

## **Tier 3 Weight Reduction Service Referral Form: Completion Guidelines**

### **Overview**

The form must be completed by a clinician who is able to appropriately assess the patient prior to making a referral. This requires the referrer to discuss with the patient his/her suitability to participate in Tier 3 Weight Reduction Service, mindful of the given inclusion and exclusion criteria. The referrer will discuss with the patient:

1. The primary clinical reason for referral
2. The motivation of the patient – are they ready to change towards a healthier lifestyle through the intervention support?

The form may be sent electronically to the appropriate NHS net e-mail address, or by paper to the mailing address listed below.

**Note: Referrals for Health Referral or WaistWise** are through the Health Referral form sent to the DCHS Central Administration Team.

**Referrals for Cardiac Rehab phase 4** are referred via the BACR referral form and sent to the DCHS Central Administration Team.

### **The Form**

#### **Personal information (1 and 2)**

Contact details of the patient, referrer and GP (if different to the referrer) must be completed.

#### **Assessed as motivated (3)**

The readiness to change tool should be used when assessing whether the patient is motivated to participate in Tier 3. (*Appendix 1: Readiness to Change tool*). Training is available to all practices.

#### **Referral criteria (4)**

The patient must meet the referral criteria outlined in the Derbyshire Obesity Pathway. See Appendix 2 for Exclusion Criteria

#### **Co-morbidities (5)**

Existing co-morbidities should be listed. This information is required by the provider in order to support a suitable programme design for the patient to participate in.

#### **Other Health Professionals Involved in Current Care (6)**

Health or social care professionals should be listed and contact details provided. Please attach any relevant letters.

#### **Current Medications (7)**

Please list current medications. Use an additional sheet if necessary. For electronic referrals this could be mail-merged, or copied and pasted.

#### **Physical Health data (8)**

The following measures should be recorded and dated to inform the provider of the patient eligibility. Measures should be taken within the 2 weeks before referral. Current smoking and alcohol use should also be recorded.

#### **Is the patient being considered for bariatric surgery? (9)**

See East Midlands Specialised Commissioning Group Criteria for Bariatric Surgery

BMI Level	Patients must have a BMI of 50 kg/m <sup>2</sup> & above or a BMI of 45 kg/m <sup>2</sup> to 50 kg/m <sup>2</sup> in the presence of a serious co-morbidity which may be amenable to treatment if obesity is modified by surgery
Weight Management	Has been receiving and complied with weight management support, both medical and psychological as required, in a specialised obesity hospital or a community based equivalent
Age	18 years and over
Previous treatments	There is evidence that all appropriate and available non-surgical measures, which may include commercially provided weight loss support programmes, have been adequately tried for a period of at least 6 months ideally 12 to 18 months, but has failed to maintain significant weight loss (i.e. =10%)
Patient wellbeing	There are no specific clinical or psychological contraindications to this type of surgery and the individual is generally fit for anaesthesia and surgery
Follow-up	Patients must be committed to the need for follow-up by a doctor and long-term compliance with an altered lifestyle and dietary habit post-operatively
Smoking	Patients should not have smoked for at least 6 weeks prior to referral for surgery

### **Patient Medical, Social and Emotional Information – History and Current (10)**

Information that may be important during assessment or treatment. This should include: history, social circumstances, emotional wellbeing, issues of risk, self harm, domestic abuse, history of violence, etc. Please attach any relevant letters

### **Other Notes (11)**

Please indicate any other issues that may be relevant e.g. if the patient requests an appointment in a certain area, if the patient is unable to participate until a certain date etc.

### **Signatures (12)**

The referral form must be signed by both referrer and patient.

If the form is to be sent electronically practice staff can:

- Utilise electronic signature and send to the email address below
- Print a copy of the completed form
- Have the patient sign it
- Post to the address below

The form is available at:

[http://icm.derbyshirecounty.nhs.uk/assets/pct/services%20we%20buy/referral\\_guidelines/Tier-3-Referral-Form-2011.doc](http://icm.derbyshirecounty.nhs.uk/assets/pct/services%20we%20buy/referral_guidelines/Tier-3-Referral-Form-2011.doc)

The guidelines are available at:

[http://icm.derbyshirecounty.nhs.uk/assets/pct/services%20we%20buy/referral\\_guidelines/Tier-3-Referral-Form-Completion-Guidelines-2011.doc](http://icm.derbyshirecounty.nhs.uk/assets/pct/services%20we%20buy/referral_guidelines/Tier-3-Referral-Form-Completion-Guidelines-2011.doc)

**Return the form to:** Tier 3 Weight Reduction Service, The Lodge, Walton Hospital, Chesterfield, S40 3HW

**OR**

**Electronically to:** [tier3.dchs@nhs.net](mailto:tier3.dchs@nhs.net)

### **Appendix 1: Readiness to change tool**

*“Five Steps to Assessing Readiness to Lose Weight”*

#### **Assess Motivation to Change**

It is essential that patients are only referred to services if they have demonstrated a clear motivation to change. Training in how to assess motivation to change will be made available to all practices. This training will aid in the use of the tool below, designed by Derbyshire Community Health Services, Health Psychology Department, to be used in conjunction with the weight reduction referral pathway, in order to help ensure that only appropriately motivated patients are referred into weight reduction services.

#### **Not Ready to Change**

Those individuals who are assessed for motivation and are established to be unwilling or unable to address the issue of their weight at present, should be given some relevant information regarding healthy lifestyle, physical activity and improving nutrition. They should be booked in for a follow-up appointment 6 months later (this appointment could be linked into a follow-up appointment for another condition, such as a blood pressure check for hypertensive patients).

**Training is available for referring staff - please contact:**

Paul Boshell [paul.boshell@derbyshirecountypct.nhs.uk](mailto:paul.boshell@derbyshirecountypct.nhs.uk)

01246 868465

## FIVE STEPS TO ASSESSING READINESS TO LOSE WEIGHT

This guidance is to be used together with the explanatory notes overleaf.

### STEP 1: How to begin

Begin by saying something like: *“I’m interested in finding out how you feel about trying to lose weight. Can you help me by answering a few simple questions?”*

**Ask targeted, open questions:** Some suggestions are *“How do you feel at the moment about losing weight?”*, *“How would life be different if you were to lose weight? What changes, if any, are you thinking of making regarding your weight?”*

### STEP 2: Use a rating scale to measure readiness

For example: *“How ready do you feel to make changes regarding your weight **at the moment**? On a scale of 0 to 10, where 0 is not ready at all, and 10 is totally ready, what score would you give yourself?”*

0—1—2—3—4—5—6—7—8—9—10

Not Ready

Totally Ready

Follow up, as necessary, with questions such as:

a. *“What puts you at a \_ (chosen number) and not a \_ (lower number)?”*

b. *“What would it take to move you from a \_ (chosen number) to a \_ (higher number)?”*

A low score of 3 or less indicates that the patient may not be ready to make changes at the moment. It may not be the right time to discuss treatment options and it may be best just to summarise your discussion and make the patient aware of future support. If the patient scores 4 or higher GO TO STEP 3.

### STEP 3: Use a rating scale to measure importance and confidence

For example: *“On a scale of 0 to 10, with 0 being not at all important, and 10 being extremely important, how **important** is it for you to lose weight **at the moment**?”*

0—1—2—3—4—5—6—7—8—9—10

Not at all Important

Very Important

*“Also on a scale of 0 to 10, with 0 being not at all confident, and 10 being extremely confident, how **confident** do you feel about being able to lose weight **at the moment**?”*

0—1—2—3—4—5—6—7—8—9—10

Not at all Confident

Very Confident

Use appropriate follow-up questions. If the patient has a low rating on importance, target questions on what, if anything, could help to make losing weight a higher priority. If the patient has a low rating on confidence, target questions on what, if anything, could help them feel more confident about losing weight. Plan with the patient how to increase importance and/or confidence. Then, when appropriate, ask the patient to rate again.

Low scores of 3 or less on **both** scales indicate that the patient may not be ready to make changes at the moment. It may be best just to summarise your discussion and make the patient aware of future support. If ratings are in the mid range (4-6), explore further by using a pros & cons list – see STEP 4. If ratings are 7 or more, go to STEP 5.

### STEP 4: Use a pros and cons list

Ask patients to list the pros and cons or advantages and disadvantages of losing weight. This can help explore ambivalence (mixed feelings) about change.

### STEP 5: Check barriers to change

Before discussing a referral, check whether there are any significant barriers which may prevent the patient from making good use of the weight reduction options available, especially at the moment. Check: current stressors/time available/lack of knowledge/support from and views of others (e.g. family/psychological) issues that may prevent weight loss. Plan with the patient how to manage or overcome barriers, as appropriate.

## ASSESSING READINESS TO LOSE WEIGHT

### Explanatory Notes

#### Introduction

It is important to assess whether an individual feels ready to engage in a weight reduction programme, in order that resources are used most effectively and that those patients who are referred are the ones who are most likely to make use of what's on offer. Talking about weight can be a sensitive issue, and the use of a **collaborative, patient-centred approach** is recommended. The establishment of **good rapport forms the basis of the assessment** and affects its quality. Assessing readiness to change can be a difficult task because **motivation can fluctuate over time and across different behaviours** (for example a patient may feel quite motivated to eat less fat, but less motivated to exercise more). It is important for us to recognise that **levels of motivation can be influenced by the conversations** about behaviour change that we have with our patients. Offering **support, encouragement, and follow up** where appropriate, can enhance motivation to lose weight.

The questions are suggestions for guiding a conversation with a patient around weight loss. They are designed to help answer the question: *does this person want to lose weight at this moment in time?* and, if they do, *is it appropriate to make a referral to a weight reduction programme?*

#### Getting Started/Raising the Issue

Before asking the questions, it is important to ask yourself the following:

- Are you fully aware of the weight reduction options available locally?
- Have you asked the patient's permission to discuss weight loss options?
- Does the patient understand the benefits of weight loss and the risks of obesity?
- Has the patient expressed an interest in losing weight?

If there is no interest expressed in losing weight at this stage, the patient is unlikely to be receptive to further questions. It may be more appropriate to give information and the opportunity to return.

#### Using a numerical rating scale

This can help to gauge patients' interest in losing weight on a scale. It can be used either verbally, or by showing the patient, and asking them to mark a point on the scale. Higher scores indicate greater levels of readiness to change.

**Low scores** (in the 0-3 range) indicate the patient is unlikely to be ready to make changes regarding losing weight at the moment.

**Mid range scores** (in the 4-6 range) indicate the patient may feel ambivalent about change. Further exploration through the importance and confidence scales, and the use of a pros and cons list can help clarify readiness.

**High scores** (7 or above) indicate the need to consider making a referral.

#### Making a referral

If, from your assessment, you feel that the patient has expressed a high level of motivation to lose weight, **and there are no significant barriers to change**, discuss the options available, and consider making a referral. A decision by a patient to think about the options, and not necessarily accept the referral to a weight reduction programme immediately, can be a useful outcome. Giving information regarding the risks of obesity, benefits of weight loss, and treatment options available, may be enough at this stage. **Helping patients think about change via a constructive discussion, however brief, can enhance motivation.** Offering support and the opportunity for follow up, leaves the door open for future change.

## **Appendix 2: Exclusion Criteria**

- Unstable angina
- BP 180/100 (c. BACR Phase IV Training Manual advice)
- Ventricular aortic aneurysm
- A significant drop in blood pressure on exertion
- Uncontrolled tachycardia of 100 beats per minute at rest
- Unstable/acute heart failure
- Uncontrolled arrhythmia
- Febrile illness
- Excessive alcohol use
- Substance misuse

For Bariatric Surgery

- Smoking