

Specialist Tier 3 Weight Management Service

Reference Number: RDF1546-23

Date of Response: 27/06/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

Dear Royal Devon University Healthcare NHS Foundation Trust,

Please supply the following information in relation to the service Tier 3 Weight Management Service:

- 1) *What is the title and grade of the clinician(s) who is clinically responsible for patients seen in this service?*

Answer: Northern Services: Band 7 Advanced Practice Dietitian (remote support provided by Consultant Endocrinologist). Eastern Services: Consultant Physician.

- 2) *Please provide any clinical pathways or protocols or service specifications for this service.*

Answer: Pathways are currently not available for following a review due to the integration of the trusts, the drafted pathway is awaiting ratification.

See also attached pathway and the following webpages:

- <https://www.royaldevon.nhs.uk/services/specialist-weight-management-service/>
- <https://northeast.devonformularyguidance.nhs.uk/referral-guidance/northern-locality/health-promotion/adult-weight-management>

- 3) *Please provide any quality metrics, audit and outcome reports for this service.*

Answer: Please see attached report for Northern Services. Eastern Services report is not currently available.

- 4) *How does the Trust charge for this service:*

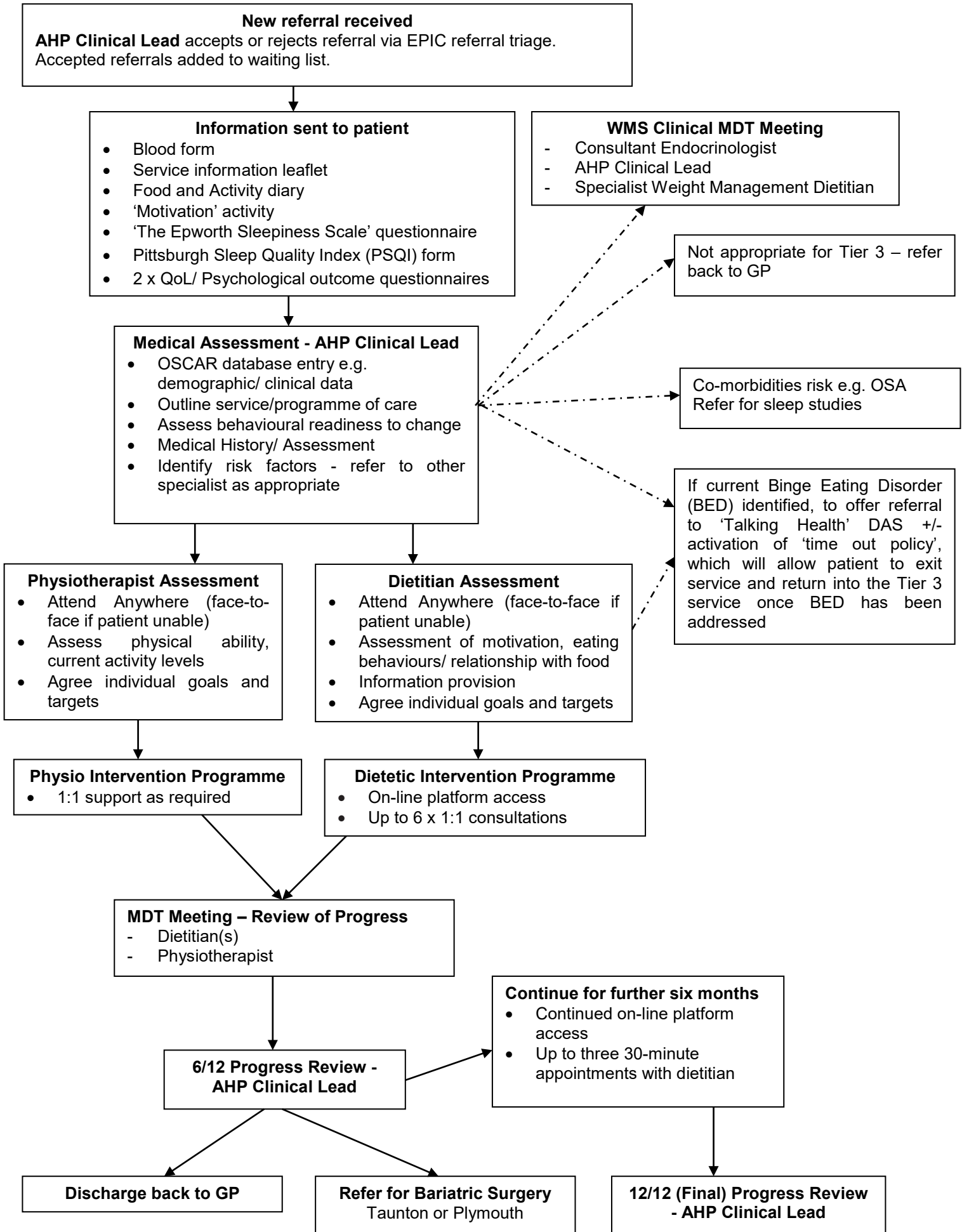
a. *NHS Tariff/Payment Scheme.* – Please see below.

POD Desc	Spec Code	Spec Desc	HRG Code	HRG Desc	Price/ Activity Actual
Outpatient Procedures FUP	300	General Medicine	JC43C	Minor Skin Procedures, 19 years and over	£137.83
Chemotherapy Outpatient	300	General Medicine	SB11Z	DELIVER EXCLUSIVELY ORAL CHEMOTHERAPY	£133.78
Outpatient FUP Single Professional Consultant Led	300	General Medicine	WF01A	FOLLOW UP ATTENDANCE - SINGLE PROFESSIONAL	£113.51
Outpatient FUP Single Professional Non-Consultant Led	300	General Medicine	WF01A	FOLLOW UP ATTENDANCE - SINGLE PROFESSIONAL	£82.43
Outpatient FA Single Professional Consultant Led	300	General Medicine	WF01B	FIRST ATTENDANCE - SINGLE PROFESSIONAL	£204.72
Outpatient FA Single Professional Non-Consultant Led	300	General Medicine	WF01B	FIRST ATTENDANCE - SINGLE PROFESSIONAL	£191.37
Outpatient FUP Single Professional Consultant Led Non Face to Face	300	General Medicine	WF01C	Non-face-to-face follow-up attendance	£77.19
Outpatient FUP Single Professional Non-Consultant Led Non Face to Face	300	General Medicine	WF01C	Non-face-to-face follow-up attendance	£77.19
Outpatient FA Single Professional Consultant Led Non Face to Face	300	General Medicine	WF01D	Non-face-to-face First Attendance	£139.21
Outpatient FA Single Professional Non-Consultant Led Non Face to Face	300	General Medicine	WF01D	Non-face-to-face First Attendance	£139.21

b. *Per Patient/Pathway Pricing.* - Per Patient

c. *Block Arrangement* - Most of the patients have the NHS Devon Commissioner 15N and would be included under the block agreement that we have with them. The block for 22/23 was set as a proportion of 19/20 activity multiplied by the unit prices above.

North Devon Specialist WMS AHP-Led Service Pathway – March 2023



Service Report: North Devon Specialist Weight Management Service Annual Report - 2022

Author: [REDACTED] Advanced Practice Dietitian/ Clinical Lead – North Devon Specialist Weight Management Service

Date: 16th December 2022

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1. Clinical outcome data

Weight Loss

Indicator	Post-Covid Outcome	2019 Outcome	Overall Pre-Covid Outcome
Proportion of completers achieving weight loss at 6 months	59.1%	57.9%	77.6%
Proportion of completers achieving weight loss of >5% at 6 months	29.5%	28.9%	35.5%
Proportion of completers achieving weight loss of >10% at 6 months	6.8%	2.6%	9.3%

Comment

Post-Covid outcome data down on overall pre-Covid outcome data, but interestingly comparable to the last year of outcome data pre-Covid. This is representative of expected yearly fluctuations in data due to known variables and data size, but data indicates relative success of post-Covid service re-design.

It is also important to note that the extended wait list post-Covid means that patients have been being seen 14-16 months after at the point where they were requesting support at referral, posing potential difficulties regarding motivation and also meaning that those patients who historically would have done well are now declining support of the service at the point that they are offered appointments having self-managed their weight. These two factors could negatively influence recent outcome data when compared to historical data.

See Appendix A: Supplementary document - Context of clinical KPI data

Weight Trend (post-Covid data only – Cohorts 66-72)

At initial assessment, weight trend was:

- % patients gaining weight = 71.7%
- % of patients with stable weight = 13.3%
- % of patients losing weight = 15.0%

For the patients gaining weight at initial assessment and attending their 6-month progress review, weight trend at 6-month progress review was:

- Lost weight = 53.1%
- Stable weight = 15.6%
- Total reversing weight gain trend (defined by either weight loss or maintenance) = 68.8%

Comment

It has been postulated that trajectorial weight could be more informative than arbitrary weight loss targets at set timepoints, or at least be complimentary to such data. The data highlights that the majority of patients entering our service are on a weight gain trajectory and our service is effective in supporting patients to reverse this weight gain trend.

Engagement (post-Covid data only – Cohorts 66-72)

- Patient's completing 6-month episode of care i.e. attending 6-month progress review appointment (Cohorts 66-69): 53.3%
- Patient's completing 6-month episode of care (Cohorts 70-72): 84.8%

Actual timepoint of attendance at 6-month progress review:

	6 months	7 months	8 months	9 months	10 months
%Patients	29.5	31.8	15.9	20.5	2.3

- Avg. time for 6-month progress review: 7.25 months (6-10 months)
- 39% of patients have attended at ≥ 8 months for 6-month progress review timepoint

Comment

Increased engagement noted in recent cohorts, or more accurately, an increase in patients attending their 6-month progress review appointment. This is potentially related to a change in booking process driven by an awareness that progress reviews were either not being booked in a timely manner (as outlined in table) or patients were not responding to appointment letters. Current process is for the 6-month progress review appointment to be agreed and booked at the respective patient's final scheduled dietetic follow-up appointment, reducing attrition and ensuring attendance in line with service pathway timeline.

Bariatric Surgery

Indicator	Outcome
Number of patients referred for bariatric surgery (independent of cohort) during 2022	17

Indicator	Taunton	Plymouth
Destination of referral - Tier 4 service	64.7%	35.3%

Comment

Noted increase in the proportion of patients choosing referral to Plymouth Bariatric Surgery Service. In 2018, out of 19 referrals, 21.1% of patients chose to be referred to Plymouth. Since 2016, when we have been able to give patients the choice of being referred to Plymouth, 76 patients had been referred for bariatric surgery prior to 2022, of which 11.8% chose to be referred to Plymouth.

2. Review of the year

What has been achieved?

- Successful implementation of working processes in new electronic record system (EPIC), with minimal disruption to patient care through transition process
- Significant progress made with agreeing pathway for Saxenda through MDT collaboration
- Expansion of OSCAR Platform to include videos to support Physiotherapist intervention
- Established a working relationship with OneSmallStep Service (Tier 2 Service), with a meeting scheduled every four months
- Continued collaboration and mutual supportive relationships with other tier 3 weight management services in Devon

Challenges (and how the service has responded to these challenges)

- Long-term vacancy of B6 Diabetes and Weight Management Dietitian post: RAG rating and management plan implemented to ensure Bariatric Surgery patients and those within Tier 3 WMS prioritised
- Transition to EPIC: engagement with EPIC team to ensure EPIC build met the needs of the service
- New patient waiting list breaching 52-week wait: Information disseminated to GPs to raise awareness and support appropriate service user expectation. Also explored options to expand capacity, including pathway redesign, but ultimately unsuccessful in securing the Locum Dietitian resource required.

Quality Improvement in 2023

The following areas will inform the key drivers and actions in the North Devon Specialist Weight Management Service Improvement Plan for 2023:

- Service evaluation and non-clinical outcome data collection
- Service design
- Revision and updating of patient resources and service information
- Service resilience
- Injectable medication pathway(s)
- EPIC optimisation
- Working relationship with the Plymouth Bariatric Surgery Service

3. Appendices

A. Supplementary document - Context of clinical KPI data

It can be easy to over-emphasise the success of a weight management service based on the proportion of patients achieving >5% weight loss in a six month period.

Given the time and chronicity of individuals challenged with obesity, coupled with the lack of psychologically-informed tier 2 services, many individuals present to tier 3 services with a complete lack of appreciation of the complexity of their eating behaviours (emotionally, dietetically, and behaviourally) or the maintaining impact of life stresses which aren't always easy to change immediately e.g. unhelpful relationships, financial deprivation, working patterns etc. These factors can inhibit effective short- and long-term eating self-care for some. Targets of >5% weight loss in six months are expecting a lot of change in many areas of life that individuals have spent years failing to achieve

It is important to note that the North Devon Specialist Weight Management Service is not a 'weight loss' service, but a 'weight management' service. Indeed, for a number of patients entering the tier 3 service, weight stability/ maintenance is actually a successful outcome in the initial 6 month period e.g. smoking cessation, Binge Eating Disorder (BED), significant weight gain trajectory pre-service. I strongly believe that the North Devon Specialist Weight Management Service is designed and delivered to support the right patient (right place/ time) to self-manage their lifestyle behaviours and health, but if a patient is not in the right place to fully engage it is unlikely that they will be as successful (other factors outside our control which we are unable to influence). Hence, the >5% weight loss target is more a reflection of the 'type' of patient seen in a given period.

The reality is that complex obesity is the "outcome" of an unsuccessful way of relating to ourselves and our lives. Therefore, measuring KPI success should more effectively reflect changes not just to eating and weight loss, but also an increase in a patient's psychological wellbeing. In the absence of long-term data, the best indicators of likely long-term behaviour change are non-weight outcomes. The vast majority of patients entering tier 3 services have lost weight in the past on 'diets', and often at a quicker rate than what is seen within tier 3 services, but this is not sustained due to restrictive, unsustainable change with no education and 'up skilling' of an individual (the responsibility is placed on 'diet'). Tier 3 services focus on skills, tools and confidence to empower individuals to establish sustainable lifestyle behaviour changes. Increased/reinforced motivation to change, increased awareness of behaviours/underlying drivers, improved self-efficacy and weight-related quality of life, in addition to weight, are preferable indicators of successful service provision.

Validated tools for Quality of Life, Self-esteem, and Eating Self-efficacy were identified and utilised from 2018 up until the Covid pandemic in early 2020, but have not been utilised since the service re-started in 2021 following a period of suspension. This has been due to a couple of factors, including loss of HCA resource to support data collection and the loss of Audit and Effectiveness Department support in analysing and reporting data. There was a plan for all Tier 3 services in Devon to collaborate and agree on a set of tools that all services would use to ensure comparable data collection across the County, but this work has been put on hold due to the priority workstream related to injectable medications.

In 2018 the service's patient evaluation form was updated to support enhanced collection of patient experience data, including areas such as self-efficacy and wellbeing which were not previously assessed. This provided useful and insightful data and focus on these areas will need to be included in the revised and updated patient evaluation form for the post-Covid service provision.