**Torbay & South Devon 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/south-devon-torbay/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.**

|  |  |  |
| --- | --- | --- |
| 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 | | |
| Known Learning Disability  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 ensure that:**

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

|  |
| --- |
| **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 |

|  |
| --- |
| **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.**

|  |
| --- |
| **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** (Click on ‘Choose an item’ to see the drop-down list. Please see Clinical Referral Guideline for more detail)   **Choose an item.**:  Yes |

**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.**

**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
* 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

**In order to avoid requests for clarification/further information and patient delays, please ensure that:**

* **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).**