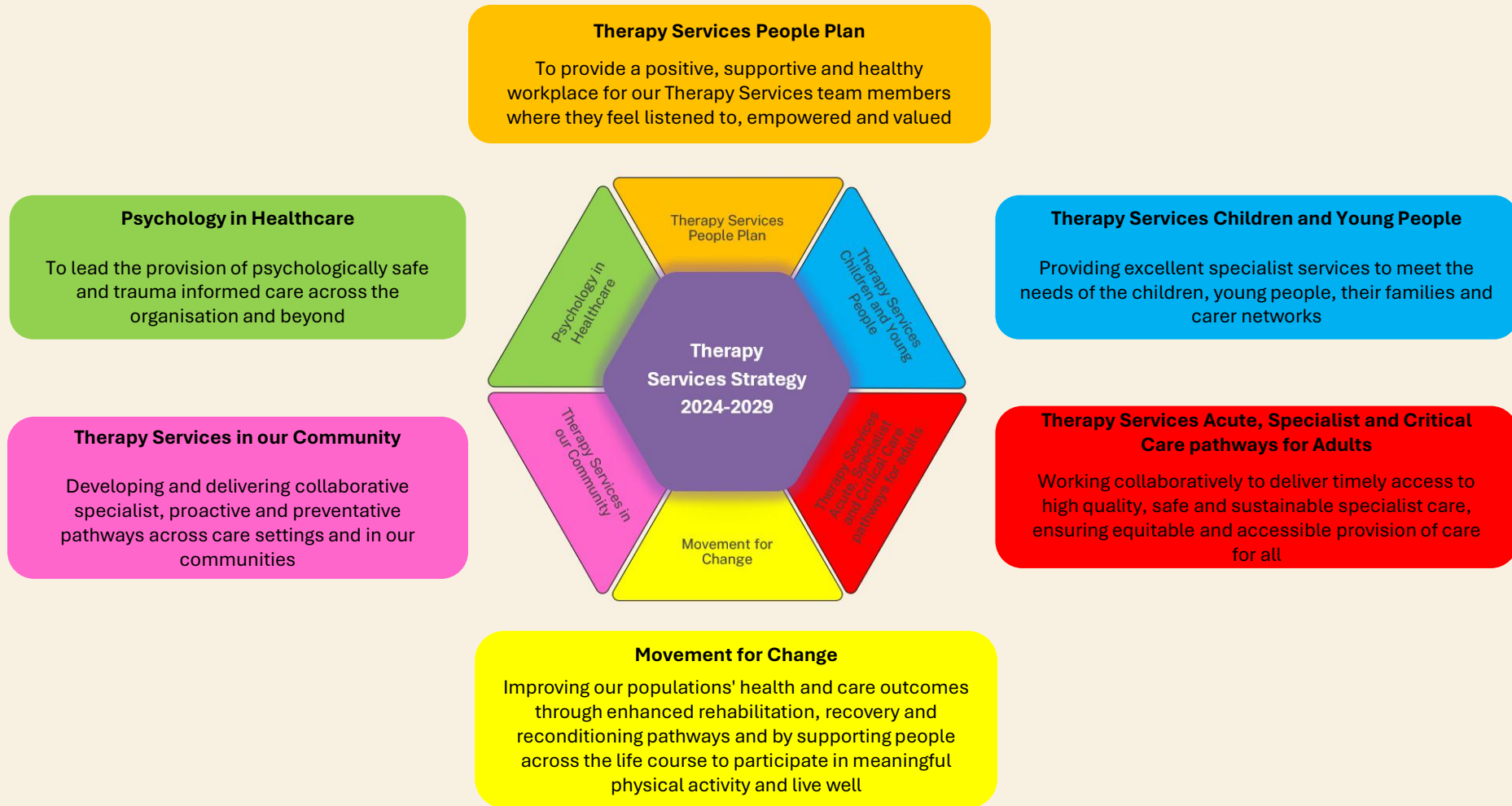


Therapy Services Strategy in Action – Presentation Template

Our strategy will focus around 6 priority themes and associated programmes of work



Therapy Services Strategy Group – Presentation Template

Therapy Services in our Community:

Developing and delivering collaborative specialist, proactive and preventative pathways across care settings and in our communities



Aims:

- To work in partnership with Clinical Boards, Social Care, Primary Care and 3rd sector stakeholders to develop and deliver services together in local communities
- To develop and expand capacity in our specialist pathways including Frailty and Cancer pathways so that our skilled workforce can provide optimum care
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Waiting Well Diabetes:

Dietitian-led, community-based diabetes optimisation to prevent surgical delays/cancellations

Alison Barnes RD

Nuth.waitingwelldiabetes@nhs.net

Waiting Well Diabetes: background

Problem:	Uncontrolled diabetes is primary clinical reason for surgery delays/cancellations
	Longer waiting times = declining health status
	Challenges of managing diabetes while waiting for surgery
	Optimisation letter to GP often ineffective
	No feedback loop to Trust

Consequences:

**Repeated 'failed' surgical Pre-Assessment Clinic (PAC) appointments
(cost met by Trust)**

**Longer waiting times and
wasted theatre slots**

Patient frustration

Waiting Well Diabetes: background

Solution:

Dietetic-led diabetes optimisation service

Inequalities funding (ICS-wide Waiting Well pilot)

Patient/stakeholder co-design

Community-based, 1:1 clinics or home visits, structured group programme

Direct referral from PAC teams

Aims:

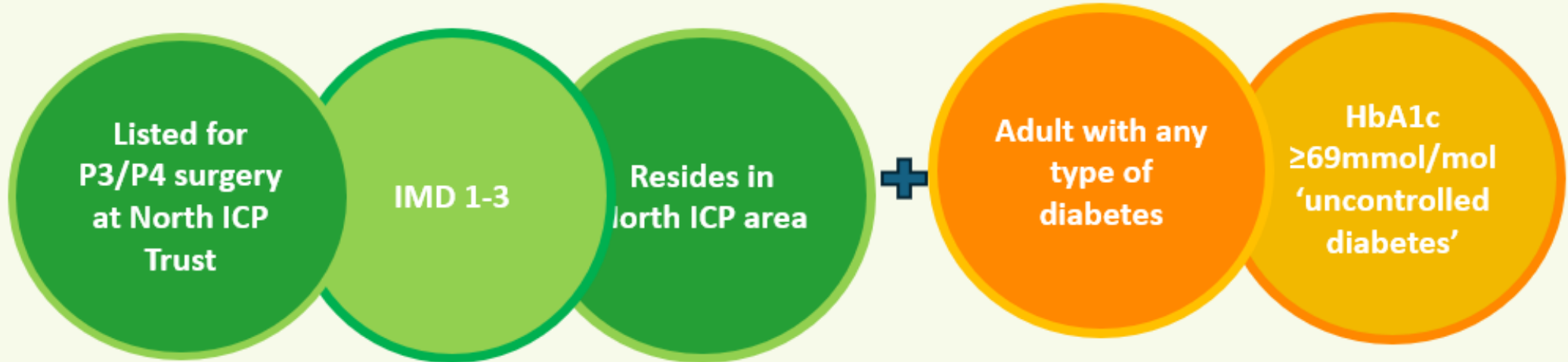
**Early and rapid optimisation of
glucose control**

**Feedback loop enabling
surgery date to be
provided without delay**

Larger pool of 'fit' patients

Waiting Well Diabetes: eligibility

Current criteria (aligned to ICB Waiting Well pilot)



Service Development: progress



Effective referral pathways established across Newcastle, Northumbria and Gateshead NHS Trusts



Funding extended to March 2027



NUTH Waiting Well Dietitian contracts made permanent



Access to CCS system for streamlined communication

Outcomes to date

Eligible Referrals n (% of WW referrals) by Trust

	Year 1	Year 2 (10/12 months)	Total to date
NUTH	97 (72%)	64 (43%)	161 (57%)
Northumbria	38 (28%)	57 (38%)	95 (33%)
Gateshead	n/a	28 (19%)	28 (10%)
Total	135	149	284

Surgeries n(% of WW referrals having surgery) by Trust

	Year 1	Year 2 (10/12 months)	Total to date
NUTH	46 (78%)	54 (50%)	98 (60%)
Northumbria	13 (22%)	36 (34%)	49 (30%)
Gateshead	n/a	17 (16%)	17 (10%)
Total	59	107	164

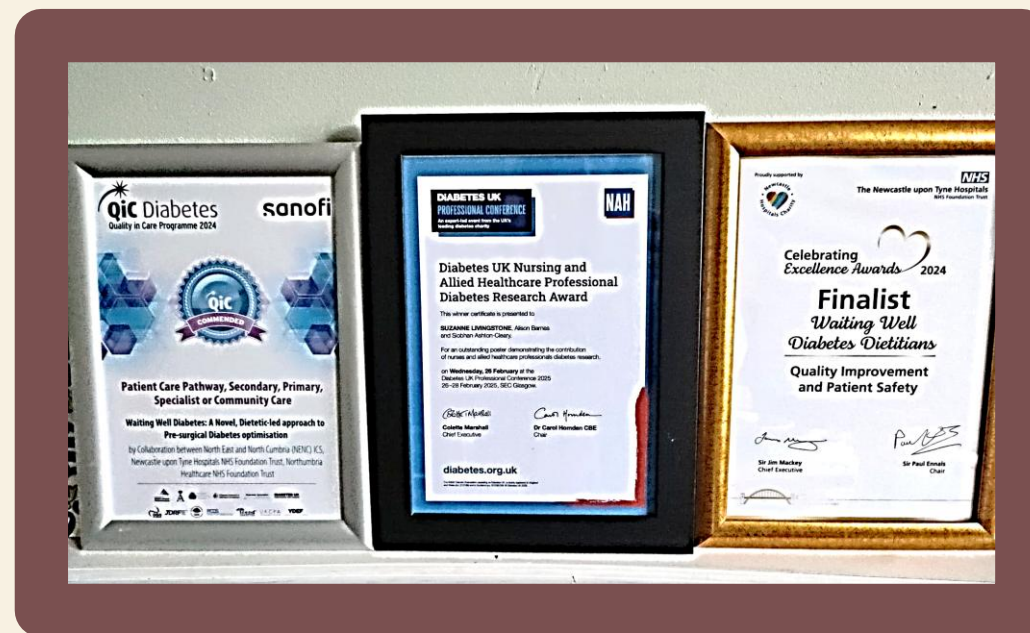
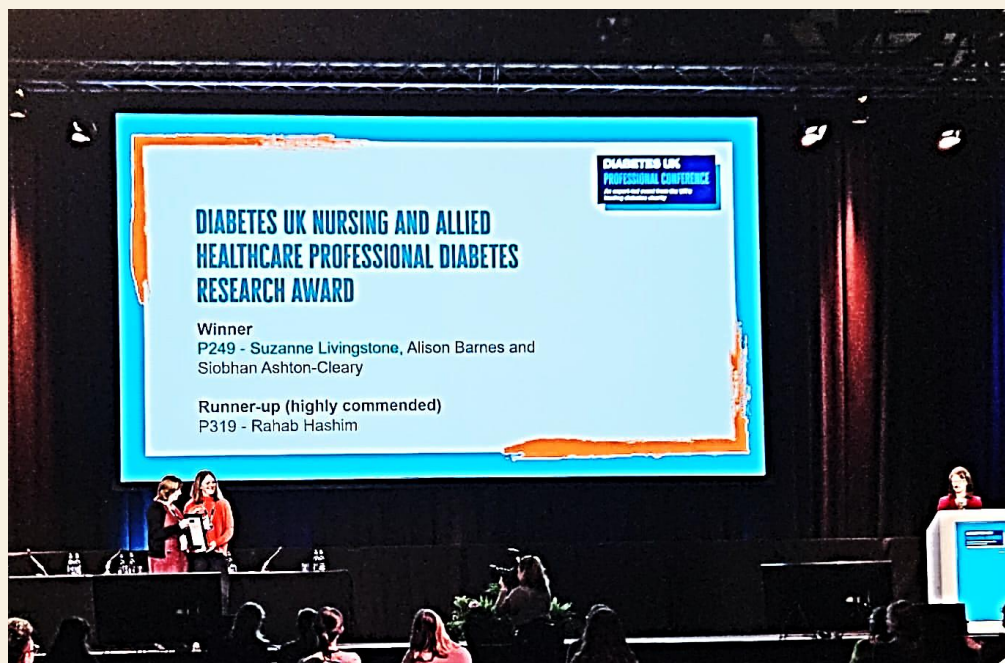
Patient uptake 96%

Outcomes to date

Year 1 Outcomes analysis (n=57)

- Mean time to glycaemic optimisation 4 ± 4.2 weeks
- Mean HbA1c reduction 32 ± 19 mmol/mol (from 89 to 58mmol/mol)
- 90% required no increase in diabetes meds to achieve optimisation
- 13% reduced non-insulin medication
- 75% were on insulin, 53% of whom reduced daily insulin doses
- Severe Diabetes Distress 60% prevalence at referral, reduced to 0% post-intervention (subgroup analysis)

Awards & Achievements



Winner:
**Nursing & AHP Diabetes Research
Award 2025**



**Finalist: Quality improvement &
Patient Safety**



**Finalist/Commended:
New patient pathway
2024**

Ongoing developments

Aligning prehab
diabetes
pathways,
potential roll
out to all IMDs

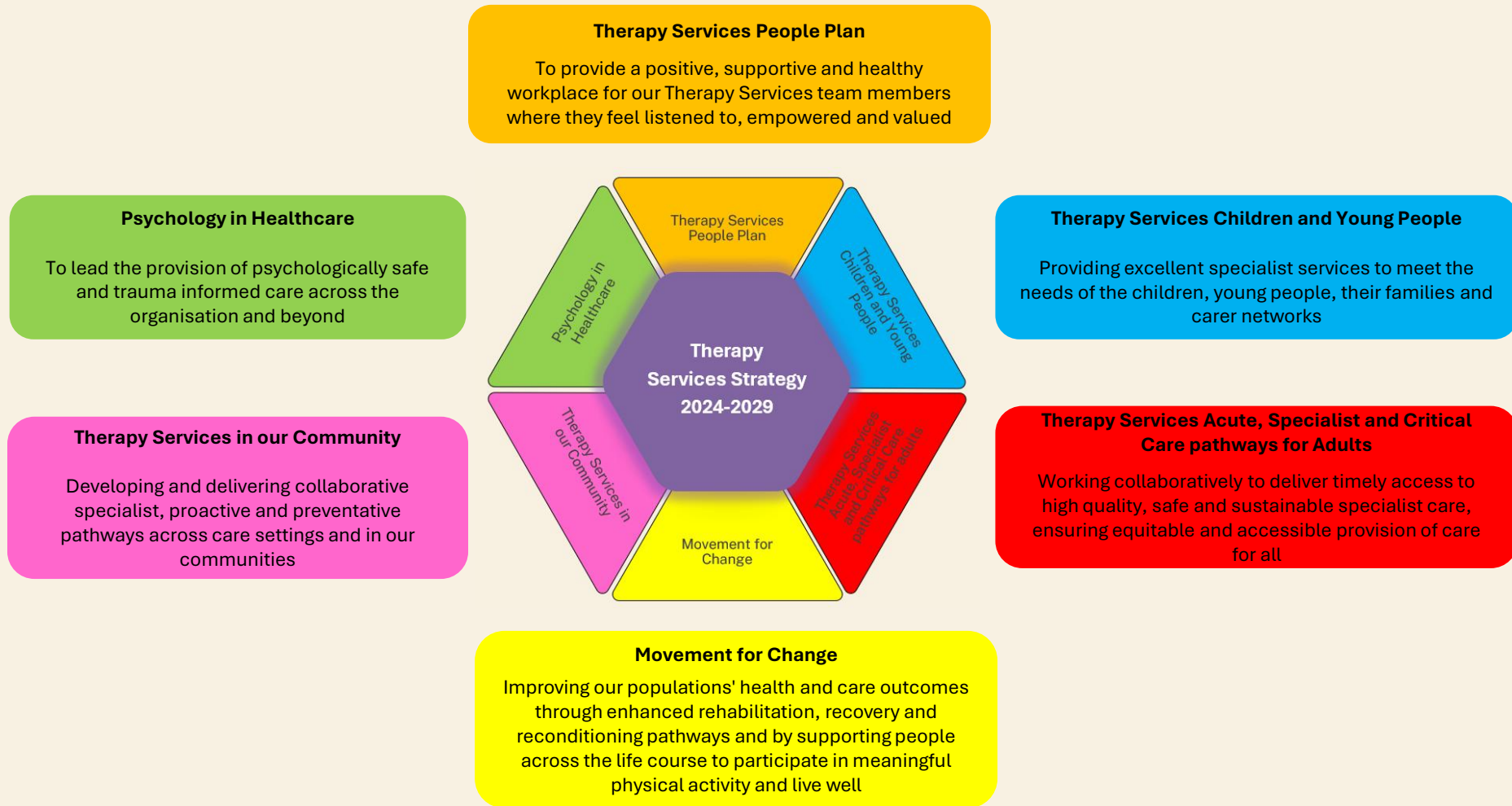
Publish year 1
outcomes

Year 2
outcomes
analysis (end of
June 2025)

Develop online
version of
group
programme for
scale-up

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Tier 3 specialist weight management intervention to complex abdo wall patients with obesity

by Rhiannon Coultate & Liam Casey

About our service

- Small non-surgical Tier 3 service for Newcastle patients with complex obesity
- Funded to see up to 285 patients
- Support to enable sustained healthy behaviour change for weight loss
- Specialist multi-disciplinary weight management assessment and interventions led by Dietetics, Psychology, Physiotherapy and MDT supported by Endocrinologist
- June 2025 prescribing Wegovy / Mounjaro 80-100 patients (BMI >40kg/m² and 4 comorbidities / time sensitive surgery)
- Tier 3 support prior to bariatric surgery
- 5-10% weight loss aim

Interventions we offer:

- Group-based education sessions (face-to-face/online)
- Advising appropriate dietary regimens
- Addressing psychological barriers to unhealthy relationships with food
- Stabilisation of eating patterns and achievement of nutritional adequacy
- Addressing psychological distress related to eating, or specific problems that impact on eating behaviours
- Engaging patients in healthy conversations about lifestyle factors such as physical activity



For further information see:

[Newcastle Specialist Adult Weight Management Service -Newcastle Hospitals NHS Foundation Trust](#)

WORLDWIDE PROBLEM



Obesity represents the **greatest threat to health worldwide** with poor diet contributing to more disease than physical inactivity, smoking and alcohol combined.¹

HEALTH PROBLEMS

Obesity and weight management are a direct cause of many health problems.



OBESITY IN THE UK

There is evidence of the UK population failing to lead what would be described as a healthy lifestyle - with only around 1 in 3 adults participating in 30 minutes of moderate physical activity once a week.²

30% EXERCISE WEEKLY

25% OBESE

In the UK, a **quarter of adults** and a **fifth of children** are now considered obese and the rates have almost doubled in 20 years.³

SPENDING MONEY

COST OF OBESITY
£5 TO 9 BILLION

The NHS spends between **£5 billion and £9 billion** treating obese patients and related complications such as **diabetes**.



5-A-DAY

Just under 1 in 3 women and 1 in 4 men get their five portions of fruit and vegetables a day - the figures for children are less than 1 in 5.²



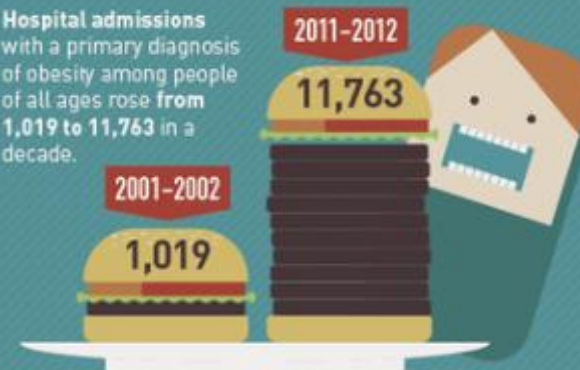
SPENDING MONEY

It is suggested that **60% of men, 50% of women and 25% of children** could be obese by 2050 at an annual cost to the nation of nearly **£50 billion pounds**.⁴



HOSPITAL ADMISSIONS

Hospital admissions with a primary diagnosis of obesity among people of all ages rose from **1,019** to **11,763** in a decade.



Complex abdominal wall repairs

- Team keen for support – complex patient group, obesity/hernia and significant risk to life
- CeDAR score
- BMI $\sim 30\text{kg/m}^2$ - target to reduce surgical risks and improve likely success
- Medication out of Surgeons budget. Wrap around care provided by AWM team
- Small pilot. 10 patients, max. 1 year
- Expectations - 36% weight loss required

Process:

- Referral received from Surgeons
- Discussed at MDT
- Initial assessment
- Monthly Dietetic F2F review
- Dietetic telephone reviews in between
- Physio appointments
- Patient to collect Wegovy from RVI
- Key MDT review points: 3, 6, 9 months
- Stopping criteria

How does Wegovy® work?

Wegovy® is a medicine for weight loss and weight maintenance that contains the active substance semaglutide.

Your body

Your body sends signals (appetite hormones) to the brain to tell you that you are hungry or crave certain foods.

What Wegovy® is used for in weight management (adults)

Wegovy® is used for weight loss and weight maintenance in addition to diet and physical activity in adults, who have:

- a BMI of 30 kg/m² or greater (with obesity) or
- a BMI of 27 kg/m² and less than 30 kg/m² (overweight) and weight-related health problems.

BMI (Body Mass Index) is a measure of your weight in relation to your height.

Wegovy®

Similar to a natural hormone called glucagon-like peptide-1 (GLP-1) that is released from the intestine after a meal, Wegovy® works by acting on receptors in the brain that control your appetite, causing you to feel fuller and less hungry and experience less craving for food.

This is not a real patient but only an illustration.



Image taken from Novo Nordisk Getting started with Wegovy patient brochure.

Most common side effects:

- Headache
- Nausea
- Vomiting
- Diarrhoea
- Constipation
- Feeling weak or tired
- Stomach pain

~15% weight loss in 1st year

AHP input

Dietetic:

- Advising appropriate dietary regimens
- Preventing micronutrient deficiency
- Ensuring adequate protein intake
- Stabilisation of eating patterns and achievement of nutritional adequacy
- Engaging patients in healthy conversations about lifestyle factors
- Promoting long-term lifestyle changes
- Minimise side effects
- Coordinate Wegovy prescriptions
- Monitor and support



Physio:

- Educate about importance of muscle maintenance
 - Educate about benefits of exercise of general health/comorbidities
 - Exercise prescription tailored to individual needs
 - Outlined risks associated with exercises with hernia and what to do/ what not to do
 - Reduces chances for developing sarcopenia
 - Close relationships with neighbouring services for optimum management e.g. PR, CR, FASS, Staying Steady
 - Ensuring optimal protein – muscle maintenance
-
- Frailty and Obesity – close links
 - Recent NICE guidelines 2025 – frailty

Psychology:

- Assess and treat psychological barriers to managing weight, disordered and emotional eating
- Help understand how mindset can impact on eating behaviours
- Maintaining change
- Addressing psychological barriers to unhealthy relationships with food
- Addressing psychological distress related to eating, or specific problems that impact on eating behaviours
- Engaging patients in healthy conversations about lifestyle factors

Results so far...

Positive start, all patients losing weight and engaging

Case Study:

53-year-old female, large recurrent paraumbilical hernia (9cm by 9cm size, bulging out of abdomen, includes part of colon). Complex surgery with plastics specialists.

Target BMI for surgery: 33kg/m²

Referral weight & BMI: 103kg, 41.52kg/m²

Current weight & BMI: 80.5kg, 32.35kg/m² (28/05/25)

Weight loss to date: -22.5kg (21.8%)

Target weight achieved in ~4 months

Summary / future:

- **Exciting new treatment**

Weight loss injectables can make a real difference for patients

Strong and growing evidence base

Surgical directorate requesting to refer more patients (meeting to discuss)

- **Recruit to our 100-patient allowance**

First 2 patients (BMI 80kg/m² & 100kg/m²) have been started

Supporting acute teams with complex patients (assessed on the ward)

- **Secure funding for those on temporary contracts**

8 posts on temporary contracts (start to expire November 2025)

- **Aspire to become weight management hub**

Supporting Primary Care and providing care to the most complex patients at NUTH

- **Opportunity for alliance work**

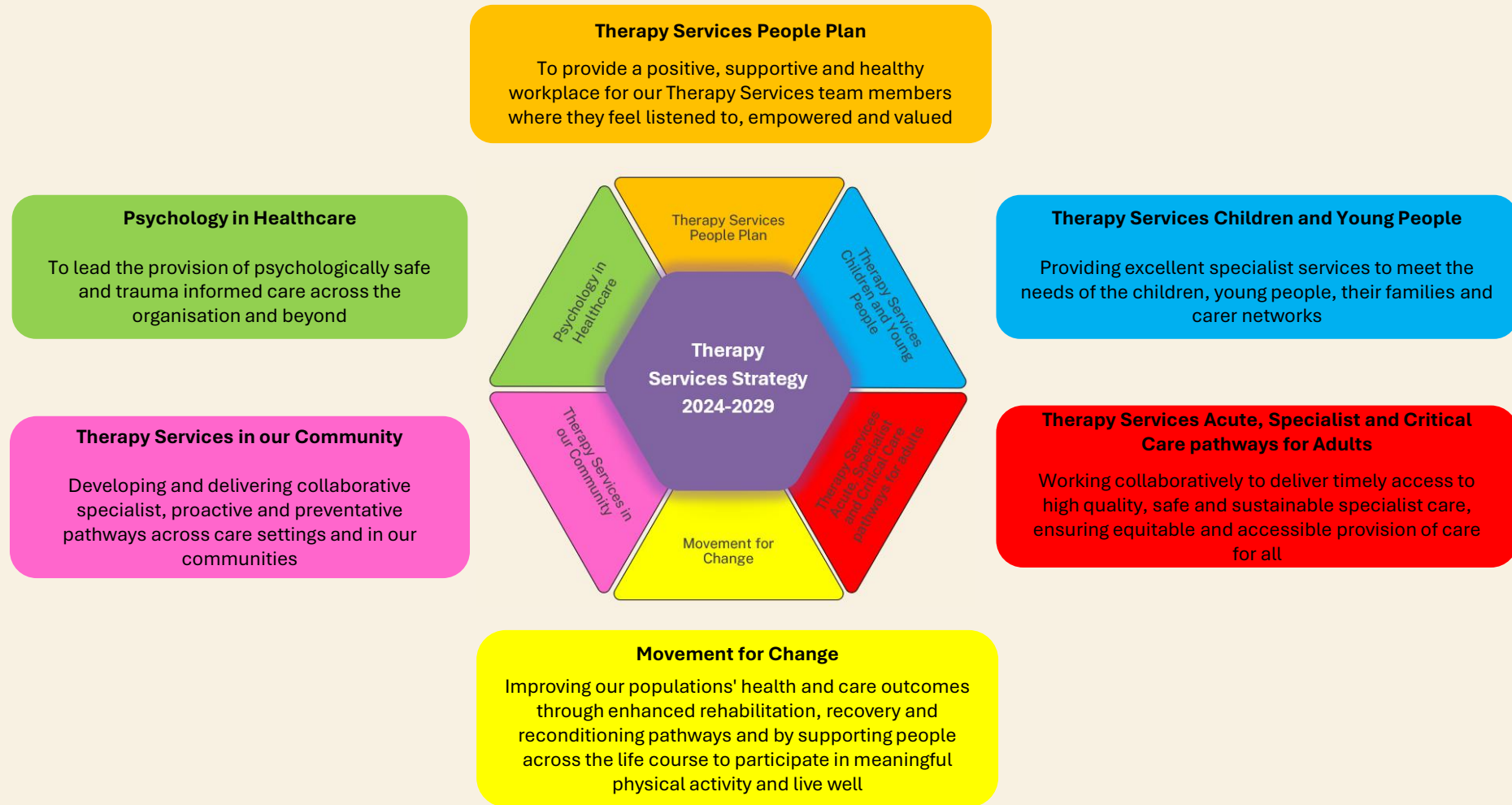


Any questions?



Therapy Services Strategy in Action

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Therapy Services Strategy Group

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Group consultations in MSK healthcare

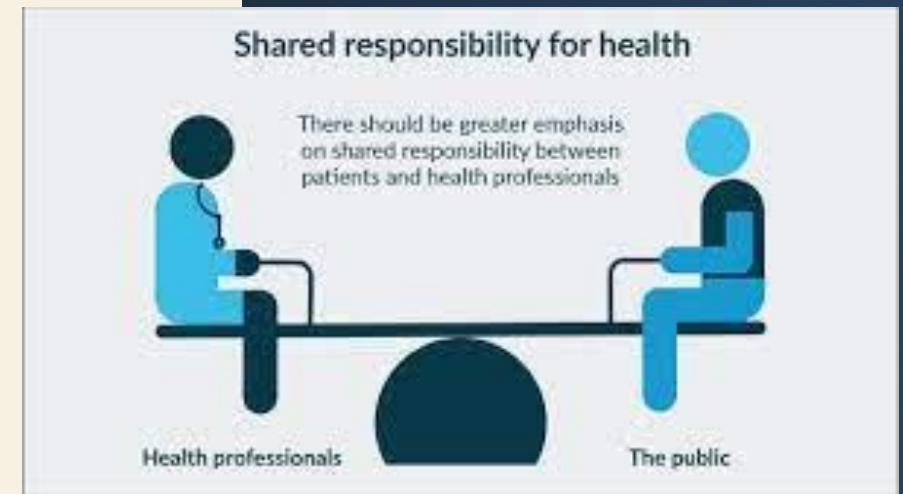
TIMS


Lower Limb MSK

Lisa Wigham

Why use group consultations?

- Increasing wait times in NHS
- Increase in MSK problems (Age/obesity)
- Finite staffing levels/resources
- Educate & Empower patients towards evidenced based self-management





Introduction



Group consultations are a relatively new concept in UK primary care and are a suggested solution to current workload pressures in general practice.



Aims - To implement & deliver group consultations and monitor their effectiveness both in quality of care, efficiency of physio time and staff satisfaction.



Quantitative outcome measures - MSK health Questionnaire



Qualitative – patients feedback collected after the session.



Data analysis and PDSA cycles

Method



Staff selection & training



Resources (EBP)

OA education & management
ST load management



Outcome measures

EQ5D , OKS, MSK HQ
VAS
PREMS



Diary **system** /admin

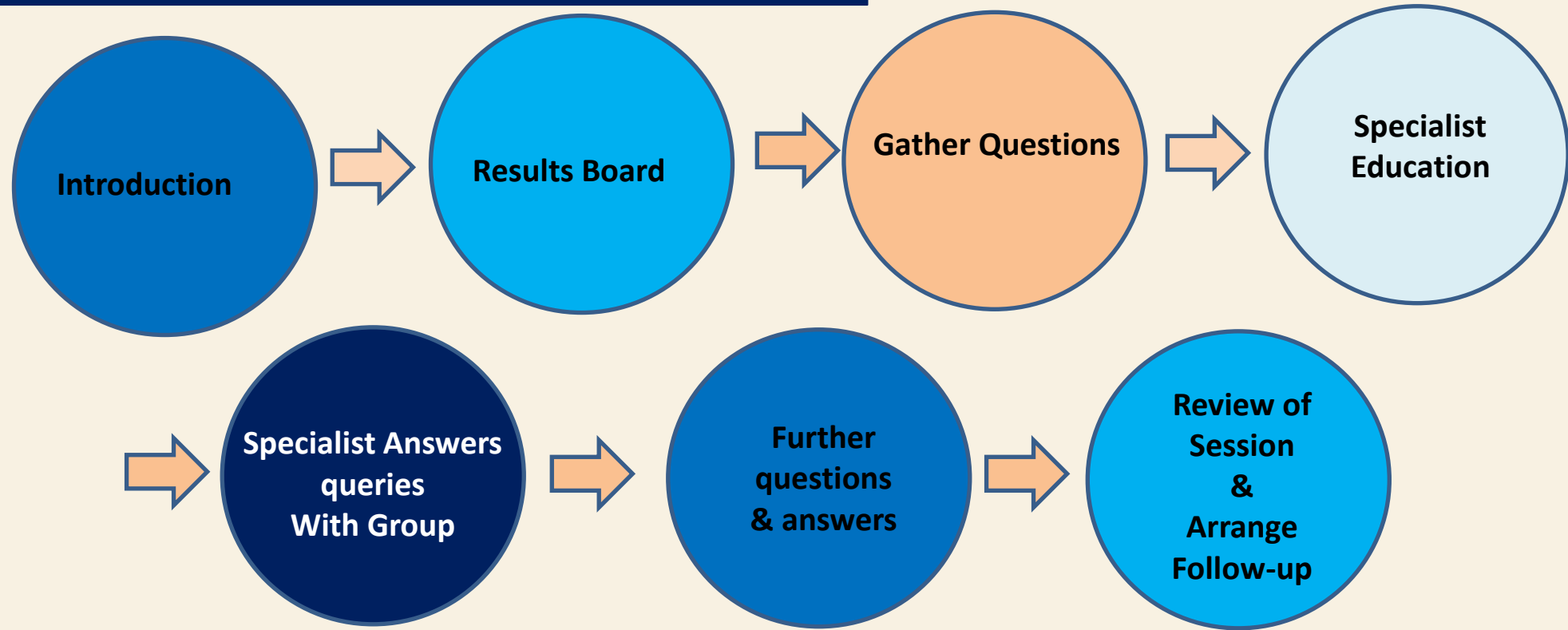
Triage
Invite
Diary management



Data analysis of the
group and changes
implemented
PDSA cycles

Virtual Group Consultation

Lower Limb – Session Layout



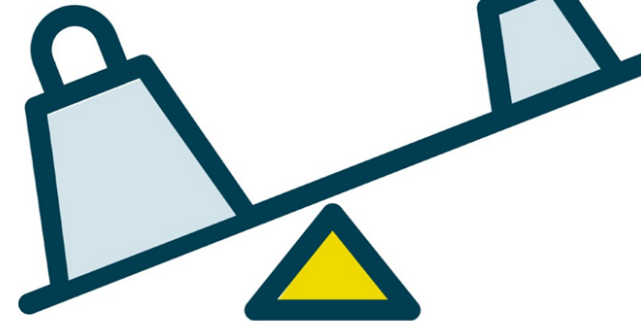
Clinical specialist

- Education
- Answers questions/concerns
- Advice/exercises

Finding the balance

- Training volume, intensity, frequency & type
- Running gait
- Work & family life
- Other sports or provocative activities

Load

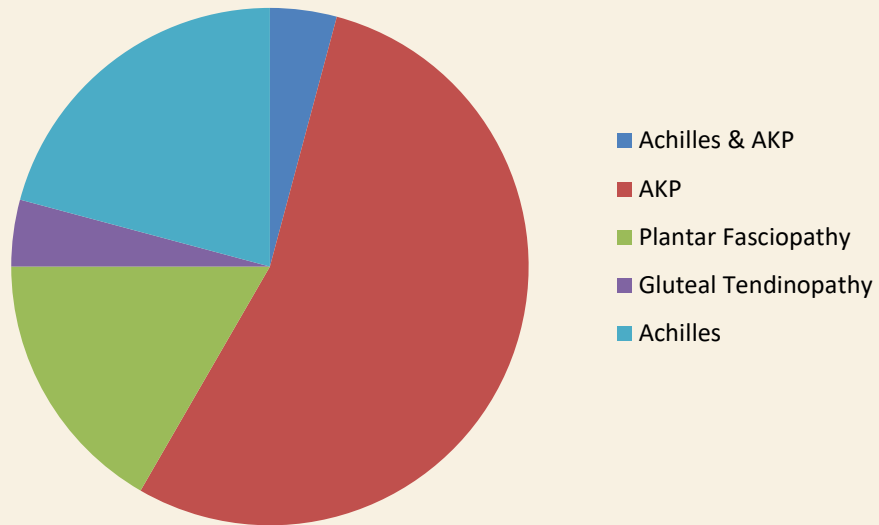


Tissue Capacity

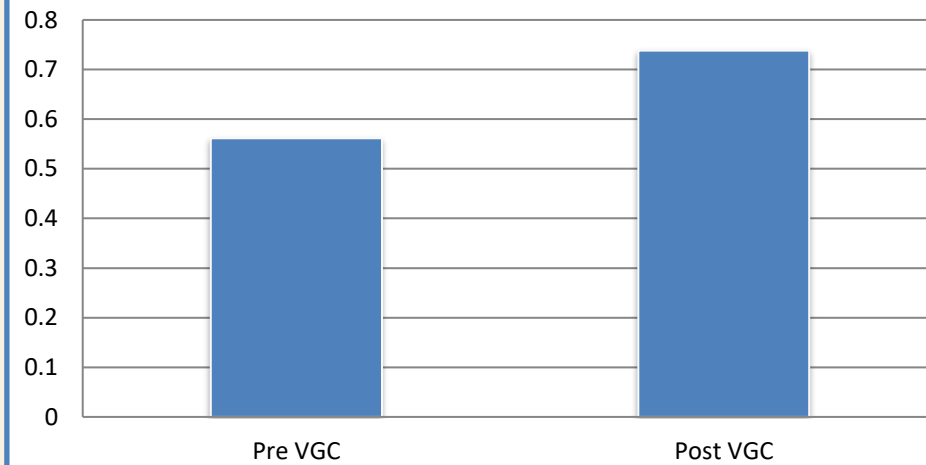
- Muscle strength
- Movement control
- Range & flexibility
- Age & medical history
- Lifestyle & diet
- Sleep & recovery

RUNNINGPHYSIO
BETTER. FASTER. STRONGER

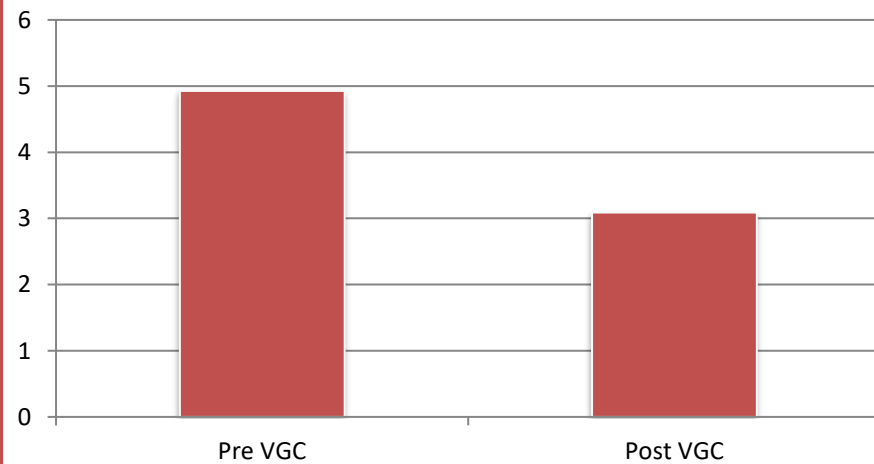
2020 Results



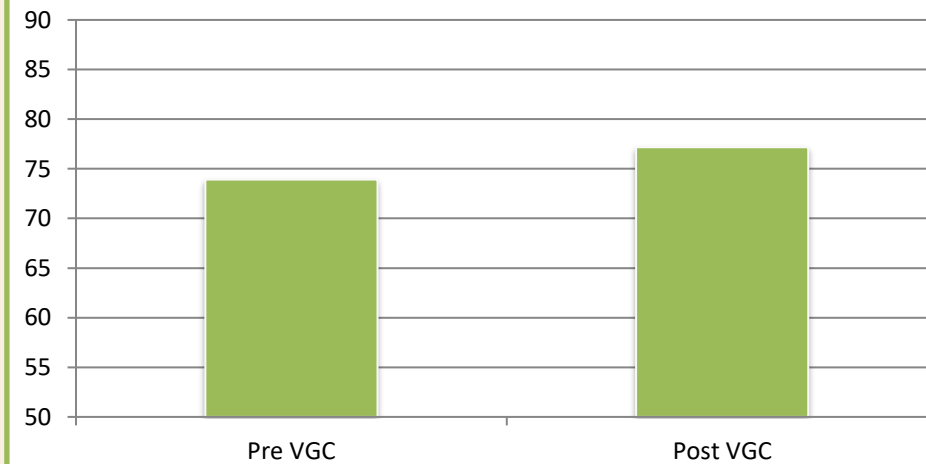
EQ5D



VAS



Health Thermometer



PROMS Data analysis

2020
VGC

PDSA 1: PFPS, Achilles, Plantar fasciopathy				
Outcome	1st session Mean (SD)	Review session Mean (SD)	Mean difference	P-value
EQ-5D	0.55 (0.22)	0.74 (0.2)	+0.19	0.004†
Health thermometer	73 (16.21)%	77.17 (14.13)%	+4.17	0.261
VAS for Pain	4.81 (2.09)	2.86 (2.22)	-1.95	0.001†

2021
VGC

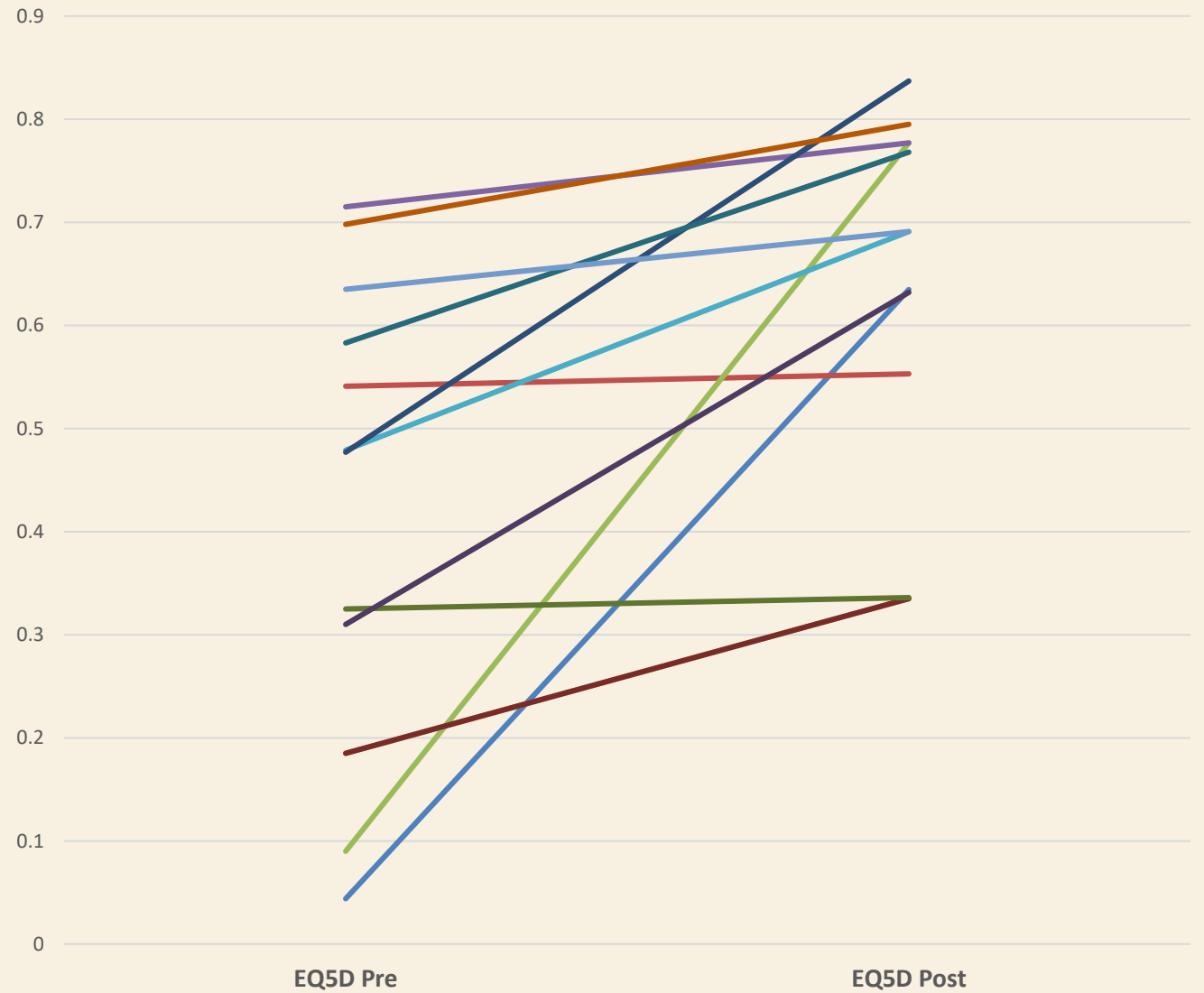
PDSA 2: PFPS, Achilles, Plantar fasciopathy				
Outcome	1st session Mean (SD)	Review session Mean (SD)	Mean difference	P-value
EQ-5D	0.51 (0.27)	0.67 (0.19)	+0.17	0.002†
Health thermometer	72.43 (21.22)%	66 (26.52)%	-6.43	0.053
VAS for Pain	7.1 (1.85)	4.5 (2.76)	-2.6	0.007†

2022
OA knee
GC

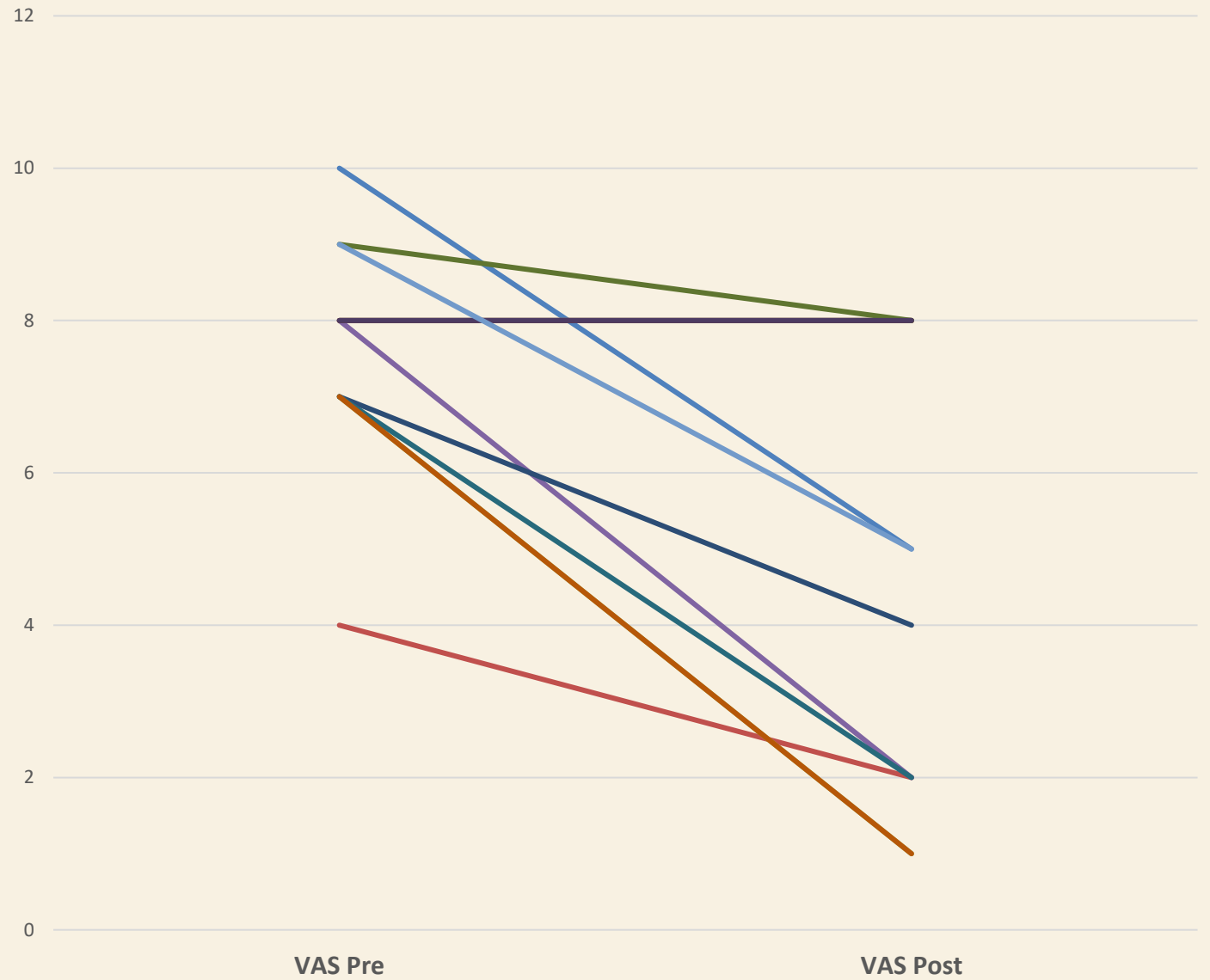
PDSA 3: OA knees				
Outcome	1st session Mean (SD)	Review session Mean (SD)	Mean difference	P-value
Oxford knee score	21.67 (5.7)	24.95 (10.57)	+3.29	0.101

2021 Results

**Foot &
Ankle**
Change in
EQ5D Score
2021



Foot & Ankle Change in VAS Score 2021



OA knee results data (2022)

	Oxford knee score Pre (SD)	Oxford knee score Post (SD)	Mean difference	P value
2022	21.67 (5.7)	24.95 (10.57)	+3.29	0.101

[Implementing group consultations in a lower limb musculoskeletal outpatient service to improve efficiency and maintain positive patient outcomes | BMJ Open Quality](#)

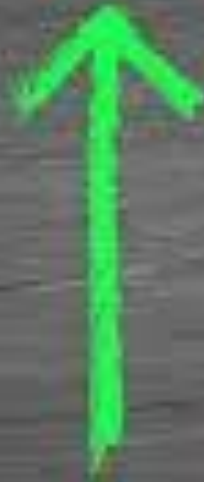
PREMS data

Question	Average score VGC PFPS, Achilles, Plantar fasciopathy 2020	Average score VGC PFPS , Achilles, Plantar fasciopathy 2021	Average score OA group consultations 2022
How do you rate the idea of group consultation now that you have tried it?	6.4	7.7	8.3
How well was the group organised?	7.9	8.7	8.8
How well did you feel listened to?	8.7	9.6	9.5
How well do you understand your condition after the group session?	7.3	8.6	8.9
How well do you feel able to manage your condition?	6.7	9	8.2

EFFICIENCY



Speed



Quality



Costs



Results Virtual groups – Lower limb tendinopathies

- Between June 2021 and Feb 2022
 - Total of 74 patients seen in VGC
 - Physio time = 36 hours
 - Routine 1:1 = 55.5 hours of physio time
 - Saving 19.5 hours (35%)

Conclusions

The implementing of Group consultations has improved efficiency of clinician's time but still shown to provide quality care to patients with excellent patient feedback

Patients who agree to attend the VGC/GC will get a sooner appointment (group setting) with the lower limb clinical specialist in TIMS

Future



Ongoing data collection



More sessions have been added



Greater numbers now seen in GC



Staff feedback being collected