

Weight Watchers® UK Limited

Submitted January 2014 by Zoe Griffiths, Head of Public Health zgriffiths@weight-watchers.co.uk

Response to Welsh Assembly Health and Social Care Committee inquiry into the availability of bariatric and other obesity services

1. Introduction to Weight Watchers

1.1 Weight Watchers appreciates this opportunity to submit evidence to the Committee's inquiry into the availability of bariatric and other obesity services in Wales. Weight Watchers:

- is a 'willing provider' of lifestyle weight management services to the NHS
- has a healthy weight management programme which works – and (through independent research) knows what results it can achieve
- meets NICE (2006) and All Wales Obesity Pathway (2010) best practice guidelines for lifestyle weight management interventions
- stands ready, having a tried and tested national operational infrastructure. In Wales there are 335 weekly meetings which are embedded in local communities, run by an employed force of almost 100 peer leaders trained in behavioural change techniques
- knows how to work with the public sector and has a track record of partnerships with over 100 NHS organisations across the UK

2. Obesity in Wales

2.1 According to the Welsh Health Survey, currently around 1.5 million adults in Wales are either overweight or obese. The All Wales Obesity Pathway recognises that service provision for these people is vital, especially to stop Foresight's prediction of 60% obesity prevalence by 2050 becoming reality. Yet the NHS has limited capacity to provide the regular support which is a key efficacy element for behavioural weight management interventions (Dr Foster 2005, Johnston et al 2013). The Darzi Review recommended that 'systematic and industrial scale' interventions are needed to make any meaningful impact on obesity and the resultant long term conditions like type 2 diabetes and coronary heart disease (Darzi, 2008).

2.2 If an industrial scale response is needed to help these huge numbers of people to lose weight, experience drawn from Weight Watchers' partnerships with Health Boards in Wales suggests that current patient access to structured lifestyle weight management services is very limited. Health Boards do not have adequate funding, or at a centralised / high level, do not prioritise funding for such services.

2.3 The fact that Weight Watchers already has a trained facilitator force and a proven operational infrastructure to deliver community based weight management solutions, offers a strong cost effective argument for commissioners. Weight Watchers is already able to provide Wales with the resource-intensive regular support deemed essential for effective weight loss, on the required industrial scale, and this strategy has potential to spare the highly specialised care provided by health professionals for more complex cases of obesity. Without effective partnership working, guidance and active commissioning the entire obesity pathway is at risk of being imbalanced; with inadequate volumes of services for people at the less intensive / complex tiers, resulting in preventable progression towards tier 3 and 4 services.

2.4 The above demonstrates a cost effective argument for 'siphoning off' clinically suitable overweight and obese patients, who are ready to change, to proven, effective lifestyle weight management services like Weight Watchers.

3. Weight Watchers lifestyle weight management interventions for the NHS are proven to be effective

3.1 Over the last nine years Weight Watchers has developed a service to enable primary care professionals to refer overweight and obese adults (deemed clinically suitable) to Weight Watchers. Thousands of patients have been supported by the 12 session scheme, with around 50% of GP practices in England being able to refer their patients (~4,000 registered GP practices). The Scheme has been heavily evaluated. An independent audit (Ahern et al, 2010) of 29,326 referrals demonstrated:

- 54% of referral courses were 100% completed (attending every single session)
- those who 100% completed lost an average of 5.4kg, which is in line with best practice guidelines and 57% lost $\geq 5\%$ of initial weight
- 57% achieved 'completion' as defined by best practices (attending ≥ 10 sessions), lost an average of 5.2kg and 56% lost $\geq 5\%$ of initial weight
- an intention-to-treat analysis showed that patients lost on average 3.6kg and 38% lost $\geq 5\%$ of initial weight
- the median BMI was 35.1kg/m^2 (IQR $31.8 - 39.5\text{kg/m}^2$)

These highly consistent results demonstrate that Weight Watchers lifestyle weight management interventions deliver outcomes above the best practice expectations published in 2013 by the Department of Health (DoH, 2013).

3.2 A randomised controlled trial led by the MRC in Cambridge (Jebb et al 2011) and the Lighten up Trial published in the BMJ (Jolly et al 2011) demonstrated that patients referred to Weight Watchers achieved better outcomes at one year than those who received interventions facilitated by NHS professionals. Furthermore research and evaluation has provided good evidence that referral of overweight and obese patients to Weight Watchers resulted in sustained improvements in lifestyle habits, particularly dietary intake (Eberhard et al 2011), which can impact on family habits and the next generation. The return on investment of such initiatives is likely to be significant since:

- 66% of hypertension is linked to excess weight
- 90% of type 2 diabetics have a BMI above 23kg/m^2
- There is a 2.4 fold increase in coronary heart disease in obese women and 2 fold in obese men under the age of 50 years (Foresight, 2007).

3.3 Indeed recent qualitative data from a cohort of severely obese patients, with complex social and medical problems, who were referred by GPs in the Worcester area for 12 months' access to Weight Watchers suggested that many reported tangible medical benefits such as:

- cessation of blood pressure medication,
- a reduction in HbA1c from 8.6% to 6.2% in a patient with type II diabetes,
- having more stamina/energy,
- reduction in back and joint pain,
- a reduction in the medication required to control blood glucose.

4. Weight Watchers in Wales

4.1 In Wales, Weight Watchers employs almost 100 trained leaders, who facilitate 335 weekly meetings, which take place in the heart of the local community. The strength of Weight Watchers' approach is in providing weekly support in familiar and accessible community venues at times which suit individual needs. Many of these meetings take place in the evenings and at weekends, which are outside of the traditional NHS hours. Weight Watchers' operational infrastructure is designed to deliver a massive scale of service which is sustainable and consistently meets NICE best practice standards (NICE 2006). The capacity is there. Public health services simply need to tap into it.

4.2 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 type 2 diabetes) there was only enough funding to reach 43 patients in the first two years. In addition this funding was sourced from underspends in primary care. 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 $\geq 5\%$ initial weight.

4.3 Weight Watchers is collaborating with Public Health Wales in the Flintshire region to deliver weight management interventions to 90 patients in the ‘Shape up for the Future’ scheme (a scheme targeting women planning a pregnancy or having had a recent birth, with a BMI $>30\text{kg/m}^2$).

4.4 Having reached out to all the Health Boards within Wales to discuss obesity service provision, the consensus feedback, on the restriction for tapping into Weight Watchers’ services or indeed local NHS / Public Health services to enable access to effective lifestyle weight management services, is funding. The Welsh Assembly Health and Social Care Committee should not be under an impression that this may be an issue exclusively related to public-private partnerships in the system. This is a fundamental issue across the system whether service providers of lifestyle weight management services are public, private or 3rd sector. Many Health Boards have voiced strong desires to commission services to meet their population need, but are completely restricted by a lack of funding.

5. Reducing the need for bariatric services

5.1 Based on the above, Weight Watchers argues that much greater emphasis should be placed on commissioning lifestyle weight management services at a scale that meets demand, in order to reduce the need for costly and high risk bariatric procedures and in order to enhance the entire care pathway. An economic analysis undertaken by the Health Economics Consortium at York University revealed that the cost per QALY (Quality Adjusted Life Years) values of lifestyle interventions tended to be lower than for drug or surgical interventions, inferring that early treatment with behavioural approaches is cost effective. Cost per QALY of the range of weight management treatments is shown below:

Weight management treatment*	Cost per QALY
Lifestyle	£174 - £9,971
Weight Watchers**	£1,022
Anti-obesity medication	£3,200 - £16,700
Bariatric surgery	£6,289 - £8,527

*NICE 2006 **Trueman and Flack, 2006

5.2 According to the specialised services policy: bariatric surgery CP29 set out by WHSSG, one of the criteria for referral is that ‘the individual has been receiving intensive weight management, medical management, in specialised hospital obesity clinic or a community-based equivalent;’. The clinician considering the treatment should also ‘discuss all the alternative treatment with the patient;’. Results of a randomised controlled trial supported the use of lifestyle interventions pre-operatively, where patients lost significantly more weight when compared with usual care (Karlarchian et al, 2013). Furthermore, a review conducted into the effectiveness of lifestyle interventions among severely obese patients found them to result in important, long-term weight losses in a significant proportion of severely obese individuals (Unick et al, 2013).

5.3 Wales is a relatively small country with a well-established public health system, which can quickly and efficiently respond to new policy developments. The close interface between national and local decision makers in Wales brings fantastic opportunities to make tangible progress in obesity pathways and service provision. Experience drawn from the health developments in Scotland and England suggest that there are already a wealth of effective NHS obesity treatment policy measures and processes that simply need implementation. Wales can learn from these and avoid creating undue burden in the pursuit of reducing obesity.

5.4 Essentially, without Wales-wide equal access to lifestyle weight management interventions that have been proven to be effective, the outcomes of care pathways and demand for bariatric procedures will be significantly negatively affected. It is recommended that an inquiry into the availability of bariatric and other obesity services includes consideration of the care pathway access issues that are a current reality across Wales. If this is out of scope, it is recommended that the Welsh Assembly Health and Social Care Committee launch an inquiry into the availability of lifestyle weight management services and that the outcomes from both projects are analysed in parallel to ensure a joined up approach.

6. References

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