**Plymouth & West Devon Tier 2 and Tier 3 Specialist Weight Management Service Referral Form**

**Please note:**

* Tier 3 Specialist Weight Management Services are **not** linked to the NHS Digital Tier 2 Weight Management Programme: [NHS Digital Weight Management Programme - South & West (devonformularyguidance.nhs.uk)](https://southwest.devonformularyguidance.nhs.uk/referral-guidance/western-locality/weight-management/nhs-digital-weight-management-programme)
* Patients are offered up to 12 months of MDT weight management support and are given a target weight to achieve prior to being eligible for referral to Tier 4 Specialist Weight Management Services for consideration of bariatric surgery. Patients who don’t meet their target weight within 12 months are discharged from the service (with 6 months direct access to the service if the target is latterly achieved). Please note, **patients are not eligible for re-referral for 2 years from the date of discharge from the service.**

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| Date of referral: |  | |
| Primary Care referral  Yes | Secondary Care referral  Yes | |
| Referrer name:  Organisation:  Team Contact No: Email: | | |
| Usual GP:  GP Organisation:  Team Contact No: Email: | | |
| Patient information | | |
| NHS No |  | |
| Surname: | First Name: | |
| Title: | Gender: | D.O.B: |
| Address:  Postcode: | Tel: | |
| Mobile: | |
| Email: | |
| Ethnicity: | Language spoken: | |
| Interpreter/BSL Required (if yes, what language):  Yes  No  (Please note it is not appropriate for friends or family to act as interpreter) | | |
| Patient (or relevant guardian if patient lacks consent) gives consent for referral?  Yes  No | | |
| Current BMI | | |
| Patient has accessed weight management support previously?  Yes  No  Please detail: | | |

**In order to avoid requests for clarification/further information and patient delays, please complete all sections of the:**

* **Tier 2 Referral Criteria**

**OR**

* **all sections of the Tier 3 Patient Referral Criteria (Section 1) are completed AND**
* **one Eligibility Criteria is clearly identified (Section 2 or Section 3).**

**Tier 2 (for Tier 2 referrals, just complete all sections of the Tier 2 referral criteria below)**

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| **Tier 2 Plymouth Patient Referral Criteria (please confirm all referral criteria):** |
| * **Patient 18 years or over**  Yes |
| * **BMI >25 kg/m2** (we recommend checking HbA1c & TFT)  Yes |
| * **Patient Summary (including current medication and past medical history) attached**  Yes |

**Tier 3 (complete Section 1 AND Section 2 or 3)**

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| **Section 1 - Tier 3 Patient Referral Criteria (please confirm all referral criteria):** |
| * **Patient 18 years old or older AND meets one of the Tier 3 Indications listed below**  Yes |
| * **The following blood tests have been checked within the past 6 months and appropriate action has been taken: FBC, U&E, LFT, lipid profile, HbA1c, TFT**  Yes   We also recommend checking B12, ferritin, folate, bone profile, Vitamin D if BMI >35 |
| * **Patient Summary (including current medication and past medical history) attached**  Yes |
| * **Previous NHS Bariatric Surgery** (please provide details/attach letter       )  Yes  No |

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| **Section 2 - Tier 3 Urgent Patient Eligibility Criteria (please tick one option from Section 2 or Section 3):** |
| * Patients awaiting organ transplantation, advised by transplant team  Yes |
| * Patients awaiting urgent cardiac surgery, advised by cardiac team. These referrals will be assessed on an individual basis  Yes |
| * Patients with Idiopathic Intracranial Hypertension (IIH) with sight threatening disease, advised by ophthalmology  Yes |

**Please attach a confirmatory letter (e.g., clinic letter) confirming the advice.**

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| **Section 3 - Tier 3 Routine Patient Eligibility Criteria (please tick one option from Section 2 or Section 3):** |
| * **BMI of at least 30 kg/m2 and newly diagnosed T2DM < 6 years**   [*If your practice has signed up to LES, please consider referral to the NHS Type 2 Diabetes Remission Pathway*]  Yes |
| * **BMI of at least 40 kg/m2**  Yes |
| * **BMI of at least 35 kg/m2 with any of the following weight-related comorbidities**   Yes   **Choose an Item:**  Established T2DM (≥ 6 years)  History of gestational diabetes  Non-diabetic hyperglycaemia (HbA1c 42-47 mmol/mol within 6 months of referral date) and a high risk of cardiovascular disease based on risk factors such as hypertension and dyslipidaemia (defined as the presence of 1 or more of: a total cholesterol level of more than 5 mmol/litre, systolic blood pressure of more than 140 mmHg, or a high-density lipoprotein level of less than 1.0 mmol/litre for men and less than 1.3 mmol/litre for women)  Metabolic dysfunction-associated fatty liver disease (MAFLD)  Infertility in which weight is a barrier to assisted conception therapy  Obstructive Sleep Apnoea, diagnosed by a respiratory specialist.  Gastro-oesophageal reflux disease where management of choice may be bariatric surgery, as determined by an upper GI specialist.  Non sight threating Idiopathic Intracranial Hypertension (IIH)  Patients with stable mental health who are taking atypical antipsychotic with high risk of weight gain (clozapine or olanzapine)  Uncontrolled Hypertension (on 3 or more antihypertensive medications)  Hyperlipidaemia or hypertriglyceridemia requiring pharmacological management or specialist review as per NHS Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD: lipid-management-pathway-v6.pdf (england.nhs.uk)  Cardiovascular disease where outcomes are likely to improve with weight loss, as determined by a cardiologist  Respiratory disease thought to be exacerbated by weight, as determined by a respiratory physician  Renal disease where weight loss is likely to improve outcome or slow progression to dialysis as determined by a renal specialist  Hidradenitis suppurativa, as determined by a dermatologist  Evidence indicates that weight loss will significantly improve surgical outcome and has been recommended by the surgeon (excluding urgent criteria below). Please provide full details, including clinical justification, timescales, and target weights. Referral will be prioritised appropriately. Exceptional cases will be discussed with clinical teams across Devon |

**Please reduce BMI thresholds by 2.5 kg/m2 for people from South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean family backgrounds.**

**In order to avoid requests for clarification/further information and patient delays, please complete all sections of the:**

* **Tier 2 Referral Criteria**

**OR**

* **all sections of the Tier 3 Patient Referral Criteria (Section 1) are completed AND**
* **one Eligibility Criteria is clearly identified (Section 2 or Section 3).**

**Out of scope:**

Patients who are:

* Not registered with a Devon General Practice.
* Age < 18 years
* Patients who cannot attend assessment appointments face to face ⃰
* please contact your local weight management team to discuss suitability of the service if required). †
* Patients in care settings in which food is provided
* please contact your local weight management team to discuss suitability of the service if required). †
* Pregnant Women
* Patients who are unwilling or unable to engage with the complexities of the service e.g., patients with significant learning differences that would prevent meaningful engagement with the behavioural weight management / group based treatments
* please contact your local weight management team to discuss suitability of the service if required). †
* Patients who undergo self-funded bariatric surgery, including overseas, who have not completed a Tier 3 Weight Management Programme and been deemed eligible for bariatric surgery by a Tier 3 team.

**Face to Face Initial Assessment**

⃰ Face to Face initial assessment is required for the following reasons:

1. Physical data collection, e.g. weight, BMI, exercise capacity.

Bariatric equipment held in the community may not have a high enough weight limit. A verified weight is essential for onward planning.

1. Medical examination e.g. fat distribution, medical cause of obesity, optimising medical co-morbidities.
2. To establish rapport.
3. As a measure of engagement and readiness for change. After their initial assessment, many patients will then go into remote groups.

Please contact your local weight management team to discuss suitability of the service if required. †

† **Tier 3 Weight Management Service Contact Details**

Please put ‘Suitability of patient for service’ in the subject

* Exeter & East Devon - 01392 402294
* North Devon - 01271 322306 [rduh.dietetics-northern@nhs.net](mailto:rduh.dietetics-northern@nhs.net)
* South Devon - [Weightmanagement@nhs.net](mailto:Weightmanagement@nhs.net) or 01803 654823
* Plymouth & West Devon - [livewell.weightmanagement@nhs.net](mailto:livewell.weightmanagement@nhs.net) or 01752 434623