



Weight management: BMI recording (long-term conditions)

NICE indicator

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Indicator

The percentage of patients with coronary heart disease, stroke or TIA, diabetes, hypertension, peripheral arterial disease, heart failure, COPD, asthma and/or rheumatoid arthritis who have had a BMI recorded in the preceding 12 months.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

The purpose of this indicator is to support regular weight monitoring in people with long-term conditions to identify weight gain and weight loss.

NICE's guideline on obesity identifies consultations for managing long-term conditions as an opportunity to record a person's BMI. It further recommends that BMI is considered a practical estimate of adiposity in adults. Recording waist circumference may also be useful in people with a BMI of less than 35 kg/m².

Source guidance

Obesity: identification, assessment and management. NICE guideline CG189 (2014, updated 2023), recommendations 1.2.4, 1.2.7 and 1.2.8

Specification

Numerator: The number of patients in the denominator who have had a BMI recorded in the preceding 12 months.

Denominator: The number of patients with coronary heart disease, stroke or TIA, diabetes, hypertension, peripheral arterial disease, heart failure, COPD, asthma and/ or rheumatoid arthritis.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: People aged under 18.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or a BMI measurement is not appropriate.

Expected population size: To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments. QOF 2022 to 2023 data (total denominator for SMOK002 minus the total denominator for MH007) indicates around 22% of the population in England would have one of the conditions: 2,273 patients for an

average practice with 10,000 patients.

Update information

Minor changes since publication

September 2024: We replaced information about the minimum population with that of the expected population size. We added an additional exclusion criteria and information about personalised care adjustments, and exception reporting.

September 2022: The source guidance section was updated, to reflect details of updated source guidance.

October 2020: We added a specification and information about the minimum population. We removed the introduction section and recommendation wording.

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