



**North East and
North Cumbria**

Tier 3 Weight Management Services

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Tier 3 Weight Management Services

NENC ICB have reviewed the details of Tier 3 Weight Management Services and have agreed the referral criteria below. Any referral to a Tier 3 Weight Management Service must meet these referral criteria to access any services which are funded by the ICB.

Intervention	Tier 3 Weight Management Services
For the treatment of	Obesity
Commissioning Position	<p>A Tier 3 Weight Management Service will provide specialist assessment and weight management support for adults who have demonstrated that they have maximised primary care and community conservative management which must as a minimum include:</p> <ol style="list-style-type: none"> 1. Receipt of healthy weight and lifestyle advice in primary care AND 2. Evidence of active participation in modification to exercise AND diet, which is patient- or GP-led, or delivered by an independent commercial service or Tier 2 service (e.g. Local Authority, NHS Digital Weight Management Programme, Diabetes Prevention Programme (or other weight loss initiatives such a Weight Watchers, Slimming World etc.) for at least 6 months and have failed to achieve or maintain adequate weight loss goals. <p>Referral to tier 3 weight management services must meet the clinical criteria set out below:</p> <ol style="list-style-type: none"> 1. Adults aged 18+ years registered with a GP in the NENC ICB. 2. BMI ≥ 35 kg/m² with related co-morbidities (see below). 3. BMI ≥ 40 without related co-morbidities 4. BMI of 50+, including those who have not engaged with Tiers 1 or 2 but where the GP feels that the individual will benefit from Tier 3 input sooner. 5. The underlying causes of obesity need to be assessed. 6. The person has complex disease states or needs that cannot be met in Tier 2. 7. Have an understanding of the commitment required for a Tier 3 programme. This should include nutritional advice, exercise and lifestyle support AND are willing and able to engage and participate in ALL of these aspects of a Tier 3 programme. 8. Individuals who may be referred to Tier 4 obesity services (bariatric surgery) and therefore require assessment and preparation. 9. Those with the above but who are not suitable for surgery or who are assessed as benefitting longer-term from non-surgical intensive support to manage their weight as an alternative to bariatric surgery. 10. By GP discretion, there is a tolerance of unit BMI 2.5 kg/m² on each element of the criteria above in relation to risk groups that have higher obesity prevalence rates particularly those with black African or Caribbean and South Asian heritage. 11. Systems should be developed within the service to ensure access for hard-to-reach groups and/or those with health needs like people with learning disability, severe mental illness,

disadvantaged population and people having acute medical needs (e.g. people waiting for heart transplantation).

Significant co-morbidities include:

- Significant cardiovascular disease.
- Patients with pre-diabetes (Hba1C between 42-47mmol/mol) and BMI over 40 (-2.5% other ethnicities).
- Patients with type 2 diabetes (HbA1c 48mmol/mol or more) and BMI over 40 (-2.5% other ethnicities).
- Patients with BMI between 35-40 (-2.5% other ethnicities) with onset of Type 2 diabetes within 10 years'.
- Patients with complex mental health and psychological issues with raised BMI.
- Patients with eating disorders, disordered eating and weight related mental health issues.
- Sleep apnoea.
- Benign intracranial hypertension.
- Hypertension
- Hyperinsulinaemia
- Dyslipidaemia – LDL >4.1 mmol/l and/or non-HDL 5.1mmol/l
- Exacerbation of conditions such as asthma
- Patients with a BMI > 35 precluded from the waiting list for surgery on basis of their BMI.

Criteria for exclusion

Referrals should not be made for individuals who:

- Patients not registered with a NENC practice
- Patients under the age of 18
- Patients with a who have a BMI $\leq 30 \text{ kg/m}^2$
- Referred from an inpatient mental health unit.
- Patients who are unable to participate in ALL of the components of a tier 3 weight management programme including nutritional advice, exercise, and lifestyle support.
- Have a diagnosis of active Inflammatory Bowel Disease.
- Require or request weight loss injections alone or require Very Low Calorie Diets.
- Patients consuming more than 20 units of alcohol per week.
- Are referred for other medical/pharmaceutical management of obesity which sit outside of agreed pathways agreed by the ICB.
- Have had previous bariatric surgery.
- Patients who have been previously referred into the service and have left the pathway early or have disengaged from the services, who are seeking to re-enter as a re-referral will not be eligible within 24 months and will be considered on a case-by-case basis.
- Patients who have previously participated in the NENC Tirzepatide Primary Care Pathway, left the pathway or have disengaged from the service (includes interaction with primary

	<p>care appointments and behavioural support for obesity programme), who are seeking a referral to this service will not be eligible within 24 months and would only be considered on a case by case basis.</p> <ul style="list-style-type: none"> • Are pregnant • Those diagnosed with active substance abuse • Patients with active cancer and undergoing treatment. • Severe cognitive impairment/uncontrolled mental health/personality disorders which will make it difficult for the patient to engage.
Summary of Rationale	<p>The criteria are supported by NICE Clinical Guidance NG246 Overweight and Obesity management (which has replaced CG189 Obesity: Identification, assessment and management). People with South Asian, Chinese, other Asian, Middle Eastern, Black African or African Caribbean family backgrounds have an equivalent risk of complications of obesity at a lower BMI than people from a White ethnic family background. For this reason, the BMI levels are reduced by 2.5kg/m² in accordance with NICE Clinical Guideline NG246 (which has replaced CG189).</p>
References	<p>NICE Guideline NG246: Overweight and Obesity management 2026</p> <p>Report of the Working Group into Joined Up Clinical Pathways for Obesity: owg-join-clinc-path.pdf</p>
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