

# **NHS Community Pharmacy Contractual Framework Advanced Service – Weight Management service (children)**

## **Background**

Obesity is the second most common preventable cause of death after smoking in Britain today and is responsible for more than 9,000 premature deaths per year in England. At present, more than half of the British adult population is overweight and obesity has trebled in the last 20 years to 22% of men and 23% of women. The same scale of problem is true for children also. There has been a 22% increase in overweight (including obese) and a 38% increase in childhood obesity since 1995. *Forecasting Obesity to 2010* warns that if current trends continue more than a quarter of British Adults will be obese by 2010.

Obese people have an increased risk of dying prematurely or developing cardiovascular disease, type 2 diabetes, hypertension, dyslipidaemias, some cancers, musculo-skeletal problems and other diseases.

Most evidence suggests that the main reason for the rising prevalence of overweight and obesity is a combination of less active lifestyles and changes in eating patterns. Both these factors must be tackled to produce reductions in obesity; even a modest loss of 5-10% of body weight in an obese or overweight person can result in health and well-being benefits.

The 'Choosing Health' White Paper (2004) recognised obesity as a key priority and included a commitment to '*halt the year-on-year rise in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole*'. This is monitored through a national Public Service Agreement target. The NSF for Diabetes (DH, 2000) also sets targets for the reduction of overweight and obesity and for the promotion of healthier eating. The NHS Cancer Plan (DH, 2000) and the NHS Plan (DH, 2000) both set targets to increase access to and the consumption of fruit and vegetables. The 'Our health, our care, our say: a new direction for community services' White Paper (2006) emphasises greater service integration with a wider access to services closer to patients' homes.

NICE has recently published **Guidance on the prevention, identification, assessment and management of obesity in adults and children** - [www.nice.org.uk/guidance/CG43/](http://www.nice.org.uk/guidance/CG43/). A complementary evidence base and resources to support this service development can also be found via the 'Care pathway for the management of overweight and obesity' [www.dh.gov.uk/obesity](http://www.dh.gov.uk/obesity) and a supportive toolkit developed by the Faculty of Public Health and the National Heart Forum entitled 'Lightening the Load – tackling overweight and obesity' [www.fphm.org.uk](http://www.fphm.org.uk) is also available.

## **1. Service description**

- 1.1 Pharmacy staff will initiate discussions with children who appear to be overweight and their parents, about the health risks of overweight and obesity; an offer to determine the child's Body Mass Index (BMI) will be made. These discussions will take place with parental permission and involvement; the level of a child's involvement in the discussions should be at the pharmacist's discretion and should take into account the maturity of the child. The UK 1990 BMI charts will be used to make an age- and gender-specific assessment. Appropriate advice and support will be provided to those at risk of obesity to help them to modify their lifestyle and risk.
- 1.2 Children at high risk from overweight/obesity or who may have co-morbidities, will be referred to their general practice for further assessment, support and disease management.

## **2. Aims and intended service outcomes**

- 2.1 To raise awareness among children and their families of the health problems associated with overweight and obesity so they can take more responsibility for their own health.
- 2.2 To improve diet and nutrition, promote healthy weight and increase levels of physical activity in overweight or obese children and their families.

- 2.3 To reduce overweight levels in children who have a Body Mass Index (BMI) at the 91<sup>st</sup> centile or above.
- 2.5 To improve choice and access to overweight and obesity management services in primary care.

### **3. Service outline**

- 3.1 Pharmacy staff will identify children who appear overweight and will proactively initiate a discussion with the child and their parent about weight management, using literature that highlights the health risks of overweight and obesity (e.g. DH Why weight matters card).
- 3.2 When consent is given, BMI will be calculated. The UK 1990 BMI charts will be used to make an age- and gender-specific assessment, the relevance of which will be explained to the child and parent. Literature and promotional materials available in the pharmacy will support these interventions.
- 3.3 Where a child's BMI indicates they are very overweight (at 98<sup>th</sup> centile or above) they should be referred to their GP.
- 3.4 Where a child's BMI indicates they are overweight (at 91<sup>st</sup> centile or above) the child/parents should be invited to have a discussion/consultation about this with a member of the pharmacy staff. Children/parents who do not wish to discuss this further will be invited to return for further support should they change their mind in the future. They will be given a copy of the DH Why weight matters card.
- 3.5 The consultation will assess lifestyle, co-morbidities and willingness to change, including:
  - presenting symptoms and underlying causes of overweight or obesity;
  - willingness to change;
  - risk factors and co-morbidities – such as hypertension, hyperinsulinaemia, dyslipidaemia, type 2 diabetes, psychosocial dysfunction, exacerbation of asthma;
  - psychosocial distress – low self-esteem, bullying;
  - family history of overweight and obesity and co-morbidities;
  - lifestyle – diet and physical activity;
  - environmental, social and family factors; and
  - growth and pubertal status.
- 3.6 If the child exhibits any symptoms indicative of undiagnosed pathology, then they will be referred to their GP.
- 3.7 For children/parents who are willing to change, multi-component interventions will be offered to encourage:
  - increased physical activity;
  - improved eating behaviour; and
  - healthy eating.

These interventions will be tailored to the individual's preferences, social circumstances, degree of overweight, any previous interventions and level of risk.

Children/parents not ready to change will be invited to return for further support should they change their mind in the future. They will be given a copy of the DH Your weight, your health booklet.

- 3.8 In line with NICE guidance, relevant information on the following topics will be provided:
  - overweight and obesity, and related health risks;
  - realistic targets for physical activity and healthy eating;
  - healthy eating in general;
  - self care; and
  - voluntary organisations and support groups.
- 3.9 The discussion with the child/parents will be documented and a copy of the agreed goals and actions will be given to them. The child/parents will also be given a copy of the Why Your Child's Weight Matters booklet.
- 3.10 Follow up consultations will be provided to provide ongoing support and motivation and to monitor progress, for up to X months [*DN – need to seek guidance on optimum duration*]

*and frequency of support.*] At the end of the support programme, a final measurement will be taken and recorded and ongoing goals will be agreed with the child/parents.

- 3.11 The child's parents should also be encouraged to lose weight if they are overweight or obese.
- 3.12 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 3.13 The part of the pharmacy used for provision of the consultation will provide a sufficient level of privacy (at the level required for the provision of the Medicines Use Review service<sup>1</sup>) and safety.
- 3.14 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including sensitive, client centred communication skills. [*DN – training/competency requirements will need to be defined.*]
- 3.15 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within protocols.
- 3.16 The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit. Records will be confidential and should be stored securely and for a length of time in line with local NHS record retention policies.
- 3.17 Pharmacists may need to share relevant information with other health care professionals and agencies, in line with local and national confidentiality arrangements, including, where appropriate, the need for the permission of the child/parents to share the information.
- 3.18 The PCO will need to provide up to date details of other services to which people who require further assistance can be referred. The information should include the location, hours of opening and services provided by each service provider.

#### **4. Quality Indicators**

- 4.1 The pharmacy has appropriate DH/PCO provided health promotion material available and a suitable area within the pharmacy for display of these materials. The pharmacy actively promotes the uptake of these materials.
- 4.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 4.3 The pharmacy participates in an annual PCO organised audit of service provision.
- 4.4 The pharmacy co-operates with any DH/PCO-led assessment of service user experience.
- 4.5 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.

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<sup>1</sup> The requirements for consultation areas are detailed in The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 as amended ([www.dh.gov.uk/mpi](http://www.dh.gov.uk/mpi))