

Indicator development programme: Consultation on new NICE indicators

Overview

This consultation presents new indicators on:

- Provision of weight management advice for people aged 18 to 39 years living with overweight.
- Nutritional status monitoring in primary care after bariatric surgery.

We welcome comments from stakeholders. Feedback from this consultation will be reviewed by the NICE Indicator Advisory Committee in June 2025. The introduction section outlines questions that may be useful to consider.

The proposed indicators may change following consultation.

If you have any questions about this consultation, please contact the NICE Indicator Team (indicators@nice.org.uk).

General practice indicators may be assessed as suitable for inclusion in the Quality and Outcomes Framework (QOF). QOF forms part of the general medical services contract, and to the content of QOF is determined by negotiations between NHS England and the BMA's General Practitioners Committee.

How we develop indicators and the purpose of the consultation

All NICE indicators are developed in accordance with the [NICE indicator process guide](#). A key part of this process is giving stakeholders the opportunity to comment on the proposed indicators and their intended use.

Introduction

This consultation paper includes proposals for general practice weight management indicators focusing on:

- Advice for people who are living with overweight which aims to increase chances of patient weight loss by incentivising provision of weight management advice, that includes information about the severity of their overweight and central adiposity.
- Nutritional status monitoring after bariatric surgery which aims to increase chances of patients maintaining weight loss and manage potential nutritional risk.

Stakeholders are asked to consider the following questions when commenting on the proposed indicators:

1. Do you think there are any barriers to implementing the care described by these indicators?
2. Do you think there are potential unintended consequences to implementing/using any of these indicators?
3. Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.
4. If you think either of these indicators may have an adverse impact in different groups in the community, can you suggest how the indicator might be delivered differently to different groups to reduce health inequalities?

Weight management: advice for people living with overweight (18 to 39 years)

IND2023-158: The percentage of patients aged 18 to 39 years with a BMI of 23 kg/m² to 27.4 kg/m² (or 25 kg/m² to 29.9 kg/m² if ethnicity is recorded as White) in the preceding 12 months who have been given weight management advice within 90 days of the BMI being recorded.

Indicator type

General practice indicator suitable for use in the QOF.

Rationale

This indicator focuses on the provision of opportunistic and preventative weight management advice to people aged 18 to 39 years who are overweight prior to becoming eligible for the NHS Health Check. Providing information about weight, central adiposity and the risk of developing other long-term conditions (such as type 2 diabetes and cardiovascular disease) could help support weight reduction and prevent weight gain.

Source guidance

[Overweight and obesity management](#). NICE guideline NG246 (2025), recommendations 1.9.2, 1.9.10, 1.9.11, 1.11.1, 1.11.2, 1.11.3 and 1.11.4

Specification

Numerator: The number of patients in the denominator who have been given weight management advice within 90 days of the BMI being recorded.

Denominator: The number of patients aged 18 to 39 years with a BMI measured in the preceding 12 months of 23 kg/m² to 27.4 kg/m² (or 25 kg/m² to 29.9 kg/m² if ethnicity is recorded as White).

Definition: None.

Exclusions: None.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if weight management advice is not appropriate.

Question for consultation

5. NICE is currently testing the indicator using a primary care research database given the potential large number of eligible patients per practice. Would you expect large numbers of eligible patients per practice?

Weight management: nutritional status monitoring in primary care after bariatric surgery (all patients)

IND2023-159: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months.

Indicator type

General practice indicator suitable for use in the QOF.

Rationale

After bariatric surgery, unidentified nutritional deficiencies can occur and cause long-term harm (such as Wernicke's encephalopathy, peripheral neuropathy, anaemia, osteoporosis or night blindness) or death. This indicator aims to help manage potential risks by focusing on annual monitoring of nutritional status, as part of a shared-care model with primary care.

Source guidance

[Overweight and obesity management](#). NICE guideline NG246 (2025), recommendation 1.18.18.

Specification

Numerator: The number of patients in the denominator with a record of nutritional status monitoring in the preceding 12 months.

Denominator: The number of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously.

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Definition: Nutritional status monitoring includes asking about dietary intake, eating habits, behaviours, identifying any nutritional deficiencies, including vitamins, minerals and trace elements, and providing appropriate nutritional supplements.

Exclusions: None.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines or does not attend.

Questions for consultation

6. Should children and young people be included in this indicator?
7. This indicator does not aim to capture people who have had surgery privately or abroad, unless they have subsequently been included in an NHS bariatric surgery service follow-up. Is it still a useful indicator if that population is not included?