

# Digitally delivered Tier-3 weight management programme associated with fewer sickness-absence days and improved patient-reported health: 6-month service-evaluation data

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## Background

Oviva provides a digital Tier-3 weight management programme for NHS patients, combining GLP-1 therapy with personalised diet and lifestyle support for up to 24 months.

Obesity in the UK drives comorbidities including type 2 diabetes<sup>1</sup>, reduced quality of life, mental health challenges, increased healthcare use, and higher sickness absence<sup>2</sup>. Effective treatment can improve patient outcomes and support healthcare and economic sustainability.

## Aims

To assess changes in sickness absence, healthcare utilisation and quality of life, after 6 months of treatment.

## Method

Adults enrolled in Oviva's Tier-3 programme completed questionnaires at baseline and 6 months (n=421).

The surveys incorporated validated instruments for healthcare use and sickness absence over the preceding 3 months (ModRUM) and quality of life (PROMIS-10).

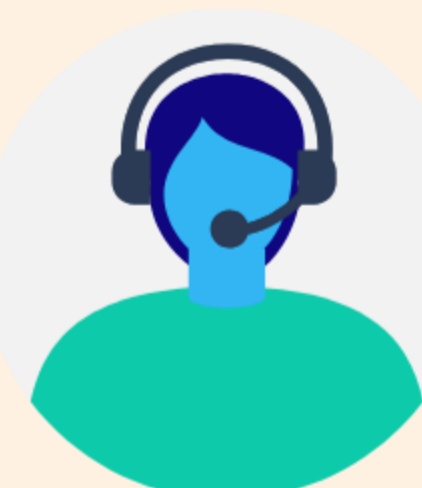
Descriptive and inference statistics ( $\chi^2$ -tests) were used to analyse the data. Ethical approval was not required as this was a service evaluation.



## Results

### Participant demographics

Percentage of women participants	85%
Average baseline BMI	47.3kg/m <sup>2</sup> ( $\pm$ 8.2)
Average age	49 years ( $\pm$ 13)
Resided in deprived areas (IMD 1-3)	28%
Unemployed	10%
At least one documented condition	82%
Had hypertension	45%
Had anxiety and depressive disorder	45%
Had type 2 diabetes or prediabetes	34%



93%

received GLP-1  
agonist therapy,  
primary  
semaglutide

10.5%

average weight  
loss over 6  
months

### Average sickness absence days

At six months, workplace productivity and absence measures improved. The proportion of participants reporting no sick leave increased from **63.2% to 76.7%** (P<.001, Cramer's V=0.12). Mean sick days per patient per month decreased by **35.0%** (from 1.9 to 1.2). Those taking five or more sick days fell by **36.0%** (P<.001, V=0.09).

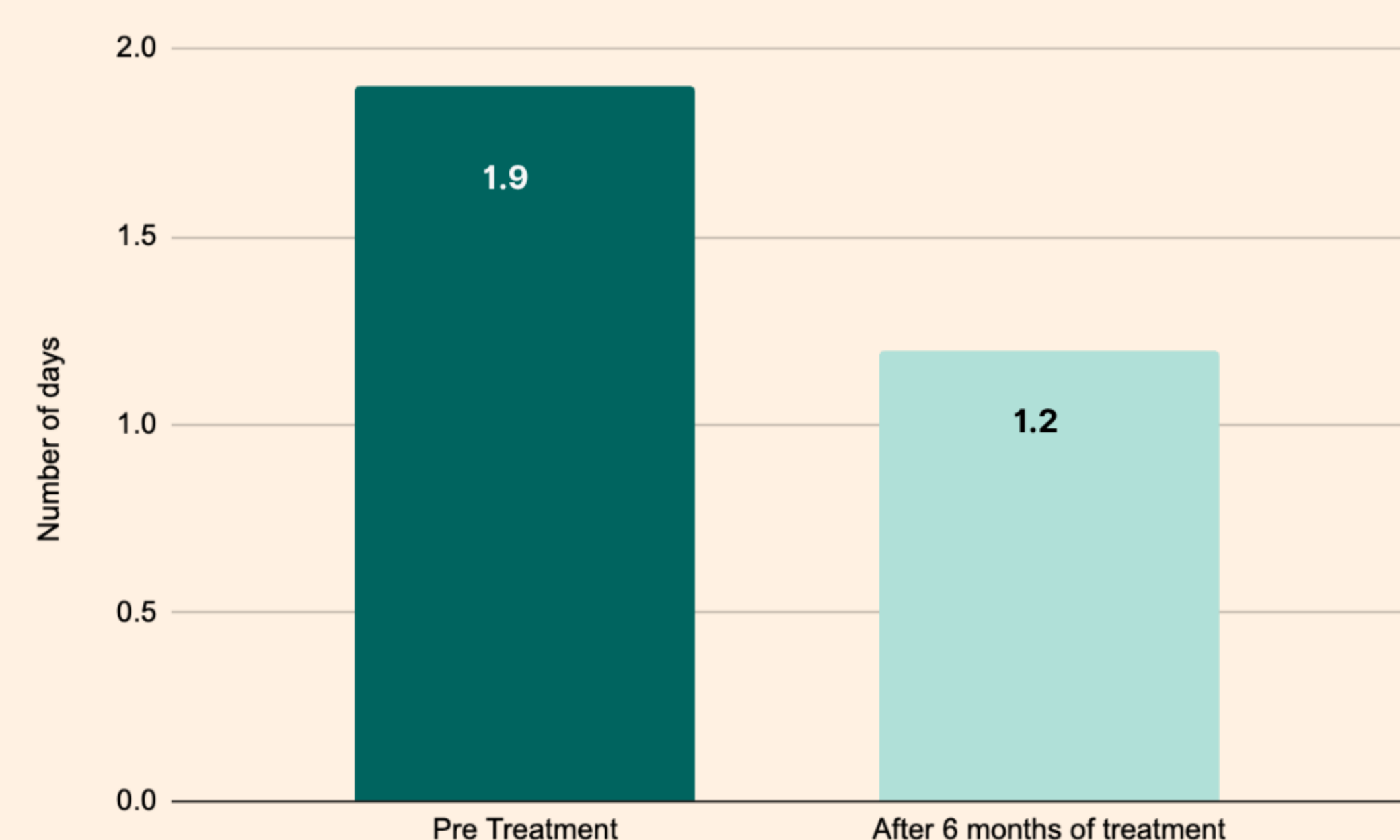


Chart 1. Average Number of Sick Days per Patient per Month at the Start and After Six Months of Oviva Treatment

### Healthcare utilisation

Participants used significantly fewer healthcare services after 6 months of intervention. GP appointments fell by over 40% (P<.001, V=0.27), showing a large reduction in visits to primary care.

### Functional outcomes

Participants' ability to carry out everyday tasks improved markedly. Those who could fully perform daily physical activities rose from 16.6% to 28.0% (P<.001, V=0.19). At the same time, those with limited mobility fell from 32.5% to 19.7% (P<.001, V=0.13).

### Pain burden outcomes

Pain improved for many participants. The proportion experiencing no pain doubled from 7.8% to 15.0% (P=.003, V=0.10). Severe pain (rated 7-10) decreased by just over eight percentage points, though this change was not statistically significant (P=.08, V=0.10).

### Quality of life outcomes

Quality of life improved substantially across all areas measured. Participants rating their overall quality of life as "good" or better increased from 38.8% to 66.7% (P<.001, V=0.31). Those rating their physical health positively rose sharply from 8.3% to 33.5% (P<.001, V=0.40). Mental health ratings also improved, increasing from 42.5% to 63.4% (P<.001, V=0.24).

## Conclusion

Six months of digital Tier-3 programme with GLP-1 therapy led to reduced sickness absence and healthcare use, alongside improved mobility, pain, and overall health, supporting workforce participation and easing primary care demands.



## References

- Public Health England. Adult Obesity and Type 2 Diabetes, 2014.
- Harvey SB et al. Occup Med (Lond). 2010;60(5):362-8.