

Lifestyle weight management services for overweight or obese adults overview

NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

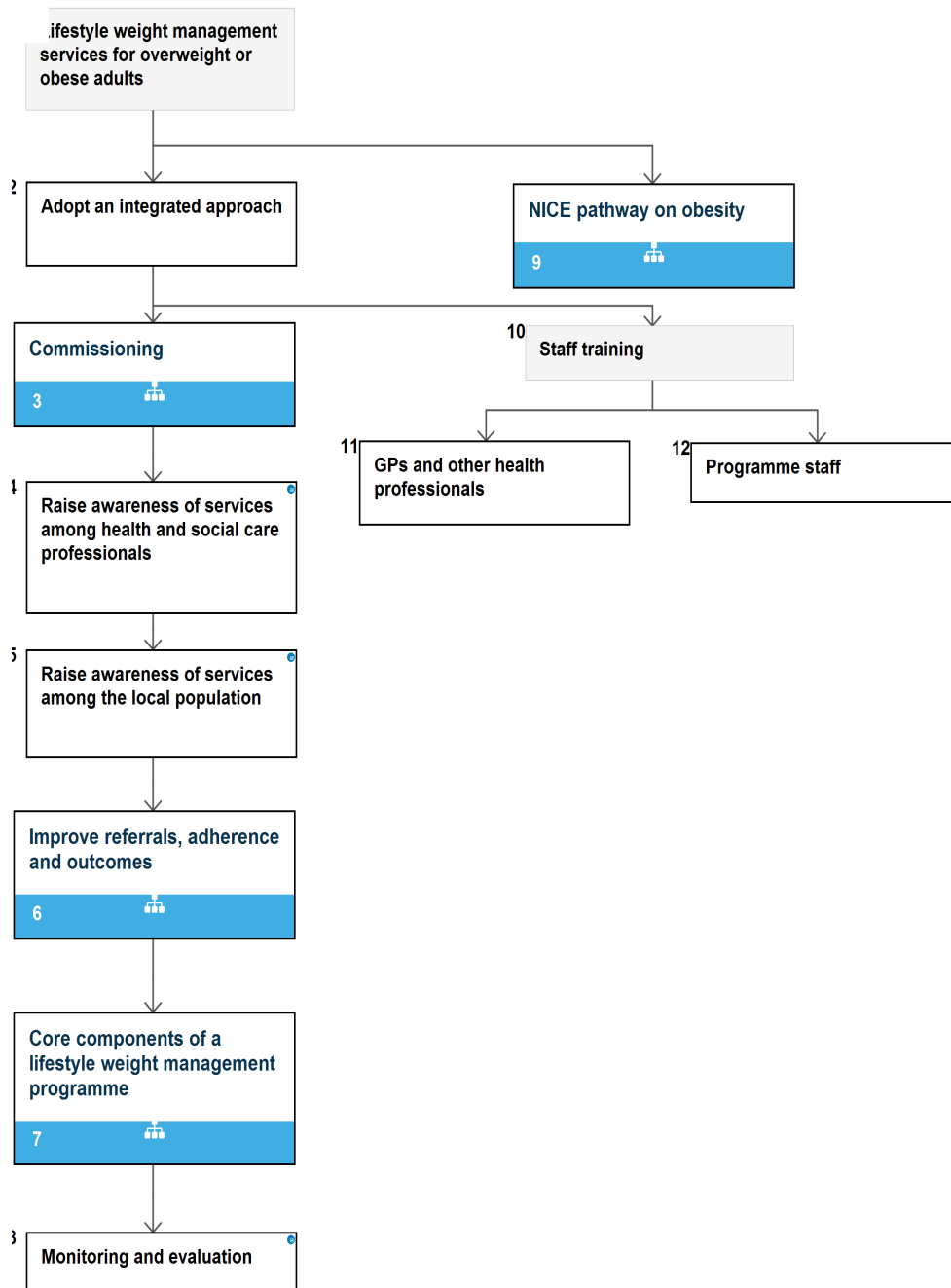
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<http://pathways.nice.org.uk/pathways/lifestyle-weight-management-services-for-overweight-or-obese-adults>

Pathway last updated: 11 November 2016

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.

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1 Lifestyle weight management services for overweight or obese adults

No additional information

2 Adopt an integrated approach

Local authorities, working with other local service providers, clinical commissioning groups and health and wellbeing boards, should:

- Ensure there is an integrated approach to preventing and managing obesity and its associated conditions (see [developing a sustainable approach](#) in the NICE pathway on obesity: working with local communities). Systems should be in place to allow people to be referred to, or receive support from (or across) the different service tiers of an obesity pathway, as necessary. This includes referrals to and from lifestyle weight management programmes. All the options in the local obesity pathway should be made clear to both professionals and the public.
- Identify local services, facilities or groups that could be included in the local obesity pathway, meet the needs of different groups and address the wider determinants of health. Examples include community walking groups or gardening schemes.

3 Commissioning

See [Lifestyle weight management services for overweight or obese adults / Commissioning lifestyle weight management services for adults](#)

4 Raise awareness of services among health and social care professionals

Local authorities, working with other local service providers, clinical commissioning groups and health and wellbeing boards, should ensure staff in local health services are aware of, and make referrals to, the lifestyle weight management service. This includes staff working in: GP teams, pharmacies, health visiting, the NHS Health Check programme and services for smoking cessation, fertility or type 2 diabetes.

Clinical commissioning groups, health and wellbeing boards, hospital and community trusts, local authorities, NHS England and Public Health England should ensure health and social care professionals in contact with adults who are overweight or obese are made aware of:

- the local obesity pathway and the local strategic approach to preventing and managing obesity
- the range of local lifestyle weight management services available
- national sources of accurate information and advice, such as [NHS Choices](#) and [Change4life](#)
- continuing professional development or training opportunities on weight management (see [GPs and other health professionals](#) [See page 7] in this pathway).

NICE has produced pathways on [diabetes](#) and [fertility](#).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

4. Maintaining details of local lifestyle weight management programmes
6. Raising awareness of lifestyle weight management programmes

5 Raise awareness of services among the local population

Local authorities and Public Health England should ensure sources of information and advice about local lifestyle weight management services are included in any communications about being overweight or obese. This includes information provided by health and social care professionals working with adults (such as GPs, practice nurses, health visitors and pharmacists).

Public Health England, local authorities, health and wellbeing boards and clinical commissioning groups should ensure the local adult population is aware of:

- The health benefits for adults who are overweight or obese of losing even a relatively small amount of weight and keeping it off in the long term (or avoiding any further weight gain). (See [provide information to adults who are considering a programme](#) in this pathway.)
- The range of lifestyle weight management services available locally.
- Local sources of information and advice such as GPs, practice nurses, health visitors and pharmacists.
- National sources of accurate information and advice such as [NHS Choices](#) and [Change4life](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. Maintaining details of local lifestyle weight management programmes

6 Improve referrals, adherence and outcomes

See [Lifestyle weight management services for overweight or obese adults / Improve referrals, adherence and outcomes to lifestyle weight management services for adults](#)

7 Core components of a lifestyle weight management programme

See [Lifestyle weight management services for overweight or obese adults / Core components of a lifestyle weight management programme for overweight or obese adults](#)

8 Monitoring and evaluation

Monitor and evaluate programmes

Who should monitor and evaluate programmes?

- Use the standard evaluation framework for weight management programmes and other validated tools to monitor interventions.
- Ensure the scales used for monitoring people's weight are regularly calibrated (see [minimise harm](#) in this pathway).
- As a minimum, collect and assess the following information on participants at the end of the programme, in line with the Department of Health's [best practice criteria for weight management services](#):
 - Weight – to calculate total and percent weight change. Do not rely on self-reported measures of height or weight.
 - Percent of participants losing more than 3% of their baseline weight.
 - Percent of participants losing more than 5% of their baseline weight.
 - Percent adherence to the programme.
 - Age, gender, ethnicity and socioeconomic status (for example, as indicated by the postcode of participants), so that the effect on health inequalities can be assessed.
- Collect details on how each participant's weight has changed at 12 months after the programme is completed (see 'improve information sharing' below).

- Consider collecting and assessing other outcomes, for example:
 - changes in other measures of body fatness, such as waist circumference
 - changes in dietary habits, physical activity and sedentary behaviour
 - changes in self-esteem, depression or anxiety
 - changes in health outcomes, such as blood pressure
 - the views and experience of participants who completed the programme
 - the views and experience of participants who did not complete the programme, and any changes in their weight
 - the views of staff delivering the programme and of those referring participants to it.

Monitor and evaluate local provision

Commissioners of lifestyle weight management services, health and wellbeing boards and local authorities should:

- Regularly review lifestyle weight management services for adults to ensure they meet local needs (as identified by the joint strategic needs assessment), any gaps in provision should be identified and adherence and outcomes should be reported to agreed standards.
- Monitor awareness of the programmes among health and social care professionals and potential users (see [raise awareness of services among health and social care professionals \[See page 3\]](#) and [raise awareness of services among the local population \[See page 4\]](#) in this pathway).
- Collect data on referral routes to identify geographical areas where awareness of available programmes is low and where referral rates might be increased.
- Collate the results of routine monitoring and programme expenditure. Analyse these results in relation to the characteristics of the local population (for example, urban versus rural groups and between the general population and minority ethnic groups).
- Amend, improve or decommission programmes based on these findings.

See also [planning systems for monitoring and evaluation](#) in the NICE pathway on obesity: working with local communities.

Improve information sharing

Referrers to, and providers of, lifestyle weight management programmes should seek the consent of participants to share between them any relevant information (see [provide information on lifestyle weight management programmes](#) in this pathway) on the participant's progress. Explain that this information will be used to help monitor and evaluate the service.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

5. Publishing performance data on local lifestyle weight management programmes

9 NICE pathway on obesity

[See Obesity/Obesity overview](#)

10 Staff training

No additional information

11 GPs and other health professionals

Those responsible for setting competences and continuing professional development programmes for health professionals (including local education and training boards; local education and training councils and professional bodies) should:

- Ensure professional development training on weight management is available for health and social care professionals. (See also [training for all partners](#) in the NICE pathway on obesity: working in local communities.)
- Train GPs and other health and social care professionals to identify when to raise weight management with someone and to do so confidently, but with empathy. They should understand why many adults have difficulty managing their weight and the experiences they may face in relation to it. This includes considering the effect of their attitudes to, and any concerns about, their own weight. (See also [local authorities and the NHS as exemplars of good practice](#) in the NICE pathway on obesity: working in local communities.)
- Train GPs and other health and social care professionals to accurately measure and record height and weight, determine BMI and accurately measure waist circumference.
- Train GPs and other health and social care professionals to understand the practical skills and behaviours that can help someone lose or maintain their weight and how to provide ongoing support and encouragement. This includes encouraging people to self-manage and self-monitor their weight and any associated behaviours over the long term.
- Train GPs and other health and social care professionals to discuss the likely benefits of a lifestyle weight management programme with service users, taking into account someone's personal circumstances. For example, they should take into account any associated medical conditions or personal factors, such as someone's commitment to change.

- Train GPs and other health and social care professionals in how to help people make an informed decision about the best weight management option for them. They should also be able to refer people to the most appropriate weight management service. This includes identifying people with more complex needs and referring them to appropriate services (such as mental health, psychological or alcohol services).
- Train GPs and other health and social care professionals to identify when someone may benefit from re-referral to a lifestyle weight management programme.

12 Programme staff

Providers of, and staff working for, lifestyle weight management services (designers, developers or deliverers in private, public or voluntary sector organisations working in the community or in [or via] primary care settings) professional bodies and training organisations, should:

- Develop training for lifestyle weight management programme staff with qualified professionals such as registered practitioner psychologists, registered dietitians and qualified physical activity specialists. Ensure this training addresses staff attitudes to, and any concerns about, their own weight.
- Train staff to communicate effectively with, and generally adopt a respectful and non-judgemental approach to, participants. They should work collaboratively with them. This means they should understand the complexity of weight management and the reasons why many people have difficulty managing their weight, the experiences they may face in relation to their weight, and the fact that they may feel anxious about attending the programme. They should also be clear and open about what the programme involves, so that participants can make an informed choice about whether or not to join.
- Train staff to deliver multicomponent programmes that cover weight management, dietary habits, safe physical activity and behaviour-change strategies. This should include the ability to:
 - tailor interventions to individual needs (considering, for example, any specific language or literacy needs)
 - review progress and provide constructive feedback to both participants and referrers
 - identify possible reasons for relapse and use problem-solving techniques to address these
 - collect information about people's weight, eating habits and physical activity to support monitoring in line with the Department of Health's information governance and data protection requirements (for example, see the [Public Health Services Contract 2014/15: guidance on the non-mandatory contract for public health services.](#))
- Train staff to accurately measure and record height and weight to determine BMI and to accurately measure waist circumference. They should also be sensitive to how people feel

about being measured and able to identify when it is practical, relevant and appropriate to measure someone.

- Ensure staff are aware of the common medical and psychological problems associated with being overweight or obese.
- Ensure staff are aware of evidence on the effect of dietary habits and physical activity on weight gain, loss and maintenance.
- Ensure staff are aware of the practical skills and behaviours that can help someone lose or maintain their weight. This includes, for example, shopping and cooking skills, understanding food labels and knowing what constitutes an appropriate portion of food. It also includes being able to identify opportunities to be less sedentary and more physically active.
- Train staff to identify when a participant should be referred to their GP for potential onward referral to other services (for example, specialist weight management or other specialist services, such as alcohol counselling).
- Ensure staff leading supervised physical activity sessions are qualified and insured (for example, they should be trained to at least level 3 on the [Register of Exercise Professionals](#) or equivalent).
- Train staff to identify any gaps in their own knowledge, confidence or skills and ensure they know how to get these gaps addressed through further training.

Glossary

BMI

body mass index is commonly used to measure whether or not adults are a healthy weight or underweight, overweight or obese. It is defined as weight in kilograms divided by the square of height in metres (kg/m²)

Complex needs

issues that affect a person's health and wellbeing. They might include: a behavioural issue such as substance misuse, specific conditions such as those limiting mobility or learning, mental health conditions, substantive or life-threatening comorbidities or dietary needs, and personal social circumstances, such as homelessness.

Dietary habits

this includes a range of factors including the food and drink (including alcoholic drinks) consumed, energy and nutrient intake, portion size and the pattern and timing of eating. Population advice on food and nutrition is available on the NHS choices website

lifestyle weight management programmes

lifestyle weight management programmes for overweight or obese adults are multi-component programmes that aim to reduce a person's energy intake and help them to be more physically active by changing their behaviour. 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, and are based in the community, workplaces, primary care or online. Although local definitions vary, these are usually called tier 2 services and are just one part of a comprehensive approach to preventing and treating obesity

Physical activity

the full range of human movement, from competitive sport and exercise to active hobbies, walking, cycling and the other physical activities involved in daily living

Physical activity instructor

a qualified instructor meets the fitness industry's agreed qualification standards and undertakes continued professional development. Instructors working with people referred from a GP or another health professional should hold level 3 membership of the Register of Exercise Professionals (or equivalent)

Stigma

stigma in relation to someone's weight may take the form of bullying, teasing, harsh comments, discrimination or prejudice based on a person's body size

Weight maintenance

the maintenance of a specific weight (whether or not weight has been lost)

Weight regain

the maintenance of a specific weight (whether or not weight has been lost)

Weight trajectory

a general pattern of weight gain or weight loss over many years. Many adults gradually put on weight as they get older. This gradual increase in weight will be lower for someone who has lost weight during a lifestyle weight management programme, if they have not regained any of that lost weight

Who should monitor and evaluate programmes?

commissioners and providers of lifestyle weight management programmes, professionals who make referrals, services that help prevent weight regain, and monitoring services (such as public health teams within local authorities or other health and social care commissioners; providers [designers, developers or deliverers of lifestyle weight management programmes in private, public or voluntary sector organisations] working in the community or in [or via] primary care settings; health and social care professionals who refer people to lifestyle weight management programmes; providers of services to support the prevention of weight regain; providers of programme monitoring services)

Who should take action?

GPs and other health or social care professionals advising or referring adults to lifestyle weight management programmes, and providers advising people who are thinking about joining programmes (designers, developers or deliverers of lifestyle weight management programmes in private, public or voluntary sector organisations) working in the community or in (or via) primary care settings

Providers of lifestyle weight management programmes

designers, developers or deliverers of lifestyle weight management programmes working in the community or in (or via) primary care settings

Sources

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

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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