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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



Freedom of Information Request: Our Reference CTMUHB_83_26

You asked:

1. How many patients are currently on the Tier 3 Weight Management waiting list as of February 6th, 2026?

There are currently 4394 people on the Level 3 waiting list as of 12th February 2026.

2. How many Tier 3 patients can be seen each year? (I was reliably informed that in 2023 it was 100, in 2025 - 250).

It currently remains as 250 for April 25-March 26. Work is currently underway to review this capacity and plan efficiencies to ensure that we are seeing as many patients as possible from April 2026-March 2027 and onwards.

3. Since its inception in February 2023 how many Tier 3 patients have been treated?

Since the service started the team have seen 676 new patients who required level 3 intervention.

4. How many of those patients were expedited for a) fertility reasons; b) lifesaving surgery; c) Idiopathic Intracranial Hypertension?

Due to the systems in use, we are unable to provide an accurate figure of urgent patients expedited due to these conditions.

5. Why are patients with vital organ diseases, Heart/Kidneys/Lungs/Liver/Other Brain conditions, considered routine? These can result in early death.

The criteria used to determine routine and urgent referrals within the service are based on the *All Wales Weight Management Pathway* and the *Guidance for the Phased Introduction of New Medical Therapies for Weight Management: A Joint Position Statement by the Society for Endocrinology and the Obesity Management Collaborative UK*. In addition, the criteria are informed by multidisciplinary clinical advice at both national and local levels.

The aim of the criteria is to ensure referral decisions are consistent, evidence-based, and focused on prioritising patients with the highest clinical need, so that they can be seen as quickly as possible.

6. Why are patients at increased risk of certain obesity related Cancers treated as routine instead of being prioritised?

Unfortunately, due to the limited capacity within the service the triage criteria defining urgent and routine was set (as detailed above) to ensure that patients

with the very highest needs are seen first. If the urgent criteria expanded further many more patients would be classed as urgent and therefore the waiting time would significantly increase.

7. Do you take into consideration, or test for Endocrine and Gastrointestinal diseases that prevent weight loss?

The weight management service would complete an initial consultation on all patients within the level 3 service, this is carried out by a qualified clinician including Dietitians, Physiotherapists and Nurses in CTMUHB. This comprises of past medical history review, medications, anthropometrics (weight, height, waist circumference etc) review of recent blood tests if available, dietary behaviours, emotional or psychological factors, lifestyle factors. Therefore, any diagnosis including endocrine or gastrointestinal diseases will be taken into consideration during the assessment and triage. If there is a requirement for further investigations based on any of the above information the clinician would either discuss with the Weight Management Multidisciplinary team which includes a consultant diabetologist and GP or they will liaise directly with the patients GP.

8. Are people beyond reproductive age considered a waste of resources?

The adult weight management service offers a service to those aged 18 or over who meet the criteria for level 2 and 3 intervention based on the All Wales Weight management pathway.

9. Can a referring GP influence a person's waiting time or place on the list, or is that decided strictly by the WMT?

The medical, physical and psychological information received on a GP referral into the service will be reviewed by the weight management clinicians; they will prioritise intervention based on this information into Urgent or Routine. A GP can send further information to the weight management clinicians to update the service on the patient's condition during the waiting period. Following review of this information, the weight management team may re-categorise the patient accordingly either by downgrading to routine or upgrading to urgent by following the triage criteria.

10. As at May 2025 I believe the Tier 3 routine waiting list was approximately 6 years for new referrals, how long is it now please?

A patient referred in February 2026 under routine level 3 pathway would expect to wait approximately minimum of 5+ years. However, it is difficult to give an accurate figure due to number of urgent referrals impacting the wait time of routine referrals, ongoing efficiency work to increase the number of new patients seen and the number of patient who don't take up the offer for intervention.

11. How many Tier 3 patients have received GLP 1 Agonist medication, and how many patients have been referred to Tier 4?

129 people have received GLP-1 medication since this element of the service commenced.

54 patients have been referred to the level 4 service in WIMOS.

12. What is the longest referral to treatment time so far for patients referred in May 2023?

Patients referred for intervention in May 2023 are currently being booked in for level 3 intervention, therefore the longest referral to treatment time will be approximately 155 weeks.