The BMJ

Cite this as: *BMJ* 2024;386:q1950

http://dx.doi.org/10.1136/bmj.q1950

EXCLUSIVE

Obesity: Only half of England has access to comprehensive weight loss services

Treatments are being restricted by cash poor local services, with many patients being denied specialist drugs, surgery, and support. **Elisabeth Mahase** investigates

Elisabeth Mahase

Access to services across England for obesity treatment is severely restricted, an investigation by *The BMJ* has found. Patients in nearly half the country cannot get appointments with specialist teams for weight loss support and care, including treatment with drugs such as semaglutide, showed responses to freedom of information requests. And in nearly one in five local health areas patients don't have access to a bariatric surgery service.

Obesity specialists told *The BMJ* that services for weight management in England are not given the priority they deserve, often being the first to be cut when budgets are tight. Patients are also often the victims of prejudice among many people, including some health professionals and commissioners, who believe that they are less worthy of care than other patients.

Integrated care boards (ICBs) receive annual funding from NHS England to commission services for their local areas, referred to as integrated care systems (ICSs).[1] The boards then allocate money to the services they deem most important to their local population, meaning that those that the commissioners believe are least important may not receive any funding.[2]

ICBs are under huge financial pressure, with some reporting large budget deficits and others cutting services in attempts to save money.[3-6] Earlier this year the former MP Sarah Wollaston resigned her post as chair of Devon's ICB after refusing to make further cuts.[7]

The BMJ analysed responses from all 42 of England's ICBs about the weight loss services they commission. The responses showed that just over half of the ICBs (24 of the 42) commission both tier 3 and 4 (box 1) adult weight loss services that cover their entire population and are accepting new referrals.

Box 1: What do NHS obesity services involve?

Generally, there are four tiers of weight management services in England.[8]

- Tier 1—Lifestyle advice provided by GPs and practice nurses. This can include signposting of patients to community services.
- Tier 2—Community based services, often run by local councils, which may offer group classes on lifestyle and diet.
- Tier 3—Usually based in hospitals, these services can also be run in the community or in primary care and involve patients being seen by a multidisciplinary team, including physicians, physiotherapists, dietitians, and mental health specialists. They can provide patients with weight loss drugs such as semaglutide.
- Tier 4—Bariatric surgery and bariatric medicine services that offer surgery, post-surgical and annual follow-ups, and more specialist and intensive weight management programmes than those found in tier 3. Often patients will have to go through a tier 3 service before they can access a tier 4 service.

Just over a third of ICBs (15) reported problems with tier 3 services such as that they were currently closed to new patients (six ICBs), that they only covered part of the ICB's catchment area (seven), or that the ICB didn't commission any services at this level (four).

Access to tier 4 services, which provide bariatric surgery, is also restricted in many parts of the country, with seven ICBs not providing a bariatric surgery service to patients in their area.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB told *The BMJ* that it did not commission bariatric surgery because this "is the responsibility of NHS England as it is a specialised commissioning function." This hasn't been the case since 2016.[9] The ICB did not respond to *The BMJ's* requests for further comment on this issue.

Although most ICBs said that they did fund bariatric surgery, even if they didn't have a dedicated service, *The BMJ* found that the referral criteria were inconsistent. Although some hospitals follow the guidance of the National Institute for Health and Care Excellence (NICE), others have further limited access to surgery by, for example, allowing only patients with a BMI >50 (or >40 and with at least one agreed comorbidity) to be accepted.

NICE guidance states that surgery should be available to suitable patients with a BMI ≥40 or between 35 and 39.9 if they have a significant health condition.[10]

Stigma and poor provision

Nicola Heslehurst, senior lecturer in maternal nutrition at Newcastle University and chair of the UK Association for the Study of Obesity, told *The BMJ* that the current provision of weight management services "doesn't in any way meet the need." Whenever there's a financial squeeze, obesity services always seem to be at the top of the list of care to be cut, she said. "I think there's a general

misunderstanding, including among health professionals and commissioners, about the causes of obesity and the care requirements of obesity, which is really heavily influenced by that perspective of individual responsibility, that people living with obesity are not quite as deserving as people living with other diseases, tied in with all the stigma around people living with obesity."

Heslehurst emphasised that "people living with obesity need the evidence based care that people living with other diseases get, without question. It needs to be given that same priority."

She also warned that without "radical" action to improve access to services and tackle all the drivers of obesity, from deprivation and poverty to food advertising, "we are going to end up with an increasing prevalence of obesity, increasing costs of care of obesity, increasing inequalities, and children being set up for a life course of poor health."

Last year a report by the think tank the Institute for Government concluded that every UK government since 1992 had failed to tackle growing rates of obesity, despite identifying it as a major problem.[11]

John Wilding, professor of medicine and honorary consultant physician at the University of Liverpool, also believes that bias plays a key role in these commissioning decisions. "Obesity services are not deemed a priority," he told *The BMJ*. "Research has shown that there is an unconscious bias there. I don't think commissioners are being deliberately difficult, and I don't think they're consciously discriminating, but I think there is an unconscious bias which says, 'This is mostly their fault, so they should just get on with it, go on a diet and lose weight.' But we know from genetics and other factors that it's much more complicated than that."

Wilding, past president of the World Obesity Federation, has 25 years of experience running a specialist service for severe obesity in Liverpool, which has this year been cut by the city council.[12] He has also carried out consultancy work for drug companies and is a commercial trials investigator for Eli Lilly, Novo Nordisk, and Rhythm Pharmaceuticals.

Bariatric surgery underused

England's poor provision of weight management services is reflected in the number of bariatric surgeries carried out each year. Around 5000 operations are carried out on the NHS in England every year, far lower than in other high income countries such as France, where around 50 000 bariatric procedures are done annually.[13,14] Between 2017-18 and 2022-23 the number of bariatric procedures conducted in the NHS in England fell from 6500 to 4900.[15]

The consultant bariatric surgeon Ahmed Ahmed, secretary of the British Obesity and Metabolic Surgery Society, said England had "one of the lowest rates [of bariatric surgery] in the developed world," despite a 25% prevalence of obesity in adults.

"Bariatric surgery has a strong evidence base showing sustained weight loss, comorbidity resolution, and improved quality of life in those living with severe and complex obesity," Ahmed said.

The BMJ previously revealed that around 5000 people a year in England may be going abroad for bariatric surgery every year because they can't access NHS services.[16] This "medical tourism" is a concern for NHS surgeons who have seen patients needing emergency care because of serious complications arising from treatment abroad.

Ahmed has argued that although it would be "logistically and financially impossible for the NHS to treat all two million eligible patients with bariatric surgery," and that some patients may not choose to undergo such an operation, a "modest increase" from around 5000 to 20 000 procedures a year could be reasonably achieved. This would equate to surgeons carrying out about three each a week, up from less than one a week currently.

Ahmed pointed out that, in addition to the major benefits to patients, investing in better services would be financially beneficial to the NHS and the wider economy. The government estimated that obesity costs the NHS in England around £6.5bn a year and is the second biggest preventable cause of cancer, after smoking.[17]

The high cost of glucagon-like peptide 1 receptor agonists (GLP-1 RAs) such as semaglutide means that bariatric surgery may also remain the most cost effective intervention for at least the next decade, said Wilding. "In the future, if you look 20 years ahead, we might end up with less surgery. But I think for the next 10 to 15 years it's very likely that we're going to continue to need to have bariatric surgery, and the provision does need to be expanded," he said.

He said that a gastric bypass "is the most clinically effective and the most cost effective" treatment, with a cost per quality adjusted life year (QALY) gain of between £2000 and £4000.[18] "For context, the NICE cut-off for cost effectiveness is £20 000 per QALY gained. Now, that's actually better than a lot of other things that are done. It's better than implantable defibrillators (cost per QALY around £25 000), and it's actually close to what you get with a hip replacement (about £7000 to £8000 per QALY)," he explained. "The cost per QALY gain at the moment with the current prices for GLP-1 RAs is probably somewhere between £16 000 and £20 000, so it's a lot more. And that's when we are only giving them for two years."

However, Wilding thinks this could shift in the future. "What we don't know is what the long term prices of these drugs are going to be, but it's likely that they will come down. I remember having these discussions when statins came out. At that time statins were £30 to £40 a month, and we were having exactly the same conversation then. And now, of course, they're £2 a month and are widely prescribed."

Earlier this year *The BMJ* revealed that the two year Wegovy pilot scheme, which had promised to improve access to semaglutide in the community outside specialist services, was likely to be scrapped as the new government carried out a review of how best to roll out GLP-1 RAs.[19]

When asked about the poor provision of weight management services, a spokesperson for NHS England said that the NHS was "working with the Department of Health to support improvements in the obesity pathway."

1 NHS England. Allocations. https://www.england.nhs.uk/allocations

2 Staffordshire and Stoke-on-Trent Integrated Care Board. Individual Funding Requests. Jul 2022. https://staffsstoke.icb.nhs.uk/contact-us/individual-funding-requests

3 Mann S. North East London NHS facing budget deficit of almost £37million. Havering Daily. Apr 2024. https://thehaveringdaily.co.uk/2024/04/17/north-east-london-nhs-facing-budget-deficit-of-almost-37million

4 Jackson N. Fears over looming £1.9bn deficit in Greater Manchester's NHS budget. Leigh Journal. Jan 2024. https://www.leighjournal.co.uk/news/24082627.fears-looming-1-9bn-deficit-greater-manchesters-nhs-budget

5 Hunt D. NHS care board reports almost £150m deficit. BBC. May 2024. https://www.bbc.co.uk/news/articles/c4nn59n4yw4o

6 Hartley J. Nottinghamshire NHS plans to remove care and transport for some patients to make £61m saving. Nottinghamshire Live. https://www.nottinghampost.com/news/health/nottinghamshire-nhs-plans-remove-care-9392920

7 Gault B. ICB chair resigns after not wanting to sign off cuts. Healthcare Leader. Jun 2024. https://healthcareleadernews.com/news/icb-chair-resigns-after-not-wanting-to-sign-off-cuts

8 NHS England. Appendix 7: Guidance for clinical commissioning groups (CCGs)—Surgery for severe and complex obesity (clinical guidance). NHS England. May 2016. https://www.england.nhs.uk/wp-content/uploads/2016/05/appndx-7-obesity-surgery-guid.pdf

9 NHS England. Commissioning guidance to support devolution to CCGs of adult obesity surgical services in 2016/17. May 2016. https://www.england.nhs.uk/wp-content/uploads/2016/05/devolved-services-ccg-guid-obesity.pdf

10 NICE. Obesity: identification, assessment and management. Jul 2023. https://www.nice.org.uk/guidance/cg189/chapter/Recommendations

11 Mahase E. Obesity: Politicians' fears over "nanny-statism" have contributed to failed strategies, says report. *BMJ* 2023;381:p. doi: 10.1136/bmj.p900 pmid: 37080598

12 An unprecedented, disastrous move": why has Liverpool City Council cut its obesity services? The Post. Jan 2024. https://www.livpost.co.uk/p/an-unprecedented-disastrous-move

13 Lacrosniere SM, Dubern B, Pelta S, etal. Bariatric procedures including Roux-en-Y gastric bypass in French adolescents. *Arch Pediatr* 2023;30:-14. doi: 10.1016/j.arcped.2023.06.006 pmid: 37407324

14 Welbourn R, le Roux CW, Owen-Smith A, Wordsworth S, Blazeby JM. Why the NHS should do more bariatric surgery; how much should we do?*BMJ* 2016;353:. doi: 10.1136/bmj.i1472 pmid: 27169605

15 NHS England. National obesity audit: primary bariatric surgical procedures. https://app.powerbi.com/view?r=eyJrIjoiNzdiMTVjN2ItYTY4Yy00ODcxLTllYWYtZmQ0YTljYTg2NTA5IiwidCI6IjM3YzM1NGIyLTg1YjAtNDdmNS1iMjIyLTA3YjQ4ZDc3NGVlMyJ9

16 Mahase E. Weight loss surgery: Patients need clearer warnings of risks from overseas care, say doctors. *BMJ* 2024;384:. doi: 10.1136/bmj.q583 pmid: 38453209

17 Department of Health and Social Care. Government plans to tackle obesity in England. Jun 2023. https://healthmedia.blog.gov.uk/2023/06/07/government-plans-to-tackle-obesity-in-england

18 Picot J, Jones J, Colquitt JL, etal. The clinical effectiveness and cost-effectiveness of bariatric (weight loss) surgery for obesity: a systematic review and economic evaluation. *Health Technol Assess* 2009;13:-190, 215-357, iii-iv. doi: 10.3310/hta13410 pmid: 19726018

19 Mahase E. Wegovy: GP pilot scheme could be scrapped after failing to launch. *BMJ* 2024;386:. doi: 10.1136/bmj.q1715 pmid: 39095069