Evolution of the Torbay and South Devon Level 3 weight management service

Using community venues and self referral

Dr Amanda Stride

26th February 2018
History of our service

- Commenced April 2012
- Prior to this referrals via endocrinology
- Seen primarily by one consultant
- Most review and referral by lead dietician
- Increasing numbers ‘stuck’ in follow up
- No structured programme
- Increasing numbers of referrals
- Further referrals refused until adequate service in place
- Excellent engagement and support from CCG to develop a group based programme.
Aims of service

- Primarily Weight management programme
- Referral route to bariatric surgery
- Follow up of patients post surgery
Discussion of aims of programme

Individual assessment
  Medical, diet, exercise, psychology

Intensive multidisciplinary group programme
  12 sessions, 6 months

One to one intensive programme
  10 sessions, 6 months

MDT
Evolution of service

- Feedback at end of each group reviewed by delivery team
- Changes to content based on this
- 3 major changes since service began
  - Change of venues used
  - Self referral
  - Significant content change
Community venues
# Community venues

## Team and patient feedback

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relaxed, non-clinical environment</td>
<td>Other venue users – disruption, stigma and damage to equipment</td>
</tr>
<tr>
<td>Increased choice of locations – closer to home</td>
<td>Temperature</td>
</tr>
<tr>
<td>Large rooms for activity</td>
<td>Cost</td>
</tr>
<tr>
<td>Ongoing use of community venue post group</td>
<td>Availability</td>
</tr>
<tr>
<td></td>
<td>IG issues</td>
</tr>
<tr>
<td></td>
<td>Travel time – team and equipment</td>
</tr>
<tr>
<td></td>
<td>No clinical support in emergency</td>
</tr>
<tr>
<td>Free parking</td>
<td>Limited parking</td>
</tr>
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<td>Accessibility</td>
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</table>
Biggest issues

Maintenance
## Referral numbers and outcomes

<table>
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<tbody>
<tr>
<td>Number of referrals</td>
<td>253</td>
<td>290</td>
<td>343</td>
<td>348</td>
</tr>
<tr>
<td>&gt; 5% weight loss</td>
<td>13.6%</td>
<td>27.3%</td>
<td>25.4%</td>
<td>27.3%</td>
</tr>
<tr>
<td>0 to 4.9% weight loss</td>
<td>68.2%</td>
<td>39.8%</td>
<td>45.6%</td>
<td>39.7%</td>
</tr>
<tr>
<td>Mod/high level of activity</td>
<td>100%</td>
<td>85%</td>
<td>72%</td>
<td>73%</td>
</tr>
<tr>
<td>Improved HAD score Anx/Dep</td>
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<td></td>
<td>62%</td>
<td>77%</td>
<td>57%</td>
<td>81%</td>
</tr>
<tr>
<td>Improved self-esteem score</td>
<td>59%</td>
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Self referral

- Number of referrals static
- GP surgery visits
- Education of colleagues in secondary care
- CCG – would we give self-referral a go?

- Website
  - https://www.torbayandsouthdevon.nhs.uk/services/nutrition-dietetics/specialist-weight-management/

- GP waiting room screens
Concerns before it started

- How would we verify patients were eligible?
  - BMI

- How would we get the medical information?

- How many referrals would we get?
  - Effort and then none
  - Too many, admin flooded with calls
  - Audit of self-referrals from ‘live date’.
Results to date

- 48 self referrals
- 2 (4.2%) inappropriate
  - BMI too low
  - One told to self-refer by GP
  - Redirected to Level 2 services
- 6 have completed groups
- Others at various stages in process
Patient characteristics

Gender
- Male
- Female

Age
Outcomes

% weight change

Median 2.5%
Range +1 to –9%
2/6 lost >5%
## Outcomes 2

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<th>Patient</th>
<th>Comments</th>
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| 1       | Pleased with weight loss  
Patient not interested in bariatric surgery |
| 2       | Oldest patient  
Stable weight |
| 3       | Significant weight loss prior to and during programme  
Some difficulties attending due to work |
| 4       | BMI 62, age 44  
Modest weight loss  
To be seen in consultant clinic to discuss referral to bariatric surgery |
| 5 and 6 | Husband and wife  
Modest weight loss  
Increased mobility  
Ongoing support Level 2 |
Observations

- No drop outs
- Will compare against other referral routes when larger numbers have completed groups
- Now asking how they came to self-refer

- Steady number of self referrals
- GP surgery asked to provide medical summary once self-referred
  - Quick and easy
  - BMI verification
## Referral numbers and outcomes

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Outcome static with feeling in team that those with BED and EE where not doing as well
Review of 2013 – 2014 outcomes
Mean weight change in BED and EM

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<td>Binge eating</td>
<td>+1.49% (n=11, 6%)</td>
<td>-2.75% (n=176, 94%)</td>
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<tr>
<td>Food to regulate emotions</td>
<td>-1.58% (n=103, 55%)</td>
<td>-4.09% (n=84, 45%)</td>
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Increased links with DAS
Major change from May 2017 driven by outcomes and feedback
Restructuring of programme

Old programme

New programme

Diet
Exercise
Psychology
What next?

- Continue to search for other venues
- Ongoing audit of self-referral
  - Against other referral routes
- Group by group evaluation of programme
- Early indication outcomes have improved
Thank you …

- … to an amazing team who are willing to constantly review and challenge the service and give things a go.

- Any questions?