

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Medical Technologies Evaluation Programme

Digitally enabled weight management programmes to support treatment with weight management medication: early value assessment

Final scope

July 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.

The final scope was informed by discussions at the scoping workshop held on 10th May 2023.

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 this description.

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 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 ([NICE's technology appraisal guidance for semaglutide for managing overweight and obesity](#)). 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.

Weight management medication, such as semaglutide and liraglutide, can only be accessed with specialist weight management services, leading to unequal access to treatment. Support from a multidisciplinary team (MDT) using digitally enabled weight management programmes is a treatment option for people who are eligible for weight management medication. 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 with weight management medication. Following referral, digitally enabled programmes 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.

Information, support and counselling on additional diet, physical activity and behavioural strategies should be given when weight management medication is prescribed. The effect of weight management medication should be monitored, and lifestyle advice and adherence reinforced through regular reviews whilst treatment is ongoing. Some digitally enabled weight

management programmes may offer in-programme medication reviews with a prescribing clinician alongside regular reviews with health coaches such as nutritionists or dieticians. Other digitally enabled programmes may be used to support weight management medication prescribing by sharing medication adherence data with local healthcare professionals as well as delivering lifestyle and behavioural support. The frequency of reviews may vary depending on the technology and the stage of the programme. [NICE's technology appraisal guidance for semaglutide](#) states that semaglutide has a 16-week dose escalation period and reassessment at 6 months should be done to see if treatment should be continued.

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 weight management medication monitoring or prescribing
- facilitate communication with an MDT of healthcare professionals which could include dieticians, 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.

Eight digitally enabled weight management programmes designed to support treatment with weight management medication are included in the scope¹.

CheqUp

CheqUp (CheqUp Health) is a weight management app that provides a multidisciplinary weight management programme alongside prescription of

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.

weight management medication. 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 prescription meeting with a doctor and a 30-minute session with a weight loss coach and dietician. The programme includes weekly dose increase meetings with a health coach, personalised progress meetings with a weight loss coach every 2 weeks, support with medication side effects, 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. Weight management medication adherence can be tracked and managed using the app. This data is provided to a person's clinician via the clinician dashboard, and remote medication reviews can take place with this data available. Gro Health W8Buddy is available in 11 different languages.

Juniper

Juniper (Juniper Technologies UK Ltd) is a weight management app that provides a weight management programme alongside prescription of weight management medication. 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.

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

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. Weight management medication adherence can be tracked in the app using the goal tracking feature and the company says that it has a comprehensive process for flagging adverse events and side effects and reporting these back to the user's clinician. The Liva online dashboard can be used by healthcare professionals to track user adherence 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 alongside prescription of weight management medication. 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. People referred for weight management medication can have prescribing, titration and monitoring appointments through the app alongside a 24 month weight management programme.

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. Prescriptions are provided using an ePrescribing platform and only following eligibility checks and health assessment. Ongoing follow up is provided by the clinical team every 4 weeks for the length of the programme.

Second Nature

Second Nature delivers a tier 3 specialist weight management programme through a web and mobile app, Users can access instant messaging with

health coaches and their peers, educational resources, goal setting and health tracking. Video calls can be arranged with members of the MDT. Prescribing and medication monitoring are available through independent prescribing pharmacists who are part of the MDT.

Wellbeing way

Wellbeing way (Xyla Health and Wellbeing) provides a tier 3 specialist weight management service for adults. This is delivered by a multi-disciplinary team 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.

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 treatment with weight management medication. [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.

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.

Potential place of digital weight management support in the care pathway

Digitally enabled weight management programmes would be offered as an option to adults with obesity that are referred for weight management medications.

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. Weight management medication is prescribed by a qualified member of the clinician led MDT with input from the pharmacy team.

Digitally enabled weight management programmes can be offered to facilitate treatment with weight management medication and provide support from a 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. Weight management medication adherence and effectiveness is typically monitored by a clinician led MDT between initial prescription and the 16-week titration period of the medication. After this time, the medication may be prescribed on an ongoing basis by a primary care healthcare professional if requested by a specialist at a local level. 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 and weight management medication, reducing health inequalities. In areas with established specialist weight management services, digitally enabled programmes could improve access to services and weight management medication 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 medication 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. There may also be concerns about medication management and how side effects may be monitored and reported. 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 alongside weight management medication. 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

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| Populations | Adults with obesity referred for treatment with weight management medication in line with NICE’s guidance including but not limited to: <ul style="list-style-type: none"> • NICE’s technology appraisal guidance for semaglutide for managing overweight and obesity • NICE’s technology appraisal guidance for liraglutide for managing overweight and obesity |
| Interventions (proposed technologies) | Digitally enabled weight management programmes providing specialist weight management services (such as tier 3 or tier 4) for adults to support treatment with weight management medication. This includes: <ul style="list-style-type: none"> • CheqUp (CheqUp) • Gro Health W8Buddy (DDM Health Ltd) • Juniper (Juniper Technologies UK Ltd) • Liva UK (Liva UK) • Oviva (Oviva) • Wellbeing way (Xyla Health and Wellbeing) • Roczen (Reset Health) • Second Nature (Second Nature) |
| 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) alongside treatment with weight management medication • no treatment or waiting list |
| Healthcare setting | Specialist weight management services (including but not limited to tier 3 and tier 4) |

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| Outcomes | <p>Intermediate measures for consideration may include:</p> <ul style="list-style-type: none"> • Treatment satisfaction and engagement • Intervention adherence, rates of attrition (dropouts) and completion • Intervention-related adverse events • Weight management medication adherence and medication-related adverse events • Inaccessibility to intervention (digital inequalities) |
| | <p>Clinical outcomes for consideration may include:</p> <ul style="list-style-type: none"> • BMI • Weight loss • Body fat • Waist circumference • Waist-to-height ratio • Hip circumference • HbA_{1c} level • Cardiovascular events • Mortality • Physical activity • Rate of referral for bariatric surgery • Eating habits |
| | <p>Patient reported outcomes for consideration may include:</p> <ul style="list-style-type: none"> • Health-related quality of life • Patient experience and acceptability • Psychological outcomes |
| | <p>Costs will be considered from and NHS and Person 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 ○ Medication use and adverse events ○ 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> |

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| | Semaglutide and liraglutide are recommended for use for a maximum of 2 years. |
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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. Some technologies include in-programme weight management medication prescribing and monitoring. Others can track medication adherence and side effects but do not have in-programme prescribers.

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 alongside treatment with weight management medication 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.

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