

**Written evidence from Weight Watchers UK Ltd for the
National Assembly for Wales' Children and Young People
Committee inquiry into childhood obesity**

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Summary

- **Tackling obesity is the number one public health priority in Wales**
- **Tackling childhood obesity requires a complex response**
- **Primary Care key channel to engage 'hard to reach' overweight/obese families**
- **Lifestyle weight management services need specific targeting – those provided for children should be specifically designed for, and proven to be effective, in children**
- **Effective adult lifestyle weight management services are critical part of any childhood obesity solution**
- **Wales needs industrial scale services**
- **Wales needs to commission services with proven outcomes**
- **Costs and cost effectiveness of programmes are an essential consideration**

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1. Tackling obesity is the number one public health priority in Wales

Your committee's inquiry into childhood obesity in Wales is timely, given the alarming statistic from the latest Welsh Health Survey that over one third of children are overweight or obese. This signals a massive public health crisis. It stores up devastating diseases (such as diabetes, heart disease and some cancers) for the future, which will play out into a catastrophic burden for the NHS and society more broadly. The Foresight report predicted that the overall cost of obesity to the UK will reach £50 billion a year by 2050. (Foresight 2007). Wales' share of this burden is unaffordable.

2. Tackling childhood obesity requires a complex response

Through Weight Watchers' 50 years' experience of supporting people to manage their weight, it understands that obesity is a complex and multifaceted disease. It endorses Foresight's conclusions that tackling obesity requires an equally complex response, encompassing environmental and regulatory measures alongside lifestyle weight management interventions and services, which seek to change individuals' behaviours associated with their diet and physical activity. All Weight Watchers' experience and research indicates that as well as addressing 'upstream' determinants of poor health (such as housing, transport, education, employment) there is an acute and immediate need to help the vast numbers of people and families who are already overweight or obese. This requires intensive treatment and follow up through structured services. For many people the journey to control their weight requires significant effort sustained over a lifetime. They need regular support from others (peers and people trained in behavioural change techniques) plus an environment which encourages healthy lifestyle habits.

In short lifestyle weight management services are an essential part of the solution to tackle childhood obesity. All the evidence repeatedly indicates that these services should be multicomponent, ideally addressing diet and physical activity together (NICE, 2006).

3. Primary Care key channel to engage 'hard to reach' overweight/obese families

Numerous reports have identified primary care as the key NHS setting for screening, management and prevention of obesity in families (National Audit Office, 2001, Royal College of Physicians, 2013, Academy of Medical Royal Colleges, 2013). Primary care is one of the key channels to deliver personalised advice and support to people who are already overweight and obese. The All Wales Obesity Pathway recommends that lifestyle intervention should be first line treatment. Primary Care provides an excellent point of access with approximately 75% of the population seeing their GP during the coming year and 90% within five years (House of Commons Health Select Committee, 2004). On an individual basis 90% of NHS contact is with primary care.

There is good evidence that patients view health professionals as credible sources of health information and for these reasons NHS professionals are well placed to reach out to

those who are overweight and obese – particularly those who are unconcerned or unaware of their weight status (Eysenbach, et al 2008). Weight Watchers' own qualitative research has consistently revealed the significant power GPs can exert in motivating overweight and obese patients to take action to lose weight and take up services. Many patients who go to see their GP are not ready to change. However, when their GP explains the need to lose weight for their health, this can often shift people into the 'ready to change' mode; especially when they understand the beneficial effect on their children's habits.

Primary Care organisations, for example the areas of North Somerset, Birmingham and Dorset have successfully used referral to Weight Watchers to target low income families in deprived areas (Dixon et al 2012, Lloyd and Khan 2011). Weight loss outcomes (indicative of improved eating and physical activity habits) were similar in those of the lowest socioeconomic quintiles compared to those in higher income groups.

4. Lifestyle weight management services need specific targeting – those provided for children should be specifically designed for and proven to be effective in children

Research commissioned by the Central Office of Information and the cross government obesity team in November 2009 highlighted the importance of tailoring weight management services for different groups of people (DH, 2009). It revealed the complexity of barriers to engaging with services and identified the broad differences of appeal across different socio-demographic groups. In addition, education, behaviours, parental influence and the physical needs of children (to name a few areas) are different across age groups. All of this underlines that services provided for children should be specifically designed and targeted for children of different age groups. Ideally these services should be developed with input from the target audience age group. Services for toddlers, primary aged and secondary aged children should be specifically designed for these age groups. Weight Watchers' own experience has revealed that interventions which are designed for adults are not necessarily effective and suitable when used with children. The intervention messages and techniques which have been formulated for adults are often irrelevant or sometimes inappropriate for children.

5. Effective adult lifestyle weight management services are critical part of any childhood obesity solution

Parental BMI is a significant predictor of childhood obesity (Dahly and Rudolph, 2010). In other words, obesity is prevalent in families and there is increasing evidence that perhaps one of the most effective ways in which parents can help their obese child lose weight, is to lose weight themselves. For example, a recent study evaluated the impact of three types of parent/child targeted interventions on children's weight (Boutelle et al 2012). The researchers found that it was only when the parents lost weight that their children did as well.

Parents play a significant role in any weight loss programme targeted at children, but this study confirms the importance of role modelling in establishing healthy eating and activity behaviours for children and perhaps the impact that household habits and food availability has on children in the family. It makes sense that if overweight or obese parents lose weight by modifying their eating and activity behaviours, then there is an effect on family habits. For example, there is good evidence that referral of overweight and obese adult patients to Weight Watchers resulted in improved dietary intakes from healthier eating habits (Eberhard et al 2010). Many of these referrals were women and mothers in charge of food provision within the home. Parents are the most significant people in a child's environment; they serve as leaders and reinforce the establishment and maintenance of eating and activity behaviours. If they are learning to manage these behaviours to control their own weight, their children are likely to benefit.

In summary, lifestyle weight management services for adults can reach 'at risk' children by helping overweight/obese parents inculcate healthy lifestyle habits within the home.

6. Wales needs industrial scale services

Scratching the surface of the problem by providing services for a handful of adults and children in Wales will have little or no impact.

Recent data suggests that over one third of children are overweight or obese, affecting over 300,000 children in Wales. An additional 1.3 million Welsh adults have an unhealthy BMI. An industrial scale response is needed to help these huge numbers of people to lose weight. However, experience drawn from Weight Watchers' partnerships with Health Boards in Wales suggests that current patient access to lifestyle weight management services is very limited. Health Boards either simply do not have the funding, or do not prioritise funding for such services.

For example, Weight Watchers has been involved in the Garw Valley Obesity Project, which targets a wide range of interventions and services at people who have poor health as a result of their obesity. This project is a partnership between Public Health Wales, ABM University Health Board and Cwm Garw GP practice in Bridgend. The intervention consisted of referral to a 12 week Weight Watchers programme, a 16 week exercise programme and subsequent ongoing support. Although the practice has over 1,000 obese patients (who tend not to seek help until they have developed related conditions such as diabetes) there was only enough funding to reach 43 patients in the first two years. In population terms this is a disappointing impact especially since the initial evaluation of outcomes was highly positive with an average weight loss of 7.2kg, and an average BMI reduction of 7%, and 58% (25 people) achieved a weight loss of 5% or more.

In Wales there are almost 400 weekly Weight Watchers meetings which are embedded in local communities, run by over 100 leaders trained in behavioural change techniques. Weight Watchers' operational infrastructure is designed to deliver a scale of service which is sustainable and meets NICE (2006) / All Wales Obesity Pathway best practice, and our NHS interventions have been proven to consistently deliver effective weight loss outcomes

with high patient satisfaction. The experience and capacity is there. Public health services simply need to tap into it.

7. Wales needs to commission services with proven outcomes

Since the release of NICE's guidance on obesity management in 2006, much more evidence has emerged regarding the effectiveness of different types of obesity interventions conducted in a primary care setting and specifically on referral of suitable patients to commercial programmes. As an example; an RCT lead by the MRC in Cambridge was published in the Lancet in December 2011. This study examined the difference in weight loss at 12 months (in 772 patients) between GP referral to the Weight Watchers programme and standard management in primary care across three countries including the UK (Jebb et al 2011). The Weight Watchers group lost twice as much weight (-4.06kg) as the standard GP care group (-1.77kg) at 12 months. 60% of the Weight Watchers completers lost clinically significant amounts of weight (more than 5% initial weight) compared to 33% of standard care completers. These findings were corroborated by the Lighten Up trial which compared 12 month outcomes of seven different types of three month interventions within a primary care setting. The patients referred to Weight Watchers were the only group which maintained a significant weight loss at one year (Jolly et al 2011). The interventions facilitated by NHS professionals failed to demonstrate significant weight change at one year. Furthermore, one year outcomes from referral to Weight Watchers (either in the Lancet or Lighten Up trial) were consistently better than those from the Counterweight programme which has been implemented in Scotland (Counterweight Project Team, 2008; Jolly et al 2011). The Counterweight programme is based on up-skilling primary care staff to deliver behavioural weight loss interventions either within a one to one consultation or in a group setting and consists of nine appointments spread over one year.

In summary, different weight management interventions and services have different outcomes. The level of evidence underpinning different interventions also varies. Some services (such as Weight Watchers) have good quality evidence based on randomised controlled trials published in high impact peer reviewed journals. Others have little or no evidence. Public Health Wales and Health Boards need to concentrate on commissioning services which are known to work with proven outcomes with specific target audiences.

8. Costs and cost effectiveness of programmes are an essential consideration

Given the current budget restrictions, Weight Watchers believes that the costs and cost-effectiveness of weight management programmes are an essential consideration. UK-specific data from a number of studies has suggested that it is more cost effective for NHS staff to refer their patients (for whom a group intervention is suitable) to Weight Watchers rather than deliver parallel lifestyle interventions themselves. For example Susan Jebb's team calculated that cost per kg weight loss ranged from £55-£92 for the Weight Watchers group compared to £92-£131 for standard care from GP practices. Similarly, provider costs for commercial partners in the Lighten Up trial were much lower (£55) than those of NHS services (£70-£90) (Jolly et al 2011). Because costs for commercial providers were reduced,

the ICER (incremental cost effectiveness ratio: additional costs needed to achieve additional quality of life) improved. Additionally the QALY (quality adjusted life year) calculation for referral to Weight Watchers was at the lower end of the cost/QALY spectrum of lifestyle interventions compared to those facilitated by NHS professionals (NICE, 2006; Trueman and Flack 2006).

There are strong economic arguments which underpin NHS referral to Weight Watchers. Using the same modelling system which was developed for the Foresight Review, Klim Macpherson's team estimated that for every patient referred for a 12 session course of Weight Watchers the NHS stands to save at least £184 per lifetime. The assumptions and basis for these predictions are summarised in an abstract published in Obesity Facts in 2009 (Brown and McPherson, 2009).

All programmes should evaluate their costs, cost effectiveness and sustainability. There is evidence to compare the cost effectiveness of different programmes and this should be the starting point for informing commissioning and service provision decisions in Wales.

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