## **Weight Management Services**

The Weight Management Enhanced Service includes payment for referral to any of the follow eligible services.

Service	Eligibility criteria for the service	Service Description	How to refer into the service
NHS Digital Weight Management Programme	<ul> <li>BMI over 30 or 27.5 for those of Black, Asian and other minority ethnic groups</li> <li>Aged 18 years and over</li> <li>Not pregnant</li> <li>Patients with hypertension and/or diabetes. This service should be the default option for this cohort of patients.</li> </ul>	Summary (description, cost, format and location) A free 12 week digital weight management programme. Service users can participate via an App or web-based platform  The service is delivered across 3 levels of intensity. Level 1 – access to digital content only. Levels 2 and 3 – access to digital content, plus a minimum of 50mins (level 2) or 100mins (level 3) of human coaching. The system triages service users to the most appropriate level of support.	Referral by a suitably trained and competent GP practice or PCN healthcare professional.  Referral via the existing e-referral System (e-RS).  Further information on the programme and how to refer: <a href="https://www.england.nhs.uk/digital-weight-management/">https://www.england.nhs.uk/digital-weight-management/</a> .
National Diabetes Prevention Programme (Healthier You Programme)	<ul> <li>Be aged 18 or over (no upper limit)</li> <li>Is not pregnant</li> <li>Does not have a diagnosis of Diabetes</li> <li>Has 'non-diabetic hyperglycaemia' (NDH) identified by blood test within the last 12 months.</li> <li>NDH is defined as: HbA1c of 42-47mmol/mol (6.0%-6.4%), or; Fasting Plasma Glucose (FPG) of 5.5-6.9mmol/l, or; Oral Glucose Tolerance Test (75g load) 2hr result of 7.8-11.0mmol/l (If the patient has a history of Gestational Diabetes Mellitus (GDM) then HbA1c can be below 42 or FPG below 5.5)</li> </ul>	<ul> <li>Summary (description, cost, format and location)</li> <li>Programme is free and delivered over a 9 month period.</li> <li>Behavioural intervention is underpinned by three core goals: <ul> <li>achieving a healthy weight</li> <li>achievement of dietary recommendations</li> <li>achievement of CMO physical activity recommendations</li> </ul> </li> <li>The programme is made up of at least 13 sessions, with at least 16 hours face to face contact time, spread across a minimum of 9 months, with each session lasting between 1 and 2 hours.</li> </ul>	Referral by a suitably trained and competent GP practice or PCN Healthcare professional.  Referral via the existing e-referral System on S1/ EMIS etc. Referral forms are online.  A free-to-access e-module on the Healthier You programme is available for healthcare professionals.  https://elearning.rcgp.org.uk/nhsdpp

Service	Eligibility criteria for the service	Service Description	How to refer into the service
LA commissioned Tier 2 Service(s)		Tier 2 services have been paused due to the withdrawal of funding from Local Authorities. South Tees Public Health are looking at options around provision of a Tier 2 service and will update as soon as possible.	
Tier 3 Specialist Service	<ul> <li>Over 18, or over 16 if clinically agreed</li> <li>Patients with a BMI above 40</li> <li>Patients with a BMI above 35 and significant co-morbidity such as: <ol> <li>Diabetes</li> <li>Hypertension</li> <li>Heart disease</li> <li>Severe respiratory disease including COPD/asthma</li> <li>Sleep apnoea</li> <li>Severe hyperlipidaemia</li> </ol> </li> </ul>	A fully structured Tier 3 specialist weight management service covering Middlesbrough, Redcar, Stockton and Hartlepool.  This is a highly specialised multidisciplinary clinic comprising a bariatric physician, specialist dietitians, specialist clinical psychologist, physiotherapist, health care support workers and administrators.	Referral from GP via ERS  It is expected that patients will have engaged with Tier 2 services before referring to Tier 3

Service	Eligibility criteria for the service	Service Description	How to refer into the service
Tier 4 Specialist Service	<ul> <li>Over 18</li> <li>BMI over 40, or between 35-40 in the greater presence of other significant disease</li> <li>Morbid / severe obesity has been present for at least 5 years</li> <li>The individual must have recently attended and complied with a local specialist obesity service weight loss programme (nonsurgical Tier 3/4) for the duration of 12-24 months.</li> <li>For patients with BMI &gt; 50 attending a specialist bariatric service, this period may include the stabilisation and assessment period prior to bariatric surgery. The minimum acceptable period is six months</li> </ul>	Bariatric surgery is the most effective weight-loss therapy and has marked therapeutic effects on patients with Type 2 diabetes.  Options available are  Gastric Banding Gastric Bypass Sleeve gastrectomy Duodenal switch.  The Tier 3 service works closely with both STHFT and NTHFT Tier 4 services	Referral from GP via ERS  It is expected that patients will have fully engaged with Tier 3 services before onward referral to Tier 4

Service	Eligibility criteria for the service	Service Description	How to refer into the service
RemiD – diabetes remission service	Participants must meet all the following criteria:  - Age 18 - 65 - Type 2 diabetes of less than 6 years duration  - BMI 27kg/m2 or above (25 kg/m2 or above in people of South Asian or Chinese ethnicity)  - HbA1c <108 mmol/l and >43 mmol/mol on glucose-lowering medication or >48mmol/mol without glucose-lowering medication  - motivated and ready to change  - not on insulin  - not pregnant	12 week intensive dietary and lifestyle intervention based on the DiRECT study which aims to help patients;  - Lose weight  - Put diabetes into remission  - Reduce medications  - Improve overall health  The service is led by the diabetes team from South Tees NHS Foundation Trust and includes face to face appointments with a specialist diabetes dietitian, option of virtual/ telephone reviews plus support from an activity co-ordinator to help sustain weight loss.  Additional 1:1 appointment and an option of monthly group sessions following the intervention are available for up to 1 year.	Can be referred via primary care health professionals (electronic referrals via SystmOne in near future)  For further information contact stees.diabetesremissionservice@nhs.net