Thanks to an innovative multidisciplinary approach to weight management, the people of Rotherham, Yorkshire, are shedding the pounds and improving their health. Dr Susan Aldridge visited the Rotherham Centre for Obesity – part of the town’s Healthy Weight Framework – to find out how they lose it in RIO.

The Rotherham Institute for Obesity (RIO), based at Clifton Medical Centre in Rotherham, is a centre of excellence for the management of weight problems, using a multidisciplinary approach to weight loss. It brings together all the NHS approved and evidence-based methods of eating, exercise, psychology, and medication, including all the PCTs if they would consider rolling out weight management services for adults and children.

Dr Capehorn said: “Rotherham is not a particularly ‘fat town’ and is typical of anywhere in Britain, but what makes it special is the award-winning weight management services it offers free to residents. It was the first place in the country to offer a comprehensive framework of integrated weight management interventions, ranging from population-wide initiatives to community weight management programmes and RIO. These are often cited as examples of best practice and are being copied elsewhere.”

The Healthy Weight Framework

The framework involves four tiers of intervention. The initial tier is the activity most often done in primary care settings, which involves identifying patients who have weight problems, and are motivated to change, especially those with, or at risk of, serious medical co-morbidity, including Type 2 diabetes. This activity can be delivered by any healthcare professional from schools or primary care, or in the pharmacy, council, leisure services or private sector. The second tier is a community-based, time limited weight management programme of diet, nutrition, lifestyle and exercise advice delivered by trained staff. For adults, this is the Reshape Rotherham programme, delivered by the Rotherham dietetics department and, for children, this is the More Life (formerly Carnegie) Clubs programme delivered by Places for People Leisure (formerly DC Leisure). Patients can self-refer to these services, or if referred by an appropriate healthcare professional after an assessment of motivation, those patients who do not meet their healthy weight targets in this level of intervention, or for those who are considered to be more at risk of the cardiometabolic consequences associated with obesity (such as Type 2 diabetes and cardiovascular disease) and who require more specialist intervention, are referred into the tier 3 intervention. This comprises the specialist services offered by RIO.

A trip to RIO

The RIO multidisciplinary team (MDT) is made up of a number of specialist individuals who all have distinct roles, but work together for the benefit of the patient with regular meetings to discuss individual patient care.

Most patients referred to RIO will already have received the initial tiers of weight management services offered locally but, for one reason or another, have been unsuccessful in their weight-loss efforts. In this case, the intervention is more focused on supporting the patient through additional support and additional services. The MDT provides tailored, bespoke treatments, and this is the basis of the RIO multidisciplinary approach to weight loss.

“ What makes the town special is the weight management services it offers free to all its residents,” said Dr Capehorn.
WEIGHT MANAGEMENT

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The RIO team at the launch of their ‘healthy eating’ market stall.

Diabetes UK says…

While some risk factors for Type 2 diabetes cannot be changed – such as age, family history and ethnicity – obesity accounts for as much as 85 per cent of a person’s risk of developing Type 2 diabetes. There is clear evidence that changes to diet and levels of physical activity, and a reduction in weight, can help people delay or avoid Type 2 diabetes, as well as reduce their risk of developing cardiovascular disease.

With seven million people in the UK – one in seven – at high risk of Type 2 diabetes, it is vital that effective and evidence-based interventions are used to tackle the underlying causes of obesity and support people to live healthier lifestyles. The success of the Rotherham Healthy Weight Framework shows that investing in a comprehensive care pathway for obesity, involving community and specialist services, has benefits for patients and can save money in the long term.

If we do nothing to stem the rising tide of obesity, five million people in the UK will have a form of diabetes by 2025. More needs to be done to share best practice and the results of weight management initiatives across the country to develop the evidence base for interventions that can support people to reduce their risk of Type 2 diabetes.

Helen Dickens, Healthy Behaviour Lead

“Talking therapy is the most important thing we do,” observed Dr Capehorn. “We can get the weight off, but if you do not address the reason why the patient overeats, they will put the weight back on. We were one of the first centres to focus on talking about weight gain and loss.”

“We are solution-focused and use a lot of different approaches. We have conversations with people and show them that you cannot separate the physiology and psychology of weight gain and loss.”

“Most people do something every day that is detrimental to their health. We ask the patient to look at why they put on the weight. It is likely to be wider than just diet or the popular perception that people are overweight because they eat rubbish,” said RIO Healthcare Assistant Caroline Steele, who provides follow-up and support, as well as connecting with people at the RIO Market Stall in the town, offering advice on recipes, cooking and healthy food swaps.

Outcomes at RIO

The weight loss targets set by the commissioners for RIO patients (adults and children) are 3–5 per cent at three months, maintained at six months, or minimum 5 per cent at six months. For certain children, the goal may be weight maintenance alone. A full analysis of RIO data for 2010 and 2011 showed 3,325 referrals, of whom 49 per cent actually completed the six month challenge.
programme. Of these, 93 per cent lost some weight and 66 per cent did better than the above targets. Among these ‘successes’, 72 per cent lost more than five per cent of their initial weight and 18.6 per cent lost more than 10 per cent. Analysis of RIO data is ongoing, but since the initiative was set up, patients attending have managed to lose a cumulative weight of 22 tons (of which 4.4 tons was lost during 2012).

The work has shown that this weight loss is linked to reduction in severity of other conditions, repeat prescriptions and reliance on benefits, and has also significantly reduced the number of patients needing to proceed to bariatric surgery.

The cost of all the services within the Healthy Weight Framework (including RIO) is less than £1m a year, with savings from the above improvements already being seen. There are similar initiatives, around the country, such as the Fakenham Weight Management Service, but they are currently still few and far between. If every geographical area of similar size in the UK had access to similar services, then it would cost an estimated £240m a year. “This sounds like a lot, but it is nothing to the estimated £49.9bn a year that obesity could be costing the taxpayer within a generation,” said Dr Capehorn.

The future
Dr Capehorn sees a number of new approaches to weight management in the future. “Gadgets such as VBloc, which is an implanted device that stimulates the vagus nerve to send satiety messages to the brain, reducing appetite, will play an increasing part. Although no longer available on the NHS at present, I suspect there will be a resurgence in the use and benefit from gastric balloons and, similar to this, we may find that other procedures that can be done entirely, or in part, by endoscopy, such as the endobarrier, transoral gastroplasty, or the gastric balloon “pill” may slowly develop with additional research and may be adopted by the NHS.”

He also sees an expansion in the use of VLCDs, as well as a new crop of weight-loss drugs, such as Qsymia and Lorcaserin, which are already available in the US, and Contrave – another drug that should be available soon. There is also the first glucagon-like peptide-1 analogue with a licence for the treatment of obesity.

At RIO, more services for patients are being developed. It has just become the first centre in the UK, based in primary care, that routinely screens for OSA and, in the long term, it is hoped to develop this into a more comprehensive and cost-effective primary care-based sleep disorder service. Meanwhile, surgical facilities are being developed to offer the endoscopic solutions described above.

Looking forward to the future of RIO itself, and to that of weight management services in England, Dr Capehorn notes that 2014 sees another major change at Department of Health level for weight management services. With effect from April 2014, they recommend that the responsibility for tiers 1 and 2 remain the responsibility of Public Health (and therefore local authority). However, tier 3 is now intended to be the responsibility of clinical commissioning groups (CCGs). Although, in the short term, NHS England is to take responsibility for bariatric surgery, it is hoped that this will become the responsibility of the CCGs in the near future.

Dr Capehorn commented: “We do not know what impact this will have upon the funding of services, or upon maintaining integrated frameworks of care, given the number of different organisations that are involved in the commissioning process. In Rotherham, a recommissioning process has just started with tenders expected to be for a further five years. If RIO is successfully recommissioned, it will give us the time and opportunity to put into place some of our ideas to keep Rotherham at the forefront of weight management.”

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**SUPPORT**

**WEIGHT MANAGEMENT**

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**Staff, roles and facilities at RIO**

<table>
<thead>
<tr>
<th>Staff, facilities</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health trainers</td>
<td>Brief interventions, motivational interviewing, goal-setting, life coaching</td>
</tr>
<tr>
<td>Healthcare assistant</td>
<td>Weighing and measuring, follow-up care, LLED/VLCD monitoring, OSA monitoring</td>
</tr>
<tr>
<td>Obesity specialist nurse</td>
<td>Initial triage, basic nutrition and advice, LLED/VLCD initiation, OSA screening</td>
</tr>
<tr>
<td>Dietitian</td>
<td>Complex dietary needs including LLED/VLCD initiation and support, pre-/post-op bariatric surgery support</td>
</tr>
<tr>
<td>‘Cook &amp; Eat’</td>
<td>Basic nutrition and advice, cooking skills (on-site kitchen facilities)</td>
</tr>
<tr>
<td>Exercise therapists</td>
<td>Personal exercise programme (on-site gym), education and motivation, liaison with other physical activity events/sites</td>
</tr>
<tr>
<td>Talking therapists</td>
<td>Life coaching, cognitive behavioural therapy, neurolinguistic programming, emotional freedom techniques</td>
</tr>
<tr>
<td>GP with Special Interest</td>
<td>Pharmacotherapy, pre-bariatric surgery and pre-residential camp assessments, OSA referrals</td>
</tr>
<tr>
<td>Admin supervisor</td>
<td>Liaison with patients, referrers and other service providers, allocation of appointments</td>
</tr>
<tr>
<td>Clinical manager</td>
<td>Managing service and clinical governance</td>
</tr>
<tr>
<td>Education room, library</td>
<td>Resource room, group work</td>
</tr>
<tr>
<td>Bariatric surgery centre</td>
<td>Potential for bariatric intragastric balloons, endobarriers and overnight sleep studies</td>
</tr>
<tr>
<td>Other specialists</td>
<td>Eg, obstetric pre-conception care</td>
</tr>
<tr>
<td>RIO market stall</td>
<td>Advice at point of sale of fruit and vegetables, promotion of Healthy Weight Framework Service</td>
</tr>
</tbody>
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“...since the initiative was set up, patients attending have managed to lose a cumulative weight of 22 tons”