

WEIGHT MANAGEMENT SERVICE

Your health challenge

- 67% of men and 57% of women are overweight or obese¹
- An estimated 70,000 premature deaths in the UK could be avoided each year if diets matched nutritional guidelines¹



How can community pharmacies help?

Community pharmacy teams are ideally placed to provide weight management services due to their access, location and informal environment.

This is evidenced by a systematic review for community pharmacy-delivered interventions for public health priorities including weight management published in *BMJ Open*. The review concluded that community pharmacy is a feasible option for weight management interventions and that given the potential reach, effectiveness and associated costs of these interventions; commissioners should consider using community pharmacies to help deliver such services.²

A community pharmacy weight management service, which is commissioned in Portsmouth, had 500 people use the service and more than 2000kg of weight was lost by people recruited during the first two years of the service going live. 147 people achieved a 5% total body weight loss and 52 people achieved a 10% total body loss during this time period and the average weight loss per client entering the programme was 4kg.³

1. Public Health England, Annual Report and Accounts 2014/15 July 2015
2. *BMJ Open*, Todd A et al, Community pharmacy-delivered interventions for public health priorities: a systematic review of interventions for alcohol reduction, smoking cessation and weight management, including meta-analysis for smoking cessation 2016

CHOOSEPHARMACY

What the patients say

“Nice to be able to have a one to one with someone that you know, worked best for me this way – easier and more relaxed”.⁴

Patient

“Known pharmacist for many years and am comfortable with them”.⁴

Patient

“Made me realise that it’s a life change and not a quick fix”.⁴

Patient

Another patient found that they preferred the pharmacy weight management service because “it’s up to yourself” to lose weight whereas they “sometimes feel pressured” at slimming clubs they had attended.⁴

3. Community pharmacy Portsmouth healthy weight service – service specification 2014/15

4. Evaluation of NHS Central Lancashire’s pilot pharmacy weight management service 2010

THINKPHARMACY

Potential benefits of a community pharmacy weight management service

1. Opportunistic advice

Many people who are overweight or obese pass through a pharmacy and staff are ideally placed to opportunistically offer advice on weight loss or recruit people onto a weight management programme – 79% of people have visited a pharmacy at least once in the last 12 months, 37% visit at least once a month so there is a huge footfall.⁵

In addition, the age group most likely to be overweight or obese is age 65-74⁶. Many people who visit pharmacies fall into this age category so making it, again, a perfect location for recruitment onto a weight management service.

2. Location

Overall, for women, obesity prevalence increases with greater levels of deprivation, regardless of the measure used and for men some measures also show this to be the case.⁶ Therefore weight management services need to be easily accessible in these areas. An estimated 99.8% of people from the most deprived areas live within just a 20 minute walk of a community pharmacy⁷ making it a great location to offer a weight management service.

3. More accessible and convenient for patients

No appointments are needed to see members of the pharmacy team and pharmacies generally have longer opening hours than GP practices including many being open at weekends. Since pharmacies are located near where people work and live (89% of the population in England has access to a community pharmacy within a 20 minute walk⁷) they are conveniently located to offer this service.

4. Patient choice

By commissioning a community pharmacy weight management service, people are given more choice as to where they can go for support and advice. The pharmacy setting also provides a more informal environment, which some people may find less intimidating than a GP surgery. In addition, patients and the public trust their pharmacy teams and build a special relationship with them due to frequent contact, so that people are able to be honest with them about their lifestyle choices.⁵

How might your local service work?

The service could be available to all adults or it could target certain people, for example, those with a body mass index (BMI) of 25 or above, or those with a BMI of 25 or above with associated co-morbidities such as diabetes or heart disease.

Recruitment into the service could be self-referral, opportunistically by members of the pharmacy team or by other healthcare professionals, for example, the patient's GP.

Members of the pharmacy teams would offer a number of face-to-face sessions or telephone sessions over a delivered period of time depending on the requirements of the service, for example, the Portsmouth service offers 12 sessions over 4-6 months.

CHOOSEPHARMACY

The service could provide psychological support and make behavioural interventions, as well as interventions to increase physical activity and improve diet. For example, the service could focus on keeping a food diary, portion size, eating habits, advice about food labelling, activity levels and providing the patient with examples of changes they may be prepared to make to help them lose weight.

Key measurements would also be taken during the regular sessions such as the patient's weight, waist measurements and blood pressure.

Where appropriate, pharmacological interventions to support weight loss may also be provided, for example, orlistat capsules, which is a prescription-only medicine, could be supplied under a Patient Group Direction.

5. Local Government Association, *The community pharmacy offer for improving the public's health: a briefing for local government and health and wellbeing boards* (March 2016)

6. Public Health England, *Health inequalities* (accessed 13 May 2016)

7. *The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England*, *BMJ Open* 2014