Glasgow & Clyde Weight Management Service Update:

Evidence based service has published its successful outcomes.

NHS Greater Glasgow and Clyde

Glasgow & Clyde Weight Management Service (GCWMS) provides an evidenced based programme using a multi component approach of dietary and activity advice supported by behavioural change to weight management.

The service goal is to help individuals achieve at least a 5kg weight loss. This is based on good evidence, that 5kg is a clinically significant target that improves a range of obesity related health conditions.

Health Related Quality of Life indicators are also recorded and show significant improvement with 5kg weight loss**.

WHATS NEW

GCWMS outcomes have been published
Attendance is key to successful weight loss
GCWMS has a Website - **www.nhsggc.org.uk/gcwms**

HOW THIS HELPS

- Ease of Referral
- Information available for appropriate informed referral
- Downloadable information leaflets

Further weight loss is supported through the programme if chosen.

GCWMS recognises the challenges of behaviour change and the chronicity of obesity and endeavours to support patients through the weight loss phase of weight management but also through the first year of weight loss maintenance.

The programme consists of three phases:

Weight loss Phase 1: Lifestyle intervention delivered over 16-weeks

Phase 2: Lifestyle intervention + pharmacotherapy +/or structured low calorie diet delivered over 3 months & can be repeated.

Maintenance Phase 3: lifestyle intervention and maintenance strategies delivered over 12 months Or Bariatric Surgery if indicated.

GCWMS is the only route to Bariatric Surgery in NHSGGC and is an option available if indicated after completion of the structured weight management programme.

Who can attend GCWMS?

GCWMS is part of NHSGGC whole system approach to weight management which supports prevention of overweight through to the pharmacological and surgical treatment of severe and complex obesity.

It is accessible to all residents of NHSGGC or those registered with a GP in NHSGGC. It is delivered in two adapted bases in Glasgow and Clyde and in 22 community venues across GG&C.

The clinical tier of GCWMS is accessible to adults of 18 years or more with BMI's of 35 or over, or BMI 30 or more with coexisting medical conditions.

GCWMS was piloted in two areas of Glasgow in 2006 and has been available to all of NHSGGC since October 2008.

Table 1: GCWMS referral and waiting times 1st June 2011 to 31st May 2012

Annual referrals	5220
Monthly referrals	435
Waiting time for assessment from opt in	3 weeks
Waiting time for groups from opt in	12 weeks

MIS 253694

Phase 1 Outcome

The Phase 1 outcomes for GCWMS were evaluated and published this year in the Journal of Public Nutrition.*

- Of 2976 patients referred to the service between 2006 and 2007, 2156 (72.4%) opted into the service for assessment.
- At assessment patients are given information about the service and asked to consider if this is the right time to undertake the programme.
- Of those who embarked on and completed Phase 1 of the programme 37% lost 5kg

In Phase 2 further lifestyle support with the assistance of medication and a structured low calorie diet is offered. This encourages further weight loss and supports success in those who have not achieved the 5 kg target in Phase1.

Who did well in Phase 1?

Gender
Males did better than females however they were less likely to be referred, opt in or complete. Those that did complete were 3 times more successful than females who completed.

Age
Those over 40 years of age did best. The age group that did least well were the 18-30 year olds.

BMI
Those with BMI greater than 50 did best.

Mood
Those with higher scores in a depression scale at initial assessment were also more likely to succeed.

Attendance
The success in all groups was strongly associated with attendance even when all other factors were taken into consideration.

What factors were associated with poorer outcomes?
Diabetes was a predictor of doing less well, as was coming from the most deprived area. Those from more deprived areas were less likely to attend or complete the programme. However, if they did complete the programme they did equally well.

Next steps

Evaluation including Phase 2 and 3 of the service will present a fuller picture of the effectiveness of the range of interventions offered in GCWMS.

Through investment in continuous improvement within GCWMS a recent audit shows just under 50 % lost at least 5kg in Phase 1.

Further improvements in overall effectiveness may be achieved through improving uptake rates of referrals, retention in the programme and targeting effective interventions to specific populations of patients.

GCWMS Website (www.nhsggc.org.uk/gcwms)

GCWMS has recently developed a website which provides further information on the service, including how to refer patients and useful links for self help. Our site also lists training opportunities and dates for health professionals.

References

* Evaluation of the first phase of a specialist weight management programme in the UK National Health Service: prospective cohort study.

David S Morrison1,* Susan Boyle, Caroline Morrison, Gwen Allardice, Nicola Greenlaw and Lorna Forde Public Health Nutrition. Submitted 23 November 2010: Accepted 6 June 2011

** Understanding the relationship between weight loss, emotional well-being and health-related quality of life in patients attending a specialist obesity weight management service

Fiona Wright, Susan Boyle, Nicola Greenlaw, Karim Baxter, Lorna Forde: Journal of Health Psychology; Submitted January 2012, accepted May 2012.

Glasgow & Clyde Weight Management Service

GCWMS - Patient Journey

NHS Greater Glasgow and Clyde

Patient is referred by GP or Hospital doctor

Patient **opts in to service** and makes a choice appointment for an assessment

Assessment **date & clinic venue sent** with questionnaires to complete

If weight less than 120Kg seen in community or more than 120Kg seen in main base

Assessment Session
A clinical interview assessing mood, activity, dieting history and readiness to change. Patients are directed at this point to the psychological and activity intervention to match their needs.

Psychology Assessment prior to group if indicated e.g. purging, excessive binging / other psychological concern

Discharged or referred to appropriate service

With or without additional Psychology

Patient Opts in (within 6 months)

1. Choose group location and placed on group waiting list
2. Offered additional physiotherapy / pyschology if appropriate
3. Lettered 2 weeks prior to group starting

Patient **does not opt** in within 6 months - **Discharged**

16 weeks
Patient attends 9 x fortnightly group sessions of 1.5 hour
Sessions include behaviour change / diet & activity discussion at each session

End of Phase 1 - 0ptions

- Further weight loss through lifestyle, use of medication, low calorie diet

  or
- Maintain weight loss

3 Months
Continuing programme
4 monthly sessions of 1 hour's duration following one of the above options to achieve further weight loss

(If not achieved 5Kg weight loss)
Continue Programme using option not yet tried

MAINTENANCE
Monthly for 12 months

Discharged and signposted to community programme re referral > 12 months

Completed Programme

BARIATRIC SURGERY

- if not achieved 5kg weight loss
- BMI > 40 no co-morbidity
- BMI > 35 + co-morbidity
- < 60 years
- maintained weight or not gained 5kg
- Final decision by surgeon
- Criteria currently undergoing National review

MAINTENANCE
Monthly for 12 months

Discharged and signposted to community programme re referral > 12 months

Completed Programme