

Reduced health care resource utilisation and sick days after 9 months of Oviva digital UK Tier-3 weight management programme: a real-world data-analysis (n=1270)

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Background

Severe obesity places a substantial and growing burden on health systems and economies. In the UK, obesity-related NHS treatment costs are estimated at approximately £6.5 billion annually, with total societal costs - including productivity losses - approaching £58 billion¹.

Digitally delivered Tier-3 weight management programmes integrating behavioural support with weight-loss pharmacotherapy (e.g. semaglutide) may offer a scalable approach to improving health outcomes while alleviating pressure on healthcare services and the wider economy.

Methods

This real-world evidence study evaluated outcomes from Oviva's digital UK Tier-3 weight management programme over nine months. Data were collected from 1,270 adults who completed surveys at baseline and at nine months.

Outcomes included healthcare utilisation and sick leave (ModRUM questionnaire) and weight change. Weight-loss analyses focused on 948 participants receiving semaglutide with complete data. Within-person comparisons used Chi² tests.

Results

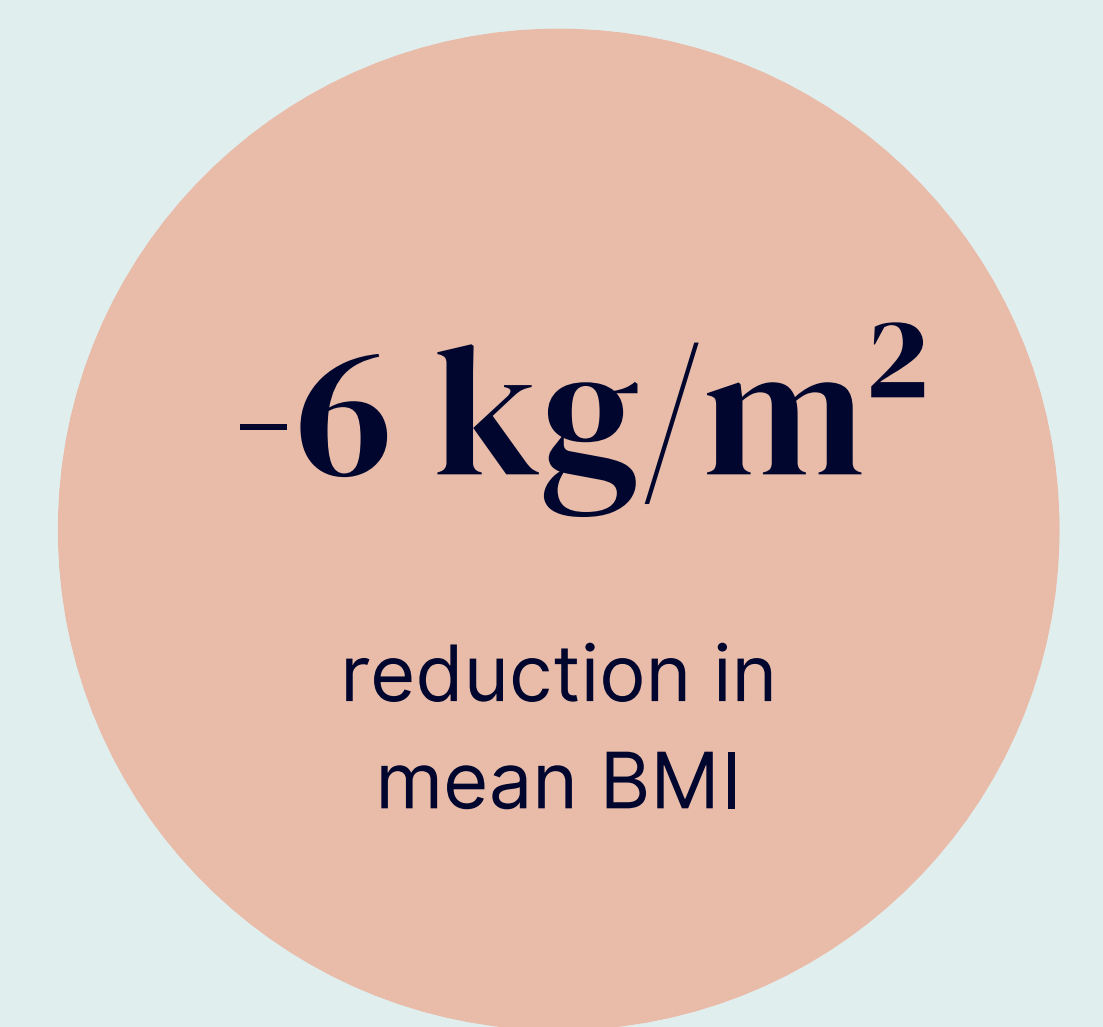
Participants had a high baseline clinical burden (mean: three comorbidities), with anxiety, hypertension, and type 2 diabetes most prevalent. The cohort was predominantly female (87%), with a mean referral age of 48 years for women and 53 years for men, and was socioeconomically diverse (mostly from Index of Multiple Deprivation 3, 4 and 1).

Over 80% entered care via Patient Choice contracts, allowing enrollment across Integrated Care Boards in England. Educational attainment was broad, with 63% educated to secondary or vocational level, and most participants were economically active at baseline (43% full-time, 16% part-time).

After nine months, face-to-face GP visits decreased by 43% and remote contacts by 48%, with a 63% increase in participants reporting no GP contacts. Work participation improved, including a 19% increase in individuals reporting no sick leave, a 56% reduction in long-term sick leave (≥5 days), and a 45% reduction in total sick-leave days (all p<0.05).

Among semaglutide users, mean weight loss was 12.4%; 72% lost ≥10% of baseline weight, over one-third lost >15%, and mean BMI decreased from 45 to 39 kg/m².

Extrapolating reductions in face-to-face GP visits to the 3.4 million adults estimated by NICE² to be eligible for GLP-1 treatment suggests ~9.83 million fewer GP appointments annually, corresponding to savings of ~£364 million per year³, or 2.76% of the UK GP core contract budget⁴.

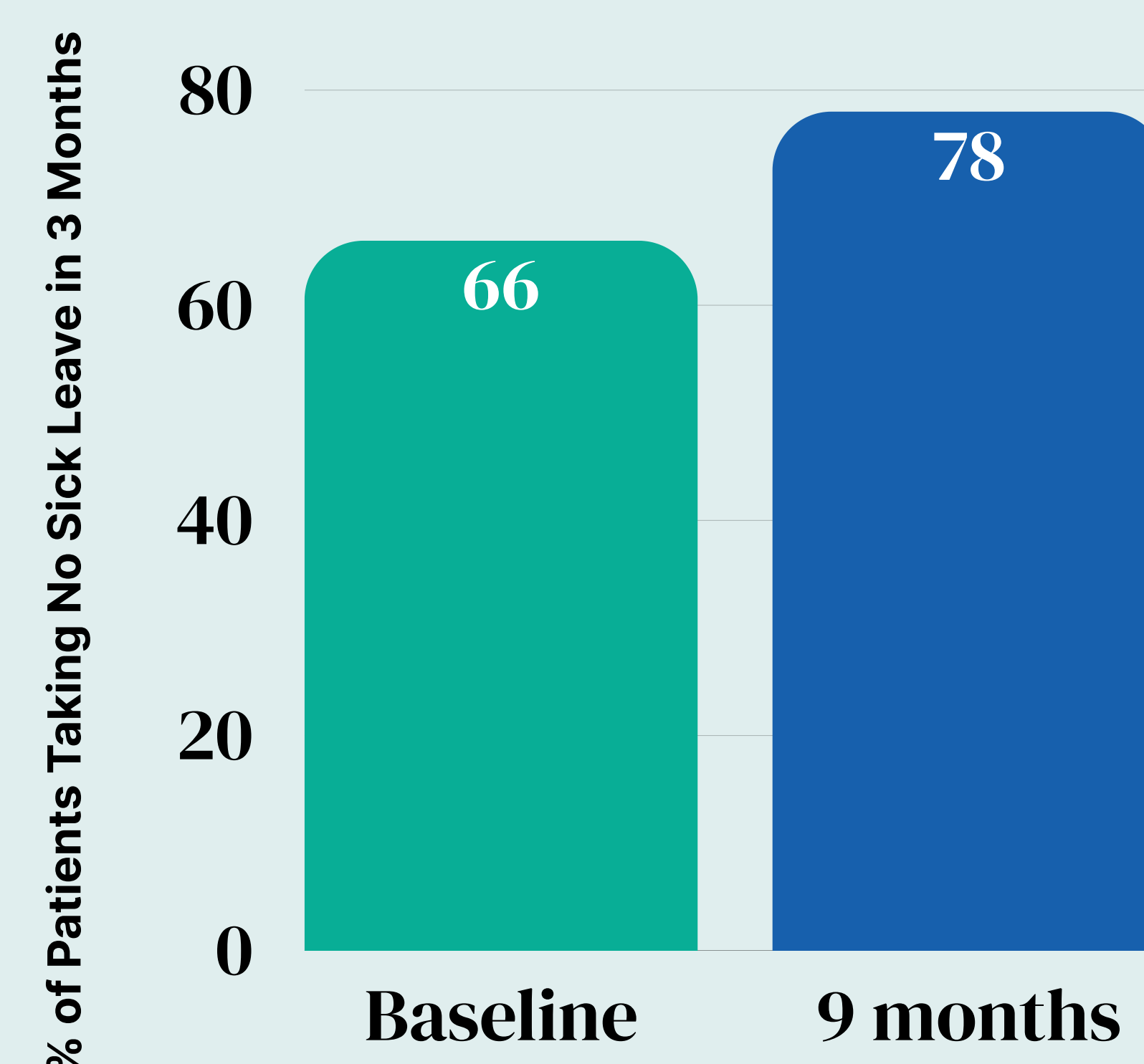


Sick Days and Healthcare Resource Use in the Last 3 Months at Baseline and After 9 Months of Oviva's Digital UK Tier-3 Weight Management Programme

	Baseline	9 months
Proportion of Patients Taking ≥5 Sick Days	17%	7%
No Face-to-Face GP Appointments	25%	47%
No Online or Telephone GP Appointments	37%	60%

Sick Leave

The Percentage of Patients Taking No Sick Leave in the Last 3 Months at Baseline and After 9 months of Oviva's Digital UK Tier-3 Weight Management Programme.



Conclusions

Oviva's digital UK Tier-3 weight management programme delivers clinically meaningful weight loss alongside substantial reductions in GP utilisation and sick leave, supporting its role as a scalable strategy to improve patient outcomes, reduce NHS service demand, and generate wider economic benefits.

References

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3. Jones K et al. Unit Costs of Health and Social Care 2024. PSSRU; 2025.
4. Baird B, Wickens C. GP contract 2025/26 explained. King's Fund; 2025.

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