Weight management: BMI recording (long term conditions)

NICE indicator
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www.nice.org.uk/indicators/ind320

This other replaces IND151.

Indicator

The percentage of patients with coronary heart disease, stroke or TIA, diabetes, at high risk of developing type 2 diabetes, hypertension, peripheral arterial disease, heart failure, COPD, dyslipidaemia, learning disability, obstructive sleep apnoea, schizophrenia, bipolar disorder or other psychoses who have had a BMI recorded in the preceding 12 months.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our NICE indicator process guide.

Rationale

The purpose of this indicator is to support regular weight measurement in adults with long-term conditions enabling potential definition of overweight, obesity and central adiposity, identification of changes in weight and central adiposity, and help in assessment and management of a long-term condition. The conditions include those where risk of exacerbation or complication is greater with a higher BMI (for example, stroke or TIA or COPD), as well as conditions that may have higher risk of and underdiagnosis of overweight and obesity (for example, learning disability, schizophrenia, bipolar disorder or other psychoses).

Recording of weight is not current routine activity in UK primary care, it is recorded for around 30% of all patients each year (Nicholson et al. 2022). Data for patients with GP recorded CVD or CVD risk factors, indicates that about 63% have a BMI record in the last 12 months (CVDPREVENT 2025).

Routine consultations for managing long-term conditions are an opportunity to record a person's BMI.

Source guidance

NICE's guideline on overweight and obesity management (2025) recommendations 1.9.3, 1.9.7, 1.9.10, 1.9.11, 1.10.4, 1.10.7 and 1.10.9

Specification

Numerator: The number of patients in the denominator who have had a BMI recorded in the preceding 12 months.

Denominator: The number of patients with coronary heart disease, stroke or TIA, diabetes, at high risk of developing type 2 diabetes, hypertension, peripheral arterial disease, heart failure, COPD, dyslipidaemia, learning disability, obstructive sleep apnoea, schizophrenia, bipolar disorder or other psychoses.

Definitions: A high risk of developing type 2 diabetes is a high risk score (using a validated risk assessment tool) and a fasting plasma glucose of 5.5 mmol/L to 6.9 mmol/L, or HbA1c of 42 mmol/mol to 47 mmol/mol. Examples of validated risk assessment tools are available in the NHS Health Check best practice guidance.

Dyslipidaemia is a condition where abnormal (high or low) blood fats occur. This includes hypercholesterolemia - elevated levels of low-density lipoprotein cholesterol (LDL-C) or non-high-density lipoprotein cholesterol (non-HDL-C) and familial hypercholesterolemia, both of which are risk factors for cardiovascular disease. For the purposes of this indicator somebody had dyslipidaemia if they are being treated with lipid-lowering therapy, or with low-density lipoprotein (LDL) ≥4.1 mmol/L, or high-density lipoprotein (HDL).

Exclusions: None.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or a BMI measurement is not appropriate.

Expected population size: To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

Using QOF data for existing indicators it can be inferred that the denominator population for this indicator will be substantially higher than 20 people. QOF indicator SMOK002 includes all people with CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses. Data for 2024 to 2025 show that 24% of the national registered population had one of the relevant conditions: 2,442 for an average practice with 10,000 patients.

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