



# Resource impact statement

Resource impact

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## Indicator

**IND320.** 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.

## Resource impact

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 indicator is intended to replace the following existing indicator:

**IND151:** The percentage of patients with coronary heart disease, stroke or TIA, diabetes, hypertension, peripheral arterial disease, heart failure, COPD, asthma and/or rheumatoid arthritis who have had a BMI recorded in the preceding 12 months.

Pilot data for IND151 indicated around 25% of the total population have one of the conditions listed in the indicator and would therefore have their BMI recorded. The indicator amends the number of people who have had a BMI recorded in the last 12 months but it is reasonable to assume at least 2,500 people per average practice of 10,000 people would meet the criteria under the indicator.

Routine consultations for managing long-term conditions are an opportunity to record a person's BMI. There is therefore not anticipated to be an initial capacity impact for primary care as a result of the indicator. However, if additional people are identified as being overweight or obese, there will be a capacity impact for provision of weight management advice and potentially other interventions.

If it is assumed that providing weight management advice takes around 10 minutes, for every additional 100 patients receiving weight management advice, this would be equivalent to around 17 hours of additional clinical activity. This may occur in existing or follow-up appointments.