

Procedure that requires prior approval

Policy title	Overweight and obese adults, weight management services v1.0
Policy position	Criteria Based Access
Date of Forum recommendation	January 2019

Obese adults should be managed according to the Care Pathway shown in Annex A. This details a cost-effective pathway that complies with NICE guidance on Obesity.

Advice to commissioners

GPs have an important role in prevention and management of obesity in the community. Practices should be able to provide level 1 care. GP Practices should be encouraged to participate in an evidence-based weight management programme, such as Counterweight. A nominated clinician (GP/ practice nurse/ health care assistant) with some additional training (in obesity management and ideally also in behaviour change techniques – NICE public health guidance 6, October 2007) should lead the practice programme and along with local health improvement teams can also provide signposting to local exercise opportunities and NHS accredited weight management programmes.

GPs should be identifying obese patients and entering them on their obesity register, followed by an assessment of patient readiness to change. Practices should offer local brief intervention/motivational interviewing. For patients who may require elective surgery (non-bariatric), weight management advice should include the benefits of losing weight prior to surgery.

Patients who are overweight or obese should be assessed for their risk of type 2 diabetes. For patients identified at risk, lifestyle advice they should be offered a referral to a local, evidence-based, quality-assured intensive lifestyle-change programme (where available – local eligibility criteria will apply).

NICE CG189 (2014) retains the previous recommendations and adds further recommendations in relation to recent onset type 2 diabetes; consideration of expedited assessment for surgery for patients with recent onset type 2 diabetes and BMI over 35, and consideration for assessment for surgery for patients with BMI 30-34.9 and for patients of Asian family origin with lower BMI, provided they also receive assessment in a tier 3 service (pre-bariatric surgery multidisciplinary intensive level input to patients).

Level 2 services could be provided at practice or locality level. The level 2 team as a minimum should include a (community) dietician and prescriber with additional training in anti-obesity medication (such as a GPwSI in obesity). Patients should usually be thoroughly managed at levels 1 and 2 before seeking referral to level 3. Practice-based management with signposting in the first instance is cost effective and efficient for the management of most patients.

Level 3 (specialist services) are provided at designated specialist centres. Only patients with a BMI >35 with co-morbidities, or >40 without co-morbidities usually would be referred, and only after failure of level 1 and 2 services (exceptions for direct referral to level 3 include patients with BMI>50).

Level 4 (Surgery for Obesity) is commissioned by the CCG. Surgery will be considered as a treatment option for people with morbid obesity providing **all of the** following criteria are fulfilled:

- The individual is considered morbidly obese with a BMI of 40kg/m² or more, or between 35 kg/m² and 40kg/m² or greater in the presence of other significant diseases.
- There must be formalised MDT led processes for the screening of co-morbidities and the detection of other significant diseases. These should include identification, diagnosis, severity/complexity assessment, risk stratification/scoring and appropriate specialist referral for medical management. Such medical evaluation is mandatory prior to entering a surgical pathway.
- Morbid/severe obesity has been present for at least five years.
- The individual has recently received and complied with a local specialist obesity service weight loss programme (non-surgical Tier 3 / 4), this will have been for a duration of 12-24 months.
- For patients with BMI > 50 attending a specialist bariatric service, this period may include the stabilisation and assessment period prior to bariatric surgery.

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance, eg, from NICE.

Clinical coding:

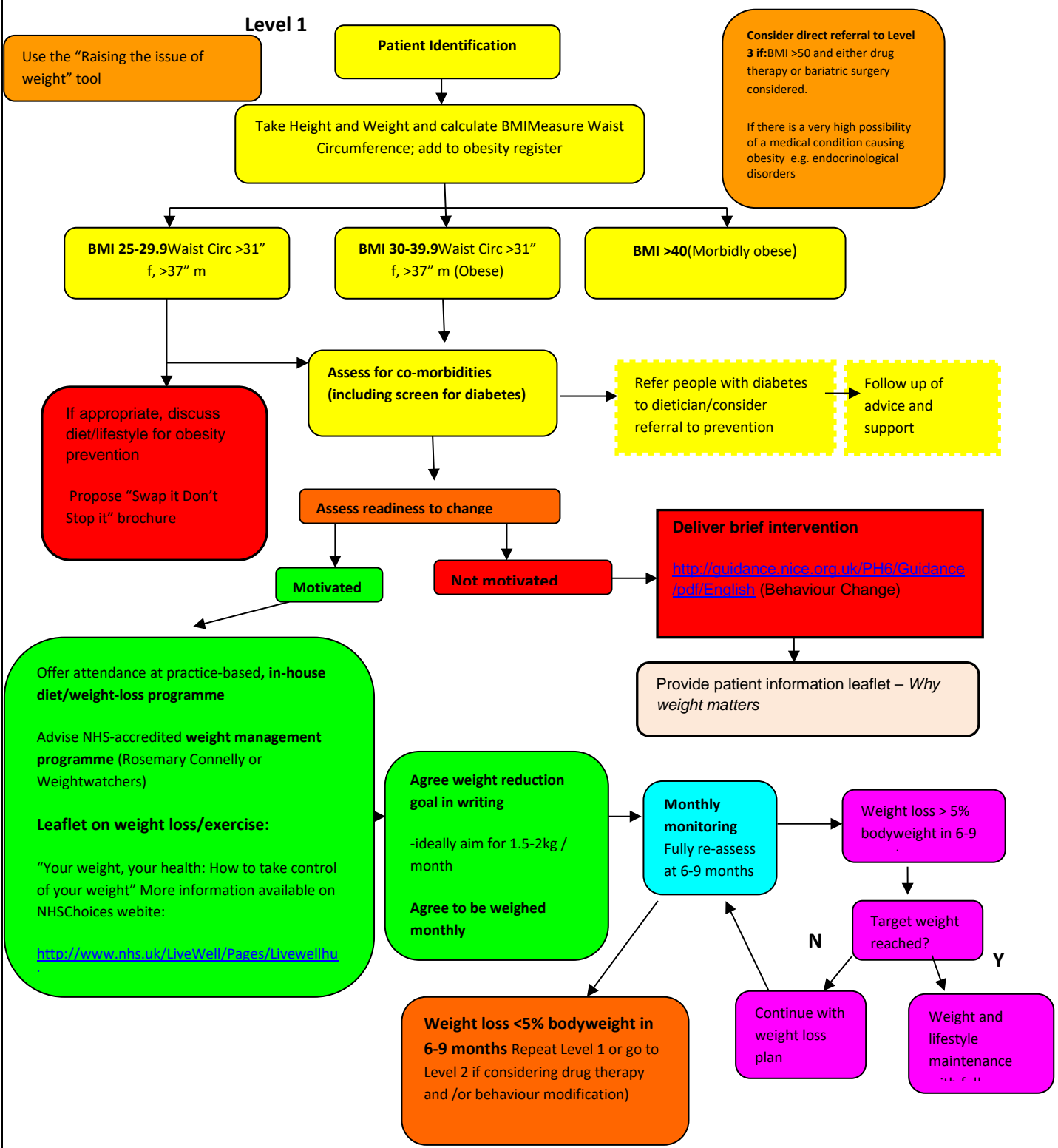
OPCS codes:

B301, B302, B303, B304, B305, B308, B311, B312, B321, B331

Key words: Obesity, severe and complex obesity, overweight, weight loss surgery, bariatric surgery, weight loss programme

Annex A

“Primary care practitioners should take the opportunity, whenever possible, to identify inactive adults and advise them to aim for 30 minutes of moderate activity on 5 days of the week (or more)” <https://www.gov.uk/government/publications/start-active-stay-active-infographics-on-physical-activity> **Consider practice-based weight management service**



Level 2

Level 2 referral process (after level 1)

GP reference for obesity

management:http://www.cks.nhs.uk/obesity/management/quick_answers/scenario_obesity_assessment_referral#-288147

NHS Clinical Knowledge Summaries on NHS Evidence

Reassess patient motivation
(see level 1)

Level 2 BMI > 30

Weight loss < 5% bodyweight at Level 1 and who may benefit from drug therapy and / or behaviour modification

Re-signpost to Level 1 resources

Consider referral to Commissioned Weight loss services and/or Community/Primary Care Dietetic Service

Anti-obesity medication

Primary Care based behaviour modification Brief intervention
<http://guidance.nice.org.uk/PH6/Guidance/pdf/English>

Monthly monitoring
Re-assess at 6-9 months

Weight loss < 5% bodyweight in 6-9 months

Repeat Level 2 (if available for repeat referral or level 2B if available, or refer to Level 3 if BMI > 40 or > 35 with comorbidities and repeat level 2 or 2B not available)

Weight loss > 5% bodyweight in 6-9 months

Target weight reached?

Weight and lifestyle maintenance with follow up

N

Continue with weight loss plan, assess 6-9/12

Level 3: Specialised Weight Management Service

Luton & Dunstable NHS Specialist Obesity Service <https://www.ldh.nhs.uk/obesity>

- Patients who have failed to lose weight and maintain weight reduction at Levels 1 and 2 (~18 months)
- BMI > 35 with co-morbidities
- BMI ≥ 40 +/- co-morbidities
- BMI > 50 (does not require level 1/2)

Level 4 – Obesity Surgery Criteria

- All approved non-surgical interventions have been tried for at least 6 months and
- Has been morbidly or severely obese for > 5 years
- Has received intensive level 3 services
- BMI ≥ 40; or ≥ 35 with significant co-morbidities