



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Response from the Faculty of Public Health to the Department of Health's *Obesity Care Pathway*

Introduction

The Faculty is an authoritative public health body which maintains and improves standards in the public health workforce to improve the health of the population. It does this through the following key areas of work: health improvement, health and social care standards, and health protection. In addition to maintaining professional and educational standards, the Faculty advocates on key public health issues.

We welcome the Department's initiative in producing an Obesity Care Pathway as an interim piece of guidance ahead of the forthcoming NICE guidance. We also welcome the opportunity to comment.

General

The text is somewhat heavy and verbose. To make the pathway more useful for GPs/practice nurses, we suggest the use of bullet points throughout, with short simple sentences and active verbs.

Methods

We suggest this section should go in the notes at the end. Without knowing which organisations have been consulted it is difficult to have confidence in the content, particularly as, for children, the evidence base is weak. The Royal College of Paediatrics and Child Health have produced guidelines for weight management in primary care and we assume that these guidelines have been taken into account in producing this pathway.

The diagrammatic pathway

The Faculty believes this is too complicated to be practical. We suggest a far simpler pathway along the lines of the Southwark example attached, perhaps supported by the Triple Tier service model (Southwark example also attached).

Readiness to change

A short section on the basics of motivational interviewing (based on the Stages of Change approach) would be useful – but we would suggest that it should be a little more comprehensive than the three questions given here.

Measurement (we suggest this is incorporated in the Assessment section)

Replace 'Kgs' with 'kg'. replace 'height' with 'height squared'.

In the table, we would recommend that obesity is a BMI of 30+ and severe or morbid obesity 40+ (ie. not >). In the risk column, we would suggest replacing 'severe' with 'high' and 'very severe' with 'very high' to avoid confusion with grades of obesity.

Assessment

This section in particular needs to be simplified as bullet points.

The emphasis should be on assessing risk factors and co-morbidities alongside obesity and readiness to change.

There should also be some recognition that the material and personal resources (income, level of education, understanding of nutritional issues and food preparation, access to supply of affordable healthy food) will vary between families. Poor families are likely to have fewest resources at their disposal, but they are disproportionately affected as the prevalence of obesity and overweight is greater in women and children in lower socioeconomic positions.

Management

Contents are fine – but again we suggest bullet points. In the section on 'BCBA', we suggest this should be labelled as 'motivational interviewing' and give the basics, taking out the jargon, for example "Managing self-defeating cognitions". Words such as 'cognitions' should be avoided. Use plain English words like 'thoughts' or 'beliefs'.

The term "weight loss" is probably best avoided in the children's pathway, except where it is intended specifically. For more general statements, 'weight management' is a more useful term as it can include both loss and maintenance.

Drug therapy

Spelling of 'sibutramine'. Both orlistat and sibutramine are generic names and do not require a capital letter.

Maintenance

It is important to emphasise the need for a more active lifestyle – which may or may not involve a formal exercise programme. Encouragement, support and referral to leisure services should be included. Role of health trainers, eg. telephone support.

The Faculty (together with the National Heart Forum) is producing a revised version of its Obesity Toolkit towards the end of 2005. It would be useful to issue the department's Care Pathway at the same time if possible. We understand that an early draft of the NICE guidelines may be circulated for comment next spring. An early indication of the pathway they will be using would obviously be invaluable for interim guidance.