DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

TREATMENT OF ADULT OBESITY

Position Statement - September 2021

Why have we produced this position statement?

Living with obesity or overweight increases a person's risk of developing type 2 diabetes - it accounts for about 80-85% of their risk. For those who have been diagnosed with diabetes, getting support to lose weight can be very beneficial for managing the condition and reducing risk of complications. Significant weight loss can even result in type 2 diabetes going into remission for some people.

Losing weight and maintaining that weight loss is complex, individual and requires a supportive environment. Two thirds of the UK population are currently classified as having obesity or overweight and many experience significant stigma as a result. Many of these people would benefit from being able to access support to help them to lose weight and maintain weight loss. Services to support weight management across the UK are provided in four tiers. Definitions of weight management tiers can vary at a local level, generally they range from signposting and promoting of healthy lifestyles, to more interventionalist approaches (tier 4 covers bariatric surgery). There are also different specialist diabetes prevention programmes available across parts of the UK. However, provision of publicly funded weight management services across the UK is patchy.

This position statement looks at what more could be done to improve access to effective interventions to treat obesity and overweight across the UK. It looks at services for adults who are at risk of type 2 diabetes or diagnosed with diabetes.

Our position statement on prevention of type 2 diabetes through reducing obesity looks at whole-society interventions to reduce obesity.

HOW DID WE DEVELOP THIS POSITION

A review of relevant literature and engaging with stakeholders across the weight management sector, including people living with obesity.

WHAT WE SAY ABOUT THIS ISSUE

Everyone who could benefit should be able to access effective interventions to support them to manage their weight. Currently provision is patchy and, overall, provision is inadequate to meet the growing numbers of people who could benefit from tier 3 and 4 services for severe and complex obesity. We also recognise that there are significant health inequalities that lead to development of overweight and obesity, disproportionately impacting less affluent communities, which should be addressed.

Recommendations for UK and devolved governments:

- All four nations should provide clear national guidance on obesity treatment pathways and commissioning responsibilities, to set a minimum standard for what everyone should expect to be able to access at a local level.
- National governments should review current provision of weight management services across all four tiers, identifying barriers to access (whether lack of referrals or lack of service availability) and taking action to address them.
- National governments should provide adequate investment in public health and prevention services, enabling local health systems to ensure the provision of weight management services
- National bodies should prioritise education and training in relation to weight management, weight stigma, available treatment options including nutrition and exercise, medications and surgery. This should apply to both newly qualifying HCPs and as CPD for current HCPs.

Recommendations for Integrated Care Systems / Health Boards

- Weight management services should be multi-component and person-centred. They should include appropriate psychological support for participants and their design and delivery should be informed by a psychological approach that reduces stigma.
- Decision makers in local health systems should ensure that evidence based weight management services based on local need (identified via Joint Strategic Needs Assessments, health needs assessments etc) are available for those who could benefit, including those at risk of and diagnosed with diabetes. They should be able to access a comprehensive weight management pathway, including tiers 1-4 weight management services, as well as more informal local and community services, such as walking groups, that can be signposted through social prescribing
- Criteria to access weight management services at different tiers should be in line with national guidance, with no additional barriers placed in the way of those looking to access these services.
- Clear and consistent advice and information to support weight management should be offered
- Services should be accessible for all, including those of working age or with caring responsibilities, and should be adapted to ensure they are culturally appropriate
- Provision and uptake of weight management services should be monitored to ensure that there is equal and appropriate access and provision. Any disparities, such as lower uptake or provision in more deprived areas should be addressed by targeting of funding and provision alongside assessing any potential barriers to uptake for specific communities
- Local decision makers should take appropriate actions to increase provision and take-up of tier 4 weight management services (bariatric surgery) in line with national guidance and allocated resource (national or local) to ensure that those who can benefit are able to access this treatment
- Diabetes services and specialist weight management (bariatric) services should work closely together to ensure that pathways are clear and communicated well locally and that barriers in the patient journey to accessing surgery are addressed
- Specialist diabetes teams should identify a lead for obesity in each service / hospital.

Recommendations for healthcare professionals (HCPs)

- HCPs should learn about the causes and impacts of obesity stigma and learn to challenge stigmatising views in themselves, their colleagues and their patients.
- HCPs should develop a knowledge of and promote the weight management pathway in their local area, including formal services and informal community services.

- HCPs should develop and maintain knowledge of best practice in the treatment and management of obesity.
- HCPs should use their contacts with patients to offer evidence-based, non-stigmatising information and support on weight management when appropriate.
- HCPs should display sensitivity and understanding of the complexity of obesity and show empathy to patients.

Recommendations for people living with obesity or overweight

- People with obesity should be supported to understand the complex causes of obesity. Stigma, including internalised stigma, can be damaging and act as a barrier to seeking support. They should be encouraged to seek support from healthcare professionals to manage their obesity, rather than managing it alone
- People with obesity seeking support with weight management should be given information about the services available in their local area and referred by healthcare professionals into appropriate services.

EVIDENCE AND ANALYSIS

Obesity and diabetes

- Around two thirds of UK adults are classified by BMI as being in the overweight category (BMI between 25kg/m^2 and 29.9kg/m^2) or obesity category (BMI >30kg/m^2)[1234]
- Obesity prevalence in England increased steeply between 1993 and 2000, with a slower rate of increase after that.
- The prevalence of severe obesity (BMI >40kg/m^2) in England has increased from fewer than 1% in 1993 to nearly 4% in 2017
- Almost 60% of adults in Wales currently have obesity or overweight, of which 24% have obesity. There is evidence of an upward trend in recent years[5]
- In Northern Ireland in 2018/19, 37% of people are classified as having a BMI in the overweight category, and a further 25% of people are classified as having obesity[6]
- In Scotland, two thirds (65%) of adults are overweight, including 28% who have obesity, with both these trends remaining stable since 2008.[7]
- Since 2008, the number of people diagnosed with diabetes has doubled from 1.4 million to 2.8 million, with the rise driven by increased diagnoses of type 2 diabetes.
- Obesity accounts for 80-85% of a person's risk of developing type 2 diabetes[8].
- Obesity disproportionately impacts less affluent communities, with a range of structural and environmental factors affecting less well off communities ability to access or afford a healthy diet.[9] For households in the lowest income decile, 75% of disposable income would need to be spent on food to meet the UK government's Eatwell Guide costs.[10]
- There is evidence that intensive lifestyle intervention programmes can prevent or delay type 2 diabetes in at risk populations[11].
- Obesity is associated with difficulties in managing blood glucose in those with both type 1[12] and type 2 diabetes[13], resulting in increased likelihood of complications.
- For people with type 2 diabetes who have obesity, weight loss is the primary goal in managing diabetes[14]
- Weight loss of about 5% or more reduces HbA1c, cholesterol and blood pressure in people with type 2 diabetes[15]
- Significant weight loss through lifestyle interventions or bariatric surgery can lead to remission from type 2 diabetes[16]

- In parts of England and across Scotland, some people with type 2 diabetes are able to access a low calorie diet programme designed to help them to put their diabetes into remission
- People with diabetes and a BMI over 30 have been found to be at an increased risk of severe illness and death from COVID-19[17].

Weight management pathways and commissioning responsibilities

- In England and Wales NICE guidance on the identification, assessment and management of obesity, states that multicomponent lifestyle interventions are 'the treatment of choice'.
- SIGN guidance in Scotland states that weight management programmes should include physical activity, dietary change and behavioural components[18].
- The guidance recommends considering referral to tier 3 services if conventional treatment has been unsuccessful, specialist interventions may be needed, or surgery is being considered[19]
- In England, a 2014 working group report from NHS England clarified commissioning responsibilities for weight management services, with tier 2 services commissioned by local authorities and tiers 3 & 4 interventions commissioned by CCGs[20]
- In Scotland, weight management services for those at risk of, or diagnosed with type 2 diabetes are provided through the Type 2 Diabetes, Prevention, Early Detection and Intervention Framework[21].
- In Wales, weight management services are commissioned by local health boards, which are guided by Healthy Weight, Healthy Wales, the Welsh government's obesity strategy.
- In Northern Ireland, the Health and Social Care Board, working with the Public Health Agency, has primary responsibility for commissioning weight management services.
- In Northern Ireland, 'A Fitter Future for All', a framework for addressing obesity, was published in 2012 and runs until 2022. Its aim is to reduce the level of adult obesity by 4% and overweight and obesity by 3% by 2022. Work is currently under way to produce a replacement Obesity Strategy in 2023.
- 2016's Diabetes Strategic Framework for Northern Ireland committed to establishing an approach to the prevention of Type 2 diabetes, and to provide better information, advice and support to help people at risk of Type 2 diabetes to minimise risk.
- In 2019 the British Psychological Society stressed the importance of fully integrating a psychological approach into weight management services and programmes so that all members of the MDTs have an appropriate level of training in the underlying principles of how to change behaviour and reduce stigma using psychological approaches, and that psychologists should be involved in the design of weight management services[22].

Current provision of weight management services

Lifestyle weight management services (tier 2)

- There is limited data available as to the current level of provision of tier 2 lifestyle weight management services across the UK.
- In a Public Health England mapping exercise published in 2015, 61% of local authorities in England who responded reported having a tier 2 services for adults in their locality[23].
- According to guidance, tier 2 'lifestyle' weight management should be commissioned in England by local authorities through their public health grant. This grant has been cut considerably since 2015, which is likely to have led to a reduction in the availability of these services.

- In addition to this, the NHS Diabetes Prevention Programme is available across England to those at high risk of developing type 2 diabetes. There is also now a digital weight management service for people with both types of diabetes.
- In Scotland, lifestyle weight management services can be accessed in all areas as part of the Type 2 Diabetes Framework[24].
- There is limited data on the availability of tier 2 services in other UK nations. In Northern Ireland, a diabetes prevention programme launched in 2019[25]. Sitting within the Public Health Agency, the DPP NI is a lifestyle programme to reduce people's risk of Type 2 diabetes through lifestyle change, including weight reduction, healthy food choices and increased physical activity. Arising from the response to COVID-19 pandemic, the DPP NI moved to a virtual format in September 2020, following a brief pause in services.
- A new Diabetes Prevention Programme was commissioned by Welsh Government in 2021 as part of Healthy Weight, Healthy Wales, Diabetes UK Cymru continues to support the development on the strategy implementation board.

Clinical weight management services (tier 3)

- There is considerable evidence of the effectiveness of multidisciplinary tier 3 weight management services, particularly if people are supported to maintain weight loss.
- In England, provision of tier 3 clinical weight management services, generally commissioned by CCGs, is patchy.
- The GIRFT endocrinology report estimates that only 44% of hospital trusts with an endocrinology department in England also had a tier 3 weight management service[26].
- In Scotland, weight management services for complex obesity are provided as part of the type 2 diabetes framework[27]
- In Wales provision of tier 3 clinical weight management services is delivered by health boards. A 2020 Public Health Wales report into the obesity pathway made several recommendations included in the government's obesity strategy to improve access to tier 3 and tier 4 weight management services.
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- A recent review of tier 3 and tier 4 clinical weight management services was undertaken by Public Health Wales in 2020.

Surgical weight management services (tier 4)

- Bariatric surgery is an effective intervention for people with obesity and type 2 diabetes, with studies showing it can bring about remission in 30-60% of cases, and that this can be maintained for many years
- An international systematic review found surgery to be "highly cost-effective and possibly cost-saving" for people with severe obesity and type 2 diabetes[28]
- A UK focused study found that surgery is cost saving over 10 years for six out of the eight groups of patients with type 2 diabetes it looked at[29].
- NICE recommend that people with a BMI over 40 should be offered surgery, as should those with a BMI of 35-40 and poor blood glucose control.
- In addition, they recommend that adults with a BMI of 35 or more who have been diagnosed with type 2 diabetes within the past 10 years are offered an expedited referral for bariatric surgery assessment.
- Research has indicated that 7.9% of the English population (approx. 3.21 million people) are potentially eligible to receive bariatric surgery[30]
- Uptake of bariatric surgery remains low, with 6,627 hospital admissions for the procedure in 2017/18 in England. There is significant geographical variation in

numbers of admissions for bariatric surgery and overall numbers of procedures are falling year on year[31,32].

- In France the numbers of procedures are increasing year on year and there are nearly ten times the number of procedures compared to England[33].
- Further, a survey found that the COVID-19 pandemic resulted in a significant reduction in the volume of surgical and endoscopic, elective and emergency bariatric procedures globally, including in the UK and that many surgeons were unwilling to start bariatric surgery again till the COVID-19 pandemic subsided completely[34].
- Qualitative insight work conducted with GPs on behalf of Diabetes UK indicates that many HCPs see bariatric surgery as a 'last resort' intervention, making them unwilling to make referrals in recently diagnosed people, despite NICE guidance
- In Scotland, individuals who want to consider bariatric surgery are assessed against priority groups and conditions[35].
- There are currently no centres in Northern Ireland offering bariatric surgery, although a proposal to establish one has been considered, with the establishment of a Service Planning Group and the South West Acute Hospital in the Western HSC Trust identified as the location[36,37].This work was paused at the beginning of the COVID-19 pandemic and has yet to resume[38].
- In Wales, funding to develop access to bariatric surgery was announced as part of Healthy Weight, Healthy Wales spending plans, however delivery of tier 4 weight management services across Wales has not yet been realised.

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