

Improving Health Through The Provision of Weight Management Services

Executive summary of the evidence and current guidelines for General Practitioners and Clinical Commissioning Groups

Obesity is a serious chronic disease that increases morbidity and reduces life expectancy

Obesity is a chronic, progressive disease, which requires a long-term management approach. The impact of rising weight on the treatment of obesity-related diseases is escalating; 44% of the diabetes burden, 23% of the ischaemic heart disease burden and up to 41% of certain cancer burdens are attributable to overweight and obesity. The risk of these diseases increases, with increases in BMI. Severe obesity reduces life expectancy by 10 years. More worryingly, a person aged 18-30 years with severe obesity loses 11-19 years of healthy life.

Prevention of obesity is of utmost importance

- Obesity is a complex, systemic issue with no single or simple solution.
- Behavioural, genetic, environmental and social elements all contribute to weight gain and impact health equality.
- Given this complexity, only a comprehensive, systemic programme of multiple interventions is likely to be effective.
- Weight management strategies need to be lifelong, multimodal and encompass changes in diet, behaviour and physical activity.

The tiered system of weight management

Tier 1 includes prevention initiatives, Tier 2 lifestyle interventions, Tier 3 specialist medical services through to Tier 4 bariatric surgery. We know the right treatment needs to be available at the right time for each patient.

Commissioning of Tier 3 and Tier 4 services needs to be improved

Tier 1 and 2 are commissioned to varying degrees throughout the UK. Commissioning of Tier 3 services across the UK is highly variable and, in some areas, absent and less than 1% of NICE eligible patients are able to access Tier 4. The evidence supporting Tier 4 bariatric surgery interventions need to be made widely available to promote this underutilised and beneficial intervention. Future commissioning of Tiers 3 and 4 against fixed criteria is crucial to ensure uniform services and equal access for patients across the country.

Tier 3 services consist of a clinician-led multi-disciplinary team of specialists who offers specialist dietary, medicinal and psychological treatments with detailed and regular follow-up. It forms the first link between community and specialist care. It is important to recognise that Tier 3 clinics are not only for assessing and selecting patients for surgery. They provide an intensive lifestyle intervention important in its own right; not all patients will go on to need or want bariatric surgery after Tier 3 intervention. Without this intensive support, evidence shows that non-surgical interventions alone, or in combination, are ineffective in maintaining long-term weight loss.

Tier 4: Bariatric surgery leads to long term health benefits

- Bariatric surgery produces sustained weight loss with reduced morbidity and a 30-40 % decrease in mortality and improved quality of life.
- It is safe. 30-day mortality is 1.6 per 1000 patients and in-hospital mortality is 0.07%, both lower than most common elective laparoscopic operations.

- Remission of type 2 diabetes and decrease in complications. 65.1% of patients with type 2 diabetes were able to stop medications by 2 years post-surgery, which rose to 80% at 3 years.
- Resolution/improvement of co-morbidities: hypertension, liver disease, obstructive sleep apnoea, musculoskeletal disorders and infertility.
- Reduction in overall cancer risk and female-specific cancers
- Prevention of type 2 diabetes, stroke and ischaemic heart disease

Timing of surgery is crucial. Bariatric surgery to treat type 2 diabetes is significantly more successful if performed within 8 years of type 2 diabetes diagnosis.

Bariatric surgery should be performed by experienced surgeons in a high volume, specialist centre. This leads to reduced mortality, length of stay, complications and higher patient turnover.

Patients require long-term multidisciplinary care as part of a shared care model. In the same way that other chronic diseases such as heart disease and diabetes are managed, weight management should entail regular check-ups as part of a shared care model.

Suggested steps to establish weight management services in a region

1. Find out the degree of obesity in the local population. What is **the need** for and potential uptake of each Tier of the service?
2. Use the NICE local costing template to **estimate initial and future expenditure**. Enquire about funds available from NHS England and allocate budgets accordingly.
3. **See what services are already available** in the region and nationally. Many Tier 2 and exercise referral services are well-established and funded. These may contribute to a specialist Tier 3 weight management service with additional input.
4. Look at **models for effective commissioning of Tier 3 and Tier 4 services**. Work with your acute provider to commission effective services, ensuring appropriate pathways into bariatric surgery, enough theatre time and effective after-care with at least 2 years follow-up.
5. **Identify a champion for obesity**. This could be a lead physician or a commissioning champion.
6. **Produce local primary care guidance** to cover how to raise the issue of obesity with patients, what the local referral pathways are and what is required from GPs post-surgery.
7. **Implement effective monitoring and evaluation of services**, including contributing to national registries.
8. **Liaise with other CCG regions**. Explore existing commissioning policies and shared needs with regions of similar population demographics. This will be advantageous in achieving the economies of scale, sharing limited specialist resources and adhering to the IFSO guidelines for safety, quality and excellence in bariatric surgery.