

NHS Greater Glasgow and Clyde

NHS BOARD MEETING

Director of Public Health

19 April 2016

Paper No: 16/14

ADULT WEIGHT MANAGEMENT SERVICES

Recommendation:-

The NHS Board is asked to receive and note the content of the report and in particular:

- Note progress on the implementation of the Community Weight Management Service
- Support the process of organisational change required to redesign Specialist Weight Management Services

Purpose of Paper:-

The paper provides an update on the strategic development of adult weight management services previously outlined to the Board in 2014.

Key Issues to be considered:-

- Expansion of community based weight management services in conjunction with a commercial provider
- Optimisation of specialist weight management services to provide intensive interventions for complex patient groups.
- Expansion of surgical intervention as a treatment option for suitable patients in line with National Planning Forum guidance

Any Patient Safety /Patient Experience Issues:-

Improve patient experience through service redesign and expansion of community services and development of effective pathways.

Any Financial Implications from this Paper:-

The rebalancing of specialist weight management services and bariatric services will aim to be cost neutral in longer term.

The Community Weight Management Service is funded from National non recurring 'bundle' funding.

Any Staffing Implications from this Paper:-

The service redesign programme requires Organisational Change and Partnership involvement and staffing implications are being scoped.

Any Equality Implications from this Paper:-

An EQIA of the Community Weight Management Service has been undertaken and actions addressed. A further EQIA of specialist services will be undertaken as part of the redesign programme.

Any Health Inequalities Implications from this Paper:-

Community Weight Management Service will be free at the point of service for all clinically eligible patients. Local and flexible service provision will improve service access for patients. Specific promotional activity will be undertaken with practices serving the most deprived communities.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-

Considerations regarding demand exceeding supply will be controlled by ongoing management of eligibility criteria / thresholds for service.

Short term funding risk (prevention bundle) will be managed through time limited contracting processes.

Highlight the Corporate Plan priorities to which your paper relates:-

Prevention and Early Intervention

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ADULT WEIGHT MANAGEMENT SERVICES

1. Introduction

Over half of NHSGGC adults are overweight and obese with 24% of local residents classified as obese (Scottish Health Survey 2008-11) with a BMI above 30kg/m. Local Health and Wellbeing Survey self reported data are routinely lower than national data suggesting an underestimation of weight which arguably reflects a 'social norming' or lack of awareness of weight and recognition of overweight.

Levels of obesity increase significantly with age, women tend to be more obese from an earlier age with more women becoming severely obese than men and whilst obesity levels are in general higher in the most deprived communities, the differences are levelling out (due to increasing levels of obesity in the least deprived areas in recent years; Zhu J, et al. 2015¹). The impact of deprivation is more notable in relation to female obesity levels than males.

The health implications of obesity are serious and increase with BMI; average life expectancy can be reduced by 2–10 years across BMI range of 30-50 kg/m (National Obesity Observatory 2010). Average health care costs for people with a BMI of 40 are estimated to be at least twice those of people within a normal weight range and obesity is associated with the three of the five common reasons for GP visits. (Obesity in Scotland, SPICe 2015). Intervention on obesity is recommended based on an individual's co-morbidities and risks rather than weight alone. Patients with BMI 25-35 kg/m², a 5-10% weight loss intervention is recommended for cardiovascular disease and metabolic risk reduction. SIGN 115².

The strategic direction for NHSGGC weight management services was initially outlined to NHSGGC Board Quality and Performance Committee in Sept 2014 and is summarised as:

- Expansion of community based weight management services in conjunction with a commercial provider;
- Optimisation of specialist weight management services to provide intensive interventions for complex patient groups;
- Expansion of surgical intervention as a treatment option for suitable patients in line with National Planning Forum guidance.

¹ Zhu J, et al. (2015) Temporal Trends in Socioeconomic Inequalities in Obesity Prevalence Among Economically-Active Working-age Adults in Scotland Between 1995 and 2011: A Population-based Repeated Cross-sectional Study, *BMJ Open* 5:e

² SIGN 115 (2010), Management of Obesity, A National Clinical Guideline. Healthcare Improvement Scotland: <http://www.sign.ac.uk/pdf/sign115.pdf>

The Board supported the approach that access to service is prioritised initially with a focus on tertiary prevention. Eligibility will be based on clinical need, defined through an initial range of conditions / co-morbidities associated with weight loss related health gain.

In September 2014 the Quality and Performance Committee approved the development of new service models required to deliver the direction of travel outlined above. This paper provides an update on the development and implementation of Adult Weight Management Services within NHSGGC.

2. NHSGGC Current Position

2.1 Community Weight Management Service

Prevalence of overweight and obesity is such that whilst it is not feasible or appropriate to provide service to everyone affected, the service capacity requires to be increased significantly to address a greater proportion of the affected population. Stakeholder feedback indicates that greater flexibility in location, evening and weekend provision is required. The service is required to meet the needs of our diverse population and in particular to be accessible for deprived communities.

In 2015 Weight Watchers were awarded the tender to provide NHSGGC community based weight management programme, demonstrating delivery of 'lifestyle interventions' in line with SIGN 115 and evidence of high levels of effective weight loss outcomes (5-10Kg or 5-10% body weight) in NHS referred patients. A total of 80 groups are now accessible to NHSGGC patients across the 6 Health and Social Care Partnerships. Detailed Equality Impact Assessment work has been undertaken with Weight Watchers to ensure accessibility requirements are met.

Community Weight Management interventions are funded from National ring-fenced funding for Adult Healthy Weight interventions.

Secondary Care Referral has now been initiated in key secondary care clinics and referral pathways have now been established from Lipid / Liver; Dermatology; Hypertension and Cardiology clinics. Whilst referral numbers are currently small, results are encouraging with the majority of patients achieving attendance and weight loss criteria (>5kg) in the first 12 weeks of service. Successful patients are offered additional service in line with continuing weight loss and attendance criteria.

Primary Care Referral has been subject to ongoing discussion with the Local Medical Committee, who requested that a 'self referral' model was explored to avoid any undue presentations at GP practices associated with gaining access to a commercial Weight Management Service.

A self referral proposal was presented to the Local Medical Council (LMC) on March 21st 2016 which would enable patients with existing Heart Disease / Stroke /

Diabetes with a BMI>30 to access services via a telephone booking system with consent to obtain medical history.

The LMC also considered the introduction of a single referral form to create a single point of access to weight management services (community and specialist services including bariatric) allowing the triaging of patients to intervention based on BMI and complexity of co-morbidity (criteria are sensitive to ethnicity risk). This would enable patients suitable for bariatric surgery to be identified as early as possible post referral.

In addition, primary care referrals would also include patients at high risk of Diabetes (BMI>25); patients with elevated blood lipids; patients with mobility issues exacerbated by overweight and patients requiring weight loss for surgical intervention.

Following support from the LMC and working closely with Health and Social Care Partnerships, primary care referral will be enabled in April and a programme promoting the roll out of self referral and primary care referral will be launched in May 2016.

An interactive and multidisciplinary learning e-module on motivational behaviour change for weight management in diabetes patients is currently being developed in collaboration with Diabetes MCN and pharmaceutical industry colleagues. The resource will be piloted in spring 2016 with a randomised practice study being undertaken in the following autumn. The final module will form the basis of a multidisciplinary learning plan for weight management and diabetes for rollout from early 2017.

2.2 Specialist Service

The redesign of the Specialist service requires a new service delivery model; a revised skill mix within the service and revised interventions based on new evidence for very low calorie and liquid diets as well as increased access to Bariatric surgery to enable improved outcomes.

National Planning Forum guidance identifies the requirement for an increase in NHSGGC Bariatric surgical interventions from 40 to 108 per annum (excluding revisional cases). No additional national funds have been allocated to support the Bariatric Service development and the Director of Public Health and the Director of Acute Services (North Sector) have determined resources require to be identified through service redesign.

NHSGGC therefore requires to 'rebalance' its current specialist weight management service (GCWMS) in order to meet an increase in surgical activity (providing both pre and post-operative care) as well as delivering increasingly intensive interventions with heavier and more complex patients.

The redesign programme has been initiated by the Acute Services (North Sector) under the Organisational Change Policy and a number of work streams have now been initiated.

A period of service transition will be required where the current GCWMS service model is wound down and current patients complete service interventions or are transitioned into new arrangements. Whilst new referrals will be triaged where possible to Community Weight Management services, referrals requiring further assessment (within the specialist service) will be 'held back' for a minimum fixed period to allow the new service arrangements to be introduced.

3. Next Steps

A communication plan to support the roll out of the Community Weight Management service across primary care and launch the 'one stop shop' for weight management, is in development and links with Clinical Directors and local primary care/health improvement colleagues in Health and Social Care Partnerships will be made.

Both the Community Weight Management pilot and GCWMS/ Specialist Service will continue to be evaluated in relation to referral and attendance rates, as well weight loss outcomes. The self referral model will be specifically considered along with other referral sources, baseline demographics and co-morbidities.

Eligibility criteria and service uptake will continue to be monitored to ensure demand is appropriately managed and patients receive appropriate support and intervention. The role of the Obesity Strategic Planning Group will be reviewed to provide a governance role across both services.

4. Conclusions and Recommendations

The introduction of the community weight management service is intended to increase the capacity of weight management services within Greater Glasgow and Clyde, direct patients to the service and intervention most appropriate and acceptable to their needs, whilst allowing specialist resources to be targeted.

The two year pilot period will ensure the commercial service model is both effective and fit for purpose to all stakeholders.

Longer term, NHS service changes are intended to ensure the most effective interventions are provided to patients who require specialist support and intensive interventions such as Bariatric surgery are provided appropriately to patients who would achieve most health gain.

The Board of NHSGGC is asked to:

- Note progress on the implementation of the Community Weight Management Service
- Support the process of organisational change required to redesign Specialist Weight Management Services