Healthcare Improvement Scotland | Evidence
Advice and guidance

Evidence support request form

Healthcare Improvement Scotland's (HIS) Evidence and Digital Directorate provides evidence-based advice, guidance and information for NHSScotland. We welcome requests for help with issues facing health and care services in Scotland.

Please send your request using this form his.evidence@nhs.scot. We will confirm we received it and let you know the next steps and timelines.

If you want to talk to someone from our team before sending your request or if you need more information about our work, please contact his.evidence@nhs.scot

1. Date request submitted

Please make sure this is formatted in DD/MM/YYYY

24/06/2025

2. Your name and contact details

Please provide your name, current role, organisation, email or phone number.

Name	Dr Suzanne Connolly
Role or job title	Senior Health Improvement Manager/Professional Advisor
Organisation, group or network?	Public Health Scotland
Email	Suzanne.connolly4@phs.scot
Telephone number	07500854569

3. Describe the context for the request

It is important to us that our work makes a difference to health and social care provision. To help us gauge the level of interest and need in this topic area:

- Please provide details of groups and networks either involved in or aware of your request for support; this may include health and care colleagues or third and independent sector agencies.

Public Health Scotland Healthy Weight Leads National Network. This national network membership includes representatives, and service leads from each NHS Board area covering children, young people and adult weight management, and Type 2 diabetes prevention pathways.

Naveed Sattar, Professor of Cardiometabolic Medicine, University of Glasgow & Chair of Obesity Health Care Programme for OLS, UK Government

Dr Emma Baird, Consultant in Public Health Medicine, Public Health Scotland and NHS Forth Valley & Honorary Clinical Fellow, School of Health & Wellbeing, University of Glasgow

Dr Lynda Fenton, Consultant in Public Health Medicine, Public Health Scotland

Laurie Eyles, RD, Professional Adviser, Diet & Healthy Weight Team, Scottish Government

Jacqueline Walker MSc BSc RD, Professional Adviser, Diet & Healthy Weight Team, Scottish Government

Dr Dionne Mackison, Head of Place, Environment and Health Harms, Public Health Scotland

Debbie Maguire, Policy Team Leader, Diet & Healthy Weight Team, Scottish Government

- Please describe how your request links with current national priorities or policies, for example, those from Scottish Government or Healthcare Improvement Scotland.

A number of national policies and programmes aim to address the drivers of excess weight and support individuals, communities, and healthcare professionals in both preventing and treating overweight and obesity. The issue continues to be a prominent public health priority in Scotland, reflected in a range of strategic frameworks, current funding commitments, and national plans.

The Scottish Government's A Healthier Future: Scotland's Diet and Healthy Weight Delivery Plan (2018)[1] sets out a clear ambition to reduce the prevalence of obesity and significantly reduce diet-related health inequalities. The plan includes over 60 actions with a strong emphasis on population-level prevention, while also recognising the need for targeted and tailored support for individuals living with excess weight. It committed to developing evidence-informed and cost-effective minimum standards and pathways for weight management programmes—an action that led to the 2019 development of national Standards for Weight Management Services by NHS Health Scotland (now Public Health Scotland). [2]

These standards also underpin A Healthier Future: Type 2 Diabetes Prevention, Early Detection and Early Intervention Framework,[3] also published in 2018, which provides national guidance on implementing weight management pathways for people at risk of or living with Type 2 diabetes.

Looking ahead, several forthcoming policies will reinforce and expand this focus. Scotland's Population Health Framework,[4] published in June 2025 places priority on obesity prevention and treatment within a broader systems-based approach to improving health outcomes. Furthermore, the Scottish Government has committed to publishing of new diet and healthy weight implementation plan. The recently launched National Cardiovascular Disease Prevention Programme[5] also identifies obesity as a key modifiable risk factor, reinforcing the need for effective weight management pathways to be embedded within broader chronic disease prevention efforts.

To support local implementation, the Scottish Government continues to invest in NHS Board–commissioned weight management services, aligned with the 2019 Standards for Weight Management Services. This includes funding (baselined as of April 2025) to NHS Boards, the employment of Professional Advisors and the ongoing support for the development of a national weight management data collection system and reporting, to support consistency and quality of delivery nationally and locally.

Additionally, in March 2025, the Scottish Government announced £4.5M in funding over 3 years for a new national digital Type 2 Diabetes remission programme.[6] This new digital Type 2 Diabetes remission programme, delivered through the Accelerated National Adoption Innovation (ANIA) pathway, will offer an intensive weight management programme for remission to 3000 more people in Scotland with newly or recently diagnosed Type 2 diabetes, from 2025-28. The programme will provide each patient with an intensive weight loss intervention, starting with 12 weeks of total diet replacement with shakes and soups, followed by structured reintroduction of a healthy meal pattern and a maintenance programme to avoid weight gain in the longer term. Onboarding of the first digital patients to the programme is planned for early 2026.

On May 7th 2025, Innovate UK, part of UK Research and Innovation, have launched the Obesity Prevention Innovation Pathway (OPIP), in partnership with the Department of Science, Innovation and Technology (DSIT), Eli Lilly and Company Ltd. Innovate UK plan to invest up to £3 million to explore innovative community-based care pathways to improve access to weight management services within the NHS in all four nations. Scottish Government has been working closely with the UK Government and other devolved nations to brief potential bidders on the competition. A condition of the funding includes a requirement that all pathways are expected to meet NICE NG246 or Scottish Intercollegiate Guidelines Network (SIGN) recommendations and that the services offered may cover both adults as well as children and young people.[7] We anticipate a public announcement shortly, but we are aware that a number of the successful applications are in Scotland.

- Is this request concerning previous or ongoing contact or support from HIS or HIS Evidence. If yes – please provide details.

We have had several informal discussions with Ailsa Stein, Programme Manager, at SIGN around the need for updated clinical guidelines on obesity. We are also aware of the engagement undertaken by SIGN with advocacy and third sector organisations to gauge interest in this area and to help shape the scope of any potential guideline.

4. How can we help?

Please clearly describe the issue that you require our help with:

- What is the issue to be addressed? Please describe the current situation in Scotland, including any existing consideration of the topic within health and care (such as treatment pathways, national programmes of work, ongoing research, current advice, guidance or standards).

Obesity rates in Scotland have continued to climb over the last decade and are now one of the highest rates in the world, so the medical need is substantial. The recent publication of NICE guideline NG246 (January 2025)[8]provides updated recommendations on the prevention and management of overweight, obesity, and central adiposity in children, young people, and adults. However, there is a need to adopt and adapt these recommendations to the Scottish context, taking into account local health systems, population needs, and health inequalities.

A new SIGN guideline should provide evidence-based, context-specific guidance for Scotland, with a focus on both prevention and management. It should also include clear recommendations for the use of weight loss medicines and address the current gap in clinical guidance for the adjunct dietary, physical activity and psychological support required for optimal, cost- efficient treatment using weight loss medicines.

The current guideline requires revision to incorporate recent developments, including:

- *Evolving Evidence Base:* Since the last SIGN guidance on Management of Obesity 115 (2010),[9] there have been significant advancements in obesity research, including new NICE guidelines on obesity,[10] which emphasize a long-term, multidisciplinary, and person-centred approach, new pharmacological treatments (e.g., GLP-1 receptor agonists), updated lifestyle intervention strategies, and a better understanding of obesity as a chronic condition rather than a lifestyle choice.[11]

- *Integration with National Frameworks:* The Scottish Government's Healthier Future: Diet and Healthy Weight Delivery Plan (2018)[12] and the national consensus statement obesity medicines[13] for obesity treatment have introduced new policies and clinical pathways that should be reflected in updated guidelines.

- *Equity and Consistency in Service Delivery:* Standards for Weight Management Services (children and adults)[14] were introduced in Scotland in 2019 and aim to ensure a consistent approach across Scotland, updated SIGN guidelines would provide stronger clinical recommendations for primary care, secondary care, and multidisciplinary teams working in obesity management.

- *Rising Prevalence and Demand for Services:* The prevalence of obesity continues to increase in Scotland (see burden and future projections below), placing substantial

pressure across nearly all NHS services. Clear, evidence-based guidance is needed to ensure healthcare professionals can deliver effective, person-centred interventions at scale.

- *Alignment with UK-Wide and International Best Practice*: England and Wales have developed updated NICE guidance and frameworks for obesity care, including the development of new Complications from Excess Weight (CEW)[14] clinics for children, for the treatment of children experiencing severe complications related to their obesity – a model of care which does not yet not exist in Scotland, despite increasing numbers of children presenting at services with complications and additional support needs. Scotland needs up-to-date SIGN guidance to ensure alignment with the latest evidence-based practices, supporting clinicians in delivering the best possible care.

There is extensive and ongoing consideration of obesity within health and care settings across Scotland. This includes work spanning prevention, early intervention, and treatment pathways within primary and secondary care, as well as community-based services. National programmes, such as the Type 2 Diabetes Prevention Framework and the development of Public Health Scotland's Standards for weight management and accompanied national dataset and reporting, reflect sustained policy and service-level focus on addressing excess weight and its consequences. Ongoing research and innovation—including evaluation of pharmacological treatments and the role of digital interventions—also continue to shape the landscape.

However, while there is clear momentum in service delivery and policy development, existing clinical advice, guidance and standards are now out of date and do not fully reflect recent developments, including the rise in new pharmacotherapies, advances in digital delivery, or the recent Updated NICE guidelines. Updated guidance is therefore essential to ensure clinical practice, service design, and national priorities are aligned, evidence-based, and fit for purpose in a rapidly evolving context.

- What change or improvement do you hope for as a result of our work?

Given the growing complexity of obesity management—driven by the introduction of new pharmacological treatments, the expansion of digital delivery models, and the increasing emphasis on health equity and growing evidence to the negative impact of overweight and obesity on health and the economy[16] —there is a clear need for updated, evidence-based clinical guidance that reflects current knowledge and supports consistent, high-quality care across Scotland. HIS's proven track record in developing national guidelines ensures the work will be methodologically sound, clinically relevant, and aligned with wider system priorities, including the Scottish Government's forthcoming Population Health Framework and Diet and Healthy Weight Implementation Plan, and national prevention strategies for Type 2 diabetes and cardiovascular disease.

An updated SIGN guideline would provide authoritative and practical guidance to support decision-making by clinicians, commissioners, and service providers, helping to reduce unwarranted variation and ensure people living with overweight and obesity receive the most appropriate, effective, and person-centred care.

- What is the anticipated benefit to Scotland's health, wellbeing or healthcare delivery?

People are supported and empowered to make positive, informed, and sustainable changes to their health and wellbeing.

- Improved health outcomes for individuals living with overweight and obesity, including reduced risk of associated conditions such as Type 2 diabetes, cardiovascular disease, and certain cancers.
- Increased access to effective, person-centred weight management support regardless of geography or socioeconomic status, helping to reduce health inequalities and improve health equity.

- Improved health literacy, enabling individuals to better understand and manage their weight and related health behaviours.

- Improved consistency, equitability, and effectiveness of weight management services across Scotland, leading to more predictable and higher-quality support for people.

- Earlier identification, enabling timely, targeted, and appropriate interventions.

- Better long-term resource planning to support the sustainable development, delivery, and evaluation of services.

- Enhanced monitoring, evaluation, and continual improvement of weight management services, promoting shared learning and innovation across NHS Boards.

- Services are designed for and delivered to those who need them most, supporting targeted action to reduce health inequalities.

- Earlier consideration of weight loss in the management of multiple conditions where obesity has a clear and important role.

- What is the relevant population or group?

People living with obesity or overweight. Specific consideration will be given to the groups identified in the equality impact assessment.

- Are there any areas this work should not cover (ie to help us define the scope)?

The not at-risk general population.
People whose body weight is within or below the healthy range (underweight).
People with certain eating disorders.
Pregnant women.

To help us better understand the relevance of the issue, where possible, please clarify:

- What is the burden of the condition, eg mortality, incidence, prevalence?
- To what extent is there uncertainty, eg around the evidence base or best practice?
- Is there inappropriate variation in terms of service provision or outcomes?
- How does this issue affect wider inequalities?

Burden of the condition:
Healthy weight is highlighted as the major area of priority within the Population Health Framework published in June 2025.[17] In addition to addressing the food environment and other upstream drivers of obesity, our focus on achieving a healthy weight or reducing the level of overweight and obesity as a system in Scotland will require a clear guideline on the prevention

and management of overweight, obesity and central adiposity in children, young people and adults.

Obesity affects a significant and growing proportion of Scotland's population, with major implications for health and healthcare services. Data show:

- Recent estimates for Scotland indicate that around two-thirds of people live with a higher weight, and approximately one-third are living with obesity.[18]

- Nearly one third of children being at risk of overweight (including obesity).[19]

- The prevalence of excess weight is disproportionately higher in Scotland compared to other regions of the UK, and among the highest when compared with countries in the European Union.[20]

- The rates of adult obesity in Scotland's most deprived areas persistently exceed those in the least deprived areas. The most widespread metric used for determining whether an individual's weight is higher than recommended is a person's body mass index (BMI) or, alternatively, the waist-to-height ratio.[21]

- Excess weight is associated with increased risk of a wide range of common health conditions, including the risk of mortality, from conditions such as: diabetes and kidney diseases; cardiovascular diseases; cancers; musculoskeletal disorders; respiratory infections and chronic diseases; digestive diseases; and neurological disorders.[22]

- The health impacts are substantial with approximately 10% of all-cause health loss in Scotland attributable to excess weight.[23] This may be an underestimate of costs.

- In addition to preventing many people in Scotland from living longer lives in better health, they present substantial demands and pressures on health and social care services. A recent estimate placed the annual cost of obesity in Scotland at £5.3 billion, with the largest share from associated reductions in quality of life from living with obesity.[24]

- Findings from the Scottish Burden of Disease study illustrate that, if left unaddressed, changes in population and ageing would be expected to significantly increase disease burdens by around 21% by 2040, placing intense demands on the healthcare system.[25]

- Obesity projected to increase in women by 19% (+133k) and in men by 5% (+32k) by 2040 without intervention.[26]

- Living with excess weight is the main modifiable risk factor for Type 2 diabetes (T2D). In Scotland, adults living with obesity are five times more likely to be diagnosed with T2D than adults of a 'healthy weight'. Currently 90% of adults with T2D are overweight or living with obesity. People with severe obesity are at greater risk of T2D than people living with obesity with a lower BMI. Type 2 Diabetes, a condition with well-evidenced association with excess weight, the prevalence in Scotland is projected to rise by 36% by 2044.[27]

- 55% of the population attributable fraction for long term multiple conditions is linked to having a higher BMI.[28]

- Projected estimates are not inevitable and underscore the need to accelerate progress on implementing preventative measures to address the food environment, and on further

development of weight management and support services, to improve the health and wellbeing of the Scottish population. [29]

- Between October 2019 and September 2022, Public Health Scotland data[30] show wide variation in referrals to NHS board-commissioned weight management services for both children and adults, highlighting inconsistencies in service access and delivery across the country. These disparities are particularly concerning given the association of excess weight with increased risk of numerous chronic health conditions, including Type 2 diabetes, cardiovascular disease, and several cancers. Currently, 90% of adults with Type 2 diabetes are overweight or living with obesity, and adults with obesity are five times more likely to develop the condition.[31]

- The level of referrals is significantly lower (19388 people referred Oct 2021 –Sept 2022) than the number of people who may seek weight management due to living with a higher body weight, indicating a huge unmet need within the population. Most referrals (75%) were referred via GP compared to 12% self-referred indicating a burden on primary care services and barrier to access for people in some health board areas.[32]

Variations:

In 2019, Public Health Scotland (formerly NHS Health Scotland) published Standards for the delivery of tier 2 and tier 3 weight management services to support a more consistent, evidence-based approach[33] across the country. However, despite these national standards and the introduction of standardised national data collection, the provision of weight management services for the prevention and treatment of overweight and obesity continues to differ significantly across NHS boards in Scotland. Variations persist in the types of programmes offered, access criteria, referral pathways, and modes of delivery, resulting in inequitable access and differing levels of support depending on geographic location. These disparities suggest ongoing challenges in the implementation and resourcing of services at the local level, limiting the potential impact of the national standards.

The COVID-19 pandemic and the rapid rise in the availability and interest in pharmacological treatments for obesity, such as GLP-1 receptor agonists, have further complicated the landscape, placing additional pressure on services to adapt quickly. Without a coordinated and equitable approach, there is a real risk that these developments will contribute to widening health inequalities, with those in more deprived or under-resourced areas facing greater barriers to access effective care. In this context, the timing of updated SIGN guidelines on the management of obesity would be particularly welcome, offering renewed clinical direction to support more coherent, equitable, and inclusive service delivery across Scotland.

Areas of uncertainty to be covered:

Q 1. What approaches are effective and cost-effective in identifying overweight and obesity in children, young people and adults, particularly those at higher risk or from under-represented groups?

Q 2. What are the barriers and facilitators to identifying overweight and obesity in Children, young people and adult, particularly those at higher risk or from under-represented groups?

Q 3. What approaches are effective and cost-effective in increasing uptake of weight

management services in children, young people and adults, particularly those at higher risk or from under-represented groups?

Q 4. What intervention components (such as diet, physical activity, psychological and pharmacological therapy) and approaches are effective, cost-effective and acceptable for children, young people and adults living with overweight and obesity?

Q 5. What is the effectiveness and cost-effectiveness of interventions to prevent overweight and obesity in children and young people, including school-based programmes, particularly those at higher risk or from under-represented groups?

Q 6. What is the effectiveness, cost-effectiveness and acceptability of psychological approaches for children, young people and adults living with overweight or obesity?

Q 7. What is the effectiveness, acceptability, and accessibility of digital, face to face and group interventions for weight management across diverse population groups?

Q 8. What are the key components of a strength-based physical activity intervention that supports the preservation of muscle mass and prevention of sarcopenia in people experiencing clinically significant weight loss, such as when undergoing pharmacological treatment for obesity?

Q 9. What non-stigmatising communication strategies and approaches are effective and acceptable to support healthcare professionals to discuss weight and enable referral to weight management interventions, when relevant?

Q 10. What are the key components and demonstrated impacts of effective obesity training for healthcare professionals in supporting non-stigmatising, equitable and high-quality care for people living with overweight and obesity.

Areas that will not be covered:

- National policy.
- Population-based screening programmes for overweight or obesity.
- Complementary therapies to prevent and treat overweight and obesity.
- Managing eating disorders, including binge-eating disorder (will need to be discussed).
- Programmes, services or treatments for people whose body weight is below the healthy range (underweight).
- Preventing and managing comorbidities (for example, Type 2 diabetes) associated with overweight or obesity or related medical conditions.
- Diagnosing and managing childhood syndromes (for example, Prader– 2 Willi syndrome) or childhood diseases (for example, hypothyroidism) that lead to obesity
- Infant feeding (with breast milk or infant formula) and weaning.
- Weight management during pregnancy.

Setting:

Services for the prevention and treatment of overweight and obesity take place in both NHS Scotland settings – through weight management services, primary and secondary care and psychology – and in the community through delivering services where appropriate at local leisure centres, community centres, schools, workplaces and faith centres.

5. Time frames, impact and outputs

Our outputs vary from brief, high level rapid responses to more substantial products that may take several months, depending on the complexity and collaboration required. You can find out more about our work in the appendix to this form or on our website.

- Please help us manage your request for support by providing a timeframe in which you require an output.

By December 2026 or earlier.

- Please can you explain the rationale for this date, for example, informing a particular meeting.

The rationale for this date for the delivery updated SIGN Guidelines for Obesity Management would provide NHS Health Boards and delivery partners with the opportunity to plan ahead of the next financial year. Additionally, this timing aligns with national reporting cycles such as Annual Delivery Plans (ADP) and data collection processes, ensuring that any necessary adjustments to service delivery, national reporting, national data can reflect any updates in the Guidelines.

We would like to know how our work will be used. Please help us to understand the likely impact of this work by considering the following:

- What existing networks, groups or strategies will help with the communication and dissemination of our work or implementation of our final output?

Several established and emerging networks and strategic groups in Scotland are well positioned to support the communication, dissemination, and implementation of an updated SIGN guideline on the management of overweight and obesity.

Public Health Scotland's National Healthy Weight Leads Network plays a central role in supporting local weight management services across NHS Boards and is well placed to facilitate the integration of updated clinical guidance into practice. The network provides a strong platform for knowledge exchange, peer support, and shared learning across regions. In addition, ongoing engagement with Public Health Scotland and the Scottish Government will ensure alignment with national policy direction and strategy, helping to embed the guideline within broader prevention and treatment frameworks.

Forthcoming governance arrangements for the new 10-year Scotland's Population Health Framework will offer an important vehicle for embedding updated guidance into longer-term system-wide planning. Similarly, the Chief Medical Officer's Cardiovascular Disease Risk Factors Programme Steering Group—which includes obesity as a key focus—will offer a valuable channel to support implementation within the context of chronic disease prevention.

- How would successful support be defined, and what measures could be used to evaluate impact?

Impact could be evaluated primarily through the annual PHS report on weight management services and local, real-time reporting through the national Turas weight management data collection system. Measures included but not limited to:

- Improved access to weight management services, particularly in deprived communities.
- Consistent pathways and prescribing practices for new pharmacological treatments.
- Enhanced patient outcomes, including weight reduction and improved management of obesity-related conditions.
- Reduction in service variation across NHS Scotland.

The benefit of a national core dataset is that it can be responsive to changes intervention and service design - the recent addition of data points to reflect the rapid rise in the use of obesity medicines, is a case in point. Impact on prevention and remission of Type2 diabetes can be monitored through TURAS and with data linkage to SCi-Diabetes

Please tick the output (see appendix for definitions) below that best suits your purpose.

A.	Evidence search or evidence search and summary	☐
B.	Health technology assessment	☐
C.	Clinical guideline	☒
D.	Standards or indicators	☐
E.	Good practice recommendations on antimicrobial medications	☐
F.	Right Decision Service (RDS) toolkit	☐
G.	DMBI support (*internal HIS focus*)	☐
H.	EEvIT support (*internal HIS focus*)	☐
I.	Other - please specify below:	☐
J.	Unsure	

Click or tap here to enter text.

6. Additional information to get us started

We welcome any additional information to help us understand the current situation and to gauge how we can help, including (where appropriate):

- existing background documentation, references or data sources,
- any additional issues related to staffing, training, facilities, infrastructure or costs, or
- people with knowledge or expertise in this topic area who could be consulted, including patient groups or third sector organisations.

References and data sources:

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[3] Scottish Government (2018) A Healthier Future: type 2 Diabetes prevention, early detection and intervention: framework. Available at: https://www.gov.scot/publications/healthier-future-framework-prevention-early-detection-early-intervention-type-2/ (accessed 19 May 2025).

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[6] Weight Management Pathway Design Accelerator. Available at: Competition overview - Weight Management Pathway Design Accelerator - Innovation Funding Service (accessed 19 May 2025).

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[15] Complications from Excess Weight (CEW) clinics for children. Available at: https://www.england.nhs.uk/get-involved/cyp/specialist-clinics-for-children-and-young-people-living-with-obesity/ (accessed 19 May 2025).

[16] Nesta (2023) Costs of obesity in Scotland. Available at: https://media.nesta.org.uk/documents/Costs_of_obesity_in_Scotland_Frontier_Economics.pdf

[17] Scottish Government (2025) Scotland's Population Health Framework 2025-2035. Available at: https://www.gov.scot/publications/scotlands-population-health-framework/ (accessed 23 June 2025).

[18] Scottish Government (2024). The Scottish Health Survey 2023 – volume 1: main report. Available at: https://www.gov.scot/publications/scottish-health-survey-2023-volume-1-main-report/pages/15/ (accessed 19 May 2025).

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Additional background documentation

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Stakeholder Engagement List

Alpana Mair Head of Effective Prescribing and Therapeutics Division
Beat
British Dietetic Association
British Psychological Society
Chartered Institute for the Management of Sport and Physical Activity
Chloe Duffus, Team Leader, Regional CAMHS, Perinatal and Infant Mental Health and Eating Disorders Policy Team, Scottish Government
Chief Allied Health Professions Officer, Scottish Government
Chief Medical Officer Directorate, Scottish Government
Chief Nursing Officer Directorate, Scottish Government
Chief Pharmaceutical Officer Directorate, Scottish Government
Diabetes Scotland
Digital Health & Care Innovation Centre
Dr Fiona Duffy, Senior Lecturer/Programme Director MSc in Applied Psychology for Children and Young People
Helen Storkey, Information Consultant, Public Health Scotland (lead for analysis of the national core dataset for weight management)
Dr Jane Morris, Chair of Royal College of Psychiatrists, Scotland and Vice-president of the Royal College of Psychiatrists
Karen Duffy, Delivery Director, Preventative & Proactive Care, Scottish Government
Nesta
Obesity Action Scotland
Obesity Health Alliance
Public Health Scotland, Health Weight Leads Network
Professor Jason Gill, School of Cardiovascular & Metabolic Health, University of Glasgow
Scottish Government Diet and Healthy Weight Unit leads
Right Decision Service
Dr Ross Shearer, Consultant Clinical Psychologist Cardiac Rehabilitation and Specialist Weight Management Service, NHS GGC
Professor Sarah Wild, University of Edinburgh
Sci-Diabetes (also lead for Turas Weight Management data-collection tool)
Scottish Directors of Public Health
Scottish Health Technologies Group
Scottish Government's Short life working group: GLP-1 RAs for the treatment of obesity in NHS Scotland
The Alliance

Please send the completed form to his.evidence@nhs.scot

The information submitted on this form will be used to process and collaborate with you regarding your request. Your information will be retained for 3 years by Microsoft on behalf of NHSS and managed in accordance with Healthcare Improvement Scotland's Information Governance policies. After that time all personal information will be removed and an anonymised version of the research question and evidence analysis will be kept indefinitely. Information may be disclosed to third parties in accordance with the Freedom

of Information (Scotland) Act 2002 (FOISA). For more information or to raise concerns about how Healthcare Improvement Scotland processes personal data, please see our main privacy notice.

Appendix – Evidence Directorate outputs

Evidence search

A structured search of the published literature and list of the references retrieved provided (with abstracts where available).

Evidence search and summary

A literature search and a brief summary report describing the quantity and Type of evidence retrieved and main conclusions provided.

Health Technology Assessment (HTA)

An evidence assessment and/or appraisal to determine the value of a health technology within NHSScotland. HTA may include a review of clinical effectiveness, safety and cost effectiveness, alongside consideration of patient and organisational issues, and clinical expert input.

Clinical guideline

A guideline developed using a systematic method to help practitioners and patients make decisions about appropriate health care.

Standards or indicators

Standards are statements of the level of service the public should expect. They are based on evidence relating to effective clinical and care practice, feasibility and service provision. Indicators support service standards and are tools for quality improvement.

Good practice recommendations on antimicrobial medications

Provide good practice recommendations for use of antimicrobials and management of infections

Right Decision Service (RDS) toolkit

Digital packages of content, interactive tools and rules-based (algorithmic) prompts that support decisions by health and care professionals, managers, supported self-management and shared decision-making. Delivered as web and mobile apps through the Right Decision Service platform or potentially as prompts within patient record systems.

DMBI support

Advice/support with using quantitative data about the safety / quality of care

EEvIT support

Support with evidence, evaluation and knowledge mobilisation requirements for design and delivery of change in quality management systems.