

National Institute for Health and Care Excellence

Overweight and obesity management

Consultation on draft quality standard – deadline for comments 5pm on 15 April 2025

Please email your completed form to: QualityStandards@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

Use the form to comment on the content of the quality standard (i.e. the statements and other sections e.g. rationale, measures etc.), as well as answer the following questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Can data for the proposed quality measures be collected locally? Please include in your answer any data sources that can be used or reasons why data cannot be collected.
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
4. For draft quality statement 1: The statement includes measurement at least annually. Do you agree with this timeframe? If not, please suggest a suitable alternative.
5. For draft quality statement 1: Process measure b measures waist-to-height ratio. Is this calculated and recorded in patient records and thus can be extracted, and if not, would it be feasible to do so?
6. What are the challenges to implementing the NICE guidance underpinning this quality standard? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives).

Organisation details

Organisation name (if you are responding as an individual rather than a registered stakeholder please leave blank)	The Royal College of General Practitioners
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None
Name of person completing form	Michael Mulholland/Adrian Hayter
Supporting the quality standard Would your organisation like to express an interest in formally supporting this quality standard? More information.	No

Comments on the draft quality standard

Comment number	Statement or question number Or 'general' for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
<i>Example 1</i>	<i>Statement 1</i>	<i>This statement may be hard to measure because...</i>
1	General	<ul style="list-style-type: none"> • Primary care doesn't have the capacity to do a waist to height ratio of all adults with a LTC and BMI<35 unless funded – it's reasonably time consuming and disliked by patients. • Not currently coded within notes – there is a SNOMED code but not reliably used. • Annual isn't appropriate – We recommend once, and then repeat if there is a significant change in weight. There is no value in re-doing this annually if there is no change in weight. • We are concerned that there is no mention in this document of people with a severe mental illness who are more likely, [especially when taking antipsychotics] to be living with overweight or obesity

		<p>(Prevalence of Overweight and Obesity in People With Severe Mental Illness: Systematic Review and Meta-Analysis - PMC), and there is need for consideration for those in a secure or hospital environment. Additionally, there is no mention of neurodivergence in this document, again associated with overweight and obesity (Associations between neurodivergence, learning disabilities and metabolic syndrome risk: evidence from the Health Survey for England Journal of Public Health Oxford Academic)</p> <ul style="list-style-type: none"> • We believe, more emphasis could be added regarding accessibility of information for people using other languages, reduced literacy, and sight and hearing loss. Translated/translatable materials should be standard, easy read should be as standard. • Advocacy, support and enabling for patients with additional needs such as neurodivergence, learning disability, sight and hearing loss etc should be as standard Prevention of Adult Not Brought Strategy « Learning Disability Network • People with a learning disability do not always have access to e.g. a wheelchair scales, and individual care providers would not expect to have to pay for these. • People with additional needs should be prioritised for the right care to enable weight management and healthy weight maintenance
2	Question 1	<ul style="list-style-type: none"> • We believe the draft appropriately covers areas for improvement, but will require appropriate funding
3	Question 2	<ul style="list-style-type: none"> • We believe the data can be collected locally for example from GP QOF data.
4	Question 3	<ul style="list-style-type: none"> • No, we do not think they would– it would be difficult to reach targets locally. More funding and workforce resources would be needed in order for this to be achieved by local services.
5	Question 4	<ul style="list-style-type: none"> • We believe, annually may be a struggle unless they have other long term conditions e.g. diabetes. Perhaps if the weight / BMI was over a threshold e.g. BMI > 30 then monitor annually.
6	Question 5	<ul style="list-style-type: none"> • This isn't funded in primary care – if it is to be done reliably then a funded enhanced service is needed, and the issues about surgery privately/abroad need to be addressed. • Yes, waist to height ratio can be calculated but an internal calculator would have to be embedded into the software for ease of use for the clinician use e.g. into system one.
7	Statement 6	<ul style="list-style-type: none"> • We agree with the statement. However, it may be worth mentioning the case in which patients seek bariatric surgery abroad and what level of follow-up should be arranged by primary care in the UK and if this entails discussion with secondary care or not. We often face similar situations with private providers offering tirzepatide/semaglutide.

Insert more rows as needed

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use

Please return to QualityStandards@nice.org.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.