

Interim Commissioning Policy

Remote Tier 3 Weight Management Services

Criteria Based Access

Date Adopted: 19/12/2024

Version: 1.0

Document Control

Title of document:	Remote Weight Management Services
Version:	1
Purpose:	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
Supersedes:	Not applicable
Ratified by:	Executive Team Meeting (following endorsement by Clinical Effectiveness Group)
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Target Audience	All Cheshire & Merseyside ICB Staff and organisations providing services to the population of Cheshire and Merseyside

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Version Control

Version	Date	Section and Description of Change
December 2024	19 th December 2024	First Approval by ICB

THIS IS A CRITERIA BASED ACCESS POLICY
TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA
BELOW

THIS POLICY RELATES TO ALL ADULT PATIENTS

Remote Weight Management Service

General Principles

1. Clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment. Referring patients who do not meet these criteria to services not only incurs significant costs but also inappropriately raises the patient's expectation of treatment.
2. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment.
3. To be able to accept referrals, any service should align with local Specialist Weight Management service commissioning arrangements. Specifically, the service should:
 - a be part of a full clinical Multi-Disciplinary Team (MDT) to ensure patients are fully triaged, counselled and assessed as part of the pathway for bariatric surgery.
 - b be able to provide the patient with access to a locally accessible face to face treatment option as well as a purely remote digital pathway.
4. Successfully losing significant weight can lead to patients having concerns with the impact of loose or redundant skin. Patients must be advised that removal of loose skin is not routinely funded by the Commissioner with reference to the Abdominoplasty, Liposuction and Body Contouring and other skin excisions policies, as well as the Breast Surgery policy and the Cosmetics policy¹.
5. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in

¹ <https://www.cheshireandmerseyside.nhs.uk/your-health/clinical-policies/>

relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Background

NHS Weight Management services within the Cheshire and Merseyside ICB area are currently commissioned differently in each 'Place' area due to historical differences in the way these services were commissioned. These local services have individual access criteria and can be found at the following link:

[Local weight management services - NHS Cheshire and Merseyside](#)

These services are currently under review with a view to standardising the availability and content of services across the whole of NHS Cheshire and Merseyside. This review will also incorporate prescribing of new medications as directed by NHS England in line with NICE Technology Appraisals. Design and implementation of this local service approach is awaiting publication of specific NICE guidance in December 2024 with a view to the service being available to local residents during 2025.

These criteria have been formulated using the [same criteria](#) which will be introduced for the 2025 service. This approach will align access in local services and to any nationally available remote services. This will ensure that access to services is provided in a managed and sustainable way and that services are available to those with the greatest clinical need and capacity to benefit first.

Further updates to the NHSE implementation criteria are scheduled for early 2025. This policy will be reviewed and updated at regular intervals as these updates are released and will also reflect that, as we treat those with greatest need, access can be expanded in line with NHSE's planned approach.

Referral Procedure

Where a patient is referred into a nationally available remote service, the following procedures will apply:

- The patient will meet the criteria referred to in the section below.
- Any referral must be accompanied with completed blood investigations; height; weight; BMI at time of referral; and must be accompanied by any relevant details of how the patient has engaged with community weight services.

- Patients should be seen in priority order where available, which means firstly according to their priority categorisation and secondly according to the length of time they have been waiting for treatment.
- The service will ensure all referrals are screened for appropriateness, including identifying any psychological and lifestyle issues which may interfere with the patient's engagement in the programme. The service will engage with referrers to ensure the most appropriate patients are referred for assessment.

Criteria

Patients who are able to demonstrate that they meet all of these criteria will qualify for access to available Remote Tier 3 Weight Management services:

1. The patient is aged 18 or over and registered with a C&M GP.
AND
2. The patient has attempted to engage with community weight services but has been unable to gain any benefit.
AND
 - a) Patients must have a BMI \geq 40
AND
 - b) 3 or more related comorbidities that could be improved if they lost weight.

There is a tolerance unit of BMI 2.5 on each element of the criteria above in relation to at risk groups that have higher obesity prevalence rates particularly those with black African or Caribbean and South Asian origin.

Obesity related co-morbidities accepted:

- established cardiovascular disease,
- hypertension,
- obstructive sleep apnoea, or
- dyslipidemia

Exclusions:

The following patients should not be referred:

Patients who:

- are contraindicated for any of the current NICE approved and licensed weight management treatments.

OR

- have been previously referred into the service and have left the pathway early or have disengaged from the services, who are seeking to re-enter as a re-referral will not be eligible within 24 months.

OR

- are unwilling to participate fully and comply with the Weight management Service.

OR

- are suffering from active eating disorders e.g. bulimia nervosa or binge eating disorder, unstable mental health, Alcohol or Substance misuse.
- Pregnant women and women planning to become pregnant - Women becoming pregnant during the programme will be able to pause the programme and return to the service when appropriate following the birth.
- Anyone with an uncontrolled medical condition (e.g. hypertension) preventing an increase in activity.

Medicines Management

The Provider shall ensure that any prescribing must follow the current recommendations of the relevant NHS Cheshire and Merseyside formulary, Area Prescribing Group Guidance (e.g. RAG criteria), NICE technology appraisals and any other guidance and in accordance with all relevant regulations. The provider shall ensure the safe and legal storage, dispensing, disposal of medicines and prescriptions, including sharps collection where applicable if supplying medicines.

Where any prescribing is made under these arrangements which would result in the patient generating clinical waste at home (i.e. sharps) for disposal, the provider should make themselves aware of local arrangements for collection/disposal. They should then inform patients about how to use sharps boxes, the availability of collection and disposal services and where to go for further assistance, as part of providing person centred care.

All prescribers including non-medical prescribers within the service should be suitably competent to prescribe within the specialist area.

If a service supplies medicines directly to patients in line with current Cheshire and Merseyside ICB RAG criteria the cost should be incorporated into the service cost unless deemed “high cost” with prior agreement with the NHS Cheshire and Merseyside. In this case a pass-through charge may be agreed but all costs should be in line with those expected of NHS trusts or in line with nationally agreed pricing such as the current drug tariff.