

Day 4: Access to Care

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Obesity Care Week



The aim of the presentation is to:

- Outline barriers and challenges to accessing care for weight management
- Explore the need for healthcare transformation

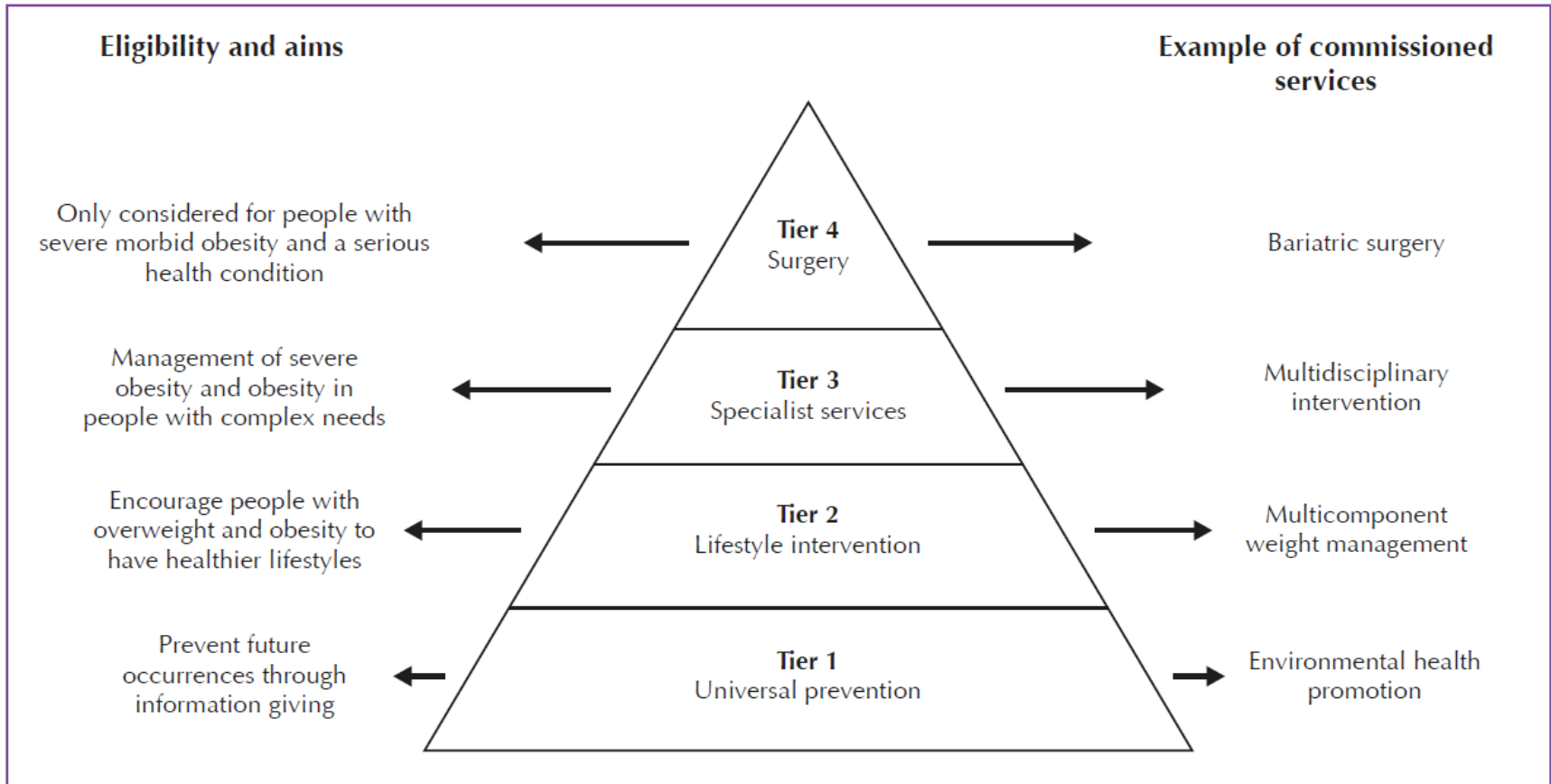


Challenges and Barriers

- Funding
- Minority Groups
- Inconsistencies in service provision
- Learning Disabilities
- Lack of Specialist services – eating disorders
- Education and knowledge
- Poverty and deprivation
- Health Literacy



Limitation in Funding



Department of Health (2013)

Inconsistencies in Service Provision

- National mapping (2018)
- Prevalence of T3 weight management programmes is low in LAs:
 - 9% have services for CYP (varied)
 - 13% have services for adults
- Efficacy of interventions in the long-term results not well known
- No standardised guidance on what services should look like – dated NICE guidelines
- No clear guidance on who should fund them
- NHSE – auditing programme to commence shortly

BAME

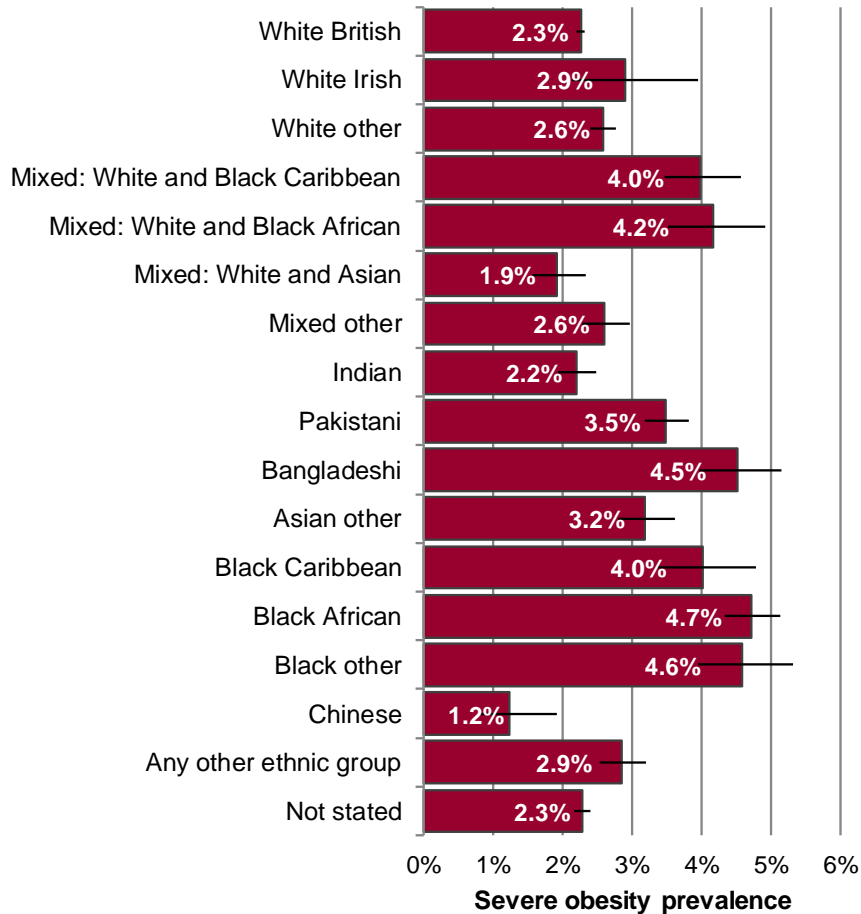
- The Health Survey for England found that the prevalence of obesity was highest in black African (39%), Caribbean (32%) and Pakistani (28%) women compared to the general population (23%).
- Respect for differences in culture, values and beliefs
- Higher levels of food poverty
- Language barriers
- Levels of deprivation
- How can we engage minority groups?



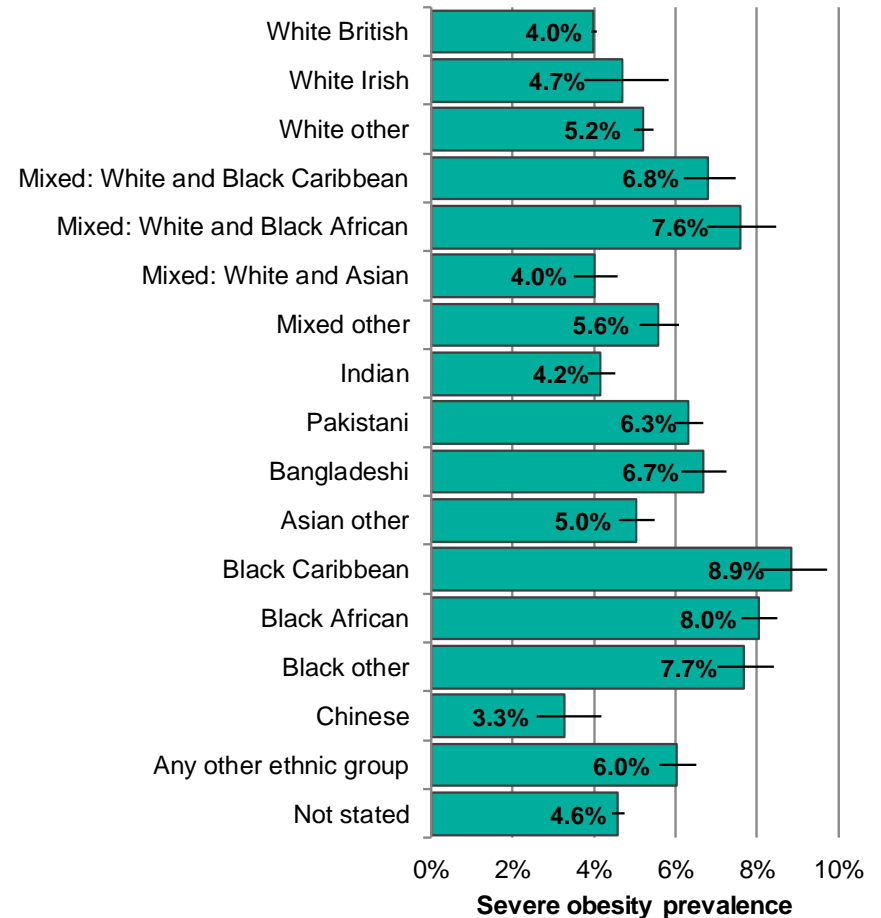
Severe obesity prevalence by ethnic group

National Child Measurement Programme 2019/20

Children in Reception (aged 4-5 years)



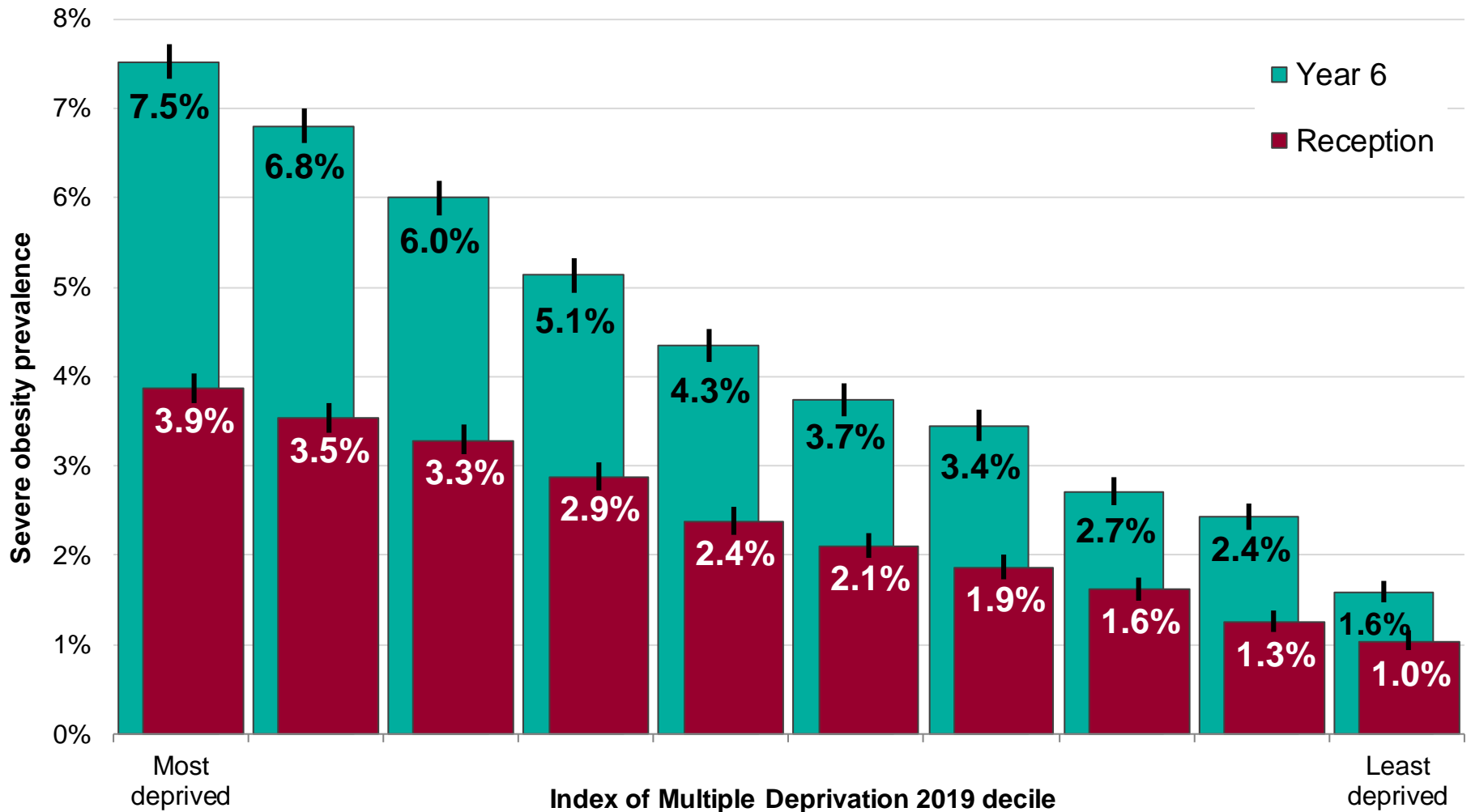
Children in Year 6 (aged 10-11 years)





Severe obesity prevalence by deprivation decile

National Child Measurement Programme 2019/20



Learning Disabilities



Children and adults with mobility limitations and intellectual or learning disabilities are at greatest risk for obesity. Around 23% of children with learning disabilities are obese (Emerson and Robertson 2016).

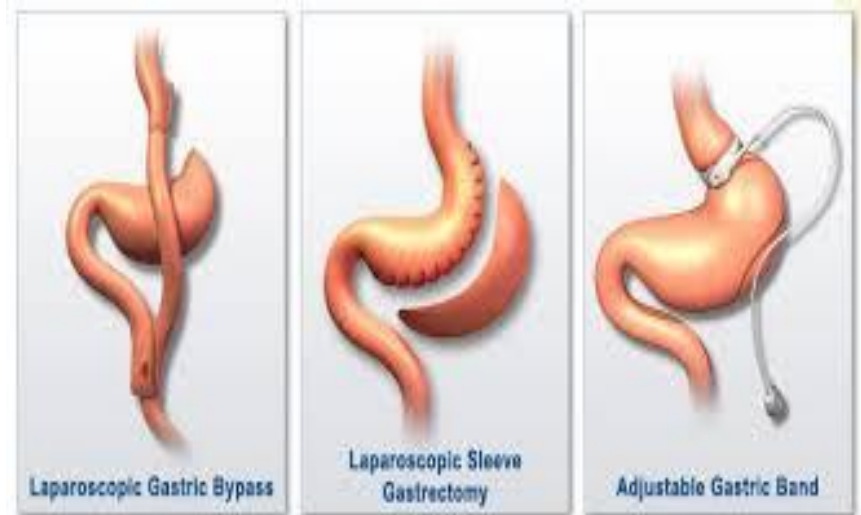
Complexities

- Autism : Sensory Eating
- Prader Willi Syndrome
- PICA
- Avoidance Restrictive Food Intake Disorder (ARFID)
- Family use of food to manage behaviour / guilt feelings
- Need specialist services

Obesity in people with intellectual disabilities should not be ignored or be dismissed as untreatable. People with learning disabilities have the same right to a healthy weight as the rest of the population (Perry, 1996).

Access to surgery

- £8,000 - £15,000
- Last resort
- Support in Tier 3 service for 1 year (variable)
- Psychological support pre and post surgery limited
- No excess skin reduction surgery available on NHS





- Health literacy is the ability to obtain, read, understand, and use healthcare information in order to make appropriate health decisions and follow instructions for treatment.
- Requires education, awareness and effective communication around weight issues (another challenge)



Time for Change?

An integrated, comprehensive, lifelong, person-centred approach to care and treatment requires a shift:

- medical v's holistic model
- tradition v's person centred approached
- prescriptive advise v's personal autonomy
- treatment of condition v's care of person living with the condition
- compliance v's concordance
- hospital care v's community care
- concrete v's abstract & innovative



Contacts

Thank You for joining us today;

Tomorrow's session at 1pm is:

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