
National Obesity Forum	11	NICE version	18	1.1.2.7	NICE version	We do not understand this comment.
National Obesity Forum	15	NICE version	23	1.1.4	Prioritise breast feeding, and use of appropriate breast-feeding BMI charts.	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and older. Breastfeeding 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*

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						pregnant and breastfeeding mothers and children in low income households, due to be published May 2007. For further information see http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
National Obesity Forum	17	NICE version	32	1.1.7.1	Not clear exactly what the minimum thresholds are, are they outlined anywhere else in the document? And centrally determined, or is the detail of these to be determined locally?	Noted. This set of recommendations has been substantially amended for clarity. The BDA best practice list, previously in the introduction, is now embedded within recommendation 1.1.7.1. The phrase 'minimum thresholds' has been deleted.
National Obesity Forum	3	NICE version	8		Pre-schools should prioritise breastfeeding awareness	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and older. Breastfeeding 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 May 2007. For further information see http://www.nice.org.uk/page.aspx?o

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						=MaternalandChildNutritionMain
National Obesity Forum	4	NICE version	8		Work place: Planning permission should only be granted for new office buildings if the design promotes physical activity as a means to prevent obesity	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.
National Obesity Forum	5	NICE version	8		Schools – no mention or reference of surveillance in reception & year 6 which is current requirement that has been placed on PCTs & LEA.	As highlighted in the scope, routine measurement and population-based screening programmes for overweight or obesity are outside the remit of this work.
National Public Health Service for Wales (NPHS)	8	NICE version	11		The wording of the section on genetics and environment could be modified so that the importance of obesogenic environment is made clear to the reader.	Noted but not amended. The current text is considered appropriate.
National Public Health Service for Wales (NPHS)	9	NICE version	12	3rd bullet	Pregnancy as a life stage should be mentioned here.	Noted. The text has been amended under recommendations for the public 1.1.1
National Public Health Service for Wales (NPHS)	10	NICE version	13	3rd bullet	• The use of the word 'treats' is surprising in the context of this document – perhaps an alternative could be sought?	Noted. The wording has been amended.

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					• Suggest that order of foods follows pattern shown in the 'Balance of Good Health' • Alcohol advice needs elaboration	Noted but not amended. The existing order is considered appropriate. Information about the Balance of Good Health is provided in appendix D of the NICE version. Noted but not amended. It is stated that these recommended strategies are within the context of existing guidance, as outlined in appendix D of the NICE version. Further information on alcohol is included in appendix D. Clear links between this recommendation and the appendix will be ensured in the final version.
National Public Health Service for Wales (NPHS)	11	NICE version	14	1.1.1.4 & 1.1.1.5	Care with phrasing here – for consistency use 'appropriately trained healthcare professional'	Noted but not amended. These recommendations are for the public rather than for health professionals. The GDG considered that training was adequately addressed elsewhere.
National Public Health Service for Wales (NPHS)	12	NICE version	16	1.1.2.1	Management and prevention is combined here, and therefore could add to further confusion for the reader.	Noted but not amended. As above, the guidance has been developed in such a way as to ensure an integrated approach to prevention and management.
National Public Health Service for Wales (NPHS)	14	NICE version	18	1.1.2.10	The diet of 2-5 year olds is a time of transition – thus advice should be given by those appropriately trained	Noted but not amended; training is considered elsewhere.

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					professionals – additional skills may be required for those working with this age range.	
National Public Health Service for Wales (NPHS)	15	NICE version	20		Meal planning and food shopping to be listed before cookery demonstrations.	Noted but not amended .
National Public Health Service for Wales (NPHS)	17	NICE version	32	1.1.7.3	We need further research into the efficacy and effectiveness of commercial diet programmes – this should therefore be linked to such activity where possible. The NPHS has produced such guidance for its Public Health teams.	Noted. The research recommendations highlight the importance of continued monitoring and evaluation of all local action. The GDG were against singling out commercial programmes as a priority area for research as it was assumed that they would be funded in any case.
National Public Health Service for Wales (NPHS)	23	NICE version	78		Resources are 'English focussed' but guidance is for E+W.	Noted. 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 and action apply in England only.
National Public Health Service for Wales (NPHS)	5	NICE version	8		Preschool settings - again need to be careful when referring to guidance – and their applicability across England and 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

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						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 apply in England only.
NCC-AC	2	NICE version	28/80	1.1.5.10	suggest delete 'whether'	Noted. The text has been amended.
North Central London Strategic Health Authority	3	NICE version	Page 70		The Public Health map provides a helpful tool and overview of broader issues impacting on obesity.	Noted.
North Central London Strategic Health Authority	4	NICE version	Page 70		The Public Health map needs to be enlarged as the clarity is poor.	Noted. Further consideration is being given to the format of the map.
Nutrition Society	5	NICE version	General		Critically, the document makes no mention of the role of national as opposed to local public health actions. Regulation by central Government is key and requires highlighting in the report. There are public health interventions which are simply not feasible at local level – imagine attempting local legislation on smoking. The more devolved the public health responsibility is, the more limited it is likely to be, though implementation at a local action level is valuable in	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

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					combination with national initiatives.	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.’
Nutrition Society	6	NICE version	General		The comments regarding individual and family behaviour are in the Society’s view beyond the remit of guidance of this sort. The Society is aware that there has recently been discussion on the appropriate scope of Public Health guidance from NICE and these guidelines reached should be applied to any conclusions.	Noted but not amended. The GDG considered that recommendations which refer to family activities is appropriate and within the remit of the work.
Nutrition Society	8	NICE version	General		Suggestions for internet-based information on for example energy content, energy cost of physical activity etc. could be developed as a resource for health workers, schools and the public.	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 aid implementation at a national level.

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Plymouth Hospitals NHS Trust	7		15		Activity – the advice sounds eminently sensible, but accelerometer studies to date suggest that children exercise to a 'set-point', compensating for intensive exercise at one time of day with rest at another, and recording no more overall activity as a result (see above). While the advice can't be faulted, there is no good evidence that it will reduce childhood obesity.	Noted. The lack of evidence with weight outcomes is acknowledged throughout (and reflected within the research recommendations). However, there is evidence that physically active children and adults are in general less likely to gain excess weight (e.g. see the 'energy balance' review findings within the full guidance).
Plymouth Hospitals NHS Trust	8		15		1.1.2 The recommendations are again largely platitudes. The 'search' programme for this pdf can find no mention of portion size anywhere in the document, yet portion size is probably the most important (and measurable) change that has characterised the last 25 years. Neither is there mention of the food industry as partners in public health programmes for change.	A rigorous evidence review was undertaken as part of the development of this guidance. All available evidence which met the agreed review parameters would have been included if available. The GDG were careful not to develop recommendations which overstep the evidence base. In relation to 'portion size', the evidence considered does not allow the provision of more specific guidance on these issues. 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

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						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.'
Plymouth Hospitals NHS Trust	2		8		School – there is currently no support for – and quite a lot of evidence against – the assumption that children will respond to more timetabled PE opportunity with more physical activity. In a schools study, less than 1% of the four-fold variation in activity among primary school children could be explained by a five-fold difference in time allocated to PE (Mallam KM BMJ . 2003;327:592-3, Wilkin TJ Int J Obesity 2006 in press).	Noted but not amended. There is evidence from the review of school-based interventions (see evidence statements 4 and 7 within chapter 9 of the full guidance) that interventions with a physical activity element can increase children's physical activity levels.
Royal College of Midwives	7		11		It is useful to have the guidelines divided into strategic and delivery levels.	Noted.
Royal College of Midwives	8		13		Guidance for people generally appears useful as it is clear, however, there are some areas that could be misinterpreted such as 'breakfast' – this could mean anything from a full English breakfast every day…to sugared cereal, white toast and fruit juices…both of which may not be 'healthy options'	Noted. The evidence identified was on breakfast consumption per se rather than a particularly type of breakfast. It is stated that these recommended strategies are within the context of existing guidance, as outlined in appendix D of the NICE version. Clear links between this

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						recommendation and the appendix will be ensured in the final version.
					Noting certain things – like 'fried foods and sugary drinks as 'treats' – still provides an impression that these are 'good'.	Noted. The term 'treats' has been removed.
					Activity section – appears very helpful.	Noted.
					Good guidance on checking weight, it may be difficult to get a GP appointment though.	Noted.
					The section for parents and careers is good – simple and achievable. In places this does feel a little 'nanny state' – however, viewing recent media programmes around family life, this may assist parents to understand better how to structure their children's lives, and improve lifestyles.	Noted.
Royal College of Midwives	9		16		Tailoring advice- this section is well expressed.	Noted.
					There may also be some issues for health professionals who may need to consider their own health weight management.	Noted.
					There was no mention made of the contribution of breastfeeding, or specifically of the window of opportunity that midwives and others have with	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and

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					pregnant and childbearing women to explore healthy eating and exercise.	older. Breastfeeding is outside the remit of this work.
Royal College of Midwives	10		18	1.1.2.10	The RCM would like to see the scope of the guideline covering infants under two years old. There is evidence to support the beneficial effects of breast feeding in reducing future health problems including obesity. The guideline needs to reflect this and identify the role of healthcare practitioners in supporting breast feeding. (DoH Infant feeding recommendations 2003). The WHO have also presented guidelines on child growth management - http://www.who.int/mediacentre/events/advisories/2006/ma02/en/index.html The European forum of nursing and midwifery associations have highlighted a key issue in their Statement on Maternal, Child and Adolescent health with focus on Obesity Point 4. *Recognizing the impact that prevention of obesity in pregnancy, inutero factors and infant feeding practices can have on overweight;* http://www.euro.who.int/eprise/main/WHO/Progs/NFM/work/20050427_2?language=French	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and older. It is too late to amend the scope of the 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 May 2007. For further information see http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
Royal College of Midwives	11		25-27		Though some mention is made of engaging with parents, an explicit mention of the need for a strong partnership, built on increasing parents understanding of nutrition and exercise, would have made this stronger.	Noted but not amended. The GDG considered that the current references to engaging parents were sufficient. Furthermore, the evidence considered does not allow the provision of more specific

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						guidance on this issue.
Royal College of Midwives	12		29 - 30	1.1.6.2	Perhaps a mention should be made of ensuring that workers take their meal breaks, and also having some opportunity for positive exercise, such as subsidised gym membership etc.	Noted. However, the evidence considered does not allow the provision of more specific guidance on this issue. No evidence was identified on encouraging workers to take meal breaks. Incentive schemes are addressed in recommendation 1.1.6.4.
Royal College of Midwives	3		7		NHS- It may be useful to strengthen this statement surrounding systems and multidisciplinary teams. How will the systems be identified to bring together appropriate personnel and for each to acknowledge their individual role?	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 Midwives	4		8		The RCM would have expected to see some mention of supporting breast feeding in pre-school settings, both in terms of encouraging beast feeding and in providing facilities for women to be able to comfortably and safely feed their babies.	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and older. Breastfeeding is outside the remit of this work. However, NICE is currently developing *Guidance for midwives, health visitors, pharmacists and other primary care*

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						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 http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
Royal College of Nursing	5	NICE version	13		Diet: Include regular meals as well as breakfast Activity: Give guidance (2 hours) on screen time	The GDG considered the evidence on portion sizes and regular meals to be insufficient to form the basis of a recommendation. The GDG considered that it is not possible to state maximum specific viewing time.
Royal College of Nursing	6	NICE version	16		Tailoring advice: Good to see included	Noted.
Royal College of Nursing	7	NICE version	17	1.1.2.3	Good to see training needs & allocation of time is covered	Noted.
Royal College of Nursing	9	NICE version	24	1.1.4	Feedback from those working with preschool children say that it is imperative that measures suggested are backed up by legal requirement to ensure healthy diets and activity for this age group (same as included in OFSTED inspection for schools – has had a big impact)	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

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						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 Nursing	8	NICE version	26	1.1.5.1	Good to see 'lifelong-learning' emphasised	Noted.
Royal College of Nursing	10	NICE version	29	1.1.6.2	Maybe include recommendation that NHS (and possibly Education) should aim to set good example in the workplace	Noted. A recommendation has been added that the NHS should be an exemplar in public health strategies to prevent and manage obesity.
Royal College of Nursing	11	NICE version	32	1.1.7.3	Agree that groups should be alongside NHS interventions. 'which meets best practice guidance' Is this in general for diet & activity or is it specific to Groups – needs to be clear what 'best practice' is.	Noted. Noted. This series of recommendations has been substantially amended for clarity. The BDA list of best practice, previously included in the background, is now embedded within recommendation 1.1.7.1.
Royal College of Nursing	3	NICE version	8		Good to see comprehensive coverage on public health	Noted.
Royal College of Paediatrics and Child Health	68	Full version	11-13		Appendix 7 has no summary at the start.	Noted. This short section contains research recommendations only and therefore there are no evidence statements to summarise at the start of the chapter.

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Royal College of Paediatrics and Child Health	16	NICE version	11		We would recommend further engagement with the government. This is important for many reasons. For example, constraints on road traffic legislation and local authority expenditure limit the ability of local authorities to deliver in important areas.	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.'
Royal College of Paediatrics and Child Health	17	NICE version	11–12	1.1.1	This section fails to address children and adolescents specifically. The importance of controlling weight while children are growing must be emphasised here. Issues around using growth to control weight before the end of growth are largely missing from the entire consultation document and should be reconsidered. The section on 'small gradual changes' should emphasise that even very small	Noted. The evidence considered does not allow the provision of more specific guidance on these issues. This information for children was based on cohort studies identified

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					imbalances in intake/expenditure in early childhood can result in marked obesity by age 3-4 years.	within the 'energy balance' review (see full version, section 6).
Royal College of Paediatrics and Child Health	18	NICE version	12	1.1.1.1	It is agreed that people should be encouraged to stay at a healthy weight, but how is this going to be highlighted and achieved?	Noted. The GDG are of the view that these issues are addressed in the following recommendations for NHS and other settings. The specifics of implementation are outside the remit of this work.
Royal College of Paediatrics and Child Health	19	NICE version	12-13	1.1.1.2	At the beginning of this point it should be made absolutely clear that for weight loss to occur, an energy deficit is necessary; this does appear elsewhere in the document, but would be helpful here as well.	Noted. The public health recommendations within this section aim to prevent weight gain and obesity; they do not necessarily apply to individuals who wish to be in negative energy balance. Issues of energy balance are raised briefly in the introduction to this section.
Royal College of Paediatrics and Child Health	20	NICE version	13	1.1.1.2	Regarding diet, the recommendation for all (including children) to have a low fat diet is incorrect and potentially dangerous for children. Children under 14 years need a relatively high fat diet for proper growth including brain growth. Adult low-fat diets are inappropriate. A separate section on safe health intake for children is needed here.	Noted but not amended. It is stated that these recommended strategies are within the context of existing guidance, as outlined in appendix D of the NICE version. Appendix D highlights that the COMA recommendations for fat intake apply to children aged 5 years and older and should be implemented flexibly between 2 and 5 years of age. Clear links between this recommendation and the appendix will be ensured in the final version.
Royal College of Paediatrics and Child	21	NICE version	13	1.1.1.2	Regarding activity, there should be a specific recommendation around limiting	Noted.

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Health					television viewing to <2 hours per day. There is good research evidence that 2 hours appears to be an important threshold, and I believe it is important to give parents and professionals some appropriate targets.	The GDG considered that it is not possible to state maximum specific viewing time.
Royal College of Paediatrics and Child Health	22	NICE version	14	1.1.1.5, App. D	There is no mention of the British Dietetic Association general website or BDA Weightwise website. Given that dieticians are considered an authoritative group with a specialist group interested in weight management.	Noted. A link to the BDA Weightwise website has been added to section 1.1.7.
Royal College of Paediatrics and Child Health	23	NICE version	15-20	1.1.2	It would be helpful to estimate the size of the workforce (a) currently trained and (b) required to deliver each recommendation (see also re: page 63 and 687 below).	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	24	NICE version	18	1.1.2.10	Regarding the second bullet point, we agree that individual as well as family based interventions should be considered depending on age and maturity of the child. NICE should be much clearer that there is good evidence that children <10-12 years MUST have family-based interventions	Noted. Noted. The evidence considered for this recommendation, which largely considered children who were not

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					and that individual interventions are inappropriate for this age group. The evidence suggests that adolescents 11 plus years do better with a combination of individual and family involvement. This emphasizes the need to separate recommendations for children from those for adolescents.	yet obese, only suggested variation by age and not more specific findings.
Royal College of Paediatrics and Child Health	25	NICE version	19	1.1.2.15	The document emphasises the importance of work within schools, and this is obviously key in terms of population-focused efforts. It does not directly address the issue of targeting obese children through teaching or school nursing staff for intervention. Obese children are often the target for ridicule and bullying, and our research indicates that they would not wish to be overtly identified or offered input within the school setting. We recommend that a statement is included that school is not the ideal setting to offer treatment to obese individuals and, if offered, must be done confidentially and in privacy.	Noted. The recommendations for schools apply to all children and are not intended to be used to single out individual children. The GDG were agreed that targeting obese children in schools was not appropriate. Furthermore, evidence which met the public health review parameters was not identified. Reference to bullying has been addressed in the section titled 'Working with people to prevent and manage overweight and obesity: the issues'.
Royal College of Paediatrics and Child Health	26	NICE version	20	1.1.2.18	The bulleted sentence is unclear.	Noted. The wording has been amended for clarity.
Royal College of Paediatrics and Child Health	27	NICE version	23	1.1.3.4	This is an aspirational, rather meaningless sentence that adds little in practical terms. It is not clear what 'personalised travel plans' and who 'targeted motivated subgroups' are. Does it mean workers and schoolchildren, for	Noted. The wording has been amended for clarity.

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					example, should go by public transport or foot on their daily trips if this is practical? Please clarify.	
Royal College of Paediatrics and Child Health	28	NICE version	25	1.1.4.1–1.1.4.4	Apart from the implications for training, mentioned as a general comment later in this submission, all of these recommendations should not be to the detriment of underweight children and 'faddy eaters'. We would like to see a comment to that effect, otherwise we think we are in danger of ignoring a significant number of children who are not overweight and endangering their nutritional status. We would prefer wording which acknowledges that nurseries should be encouraging healthy eating and activity levels to ensure good health for any child, whatever the weight.	Noted but not amended. The recommendations within this section are based on evidence for a general, healthy population. It is highlighted that recommendations should be viewed within the context of existing guidance on diet.
Royal College of Paediatrics and Child Health	29	NICE version	25	1.1.5	We strongly support the recommendations for schools. Regarding the risk of eating disorders noted in the background, more care is needed in this discussion. We suggest rewording the guidance to suggest that 'There is no evidence that school-based interventions to prevent obesity that focus on promoting *healthy* levels of exercise and activity foster eating disorders or extreme dieting or exercise.' The reality is that there is evidence that interventions that focus on weight control without focusing on *healthy* weight control	Noted. Noted but not amended. The current wording reflects the evidence assessed and is considered appropriate.

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					behaviours may increase the risk of unhealthy weight control measures (e.g. extreme dieting or exercise; eating disorders).	
Royal College of Paediatrics and Child Health	30	NICE version	28	1.1.5.7	Further clarification would be helpful regarding a social environment 'free from other distractions'. Could we not say specific things such as the television should be turned off when children are eating? We are not quite sure what is involved in this specific paragraph where the phrase is applied to school meals, but a teacher might welcome some specific guidance here.	Noted. The wording of this recommendation has been amended for clarity. The evidence considered does not allow the provision of more specific guidance.
Royal College of Paediatrics and Child Health	31	NICE version	31	1.1.7	A definition for non-traditional settings would be helpful.	Noted. The title of this section has been amended.
Royal College of Paediatrics and Child Health	10	NICE version	General		School dinners are mentioned, but there is no acknowledgement that many children take 'packed lunch'. Advice is needed on this latter.	Noted. Recommendation 1.1.5.7 has been amended to include 'packed lunches'.
Royal College of Physicians	72	Full version	405	Line 2 of table	Effectiveness	Noted. The typo has been amended.
Royal College of Physicians	10	NICE version	13		The wish list takes no account of social inequalities nor ethnic differences. There is no mention about cigarette smoking.	Noted but not amended. This is a general list of strategies which may help maintain weight and/or prevent obesity, based on the findings of the 'energy balance' review of cohort studies. The need to tailor advice for different groups is addressed elsewhere.

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Royal College of Physicians	11	NICE version	15	Activity	No mention of working mothers/single parents and the difficulties they may face.	Noted but not amended. This is a general list of strategies which may help maintain weight and/or prevent obesity, based on the findings of the 'energy balance' review of cohort studies. The need to tailor advice for different groups is addressed elsewhere.
Royal College of Physicians	12	NICE version	15	1.1.2.	'appropriately trained health professionals' who will train?	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.
Royal College of Physicians	13	NICE version	16	Tailoring advice	This needs to provide guidance for ethnic groups and those on a low income. It could draw on information from NDNS.	Noted. Intervention data was considered for questions relating to evidence for effectiveness. 'Corroborative data', such as qualitative studies and cross-sectional surveys, were considered as appropriate and as time allowed. The NDNS provides a breakdown of results by age, sex, region and household receipt of benefits; it

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						does not analyse results by ethnicity. The Low Income NDNS is not yet available.
Royal College of Physicians	14	NICE version	16	1.1.2.1	'Managers and appropriately trained healthcare professionals in all primary care settings must ensure that preventing and managing obesity is a priority action'. Is this realistic in the face of so many conflicting needs - what is the evidence for this statement when Government has set targets for treatment and waiting lists?	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.
Royal College of Physicians	15	NICE version	19	1.1.2.14 & 1.1.2.15	What is meant by 'competencies? What are they?	Noted. 'Competencies' has been amended to 'training' throughout.
Royal College of Physicians	16	NICE version	20	1.1.2.17	Is this really a responsibility for healthcare professionals?	Noted but not amended. The GDG considered that health professionals did have a role in implementing these recommendations. Please note that some recommendations have been amended to highlight the role of '*health* professionals' rather than '*healthcare* professionals' to emphasise the potential role of a broad range of staff.
Royal College of Physicians	17	NICE version	20-25	1.1.3–1.1.4.4	The remainder of this section needs evidence about local implementation	The specifics of implementation are outside the remit of this work. In this

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					groups that includes others in addition to health professionals.	instance, 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.
Royal College of Physicians	19	NICE version	25	last line	'There is no evidence to suggest that school based interventions to prevent obesity improve diet and increase activity levels foster eating disorders or extreme dieting or exercise behaviour'. We know what they mean - but many would not!	Noted but not amended. The wording is considered appropriate and clear. This section has been expanded, however.
Royal College of Physicians	18	NICE version	25-28	1.1.5	There is no mention in this section (schools) about training of staff - why should they see this as their responsibility?	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 status of NICE guidance is summarised in the NICE version, sections 3.1 and 5.2.
Royal College of Physicians	20	NICE version	32	1.1.7.3–1.1.7.4	Surely NICE should be defining 'best practice guidance'. These two sections are unhelpful in the circumstance.	Noted. This series of recommendations has been substantially amended for clarity. The BDA list of best practice,

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						previously included in the background, is now embedded within recommendation 1.1.7.1.
Salford PCT	3	NICE version	25	1.1.4.3	Would help to have specific targets ie to define what regular means	Noted. The evidence considered does not allow the provision of more specific guidance on these issues.
Salford PCT	4	NICE version	27	1.1.5.3	Staff also need to understand what constitutes a healthy diet and the impact this can have on behaviour. Can't assume staff in schools are role models themselves or have sufficient knowledge here, and need to speak to them in language which will reinforce the benefits to their own role ie this may make your job easier	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.
Salford PCT	5	NICE version	28	1.1.5.8	We need to acknowledge that there are problems inherent in consulting children here! Children are influenced by the food industries – we need to be taking the lead here, not children. We really need to start learning from tobacco control. We don't give children the choice of smoking (although many do it anyway).	Noted but not amended. The GDG considered the recommendation appropriate as it stands. The recommendation is based on evidence identified as part of the review of school-based interventions (see full guidance, section 9.1)
Salford PCT	2	NICE version	8		Under schools – need to be more explicit what is meant by the comment on selection procedures	Noted. The wording of the recommendation has been amended.
Sanofi-aventis	9	NICE version	Page 18 1.1.2.8		This section indicates that certain individuals may be particularly susceptible	Noted. However, there is fuller discussion on this issue within the

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					to weight gain at particular times in their lives. However, we feel this statement ignores the fundamental fact that weight tends to increase in the general population, and it is this weight 'creep' that should be flagged for particular attention, rather than specific subgroups who may be prone to weight gain at particular times. We suggest that the statement be adjusted to reflect the sentiments described above.	full version of the guidance; please also see the reference to this in the NICE version, opening paragraph of recommendations for the public
Sanofi-aventis	10	NICE version	Page 31 1.1.7		This section is entitled 'Management of obesity in non traditional settings'; it is not clear what is meant by 'non-traditional settings' and this phrase needs clarification.	Noted. The title of this section has been amended.
School Food Trust	9		12		Section 1.1.1 describes the need to be in energy balance. It is important to recognize that over one year, school lunches are likely to provide about 14% of a child's total energy intake: • Assume 3 x 11 week terms x 5 days=165 days; • this equals 45% of the year (165/365); • school lunches provide 30% of daily energy intake, so they provides 14% of annual intake (45% x 30%). Additional intake of about 5% may come from other school food, and a further intake in those children who eat breakfast at school or food provided by school after	Noted.

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					the end of the normal school day. This emphasises both the opportunity and the limitation that changes in school food alone are likely to provide, and the need to put school food in the context of energy expenditure related to physical activity both at school and outside of school. If (for example) there were a 10% reduction in the energy content of school meals consumed at lunch time, this would be equivalent to about 40 kcal per day in primary school pupils and 50 kcal per day in secondary school pupils. The associated loss in body weight over one year (all other things being equal and energy expenditure remaining the same) would be 0.5 kg, for example, in an average secondary school pupil. Over 5 years, this would amount to 2.5 kg, a small but potentially critical influence on developing body weight in a secondary school pupil. At the same time, it would be important to recognize that such a reduction in the energy content of a school meal would result in a failure to meet the 30% target for daily energy intake from school meals (current levels of consumption are 28%-30%). These opposing tensions need to be	Noted. The evidence identified does

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					resolved. The guidelines need to be clearer regarding the balance between energy intake and physical activity at school when setting out recommendations related to tackling obesity in the school setting. The value of changes in school food in relation to body weight should also be put in the context of eating habits outside of school. Any research effort evaluating the potential of changes in school food to contribute to the management and reduction of overweight and obesity in children must include a measure of how education about healthy eating and consumption of healthier food at school influences consumption outside of school.	not allow us to quantify the exact changes in diet and activity that may be brought about by school-based interventions. The guidance highlights the role of a range of settings in addressing obesity and that school-based interventions are just one of the range of opportunities to address children's diet and activity levels. Noted.
School Food Trust	11		19		Section 1.1.2.13 should make specific reference to those working in schools (e.g. Healthy Schools coordinators, school nurses) or their roles should be clarified in the added section on coordination of activities in schools suggested above in relation to pages 8; 26-28; and 52-54 regarding integration of activities.	Noted but not amended. The GDG were of the view that the suggested amendment could limit the implementation of the recommendation. Furthermore, the evidence identified does not allow for the provision of more specific guidance on staff roles.
School Food Trust	12		21		The suggestion to 'monitor and evaluate the impact of all local action' should provide greater details relating to	The specifics of implementation are outside the remit of this work. Furthermore, in many instances the

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					timescales and the means whereby the quality of the evidence can be assured.	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.
School Food Trust	13		22		The SFT sees itself playing a specific role in relation to undertaking local audits of barriers to and opportunities for promoting healthier eating in schools, and their specific role should be mentioned.	Noted.
School Food Trust	14		26		Section 1.1.5.2. All headteachers and chairs of governors are exhorted to 'undertake a full assessment of the whole of the school environment and consider the implication of all school policies on the ability of children and young people to maintain a healthy weight, eat a healthier diet and be physically active.' Ofsted, Healthy Schools and the SFT have as part of their remit the monitoring and assessment of school food provision and consumption, and their potential roles should be highlighted.	Thank you. This has been highlighted in the schools section.
School Food Trust	15		27		Section 1.1.5.3. Again, the role of the SFT in promoting training and guidance relating to healthy eating in schools should be acknowledged.	Noted. A link to the School Food Trust (SFT) has been added in the introduction.
School Food Trust	16		27		Section 1.1.5.5. We disagree that short-term interventions and one-off events should be avoided. Such activities (e.g.	Noted. The wording has been amended to address these concerns.

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					'healthy eating weeks') should be encouraged but also integrated into broader strategies.	
School Food Trust	17		54–57		We endorse the need for long-term evaluations (at least 12 months, but preferably for 24 months) of interventions designed to tackle obesity. While randomised controlled trials provide a firm basis for interpreting the effects of interventions, we suggest that attention is also paid to the natural community trials that will be arise from the implementation of the new standards for school food. Efforts should be made to capitalize on the potential of this intervention to evaluate the long-term effects on obesity of changes in school food (and to assess the relative effects of eating more healthy foods and changes in school-based programmes to promote physical activity). Moreover, the varied programmes from DH, DfES, DEFRA, Healthy Schools, etc. need to be taken into account in evaluations of other planned interventions, as their influence may differ from one school to another according to local circumstances.	Noted but not amended. **Section** 4.1.2 stresses the importance of research within 'every day' settings. Noted but not amended. **Section** 4.2.2 recommends that all national action should be evaluated.
School Food Trust	8		8; 26–28; 52–54		In the sections on schools (1.1.5) and Implementation (3.1 – the heading should be changed, as the subheadings cover more than just the NHS), we would like to see	Noted. The heading has been amended. The specifics of implementation are

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					(a) more details on the specific activities that should be taking place in schools (including the extended school day), (b) greater clarity on the roles that different partners (e.g. Healthy Schools, DfES, SFT) should pursue and (c) an indication of strategies and mechanisms for ensuring integration of activities between the different players. Because schools provide an obvious location for intervention, there is a great danger of over-burdening schools with too many diverse activities from too many agencies. The SFT would like to provide detailed input on its planned activities relating to (b) and (c) above once the SFT strategies and objectives have been agreed in May.	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. 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.'

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School Food Trust	3		General		The NICE guidance should attempt to use clearer, more accessible language throughout. It should also specify clear targets. For example, under 1.1.5 Schools, the strategic recommendations should include a target date for implementation (say September 2008). Under 1.1.5.2 (assessment by headteachers and governors), there is no indication of any action to be taken with regard to elements of an assessment, nor any clear targets regarding such targets.	Noted. The guidance will be substantially edited for clarity prior to publication. 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 aid implementation at a national level. The wording of this recommendation has been amended to highlight the need for action.
School Food Trust	4		General		The guidance should make clear how information collected on changes in overweight and obesity is to be reported (a) to the public and (b) to those agencies involved in programmes to tackle obesity. They should also indicate how such information will be fed into continuing	As highlighted in the scope, routine measurement and population-based screening programmes for overweight or obesity are outside the remit of this work. The implementation of NICE guidance is outlined in section 3 of

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					strategies for reducing obesity and improving child health.	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 aid implementation at a national level.
School Food Trust	5		General		The new standards for school food need to be highlighted in the relevant sections.	Noted. Reference to the new standards has been added.
School Food Trust	6		General		There is no mention of the need to tackle issues around self-esteem, self-confidence, bullying, and aspects of mental health relating to obesity.	Noted. The issue of bullying is mentioned a number of times; in particular it is covered in the section titled 'Working with people to prevent and manage overweight and obesity: the issues'.
School Food Trust	7		General		There should be a recommendation that weight and height measurements made at school are taken privately (e.g. by the school nurse in his or her office) in order to avoid any potential embarrassment to pupils.	As highlighted in the scope, routine measurement and population-based screening programmes for overweight or obesity are outside the remit of this work.
School Food Trust	1	NICE version throughout, except as indicated	General		The School Food Trust (SFT) strongly endorses the development of guidelines to tackle obesity. The SFT also supports the recognition in	Noted. Noted.

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					the guidelines of schools as an environment in which to make practical interventions to balance energy intake and expenditure in children. The new standards for school meals are intended to underpin healthier eating and greater awareness of the relationships between food consumption, physical activity and body size, and reference to these standards should appear in the relevant section of the guidance.	A reference to the new standards has been added, along with a link to the School Food Trust.
Slim Fast Foods –- Unilever	16	Full version	411 412	29–30 1–7	***Criticism of the 5 year study:*** Rothacker, DQ. **Five-year self-management of weight using meal replacements: Comparison with matched controls in rural Wisconsin**. Nutrition. 2000; 16; 344-348 ***appears to have led to the conclusion that there is no evidence to support the use of meal replacements.*** ***This study was not designed as a comparison with low calorie diets, but as an assessment of long term success for Meal Replacements. The reviewers noted that drop out levels may bias the amount of weight loss. However a further study on the same group clarifies the individual data and may help in re-evaluation of this study:*** Mattes RD**. Feeding behaviours and weight loss outcomes over 64 months**.	Noted. The comments have been considered in detail: The Mattes paper has been assessed against the inclusion criteria for the review. It does not meet the criteria for the review as, in terms of weight data, it provides before and after data only – the control group used in the Rothacker study was not included. Studies without a control or comparison group were not eligible for inclusion in the review. The Mattes study is a survey conducted at the end of the Rothacker study that explores the relation ship between various participant characteristics and how they varied between participants

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					Eating Behaviors 2 (2002) 191-204 ***This paper examines the characteristics of three distinct grouped results from the trial – characterised as Nonresponders, Rebounders and Maintainers according to their initial response to the meal replacement programme and their subsequent maintenance over the 5 year examination period.*** ***Objective : change of evidence statement to acknowledge value of meal replacements as an appropriate alternative to low calorie diets***	who were non-responders, rebounders and maintainers. Aside from not meeting the inclusion criteria of the review, the Mattes study does not provide any new data in relation to the effectiveness of meal replacement compared to no weight loss intervention.
Slim Fast Foods – Unilever	1	NICE version	31		1.17 Management of obesity in non traditional settings ***Comment : We welcome the use of the information from the British Dietetic Association 'Weight Wise' Campaign as the basis for considering 'best practice'. Given the comments following on the Full Version, and the exclusion of Meal Replacements in much of both the NICE version and the Full Version we would like to point out that Meal Replacements are included in the BDA Weightwise information*** http://www.bdaweightwise.com/bda/support_approach4.html ***However, because of their particular***	Noted.

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					regulatory and nutritional status Meal Replacements should to be classified and commented on as a separate category in addition to their inclusion in BDAWeightWise.	
Slimming World	42	Full version	406	No. 7	There is some short term evidence to show that clinically beneficial weight loss can be achieved by men in non-clinical settings (reference Journal of Human Nutrition & Dietetics vol 18 issue 5, p 391-394.)	Noted. The study cited was excluded as it did not have a control group, and did not provide baseline data for 12 and 24 weeks follow-up groups.
Slimming World	10	NICE version	Page 12		1.1.1 Recommendations for the public. Background. 2nd para. It should be highlighted that energy intake is influenced by both food and drink rather than just food.	Noted. This has been checked and amended as appropriate throughout.
Slimming World	11	NICE version	Page 13		Recommendation for all. Diet. Eating breakfast is listed as being 'best practice' to maintain a healthy body weight. Is there sufficient evidence to make this generalised statement? Surely this should at least be made more specific regarding the type of food and drink consumed as breakfast. There is some evidence that breakfast consumers tend to be a healthier weight however, this may be a marker of other lifestyle factors influencing body weight such as education level, socioeconomic status, general healthy diet, more physically active etc rather than being an independent factor affecting body weight.	The evidence on breakfast was for breakfast consumption per se rather than a particular type of breakfast. The recommendation is based on the findings of the 'energy balance' review (see section 6 within the full version). This review focused primarily on cohort studies and the limitations of this data are highlighted within the review. It is highlighted that the suggested list of strategies outlined are viewed within the context of existing guidance – as briefly summarised in appendix D of the NICE version.

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Slimming World	12	NICE version	Page 13		1.1.1.2. Recommendation for all. Diet. Further definition is required regarding 'some' takeaway and fast food. How are 'some' takeaway and fast food going to be defined to the average health professional?	Noted but not amended. The GDG considered the wording appropriate as it reflected the evidence identified within the 'energy balance' review (see section 6 within the full version). It is highlighted that the suggested list of strategies outlined are viewed within the context of existing guidance – as briefly summarised in appendix D of the NICE version.
Slimming World	13	NICE version	Page 13		1.1.1.2 minimum consumption of foods (as treats) – this needs defining as it is very subjective. There is also concern about the use of the term 'treats' which may not be appropriate for certain energy dense foods which may not be viewed as treats by the consumer	Noted. The term 'treats' has been deleted.
Slimming World	14	NICE version	Page 14		1.1.1.3 Adults are recommended to 'periodically' check they are not gaining weight by 'regularly' checking their weight. This is a confusing statement and requires definition.	Noted. The wording of this recommendation has been amended for clarity.
Slimming World	15	NICE version	Page 14		1.1.1.4. We suggest that more consumer-friendly websites detailing weight management guidance and where to go for additional support are included such as the British Dietetic Association (BDA) weight-wise website	Noted. However, we have not been able to include all of the relevant website links. We hope that users will find that the Implementation Resources document will be a helpful guide to useful resources.
Slimming World	16	NICE version	Page 14		1.1.1.6 Would it be appropriate to also mention the links between number of sleeping hours and childhood obesity (ALSPAC study).	Noted. No evidence (which met the review parameters) was identified on this issue.

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Slimming World	17	NICE version	Page 15		Diet. Definition of the type of healthy breakfast is required, in line with the Balance of Good Health, rather than just breakfast	The evidence on breakfast was for breakfast consumption per se rather than a particular type of breakfast. It is highlighted that the suggested list of strategies outlined are viewed within the context of existing guidance – as briefly summarised in appendix D of the NICE version.
Slimming World	18	NICE version	Page 29		1.1.6.2. 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 but not amended. No evidence was identified on workplace-based weight-management programmes. Workplace-based incentive schemes are addressed in recommendation 1.1.6.4.
Slimming World	20	NICE version	Page 31		1.1.7. 2nd bullet. It should be made clear that a recommended maximum weekly weight loss of 1-2lbs a week would relate to an average of 1-2lbs a week or 1-2lbs a week in the longer term, so as not to cause any undue concern to the consumer who may on occasions lose more than 1-2lb within a week. Actual weight losses are likely to fluctuate from week to week and initial weight losses are often much higher than 1-2lbs a week, particularly in obese people who make quite large changes to their diet and activity levels. Even though weight loss of greater than 1-2lbs are likely to include loss of water as well as body fat, particularly in the early stages of a weight	Noted but not amended. The GDG considered the current wording appropriate. The current wording is as stated by the BDA.

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					loss attempt, there is no evidence that this is detrimental to health and in fact can be very motivating for the person to continue with their weight management attempt.	
Slimming World	21	NICE version	Page 31		1.1.7.Final bullet. It is suggested that the statement should recommend 'frequent' support that can be maintained for the long term which has been shown to improve outcomes.	Noted but not amended. The GDG considered the current wording appropriate. The current wording is as stated by the BDA.
Slimming World	22	NICE version	Page 32		1.1.7.1. The document suggests that services meet minimum standards in terms of best practice, staffing and facilities. Are standards for staffing and facilities going to be suggested as they are for best practice? This should include standards relating to the appropriate training of staff.	Noted. This series of recommendations has been substantially amended for clarity. The BDA list of best practice, previously included in the background, is now embedded within recommendation 1.1.7.1. The term 'minimum standards' has been removed. 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.
Slimming World	23	NICE version	Page 32		1.1.7.3. and 1.1.7.4 Commercial programmes can form part of primary	Noted. These recommendations have been misinterpreted. The

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					care interventions, and in fact is preferable that they are run as a partnership between primary care professionals and the commercial sector. The lack of resources available in many primary care settings means that other interventions may not be possible or cost effective and therefore the partnership with the commercial sector may be the only intervention. Furthermore what is the evidence for the statement made which implies interventions led by healthcare professionals are superior? Surely the best practice guidelines should apply to all interventions not just the commercial sector.	wording of these recommendations has been substantially amended for clarity.
Slimming World	24	NICE version	Page 33		1.1.7.5. The reputable commercial slimming organisations all incorporate recommended healthy eating principles and have some level of physical activity within their programmes. The way this paragraph is written may give a negative impression of reputable commercial slimming organisations resulting in them being overlooked as an option.	Noted. The wording of this recommendation has been amended for clarity.
Slimming World	2	NICE version and Full version	General		The terms 'non-traditional' settings and 'self-help' strategies are used a number of times, which on occasions seems to apply to all weight management services outside of the clinical setting and cover commercial slimming organisations, although in other parts of the document the terms 'self-help' and 'commercial'	Noted. The title of this section has been amended for clarity.

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					programmes are used separately. It is suggested that 'non-clinical' is used for clarity (as has been used in the FULL version p405 evidence table). The term non-traditional would not seem appropriate for long established commercial weight management organisations, implying that they do not use traditional or evidence based approaches which is incorrect. We also disagree with the use of 'self-help' when referring to commercial weight management organisations as in the context of this guidance the phrase trivialises the role of long established, reputable commercial organisations whose approaches are based on current best practice (including diet, physical activity, behaviour change and regular support) and who support millions of people per year within a group setting. Again the term self-help could give the image of non-evidence based practice.	
South West Peninsula Strategic Health Authority	5	NICE version	13		It would be helpful if NICE included a recommendation in a subsequent section that all future leaflets/information resources (particularly those produced by healthcare professionals) are consistent with this advice.	Noted but not amended. Best practice approaches are highlighted in recommendation 1.1.2.4. The implementation of NICE guidance is outlined in section 3 of the NICE version. NICE is not responsible for implementing the guidance.
South West Peninsula Strategic Health	6	NICE version	16		Given the limitations of resources available to take forward this work locally,	As highlighted in the scope, the guidance focuses on what can be

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Authority					it would be extremely helpful if the final guidance published by NICE included nationally produced messages tailored for the groups identified.	done locally. National policy and action at a national level are outside the remit of the guidance. 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 aid implementation at a national level.
South West Peninsula Strategic Health Authority	7	NICE version	22	1.1 3.2	We would strongly support the inclusion of a recommendation that local authorities are requested to consider how they can improve access to leisure and sporting facilities – particularly for young people.	Noted.
South West Peninsula Strategic Health Authority	8	NICE version	24		Whilst perhaps outside the remit of this guidance, we consider it would be sensible for the PSA target on childhood obesity shared by the DH, DfES and DCMS to be based on the definitions used in the care pathway. We would argue that the PSA definitions of obese and overweight are not clinically relevant.	Noted. 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.

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South West Peninsula Strategic Health Authority	9	NICE version	32	1.1 7.1/4	It would be helpful if the final guidance defined minimum standards so that these were clear and consistent across the country – in line with core standards set by the Healthcare Commission. This would allow efforts locally to be devoted on preventing and tackling obesity.	Noted. This series of recommendations has been substantially amended for clarity. The BDA list of best practice, previously included in the background, is now embedded within recommendation 1.1.7.1. The term 'minimum standards' has been removed.
South West Peninsula Strategic Health Authority	10	NICE version	32		What does local strategic health agency mean? This term is ambiguous.	Noted. The inclusion of 'agencies' was a typo and will be changed.
South West Peninsula Strategic Health Authority	2	NICE version	7/15/16/17/ 18 (1.1.2.8)		We believe that all NHS frontline organisations have an important contribution to make to preventing and managing obesity, eg through the food provided, services signposted, advice and information provided, etc. In many sections, the focus is only on the role of primary care settings, and we believe that recommendations for other provider trusts would add impact to the NICE guidance when published.	Noted. The guidance emphasises the potential role of a range of audiences and as such there are a series of recommendations for non NHS settings (and non health professionals) – local authorities, pre-school settings, schools and workplaces. The importance of partnership working (e.g. though local strategic partnerships) is highlighted throughout.

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					For example, it would be helpful to draw out the potential role of mental health provider trusts in addressing the high prevalence of obesity among people with mental health problems.	The scope highlights that the prevention or management of comorbidities associated with overweight or obesity is 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.
The Obesity Awareness & Solutions Trust (TOAST)	14	NICE version Full version	Nice version Page 17 Full version page 64	Nice version: 1.1.2.3 Full version: Lines 14–24	Training should include the development of a better understanding of the multifaceted nature of obesity. Addressing obesity should not be symptom led. Issues of stigma, prejudice and discrimination should also be addressed in the training and the service users' perspective. Staff should be trained also to ensure that their attitude is not a bar for obese people to seek and receive appropriate treatment and be signposted accordingly. It is important to understand the benefits of a better understanding of obesity and its causes and the underlying reasons for the development of eating behaviours in order to best treat patient's individual	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. Recommendation 1.1.2.4 highlights that training should address barriers for health professional, including views on the ability of individuals to change.

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					needs. People working in primary care and within healthcare need to understand the issues relating to stigma, prejudice and discrimination that people who are overweight and obese are subjected to. It is important also that they understand that their attitude can be a bar to people having access to services.	
The Obesity Awareness & Solutions Trust (TOAST)	10	NICE version	Page 12		Should also include mental health and healthy mind issues. The list of difficulties to maintain healthy weight could include reasons why people over consume such as childhood messages of eat everything on your plate, don't waste food, food as a treat or reward, to make you feel better, for comfort, anxiety, anger, happiness, stress, boredom etc.	The scope highlights that the prevention or management of comorbidities associated with overweight or obesity is 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. Noted but not amended. The importance of these issues is recognised, but evidence on these issues was not identified within the context of the review undertaken for this section (based on the findings of the 'energy balance' review; see section 6 of the full version).
The Obesity Awareness & Solutions Trust (TOAST)	11	NICE version	Page 13	1.1.1.2	Should also mention the benefits of regular activity on mental health and make reference to the healthy body	Noted but not amended; these issues are outside the remit of the work.

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					healthy mind balance.	
The Obesity Awareness & Solutions Trust (TOAST)	12	NICE version	Page 14	1.1.1.4	Should include planning, time management, prioritising etc.	Noted but not amended; these issues are outside the remit of the work.
The Obesity Awareness & Solutions Trust (TOAST)	13	NICE version	Page 14	1.1.1.5	Who would the reliable sources to contact be? Again important to think outside the box: obesity is not just about diet and exercise. Therefore these sources should include a wide variety of reliable information which could help people to change their personal circumstances, improve their health and manage their weight.	Noted. A list of useful resources is given in Appendix D]titled 'Sources of information on existing guidance and trends'. There will also be links between here and the Implementation guidance.
The Obesity Awareness & Solutions Trust (TOAST)	15	NICE version	Page 18	1.1.2.10	Should also list the types of counselling that are best suited for children and families. Could also include additional tools looking at weight history for example • What else is going on in the person's life at times of weight gain? • Is there a pattern to this? • Are there social, psychological, economic issues?	Noted. The evidence identified has not allowed more specific guidance on exactly how interventions should be designed in order to give maximum return. 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.

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The Obesity Awareness & Solutions Trust (TOAST)	16	NICE version	Page 19	1.1.2.14	Difficulties in knowing which healthier choice in retail outlets are consistently in line with existing guidance. Low fat can sometimes mean high sugar and many products have artificial sweeteners in them. It would be beneficial to promote basic cookery skills and value for money of raw ingredients and of preparing your own food, quick healthy recipes on a budget.	Noted. Food labelling and other national policies (such as advertising) are outside the remit of this guidance. 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 Obesity Awareness & Solutions Trust (TOAST)	17	NICE version	Page 20	1.1.2.17	Also needs to include understanding the difference between wants and needs, planning, time management, prioritising etc.	Noted. The evidence considered does not allow the provision of more specific guidance on these issues.
The Obesity Awareness & Solutions Trust (TOAST)	18	NICE version	Page 23	1.1.3.5	Definition of healthier foods should be clear as products marketed at healthier can often be more expensive but not necessarily healthier. It may be worth to investigate establishing local schemes to give people raw ingredients at the best value for money i.e. veg coops, local farm deliveries, etc	Food advertising, marketing and labelling are outside the remit of the work, as is all national action (the guidance focuses on what can be done locally). Existing guidance on nutrition is briefly summarised in appendix D of the NICE version. 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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						guidance on these issues.
The Obesity Awareness & Solutions Trust (TOAST)	19	NICE version	Page 25		Schools-Background Should also include other behaviours such as personal responsibility, decision-making, problem solving, time management, prioritising, how to have high self-esteem and self-confidence, assertiveness as well as other areas of personal development.	A number of these issues have been addressed in the section titled 'Working with people to prevent and manage overweight and obesity: the issues'.
The Obesity Awareness & Solutions Trust (TOAST)	20	NICE version	Page 26	1.1.5.1	Should include personal development skills such as personal responsibility, decision-making, problem solving, time management, prioritising, how to have high self-esteem and self-confidence, assertiveness, etc.	Noted. The evidence considered does not allow the provision of more specific guidance on these issues.
The Obesity Awareness & Solutions Trust (TOAST)	21	NICE version	Page 27	1.1.5.6	Should offer a range of inclusive activities including emotional literacy and personal development such as personal responsibility, decision-making, problem solving, time management, prioritising, how to have high self-esteem and self-confidence, assertiveness, etc.	Noted. The evidence considered does not allow the provision of more specific guidance on these issues.
The Obesity Awareness & Solutions Trust (TOAST)	22	NICE version	Page 28	1.1.6	Should include workload management tools, change management, stress management, time management, goal setting, planning etc as it is about the physical and mental wellbeing of staff, healthy mind and healthy body.	Noted. The evidence considered does not allow the provision of more specific guidance on these issues.
The Obesity Awareness & Solutions Trust	23	NICE version	Page 31	1.1.7	Management of obesity should also include life management skills such as,	Noted. The evidence considered does not allow the provision of more

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(TOAST)					problem solving, time management, planning, wants and needs, prioritising, motivation etc.	specific guidance on these issues.
The Obesity Awareness & Solutions Trust (TOAST)	24	NICE version	Page 32	1.1.7.2	It should be ensured that healthcare professionals are aware of the full range of options available and how people can access them.	Noted. This series of recommendations has been substantially amended for clarity. The BDA list of best practice, previously included in the background, is now embedded within recommendation 1.1.7.1.
The Obesity Awareness & Solutions Trust (TOAST)	25	NICE version	Page 32	1.1.7.3	Should also include partnership work with the voluntary and statutory sectors.	Noted. The edited version makes clear that not just commercial or health professional-led schemes are included.
The Obesity Awareness & Solutions Trust (TOAST)	3	NICE version	Page 7		NHS: Also needs to include the psychological components and personal development such as assertiveness, self esteem building, problem solving, self confidence building etc	Noted. These issues are mentioned within the section 'Working with people to prevent and manage overweight and obesity: the issues'.
The Obesity Awareness & Solutions Trust (TOAST)	4	NICE version	Page 8		Schools: School children need to have the opportunity to develop personal responsibility by being able to develop self-respect, self-esteem, assertiveness skills, problem solving skills, time management skills, goal setting skills, self-confidence etc	Noted. These issues are mentioned within the section 'Working with people to prevent and manage overweight and obesity: the issues'.
The Obesity Awareness & Solutions Trust (TOAST)	5	NICE version	Page 8		Work place: Could also provide a range of workload management tools such as change management, motivational tools, stress management tools, time management, and goal setting tools.	Noted. No evidence was identified on workplace-based weight-management schemes. The implementation of the guidance is outside the remit of NICE.

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					It should be ensured that staff has regular breaks and fresh drinking water available; all employers could provide information about the importance of hydration and the effects of dehydration.	No evidence on meal breaks and/or water consumption was identified. Water intake is mentioned briefly within appendix D of the NICE version.
University College London Hospitals NHS Trust	7		25	Section 1.1.5	I strongly support the recommendations for schools. Re the risk of eating disorders as discussed in the Background, more care is needed in this discussion. I suggest rewording the guidance to suggest that 'There is no evidence that school-based interventions to prevent obesity that focus on promoting ***healthy*** levels of exercise and activity foster eating disorders or extreme dieting or exercise.' The reality is that there is evidence that interventions that focus on weight control without focusing on ***healthy*** weight control behaviours may increase the risk of unhealthy weight control measures (e.g. extreme dieting or exercise; eating disorders).	Noted. Noted but not amended. The current wording reflects the evidence assessed and is considered appropriate.
University College London Hospitals NHS Trust	8		27	1.1.5.5	I strongly support the recommendation that school interventions should be multicomponent and systemic, and that short-term interventions should be avoided.	Noted.
University College London Hospitals NHS Trust	2	NICE version	11	Section 1.1.1	This section fails to address children and adolescents specifically. The importance of controlling weight while children are	Noted. The evidence considered does not allow the provision of more specific guidance on these issues.

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					growing must be emphasised here. Issues around using growth to control weight before the end of growth are largely missing from the entire consultation document and should be reconsidered. The section on 'small gradual changes' should emphasise that even very small imbalances in intake/expenditure in early childhood can result in marked obesity by age 3-4 years.	This information for children was based on cohort studies identified within the 'energy balance' review (see full version, section 6).
University College London Hospitals NHS Trust	3	NICE version	13	Section 1.1.1.2	Re Diet: The recommendation for all (i.e. including children) to have a low fat diet is incorrect and potentially dangerous for children. Children under 14 years need a relatively high fat diet for proper growth including brain growth. Adult low-fat diets are inappropriate. A separate section on safe health intake for children is needed here.	Noted but not amended. It is stated that these recommended strategies are within the context of existing guidance, as outlined in appendix D of the NICE version. Appendix D highlights that the COMA recommendations for fat intake apply to children aged 5 years and older and should be implemented flexibly between 2 and 5 years of age. Clear links between this recommendation and the appendix will be ensured in the final version.
University College London Hospitals NHS Trust	4	NICE version	13	Section 1.1.1.2	Re Activity (also refers to pp14-15): there should be a specific recommendation around limiting television viewing to <2 hours per day. There is good research evidence that 2 hours appears to be an important threshold, and I believe it is important to give parents and professionals some appropriate targets.	The GDG considered that it is not possible to state maximum specific viewing time.

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University College London Hospitals NHS Trust	5	NICE version	18	1.1.2.10	Re last point: I agree that individual as well as family based interventions should be considered depending on age and maturity of the child. NICE should be much clearer that there is good evidence that children <10-12 years MUST have family-based interventions and that individual interventions are inappropriate for this age group. There evidence suggests that adolescents 11 plus years do better with a combination of individual and family involvement. Furthermore, I refer to my comments under 'General' above re the need to separate recommendations for children from those for adolescents.	Noted. The evidence considered for this recommendation, which largely considered children who were not yet obese, only suggested variation by age and not more specific findings.
University College London Hospitals NHS Trust	6	NICE version	24	Section 1.1.4	I strongly support the recommendations for preschools.	Noted.
University of Leeds	3	NICE version	19	1.15	The document emphasises the importance of work within schools and this is obviously key in terms of population focused efforts. It does not directly address the issue of targeting obese children by teaching or school nursing staff for intervention. Obese children are often the target for ridicule and bullying and our research indicates that they would not wish to be overtly identified or offered input within the school setting. I recommend that a statement is included that school is not the ideal setting to offer treatment to obese individuals, and if	Noted. The recommendations for schools apply to all children and are not intended to be used to single out individual children. The GDG were agreed that targeting obese children in schools was not appropriate. Furthermore, evidence which met the public health review parameters was not identified. The issue about bullying is addressed in the section titled 'Working with people to prevent and manage overweight and obesity: the issues'.

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					offered must be done confidentially and in privacy.	
Weight Concern	5	NICE version	13	1.1.1.2	**Diet** Terminology change: 'Keeping the consumption of the following foods to a minimum (***as treats***)'. Using the word 'treats' automatically increases the value of a food. A term like 'occasional foods' would be better.	Noted. The term 'treats' has been removed.
Weight Concern	6	NICE version	16	1.1.2	**Terminology clarification** Final paragraph uses the term 'client-centred', elsewhere in the document 'patient-centred' is used. It is important to use a consistent term.	Noted. This has been altered to 'person-centred', and we have ensured consistency throughout the NICE version.
Weight Watchers	3	Full version	1796		We note that both references to the Weight Watchers 'weight maintenance study' by Lowe and colleagues (Lowe M. R et al, 2001, 2004) which conducted long-term follow-up of successful dieters have been excluded because there was no control or comparison group. This study retrospectively assessed the amount of weight regain at 1, 2 and 5 years amongst a sample of people who had previously achieved their goal weight with Weight Watchers. Although no control/comparison groups were included, we would allude to a comparison with most other* weight loss approaches, in which about 2/3 of lost weight is regained at 2 years and almost all weight is regained at 5 years. On that basis the amount of weight regained in the Weight	Noted. The study was not included as it did not meet the agreed review parameters.

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					Watchers sample is impressive. * These figures are presented in an analysis in the1992 report from the (American) National Institutes of Health and affirmed by the (American) Institutes of Medicine's 1995 report 'Weighing the Options'	
Weight Watchers	1	Full version	411	10	The draft report describes the findings of the larger of two randomised controlled trials (Heshka, 2003) which assessed the impact of the Weight Watchers intervention. The present draft states that 'the analysis was for completers only, so the effect may be an overestimate'. We have gone back to the relevant party to check details of the methodology. In interpreting the findings of this study it is helpful to note that the statistical analysis was based on all participants in the study. The intention to treat analysis is described in the JAMA publication on page 1794. As described on page 1795, the attrition was low, thus the proportion of the sample completing the intervention was particularly high.	Noted. Detailed consideration has been given to these comments: 1. It is already noted in the evidence summary table for this study that ITT analysis was conducted. The comment in the draft report that 'this particular analysis included only participants who completed the programme and is therefore likely to be an overestimate' refers to the previous sentence only, which reports the proportion of participants who lost more than 5% of their baseline weight after 2 years. This data was extracted from Table 3 (p 1796) of the JAMA paper. This is not ITT data as the proportion of weight loss at year 2 is reported for 148 participants in the WeightWatchers group (out of a total of 211 who started the study) and 159 in the control group (out of a total of 212 who started the

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						study). To avoid the misinterpretation that the comment in the report refers to all the analyses in this study, a comment that non-completers were included in the analysis has been inserted following the description of mean weight loss in the two groups. 2. Regarding attrition – attrition rates were taken into consideration for all the studies. Where a study used a financial incentive such as payment or there was no charge for attendance (where there normally would be in a real-life situation), this was commented on in the report: in a real-life situation, where an individual may have to pay for the intervention or where they are not receiving a financial incentive for attendance, attendance in the long term may not be as good as in a research study. This is not a criticism that the dropout was poor in the Heshka study – it is a comment about how the evidence might generalise to a real-life setting.
Weight Watchers	2	Full version	411	11	An additional point in this study is that there was no bias at randomisation. That is, people were assigned to the Weight	Noted. Detailed consideration has been

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					Watchers group intervention versus the comparison group, blind to their *preferred* source of help/support with weight loss. It is possible therefore that the effects of the Weight Watchers intervention found are an underestimate of the true effect. The sample includes people for whom, given the choice of the one-to-one counselling/self-help (as in the comparison group), versus the Weight Watchers group intervention, would *not* have chosen Weight Watchers. This phenomenon is, we believe, to be described in a forthcoming paper (due in the British Medical Journal, May/June 2006), which highlights that different weight loss interventions work well for different people, and that matching patients to treatments is the challenge for optimising weight loss success.	given to these comments: 1. There is no indication in the evidence table that this study is poorly randomised. The misunderstanding may be due to a different use of terminology. In the evidence table randomisation is described as well-covered and allocation concealment is described as adequate (i.e. the randomly generated allocation to groups was concealed from the investigators and participants prior to the allocation taking place – alternatively this could be described as being 'blind to assignment condition', as it is in the JAMA paper). The comment about 'no mention of blinding' in the evidence table refers specifically to outcome assessment: it is unclear from the paper whether the outcome assessors were blinded to treatment groups. The randomisation with allocation concealment protects against selection bias. The blinding of outcome assessors protects against performance bias. 2. We do not agree with the statement that because participants

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						were randomised to WeightWatchers regardless of their preferences for WeightWatchers or self-help, the effectiveness of WeightWatchers was therefore underestimated. Equally, participants in the self-help group were randomised despite their preferences. Poor treatment adherence and therefore outcomes can be an issue in trials where participants are allocated to their non-preferred intervention. However, from the information available in the Heshka paper there is no evidence to indicate that this would have been a more important factor for the WeightWatchers group than the self-help group . Arguably, it would have been quite the reverse. Being allocated to the WeightWatchers group may have been regarded as the better option in general as it provided the opportunity to try it out free of cost. This could have resulted in a greater tendency to demoralisation and poorer outcomes in the self-help group. In summary, there is not enough evidence available in this trial to

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						conclude that the influence of participant preferences led to an underestimation or overestimation of the effectiveness of WeightWatchers compared to self-help. One of the conclusions of a recent systematic review of intervention preferences in clinical RCTs and study validity concluded that 'where preference effects were evident, they were inconsistent in direction and were not clearly associated with whether the primary outcome was subjective or objective' (King M et al. Impact of participant and physician preferences on randomised trials, JAMA, 2005; 293: 1089-99). 3. The Truby et al study has now been published in the BMJ (23 May 2006) but is too late for inclusion in the review. However, the paper has been briefly considered – it does not investigate the impact of patient preferences on outcomes.
Welsh Assembly Government	12		15		reference is made to health trainers but these are relevant to England only	As above.
Welsh Assembly Government	13		24 etc		reference is made to Children's Trusts, but these are relevant to England only.	As above.
Welsh Assembly Government	5		3		reference to Choosing Health without reference to Health Challenge Wales	This guidance was jointly commissioned by the Department of

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						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	6		4, 22 etc		reference to targets for childhood obesity but no mention that they relate to England only	As above.
Welsh Assembly Government	7		7, 16		reference is made to a local obesity strategy but in Wales we already have local physical and nutrition action plans, which together fulfil the role of a local obesity strategy. There is therefore no need for this recommendation in Wales	As above.
Welsh Assembly Government	8		8		reference is made to DFES and FSA guidance on healthier catering for schools, but no mention is made of the Welsh document, Appetite for Health	As above.
Welsh Assembly Government	9		8		reference is made to the National Healthy Schools Programme, but not to the Welsh Network of Healthy School Schemes	As above.
Welsh Assembly Government	10		8		no reference is made to the Corporate Health Standard, the national mark of quality for workplace health in Wales	As above.
West Gloucestershire PCT	10	NICE version	11	1.1	Should also acknowledge the potential role of the media, voluntary sector, local business and further education	Noted. The full audience list for the guidance is provided in section 3.1 of the NICE version.
West Gloucestershire PCT	11	NICE version	11	1.1.1.1.	Please avoid use of terms like 'standard advice' – we know that giving advice does not work – what's needed is support and encouragement for people to develop the	Noted but not amended. The strategies listed are highlighted as being in addition to standard advice. The issues raised are addressed

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					knowledge, skills and confidence necessary to make significant behaviour changes	elsewhere in the guidance.
West Gloucestershire PCT	12	NICE version	12	1.1.1.2 Diet	Would amend this section as follows to make it more compliant with the aspects of the diet that have the greatest impact on weight management: • Eating regular meals including breakfast • Eating a wide variety of foods and not cutting any particular foods out • Basing meals and snacks on starchy carbohydrates such as bread, rice, pasta, cereals, fruit, vegetables, pulses and legumes • Eating at least five portions a day of a variety of fruit and vegetables • Moderating fat intake by watching the portion sizes or frequency of eating of the following foods: - Fried foods - Dishes containing larger amounts of added butter, oil or cream - Cakes, biscuits and pastries - Fatty meat products - Full fat dairy products e.g. cream, cheeses etc - Fatty meat products like sausages, pasties, pates and burgers • Watching the consumption of sugary drinks and confectionary • Moderating the energy (calories)consumed as alcohol by	Noted. The wording of some but not all of these bullets has been amended for clarity. It is highlighted that the recommendations should be viewed within the context of existing guidance, as briefly summarised in appendix D of the NICE version. The list is based on the findings of the 'energy balance' review (see full version, section 6).

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					keeping within the recommended intake • Sitting down and savouring your food, free from other distractions	
West Gloucestershire PCT	13	NICE version	14	1.1.1.3	What does a 'simple alternative' mean? Need to be explicit e.g. …weight by periodically checking their weight, waist measurement or clothing size and fit'	Noted. The wording of this recommendation has been amended for clarity.
West Gloucestershire PCT	14	NICE version	15	1.1.2	What does 'appropriately trained healthcare professionals' mean? Currently the standard of weight management aspect of undergraduate and HCP training courses is very poor. We must define this and emphasise that all staff dealing with weight issues need specific training and support to do it safely and effectively. There is a need to develop a national competencies framework / accreditation for those working in weight management. What plans are in place for the workforce to be developed in this area, and for training to be mandatory, and of a consistent standard, in order to limit harm?	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 term 'competencies' has been amended to 'training' throughout. 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.
West Gloucestershire PCT	15	NICE version	16	1.1.2	**NO!** We don't want people giving 'opportunistic advice'. This is not patient-centred. Please reword to something like 'offer support'	Noted. This has been amended to 'advise and support'.

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West Gloucestershire PCT	16	NICE version	17	1.1.2.4	Training should include the use of a patient-centred approach which represents a **huge change in practice for many HCPs and evidence has shown it needs to be followed up with support in order to result in a change in practice.** It is well documented that training alone does not change practice – support / clinical supervision / reflective practice / CPD must be factored in	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.
West Gloucestershire PCT	17	NICE version	20	1.1.2.18	Bullet point is very ambiguous – weight maintenance is a crucial component of weight management and, in the case of children who have any growing left to do, is the only appropriate approach – if weight is maintained as the child grows BMI will fall. This point implies that weight maintenance is a bad thing – or is not good enough. Please reword this carefully	Noted. This recommendation has been amended for clarity.
West Gloucestershire PCT	18	NICE version	20	1.1.2.19	Useful to add evidence-based examples '… with local businesses and support implementation of workplace programmes to prevent obesity, for example…'	Noted. The evidence considered does not allow the provision of more specific guidance on this issue.
West Gloucestershire PCT	19	NICE version	26	1.1.5.1	What does 'raise standards' in this context mean? Please be more explicit	Noted. This recommendation has been amended for clarity.
West Gloucestershire PCT	20	NICE version	27	1.1.5.2	Add – 'build self-esteem' to sentence 'maintain a healthy weight, eat a healthier diet and be physically active'. Self-esteem underpins all of this and schools are a key setting for work around this	Noted. This has been addressed in the section titled 'Working with people to prevent and manage overweight and obesity'.

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West Gloucestershire PCT	21	NICE version	27	1.1.5.3	Add …are aware of the importance of healthy school policies…. And the potential to cause harm by implementing inappropriate interventions'	Noted but not amended. It is not considered appropriate to include this within the recommendation as no evidence of harm was identified from evidence reviewed.
West Gloucestershire PCT	22	NICE version	27	1.1.5.5	Needs to stress that interventions need to implemented sensitively and should not single out or in any way stigmatise overweight kids. No intervention should be aimed specifically at overweight children	Noted.
West Gloucestershire PCT	23	NICE version	29	1.1.6.2	Workplaces should provide opportunities **and encourage time to be taken** for staff to eat a healthier diet….	Noted but not amended. The evidence considered does not allow the provision of more specific guidance on this issue.
West Gloucestershire PCT	24	NICE version	31	1.1.7	'Best practice guide' suggest following inclusions / amendments: • Recommend an average weekly weight loss of **0.5kg (1lb)** NB: it takes a 500kcal deficit a day to lose 1lb of fat in a week – encouraging 2lb means suggesting a 100kcal deficit a day – this is **not** realistic or sustainable and sets people up for further failure – please ensure the goals we are suggesting are realistic • Be multicomponent (addressing diet and physical activity **and behavioural strategies)**, offering a variety of approaches • Differentiate between weight loss and maintenance of weight lost – and include strategies for both	Noted but not amended. The GDG considered the current wording appropriate and as stated by BDA. More detailed information has been provided in the recommendations. ***[aligns with which comment?]***

PH only comments

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West Gloucestershire PCT	25	NICE version	32	1.1.7.1	Need to develop national standards such as those referred to in this section	Noted. This series of recommendations has been substantially amended for clarity. The BDA list of best practice, previously included in the background, is now embedded within recommendation 1.1.7.1.
West Gloucestershire PCT	4	NICE version	7	Heading 'Local authorities and partners'	Add – LAs should consider the health impact of planning proposal e.g. granting permission to build further fast food outlets – particularly in areas with very limited access to affordable healthy foods	Noted. This issue is covered by recommendation 1.1.3.2.
West Gloucestershire PCT	50	NICE version	77	Heading 'physical activity' adults	Is there a CMO recommendation for physical activity to maintain mental health? If so this should be included too.	Noted. All relevant recommendations from the CMO report have been included. Please note that, as outlined in the scope, the prevention or management of comorbidities associated with overweight or obesity is 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.
West Gloucestershire PCT	5	NICE version	8	Heading 'Pre-school settings'	Comment about 'ongoing advice for parents' is **not** patient-centred. Should read ongoing **support** for parents.	Noted. The wording of the recommendation has been amended.
West Gloucestershire PCT	6	NICE version	8	Heading 'Schools'	Add – polices to reduce anti-fat bullying and stigmatisation and steps to protect / raise self-esteem in children particularly	Noted. This has been addressed in the section titled 'Working with people to prevent and manage

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					the most vulnerable	overweight and obesity', in the section titled 'Working with children and young people' and in one of the clinical recommendations currently numbered 1.2.3.9.
West Gloucestershire PCT	7	NICE version	8	Heading 'Work-places'	Add – comment on developing a culture within workplaces that discourages break skipping, meals eaten at desks, stress, bullying, working overtime etc – all factors that undermine a person's ability to manage their lifestyle	Noted. The evidence considered does not allow the provision of more specific guidance on these issues.
Wolverhampton PCT	7		13	Section on Diet, Bullet point 3.	Don't think the foods listed should be referred to as treats. Need to encourage parents to get their kids to see lots of healthy foods as treats.	Noted. The term 'treats' has been removed.
Wolverhampton PCT	8		15	Last sentence	Problem with funding for Health Trainers in current financial climate therefore may not be relevant	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).
Wolverhampton PCT	9		17	Para 1,1,2,3	Allocation of adequate time and space for appropriate action needs to be carefully thought through as not all premises will have space and there is little funding likely to be available for developments. However, primary care staff could make better use of community settings.	Noted.
Wolverhampton PCT	10		19	Para 1.1.2.12	Also need to make the link to breastfeeding promotion programmes as not all health care professionals see it as	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance

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					their role to promote this lifestyle issue, as they do smoking.	covers children aged 2 years and older. Breastfeeding 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 May 2007. For further information see http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain
Wolverhampton PCT	11		20	Para 1.1.2.17	Weaning should be mentioned in first bullet point. Each Local Authority should undertake an audit of activity in all early years settings and incorporate recommendations into changes around children's centres.	While it is recognised that this is an extremely important area, as outlined in the scope, the guidance covers children aged 2 years and older. Weaning 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 May 2007. For further information see http://www.nice.org.uk/page.aspx?o=MaternalandChildNutritionMain

PH only comments

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Wolverhampton PCT	12		27	Para 1.1.5.2	As part of Healthy Schools Programme, schools are encouraged to develop whole school food policies. This should be encouraged in all schools, not just those on healthy schools programme, until we have reached the target of 100% of schools in the programme. Many areas are also reviewing their school meals and the associated systems currently, including implementing the nutritional standards for school meals. This is an important link with Education services.	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. However, NICE will be working with national organisations to try to identify levers which could aid implementation of the guidance at a national level.
Wolverhampton PCT	3		5	3rd para, second bullet point	It is also important to explore people's knowledge of food, cooking and purchasing as these all have an impact on eating patterns. May also need to check out whether people know what the impact may be on their own and their families health of poor diet and lack of activity.	Noted. This has been addressed in the section titled 'Working with people to prevent and manage overweight and obesity'.
Wolverhampton PCT	5		7	Section on Local Authorities	Good. This is a key aspect of the population focused prevention work at a local level.	Noted.
Wolverhampton PCT	6		8	Pre-school settings section	This should be a key priority	Noted.