FOI 0131_2024 Response

 Question 1: Does Birmingham and Solihull Mental Health
 No we follow NICE

 NHS Foundation Trust have any local guidelines or polices for the treatment of obesity?
 If Yes, please provide a copy. N/A

Question 2: Does Birmingham and Solihull Mental Health
NHS Foundation Trust have referral pathways for Tier 3 or Tier
4 weight management services?

If Yes, please provide a copy.
We can refer to Heartlands
Tier 4 service – referral form attached

Please see attachment.



Medications



MEDICAL WEIGHT MANAGEMENT REFERRAL PLEASE FAX TO 0121 424 0420

| | REFERF | REFERRAL CRITERIA: | | | | |
|---|-------------------------|-------------------------------|--|--|--|--|
| Birmingham Heartlan | | | orbidities (37.5 for Asians) -morbidities (42.5 for Asians) | | | |
| South Birmingham/So Community Clinics | | | orbidities (32.5 for Asians) -morbidities (37.5 for Asians) | | | |
| PATIENT DETAILS | | | | | | |
| NAME: | | | | | | |
| ADDRESS: | | | | | | |
| | | | | | | |
| TEL No: | | NH | S No: | | | |
| DOB: | | PIC |): | | | |
| | | | | | | |
| GP DETAILS | | | | | | |
| NAME: | | | | | | |
| INAIVIE. | | | | | | |
| ADDRESS: | | | | | | |
| | | | | | | |
| | | | | | | |
| ADDRESS: | | PO | SITION | | | |
| ADDRESS: TEL No: | | PO | SITION | | | |
| ADDRESS: TEL No: NAME OF REFERRER | | | SITION | | | |
| ADDRESS: TEL No: NAME OF REFERRER | | <u></u> | | | | |
| ADDRESS: TEL No: NAME OF REFERRER MEDICAL INFORMATION Diabetes Y / N Ste | | <u></u> | SITION | | | |
| ADDRESS: TEL No: NAME OF REFERRER MEDICAL INFORMATION Diabetes Y / N SIe | eep Apnoea Y / N / N | e <u>s</u> Arthritis Y / N | | | | |

| thnic Categories | Please circle |
|----------------------------|--|
| British | Α |
| Irish | В |
| Any other White background | С |
| White and Black Caribbean | D |
| White and Black African | E |
| White and Asian | E |
| Any other mixed background | E |
| Indian | Н |
| Pakistani | J |
| Bangladeshi | K |
| Any other Asian background | L |
| Caribbean | M |
| African | N |
| Any other Black background | P |
| Chinese | R |
| Any other ethnic group | s |
| | _ |
| INOT STATED | Z |
| | Irish Any other White background White and Black Caribbean White and Black African White and Asian Any other mixed background Indian Pakistani Bangladeshi Any other Asian background Caribbean African Any other Black background |

RELEVANT MEDICAL / WEIGHT HISTORY

| OFFICE USE ONLY | BHH / Solihull / Community / Surgery | | |
|-------------------------|--------------------------------------|-------------------|--|
| Date Referral Received: | | Appointment Date: | |

| Is an Interpreter required? | Y / N | What language? |
|-----------------------------|-------|----------------|
| | | |

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RELEVANT MEDICAL / WEIGHT HISTORY CONTINUED