

Weight Management Tier 3 Services Referral Form

Liraglutide (Saxenda) is currently not available due to national shortage, but there are now limited supplies of semaglutide (Wegovy).

Patients **must** meet **all** the eligibility criteria outlined in Section 4A (Tier 3) or 4B (Pharmacological). [Local NHS Tier 2 weight loss services](#) (*ctrl-click*) should have been accessed first in almost all cases.

SECTION 1: PATIENT DETAILS			
Referral:	<Today's date>	Date Received:	
Surname:	<Patient Name>	Forenames:	<Patient Name>
Title:	<Patient Name>	Sex:	<Gender>
Date of Birth:	<Date of birth>	NHS Number:	<NHS number>
Address:	<Patient Address>		
Weight:	[Weight], [Date taken]		
Height:		BMI:	
Ethnicity:			
Home Tel:	<Patient Contact Details>	Mobile:	<Patient Contact Details>
Email:	<Patient Contact Details>		
Provider can leave a phone message	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> SMS
SECTION 2: REFERRAL INFORMATION			
GP Practice:	<Organisation Details>		
Address:	<Organisation Address>		
Code:	<Organisation Details>	GP:	
Tel No:	<Organisation Details>		
E-mail:			
SECTION 3: SERVICE REQUESTED			
<p>This patient is being referred to intensive weight management services for: (<i>tick to confirm</i>)</p> <p><input type="checkbox"/> standard Tier 3 weight loss pathway (i.e. without pharmacological intervention)</p> <p><input type="checkbox"/> assessment for a pharmacological intervention (i.e. pharmacological pathway including patient education re: self-administering injections and supervised titration of medication)</p>			
SECTION 3.1: SUPPORTING PATIENT INFORMATION			
<input type="checkbox"/> Cognitive impairment (e.g. dementia, learning disability, etc.). Please give details:			
<input type="checkbox"/> Sensory impairment (e.g. hearing, visual impairment, etc.). Please give details:			
<input type="checkbox"/> Mobility impairment. Please give details:			
<input type="checkbox"/> Carer attending			
<input type="checkbox"/> Requires an interpreter: Specify Language			
<input type="checkbox"/> Requires communication in a different format? Specify:			

[NAME]

[DOB]

[NHS NO]

Sussex

 SECTION 4A: REFERRAL CRITERIA FOR TIER 3 SERVICES

Patient meets **all** of the criteria below: *(tick to confirm)*

 Adult (18 years and over)
AND
 Fully engaged & completed a Tier 2 programme without losing 5% whilst being compliant

AND one of:

 BMI >40 kg/m² **OR**
 BMI >35 kg/m² with co-morbidities **OR**
 BMI of >30 kg/m² with type 2 diabetes and is considering bariatric surgery **OR**
 BMI of >27.5 kg/m², with recent-onset type 2 diabetes and who are of a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background
OR
 Adult with BMI >50 who have not yet engaged with weight management services, at GP discretion. Best practice is to consider bariatric surgery as a first-line treatment for those with a BMI >50. See <https://ebi.aomrc.org.uk/interventions/referral-for-bariatric-surgery>
EXCLUSIONS AND CAUTIONS FOR TIER 3 SERVICES:
For consideration and discussion with Tier 3 service

- Those with suicidal thoughts or who have self-harmed within the last 6 months
- Those with unstable mental health condition
- Patients must be clear of addiction for at least 6 months, e.g., alcohol or recreational drugs
- Patients who have been previously referred into the service and have left a pathway early or have disengaged from the services within the last two years

 SECTION 4B: REFERRAL CRITERIA FOR PHARMACOLOGICAL INTERVENTION

Liraglutide (*Saxenda*) is currently not available due to national shortage, but there are now limited supplies of semaglutide (*Wegovy*).

NICE TA875 recommends the use of semaglutide (*Wegovy*) alongside a reduced-calorie diet and increased physical activity in adults with obesity if **all** the following criteria are met: *(tick to confirm)*

 Adult (18 years and over)
AND
 One weight-related comorbidity
AND
 BMI >35kg/m² (or >32.5kg/m² for people with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background)
OR
 BMI >30kg/m² (or >27.5kg/m² for people with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background) and meet the criteria for referral to specialist weight management services

NB: in line with NICE guidance, if the patient does not achieve 5% weight loss after six months of treatment with *Wegovy*, they will no longer have access to *Wegovy* and will instead be offered the opportunity to move to the standard Tier 3 pathway and continue with support from psychologically informed adult weight management group-based sessions. There is a maximum treatment duration of two years for all patients.

Semaglutide (*Wegovy*) is self-administered via an injection. Please indicate if the individual has a phobia of needles.

 Yes

 No

EXCLUSIONS FOR PHARMACOLOGICAL INTERVENTION

- <18 years old
- Past or present pancreatic disease
- Current diagnosed eating disorder where not advised by an eating disorder service
- Severe heart failure
- CKD Stage 4-5
- Pregnant/ possibly pregnant/ actively planning pregnancy (incl unprotected sex without contraception)/ breast feeding
- Active treatment for diabetic retinopathy (discuss with Ophthalmology)
- History of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)

SECTION 5: BASELINE MEDICAL STATUS AND HISTORY

Does the patient have any of the following conditions that might affect their ability to fully engage with the Tier 3 Weight Loss service?

- Hypertension
- Diabetes
- Ischaemic Heart Disease
- Stroke or TIA
- Obstructive Sleep Apnoea
- Mental illness – Details and any prescribed medication:
 Under CMHT? Yes: details -

A medical summary of significant diagnoses is attached at the end of this form.

Other relevant information:

- Is this patient being referred for bariatric surgery (Tier 4) preparation? Yes No
- Is this patient housebound? Yes No
- Is this patient able to engage in regular structured physical activity delivered by professionals?
 Yes No

SECTION 6: CURRENT MEDICATION (required for all referrals)

See end of form

SECTION 7: BASELINE RESULTS (last 3 months) Pharmacological Pathway only

Please ensure all tests are carried out before referring to the Pharmacological pathway service.

Type	Date & result
BP	
HbA1c	
TSH	
Cholesterol (total)	

[NAME]

[DOB]

[NHS NO]

Non-HDL	
HDL	
Triglycerides	
eGFR	
Type 2 Diabetes retinal screening	

SECTION 8: ADDITIONAL INFORMATION

The MDT programme involves components of psychology, dietetics, and exercise. Please indicate any other details that you feel it would be useful for the service provider to be aware of.

Please indicate if there is any other treatment being considered for this patient where weight loss may support them accessing interventions:

- Joint replacement surgery
- Fertility treatment
- Cardiac procedures (e.g. ventricular assist devices, ablation)
- Kidney transplant
- Neurosurgery
- Intracranial hypertension

SECTION 9: REFERRER INFORMATION

I have discussed this referral with the patient and they are ready to fully engage with the specialist support available within an intensive weight management service¹

Referred by		Role	
Contact tel		Date	

Send the form to the address below. The provider will contact the patient to discuss the referral.

Morelife UK- Tier 3 Weight Management

Morelife.sussex@nhs.net

01273 435 200

<https://www.more-life.co.uk/places-we-work/sussex/>

¹ NICE CG189 recommends giving people information on the benefits of losing weight, healthy eating and increased physical activity, but also to recognise that someone may not be ready to change and should instead be offered the chance to return for further consultations when they are ready to discuss their weight again and willing or able to make lifestyle changes. See <https://www.nice.org.uk/guidance/cg189>