

**An evaluation of tier 2 weight management services in the  
Yorkshire and Humber region [abstract only]**

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## An evaluation of tier 2 weight management services in the Yorkshire and Humber region

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**Introduction:** In March 2021, the UK government announced £100 million of additional funding to support weight management provisions for people living with obesity. Of this, £30 million was split across all local authorities in England to support the expansion of tier 2 behavioural weight management services for adults. In the 2021/2022 financial year, 72% of tier 2 service users across England were funded by the additional funding, with 28% from the most deprived areas in England. Within Yorkshire and the Humber, this funding was largely used to target services to groups of the local community that were underrepresented (e.g., ethnic minority groups, sexual minority groups, those with disabilities). It was later announced that the government would pause the provision of funding for the 2022/23 financial year. To build on the work of service commissioners and providers, the present work aims to collate learning and best practice from service expansions to facilitate rapid redeployment should funding return in subsequent financial years. This work would also allow understanding of best practice for targeting underrepresented groups within tier 2 weight management services, thus maximising the impact of potential reductions in health inequalities through limited local authority public health resource.

**Method:** Data collection is aligned with the Public Health England Standard Evaluation Framework for weight management interventions. Up to 15 of the local authorities in Yorkshire and the Humber region will participate in this mixed-methods study. Qualitative surveys will collect data on service provisions (e.g., target population, type of intervention), outcomes (e.g., weight loss, wider impact on lifestyle and health of users, wider impact on health provisions), users (e.g., demographic information, user experience, motivations to participate), and success metrics (e.g., recruited versus target population, referral rate versus service usage). Follow-up semi-structured interviews will be conducted with service commissioners and providers to identify perspectives of service provision success and best practice. Case studies from service users will also be collected where available from service commissioners or providers. Interviews will be transcribed via otter.ai and analysed using framework analysis.

**Results:** Data collection started in December 2022 and is ongoing. Preliminary data are expected in March to April 2023.

**Conclusion:** This study will provide data to: (1) identify routes for more efficient expansion of tier 2 services; (2) improve service provisions for underrepresented communities, and; (3) share best practice for tier 2 weight management services. The data will feed directly into tier 2 weight management services within Yorkshire and the Humber but will also provide important considerations for wider weight management approaches in the UK and globally.

## Virtual Group Multidisciplinary Saxenda Clinic; a service evaluation and a patients' experience survey

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**Introduction:** Liraglutide 3.0mg (Saxenda®) is the first available glucagon like peptide-1 analogue on the NHS to treat obesity. It is available on the NHS for people with obesity (PwO); BMI  $\geq 35$  kg/m<sup>2</sup> (or  $\geq 32.5$  kg/m<sup>2</sup> for those of minority ethnic groups) with pre-diabetes and a high risk of cardiovascular disease 1. The multidisciplinary clinic was launched in February 2022, led by a consultant endocrinologist & specialist dietitian, as part of a tier 3 weight assessment and management service. In September 2022, the team expanded to include a specialist pharmacist. A virtual group clinic approach was adopted, on average 8 PwO per new clinic, and 4 PwO per follow up clinic, with the sessions delivered by a dietitian and a pharmacist. PwO have the option for individual in-person appointment with the consultant, when needed, and monthly virtual drop-in nutritional sessions.

**Methods:** In December 2022, an electronic survey was emailed to participants who completed at least one virtual group session, to capture the challenges & benefits of the novel treatment and the virtual group delivery.

**Results:** To date the clinic has treated 80 PwO. Saxenda® has been well-tolerated with 5% of patients discontinuing treatment due to gastrointestinal (GI)-related adverse drug reactions (ADRs). A further 6.25% discontinued Saxenda® prior to obesity surgery, and 5% discontinued treatment due to <5% weight-loss at 16-weeks.

The survey responses are currently being collected. To date, 18 participants completed the survey: 67% identified as female and 33% identifying as male, with an age-range from 25 to 64. 95% of participants reported >5% weight-loss, with 44% and 50% also reporting improvement in mental and physical health, respectively. GI-related ADRs were the most frequently reported, with dysgeusia ("tin taste") also noted.

Although 67% of participants reported no issues with the virtual group format, a minority of participants would have preferred a one-to-one appointment. Interestingly, although some participants reported being uncomfortable with the idea of a virtual group format, they reported the overall experience as "better than expected". The creation of a safe space for PwO to share experiences and gain support appears to be key for successful engagement. Currently, the process requires on-site medication collection every 3 to 4 months, with difficulties reflected in the survey results. The quality of the clinical information delivered in the sessions was however rated highly, with all participants rating delivery as "good" and above.

**Conclusions:** Saxenda® was well-tolerated and delivered benefits to PwO beyond weight-loss. The novel virtual group format provided by a specialist Dietitian and Pharmacist, although having its challenges, has proven to be successful. To address the issues surrounding medication collection, future developments need to include the introduction of a homecare medicines delivery service.

### Reference

1. NICE. Technology Appraisal Guidance [TA664]: Liraglutide for managing overweight and obesity. London: NICE, 2020.

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