Weight Management Enhanced Services CEG Fact File 2023/24 (SystmOne)

Outline

This Weight Management Enhanced Service runs from 1st April 2023 to 31st March 2024. Practices are to refer patients, on the obesity register, to a weight management programme. Obesity, for the purpose of this service, is defined as the latest BMI ≥ 30 or ≥ 27.5 for patients of BAME ethnicity recorded in the last 2 years.

Which programmes qualify?

- **National Diabetes Prevention Programme (NDPP)** – for those with non-diabetic hyperglycaemia
- **Digital Weight Management** – for those on the Diabetes and/or Hypertension register who have internet access
- **Total Diet Replacement** (T2DR formerly known as Low Calorie Diet) – for those diagnosed with Type 2 Diabetes in the last 6 years)
- **Specialist Weight Management Services**: Tier 3 or Tier 4

How do I claim?

Practices need to make monthly manual submissions to their commissioners and will receive a payment of £11.50 per referral. Each referral will need to be coded in the patient's record.

CEG Resources

Referral Documents are integrated into your clinical system (for EMIS the weight management code is attached to the document and will automatically be entered into the patient's record when the document is saved.)

- NHS Diabetes Prevention Programme referral NEL CEG
- NHS T2DR (Low calorie diet) Referral CEG
- Digital weight management NEL CEG

The **Lifestyle Intervention** page, which you will find on the LTC and other templates, has the Referral to weight management service codes. There is also a link to a weight management document listing all available services in your borough.
There is a **NDPP section** on either the LTC or Health Check template where you can find the invitation and decline codes.
There is a specific template for Total Diet Replacement called "**Low Calorie Diet Referral (T2DR) CEG**" which has all the invitation, referral/decline and outcome codes.

We have several **Support Searches** for identifying eligible patients, incorrect coding and claiming payment

- **Weight Management Coding Update**: helps identify patients that need correct coding
- **Weight Management CQRS claims:** helps practices claim for activity done.

- **MLCSU Weight Management ES NHSEI:** identifies eligible patients for Digital Weight Management programme.
- **NHS T2DR LCD Eligibility:** identifies eligible patients for the Total Diet Replacement (T2DR) programme. Within this support search is also the 'POSSIBLE Eligibility' search which includes patients who would be eligible on completion of a recent annual review and eye screening

- MLCSU Digital Weight Management ES NHSEI (8)
- NHS T2DR LCD Eligibility (4)
- Weight Management CQRS claims (3)
- Weight Management Coding Update (2)

We have created the **APL-NDPP Tool**, which lists all eligible patients and enables practices to filter patients and prioritise who to refer. Click here for more information or contact your local facilitator to request the tool.

ceg Clinical Effectiveness Group

APL - National Diabetes Prevention Tool

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Select Clinical System EMIS SystmOne

This tool has been created to present clinical information coded in the patient health record. It is not a diagnostic tool or intended to replace clinical judgement.

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Press to locate CSV file | Export to xlsx | Export accurx | Export NHS number | RESET to clear

Filters

Referral: Not yet referred / Referred / Declined | Age: < 65 / ≥ 65

Ethnic Group: South Asian / Black / White / Other | Risk Factors: 0 – 4 / 5 – 9

BMI: < 30 / 30 – 34 / 35 – 39 / ≥ 40 | Interpreter Needed? Yes

Disease: CVD (IHD/Stroke/TIA/PAD/AF) / Hypertension | Gestational Diab? Yes

Reset Filters

Practice Summary

	Number	Referred	Not Referred	Declined
Entire cohort	0	0.0%	0.0%	0.0%
% BMI < 30	0	0.0%	0.0%	0.0%
% BMI 30 – 34	0	0.0%	0.0%	0.0%
% BMI 35 – 39	0	0.0%	0.0%	0.0%
% BMI ≥ 40	0	0.0%	0.0%	0.0%
% South Asian/Black	0	0.0%	0.0%	0.0%

Risk Factors

- **Ethnicity** – Black or South Asian = 1
- **Deprivation** – IMD score Q4/5 = 1
- **BMI** – 35–39 =1, ≥ 40 = 2
- **Vulnerability** – LD or SMI = 1
- **Pre-existing CVD** – IHD, Stroke/TIA, AF = 2
- **Pre-existing Hypertension** = 1
- **Age** ≥ 65 years = 1

NEL Weight Management Services			
Service	**Overview**	**Eligibility**	**Exclusions**
NHS Digital Weight Management Programme	12 week online program that gives diet, exercise and lifestyle advice	• Aged over 18 years • BMI ≥ 30 (or ≥ 27.5 for patient with BAME ethnicity) • Has diabetes and/or hypertension • Must be able to access the internet (via smartphone, tablet, or computer)	• Currently pregnant • Diagnosed eating disorder • Significant unmanaged comorbidity • Bariatric surgery within the past 2 years • Moderate/severe frailty (as recorded on frailty register) • For patients aged >80, further supporting information • requested from GP to ensure suitability
NHS Diabetes Prevention Programme	9-month lifestyle change programme. Patients can join an In-person group, App based or Tailored Remote sessions	• Aged 18 years or over • HbA1c 42-47 mmol/mol or fasting plasma glucose 5.5-6.9 mmols /l within the last 12 months • Women with a past diagnosis of gestational diabetes • Able do light/moderate exercise	• Currently pregnant • On Palliative Care Register • Has Type 2 Diabetes or HbA1c ≥ 48 mmol/mol or FPG ≥ 7 mmol/l • Diagnosed eating disorder • Moderate/severe frailty • Bariatric surgery within the past 2 years

NHS Type 2 Diabetes Path to Remission Programme (T2DR) (formerly known as Low Calorie Diet)	12 month digital programme led by specialist healthcare professionals using total diet replacement for patients recently diagnosed with Type 2 diabetes	• Aged between 18-65 years
		• Type 2 diabetes diagnosed within the last 6 years
		• BMI ≥ 27 (or ≥ 25 for patients with BAME ethnicity)
		• HbA1c within the last 12 months, with values as follows:
		    ○ if on oral agents, HbA1c 43-87 mmol/mol
		    ○ if diet controlled, HbA1c 48-87 mmol/mol
		• Attends diabetes monitoring reviews, including retinal screening (if newly diagnosed do not need to have attended retinal screening)
		• Commit to continue attending annual reviews, even if remission is achieved
			• Currently on insulin treatment
			• Pregnant or planning to become pregnant within the next 6 months or currently breast feeding
			• Has at least one of the following significant co-morbidities;
			    ○ active cancer
			    ○ heart attack or stroke in last 6 months,
			    ○ severe heart failure (defined as NYHA grade 3 or 4),
			    ○ severe renal impairment (most recent eGFR less than 30mls/min/1.73m2)
			    ○ active liver disease (not including NAFLD)
			    ○ active substance use disorder
			    ○ active eating disorder,
			    ○ Porphyria
			    ○ known proliferative retinopathy that has not been treated
			• Has undergone bariatric surgery (if awaiting surgery not excluded)
			• Health professional assessment that patient is unable to understand or meet the demands and monitoring requirements of the programme