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EXCLUSIVE

Obesity: Integrated care boards close lists for weight management services as demand skyrockets

One specialist obesity service in England reached its three year quota of patients in less than 17 weeks. The next government must take note, reports **Elisabeth Mahase**

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One in six integrated care boards (ICBs) in England has stopped accepting new patients for specialist weight management services as referral numbers spiral out of control, a *BMJ* investigation has found.

At least seven of 42 ICBs around the country—covering Manchester, Bristol, Suffolk, Leicester, Essex, and much of Yorkshire—have had to close a tier 3 weight management service list in their area, with many warning that demand far exceeds capacity. Tier 3 services involve multidisciplinary teams—including physicians, physiotherapists, dietitians, and mental health specialists—to support patients, sometimes providing access to weight loss drugs such as semaglutide.

The rise in obesity and the demand for weight loss injection pens may be fuelling the increase in referrals, experts have said. But they blame a lack of consistent government policy for hindering the ability of weight management services to keep up with the growing demand.

One ICB, NHS West Yorkshire, closed the list for its Leeds service in July 2023, when the service was treating 1323 patients—far more than the 250 new annual referrals estimated when the service was recommissioned in 2019.¹ It told *The BMJ* that the availability of such specialist services was “limited” across West Yorkshire and that “waiting lists are long.” It added that access would “widen over time, when our resources allow.”

A month earlier, North Bristol NHS Trust (which comes under NHS Bristol, North Somerset, and South Gloucestershire ICB) had to close its list, citing similar capacity issues.² Tim Whittlestone, chief medical officer at the trust, said that it was a “difficult decision” and that the board was “exploring sustainable solutions for the future.”

Nerys Astbury, associate professor of diet and obesity at the University of Oxford, described the availability of specialist weight management services as “unequal and very limited, or completely absent in some regions.” She told *The BMJ* that, even where services do exist, “they are oversubscribed, waiting lists have been capped, or budgetary limitations mean services are at risk of being decommissioned.”

This is the case in Suffolk, where patients have had no access to tier 3 weight management services since October 2023, when “demand on the service exceeded available NHS places.” A spokesperson for NHS

Suffolk and North East Essex ICB said that the board was “exploring new access arrangements.”

Mid and South Essex ICB also had to close its list in March this year after referrals “doubled.” The ICB has said that it is “developing options” to deal with “increases in demand.”

Tightening referral criteria

NHS Leicester, Leicestershire, and Rutland ICB’s pilot tier 3 weight management service has stopped accepting new referrals, county council papers showed last month.³ The board told *The BMJ* that the pilot was launched in November 2023 and was expected to treat 560 patients over three years. Instead, it received 580 referrals in just 17 weeks.

Another ICB, Humber and North Yorkshire, noted on its website that the tier 3 weight management service for Scarborough, Ryedale, and Harrogate was no longer accepting referrals, as demand had “exceeded expectations.”⁴

In some areas, adjusting the referral criteria to reduce referrals has failed to quell demand. Greater Manchester ICB has had to pause referrals to its service in Bolton, while other localities remain open but are struggling. Board papers from February show that,⁵ even after amending its access criteria in 2022, Trafford’s tier 3 service has been “under significant pressure, with demand far exceeding commissioned capacity, resulting in long waiting times.” The papers said that the change had “proved insufficient to match capacity to demand, with 383 patients waiting approximately seven months to access the service” and proposed restricting the criteria further, to patients with the highest body mass index (BMI).

A spokesperson for Greater Manchester ICB emphasised the high prevalence of obesity in the area, affecting more than one in four adults (27.1%; 606 292). “Demand and capacity issues are being experienced throughout Greater Manchester,” the spokesperson told *The BMJ*. The ICB is now conducting a review of its entire obesity pathway.

Throughout England around two thirds (64%) of adults are estimated to be overweight or obese.⁶ Alison Moody, health and social policy researcher at University College London, said that in 2010 a million adults in England had morbid obesity (BMI 40 or above). This rose to 1.5 million in 2019. She warned, “Given the increasing need for weight management services, including specialist multidisciplinary

services [tier 3], it is concerning that the provision is unable to keep up with the demand.”

David Buck, senior fellow at the King’s Fund, said that the government had had a “mixed record in the past on supporting health and weight management services, including reducing funding.” He said that a “more strategic response” to tackling obesity was now needed, including specialist services.

In April 2022 the government pulled its £100m funding grant for weight management services in England, which had been shared between the NHS and councils, just a year after it was announced.⁷ The funding cut came as the government also U turned on a number of the promises it laid out in the 2020 obesity strategy.⁸

Weight loss injection pens

As well as rising obesity levels, the availability of weight loss injections through tier 3 services may also have contributed to the increasing demand, experts suggest. Last year the National Institute for Health and Care Excellence (NICE) recommended⁹ that semaglutide be provided as an option through “specialist weight management service providing multidisciplinary management of overweight or obesity (including but not limited to tiers 3 and 4 services).”

Astbury commented, “While the increase in obesity prevalence has undoubtedly gradually increased the demand for these services, many services may have seen further increase in demand for their services following the NICE recommendations.”

The good news for tier 3 services is that latest draft NICE recommendations for the weight loss drug tirzepatide have not included the same stipulations, suggesting that it could be provided through primary care as long as additional diet and exercise support services are also made available. Astbury believes that this could ease some of the pressure on tier 3 services and widen access to treatment, although she said that it would likely pose its own challenges for the “already overstretched primary care sector,” especially as the number of people who are overweight or obese continues to rise.¹⁰

However, GPs are already feeling the pressure of the obesity crisis. Samuel Parker, GP and deputy chair of the BMA’s North East Regional Council, has put forward a motion for debate at the annual representative meeting on 24 June, highlighting the “increasing pressures on the NHS due to the obesity epidemic, specifically in areas of socioeconomic deprivation” and demanding an “increase in funding for UK based weight management services paid for by an increase in the sugar tax.”¹¹

Parker told *The BMJ* that this money could be used to fund initiatives “aimed at tackling food insecurity and increasing the provision of healthy free school meals.” His motion also warns of the growing number of patients resorting to overseas weight loss surgery, with many then requiring NHS emergency surgery or presenting to their GP expecting aftercare. *The BMJ* previously revealed that access problems and long waiting lists could be driving as many as 5000 people a year abroad for bariatric surgery.¹²

Bold prevention policy

Buck said that the worsening obesity crisis and rising demand for weight loss services would require the government to take “bold action” on measures such as food “reformulation, price, regulation, and planning and advertising to help people to live healthier lives, particularly as demand for support far exceeds what local services are set up to offer.”

He pointed to recent polling by the King’s Fund that had indicated strong public support (65%) for restricting advertising of unhealthy food and drink and for the government to require companies to reduce the salt, sugar, and fat in their products (67% support).

Buck said, “In the long run, prevention policies, including those to tackle obesity, will be far cheaper than treating the symptoms of ill health, and a new government needs to act decisively.”

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