

# Obesity in adults: prevention and lifestyle weight management programmes

## NICE quality standard

### Draft for consultation

August 2015

## Introduction

This quality standard covers public health strategies to prevent overweight and obesity among adults (aged 18 and over), and the delivery of tier 2 weight management interventions. Although local definitions vary, tier 2 services include lifestyle weight management programmes for overweight and obese adults. Tier 2 services are just one part of a comprehensive approach to preventing and treating obesity. It does not cover specialist management (tier 3 interventions) or bariatric surgery (tier 4 intervention). For more information see the [Obesity: prevention and management in adults topic overview](#).

## Lifestyle weight management programmes

Lifestyle weight management programmes for overweight or obese adults are multi-component programmes that aim to reduce a person's energy intake and help them to be more physically active by changing their behaviour and working towards achievable goals. They should last for at least 3 months, with sessions that are offered at least weekly or fortnightly and include a 'weigh-in' at each session. They may include weight management programmes, courses or clubs that:

- accept adults through self-referral or referral from a health or social care practitioner
- are provided by the public, private or voluntary sector
- are based in the community, workplaces, primary care or online.

Although local definitions vary, these are usually called tier 2 services and are just one part of a comprehensive approach to preventing and treating obesity.

[Adapted from [Managing overweight and obesity in adults](#) NICE guideline PH53 Recommendation 9, glossary and expert opinion]

### Adults who are overweight or obese

Adults are assessed to see if they are overweight or obese using their body mass index (BMI). The following table shows the cut-off points for a healthy weight or being overweight or obese:

Classification	BMI (kg/m <sup>2</sup> )
Healthy weight	18.5–24.9
Overweight	25–29.9
Obesity I	30–34.9
Obesity II	35–39.9
Obesity III	40 or more

BMI is a less accurate indicator of adiposity in adults who are highly muscular, so it should be interpreted with caution in this group.

Waist circumference can also be used to assess whether someone is at risk of health problems because they are overweight or obese (up to a BMI of 35 kg/m<sup>2</sup>). For men, a waist circumference of less than 94 cm is low risk, 94–102 cm is high risk and more than 102 cm is very high risk. For women, a waist circumference of less than 80 cm is low risk, 80–88 cm is high risk and more than 88 cm is very high risk.

Using lower BMI thresholds to trigger action to reduce the risk of conditions such as type 2 diabetes has been recommended for black African, African–Caribbean and Asian groups. The lower thresholds are 23 kg/m<sup>2</sup> to indicate increased risk and 27.5 kg/m<sup>2</sup> to indicate high risk.

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as legislative changes and marketing of calorific drink and food products, are therefore not covered by this quality standard.

## ***Why this quality standard is needed***

[The NHS Five Year Forward View](#) published in October 2014 sets out a vision for the future of the NHS with specific focus on the prevention of ill health due to the sharply rising burden of avoidable illness. It provides the framework for further detailed planning about how the NHS needs to evolve over the next five years. The NHS Prevention Board has proposed priority areas that include:

- Diabetes Prevention Programme
- The Wider Prevention Debate.

The Diabetes Prevention Programme aims to reduce incidence of diabetes by providing behavioural interventions targeted at individuals at high risk of Type 2 diabetes. Furthermore, the Prevention Board will take an active role in the Wider Prevention Debate to provide strategic direction to stimulate national action on obesity, other major health risks and the wider determinants of health. It is expected that the key improvement areas outlined in The NHS Five Year Forward View will contribute to a reduction in obesity prevalence alongside this quality standard.

According to Public Health England's [Adult obesity slide set](#) around a quarter of adults in England are obese, and 42% of men and 33% of women aged 16 or older are overweight. Moreover, although overweight and obesity exist in all population groups, obesity is associated with social disadvantage and ethnicity.

Being overweight or obese can lead to chronic and severe medical conditions. The National Obesity Observatory report [Obesity and life expectancy](#) estimated that life expectancy is reduced by an average of 2-4 years for people with a BMI of 30-35 kg/m<sup>2</sup>, and 8-10 years for those with a BMI of 40-50 kg/m<sup>2</sup>. The National Audit Office report [Tackling obesity in England](#) estimated that women who are obese are around 13 times more likely to develop type 2 diabetes and 4 times more likely to develop hypertension than women who are not obese. Men who are obese are estimated to be around 5 times more likely to develop type 2 diabetes and 2.5 times more likely to develop hypertension than men who are not obese.

The Department of Health's obesity strategy [Healthy lives, healthy people: a call to action on obesity in England](#) estimated the cost to society and the economy of

people being overweight or obese to be almost £16 billion in 2007 (more than 1% of gross domestic product). It could rise to just under £50 billion in 2050 (based on 2007 prices), if obesity rates continue to rise at the current rate.

The Department of Health's obesity strategy aims to reduce 'the level of excess weight averaged across all adults by 2020'. It advocates a range of local interventions that both prevent obesity and treat people who are already overweight or obese.

In many areas, public, private or voluntary organisations are commissioned to provide tier 2 individual or group lifestyle weight management services. People can also self-refer to commercial or voluntary programmes, for example by attending a local class or club.

This quality standard is expected to contribute to improvements in the following outcomes:

- excess weight in adults
- physical activity
- time spent being inactive or sedentary
- dietary habits
- mental wellbeing
- health-related quality of life
- prevalence of obesity-related comorbidities.

### ***How this quality standard supports delivery of outcome frameworks***

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2015–16](#)
- [Public Health Outcomes Framework 2013–2016](#).

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1 [Public health outcomes framework for England, 2013–2016](#)**

Domain	Objectives and indicators
2 Health improvement	<p><b>Objective</b></p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p><b>Indicators</b></p> <p>2.11 Diet</p> <p>2.12 Excess weight in adults</p> <p>2.13 Proportion of physically active and inactive adults</p> <p>2.17 Recorded diabetes</p> <p>2.23 Self-reported well-being</p>
4 Healthcare public health and preventing premature mortality	<p><b>Objective</b></p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities</p> <p><b>Indicators</b></p> <p>4.3 Mortality from causes considered preventable** (NHSOF 1a)</p> <p>4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1)</p> <p>4.5 Under 75 mortality rate from cancer* (NHSOF 1.4)</p> <p>4.6 Under 75 mortality rate from liver disease* (NHSOF 1.3)</p> <p>4.13 Health-related quality of life for older people</p>
<p><b>Alignment across the health and social care system</b></p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p>	

**Table 2 [NHS Outcomes Framework 2015–16](#)**

Domain	Overarching indicators and improvement areas
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1 Preventing people from dying prematurely	<p><b>Overarching indicators</b></p> <p><b>1a Potential years of life lost (PYLL) from causes considered amenable to healthcare</b></p> <p>i Adults</p> <p><b>1b Life expectancy at 75</b></p> <p>i Males ii Females</p> <p><b>Improvement areas</b></p> <p><b>Reducing premature mortality from the major causes of death</b></p> <p>1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*)</p> <p>1.3 Under 75 mortality rate from liver disease (PHOF 4.6*)</p> <p>1.4 Under 75 mortality rate from cancer (PHOF 4.5*)</p> <p><b>Reducing premature death in people with a learning disability</b></p> <p>1.7 <i>Excess under 60 mortality rate in adults with a learning disability</i></p>
2 Enhancing quality of life for people with long-term conditions	<p><b>Overarching indicator</b></p> <p>2 Health-related quality of life for people with long-term conditions** (ASCOF 1A)</p> <p><b>Improving quality of life for people with multiple long-term conditions</b></p> <p>2.7 Health-related quality of life for people with three or more long-term conditions**(ASCOF 1A)</p>
4 Ensuring that people have a positive experience of care	<p><b>Overarching indicators</b></p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p>4d <i>Patient experience characterised as poor or worse</i></p> <p>i <i>Primary care</i></p>
<p><b>Alignment across the health and social care system</b></p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p> <p><i>Indicators in italics are in development</i></p>	

### ***Service user experience and safety issues***

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to preventing and managing obesity in adults.

NICE has developed guidance and an associated quality standard patient experience in adult NHS services and service user experience in adult mental health services (see the NICE pathway on [patient experience in adult NHS services](#) and [service user experience in adult mental health services](#)), which should be considered

alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and are supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect service user experience and are specific to the topic are considered during quality statement development.

### ***Coordinated services***

The quality standard for overweight and obesity prevention and lifestyle weight management in adults specifies that services should be commissioned from and coordinated across all relevant agencies. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to adults who are overweight or obese.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality overweight and obesity prevention and management service for adults are listed in [Related quality standards](#).

The Health and Social Care Act 2012 also references the legal duties on commissioning organisations to have regard to reducing health inequalities and to provide integrated services where these will reduce inequalities with respect to access to services and outcomes achieved. Given the strong relationship that exists between obesity and deprivation, reducing inequalities is of particular importance for obesity prevention and lifestyle weight management in adults. Therefore it may be important to consider focusing interventions in deprived areas when implementing the quality standard.

## **Training and competencies**

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in assessing, caring for and treating adults who are overweight or obese should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source(s) on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

## **Role of families and carers**

Quality standards recognise the important role families and carers have in supporting adults who are overweight or obese. If appropriate, professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

## **List of quality statements**

[Statement 1](#). Adults have access to a publicly available, up-to-date list of local lifestyle weight management programmes.

[Statement 2](#). Adults identified as being overweight or obese are offered information about local lifestyle weight management programmes.

[Statement 3](#). Adults identified as overweight or obese with comorbidities are offered a referral to a lifestyle weight management programme.

[Statement 4](#). Adults about to complete a lifestyle weight management programme agree a plan to prevent weight regain.

[Statement 5](#). Adults can access data on attendance, outcomes and views of participants and staff for local lifestyle weight management programmes.



## Questions for consultation

### *Questions about the quality standard*

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

**Question 3** For each quality statement what do you think could be done to support improvement and help overcome barriers?

**Question 4** Local obesity strategies are important for the prevention of overweight and obesity. What specific measurable actions related to prevention should local strategies contain that could be included in the quality standard as an area for quality improvement?

## **Quality statement 1: Maintaining details of local lifestyle weight management programmes**

### ***Quality statement***

Adults have access to a publicly available, up-to-date list of local lifestyle weight management programmes.

### ***Rationale***

Effective lifestyle weight management programmes for adults can be delivered by a range of organisations and in different locations. The local authority should maintain an up-to-date list of local lifestyle weight management programmes and make it available to the public. Raising awareness of locally provided programmes is important to ensure that the public know about the programmes in their area and how to access them. Increased public awareness may lead to more self-referrals to these programmes.

### ***Quality measures***

#### **Structure**

Evidence that an up-to-date directory of local lifestyle weight management programmes for adults is made publically available.

***Data source:*** Local data collection.

#### **Outcome**

Number of self-referrals of overweight or obese adults to locally commissioned lifestyle weight management programmes.

***Data source:*** Local data collection

### ***What the quality statement means for providers of lifestyle weight management programmes, commissioners and local authorities***

**Providers of lifestyle weight management programmes** ensure that they provide local authorities with up-to-date information about local lifestyle weight management programmes for overweight and obese adults.

**Commissioners** (such as NHS England, clinical commissioning groups and local authorities) ensure that information about lifestyle weight management programmes is available across all health and care services.

**Local authorities** ensure that they maintain a publicly available, up-to-date list of local lifestyle weight management programmes for adults.

### ***What the quality statement means for service users and carers***

**Adults** can easily find information about lifestyle weight management programmes in their area and how to enrol in them.

### ***Source guidance***

- [Managing overweight and obesity in adults – lifestyle weight management services](#) (2014) NICE guideline PH53, recommendations 4 and 5.

### ***Definitions of terms used in this quality statement***

The directory should include details of programmes that have been commissioned by the Local Authority or Clinical Commissioning Group and other evidence-based programmes.

[Adapted from [Managing overweight and obesity in adults](#) (NICE guideline PH53) recommendation 9, glossary and expert opinion]

### ***Equality and diversity considerations***

Local authorities should take into account the cultural and communication needs of the local population when providing a publicly accessible directory of lifestyle weight management programmes in the area.

## Quality statement 2: Raising awareness of lifestyle weight management programmes

### ***Quality statement***

Adults identified as being overweight or obese are offered information about local lifestyle weight management programmes.

### ***Rationale***

When adults are identified as being overweight or obese it is important that they are given information about local lifestyle weight management programmes that are commissioned locally. Actively raising the possibility of participation in one of these programmes will support people who choose to take positive action to lose weight by self-referring to a suitable programme.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to give adults who are identified as being overweight or obese information about local lifestyle weight management programmes.

**Data source:** Local data collection.

#### **Process**

- a) Proportion of adults identified as being overweight or obese who are given information about local lifestyle weight management programmes.

Numerator – the number in the denominator who are given information about local weight management programmes.

Denominator – the number of adults identified as being overweight or obese.

**Data source:** Local data collection. Data on BMI values are included in the Health and Social Care Information Centre [care.data extract](#).

**Outcome**

- a) Number of self-referrals of overweight or obese adults to lifestyle weight management programmes.

**Data source:** Local data collection.

- b) Obesity prevalence.

**Data source:** Local data collection.

- c) Prevalence of obesity-related comorbidities.

**Data source:** Local data collection. The number of people with type 2 diabetes, hypertension and coronary heart disease is shown in the [Quality and Outcomes framework Indicators DM001, HYP001 and CHD001](#).

***What the quality statement means for service providers, healthcare professionals and commissioners***

**Service providers** provide information about local lifestyle weight management programmes to adults identified as being overweight or obese.

**Healthcare professionals** (such as GPs, practice nurses, dietitians and community pharmacists) ensure that they provide information about local lifestyle weight management programmes to adults identified as being overweight or obese.

**Commissioners** (such as NHS England, clinical commissioning groups and local authorities) ensure that they commission services that provide information about local lifestyle weight management programmes to adults identified as being overweight or obese.

***What the quality statement means for service users and carers***

**Adults identified as being overweight or obese** are given information about local lifestyle weight management programmes, including what the programmes involve and how to take part.

## **Source guidance**

- [Managing overweight and obesity in adults – lifestyle weight management services](#) NICE guideline PH53, recommendations 5 and 6.

## **Equality and diversity considerations**

Service providers and healthcare professionals should take into account the cultural and communication needs of people who are overweight or obese when giving information about lifestyle weight management programmes.

Healthcare professionals should ensure that people of black African, African–Caribbean or Asian family origin who have higher comorbidity risk factors are given information about lifestyle weight management programmes if they have a BMI of 23 kg/m<sup>2</sup> or more.

Providers of lifestyle weight management programmes should have an inclusive approach that encourages people from all backgrounds to participate. This includes using a respectful and non-judgemental approach to engage people. Particular attention should be given to people who may be less likely to participate, such as people with learning difficulties or mental health problems and those from lower socioeconomic groups.

Providers of lifestyle weight management programmes should be able to meet the specific needs of women who are pregnant, planning to become pregnant or are trying to lose weight after pregnancy.

## **Quality statement 3: Referral to a lifestyle weight management programme for people with comorbidities**

### ***Quality statement***

Adults identified as overweight or obese, with comorbidities are offered a referral to a lifestyle weight management programme.

### ***Rationale***

It is important to offer a referral to a lifestyle weight management programme to adults who are overweight or obese with comorbidities in order to improve their health outcomes.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that adults who are identified as overweight or obese with comorbidities are offered a referral to a lifestyle weight management programme.

**Data source:** Local data collection.

#### **Process**

Proportion of adults who are identified as overweight or obese with comorbidities who are referred to a lifestyle weight management programme.

Numerator – the number in the denominator who are referred to a lifestyle weight management programme.

Denominator – the number of adults who are identified as overweight or obese with comorbidities.

**Data source:** Local data collection.

#### **Outcome**

- a) Number of adults who are identified as overweight or obese with comorbidities are enrolling in lifestyle weight management services.

**Data source:** Local data collection.

b) Obesity prevalence among adults with comorbidities.

**Data source:** Local data collection.

c) Obesity related comorbidities

**Data source:** Local data collection. The number of people with type 2 diabetes, hypertension and coronary heart disease is shown in the [Quality and Outcomes framework Indicators DM001, HYP001 and CHD001](#).

### ***What the quality statement means for service providers, healthcare professionals and commissioners***

**Service providers** (GPs) ensure that a referral to a suitable lifestyle weight management programme is offered to adults who are identified as overweight or obese and who have comorbidities.

**Healthcare professionals** (such as GPs, practice nurses and dietitians) offer a referral to a lifestyle weight management programme to adults who are identified as being overweight or obese and who have comorbidities.

**Commissioners** (such as NHS England, clinical commissioning groups and local authorities) ensure that adults who are identified as overweight or obese and who have comorbidities are offered a referral to a lifestyle weight management programme and that there is sufficient capacity to meet demand.

### ***What the quality statement means for service users and carers***

**Adults who are overweight or obese and have other conditions such as type 2 diabetes, high blood pressure, high cholesterol, arthritis, heart disease or sleep apnoea** are offered a referral to a local lifestyle weight management programme to help them improve their overall health.

### ***Source guidance***

- [Managing overweight and obesity in adults – lifestyle weight management services](#) NICE guideline PH53, recommendation 6.



- [Obesity: identification, assessment and management of overweight and obesity in children, young people and adults](#) NICE guideline CG189, recommendation 1.2.11.

Definitions of terms used in this quality statement

### **Adults with comorbidities**

Adults with any other comorbidities in addition to being overweight or obese, such as type 2 diabetes, hypertension, cardiovascular disease, osteoarthritis, dyslipidaemia and sleep apnoea. [[Obesity](#) NICE full guideline CG189]

### ***Equality and diversity considerations***

Healthcare professionals should take into account the cultural and communication needs of adults who are overweight or obese with comorbidities when making a referral to a lifestyle weight management programme.

Healthcare professionals should ensure that people of black African, African–Caribbean or Asian family origin are offered a referral to a lifestyle weight management programme if they have a BMI of 23 kg/m<sup>2</sup> or more because of their increased health risk.

Providers of lifestyle weight management programmes should have an inclusive approach that encourages people from all backgrounds to participate. This includes using a respectful and non-judgemental approach. Particular attention should be given to engaging people who may be less likely to participate, such as people with learning difficulties or mental health problems and those from lower socioeconomic groups.

Providers of lifestyle weight management programmes should be able to meet the specific needs of women who are pregnant, planning to become pregnant or are trying to lose weight after pregnancy.

## Quality statement 4: Preventing weight regain

### ***Quality statement***

Adults about to complete a lifestyle weight management programme agree a plan to prevent weight regain.

### ***Rationale***

It is important to ensure that adults who are about to complete a lifestyle weight management programme have a plan to help them maintain a healthy weight and avoid weight regain. This will enable them to self-manage their weight and make it less likely that they will need further lifestyle weight management interventions in the future.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that adults about to complete a lifestyle weight management programme have a plan to prevent weight regain.

**Data source:** Local data collection.

#### **Process**

Proportion of adults completing a lifestyle weight management programme who have a plan to prevent weight regain.

Numerator – the number in the denominator who have a plan to prevent weight regain.

Denominator – the number of adults about to complete a lifestyle weight management programme.

**Data source:** Local data collection

#### **Outcome**

a) Obesity prevalence.

**Data source:** Local data collection.

b) Prevalence of obesity-related comorbidities.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, healthcare professionals, and commissioners***

**Service providers** (providers of lifestyle weight management programmes) ensure that adults about to complete a lifestyle weight management programme agree a plan to prevent weight regain.

**Healthcare professionals** (such as GPs, dietitians and practice nurses) ensure that they make referrals to and promote lifestyle weight management programmes that include agreeing a plan to prevent weight regain on completion.

**Commissioners** (such as NHS England, clinical commissioning groups and local authorities) ensure that a plan to prevent weight regain is agreed with adults who are about to complete a lifestyle weight management programme. This could be provided by the lifestyle weight management programme provider or commissioned separately.

### ***What the quality statement means for service users and carers***

**Adults who are about to finish a lifestyle weight management programme** agree a plan to help them avoid putting weight back on.

### ***Source guidance***

- [Managing overweight and obesity in adults – lifestyle weight management services](#) NICE guideline PH53, recommendation 10.

### ***Definitions of terms used in this quality statement***

#### **Plan to prevent weight regain**

A plan to prevent weight regain should:

- encourage independence and self-management (including self-monitoring)
- identify a suitable weight target that is sustainable in the long term

- identify sources of ongoing support once the programme has ended, such as online resources, support groups, other local services or activities, and family and friends
- include goals to maintain new dietary habits and increased physical activity levels and strategies to overcome any difficulties encountered
- identify dietary habits that will support weight maintenance and are sustainable in the long term
- promote ways of being more physically active and less sedentary which are sustainable in the long term.

[\[Managing overweight and obesity in adults](#) (NICE guideline PH53) recommendations 9 and 10]

### ***Equality and diversity considerations***

Providers of lifestyle weight management programmes should take into account the cultural and communication needs of people who are completing a lifestyle weight management programme when agreeing a plan to prevent weight regain.

Providers of lifestyle weight management programmes should have an inclusive approach that encourages people from all backgrounds to agree a plan to prevent weight regain. This includes using a respectful and non-judgemental approach. Particular attention should be given to engaging people with learning difficulties or mental health issues and those from lower socioeconomic groups.

Providers of lifestyle weight management programmes should be able to meet the specific needs of women who are pregnant, planning to become pregnant or are trying to lose weight after pregnancy when developing a plan to prevent weight regain.

## **Quality statement 5: Publishing performance data on local lifestyle weight management programmes**

### ***Quality statement***

Adults can access data on attendance, outcomes and views of participants and staff from local lifestyle weight management programmes.

### ***Rationale***

Information about attendance, outcomes and views of participants and staff from local lifestyle weight management programmes will help commissioners and referrers to understand which programmes are effective in meeting the needs of local people. It will also help adults to select lifestyle weight management programmes.

### ***Quality measures***

#### **Structure**

a) Evidence that commissioners and providers of lifestyle weight management programmes publish data on attendance, outcomes and views of participants and staff.

**Data source:** Local data collection.

#### **Process**

a) Proportion of adults recruited to a lifestyle weight management programme who have information on attendance, outcomes and views of participants and staff

Numerator – the number in the denominator who have information on attendance, outcomes and views of participants and staff

Denominator – the number of adults recruited to a lifestyle weight management programme

#### **Outcome**

Improved performance of local lifestyle weight management programmes.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, healthcare professionals, and commissioners***

**Service providers** (such as local authorities and providers of lifestyle weight management programmes) ensure that they publish data on attendance, outcomes and views of participants and staff, in a suitable format. Providers of lifestyle weight management programmes should use the data to amend and improve their programmes. Data sharing should be in line with the Department of Health's information governance and data protection requirements.

**Healthcare professionals** (such as GPs, dietitians, and practice nurses) consider data on attendance, outcomes and views of participants and staff for local lifestyle weight management programmes before offering information or a referral.

**Commissioners** (such as NHS England, clinical commissioning groups and local authorities) agree a performance framework for lifestyle weight management providers, and ensure the data are published. Commissioners should use the data on attendance, outcomes and views of participants and staff to improve local provision of lifestyle weight management services.

### ***What the quality statement means for service users***

**Adults** can find published information about local lifestyle weight management programmes, including how many people enrol in them, how much weight people lose and how good they thought the programme was.

### ***Source guidance***

- [Managing overweight and obesity in adults – lifestyle weight management services](#) NICE guideline PH53 recommendations 17 and 18.
- [Obesity: working with local communities](#) NICE guideline PH42 recommendation 5.

## ***Definitions of terms used in this quality statement***

### **Performance data**

Providers of lifestyle weight management programmes should use the standard evaluation framework for weight management programmes and validated tools to monitor interventions.

As a minimum, collect and assess the following information on participants at the end of the programme, in line with the Department of Health's [Best practice criteria for weight management services](#).

Collect details on how each participant's weight has changed 12 months after the programme is completed.

[See [Managing overweight and obesity in adults](#) NICE guideline PH53 recommendation 17 for full recommendation]

### ***Equality and diversity considerations***

When monitoring and evaluating lifestyle weight management programmes, information also needs to be collected on the programmes' suitability captured to ensure that the programmes are suitable for minority groups, for example groups with different family origins or religions and groups with disabilities. Reasonable adaptations should be made to the programmes to make them accessible to these groups and to assess their impact on health inequalities.

## Status of this quality standard

This is the draft quality standard released for consultation from 17 August to 15 September 2015. It is not NICE's final quality standard on obesity: prevention and management in adults. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 15 September 2015. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from January 2016.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of



100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

### ***Using other national guidance and policy documents***

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [Development sources](#).

## **Diversity, equality and language**

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between health, public health and social care practitioners and adults who are overweight or obese is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Adults who are overweight or obese should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## **Development sources**

Further explanation of the methodology used can be found in the [quality standards process guide](#).

## ***Evidence sources***

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Managing overweight and obesity in adults](#) (2014) NICE guideline PH53
- [Obesity](#) (2014) NICE guideline CG189

## ***Policy context***

It is important that the quality standard is considered alongside current policy documents, including:

- NHS England (2014) [Report of the working group into: Joined up clinical pathways for obesity](#)
- Department of Health (2013) [Developing a specification for lifestyle weight management services: Best practice guidance for Tier 2 services](#)
- National Audit Office (2012) [An update on the government's approach to tackling obesity](#)
- Department of Health (2011) [Healthy lives, healthy people: A call to action on obesity in England](#)

## ***Definitions and data sources for the quality measures***

- Health and Social Care Information Centre 2014 [‘care.data’ extract](#)

## **Related NICE quality standards**

### ***Published***

- [Obesity: prevention and lifestyle weight management in children and young people](#). (2015) NICE quality standard 94
- [Physical activity: encouraging activity in all people in contact with the NHS](#) (2015) NICE quality standard 84

### ***In development***

- [Cardiovascular risk assessment](#). Publication expected September 2015

- [Obesity: adults and children](#). Publication expected May 2016

### ***Future quality standards***

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Community engagement: effective strategies for behaviour change
- Healthy workplaces: improving employee mental and physical health and wellbeing and lowering sickness absence
- Physical activity: encouraging activity within the general population

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

## **Quality Standards Advisory Committee and NICE project team**

### ***Quality Standards Advisory Committee***

This quality standard has been developed by Quality Standards Advisory Committee 2. Membership of this committee is as follows:

#### **Mr Ben Anderson**

Consultant in Public Health, Public Health England

#### **Mr Barry Attwood**

Lay member

#### **Professor Gillian Baird**

Consultant Developmental Paediatrician, Guys and St Thomas NHS Foundation Trust, London

#### **Mrs Belinda Black**

Chief Executive Officer, Sheffcare, Sheffield

#### **Dr Ashok Bohra**

Consultant Surgeon, Dudley Group of Hospitals NHS Foundation Trust

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**Mrs Julie Clatworthy**

Governing Body Nurse, Gloucester Clinical Commissioning Group

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**Dr Ulrike Harrower**

Consultant in Public Health Medicine, NHS Somerset

**Professor Richard Langford**

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**Mr Gavin Lavery**

Clinical Director, Public Health Agency

**Dr Tessa Lewis**

GP and Medical Adviser in Therapeutics, Carreg Wen Surgery

**Ms Robyn Noonan**

Lead Commissioner Adults, Oxfordshire County Council

**Dr Michael Rudolf (Chair)**

Consultant Physician, Ealing Hospital NHS Trust

**Mr David Minto**

Adult Social Care Operations Manager, Northumbria Healthcare Foundation Trust

**Dr Lindsay Smith**

GP, West Coker, Somerset

The following specialist members joined the committee to develop this quality standard:

**Mrs Jane Deville Almond**

Independent Nurse Consultant & Chair, British Obesity Society

**Mr Barry Attwood**

Lay member

**Professor Kate Jolly**

Professor of Public Health and Primary Care, University of Birmingham

**Mr Mike Sandys**

Director of Public Health, Leicestershire and Rutland County Council

**Ms Samantha Scholtz**

Consultant Psychiatrist, Imperial Weight Centre, London

**Miss Carol Weir**

Clinical Lead, Leeds Community Healthcare NHS Trust

**Mrs Sarah West Sadler**

Lay member

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**Karen Slade**

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**Nicola Cunliffe**

Coordinator

## **About this quality standard**

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathway on

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