# Referral Form for the BNSSG Tier 3 Multi-Disciplinary Weight Management Service (BNSSG Patients) Non Face to Face Remote Service ONLY

**Multi-Disciplinary Weight Management Service**

This service provides assessment and management of BNSSG patients with severe or complex obesity. It offers a specialist multi-disciplinary weight management assessment (including psychological, dietitian and medical/surgical support), followed by a 6-12 month programme of care comprising of group and individual treatment sessions with the following key aims:

* To encourage long term behaviour change through promoting healthy eating, physical activity and recognising the psychological barriers to unhealthy relationships with food;
* To prevent / reduce / improve the management of any co-morbidities associated with severe obesity together with costs associated with these;
* Where appropriate, refer patients for Tier 4 surgical assessment and prepare these patients by supporting them to understand the risks of the surgery, the need for behaviour change pre and post-operatively and to assist in the decision making process.
* Patients who have undergone previous weight loss surgery will not be seen in T3 without securing individual funding first.

**To Note:**

Please fill in all sections of the referral form along with any other information you think is relevant to this patient’s case. Please could you ensure that the relevant blood tests in section 2b have been completed and the results (within the last 12 months) attached. **The referral will not be accepted unless the referral form is complete and all of the blood tests have been completed.**

**­­­­­­­­­­**

**Criteria for Referral to the BNSSG Tier 3 Multi-Disciplinary Weight Management Service**

The Criteria Based Assess policy for this service is available on the relevant CCG website.

In order to refer a patient to this service they must be in one of the following three categories\* **(✓)**

|  |  |
| --- | --- |
| BMI ≥40¹ without co-morbidities **and** patient has actively/persistently engaged with losing weight over the last 2 years with a structured tier 2 or equivalent programme. |  |
| BMI ≥35¹ with co-morbidities(established cardiovascular disease, type 2 diabetes, hypertension, obstructive sleep apnoea, NASH or idiopathic intracranial hypertension) **and** patient has actively/persistently engaged with losing weight over the last 2 years with a structured tier 2 or equivalent programme. |  |
| BMI ≥50¹ |  |

¹a tolerance of BMI 2.5 on each criteria above for at risk groups: black African, Caribbean and South Asian origin.

**Continued on next page**

**Status & entry criteria\* (✓)**

In order for the patient to be successfully referred to the BNSSG Tier 3 Multi-Disciplinary Weight Management service the following questions must all be answered positively:

|  |  |
| --- | --- |
| Patient does not have a significant mental health disorder that would prevent engagement with the service. |  |
| Patient does not have active binge eating disorder or bulimia nervosa |  |
| Patient does not have an active history of substance/alcohol misuse or dependence |  |
| Patient has not been referred and then left the service early within the last 12 months |  |
| Patient is not pregnant |  |
| Patient in agreement with referral to weight management team and understand they must demonstrate a long-term commitment to making lifestyle changes (dietary and activity) |  |
| Patient is aware that this service is a medical only pathway and not suitable for those may or would consider bariatric surgery |  |
| Patient is aware that this service is remote and can only be accessed via an app or over the telephone |  |

**Part 1 – Patient Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Address** |  | | |
| **Date of Birth** |  | | |
| **Telephone** |  | | |
| **Mobile** |  | | |
| **Email** |  | | |
| **NHS Number** |  | | |
| **GP Name** |  | | |
| **GP Address** |  | | |
| **As recorded within the last 12 months** | | | |
| **Weight (kg)** |  | **Height (m)** |  |
| **BMI (kg/m2)** |  | **BP (mmHg)** |  |

**Part 2a: Medical Assessment**

**Co-morbidities**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Year diagnosed** |
| **Type 2 Diabetes** |  |  |  |
| **Hypertension** |  |  |  |
| **Obstructive Sleep Apnoea** |  |  |  |
| **Heart Disease** |  |  |  |
| **NASH (non alcoholic steatohepatitis)** |  |  |  |
| **Idiopathic intracranial hypertension** |  |  |  |

**Other significant medical or mental health history – or attach EMIS print out**

|  |  |
| --- | --- |
| **Medical Diagnosis** | **Current Treatment** |
|  |  |
|  |  |
|  |  |
|  |  |

**Medications – please write below or attach current list**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication** | **Dose** | **Medication** | **Dose** | **Medication** | **Dose** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Part 2b: Investigations/Blood Test Results (taken within the last 12 months)**

**The following blood test results should be attached to the referral (Profile on ICE):**

**Full Blood Count B12 and Folate**

**Urea and Electrolytes Thyroid Function Tests (TSH)**

**Liver Function Tests and FIB-4 Fasting Lipid Profile**

**Calcium and Vitamin D HbA1c if Type 2 Diabetic**

**Fasting Glucose**

|  |  |  |  |
| --- | --- | --- | --- |
| **Has patient had bariatric surgery before?** | **Yes** | **No** |  |
|  |  |  |
| **Is patient keen on weight loss surgery, should this be an appropriate option for them?** | **Yes** | **No** | **Unsure** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Name of Referring Doctor** | **Signature** | **Date** |
|  |  |  |

**Please submit this via e-referral system.**