



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales



Behavioural Insights from the Primary Care Workforce on Supporting Weight Management: Summary

Amber Pringle, Bethan Jenkins, Sophia Bird, Lowri Betrys Evans, Amrita Jesurasa



Canolfan Datblygu ac Arloesi
Gofal Sylfaenol a Chymunedol
Datblygu Gofal Sylfaenol yng Nghymru

Primary and Community Care
Development and Innovation Hub
Developing Primary Care in Wales

Contents

Background.....3

Methodology4

 Survey.....4

 Focus Groups6

 Limitations.....7

Key Findings8

 1. Obesity as a chronic condition9

 2. Frequency of initiating weight management conversations.....10

 3. The perceived role of the healthcare professional11

 4. The perceived reactions of patients to discussing weight12

 5. COVID-19 related impacts13

 6. Impact of differences in occupational characteristics14

Intention-Action Gap17

Recommendations.....22

References25



Background

Obesity and weight management is a significant and growing public health issue in Wales. In 2020, it was reported that 61% of adults in Wales were classified as overweight or obese; with 36% classified as overweight, 22% classified as obese and 3% classified as morbidly obese (Welsh Government, 2020). It is estimated that obesity costs the Welsh NHS £73 million a year, increasing to £86 million when including overweight, creating a burden on healthcare services (Welsh Assembly Government, 2011).

At a policy level, Welsh Government have committed to reducing the prevalence of obesity through implementing the Healthy Weight Healthy Wales strategy 2019 and the All Wales Weight Management Pathway 2021 (AWWMP). The AWWMP focuses on an individual's weight management journey from early intervention to specialist support and recognises the importance of primary and community care, describing these settings as the first point of contact for people with health and wellbeing concerns.

To support the primary care elements of the AWWMP, a behavioural insight project was conducted by Hitch Marketing in collaboration with the Primary Care Division within Public Health Wales (PHW). The project aimed to understand primary care professionals' knowledge, skills and confidence to support weight and weight management, as well as, to identify any barriers and enablers to having weight management conversations.

Alongside this report, a healthcare needs assessment has been prepared, providing an overview of the primary and community healthcare needs of adults of working age (18-64 years old) in Wales, who are living with overweight or obesity. By collating the perspectives of the primary care workforce, as well as understanding the primary and community care needs of people living with overweight and obesity in Wales, we can identify recommendations at an all Wales level to support the implementation of the AWWMP.



This document is a summary report of the behavioural insights from the primary care workforce on supporting weight management. A full technical report produced by Hitch Marketing is available on request.

Methodology

The study used two methods (an online survey and virtual focus groups) to identify insights from primary care professionals working across Wales.

Survey

Respondents

The sample consisted of 533 voluntary respondents who work in primary and community care across Wales. 528 respondents answered the survey in English and 5 respondents in Welsh. 614 partial responses were also received, indicating a total 'reach' to 1,147 primary and community care professionals across Wales. Findings from the partial responses have not been included in this report.

Sampling strategy

A purposive 'snowball' sampling approach was used to recruit participants and the survey was live from 26th May to 19th June 2021. The survey was disseminated digitally to the primary and community care workforce using a cascade process via 'heads of service' and professional leads to share with their teams and organisations, including professional bodies (e.g. Royal College of General Practice, Community Pharmacy Wales, and Optometry Wales). The professional groups identified as being a part of the primary and community workforce included GPs, practice nurses, healthcare support workers, health visitors, midwives, district nurses, pharmacists, pharmacy technicians and school nurses.



Additionally, the survey was promoted via PHW social media channels and website, and included in newsletters i.e. Primary Care One, Community Pharmacy Wales.

Measurements

A 19-question behavioural insight survey designed collaboratively between Hitch Marketing and PHW, with input from Primary Care Cluster Leads from across Wales was developed (see full report). The online survey was distributed digitally via Smart Survey, and was delivered in both English and Welsh. The first section of the survey (questions 1-4) included demographic characteristics, followed by questions based on behaviour change theories, primarily using the COM-B model (questions 5-17). The model proposes that there are three components to any behaviour (B), these being capability (C), opportunity (O) and motivation (M) (Michie et al, 2011).

Independent and dependent variables included the following:

Independent variables

- Health board region
- Job role
- Primary work setting
- Years worked in healthcare
- Engagement in weight/weight management discussions

Dependent variables

- Perception of weight/weight management and obesity
- Capabilities for weight management discussion
- Opportunities for weight management discussion
- Motivations for weight management discussion
- Behaviour in relation to weight/weight management



Statistical Analysis

Descriptive statistics were used to provide information regarding sample characteristics, perception of weight/weight management and obesity, capabilities, opportunities and motivations for weight management discussion, and behaviours in relation to weight/weight management.

In addition, a number of statistical models were used to test the significance of the association between independent variables and dependent variables.

Focus Groups

Respondents

A total of 16 primary care professionals from across Wales took part in focus groups across 6 sessions, to explore the themes from the survey in more detail.

Sampling Strategy

Recruitment to focus groups was undertaken via the same channels as the survey, and recipients could also express their interest through completing the survey (question 18-19, see full report). The focus groups were undertaken from 15th June to 1st July 2021.

Qualitative Engagement

Focus groups were conducted virtually using Zoom teleconferencing software and were facilitated by Hitch Marketing. A discussion guide was used that included questions relating to participants' capability, opportunity, and motivation for weight management conversations. Additionally, Miro online software was used for whiteboard activities that were based on the emerging survey results and patient case studies.

Qualitative Analysis

Responses from focus groups and open-ended responses from the survey were collated and analysed using thematic content analysis and grounded theory.



Limitations

It is important to note that there are a number of limitations to the data presented in this behavioural insight summary report. These are as follows:

- A limitation of the focus groups was the lack of voices heard from across primary care professions throughout Wales. The recruitment of participants to focus groups was found to be challenging, particularly in North Wales. However, in an effort to obtain a greater number of participants, the recruitment period was extended and multiple networks were contacted to promote recruitment.
- The composition of respondents that engaged with the survey varied across job role, primary work setting, health board region and years worked in healthcare. Whilst 533 respondents engaged, analysis of responses by occupational characteristics yielded relatively small samples and therefore limited the scope of subgroup analysis.
- Furthermore, it is likely that those who engaged in both the survey and focus groups, may have been more likely to have an existing interest in obesity and weight management, and respondents may therefore have different views and attitudes to those who did not engage in the survey and focus groups. The findings presented are, not intended to be seen as statistically representative of the primary and community care workforce, but to reflect the perspectives and sentiments of those working in primary and community care who participated.



Key Findings

This report highlights a number of findings which are reported in five overarching key themes. These themes are as follows:

1. Obesity as a chronic condition
2. Frequency of initiating weight management conversations
3. The perceived role of the healthcare professional
4. The perceived reactions of patients to discussing weight
5. COVID-19 related impacts

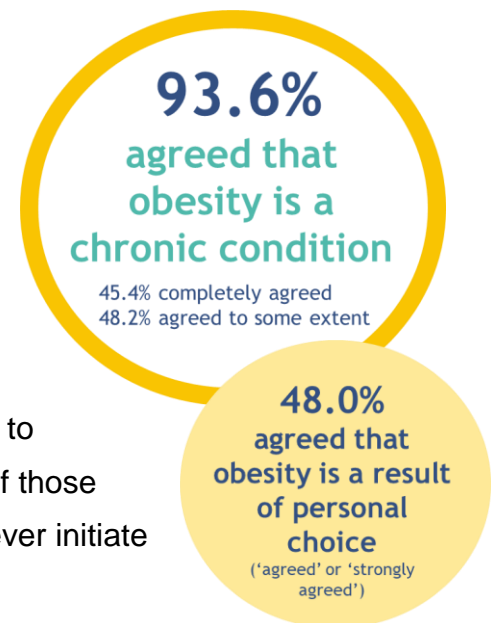
In addition, a number of findings have highlighted key differences between those with different occupational characteristics, namely: job role, primary work setting, health board region and years worked in healthcare. These differences will therefore be reported within a sixth theme:

6. Impact of differences in occupational characteristics



1. Obesity as a chronic condition

The AWWMP pathway has been developed using learning from the Canadian Obesity model, which views obesity as a chronic and progressive condition (Canadian Obesity Network, 2011). In support of this view, over 9 in 10 (93.6%) respondents agreed, (completely or to some extent), that obesity is a chronic condition. Those who engaged more frequently in weight management conversations with their patients, were more likely to completely agree that obesity is a chronic condition i.e. 53.1% of those that frequently initiate conversations compared to 32.6% that never initiate conversations.



A high proportion of respondents agreed ('agreed' or 'strongly agreed') that the environment (70.4%) and personal circumstances (89.5%) makes weight management difficult. However, 48.0% agreed ('agreed' or 'strongly agreed') that obesity is a result of personal choice. To some extent these beliefs regarding the determinants of obesity may be conflicting but may also reflect the complexities of obesity.

To shift the way obesity is managed, from a perceived 'lifestyle choice' towards a model where obesity is considered as a chronic condition, the following approaches were identified by participants:

- education and training to improve knowledge on the drivers of obesity and how to manage obesity;
- increase public and professionals' awareness of latest data and evidence related to obesity;
- increase the time and resources available for addressing obesity and supporting weight management.

It was suggested that defining obesity as a chronic condition could legitimise the time and energy spent discussing weight and weight management with patients, acting as a driver



for initiating conversations. However, some respondents shared concerns that 'chronic' could suggest that obesity is 'incurable', which could negatively impact both professionals' attitudes and patients' motivation to change behaviour.

2. Frequency of initiating weight management conversations

Of all the respondents, 36.0% frequently, 31.7% occasionally, 15.0% rarely and 17.3% never initiate conversations with patients about weight and weight management. Respondents who frequently initiate conversations were those who worked in GP practices, as GPs or Practice Nurses and those who have worked in healthcare for over 11 years. In contrast, those who work in dental and optometry settings and those who have worked in healthcare for 10 years or less, were more likely to have less frequent conversations.

Those who frequently initiated conversations had greater capability, opportunity and motivation. This group were more likely to:

- feel fully responsible for discussing health behaviours, medical treatments, signposting, dietary advice, physical activity and mental/social wellbeing;
- be trained more broadly in discussing weight/weight management e.g. motivational interviewing, behaviour change and weight-related brief intervention;
- agree that as a healthcare professional, patients perceive them to manage their own health well;
- experience positive emotions around initiating conversations.

These findings indicate that respondents who frequently initiate conversations feel confident about discussing weight/weight management with patients, find conversations to be effective and feel confident with their own health. However, those who occasionally initiate conversations were more likely to attempt weight/weight management conversations but find them ineffective in practice.



Contrastingly, those who rarely initiate conversations were more likely to:

- discuss weight only if it is linked to the presenting condition;
- experience negative emotions around initiating conversations;
- want to have conversations but feel that they do not know where to start.

This group expressed barriers to having conversations, including: lack of skill/training/knowledge related to obesity and where to signpost, lack of confidence, time constraints, not wanting to cause upset/anger and unpredictability of patient's reactions.

3. The perceived role of the healthcare professional

Survey participants were asked to identify their level of responsibility in discussing six areas in relation to weight/weight management and their perceived levels of responsibility for these six areas can be seen in Figure 1.

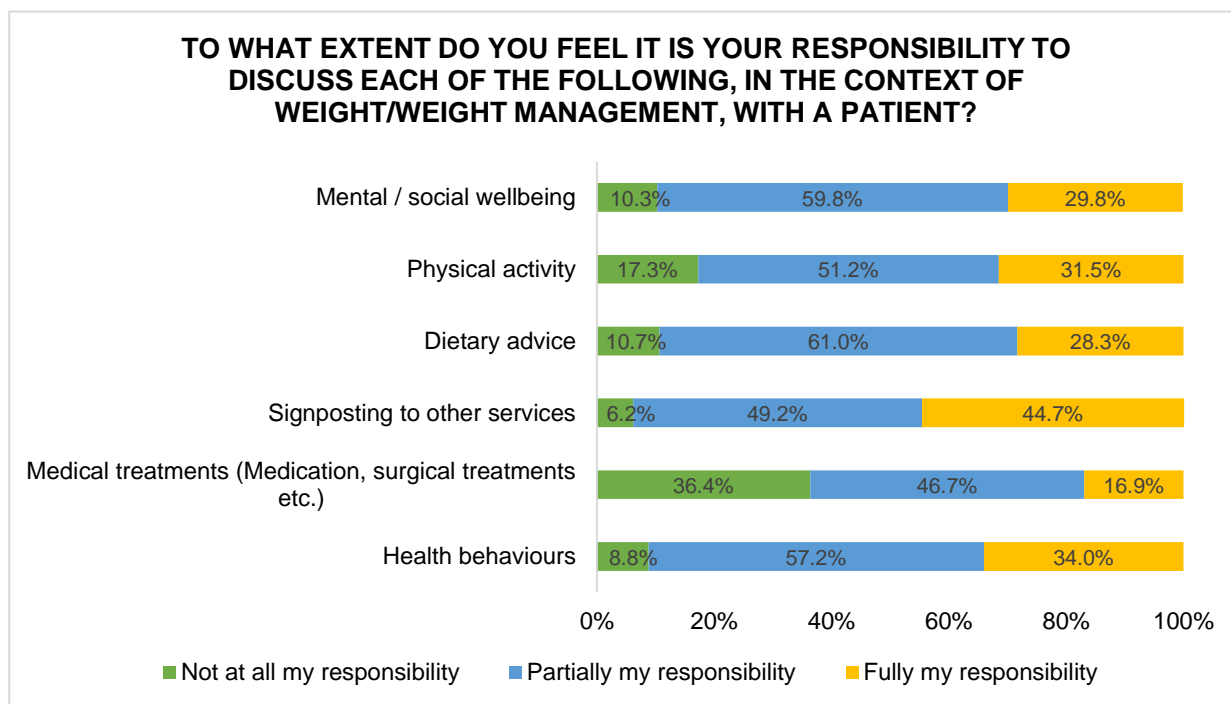


Figure 1: Distribution of perceived level of responsibility among respondents in relation to weight/weight management conversations.



More than a third of respondents (36.4%) indicated that it was not at all their responsibility to discuss medical treatments in the context of weight and weight management. Additionally, 17.3% felt that discussing physical activity was not at all their responsibility. However, signposting to other services (93.9% either 'fully' or 'partially') and health behaviours (91.2% either 'fully' or 'partially') were areas that the vast majority of respondents felt were their responsibility to discuss with patients.

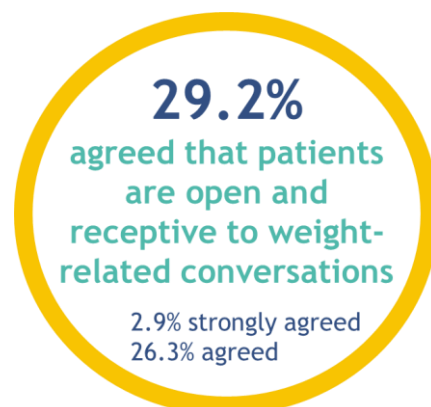
Of all the respondents, 31.0% saw weight/weight management discussions as part of their role but only if it was directly linked to the medical issue they were discussing with their patient. 12.1% did not see these discussions as part of their role, and 56.9% indicated that weight/weight management would be a part of their discussion with a patient, as their focus was on patient's overall health and health behaviours.

Focus group participants suggested that for some professionals, the role of weight and weight management belonged to another, more "appropriate" practitioner, either as they felt it was not their role or it was not their priority. This was felt to also be associated with a lack of self-confidence and knowledge around weight and obesity, as well as, time and availability of services to signpost to. It was suggested that patients need to be primed to accept weight and weight management conversations across all roles and in all settings.

4. The perceived reactions of patients to discussing weight

Only 29.2% of primary care professionals agreed, to some extent, that patients are generally open and receptive to discussing weight/weight management.

When thinking about having a conversation with a patient about weight/weight management, most respondents felt active (81.3%), interested (93.8%), attentive (89.3%) and



enthusiastic (86.7%) to some degree, with a smaller proportion feeling some degree of shame (26.6%) or hostility (23.5%). However, these feelings varied according to the respondent's health board region, job role and years worked in healthcare.

Qualitative findings indicated that the patients' (potential) reaction to a conversation about weight/weight management was a trigger for professionals' positive or negative feelings.

Respondents shared concerns regarding the impact of weight management conversations on patients' mental health, as well as, their readiness for having these conversations. It was suggested that these conversations can sometimes "hit a nerve" and that knowing when to persist, respond to a patients' reactions and receptiveness, and how to invest your time, is important. Patient motivation for change is another factor. Patients' health literacy regarding obesity and weight management was also felt to be a barrier and to impact on the success of these conversations.

"I think it is nerve-wracking to bring up something that might have an emotional impact on an individual. I worry if their mental health might be affected or their confidence knocked" – Practice Nurse

5. COVID-19 related impacts

The COVID-19 pandemic has further highlighted obesity and weight management as a significant public health issue, with those living with obesity experiencing poorer outcomes; including hospitalisation, intensive care admission and mortality (Public Health Wales Observatory, n.d).

Whilst the impact of COVID-19 did not feature in the survey, it was however, raised by respondents through the focus groups. Respondents suggested that the COVID-19 pandemic has impacted, potentially both positively and negatively, on being able to support patients with weight management. The identified barriers and enablers can be seen in Table 1.



Barriers	Enablers
<ul style="list-style-type: none"> • Not being able to undertake face-to-face appointments • Additional time pressures • Impact on availability of services 	<ul style="list-style-type: none"> • More opportunities to discuss weight and in different ways e.g. post-lockdown behaviours around weight/weight management

Table 1: Identified barriers and enablers to discussing weight management related to COVID-19

6. Impact of differences in occupational characteristics

Key differences were identified in the barriers and facilitators to supporting weight and weight management, based on the occupational characteristics of respondents, namely: job role, primary work setting, health board region and years worked in healthcare. The composition of respondents' occupational characteristics can be found in the full report, available on request.

6.1. Differences between the roles of professions in primary care

Both job role and primary work setting were found to impact on primary care professionals' capabilities, opportunities and motivations to support weight management conversations.

Those working in dental and optometry settings (i.e. dentists, dental nurses, opticians/optometrists) were less likely to perceive weight and weight management to be part of their role and also experienced greater barriers to supporting weight management i.e. less likely to be trained in weight and weight management.

In contrast, those working in general practices (i.e. general practitioners and practice nurses) were more likely to have received training related to weight management and also



had greater motivation for supporting weight management. This group were also more likely to have weight management conversations with patients more frequently.

Whilst differences between job role and setting occur, a commonality was identified whereby professionals perceive repeated appointments with patients to be a facilitator in some roles/settings for having weight management conversations.

6.2. Differences between health board regions

There were differences across health board regions on several factors, including:

- how likely respondents were to routinely undertake conversations with patients about weight and weight management;
- whether respondents felt responsible for signposting and discussing mental/social wellbeing;
- feeling of nervousness when thinking about having a conversation with a patient about weight and weight management;
- opportunity and motivation to support weight and weight management.

However, as the composition of respondents varied between health board regions, differences may reflect other variables, such as job role or years worked in health care. Nevertheless, geographical differences may well exist and highlight the need to consider the impact of capabilities, opportunities and motivations of frontline staff within health boards.

6.3. Impact of years worked in healthcare: 10 years or less

Years working in healthcare appears to impact several elements of primary care professionals' capability, opportunity and motivation for conversations, as well as their behaviour.



Those working in healthcare for 10 years or less were less likely to perceive weight and weight management as part of their role and had conversations less frequently – however, they were more likely to want to have conversations, but not know where to start.

Additionally, those working in healthcare for 10 years or less were less likely to view obesity as a chronic condition, feel guilt when thinking about weight management conversation and are less likely to have received training in behaviour change.

Those working in healthcare for 10 years or less were less likely to...



Intention-Action Gap

A number of findings have highlighted a potential intention-action gap. Although some professionals' felt that they have the knowledge/skills/confidence to support weight and weight management as well as the intention to carry out weight management conversations, some of these professionals often experience barriers that prevent these conversations taking place. Some of the factors contributing to the gap are: signposting and availability of services, time constraints, societal stigma surrounding obesity and education and training.

Signposting and availability of services

Over 9 in 10 (93.9%) respondents felt that signposting to other services was either fully or partially their responsibility. However, 41.7% disagreed ('disagreed' or 'strongly disagreed') that systems are in place to support patients that are referred to weight/weight management support.

Focus group findings suggest that professionals feel comfortable and experienced in signposting across job roles and primary work settings. However, participants felt that there is a current lack of weight management services to signpost patients to, which impacts upon professionals' motivations and capabilities for having discussions. It was suggested that some patients require more long-term and ongoing support, especially if there are psychological factors present and the patient has a recurring weight problem.

In terms of existing services, respondents felt that there is a lack of patient interest in some of the resources currently available. Suggestions for improvement included an up-to-date compendium of resources and for patients to be able to refer themselves to services.



Time constraints

Time was identified as a barrier in having weight and weight management conversations for many professionals, regardless of their job role or primary work setting. 56.7% of survey respondents agreed, in some way, that consultations/appointments are not long enough to have conversations with patients about weight and weight management.

56.7%
Agreed, in some way, that consultations / appointments are not long enough

The time pressures raised by professionals were: long waiting lists, urgent patients, other priorities, and short consultation times.

Respondents recognised that weight management conversations require sufficient time to be conducted properly, which impacts the effectiveness of conversations, as well as professionals' motivation to have conversations. It was also felt that weight and weight management conversations can be very tiring for primary care professionals, therefore, limiting the frequency that professionals engage with conversations.

Societal stigma surrounding obesity

Societal stigma surrounding obesity was frequently mentioned by participants within focus groups and open-ended survey responses. These findings were supported by the survey, with over 9 in 10 (94.2%) respondents agreeing, in some way, that people experiencing obesity may feel stigmatised by society. This highlights a need for primary care professionals to consider challenging patients' self-stigma in a sensitive manner during weight management conversations.

“People [living with obesity] are perceived to be lazy and eat fast food, the stigma around obesity needs to change” – Practice Nurse



Participants raised the need for education to dispel the stigma, shifting public and professionals' perception on obesity. Within this, participants indicated a need to normalise weight management discussions and practices i.e. gathering data on weight.

Furthermore, professionals' own weight was thought to impact on the opportunity for weight management discussions. It was also suggested that shifting to a more holistic approach to managing obesity may be slow, due to out-dated understanding of obesity, as well as practices.

Education and training

The proportion of respondents who had received weight and weight management related training, by type of training, is displayed in Figure 2.

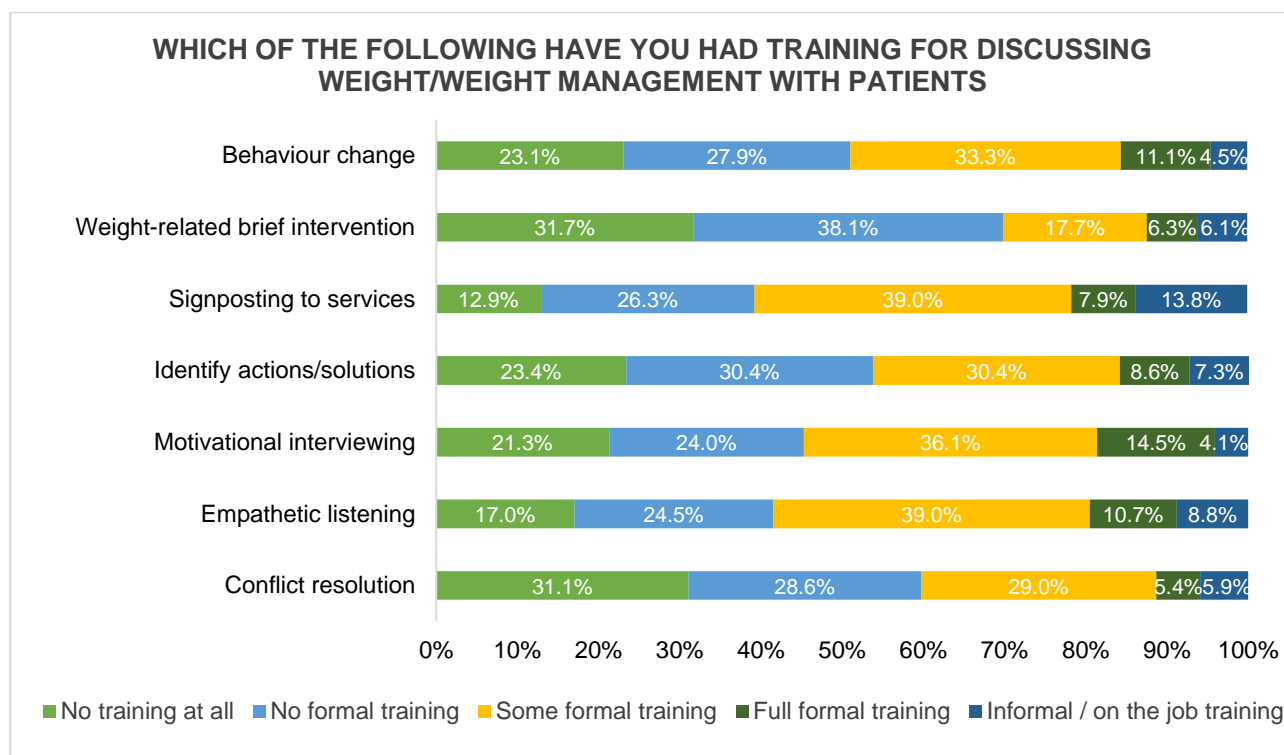


Figure 2: Distribution of respondents' training experience for discussing weight/weight management with patients.



As seen in Figure 2, a majority of primary care professionals had not received any training (neither informal nor formal) in behaviour change (51.0%), weight-related brief intervention (69.8%), or identifying actions/solutions (53.8%). Furthermore, 6.8% of respondents indicated that they had received 'no training at all' for all the types of training options presented to them.

However, most had received some/full formal or informal training in signposting (60.7%), motivational interviewing (54.7%), and empathetic listening (58.5%). With almost 6 in 10 (59.2%) survey respondents agreeing, in some way, that they knew how to have a conversation about weight and weight management

Through qualitative responses, participants described a need for education and training on weight and weight management for primary care professionals. It was felt that there is a need for training that is engaging, interactive, mandatory, and at an earlier point in professionals' careers (i.e. at both undergraduate and postgraduate levels). Participants felt this would have the potential to increase professionals' confidence in engaging in weight management conversations.

It was suggested by participants that training should centre on the following:

- Communication skills
- How to approach the conversation
- What services are available and how they are structured
- Drivers of obesity

It was also suggested that training should be specific to job role and primary work setting, and should involve shadowing someone experienced in having successful weight management conversations.



An overview of respondents' suggestions for education and training in relation to who should be trained, what training should be delivered, when it should be delivered and how, is displayed in Figure 3.

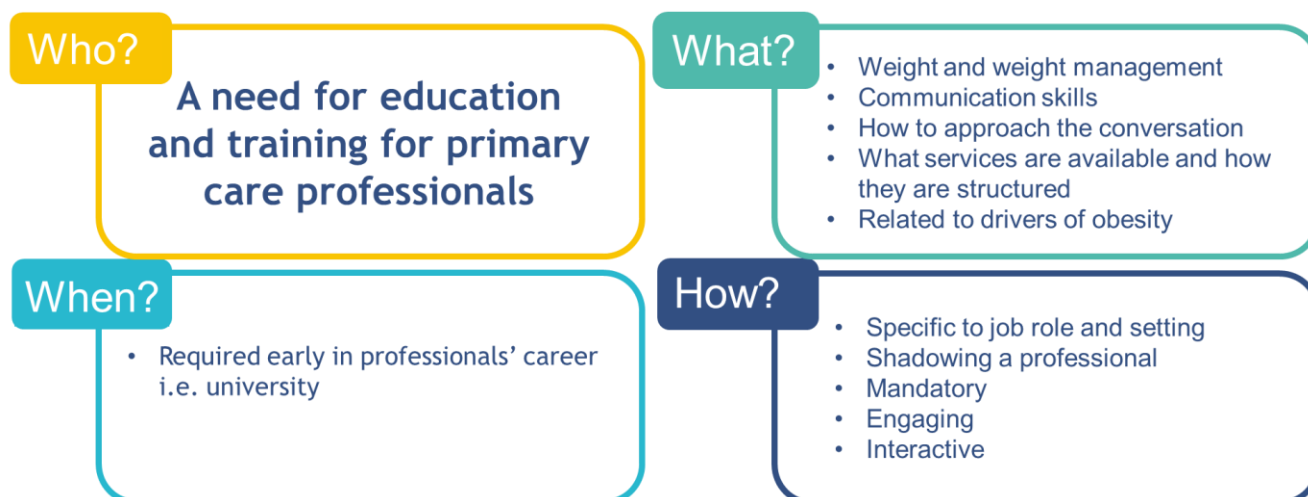


Figure 3: Respondents suggestions for training related to weight and weight management.



Recommendations

This report on behavioural insights from the primary and community care workforce on supporting weight management has identified three key recommendations and these are as follows:

1. There is a need to understand the specific roles that different professional groups can best play in supporting weight management within primary and community care

- As described above, whilst the overall 533 responses to the survey create a picture of the perspectives of primary and community care professionals in Wales broadly, subgroup analysis becomes limited by the relatively small numbers.
- Additionally, it is likely that primary and community professionals who engaged in both the survey and focus groups, may have an existing interest in obesity, and therefore hold different views and attitudes to those who did not engage.
- Different professional groups may have different barriers and enablers to having weight/weight management conversations with patients. Further work is required to understand the differences between professional groups, and how these insights can be adopted into practice.
- Qualitative findings in the healthcare needs assessment prepared in parallel to this behavioural insight project, also highlighted the need to understand the roles of specific healthcare professionals, recognising that primary and community care encompasses both diverse professions and settings.



2. Increasing primary care professionals' awareness of available services and resources to provide weight management support could increase the frequency of weight related conversations

- 93.9% of respondents felt that signposting to other services was either fully or partially their responsibility. However, 41.7% disagreed, to some extent, that systems are in place to support patients that are referred to weight/weight management support. This indicates that whilst primary care professionals might recognise their role in supporting weight management, many experience barriers to doing so e.g. lack of awareness of weight management services and resources, highlighting an intention-action gap.
- Given that the respondents to this survey are likely to have had an existing interest in obesity, it is particularly relevant to recognise that challenges may exist for those already engaged in this agenda.

3. There is a need for further education and training to support workforce knowledge/skills/confidence and to challenge bias

- Findings from this report highlight potential conflicts in primary and community care professionals' understanding of the wider determinants of obesity, illustrated by 93.6% of respondents considering obesity as a chronic condition, whilst 48.0% agreed, to some extent, that obesity is a result of personal choice. Highlighting the complexity of obesity, the Foresight report has identified over 100 often interlinked, wider determinants of obesity, many of which are outside an individual's control (Butland et al., 2007).



- 59.2% of respondents agreed, to some extent, that they knew how to have a conversation about weight and weight management. However, only 29.2% of primary care professionals agreed, to some extent, that patients are generally open and receptive to discussing weight/weight management and some concerns were raised regarding the impact of weight management conversations on patients' mental and emotional wellbeing. These findings support the qualitative observations that a key training need lies in how to approach and open the weight management conversation.



References

Butland, B., Jebb, S., Kopelman, P., McPherson, K., Thomas, S., Mardell, J., & Parry, V (2007). *Foresight tackling obesity: Futures choices – project report*. Retrieved 6 October 2021 from

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesity-future-choices-report.pdf

Canadian Obesity Network (2011). *5As of Obesity Management: Practitioners guide*.

Retrieved 6 October, 2021 from https://obesitycanada.ca/wp-content/uploads/2018/02/Practitioner_Guide_Personal_Use.pdf

Michie, S., Van Stralen, M.M., & West, R (2011). *The behaviour change wheel: A new method for characterising and designing behaviour change interventions*. Retrieved 14 October, 2021 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096582/>

Public Health Wales Observatory (n.d). *Rapid Summary*. Retrieved 6 October, 2021 from <https://phw.nhs.wales/services-and-teams/observatory/evidence/evidence-documents/covid-19-risk-factors-pdf/>

Welsh Assembly Government (2011). *Assessing the costs to the NHS associated with alcohol and obesity in Wales*. Retrieved 6 October, 2021 from https://llyw.cymru/sites/default/files/statistics-and-research/2019-08/alcoholmisuseandobesityreporten_0.pdf

Welsh Government (2020). *National survey for Wales – adults lifestyles additional variables*. Retrieved 6 October, 2021 from <https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestylesadditional-by-year>

