

# Obesity in adults: prevention and lifestyle weight management programmes

Quality standard

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This standard is based on CG43, PH42, PH35 and PH53.

This standard should be read in conjunction with QS100, QS94, QS84, QS127, QS6, QS147, QS9, QS152 and QS41.

## Introduction

This quality standard covers ways of preventing adults (aged 18 and over) from becoming overweight or obese and the provision of lifestyle weight management programmes for adults who are overweight or obese. Although local definitions vary, these programmes are usually tier 2 interventions that may include weight management programmes, courses or clubs, and form 1 part of a comprehensive approach to preventing and treating obesity.

This quality standard does not cover specialist management (tier 3 interventions) or bariatric surgery (tier 4 intervention). For more information see the [obesity: prevention and management in adults topic overview](#).

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as legislative changes and marketing of calorific drink and food products, are therefore not covered by this quality standard.

### *Why this quality standard is needed*

Avoidable illness is placing an increasing financial burden on health and social care services. [The NHS Five Year Forward View](#) (October 2014) sets out a vision for the future of the NHS with a specific focus on the sharply rising burden of avoidable illness. It provides the framework for further detailed planning about how the NHS needs to evolve over the next 5 years. The NHS Prevention Board has proposed priority areas that include:

- a diabetes prevention programme
- a wider prevention debate.

The Diabetes Prevention Programme aims to reduce the incidence of type 2 diabetes by providing behavioural interventions targeted at individuals who are at high risk of developing type 2 diabetes. Furthermore, the NHS Prevention Board will take an active role in the wider prevention debate to provide strategic direction to stimulate national action on obesity, other major health risks and the

wider determinants of health. It is expected that the key improvement areas outlined in The NHS five year forward view will contribute to a reduction in obesity prevalence alongside this quality standard.

According to Public Health England's [Adult obesity slide set](#), around a quarter of adults in England are obese, and 42% of men and 33% of women aged 16 or older are overweight. Although overweight and obesity exist in all population groups, obesity is associated with social disadvantage and ethnicity.

Being overweight or obese can lead to chronic and severe medical conditions. The National Obesity Observatory report [Obesity and life expectancy](#) estimated that life expectancy is reduced by an average of 2–4 years for people with a BMI of 30–35 kg/m<sup>2</sup>, and 8–10 years for those with a BMI of 40–50 kg/m<sup>2</sup>. The National Audit Office report [Tackling obesity in England](#) estimated that women who are obese are around 13 times more likely to develop type 2 diabetes and 4 times more likely to develop hypertension than women who are not obese. Men who are obese are estimated to be around 5 times more likely to develop type 2 diabetes and 2.5 times more likely to develop hypertension than men who are not obese.

The Department of Health's obesity strategy as outlined in the [Foresight report, \(Tackling obesities: future choices\)](#) estimated that the cost to society and the economy of overweight and obesity was almost £16 billion in 2007 (more than 1% of gross domestic product). It could rise to just under £50 billion in 2050 (based on 2007 prices) if obesity rates continue to rise at the current rate.

The Department of Health's obesity strategy aims to reduce 'the level of excess weight averaged across all adults by 2020'. It advocates a range of local interventions that both prevent obesity and treat people who are already overweight or obese.

In many areas, public, private or voluntary organisations are commissioned to provide tier 2 individual or group lifestyle weight management services. People can also self-refer to commercial or voluntary programmes, for example by attending a local class or club.

This quality standard is expected to contribute to improvements in the following outcomes:

- excess weight in adults
- physical activity
- time spent being inactive or sedentary

- dietary habits
- mental wellbeing
- health-related quality of life
- prevalence of obesity-related comorbidities.

### *How this quality standard supports delivery of outcome frameworks*

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [Public Health Outcomes Framework 2013–16](#)
- [NHS Outcomes Framework 2015–16](#).

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1 [Public health outcomes framework for England, 2013–16](#)**

Domain	Objectives and indicators
2 Health improvement	<p><b>Objective</b></p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p><b>Indicators</b></p> <p>2.11 Diet</p> <p>2.12 Excess weight in adults</p> <p>2.13 Proportion of physically active and inactive adults</p> <p>2.17 Recorded diabetes</p> <p>2.23 Self-reported well-being</p>



<p>4 Healthcare public health and preventing premature mortality</p>	<p><b>Objective</b></p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities</p> <p><b>Indicators</b></p> <p>4.3 Mortality from causes considered preventable** (NHSOF 1a)</p> <p>4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1)</p> <p>4.5 Under 75 mortality rate from cancer* (NHSOF 1.4)</p> <p>4.6 Under 75 mortality rate from liver disease* (NHSOF 1.3)</p> <p>4.13 Health-related quality of life for older people</p>
<p><b>Alignment across the health and social care system</b></p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p>	

**Table 2 NHS Outcomes Framework 2015–16**

Domain	Overarching indicators and improvement areas
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<p>1 Preventing people from dying prematurely</p>	<p><b>Overarching indicators</b></p> <p><b>1a Potential years of life lost (PYLL) from causes considered amenable to healthcare</b></p> <p>i Adults</p> <p><b>1b Life expectancy at 75</b></p> <p>i Males ii Females</p> <p><b>Improvement areas</b></p> <p><b>Reducing premature mortality from the major causes of death</b></p> <p>1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*)</p> <p>1.3 Under 75 mortality rate from liver disease (PHOF 4.6*)</p> <p>1.4 Under 75 mortality rate from cancer (PHOF 4.5*)</p> <p><b>Reducing premature death in people with a learning disability</b></p> <p>1.7 <i>Excess under 60 mortality rate in adults with a learning disability</i></p>
<p>2 Enhancing quality of life for people with long-term conditions</p>	<p><b>Overarching indicator</b></p> <p>2 Health-related quality of life for people with long-term conditions** (ASCOF 1A)</p> <p><b>Improving quality of life for people with multiple long-term conditions</b></p> <p>2.7 Health-related quality of life for people with three or more long-term conditions** (ASCOF 1A)</p>
<p>4 Ensuring that people have a positive experience of care</p>	<p><b>Overarching indicators</b></p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p>4d <i>Patient experience characterised as poor or worse</i></p> <p>i <i>Primary care</i></p>

### Alignment across the health and social care system

\* Indicator is shared

\*\* Indicator is complementary

*Indicators in italics are in development*

## *Service user experience and safety issues*

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to preventing and managing obesity in adults.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on [patient experience in adult NHS services](#)) which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect patient experience and are specific to the topic are considered during quality statement development.

## *Coordinated services*

The quality standard for obesity in adults: prevention and lifestyle weight management programmes specifies that services should be commissioned from and coordinated across all relevant agencies. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to adults who are overweight or obese.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality overweight and obesity prevention and management service for adults are listed in [related quality standards](#).

The Health and Social Care Act 2012 also references the legal duties on commissioning organisations to have regard to the need to reduce health inequalities and to provide integrated services where these will reduce inequalities with respect to access to services and outcomes achieved. Given the strong relationship that exists between obesity and deprivation, reducing inequalities is of particular importance for obesity prevention and lifestyle weight management in adults. Therefore it may be important to consider focusing interventions in deprived areas when implementing the quality standard.

### **Training and competencies**

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in assessing, caring for and treating adults who are overweight or obese should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source(s) on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

### **Role of families and carers**

Quality standards recognise the important role families and carers have in supporting adults who are overweight or obese. If appropriate, practitioners should ensure that family members and carers are involved in the decision-making process about initiatives to help adults maintain a healthy weight or prevent excess weight gain and actively participate in lifestyle weight management programmes for adults who are overweight or obese.

## List of quality statements

Statement 1. Adults using vending machines in local authority and NHS venues can buy healthy food and drink options.

Statement 2. Adults see details of nutritional information on menus at local authority and NHS venues.

Statement 3. Adults see healthy food and drink choices displayed prominently in local authority and NHS venues.

Statement 4. Adults have access to a publicly available, up-to-date list of local lifestyle weight management programmes.

Statement 5. Adults can access data on attendance, outcomes and views of participants and staff from locally commissioned lifestyle weight management programmes.

Statement 6. Adults identified as being overweight or obese are given information about local lifestyle weight management programmes.

Statement 7. Adults identified as overweight or obese, with comorbidities are offered a referral to a lifestyle weight management programme.

Statement 8. Adults about to complete a lifestyle weight management programme agree a plan to prevent weight regain.

## Quality statement 1: Vending machines

### *Quality statement*

Adults using vending machines in local authority and NHS venues can buy healthy food and drink options.

### *Rationale*

The environment in which people live influences their ability to achieve and maintain a healthy weight. Local authorities and NHS organisations can set an example by providing healthy food and drink choices at their venues. They can influence venues in the community (such as leisure centres) and services provided by commercial organisations to have a positive impact on the diet of adults using them.

### *Quality measures*

#### **Structure**

Evidence that local authorities and NHS organisations provide, or make contractual arrangements for the provision of, healthy food and drink options in any vending machines in their venues.

*Data source:* Local data collection.

#### **Process**

Proportion of local authority and NHS venues with vending machines that contain healthy food and drink options.

Numerator – the number in the denominator that have vending machines that contain healthy food and drink options.

Denominator – the number of local authority and NHS venues with vending machines.

*Data source:* Local data collection.

## *What the quality statement means for local authorities and NHS organisations*

Local authorities and NHS organisations ensure that any vending machines in their venues offer healthy food and drink options.

## *What the quality statement means for adults*

Adults have a choice of healthy food and drink options available from vending machines in local authority and NHS venues such as hospitals, clinics and leisure centres.

## *Source guidance*

- [Obesity prevention](#) (2006) NICE guideline CG43, recommendations 1.1.2.2 and 1.1.3.2
- [Obesity: working with local communities](#) (2012) NICE guideline PH42, recommendation 9

## *Definitions of terms used in this quality statement*

### **Healthy food and drink**

Food and drink that helps people to follow Public Health England's [eatwell plate](#) advice, and that does not contain high levels of salt, fat, saturated fat or sugar. Public Health England's [Healthier, more sustainable catering: information for those involved in purchasing food and drink](#) provides definitions for low, medium and high levels of fat, saturates, sugars and salt per portion/serving size for food and drink. The [Change4Life](#) website gives suggestions for healthy food and drink alternatives.

[Expert consensus]

## Quality statement 2: Nutritional information at the point of choosing food and drink options

### *Quality statement*

Adults see details of nutritional information on menus at local authority and NHS venues.

### *Rationale*

Providing details about the nutritional content of food will allow people to make an informed choice when choosing meals. This information will help people achieve or maintain a healthy weight by enabling them to manage their daily nutritional intake.

### *Quality measures*

#### **Structure**

Evidence that local authorities and NHS organisations ensure that information on the nutritional content of meals is included on menus at venues.

*Data source:* Local data collection.

### *What the quality statement means for local authorities and NHS organisations*

Local authorities and NHS organisations ensure that their venues provide details about the nutritional content of menu items.

### *What the quality statement means for adults*

Adults selecting meals in catering facilities in local authority and NHS venues such as hospitals, clinics and leisure centres have information on the nutritional content of meals to help them choose.

### *Source guidance*

- [Obesity prevention](#) (2006) NICE guideline CG43, recommendation 1.1.6.5
- [Obesity: working with local communities](#) (2012) NICE guideline PH42, recommendation 9



- Type 2 diabetes prevention: population and community-level interventions (2011) NICE guideline PH35, recommendation 8

## *Definitions of terms used in this quality statement*

### **Nutritional information**

This includes details on the calorie content of meals as well as information on the fat, saturated fat, salt and sugar content. If the nutritional value of recipes is not known, ingredients should be listed and cooking methods described.

[Adapted from expert consensus and Type 2 diabetes prevention (NICE guideline PH35), recommendation 8]

### *Equality and diversity considerations*

Information needs to be available in a variety of languages and formats to ensure that it is accessible to people of all ages and meets the needs of the community. Nutritional information should be available in a variety of formats appropriate to the target audience. The format of this information should be suitable for people with sensory impairment.

## Quality statement 3: Prominent placement of healthy options

### *Quality statement*

Adults see healthy food and drink choices displayed prominently in local authority and NHS venues.

### *Rationale*

Local authorities and NHS organisations can set an example by ensuring that healthy food and drink choices are promoted in their venues. Prominent positioning will help to ensure that people will consider healthier options when they are choosing food and drink.

### *Quality measures*

#### **Structure**

Evidence that local authority and NHS venues make arrangements to display healthy food and drink options in prominent positions.

*Data source:* Local data collection.

#### **Outcome**

Sales of healthy food and drink options.

*Data source:* Local data collection.

### *What the quality statement means for local authorities and NHS organisations*

Local authorities and NHS organisations ensure that healthy food and drink choices are displayed in prominent positions in their venues.

### *What the quality statement means for adults*

Adults can easily find healthy foods and drinks when using catering facilities in local authority or NHS venues such as hospitals, clinics and leisure centres.

## *Source guidance*

- [Obesity prevention](#) (2006) NICE guideline CG43, recommendations 1.1.2.2 and 1.1.3.2
- [Obesity: working with local communities](#) (2012) NICE guideline PH42, recommendation 9

## *Definitions of terms used in this quality statement*

### **Healthy food and drink choices**

Food and drink that helps people to meet Public Health England's [eatwell plate](#) advice, and that does not contain high levels of salt, fat, saturated fat or sugar. Public Health England's [Healthier, more sustainable catering: information for those involved in purchasing food and drink](#) provides definitions for low, medium and high levels of fat, saturates, sugars and salt per portion/serving size for food and drink. The [Change4Life](#) website gives suggestions for healthy food and drink alternatives.

[Expert consensus]

## Quality statement 4: Maintaining details of local lifestyle weight management programmes

### *Quality statement*

Adults have access to a publicly available, up-to-date list of local lifestyle weight management programmes.

### *Rationale*

Effective lifestyle weight management programmes for adults can be delivered by a range of organisations and in different locations. The local authority should maintain an up-to-date list of local lifestyle weight management programmes and make it available to the public. Raising awareness of locally provided programmes is important to ensure that the public know about the programmes in their area and how to enrol in them. Increased public awareness may lead to more self-referrals to these programmes.

### *Quality measures*

#### **Structure**

Evidence that an up-to-date list of local lifestyle weight management programmes for adults is publicly available.

*Data source:* Local data collection.

#### **Outcome**

Number of self-referrals of overweight or obese adults to locally commissioned lifestyle weight management programmes.

*Data source:* Local data collection.

## *What the quality statement means for providers of lifestyle weight management programmes, commissioners and local authorities*

**Providers of lifestyle weight management programmes** ensure that they provide local authorities with up-to-date information about local lifestyle weight management programmes for overweight and obese adults.

**Commissioners** (such as NHS England, clinical commissioning groups and local authorities) ensure that information about lifestyle weight management programmes is available across all health and care services.

**Local authorities** ensure that they maintain a publicly available, up-to-date list of local lifestyle weight management programmes for overweight and obese adults.

## *What the quality statement means for adults*

**Adults** can easily find information about lifestyle weight management programmes in their area and how to enrol in them.

## *Source guidance*

- [Weight management: lifestyle services for overweight or obese adults \(2014\) NICE guideline PH53](#), recommendations 4 and 5

## *Definitions of terms used in this quality statement*

### **Lifestyle weight management programmes**

Lifestyle weight management programmes for overweight or obese adults are multicomponent programmes that aim to reduce a person's energy intake and help them to be more physically active by changing their behaviour and working towards achievable goals. They should last for at least 3 months, with sessions that are offered at least weekly or fortnightly and include a 'weigh-in' at each session. They may include weight management programmes, courses or clubs that:

- accept adults through self-referral or referral from a health or social care practitioner
- are provided by the public, private or voluntary sector
- are based in the community, workplaces, primary care or online.

Although local definitions vary, these are usually called tier 2 services and form part of a comprehensive approach to preventing and treating obesity.

[Adapted from [Weight management: lifestyle services for overweight or obese adults](#) (NICE guideline PH53) recommendation 9, glossary and expert opinion]

### **List of local lifestyle weight management programmes**

The list should include details of programmes that have been commissioned by the local authority or clinical commissioning group and other public, private or voluntary evidence-based programmes.

[Adapted from [Weight management: lifestyle services for overweight or obese adults](#) (NICE guideline PH53) recommendation 9, glossary and expert opinion]

### ***Equality and diversity considerations***

Local authorities should take into account the cultural and communication needs of the local population when providing a publicly accessible list of local lifestyle weight management programmes.

## Quality statement 5: Publishing performance data on local lifestyle weight management programmes

### *Quality statement*

Adults can access data on attendance, outcomes and views of participants and staff from locally commissioned lifestyle weight management programmes.

### *Rationale*

It is important that providers of lifestyle weight management programmes measure outcomes of the programmes and make the results available. This will allow commissioners and the general public to monitor and evaluate particular programmes to assess whether they are meeting their objectives and providing value for money. This ensures that any issues with the programmes are identified as early as possible, so that the programmes can be improved, leading to better outcomes for adults using the programmes. It will also help adults to select lifestyle weight management programmes.

### *Quality measures*

#### **Structure**

a) Evidence that commissioners and providers of lifestyle weight management programmes jointly agree the key performance indicators to be collected for monitoring and evaluation.

*Data source:* Local data collection.

b) Evidence that commissioners and providers of lifestyle weight management programmes have used data from monitoring and evaluation to amend and improve programmes.

*Data source:* Local data collection.

#### **Process**

a) Proportion of adults recruited to a locally commissioned lifestyle weight management programme who have information on attendance, outcomes and views of participants and staff collected at recruitment and completion.

Numerator – the number in the denominator who have information on attendance, outcomes and views of participants and staff collected at recruitment and completion.

Denominator – the number of adults recruited to a locally commissioned lifestyle weight management programme.

*Data source:* Local data collection.

b) Proportion of adults who complete a lifestyle weight management programme who have data on outcomes collected 6 months after completion of the programme.

Numerator – the number in the denominator who have data on outcomes collected 6 months after completion of the programme.

Denominator – the number of adults who complete a lifestyle weight management programme.

*Data source:* Local data collection.

c) Proportion of adults who complete a lifestyle weight management programme who have data on outcomes collected 1 year after completion of the programme.

Numerator – the number in the denominator who have data on outcomes collected 1 year after completion of the programme.

Denominator – the number of adults who complete a lifestyle weight management programme.

*Data source:* Local data collection.

## Outcome

Improved performance of local lifestyle weight management programmes.

### *What the quality statement means for service providers, healthcare professionals and commissioners*

Service providers (such as local authorities and providers of lifestyle weight management programmes) ensure that they publish data on attendance, outcomes and views of participants and staff. Providers of lifestyle weight management programmes should use the data to monitor and



evaluate their programmes. Data sharing should be in line with the Department of Health's information governance and data protection requirements.

**Healthcare professionals** (such as GPs, dietitians and practice nurses) consider data on attendance, outcomes and views of participants and staff for local lifestyle weight management programmes before offering information or a referral.

**Commissioners** (such as NHS England, clinical commissioning groups and local authorities) agree key performance indicators for lifestyle weight management programmes providers, and ensure the data are published. Commissioners use the data on attendance, outcomes and views of participants and staff to improve local provision of lifestyle weight management services.

### *What the quality statement means for adults*

Adults can find published information about their local lifestyle weight management programmes, including how many people enrol in them, how much weight people lose and how good people think the programme is.

### *Source guidance*

- [Weight management: lifestyle services for overweight or obese adults](#) (2014) NICE guideline PH53, recommendations 17 and 18
- [Obesity: working with local communities](#) (2012) NICE guideline PH42, recommendation 5

### *Definitions of terms used in this quality statement*

#### **Lifestyle weight management programmes**

Lifestyle weight management programmes for overweight or obese adults are multicomponent programmes that aim to reduce a person's energy intake and help them to be more physically active by changing their behaviour and working towards achievable goals. They should last for at least 3 months, with sessions that are offered at least weekly or fortnightly and include a 'weigh-in' at each session. They may include weight management programmes, courses or clubs that:

- accept adults through self-referral or referral from a health or social care practitioner
- are provided by the public, private or voluntary sector
- are based in the community, workplaces, primary care or online.

Although local definitions vary, these are usually called tier 2 services and form part of a comprehensive approach to preventing and treating obesity.

[Adapted from [Weight management: lifestyle services for overweight or obese adults](#) (NICE guideline PH53) recommendation 9, glossary and expert opinion]

### **Data on attendance, outcomes and views of participants and staff**

Providers of lifestyle weight management programmes should use the standard evaluation framework for weight management programmes and validated tools to monitor interventions.

As a minimum, information on participants at the end of the programme should be collected and assessed, in line with the Department of Health's [Best practice criteria for weight management services](#). Details of how each participant's weight has changed 12 months after the programme is completed should also be collected.

[[Weight management: lifestyle services for overweight or obese adults](#) (2014) NICE guideline PH53, recommendation 17]

### ***Equality and diversity considerations***

When monitoring and evaluating lifestyle weight management programmes, information also needs to be collected on the programmes' suitability for minority groups, for example groups with different family origins or religions and groups with disabilities. Reasonable adaptations should be made to the programmes to make them accessible to these groups and to assess their impact on health inequalities.

## Quality statement 6: Raising awareness of lifestyle weight management programmes

### *Quality statement*

Adults identified as being overweight or obese are given information about local lifestyle weight management programmes.

### *Rationale*

When adults are identified as being overweight or obese it is important that they are given information about local lifestyle weight management programmes. Actively raising the possibility of participation in one of these programmes will support people who choose to take positive action to lose weight by self-referring to a suitable programme.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to give adults who are identified as being overweight or obese information about local lifestyle weight management programmes.

*Data source:* Local data collection.

#### **Process**

Proportion of adults identified as being overweight or obese who are given information about local lifestyle weight management programmes.

Numerator – the number in the denominator who are given information about local weight management programmes.

Denominator – the number of adults identified as being overweight or obese.

*Data source:* Local data collection. Data on BMI values are included in the Health and Social Care Information Centre [care.data extract](#).

## Outcome

a) Number of self-referrals of overweight or obese adults to lifestyle weight management programmes.

*Data source:* Local data collection.

b) Obesity prevalence.

*Data source:* Local data collection.

c) Prevalence of obesity-related comorbidities.

*Data source:* Local data collection. The numbers of people with type 2 diabetes, hypertension and coronary heart disease are shown in the [Quality and outcomes framework indicators DM001, HYP001 and CHD001](#).

### *What the quality statement means for service providers, healthcare professionals and commissioners*

Service providers provide information about local lifestyle weight management programmes to adults identified as being overweight or obese.

Healthcare professionals (such as GPs, practice nurses, secondary healthcare professionals, dietitians and community pharmacists) ensure that they provide information about local lifestyle weight management programmes to adults identified as being overweight or obese.

Commissioners (such as NHS England, clinical commissioning groups and local authorities) ensure that they commission services that provide information about local lifestyle weight management programmes to adults identified as being overweight or obese.

### *What the quality statement means for adults*

Adults who are overweight or obese are given information about local lifestyle weight management programmes, including what the programmes involve and how to take part.

## Source guidance

- [Weight management: lifestyle services for overweight or obese adults \(2014\) NICE guideline PH53](#), recommendations 5 and 6

## Definitions of terms used in this quality statement

### Adults who are overweight or obese

Adults are assessed to see if they are overweight or obese using their body mass index (BMI). The following table shows the cut-off points for a healthy weight or being overweight or obese.

Classification	BMI (kg/m <sup>2</sup> )
Healthy weight	18.5–24.9
Overweight	25.0–29.9
Obesity I	30.0–34.9
Obesity II	35.0–39.9
Obesity III	40.0 or more

BMI is a less accurate indicator of adiposity in adults who are highly muscular, so it should be interpreted with caution in this group.

Waist circumference can also be used to assess whether someone is at risk of health problems because they are overweight or obese (up to a BMI of 35 kg/m<sup>2</sup>). For men, a waist circumference of less than 94 cm is low risk, 94–102 cm is high risk and more than 102 cm is very high risk. For women, a waist circumference of less than 80 cm is low risk, 80–88 cm is high risk and more than 88 cm is very high risk.

Using lower BMI thresholds to trigger action to reduce the risk of conditions such as type 2 diabetes has been recommended for adults of black African, African-Caribbean or Asian family origin. The lower thresholds are 23 kg/m<sup>2</sup> to indicate increased risk and 27.5 kg/m<sup>2</sup> to indicate high risk.

[Adapted from [Weight management: lifestyle services for overweight or obese adults \(NICE guideline PH53\)](#)]

## *Equality and diversity considerations*

Service providers and healthcare professionals should take into account the cultural and communication needs of people who are overweight or obese when giving information about lifestyle weight management programmes.

Healthcare professionals should ensure that people of black African, African-Caribbean or Asian family origin who have higher comorbidity risk factors are given information about lifestyle weight management programmes if they have a BMI of 23 kg/m<sup>2</sup> or more.

Providers of lifestyle weight management programmes should have an inclusive approach that encourages people from all backgrounds to participate. This includes using a respectful and non-judgemental approach to engage people. Particular attention should be given to people who may be less likely to participate, such as people with learning difficulties or mental health problems and those from lower socioeconomic groups.

Providers of lifestyle weight management programmes should be able to meet the specific needs of women who are pregnant, planning to become pregnant or are trying to lose weight after pregnancy.

## Quality statement 7: Referral to a lifestyle weight management programme for people with comorbidities

### *Quality statement*

Adults identified as overweight or obese with comorbidities are offered a referral to a lifestyle weight management programme.

### *Rationale*

It is important for general practice teams and other healthcare professionals to offer a referral to a local lifestyle weight management programme to adults who are overweight or obese with comorbidities in order to improve their health outcomes.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that adults who are identified as overweight or obese with comorbidities are offered a referral to a lifestyle weight management programme.

*Data source:* Local data collection.

#### **Process**

Proportion of adults who are identified as overweight or obese with comorbidities who are referred to a lifestyle weight management programme.

Numerator – the number in the denominator who are referred to a lifestyle weight management programme.

Denominator – the number of adults who are identified as overweight or obese with comorbidities.

*Data source:* Local data collection.

#### **Outcome**

a) Number of adults who are identified as overweight or obese with comorbidities enrolling in lifestyle weight management services.

**Data source:** Local data collection.

b) Obesity prevalence among adults with comorbidities.

**Data source:** Local data collection.

c) Obesity-related comorbidities

**Data source:** Local data collection. The number of people with type 2 diabetes, hypertension and coronary heart disease is shown in the [Quality and outcomes framework indicators DM001, HYP001 and CHD001](#).

### *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** (such as local authorities and providers of lifestyle weight management programmes) ensure that a referral to a locally commissioned suitable lifestyle weight management programme is offered to adults who are identified as overweight or obese and who have comorbidities.

**Healthcare professionals** (such as GPs, practice nurses and dietitians) offer a referral to a locally commissioned lifestyle weight management programme to adults who are identified as overweight or obese and who have comorbidities.

**Commissioners** (such as NHS England, clinical commissioning groups and local authorities) ensure that adults who are identified as overweight or obese and who have comorbidities are offered a referral to a locally commissioned lifestyle weight management programme and that there is sufficient capacity to meet demand.

### *What the quality statement means for adults*

Adults who are overweight or obese and have other conditions such as type 2 diabetes, high blood pressure, high cholesterol, arthritis, heart disease or sleep apnoea are offered a referral to a local lifestyle weight management programme to help them improve their overall health.



## Source guidance

- [Weight management: lifestyle services for overweight or obese adults \(2014\) NICE guideline PH53](#), recommendation 6

## Definitions of terms used in this quality statement

### Adults who are overweight or obese

Adults are assessed to see if they are overweight or obese using their body mass index (BMI). The following table shows the cut-off points for a healthy weight or being overweight or obese.

Classification	BMI (kg/m <sup>2</sup> )
Healthy weight	18.5–24.9
Overweight	25.0–29.9
Obesity I	30.0–34.9
Obesity II	35.0–39.9
Obesity III	40.0 or more

BMI is a less accurate indicator in adults who are highly muscular, so it should be interpreted with caution in this group.

Waist circumference can also be used to assess whether someone is at risk of health problems because they are overweight or obese (up to a BMI of 35 kg/m<sup>2</sup>). For men, a waist circumference of less than 94 cm is low risk, 94–102 cm is high risk and more than 102 cm is very high risk. For women, a waist circumference of less than 80 cm is low risk, 80–88 cm is high risk and more than 88 cm is very high risk.

Using lower BMI thresholds to trigger action to reduce the risk of conditions such as type 2 diabetes has been recommended for adults of black African, African-Caribbean and Asian family origin. The lower thresholds are 23 kg/m<sup>2</sup> to indicate increased risk and 27.5 kg/m<sup>2</sup> to indicate high risk.

[Adapted from [Weight management: lifestyle services for overweight or obese adults \(NICE guideline PH53\)](#)]

## Adults with comorbidities

Adults with any other comorbidities in addition to being overweight or obese, such as type 2 diabetes, hypertension, cardiovascular disease, osteoarthritis, dyslipidaemia and sleep apnoea.

[Adapted from [Obesity: identification, assessment and management](#) (2014) NICE guideline CG189]

## *Equality and diversity considerations*

Healthcare professionals should take into account the cultural and communication needs of adults who are overweight or obese with comorbidities when making a referral to a lifestyle weight management programme.

Healthcare professionals should ensure that people of black African, African-Caribbean or Asian family origin are offered a referral to a lifestyle weight management programme if they have a BMI of 23 kg/m<sup>2</sup> or more because of their increased health risk.

Providers of lifestyle weight management programmes should have an inclusive approach that encourages people from all backgrounds to participate. This includes using a respectful and non-judgemental approach. Particular attention should be given to engaging people who may be less likely to participate, such as people with learning difficulties or mental health problems and those from lower socioeconomic groups.

Providers of lifestyle weight management programmes should be able to meet the specific needs of women who are pregnant, planning to become pregnant or are trying to lose weight after pregnancy.

## Quality statement 8: Preventing weight regain

### *Quality statement*

Adults about to complete a lifestyle weight management programme agree a plan to prevent weight regain.

### *Rationale*

It is important to ensure that adults who are about to complete a lifestyle weight management programme have a plan to help them maintain a healthy weight and avoid weight regain. This will enable them to self-manage their weight and make it less likely that they will need further lifestyle weight management interventions in the future.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that adults about to complete a lifestyle weight management programme agree a plan to prevent weight regain.

*Data source:* Local data collection.

#### **Process**

Proportion of adults completing a lifestyle weight management programme who agree a plan to prevent weight regain.

Numerator – the number in the denominator who agree a plan to prevent weight regain.

Denominator – the number of adults about to complete a lifestyle weight management programme.

*Data source:* Local data collection.

#### **Outcome**

a) Obesity prevalence.

*Data source:* Local data collection.

b) Prevalence of obesity-related comorbidities.

*Data source:* Local data collection.

### *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** (providers of lifestyle weight management programmes) ensure that adults about to complete a lifestyle weight management programme agree a plan to prevent weight regain.

**Healthcare professionals** (such as GPs, dietitians and practice nurses) ensure that they make referrals to and promote lifestyle weight management programmes that include agreeing a plan to prevent weight regain on completion.

**Commissioners** (such as NHS England, clinical commissioning groups and local authorities) ensure that a plan to prevent weight regain is agreed with adults who are about to complete a lifestyle weight management programme. This could be provided by the lifestyle weight management programme provider or commissioned separately.

### *What the quality statement means for adults*

**Adults who are about to finish a lifestyle weight management programme** agree a plan to help them avoid putting weight back on.

### *Source guidance*

- [Weight management: lifestyle services for overweight or obese adults \(2014\) NICE guideline PH53, recommendation 10](#)

### *Definitions of terms used in this quality statement*

#### **Lifestyle weight management programmes**

Lifestyle weight management programmes for overweight or obese adults are multicomponent programmes that aim to reduce a person's energy intake and help them to be more physically active by changing their behaviour and working towards achievable goals. They should last for at least 3 months, with sessions that are offered at least weekly or fortnightly and include a 'weigh-in' at each session. They may include weight management programmes, courses or clubs that:

- accept adults through self-referral or referral from a health or social care practitioner
- are provided by the public, private or voluntary sector
- are based in the community, workplaces, primary care or online.

Although local definitions vary, these are usually called tier 2 services and form part of a comprehensive approach to preventing and treating obesity.

[Adapted from [Weight management: lifestyle services for overweight or obese adults](#) (NICE guideline PH53) recommendation 9, glossary and expert opinion]

### **Plan to prevent weight regain**

A plan to prevent weight regain should:

- encourage independence and self-management (including self-monitoring)
- identify a suitable weight target that is sustainable in the long term
- identify sources of ongoing support once the programme has ended, such as online resources, support groups, other local services or activities, and family and friends
- include goals to maintain new dietary habits and increased physical activity levels and strategies to overcome any difficulties encountered
- identify dietary habits that will support weight maintenance and are sustainable in the long term
- promote ways of being more physically active and less sedentary which are sustainable in the long term.

[Adapted from [Weight management: lifestyle services for overweight or obese adults](#) (NICE guideline PH53) recommendations 9 and 10]

### ***Equality and diversity considerations***

Providers of lifestyle weight management programmes should take into account the cultural and communication needs of people who are completing a lifestyle weight management programme when agreeing a plan to prevent weight regain.

Providers of lifestyle weight management programmes should have an inclusive approach that encourages people from all backgrounds to agree a plan to prevent weight regain. This includes using a respectful and non-judgemental approach. Particular attention should be given to engaging people with learning difficulties or mental health issues and those from lower socioeconomic groups.

Providers of lifestyle weight management programmes should be able to meet the specific needs of women who are pregnant, planning to become pregnant or are trying to lose weight after pregnancy when developing a plan to prevent weight regain.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [what makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's [quality standard service improvement template](#) helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement.

### *Using other national guidance and policy documents*

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [development sources](#).

## Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between health, public health and social care practitioners and adults who are overweight or obese is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Adults who are overweight or obese should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.



## Development sources

Further explanation of the methodology used can be found in the [quality standards process guide](#).

## Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Weight management: lifestyle services for overweight or obese adults \(2014\) NICE guideline PH53](#)
- [Obesity: identification, assessment and management \(2014\) NICE guideline CG189](#)

## Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- NHS England (2014) [Report of the working group into: Joined up clinical pathways for obesity](#)
- Department of Health (2013) [Developing a specification for lifestyle weight management services: best practice guidance for tier 2 services](#)
- National Audit Office (2012) [An update on the government's approach to tackling obesity](#)
- Department of Health (2011) [Healthy lives, healthy people: a call to action on obesity in England](#)

## Definitions and data sources for the quality measures

- Health and Social Care Information Centre 2014 [care.data extract](#)

## Related NICE quality standards

### *Published*

- [Cardiovascular risk assessment and lipid modification \(2015\) NICE quality standard 100](#)
- [Obesity in children and young people: prevention and lifestyle weight management programmes \(2015\) NICE quality standard 94](#)
- [Physical activity: for NHS staff, patients and carers \(2015\) NICE quality standard 84](#)

### *In development*

- [Obesity: clinical assessment and management](#) Publication expected May 2016

### *Future quality standards*

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Community engagement: effective strategies for behaviour change
- Healthy workplaces: improving employee mental and physical health and wellbeing and lowering sickness absence
- Physical activity: encouraging activity within the general population

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

## Quality Standards Advisory Committee and NICE project team

### *Quality Standards Advisory Committee*

This quality standard has been developed by Quality Standards Advisory Committee 2. Membership of this committee is as follows:

**Mr Ben Anderson**

Consultant in Public Health, Public Health England

**Mr Barry Attwood**

Lay member

**Professor Gillian Baird**

Consultant Developmental Paediatrician, Guy's and St Thomas' NHS Foundation Trust, London

**Mrs Belinda Black**

Chief Executive Officer, Sheffcare, Sheffield

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Clinical Director, Public Health Agency

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GP and Medical Adviser in Therapeutics, Carreg Wen Surgery

**Mr David Minto**

Adult Social Care Operations Manager, Northumbria Healthcare Foundation Trust

**Ms Robyn Noonan**

Lead Commissioner Adults, Oxfordshire County Council

**Dr Michael Rudolf (Chair)**

Hon Consultant Physician, London North West Healthcare NHS Trust

**Dr Lindsay Smith**

GP, West Coker, Somerset

The following specialist members joined the committee to develop this quality standard:

**Mrs Jane DeVille Almond**

Independent Nurse Consultant and Chair, British Obesity Society

**Mr Barry Attwood**

Lay member

**Professor Kate Jolly**

Professor of Public Health and Primary Care, University of Birmingham

**Mr Mike Sandys**

Director of Public Health, Leicestershire and Rutland County Council

**Ms Samantha Scholtz**

Consultant Psychiatrist, Imperial Weight Centre, London

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**Mrs Sarah West Sadler**

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## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathways on [diet, lifestyle weight management services for overweight or obese adults](#), [obesity](#), [obesity: working with local communities](#), [physical activity](#) and [preventing type 2 diabetes](#).

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### *Endorsing organisation*

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

## *Supporting organisations*

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal College of Nursing](#)
- [Chartered Society of Physiotherapy](#)
- [Royal College of General Practitioners](#)