NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator validity assessment

### Indicator N203

The percentage of patients with hypertension or diabetes and a BMI of 27.5 kg/m2 or more (or 30 kg/m2 or more if ethnicity is recorded as White) in the preceding 12 months who have been referred to a weight management programme within 90 days of the BMI being recorded.

### Importance

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| The [NHS Long Term Plan](https://www.longtermplan.nhs.uk/) identifies obesity as a clinical priority, highlighting the UK’s high rates of obesity, links to other diseases and cancers. It includes targets to provide access to weight management services in primary care. | The indicator reflects a specific priority area identified by NHS England. |
| In 2018/2019 876,000 hospital admissions recorded obesity as a primary or secondary diagnosis. Furthermore this was a 23% increase from 2017/2018.[[1]](#footnote-1)  Weight is recorded for about 30% of patients in general practice each year and is on average repeated every 2 years for these patients. Of those people with a weight recording in year around 64% will have a BMI over 25 and 32% will have a BMI over 30.[[2]](#footnote-2) | The indicator addresses under-treatment. |
| The indicator aims to increase chances of patient weight loss by incentivising referral to digital and non-digital weight management programmes. | The indicator will lead to a meaningful improvement in patient outcomes. |

### Evidence base

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| [Weight management: lifestyle services for overweight or obese adults](https://www.nice.org.uk/guidance/ph53) (2014) NICE guideline PH53, recommendations 6 and 7.  [Obesity: identification, assessment and management](https://www.nice.org.uk/guidance/cg189) (2014) NICE guideline CG189, recommendations 1.1.2, 1.2.1, 1.2.8, 1.2.10, 1.2.11, 1.3.1, 1.3.4, 1.3.6, 1.4.4. | The indicator is derived from a high-quality evidence base.  The indicator aligns with the evidence base. |

### Specification

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| Numerator: The number of patients in the denominator whose notes record referral to a weight management programme within 90 days of their BMI being recorded.  Denominator: The number of patients with hypertension or diabetes and a BMI of 27.5 kg/m2 or more (or 30 kg/m2 or more if ethnicity is recorded as White) in the preceding 12 months.  Exclusions: Patients aged under 18 years | The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions. |
| This indicator would be reported at general practice level for practices with more than 20 eligible patients. | The indicator outlines the minimum numbers of patients needed to be confident in the assessment of variation. |

### Feasibility

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| The data could be collected annually from GP clinical systems. | The indicator is repeatable. |
| Data fields collected include:   * Date of BMI recording * BMI measurement * If patient has diabetes * If patient has hypertension * Patient ethnicity * Date of referral to a weight management programme | The indicator is measuring what it is designed to measure.  The indicator uses existing data fields. |

### Acceptability

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| Patients refusing the offer of referral to a weight management programme would prevent the delivery of the action. This could be overcome with exception reporting.  Patients not having their ethnicity recorded and refusing to disclose it could prevent the interpretation of BMI measurement. This could be overcome with exception reporting. | The indicator assesses performance that is attributable to or within the control of the audience |
| Achievement data can be used to highlight rates of patient referral at national and practice level. This can be used to identify areas where improvement is required. | The results of the indicator can be used to improve practice |

### Risk

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| There are risks that a larger volume of referrals to weight management services leads to long waiting lists. This may be mitigated by commitments in the NHS Long Term Plan to provide a targeted support offer and weight management services for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+ (adjusted appropriately for ethnicity). | The indicator has an acceptable risk of unintended consequences. |

### NICE indicator advisory committee recommendation

The NICE indicator advisory committee approved this indicator for publication on the menu.

1. NHS Digital (2020) <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020> [↑](#footnote-ref-1)
2. Nicholson et al (2019) Determinants and extent of weight recording in UK primary care: an analysis of 5 million adults’ electronic health records from 2000 to 2017 [↑](#footnote-ref-2)