

Policy title	Weight Management Services for Adults V2.0
Policy position	Criteria Based Access: Tier 3 (specialist services) Tier 4 (surgery for obesity)
Date of Forum recommendation	January 2019
Date of ICB recommendation	February 2025

Overweight and obesity in adults should be managed according to the Care Pathway shown in Annex A. This details a cost-effective pathway which takes account of NICE guidance. Different tiers of weight management services cover different activities:



Image 1- The Tiers of weight management services¹

Tier 1- Universal prevention services

Primary care services have an important role in the prevention and management of overweight and obesity in the community. Primary care staff should be encouraged to have conversations about healthy lifestyles with all patients and signpost them to universal, freely available resources such as the [NHS couch to 5K](#) running app, or the resources available on the [NHS Better Health](#) website.

¹ Let's Talk About Weight: A step-by-step guide to brief interventions with adults for health and care professionals, 2017.

Tier 2- Multicomponent weight management services

These services include diet, physical activity and behaviour change aspects.

The following two services are commissioned by the Local Authority, generally run for 12 weeks and provide additional follow-up support:

- [Choose You \(Bedford Borough, Central Bedfordshire, Milton Keynes\)](#)
- [Total Wellbeing Luton](#)

The [NHS Digital Weight Management Service](#) is a 12 week nationally commissioned Tier 2 programme and is suitable for patients who are living with obesity and have diabetes and/or hypertension.

Patients who are living with overweight or obesity should be assessed for their risk of Type 2 diabetes and if eligible, should be offered a referral to a local, evidence-based, quality-assured intensive lifestyle-change programme, such as:

- [Healthier You NHS Diabetes Prevention Programme](#) (9 month programme)

Patients with type 2 diabetes may be eligible for the

- [NHS Type 2 Diabetes Path to Remission Programme](#), a 12 month programme which includes a period of low calorie, total diet replacement treatment.

A key first step in supporting patients to manage their weight is initiating a conversation. Well planned, very brief interventions can increase the chances of a patient making a successful weight loss attempt. In addition, Primary Care staff should identify patients living with overweight and obesity, measure their BMI and enter details onto their practice obesity register.

Following a discussion, patients should be offered a referral into the appropriate Tier 2 weight management service, taking into account local eligibility criteria. There may also be circumstances where a patient can be signposted to self-referral if the patient is considered motivated to do so.

If a patient (supported by their family or carers) is not ready to take action, explain that advice and support will be available in the future. Provide contact details so that the patient can get in touch when they are ready.

Tier 3 (specialist services)

Only patients who meet **all of the** following criteria should be referred for specialist Tier 3 services:

- The patient has a BMI* of 40kg/m² or more, or between 35kg/m² and 40kg/m² with significant obesity related co-morbidities. *In line with NICE NG246, BMI thresholds for patients with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background should be lowered by 2.5kg/m².
- The patient **has not responded to at least 6 months of participation and engagement within Tier 2 services. This may consist of two completed 12 week** programmes or one longer programme such as The Healthier You NHS Diabetes Prevention Programme or NHS Type 2 Diabetes Path to Remission Programme. The Tier 2 programmes should have been completed within the last 2 years.

Please note the following:

- Patients with a BMI* >50 may be referred without completing Tier 2.
- Reasonable adjustments to these criteria should be considered where possible for patients living with obesity who have learning disabilities ([Public Health England; September 2020](#)).

Tier 4 services (surgery for obesity)

Tier 4 is commissioned by the ICB. Surgery will be considered as a treatment option for patients with obesity providing **all of the** following criteria are fulfilled:

- The patient is considered obese with a BMI* of 40kg/m² or more, or between 35kg/m² and 40kg/m² with obesity related co-morbidities. *In line with NICE NG246, BMI thresholds for patients with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background should be lowered by 2.5kg/m².
- There must be formalised multi-disciplinary team (MDT) led processes for the screening of co-morbidities and the detection of other significant diseases. These should include identification, diagnosis, severity/complexity assessment, risk stratification/scoring and appropriate specialist referral for medical management. Such medical evaluation is mandatory prior to entering a surgical pathway.
- The patient has recently received and complied with a local specialist obesity service weight loss programme (non-surgical Tier 3 / 4) for a duration of at least 12-24 months. For patients with BMI > 50 attending a specialist bariatric service, this period may include the stabilisation and assessment period prior to bariatric surgery.

Note that in some very specific cases, patients may require weight loss surgery without completing non-surgical Tier 3 / 4 services. All expedited cases should be recommended by the relevant specialty MDT and be clinically assessed, reviewed and approved by the Tier 4 Bariatric MDT/surgical team. The date of the Tier 4 MDT meeting and rationale for expedited surgery should be clearly documented in the patient notes.

Expedited cases include but are not limited to:

- Patients requiring weight loss as a priority to facilitate organ transplant/surgical eligibility with a high risk of mortality if weight loss is not expedited e.g. renal transplant for declining renal function.
- Patients requiring weight loss as a priority to facilitate treatment for cancer and improve perioperative risk e.g. hysterectomy for endometrial cancer, mastectomy for breast cancer or bowel resection surgery for colorectal cancer.

Revision of bariatric surgery** will be funded as per NHS England Clinical Guidance on revision surgery for complex obesity (2016):

Revision surgery will only be routinely funded for patients presenting with a clinical history, symptoms and/ or signs that suggest acute/ acute on chronic/ worsening medical and/ or surgical complications – related to their primary obesity operation. This will include patients with adverse anatomical complications of the primary surgery but exclude loss of restriction due to dilatations of the gastric pouch and/ or the gastro-jejunal junction.

****Revision surgery is defined by NHS England as surgery clinically indicated to treat complications arising >90 days after the index surgical procedure. Early re-operation (i.e. surgery <90 days of the index surgical procedure) should be regarded as a complication of the primary surgical procedure and will be the responsibility of the provider undertaking the primary bariatric operation.**

NOTE:

- The weight management services described in this policy may have additional guidance on patient suitability for programmes
- This policy will be reviewed in the light of new evidence, national guidance e.g. from NICE, or updated commissioning arrangements.
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

References:

1. National Institute of Clinical Excellence (NICE) NG246: Overweight and obesity management. Published January 2025.
2. NHS England. Guidance for Clinical Commissioning Groups (CCGs): Clinical Guidance: Revision Surgery for Complex Obesity. Published April 2016.
3. Public Health England. A guide to delivering and commissioning Tier 2 adult weight management services. Published 2017.
4. Public Health England. Obesity and weight management for people with learning disabilities: guidance. Published September 2020.

Clinical coding:

Age range: ≥18 years

Referral for bariatric surgery is included in the [national EBI programme](#). Coding to monitor activity is as provided and updated by that programme.

Key words: Obesity, severe and complex obesity, overweight, weight loss surgery, bariatric surgery, weight loss programme, revisional bariatric surgery, private care.

Policy update record

February 2025
BLMK ICB
Executive Team

- Reduction in the BMI threshold for Tier 3 and 4 by 2.5kg/m² for patients with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background to account for the fact that these groups are prone to central adiposity and their cardiometabolic risk occurs at a lower BMI.
- Addition of wording to reflect that reasonable adjustments should be made for patients with learning disabilities.
- Clarification of the requirement to participate in Tier 2 services prior to referral for Tier 3.
- Removal of the time requirement for patients to have been morbidly obese before consideration for surgery.
- Addition of wording to allow for some patients in very specific cases to bypass Tier 3 if reviewed as clinically appropriate by the bariatric MDT (for example to facilitate cancer treatment or renal transplant).

	<ul style="list-style-type: none"> • Adoption of the policy wording from the 2016 NHS England guidance for commissioners in regards to bariatric surgery revision. • Addition of signposting to local and national weight loss programmes • Rewording of the title, Tier 1 and Tier 2 sections and flow chart have been made for consistency and to reflect current best practice. • Removal of clinical codes from the policy; coding as per the national EBI programme.
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Annex A

Use the Public Health England, 2017 [‘Let’s talk about weight’](#) guide for clinical conversations with adults about weight

Ask for patient’s permission to discuss their weight

Calculate BMI- Measure and record patients height and weight and calculate BMI; the [NHS BMI Calculator](#) might be a helpful visual for the patient. Add the patient to the obesity register if appropriate. Measure waist to height ratio in patients BMI<35.

Consider direct referral to Tier 3 if: BMI >50* and either drug therapy or bariatric surgery considered.

Or if there is a very high possibility of a medical condition causing obesity e.g. endocrinological disorders

BMI 25-29.9*
(Overweight)

BMI 30-49.9*
(Obesity class I or II)

BMI ≥50*
(Obesity class III)

Signpost to universal, freely available resources such as the [NHS couch to 5K running app](#), or the resources available on the [NHS Better Health](#) website.

Assess for: co-morbidities/ risk of type 2 diabetes/ethnicity*

Refer people with diabetes to dietician

Follow up of advice and support

Assess readiness to change

Not motivated

Motivated to change

Deliver brief intervention using [NICE behaviour change guidance](#). As per [‘Let’s talk about weight’](#) record conversation on patients notes and ‘leave the door open’ if patient wants to re-consider

Refer or (advise self-referral if available) to appropriate weight loss programme (eligibility criteria apply)

Specialised programmes:
[The Healthier You NHS Diabetes Prevention Programme](#) (elevated HbA1c/ fasting blood glucose)
[NHS Type 2 Diabetes Path to Remission Programme](#) (low calorie diet for people with T2D)

Tier 2 services (12 weeks):
Choose You (Bedford Borough, Central Bedfordshire, Milton Keynes)
[Total Wellbeing Luton](#)
OR
[NHS Digital Weight Management](#)

Local Support Programmes or dietetic support (if dietetic co-morbidity)

Patient not responsive to the programme/poor outcomes- return to Tier 2 again before being referred to Tier 3

Patient responsive to programme

Patient responsive to programme

Tier 3: Specialised Weight Management Service

For patients: who have not responded to 6 months of engagement with tier 2 weight loss programmes within the last 2 years (exceptions: BMI>50* does not require tier 2) AND BMI >35* with significant obesity related co-morbidities or BMI ≥40* +/- obesity related co-morbidities. Consider reasonable adjustments for patients with learning disabilities.

Tier 4 – Obesity Surgery for appropriate patients:
Who have received intensive Tier 3 services for 12-24 months AND BMI ≥40*; or ≥35* with obesity related co-morbidities

*In line with NICE NG246, BMI thresholds for people with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background should be lowered by 2.5kg/m².