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**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

INDICATOR DEVELOPMENT PROGRAMME

Briefing paper

Topic area: Obesity

Potential output: Recommendation for indicator development

Date of Indicator Advisory Committee meeting: 1 and 2 June 2015

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Introduction

This briefing paper identifies possible changes to the NICE Quality and Outcomes Framework (QOF) and Clinical Commissioning Groups Outcome Indicator Set (CCG OIS) menus of indicators for obesity for the Indicator Advisory Committee to consider.

The possible changes described are either changes to existing indicators or possible areas for new indicator development. The suggestions are based on a review of NICE guidance, NICE Quality Standards and NICE accredited guidance which has been published since the indicators were last reviewed. For this topic – obesity - the following guidance has been considered:

- [Maintaining a healthy weight and preventing excess weight gain among adults and children](#) (2015) NICE guideline NG7
- [Obesity: Identification, assessment and management of overweight and obesity in children, young people and adults](#) (2014) NICE guideline CG189.
- [Exercise referral schemes to promote physical activity](#) (2014). NICE guideline PH54
- [Managing overweight and obesity in adults: lifestyle weight management services](#) (2014) NICE guideline PH53
- [Managing overweight and obesity among children and young people: lifestyle weight management services](#) (2014) NICE guideline PH47
- [Physical activity: brief advice for adults in primary care](#) (2013). NICE guideline PH44

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Overview of Obesity

Definitions

This paper classifies weight category according to a person's body mass index, as follows:

- healthy weight: 18.5–24.9 kg/m²
- overweight: 25–29.9 kg/m²
- obesity I: 30–34.9 kg/m²
- obesity II: 35–39.9 kg/m²
- obesity III: 40 kg/m² or more.

For black African, African-Caribbean and Asian (South Asian and Chinese) groups, NICE recommends the use of lower BMI thresholds to trigger action to reduce the risk of conditions such as type 2 diabetes (i.e. 23 kg/m² to indicate increased risk and 27.5 kg/m² to indicate high risk).

For adults, NICE recommends that waist circumference is also taken into consideration when assessing the health risks associated with being overweight or obese.

Incidence, prevalence and evidence of variation by age, sex and ethnicity

Overweight and obesity is a global problem. The World Health Organization (WHO; [Obesity and overweight: fact sheet 311](#)) predicts that by 2015 approximately 2.3 billion adults worldwide will be overweight, and more than 700 million will be obese.

In the UK obesity rates nearly doubled between 1993 and 2011, from 13% to 24% in men and from 16% to 26% in women. In 2011, about 3 in 10 children aged 2–15 years were overweight or obese.

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Ethnic differences exist in the prevalence of obesity and the related risk of ill health. For example, compared with the general population, the prevalence of obesity is lower in men of Bangladeshi and Chinese family origin, whereas it is higher for women of African, Caribbean and Pakistani family origin (as reported in 'Bariatric surgery for obesity' by the former [National Obesity Observatory](#), now Public Health England's obesity knowledge and intelligence team, in 2011).

Morbidity and Mortality

Obesity is directly linked to a number of different illnesses including type 2 diabetes, fatty liver disease, hypertension, gallstones and gastro-oesophageal reflux disease as well as psychological and psychiatric morbidities.

The Health and Social Care Information Centre (HSCIC) reported that in 2011/12 there were 11,740 inpatient admissions to hospitals in England with a primary diagnosis of obesity: 3 times as many as in 2006/07. There were 3 times as many women admitted as men.

The Cost of Obesity

The cost of being overweight and obese to society and the economy was estimated to be almost £16 billion in 2007 (over 1% of gross domestic product). The cost could increase to just under £50 billion in 2050 if obesity rates continue to rise, according to projections from the [Department of Health](#). A simulated model reported in the [Lancet](#) predicted that there would be 11 million more obese adults in the UK by 2030, with combined medical costs for treatment of associated diseases estimated to increase by up to £2 billion per year.

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Policy context

Based on a review of the following policy documents and national initiatives across the UK, the NICE Indicator team has identified that review of the menu of indicators for obesity is a priority at the current time:

- NHS England (2014) [The NHS five year forward view](#).
- Department of Health (2013) [Reducing obesity and improving diet](#).
- Department of Health (2013) [Giving all children a healthy start in life](#).
- Department of Health (2011) [Health lives, health people: A call to action on obesity in England](#)

Guidance

The current QOF indicator is based on the NICE Clinical Guideline for [Obesity](#) (CG43). However, NICE has subsequently published the following guidance:

- [Maintaining a healthy weight and preventing excess weight gain among adults and children](#) (2015) NICE guideline NG7
- [Obesity: Identification, assessment and management of overweight and obesity in children, young people and adults](#) (2014) NICE guideline CG189.
- [Exercise referral schemes to promote physical activity](#) (2014). NICE guideline PH54
- [Managing overweight and obesity in adults: lifestyle weight management services](#) (2014) NICE guideline PH53
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In line with the scope of the published guidance, the NICE menus of indicators for obesity will cover the prevention, identification and management of obesity across primary, community and secondary care.

CONFIDENTIAL**Suggested changes to existing indicator menus*****Primary care: The NICE menu for the QOF******1. Indicator NM85/OB002. The contractor establishes and maintains a register of patients aged 18 years or over with a BMI ≥ 30 in the preceding 12 months***

Recommendations from the NICE guidance on [Obesity: identification, assessment and management of overweight and obesity in children, young people and adults](#) include criteria for identifying those who are obese or who are at risk of obesity, and potential interventions they may require. The matrix table below provides this detail:

BMI classification	Waist circumference			Comorbidities* present
	Low	High	Very high	
Overweight	1	2	2	3
Obesity I	2	2	2	3
Obesity II	3	3	3	4
Obesity III	4	4	4	4

Where levels of intervention in the matrix refer to:

- 1 = general advice on healthy weight and lifestyle
- 2 = diet and physical activity
- 3 = diet and physical activity; consider drugs
- 4 = diet and physical activity; consider drugs; consider surgery.

*Examples of comorbidities that may be present include type 2 diabetes, hypertension, cardiovascular disease, osteoarthritis, dyslipidaemia and sleep apnoea.

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- **Recommendation 1.2.2 ([CG 189](#)):** Use BMI as a practical estimate of adiposity in adults. Interpret BMI with caution because it is not a direct measure of adiposity.
- **Recommendation 1.2.3 ([CG 189](#)):** Think about using waist circumference, in addition to BMI, in people with a BMI less than 35 kg/m².
- **Recommendation 1.2.5 ([CG 189](#)):** Waist circumference is not recommended as a routine measure. Use it to give additional information on the risk of developing other long-term health problems.

Rationale:

As OB002 focuses on establishing a register there is no QOF achievement data available.

The current NICE menu indicator (NM85) may require amendment to include measurement of waist circumference. In addition the indicator could include a preventative aspect and use BMI ≥ 25 given the recommendation for level 1 and 2 intervention in people at risk (overweight but not yet obese). Alternatively an additional indicator could be developed to cover this population (see below).

The rationale of any indicator based on a register of BMI status will also need to consider the use of lower BMI and waist circumference thresholds for black African, African-Caribbean and Asian (South Asian and Chinese) groups.

Secondary care: The NICE menu for the Clinical Commissioning Group Outcome Indicator Set (CCG OIS)

A review was undertaken of the impact of the new NICE obesity guidelines on the CCG OIS. The NICE Indicator Team felt that at this time there was no impact on specific indicators in the CCG OIS.

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Proposed new indicator statements

Obesity Prevention

In light of the publication of NICE guidance for [Maintaining a healthy weight and preventing excess weight gain among adults and children \(NG7, 2015\)](#) it may be appropriate to develop indicators for obesity prevention within the NICE menu of indicators.

- **Recommendation 1.2.7 (CG189):** Define the degree of overweight or obesity in adults using the following table:

Classification	BMI (kg/m ²)
Healthy weight	18.5–24.9
Overweight	25–29.9
Obesity I	30–34.9
Obesity II	35–39.9
Obesity III	40 or more

Identification of Overweight and Obesity

In view of the NICE's recommendation (within [CG189](#)) for level 1 and 2 intervention in people at risk (overweight but not yet obese), it may be appropriate to develop the following indicators for the identification of overweight:

- The contractor establishes and maintains a register of patients aged 18 years or over with a BMI ≥ 25 in the preceding 12 months
- Proportion of new primary care registrations who have a recorded BMI measurement

CONFIDENTIAL**Management of Overweight and Obesity**

NICE guideline [CG189](#) provides detail on who should receive interventions and what level of intervention is appropriate. (see matrix on p7)

NICE guidelines [PH53](#) and [PH47](#) also make recommendations on lifestyle weight management services for adult, children and young people.

Based on the recommendations, it may be appropriate to develop the following indicators for the management of overweight and obesity:

- Proportion of patients who have a BMI ≥ 25 in the preceding 12 months with a documented record of being given weight management
- Proportion of patients who have a BMI ≥ 25 in the preceding 12 months with a documented record of being given a behavioral intervention by a trained primary care professional
- Proportion of patients with a BMI ≥ 25 in the preceding 12 months who have received a bp check, lipid profile and HbA1c
- Proportion of patients with a BMI of ≥ 25 plus comorbidities (or BMI ≥ 30 without comorbidities) in the preceding 12 months who have not achieved their target weight loss following brief advice and behavioral intervention, who have a documented record of being offered treatment with orlistat
- Proportion of patients who have a BMI ≥ 30 (or a BMI of 25 to 30 with comorbidities) in the preceding 12 months who have been offered referral to a weight management service.¹
- Proportion of children who have completed a weight management programme who have their BMI checked in primary care at 6 months after completion

¹ The commissioning of, and subsequently patient access to, weight management/lifestyle management programmes may vary across the country, and this should be taken into account when developing indicators relating to such programmes.

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Key considerations

The following key considerations summarise the main points made in the briefing paper and should be used by the Committee in their discussions.

- whether OB002 should be amended to include those with a BMI ≥ 25 or whether a new indicator should be developed for identification of people who are overweight
- whether OB002 should be amended to include measurement of waist circumference
- whether indicators could be developed to improve performance and/or incentivise obesity prevention
- whether a range of indicators could be developed to encourage improvement in the quality of management of people who are overweight or obese
- whether it is appropriate to develop indicators relating to referral to weight management programmes when there may be variation in the availability of these services across the country.

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Appendix A: Related indicators

Quality and outcome framework (QOF)

- OB002: The contractor establishes and maintains a register of patients aged 18 years or over with a BMI ≥ 30 in the preceding 12 months

Clinical Commissioning Group Outcomes Indicator Set (CCG OIS)

- 1a Potential years of life lost (PYLL) from causes considered amenable to healthcare
 - i Adults ii Children and young people
- 1b Life expectancy at 75
 - i Males ii Females
- 1.1: Under 75 mortality rate from cardiovascular disease (PHOF 4.4*)