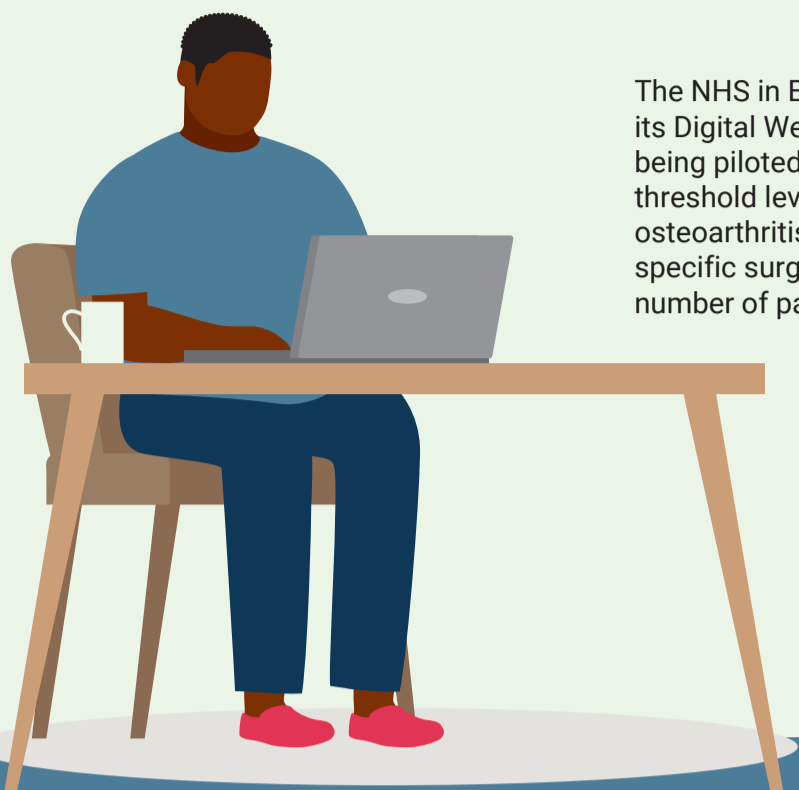# A rapid evaluation of two new referral pathways into the NHS Digital Weight Management Programme

START

The NHS in England is piloting two new pathways for accessing its Digital Weight Management Programme (DWMP). Access is being piloted for patients with a body mass index above a threshold level set by NHS England who also have a diagnosis of osteoarthritis of the knee or hip or who are on a waiting list for specific surgeries. There is marked variation across sites in the number of patients referred.

How does the programme work?

The NHS Digital Weight Management Programme aims to help overweight adults to manage their weight and, it is hoped, improve their health. Once patients have been referred by a health care professional, people can access weight management support online via a smartphone or computer.

Aim of the evaluation

This rapid evaluation aimed to assess the implementation of these referral pathways and understand the reasons for this variation, focusing on local implementation, barriers, facilitators, and patient and staff experiences.

Evaluation methods

Descriptive analysis of quantitative referral data from NHS England

Interviews with 25 staff and 18 patients across 7 case study sites

Two online workshops - one for each pathway

What did we find?

1 Staff time, resources available and timing are important

Automating parts of the referral pathway and/or having dedicated staff with protected time are key enablers.

More junior members of staff and those with low motivation to refer were less likely to find time in short appointments to have sensitive conversations about weight management.

If the timing of the offer aligned with patients' interest and capacity to engage in the programme, they were more likely to accept the offer of a referral.

The timing of a referral (time available to make it, time required to make it, and when the referral is made) all impact success.

2 Clear information is needed by all staff involved in the referral process

Whilst staff commonly had positive attitudes towards the Programme, many felt they lacked information to accurately describe it to patients. Patients also noted this.

Lack of systematic training and information on how to make offers combined with high reliance on individual discretion likely led to differences in whether and how patients were referred.

3 Institutional and personal motivation impacts referrals

Motivation of staff members was a key driver of referral numbers and was connected to the presence of strong leadership.

Staff lacked feedback on the outcomes for the patients they were referring, which they felt would have provided encouragement to existing and new staff to refer.

Whilst the link between obesity and osteoarthritis of hip/knee was clear to Physiotherapists, the link for patients waiting for elective surgery may have been less clear to some staff, impacting their motivation to refer.

4 The size of the pool of patients assessed for eligibility

BMI was a key metric for assessing eligibility and was often pulled from GP records.

Higher referring sites had alternative methods to establish BMI when it was missing, outdated or there were issues with data sharing (e.g. by measuring patients at appointments, patient self-report) but low referring sites did not, limiting the number or patients assessed for eligibility.

Some clinicians informally considered digital access and literacy as part of their criteria as it is a digital Programme, others used a higher BMI cut off than required. These choices also limited the pool of potentially eligible patients, possibly reducing referral numbers.

Conclusions and implications

The variation observed between case study sites likely reflects the absence of directive guidance, allowing local adaptations that varied in leadership, time, and resources. The evaluation did not identify a single best model for referral pathways but highlighted enablers and challenges that should be considered if these pathways are rolled out nationally. Findings are also relevant for designing new referral pathways into the NHS DWMP.