

Feedback of ICB questions regarding the DWMP from the national team

1. How do GPs get reports back? Docman or SNOMED or something else?

Since Dec 2022 patient level discharge summaries and patient outcomes for referrals into the Digital Weight management programme delivered to GP practices via Docman (in some case MESH platform). This is standard practice and the most efficient and compliant method to streamline and securely manage discharge information.

2. Is programme culturally tailored?

Level 3 service is culturally tailored to meet the needs on those who require a high level of support. The other services aim to provide diet advice and behavioural and lifestyle adaptations.

3. If coaching is offered to service users, will the Providers tell the service user whether it is available in different languages?

We do not offer this service in different languages but we encourage family members to support – This is an adjunct to local services and we recognise this programme may not be for everyone and other local services may be better able to meet special population needs.

4. Is there patient feedback on the programme?

Yes, every patient who gets referred and accepted into the programme with their consent gets sent a questionnaire which collects feedback on different aspects of our programme. It gathers information from those who complete, don't complete and those who fail to commence the service. We have to date received over 5000 responses from patients. Based on the feedback we have received we have listened and made tweaks to our programme. We cannot share Patient feedback due to confidentiality however the Oxford Research Group have done an analysis of the feedback as part of the NIHR evaluation which will be published soon.

5. Referral process is very clunky and long, not intuitive/easy as other programmes

The national team would like to understand what part of the referral process the ICB's find long in case we can support. We will not be changing the referral form but more context is always informative so the specific issue can be understood.

6. If self-referral option were available would greatly increase referrals

Self-referral is not being considered for the programme. This is a tailored offer based on the LTP commitment and for the self-referral offer the comorbidities would not be validated. The national team are not looking to implementing a self-referral pilot at this moment in time.

7. Outcome data (take up, drop outs, completion, outcome and weight loss) would help primary care engagement with the programme and understand it's successes and thereby increase referrals to the program

The peer review paper published in the Obesity Journal demonstrates the uptake completion and outcomes of the national programme showing the programme can

provide clinically meaningful weight loss. Separate to this GP practices also receive patient level discharge summaries and patient outcomes for referrals into the programme.

8. Occasionally clinicians prefer to refer to other programmes e.g. NDPP over the DWMP

This is a different programme for a cohort of people who at risk of type 2 diabetes our programme eligibility states it is for a cohort of people who have type 1 or type 2 diabetes

9. De-prioritisation of obesity in QOF and primary care mindset is a hindrance to promoting the DWMP

This is not a problem for us to solve this is for the Region to address with general practice and where this is happening.

10. Digital 'jadedness' from patients - DWMP only works for a very specific population cohort

We recognise Digital isn't for everyone and our programme is an adjunct to other local authority tier 2 services that maybe on offer in the area and that is fine.

11. DWMP take up depends on the quality of the conversation (whereas with NDPP people can be fast tracked)

NDPP is a completely different programme to the DWMP and the method of delivery should not be compared.

12. Mids and Lancs logo on link to EMIS referral service is confusing for London users

I'm afraid we won't be changing this as it is a requirement of e-RS

13. Eligibility criteria not clear -refresh comms would help

Regions have promotional materials to support with this so we advise to keep re-iterating the eligibility criteria. We will be sending out a request to all regions to deliver a lunch and learn session by the end September to help clarify this message.

14. Change over of staff in primary care affects awareness of programme

We are aware of this and fully appreciate this is out of anyone's hands, there are lots of supporting material on our programme to help support new colleagues in their understanding of the programme and how to refer.

15. New ARRS roles may not be familiar with the programme

If these roles have access to the E-RS and are part of the wider primary care team they will be able to refer. There are lots of support and information available on learning about the programme and how to refer. It's just making sure they know where to find this information.

16. Staff changes/ losses at ICB /place level - reducing capacity to support the programme implementation

Same response as above

17. Other weight management programmes are easier to use as they are a 'one-stop shop' e.g. Diabetes Book and Learn which will most likely be a pan-London resource soon

The difference here is that our programme requires a direct referral from GP practices and the one-stop shop approach alone will not translate into the referral we need. Perhaps the DWMP programme and eligibility can be tagged into the 'one stop shops.'

18. Weight management space crowded - lots on offer

We have always known this and fully appreciate the weight management landscape is crowded, which is why we always say this programme is adjunct to other local authority tier 2 services.

19. Could we sign post patients to DWMP if they decline or complete the DESMOND 1 day course - may increase uptake

This is more specific to Diabetes education and self-management for ongoing and newly diagnosed programme aimed at healthcare professionals so we are not sure if the content delivered on this course would have any reference to the DWMP or offer any opportunity to redirect people who have declined/not completed the training. We would need to explore this further. Please also note patients can't sign up to the DWMP it is via HCP referral only so this would need to be managed in practice.

20. Promotion of Pharmacy referrals

The pharmacy referral pathway is currently active and community pharmacists are able to make referrals into the programme. The PQS scheme no longer exists and Pharmacists don't get paid for the referrals, so we are not actively promoting the pathway and have asked regions not to as it is the same cohort as GPs

21. What is the current mechanism for making secondary care referrals into DWMP programme and can the programme be promoted through clinical networks?

“Currently, the [NHS Digital Weight Management Programme](#) is only available nationally for referrals from General Practices and Community Pharmacies for patients with diabetes or hypertension.

However, together with the NHS England MSK team, we are currently piloting referrals from community physiotherapy sites with 11 sites across England. The sites were chosen through an expression of interest process and the pilot has been running since June 2022. Referrals from these pilot sites are being accepted for patients with BMI > 30 (or >27.5 for people from black, Asian and minority ethnic groups) who also have a diagnosis of osteoarthritis of the hip and/ or knee in recognition of the [NICE guidelines](#) for management of OA..

As well as the MSK pilot, we also have a pilot referral pathway from secondary care, our Elective Care pilot. This pilot referral pathway is supporting people on waiting lists for specific surgery lists. It launched to 10 Trust pilot sites in May 2023. The eligibility criteria for this is:

- Age 18+ years
- BMI > 30 (BMI > 27.5 for people from black, Asian and ethnic minorities backgrounds)
- Patient is not anticipated to receive surgery within 18 weeks of the referral being made
- Patient is on one of the specified in-scope elective care waiting lists:
 - Knee Arthroplasty
 - Hip Arthroplasty
 - Hernia Repair
 - Laparoscopic Cholecystectomy
 - Hysterectomy

Currently, we aren't widening access to either pilot referral pathways, as we intend to complete a full evaluation to understand the outcomes and acceptability of these pathways.

*Therefore, unfortunately, to refer patients they will need to be re-directed back to their GP and would be eligible for referral **if they have diabetes or hypertension or both and a BMI > 30 (or >27.5 for people from black, Asian and minority ethnic backgrounds).***