

ESTABLISHING A NEW WEIGHT MANAGEMENT SERVICE IN THE GLP- ERA: EARLY EXPERIENCE FROM A UK CENTRE

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Nothing to disclose



GLP-1 therapies changed the service model

THE PREVIOUS MODEL

- Fragmented medical and surgical pathways
- Long-distance travel for specialist care
- Variable regional access



ONE REFERRAL



UNIFIED ASSESSMENT +
MDT

Medical pathway

GLP-1 based therapy

Surgical pathway

MBS

Hybrid pathway

OMM then MBS

Medium-readiness

Time-limited optimisation

Shared decision-making • Community outreach clinics • Digital delivery

Service launched August 2024 | Surgery commenced March 2025

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Demand was immediate

Treatment preference almost evenly split

516 REFERRALS

INITIAL
COHORT

27% MEDICAL PATHWAY	141
24% SURGICAL PATHWAY	125
6% HYBRID PATHWAY	31
23% MEDIUM READINESS	116
20% DISCHARGED	103

53.1%

MEDICATION

PATIENT TREATMENT PREFERENCE

46.9%

SURGERY

GLP-1 therapies expanded treatment choice rather than replacing metabolic surgery

The service has subsequently received more than 1,000 referrals

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Service innovations

Tierless pathway

Medium readiness
pathway

Medical Pathway –
digital delivery

Community
outreach clinics

Hybrid pathway

Two-Stage and
revisional
surgeries

Additional Post-
operative
psychological
support

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The integrated model was feasible, safe and more equitable

SURGICAL PATHWAY

n=125
4.0%
30-day readmission
3.2%
90-day complications

MEDICAL PATHWAY

n=141

8.5%
recorded adverse events
Generally mild to moderate

EQUITY OF ACCESS

Greater access for patients from more deprived neighbourhoods
Income • Employment Education • Health

GLP-1 therapies changed service design; they did not make metabolic surgery obsolete.

INTEGRATION — NOT REPLACEMENT — IS THE FUTURE!

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THANK
you!

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