OCW – ACCESS TO CARE 3RD MARCH 2021

DISCUSSION POINTS

Focus of this session was around barriers and challenges to accessing care and treatment for weight management.

Q. Totally agree with the presentation that was so beautifully illustrated and that respect for autonomy is so important when we know being judged and blamed reinforces negative feelings and reduces motivation to change but where do we start in making these changes?

I think one of our biggest challenges is to work towards attitudinal change. We are still working with old traditional models of 'eat less and exercise more' and none of the strategies used so far have worked. There is a saying 'if you always do what you've always done you will always get to where you've always been' and that's how it feels to me. Why continue down a path when we know it doesn't lead to effective change? We need to try different approaches, concentrate on the person not the condition and work together to find solutions that bests fits each individual person/family we work with. They know best what might and might not work for them. Making changes involves taking risks and we need to be more innovative in how we help people living with obesity.

Q. Could we use changes due to the pandemic as an example of moving away from hospital-based care? Appointments have been conducted remotely quite successfully - no travel, parking fees, childcare etc. We know young people are resistant to attend hospital appointments. How can we develop a mindset for moving weight management into non-clinical settings?

Again, challenging another traditional model of care. We need to raise awareness, try more innovative approaches, listen to what people need, rather than what we think they need. Compare DNA's (Did Not Attend) for hospital v's community settings. Test what works in partnerships with service users. There is an audit being carried out by NHSE Improvement and Transformation team. Perhaps this will give some answers.

Q. What about the 'body confidence' campaigns. Is there still concern for health despite this positive attitude?

High Body Mass Index (BMI) does not necessarily equate to high health risks. For example, a body builder may have a BMI of 38 but have a body fat of 8%. It is visceral fat around the major organs that is more likely to lead to type 2 diabetes, fatty liver and polycystic ovaries. Interestingly though we haven't seen any correlation in our young people between BMI and co-morbidities for example we have young people with BMI > 40 with no co-morbidities and young people with BMI of 30 who have several co-morbidities.

Perception plays a big part too. As around 60% of our population are now living with excess weight or obesity, it is understandable that some people do not consider their weight to be a problem. So they do not seek help or support in reducing weight and health risks, perhaps until they have an associated illness. This is also true of parents. When parents of children living with obesity were asked about their child's weight 47% report their weight to be 'normal'. Again that is worrying.

We try to promote body confidence on our programmes. How you look doesn't determine who you are and fat-shaming and trolling can be very damaging. There needs to be a balance between body confidence and good health, both physically and mentally.