

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Medical Technologies Evaluation Programme

Digitally enabled weight management programmes to support treatment in specialist weight management services: early value assessment

Final scope

September 2023

1 Introduction

The topic has been identified by NICE for early value assessment (EVA). The objective of EVA is to identify promising technologies in health and social care where there is greatest need and enable earlier conditional access while informing further evidence generation. The evidence developed will demonstrate if the expected benefits of the technologies are realised and inform a final NICE evaluation and decision on the routine use of the technology in the NHS.

2 Description of the technologies

This section describes the properties of digitally enabled weight management programmes based on information provided to NICE by companies and experts, and information available in the public domain. NICE has not carried out an independent evaluation of the descriptions.

2.1 Purpose of the medical technology

Approximately 63% of adults in England are classified as overweight or obese. The NHS has committed to improving access to weight management services to reduce health inequalities and the economic burden of obesity ([NHS Long Term Plan](#)). Specialist weight management services, such as tier 3 and tier 4 services, support the management and maintenance of weight loss through behavioural and lifestyle changes. Services provide access to a clinician led multidisciplinary team (MDT) that can include doctors, GPs with a special interest, specialist nurses, dietitians, psychologists, psychiatrists, physiotherapists, and specialist exercise therapists.

The provision of specialist weight management services varies across England and Wales, and many people who are eligible do not have any access to these services. Unequal distribution of specialist weight management services produces a postcode lottery. In areas with established specialist weight management services, there is an increasing number of people on waiting lists due to limited resources and funding. Providing specialist weight management services using digitally enabled programmes can potentially improve access to weight management treatment. These technologies could also reduce the number of in person appointments and increase the capacity of service delivery in areas that have established services.

2.2 Product properties

This scope focuses on digitally enabled weight management programmes to support treatment of obesity in adults. Following referral, these technologies can be used to facilitate access to specialist weight management programmes. They can be accessed online or via an app with in-programme support from a multidisciplinary team of healthcare professionals. [NICE's clinical guideline for the identification, assessment and management of obesity](#) recommends that weight management programmes should include behaviour change strategies to increase people's physical activity levels or decrease inactivity, improve eating behaviour and the quality of the person's diet, and reduce energy intake. Behavioural interventions should be delivered with the support of an appropriately trained healthcare professional.

For this EVA, NICE will consider digitally enabled weight management programmes that:

- are intended for use by adults
- deliver a specialist weight management programme that includes behaviour change strategies to increase people's physical activity levels or decrease inactivity, improve eating behaviour and the quality of the person's diet, and reduce energy intake in line with tier 3 or tier 4 services
- facilitate communication with an MDT of healthcare professionals which could include dietitians, nutritionists, specialist nurses, psychologists, psychiatrists, physiotherapists, pharmacists and obesity physicians
- meet the standards within the digital technology assessment criteria (DTAC), have a CE or UKCA mark where required. Products may also be considered if they are actively working

- towards required CE or UKCA mark and meet all other standards within the DTAC
- are available for use in the NHS.

Twelve digitally enabled weight management programmes are included in the scope¹.

CheqUp

CheqUp (CheqUp Health) is a weight management app that provides a multidisciplinary weight management programme. The CheqUp app includes 3 packages (achieve, transform and empower) that vary in the level of support from healthcare professionals and the inclusion of fitness technologies such as digital scales and fitness trackers. The 'achieve' weight management programme begins with an initial meeting with a doctor and a 30-minute session with a weight loss coach and dietician. The programme includes weekly meetings with a health coach, personalised progress meetings with a weight loss coach every 2 weeks, specific lifestyle advice (sleep and stress management), progress reviews by an MDT, access to obesity specialists for nutrition and physical activity, and access to psychological support delivered by weight management experts.

Gro Health W8Buddy

Gro Health W8Buddy (DDM Health Ltd) is a digital online platform that delivers tier 3 and tier 4 specialist weight management programmes. It provides personalised information on nutrition, mental wellbeing, activity and exercise and sleep from an MDT including dietitians, psychologists, personal trainers and doctors. The platform can be linked with local systems and can be customised by a person's clinician using the GroCARE clinical dashboard. The GroCARE dashboard can also be used to communicate with users and monitor health outcomes and engagement with the programme. Data is provided to a person's clinician via the clinician dashboard. Gro Health W8Buddy is available in 11 different languages.

Liva

Liva (Liva Health) is a digital online platform consisting of an app and an online dashboard for clinicians that delivers a personalised weight management programme. Programmes are tailored depending on user eligibility and can last up to 9 months. All programmes include an initial 45

¹ This information has been provided by a company or through review of publicly available information. The list and descriptions may be subject to change following provision of additional information.

minute live video session between the user and a health coach. Health coaches can communicate with users through messages and videos in the app, and will send resources, recipes and provide tailored advice throughout the programme. Health coaches are UK based and include physiologists, nutritionists & dietitians, sports & exercise specialists, nurses and physiotherapists. The Liva online dashboard can be used by healthcare professionals to track user data and communicate with users via video or message.

Oviva

Oviva (Oviva) is a digital health app that delivers a tier 3 specialist weight management programme. Users receive personalised support from an MDT of healthcare professionals, which may include a specialist weight management dietician, a health coach, clinical psychologists or psychological wellbeing practitioners and weight management doctors. Users have the choice of one-to-one or group support and can be contacted via the Oviva app, by phone or by video call. The app provides information on how to manage diet and lifestyle changes, and new learning modules and resources unlock as users interact with the content. Users can track weight loss, activity and mood, and log food diaries in the app.

Wellbeing Way

Wellbeing Way (Xyla Health and Wellbeing) provides a tier 3 specialist weight management service for adults. This is delivered by a MDT that includes a clinical lead endocrinologist, specialised dietician, registered nurse, clinical psychologist and exercise therapist. The service includes a personalised treatment plan, motivational group and one-to-one sessions facilitated by the MDT focused on diet, physical activity, and psychological and behavioural support, pharmacotherapies and low-calorie diets may be prescribed where appropriate. There is also a maintenance support phase that includes a self-management plan, drop-ins, phone support and weight loss champions.

Roczen

Roczen (Reset Health) delivers a tier 3 specialist weight management programme through a patient facing web and mobile app. The mobile app is used by the user to communicate with clinicians and mentors, track their health data and progress, and access educational resources. Clinicians manage care, track health data and contact users through the clinician web app. Ongoing follow up is provided by the clinical team at 12 and 24 weeks.

Juniper

Juniper (Juniper Technologies UK Ltd) is an app that provides a weight management programme. The 12-month 'weight reset' programme includes educational advice on nutrition, movement, stress and sleep and users can connect with UK based health coaches, clinicians and other users via the app. Juniper also provides scales and a digital weight tracker to monitor weight loss.

Second Nature

Second Nature delivers a tier 3 specialist weight management programme through a web and mobile app. Users can access instant messaging with digital weight management technologies to support treatment with weight management health coaches and their peers, educational resources, goal setting and health tracking. Video calls can be arranged with members of the MDT.

Habitual

Habitual (Habitual Health Ltd) delivers a tier 3 specialist weight management programme, which includes behavioural intervention and guidance on healthy diet and exercise. Clinical consultation is offered initially to assess patient eligibility. The programme can be accessed via the Habitual app on mobile phone or tablet. The app features daily content that unlocks sequentially over the course of the programme and uses daily tracking of weight, nutritional choices, mental health, and physical activity to monitor progress. During the programme, additional support is accessible for users from a clinical support team.

Gloji

Gloji (Thrive Tribe) is a digital health app that delivers a specialist weight management programme. Users can receive personalised support from an MDT of healthcare professionals, which may include nutritionists, physical activity specialists and behavioural psychologists. An initial consultation helps to determine the most appropriate weight management options, then tailored advice and support is provided around nutrition, exercise and other factors such as sleep and mental wellbeing. Users also have access to one-to-one sessions with health coaches and an online physical activity platform.

Counterweight

Counterweight Refer Out model (Counterweight) delivers a tier 3 specialist weight management programme. The service is delivered either one-to-one or in groups by an MDT of healthcare professionals. This MDT includes dietitians, psychologists, specialist exercise therapists and medical doctors with an interest in weight management and type 2 diabetes. The app allows for goal setting, dietary support and provides educational content. The app

has a messaging function to receive support from the MDT or coach facilitated peer support. The app is accessible through a smartphone, tablet or computer. A hardcopy workbook is also available for those who are digitally excluded or those who prefer to access educational content as a workbook. Users are screened for additional support requirements. This includes consideration of disability, digital literacy, socioeconomic status, dietary requirements, cultural backgrounds as well as screening and support for disordered or emotional eating. Healthcare professionals can review progress via a healthcare professional platform.

Weight Loss Clinic

Weight Loss Clinic (Virtual Health Partners) is a digital health programme that delivers a tier 3 or 4 specialist weight management programme for adults via an app or web browser. The technology offers one-to-one coaching and instant messaging communication with dietitians. They also have psychologists, social workers and health coaches who lead virtual support groups. The technology contains educational content and exercise classes and has the functionality to track fitness, keep a food diary and personalised goal setting. Healthcare professionals can review progress via a healthcare professional platform.

3 Target conditions

Obesity is a chronic condition characterised by excess body fat. People living with obesity are at an increased risk of developing other health conditions such as cardiovascular disease, type 2 diabetes, atherosclerosis (the presence of fatty deposits in the arteries), hypertension, dyslipidaemia (abnormal levels of fats in the blood), stroke and some types of cancer (for example, breast cancer and bowel cancer). Other conditions associated with obesity are non-alcoholic fatty liver disease, non-diabetic hyperglycaemia, subfertility, osteoarthritis, dyslipidaemia, obstructive sleep apnoea and idiopathic intracranial hypertension.

Obesity is typically measured by calculating a person's body mass index (BMI). Obesity is defined as 30.0 kg/m² and above and severe obesity is defined as 40.0 kg/m² and above (NHS England, 2023). Slightly lower thresholds for obesity (usually reduced by 2.5 kg/m²) are used for people with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background.

[The Health Survey for England 2021](#) estimated that 25.9% of adults (25.4% of men and 26.5% of women) are living with obesity in England. The same survey found that people aged 45 to 74 and those living in the most deprived areas are more likely to have obesity. In 2019 to 2020, 10,780 hospital admissions were directly attributed to obesity, and obesity was a factor in over 1 million admissions ([NHS Digital, 2021](#)). In the same year, it was reported that there were 6,740 hospital admissions with a primary diagnosis of obesity and a procedure for bariatric surgery.

4 Care pathway

This assessment will focus on the use of digital weight management technologies to support the treatment of obesity in adults. NICE's clinical guideline on assessment and management of obesity in adults recommends that people should be considered for referral to tier 3 services if the underlying cases need to be assessed, the person has complex needs that cannot be managed adequately in tier 2, conventional treatment has been unsuccessful or if specialist interventions may be needed.

Tier 3 and 4 specialist weight management services for people with overweight and obesity as defined in the [guidance for Clinical](#)

[Commissioning Groups \(CCGs\): Service Specification Guidance for Obesity Surgery \(2016\)](#) could include:

- Tier 3 specialist care: One to one management by a medically qualified specialist in obesity. This may be community or hospital base, with or without outreach and delivered by a team led by a specialist obesity physician. Patient management will also include specialist dietetic, psychological and physical activity input. This will include group work and access to leisure services. There will be access to a full range of medical specialists as required for co-morbidity management.
- Tier 4 specialist care: One to one management provided by specialist obesity medical and surgical MDTs with full access to a full range of medical specialists as required. All patients will be referred to Tier 4 by a Tier 3 service. The difference between the medical speciality in tier 3 and 4 will be qualitative level of experience in complex patient management. All surgical procedures will take place in tier 4.

The intensity, frequency and variety of support from an MDT of healthcare professionals varies between specialist weight management programmes. They may be offered in person, remotely via telephone or video call, or a combination of in person and remote support. Programmes can last between 6 and 24 months and eligibility to access these services may vary depending on area and local funding.

[NICE's technology appraisal guidance for semaglutide](#) recommends that it is used as an option for weight management only if it is used within a specialist weight management service providing multidisciplinary management of overweight or obesity (including but not limited to tiers 3 and 4). [NICE's technology appraisal guidance for liraglutide](#) recommends it as an option for managing overweight and obesity only if it is prescribed in secondary care by a specialist multidisciplinary tier 3 weight management service.

Potential place of digital weight management support in the care pathway

Digitally enabled weight management programmes would be offered as an option for people having treatment in specialist weight management services. Specialist weight management services are typically hospital based. However, some services may be offered remotely, or in a range of accessible locations such as local health centres or in people's homes. Assessments are done by a member of a clinician led specialist MDT, such as a psychologist.

Digitally enabled weight management programmes can be offered to provide support from an MDT of healthcare professionals to increase people's physical activity levels or decrease inactivity, improve eating behaviour and

the quality of the person's diet, and reduce energy intake. Patient preference and engagement should be considered when helping people make decisions about the care that they want to receive. Digitally enabled weight management programmes should be accessible to a range of clinicians and care settings to allow for this transfer of care.

5 Patient issues and preferences

Digitally enabled weight management programmes can be run via mobile phones, tablets or computers and can be accessed remotely. In areas without specialist weight management services, digitally enabled programmes could improve access to services, reducing health inequalities. In areas with established specialist weight management services, digitally enabled programmes could improve access to services and by, increasing convenience, and giving more flexible access to people who are eligible. Expansion of current specialist weight management services may give people faster access to weight management programmes than current standard care.

[NHS England's enhanced service specification for weight management](#) says that assessment of a person's willingness to engage with weight management services is an integral part of the referral process. Access to digitally enabled weight management programmes could improve engagement and appeal to regular users of digital technologies, people who prefer to access healthcare remotely or people who are housebound due to illness.

Some people may not choose to use digitally enabled weight management programmes and may prefer in person clinician led treatment if this is available to them. There may be some concerns about the level of support provided by digitally enabled programmes and concerns around data security and quality control. People should be supported by healthcare professionals to make informed decisions about their care, including the use of digitally enabled weight management programmes. Shared decision making should be supported so that people are fully involved throughout their care ([NICE's guideline for shared decision making](#)).

6 Comparator

The comparator for this assessment is standard care for adults with obesity. Standard care includes specialist weight management programmes (including tier 3 and 4); delivered face-to-face, remotely or hybrid).

Access to specialist weight management services varies across the country and some people are on waiting lists to access services or have no access at all. So, no or delayed treatment is also a relevant comparator.

7 Scope of the assessment

Table 1 Scope of the assessment

Populations	Adults who are eligible for treatment in specialist weight management services (tier 3 or tier 4), including people eligible for weight management medication.
Interventions (proposed technologies)	Digitally enabled weight management programmes providing specialist weight management services (such as tier 3 or tier 4) for adults with obesity. This includes: <ul style="list-style-type: none"> • CheqUp (CheqUp) • Gro Health W8Buddy (DDM Health Ltd) • Liva UK (Liva UK) • Oviva (Oviva) • Xyla Health and Wellbeing (Xyla Health and Wellbeing) • Roczen (Reset Health) • Second Nature (Second Nature) • Juniper (Juniper Technologies UK Ltd) • Habitual (Habitual Health Ltd) • Gloji (Thrive Tribe) • Counterweight (Counterweight) • Weight Loss Clinic (Virtual Health Partners)
Comparator	Standard care which could include: <ul style="list-style-type: none"> • specialist weight management services (including tier 3 and 4; face-to-face, remote or hybrid) • no treatment or waiting list
Healthcare setting	Specialist weight management services (including but not limited to tier 3 and tier 4)
Outcomes	Outcome measured to be prioritised are: <ul style="list-style-type: none"> • Change in weight • Intervention adherence, rates of attrition (dropouts) and completion • Intervention-related adverse events (including how they are monitored and reported within each programme) • Resource use (including the number and type of healthcare appointments) • Inaccessibility to intervention (digital inequalities)

	<p>Other important outcomes include:</p> <ul style="list-style-type: none"> • Change in body mass index (BMI) • Programme engagement • Health-related quality of life • Patient experience and acceptability • Psychological outcomes
	<p>Costs will be considered from an NHS and Personal Social Services perspective. Costs for consideration may include:</p> <ul style="list-style-type: none"> • Cost of the technologies • Cost of other resource use (e.g. associated with managing obesity, adverse events, or complications): <ul style="list-style-type: none"> ○ GP or secondary care appointments ○ Healthcare professional grade and time
Time horizon	<p>The time horizon for estimating the clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared.</p>

8 Other issues for consideration

Characteristics of digitally enabled programmes

The digitally enabled weight management programmes included in the scope may have differences in terms of mode of delivery (computer, app), length of programme, and the frequency and intensity of support from a range of healthcare professionals.

Risk of disordered eating

Digitally enabled weight management programmes used to monitor eating behaviours may increase the risk of developing an eating disorder. Education about nutrition is important whilst using these technologies to avoid developing disordered eating behaviours. Patient and clinical experts also noted the importance of digitally enabled weight management programmes including appropriate monitoring and safeguarding features to ensure risks and potential harms are monitored whilst using the technologies.

9 Potential equality issues

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others.

Obesity rates increase with age and people aged 45 and over have an increased risk of obesity. Obesity rates differ between socio-economic groups. People living in the most deprived areas are more likely to be living with obesity than those in the least deprived areas.

People with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background are prone to central adiposity and have an increased risk of chronic health conditions at a lower BMI.

Digitally enabled weight management programmes are accessed via a mobile phone, tablet, or computer. People will need regular access to a device with internet access to use the technologies. Additional support and resources may therefore be needed for people who are unfamiliar with digital technologies or people who do not have access to smart devices or the internet. People with visual, hearing, or cognitive impairment; problems with manual dexterity; a learning disability; or who are unable to read or understand health-related information (including people who cannot read English) or neurodivergent people may need additional support to use digitally enabled programmes. Some people would benefit from digitally enabled weight management programmes in languages other than English. People's ethnic, religious, and cultural background may affect their views of digitally enabled weight management interventions. Healthcare professionals should discuss the language and cultural content of digitally enabled programmes with patients before use.

Age, disability, race, and religion or belief are protected characteristics under the Equality Act 2010.

10 Potential implementation issues

Variations and uncertainties in the care pathway

Access to specialist weight management services varies across England and Wales. In areas with established services the referral criteria, programme length and programme content also vary depending on resources and available funding. Implementation of digitally enabled weight management programmes could vary depending on the technology and how services are currently delivered and funded.

Costs

Costs of technologies may differ. Implementation of digitally enabled weight management programmes may initially increase staff workload and costs to set up new pathways and change service delivery. Smaller service areas may

have higher costs per user due to not needing as many licences for the technology. Digitally enabled programmes may be chosen based on the balance between costs and expected outcomes.

11 Authors

Farhaan Jamadar

Topic Lead

Lizzy Latimer

HTA Adviser

September 2023