Thoughts on the future of diabesity management and joined-up care

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More than half of people with type 2 diabetes in the UK are obese (Daousi et al, 2006), yet multidisciplinary care for obesity or diabesity is scarce nationwide. In some localities, diabetes and obesity clinics are run separately, forcing patients to visit two different clinics, where the different healthcare professionals may not have spoken to one another. This lack of cohesion is highly ineffective as people with diabesity already have many appointments to attend.

Weight-management services: A practising region

One solution to this problem is demonstrated by the multidisciplinary community clinics run by the Mid Yorkshire NHS Trust (Rodriguez-Farradas et al, 2013).

At these weight-management clinics, a consultant endocrinologist manages a multidisciplinary team (MDT) comprising a specialist dietitian, clinical psychologist, diabetes specialist nurse and specialist physiotherapist who have interests in obesity, in order to coordinate care (Rodriguez-Farradas et al, 2013).

After the initial consultation, people with obesity or diabesity are selected for enrollment in a self-empowerment behavioural modification programme for self-management, which is led by the dietitian. The self-empowerment programme lasts 12 weeks and is held in the community. The specialist physiotherapist educates people who have limited mobility because of arthritis or joint abnormalities on appropriate fat-burning exercises and provides motivation training (Rodriguez-Farradas et al, 2013).

In terms of day-to-day treatment, the individuals have a relatively small number of appointments. Once they are seen by the endocrinologist and all their basic tests are complete, they begin a weekly group therapy programme called STEPS.

Development of the STEPS programme was driven by an extensive review of the evidence on group therapy, and the programme is grounded on a behavioural approach to weight management that reflects an adult philosophy of learning (Rodriguez-Farradas et al, 2013).

During group therapy, people with obesity or diabesity see the dietitian at all 12 sessions. The specialist physiotherapist attends six of these sessions and the clinical psychologist delivers one of the sessions (Rodriguez-Farradas et al, 2013). During the session led by the clinical psychologist, cognitive behavioural therapy (CBT) is provided to all attendees, and a small group of individuals who would be amenable to further CBT is identified. These people are then invited to attend further, one-to-one appointments.

At the Mid Yorkshire NHS Trust, the STEPS programme also provides an opportunity to recognise those people who are likely to benefit most from bariatric surgery. These people are appropriately counselled and seamlessly referred into the bariatric service at the hospital.

Early results from Mid Yorkshire

The programme in Yorkshire published positive early results at the 2013 *Diabetes UK Professional Conference* (Rodriguez-Farradas et al, 2013). The outcomes of 143 adults enrolled on the weight-management programme, 3 months after completion, revealed the following:

- The mean BMI on entry was 45.9 kg/m^2.
- Twenty-nine per cent had diabetes.
- Ninety per cent completed the programme.
- Eighty-three per cent achieved some weight loss.
- Forty-eight per cent achieved ≥3% weight loss.
- Thirty-six per cent achieved ≥5% weight loss.
- There was a mean weight loss of 3.6%.

In addition to the above outcomes, 30–40% of people who enrolled in the programme in an attempt to get surgery changed their mind after completing they 12-week programme, but most said they would return in 1 year if they felt they needed it again.

National weight management

The Mid Yorkshire community clinic is one of a limited number of weight-management services available on the NHS. I intend to set up a similar programme at my present workplace in the future. Implementation of other elements of the multidisciplinary approach functioning in Mid Yorkshire are under consideration for the longer term.

I would like to think that the community and bariatric surgery MDTs functioning in Mid Yorkshire could be set up in many other hospitals in the UK as these services are already present in most hospitals. The main difference would be the managerial decision to organise appointments in one place and at one time.

On a national basis, I would like to see the provision of group therapy to individuals in the community on a weekly or fortnightly basis. Group therapy is a particularly suitable approach for people who gel well within a group setting.

During a 12-week programme, individuals who were appropriate for bariatric surgery could be identified and referred to hospital. After surgery, the people could be returned to the community stream for complex follow-up. Dietary management and advice could be continued, and medications could be revisited and adjusted to appropriate doses considering the person's weight loss.

Within the same clinic, the endocrinologist could direct testing for and management of other comorbidities, including obstructive sleep apnoea, erectile dysfunction, ischaemic heart disease, renal disease and cardiovascular disease. In a very fragmented service, all these needs are unlikely to be efficiently met.

Individuals managed by a team that addresses all elements in one appointment, as seen in Mid Yorkshire, are more likely to adhere to their consultations in my experience. As conditions such as diabetes and hypertension are chronic, such a team of healthcare professionals is needed to provide continuous follow-up and develop a strong rapport with the patients. This relationship can help patients to open up and confide in their healthcare professional.

In the general course of NHS service redesign, I believe it would take over a year to apply for and process the business case to set up such a group therapy programme in a new location. The business case needs presentation to the trust board for approval, before this committee then liaises with the clinical commissioning group to support its purchase. The contracts must then be drawn up and staff appointed.

In my vision, nationwide roll-out of community weight-management clinics could lead to optimal care being put in place for people with diabesity across the UK within 5 years. ■

Daousi C, Casson IF, Gill GV (2006) Prevalence of obesity in type 2 diabetes in secondary care: association with cardiovascular risk factors. *Postgrad Med J* **82**: 280–4

Rodriguez-Farradas A, Srinivasan BT, Rajeswaran C et al (2013) Effectiveness of STEPS, a community based, structured, weight management programme for adults. Presented at: *Diabetes UK Professional Conference 2013* (poster 293). Manchester, UK, 13–15 March

"Nationwide roll-out of community weight-management clinics could lead to optimal care being put in place for people with diabesity across the UK within 5 years."