



Resource impact statement

Resource impact

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Indicators

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

Introduction

This report covers a new indicator that is part of the NICE menu of potential Quality and Outcomes Framework (QOF) indicators for 2016/17, following the recommendations of the NICE indicators advisory committee in June 2015. The indicator has been piloted as part of the NICE QOF indicator development process.

This report considers the likely resource impact of incentivising the interventions associated with the proposed indicator in terms of the number of additional interventions provided and the cost of each intervention. Costs to NHS commissioners are outlined where relevant.

NICE public health guidance on obesity in adults recommends that patients with a BMI over 30, particularly those with other risk factors such as type 2 diabetes, can benefit from funded lifestyle weight management services. This is based on assumption that services are in place to provide sufficient capacity to deliver such services. Costs associated with additional lifestyle weight management services as a consequence of this indicator have not been included in the analysis below, but are discussed briefly in the resource impact section.

Number of people affected

Pilot data indicated around 25% of the total population have one of the conditions listed in the indicator and would therefore have their BMI recorded under the new indicator (University of Birmingham and York Health Economics Consortium). This is consistent with QOF prevalence data from 2013/14 (Health and Social Care Information Centre).

The number of people in England with one or more of the conditions in the indicator is therefore estimated at around 13.2 million.

Current care

Pilot data showed just over 48.5% achievement for the indicator at baseline and expert clinical opinion of QOF committee members agreed that this was a reasonable baseline assumption.

Proposed care

The cost of measuring BMI has been assumed to be part of routine health checks for patients. It has been assumed that the health check will be done by either a GP or a practice nurse. For those people with a BMI of less than 30 no additional costs are assumed.

An additional 5 minutes is assumed to discuss a potential referral to lifestyle weight management services for those people where recorded BMI is 30 or more. It is estimated that 25% of people will have a BMI of 30 or more (Ng et. al). The calculation below assumes an additional 5 minutes of clinician time (£10.90) is required to discuss and record the BMI. Unit costs for clinician time are taken from [Personal Social Services Research Unit's Unit Costs of Health and Social Care](#).

Potential costs associated lifestyle weight management services are discussed in the resource impact section, but are not included in the table below.

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Table 1 shows estimated cost at achievement levels of 50%, 65% and 80%.

Table 1 Estimated cost of implementing indicator IND151

	Proportions	Populations	Unit cost (£)	Total (£)
England population		53,107,169		
Eligible population	24.85%	13,197,131		
Achievement of assessment (current practice)	48.5%	6,400,609		
Proportion with BMI 30 or more (current practice)	25.0%	1,600,152	10.9	17,423,879
Total cost of current practice				17,423,879
Achievement of assessment (future practice at 50%)	50%	6,598,566		
Proportion with BMI 30 or more (future practice at 50%)	25.0%	1,649,641	10.9	17,962,762
Total cost of future practice				17,962,762
Cost impact at 50%				538,883
Achievement of assessment (future practice at 65%)	65%	8,578,135		
Proportion with BMI 30 or more (future practice at 65%)	25.0%	2,144,534	10.9	23,351,591
Total cost of future practice				23,351,591
Cost impact at 65%				5,927,712

Achievement of assessment (future practice at 80%)	80%	10,557,705		
Proportion with BMI 30 or more (future practice at 80%)	25.0%	2,639,426	10.9	28,740,420
Total cost of future practice				28,740,420
Cost impact at 80%				11,316,540

The resource impact of the implementation of QOF indicator IND151 is estimated to be £0.5 million at 50% achievement, £5.9 million at 65% achievement and £11.3 million at 80% achievement (assuming a baseline achievement of 48.5%), excluding any additional costs of lifestyle weight management services and any savings from a reduction in future high-cost outcome events for the additional population being treated.

Although there will be some newly diagnosed patients each year, as this will be an annual indicator, it is likely that the intervention will need to be repeated for a relatively fixed cohort each year and the majority of the costs will be recurrent. However, some of the above costs may be non-recurrent, particularly costs associated with the additional 5 minutes to discuss a potential referral to lifestyle weight management services for those people where recorded BMI is 30 or more.

Costs associated with additional lifestyle weight management services as a consequence of this indicator have not been included in the analysis above, but could range from £0.8 million at 50% achievement, £9 million at 65% achievement and £17.1 million at 80% achievement, based on uptake estimates from QOF committee members and unit costs from the [costing tools for NICE guideline on managing overweight and obesity in adults – lifestyle weight management services](#).

Early management of obesity may prevent future costs to the NHS for treatment of conditions associated with obesity.

References

- Health and Social Care Information Centre, 2014, Data table for Quality and Outcomes Framework (QOF) 2013-14
- Ng M, Fleming T, Robinson M, Thomson B, Graetz N, Margono C, Mullany EC, Biryukov S, Abbafati C, Abera SF et al. Global, regional, and national prevalence of overweight and obesity in children and adults during 1980-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet* 2014 Aug 30;384(9945):766-81.
- NICE public health guidance PH53: Managing overweight and obesity in adults – lifestyle weight management services.
- University of Birmingham and York Health Economics Consortium (NICE External Contractor), Development feedback report on piloted indicators, 2015.
- University of Birmingham and York Health Economics Consortium (NICE External Contractor), Health economic reports on piloted indicators [NM75, NM76 and NM77], 2014.