

**National Institute for Health and Care Excellence**

**NICE Quality Standards Consultation – Obesity in children**

**Closing date: 5pm – Thursday 7<sup>th</sup> August 2014**

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<b>Please note:</b> comments submitted on the draft quality standard are published on the NICE website.	
Would your organisation like to express an interest in formally supporting this quality standard? <input type="checkbox"/> No	
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Please provide comments on the draft quality standard on the form below, putting each new comment in a new row. When feeding back, please note the section you are commenting on (for example, section 1 Introduction). If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor). If your comment relates to the standard as a whole then please put 'general'.

In order to guide your comments, please refer to the general points for consideration on the NICE website as well as the specific questions detailed within the quality standard.

Please add rows as necessary.

Section	Comments
1 Local authority	<b>Local authority venues</b> This should be expanded to include all venues for which local authorities bear some responsibility through licensing and inspection, for example: registered nurseries, playgroup and child-minding facilities; leisure and sports facilities; institutions for children in care.
General	<b>Commissioners and health care providers and local authorities</b> There is a need to recognise the importance of an early start to obesity prevention through pregnancy and infant feeding: for example, provision of Baby Friendly hospital facilities, provision for staff breastfeeding facilities at onsite nurseries and creches (local and health authority), encouragement for breastfeeding in all local and health authority public-access spaces.
General	<b>Monitoring and evaluating weight management programmes</b> This needs to be strengthened to improve the monitoring of inequalities in access to referrals, uptake of referrals, prejudicial treatment by staff, adherence to treatment, re-admissions. There is a small but growing body of evidence that obese people in different social group seek help and respond to treatment differently, get treated differently by the health staff, and show different drop-out rates, according to their income/education status.
General	<b>Monitoring and evaluating prevention initiatives</b> This appears to be missing from the standard. An attempt needs to be made to properly evaluate initiatives to prevent obesity, and to judge their cost effectiveness, and particularly to consider SES inequalities in responsiveness to interventions.

Section	Comments

**Closing date:** Please forward this electronically by **5pm on Thursday 7<sup>th</sup> August** at the very latest to [QSconsultations@nice.org.uk](mailto:QSconsultations@nice.org.uk)

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