

# Primary Care Needs Assessment tool: indicator review

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① You are now reviewing the PCNA indicator(s) for: **Prevalence of obesity in adults**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP

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## Strategic context

① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

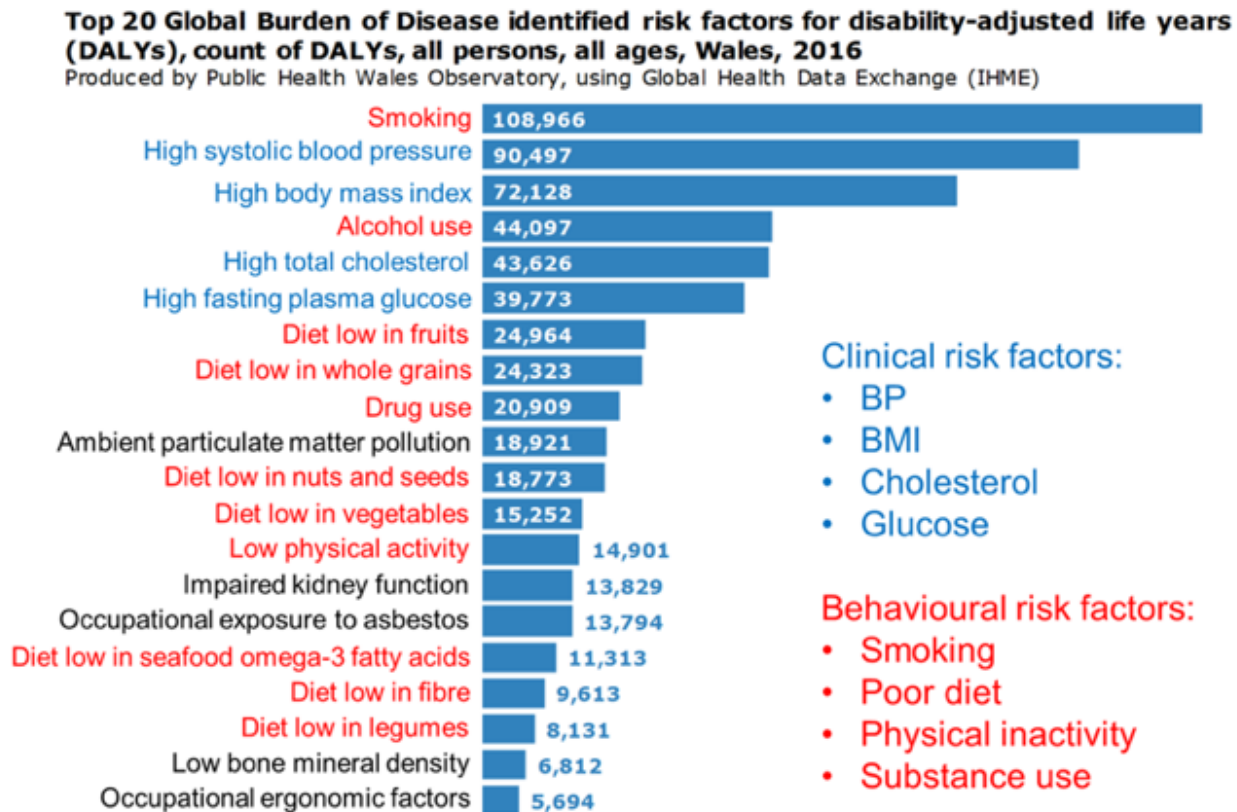
- High body mass index (BMI) is the second-ranked clinical risk factor contributing to avoidable disability-adjusted life years ([DALYs](#)).
- An overview of the impact of obesity on health and well-being in Wales, and of the scale of the problem, is given [here](#) and [here](#).
- The health impacts of adult obesity include: musculoskeletal, circulatory and metabolic/ endocrine system problems; cancers; reproductive, urological and respiratory problems; non-alcoholic fatty liver disease; gastrointestinal disease; psychological and social problems (see [here](#)).
- The health impacts of obesity are set to increase (*Making a difference*, Public Health Wales 2016; see [here](#)).
- Welsh Government have developed a draft obesity prevention and reduction strategy (*Healthy weight: healthy Wales*), as required by the Public Health (Wales) Act 2017; this will be finalised and published in October 2019. For updates, see [here](#).

▼ ① Tell me about: DALYs

What are DALYs?

- Disability-adjusted life years (DALYs) are a combined measure of early deaths (i.e. premature mortality) and disability-weighted impact on quality of life from living with poor health.
- Because DALYs capture both what kills us and what makes us ill, they describe the overall 'burden of disease' (reported by risk or condition) more effectively than mortality or disability prevalence does alone.

- The relative contribution of known risk factors for DALYs is illustrated in the figure below ([Health and its determinants in Wales](#), PHW 2018).



Behavioural risk factors for DALYs:

- Behavioural risk factors for DALYs relate to both individual behaviours and the choice environment (i.e. the people and things around a person that influence their health choices).
- Four behaviours—smoking, substance misuse (alcohol and drugs), inactivity and unhealthy diet contribute considerably to identified risk factors for DALYs in Wales.
- Behavioural risk factors are generally reduced via mix of population and targeted approaches, with the aim of preventing or reversing health-harming behaviours that contribute to DALYs.

Clinical risk factors for DALYs:

- Four clinical risk factors are among the top five ranked risks for DALYs, these being: high systolic blood pressure (i.e. hypertension); high body index (i.e. overweight and obesity); high total cholesterol; high fasting plasma glucose (a prelude to diagnosis of diabetes).
- Clinical risk factors may be secondary (in part) to behavioural risk factors.
- Clinical risk factors are generally reduced via targeted approaches.

▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm e.g. never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g. screening) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the worst consequences of established disease e.g. vascular surgery).
- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

*Building a healthier Wales* (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).
- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.
- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.



## Improvement actions for GP practice cluster members

① Consider which of the following actions could be taken forward:

### ▼ Prevent/ reduce obesity by encouraging healthy diet

- Optimise primary/ secondary preventive actions for unhealthy diet ([BRF-002](#)).

### ▼ Prevent/ reduce obesity by encouraging physical activity

- Optimise primary/ secondary preventive actions for physical inactivity ([BRF-003](#)).

### ▼ Prevent/ reduce obesity by encouraging lower alcohol consumption

- Optimise primary/ secondary preventive actions for alcohol misuse ([BRF-004](#)).

### ▼ Commit to recording of weight and height in adults

- Sources of reliable data on adult overweight and obesity are few (typically reliant on self-reported surveys). Robust and current data upon which to calculate body mass index within clinical systems will better enable healthcare professionals to identify candidates for weight management intervention, monitor progress and provide feedback.
- While BMI will likely be calculated automatically by your clinical system, you can also use an online calculator that will categorise a patient's result, as [here](#).

### ▼ Offer a primary care-based weight management programme

- *Building a healthier Wales* (Feb 2019) advocates for a Primary care-based weight management programme. A review of the obesity pathway in Wales has identified that there is a lack of capacity at level two of the pathway; this impacts on demand at higher levels of the pathway.
- Research evidence has identified that the following interventions are effective in primary care settings: Brief intervention and recommendation to consider losing weight; Brief intervention with referral to weight management programme e.g. commercial slimming providers such as Weight Watchers, Slimming World or an equivalent company. Rigorous trials have demonstrated that such programmes are more effective than usual care or alternative interventions at 12 months follow up.
- Intervention components may include: Installation of weighing scales in primary care settings including GP receptions with active encouragement of people to weigh themselves and take the print out into the consultation; GPs, pharmacists and nursing staff to enter weight recorded and measure height; Those patients who are overweight without co-morbidity would be advised to lose weight and recommended to use an evidence-based commercial weight management programme; Those patients who are obese or overweight with co-morbidity (such as hypertension, pre-diabetes) would be assessed against criteria and if eligible provided with a referral to an evidence-based commercial weight management programme; GP/ Pharmacy follow up after 12 weeks.

### ▼ Improve maternal obesity management based on the Doncaster Model

- *Building a healthier Wales* (Feb 2019) advocates for maternal obesity intervention based on the Doncaster Model, identified as best practice by NICE and tested in Cwm Taf UHB.
- The service is delivered by a specialist midwife with support from a dietitian and access to exercise. The intervention in Doncaster was targeted at all women with a booking BMI of 30 or more.

- Obesity in pregnancy is associated with a range of poorer outcomes and significant avoidable costs to the service. Obese women spend an average of 4.83 more days in hospital in their maternity pathway and the increased rates of complications in pregnancy with interventions in labour represent a five-fold increase in the cost of their antenatal care (NICE, 2010).
- Delivery requires: Agreement and implementation of consistent all Wales guidelines for enhanced care in pregnancy based on high booking BMI; Improved recording of weight status and booking and at 36 weeks; Specialist clinics to provide enhanced care by a midwife and dietitian and referral to the National Exercise Referral Scheme ([NERS](#)).

#### ▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Obesity prevention*: Clinical guideline [[CG43](#)] (Published date: December 2006; Last updated: March 2015) includes recommendations suitable for adoption by healthcare professionals. This guideline covers preventing children, young people and adults becoming overweight or obese. It outlines how the NHS, local authorities, early years settings, schools and workplaces can increase physical activity levels and make dietary improvements among their target populations.
- *Obesity in adults: prevention and lifestyle weight management programmes*: Quality standard [[QS111](#)] (Published date: January 2016) sets out eight quality statements, any of which could form a focus for collective local improvement action. This quality standard covers preventing adults (aged 18 and over) from becoming overweight or obese. It includes strategies to increase physical activity and promote a healthy diet in the local population. It also covers lifestyle weight management programmes for adults who are overweight or obese. It describes high-quality care in priority areas for improvement.
- *Obesity: identification, assessment and management*: Clinical guideline [[CG189](#)] (Published date: November 2014) includes recommendations suitable for adoption by healthcare professionals. This guideline covers identifying, assessing and managing obesity in children (aged 2 years and over), young people and adults. It aims to improve the use of bariatric surgery and very-low-calorie diets to help people who are obese to reduce their weight.
- *Obesity: clinical assessment and management*: Quality standard [[QS127](#)] (Published date: August 2016) sets out seven quality statements (applicable to children, young people and adults), any of which could form a focus for collective local improvement action. This quality standard covers assessing and managing obesity in adults, young people and children, including referral for specialist care and bariatric (weight loss) surgery. It includes people who are obese and have, or are at risk of, other medical conditions. It describes high-quality care in priority areas for improvement.
- *Weight management before, during and after pregnancy*. Public health guideline [[PH27](#)] (Published date: July 2010) includes recommendations suitable for adoption by healthcare professionals. This guideline covers how to assess and monitor body weight and how to prevent someone from becoming overweight or obese before, during and after pregnancy. The aim is to help all women who have a baby to achieve and maintain a healthy weight by adopting a balanced diet and being physically active.
- *Preventing excess weight gain*. NICE guideline [[NG7](#)] (Published date: March 2015) includes recommendations suitable for adoption by healthcare professionals. This guideline covers behaviours such as diet and physical activity to help children (after weaning), young people and adults maintain a healthy weight or help prevent excess weight gain. The aim is to prevent a

range of diseases and conditions including cardiovascular disease and type 2 diabetes and improve mental wellbeing.

- *Weight management: lifestyle services for overweight or obese adults.* Public health guideline [[PH53](#)] (Published date: May 2014) includes recommendations suitable for adoption by healthcare professionals. This guideline covers multi-component lifestyle weight management services including programmes, courses, clubs or groups provided by the public, private and voluntary sector. The aim is to help people lose weight and become more physically active to reduce the risk of diseases associated with obesity. This includes coronary heart disease, stroke, type 2 diabetes and various cancers.
- *BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups.* Public health guideline [[PH46](#)] (Published date: July 2013) includes recommendations suitable for adoption by healthcare professionals. This guideline covers the link between body mass index (BMI) and waist circumference and the risk of disease among adults from black, Asian and other minority ethnic groups in the UK. The aim was to determine whether lower cut-off points should be used for these groups as a trigger for lifestyle interventions to prevent conditions such as diabetes, myocardial infarction or stroke.



## Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

### ▼ Prevent/ reduce obesity by encouraging healthy diet

- Optimise primary/ secondary preventive actions for unhealthy diet ([BRF-002](#)).

### ▼ Prevent/ reduce obesity by encouraging physical activity

- Optimise primary/ secondary preventive actions for physical inactivity ([BRF-003](#)).

### ▼ Prevent/ reduce obesity by encouraging lower alcohol consumption

- Optimise primary/ secondary preventive actions for alcohol misuse ([BRF-004](#)).

### ▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Obesity prevention:* Clinical guideline [[CG43](#)] (Published date: December 2006; Last updated:



March 2015) includes recommendations suitable for adoption by healthcare commissioners, employers, local authorities and educators. This guideline covers preventing children, young people and adults becoming overweight or obese. It outlines how the NHS, local authorities, early years settings, schools and workplaces can increase physical activity levels and make dietary improvements among their target populations.

- *Obesity in adults: prevention and lifestyle weight management programmes*: Quality standard [QS111] (Published date: January 2016) sets out eight quality statements, any of which could form a focus for collective local improvement action. This quality standard covers preventing adults (aged 18 and over) from becoming overweight or obese. It includes strategies to increase physical activity and promote a healthy diet in the local population. It also covers lifestyle weight management programmes for adults who are overweight or obese. It describes high-quality care in priority areas for improvement.
- *Obesity: working with local communities*. Public health guideline [PH42] (Published date: November 2012; Last updated: June 2017) includes recommendations suitable for adoption by a broad audience. This guideline covers how local communities, with support from local organisations and networks, can help prevent people from becoming overweight or obese or help them lose weight. It aims to support sustainable and community-wide action to achieve this.
- *Weight management before, during and after pregnancy*. Public health guideline [PH27] (Published date: July 2010) includes recommendations suitable for adoption by a broad audience. This guideline covers how to assess and monitor body weight and how to prevent someone from becoming overweight or obese before, during and after pregnancy. The aim is to help all women who have a baby to achieve and maintain a healthy weight by adopting a balanced diet and being physically active.
- *Preventing excess weight gain*. NICE guideline [NG7] (Published date: March 2015) includes recommendations suitable for adoption by a broad audience. This guideline covers behaviours such as diet and physical activity to help children (after weaning), young people and adults maintain a healthy weight or help prevent excess weight gain. The aim is to prevent a range of diseases and conditions including cardiovascular disease and type 2 diabetes and improve mental wellbeing.
- *Weight management: lifestyle services for overweight or obese adults*. Public health guideline [PH53] (Published date: May 2014) includes recommendations suitable for adoption by a broad audience. This guideline covers multi-component lifestyle weight management services including programmes, courses, clubs or groups provided by the public, private and voluntary sector. The aim is to help people lose weight and become more physically active to reduce the risk of diseases associated with obesity. This includes coronary heart disease, stroke, type 2 diabetes and various cancers.
- *BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups*. Public health guideline [PH46] (Published date: July 2013) includes recommendations suitable for adoption by a broad audience. This guideline covers the link between body mass index (BMI) and waist circumference and the risk of disease among adults from black, Asian and other minority ethnic groups in the UK. The aim was to determine whether lower cut-off points should be used for these groups as a trigger for lifestyle interventions to prevent conditions such as diabetes, myocardial infarction or stroke.

# What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

## ▼ All Wales Obesity Pathway

- *What problem was being addressed?* Need to reduce prevalence of adult obesity.
- *What was done to address it?* A full time Community Dietician appointed from NCN monies to assist the existing Adult Weight Management Service. Since starting in 1st April 2016, progress has been made in the following areas: Steady Increase in referrals first 4 months; Monnow Vale clinic established; Antenatal clinics Nevill Hall Hospital; Mapping of agencies interested in delivering Foodwise Scheme.
- *Who did it or who can be contacted in the event of queries?* Monmouthshire North cluster (Dr Brian Harries).
- *Source?* Primary Care Clusters 2019 (yearbook) [[link](#)].

## ▼ Promoting healthy lifestyle to tackle obesity

- *What problem was being addressed?* Need to reduce prevalence of adult obesity.
- *What was done to address it?* Figures from Public Health Wales indicate that 58% of the population of Meirionnydd are overweight or obese. The cluster will set up a task group aimed at mapping current local resources available, in an effort to encourage families to engage in activities which will promote a healthier lifestyle and support weight loss.
- *Who did it or who can be contacted in the event of queries?* Meirionnydd cluster (Dr Jonathan Butcher; Ellen V Williams; Christine Carroll).
- *Source?* Primary Care Clusters 2019 (yearbook) [[link](#)].

## ▼ Promoting healthy lifestyle to tackle obesity

- *What problem was being addressed?* Need to reduce prevalence of adult obesity.
- *What was done to address it?* HALO Lifestyle coach in place providing a 12 week food wise and exercise course for patients in North Cluster.
- *Who did it or who can be contacted in the event of queries?* Bridgend North cluster (Dr Geoff Smith; Andrew Carrick).
- *Source?* Primary Care Clusters 2019 (yearbook) [[link](#)].



## ▼ Slimming World

- *What problem was being addressed?* Need to reduce prevalence of adult obesity.
- *What was done to address it?* The Cluster has purchased Slimming World vouchers which have been distributed to practices based on their list size. The voucher entitles patients who meet the criteria to 12 weeks free Slimming World attendance.
- *Who did it or who can be contacted in the event of queries?* Rhondda cluster (Dr Westley Saunders; Dr Rachel Bennett; Dr Neeraj Singh; Sarah Simpson; Caitlin Jacob).
- *Source?* Primary Care Clusters 2019 (yearbook) [[link](#)].

## ▼ Promoting healthy lifestyle to tackle obesity

- *What problem was being addressed?* Need to reduce prevalence of adult obesity.
- *What was done to address it?* Obesity was identified as an area which is high in the practice population of Amman Gwendraeth and therefore the Cluster implemented a lifestyle programme. The programme consists of a GP, dietician and fitness instructor and is for patients aged between 18 and 65 with a BMI 25–35, not under secondary care for any associated health conditions and most importantly motivated to change. In one group of 10 patients reviewed for feedback, it was noted that there had been 100% attendance at the programme with a combined weight loss of 47kgs (six patients had lost >5% of their body weight and one had lost 9%); two patients had lowered their HCA1c by 20 and are no longer considered to be diabetic.
- *Who did it or who can be contacted in the event of queries?* Amman/ Gwendraeth cluster (Dr Sioned Richards; Laura Lloyd Davies).
- *Source?* Primary Care Clusters 2019 (yearbook) [[link](#)].

## ▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

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STEP

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## What do you know about community views on this?

① Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

STEP

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## What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP

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## Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

# What is your provisional decision?

① Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

① Now  this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.