

Weight Management Services for preventing and managing type 2 diabetes

WHY HAVE WE PRODUCED THIS POSITION STATEMENT

Living with overweight or obesity is the most significant modifiable risk factor for developing type 2 diabetes – around 90% of people with newly diagnosed type 2 diabetes are living with overweight or obesity. Getting support to lose weight can be very beneficial for both preventing the onset of type 2 diabetes and managing the condition. As well as reducing the risks of complications, significant weight loss can also 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 living with overweight or obesity and many experience significant [stigma](#) as a result. For people who are at increased risk of developing type 2 diabetes, interventions (including stop smoking advice, diet, physical activity and sustained weight loss) can reduce that risk.¹

Despite the known benefits of weight management support for people at risk of and living with type 2 diabetes, provision of publicly funded weight management services across the UK is patchy and underfunded. Many of those who could benefit from weight management services report that they are either not referred, experience stigmatising exchanges with healthcare professionals, or are unable to access support.

The growing number of, and interest in weight loss medications (and the specialist weight management services which are required to provide access to them) are playing a role in reshaping the weight management pathway. Digital support options are increasingly being explored with the aim of enabling more people to gain support in a system which currently lacks universal provision. It is essential that as the obesity and diabetes weight management pathways evolve, personalised, stigma free care is made available to all who could benefit.

This position statement looks at what more could be done to improve access to effective person centred interventions to treat overweight and obesity across the UK for people at risk of and living with type 2 diabetes. It is important to note that people's socioeconomic status, genetics, and the wider food environment they are exposed to all play a strong role in determining their weight. For weight management services to be successful in the long term, it is essential that they are part of wider societal policy interventions to reduce obesity. See our [position statement on prevention of type 2 diabetes](#) for more information on addressing socio-economic factors.

HOW DID WE DEVELOP THIS POSITION

A review of relevant literature and engaging with stakeholders across the weight management sector, including people with type 2 diabetes living with overweight and obesity.

WHAT WE SAY ABOUT THIS ISSUE

Everyone who could benefit should be able to access effective weight management interventions in order to prevent, manage, or go into remission from type 2 diabetes (where possible). Weight management services should be person centred, stigma free, and provide

ongoing support. Psychological support should be available as an important component of weight management support.

Recommendations for UK and devolved governments:

- All national governments should provide adequate investment in public health services so that all eligible people who wish to access weight management services, including weight loss medication, and bariatric surgery are able to.
- National governments should review the current provision of weight management services in a transparent manner, identifying barriers to access and taking action to address them.
- Everyone in the UK with non-diabetic hyperglycaemia (NDH) should be offered a place on an evidence based and accessible type 2 diabetes prevention programme or equivalent to help them to reduce their risk of developing type 2 diabetes.
- As people of South Asian, Black African and Black Caribbean ethnicities are more likely to develop type 2 diabetes at both a younger age, and at a lower BMI, than people of white European ethnicity, particular attention should be paid to ensuring that they are targeted for risk assessment and prevention programmes.²
- Referrals should be offered to evidence based and accessible type 2 diabetes prevention programmes or equivalent.
- People with previous gestational diabetes should be offered a place on an evidence based and accessible type 2 diabetes prevention programme or equivalent to help them to reduce their risk.
- Policy should be supported by the best data on effective treatment. The National Obesity Audit in England should continue to be financially supported and the findings used to inform the continual development of the weight management pathway. Similar national recording of services and outcomes should be enacted across the UK.
- Clear national guidance on obesity treatment pathways and commissioning responsibilities should set a minimum standard for what everyone should expect to be able to access at a local level.
- Nationally funded weight management services (whether diabetes focused or on obesity) should have clear referral processes and oversight to ensure that effective personalised ongoing care is provided.
- National guidance should set out best practice for healthcare professionals to reduce stigma.

Recommendations for health systems across the UK (Integrated Health Systems/Health Boards/Health and Social Care Trusts)

- Weight management services 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 are available for those who could benefit, including those at risk of and diagnosed with diabetes.
- Criteria to access weight management services should be in line with national guidance (i.e NICE Guidance in England and Wales, SIGN guidelines in Scotland), with no additional barriers placed in the way of those looking to access these services.
- Clear and consistent advice and information on weight management support on offer should be available in all areas.
- Services should be person centred, accessible for all (including digital and remote offers), including those of working age, and should be adapted to ensure they are socioeconomically 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 areas of greater deprivation should be addressed with targeted funding and provision.
- Until provision of specialist weight management services can meet the demand for anti-obesity medication from those who are eligible, treatment should be prioritised for people with the greatest risk of adverse complications from weight related comorbidities.
- Local decision makers should take appropriate actions to increase provision and take-up of tier 3 and 4 weight management services in line with national guidance and allocated resource (national or local) to ensure that those who can benefit are able to access this specialist weight management services and bariatric surgery.
- 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 follow national guidance on diabetes prevention, including identifying those at high risk, maintaining records of people with NDH, and providing annual health checks.
- HCPs should be given opportunities to 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.
- Referrals and support should be made available at key interactions such as when diagnosed with NDH or type 2 diabetes or other weight related comorbidities, and at annual reviews.
- HCPs should develop and maintain knowledge of best practice in the treatment and management of obesity.
- HCPs should display sensitivity and understanding of the complexity of obesity, the wide range of factors which contribute and show empathy to patients.

EVIDENCE AND ANALYSIS

Obesity and diabetes

UK wide

- Around two thirds of UK adults are classified by BMI as being in the overweight category (BMI between 25kg/m² and 29.9kg/m²) or obesity category (BMI >30kg/m²)

England

- 64% of adults are living with overweight or obesity.³

Wales

- 61% of adults are living with overweight or obesity.⁴

Northern Ireland

- 65% of adults are living with overweight or obesity.⁵

Scotland

- 67% of adults are living with overweight or obesity.⁶

Obesity/diabetes link

- Obesity is the most significant modifiable risk factor for type 2 diabetes. Between 80-90% of people with type 2 diabetes are living with obesity or overweight.⁷ Weight loss can improve or normalise the underlying mechanisms causing type 2 diabetes.⁸

Qualitative evidence gathered by Diabetes UK

- Diabetes UK have gathered qualitative evidence from a number of key stakeholders (from across the UK) in the weight management pathway these include:
 - GP and local health commissioner attitudes to bariatric surgery
 - Barriers to access from the perspective of NHS HCPs working in tier 3 and 4 services
 - Survey and focus group with people living with type 2 diabetes about their experiences of weight management services to support rollout of the NHS England low-calorie diet programme
 - Focus groups with people from across the UK living with type 2 diabetes about their experience of weight management support
 - Interviews carried out with people living with type 2 from South Asian backgrounds.
- This evidence gave a rich picture of the challenges facing the weight management pathway across the UK. Strong themes include
 - **Lack of information provided** - people with type 2 diabetes or at risk of it are not consistently provided with helpful information.
 - **Stigma** - both internalised and experience in interactions with HCPs
 - **Access to services** – most people we spoke to were not referred to WMS, HCPs only considering referral to tier 3 for BMI 40+, lack of oversight of WMS pathways and long waiting lists.
 - **Variation in support available** – many felt let down by their GPs and would change if able to, lack of tier 3 services.
 - **Person centred support vital** – especially true for people living with diabetes.
- See appendix 2 for more details on barriers and provision of weight management services across the UK.

Connection between mental health and weight management

- 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.⁹

Stigma

- It is a widely held misconception that stigma can encourage weight loss, in fact evidence shows that the reverse is true.¹⁰
- Evidence shows that people with obesity respond positively to discussions about weight and health related behaviours that are supportive and empathetic.¹¹
- International consensus and patient advocacy groups for diabetes and obesity have highlighted the need to address stigma and recommend that person-first language is used i.e. person living with obesity.¹²

Inequalities in obesity and access to services

- Obesity rates are significantly higher within the most deprived communities compared to the least deprived. They are also higher amongst people from black and

Asian backgrounds, people with learning disabilities, and people with severe mental illness.

- Inequalities are also seen in the different take-up of services across socioeconomic and ethnic groups.
- Services do not always meet the needs (lifestyle, behavioural, cultural, psychosocial, economic) or circumstances of specific population groups including those on low incomes, or from ethnic minorities.

Preventing type 2 diabetes via weight management

- A meta analysis and systematic review commissioned by Public Health England in 2015 of lifestyle interventions to prevent type 2 diabetes found on average, lifestyle interventions reduced incidence rates of type 2 diabetes by 26%.¹³
- Evidence from large randomised controlled trials have also shown that a weight loss between 5% and 7% can reduce the risk of developing diabetes by up to 58%.¹⁴
- The NHS England Diabetes Prevention Programme (DPP) has resulted in a 7% reduction in the number of new diagnoses of Type 2 diabetes in England between 2018 and 2019, which equates to around 18,000 people. Of the people who were referred to the DPP, between June 2016 and December 2018, the 36% who attended at least one of the group based intervention achieved an average weight loss of 2.3kg was recorded (24% of participants lost over 5% of their baseline weight).¹⁵ The DPP incorporates direct coaching and peer-support sessions, which have been effective in leading to weight loss and blood-glucose reductions in 35% of patients attending at least one session, with those who attended more sessions achieving greater reductions.¹⁶ The DPP has been shown to reduce the risk of developing type 2 diabetes by 20% for those who take part.

Behavioural weight management services (tier 2)

- Evidence on the impact of screening and brief interventions for weight loss suggests that this is most effective when patients are also referred to behavioural weight-management programmes.
- Commercial weight-management interventions are community-based interventions that aim to achieve weight loss through changes to diet and a recommendation to increase physical activity. Systematic reviews of five interventions (including well-known commercial weight-management programmes) found an average weight loss of 2.2kg after 12 months.¹⁷
- As part of a tier 2 funding initiative in 2021, data was collected from local authorities in receipt of the extra funding over the financial year. Forty-three per cent of all participants enrolled on tier 2 adult weight management services in 21/22 lost weight at the end of their active intervention when compared to their weight at the beginning of the service. 17% of participants enrolled on services lost a minimum of 5% of their body weight at the end of the active intervention.¹⁸
- Longer term follow up studies have found that longer commercial interventions results in better results after 5 years.¹⁹
- Multi-component programmes deliver individual or group sessions that include several different interventions, including exercise classes, psychological support and motivational interviewing. There is evidence of effectiveness across a wide range of age groups over and above the effectiveness of either dietary intervention or physical-activity intervention alone.^{20,21,22}

Specialist weight management services (tier 3)

- Systematic reviews of tier 3 interventions have found that they have a short to mid range positive effect on obesity.²³

- The NHS Diabetes Path to Remission Programme was introduced in England to support people with type 2 diabetes to achieve remission via low calorie diets. In clinical trials almost half of those who went on low calorie diets reached remission after one year. A quarter of participants achieved a 15kg or more weight loss, and of these, 86% put their type 2 diabetes into remission.^{24,25}
- The type 2 diabetes Remission Programme in Wales was implemented in January 2020 as a pilot project and included 90 people with type 2 diabetes. Of those with two HbA1c results available at 12 months, 62% achieved remission, and 79% showed improvements in diabetes control compared to baseline.²⁶
- A 2023 systematic review of systematic reviews found that digital weight loss programmes are comparable to face to face interventions in effectiveness, with the most significant weight loss results observed in programmes that include personal counselling or coaching from a qualified professional.²⁷

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 diabetes²⁸
- 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 at²⁹.

Appendix 1 – Weight management pathways and commissioning responsibilities across the UK

England

- In England and Wales NICE sets out national guidance for best practice for weight management services
- NICE guidance on the identification, assessment and management of obesity, states that multicomponent lifestyle interventions are ‘the treatment of choice’.
- 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 CCGs³⁰
- NHSE has responsibility for national diabetes programmes including DPP and the Path to Remission programme.
- NHSE are in the process of delivering a National Obesity Audit to collect data on referrals, waiting times, and outcomes across the weight management pathway.

Wales

- In Wales, weight management services are commissioned by local health boards.
- Healthy Weight: Healthy Wales (Welsh Government, 2019) is the long-term obesity strategy to prevent and reduce obesity in Wales. The strategy will have 5 delivery plans in 2 year cycles, until 2030.³¹
- The All Wales Weight Management Pathway 2021 outlines core components for adult weight management services and provides guidance to those looking to commission weight management services, as well as to providers, detailing the minimum service requirements and expectations at each level for adult weight management services across Wales.³² There is a separate pathway for children

and young people.³³ The core components outlined in this document should be used in conjunction with the All Wales Weight Management Pathway (AWWMP) Service Standards, which will be used to measure service quality and stimulate continuous improvement.³⁴

- The AWWMP is underpinned by principles outlined in A Healthier Wales: our plan for health and social care,³⁵
- A total of £2.9 million in funding was pledged in 2021 for health boards to develop their local pathways and to support implementation of the 2021 AWWMP guidance.³⁶

Scotland

- SIGN guidance in Scotland states that weight management programmes should include physical activity, dietary change and behavioural components³⁷.
- 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 Framework³⁸.

Northern Ireland

- In Northern Ireland, the Department of Health's Strategic Planning and Performance Group, working with the Public Health Agency, has primary responsibility for commissioning weight management services.
- In Northern Ireland, 'A Fitter Future for All' (AFFFA), a framework for addressing obesity, was published in 2012 and runs until a successor strategy is formally published. Its aim is to reduce the level of adult obesity by 4% and overweight and obesity by 3% by 2022.
- AFFFA has not met its overarching targets at a population level.
- In November 2023, a public consultation was launched on a draft Obesity Prevention Strategy for Northern Ireland, 'Healthy Futures'; a strategic framework to prevent the harm caused by obesity and improve diets and physical activity in Northern Ireland.
- A public consultation was also launched on plans to introduce a prototype Regional Obesity Management Service (ROMS) in Northern Ireland which would effectively establish specialist weight management services in Northern Ireland
- 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
- The Public Health Agency, working with all five HSC Trusts, has primary responsibility for the Diabetes Prevention Programme Northern Ireland (DPP NI), which was established in 2019

Appendix 2 – Provision of weight management services

Provision of tier 2 services

- There is a significant differential in take-up of services across socioeconomic and ethnic groups. Services are not always designed or targeted to meet the needs (behavioural, cultural, psychosocial) or circumstances of specific population groups including those on low incomes, or from ethnic minorities. For example 'traditional' weight-management services are not always designed for men and research has shown men are underrepresented in services.

England

- There is limited data available as to the current level of provision of tier 2 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 locality³⁹.
- According to guidance, tier 2 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 2021 the UK Government announced an additional £100 million of funding to councils in England and NHS to expand access to weight management services – but this was not a long-term funding package and was discontinued after a year.
- In addition to this, the NHS Diabetes Prevention Programme is available across England to those at high risk of developing type 2 diabetes.
- The Digital Weight Management Programme is a 12 week digital service for people living with diabetes who have a BMI over 30.

Wales

- Level 2 multi-component weight management services are covered in the AWWMP 2021
- In addition, the All Wales Diabetes Prevention Programme (AWDPP), led by Public Health Wales, offers targeted support to people who are at an increased risk of type 2 diabetes, with the aim of preventing them from developing the condition. There is funding for this programme until end March 2025. The programme provides central funding for 14 GP clusters, with a further 21 GP clusters delivering the programme using alternative funding sources (this is out of a total of 60 GO clusters in Wales).

Scotland

- Health boards offer a range of prevention programmes delivered by local professional staff (either face-to-face or using video groups). Approximately 4500 referrals were made to these programmes, with 1900 individuals taking up a place over the last 2 years.⁴⁰
- Behaviour change weight management services can be accessed in all areas as part of the Type 2 Diabetes Framework.⁴¹

Northern Ireland

- While not a specific weight management service, a diabetes prevention programme in Northern Ireland launched in 2019⁴². Sitting within the Public Health Agency, and working across all five HSC Trusts, the DPP NI promotes behaviour changes to delay or prevent the onset of type 2 diabetes. It receives its referrals of people living with NDH from primary care. Participants in the programme are assisted by trained facilitators and health coaches to help make behaviour changes, including weight reduction, healthy food choices and increased physical activity.

Specialist weight management services (tier 3)

England

- An observational cohort study of access to weight management services in England found that only 3.13% of people who met criteria for a referral (numbers of people with a record of overweight or obesity were half the national estimate so real figures are likely to be greater) received one between January 2007 and June 2020. Of people eligible for bariatric surgery only 1.09% underwent the procedure.⁴³
- The extent and range of the provision of weight management services is variable across the UK. A 2018 inquiry from the Obesity APPG cited patchy access to services at all levels. It highlighted a freedom of information request that was

submitted to its inquiry that found that only 52% of local authorities commissioned tier 1 services, while 82% commissioned tier 2 and 57% of CCGs commission Tier 3 services and 73% commission Tier 4 services.

- 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.⁴⁴

Wales

- In Wales provision of tier 3 clinical weight management services is delivered by health boards in line with the AWWMP 2021.

Scotland

- In Scotland, weight management services for complex obesity are provided as part of the type 2 diabetes framework⁴⁵

Northern Ireland

- There is currently no formal tier 3 provision in Northern Ireland to support those specifically living with overweight and obesity. The lack of these services means that patients are currently unable to avail of new weight loss treatments approved by NICE, as they must be administered through a specialist weight management service.
- A proposed Regional Obesity Management Service (ROMS) in Northern Ireland, subject to public consultation from November 2023, proposes to create a clinical treatment pathway which would incorporate tier 3 weight management service⁴⁶. This will enable the prescribing of GLP-1 weight loss medication specifically to people living with overweight and obesity.
- While not a specific weight management service, a diabetes remission pilot programme was launched in 2021 in the South Eastern Trust area. The programme is based on the Diabetes UK-funded DiRECT study and participants in the programme undertake a twelve-month behaviour change programme which includes 3 months of total diet replacement.

Weight loss medication

- See appendix 3 for details on evidence and eligibility criteria for approved weight loss medication.
- Weight loss medication is difficult to access due to supply issues and only being available via the NHS with the support of specialist weight management services.

England

- The UK Government announced £40m for a two year pilot into new ways to support prescribing of weight loss medication in June 2023.⁴⁷
- In October 2023 NICE made recommendations on what digital support offers (for both prescribing and wrap around support of weight loss medications) were most clinically effective. Their recommendations also include that further evidence should be collected on each service.⁴⁸

Surgical weight management services (tier 4)

- 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 guidance.

England

- NICE recommend that people with a BMI over 40 should be offered surgery, as should those with a BMI of 35-40 and not meeting glucose targets.
- 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 surgery⁴⁹
- Of those who are eligible for bariatric surgery only 1.09% underwent the procedure.⁵⁰
- 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^{51,52}.
- In France the numbers of procedures are increasing year on year and there are nearly ten times the number of procedures compared to England⁵³.

Wales

- In Wales, tier 4 services are available in line with the AWWMP 2021. For bariatric surgery, patients may be referred to Swansea Bay health board (the only of the seven health boards to provide the service) or to Salford in England.⁵⁴

Scotland

- Bariatric surgery is recommend for adults with a BMI of 35 or more who have been diagnosed with a related severe comorbidity, and have evidence of completing structured weight management programmes.⁵⁵
- In Scotland, individuals who want to consider bariatric surgery are assessed against priority groups and conditions⁵⁶.

Northern Ireland

- Tier 4 services are not routinely commissioned by the Department of Health either within or outside of Northern Ireland. Referrals can be considered as part of the Extra Contractual Referral (ECR) process; however, this is done purely on the basis of clinical needs and not for routine weight loss.
- The proposed Regional Obesity Management Service aims to include the provision of bariatric surgery in Northern Ireland as prototype for 2 years initially, during which 100 bariatric surgeries will be delivered per annum⁵⁷.

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