



Helping people living with obesity - the role of Community Pharmacy

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ABOUT

On 31 March the National Pharmacy Association (NPA) organised a roundtable in collaboration with Novo Nordisk to discuss how the NHS – and community pharmacy – can better serve people living with obesity.

The virtual event was chaired by Professor Maggie Rae, President of the Faculty of Public Health. It featured people with lived experience of obesity alongside representatives from the Royal Pharmaceutical Society, Royal Society for Public Health, Patients Association, UK Health Security Agency, Diabetes UK and NHS England.

This report highlights the key points from the discussion, including seven proposed action points to help people living with obesity.

BACKGROUND



Obesity is one of the greatest public health challenges of the 21st century, with the World Health Organization (WHO) calling it an “epidemic”.

Prevalence has tripled in many European countries since the 1980s, according to the WHO, with obesity responsible for up to 8% of health costs and 10–13% of deaths in different parts of the region. ^[1]

The latest WHO data shows almost two thirds of adults (59%) are living with whilst overweight or obesity. Levels are higher among men (63%) than among women (54%), and although prevalence decreases temporarily in adolescents – with one quarter overweight (including obesity) – the number of children affected is on the rise. In children below 5 years of age, 8% are living whilst with overweight (including obesity), increasing to 30% of 5 to 9-years-olds. ^[2]

Now considered a complex disease that presents a risk to health, the causes of obesity are much more complex than the mere combination of unhealthy diet and physical inactivity. Deprivation and health inequalities are linked to levels of obesity, with obesity prevalence higher in adults with lower educational attainment, and in their children – and vulnerability to unhealthy body weight in early life affecting a person’s tendency to develop obesity. ^[2]

In addition to causing various physical disabilities and psychological problems, excess weight drastically increases a person’s risk of developing a number of non-communicable diseases (NCDs), including cardiovascular disease, cancer and diabetes – and the risk of developing more than one of these diseases (co-morbidity) rises with increasing body weight. We also know that obesity increases the risk of severe illness from Covid-19.

PURPOSE OF THE ROUNDTABLE

No member state in the WHO European Region is on track to reach the target of halting the rise in obesity by 2025, with the United Kingdom currently the second most obese and overweight country in Western Europe. [2]

The WHO has called for national policies to encourage and provide opportunities for greater physical activity, and improve the affordability, availability and accessibility of healthy foods. Crucially, WHO says these policies should also involve “different government sectors, civil society, the private sector and other stakeholders”.

Failing to address the obesity epidemic will place an even greater burden on NHS

resources. It is estimated that the NHS spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015, with more spent annually on the treatment of obesity and diabetes than on the police, the fire service and the judicial system combined. [3]

In 2020, the Prime Minister personally set out the government’s strategy on tackling obesity. Then, in July 2021, the NHS Digital Weight Management Programme was launched, involving the provision of free online support via GP and community pharmacies for adults living with obesity. [4]

Yet despite pharmacy’s accessibility – and proven track record of delivering consistent





and expert healthcare and advice during the pandemic – there are still few obesity services commissioned from community pharmacy, and some have even been decommissioned. [5]

This roundtable was an opportunity to bring together public health and clinical leaders, as well as people with lived experience of obesity, to focus on what services are needed, the role of community pharmacy in providing these, and to collate evidence for government and commissioners about why services for people living with obesity should be commissioned through pharmacy.

Setting the scene – the obesity pandemic
Opening the roundtable, chair Professor

Maggie Rae described obesity as “another pandemic” and reminded the panel that the aim of the discussion was to come up with actionable recommendations for policy makers that would be “distributed far and wide” in a bid to “get the attention that this important agenda needs”.

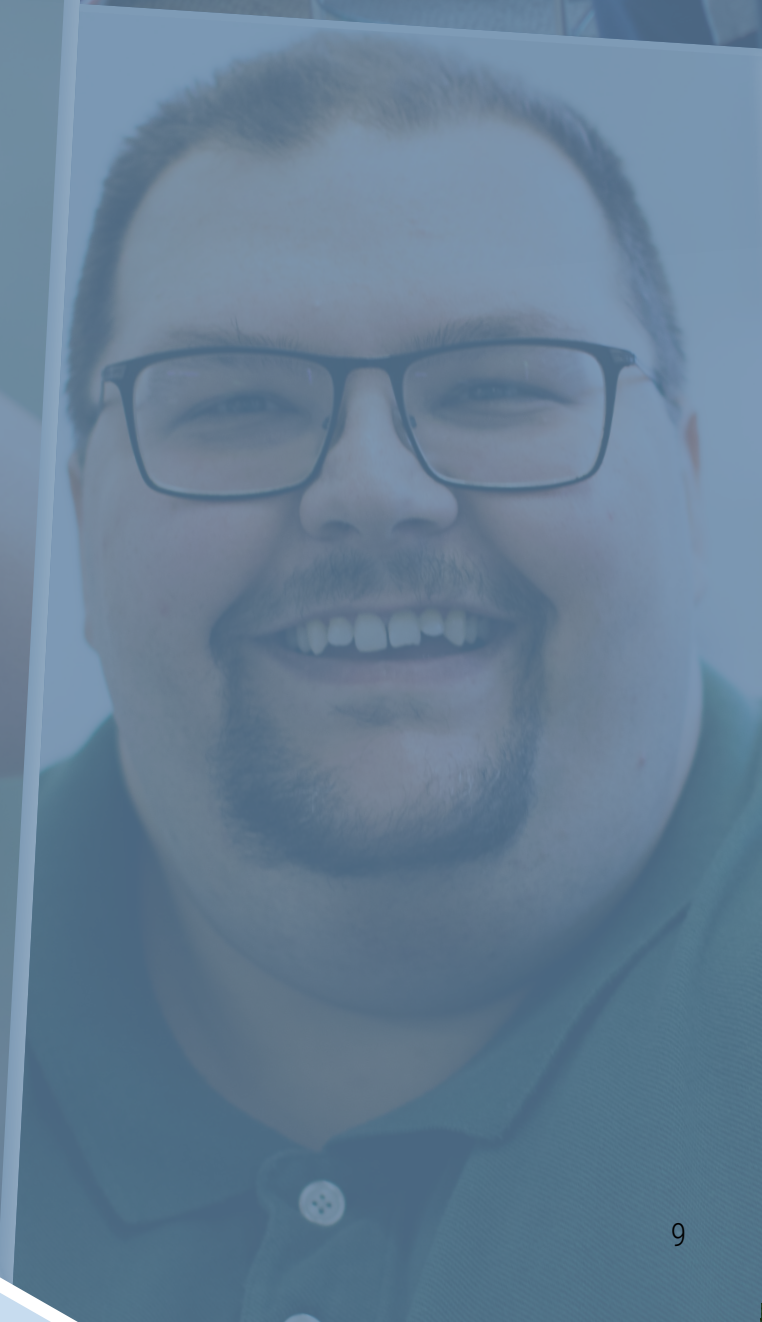
Professor Rae then introduced the first speaker – referred to as ‘Parent A’ – to talk about their particular experience of accessing appropriate, timely and supportive healthcare as a parent of a person with type 1 diabetes who is also living with obesity. Parent A also shared their recommendations of how the patient journey could be improved, and the role that community pharmacy could play.

Case studies:

A young girl with dark hair is smiling in a hospital bed. In the foreground, there is a blurred image of a person's arm, possibly a healthcare worker, which is partially obscured by a semi-transparent white box.

Lived experience

- A parent's view
- The pharmacist living with obesity
- The obesity campaigner





Case study: Lived experience

a parent's view of barriers

Parent A's adolescent child has type 1 diabetes and is also living with obesity. Although they said their child gets "plenty of help and support" for their diabetes, there have never been any "conversations or access to help and support" around their obesity.

"The system is great if the person wants to seek help and be proactive", they said, "but my child does not because there's a stigma and they are concerned that they will be judged if they see a healthcare professional. They have a limited awareness of some of the things that are available out there, and a limited knowledge of how they could help, so there are also lots of gaps in their knowledge which need to be addressed. My concern is that unless somebody takes action now,



"I like to be in control of things, but I know I don't understand my feelings towards being overweight and I think it's a hugely complex area. It's almost as if it's a failure that I am not in control of that part of my life."

or I get some resolution or support to help them, then at some point in the future it's going to affect their health and quality of life."

"My recommendations would be that my child was supported at all the different touchpoints on their journey, and community pharmacy could play a role in educating, informing and engaging with people that they feel might benefit from engagement and intervention. Pharmacies could be a place to go for expert advice and maybe offer some accountability or some personal planning for that person, perhaps working as part of the multidisciplinary team within the NHS.."



Case study: Lived experience

The pharmacist living with obesity

More first-hand input came from a community pharmacist who is themselves living with obesity, as well as type 2 diabetes:

“Through all my diabetic appointments and things with the GP, I have never been referred to any weight programme, but I don’t think that can be done in a very brief GP appointment. As it’s the case very often the community pharmacist knows the whole family so knows the holistic view, I think absolutely the place [for conversations about obesity] would be community pharmacy.”

This prompted Sarah Tilsed – Head of Patient Partnership at the Patients Association – to highlight the need to also consider the mental health needs of people living with obesity and suggest that “mental health services be brought in to work more closely with community pharmacists”.



Case study: Lived experience

The obesity campaigner

Sarah Le Brocq is Director of All About Obesity, a new campaigning organisation she set up after her own experience of living with obesity left her feeling there was no support or advice for people in the same situation.



"I use this photo a lot because it makes me really sad", she said. "I'm about 12 or 13 and I had made the dress that I'm wearing at school. I remember this picture being taken and thinking I looked awful because I had curves that most of my friends didn't have. To me that made me look like I had a bigger body than other people, and it made me do everything I possibly could to be smaller. Not long after this photo was taken I embarked on my first 800 calorie diet and I went down from a size 14 to a size 10, and this is when my disordered eating started. I was focusing on trying to be in a different size body when actually had I just embraced the fact that I had curves would I be living with obesity right now?"

"Losing weight isn't the hard part; the hard part is then maintaining that weight loss. Research shows obesity is not a choice, it is a result of subtle variations across hundreds of genes, but we still seem to focus policy strategy around eating less and moving more even though the evidence tells us it's a lot more complicated than that."

Suggesting that there is a need to "understand the complexity of obesity, recognise it as a chronic condition and as a disease", Ms Le Brocq recommends:

- Equal access to obesity services nationally
- Talking about people 'living with obesity', rather than 'being obese'
- Reducing weight stigma and discrimination across society, but also within healthcare settings
- More psychological support available for people living with obesity
- Giving community pharmacists a varied toolkit of support, from healthy eating advice and low calorie diets, to pharmaceutical interventions and services, as well as signposting to support and education resources

Pharmacy interventions

Panellists recognised the need to address gaps in obesity services for adolescents and younger adults, while pointing out the building blocks that already exist in community pharmacy from which to expand these interventions. For example:

- There are 14,000 community pharmacies in the UK, each one with qualified healthcare assistants trained to give healthy living advice
- Every day up to 2 million people visit a pharmacy in UK, with many open long hours when other health care professionals are unavailable
- In recent years community pharmacists developed clinical services in addition to their core role of dispensing and supply of medicines to allow better integration and team working with the rest of the NHS – as evidenced by their integral participation in nationwide flu and Covid vaccination programs
- Community pharmacies are ideally placed to offer patients an annual health check of blood pressure, height and weight, and then identify patients that are reaching the obese category, and initiate conversations and support
- Community pharmacists and their teams are experienced at having sensitive and tactful conversations with people about their health concerns – and have the privacy of consultation rooms in which to have these talks, where necessary – , and are well situated to meet the health needs of younger adults who may not yet have a relationship with other primary care providers
- Community pharmacists are used to running support programs such as for smoking cessation and alcohol services and could offer the same tailored support within obesity services
- Recent pharmacy education reforms mean that newly qualified pharmacists will become independent prescribers (IP) at qualification from 2026. Greater use of pharmacists' ability to prescribe will increase patient access to care, improve capacity in the healthcare system and improve individual outcomes as pharmacists will be able to provide the full solution of care.





THE NPA'S VIEW

Helga Mangion is the National Pharmacy Association (NPA) Policy Manager. Noting how the discussions had highlighted the gaps in obesity services while illustrating the importance of a person-centred tailored approach, she went on to evidence how community pharmacy – which straddles health and social care – could be part of the overall solution.

Using her previous experience of setting up a multi-disciplinary primary care obesity service, Ms Mangion explained how it is possible for this to be done through community pharmacy by offering the person living with obesity a tailored approach to losing weight.

“The service involved one-to-one consultations in a setting of the patient’s/ customer’s choosing – for example the GP surgery or community pharmacy – initially over 12 weeks”, she said. “What we heard from the individuals undergoing this particular service, is they valued the one-to-one approach. They had the encouragement and support all the way from that healthcare professional, they were able to lose weight at their own pace, and there was an element of coaching and addressing any underlying issues such as mental health that might have arisen. There was also a template for the healthcare professional to refer into other services if required.”





Pharmacist Nick Kaye represents the South West region on the NPA Board, is a member of Cornwall and Isles of Scilly LPC and the Chair of the Peninsula LPF, as well as a partner at Veor Surgery in Cambourne, Cornwall – giving him an excellent view of what the more practical elements of this kind of obesity support service could involve in community pharmacy.

“I think community pharmacy really can be the place where people, when they’re ready, can have that conversation about living with obesity, due to our accessibility”, he said. “I find we’re quite often the touchpoint to every other part of the system, because we’re there and we’re accessible. We know how to signpost, we know where to signpost, we’re an expert of what goes on within our local communities. I think as community pharmacists get embedded more in services that are nationally commissioned, and in consultation services, the community pharmacy – if given the tools to interact with that other parts of the system and integrated care systems – is absolutely a place where we could we could be the facilitator for those conversations and decisions.”

Panel recommendations: SEVEN proposed action points to help people living with obesity

As a result of the roundtable discussions, delegates came up with seven recommendations on how the role of community pharmacies can be enhanced and enabled further to help those living with obesity. They are:

Weight management and obesity services should have a greater focus on children and young adults, so that we can have the right conversations regarding healthy weight and intervene at an early point.

All people living with type 1 and type 2 diabetes should have access to obesity services with a specific focus on community pharmacy provision.

Promote community pharmacy as the setting for person-centred services that can help people living with obesity. Continue to build on the strengths of community pharmacy which is a part of the NHS service offering.

Everyone within the health and social care system should talk about people who are living with obesity. We should use this terminology to help stop the blame and stigma. It is as much an illness as any other illness.

Use Health Champions, Social Prescribing services, and localised health services to enhance the community pharmacy service across the United Kingdom.

Seek opportunities that are likely to emerge from the genetic and digital revolutions to improve services to those living with obesity.

Improve pharmacy teams' knowledge, skills, understanding and practical application of obesity and obesity services, including through the pharmacy undergraduate curriculum.

With obesity levels on the increase across the UK, the time for action is now. It is widely accepted that the future of community pharmacy lies in making the most of the clinical skills and expertise of pharmacists and their teams. As shown above, community pharmacy is accessible and expertly skilled to play a key role in the prevention and management of obesity by offering patients a targeted approach on top of individualised lifestyle advice – but it needs multi-disciplinary support and correct remuneration to do this effectively.

CALL TO ACTION

The National Pharmacy Association (NPA) and the stakeholders who attended this roundtable are calling on policy makers to **recognise and acknowledge the link between obesity, deprivation, health inequalities and lack of access to obesity services, and encompass these seven recommendations into a nationwide obesity strategy.**

This should be followed by a roll out of person-orientated obesity services over the next two years – in particular encompassing the specific health needs of young adults living with obesity – making full and proper use of the more than 14,000 community pharmacies across the UK to do so.

Roundtable Contributors

Name:	Role/Organisation:
Professor Maggie Rae	President of the UK Faculty of Public Health and President of the Royal Society of Medicine's Epidemiology & Public Health Section
Professor Claire Anderson	President of Royal Pharmaceutical Society and Professor in social pharmacy at University of Nottingham
Nelly Araujo	Development Manager at The Royal Society for Public Health
Dr Wasim Baqir	Senior Pharmacist on the Pharmacy Integration Programme, NHS England Improvement Team
Sarah Le Brocq	Director of All About Obesity
Jack Doughty	Senior Policy Officer at Diabetes UK
James Gore	Chief Executive at The Faculty of Public Health
Jill Loader	Deputy Director Pharmacy Commissioning (England), NHS England & NHS Improvement
Jackie Mason	National Account Manager at Novo Nordisk, working with the NPA's obesity project
'Parent A'	Parent of a young adult living with obesity and type 1 diabetes
Andrew Radley	Consultant in Public Health in Tayside and a Reader at the University of Dundee.
Gul Root	Lead Public Health Pharmacist for the Health and Wellbeing Directorate at Public Health England and Principal Pharmaceutical Officer at the Department of Health
Sarah Tilsed	Head of Patient Partnership at the Patients Association
Jyotsna Vohra	Director of Public Policy & Public Affairs for The Royal Society of Public Health
Heidi Wright	Practice & Policy Lead for England at the Royal Pharmaceutical Society
Andrew Lane	Chair of the National Pharmacy Association (NPA)
Nick Kaye	NPA Board member for the South West, member of Cornwall and Isle of Scilly LPC and Chair of the Peninsula LPF, Partner at Veor Surgery in Cambourne, Cornwall
Sanjeev Panesar	NPA Board member, independent pharmacy contractor in Birmingham, and member of the Birmingham Solihull LPC
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Janita Patel	NPA Clinical Service Lead
Matthew Peters	NPA Professional Services Manager
Sabrina Williams	NPA Executive and Board Administrator

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