

# **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

## **QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATOR DEVELOPMENT PROGRAMME**

### **Resource impact statement: NM143**

**Date:** August 2016

#### **Indicators**

NM143: The percentage of patients aged 18 or over who have had a record of a BMI being calculated in the preceding 5 years.

#### **Introduction**

This statement covers a new indicator that is part of the NICE menu of potential Quality and Outcomes Framework (QOF) indicators for 2017–18, following the recommendations of the NICE indicators advisory committee in June 2016.

This statement considers the likely resource impact of the proposed indicator in terms of the number of extra interventions provided and the cost of each intervention.

NICE public health guidance PH53 on [lifestyle services for overweight or obese adults](#) recommends that GP practices and other health or social care professionals who give advice about, or refer people to, lifestyle weight management programmes should identify people eligible for referral to lifestyle weight management services by measuring their body mass index (BMI).

Costs associated with weight management advice from health and social care professionals and potential extra referrals to lifestyle weight management services as a result of this indicator have not been included in the discussion below. These costs are outside of the scope of the

intervention described in the indicator and are discussed in the [costing tools that accompany PH53](#).

## **Resource impact**

There are around 43.1 million people aged 18 or over in England ([Office for National Statistics, 2015](#)). The latest data available ([Health and Social Care Information Centre, 2008](#)) indicates that around 60% of adults on GP registers had their BMI recorded in the previous 5 years and that the average person visits their doctor more than 5 times a year ([Health and Social Care Information Centre, 2009](#)).

It is assumed that BMI measurements can be done by practice staff other than GPs, for example by practice nurses. It is also assumed that calculating a person's BMI will take place at existing appointments at GP practices when the opportunity arises, and that achieving the indicator will not need extra appointments. Because of this, the resource impact associated with introducing this indicator is unlikely to be significant.

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