Proposed referral criteria for Specialist Weight Management Services in England

This joint position statement has been produced by the Society for Endocrinology and Obesity Management Collaborative UK in collaboration with The Association for the Study of Obesity, Royal College of Physicians, NHS England, British Obesity & Metabolic Surgery Society, and All About Obesity.

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Background

The 2022 Health Survey for England estimated that 28% of adults in England are living with obesity, and a further 36% are overweight.[1] Obesity is associated with multiple complications and represents an important target for multimorbidity prevention. Obesity and overweight are estimated to cost the UK economy £98 billion a year, including £19 billion in costs to the NHS from related illnesses.[2]

Specialist overweight and obesity weight management services (SWMS) are specialist services in hospital or community based services, led by a multidisciplinary team, offering a combination of nutritional, psychological, physical activity/exercise, pharmacological, surgical and endoscopic interventions. These services can include but are not limited to services formally known as Tier 3 and Tier 4.[3] These services are locally commissioned and currently, there is significant variation in the provision of SWMS across England and, where present, these services often have long waiting times and limited accessibility. In January 2025, NICE published updated guidance in the form of NG246 Overweight and obesity management, seeking to consolidate all previous NICE guidelines on overweight and obesity which included high level guidance on referral criteria. As the NICE guidance is generalised, it does not go so far as to include prioritisation criteria for those with the greatest clinical need.

In 2023, the Society for Endocrinology and the Obesity Management Collaborative UK issued a joint position statement on the phased introduction of new medical therapies[4]. These new medical therapies now include liraglutide (Saxenda®)[5], semaglutide (Wegovy®)[6] and most recently tirzepatide (Mounjaro®)[7] as well as endoscopic interventions[8].

In line with NICE TA1026 Tirzepatide for managing overweight and obesity, from 24th March 2025 for SWMS and from 23rd June 2025 for primary/community care settings, tirzepatide can be prescribed to eligible patients. Clinical eligibility for people accessing treatment in primary care is subject to a Funding Variation, with phased implementation over an extended time period, and prioritised on the basis of clinical need. The clinical criteria for the phased implementation are detailed in the NHSE commissioning guidance[9] that sets out the eligibility over the first three years. The creation of these parallel routes of access reinforces the need for the suggested guidance set out in this statement and clarification, based on clinical need, about which of the eligible patient groups should be prioritised in SWMS settings.

It is intended that this joint position statement will enable ICBs who commission SWMS, to use this prioritisation criteria to support decision making and ensure that people with the highest clinical needs are referred and able to access timely, comprehensive multidisciplinary assessment and treatment to prevent worsening of weight-related complications. This statement is not intended as prescriptive guidance; local ICBs and health providers should base implementation decisions on the needs of their local population and the resources available.

Aim

The aim of this statement is to take into account the new pathways of care and clinical eligibility for access to tirzepatide; and to propose a prioritisation framework for referral criteria to specialist weight management services for consideration of weight management options.

Proposed referral criteria

Table 1 - Proposed referral criteria for SWMS in conjunction with established locally commissioned pathways. The following table sets out criteria for patients living with obesity who may benefit from specialist weight management input and access to a multidisciplinary team that offers a combination of nutritional, psychological, surgical and medical weight loss intervention, based on the individual patient's needs.

Bariatric surgery care within specialist centres providing MDT support
• People living with obesity considering bariatric surgery as a treatment option and meeting local referral criteria • Post bariatric surgery complications e.g. persistent abdominal pain, nutritional concerns, reactive hypoglycaemia, dumping syndrome, or significant weight regain leading to development of, or recurrence of obesity complications as per local policies/pathways where these exist • Pre-conception care in people with a history of bariatric surgery
Specialist multidisciplinary team (MDT) input required
People with conditions that would benefit from SWMS input in collaboration with additional specialist services and MDTs, including but not limited to: • People with a BMI above 50 kg/m^2 • Type 1 diabetes mellitus • Severe obstructive sleep apnoea • Heart failure NYHA class III/IV requiring hospitalisation • Confirmed metabolic dysfunction-associated steatotic liver disease (MASLD) with moderate/severe liver fibrosis • Chronic kidney disease (stages 4 and 5) • Idiopathic intracranial hypertension resistant or intolerant of medical intervention with impending visual compromise • Suspicion of, or confirmed, rare monogenic or hypothalamic cause of obesity • Patients on weight loss medical therapies who despite maximum tolerated doses, have ongoing weight-related complications and would benefit from evaluation for alternative weight loss intervention <u>Complex needs</u>: • Transition of care for young people from Complications of Excess Weight (CEW) services • Young adults (18-24) with significant weight related complications • Complex social needs e.g. people who are housebound or have severe functional restriction contributed to by their obesity • Complex neuropsychological needs that are interfering with the individual's ability to engage with primary care services, e.g. severe and enduring mental illness, learning disabilities, special educational needs and disabilities* • Patients who meet the criteria and are eligible for access to tirzepatide in Primary Care from 23rd June 2025 (as set out in the Interim commissioning guidance[9]) but

have additional complex medical, psychological and social care needs requiring specialist input and support. Such referral shall be at clinician discretion. This list is not exhaustive and patients with severe weight-related complications should be discussed within an MDT to decide treatment options.
Awaiting time-sensitive interventions
• Patients requiring planned, time-sensitive treatment or surgery (including bariatric surgery) for reversible, life-limiting conditions or who have severely restricted activities of daily living, where high BMI is the primary barrier and realistic (according to latest clinical trial data) weight loss is essential to access interventions • Assisted conception: where individual otherwise meets local referral criteria, but weight loss is required to access treatment. Consideration should be given to age at referral and predicted weight loss outcomes depending on intervention.

*Consider setting up multidisciplinary team clinics with representation from SWMS, community mental health teams, primary and other secondary care teams to facilitate virtual access for patients according to their needs

General considerations

- BMI should be adjusted by -2.5 kg/m² for individuals of South Asian, Chinese, other Asian, Middle Eastern, Black African or African–Caribbean backgrounds, due to increased cardiometabolic risk at lower BMI levels.
- Clinicians should ensure that weight-related comorbidities are addressed and optimised prior to weight loss intervention.
- People living with obesity and medical conditions such as malabsorption syndrome or nutritional deficiencies from other causes should have access to dietary advice prior to weight management intervention.
- The contribution of mental health conditions and their psychosocial impact, which may contribute to, and simultaneously be exacerbated by obesity, should be taken into consideration when assessing each individual. Where possible, interventions to address such psychosocial impacts should be considered as part of the package of interventions.
- People of childbearing potential should receive comprehensive counselling on effective contraception options, as well as guidance on appropriate timing for pregnancy planning, in accordance with the specific intervention.
- As further evidence and real-world data is collected, it is important that clinicians prescribing weight loss medications are aware of potential interactions with other medications and offer advice accordingly.
- Many people living with obesity are already under the care of healthcare services. Teams within these settings such as diabetes, sleep, and cardiovascular clinics, among others, may benefit from working together in setting up referral pathways and collaborating to improve access to weight management services in both primary and secondary care.
- Consideration should be given to patients living with obesity and ongoing eating disorder behaviour. Collaboration between specialist teams for eating disorders, SWMS and primary care is encouraged to offer the most appropriate intervention for this patient cohort who often have complex needs.
- Special consideration should be given to older persons and those living with frailty, with appropriate intervention offered according to clinical need and in discussion with their primary and secondary care teams already involved in their care.

This guidance is not intended to be final and will be subject to periodic review by stakeholders to ensure that they remain relevant in the face of future developments in the area.

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