Tackling Obesity in Primary Care

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In 2002 the proportion of men and women classified as either overweight or obese was 65.4% and 56.5% respectively.

The number of obese individuals in England has tripled since the 1980s.

Nearly one in four people in the UK are obese.

Reduces life expectancy by an average of 9 years.
Why is it important?

Local Oxfordshire PCT

• Prevalence of obesity is estimated at 24%

• Increase to 45% by 2026 if no action is taken.

• Obesity was identified as a key area for action within the Director of Public Health annual report 2005 – 2007

• Lavender statements on bariatric surgery
  • Low priority except for patients who have a BMI 50kg/m² or greater and who also have DM or other co-morbidity due to obesity and who have been receiving treatment in a specialist obesity management service which included diet and exercise support, pharmacologic therapy and counselling and failed to respond adequately.
Why is it important

National

- Costs
  - Preventable ill health costs the NHS over £1 billion per year
  - Society up to £3.5 billion per year.

- Public Health white paper, November 2004
  - Each PCT will have a specialist obesity service, with access to a dietician and advice and support on changing behaviour

- 2006 Government Target (Public Service Agreement)
  - No national target exists for adult obesity.
  - Target for PCT to provide baseline BMI data
  - At present the Quality Outcomes Framework for primary care requires GP practices to establish obesity registers.
  - It is expected that the data will be used to set targets locally and nationally.

  - ‘be delivered by healthcare professionals who have relevant competencies and specific training’
  - ‘surgery to be considered in those with BMI>40, who have tried other interventions to full potential’
What is available locally?

- No community or hospital based clinics – for specialist obesity services

- Low priority on Lavender statements for bariatric surgery (BMI>50)

- NICE & Lavender statements advise specialist obesity assessment pre surgery – This could be implemented locally
Project Aim

To establish a care pathway for morbidly obese patients – BMI > 40
Project objectives

- To determine if a community based project, in addition to GP services improves weight management or weight loss
- Develop care pathway
- Pilot intervention in the form of a multidisciplinary team clinic, audit the outcomes
- If successful to apply for future funding to continue the service and widen patients groups eligible for this.
- Contribution to the development of obesity care in primary care setting
  - Education
Adult Obesity Care Pathway

12 Months

Surgery

As set out in Lavender Statement

Level 4

INTENSIVE SUPPORT WITH DRUG INPUT

As below with drug intervention added to programme as per Lavender Statement criteria

Level 3

INTENSIVE SUPPORT

Identifying patients who require urgent weight loss to prevent ill health/deterioration of condition and offering support through community/practice based programmes.

Level 2

SELF HELP WITH SUPPORT

Helping patients who are overweight/obese to lose weight with info, goals etc

Level 1

COMMUNITY PROGRAMMES

All preventative work done around eating, exercise

Level 0

6 Months
Structure

- PCT team and pathway – 1 day
- To further knowledge & skills in management of obesity & related conditions – 1 day
  - Hospital diabetes clinics
  - Dietetic services
  - Other established weight management services
  - Luton specialist obesity clinic, psychologist sessions & surgery assessment
  - PCOS clinics
  - GP based obesity clinic
  - Individual patient management within practice
Structure

- Senior Registrar – 2.5 days
  - Routine and urgent general practice
  - Chronic disease management clinics – Diabetes
  - Practice management, PBC

- Additional Private study
  - Certificate In Diabetes Care course – Warwick
  - Distant e-learning – starts September 2008
  - Obesity conferences and courses
Implications

- Personal
  - Develop project management skills
  - Skills of working with PCT on health improvement
  - Obtain further qualification of diabetes care (CIDC) to compliment future management of obesity related problems
  - Future Clinical Lead, Diabetes and Obesity
  - Work within the PCT on future projects
  - GP with Special Interest. Potentially lead community Clinics for obesity management.
  - Additional time as Senior Registrar to develop other GP skills such as minor surgery, womens health, run chronic disease clinics (particularly Diabetes) & practice management.
Implications

- Locally
  - A key recommendation from the Director of Public Health’s 2005-2007 report
  - Provide obesity care in primary care setting use of current primary HCPs
  - Improve obesity management in the PCT
  - Long term care pathway to continue to be used
  - Reduce cost of co morbid conditions and pressures on hospital services
  - Reduce surgery referrals
Implications

- Nationally
  - NICE, Impending DOH targets
  - Long term changes to reduce obesity as a whole
  - Reduced burden of disease on the NHS budget
  - Reduced mortality and morbidity
Team

- PCT
  - Public health Team
  - Oxfordshire health improvement team
    - Angela Baker
    - Kate King

- GP with interest in obesity
  - Dr Ralph Drury
    - Set up and run clinics at Sonning Common Health Centre
    - Won the national obesity forum prize