WEIGHT MANAGEMENT IN THE 21ST CENTURY

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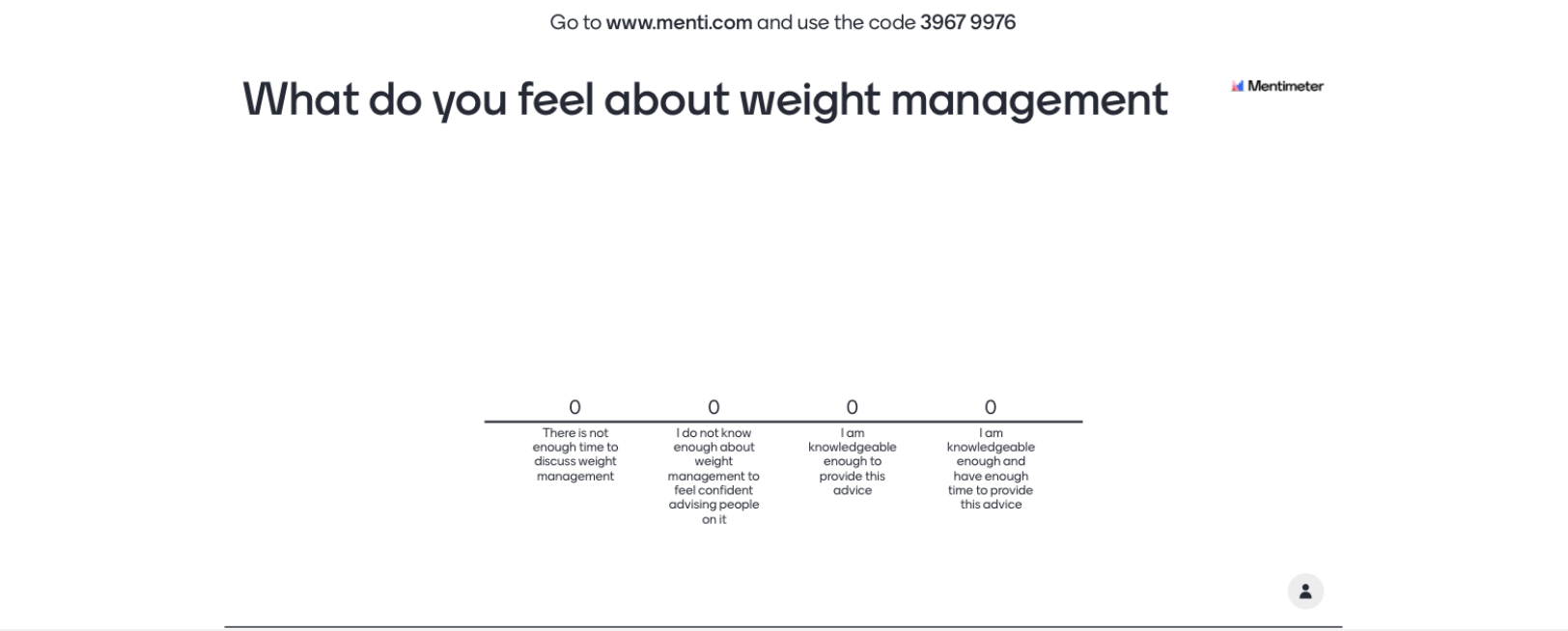
CONSULTANT ENDOCRINOLGIST

CLINICAL LEAD , BIDS

WHAT DO YOU FEEL ABOUT WEIGHT MANAGEMENT



SESSION OBJECTIVES

- Review the statistics of excess weight and its impact
- Explore the role of primary care and community teams in raising the awareness and management of excess weight
- Highlight approaches to sensitive weight discussions
- Discuss Barnsley tiered weight management and the referral criteria
- Highlight useful guidelines and resources

ADULT BODY MASS INDEX CLASSIFICATION

In this presentation of data body mass index (BMI) is classified according to the following table, using BMI thresholds for adults recommended by the National Institute for Health and Care Excellence (NICE).

BMI Range	BMI Category
Less than 18.5kg/m^2	Underweight
18.5 to <25kg/m^2	Healthy weight
25 to <30kg/m^2	Overweight
30 to <40kg/m^2	Obese
40kg/m^2 or more	Severely obese

https://www.nice.org.uk/guidance/cg189/ifp/chapter/Obesity-and-being-overweight

HEALTH RISK CATEGORIES

HEALTH SURVEY FOR ENGLAND/NICE

	Waist circumference		
	Low	**High**	**Very high**
BMI	**Men: <94cm** **Women: <80cm**	**Men: 94-102cm** **Women: 80-88cm**	**Men: >102cm** **Women: >88cm**
Underweight (<18.5kg/m²)	Underweight (Not Applicable)	Underweight (Not Applicable)	Underweight (Not Applicable)
Healthy weight (18.5-24.9kg/m²)	No increased risk	No increased risk	Increased risk
Overweight (25-29.9kg/m²)	No increased risk	Increased risk	High risk
Obese I (30-34.9kg/m²)	Increased risk	High risk	Very high risk
Obese II & III (≥35kg/m²)	Very high risk	Very high risk	Very high risk

Patterns and trends in adult obesity
Health Survey for England 2019: Overweight and obesity in adults and children. NHS Digital 2020

OVERWEIGHT AND OBESITY AMONG ADULTS

HEALTH SURVEY FOR ENGLAND 2018

Almost 7 out of 10 men are overweight or obese (66.9%)

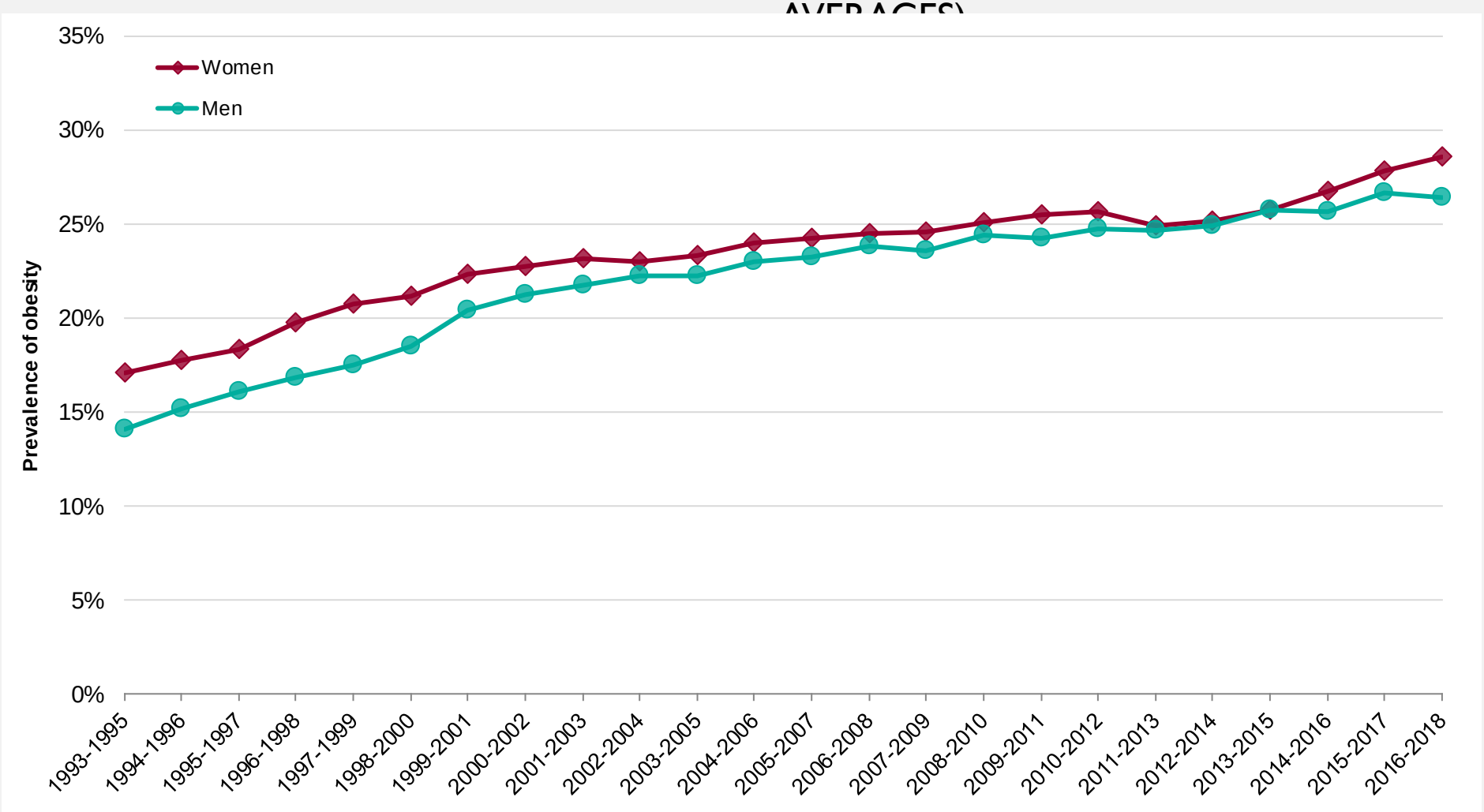
Almost 6 out of 10 women are overweight or obese (59.7%)

Adult (aged 16+) overweight including obesity: BMI ≥ 25kg/m^2

Patterns and trends in adult obesity
Health Survey for England 2019: Overweight and obesity in adults and children. NHS Digital 2020

TREND IN OBESITY PREVALENCE AMONG ADULTS

HEALTH SURVEY FOR ENGLAND 1993 TO 2018 (THREE-YEAR AVERAGES)

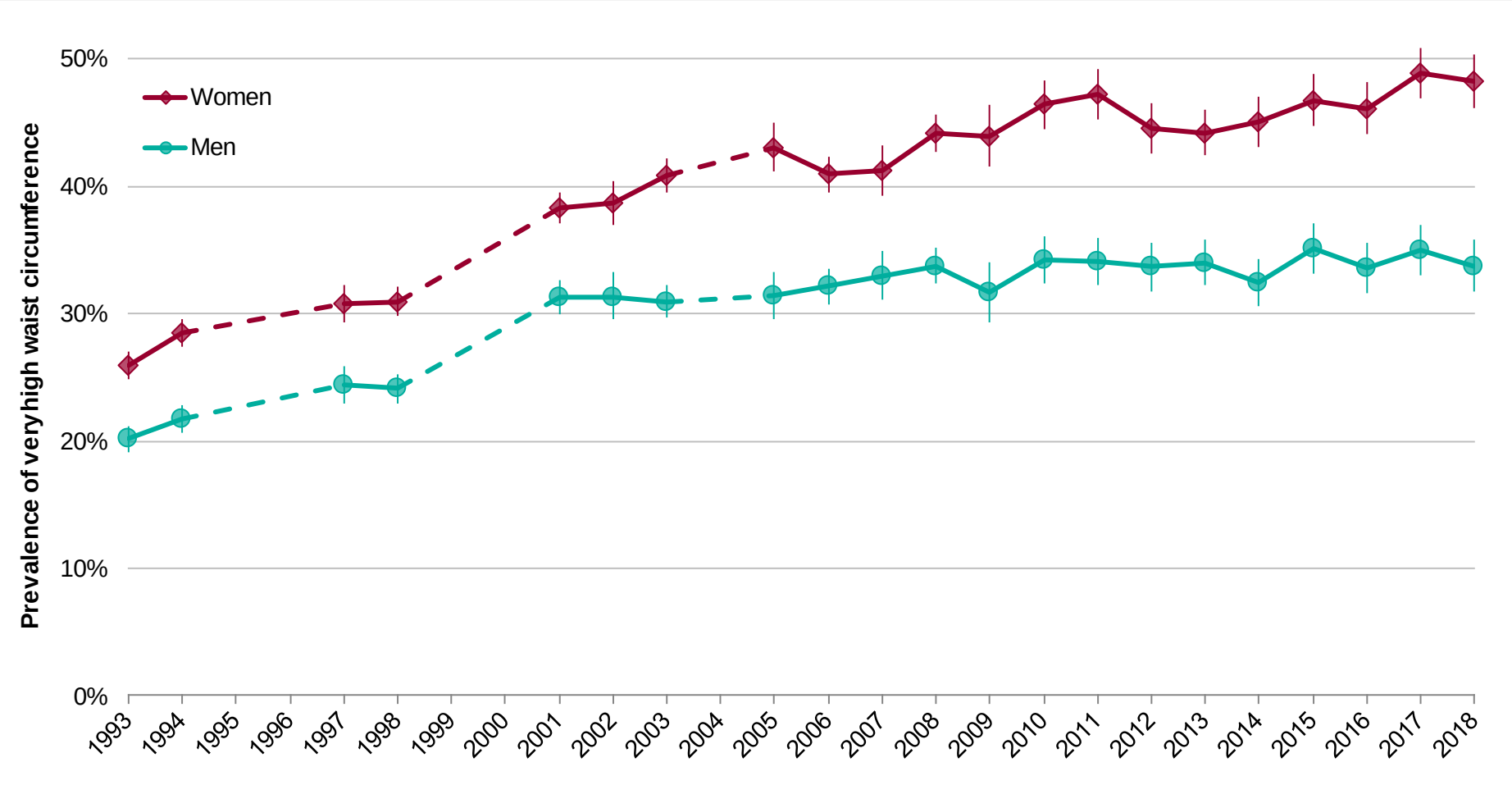


Adult (aged 16+) obesity: BMI ≥ 30kg/m^2

Patterns and trends in adult obesity
Health Survey for England 2019: Overweight and obesity in adults and children. NHS Digital 2020

TREND IN VERY HIGH WAIST CIRCUMFERENCE AMONG ADULTS

HEALTH SURVEY FOR ENGLAND 1993 TO 2018



Adults aged 16+. 95% confidence intervals are shown

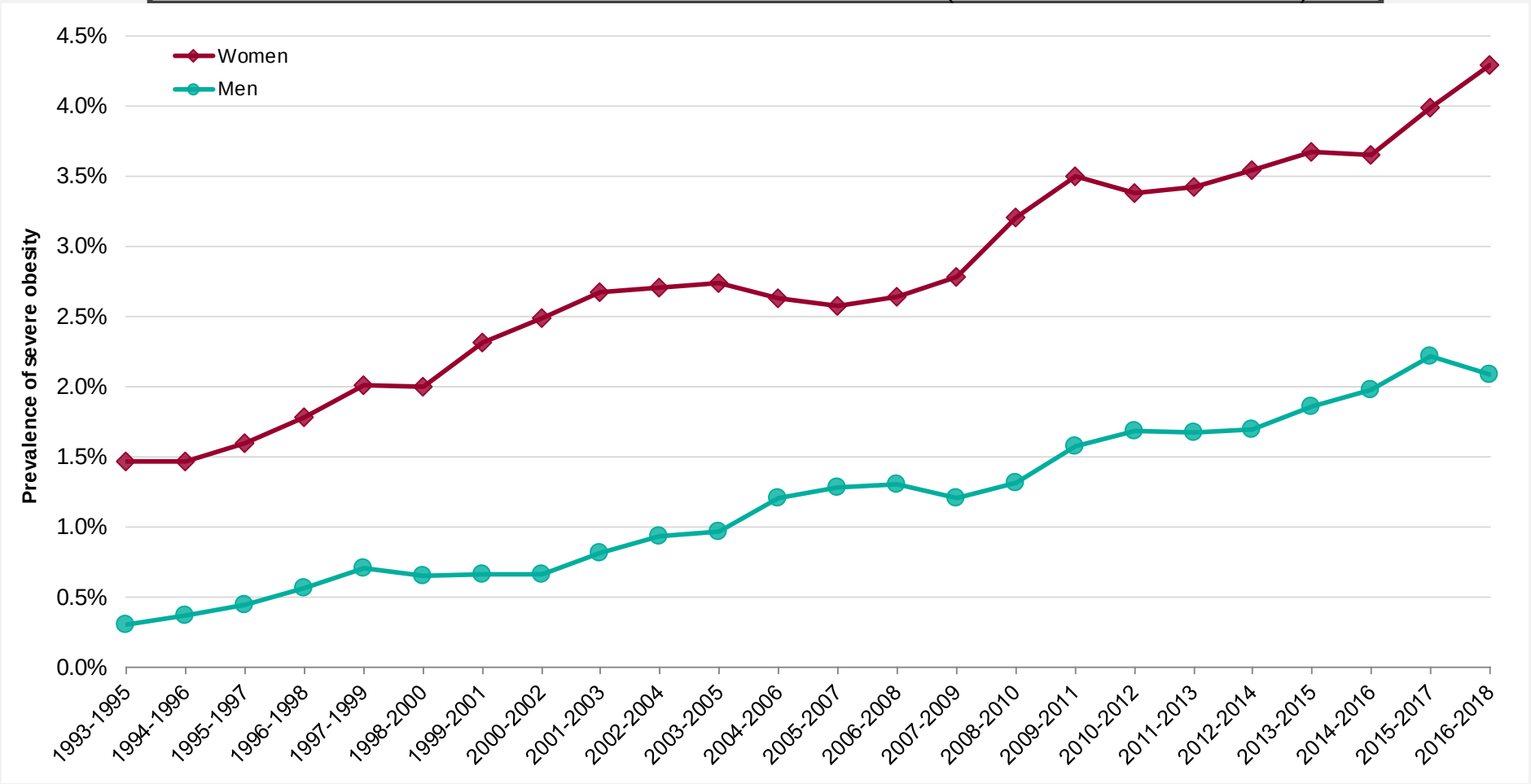
Very high waist circumference is taken to be greater than 102cm in men and greater than 88cm in women

Patterns and trends in adult obesity

Health Survey for England 2019: Overweight and obesity in adults and children. NHS Digital 2020

TREND IN SEVERE OBESITY AMONG ADULTS

HEALTH SURVEY FOR ENGLAND 1993 TO 2018 (THREE-YEAR AVERAGE)



Adult (aged 16+) severe obesity: BMI ≥ 40kg/m^2

Patterns and trends in adult obesity
Health Survey for England 2019: Overweight and obesity in adults and children. NHS Digital 2020

OBESITY STATISTICS

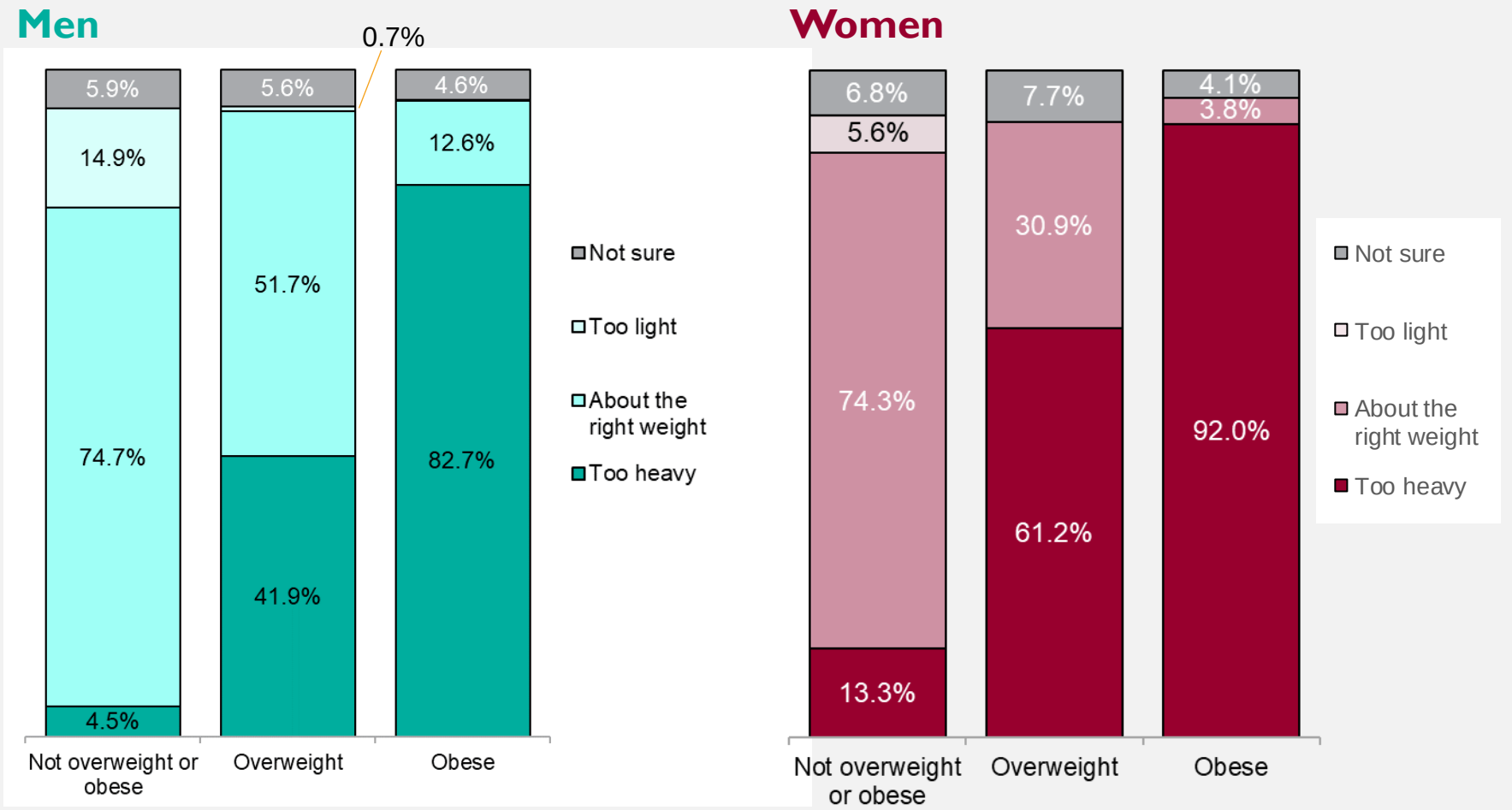
- In Reception, obesity prevalence has increased 9.9% in 2019/20 to 14.4% in 2020/21

  (Barnsley - 1 in 5 Children in reception year are overweight or obese)
- In Year 6, obesity prevalence has increased 21.0% in 2019/20 to 25.5% in 2020/21

  (Barnsley - 1 in 3 Children in year 6 are overweight or obese)
- 7 in 10 Adults are overweight or obese in Barnsley compared to 6 in 10 in England
- 50% of A

PERCEPTION OF OWN WEIGHT

HEALTH SURVEY FOR ENGLAND 2016



Adult (aged 16+) BMI thresholds:

Underweight: <18.5kg/m^2 Healthy weight: 18.5 to <25kg/m^2 Overweight: 25 to <30kg/m^2 Obese: ≥30kg/m^2

Patterns and trends in adult obesity

Health Survey for England 2019: Overweight and obesity in adults and children. NHS Digital 2018

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THE UNIQUE ROLE OF PRIMARY CARE AND COMMUNITY TEAMS

- ❑ Assess and treat self-esteem, "emotional fragility" and underlying depressive problems[1]
- ❑ Develop a perspective on competing health risks (e.g. explore the benefits of smoking vs weight mgt assess QRISK and PHQ9)[1]
- ❑ Encourage or defer weight change goals depending on other health issues (e.g. pregnancy, cancer treatment or disability)[1]
- ❑ Monitor co-morbidities during significant weight loss (blood pressure and diabetes)[1]

Recognise family issues that are relevant to lifestyle change[1]

"Primary care provider advice on weight loss appears to have a significant impact on patient attempts to change behaviours related to their weight."[2]

PHQ9=patient health questionnaire-9.

1. Royal College of Physicians (2013) *Action on obesity: comprehensive care for all. Report of a working party*. RCP, London
2. Rose SA et al (2013) *Int J Obes* **37**: 118–28

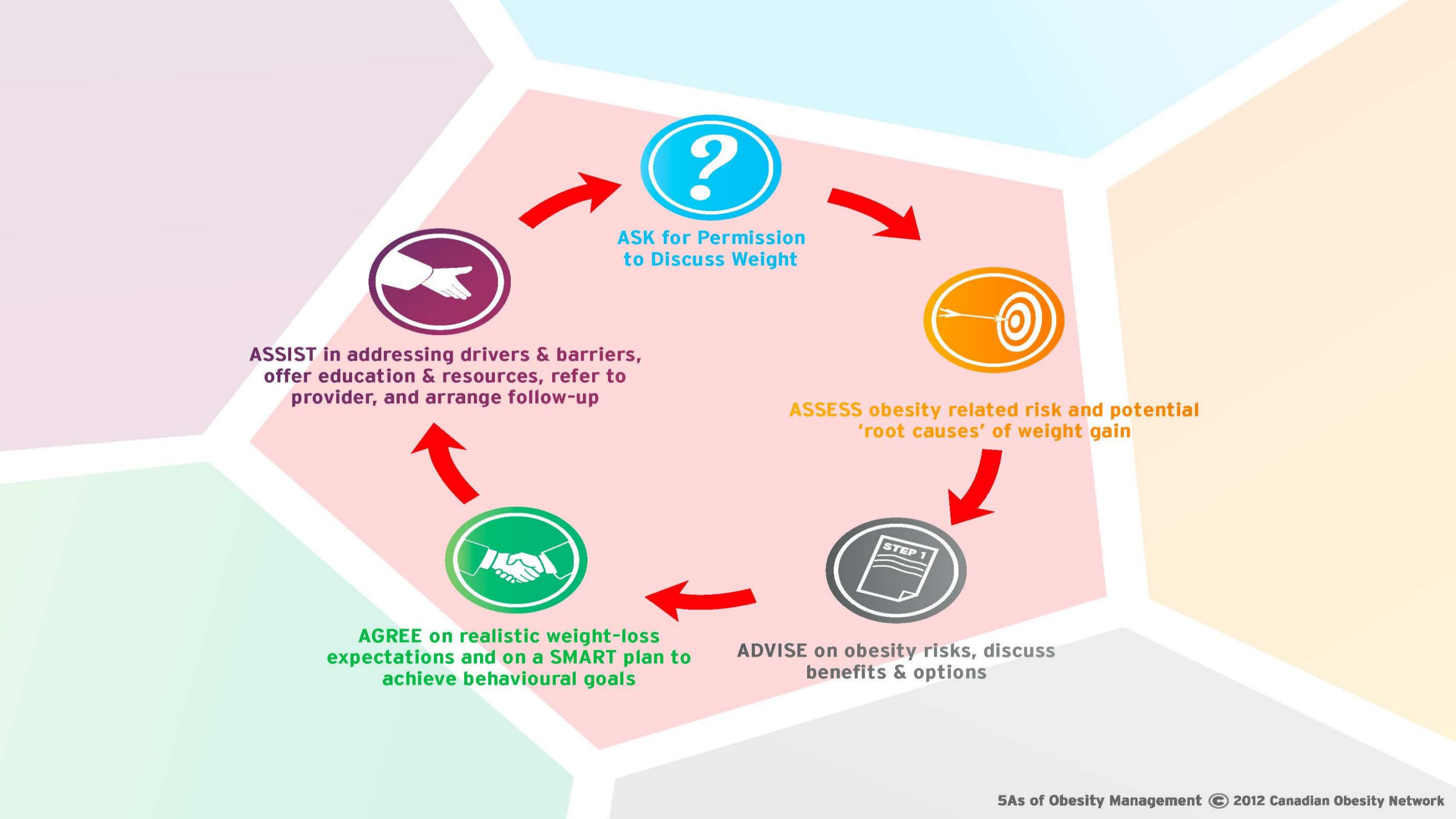
KEY PRINCIPLES OF OBESITY MANAGEMENT[1]

- Obesity is a chronic condition – short-term quick fix is usually ineffective.
- Obesity management is about improving health and well being not simply reducing the number on the scale.
- Early intervention means addressing root causes and removing barriers.
- Success is different for every individual.
- A patient's "best" weight may never be an "ideal" weight.

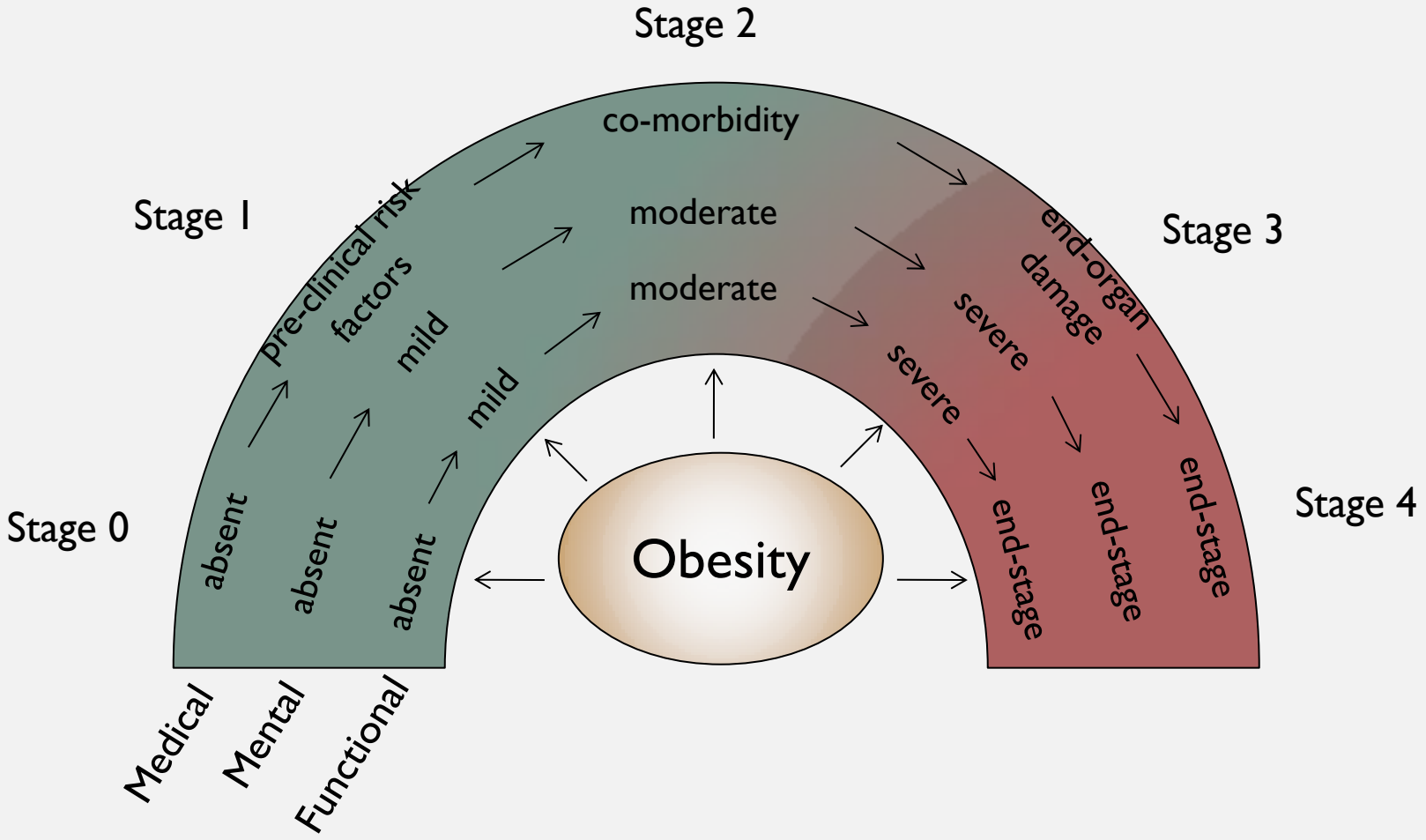
1. 5As of Obesity Management © 2012 Canadian Obesity Network

MODEL FOR BEHAVIORAL CHANGE(5AS)

- A – Ask
- A – Assess
- A – Advice
- A – Agree
- A – Assist

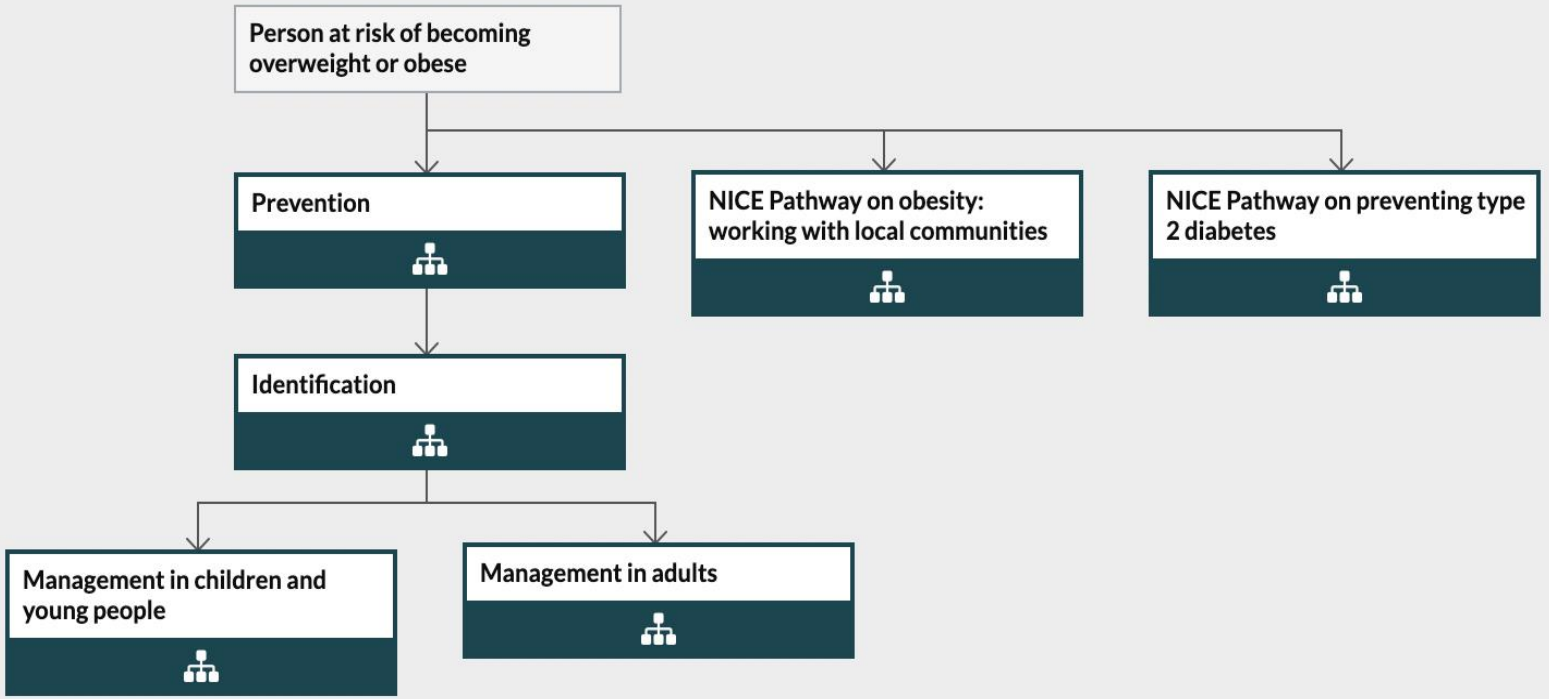


Edmonton Obesity Staging System (EOSS)

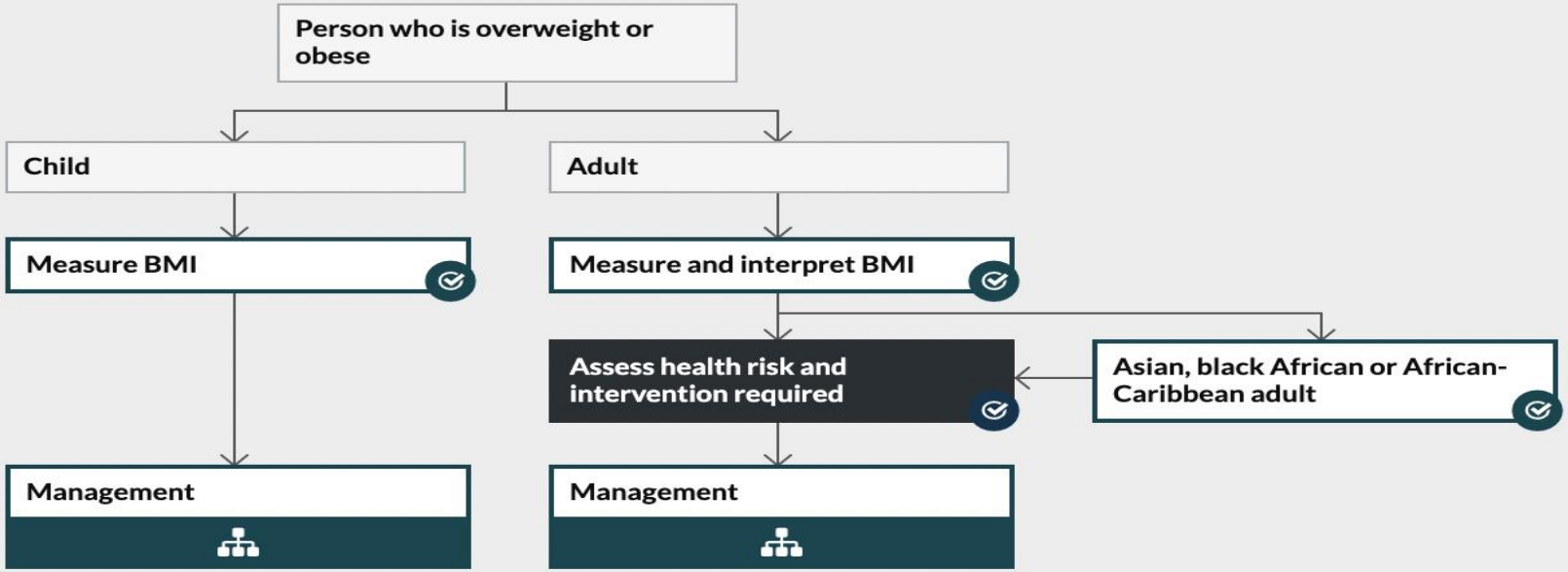


Sharma AM & Kushner RF, Int J Obes 2009

Obesity overview



Identifying and assessing people who are overweight or obese



General principles of care

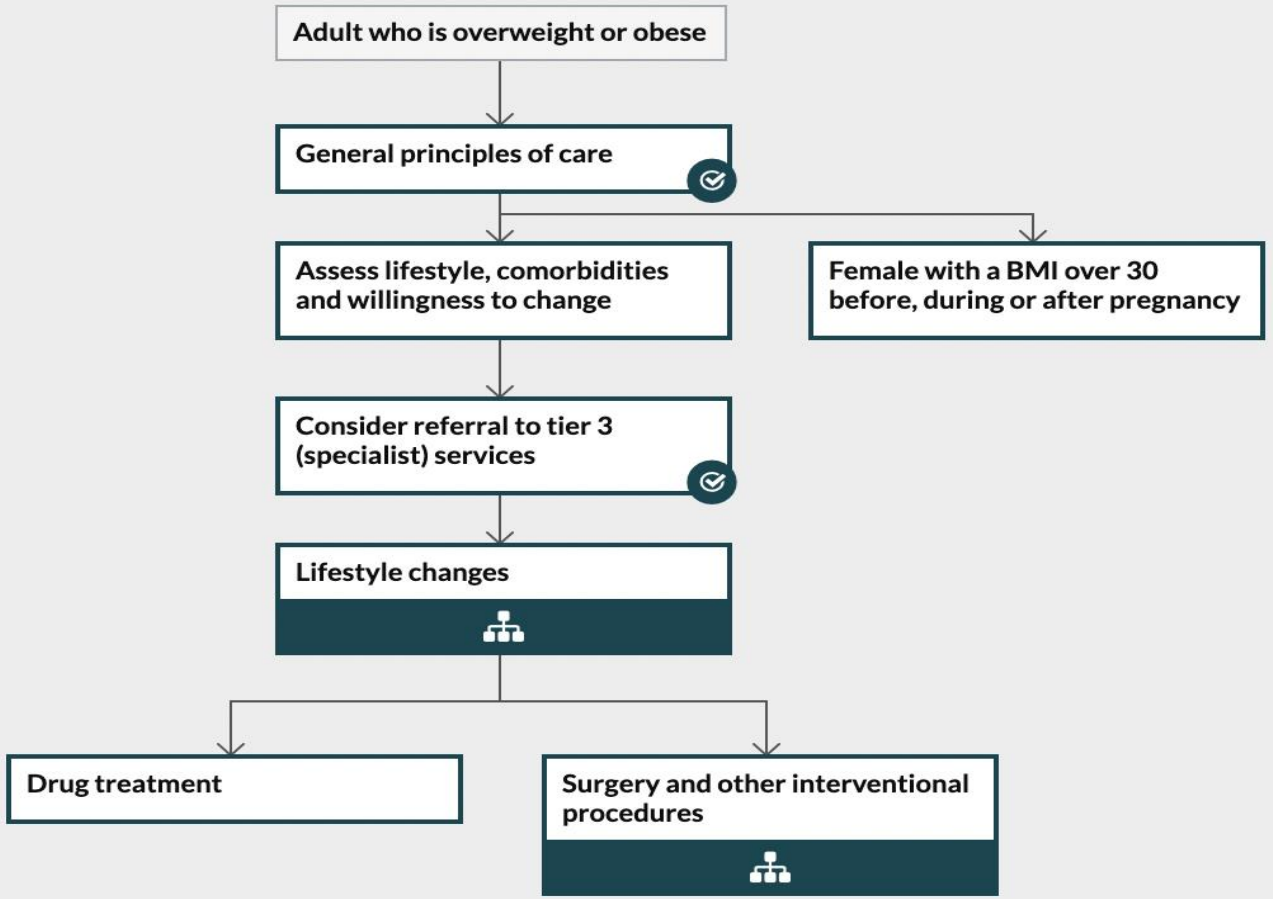
Equip specialist settings for treating people who are severely obese with, for example, special seating and adequate weighing and monitoring equipment. Ensure hospitals have access to specialist equipment – such as larger scanners and beds – when providing general care for people who are severely obese.

Discuss the choice of interventions for weight management with the person. The choice of intervention should be agreed with the person.

Tailor the components of the planned weight management programme to the person's preferences, initial fitness, health status and lifestyle.

Offer regular, non-discriminatory long-term follow-up by a trained professional. Ensure continuity of care in the multidisciplinary team through good record-keeping.

Obesity management in adults



Assess health risk

Base assessment of the health risks associated with being overweight and obese in adults on BMI and waist circumference on the following table.

BMI classification	Waist circumference		
	Low	High	Very high
Overweight	No increased risk	Increased risk	High risk
Obesity I	Increased risk	High risk	Very high risk

For men, waist circumference of less than 94 cm is low, 94 to 102 cm is high and more than 102 cm is very high.

For women, waist circumference of less than 80 cm is low, 80 to 88 cm is high and more than 88 cm is very high.

Give adults information about their classification of clinical obesity and the impact this has on risk factors for developing other long-term health problems.

Assess intervention required

Base the level of intervention to discuss with the patient initially on the following table:

BMI classification	Waist circumference			Comorbidities present
	Low	High	Very high	
Overweight	1	2	2	3
Obesity I	2	2	2	3
Obesity II	3	3	3	4
Obesity III	4	4	4	4

1 = General advice on healthy weight and lifestyle

2 = Diet and physical activity

3 = Diet and physical activity; consider drugs

4 = Diet and physical activity; consider drugs; consider surgery

The level of intervention should be higher for patients with comorbidities (see assess lifestyle, comorbidities and willingness to change), regardless of their waist circumference. Adjust the approach as needed, depending on the person's clinical need and potential to benefit from losing weight.

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Go to **www.menti.com** and use the code **3967 9976**

What diet is best for weight loss

Mentimeter

1st	Low-carbohydrate diet
2nd	Ketogenic diet
3rd	Healthy diet
4th	Very-low-calorie diet
5th	Low-fat diet

LANGUAGE MATTERS

- **HCPs often lack sensitivity in addressing obesity[1]**
- **Information from HCPs seldom helpful[2]**
- **Patients want more support in self-management[2]**
- **Patients want specific tailored weight-management strategies[2]**
- **Patients want reliable resources[2]**
- **Primary care HCP brief intervention is acceptable and effective[3]**

1. https://easo.org/talking-about-obesity-obesityuk-language-matters-guide/
2. McHale, C., Laidlaw, A. and Cecil, J., 2020. Primary care patient and practitioner views of weight and weight-related discussion: a mixed-methods study. *BMJ Open*, 10(3), p.e034023.
3. Aveyard, P., Lewis, A., Tearne, S., Hood, K., Christian-Brown, A., Adab, P., Begh, R., Jolly, K., Daley, A., Farley, A., Lycett, D., Nickless, A., Yu, L., Retat, L., Webber, L., Pimpin, L. and Jebb, S., 2016. Screening and brief intervention for obesity in primary care: a parallel, two-arm, randomised trial. *The Lancet*, 388(10059), pp.2492-2500.

SAFE OPENERS: PUT THE TOPIC ON THE TABLE BUT LET THE PATIENT SET THE AGENDA

Question	Hidden agenda	Patient perception
How do you feel about your weight? **Or** Is it ok if I ask you about your weight?	Is this a sensitive subject?	Open invitation to talk about topic that may be of concern – or a chance to report success!
Do you keep an eye on your weight? **Or** When did you last weigh yourself?	Where should I start? Is the patient actively engaged or in denial?	I can explain whether this is important to me or not
What has happened to your weight over the past few years?	Where is the patient on his or her weight continuum?	I can explain some background to my successes and/or difficulties

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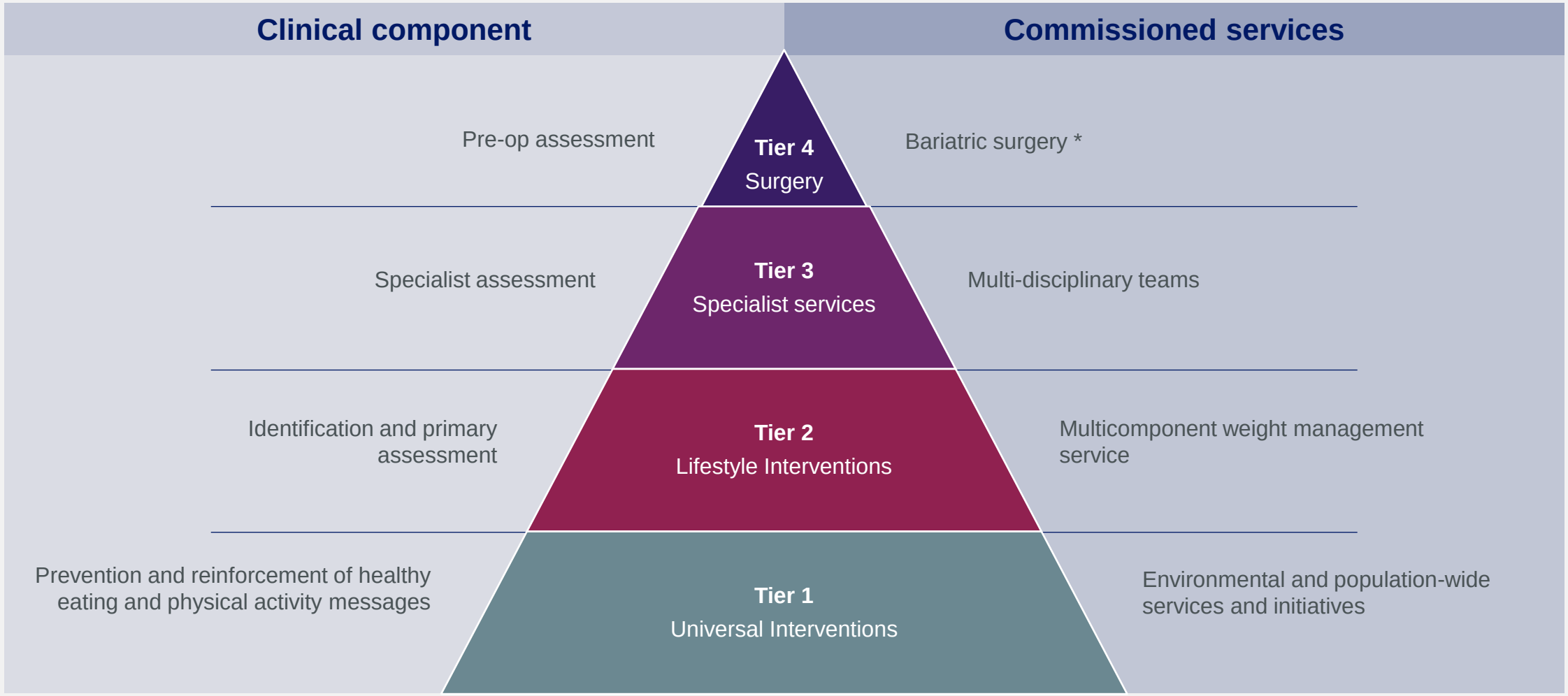
Tier system for UK weight management



* RCGP. 2014. Ten top tips for the management of patients post bariatric surgery in primary care. Available at https://www.rcgp.org.uk/-/media/Files/CIRC/Nutrition/Obesity/RCGP-Top-ten-tips-for-post-bariatric-surgery-patients-in-primary-care-Nov-2014.ashx?la=en. Access date: August 2021
British Obesity & Metabolic Surgery Society. Commissioning guide: Weight assessment and management clinics (tier 3) (Review). 2017. Available at https://www.bomss.org.uk/wp-content/uploads/2017/10/Revision-of-Commissioning-guide-Tier-3-clinics-04042017.pdf
Joined up Clinical Pathways for Obesity: Report of the Working Group (2014) https://www.england.nhs.uk/wpcontent/uploads/2014/03/owg-join-clinc-path.pdf

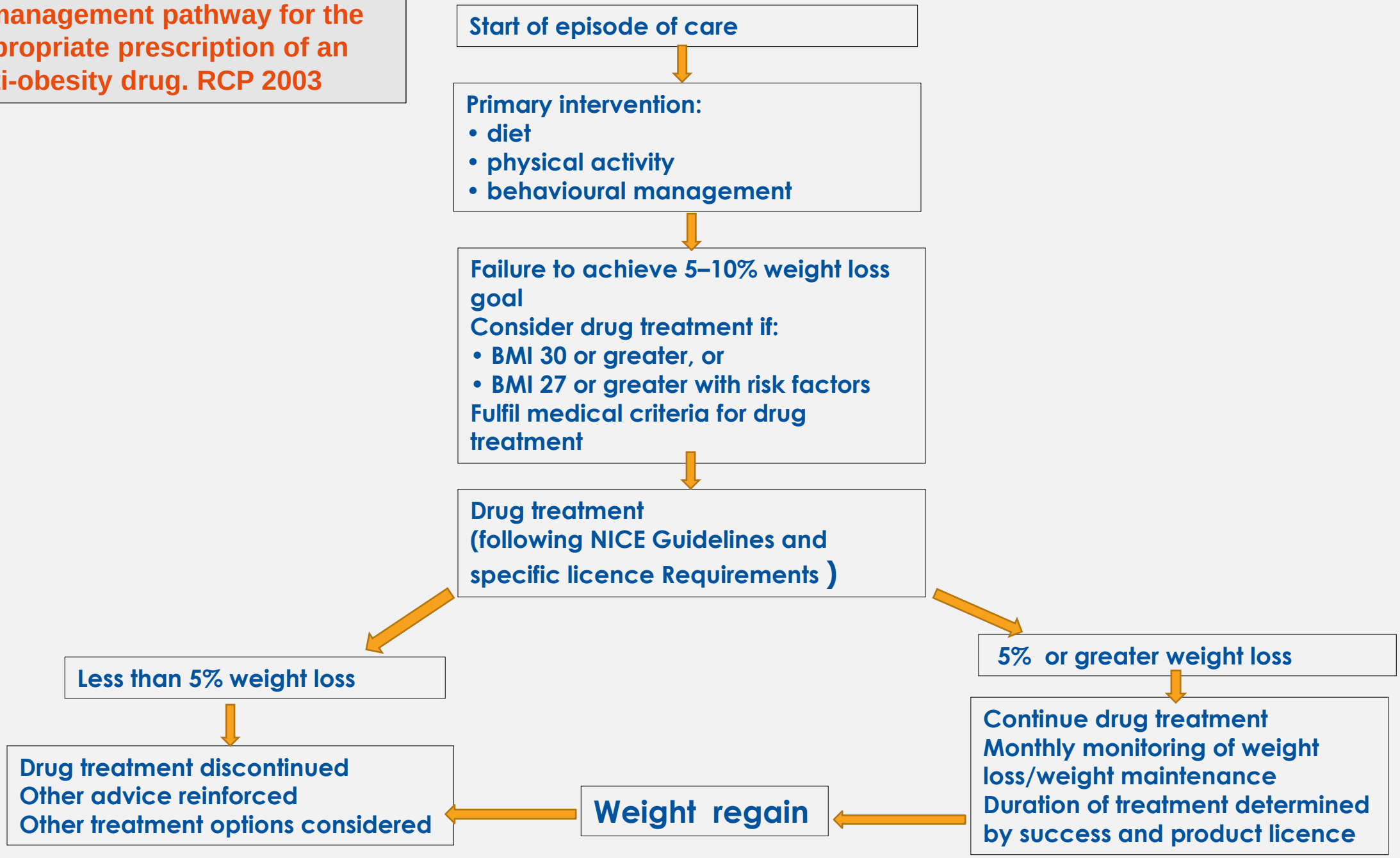
BARNSLEY TIER 3 WEIGHT MANAGEMENT SERVICE

- Clinically lead MDT – Consultant Endocrinologist
- Commissioned by Barnsley CCG in 2012
- Tier 3 Dieticians – Band 6/7
- Health Advisors
- Counsellors
- Exercise therapist – vacant
- Integrates seamlessly with Tier 2 weight management service(Be Well Barnsley and Tier 4 Bariatric surgery services
- Delivers medical weight management and preparation for Bariatric surgery

MEDICATIONS FOR WEIGHT MANAGEMENT

- **Orlistat. – NICE Approved**
- **Saxenda – NICE Approved**

A management pathway for the appropriate prescription of an anti-obesity drug. RCP 2003



With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Barnsley Hospital NHS
NHS Foundation Trust

Service Pathway

Client meet the prescribing criteria for Saxenda and:

BMI ≥ 50kg/m2 – Working with the Tier 3 service for 3-6 months

BMI ≥35≤50 – Working with Tier 3 service for 6-9 months

The Tier 3 team can make a clinical judgement if needed sooner

↓

Referral letter to Dr. Uchegbu alongside the completed obesity questionnaire as embedded in the document

Saxenda discussed in MDT Obesity clinic alongside:

- Baseline blood tests including sleep apnoea
- Referral to DSN to initiate Saxenda and arrange a prescription for needles
- Follow-up in 3, 9, 15 and 24 months in MDT Obesity clinic

↓

Continues 4-6 week follow up by Tier 3 dietitians for dose titration as per guidance, monitoring and support. Three monthly progress reports to Dr. Uchegbu.

Discontinuation criteria for Saxenda:

- Adverse reaction
- Not reached 5% weight loss on 3mg of Saxenda in 12 weeks (Week 16 after initiation)
- Weight gain whilst using Saxenda
- Weight stable at month 9 since losing the initial 5% of weight
- Failed attendance in Tier 3 service leading to discharge from the service
- After 2 years of using Saxenda
- Referral onwards for bariatric surgery

The Tier 3 team will write out to Dr. Uchegbu should Saxenda be discontinued.

↓

Discharge

After 2 years – further support for 4 months with Tier 3 healthy lifestyle adviser before discharge from service

Failed attendance – will follow the DNA pathway

All other reasons for discontinuing Saxenda, follow-up treatment plans will be done on a case-to-case basis

Below is a document that outline the prescribing information of Saxenda, and a number of precautions and warnings associated with the use of Saxenda.
https://www.medicines.org.uk/emc/product/2313

Below is information deemed important for this guidance:

Table 1 Dose escalation schedule

	Dose	Weeks
Dose escalation 4 weeks	**0.6 mg**	**1**
	1.2 mg	**1**
	1.8 mg	**1**
	2.4 mg	**1**
Maintenance dose	**3.0 mg**	

The Tier 3 dietitians will support the dose titration. If a patient experience adverse effects like nausea and vomiting when increasing the dose, the dietitian will advise a slower titration rate.

Missed doses

If a dose is missed within 12 hours from when it is usually taken, the patient should take the dose as soon as possible. If there is less than 12 hours to the next dose, the patient should not take the missed dose and resume the once-daily regimen with the next scheduled dose. An extra dose or increase in dose should not be taken to make up for the missed dose.

Patients with type 2 diabetes mellitus

Saxenda should not be used in combination with another GLP-1 receptor agonist.
When initiating Saxenda, it should be considered to reduce the dose of concomitantly administered insulin or insulin secretagogues (such as sulfonylureas) to reduce the risk of hypoglycaemia. Blood glucose self-monitoring is necessary to adjust the dose of insulin or insulin-secretagogues (see section 4.4).

THE DIGITAL WEIGHT MANAGEMENT DES PROGRAMME COMPLEMENTS EXISTING NHS WEIGHT MANAGEMENT AND LOCAL AUTHORITY SERVICES

NHS commissioned services: focus on people in contact with health services

Obesity services

NHS services beyond weight management support:

- CCG commissioned tier 3 services and bariatric surgery,
- Low calorie diets for people living with Type 2 diabetes supporting diabetes remission where possible

Currently commissioned

High intensity offer:

- Diabetes prevention programme. England wide service providing face to face (currently remote) and digital products for people at high risk of diabetes (eligibility criteria).
- 9 month programme, minimum 16 hours 1-2-1 contact.
- Expanding to 200,000 adults per year by 2024

New offer

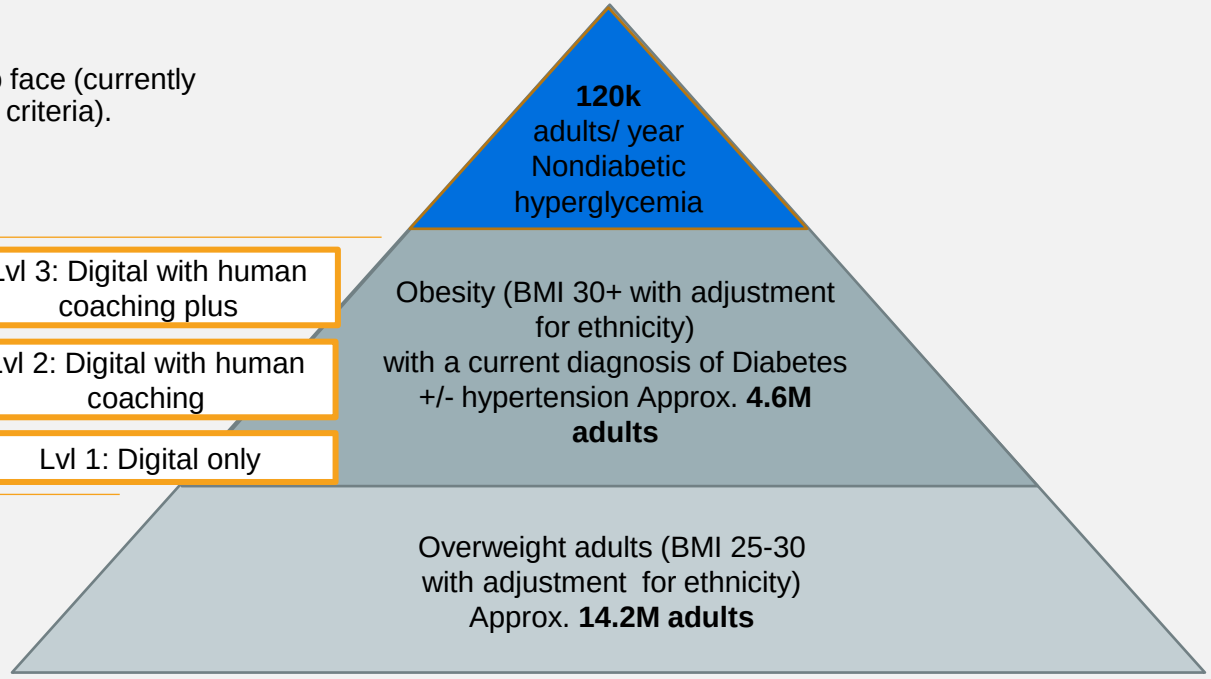
Intermediate offer:

- Medium intensity intervention through national Digital **Weight Management Programme**. Supported digital 12 week intervention, at three levels of intensity.

Lvl 3: Digital with human coaching plus

Lvl 2: Digital with human coaching

Lvl 1: Digital only



NHS Choices

Universal offer: low intensity intervention

- Recently launched 'Better Health' NHS app based on the revised NHS Choices 12 week weight loss programme

National Diabetes Prevention Programme (*Healthier You Programme*)	• Age 18+ • Not pregnant • HbA1c must be between 42-47 mmol/mol or Fasting Plasma Glucose between 5.5-6.9 mmols/l and dated within the last 24 months. • If the patient has a history of Gestational Diabetes Mellitus (GDM) then HbA1c can be below 42 or FPG below 5.5. Any adult with a blood test within the last 24 months indicating NDH (and not known to have diabetes) can be directly referred to the Healthier You programme.	• Free 9-month period programme • Behavioural intervention is underpinned by three core goals: ➢ achieving a healthy weight ➢ achievement of dietary recommendations ➢ achievement of CMO physical activity recommendations • The programme is made up of at least 13 sessions, with at least 16 hours face to face contact time, spread across a minimum of 9 months, with each session lasting between 1 and 2 hours. • Currently being delivered via telephone or group video conference, or online through apps and websites	GP referral via primary care and self-referral available until September 2021 through Diabetes UK know your risk. Diabetes UK – Know Your Risk of Type 2 diabetes A free-to-access e-module on the Healthier You programme is available for healthcare professionals. https://elearning.rcgp.org.uk/nhsdpp

Tier 4 Specialist Service	• Aged 18+ • Has accessed Tier 3 Weight Management Services previously • BMI> 30kg/m2 – only if the patient has Type 2 diabetes and they are requesting bariatric surgery to manage their weight loss • BMI >35 with co-morbidities • BMI >40 without co-morbidities • No specific uncontrolled metabolic or psychological reason for obesity	• Bariatric surgery	Referral via Tier 3 Weight Management Service. Tier 3 will assess the patient to ensure they are appropriate prior to referral to Tier 4.

National Diabetes Prevention Programme – Low Calorie Diets	• Age 18-65 • Diabetes & BMI >27 + within first 6 years of diagnosis (attract incentive payment where BMI is >30). • If on diabetes medication, HbA1c 43 mmol/molor higher • If on diet alone, HbA1c 48 mmol/mol or higher • In all cases, HbA1c must be 87 mmol/molor lower • Those referred onto programmes should have attended for monitoring and diabetes review in the last 12 months, including retinal screening, and commit to continue attending annual reviews, even if remission is achieved. • PLEASE NOTE – due to COVID HBA1C not currently needed •	• The NHS low calorie diet (NHS LCD) programme consists of total diet replacement (TDR) approaches that have been shown in RCTs to help some people with Type 2 diabetes achieve non-diabetic glycaemic levels when being off all diabetes medication (commonly referred to as remission). • Free to service user • Service users will follow a diet composed solely of nutritionally complete TDR products, with total energy intake of up to 900 calories, for up to 12 weeks, followed by a period of food reintroduction and subsequent weight maintenance support, with total duration of 12 months. • Face 2 Face/1-1- currently virtual in response to COVID pandemic.	Exclusion criteria • Current insulin use • Pregnant or planning to become pregnant during next 6 months. • Currently breastfeeding. • Significant co-morbidities • Cancer • heart attack or stroke in last 6 months • severe heart failure (defined as New York Heart Association grade 3 or 4) • severe renal impairment (most recent eGFR less than 30mls/min/1.73m2) • active liver disease (not including non-alcoholic fatty liver disease (NAFLD)) • active substance use disorder / eating disorder • porphyria • known proliferative retinopathy that has not been treated. • Recent weight loss greater than 5% body weight / on current weight management programme / had or awaiting bariatric surgery (unless willing to come off waiting list)New York Heart Association grade 3 or 4) • severe renal impairment (most recent eGFR less than 30mls/min/1.73m2)

Dr David Evans Clinical Champion, NHS Low Calorie Diet Programme, South Yorkshire & Bassetlaw Salaried GP, Dunsville Medical Centre introducing the LCD : https://youtu.be/br2UTQCRzoA

SUMMARY TYPE 1 CARE PROCESSES

Type 1 people received all eight care process checks from **NDA National Diabetes Audit Collection not Eclipse**

In South Yorkshire & Bassetlaw 20/21 Sheffield CCG percentage is the highest at 33.8% with Bassetlaw CCG the lowest at 21.3%. **Barnsley CCG 25.6%,** Doncaster CCG 25.5% and Rotherham CCG 31.3% with the **National average in 20/21 being 25.4%**

2020/21 Percentage of Type 1 patients who received –					
South Yorkshire %	**Highest %**	**CCG**	**Lowest %**	**CCG**	**National Average**
Blood Pressure	84%	NHS Sheffield CCG	73.2% above average	**NHS Barnsley CCG**	**72.5%**
BMI	76.3%	NHS Sheffield CCG	71.1% above average	NHS Doncaster CCG	**65.8%**
Cholesterol	80.4%	NHS Sheffield CCG	62.7%	NHS Bassetlaw CCG	**65.4%**
Creatinine	84.2%	NHS Sheffield CCG	70.6%	NHS Bassetlaw CCG	**71.4%**
Foot exam	57.7%	NHS Sheffield CCG	49%	NHS Bassetlaw CCG	**49.2%**
HbA1c check	85.9%	NHS Rotherham CCG	71.8%	**NHS Barnsley CCG**	**73.6%**
Smoking check	90%	NHS Rotherham CCG	80.4%	NHS Bassetlaw CCG	**82.5%**
Albumin check	54.2%	NHS Sheffield CCG	26.5%	NHS Bassetlaw CCG	**39.6%**

SUMMARY TYPE 2 CARE PROCESSES

Type 2 people received all eight care process checks

- In South Yorkshire & Bassetlaw 20/21 Doncaster CCG percentage is the highest at 42.5% with Sheffield CCG the lowest 37.9%, Rotherham CCG at **39.1% Barnsley CCG** 39.1%, Bassetlaw 38.6% and with the **National average in 20/21 being 36.8%**

2020/21 Percentage of Type 2 patients who received –					
South Yorkshire %	**Highest %**	**CCG**	**Lowest %**	**CCG**	**National Average**
Blood Pressure	90%	NHS Sheffield CCG	82.6%	NHS Bassetlaw CCG	**82.6%**
BMI	78.5%	**NHS Barnsley CCG**	75.5% above average	NHS Bassetlaw CCG	**72.7%**
Cholesterol	86.7%	NHS Sheffield CCG	77.5%	NHS Bassetlaw CCG	**79.3%**
Creatinine	92.4%	NHS Sheffield CCG	86.3% above average	**NHS Barnsley CCG**	**85.7%**
Foot exam	68.4%	NHS Sheffield CCG	59.8% above average	NHS Bassetlaw CCG	**59.4%**
HbA1c check	92.9%	NHS Sheffield CCG	85.5%	NHS Bassetlaw CCG	**86.1%**
Smoking check	92.8%	NHS Rotherham	89.3%	NHS Bassetlaw CCG	**89.4%**
Albumin check	53.6%	NHS Sheffield CCG	47.8%	**NHS Barnsley**	**52.6%**

CHALLENGES :

- Stopping more people having T2 diabetes and recognising the implications on people of having it
- Health inequalities – differences in outcome and uptake
- Work force –limited size and from one workforce pool
- Moving back to face to face groups and appointments
- Impact pandemic on provider recovery
- Uptake of NDPP, LCD etc

Weight Management Services

The Weight Management Enhanced Service includes payment for referral (£11.50 per referral) to any of the following eligible services (only one referral per patient may be claimed under the Enhanced Service):

Service	Eligibility criteria for the service	Service Description	How to refer into the service
NHS Digital Weight Management Programme	□ BMI over 30 or 27.5 for those of Black, Asian and other minority ethnic groups □ Age 18+ □ Not pregnant □ Patients with hypertension and/or diabetes. This service should be the default option for this cohort of patients.	□ Free 12-week digital weight management programme. □ Service users can participate via an App or web-based platform □ The service is delivered across 3 levels of intensity. ➢ Level 1 – access to digital content only. ➢ Levels 2 and 3 – access to digital content, plus a minimum of 50mins (level 2) or 100mins (level 3) of human coaching. The system triages service users to the most appropriate level of support.	Referral by a suitably trained and competent GP practice or PCN healthcare professional. Referral via the existing e-referral System (e-RS). Further information on the programme and how to refer: https://www.england.nhs.uk/digital-weight-management/
National Diabetes Prevention Programme (*Healthier You Programme*)	□ Age 18+ □ Not pregnant □ HbA1c must be between 42-47 mmol/mol or Fasting Plasma Glucose between 5.5-6.9 mmols/l and dated within the last 24 months.	□ Free 9-month period programme □ Behavioural intervention is underpinned by three core goals: ➢ achieving a healthy weight ➢ achievement of dietary recommendations	GP referral via primary care and self-referral available until September 2021 through Diabetes UK know your risk. Diabetes UK – Know Your Risk of Type 2 diabetes

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NHS Barnsley Clinical Commissioning Group

	• If the patient has a history of Gestational Diabetes Mellitus (GDM) then HbA1c can be below 42 or FPG below 5.5. Any adult with a blood test within the last 24 months indicating NDH (and not known to have diabetes) can be directly referred to the Healthier You programme.	➢ achievement of CMO physical activity recommendations • The programme is made up of at least 13 sessions, with at least 16 hours face to face contact time, spread across a minimum of 9 months, with each session lasting between 1 and 2 hours. • Currently being delivered via telephone or group video conference, or online through apps and websites	A free-to-access e-module on the Healthier You programme is available for healthcare professionals. https://elearning.rcgp.org.uk/nhsdpp

National Diabetes Prevention Programme – Low Calorie Diets	• Age 18-65 • Diabetes & BMI >27 + within first 6 years of diagnosis (attract incentive payment where BMI is >30). • If on diabetes medication, HbA1c 43 mmol/molor higher • If on diet alone, HbA1c 48 mmol/mol or higher • In all cases, HbA1c must be 87 mmol/molor lower • Those referred onto programmes should have attended for monitoring and diabetes review in the last 12 months, including retinal screening, and commit to continue attending annual reviews, even if remission is achieved.	• The NHS low calorie diet (NHS LCD) programme consists of total diet replacement (TDR) approaches that have been shown in RCTs to help some people with Type 2 diabetes achieve non-diabetic glycaemic levels when being off all diabetes medication (commonly referred to as remission). • Free to service user • Service users will follow a diet composed solely of nutritionally complete TDR products, with total energy intake of up to 900 calories, for up to 12 weeks, followed by a period of food reintroduction and subsequent weight maintenance	Referrals will come predominantly from GP practices (identified through system searches).

	PLEASE NOTE – due to COVID HBA1C not currently needed **Exclusion criteria** • Current insulin use • Pregnant or planning to become pregnant during next 6 months. • Currently breastfeeding. • Significant co-morbidities • Cancer • heart attack or stroke in last 6 months • severe heart failure (defined as New York Heart Association grade 3 or 4) • severe renal impairment (most recent eGFR less than 30mls/min/1.73m2) • active liver disease (not including non-alcoholic fatty liver disease (NAFLD)) • active substance use disorder / eating disorder • porphyria • known proliferative retinopathy that has not been treated. • Recent weight loss greater than 5% body weight / on current weight management programme / had or awaiting bariatric surgery (unless willing to come off waiting list)	support, with total duration of 12 months. • Face 2 Face/1-1- currently virtual in response to COVID pandemic.	

Barnsley Premier Leisure (BPL) Wellbeing Service	• Age 18+ • Body Mass Index (BMI) 25-40 • Registered at a Barnsley GP **Exclusion criteria** • Any heart and/or lung disease • Any unstable or uncontrolled medical condition	• Free to service user • 12-week BPL Membership (including access to all 5 sites, fitness classes and swimming) • Initial one-hour assessment and follow up 1:1 appointment on weeks 4, 8 and a final review on week 12. • Access 1 group nutrition session per week • Free 12-weeks access to BPL home workout portal, 'Your Space At Home' • After the 12-week course, attendees can access a discounted BPL membership	GP referral via primary care and self-referral available. Referral form can be sourced in clinical systems under – 'BPL Referral Form'
Barnsley Tier 3 Change4Life weight management service	• Age 16+ • BMI >35kg/m2 with 2 or more co-morbidities i.e., Type 2 diabetes, Hypertension etc. • BMI > 40 kg/m2 without co-morbidities • Meets national referral criteria for bariatric surgery and age 18+: ➢ BMI> 30kg/m2 – only if the patient has Type 2 diabetes and they are requesting bariatric surgery to manage their weight loss ➢ BMI >35 with co-morbidities	• Specialist weight management service to support obese individuals to achieve a healthier weight. • Medical assessment of patients, treatments and lifestyle changes such as improved diet, increased physical activity, behavioural interventions, low and very low-calorie diets, pharmacological treatments, psychological support and the consideration of referral for bariatric surgery if clinically appropriate.	Referral form can be sourced in clinical systems and emailed to: Tier3.admin@nhs.net

	➢ BMI >40 without co-morbidities ➢ No specific uncontrolled metabolic or psychological reason for obesity • Antenatal Weight Management (For pregnant women with a BMI over 30kg/m2) **Exclusion criteria** • Clients with unstable or severe mental problems, on the learning disability register or physical illness beyond the expertise of Primary Care • Clients with severe active eating disorders	• One-to-one community clinics across the borough and out-of-hours clinic once a week. • Information session on bariatric surgery for patients interested in learning more about bariatric surgery as an option to lose weight.	

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	disorders		
Tier 4 Specialist Service	• Aged 18+ • Has accessed Tier 3 Weight Management Services previously • BMI> 30kg/m2 – only if the patient has Type 2 diabetes and they are requesting bariatric surgery to manage their weight loss • BMI >35 with co-morbidities • BMI >40 without co-morbidities • No specific uncontrolled metabolic or psychological reason for obesity	• Bariatric surgery	Referral via Tier 3 Weight Management Service. Tier 3 will assess the patient to ensure they are appropriate prior to referral to Tier 4.

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SUMMARY

- Prevalence of excess weight is increasing globally – more in deprived areas
- Effective management involves preventative measures at the community level, life style interventions, psychological , medical and surgical treatment.
- Increasing use of digital technology to promote weight control.
- Specialized multi-disciplinary team is necessary for effective weight management in obesity stage 2 to 4.
- Primary care team have a crucial central role in overweight and obesity management.

THANK YOU