Obesity Programme: Public Patient Engagement Report

This document is part of a collaborative working agreement between Health Innovation Manchester and Lilly.

Background

In Greater Manchester, more than 1 in 4 (27.1%) adults are living with obesity - higher than the England average of 25.9%[1] and the estimated cost associated with obesity in Greater Manchester is £3.21 billion per year[2]. There are significant inequalities in the prevalence of obesity, such as those associated with deprivation and ethnicity[3]. It is clear that there are significant benefits to be gained from bringing down levels of obesity in Greater Manchester.

As part of Health Innovation Manchester's (HInM) remit to work in collaboration with industry, HInM has partnered with Lilly on a project to understand and reimagine the obesity care pathway across Greater Manchester.

The project includes the following outcomes:

1. Mapping of weight management services across Greater Manchester, covering from tier 1 to 4 services, via stakeholder workshops, interviews, and data analysis
2. Health economic framework applied by reviewing academic, clinical, and grey literature.
3. Working with providers and commissioners to capture anticipated impact of medications/interventions and modelling to calculate potential capacity, demand, and costs.
4. Patient focus groups to gain insight into lived experience of accessing care in GM.

Introduction

Public and patient involvement and insight is a crucial part of understanding and reimagining current weight management services. Participants were recruited from the bariatric service at Salford Royal Care Organisation, who invited Health Innovation Manchester to present at a monthly support group to patients who are either considering or are on the pathway to receive bariatric surgery.

55 service users initially expressed interest in taking part in the discussion groups, with 13 being able to attend the groups. The discussion groups were held at 6pm on a Wednesday which was a familiar time to the participants as this was also when the monthly group is held. The groups consisted of 11 females and 2 males with representation from half of the localities in Greater Manchester. 10 participants

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described themselves as being of a white ethnicity, with the rest being from multiple ethnic backgrounds.

The discussion groups aimed to focus around three topic areas that had been highlighted in the earlier phases of this project; Language, experience of accessing weight management services, and the type of services they were offered.

This report will now discuss the themes which emerged from the discussion groups: Awareness among healthcare professionals (HCPs), consistency of care provisions, person-centred care.

Pseudonyms are used when referring to individual participants to protect anonymity.

Awareness among HCPs

This theme can be broken down further into the 'weight management service offering' and 'the approach to conversations about weight'. Participants spoke of how there appears to be little knowledge among their GPs and care providers about the services on offer in their local area to support them to lose weight, and when is the appropriate time to make a referral to these programmes. All of the participants gave an account of multiple negative experiences they had encountered when a HCP began a conversation about their weight. Often this was with a lack of empathy, leaving patients feeling embarrassed and discouraged.

Lisa talked about how she had to research on the NHS website about the services available to people who are struggling with their weight. She reflected on how if there was earlier intervention she would not be where she is now:

> *'I wish I would've done this service and I got told about it a lot sooner because I would never have needed bariatric [surgery] and it would've worked for me whether it a 12 week programme or a year… I find that would've worked for me and I wouldn't be where I am today."*

Lisa highlights the lack of awareness at her GP practice on what services may have been suitable for her at earlier stages.

Hannah had been referred to a service, but her GP was unaware of the service details and could not give Hannah any details prior to joining the service. These experiences suggest a lack of awareness in services, and the appropriateness of service offering. If HCPs are provided with clear guidance on what is available in their area and what services are suitable, in Lisa's case she feels like this may have prevented a need to access the bariatric service. Service users also discussed how having digital services improves their ability to be able to attend these groups.

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Rachel discussed how having a digital service enabled her to attend the classes due to her reduced mobility:

> *"…I can push myself to get on it, but then how am I gonna get to these places? Cause it's not always easy, but then they said it will be Zoom calls…that's amazing you know, like I don't have to go anywhere…and I can definitely make it every week."*

Rachels comment Illustrates the importance of HCPs knowing what services are on offer to allow patients to access what is right for them, as many of the participants had attended different services. Participants felt that there was a need for training and guidance on how to approach conversations with patients about their weight as they felt HCPs often shied away from addressing a patient's weight.

Hannah recalled a time when she was having her bloods taken by a practice nurse and they brought up her weight:

> *"I hope you don't mind me asking. I said yeah, she said, can I just ask how do you get that big? Like how do you get to that size? Like you must eat loads."*

Hannah reflected on this question and wondered what training and guidance HCPs are offered when beginning a discussion with a patient about their weight. Others reflected on similar remarks, and how it leaves them feeling deflated and with a lack of motivation to seek further support. Despite this, when service users were on a weight management programme, they felt understood.

Consistency of Care

This theme reflects apparent inconsistencies in the care provision for people who are accessing weight management services. The people we spoke to reported long waiting times within the traditional tiered system, with no continuity of support between tiers and a lack of continuity within the services. From the discussions, many people report waits of over 12 months for services with no support in the interim, and experience unpredictability with group support, such as being moved to a new group or being grouped with others at a different stage in their weight loss journey. This was echoed amongst most of the participants.

Lisa talked about how she is on the waiting list for bariatric surgery, but is not receiving any support in the meantime to ensure she is still making progress:

> *"I finished the service for two years now and there's been no support… and they want you to lose 5-10% [weight loss] at the end of the journey to be referred for surgery. But then you're waiting two years I've not had surgery*

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and I finished in 2022, it's now 2024, if I could maintain me [sic] weight, like lose weight, I wouldn't be where I am today"

Lisa further spoke about how she feels she is 'floating in the middle' with no support from either service, whilst also changing medications which she says caused some weight gain. Without the support network in place, Lisa feels when her time comes for surgery, she may not be in a suitable position anymore. Lucas also spoke of not receiving any support whilst moving from one tier to the next, and how a light touch approach such as an email to check in would be beneficial to him to sustain motivation. Anne discussed how the long waits between support make her feel:

"I waited 12 months before I actually got offered a service… So, between that time you can, you can help yourself, but you're still gonna be waiting for, if you know how long it is. So that doesn't help you, it doesn't give you any motivation, they make me just feel really down and depressed I would say."

The conversation went on to discuss with Katie how she enjoyed the weekly weigh ins and put together a group herself to keep the positivity flowing. Both Anne and Katie agreed that having these regular touchpoints creates a sense of community and enables them to stay motivated when the support from the services is reduced. They felt that being with people who are at a similar stage in their journey, is motivating.

The importance of person-centred care

Throughout the discussions it was evident that person-centred care was not always provided to patients. Many participants spoke of their long-term health conditions which had been prominent in their health before they struggled with their weight, and now that they are living with obesity the focus is placed on the weight as their sole health problem. Some participants felt unheard and shamed about their weight. It was also evident that those who were on the same service had differing opinions of it, demonstrating the need for some tailoring within the services as one programme will not work for everyone.

Megan shared how she has had problems with her hips for over 10 years which was unrelated to her weight, but was not offered any support to help with her weight loss:

"Everything is like your weight is a risk, you know you need to just lose weight, they know that I cannot physically go to the gym, and anything cause of the problems with my hips, but like oh your hips will get better if you lose weight, I've lost 3 stone since I joined this service and now I've got a walking stick."

Here Megan shows how despite losing weight, she is in a worsened position with her hips than before she lost weight. This underlines her sense of not being heard by HCPs

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and a perception that her mobility has now worsened because of this. Throughout the discussions similar stories were told by others, participants spoke about how they would gain weight with certain medications but would not be offered any low-level weight management intervention to support them.

Participants often praised their weight management providers for understanding what they would benefit from in the sessions. Hannah spoke about how she had not been offered any psychological support apart from sessions in the service:

> *"I've not been offered any kind of psychological support. I have to say the sessions that have been the most impactful were the sessions around emotional eating and stress and anxiety…the practitioner did a visualization exercise, and everybody commented on how that was probably the most useful session that she shared with us."*

> *"She was quite proactive and sort of read the room a little bit after having weekly sessions with us for 8-10 weeks, realised what we would benefit from as a group and did a little bit of a visualization exercise."*

Hannah discusses how the service she accesses adapted their sessions to suit the needs of the group, using a visualisation exercise to make the session engaging and meaningful. The group spoke about how they felt more understood by the services than their HCPs as they were approached with empathy, by people who work with those living with obesity daily. This conversation shows the need for those living with obesity to be seen as an individual, and for there to be flex in service offerings to find what's right for each person.

Conclusion

The key themes from this public patient and engagement piece were awareness among healthcare professionals (HCPs), consistency of care provisions, and person-centred care. These have been discussed alongside quotes from participants.

This report aligns with the findings of the other programme outputs. The discussion groups have provided an insight into service users' lived experience which otherwise would not have been possible. These findings should be used in conjunction with the reports to aid discussions in service improvement and further reimagine stages.

Some resulting recommendations are suggested below, which may be considered when discussing areas for service improvement or future reimagine stages.

1. Providing HCPs with the tools and guidance of the weight management services on offer to their patients, and when is a suitable point to refer them. This could include undertaking a medication review to understand whether they are

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taking obesogenic medications to further support patients before they may require weight management support.

2. A toolkit, language guide or training days to support HCPs with beginning a conversation with a patient about their weight.
3. Weight management providers could discuss with service users what type of support they may want to receive when their programme ends. Examples of this could be facilitating online group forums, an email address where they could send food diaries, or offering an extension to their programme if they still require that level of support.

REFERENCES

1. Obesity Profile - OHID (phe.org.uk)
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3. OHID - Patterns and Trends in Adult Obesity Obesity Profile - Data - OHID (phe.org.uk)

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