

NHS Digital Weight Management Programme - FAQs



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1. What is the NHS Digital Weight Management Programme?

The new NHS Digital Weight Management Programme (DWMP) offers remote access to weight management services for those with obesity plus diabetes and/or hypertension. With three levels of support and a choice of providers, it is designed to offer service users a personalised level of intervention to support them to manage their weight, improve quality of life and improve longer health outcomes.

The new service will work alongside, and not replace existing weight management services funded by Local Authorities.

2. Can you explain more about the three levels of support offered within the programme?

The programme features three levels of intensity for weight management support and a tailored choice of providers.

Level 1 – access to digital content only. Intended for demographic groups less likely to require coaching support and more likely to support their own health and wellbeing.

Level 2 – access to digital content, plus access to a minimum of 50 minutes of human coaching throughout the 12-week programme. Intended for demographic groups that are less likely to successfully complete a weight management programme and who may benefit from additional human coaching to support them to complete the programme.

Level 3 – access to digital content, plus access to a minimum of 100 minutes of human coaching throughout the 12-week programme, and additional features such as supported introduction to the programme, challenges and games. Intended for those with demographic characteristics suggesting they may be less likely to successfully complete a weight management programme and who therefore require a more personalised and supported journey with more intensive human support. The service should be tailored specifically to groups experiencing health inequalities.

At each of the levels, people will be provided with access to digital content that enables them to work through programmes independently, at a time and place of their choosing.

3. What are the aims of the programme?

The programme aims to offer remote access to weight management services, including three levels of support, to a large population with obesity and diabetes and/or hypertension, in order to support service users to manage or reduce their weight, and improve longer term health outcomes.

We are aiming to reduce health inequalities by providing additional human coaching for groups who are less likely to complete behavioural and lifestyle change

programmes designed to reduce and manage their weight i.e younger (working) age, non-white ethnicity, men, and from more deprived communities.

The programme is designed to add value to and complement existing weight management services whilst helping us to build the evidence base around the effectiveness of short-term digital weight management interventions and to better understand what features make them most acceptable and effective for different population groups.

4. How does the triage system work?

The identification and referral of users to the new services will be the responsibility of GPs. Access will be via primary care referral through an NHS England & Improvement commissioned front-end 'Referral Hub'. The Referral Hub will act as a single point of contact for all potential participants, facilitating their triage and allocation to the most appropriate level of intervention within the programme.

The triage system, developed utilising the extensive data and information gathered through the National Diabetes Prevention Programme, will provide a weighted score based on identified characteristics associated with lower likelihood of completion of a weight management programme (i.e. younger age, non-White ethnicity, male gender, and greater deprivation). Collection of these data items on referral and accessing the hub will enable stratification or triaging of people to the most appropriate level of support. At each of the levels, individuals will be able to work through programmes independently, at a time and place of their choosing.

5. What is the Referral Hub?

The NHS Digital Weight Management Programme Referral Hub will act as a single point of contact for all service users facilitating their triage and allocation to the most appropriate level of intervention within the NHS Digital Weight Management Programme.

Service users will select their chosen provider through the Referral Hub. The system will then link to the chosen provider and pass across key information to enable the service user to register for the service.

The Hub will make it easy for health care professionals to refer to the service by providing a single point of referral and thereby removing the need for the health care professional to discuss provider options with service users.

6. Who is eligible for referral to the NHS Digital Weight Management Programme?

The programme has been designed for those with a diagnosis of obesity plus diabetes and/or hypertension with a BMI of 30+ (adjusted appropriately for ethnicity). Through the triage system, we are particularly focusing on supporting those from

Black Asian and Minority Ethnic (BAME) groups and more deprived communities to access and complete weight management interventions, as well as men and those from younger age groups.

People living with both Type 1 and Type 2 Diabetes are eligible for this service, recognising that obesity has been shown to be a risk factor in COVID-related mortality for both groups.

7. What is the need for the new additional platform when there are local weight management services already set up?

The new programme was designed to support and work alongside existing services, providing a digital option in the COVID context of challenges accessing face to face services, and specifically targeting those with an obesity related comorbidity (diabetes or hypertension), as well as expanding choice.

8. How will the new programme work alongside existing local services?

This new NHS offer is designed to complement, and not replace existing Local Authority commissioned Weight Management Services (WMS). NHS service users with obesity will continue to be able to access Local Authority commissioned weight management services where the new digital services are inappropriate for their needs, and for those without the comorbidities of diabetes and hypertension.

We recognise that digital services will not be suitable or available to everyone qualifying and therefore it will remain essential that Local Authorities continue to invest in existing weight management services for their communities. These services will therefore be an addition to, and not a replacement for local capacity. As part of implementation planning, we will work with local government to understand how NHS commissioned services might be most successfully implemented alongside locally commissioned services including how availability of services are communicated out to primary care.

9. Who can refer people into the programme and how will they be able to make the referrals?

The identification and referral of people to the new services will be the responsibility of primary care. Access to the Weight Management Innovation Platform will be via primary care referral to providers via an NHS England & Improvement commissioned front-end 'Referral Hub'. The Referral Hub will triage service users into the most appropriate level intervention. We will work with local healthcare providers as part of implementation planning to explore the alternative referral routes that will best complement referral pathways that already exist in local areas.

10. Why do GPs have to refer and why is it not possible to self-refer onto the programme?

Initially referrals will be from primary care via national e-referrals, however we will be considering the potential for other e-referral routes in future.

Also, through primary care referral we hope to achieve more equitable representation in weight management services of population groups which are often under-represented including those of non-white ethnicities and those from lower socio-economic groups.

11. Are the levels going to be communicated to users? Or is it a single point of referral?

Service users will be directed to the single level of service provision most suited to their needs where a choice of provider will then be offered. Descriptive information, intended to support service users to choose the most appropriate service for them, will be available on the Referral Hub.

12. Can the service users continue on the programme after 12 weeks?

The current delivery model will offer eligible participants one cycle of a digital weight loss programme accessed through the NHS 12-week Digital Weight Management Programme.

There will be no requirement for providers to continue the service beyond 12 weeks, however all our providers have committed to providing ongoing access to the core resources available on the Provider's App and/or Web Platform to those service users who have completed the 12-week intervention, with a recorded weight loss.

There is also an opportunity to ensure, through implementation, that on discharge service users are linked to local resources e.g. social prescribing link workers/ voluntary sector-based support and services to access ongoing support.

13. Why does the programme use BMI as the main measurement for referrals?

Body mass index (BMI) is the most commonly used measure of whether adults are a healthy weight, underweight, overweight or obese. It is an objective measurement, which is more reliably applied than other measures, such as waist circumference.

14. Why is the focus of the programme on losing weight rather than changing people's lifestyle habits?

The aim of the 12-week programme, at each level, is to support a significant population of service users to initiate behavioural and lifestyle changes to reduce and manage their weight, improve their health status and their quality of life. It is specifically focussed on those living with obesity plus diabetes and/or hypertension, to support weight loss in those at highest risk of complications arising from obesity.

15. Why is the NHS paying for this service for everyone, when there are some people who can afford weight management services themselves?

Obesity is a serious health concern that increases the risks of many other health conditions, including Type 2 Diabetes, cardiovascular disease and stroke.

Furthermore, there is also evidence to suggest that people living with obesity are more likely to be admitted to hospital, intensive care and, sadly, to die from COVID-19 compared to those of a healthy body weight. The concern regarding obesity has increased for people and for our health and care services.

COVID-19 has also shone a spotlight on existing health inequalities. Anecdotal evidence suggests that weight management services are not equitably accessed in England. Through NHS commissioning these services, it is our aim to reduce health inequalities by engaging and supporting groups identified as being less likely to complete behavioural and lifestyle change programmes by offering them additional support in the form of coaching to complete a programme.

Weight management services can provide substantial health benefits to individuals and benefit the NHS in terms of prevention of future disease, which is why we want to make weight management services as accessible as possible to more people.

16. What is the benefit of a digital-only service? What evidence is there that these services will work?

A digital offer will provide a potentially safer offer in the context of COVID but also offers, through low-cost scalability, an opportunity to widen the choice of services accessible to Service Users if delivered in a coordinated way alongside Local Authority commissioned services.

Emerging evidence from the NHS Diabetes Prevention Programme suggests that some digital providers can perform as well as face to face services, with benefits in reaching a younger cohort and offering increased flexibility of access.

17. How will this programme help to reduce health inequalities?

Evidence suggests that inequalities exist in access to weight management services. Through the triage system, we hope to ensure that people of non-white ethnicity, younger age adults, male gender and those from more deprived communities are assigned a higher level of support (through human coaching) to complete the weight management programme. We will also ensure that the content on the programme is culturally sensitive and appropriate, with the interface allowing the service user to use a translation service of their choice if English is not their first language.

18. What about people who may not be able to use a digital platform?

We recognise that a digital programme will not be accessible by all, nor be the most desirable or effective way for others to access weight management services. It is our intention to expand choice for service users who will continue to be able to access Local Authority commissioned weight management services.

NHSX are currently updating their digital inclusion strategy which we will align with. Through design and implementation we will continue to make adjustments and design pathways that will make these services as person-centred and accessible as possible.

Communication with the front-end Referral Hub will be possible via SMS, phone, email and letter. Adjustments will also be made to ensure that those noted as 'vulnerable' on referral are contacted most appropriately, including via a carer if one is in place

19. Will the content on the Referral Hub be available in multiple languages?

The information on the Referral Hub will only be available in English. If users need content in alternative language options, the interface will allow a service user to use a translation service of their own choice, such as Google Translate.

20. Will people with visual impairments be able to use the service?

The Referral Hub and subsequent provider programmes are accessible via a responsive webpage and apps that meet the required Government accessibility standards. This means that the programme is suitable for those with a visual impairment or who use screen display software and text readers.