

National Obesity Audit

Frequently Asked Questions

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Information and technology
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Background

What is the National Obesity Audit?

NHS England and Improvement (NHSE/I) have established the National Obesity Audit (NOA) to bring together comparable data from across the different types of adult and children's weight management services (WMS) across England in order to drive improvement in care for the benefit of those living with overweight and obesity.

Why is the National Obesity Audit important?

In England, nearly two-thirds of adults, and a third of children leaving primary school, are living with overweight or obesity. Obesity is a serious health concern that increases the risk of many other health conditions, including Type 2 Diabetes, cardiovascular disease, joint problems, mental health problems, and some cancers.

By collecting and presenting comparable data from the different types of services which support people to manage their weight the NOA seeks to drive improvement in care. It will also improve understanding of the effectiveness of weight management services by enabling the tracking of longitudinal outcomes from weight management services for persons included in the audit and inform local and national commissioning decisions and future developments in guidance.

What questions does the audit seek to answer?

- What proportion of people and which population groups living with overweight and obesity are being identified and recorded?
- What proportion of people living with overweight and obesity have been offered appropriate National Institute for Health and Care Excellence (NICE) recommended interventions?
- Which people living with overweight and obesity (e.g. based on age, sex, ethnicity, deprivation, disability, severe mental illness (SMI), postpartum, location, severity) access and complete weight management services?
- What are the short and long-term weight loss outcomes of weight management services?
- Do people living with overweight and obesity transition successfully between the different types of weight management services available and from children's to adult services?

- What are the health outcomes for people living with overweight and obesity?
- What is the coverage and provision of weight management services?

What are the aims of the NOA?

Quality improvement is the primary aim of the NOA and should be an integral component of every aspect of delivery. The specific improvement aims will be refined and updated as the audit develops however at a high level the audit aims to:

- Improve the identification of overweight and obesity and increase the number of people living with overweight and obesity referred to and accessing weight management services across the pathway;
- Improve equity of access to, engagement with and outcomes from weight management services;
- Improve outcomes from weight management services;
- Improve the transition of care from paediatric to adult services.

Who is involved?

The audit is commissioned by NHSE/I and delivered by NHS Digital. The audit is advised by a Stakeholder Group which is chaired by Prof Jonathan Valabhji, National Clinical Director for Diabetes and Obesity and includes service users, commissioners (local and national), health care professionals, academics, third sector organisations and policy makers. The NOA is managed by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and is included within the National Clinical Audit and Patient Outcomes Programme (NCAPOP).

What do I need to do?

What services are in scope?

This audit will make use of data already collected from hospitals, community settings and General Practices (GPs). Many services will not need to do anything differently to participate in the audit.

Tier 2 Behavioural Weight Management Services who submit to the Office for Health Improvement (OHID) and Disparities via the Minimum Dataset (MDS) will need to start submitting via the Community Services Data Set (CSDS). Find out more in the [Tier 2 Behavioural Weight Management Services](#) and [CSDS](#) sections of this document.

All weight management services and interventions (for weight loss, maintenance of a healthy weight, or a decreased rate of weight gain) in England are in scope of the audit. This includes services currently described as Tiers 2, 3 and 4 (including adults', children's and pregnancy-related) that are NHS or Local Authority commissioned. Privately funded or voluntary (i.e. non-commissioned) services are also able to submit data to the audit if they choose to. Universally available interventions classified as Tier 1 can also be included voluntarily where they are able to provide individual-level data.

What data will the National Obesity Audit collect?

In order to drive improvement in the identification and management of overweight and obesity the NOA will collect data regarding overweight and obesity in General Practice and on individuals who access weight management services which are in scope of the audit (see above). In the 1st year of the collection the main data sources will be Hospital Episode

Statistics (HES) and the Community Services Dataset (CSDS). We will also use GP Data for Planning and Research (GPDPR), subject to all approvals being in place.

What are the advantages of a centralised data collection for the NOA?

The advantage of this method of data collection is that NHS Digital can use existing datasets which means that services only have to enter data once for it to be included in the cohort.

When will the NOA start to collect data?

The National Obesity Audit will launch in April 2022.

Do I have to submit data?

Participation in the NOA is mandated through the NHS standard contract 2020/21 (service condition 26) for NHS organisations and organisations commissioned by the NHS.

Any provider of publicly funded community services (including local authority commissioned services) must comply with the requirement to submit data to the CSDS regarding the services they deliver.

Do we need to obtain consent from our patients/service users?

No. NOA uses existing data sets that do not require patient consent (HES, CSDS and GP data). Patients can ask their GP to apply the national data opt-out to prevent their GP data being used for national data, such as NOA. When the audit launches in April 2022, there will be an information leaflet that you can share with patients so they are aware that the audit is taking place and what it will collect.

Who should I contact for more information on the National Obesity Audit?

For more information about the National Obesity Audit, email obesity.audit@nhs.net

To receive regular updates on the audit, sign up to the NOA bulletins and newsletters by emailing obesity.audit@nhs.net.

What happens to the data?

How is the data going to be used? Who will have access to it?

NHS Digital will only use the NOA data for audit purposes to look at improving care for people living with overweight or obesity. Information about these individuals will be held securely by NHS Digital. All reporting will be in aggregate form so that no patient can be identified.

What will be the outputs of the NOA? Where will I be able to access them? Who will they be aimed at?

It is likely that outputs will include an interactive, dashboard style report in addition to outputs to support people with lived experience and the public. All updates will be available on the [NOA webpage](#).

Community Services Data Set

What is the Community Services Dataset (CSDS)?

The [Community Services Data Set \(CSDS\)](#), is a patient level, output based, secondary uses data set which delivers robust, comprehensive, nationally consistent and comparable

person-centred information for people who are in contact with publicly-funded Community Health Services.

As a secondary uses data set, CSDS re-uses clinical and operational data for purposes other than direct patient care. It defines the data items, definitions and associated value sets extracted or derived from local information systems and sent to NHS Digital for analysis purposes.

How do I submit data?

The Strategic Data Collection Service (SDCS) Cloud is the submission tool for the CSDS. Visit the [CSDS webpages](#) to read about submitting data to CSDS.

Before you can submit data to CSDS you will need to:

1. Find or register your Organisation Data Service code
2. Find or register your information governance lead
3. Register to submit data to SDCS Cloud using a Data User Certificate form
4. Set up two factor authentication and log in to SDCS Cloud

A detailed description of the process for registering to submit data to CSDS can be found on the [CSDS guidance webpages](#).

Some of these steps may take time and we therefore recommend that you start them now so that you can be ready to submit data to CSDS from April data.

What data do I have to submit?

The NOA will collect data that makes it possible to answer the audit questions, including information on demographics, comorbidities, access to and outcomes from services. Technical guidance including the data items required for submission will be published in early 2022. We will also be holding technical webinars in early 2022 to run through the data items required and how to submit them. There are some details included below about the wider CSDS and there will be bespoke guidance for NOA in due course, the links will be sent to all registered contacts.

Visit the [CSDS webpage](#) to read about what data to submit.

What resources are available to help me submit data? What support is available if I'm struggling to do this?

The [CSDS guidance webpages](#) includes user guidance and short videos to demonstrate the full process of registering and submitting data.

If you do not find the support you need within the guidance provided, please contact the National Service Desk on 0300 3035035 or email on ssd.nationalservicedesk@nhs.net.

What are the differences between CSDS V1.5 and V1.6? What will I have to do when it changes?

Some small changes are being made to the existing CSDS v1.5 to allow weight management services to be explicitly identified in CSDS v1.6. These changes are covered in the v1.5 guidance and available in full on the [CSDS v1.6 webpage](#).

The Information Standards Notice (ISN) and guidance has been published on the [CSDS v1.6 webpage](#) and on the [DAPB webpage](#). This will give providers the information they require for implementation.

General queries can be sent by email to enquiries@nhsdigital.net with the subject heading 'CSDS queries'.

Tier 2 Behavioural Weight Management Services

Are Tier 2 weight management services in scope?

Yes, all Tier 2 weight management services, whether adults, children's or pregnancy-related that are either NHS or Local Authority commissioned are in scope.

If I am already expected to submit data to the Office for Health Improvement and Disparities (OHID) as part of the adult weight management services grant, do I still need to submit data to the National Obesity Audit?

For services funded by the adult weight management services grant 2021 to 2022 (No 31/5440) data will continue to be submitted to OHID via the minimum data set (MDS). We understand that some local authorities have grant extensions. Data submission to OHID will continue through the grant extension period, with final submissions being made by the end of July 2022. Please note, that data for the 26-week follow up time point should also be submitted to OHID via the MDS for services funded under the 2021 to 2022 grant.

For services funded by new monies, data will be submitted via the CSDS. Therefore, there will be a short period of submitting to both collections, but this will be for different service participants rather than duplication.

If I am already expected to submit data to OHID as part of the children's weight management services grant, do I still need to submit data to the National Obesity Audit?

This is still in discussion and the guidance will be updated to reflect this in due course. At this time, you are not expected to submit to NOA as part of the Children's weight management service grant.

How do I submit data?

See the [CSDS](#) section in this document.

What are the timescales for onboarding to the CSDS?

We are aiming to onboard 50% of service providers onto the CSDS by April 2022. The remaining service providers will be gradually migrated to the CSDS as soon as possible.

What support will I receive?

See the [CSDS](#) section in this document.

Do I have to do this contractually?

Any provider of publicly funded community services must comply with the requirement to submit data to the CSDS regarding the services they deliver.

We expect that data collection and national data submission will be a condition of any future Adult Weight Management grants.

What happens if I have a grant extension? Will I have to submit data through the OHID MDS and CSDS at the same time?

For services funded by the adult weight management services grant 2021 to 2022 (No 31/5440) data will continue to be submitted to OHID via the minimum data set (MDS). For local authorities with grant extensions, data submission to OHID will continue through the grant extension period, with final submissions being made by the end of July 2022.

Why are you changing the collection process before we have even completed the first year?

Public Health England (PHE) set up the Minimum Data Set (MDS) as a pragmatic approach to data collection. The intention to transition data collection to the Community Services Data Set was articulated in [Supporting adult weight management services grant to local authorities for adult tier 2 behavioural weight management services Guidance](#). It makes sense for this to happen in line with the launch of the NOA so that this data can be combined with other data to look at all outcomes across the whole of the service.

Will I need to collect the same data that is in the OHID minimum data set? And are the data collection timepoints the same? What are the differences?

The data set collection will be very similar to the current OHID data set. Technical guidance including the data items required for submission will be published in early 2022.

How will data for Extended Brief Interventions be identified within the CSDS? What SNOMED codes should be used?

NHS Digital are currently working with their internal SNOMED team to introduce a new SNOMED code for this. This information will be sent to all registered providers in the form of audit newsletters and bulletins in due course.

Can local authorities submit data on behalf of service providers and vice versa?

There is the option to submit data to the CSDS on behalf of another organisation. This would need registering using a Data User Certificate (DUC) form for submissions of CSDS to SDCS Cloud, which will need signing off by the organisation's Caldicott Guardian. For more information, see the [SDCS Cloud webpage](#).

Should nil returns be submitted until the service has been commissioned and delivery has commenced?

No, nil returns do not need to be submitted.

Whilst the submission of a nil return is not required, local authority commissioners of Tier 2 services are requested to keep OHID informed of when services are anticipated to commence and when data will be submitted for participants on the service(s).

I have signed and returned a data sharing agreement (DSA) to OHID. Will I be required to complete another DSA?

NHS Digital does not need a DSA with providers to submit CSDS data; the legal basis for the submission of data to NHS Digital is covered within the Directions for the CSDS. However, each individual submitting CSDS data will need to be registered to submit, see the [CSDS](#) section in this document.

Do service providers and/or local authorities need to gain consent from participants to share their data?

Service providers do not need to gain consent from the service user. Once the audit launches in April 2022, there will be an information leaflet that you can share with users so they are aware that the audit is taking place, what data it will collect, how the data is used and protected.

What should we do if participants decide not to join the weight management service due to the large amount of personal data being requested?

Participants may choose to withdraw from the audit at any time by requesting a national data opt out. The patient can make this [request online](#). Opting out of their data being collected does not affect them receiving weight management services.

Tier 3 Weight Management Services

Which Tier 3 services need to submit data?

All adults' and children's Tier 3 weight management services are in scope of the National Obesity Audit.

How do I submit data?

See the [CSDS](#) section in this document.

What data is being collected?

The NOA will collect data that makes it possible to answer the audit questions above including information on demographics, comorbidities, access to and outcomes from services. Technical guidance including the data items required for submission will be published in early 2022

Do I have to submit data?

Participation in the NOA is a mandated requirement through the NHS standard contract 2020/21 (service condition 26) for NHS organisations and organisations commissioned by the NHS.

What about the National Tier 3 Obesity Database being run by the Society of Endocrinology and HICOM?

We are working closely with The Society of Endocrinology Tier 3 obesity database to ensure that providers which use this database will be able to generate an extract which can be used to submit directly into the CSDS for use in the NOA. The Society of Endocrinology Tier 3 obesity database dataset is larger than that of the audit, but it will be clear which fields in the wider dataset are required for submission to the NOA.

What if I'm working in one of the new Complications related to excess weight (CEW) clinics?

We are working closely with the NHSE/I Children and Young People's Transformation programme which are commissioning the CEW clinics. These services are Tier 3 weight management services and are therefore in scope of the audit. We are working to ensure that the CEW clinic dataset is aligned with that of the NOA.

Tier 4 Weight Management Services

I work in a hospital providing bariatric surgery, do we have to submit data?

Data on bariatric surgery will be collected through existing submissions to HES. Guidance on whether any further information beyond that already routinely submitted by providers will be published before the audit launches in April 2022. Building on the work done by Getting It Right First Time (with NHSE/I) during 2021 it is possible that the audit may seek to collect service level data regarding Tier 4 services in due course.

What about the National Bariatric Surgery Registry?

We are working closely with colleagues at the British Obesity and Metabolic Surgery Society to ensure that NOA complements the National Bariatric Surgery Registry where possible.

General Practice

I work in a GP surgery, do we have to submit data?

Data will automatically be collected from you via the General Practice Data for Planning and Research (GPDPR) collection.

How will GP data be collected?

NHS Digital will collect relevant data from you using the GPDPR dataset. NHS Digital are unsure when exactly this data will be available for use but all updates will be included on the [GPDPR webpage](#).

Will GP patients' data be included?

All patients, who are in scope of the inclusion criteria for the NOA, will be collected unless they have requested to be opted-out of national data (as per the [national data opt-out](#)).