

Commissioned weight management services *fit for the future*



Slimming
World
on referral

— 25 YEARS —
OF TRUSTED SUPPORT

Foreword

As a weight management organisation with more than 55 years of experience in helping people to lose weight and maintain that weight loss, we don't underestimate the challenges faced by healthcare professionals, Government, local authorities and external organisations as they continue to work to improve treatment options and outcomes for people living with overweight and obesity.

Now marking its 25th year, *Slimming World on Referral* has supported almost 750,000 NHS patients to lose more than six and a half million pounds in weight and adopt healthier, more sustainable lifestyles. Its success reflects not only the strength of the programme itself, but also the power of partnership. It was at Slimming World's very own head office that the initial vision for weight management referrals emerged: to work collectively across sectors – healthcare professionals, local authorities and service providers – to better support patients on their weight management journeys. Soon after, just a short distance from our office, this vision became reality through the first *Slimming World on Referral* pilot scheme, delivered in partnership with the then Greater and Central Derbyshire Primary Care Trust.



During the early stages in Derbyshire, those involved in delivering the services witnessed the meaningful difference that could be achieved when different teams and sectors work towards a shared goal. This approach helped break down traditional barriers to accessing weight management support and demonstrated the value of innovative thinking in improving patient outcomes.

At its core, *Slimming World on Referral* was established on a clear set of principles: that effective weight management should be evidence-based, collaborative and centred on compassionate, practical behaviour change support.

While the wider weight management landscape has evolved considerably over the past quarter-century, our founding beliefs continue to underpin Slimming World's programme and approach. We are there to support anyone and everyone who wants to lose weight, with compassionate, no-judgement behaviour change support, no matter which route people take to lose weight and improve their health. This will never change.

As the Government and the NHS continue to place population health and prevention at the heart of health policy, there is growing recognition that supporting people earlier, more holistically, and within their communities is essential to improving health outcomes and reducing avoidable pressure on already overburdened services. We share the same ambition as policymakers: a healthier population, reduced pressure on the NHS and lives transformed for the better.

As we consider the future of weight management referral pathways and the next 25 years of Slimming World on Referral, our enduring principles will ensure a strong foundation for building effective, accessible and patient-centred services that can meet the growing and changing needs of people living with overweight and obesity.

Lisa Salmon
Managing Director of Slimming World

Executive summary

Latest NHS data indicates that 66% of adults aged 16 and over are living with overweight or obesityⁱ and the cost of living in poor health to the individual, the NHS and the economy, is estimated to be hundreds of billions of poundsⁱⁱ, underlining the scale and urgency of this public health challenge.

As a healthcare professional working within weight management, I see every day the complex and often interrelated factors that can contribute to excess weight, and the profound impact this can have on both the physical and mental health outcomes of people who live with overweight and obesity.

Twenty-five years ago, the introduction of *Slimming World on Referral* marked an important step forward in how structured, community-based support could be integrated into NHS patient care pathways. Having had the privilege of witnessing its development and contributing to its early implementation, I have seen first-hand how a well-designed, supportive referral pathway can enable individuals to make meaningful and lasting changes to their health and wellbeing.

Over the last 25 years, through collaboration with healthcare professionals across the UK, Slimming World has helped millions of people reduce their risk of long-term health conditions, improve clinical markers such as weight and metabolic health, and develop healthier habits that last beyond the referral period.

To celebrate and reflect on this milestone and to help inform future developments, Slimming World brought together clinical experts, commissioners, academic researchers in the obesity sector, partners from service providers, and importantly, individuals with lived experience of obesity and referral pathways. These conversations provided valuable insight into both the strengths and challenges of current approaches to obesity care and opportunities for future care. We are grateful to all those who generously contributed their time, expertise and personal perspectives as it truly highlighted why collaboration and partnership is as relevant now as it's ever been.

As the NHS 10 Year Planⁱⁱⁱ continues to evolve with prevention, community-based support and integrated care at its core, our shared opportunity is to build on what works, strengthen existing pathways, and develop new and innovative ones. The aim is to ensure people can access effective, evidence-based weight management support at the right time and in a space that works for them – whether this be amongst peers at a community group or through digital weight management.

This report presents the findings from these conversations, specifically in relation to referral for:

- wraparound support for people prescribed weight loss medication
- weight management support for the prevention of type 2 diabetes
- and how the introduction of neighbourhood health centres could aid in the delivery of effective weight management care in the community.^{iv}

Together, these insights have formed the basis of a set of recommendations for the Government aimed at strengthening and improving future weight management care.

Dr Amanda Avery, RD, RNutr
Associate Professor at the University of Nottingham
Slimming World's Health and Research Consultant Dietitian



wraparound support for people using obesity management medications

It has been estimated that 1.6 million adults in England, Wales and Scotland used medication such as Wegovy and Mounjaro to lose weight between early 2024 and early 2025^v. Whether people are self-funding or have been prescribed the medication on the NHS, research suggests most will regain some of the weight they've lost once they stop taking medication^{vi}.

It's vitally important that wraparound care for any obesity management medication both supports healthy lifestyle changes around food, drink and physical activity in the moment, and helps people create long-lasting habits that they can maintain well after they stop taking medication.

Access to referral schemes for behaviour change wraparound support is crucial unless the Government is willing to provide access to obesity management medication for eligible people for life – where the cost and long-term health implications are unknown. The obesity landscape will remain critical and costly to the NHS due to obesity-related health conditions if those taking obesity management medication regain their weight after two years.

Current provision

The rapid expansion of obesity management medications across the NHS and via private providers has undoubtedly changed the obesity landscape, and in its wake has created new and complex challenges for the health service, particularly in relation to the provision of effective wraparound support.

While there are some examples across England where individuals prescribed these medications through the NHS are able to access additional behavioural and lifestyle support, current provision appears to remain inconsistent. Alongside this, waiting lists for weight loss medications continue to grow, placing further pressure on already stretched systems.

Access to wraparound services differs significantly and can depend on geography, commissioning decisions and local infrastructure. If offered, programmes can be for only short periods and often constrained by funding, workforce capacity and competing priorities.

In relation to accessing medication, there are examples in some areas where people have been required to complete a Tier 2 weight management programme before being considered for medication, despite this not being stipulated within national commissioning guidance.

Elsewhere, there are challenges in ensuring appropriate onward referral, with some NHS services holding patients in waiting lists for medication rather than directing them to available community-based support such as Tier 2 services or specialist providers. This lack of consistency not only creates inequity for patients but also undermines the effectiveness of Tier 2 treatment pathways.

A particular area of concern relates to the growing number of individuals accessing obesity management medications through private providers. For these patients, wraparound support, particularly nutritional guidance, may be minimal or entirely absent. This raises significant risks, including nutritional inadequacy and potential longer-term health consequences, and has future implications for the health service which will be required to treat any associated health conditions. There is a strong and consistent view within the weight management sector that all individuals taking these medications, regardless of prescription route, should have access to high-quality, evidence-based wraparound support.

It is widely understood that commissioners are currently operating within an extremely challenging environment. Integrated Care Boards (ICBs) are facing financial pressures, ongoing system reform and uncertainty around national direction with limited capacity to invest in new services. There is also a perception that some areas are awaiting clearer guidance as to where the responsibility for commissioning wraparound support lies and further direction is needed before they'll act locally, further delaying progress.

At the same time, obesity management medications have, by some healthcare professionals, the media, government and general public, been framed as a "quick fix" or "magic bullet," which risks shifting focus away from the role of behaviour change in obesity and weight management. This shift reflects a broader trend in the management of obesity, where conversations in the sector are increasingly moving from public health models to predominantly medical ones. While medications are recognised as

valuable tools, there is strong consensus that they are not standalone solutions. Behaviour change remains fundamental to achieving long-term, sustainable outcomes yet there is concern that this message is being overshadowed.

There is also a wider apprehension about health inequalities and the long-term sustainability of current approaches if the medicalisation of obesity treatment continues. Unequal access to both medications and

wraparound services may exacerbate existing disparities, while reliance on long-term pharmacological treatment raises questions about cost, system capacity and patient dependency. The potential implications for the NHS should adverse outcomes emerge in the future are significant.

Ideal scenario

The ideal referral pathway for people prescribed weight loss medications is one that places comprehensive, person-centred support at its core. It should provide them with the tools to stop using medication when they want to or when the time is right for them and maintain the weight they have lost through healthier lifestyle choices which includes a nutritionally adequate diet and regular, sustainable physical activity.

The ultimate goal for the NHS should not simply be weight reduction, but enabling individuals to lead autonomous, healthier lives equipped with the skills, confidence and resilience to maintain positive behaviours. The focus should encompass broader outcomes such as quality of life, mental wellbeing, social connection and overall health. This more holistic framing not only better reflects patient priorities but also aligns with the goal of supporting long-term, sustainable change. Achieving this requires a fundamentally different approach to service design and delivery and will not be realised through the use of medication to treat obesity in isolation.

A recognition is required that an individual's relationship with food is complex, deeply ingrained and often shaped by experiences in childhood and adolescence. Addressing these patterns and/or triggers requires more than nutritional advice; it demands integrated psychological support that can help individuals understand and modify behaviours in a sustainable way. In this context, wraparound support is not an optional addition, but an essential component of treatment to ensure the outcomes for people using weight loss medication can be deemed a success.

An effective system would ensure that all people prescribed obesity management medications are automatically referred into evidence-based wraparound programmes – either directly in the community through in-person support or via a digital weight loss programme, depending on the need and preference of the individual. These programmes would combine nutritional guidance and behavioural change support. Importantly, they would be accessible, inclusive and tailored to meet the diverse needs of different populations.

“While obesity management medications are a significant innovation, they are not a magic bullet and come with associated concerns and serious side effects. Current evidence also shows that people using them are unlikely to maintain their weight loss unless they make changes to their diet and activity levels and learn how to maintain a healthy lifestyle, which we know isn't easy, especially without support.

Evidence-based behaviour change programmes that tackle the deeper drivers of unhealthy eating and inactivity are some of the most valuable interventions for supporting long-term healthy living and weight loss. At Slimming World, we support our members with sophisticated techniques rooted in psychology to help them understand themselves, their triggers and their own personal barriers, and we equip them with practical tools and strategies to develop lasting healthy habits to successfully achieve and maintain their weight loss goals.”



Carolyn Pallister, Registered Dietitian and Head of Nutrition, Research and Health at Slimming World

From a commissioning perspective, longer-term planning is essential. There are clear limitations of short commissioning cycles which often prevent services from becoming fully embedded or achieving meaningful outcomes.

A minimum five-year commissioning cycle would allow time to build relationships, establish referral pathways and generate trust among healthcare professionals and their patients. It would also enable programmes to demonstrate their impact, recognising that meaningful change in weight management outcomes – weight loss maintenance – is unlikely to be realised within the first year.

Improved data collection and evaluation are also critical in ensuring an ideal pathway for people seeking weight management support. Consistent, high-quality data would enable benchmarking across regions and strengthen the evidence base for effective interventions. At a national level, clearer guidance is needed to establish minimum standards for care for wraparound support, while still allowing flexibility for local systems to adapt services to its population's needs.

Sustainable funding is another key requirement. Ring-fenced investment would provide greater security for providers and ensure that wraparound support is not deprioritised in times of financial pressure at a local level. Without this, there is a risk that services will remain fragmented and insufficient to meet demand.

Moving towards an ideal referral model for wraparound support will require coordinated action across policy, commissioning and service delivery, with a renewed emphasis on collaboration, evidence-based practice and person-centred care.

“At my heaviest, I weighed 22st and was living with high blood pressure, neuropathy, insomnia and depression. I was miserable.

Joining Slimming World gave me the opportunity to examine my relationship with food. I'm constantly inspired by my Consultant and other members in group and the weekly discussions have helped me understand my behaviours that led to my weight gain in the first place.

I haven't just lost weight with Slimming World – my blood pressure has returned to a normal range and I no longer have to take medication. My mental wellbeing has improved, I've gained confidence in myself and I finally feel like me.”

Janine Taylor, 58, from Bewdley, Worcestershire has lost 7st with Slimming World after being referred by her GP



“I asked my GP for help with weight loss as I had no confidence that I could do it by myself. I was put on a waiting list for weight loss medications and referred to Slimming World in the meantime.

I was sceptical but the referral changed my life. I started losing weight and with it, my confidence gradually increased more and more. My belief in myself emerged, I decided to forgo medication and continue on my Slimming World journey.

I've since lost 7st with Slimming World, and though I hoped losing weight would help ease my hip and knee pain, I never expected to be enjoying regular exercise classes and walks. I've even started running my own little craft group – something my former self would never have dreamed of!”

Pauline Spencer, 72, from Norwich, lost 7st with Slimming World having been referred by her GP whilst she was on the waiting list for weight loss medication



type 2 diabetes *prevention*

Leading diabetes charity, Diabetes UK, estimates that over 4.7 million people in the UK have a diabetes diagnosis, and 90% of these diagnoses are for people living with type 2 diabetes. Experts also advise that almost 1.3 million people could be living with type 2 diabetes who are yet to be diagnosed and that 12 million adults in the UK are living with diabetes or prediabetes^{vii}.

The NHS spends approximately £10 billion a year on treating people living with diabetes – the condition itself and complications associated with living with type 2 diabetes such as issues with the kidney and heart^{viii}.

There are a number of risk factors that can lead to a diagnosis of type 2 diabetes including living with overweight or obesity, and research shows that losing weight can significantly reduce the risk of type 2 diabetes developing.

At Slimming World, we've helped thousands of members to lose weight and manage their diabetes. We've partnered with Diabetes UK to make that support even stronger. This partnership enables us to further deepen our understanding of the challenges and misconceptions people living with diabetes face. We're committed to supporting our members with the latest and most effective information in diabetes care, and to reach even more people living with diabetes or at risk of type 2 diabetes with inspiration and advice.

Current provision

Support for people living with, or at risk of, type 2 diabetes has increasingly focused on weight management as both prevention and intervention to treat not only the condition but associated health conditions from developing. Across England, a range of national and locally commissioned programmes are now available to help individuals lose weight, improve health outcomes and, in some cases, achieve remission of their type 2 diabetes condition.

Nationally, key programmes include the *NHS Digital Weight Management Programme*^{ix} and the *NHS Type 2 Diabetes Path to Remission Programme*^x. The Digital Weight Management Programme offers behaviour change support and advice on diet and physical activity online, though only 50% of eligible patients access this support when offered^{xi}, whereas the Path to Remission Programme is a clinically supervised intervention, providing participants with a low-calorie diet replacement, with an aim for them to achieve significant weight loss.

Alongside these, the *Healthier You NHS Diabetes Prevention Programme* (NDPP)^{xii} has reported strong outcomes, advising it has reduced the risk of participants developing type 2 diabetes by more than a third among those who complete it, highlighting the value of early identification and intervention for individuals at high risk.

Locally commissioned weight management services providing additional support, typically guided by eligibility criteria and often incorporating group sessions and community-based approaches, are also available in various pockets of the country.

Access to these programmes appears to be most commonly initiated through primary care. General practitioners (GPs) are the main referral route, identifying individuals at risk or living with type 2 diabetes but additional entry points do exist, including self-testing kits and pharmacy-based assessments. Individuals identified as high risk via these routes are typically referred back to their GP/healthcare professional, who then facilitates onward referral if and where available.

For locally commissioned services, multiple providers operate across different regions, leading to inconsistencies in service availability, GP engagement and, ultimately, referral rates. Some areas benefit from strong referral pathways and high uptake, while others experience low participation and weaker connections between services, which can create inequities in access and outcomes for people.

With multiple programmes nationally and locally, all operating simultaneously, each with different criteria and delivery models, it can be difficult for both patients and healthcare professionals to determine the most appropriate pathway for them or even know the number of pathways open to them. This confusion can be heightened when patients do not fully understand why they have been referred, particularly in cases where invitations to programmes such as the NDPP are automated, and a nervousness or uncertainty prevents them from engaging. At the same time, the prevalence of undiagnosed type 2 diabetes means that many individuals who could benefit from weight management support are not accessing it at all.

Integration between healthcare professionals, clinical support and community-based support remains limited. Many commissioned programmes are also time-limited, often only offering participants 12 consecutive weeks, with few options for ongoing maintenance, which evidence shows is critical for sustaining weight loss long-term.

Ideal scenario

A continued shift towards prevention-focused care, which ensures support is accessible, effective and tailored to individual needs is vital when considering an ideal weight management referral pathway for the prevention of type 2 diabetes.

Proactive identification of individuals at risk of type 2 diabetes is a critical first step. Rather than relying solely on GP visits or routine health checks, the pathway should include community-based screening and self-assessment opportunities. This could involve accessible tools in established weight loss groups, gyms, pharmacies, libraries, workplaces and mobile health units, as well as digital self-assessment platforms, like Diabetes UK's *Know Your Risk* tool^{xiii} which could help identify high-risk people who may not engage regularly with primary care services.

A stronger emphasis on life-course prevention is also needed, recognising key intervention points such as pregnancy, where excessive gestational weight gain and gestational diabetes can both increase the risk of developing type 2 diabetes later in life.

Once identified, clear referral pathways, particularly for users of self-assessment platforms who are not guided by a healthcare professional, are then required to signpost users to relevant services for further advice and support. A "one front door" approach would simplify access by providing a single-entry point into all type 2 diabetes prevention and weight management services available to them nationally and locally, if locally commissioned services are available. This would reduce confusion among both patients and healthcare professionals, provide patient choice and ensure that individuals are directed quickly to the most appropriate support.

A holistic model of care and personalised interventions are essential. In addition to lifestyle factors, diet and physical

Finally, stigma towards people living with type 2 diabetes continues to act as a barrier. Concerns around language, labelling and judgement can discourage individuals from speaking to their healthcare professional about weight loss and engaging with services.

activity support, the pathway should address mental health and wider social determinants such as housing, employment and financial wellbeing. These factors often play a significant role in an individual's risk of developing type 2 diabetes, and their ability to engage with and maintain healthy behaviours. Integrating support across these areas could improve outcomes and reduce inequalities.

Rather than time-limited referral programmes, services should be delivered on a flexible, rolling basis, allowing individuals to access support when they are ready and to continue receiving it for as long as needed. Sustained weight management requires long-term behavioural change, which cannot be achieved through short-term interventions alone and an increased emphasis on weight loss maintenance is needed.

Empowering individuals through the self-assessment options, self-monitoring and access to their own health data, such as blood sugar and HbA1c levels, could further enhance engagement. Improved health literacy and awareness of personal risk, such as factors like genetic risk, ethnicity and excess weight, could enable people to take a more active role in their care plan.

Addressing the stigma surrounding type 2 diabetes and overweight and obesity is also key. All healthcare professionals should receive training as standard on how to talk about weight in a non-judgemental and compassionate manner with their patients living with, or at risk of type 2 diabetes, and this compassion and empathy should then be reflected in all care pathways to support, build trust, encourage engagement and long-term behaviour change.

Ultimately, reducing stigma, increasing understanding and providing consistent, accessible support will be fundamental to creating an effective and equitable pathway for preventing type 2 diabetes.

Research published in the journal **Archives of Diabetes & Obesity**^{xiv} showed that people with type 2 diabetes can improve their diabetes management by making healthy changes to their diet and physical activity, and losing weight following Slimming World's programme.

The research revealed, of the members surveyed living with type 2 diabetes:

- **34%** reported their diabetes had gone into remission; this increased to 51% for those who'd lost at least 10% of their body weight
- **61%** were able to reduce or stop taking their diabetes medication
- **81%** saw improvements in their blood glucose (also known as blood sugar levels) management.

neighbourhood health centres

Announced in the NHS 10 Year Health Plan for England, the Government committed to creating neighbourhood health centres (hubs) where the ambition is for the NHS and local authorities to work together to offer patients healthcare options when and where they need them, closer to homeⁱⁱⁱ.

In March 2026 a framework for how these health centres were to run, was announced^{xv}. Although obesity or weight management are not specifically mentioned within the framework, the treatment and diagnosis of diabetes care, cardiovascular disease (CVD) and other obesity-related health conditions featured heavily. The Government plans to invest in the future of the neighbourhood estate by building and upgrading 250 new neighbourhood health centres up and down the country with the ambition that they will be seen by patients as the first port of call for most health needs in every community.

Current provision

NHS Neighbourhood Health Centres are evolving within a complex, overburdened health landscape. Although a framework has recently been published, with a commitment to invest in 250 centres across England, the ambition for integrated, community-based care is not yet matched by a system of delivery. At present, there is no clear map of services and activity is spread across multiple disconnected programmes, including digital initiatives, community services and specialist provision. Understanding how to access services can be confusing for healthcare professionals, providers and services users – the patient.

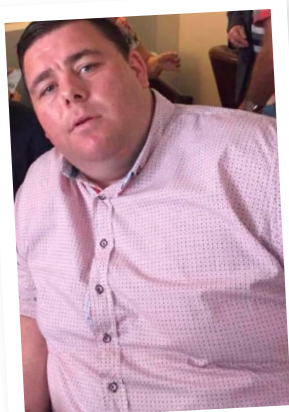
Currently, access can depend on an individual's ability to self-advocate, identify appropriate and available services in their area and persist through complex pathways. This disproportionately affects vulnerable groups, including, but not limited to, those with language barriers, mental health needs or limited health literacy. In practice, many individuals struggle to find and engage with the support they need if not guided and signposted by a proactive healthcare professional.

Patient data records are not linked across NHS systems at this time, which creates challenges when trying to understand how interventions, such as weight

management referral schemes, are working. Key primary care healthcare professionals practicing at neighbourhood level, such as pharmacists, dentists and physiotherapists, and community care organisations such as voluntary or local support groups, are not embedded in referral pathways. These professionals and organisations have the potential though to support early intervention within weight management and the prevention of type 2 diabetes referral. This means that valuable resources are underutilised and opportunities to address wider determinants of health are currently being missed.

This is further compounded by an absence of consistent measurement and evaluations across healthcare services, making comparisons and benchmarking of various programmes impossible. Without consistent metrics, it is challenging to demonstrate impact, identify best practice or make evidence-based decisions about investment and service redesign.

Overall, while NHS Neighbourhood Health Centres have strong potential to deliver integrated, responsive care in the community, the current provision is fragmented with primary care providers working in silos and patients who could benefit from existing weight management referral pathways being missed.



“ I didn't know it at the time, but being referred to Slimming World was the first step on a journey that would change my life for the better.

The encouragement I received from my group is what kept me motivated from the beginning. And Slimming World's healthy eating plan is so flexible that I never have 'off-plan days', it's just a way of life now – once you know how to make sustainable changes that you can enjoy, everything starts to come together. ”

Shaun Fulcher-Kay, 41, from London, lost 11st with Slimming World having been referred by his doctor



Ideal pathway

The commitment to NHS Neighbourhood Health Centres from the Government is encouraging, and offering weight management pathways to patients should be a critical part of this community offering.

An ideal weight management referral pathway within NHS Neighbourhood Health Centres would provide healthcare professionals with treatment options for how to support their patients, so a pathway can genuinely be person-centred. Clear, transparent and accessible information of all available services and eligibility criteria will empower patients to engage with their own treatment.

A single-access point, a “hub”, for people seeking support would create a streamlined model, easier to navigate and allow people, clinicians and community partners to input key information once and be guided to the most appropriate support. Digital tools, including AI-supported triage, could enhance and speed up this process by matching individuals to tailored interventions while reducing further burden on primary care clinicians. These would need to be balanced with human-centred care to avoid excluding people without access to digital tools, exacerbating health inequalities further.

Neighbourhood Health Centres, if fully integrated across services, could provide a holistic approach to care pathways. This would allow individuals access to support beyond weight management which could all have been, or be, impacting their lifestyle choices leading to excess weight. These services could relate to mental health or physical activity, or social determinants such as housing, employment and community connections.

A national framework for evaluation and measurement will help to standardise care across all areas, but embedding a “what matters to you” conversation with individuals at each stage of the pathway will ensure care plans reflect personal goals and circumstances,

rather than a one-size-fits-all model. This approach would recognise that sustainable weight management is closely tied to broader wellbeing and lifestyle goals and will help keep patient engagement in the pathways.

Personalisation can further be enhanced through flexible use of the pathway. Rather than being limited to rigid, time-bound interventions such as standard consecutive 12-week programmes, individuals would have access to ongoing or tapered support that adapts to their lifestyle and changing needs. The ability to pause and restart engagement would reflect the realities of today’s society and people’s lives, including periods of illness, work pressures and financial instability, suffering traumatic events such as bereavement or relationship changes. In this way, weight management would be treated more like other long-term complex health conditions, such as smoking cessation, where relapse and re-engagement are expected and accommodated without judgement or stigma.

Where possible, all care services will be located within the community and be easily accessible for all. External factors such as good public transport links, parking availability and leisure/retail facilities should all be considered on creation of these hubs to encourage continued use in the local area. All services such as general practice, social prescribing, weight management programmes, mental health support and physical activity provision would be co-located where possible. This would enable seamless referrals between services, reducing duplication and ensuring individuals do not fall through gaps.

By aligning services around the needs of the whole person and enabling seamless movement between them, the Neighbourhood Health Centre model would support more sustainable, equitable approaches to weight management across communities.



“ I heard about the local Slimming World on Referral scheme through word of mouth. It meant everything to have those first 12 weeks offered for free. They gave me the kick-start needed to change my life.

My experience and weight loss journey inspired me to become a Consultant myself and now I want to shout loud and proud about all Slimming World on Referral schemes as they really are a lifeline for many.”

Jorden Bensusan, 33, from Bradford, lost more than 4st after she self referred to Slimming World through a local authority scheme



Slimming World *on referral*

- Slimming World runs around 12,000 groups directly in the heart of communities across the UK and Ireland and a sophisticated digital programme
- Since its inception, Slimming World on Referral has helped almost 750,000 referred patients
- A service evaluation of more than 27,000 adults^{xvi} referred to Slimming World found:
 - mean weight change was: -5.6% at three months, -7.1% at six months, -7.5% at 12 months and -7.3% at 24 months, and were achieved irrespective of socioeconomic status
 - greater engagement with the service enhanced weight loss outcomes at three and 12 months. More than 5,000 members who attended at least 75% of sessions across a year lost 15% of their body weight, which is associated with significant health benefits
 - significant changes in dietary and physical activity behaviours, including:
 - cooking from scratch more often
 - drinking fewer sugary drinks
 - eating fewer processed foods, takeaways, and fast foods
 - consuming fewer unhealthy snacks at work and at home
 - eating five portions of fruit and vegetables per day more frequently
 - doing more physical work around the house and garden
 - going for walks more often
 - playing sports and going to the gym more regularly
 - being less likely to avoid moderate and intense activity.



Slimming World runs a number of schemes across the UK offering weight-loss support to people who are referred to Slimming World through Local Authorities, employers and the NHS.

“We are delighted that the Government has recognised the essential role that behavioural change support should play for those who choose to take weight loss medication and we believe Slimming World and our established weekly in-person groups and sophisticated digital programme could work with even more Local Authority and NHS partners to ensure access to evidence-based wraparound care is provided in tandem with medication.

We have long called for greater support for weight management – including an end to the postcode lottery surrounding weight management referral schemes, training for health professionals to enable them to talk to their patients about weight in a sensitive and skilled way, and for healthcare professionals to be given access to a number of treatment options for their patients, not just focus on weight loss medication, to ensure a personalised, patient-centric approach.

With more than 55 years of experience, its scale and infrastructure, Slimming World is ideally positioned to aid the Government and NHS in achieving their aim to support people looking to lose weight, maintain their weight loss and live healthier lives.”

Gemma Walters, Slimming World's Partnerships Business Development Manager, who manages the organisation's NHS referral programmes

recommendations

The following recommendations are based on the outcomes of discussions engaged in by the panel of clinical experts, academic researchers in the obesity sector, commissioners, partners from service providers and individuals with lived experience of obesity and referral pathways invited to Slimming World's Head Office to explore the future of weight management referrals. Representatives of Slimming World were in attendance throughout the discussions, but the opinions and thoughts of the other panel members were entirely independent.

By adopting these recommendations, the Government will be able to make a very real impact on the lives and health of people living with obesity.

- **Address health inequalities** by funding targeted interventions for high-risk populations and partnering with community organisations such as Slimming World already experiencing success in reaching underserved populations.
- **Strengthen prevention and early detection of type 2 diabetes** by utilising existing healthcare touchpoints in the community such as weight management groups, pharmacists and dentists.
- **Include communication in the national framework** for Neighbourhood Health Centres to ensure local services, both NHS-funded and self-funded, are proactively shared with healthcare professionals and the broader community to encourage engagement.
- **Reinforce the importance of seeking evidence-based behaviour change support** which is required to not only lose weight but maintain that weight loss long-term.
- **Mandatory behaviour change wraparound support** to sit alongside weight loss medication, holding organisations providing medication accountable for its effectiveness.
- **Provide training for all healthcare professionals** on how to have non-judgemental and compassionate conversations with their patients about weight, encouraging engagement in weight management programmes and aiding in reducing stigma.
- **Simplify access to weight management programmes** for patients, including accessible information on available services, a single access point and enhance digital tools while maintaining non-digital access routes.

Gemma Wiley

Starting weight: 14st 5½lbs

Weight now: 10st 5lbs

Weight loss: 4st ½lb

Gemma, 44, who's now a Slimming World Consultant lives in Desborough with her partner John and three children.

“ I was invited for a health check at my GP surgery just after my 40th birthday. I didn't think much about it as it was just a routine check-up. They did a blood test and I was shocked to find out at a follow-up that I had pre-diabetes and that my weight was a big risk factor for type 2 diabetes.



I lacked confidence and didn't like the way my clothes fit, but I hadn't noticed how much my weight had crept up and felt embarrassed and ashamed that it was now affecting my health.

The doctor spoke to me about the benefits of losing weight and a referral scheme which would allow me to access Slimming World's support through the NHS. It sounded good, but it took me weeks, a conversation with a diabetes nurse specialist and encouragement from a friend who'd lost weight with Slimming World, to build up the courage to phone my local Consultant and join a group.

Looking back, I can't believe I waited so long. I had nothing to worry about – my Consultant Angela welcomed me and put me at ease, and the other members were so friendly. This support has continued throughout my journey, and I really couldn't have lost weight without it. Not only do we share recipes and tips in group, we also talk openly about our habits and triggers, and practical ways we can manage these.

When Angela first explained Slimming World's healthy eating plan, Food Optimising, I felt a little daunted but excited – I couldn't believe what I could eat and still lose weight. Before I would opt for the quick and easy options and relied heavily on takeaways and supermarket meal deals. Since joining group I realised lack of time often got in my way so through the help of my Consultant and fellow members, I've developed strategies which help me plan ahead so I'm never having to grab meals on the go. I've also discovered a love for cooking and I'm always trying out new recipes like risotto and soups for the whole family to enjoy.

I have so much more energy now and have embraced Slimming World's active lifestyle programme. I used to get breathless just from a short walk, now I love running, and I've gradually built-up speed and distance and have recently completed a half-marathon.

I didn't realise the impact my weight was having on me – the Slimming World on Referral scheme gave me the push to make a change which has transformed my life. Since losing weight, I'm no longer pre-diabetic, have maintained my weight loss for two years and become a Slimming World Consultant to help others achieve their weight loss goals.”



Slimming World on Referral provides people with the opportunity to join a Slimming World group – or Slimming World Online in some areas – fully funded for 12 weeks. Memberships are typically paid for by local authorities or the NHS.

For more information please contact slimmingworld.onreferral@slimmingworld.co.uk

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