

# Weight management service evaluation: Hearing from the patient

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# Rationale.

Limited research exploring patient views

Negative experiences reported in other settings

Efficacy and retention

NICE guidance

Evidence for commissioning

## **Aims:**

- Evaluation of WM service
- Patient perspective

# Evaluation methods.

## Quantitative

Patient Questionnaires

74 completed

2015 - 2017

## Qualitative

Patient Interviews

10 participants

2015

Thematic Analysis

Identifying and challenging barriers

Weight loss targets

Preparation for surgery referral

Staff approach

Overall experience



## Being seen and heard as an individual...

*This theme refers to the importance of patients within a weight management service being viewed as individuals with an illness, with which they are worthy of time, respect, care and support from health professionals. It emphasises the importance of viewing each individual within their own right, rather than as part of a generic group of individuals who experience difficulties in managing their weight.*

“It wasn’t rush you in and rush you out, because I went in and I was in there nearly an hour. Instead of when you go and see your GP, to you it’s important, but to them its, got to get you out the door”.

“When I am here I have never felt that people are staring at their watches”.

“Even when I have issues, obviously with childcare, they were able to make sure that the slots were doable for me”.

“I think it would have helped if the meeting weren’t always so rushed... and we didn’t go over the same thing every single time”.

“I just didn’t hear from anybody. The appointments are so far apart”.

**Being seen and heard as an individual**

**Staff availability**

**Feeling respected**

“I just thought I would be another fatty going along with another load of chubsters and I’d just feel one of a crowd, and I have felt so important”.

“Even though she only saw me every few months, she knew me enough to know that I had deteriorated quite significantly from the last time she saw me. She always remembered your name”.

“What you don’t get from [the staff] is, ‘there there dear, don’t worry about it, it’s alright being fat’. What you do get from them is that fact that you are completely respected as a person, and the fact you are obese is what they are there to help you with”.

“I did end up in tears with one [professional]. I found her very condescending, and she wasn’t very helpful at all. Her attitude was, “Well, if you don’t help yourself, we can’t help you”, and that sort of thing... I didn’t go back to see her after that, so I have been pretty much doing that on my own... I just felt very uncomfortable. I was absolutely in tears at the end of that particular session... I thought, “Well, I wanted your help”.

**Being seen and heard as an individual**

Staff availability

**Feeling respected**

## The importance of feeling stabilised...

*This theme refers to the importance of not feeling alone when embarking on a weight loss journey. It relates to the benefits of having a support network available when assistance, encouragement or reassurance is required. The theme further encapsulates the benefits of being provided with opportunities to learn and enhance one's understanding of weight management, enabling individuals to draw on other supporting resources during their weight loss journey.*

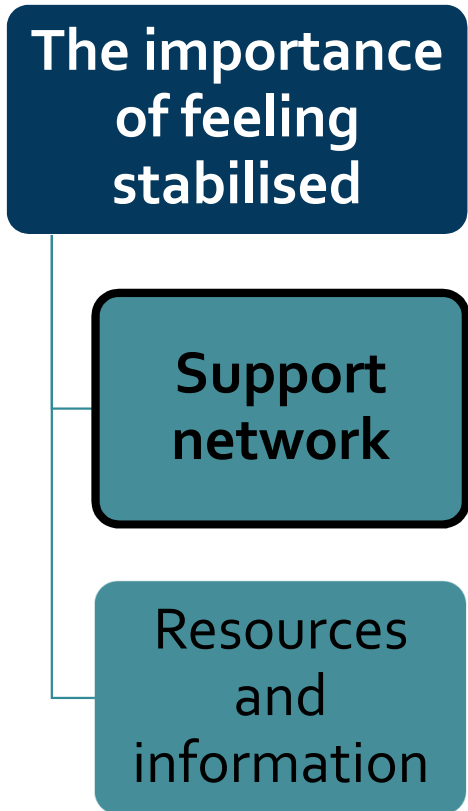


“I needed something to help me. It’s like having stabilisers on a bike: I can ride a bike, but I might need stabilisers”.

“From being alone in my bed for two years I suddenly had these people coming out of the woodwork that were going to support me... They put in place future appointments so in no way did they leave me stranded”.

“Certainly [professional] has been very affirmative. As I have been going along she has said that she has been very pleased that I have been achieving what I have been achieving. There is always gratification in somebody giving you a bit of praise really”.

“I think I felt, as well, forgotten sometimes... I appreciate I’m not the only patient that the NHS has got, but I’m left to flounder... That doesn’t do you any good when you’re left floundering, because then you end up having bad habits”.

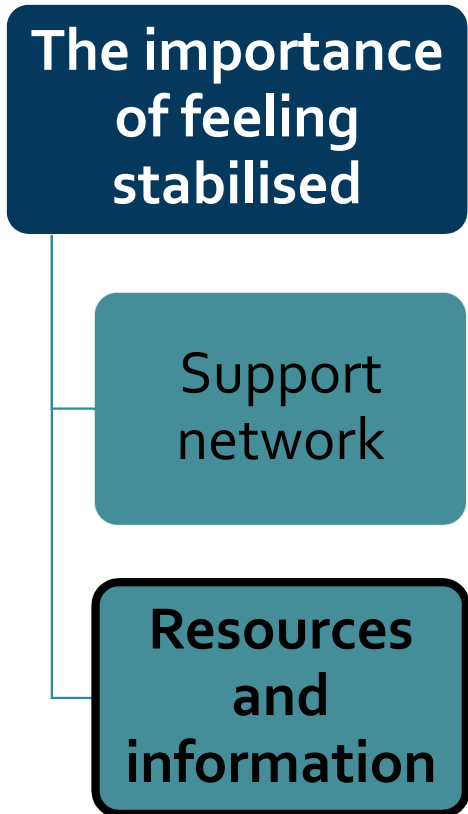


“She really explained the different calorie values and I understand a lot better now”.

“I was able to ask them questions, clarify things... I got all the answers I needed so it was actually pretty informative”.

“They gave me as much information as they possibly could... Nobody can tell you what you can and cannot eat. They can advise you, but nobody can tell you what you should do. They said as much as they could”.

I was given quite a lot of homework if you will, books to order



## Needing something personal...

*This theme refers to the importance of healthcare professionals adopting a person-centred approach to the understanding and treatment of an individual's weight management difficulties. It relates to the idea that 'change' and 'recovery' is a wholly individual process, which can only be achieved by highly personalised treatment planning.*

“I think, when I saw the dietician last, we pinpointed where my problem areas were, which actually helped. Going very long between meals, and then basically eating more, because you don’t have breakfast or lunch, then you have more at dinner. Going for savoury things rather than maybe vegetables”.

“The concentration all the way along has really been on getting my current eating pattern into a sane and sensible place where it was insane and not very sensible before. ... I hadn’t realised how bad the business of starving all day and eating everything at night was for me”.

“They’ve also identified how, in the past, I was really sporty, I used to run marathons and things, and how that’s impacted on how my body stores food... The minute you eat, it knows it’s got to store it because you’re going to go on a 13 mile run. My body is perfect at storing fat”.

**Needing something personal**

**Exploration**

Individual recommendation

“What they did from the get go was to say I absolutely had to eat three meals a day only one of which needed to be substantial. I had to stop this business of going for 12 or sometimes more hours before I ate”.

“Dieticians suggested things while I was at work, as I say, to put small things, like a little yoghurt drink or something in my pocket, just the little pots, the low fat yoghurt, that sort of thing, so you can drink it quickly”.

“I could make a plan of how I was going to achieve it. And when that plan didn’t always go the way I wanted it to, it was being able to talk to [professional] and try and figure it out. If that wasn’t working, what can we try that might”.

**Needing something personal**

Exploration

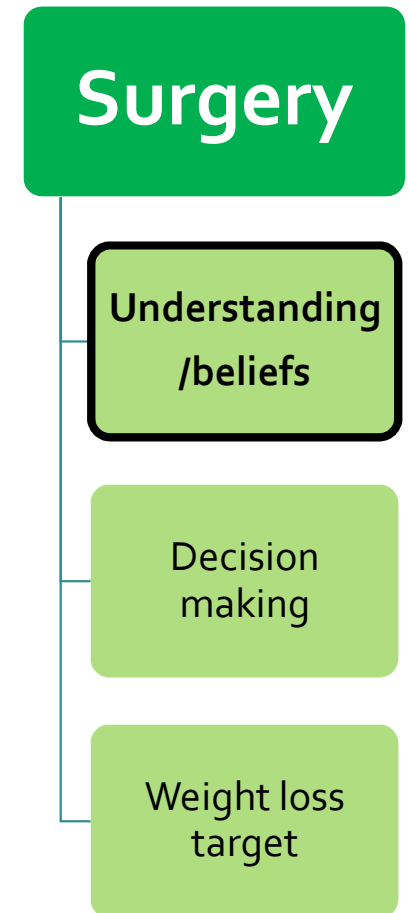
**Individual recommendation**

“You can always cheat, do you know? You can always liquidise things and still get them down, whichever surgery you have, and just to be really aware of that sort of thing, that it’s got to be for life”.  
(Change required)

“It's made perfectly clear that it isn't something that's going to take all the hard work out of it and I don't have to do anything now. It's just another tool in the arsenal”. (Change required)

“They [*WM staff*] are suggesting and I am listening that in the long-term my chances of getting to a sensible weight and staying there are best assisted by surgery because of the yo-yo pattern of the past really”. (Impact/power of surgery)

“...if you have surgery there is an extremely high order of likelihood that you are going to remain at a sensible weight. Although it is always being pointed out that there is no guarantee of it”. (Impact/power of surgery)



“When I got to a point that I had lost a good chunk of weight my whole mind-set changed again about the decision from “I must have this operation or else what the hell is going to happen to me?” To going into [*clinician*] and saying, “I don’t think I need that surgery now I am managing to do it on my own.” She said to me, “It is actually people like you that we like to do the surgery on because you are a yo-yo dieter” (Un/certainty).

“I lost a load of weight on my own because, at the time, I wasn’t actually going for surgery and I started to lose some [weight]. Then, it got to the point where I was like, “I’m definite about the surgery now.” (Un/certainty)

“I’m still having my reservations about what I can and cannot eat, but until I physically do it, I won’t know. They’ve said, “You may not be able to eat bread,” and things like that, but I won’t know until I actually physically do it. They said that there are pros and cons of each surgery”. (Un/certainty)

# Surgery

Understanding  
/beliefs

Decision  
making

Weight loss  
target

“I would say it motivated me to keep trying, if you know what I mean. I kept thinking, “I’ve got to hit that target.”  
(Encouragement)

“I thought it was impossible, to be honest. I really thought, “I’m not going to lose 10%. I mean, that’s like God knows how much”. I was actually amazed that I actually did it. It took a long time, but I was actually amazed that I actually did it. That’s given me the incentive to continue”.  
(Confidence).

“It just felt too big. I think when you’ve struggled to lose weight for so long, even to ask you to lose a kilo is like a big challenge. You think, “Oh, my God.” I kept thinking, “Well, how do I do that?” (Frustration)

## Surgery

Understanding/  
beliefs

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target



# Recommendations.

- Availability - appointment length, accommodating need, seeking help/information
- Acknowledging the person – feeling important and worthy
- Respect for both the individual, and obesity
- Support – the team, appropriate resources
- Personalised and collaborative approach to intervention

**What next?**

Thank you



# Some key references:

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