Leeds Tier 3 Specialist Weight Management Service

Report on staff and referrer responses to an online survey (Oct-Dec 2023)

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Executive summary

The Insight, Communications and Involvement team at the West Yorkshire Integrated Care Board (ICB) in Leeds is supporting the planning process for the future redesign of the Tier 3 specialist weight management service in Leeds.

As part of the commitment to involve stakeholders in this potential service change, we sought the views of staff in the current service, and of external staff who refer people into the service.

This report provides a summary of the responses received, contributing to our existing insight, and feeding into the redesign process.

Between October and December 2023, 34 members of staff who work in (10) or refer into (22) the Leeds Tier 3 Specialist Weight Management service completed an online survey, providing their thoughts on what works well and what needs improving about the service.

Whilst acknowledging the challenges long waiting times and a lack of capacity bring, staff working within the service value:

- the multi-disciplinary team approach,
- the team's caring approach to patients, and
- the benefits of some virtual / online ways of working.

Staff felt that more work to improve referral processes and information and communications with patients, and wider stakeholders, would benefit staff and patient experiences.

Staff referring into the service reported some challenges with the referral process, with information and communication, and also noted a lack of follow up about patients who had begun the programme.

Several referring staff, mostly GPs or other practice staff, stated how important they felt the programme is, knowing how many of their own patients need this support:

"It's a great shame that it's no longer available. I've had so many consultations with patients desperate to lose weight and really struggling but nothing that can be done aside from orlistat (they've already tried dieting and exercise)." (GP)

Background

The Leeds Tier 3 Specialist Weight Management service offers support for adults with severe and complex obesity. Delivered by Leeds Community Healthcare NHS Trust (LCH), it is a 12–18 month programme for people with a body mass index (BMI) of 40 or higher, or 35 with one or more co-morbidity.

The service is run by experienced healthcare professionals including a consultant physician, physiotherapists, dietitians and mental health specialists. The team works to support adults with severe and complex obesity to make sustainable diet and lifestyle changes to improve their health.

In 2019, when the service was re-commissioned, it was estimated that the service would be expected to manage approximately 250 new referrals per year.

In 2023 health system partners met to discuss the crisis position Leeds weight management service found itself in because of increasing referrals and demand.

The decision was taken to pause referrals into the Tier 3 service on 15 July 2023, by which time the total service caseload (number of patient referrals received and within the service) was 1323.

The Leeds Health and Care Partnership (LHCP) is committed to finding a viable way for the service to continue. The pause to referrals is intended to support the recovery of the service for patients already in the service and on the current waiting list, and also provide an opportunity to review and reconsider the service for the future. A decision on the future of the service and its redesign is due during 2024.

As part of the service recovery and planning for the redesign of specialist weight management services in Leeds, an engagement workstream project group was established, which meets fortnightly. Involvement activities, including the findings of the staff survey, feed into the engagement workstream.

The findings from the survey are intended to contribute to our understanding of what matters most to people using, and people delivering, the service – staff and patients and their loved ones and carers.

Other activities include analysis of over 250 Family and Friends test feedback responses about the service from January 2019 to October 2023, and an insight review of what we already know about people's experiences of weight management services (both in Leeds and further afield).

An insight report will draw together the findings from the above activities and be presented to the engagement workstream in January 2024 to support the decision-making process.

The survey

An online survey was developed to capture feedback from the following groups:

- Staff working in the Tier 3 Specialist Weight Management service
- Staff referring people in to the service
- Other

The survey asked respondents to provide their feedback on what they felt was working well in the current service, what challenges or barriers they felt there were, and for any other comments. The survey also invited respondents to put their names forward if they would like to be involved in more detailed work as part of planned focus groups to consider particular aspects of the redesign for the service. Seven people put their names forward to get more involved.

The survey was launched on 9 October and closed on 22 December 2023. Information and the survey link were shared through the service and through local staff networks including Primary Care and Leeds GP Confederation bulletins. Following receipt of a breakdown of GP referrals into the service from 2021 / 22 and 2022 / 23, around half of local GP practices were also contacted directly for their experiences of referring into the service.

The survey did not collect equality monitoring data.

Survey responses – who did we hear from?

We received 34 survey responses altogether:

- 10 from staff working in the service
- 22 from staff referring into the service
- 2 from other respondents

A range of staff responded, including:

- Dietitians
- Consultants
- Nurses
- Admin service coordinators
- Prescribers

Not all the referring staff provided details of their practice, but of those that did we heard from 16 local GP practices.

The two ‘Other’ respondents included a member of staff who completed the survey from a patient perspective, having used the service themselves, and a member of staff from the diabetes service.

Survey responses – what did people tell us?
This section is divided into responses from staff in the service and responses from staff referring into the service. A summary of the responses is provided here, and the full responses are attached at Appendix 1.

Responses from staff in the service
Questions:

1) What do you think is working really well in the service and should be continued?

Main themes include:

- The **multi-disciplinary team approach**. Several people mentioned the benefits of bringing together a range of professionals to enable bespoke care for patients.
- The **emphasis on caring** for patients. Several people mentioned excellent teamwork, kind staff and an holistic approach offering more person-centred care, such as more mental health support when needed.
- The benefits of **online engagement** were highlighted by several people – virtual appointments can be better for patients who are working. Virtual reviews and prescriptions were also mentioned. The opportunity to engage online with staff from out of the area was also noted as a way of addressing some ongoing recruitment challenges.

2) What do you think could be improved or changed?

Main themes include:

- **Waiting times**.
- **Capacity** – more staff are required, to support earlier interventions from clinical staff and attendance at MDT meetings, to more staff delivering more groups, including mental health support, binge eating disorder and pre-Tier 3 groups to more medical and psychological capacity.
- **Better communications** – between Tier 3 and 4 (a shared system?), with other services e.g. diabetes, and to manage patient's expectations.
- **More information** – for people while they're on the waiting list, and about the transition between tiers.
- Other comments included a consideration of earlier and later appointments for people who work, whole team meetings (not just MDTs), changes to referral criteria and processes, and more and consistent supplies of injectables.

3) What do you think are the main challenges facing the service as it is now?

Main challenges include:

- **The number of patients**. Almost every respondent stated that the number of patients, and referrals, is too high for the service and its staff to manage. This means people cannot be seen in a timely way leading to frustration and

complaints, and an inability to manage patient expectations. One respondent mentioned this is also leading to inequalities in accessing the service.
- Other challenges include the lack of a Tier 2 service, waiting times for Tier 4 and the increasing demand for weight loss injections.

4) Thinking about different parts of the service, what do you think could be done to improve patient and staff experience?

A main theme for improving the staff experience centres on the **relationship between the service and the GP referrer:**

- Ensuring GP's are aware of the service criteria, and the need for up to date patient bloods and weight details.
- Clarifying GP, and therefore patient, expectations of the service (including, for example, waiting times).
- At the end, ensuring GPs receive a programme completion, or discharge, report.
- Some **admin processes** could be revisited – the importance of involving admin staff in process / pathway discussions was noted.

Responses on improving the patient experience focused on the need for:

- More **information resources** – especially whilst people are on the waiting list, and after completion of the programme, including links and contacts for further resources.
- A **phone line** that is answered by someone, and not just a voicemail message - would reduce frustration for patients and staff.

5) Any other comments? Is there anything else you think it would be useful for us to know as we consider a redesign of this service?

Responses include:

- Hearing about **patient outcomes** from those completing Tier 4 – ensure staff hear the results, understand the effectiveness of the programme.
- **Aligning Tier 3 and Tier 4** services.
- Looking at **strengthening links with local groups** / activities like Active Leeds.
- Thinking about support for patients who prefer more regular check ins and weigh ins.

Responses from staff referring into the service
Questions:

1) Please tell us about your experience of referring people into the service?

Some responses to this question describe a less than positive experience:

“Reports from patients are not that positive and seem inconsistent. I am not sure what is actually offered so am always unsure what to tell patients I am referring them for.” (GP)

“I have referred a lot of people in but most of them have not actually managed to be seen or have any input.” (GP)

“I have directly referred patients to tier 3. It’s often frustrating if we are having to look at criteria for this service vs another service to see what’s most suitable, to avoid rejection in referral.” (GP)

2) What do you think is working really well in the service and should be continued?

Several respondents were unclear about this – “Unknown”, “Don’t know”, “Not sure”.

A couple of people mentioned the **multi-disciplinary team approach**, and someone else noted the **counselling support** and medication. Supporting the referral process, “the Arden template on system 1 has the referral criteria at the top which helps.”

This question received very mixed responses, from “I think the clinic works well and is a good service” and “Clear criteria. Easy to refer” to “There is no service at present so difficult to comment. Patients in the past don't like the 12-wk program though, usually they have already done that.”

3) In relation to referring someone to the Tier 3 Specialist Weight Management service, have you experienced any challenges or difficulties?

Most people answered this question, many with some quite detailed responses:

“Referral was simple to complete but the difficult part was getting in touch with someone as there’s no email address and the phone line only went through to VM.” (Health and Wellbeing Coach)

“Ok previously- though form could have been more user friendly and on DART.” (GP)

“So few referrals were accepted and you are currently closed to referrals so no recent experience. It's super frustrating that the previous, Tier 2 service couldn’t refer directly to Tier 3. Sending patients to GPs to refer to Tier 3 when Tier 2 not effective is/was a waste of scarce GP time.” (GP)

“Many referrals are bounced back; sometimes tiny details on the referral form may be missing which prompt the referral to bounce back; it can be very frustrating, it seems there are too many barriers to referrals.” (GP)

“A lot of patients are happy to initially be referred but do not complete or start the course following referral.” (Practice Nurse)

“Don't recall receiving any feedback following accepted referrals. Would be nice to know how patients are getting on.” (GP)

“Often patients don't hear anything which is hard for them and me as a referrer.” (Health Coach)

“The referral process itself is straight forward.” (GP)

“There is no way to refer to this and hasn't been for months. So yes that's a challenge! Previously it felt that you had to wait for them to get really overweight before you could refer and that's difficult if you have a motivated patient wanting help.” (GP)

“I find it difficult to fill all the relevant bits on the form. I think it would be far easier if there was DART electronic form to fill out.” (GP)

4) What do you think could be done to improve the process of referring someone to the service?

The majority of respondents mentioned the need for **clear information** on referral criteria and guidance, a couple suggested a simpler referral form (DART), and an outline of the service for them and their patients:

“I would like more information about what the service includes and what patients can expect.” (GP)

Some people asked for an **easier, more straight-forward process**, with a couple of people suggesting that patients should be able to self-refer.

5) Thinking about different parts of the service, what do you think could be done to improve patient and staff experience?

In addition to the requests for a simpler referral process, the main improvements mentioned relate to **better information and communication**, and **follow-up and feedback** on and after completion of the service.

“Information & communication definitely needs to be improved, it would be nice if something was put on their notes to tell the referrers where they are in the process.” (Health Coach)

6) Any other comments? Is there anything else you think it would be useful for us to know as we consider a redesign of this service?

Several responses to this question underline how referrers value the service and how important it is to maintain it for people in Leeds:

“Seems unacceptable that there is now no individualised weight loss provision in the city when obesity is so important to tackle.” (GP)

“I think we are really struggling with services at the minute and we need all the help we can get to support pts with weight management issues.” (Practice Nurse)

“It's a great shame that it's no longer available. I've had so many consultations with patients desperate to lose weight and really struggling but nothing that can be done aside from orlistat (they've already tried dieting and exercise).” (GP)

“I despair at the lack of weight loss services available to patients currently. There are very limited community options and I'm sure this impacts on your service…” (GP)

Feedback from ‘Other’ respondents

Two respondents chose to complete the survey in the ‘Other’ category. One of those was a member of staff who had also been through the Tier 3 programme as a patient. They reported that the dietitians’ input had worked well, and thought that lowering the BMI requirements and providing more support after the operation would improve the programme:

“Support after the operation, for longer period or when needed as aftercare is only 2 years but I am struggling after 4 years… Review after 3 or 4 yrs, on how the person is doing and if any revision surgery is needed.”

This respondent also felt that understaffing and financial issues were the main challenges facing the service.

The second ‘Other’ respondent told us they work for the diabetes service. They said that improvements to the service could include:

- More funding to assess / see more patients.
- Communication with other services about the obesity service - what it can / cannot offer etc.
- What are the outcomes? Is this analysed / published?
- Make it explicity clear what can / will and cannot / will not happen and explain treatment timescales so people outside the obesity service have a better idea of what is provided.
- Don't promise too much! At best you can tackle a fraction of the patients who could benefit from your service.

Next steps

This report, together with the findings of the wider insight review and analysis of the Family and Friends Test responses mentioned above, will be presented to the engagement workstream project group to help inform the redesign of the Tier 3 weight management service through 2024.

It will also be published on the Leeds Health and Care Partnership website:

https://www.healthandcareleeds.org/

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Appendix – Staff (including referrers) survey responses in full.

Tier 3 SWM Survey – Staff responses (10)

I work within the Tier 3 Specialist Weight Management service

Where	What's working well	Improvements / changes	Main challenges	Improving staff / patient experience	Any other comments
LCH Person 1	-Providing patients with support from a variety of clinicians including Dietitians, Physio, Mental health, CBT, Psych, Metric clinics + Medical support. -Extra mental health support, helping to provide patients with more specific guidance + decreasing tier 3 MDT waiting times. -Regular team meetings to keep everyone updated on ongoing changes. -Improved focus on staff health + wellbeing including starting a Whattsapp group. -Nutrition group sessions benefitting a number of patients. Would be good if they are able to continue. -Service length seems fair.	-There has been some admin issues e.g. appointment confirmations not being sent, however this has been discussed and being worked on and staff have now had more time in the role. Perhaps more training for admin may be beneficial in future. -More staff, particularly more medical support at the start of patients journeys so they can have their questions answered and have a clearer path forwards. -Clearer communication /guidance between tier 3 and tier 4. This is being worked on. -Clearer communication /expectation setting to patients sometimes e.g.	-Provision of injections. Saxenda had to stop due to shortage. Some patients had been waiting a long time for this (since referral) so this has been quite disappointing for them. Challenge of setting up Wegovy with low numbers of staff and different criteria to the Saxenda. -High referral rates with limited funding for staff. Long waiting times for patients causing them frustration and potential decline in health whilst they wait. -No provision of tier 2 service, putting extra pressure on service. -Long waiting list for tier 4 referral. Difficult for patients to await referral over when they have completed their sessions with tier 3	-Extra funding for more staff. -Initial metric clinic being closer to other initial appts as patients may have gained weight in this time. This has been discussed. Screening appts do appear useful prior to other appts. -More info resources for patients e.g. info on different pathways they can take in the service, info on injections. -Could create a reflection resource for patients at the end of care e.g. noting progress they've made, techniques learnt, goals set through the service, what they're going to focus on going forwards etc.	Considering a variety of different paths for patients. Are we able to support patients any further who prefer the more regular check ins and weigh ins?

	-Kind staff. Support from others if needed.	on waiting times for surgery and requiring signing off by all clinicians before referral on. -Clinicians attending MDT more regularly as some patient cases get pushed back a number of times due to team not being present. -Meetings as a whole team (other than MDT).			
LCH Person 2	Having joined the team 10 months ago everything was new to me but I commend everyone within the team for the excellent support. Everyone is willing to help. Excellent teamwork when it comes to clients. This should be continued.	Long waiting periods for patients referred to Tier 4. More and consistent supply of Saxenda injections and availability of Wegovy injections.	Supply of injections.	What happens once someone has completed the programme. The referral process.	Outcome of patients after referral for Tier 4. Knowing how the patients are doing after completing, eg annually just for staff to know how effective service is + how sustainable is the achieved weight loss results after engagement.
LCH Person 3	Virtual appts have allowed many working age adults to commit to the high frequency of appts our service offers. It's meant	Transition between Tier 3 and 4. The wait times. More group work to enhance patient experience & get	Staffing with current patient levels. GLP-1's & everything that comes with this including the	1. Referral - up to date bloods + weight should be requested from GP's. Weight is often	

	service users can attend appts without worrying about travel, time off work or accessing health centres. This is important with our patients – most being working age adults, many with multiple comorbidities that can make accessing or getting to health centres more difficult. This also allowed us to source staff and locums to keep the service running as well as getting the best people for the job e.g. a previous locum had extensive weight management experience but was based in London. Without virtual appts we'd have been unable to utilise her services. There is a major shortage of dietitians + many other professions - without this we would've had extreme difficulties recruiting not only dietitians but most of our team.	patients all on a level playing field when starting in the service. This may reduce the need for as many 1:1 contacts and could also be used to ensure patients are fully committed and fully understand the service.	additional time required for all staff members.	inaccurate, we have even been provided with a weight from 4 years ago and we often get requests for GLP-1's that require specific blood tests to be done for eligibility without these being done. This leads to patient frustration as they fit our criteria for entering the service so they wait for treatment appts only to be told when we have done the blood test they do not fit the criteria. Staff often then get these frustrations taken out on them. Referral forms should have more specific guidance for GP's so they can discuss criteria & service pathways in brief with the patient & specifics i.e. date of weight, where taken & a reminder that this should have been from the last 6 months. 2. Remote printing service - we send via admin entering the office	

				or through email/s. It could improve communication if we had a remote service especially for sending information around pathways/service expectation. 3. Group work for service users before they start their 1:1's however this would require man power to develop and facilitate.	
LCH Person 4	Providing support from a variety a professions is beneficial to the patients. Providing support holistically helps support weight loss. I feel that current 1:1 sessions are beneficial with patients as the patient has a safe space to talk openly.	- A mental health course would be beneficial, this is currently being worked on. - A place for patients to access information while waiting for appointments. e.g. mental heath information, courses, meal ideas, meals on a budget etc?	The current demands on the service and the amount of staff to support the patients. The changes to the service that have to be implemented without extra resources.	Patient experience - Better knowledge of lead times. - info to access when waiting for appts. - somewhere to go when feeling stuck and need advice. Staff experience - More staff for smooth running of the service as demand increases.	
LTHT Person 5	Virtual patient reviews MDTs- enables bespoke care Screening- enables medical urgent review prioritisation	Access to BED group Medical and psychological capacity	Capacity Re-opening the service	Patient summary to GPS on discharge	Better align Tier 3 and 4- remove the wall.

	Virtual Prescriptions				
LCH Person 6	The emphasis on caring for the patients.		The number of patients referred is too high for the number of staff working in the service. Different trusts with different ways of working all working for the same service.	Involvement of Administration before new processes and pathways are implemented and consideration of the impact and expectations.	
LCH Person 7	MDT working - bringing together professionals form across the Leeds healthcare provider network.		* increasing referrals * inability to manage patient expectations in terms of access to treatment & treatment outcomes * celebrity culture of (mis) use of weight loss drugs * inequality in accessing the service		Commissioners to focus on the commissioning outcomes. Providers to design and develop services for the outcomes, working with the most disadvantaged groups as a priority.
LCH Person 8	Virtual appointments work well for fitting in around patients work commitments.	More earlier/ later appointments made available. Patients often request before 9am and after 5pm.	Too many patients for the amount of staff meaning patients waiting months for appointments. eg 6 months from referral to screening then further 3+ months for first clinical appt.	The manager has put lots in place already to improve staff experience + working as a team - morning huddles work really well, some face to face team mtgs, staff whatsapp group. I think it would be valuable to do once a year voluntary	From speaking with colleagues in other areas of the country, things that seem to work well for them- Such as mandatory group education sessions (rather than opt in).

				work day in the local area as part of team building activity. We get a lot of patients complaining about our phone line being a voicemail only and not a manned line. This causes frustration to both patients and clinicians as there are often delays in messages getting passed on to staff.	Intensive support offered for first 12 weeks with all team members, to get them started, then reviews less often but spaced out at intervals until reach 12 months. I think physical activity should be promoted to all patients, eg mandatory group education session on this rather than just opt in for physio. I think better links could be formed with Active Leeds, so patients get more support to help start physical activity in the community.
LCH Person 9	Integrated team involving facilitators, mental health, physio dietitians + medics all pay a key role.	We don't have a tier 2 service anymore. Service users need this but in line	Not enough staff. Pressure affecting the current staff wellbeing, staff turnover.	Referral process - more information needed prior to referral. Bloods and weights needed.	

	Patients are offered one to one consultations to build on the knowledge and skills they have obtained from the tier 2 service.	with the different tiers. Having a mandatory group programme built in with in the current t3 system would ensure a clearer pathway to help service users have the grounding they need to progress to one to ones with specialist clinicians. The numbers are high having more staff to meet these demands. More mental health support worker to establish at start of pathway how motivated + engaged the patient is before they progress to the next stage. More dietetic support for a hybrid/mixed care of group education + one to ones. Physical activity support workers who can concentrate on this with support from physio. Nurse prescriber who can help support the medical side of the glp-1 pathway	Patients getting frustrated with the waiting times and clinicians due to the wait. Complaints Meeting expectations Patients not being seen in a timely way to help keep them engaged which in turn effects outcomes.	More time to make more resources to support the work that is being done. Can videos be done as part of the patient education like the LEEDS programme (diabetes)? More time and capacity to work on post discharge plans - diet and exercise plans to continue once they are discharged after 12 months. Signposting to other services such as the one we used to have like One You Leeds for weight maintenance	

		Have a link with diabetes service - have a diabesity pathway. Better links + transfers to tier 4 - shared electronic system would reduce the number of MDT meetings and make them more efficient. Changes to criteria and what is on the referral form would make the process more manageable - ie up to date weight, bloods (sometimes weights are > 12 months ago from the GP) Integration with other services - IVF only have a certain age restriction to have IVF and weight loss. Can this be expedited?? All above would need more leadership time to manage.			

LCH Person 10	I think the group sessions have been well received. The nutrition groups give patients a good introduction to diet and lifestyle until treatment can start.	At the moment the biggest concern are the waiting lists within the service. From starting treatment to being referred on to a Tier 4 service. Finding a way to improve patient expectations and waiting times would be a way to improve the service.	The elevated amount of patients is currently causing long waiting lists which patients appear to be finding very frustrating. Also this is having an impact of when different appts are booked. So Dietitian appts can be close to the end before a first medical can be booked in.	I think the GP completing bloods and obtaining an accurate weight on the referral would be helpful. Also if the GP managed expectations of service. We have had many patients come into the service for a GLP-1 medication and not been eligible, but assumed they were. I think having very clear waiting times once coming into the service will manage patient expectations. I think having an email we could send out on discharge that contains relevant information could be helpful - such as recipes, any local support, basic nutrition, lifestyle tips etc so they have something to look back over from the service.	

Tier 3 SWM Survey – Referrer responses (22)

I refer people to the Tier 3 Specialist Weight Management service

Where + Role	Experience	What's working well	Main challenges or difficulties referring	Improving / changing referrals	Improving staff / patient experience	Any other comments
Chapeltown PCN		Multi-agency approach.	Referral was simple to complete but the difficult part was getting in touch with someone as there's no email address and the phone line only went through to VM. I was not contacted despite leaving a voicemail a few times. However I contacted the Parkside Practice and got the Dietetics Team number and was contacted by someone who explained the individual referred was on a waiting list of around 300 people waiting to be triaged.	Online website form will be simpler than using S1 and EMIS	Phone line- someone contactable Follow up post completion 2 months and 6 months to record outcomes.	There is a long waiting time for the service. Something needs to take place in the interim.
Leeds		Unknown	Ok previously- though form could have been more user friendly and on DART	DART would be better than having another form to populate.	Use DART	Seems unacceptable that there is now no individualised weight loss provision in the city when obesity is so important to tackle

LS9			With the loss of one you Leeds programme it's difficult.	Needs to be easy and straight forward.	Referral: straightforward, not faffy information available to both pt and referrer feedback is useful.	I think we are really struggling with services at the minute and we need all the help we can get to support pts with weight management issues.
West Leeds		Don't know	So few referrals were accepted and you are currently closed to referrals so no recent experience. It's super frustrating that the previous, Tier 2 service couldn't refer directly to Tier 3. Sending patients to GPs to refer to Tier 3 when Tier 2 not effective is/was a waste of scarce GP time. If Tier 3 expects bloods etc then Tier 2 service should be able to arrange them themselves and do the referral onward. Tier 3 referral guidelines complex and difficult to remember.	We need more investment in the causes of obesity, and Tier 1/2 interventions rather than medicalising things.		Please ensure you consult with Leeds LMC who are the STATUTORY representatives of general practice in Leeds and Must be consulted for any service redesign. mail@leedslmc.org And with the PCN Clinical directors via the Confed - Jim Barwick jim.barwick@nhs.net
Morley Fountain Medical Centre			Many referrals are bounced back; sometimes tiny details on the referral form may be missing which prompt the	Allow more flexibility and don't bounce patients back because of	Make the referral process easier. Widen the referral criteria.	

Morley Fountain Medical Centre			referral to bounce back; it can be very frustrating, it seems there are too many barriers to referrals.	minor issues with how the referral form is filled in.		
Leeds City Medical Practice			We can't refer anymore.	Clear pathway of what you offer and criteria.		It's a great shame that it's no longer available. I've had so many consultations with patients desperate to lose weight and really struggling but nothing that can be done aside from orlistat (they've already tried dieting and exercise)
Primary Care	Reports from patients are not that positive and seem inconsistent. I am not sure what is actually offered so am always unsure what to tell	Not sure		I would like more information about what the service includes and what patients can expect.	Communication.	

	patients I am referring them for.					
Aire Valley Surgery	I actively refer patients to the service, usually following an annual review.	I would love this service to continue and feel I have made good use of referring patients.	A lot of patients are happy to initially be referred but do not complete or start the course following referral.	Clear guidelines on who, how to refer. As there have been changes to the service, staff are unclear about what is available and how to access.		
GP	Actively refer. Found previously that referrals sometimes not accepted. Have been advised by other services eg dietician to refer to WMS while wait list has been closed - not helpful! Been difficult to tell patients there's nowhere we could refer them to.		Don't recall receiving any feedback following accepted referrals. Would be nice to know how patients are getting on. Patients will state they have done WW or SW to get referred...not our responsibility to police this.	Simpler form.	Simpler form Better feedback	

Shakespeare Medical Practice	I actively refer patients into this service, currently just to the digital online service at the moment.	There are so many patients that need the higher tier level of support in this community.	Often patients don't hear anything which is hard for them and me as a referrer.	If someone could acknowledge the patient so they know whether they are on the list + they understand there may be a waiting list but to keep in touch and update them on progress.	Information & communication definitely needs to be improved, it would be nice if something was put on their notes to tell the referrers where they are in the process.	
The Garden Surgery	I refer using the referral form for the service	Clear criteria Easy to refer	The referral process itself is straight forward.	Please could the referrals go on DART?	Do patients get a check eg 6m after discharge to see if intervention still helping? May be helpful to do so.	I despair at the lack of weight loss services available to patients currently. There are very limited community options and I'm sure this impacts on your service. Feedback from patients is that they are frustrated that they cannot access help until they have put on weight if they are below the cut off. Having a less specialist service to help patients at a lower level would be useful.

						Also would it be possible to have some sort of community clinic to provide the GLP 1 inhibitors as quite a few of the referrals are driven by demand for these (and I am sure will continue when they become available again).
Leeds City Medical Practice		I think the clinic works well and is a good service.	I haven't referred a lot of patients but I haven't experienced any difficulties.	Nothing	Maybe information on what to do if people regain weight.	
GP		MDT approach, medication prescribing.	Not enough services Patients don't meet the criteria.	Clear guidance for referral. Options for patients for who don't meet the referral criteria.		
Shaftesbury Medical Centre	I refer for patients who have asked for the service and those patients that don’t ask and we have	It does work well but we need a service just for obese patients not with an ongoing medical	No	Self-referral	Self-refer and downloadable pt leaflet to explain the service	Bring back weight management service for people with weight issues who do not have diabetes or hypertension.

	discussed it as an option.	condition				
Shaftesbury Medical Centre	I am newly qualified and only just started into this role 2 weeks ago so I haven't had much experience of this before but I know this is an important thing to be aware of and refer patients to when needed.		Knowing all of the recommendations and scope of when to refer someone.			
Gibson Lane Practice		Access	No	Easier access to criteria - other non GP's being able to refer	A discharge letter stating that someone has completed programme would be helpful to have on system	
Kippax (1 of 2)	Have referred occasionally in the past	There is no service at present so difficult to	There is no way to refer to this and hasn't been for months. So yes that's a challenge!	Open the service, good website with diet and lifestyle advice. Access to	Allow referrals, don't have strict minimum referral weight. Don't have	Offer local in house groups to run from practices.

Kippax (2 of 2)		comment. Patients in the past don't like the 12-wk program though, usually they have already done that	Previously it felt that you had to wait for them to get really overweight before you could refer and that's difficult if you have a motivated patient wanting help.	online pt/coach to get people started.	to do 12 week slimming world first.	
Robin Lane Health & Wellbeing Centre	I task the Secretaries.	It is good that we can offer Tier 2 and 3 support. Inclusion and exclusion criteria is clear. Patients are given enough time to change mindsets and everyday living. Patients are followed up.	No	One box to tick if consent is obtained for referral. This includes sharing data.	We need to know exact details of what the service entails so that we can manage patient expectations and obtain informed consent. Coding to make clinicians aware that a patient is undertaking this service. Coding for programme completion.	Clear guide of inclusion and exclusion criteria. Clear programme details. Clear guide of how to refer. Coding / icon when a patient is undertaking the programme. Completion coding with start weight and end weight measurements. Is it possible to refer more than once?

GP	The referral process was not clear, people's eligibility was not clear and what the service actually offered was not clear					
Oakwood Lane Medical Practice	I do actively sign post. A lot of people are wanting further management after trying tier 1 services, diets and also Orlistat.	I think the Arden template on system 1 has the referral criteria at the top which helps.	I find it difficult to fill all the relevant bits on the form. I think it would be far easier if there was DART electronic form to fill out. The tier 1& 2 links were attached or clearly signposted and marked, with an area for free text to elaborate on history what the patient has tried already.		A DART form, relevant information or a patient leaflet about tier 1 options to try.	
Manor Park Surgery	I have referred a lot of people in but most of them have not actually managed to be seen or have any input.		Long waiting lists.	I task this through the secretary team as am unaware of any simple templates to use now as we used to have previously.		

Colton Mill Medical Centre	I have directly referred patients to tier 3. It's often frustrating if we are having to look at criteria for this service vs another service to see what's most suitable, to avoid rejection in referral.	Weight management - counselling around this with medication being offered.	Patients meeting or not meeting strict referral criteria	I think there should be a single point of access of weight management services in Leeds that patients can self-refer into. This way the service can signpost to correct services. monitor the progression of weight loss, over what period, check BMIs and step up to appropriate tier services or step down as needed. When patients self-refer they tend to be more self-motivated to lose weight also or make change.	Streamline the referral process. Streamline the discharge process with a plan.	