

Obesity in adults: prevention and lifestyle weight management programmes

Quality standard

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This standard is based on CG43, PH42, PH35 and PH53.

This standard should be read in conjunction with QS100, QS94, QS84, QS127, QS6, QS147, QS9, QS152, QS41 and QS196.

Quality statements

Statement 1 Adults using vending machines in local authority and NHS venues can buy healthy food and drink options.

Statement 2 Adults see details of nutritional information on menus at local authority and NHS venues.

Statement 3 Adults see healthy food and drink choices displayed prominently in local authority and NHS venues.

Statement 4 Adults have access to a publicly available, up-to-date list of local lifestyle weight management programmes.

Statement 5 Adults can access data on attendance, outcomes and views of participants and staff from locally commissioned lifestyle weight management programmes.

Statement 6 Adults identified as being overweight or obese are given information about local lifestyle weight management programmes.

Statement 7 Adults identified as overweight or obese, with comorbidities are offered a referral to a lifestyle weight management programme.

Statement 8 Adults about to complete a lifestyle weight management programme agree a plan to prevent weight regain.

Quality statement 1: Vending machines

Quality statement

Adults using vending machines in local authority and NHS venues can buy healthy food and drink options.

Rationale

The environment in which people live influences their ability to achieve and maintain a healthy weight. Local authorities and NHS organisations can set an example by providing healthy food and drink choices at their venues. They can influence venues in the community (such as leisure centres) and services provided by commercial organisations to have a positive impact on the diet of adults using them.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence that local authorities and NHS organisations provide, or make contractual arrangements for the provision of, healthy food and drink options in any vending machines in their venues.

Data source: Local data collection.

Process

Proportion of local authority and NHS venues with vending machines that contain healthy food and drink options.

Numerator – the number in the denominator that have vending machines that contain healthy food and drink options.

Denominator – the number of local authority and NHS venues with vending machines.

Data source: Local data collection.

What the quality statement means for different audiences

Local authorities and NHS organisations ensure that any vending machines in their venues offer healthy food and drink options.

Adults have a choice of healthy food and drink options available from vending machines in local authority and NHS venues such as hospitals, clinics and leisure centres.

Source guidance

- [Obesity prevention. NICE guideline CG43](#) (2006, updated 2015), recommendations 1.1.2.2 and 1.1.3.2
- [Obesity: working with local communities. NICE guideline PH42](#) (2012, updated 2017), recommendation 9

Definitions of terms used in this quality statement

Healthy food and drink

Food and drink that helps people to follow [Public Health England's eatwell plate](#) advice, and that does not contain high levels of salt, fat, saturated fat or sugar. [Public Health England's Healthier, more sustainable catering: information for those involved in purchasing food and drink](#) provides definitions for low, medium and high levels of fat, saturates, sugars and salt per portion/serving size for food and drink. The [Change4Life website](#) gives suggestions for healthy food and drink alternatives. [Expert consensus]

Quality statement 2: Nutritional information at the point of choosing food and drink options

Quality statement

Adults see details of nutritional information on menus at local authority and NHS venues.

Rationale

Providing details about the nutritional content of food will allow people to make an informed choice when choosing meals. This information will help people achieve or maintain a healthy weight by enabling them to manage their daily nutritional intake.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence that local authorities and NHS organisations ensure that information on the nutritional content of meals is included on menus at venues.

Data source: Local data collection.

What the quality statement means for different audiences

Local authorities and NHS organisations ensure that their venues provide details about the nutritional content of menu items.

Adults selecting meals in catering facilities in local authority and NHS venues such as hospitals, clinics and leisure centres have information on the nutritional content of meals to help them choose.

Source guidance

- [Obesity prevention. NICE guideline CG43](#) (2006, updated 2015), recommendation 1.1.6.5
- [Obesity: working with local communities. NICE guideline PH42](#) (2012, updated 2017), recommendation 9
- [Type 2 diabetes prevention: population and community-level interventions. NICE guideline PH35](#) (2011), recommendation 8

Definitions of terms used in this quality statement

Nutritional information

This includes details on the calorie content of meals as well as information on the fat, saturated fat, salt and sugar content. If the nutritional value of recipes is not known, ingredients should be listed and cooking methods described. [Adapted from expert consensus and [NICE's guideline on type 2 diabetes prevention](#), recommendation 8]

Equality and diversity considerations

Information needs to be available in a variety of languages and formats to ensure that it is accessible to people of all ages and meets the needs of the community. Nutritional information should be available in a variety of formats appropriate to the target audience. The format of this information should be suitable for people with sensory impairment.

Quality statement 3: Prominent placement of healthy options

Quality statement

Adults see healthy food and drink choices displayed prominently in local authority and NHS venues.

Rationale

Local authorities and NHS organisations can set an example by ensuring that healthy food and drink choices are promoted in their venues. Prominent positioning will help to ensure that people will consider healthier options when they are choosing food and drink.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence that local authority and NHS venues make arrangements to display healthy food and drink options in prominent positions.

Data source: Local data collection.

Outcome

Sales of healthy food and drink options.

Data source: Local data collection.

What the quality statement means for different audiences

Local authorities and NHS organisations ensure that healthy food and drink choices are displayed in prominent positions in their venues.

Adults can easily find healthy foods and drinks when using catering facilities in local authority or NHS venues such as hospitals, clinics and leisure centres.

Source guidance

- [Obesity prevention. NICE guideline CG43](#) (2006, updated 2015), recommendations 1.1.2.2 and 1.1.3.2
- [Obesity: working with local communities. NICE guideline PH42](#) (2012, updated 2017), recommendation 9

Definitions of terms used in this quality statement

Healthy food and drink choices

Food and drink that helps people to meet [Public Health England's eatwell plate](#) advice, and that does not contain high levels of salt, fat, saturated fat or sugar. [Public Health England's Healthier, more sustainable catering: information for those involved in purchasing food and drink](#) provides definitions for low, medium and high levels of fat, saturates, sugars and salt per portion/serving size for food and drink. The [Change4Life website](#) gives suggestions for healthy food and drink alternatives. [Expert consensus]

Quality statement 4: 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 enrol in them. Increased public awareness may lead to more self-referrals to these programmes.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence that an up-to-date list of local lifestyle weight management programmes for adults is publicly 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 different audiences

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 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 overweight and obese adults.

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

Source guidance

Weight management: lifestyle services for overweight or obese adults. NICE guideline PH53 (2014), recommendations 4 and 5

Definitions of terms used in this quality statement

Lifestyle weight management programmes

Lifestyle weight management programmes for overweight or obese adults are multicomponent 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 form part of a comprehensive approach to preventing and treating obesity. [Adapted from [NICE's guideline on weight management: lifestyle services for overweight or obese adults](#), recommendation 9, glossary and expert opinion]

List of local lifestyle weight management programmes

The list should include details of programmes that have been commissioned by the local authority or clinical commissioning group and other public, private or voluntary evidence-based programmes. [Adapted from [NICE's guideline on weight management: lifestyle services for overweight or obese adults](#), 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 list of local lifestyle weight management programmes.

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 locally commissioned lifestyle weight management programmes.

Rationale

It is important that providers of lifestyle weight management programmes measure outcomes of the programmes and make the results available. This will allow commissioners and the general public to monitor and evaluate particular programmes to assess whether they are meeting their objectives and providing value for money. This ensures that any issues with the programmes are identified as early as possible, so that the programmes can be improved, leading to better outcomes for adults using the programmes. It will also help adults to select lifestyle weight management programmes.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence that commissioners and providers of lifestyle weight management programmes jointly agree the key performance indicators to be collected for monitoring and evaluation.

Data source: Local data collection.

b) Evidence that commissioners and providers of lifestyle weight management programmes have used data from monitoring and evaluation to amend and improve programmes.

Data source: Local data collection.

Process

a) Proportion of adults recruited to a locally commissioned lifestyle weight management programme who have information on attendance, outcomes and views of participants and staff collected at recruitment and completion.

Numerator – the number in the denominator who have information on attendance, outcomes and views of participants and staff collected at recruitment and completion.

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

Data source: Local data collection.

b) Proportion of adults who complete a lifestyle weight management programme who have data on outcomes collected 6 months after completion of the programme.

Numerator – the number in the denominator who have data on outcomes collected 6 months after completion of the programme.

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

Data source: Local data collection.

c) Proportion of adults who complete a lifestyle weight management programme who have data on outcomes collected 1 year after completion of the programme.

Numerator – the number in the denominator who have data on outcomes collected 1 year after completion of the programme.

Denominator – the number of adults who complete a lifestyle weight management

programme.

Data source: Local data collection.

Outcome

Improved performance of local lifestyle weight management programmes.

What the quality statement means for different audiences

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. Providers of lifestyle weight management programmes should use the data to monitor and evaluate 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 agree key performance indicators for lifestyle weight management programmes providers, and ensure the data are published. Commissioners use the data on attendance, outcomes and views of participants and staff to improve local provision of lifestyle weight management services.

Adults can find published information about their local lifestyle weight management programmes, including how many people enrol in them, how much weight people lose and how good people think the programme is.

Source guidance

- [Weight management: lifestyle services for overweight or obese adults. NICE guideline PH53 \(2014\), recommendations 17 and 18](#)
- [Obesity: working with local communities. NICE guideline PH42 \(2012, updated 2017\), recommendation 5](#)

Definitions of terms used in this quality statement

Lifestyle weight management programmes

Lifestyle weight management programmes for overweight or obese adults are multicomponent 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 form part of a comprehensive approach to preventing and treating obesity. [Adapted from [NICE's guideline on weight management: lifestyle services for overweight or obese adults](#), recommendation 9, glossary and expert opinion]

Data on attendance, outcomes and views of participants and staff

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, information on participants at the end of the programme should be collected and assessed, in line with the [Department of Health's Best practice criteria for weight management services](#). Details of how each participant's weight has changed 12 months after the programme is completed should also be collected. [[NICE's guideline on weight management: lifestyle services for overweight or obese adults](#), recommendation 17]

Equality and diversity considerations

When monitoring and evaluating lifestyle weight management programmes, information

also needs to be collected on the programmes' suitability 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.

Quality statement 6: Raising awareness of lifestyle weight management programmes

Quality statement

Adults identified as being overweight or obese are given 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. 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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

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 numbers of people with type 2 diabetes, hypertension and coronary heart disease are shown in the [Quality and outcomes framework indicators DM001, HYP001 and CHD001](#).

What the quality statement means for different audiences

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, secondary healthcare professionals, dietitians and community pharmacists) ensure that they provide information about local lifestyle weight management programmes to adults identified as being overweight or obese.

Commissioners ensure that they commission services that provide information about local lifestyle weight management programmes to adults identified as being overweight or

obese.

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

Source guidance

[Weight management: lifestyle services for overweight or obese adults. NICE guideline PH53 \(2014\), recommendations 5 and 6](#)

Definitions of terms used in this quality statement

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 ²)
Healthy weight	18.5 to 24.9
Overweight	25.0 to 29.9
Obesity I	30.0 to 34.9
Obesity II	35.0 to 39.9
Obesity III	40.0 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/m²). For men, a waist circumference of less than 94 cm is low risk, 94 to 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 to 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 adults of black African, African-Caribbean or Asian family origin. The lower thresholds are 23 kg/m² to indicate increased risk and 27.5 kg/m² to indicate high risk. [Adapted from [NICE's guideline on weight management: lifestyle services for overweight or obese adults](#)]

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/m² 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 7: 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 for general practice teams and other healthcare professionals to offer a referral to a local lifestyle weight management programme to adults who are overweight or obese with comorbidities in order to improve their health outcomes.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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 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 different audiences

Service providers (such as local authorities and providers of lifestyle weight management programmes) ensure that a referral to a locally commissioned 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 locally commissioned lifestyle weight management programme to adults who are identified as overweight or obese and who have comorbidities.

Commissioners ensure that adults who are identified as overweight or obese and who have comorbidities are offered a referral to a locally commissioned lifestyle weight management programme and that there is sufficient capacity to meet demand.

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

Weight management: lifestyle services for overweight or obese adults. NICE guideline PH53 (2014), recommendation 6

Definitions of terms used in this quality statement

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 ²)
Healthy weight	18.5 to 24.9
Overweight	25.0 to 29.9
Obesity I	30.0 to 34.9
Obesity II	35.0 to 39.9
Obesity III	40.0 or more

BMI is a less accurate indicator 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/m²). For men, a waist circumference of less than 94 cm is low risk, 94 to 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 to 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 adults of black African, African-Caribbean and Asian family origin. The lower thresholds are 23 kg/m² to indicate increased risk and 27.5 kg/m² to indicate high risk. [Adapted from [NICE's guideline on weight management: lifestyle services for overweight or obese adults](#)]

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. [Adapted from [NICE's guideline on obesity: identification, assessment and management](#)]

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/m² 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 8: 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

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

Data source: Local data collection.

Process

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

Numerator – the number in the denominator who agree 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 different audiences

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 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.

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

Source guidance

Weight management: lifestyle services for overweight or obese adults. NICE guideline PH53 (2014), recommendation 10

Definitions of terms used in this quality statement

Lifestyle weight management programmes

Lifestyle weight management programmes for overweight or obese adults are multicomponent 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 form part of a comprehensive approach to preventing and treating obesity. [Adapted from [NICE's guideline on weight management: lifestyle services for overweight or obese adults](#), recommendation 9, glossary and expert opinion]

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.

[Adapted from [NICE's guideline on weight management: lifestyle services for overweight or obese adults](#), 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.

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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

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.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal College of Nursing \(RCN\)](#)
- [Chartered Society of Physiotherapy](#)
- [Royal College of General Practitioners \(RCGP\)](#)