



FOCUS ON RESEARCH

UNDERSTANDING THE ROLE OF PRIMARY CARE IN THE MANAGEMENT OF ADULTS WITH OBESITY

Researchers

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Aim

Obesity is one of the biggest public health problems in the UK today. Policy suggests more can be done in primary care to support adults with obesity, particularly identifying and referring individuals with "co-morbid" obesity (obesity with other weight-related conditions, such as diabetes) to weight management services. The purpose of this study is to inform the development of a theory-driven, evidence-based intervention targeted at primary care practitioners to improve the management of co-morbid obesity.

Project Outline/Methodology

This project had 4 phases. 1) Interviews with senior dietitians involved in adult weight management service planning and delivery in 7 of the 8 largest Health Boards in Scotland. 2) A realist review of the published literature on interventions targeted at primary care practitioners to improve the identification and referral of adults with obesity. Data from studies published since 2004 were analysed to explore what has worked well in primary care weight management. 3) Analysis of GP Referrals to the Glasgow & Clyde Weight Management Service (GCWMS) between 2012 and 2016 to assess what patient and practice characteristics influence referral and attendance at weight management services. 4) Interviews with 20 patients who have attended GCWMS, as well as 17 practitioners (GPs and practice nurses) to explore the barriers and facilitators to accessing NHS weight management services.

Key Results

Adult weight management services in Scotland have been under-resourced, particularly when compared to support services for smoking and alcohol, resulting in gaps in services and variation in engagement with primary care.

Previous interventions have shown how important good communication between primary care referrers and weight management services are for improving the identification and referral of adults with obesity, through increased trust, knowledge and confidence.

About a third (n=3250, 33.6%) of 9,677 adults with obesity referred to GCWMS attended at least one session. The likelihood of attendance increased with age, BMI category, and increasing affluence. Practice-level characteristics that were most strongly associated with attendance were being a non-training practice, having a larger list size, and not being in the most deprived areas. Interviews with patients and practitioners helped to explain some of this variation in attendance, related to geographical and structural barriers, particularly for working adults and those from areas of high socio-economic deprivation.

Conclusions

Primary care can do more to support adults with obesity, but to do so weight management services need to be more local, familiar, and relatively quick and easy to access. This is particularly important in deprived areas, which have the highest proportion of referrals but the lowest likelihood of attendance.

Future interventions should consider training of practitioners, audit/feedback on referrals, and tools to aid both identification (e.g. automatic BMI calculators, posters in waiting area) and referral.

What does this study add to the field?

This study helps us to understand the role of primary care in adult weight management, and to unpick some of the barriers to accessing weight management as well as potential solutions to these.

Implications for Practice or Policy

Equity of access to adult weight management services will only be achieved if available services are acceptable to diverse populations of potential users.

Where to next?

An intervention targeted at primary care to improve weight management, informed by these findings, should be developed and trialled. Funding to weight management services should be secure and sustainable.

Further details from:

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