

Behavioural Insights from the Primary Care Workforce on Supporting Weight Management

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




Background



Obesity and weight management is a significant and growing public health issue in Wales.




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.


Background



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).

Aims:

- 
- To understand primary care professionals' knowledge, skills, and confidence to support weight and weight management.
 - To identify any barriers and enablers to having weight management conversations.



Research suggests that experiences, or expectations, of poor communication may cause stress and avoidance of care, mistrust of doctors and poor adherence to prescribed treatments or self-care among obese patients

Methodology

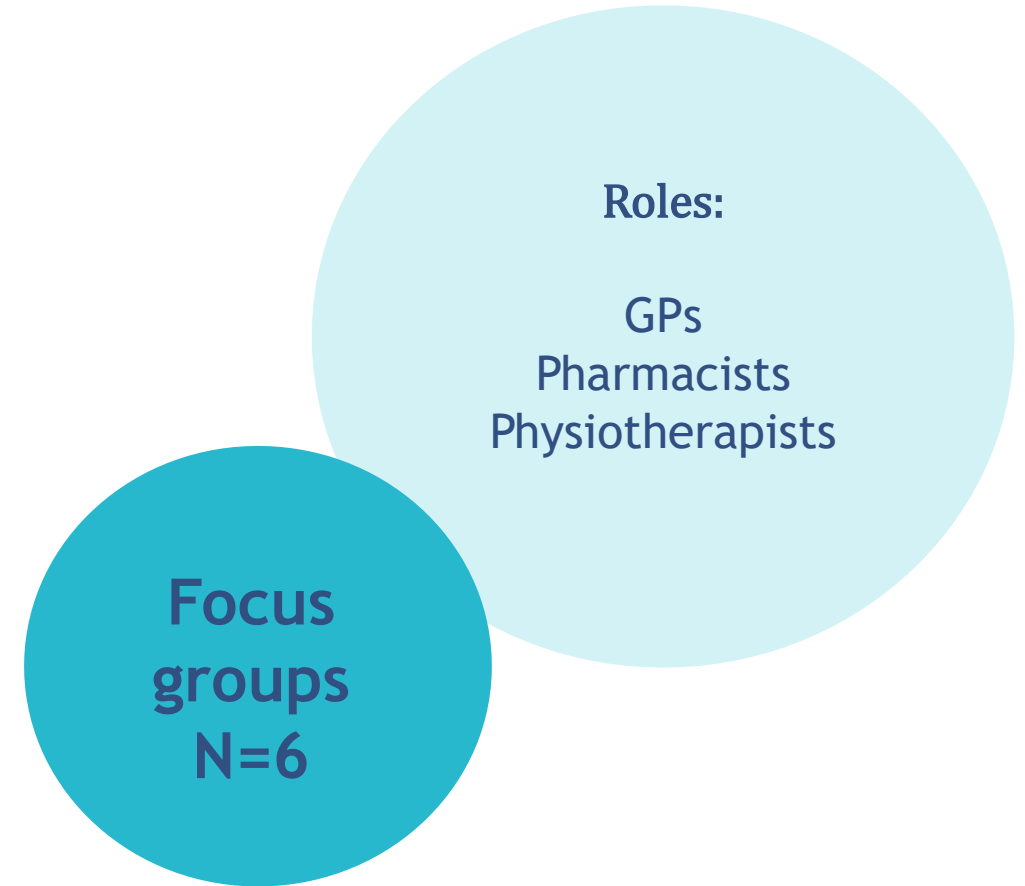
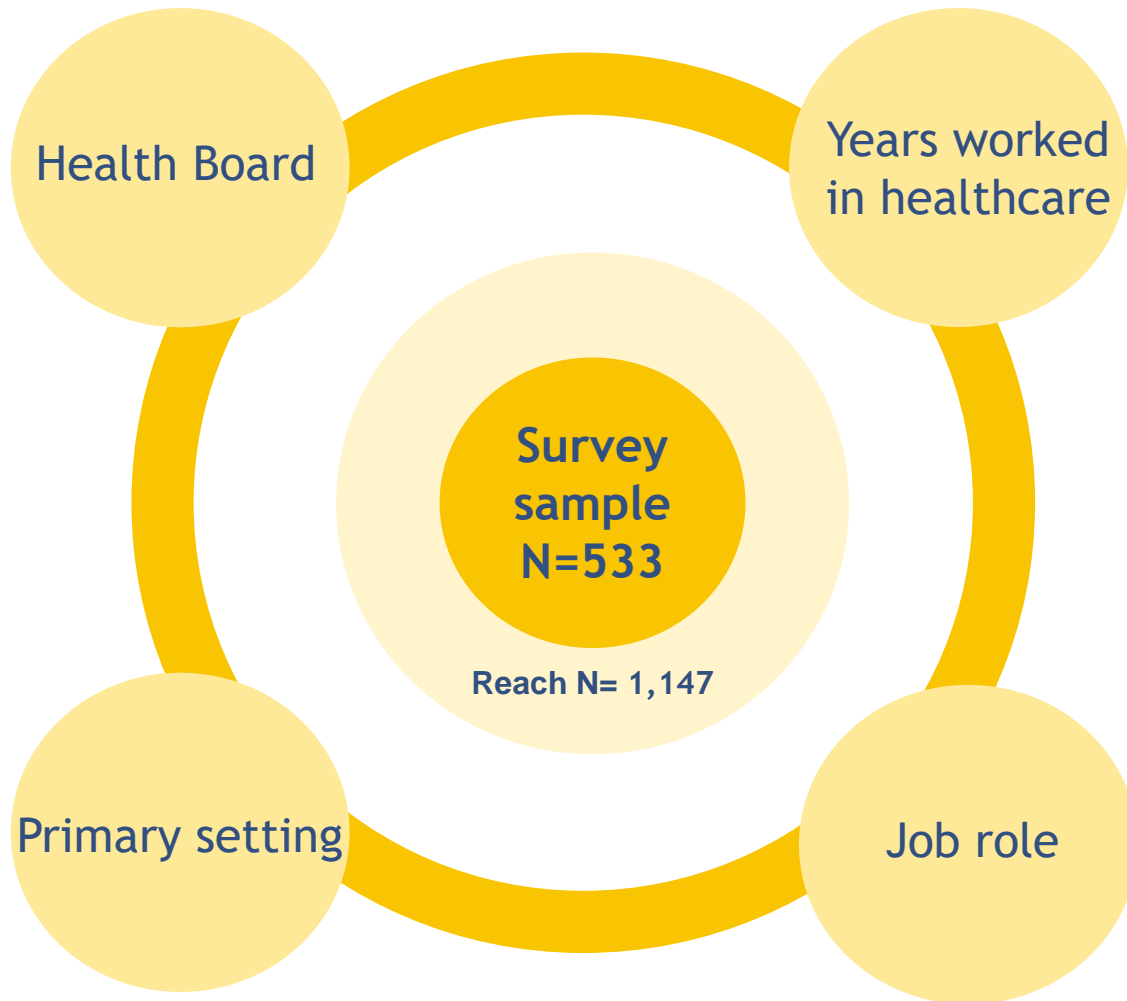
Survey:

- 19-question behavioural insight survey
- Designed collaboratively between Hitch Marketing and PHW, with input from Primary Care Cluster Leads
- Live between 26th May – 19th June 2021
- A purposive 'snowball' sampling approach was used to recruit primary and community healthcare professionals across Wales

Focus groups:

- 6 groups
- Sample of primary and community healthcare professionals across Wales
- Undertaken between 15th June – 1st July 2021
- Further exploration of survey themes

Sample and Occupational Characteristics




Limitations




Recruitment to focus groups was found to be challenging, resulting in a lack of voices heard from across primary care professions throughout Wales.



Whilst 533 respondents engaged with the survey, the composition of respondents varied across occupational characteristics.



It is likely that those who engaged, may have an interest in obesity and may have different views to those who did not engage.



The findings presented are, therefore, not intended to be statistically representative, but reflects the responses of those who participated, providing a sentiment of those working in primary care

Findings

The report highlights a number of findings which are reported in five overarching key themes:

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 sixth theme highlights the role of occupational characteristics:

6. Impact of differences in occupational characteristics



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1. Obesity as a Chronic Condition: Survey

48.0%
agreed that
obesity is a
result of
personal choice
(‘agreed’ or ‘strongly
agreed’)

Those who engaged
more frequently in
weight management
conversations were
more likely to agree
that obesity is a
chronic condition

93.6%
agreed that
obesity is a
chronic condition

45.4% completely agreed
48.2% agreed to some extent

70.4%
agreed that the
environment
(‘agreed’ or ‘strongly
agreed’)

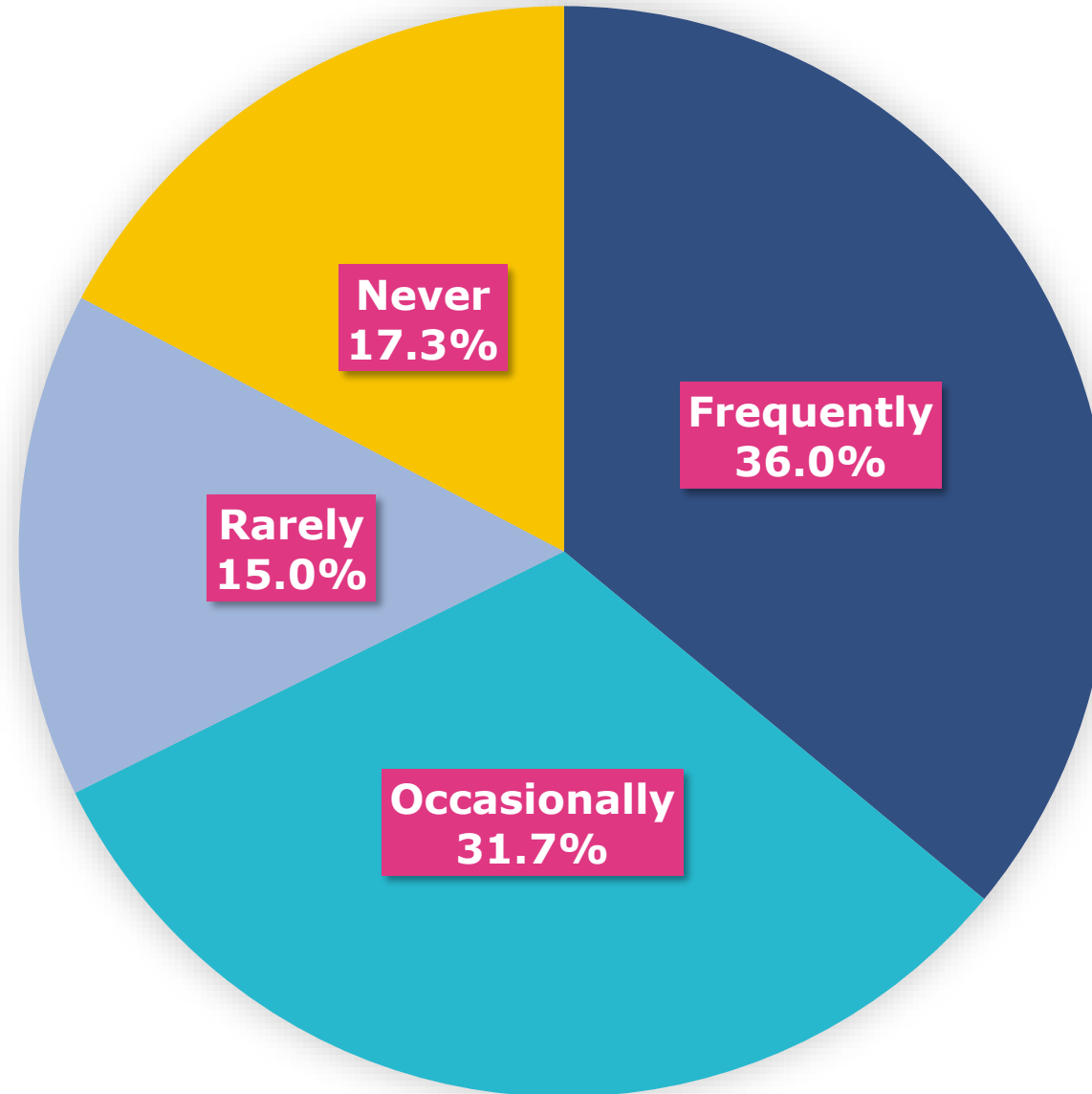
89.5%
agreed that
personal
circumstances
(‘agreed’ or ‘strongly
agreed’)

... makes
weight
management
difficult

1. Obesity as a Chronic Condition: Themes from Focus Groups/ Open-ended Questions



2. Frequency of Initiating Weight Management Conversations



Respondents that indicated they frequently initiate conversations:

- Those who work in GP practices, as GPs and Practice Nurses, as well as, those who worked in healthcare >11 years
- Greater capability, opportunity and motivation (COM)

Respondents were more likely to:

- Feel fully responsible for discussing health behaviours, medical treatments, signposting, dietary advice, physical activity and mental/social wellbeing
- Be trained in all elements for 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

Respondents that indicated they **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 not know where to start

Main barriers:

- Lack of skill/training/knowledge in the topic/where to signpost, lack of confidence, time constraints, not wanting to cause upset/anger, and unpredictability of patient's reaction

3. The Perceived Role of the Healthcare Professional

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

56.9%

Indicated that weight/weight management would be part of their discussion as their focus was on the patient's overall health and health behaviours

12.1%

Did not see weight/weight management discussions as part of their role

3. The Perceived Role of the Healthcare Professional: Themes from Focus Groups

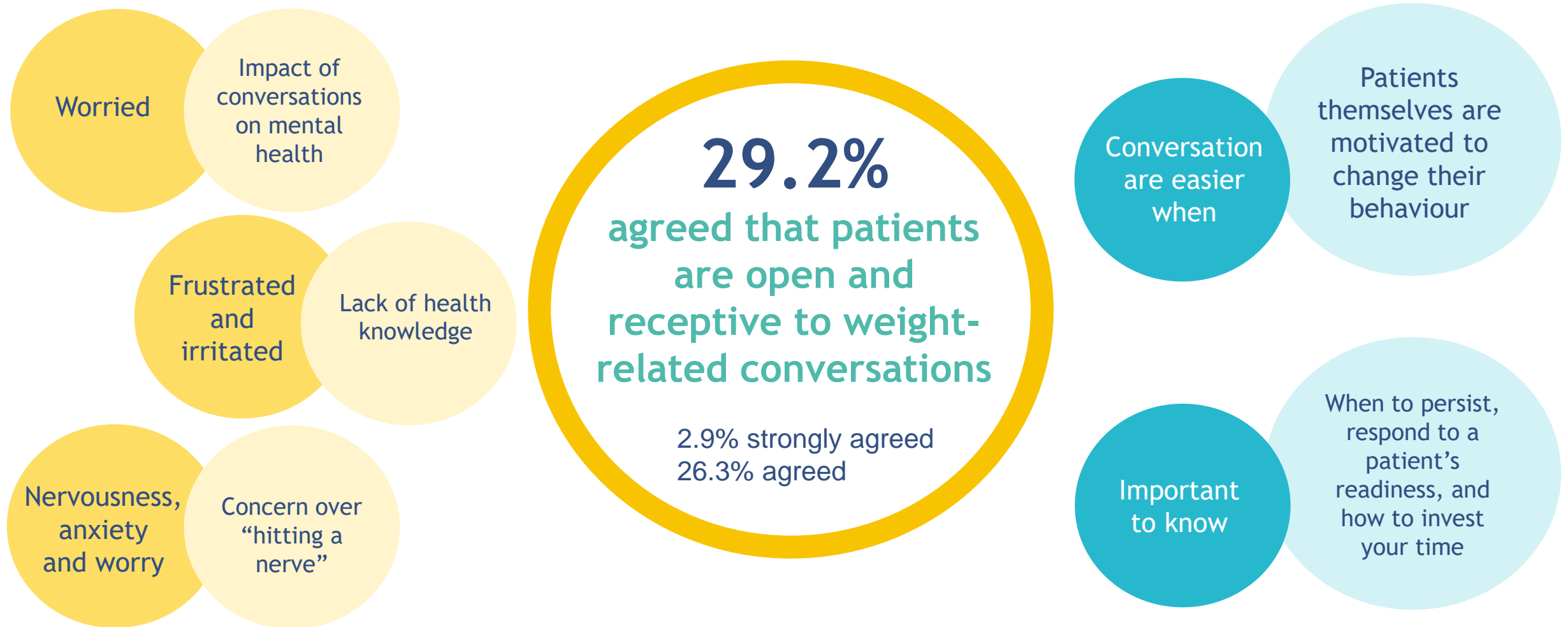
For some professionals, the role of weight management belongs to another, more “appropriate” practitioner

Not a role or priority for all roles/settings

Lack of self-confidence and knowledge around weight and obesity

Patients need to be primed to accept weight management conversations

4. The Perceived Reactions of Patients to Discussing Weight



5. COVID-19 Related Impacts

Barriers

- Not being able to undertake face-to-face appointments
- Additional time pressures
- Impact on availability of services

Enablers

More opportunities to discuss weight and in different ways

E.g. post lockdown behaviors around weight/weight management

Findings

6. Impact of differences in occupational characteristics

- 6.1. Differences between the roles of professions in primary care
- 6.2. Differences between health board regions
- 6.3. Impact of years worked in healthcare: 10 years or less

6.1. Differences between the Roles of Professions in Primary Care

Dental & Optometry

- Less likely to perceive weight and weight management as part of their role
- Experience greater barriers i.e. less likely to have received training in weight management

General Practice & Community Pharmacy

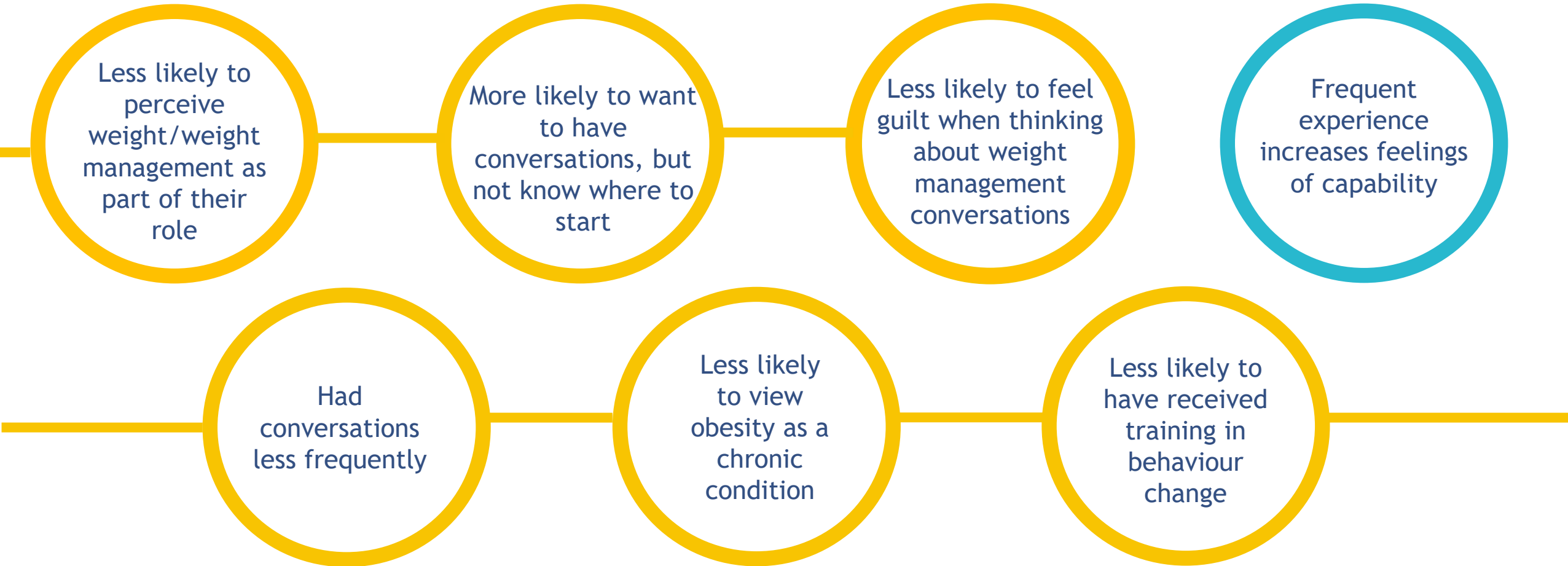
- More likely to have conversations more frequently
- More likely to have received training
- Greater motivation

6.2. Differences between Health Board Regions

Differences across health boards on several factors:

- How likely respondents were to routinely undertake conversations with patients about weight/weight management
- Whether they felt responsible for signposting and discussing mental/social wellbeing
- Respondents in some health boards were also more likely to feel nervous when thinking about a conversation with a patient about weight/weight management
- Scores on the opportunity and motivation scales varied

6.3. Impact of Years worked in Healthcare: 10 years or less



Intention-Action Gap

Potential factors contributing to an intention-action gap include:

Signposting and availability of services

Time constraints

Societal stigma surrounding obesity

Education and training

Intention-Action Gap

59.2%

agreed that they knew how to have a conversation about weight/ weight management

29.2%

agreed that patients are open and receptive to weight-related conversations

A need for education and training for primary care professionals (undergraduate & postgraduate)

56.7%

agreed consultations were not long enough

Perceived lack of services to signpost patients to

94.2%

agreed that people experiencing obesity may feel stigmatised by society

A need to normalise weight discussions and practices for all patients

Lack of skill/ training/ knowledge in the subject was identified as a main barrier for those who rarely initiate conversations

Signposting and Availability of Services

93.9%

felt that signposting
was their
responsibility to some
extent

49.2% - partially
44.7% - fully

41.7%

disagreed that
there are systems
in place to
support patients

Across roles
participants were
more comfortable
with signposting
than delivering
interventions

Lack of services
to signpost
patients to

Lack of patient
interest in some
resources

For some
patients, long-
term and ongoing
support is
needed

Suggestions e.g.
compendium of
resources, and
patients to self-
refer

Time Constraints

Long waiting lists, urgent patients, other priorities

Conversations require sufficient time to be conducted properly

56.7%
agreed consultations /
appts were not
long enough

Conversations can be tiring - must limit the frequency engaging in them

Impacts motivation and effectiveness

"I think time is a big issue, if you start a conversation about weight and lifestyle, it's not going to be a 10-minute conversation and that's the problem...time is a really big factor... [these conversations] do take time." – GP

Societal Stigma Surrounding Obesity

94.2%
agreed that people
experiencing obesity
may feel stigmatised by
society

51.4% agreed
42.8.% strongly agreed

Impact on the
opportunity for
weight related
conversations

Healthcare
professionals'
own weight

A more holistic
approach to
managing obesity
may be slow due
to 'old fashioned'
understanding

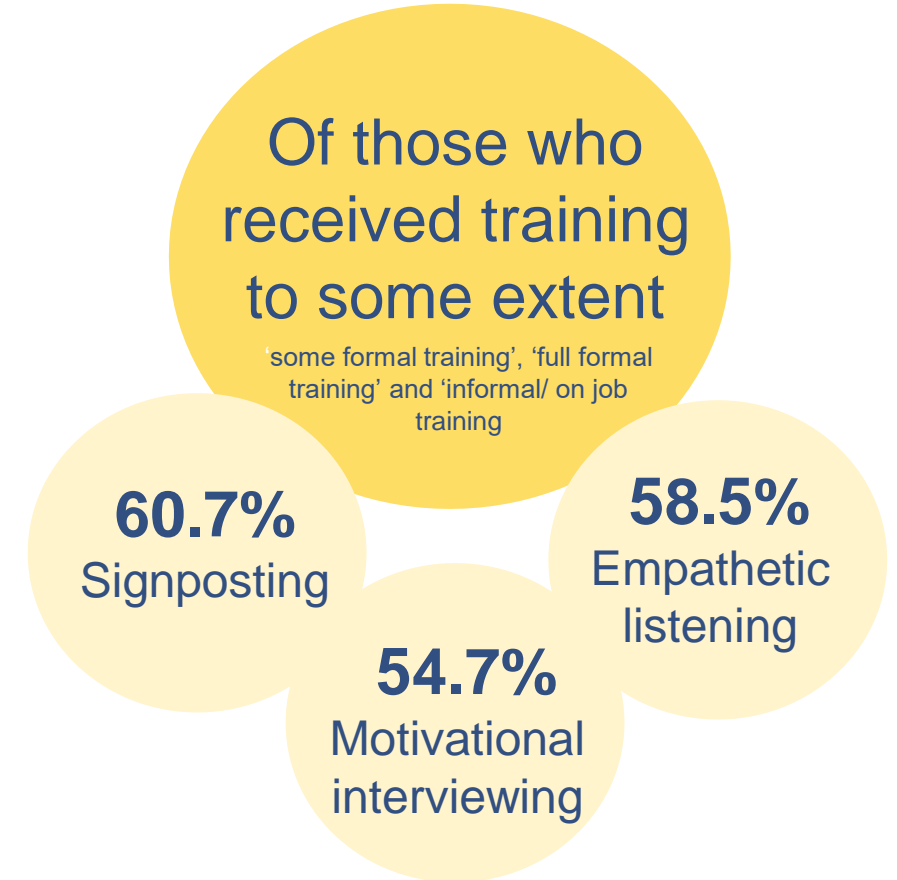
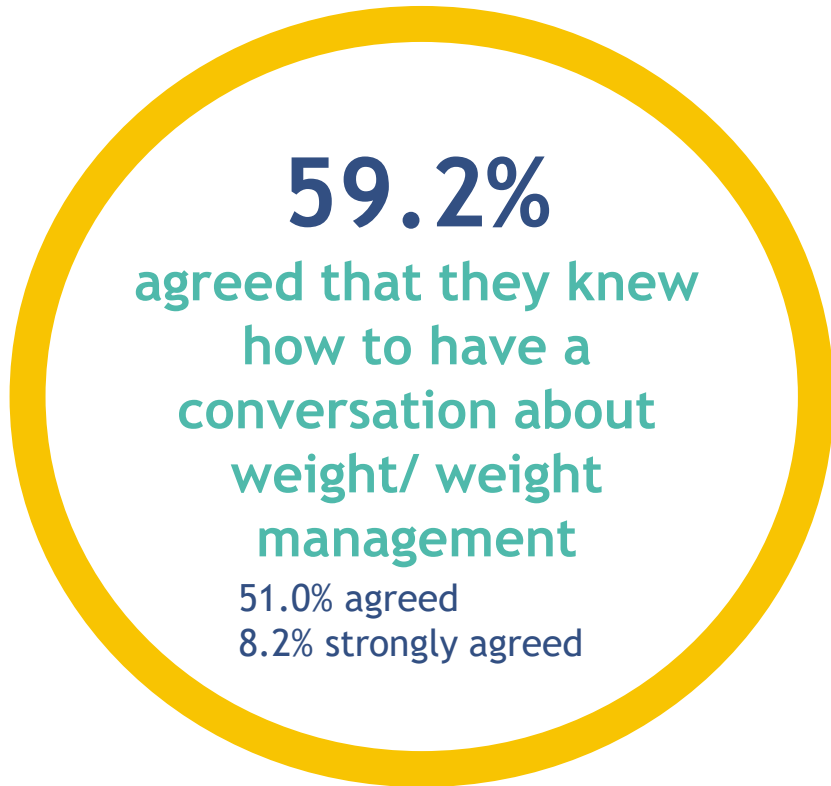
Need for
education

Public and
healthcare
professionals'
perception on
obesity could
shift

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

Normalise
weight
discussions and
practices for
all patients

Education and Training: Survey



Education and Training: Themes from Focus Groups

Who?

A need for education and training for primary care professionals

What?

- Weight and weight management
- Communication skills
- How to approach the conversation
- What services are available and how they are structured
- Related to drivers of obesity

When?

- Required early in professionals' career i.e. university

How?


- Specific to job role and setting
- Shadowing a professional
- Mandatory
- Engaging
- Interactive

Recommendations


This behavioural insight project has identified 3 key recommendations:



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.



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



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



**Thank you for listening.
Any questions?**