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Obesity and Related Conditions

We have provided as much information as we can gather. Unfortunately the information we were unable to provide is not centrally held. We would advise if you redirect your FOI request to the Public Health Agency, they may be able to assist.

I would appreciate data on the following:

1. Prevalence of Obesity and Related Conditions

a. The number of patients diagnosed with obesity (BMI ≥ 30) within the past five years (broken down by year).

b. The number of patients currently receiving treatment for obesity-related conditions, including:

Type 2 diabetes

Cardiovascular disease

Hypertension

Osteoarthritis

Obstructive Sleep Apnea

Our classification does not denote obesity-related conditions from non obesity-related conditions and there is also no defined list or method of coding complications as a result of obesity.

c. The annual number of hospital admissions related to obesity and its complications over the past five years.

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2. Financial Costs

a. The estimated annual cost of treating obesity-related conditions within the Trust over the past five years.

b. The cost of bariatric surgery procedures per year for the past five years.

We are not commissioned to carry out these surgeries.

c. The total amount spent on medications for obesity-related conditions (e.g., diabetes medications, antihypertensives) over the past five years.

d. The cost of emergency department attendances and inpatient hospital stays

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related to obesity-related conditions over the past five years.

3. Weight Management Services and Prescriptions

- a. Details of any weight management services currently available through the Trust, including referral criteria.**
- b. The number of patients referred to weight management programs in the past five years.**
- c. The average wait time for specialist weight management services.**
- d. A list of any medications currently prescribed through primary or secondary care for obesity treatment.**
- e. The number of patients prescribed weight-loss medications (such as Orlistat or Saxenda) in the past five years.**

Dietetic Weight Management Clinic
Set up in line with fertility/gynae services

- 1 dietetic led clinic per week
- Set up in line with fertility/gynae services and to support the use of orlistat/Xenical with this group of patients
- Np contact 5 years – 160
Review patient contact 5 years - 500
- Referral criteria
 - Fertility /gynae
 - BMI ≥ 28 kg/m² with associated risk factors (Type 2 Diabetes, hypertension, hypercholesterolemia).Or
BMI ≥ 30 kg/m² or more
- Average wait is 10 weeks
- No medication is prescribed by the dietitian but as per the protocol 'Orlistat can be prescribed by a doctor on the patient's 2nd appointment in the service, if they have achieved the initial weight loss goal of 2.5kg weight loss in ~4 weeks.'

Patients who meet the criteria for the prescription of orlistat can also refuse to commence the drug. In general approximately 66% of the patient group are eligible and 64% of those have the drug prescribed.

- A number of patients are already self-funding injectables such as Mounjaro or Saxenda when they attend the clinic
- Current care pathway attached. This is being updated in line with new NICE guidelines published January 2025

Please also see attached document: Department Protocol for Intensive Weight Management Clinic for Gynaecological Patients

4. Potential Impact of GP-Prescribed Mounjaro

- a. Has the Trust conducted any cost-benefit analysis on the potential savings of early pharmacological intervention for obesity?**

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b. Are there any pilot studies or ongoing trials within the Trust evaluating the impact of new weight-loss medications (such as Mounjaro) on reducing chronic disease burden?