HNY 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.

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| Intervention | **Tier 3 Weight Management Services** |
| For the treatment of | Obesity |
| Commissioning Position | Referral to tier 3 weight management services must meet the clinical criteria set out below:   1. Be over 18 years and over and registered with a HNY GP and referred by a GP 2. Have a BMI ≥35kg/m2 with any one of the comorbidities listed:  * Hypertension * Hyperinsulinaemia * Dyslipidaemia * Type 2 diabetes * Psychosocial dysfunction * Exacerbation of conditions such as asthma   or a BMI ≥40kg/m2 without comorbidities  These BMIs are reduced by 2.5kg/m2 for people from a South-Asian, Chinese, Black African or Caribbean family background.   1. Have demonstrated that they have maximised primary care and community conservative management which must as a minimum include:  * Receipt of healthy weight and lifestyle advice in primary care AND * 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.  1. Patients with a BMI ≥50kg/m2 may be referred directly without evidence of compliance with Tier 2 if they meet the other requirements and have been offered a trial of pharmacological interventions where there are no contra-indications. 2. 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. 3. Weight loss goals must be met at 6 months to continue treatment into months 7 to 12.   **Criteria for exclusion**  Referrals should not be made for individuals who:   * Have a BMI less than that stated in the inclusion criteria. * Have a diagnosed eating disorder, disordered eating, or complex mental health issues, for example suicidal ideation. * 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 * Require or request weight loss injections alone or require Very Low Calorie Diets. * Are referred for other medical/pharmaceutical management of obesity which sit outside of agreed pathways agreed by the ICB. * Have a greater nutrition risk, for example are receiving cancer treatment, or palliative care. * Are pregnant. * Have a diagnosis of active Inflammatory Bowel Disease * Have had previous bariatric surgery * Have previously been referred and accepted onto a tier 3 weight management service * Patients consuming more than 20 units of alcohol per week * Patients under investigation for cardiac disease |
| Summary of Rationale | The criteria are supported by NICE Clinical Guidance 189 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 CG189. |
| References | [Recommendations | Obesity: identification, assessment and management | Guidance | NICE](https://www.nice.org.uk/guidance/cg189/chapter/Recommendations)  Report of the Working Group into Joined Up Clinical Pathways for Obesity: [owg-join-clinc-path.pdf](https://www.england.nhs.uk/wp-content/uploads/2014/03/owg-join-clinc-path.pdf) |
| Effective from | October 2024 |
| Policy Review Date | April 2025 |