National Institute for Health and Clinical Excellence

OBESITY GUIDANCE

Stakeholder Comments

Please email you comments, using this proforma to obesity@nice.org.uk by **5pm on 11th May 2006.**

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
3. Please fill in the document you are commenting on in the first column, for example, the **Full version** or the **NICE version.**
4. Please insert the **Page number (given at the bottom of the page)** in the 2nd column and the **Line number (far left of the document)**. If your comment relates to the document as a whole, please put **'general'** in this column. **Please refer to page numbers not section numbers.**

Name:		Dr Alan Maryon-Davis, Convenor Cardiovascular Health Working Group	
Organisation:		**Faculty of Public Health**	
Document. Indicate if you are referring to the **Full version** or the **NICE version**.	**Page Number** Indicate **Page number** or **'general'** if your comment relates to the whole document	**Line number** Indicate **Line number** to the far left of the document	**Comments** **Please insert each new comment in a new row.**
FULL	11		Active play: definition should include some reference to bodily movement
FULL	11		Suggest adding a definition of 'active travel'
FULL	11		Calorie value: definition needs to be consistent in its handling of Calorie (capital C), calorie (small c) and kilocalorie. People generally use the term 'calorie' (small c), and the text reflects this by using 'calorie' throughout
FULL	15		Social marketing: suggest replacing 'technologies' with 'techniques'
NICE	gen		The NICE version should contain a glossary of terms as per the full version
NICE	3-4		Rationale for integrating clinical and public health. This rationale seems too introspective – being based on organisational issues within NICE. Surely the rationale should be based on the seamless continuum of prevention, from promotion of healthy lifestyles in the wider community through to individual lifestyle advice aimed at secondary prevention for long-term conditions in

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			the clinical setting. Reference should be made to the new White Paper on out-of-hospital care. Logically the public health aspects should come first, and the section re-titled to reflect this continuum or pathway. It would also be useful to include something here about targeting approaches to reduce health inequalities.
NICE	5-6		Patient-centred care: this section seems misplaced. It should come later in the document, perhaps as an appendix.
NICE	7		The opening statement about the benefits and risks of obesity requires a reference to a recent review.
NICE	7		NHS: some mention should be made to targeted interventions aimed at higher-risk groups, such as certain ethnic minorities or deprived populations to reduce health inequalities. There is a marked social gradient for obesity.
NICE	7		Schools: suggest inserting 'standards and' before 'guidance'. Reference should also be made to the new Schools Food Trust guidance.
NICE	9		Children, first bullet: this could be re-written to emphasise the need for family-based approaches
NICE	9		Adults, first bullet, line 2: suggest replacing 'initiated' with 'followed for at least a month' (as per orlistat prescribing information)
NICE	12		4th para: re benefits – worth mentioning hypertension and diabetes
NICE	15		NHS: Reference should be made to the NHF/FPH obesity toolkit, *Lightening the Load* , which provides detailed advice on the elements of an obesity strategy and useful tools concerning the choice and targeting of interventions
NICE	19		1.1.2.13: Mention could also be made to the provision of community nutrition and dietetic advice or NHS-contracted commercial slimming organisations.
NICE	28		1.1.5.9: There is an opportunity here to mention the potential role of extended schools
NICE	32		1.1.7.1: At some point in the document there needs to be a recognition of the new commissioning environment in primary care
NICE	33-51		We have deliberately chosen not to comment on the clinical recommendations
NICE	70		Public Health Map (really a map of preventive settings): does not work very well as it stands. Difficult to navigate. Would probably work better as circles within the big circle of Broader (or Wider) Environment
NICE	72		Links diagram: seems to be an alternative to previous map. Again, doesn't quite work – there's a disconnect between the 'NHS Community' and the care circle in the middle.
NICE	73		Children's pathway: in Management box mention family-based approach
NICE	74		Adults' pathway: consideration of referral seems to come too soon (ie. before trial of lifestyle changes in primary care. Early referral is only justifiable in complex cases, cases with urgent co-morbidities or very severe obesity.

Please add extra rows as needed

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