

# Economic Plan

This document identifies the priorities for economic analysis and the proposed methods for addressing these questions as described in section 7 of the Guidelines Manual (2012).

## 1 Guideline

Full title of guideline: Weight Management Suite

## 2 Process for agreement

The economic plan was prepared by the guideline health economist in consultation with the rest of the internal Guideline Updates Team (GUT) and Guideline Committee (GC). It was discussed and agreed on X by the following people<sup>a</sup>:

### ***For the GUT and GC:***

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GUT economist: Miaoqing Yang, Kusal Lokuge

GUT representative(s)<sup>b</sup>: Shreya Shukla

GC representative(s)<sup>c</sup>: Whole committee

### ***For NICE (completed by NICE):***

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CCP lead:

Commissioning manager:

Economic lead:

Costing lead:

Proposals for any changes to the agreed priorities will be circulated by email to this group. If substantive revisions are agreed, they will require to be recorded as addenda to this document (section 7) or as an updated version of the document<sup>d</sup>.

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<sup>a</sup> This may be done by face-to-face meeting, teleconference, or email as convenient.

<sup>b</sup> This may be the project manager, a systematic reviewer or research fellow and/or the centre director or manager, as appropriate for the NCC and guideline.

<sup>c</sup> This may be GC chair, clinical lead and/or other members as appropriate.

<sup>d</sup> In case clinical questions are changed, for example, section 3 requires updating as well as other sections if modelling priorities are affected.

### 3 Topic priorities identified in the Scope

This section contains all topics, or clinical review questions as covered by the scope. These topics usually reflect selected clinical issues. Please indicate if an area is relevant for economic consideration and if modelling is deemed appropriate to address it.

Area <sup>e</sup>	Relevant? <sup>f</sup>	Appropriate for modelling? <sup>g</sup>
RQ1.1 What are the most accurate and suitable anthropometric methods and thresholds, for different ethnicities, to assess the health risk associated with overweight and obesity in children and young people, particularly those in black, Asian and minority ethnic groups?	No	No, as it is centred around looking at the accuracy and suitability of indicators such as BMI and waist to hip ratio where no substantial costs other than measuring equipment are involved. The topic is unlikely to have substantial economic implication due to potential changes in practice driven by related recommendations.
RQ1.2 What are the most accurate and suitable anthropometric methods and thresholds, for different ethnicities, to assess the health risk associated with overweight and obesity in adults, particularly those in black, Asian and minority ethnic groups?	Yes	No, as it is centred around looking at the accuracy and suitability of indicators such as BMI and waist to hip ratio where no substantial costs other than measuring equipment are involved. The topic is unlikely to have substantial economic implication due to potential changes in practice driven by related recommendations.

<sup>e</sup> This corresponds to the “Key clinical issues that will be covered “ section in the scope, or if available, clinical review questions

<sup>f</sup> Please state if this area is deemed relevant for considering opportunity costs and likely disinvestments. Areas might pose a decision problem directly or implicitly inform the choice between options. Categories should include information on relevance and if of high or low priority for health economic work (see below).

<sup>g</sup> Health economic work comprises of literature reviews, qualitative consideration of expected costs and effects and/or formal decision modelling. Decision modelling is particularly useful where it can reduce uncertainty over cost effectiveness and/or where a recommendation is likely to result in considerable changes in health and/or costs. For further details please see section 7.1 of the Guidelines Manual (2012). It may not be feasible or efficient to address every relevant decision problem by de novo work. There rationale for choosing areas for cost effectiveness modelling should be discussed in detail in Sections 3 and 4.

Area <sup>e</sup>	Relevant? <sup>f</sup>	Appropriate for modelling? <sup>g</sup>
RQ1.3 What are the most effective and cost-effective approaches for identifying overweight and obesity in children and young people, particularly those in black, Asian and minority ethnic groups, and increasing their uptake of weight management services?	Yes	Low priority. Measures used to increase uptake of weight management services may have cost implications. However, the economic implications associated may be dependent on the cost-effectiveness of recommended weight management strategies which are explored in later review questions.
RQ1.4 What are the most effective and cost-effective approaches for identifying overweight and obesity in adults, particularly those in black, Asian and minority ethnic groups, and increasing their uptake of weight management services?	Yes	Low priority. Measures used to increase uptake of weight management services may have cost implications. However, the economic implications associated may be dependent on the cost-effectiveness of recommended weight management strategies which are explored in later review questions.
RQ2.1: What is the effectiveness and cost effectiveness of total or partial diet replacements, intermittent fasting, plant-based and low carbohydrate diets in achieving and maintaining weight loss in adults living with overweight or obesity?	Yes	High priority – Recommendations are likely to have a significant economic impact with the competing alternatives likely to differ in costs and associated benefits.
RQ2.2: What referral criteria for bariatric surgery are most effective to achieve weight loss and maintain a healthier weight in adults living with obesity?	Yes	High priority – Recommendations are likely to have a significant economic impact with the referral criteria likely to dictate the number of bariatric surgeries carried out in the UK adult population.
RQ2.3: What multicomponent interventions and approaches are effective, cost effective and acceptable in helping children and young people living with overweight or obesity to grow and develop into a healthier weight as part of a weight management programme?	Yes	High priority – Recommendations are likely to have a significant economic impact with the competing alternatives likely to differ in costs and associated benefits.

Area <sup>e</sup>	Relevant? <sup>f</sup>	Appropriate for modelling? <sup>g</sup>
RQ2.4: What is the effectiveness and cost effectiveness of healthy living programmes for preventing overweight or obesity in children and young people?	Yes	High priority – Recommendations are likely to have a significant economic impact depending on the costs of the healthy living programmes, the population to which it is recommended to, and the potential benefits as informed by the clinical review.
RQ2.5: What is the effectiveness, cost effectiveness and acceptability of psychological approaches to address the counterproductive effect of weight stigma in achieving or maintaining weight loss, or negating the adverse impact of stigma, in children, young people and adults?	Yes	Moderate to high priority – dependent on what outcomes of interest are considered in the clinical review, potential cost implications of recommendations, and where an economic evaluation can add most value to the recommendation.

## 4 Planned modelling

This section will specify modelling work prioritised by the GC. It will provide details on how cost effectiveness will be considered for relevant, prioritised clinical areas/decision problems. Proposed modelling work should be listed in chronological order. For each decision model, please state the proposed analytical methods, relevant references and any comments and justifications on, for example, possible diversions from the reference case.

<i>Area<sup>h</sup> (clinical question(s) <sup>i</sup>)</i>	<i>Outline proposed analysis</i>
RQ1.1, RQ1.2	No modelling work proposed

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<sup>h</sup> This should be the key areas relevant for considering opportunity costs and high priority for de novo modelling, as identified in section 3.

<sup>i</sup> Two or more questions may be addressed by a single analysis if appropriate.

## 5 Clinical Guidelines technical support unit<sup>j</sup>

Not applicable to RQs 1.1 and 1.2. Where economic modelling is done the TSU will quality assure the NMAs that will be used as inputs to the model, in the usual way. No additional support will be needed for the modelling itself.

## 6 References

N/A

## 7 Addenda to economic plan

Please state any changes that have been made to the above agreed plan, together with date. If clinical questions have changed since the economic plan was signed off, include a new list with all clinical questions as part of the addenda, together with a comment where questions were inserted, deleted or altered and an explanation.

<i>Scope area<sup>k</sup> (clinical question(s) <sup>l</sup>)</i>	<i>Proposed changes</i>	<i>Date agreed</i>

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<sup>j</sup> The clinical guidelines technical support unit provides academic support to guideline developers at any point in guideline development: conduct, or support the NCC/ICG team in the development of, advanced evidence synthesis, support complex economic analyses, conduct validation of or amendments to, existing evidence syntheses used in guideline models and address concerns from stakeholder (via consultation). Please contact the senior technical adviser for further details.

<sup>k</sup> This should be the key areas relevant for considering opportunity costs and high priority for de novo modelling, as identified in section 3.

<sup>l</sup> Two or more questions may be addressed by a single analysis if appropriate.