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The primary care needs of people living with overweight and obesity in Wales: Summary

Victoria Hannah, Angharad Wooldridge, Laura Rich, Bethan Jenkins, 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

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Introduction

This healthcare needs assessment (HCNA) provides 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. Utilising quantitative and qualitative evidence, this HCNA will help to inform the strategic direction for primary and community care to support prevention of obesity across Wales.

This document is aligned to the objectives of the **Healthy Weight Healthy Wales** (HWHW) strategy (Welsh Government, 2019a) and is intended **to support the implementation of the All Wales Weight Management Pathway 2021** (AWWMP), which lays out the components, standards and guidance underpinning the development and delivery of weight management services in Wales (Welsh Government, 2021a).

Methodology

A HCNA is a method of identifying the unmet health and healthcare needs of a defined population and recommending changes to meet these unmet needs (Guest et al., 2013). It is used to improve health and service planning, and is generally undertaken in partnership with stakeholders, including service funders, clinicians and service users. This HCNA is desktop based, and will draw together available epidemiological data on overweight and obesity, and provide a narrative of the perspective of people living with overweight and obesity, from a rapid review of available literature.

Alongside this HCNA, a behavioural insight survey of frontline primary and community care professionals' views on barriers and facilitators to conversations regarding weight and weight management has been conducted. As the AWWMP identifies a key role for primary and community care, **by collating an understanding of the primary and community care needs of people living with overweight and obesity in Wales,** as well as the

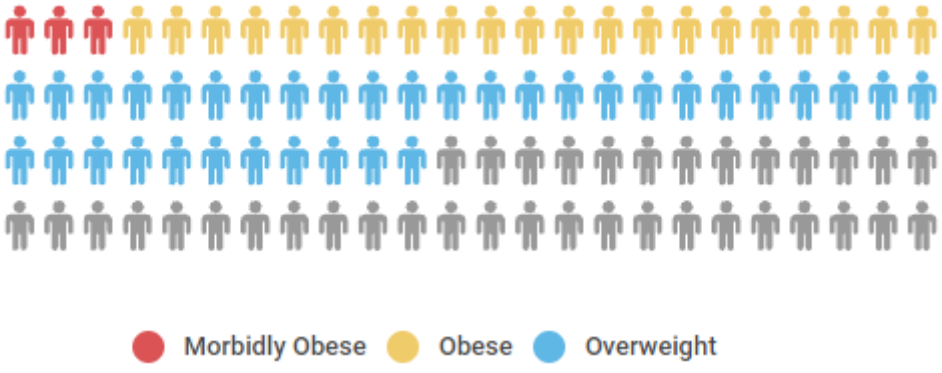
perspectives of frontline healthcare professionals, **we can identify recommendations at an all Wales level to support the implementation of the AWWMP**.

This document is a summary version of the HCNA. A full report has also been produced and is published alongside this report.

Epidemiology of Overweight and Obesity in Wales

In 2020 it was reported that **61% of adults in Wales were classified as overweight or obese**; including **36% who were overweight, 22% who were obese and 3% who were morbidly obese** (Welsh Government, 2020a), as illustrated in figure 1 below. In addition, more than 7% of adults in Wales live with type 2 diabetes, a largely preventable, weight-related condition. Obesity inequitably affects those living in areas of deprivation, with a 12% difference in prevalence between the most and least deprived areas (PHW Observatory, 2019).

Figure 1: Prevalence of overweight and obesity in Wales, percentage, persons aged 16+, 2019/20

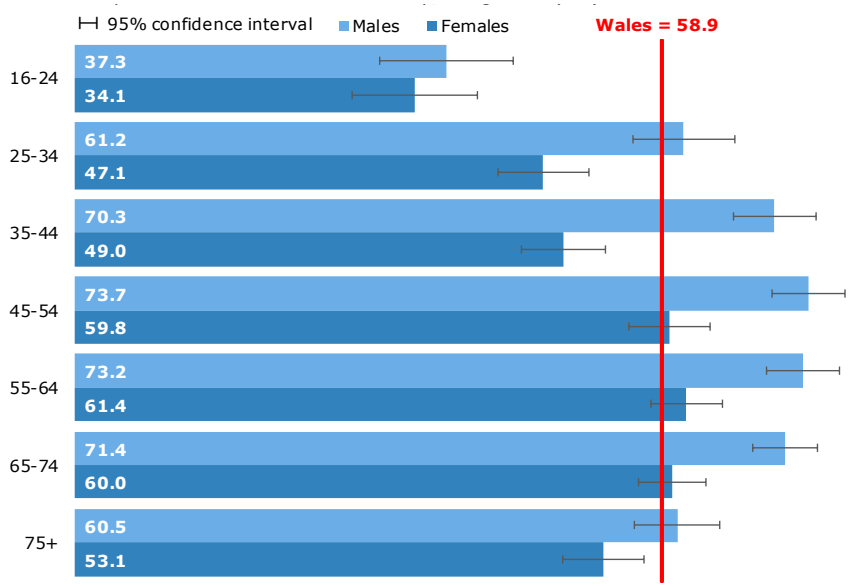


Source of data: Welsh Government (2020a)

Overweight and obesity increase across the life course, with adults aged 55-64 most likely to be obese amongst adults of working age (PHW Observatory, 2019). In all adult age groups in Wales, **overweight and obesity rates are higher in men compared with**

women as identified by a report produced by Public Health Wales Observatory to develop the HWHW strategy (*Figure 2*). Although weight increases across the life course, **a steep increase in obesity prevalence, particularly in men, is noted between age groups 16-24 and 25-34 years** (37.3% to 61.2% reporting to be overweight or obese) (PHW Observatory, 2019). There is **also a significant increase for women between ages 35-44 and 45-54** (49% to 59.8%) (PHW Observatory, 2019).

Figure 2: Adults reporting to be overweight or obese by age and sex, percentage, persons aged 16+, Wales, 2016/17



Source: Public Health Wales Observatory (2019), using NSW (WG)

Further investigation into the earlier stages of the adult life course may be of interest to explore causal factors which could contribute to the rapid upward trend in prevalence at different stages for men and women.

Obesity is estimated to cost the Welsh National Health Service (NHS) £73 million per year, and this number increases to £86 million if overweight is included (Welsh Assembly Government, 2011). In addition, **the management of type 2 diabetes and its complications accounts for 10% of the annual NHS Wales budget**, making the benefits of diabetes prevention significant (Diabetes UK, 2021).

However, adult overweight and obesity prevalence data has its limitations at a population level, which is as a result of using self-reported data e.g. height and weight, and the use of measures which are not comparable to the previous Welsh Healthy Survey, making it difficult to understand the trend of overweight and obesity accurately over time. **Objective measurement of height and weight in primary care settings has the potential to provide robust, accurate and timely evidence of overweight and obesity at a practice level** if measurements are expanded to all, or a random sample of people. This could be developed and analysed at primary care cluster or health board level to better understand the current burden of overweight and obesity in Wales. If these measurements were repeated at set intervals, then these measures also have the potential to assess changes in obesity prevalence over time.

COVID-19 and Obesity

Obesity has also been identified as a statistically significant risk factor for adverse health outcomes from COVID-19, including hospitalisation, intensive care admission and mortality (Public Health Wales Observatory, n.d.). **Moreover, the impact of COVID-19 on both the public and primary care professionals has been multi-faceted and widespread**. The number of face-to-face consultations has reduced significantly and as a result there has been a rise in remote technologies being utilised by primary and community care practitioners, reducing the opportunity for visual and objective weight assessments to be undertaken proactively.

Policy Context and Strategic Priorities

The narrative around overweight and obesity has historically been presented from an individual perspective, mainly focusing on unhealthy diets and sedentary lifestyles as the leading causes. However, The Foresight report (Butland et al., 2007) identified over 100, often interlinked, wider determinants of obesity. These include the role of biology, social influences and the lived environment, many of which are outside an individual's control.

The All Wales Weight Management Pathway (2021)

The scope of the **AWWMP (2021)** (Welsh Government, 2021a) (Table 1) covers the weight management journey of adults from early intervention to specialist intervention and aligns with recent NICE publications related to overweight and obesity. The pathway recognises that primary and community care professionals are often the first point of contact for most people with health and wellbeing concerns. It acknowledges that obesity is complex and is a result of a number of determinants including, but not exclusive to, individual health behaviours.

This shift in approach takes evidence from **The Canadian 5As of obesity management model which advocates for obesity to be managed and viewed as a chronic, progressive condition and recognises people need tailored support which responds to their individual needs** (Torti et al., 2017).

The AWWMP also calls for service provision and investment similar to other long term conditions such as diabetes or hypertension. Learning taken from the Canadian primary care system in relation to the 5As of obesity management model has identified it as the recommended tool for weight management in Wales. It recognises the sensitivities associated with weight conversations and the value of person-centred decision making (Fitzpatrick et al., 2016).

People living with obesity should have access to evidence-informed interventions which are prudent; including medical input, nutritional advice, therapeutic support, physical activity opportunities, psychological interventions, pharmacotherapy and surgery. **Obesity care should be informed by the evidence-based principles of chronic disease management and must validate the individuals' lived experience, move beyond simplistic approaches of "eat less, move more", address the root drivers of obesity, and involve co-produced treatment goals** (Wharton et al., 2020).

Table 1: Adults Weight Management Pathway 2021 for people 18 years and above

Level	Description	Criteria	Referral
1	**Brief Advice and Self-Directed support** Self-directed support for achieving or maintaining a healthy weight. Primary healthcare teams should ensure that the weight of all patients is monitored and discussed in a sensitive and non-stigmatising manner. Patients at level 1 should be advised to access evidence based support. Health boards should provide guidance to primary and community services on the range of options available locally. This may include local weight loss groups; commercial weight loss services delivering 1:1, group or online services; online or other self-help materials in digital or other form. Opportunities at level 1 should be available close to people's homes, in the neighbourhood, local community and online.	BMI 25-30 kg/m^2 without co-morbidities$^+$ Lower criteria by 2.5 kg/m^2 for people from black African, African-Caribbean and Asian groups.	Signpost from a professional in a helping role
2	**Multi-component weight management support** Multi-component weight management interventions; addressing diet, physical activity and behaviour change skills, underpinned by behavioural science. The different components may be delivered together or separately, they would normally include referral to evidence based commercial provision, dedicated primary or community services delivered by dietitians or other professionals or digital services. The physical activity component may be provided by the National Exercise Referral Scheme or similar provision. Sessions should be offered over a minimum period of 12 weeks and should include a review by the referring professional at the end of the period.	BMI ≥30 kg/m^2 without co-morbidities BMI ≥25 kg/m^2 with co-morbidities$^+$ Lower criteria by 2.5 kg/m^2 for people from black African, African-Caribbean and Asian groups.	Self-referral Referral by a health or social care professional
3	**Specialist multi-disciplinary weight management services** Specialist multi-disciplinary assessment and specialist interventions delivered by the multi-disciplinary team (MDT), including: medical, dietary, psychological, pharmacological and physical activity/mobility interventions. Progress is monitored and reviewed by the MDT. Those	BMI ≥40 kg/m^2 BMI ≥35 kg/m^2 with co-morbidities$^+$/ significant additional considerations^{++}/both Lower criteria by 2.5 kg/m^2 for people from black African, African-	Referral by a healthcare professional

	eligible for a bariatric surgery assessment are identified and referred to level 4.	Caribbean and Asian groups.	
4	**Specialist surgical services** Specialist pre-surgical assessment is conducted by the level 4 bariatric multi-disciplinary team (MDT) to identify person suitability and treatment needs. If suitability is confirmed, a range of surgical options will be considered and an appropriate procedure performed. Pre and post-operative education and support is provided. Long-term follow-up, post-surgery, is provided by the bariatric MDT for a minimum of 2 years.	BMI≥ 35 kg/m^2 and recently diagnosed diabetes (in last 10 years) BMI of >40 kg/m^2 Lower criteria by 2.5 kg/m2 for people from black African, African-Caribbean and Asian groups.	Referred and considered "suitable for surgery" by the level 3 MDT

All Wales Diabetes Prevention Programme

Welsh Government has committed £1 million per year, for a two-year period (2021-22 and 2022-2023) to commence the first phase of the roll-out of an All Wales Diabetes Prevention Programme (AWDPP) with inbuilt, robust evaluation, to be delivered in primary care across Wales. At the heart of the approach will be a targeted, standardised weight management brief intervention with an embedded national evaluation, primarily targeted at those with HbA1c levels in the non-diabetic hyperglycaemic range. This programme is designed to complement the AWWMP, recognising that many of those with pre-diabetic HbA1c levels will also live with overweight or obesity.

The Perspectives of People Living with Overweight and Obesity

A rapid review of available literature in relation to experiences of obesity and the needs of individuals living with overweight and obesity identifies a number of complexities which are associated with poor compliance, weight gain and poorer health outcomes; these include: **low self-esteem, societal stigma, self-stigma, perceived judgement and alienation and a lack of ability to recognise public health messaging as relevant to oneself** (Haynes et al., 2018; Ogden & Clementi, 2010; Robinson et al., 2020; Ueland et al., 2019;

Vartanian & Porter, 2016). Whilst a full systematic review was not conducted, search criteria for this rapid review included studies published since 2001 from the UK and other countries where findings could be considered applicable to Wales.

Peoples' perception of support service availability, time constraints and the opinion of primary care professionals can have either a negative or positive impact on motivation and engagement. Simple 'lifestyle' advice regarding moving more and eating less without opportunities to access support, explore root causes and have empathetic interactions regarding obesity can exacerbate health behaviours linked to obesity and reduce engagement with healthcare services as a whole.

People saw primary care professionals as gatekeepers, leaders, enablers and partners in weight management, feeling that professionals should be comfortable in raising weight in consultations and wanting care plans which meet their needs in a holistic way, not thinking of obesity in isolation and as separate to their physical, mental and social needs (Bloom et al., 2018; McHale et al., 2020; Mold & Forbes, 2011; Torti et al., 2017).

A positive interaction can increase a person's engagement in weight management and in turn have a positive effect on weight loss (Brown et al., 2006). Facilitators include good communication, trust, shared decision making, reinforcing the complexities of obesity, challenging self-stigma, acknowledging the individual's experience of obesity, and person-centred approaches (Torti et al., 2017).

"Professionals can have either a negative or positive impact on motivation and engagement."

Person-Centred Approaches

What is person-centred care?

Evidence supporting person-centred care in long term condition management is well established, demonstrating improvement in individual and population level outcomes (Hart, 2014). Person-centred care is based upon the theory of a biopsychosocial model of health which argues that health is a result of interactions between biological, psychological and social factors (Wade & Halligan, 2017). Person-centred care advocates for supporting self-management, shared decision making, equal power between a person and a clinician, and individual led care planning in order for people to become their own resource as the drivers for change within the context of what matters to them (Hart, 2014).

For primary care, person-centred care offers a model of holistic care which shifts power and responsibility of the decision-making process to the individual, enables their voices to be heard, improves confidence and increases satisfaction and relationships (Ahmad et al., 2014). The model also offers added benefits to those working in primary care and has demonstrated increased professional satisfaction among GPs (Royal College of General Practitioners, n.d.).

Why is person-centred care important for weight management?

The wider determinants of obesity have been evidenced in the Foresight report (Butland et al., 2007), which validates the person's experiences of obesity and evidences influences outside of individual control including societal, environmental and system determinants which influence and restrict individual choices and abilities to maintain a healthy weight, a healthy diet or sustained physical activity levels. The multi-faceted nature of overweight and obesity necessitates a person-centred approach to weight management, with interventions which account for the complexity and variation of individual determinants, clinical presentation, and societal influences.

Understanding weight management through the life course

People living with overweight or obesity report that personal circumstances and life events have an influence on their weight and their ability to either control further weight gain or lose weight (McHale et al., 2020; Torti et al., 2017). **Early life stress exposure, parental factors, self-regulation as a child or adult, experiences of stigma and biology are all individual determinants evidenced to play a significant role on health behaviours, and in turn are interlinked with obesity** (NHS Digital, 2018; Obesity Action Scotland, 2019; Palmisano et al., 2016).

But to what extent and how individual determinants affect weight status and compound unhealthy behaviours varies from individual to individual. People expressed a need for **weight management interventions which validate their lived experience of weight gain** (Wharton et al., 2020). Without root causes being addressed and links between personal history and current weight status being understood, successful weight management is likely to be limited (Wharton et al., 2020).

The **biopsychosocial model** enables clinicians to understand the connection between biological presentation of illness and psychological and social components which are intrinsically linked (Kusnanto et al., 2018). It is important to recognise and understand how an individual's weight has developed over their life course. Similarly, current and future life course stages, including major life events and wider contexts, may influence an individual's weight management journey – and potentially that of their family.

Across the life course the working age adult stage is an opportune time for reinforcing healthy behaviours through information and empowerment which can support a healthier adult population, reduce stress, reduce long-term unemployment and address causes of social isolation (Public Health England, 2019). **There are a number of key life events within the working age adult population, which provide an opportunistic time for reducing risks and intervening early, such as starting work or entering higher education, becoming sexually active and the preconception period (Public Health England, 2018), becoming a parent or carer (Public Health England, 2019), and for women, pregnancy and entering the menopause**.

Whilst men do not experience pregnancy, becoming a parent is still a significant life course event for them, which could impact weight gain, and creates a touch point with various services for example, Health Visiting.

Accessing weight management support postnatally

Pregnancy is a significant event in the life course with regards to weight management, as gestational weight gain can cause or perpetuate long term issues with overweight or obesity. For some women, weight gain during and after pregnancy can exacerbate the weight gain through the life course. **There are opportunities in the preconception and antenatal periods to support women with weight management** (Public Health England, 2018).

Given that pregnancy is a point at which women's weight is routinely measured, and identified where overweight or obese, these women should continue to receive support with weight management once they are discharged from pregnancy related services. Currently women are not routinely supported with weight management postnatally.

In 2019 there were 29,728 live births in Wales and of these new mothers, 28% were obese at initial assessment (Welsh Government, 2020b). The prevalence of obesity varied greatly across health boards, for instance the rate in Cwm Taf Morgannwg (33.8%) was more than double the rate in Powys (15.3%), but was similar for most age groups, with the lowest rates observed in the youngest mothers aged 19 or under (Welsh Government, 2020b).

"…pregnancy is a point at which women's weight is routinely measured..."

The NHS and NICE advise that weight management, healthy eating and physical activity should be discussed at the 6-8 week postnatal check (NHS, 2019; NICE, 2010). Baby clinics delivering immunisations and vaccinations also offer health visitors and practice nurses regular 'touchpoints' with new mothers during the immediate postnatal period. **However, despite these opportunities there is little data on the prevalence of overweight and obesity in the postnatal period, the proportion of women who maintain their pregnancy weight gain, and the mechanisms for supporting these women in the longer term.** This may be due to health systems and healthcare professionals focussing more on intrapartum obesity because of its immediate risk to the pregnancy, labour and health of the newborn.

To avoid fragmentation of care, **referral routes and processes need to be built to ensure continuity of care across the life course, in line with the AWWMP**. Where weight management has been identified as an issue by one healthcare professional in one setting this needs to be joined up to a longer-term solution to support the shift towards managing overweight and obesity as a long term chronic condition.

The Role of Primary and Community Care in Wales

Primary and community care has a prominent role in addressing overweight and obesity for current and future generations. Each year 90% of all NHS contacts occur in primary care (Hobbs et al., 2016) and **in 2019-20 76% of the Welsh population saw their GP during the previous 12 months** (Welsh Government, 2021b). It is therefore an important setting for identifying people at increased risk of developing overweight and obesity via various regular 'touchpoints' such as medication reviews, long term condition clinics and women's health interventions.

The AWWMP (Welsh Government, 2021a) acknowledges primary care settings as the "first point of contact" for the adult population with health and wellbeing concerns, and whilst this will be true for a proportion of the adult population, it is likely not to reach all

adults who require support with weight management. **Younger adults, and men in particular, present less frequently to primary and community care, and as a result may miss opportunities to access weight management support** (Welsh Government, 2020c). **Together with the steep increase in weight in younger men, this is likely to exacerbate inequalities associated with excess weight if alternative opportunities for engagement and access to support are not identified**. Exploring opportunities outside of traditional healthcare environments, such as higher education and workplace settings, as well promoting self-referral could address this challenge.

Currently there is variation in the provision in Wales for managing and treating excess weight, and in understanding the effectiveness of interventions by settings and professional groups. There are also issues with understanding the effectiveness of local delivery, particularly at level 1 (community based prevention) of the previous national **Obesity Pathway** (Welsh Government, 2010) – which has been replaced by the AWWMP. Innovative approaches and referral routes for weight management are required to work across disciplines and agencies to avoid the fragmentation of care.

Potential opportunities for supporting weight management in primary and community care

Categorising the various reasons for attendance at primary care helps understand the potential 'touchpoints' which are available for healthcare professionals to discuss healthy living advice. Long term condition management and annual reviews offer regular opportunities to discuss weight management in individuals with associated behavioural

"Long term condition management and annual reviews offer regular opportunities to discuss weight management"

and clinical risk factors. Sensitivity should be taken in the approach to raising weight management in this context however, as there is a risk of reducing peoples engagement and motivation if conversations are in relation to a co-morbidity which is a consequence of excess weight. People identified as at risk of diabetes due to an HbA1c level in the pre-diabetic range and who are also obese will need access to appropriate interventions and different levels of weight management support.

Scheduled or opportunistic medication reviews conducted by GPs or clinical pharmacists working in general practice, also present a similar opportunity. Furthermore, certain medications require BMI to be monitored, for example lithium (NICE, 2021a) or antipsychotics (NICE, 2021b) used in the management of mental health conditions as they can cause weight gain. NICE guidelines (2018) recommend that community pharmacists should offer health and wellbeing interventions, and proactively seek opportunities to promote people's physical and mental health and wellbeing, including; awareness raising and information provision, advice and education, behavioural support and referral and signposting to other services. The guidelines recommend this approach for a range of health and wellbeing behaviours including diet and exercise.

During the pre-conception period, women are also more likely to be in regular contact with healthcare professionals in relation to contraception reviews (which often include BMI measurement), pre-conception advice and 3-yearly cervical screening examinations. Many other medical issues can be related to excess weight such as pain, disrupted sleep and mental health conditions, however the person seeking help may not associate their weight as a contributing factor (Welsh Government, 2021a).

Opportunities and assets exist across Wales to support individuals with weight management. However, **as over half of the Welsh population are overweight or obese and the prevalence is increasing, consideration must be given to a number of factors**. These include: **service availability; access; public acceptability; engagement of primary and community care professionals; financial constraints; and consistency of messaging and approaches to enable equitable service provision**.

Challenges and Assets

Variability in access to weight management services as a result of geography was highlighted as part of the 2010 pathway review (Bird et al., 2021). Those living in rural areas of Wales are less likely to have access to level 2 services locally and are therefore required to travel long distances in order to overcome this, potentially exacerbating obesity in areas of rural deprivation.

No services were identified within the 2010 pathway review as integrating a digital or online offer which could improve access for those with greater distances to travel (Bird et al., 2021). The addition of these components could support the rural areas which have been identified as most deprived when looking at the Welsh Index of Multiple Deprivation (WIMD) domain of “access to services” (Welsh Government, 2019b).

As a part of the GP contract, general practices are expected to keep a register of individuals with a BMI of over 30; however there is currently no further contractual obligation included for general practice within Wales (Welsh Government, 2020d). A review undertaken by NICE concluded that health, wellbeing, and social care staff should undertake brief interventions with adults. They identified a significant evidence base which demonstrates interventions by healthcare professionals, to increase physical activity and improve diet, can be effective in eliciting changes in behaviours to reduce overweight and obesity. (NICE, 2015).

Brief opportunistic interventions by physicians to motivate weight loss in people who are obese have also been found to be highly acceptable to people (Aveyard et al., 2016). The AWWMP (Welsh Government, 2021a) suggests that Making Every Contact Count (MECC) training and skills can support having these conversations and promoting brief interventions.

Across Wales there are a number of assets within the healthcare setting and community which provide opportunities for individuals to access weight management support.

"Across Wales there are a number of assets…which provide opportunities for individuals to access weight management support"

Opportunities will differ between practices, clusters and health boards, but as detailed in the Assets map below (*Table 2*), there is likely to be a variety available.

These could either be through private organisations such as Weight Watchers™, support offered directly from primary and community care practitioners, or referrals into commissioned services delivered by local authorities, community or third sector partners. Social prescribing is also a growing area of interest across Wales. Its use in clusters is sporadic, but utilising this model of non-clinical care could facilitate access to weight management support in the form of providing education or access to either informal interventions (community based groups) or formally commissioned interventions.

There is a plethora of assets that exist across Wales that are aimed at supporting individuals to maintain and achieve a healthy weight and will likely be applicable to the majority of people presenting to primary care.

As described in the 5As Model for weight management, the 'Assist' stage provides a structured opportunity for appropriate referral into weight management support, and what this referral will involve will be dependent on the expressed need of the individual (Canadian Obesity Network, 2011).

The Assist stage is also an opportunity for practitioners to assist people in identifying and addressing drivers and barriers, provide education and resources, refer to an appropriate service and arrange follow-up. It is expected that clusters in Wales consider the assets

available within their local communities and identify ways of working with social, community and third sector partners in order to achieve this (Strategic Programme for Primary Care, 2018).

As part of this HCNA several assets have been mapped at a national level to identify assets pan Wales that exist to support primary care in delivering person centred weight management support, categorised as social, information, policy/practice and physical environmental assets (*Table 2)* (Eldredge et al., 2016). Below is a non-exhaustive list of assets pan Wales, and where possible includes the location of delivery and coordinating level, either national, regional, local or community/individual level.

Table 2: Asset Mapping of Weight Management Provision and Support

Asset Assessment by Type	National (Wales)	Regional	Local	Individual / community
Social Environment Assets				
Organised weight management support i.e. NHS multi-component weight management services, Weight Watchers ™, Slimming World™	✓		✓	
Community based physical activity opportunities including social movements, e.g. Park Run	✓		✓	✓
Individuals social support networks from friends and peers				✓
Local (coordinated) support groups			✓	
Social media support groups	✓		✓	
Online community groups / forums / peer support				✓
NHS endorsed wellbeing activities i.e. 5 Ways to Wellbeing	✓			
Social Prescribing		✓	✓	✓
Voluntary sector physical wellbeing activities			✓	✓
Information Environment Assets				
NHS Direct Wales (111)	✓			
NHS UK (www.nhs.uk)	✓			
Making Every Contact Count and Behaviour Change conversations, informal conversations between peers, friends and family		✓	✓	
Online platforms of support and information on weight management				
Obesity UK	✓			
Workplaces or educational settings activities	✓	✓		
Databases of services e.g. DEWIS Cymru, InfoEngine	✓	✓		
Food Wise for Life (Nutrition skills for life ™)	✓			
Government Guidance e.g. Eatwell Guide, Physical Activity Recommendations	✓			
Policy/Practice Environment Assets				
Welsh Government policy, strategy and plans e.g. A Healthier Wales: long term plan for health and social care', Healthy Weight: Healthy Wales, Active Travel Act	✓			
Public Health/Clinical guidance and quality standards, e.g. AWWMP 2021, NICE	✓	✓	✓	
National Exercise Referral Scheme	✓	✓	✓	
Sustrans UK	✓	✓	✓	
Healthy Working Wales	✓			
Wales Physical Activity Partnership	✓		✓	✓
Primary care clusters			✓	
Physical Environment Assets				
Local community hubs and centres		✓	✓	
Primary and community care hubs		✓		
NHS contracted services		✓	✓	
Green and blue spaces	✓		✓	✓
Private organisations and services which cost at point of entry e.g. gyms, commercial weight management services	✓	✓	✓	✓

Recommendations

This HCNA has identified 8 ‘direct’ and 3 ‘enabling’ recommendations to support the implementation and delivery of the primary and community care elements of the adult AWWMP 2021 (Figure 3). Some recommendations will lead to direct action for primary and community care, whilst others are needed to enable primary and community care to deliver effective weight management support.

Figure 3: Recommendations to support the implementation of the All Wales Weight Management Pathway

Blue hexagons, ‘direct’ recommendations.

White hexagons, ‘enabling’ recommendations.

Direct recommendations

1. In line with the AWWMP, a paradigm shift is required in the way that overweight and obesity is managed by primary and community care.

- The complex, chronic and progressive nature of overweight and obesity necessitate that the health system should take greater responsibility for its long-term management, as is seen with other long term conditions such as diabetes and cardiovascular disease.
- Whilst there is strong evidence to support the use of the Canadian 5As of obesity management model, there is little evidence of its use and effectiveness within different settings and professional groups within the Welsh primary and community care system. Following the adoption and implementation of its principles, the approach should be evaluated.

2. Person-centred decision making needs to be at the heart of the weight management conversation.

- In keeping with prudent healthcare principles, professionals and individuals should collaborate as partners throughout the weight management process, recognising the importance of the lived experience in holistic care planning and empowering individuals to feel in control as active participants.
- People living with overweight and obesity have expressed that weight management should be treated independently of other co-morbidities and not as an add-on to existing health concerns. However, care plans should meet their needs in a holistic way by reflecting their physical, mental and social needs, rather than considering obesity in isolation.
- The needs of people in Wales should also be considered as this HCNA could only identify wider UK evidence of the perspectives of those living with overweight and obesity. Further work to identify the specific needs of those living with overweight and obesity in different areas of Wales should inform the implementation of the AWWMP at local levels.
- The Foresight report's obesity systems map identifies over 100 wider determinants of obesity (Butland et al., 2007). This complexity highlights why interventions which

focus solely on individual behaviour and simplistic messaging of eat less and move more will be limited in their effectiveness and should therefore be avoided. A 'one size fits all' treatment approach is unlikely to be successful.

3. Joined up care across the life course is needed to avoid fragmentation between services and to recognise the lived experience of weight gain e.g. between childhood and adulthood; for some women, from the postnatal period onwards.

- Given that pregnancy is a point at which women's weight is routinely measured, and identified where overweight or obese, these women should continue to receive support with weight management once they are discharged from pregnancy related services
- Professionals supporting adults with weight management need to be aware of challenges that patients may have faced with their weight as a child
- There are a number of key life events within the working age adult population, which provide an opportunistic time for reducing risks and intervening early

4. Long term condition management and annual reviews offer regular opportunities to discuss weight management and also support prevention of downstream consequences of overweight and obesity e.g. type 2 diabetes.

- For people who have been identified as at risk of diabetes (due to an HbA1c level in the pre-diabetic range), there will also be a need to ensure that they have access to the All Wales Diabetes Prevention Programme, as well as the appropriate level of weight management support as indicated by the AWWMP, if they are also noted to have obesity.
- Sensitivity is needed in raising weight in consultations to ensure that care plans meet people's needs holistically, where obesity is considered in the context of their physical, mental and social needs, in a non-judgemental way.

5. Beliefs and perspectives of primary and community care professionals regarding weight and weight management need to be considered and addressed through education, training, and communications.

- The relationship between individuals and the professional was identified as key, and could be a barrier or a facilitator to positive health outcomes for people. This highlights the importance of dealing with individuals in a compassionate and sensitive manner when discussing weight.
- Further facilitators of successful and meaningful interactions include: supportive communication and language, trust, reinforcing the complexities of obesity, challenging self-stigma, and acknowledging the person's experience of obesity.
- A cultural shift in the attitudes of professionals regarding weight management is needed to facilitate the use of the Canadian 5As approach and the ethos of a person-centred, holistic care plan which it advocates for.
- Alongside development of this document, PHW has commissioned a behavioural insights survey to understand the perspectives of frontline healthcare professionals working in primary care regarding weight and weight management, which will help inform how this recommendation is progressed.
- Educational programmes should equip professionals with an understanding of the wider determinants of health model in order to increase awareness that it is the systematic variation in the social, economic and environmental conditions people live in which drives social and health inequalities. Understanding the factors which sit outside individual control yet remain significant drivers in determining health status will aid in the adoption of the Canadian 5As model.
- Promoting the inclusion of training on psychologically informed approaches and MECC as part of continuous professional development will facilitate positive interactions between professionals and individuals.

6. The rapid move to digital healthcare as a result of COVID-19 has presented both challenges and opportunities for delivery of weight management and the learning from this needs to be identified and considered in future approaches.

- The move to digital healthcare and remote consultations in general practice as a result of the COVID-19 pandemic has reduced the number of face-to-face interactions between people and healthcare professionals, and may continue to do so in the future. Consideration needs to be given as to how weight can be objectively and proactively assessed going forwards.
- Appropriate approaches to undertaking opportunistic, non-judgmental, proportionate and compassionate conversations regarding weight management during remote consultations need to be identified.

7. There is a need for: improved, systematic data collection; better access to data; and increased use of data to inform the development of services and understand the impact of interventions on overweight and obesity prevalence in Wales.

- General practice data was identified as a potential source of data which could provide robust, accurate and timely evidence on overweight and obesity at a practice and/or cluster level. However, data collection would need to radically improved, with all, or a random sample, of people weighed and measured on a regular basis in order to provide generalisable data; the additional work load is likely to require some form of incentivisation. Additionally, access to this dataset is currently limited; better access and a full assessment of data quality would allow public health interventions to be focussed on areas with the greatest need and would also enhance the granularity of data for surveillance and reporting purposes. Where feasible, linked data has the potential to bring greater insight, but would require access to pseudonymised data at individual level.
- Qualitative evidence of the perspectives of people living with overweight and obesity in Wales would provide a richer understanding and support services to be better tailored towards the needs of the Welsh population.

- Improvements in quantitative data relating to overweight and obesity in the postnatal period would enable better understanding of the impact of pregnancy on longer term weight management issues in women.

8. The strategic and policy context of primary and community care must be considered alongside the contractual and funding levers available to generate change.

- As a part of the GMS contract, general practices are expected to keep a register of people with a BMI of over 30. However there is currently no further contractual obligation included for general practice within Wales. Consideration should be given to the inclusion of weight management conversations and referral to weight management services.
- Different healthcare professionals in different settings are likely to have differing roles in supporting a person's weight management journey. Literature and policy documents often group professionals working in primary and community care together. However, there are no obligations within the dental, community pharmacy, or optometry contracts relating to obesity or weight management. Therefore consideration needs to be given to the specific asks of different professional groups both within the contracted professions and broader services.
- Given the scale of the issues regarding overweight and obesity in Wales, the service investment needs to reflect this, similar to other long term condition management pathways.
- Whilst there are challenges to overcome, this HCNA identifies a number of assets which can be drawn on to facilitate the system's response to the AWWMP.
- A favourable policy environment exists within Wales to enable real change, with *A Healthier Wales*, the *Healthy Weight Healthy Wales* strategy and the *Wellbeing of Future Generations (Wales) Act* 2015 in particular providing supportive levers. A plethora of assets exists across Wales that are aimed at supporting individuals to maintain and achieve a healthy weight and will likely be applicable to the majority of adults presenting to primary and community care. It is expected that clusters in Wales consider assessments of both the assets available and needs within their

local communities to identify ways of working with social, community and third sector partners to meet the growing demand for weight management support.

Enabling recommendations

1. In order to meet the AWWMP standards, the accessibility and availability of weight management interventions need to be considered in the context of the demand for level 1 and 2 services in particular.

- As 61% of adults in Wales were classified as overweight or obese; and of these only 3% were morbidly obese (Welsh Government, 2020a), particular consideration should be given to demand for level 1 and 2 of the pathway.
- It is likely that the provision of weight management support and treatment options will need to be significantly increased across Wales, given the scale of overweight and obesity prevalence.
- The ability of healthcare professionals to signpost and refer people to community weight management services is partly dependent on their awareness and knowledge of local assets. An accurate and updated mapping of local service provision (especially following the interruption to services due to the COVID-19 pandemic) within each health board will support this need.
- Geographical barriers in accessing services were highlighted in some rural areas of Wales. However the opportunity to provide an online or digital offer in addition to face-to-face interventions was identified as one potential solution to this challenge, although consideration of digital inequalities and the limitations of digital solutions needs to be considered.

2. To engage all those for whom weight management support is appropriate, the public also needs to recognise their weight status, and public awareness, acceptability and uptake of available support needs to be addressed.

- According to Level 2 of the AWWMP 2021, people are able to self-refer to multi-component weight management support. However this is unlikely to be realised if self-identification of being overweight or obese and/or awareness of support being available, is low within the population.
- Public messaging communications and engagement with working age adults to address this gap in knowledge could facilitate higher rates of self-identification, however care should be taken in the framing of messages to ensure they do not perpetuate feelings of stigma or alienation. A better understanding in society of the complex causes of weight gain is required, and a change in the cultural perception that it is solely due to individual choice and corresponding moral views imposed e.g. blame, laziness.
- People need to be encouraged and know that they have permission to access weight management support, which could be through self-referral, primary and community care or other routes.
- Weight management conversations should be viewed as legitimately as other long term condition consultations.

3. Alternative routes to accessing weight management support should be explored for groups who present less frequently to primary and community care, including younger adults (especially men).

- A steep increase in obesity prevalence, particularly in men, is noted between age groups 16-24 and 25-34 years (37.3% to 61.2% reporting to be overweight or obese) which highlights the need for early interventions at this point.
- Given this particularly steep increase in weight for younger adults, primary prevention measures are also needed earlier in the lifecourse to address this. Whilst there may be touchpoints to support this in primary and community care,

these primary prevention measures would largely sit outside of primary and community care.

- With a 12% difference in obesity prevalence between the most and least deprived areas in Wales, measures to address inequalities are needed, which include considering the most effective routes to accessing support for high risk and vulnerable groups.

Limitations

It is important to note there are a number of limitations to the available data used in this HCNA, and it is likely that the data will not capture the current situation in Wales accurately for the following reasons:

- Height and weight are self-reported on a sample of 6,300 adults, and there is evidence to show that some individuals tend to overestimate height and under estimate weight. Weight and height self-measuring is therefore likely to result in an underestimation of the prevalence of overweight and obesity.
- There are two sources of health and wellbeing data available at a population level in Wales; The Welsh Health Survey which ceased in 2015 and the current National Survey for Wales. These data sets are not comparable and the majority of data used to demonstrate trends is taken from the WHS, and is therefore reflective of the situation until 2015.
- However, evidence suggests self-reported BMI has steadily increased over time, and projections suggest overweight and obesity prevalence has steadily increased (Public Health Wales Observatory, 2019). It is therefore reasonable to assume that the current (2021) prevalence of overweight and obesity in Wales is likely to be higher than the data reported in 2015 which has been reported in parts of this HCNA.

In order to identify what peoples' needs are from primary and community care services in Wales, it is important to understand the population and individual perspective regarding

living with overweight or obesity. Due to the time and resource limitations of this desk-top HCNA, the involvement of people living with overweight and obesity in Wales was not possible. A rapid review of available literature in relation to experiences of overweight and obesity and the needs of adults was undertaken as an alternative method of informing conclusions and recommendations for primary and community care in Wales.
At the time of publication the impacts of COVID-19 on the health and social care system, as well as on society, remain prominent. Some of the recommendations should therefore be considered within the context of the ongoing and unpredictable nature of the pandemic.

Next Steps

A multi-agency Primary Care Obesity Prevention Steering Group is being established to take forward the learning from both this HCNA, as well as the findings from a behavioural insight survey of frontline primary and community care professionals regarding weight and weight management.

Recommendations from both the HCNA and the survey will be used to inform development of an action plan, to support the implementation of the primary care elements of the AWWMP. Actions will primarily be at a once-for-Wales level that will support the work taking place on local implementation and delivery of the AWWMP.

This report will be disseminated to the Primary Care Obesity Prevention Steering Group and other key stakeholders. Briefings will be held with key stakeholders groups to share learning and to take forward the coproduction and implementation of the Primary Care Obesity Prevention Action Plan.

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