



Freedom of Information Team
De La Court House
Queen Alexandra Hospital
Southwick Hill Road
Portsmouth
Hampshire
PO6 3LY

Name:
Email:
Date: 22/06/2023
Ref: 23-24 157

Dear

RE: Freedom of Information request

Thank you for your request for information under the Freedom of Information Act 2000, which was received by the Trust on 08/06/2023. Please see responses to your requests below.

1. Does the Trust provide a Specialist Tier 3 Weight Management Service?

Yes

2. What is the title and grade of the clinician(s) who is clinically responsible for patients seen in this service?

Please see below table.

Job Title	Grade
Consultant Physician	Consultant
Psychotherapist	Band 7
Dietitian	Band 6
Exercise Therapists	Band 5

3. Please provide any clinical pathways and/or protocols or service specifications for this service.

Please see the first two attachments to this letter.

4. Please provide any quality metrics and/or reports for this service.

Please see the third attachment.

5. How many patients was/is the Trust commissioned for, in:

a. 2022/23? - 100

b. 2023/24? - 100

6. How many referrals did/has the Trust receive(d), in:

a. 2022/23? - A total of 73 referrals received between 01.01.2022 – 31.12.2022.

b. 2023/24? - A total of 82 referrals received between 01.01.2023 – 09.06.2023.

7. How many patients are currently waiting for their first appointment in the T3WM service?

A total of 75 patients currently waiting for their first appointment in the T3WM with us.

8. How does the Trust charge for this service:

Block Arrangement.

Please accept this letter as completion of your request. Please note that copies of this request will be held on file for three years before being confidentially destroyed.

If you are dissatisfied with the outcome of your request, please contact our Head of Information Governance on Information.Governance@porthosp.nhs.uk or write to the above address and we will conduct an internal review. Upon review, if you are still dissatisfied, you may appeal our decision by contacting the Information Commissioner's Office; for more information, please visit the [ICO's website](#).

Please be aware, if we do not receive an appeal within 30 days of you receiving this letter, we will assume that you are satisfied with our response. If you have any further queries, please do not hesitate to contact us.

Yours sincerely

Freedom of Information Team

Inter Provider Services Sign Off Agreement	Division: Clinical Delivery
Care Group: Clinical Support	Speciality/Department : Dietetics
Expenditure/Income (as delete as appropriate)	Income
Lead PHT service manager for the operation of this agreement	
Name of other organisation : Portsmouth CCG	
Service Title: Integrated Complex Obesity service (ICOS)	
Inter provider contract reference number: Finance Use Only	

Description of service being brought or sold to/from another NHS Organisation (What is the service and how will it be operationally managed)

In 2015 Portsmouth City Council (with Portsmouth CCG input) wished to commission a weight management service to fit the national descriptor of a Tier 3 obesity service. With encouragement from the PHT Contracts team Portsmouth dietetics bid for and won the service. The ICOS service was commissioned to provide highly specialist obesity management for a 6 month period for a maximum of 100 patients per year (initial contract was 18 months). The aim was and is to medically optimise morbidly obese patients and prepare them for weight loss (bariatric) surgery or establish a weight loss plan for primary care to manage. Entry criteria was BMI >35 with 2 comorbidities or BMI 50+ without. The service has been a great success and subsequently it has had two consecutive extensions to contract. The service has now swapped from Council management to that of the CCG and hence the move into the AIC process.

ICOS provides monthly contact for morbidly obese patients, being assessed by a consultant physician (from PHT medical workforce – Dr Eveleigh Nicholson) then seen in treatment groups by an exercise specialist (Oasis level 4 trained staff), specialist dietitian (Jilla King) and a psychotherapist (Oliver Hughes – Solent NHS Talking Change staff). All patient contact is at St Marys Community Health Campus within the PHT consulting rooms, except the exercise element done at the Oasis centre, QAH. Patients aim to lose 5% body weight during their 6 month treatment period. They are educated in dietary management of their weight, education re: their comorbidities and psychological / behavioural responses regarding food and weight. All patients receive 8 sessions in total as well as the initial assessment and the final review. Over 90% of patients progress to bariatric surgery. To date between January 2015 - September 2018 ICOS has taken 240 patients through to graduation. The service sits under the dietetic management of PHT and is managed by the service lead (Dr Denise Thomas). Jilla King is the only member of the service that was in the initial commission, proving that ICOS can recruit suitable staff as well as retain.

Strategic Fit (How does expenditure / income arrangement support the Care Group/Trusts objectives and business plan?)

The financial income for this service is reviewed on a quarterly basis by the finance partner for dietetics. Invoices are duly paid to areas such as Solent (via P2P and Oasis). The service meets the **20% overhead for the Trust.**

For clinical delivery ICOS provides a strategic fit in delivering a Safe high quality patient focussed care: as described below in quality/ efficiency. The morbidly obese

patient is someone who is not often given a great deal of compassion and kindness. ICOS is well recognised for providing a service that is protective of patient's dignity and patients positively respond to being seen in an holistic way.

Fulfilling roles for the community we serve: as a dietetic service we are one of the few professional groups that have expertise in managing obesity. No other local healthcare service has a dietetic service. Hence PHT is the most ably placed to provide such a service to the obese population. A good network with community levels of weight management ensures a natural progression for patients especially as a precursor to PHT bariatric service.

Building on foundations to deliver best care: both the dietitians and Dr Nicholson are part of the ICOS and bariatric service, as result patients receive good integrated care where they know the healthcare professionals. ICOS also ensures that patients drive change within the service. Their comments have shaped change to the programme and the development of a closed FaceBook group to act in support of those who graduate from the service.

Benefits and Organisational Impact (Consider benefits to quality, efficiency, and workforce as well as the financial benefit, when will these benefits be realised? Assess and quantify any impact on other departments and services)

Quality & Efficiency: for those patients moving on to bariatric surgery- they are medically optimised at entry to that service, hence reducing the pre operative assessment and improving outcomes for the patients post surgery. From audit we believe that patients' weight loss is marginally improved (especially with sleeve gastrectomy) in those undertaking the ICOS programme (data is still being analysed as only a small % are 1+years post surgery). Hence this provides a better quality and efficient service for the surgical division. It also ensures that for PHT bariatric service there is a population of patients from the local area being referred in for their surgery on a regular basis. They are aware of those who are progressing to the point of referral hence able to plan their workflow. For those morbidly obese patients who require joint replacement or gynaecological surgery, the ICOS service provides a route by which those that do not qualify due to high BMI can be offered support to reduce their weight. Hence clinicians have access to a relevant service, which provides a more holistic service than referral to the dietetic service.

There is a potential for some patients to be seen in a multidisciplinary service such as ICOS rather than being seen in endocrinology or diabetes where access to psychological therapies is not possible.

The impact for the organisation has been seen to be significant. ICOS was awarded the Peoples Choice Award 2018 in the Pride of Portsmouth Awards. The service administrator was a finalist in the Thames Valley and Wessex Leadership Recognition Awards 2016/17. The service has presented 4 posters both locally and nationally on its work. In addition two reports on the positive work of the service have featured in the 'NEWS', with one item being part of the BBC South Today focus on weight management. The service therefore brings a significant amount of good PR for the organisation.

Risks identified and Risk Mitigation (What risk has been identified with engaging in the agreement and the plan to mitigate?)

Loss of staff: Initially this was thought to be a risk for the service. However the service has had a turnover of physician, psychologist, exercise therapist and administrator. All of which have been replaced within the 3 years and the service has not lost standards or performance. **Mitigation:** for any

loss of professional is to ensure that service has a robust profile, good patient outcome and feedback and works well with partners (such as Solent NHS Trust).

Unable to gain the referrals: The referral criteria are high. They are more stringent than the NICE criteria for bariatric surgery. To date the referrals have continued to come in without the need for further advertisement to primary care. **Mitigation:** Good liaison with tier1 & 2 obesity services, engage with Primary care through PIP and Target dates.

Too many referrals: At this time (Dec 2018) ICOS is booking ahead for 4 months. Hence there is a risk the service can be overcome with work. **Mitigation:** in previous commissions the service has 'shut its doors' as the PCC and CCG have stated the service is for 100 referrals p.a.

Financial costs to the service increase: the financial envelope for ICOS is 'snug'. It does make an overhead charge within the costing. The majority of the costs are staffing costs and a new pay award could increase costs during a contract life time. **Mitigation:** Each contract extension has been costed by finance and has provided some income CIP. As the extensions have always been <2 years pay awards have been known about.

Exit strategy (including initial time frame envisaged for length of agreement)

This is the last contract extension that ICOS legally can receive and it is end dated 30th September 2020.

All staff employed via PHT:

- **Dr Nicholson; this is done as an extra PA on her job plan and will be removed.**
- **Jilla King (band 6 dietitian) has taken an extra 0.15 WTE and her colleague Richenda Rook 0.1 WTE (as back fill) which is a temporary increase in time and so Jilla would revert to 0.6 WTE substantive post and Richenda (0.5 WTE).**
- **Tracy Thompson band 3 admin will revert to band 3 admin in community service currently back filled by Dawn Douglas on a temp contract with end date September 2020.**
- **Physical activity sessions: Oasis staff undertake these on an invoice only basis and the classes they operate for ICOS would stop.**
- **Psychology sessions: are an additional part of the P2P contract between Solent and PHT; this is also end dated September 2020.**

Overall check list	Yes <input checked="" type="checkbox"/>	Not Applicable – Please state why
1. Contract Key performance indicators defined with agreed method of measurement	Yes	
2. Internal Review KPIs defined	Yes	
3. Information Services aware of any reporting requirements and schedules	N/A	All reporting KPIs are done via the service in service review meetings with the CCG (held quarterly)
4. Service Specification in development with input from both organisations operational leads	Yes	

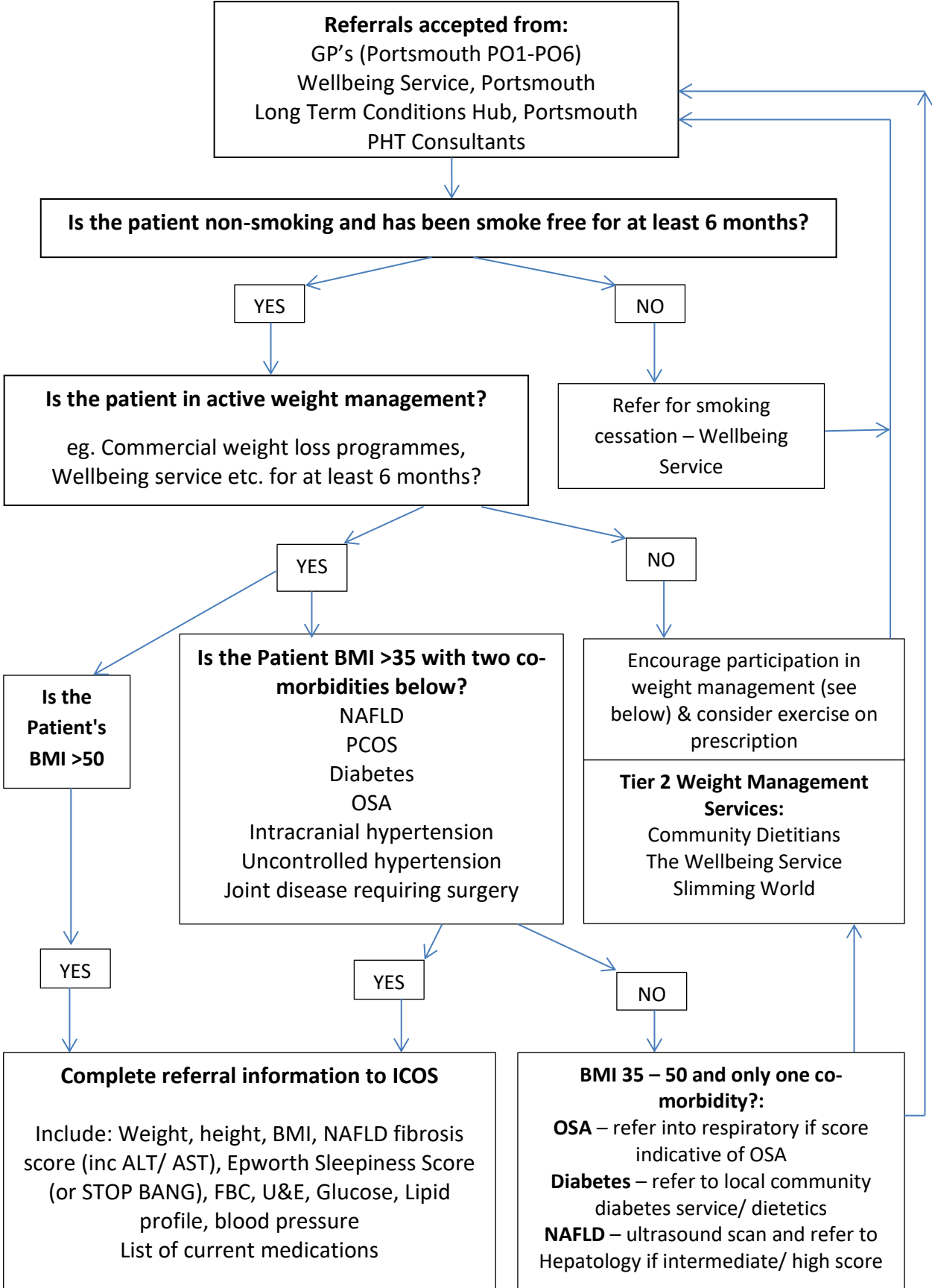
5. Supporting services have been liaised with	Yes	
6. Budget allocation confirmed		Value

Scheme of delegation

Value	Authorised officer	Applicable?
< £500	Ops Mgr	
< £1000	Serv Mgr	
< £5000	Gen Mgr	
➤ £5000	DOF	

Signed off by (if applicable)	Name	Signature	Date
Lead Service Manager			
Finance authorisation (SFIs)			
Contracts Use Only:			
Inter Provider Finance Manager			
Inter provider Contract Manager Sign off			
Contract documents received			

Integrated Complex Obesity Service (ICOS) Referral Pathway



Referrals accepted from:
 GP's (Portsmouth PO1-PO6)
 Wellbeing Service, Portsmouth
 Long Term Conditions Hub, Portsmouth
 PHT Consultants

Is the patient non-smoking and has been smoke free for at least 6 months?

YES

NO

Is the patient in active weight management?
 eg. Commercial weight loss programmes,
 Wellbeing service etc. for at least 6 months?

Refer for smoking cessation – Wellbeing Service

YES

NO

Is the Patient's BMI >50

Is the Patient BMI >35 with two co-morbidities below?
 NAFLD
 PCOS
 Diabetes
 OSA
 Intracranial hypertension
 Uncontrolled hypertension
 Joint disease requiring surgery

Encourage participation in weight management (see below) & consider exercise on prescription

Tier 2 Weight Management Services:
 Community Dietitians
 The Wellbeing Service
 Slimming World

YES

YES

NO

Complete referral information to ICOS
 Include: Weight, height, BMI, NAFLD fibrosis score (inc ALT/ AST), Epworth Sleepiness Score (or STOP BANG), FBC, U&E, Glucose, Lipid profile, blood pressure
 List of current medications

BMI 35 – 50 and only one co-morbidity?:
OSA – refer into respiratory if score indicative of OSA
Diabetes – refer to local community diabetes service/ dietetics
NAFLD – ultrasound scan and refer to Hepatology if intermediate/ high score

ICOS Report Results and Comparisons with Previous Years' Cohorts

Parameter	Cohorts 1-4 Cumulative figures Jan 2015 to July 2018 (n= 238)	Cohort 5 All Graduates Sept 2018- June 2021 (n = 112)	2022-2023 Jan to Dec 2022 Patients taken on in 2022 and finished 2022- June 2023 (n = 49)
Average Age	46y	43y	43 y
Male:Female	n/a	30%:70%	10%:90%
Weight on entry	139.92kg	142.6kg	137.5 kg
Weight on graduation	136.0kg	138.4kg	136.1 kg
Average weight loss	3.9kg	4.2kg	1.4 kg (range: loss of 13.4kg – to gain 7.6kg)
Average % weight loss	2.8%	2.9%	1%
Weight loss/maintenance on graduation	78%	80%	63%
Those achieving 5% weight loss or more	24%	24%	16%
BMI on entry	50.1	49.5	50.8

BMI on exit	48.6	48.0	50.4
BMI reduction	3.3	1.5	0.3
BP decrease	n/a	63%	72%
Talking Change Referrals:			Data not analysed
Recommended	n/a	54%	
Talking Change Accessed by Patient	n/a	32%	
Talking Change Therapy Completed	n/a	10%	
Depression Score:			Data not analysed
PHQ-9 score initial average score	n/a	12	
PHQ-9 score final average score	n/a	7	
PHQ-9 score decrease (improvement)	n/a	81%	
ERQ initial	n/a	23	
ERQ final	n/a	13	
ERQ change (improvement)	n/a	10	

ERQ same or decrease	n/a	88%	94%
Walk test initial		239m	
Walk test final		287m	
Walk test change (improvement)		48m	
Walk test same or increased		89%	80%
Diet score initial		53	
Diet score final		73	
Diet score change (improvement)		20	
Diet score same or increased		99%	Not analysed
Referrals to Tier 4		90%	94%