**Weight Management, Healthy Eating, Physical Activity**

**Assess Status**

**Weight Coding Guidance**

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| **Status** | **Definition** |
| BMI 18.5-24.9 | BMI within healthy range |
| BMI 25-29.9 | BMI within overweight range which poses increased risk to health/condition |
| BMI 30-34.9 | BMI within obese range which poses increased risk to health/condition |
| BMI >35 | BMI in range which poses increased risk to health/condition |

**Healthy Eating Coding Guidance**

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| **Status** | **Definition** |
| 1FEB.. Diet poor | Patient has identified aspects of diet for further discussion |
| 1FH. Healthy diet | No issues with diet |

**Physical Activity Coding Guidance**

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| **Status** | **Definition** |
| 138b. GPPAQ physical activity index: active | Patient has been physically active for 30 mins on 5 or more days  OR  Patient has been physically active for at least two and a half hours (150 mins) e.g. has taken part in 2 x 75mins of physical activity. |
| 138X. GPPAQ physical activity index: inactive | Patient has been physically active for 30 mins on less than 5 days  OR  Patient has been physically active for less than two and a half hours (150 mins) |
| 1381. Exercise physically impossible | Physical activity is appropriate for most individuals, including those with conditions such as CHD and COPD, as well as individuals with a physical disability such as those that are wheelchair dependent.  However a Practitioner should use their own judgement to determine appropriateness due to personal circumstances or medical conditions. |

**Goal Setting**

**Weight Management, Healthy Eating and Physical Activity Referral**

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| **Preferred READ Code** | **Definition** | **Action** |
| 8HHH. Referral to weight management programme | Patient offered referral to GGCWMS  Using Gateway referral form  Use  1 accepted  2 declined  3 unsuitable | If patient has BMI >= 45kg/m2 or >= 25kg/m2 with a co-morbidity or another reason for intervention offer referral to GGCWMS |
| 66CG. Weight management programme offered | **Weight Management Support**  Patient offered referral to local community food and weight management services for support with weight management. | If patient not eligible for GGCWMS consider referral to other local community based service.  Please follow referral pathway on Health and Wellbeing Directory |
| 8H76. Refer to dietician | **Healthy Eating Support**  Patient offered referral to local community food and weight management services for support with healthy eating | Please follow referral pathway on Health and Wellbeing Directory |
| 8BAH. Exercise on prescription | Patient offered referral to Live Active | Please follow referral pathway on Health and Wellbeing Directory |
| 138S. Declined referral to physical exercise programme | Patient declined referral to Live Active | N/A |
| 8Cd4. Physical activity opportunity signposted | Patient **accepts** signpost to Live Active | Referral pathways differ for each condition. Please see below for further guidance. |
| 8E71 Therapeutic exercise | Patient offered signposting to Vitality | Please follow referral pathway on Health and Wellbeing Directory |

**Condition Specific Physical Activity and Weight Management Referral Pathways**

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| **CONDITION** | **LIVE ACTIVE Actions** | **VITALITY Actions** |
| **CHD**  **New diagnosis**  (or had new cardiac event in past 6 months and did not attend/complete cardiac rehabilitation). | Please go to cardiac rehabilitation section. | Please go to cardiac rehabilitation section. |
| **Established Heart Disease**  **LVSD**  **NYHA grade 1 or 2** | Please consult Live Active referral criteria document on Health and Wellbeing Directory and give patient information leaflet.  Patient required to perform ETT prior to referral to service.  Refer via SCI Gateway or send Referral Form B to local Live Active Advisor. | Please refer to Live Active referral scheme.  The Live Active Advisor will be able to signpost patient to Vitality once properly screened. |
| **LVSD**  **NYHA grade 3** | Offer patient advice about physical activity – “do not avoid gentle exercise. Start with small amounts. The best and safest exercise is simply walking”. See My Heart Book for heart failure. | |
| **LVSD**  **NYHA grade 4** | Please ensure patient is being managed by the HFLNS. | |
| **Stroke/TIA who are at least mobile with or without a walking aid**  **Please note – if patient also has history of established heart disease, please go to ‘Established Heart Disease’ section this table** | Consult referral criteria document on Health and Wellbeing Directory and give patient information leaflet.  Refer via SCI Gateway or send Referral Form A to local Live Active Advisor.  Please note – if return to physical activity is problematic e.g. due to spasticity etc then phone Community Stroke Team Physiotherapist for advice prior to referral to community exercises programme or for referral to the Community Stroke Team (tel: 427 8377). | |
| **COPD**  **MRC grade 1 or 2**  **and**  **All other medical conditions** | Consult referral criteria document on Health and Wellbeing Directory and give patient information leaflet.  Refer via SCI Gateway or send Referral Form A to local Live Active Advisor. | |
| **COPD**  **MRC grade 3, 4 or 5** | Please go to pulmonary rehabilitation section. | |

**Weight Management, Healthy Eating and Physical Activity Advice**

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| **Preferred READ Code** | **Definition** | **Guidance** |
| 67I9. Advice about weight | If patient offered relevant information | If patient not ready to lose weight at present offer relevant information  If patient does not wish referral to service offer relevant information |
| 6799. Health ed – diet | If patient offered relevant information | If patient not ready to make changes to their eating habits at present offer relevant information  If patient does not wish referral to service offer relevant information |
| 8CAn. Pt given written adv bene phy activ | If patient offered relevant information  **Please note this code is used as a proxy to denote that the patient has received information. This can be written or verbal information.** | If patient not ready to become more physically active at present offer relevant information  If patient does not wish referral to service offer relevant information |

