1. Welcome and introductions.

2. **Matters arising**, minutes of last meeting at UKCO in Sept 2017.
   a. GPING Mission statement has been completed (attached). It outlines that the remit of GPING is to help shape educational resources, link academic and PHE conclusions to a wider GP audience and to feed expertise, interest and a strong GP voice to RCGP on matters around obesity, malnutrition and nutrition. As this provides a useful summary of how the group interacts and relates to other organisations it was agreed to send this to
   i. RCGP Honorary Secretary for information,
   ii. to SK in order for it to be posted on Twitter and on the GPING Facebook page, and
   iii. Rachel Joynes, CIRC, so that it can be added to the RCGP Nutrition pages on the RCGP website
   b. GPING networking – SK very kindly set up Facebook GPING Members Group – thank you! Number of members still fairly low, but it forms a platform for debate. Further discussion re networking on social media below.
   c. RCGP Conference 2017 Big Sugar Debate. This was very well attended with a lively discussion and interesting anecdotal evidence, but no significant consensus over how consistent nutrition messages can be conveyed. The SACN committee examining carbohydrate recommendations in type 2 diabetes is eagerly awaited – due out in 2019.

3. **Obesity Health Alliance update**
   a. OHA is an expanding collaboration of organisations aiming to influence UK policy on obesity. Caroline Cerny sent a recent update – attached (Britain’s Fat Fight OHA update).
Action – please lobby your local MP individually or write directly to Theresa May. RP will write on behalf of GPING and copy to RCGP Hon Sec.  

b. #AdEnough Jamie Oliver’s junk food marketing campaign. Group photo was taken and circulated on social media to support this campaign. Twitter share next ...  

4. **RCGP conference 4-6th October 2018 Glasgow - symposium:** CH and RP delighted to have agreed a sponsored lunchtime symposium at RCGP October conference on Friday 5th October, plus a **stand in the conference hall** to be shared with World Obesity. Both have been kindly sponsored by Novo Nordisk, who have given us a free reign in how both are run. The symposium will be entitled ‘Are you fit to tackle Multimorbidity?’ The outline will be *Inform; Support; Motivate.* The speakers will be Paul Aveyard (covering brief interventions = Inform) Carly Hughes (covering tiered weight management options = Support) and a physical activity element (hopefully some interactive audience participation Tai Chi? = Motivate) led by Zoe Williams. I will chair the session, briefly relating each section to patients with multimorbidity.

Regarding the stand, this is an opportunity to highlight an array of lifestyle-related resources supported by World Obesity and RCGP, including the recent BOMSS guidelines and primary care-focused SCOPE modules. We also plan to run an eye-catcher competition at the stand – ‘Sit-Stand’ challenge – max number in 1 minute, with leader board to see who gets the highest score of the conference. I thought we could invite Helen SL to take part. Rupy Ajala has kindly donated 2 copies of his book ‘The Doctor’s Kitchen’ as prize for the highest score. Thanks Rupy!

**RP action**

5. **RCGP Physical Activity and Lifestyle (PAL) clinical priority programme**  

a. Report from Andrew Boyd: Funding of the PAL programme has been an ongoing and as yet unresolved issue. Zoe and I have agreed to continue in the role of joint lead for the clinical priority, at the request of the new director at CIRC, Rachel Joynes cc’ed. Rachel J is very enthusiastic about our work to date, and the proposed workplan, and has been instrumental in reworking the bid to Sport England. Furthermore Helen Stokes Lampard has referenced the priority on multiple occasions, giving her support too. There remains uncertainty over the future of the priority however; we are awaiting news from our latest bid to Sport England re funding though they are supportive of the approach and are continue to make positive noises.

In other developments: - We have been working with Parkrun to form a partnership with the College to offer practices nationwide the opportunity of becoming a ‘Parkrun Practice’ - launching imminently, having been signed off by the hon secs office. - We were asked to offer steer on the national level, cross-College 'MovingMedicine' resources that Brian is an adviser for, and I understand from Natasha Jones, vice president of FSEM that Dane has been successful in securing funding for an RCGP lead module on prevention of disease through physical activity. - We have collaborated with King’s College Medical school to deliver an ‘Active Practices’ Med student pilot project. The groups of students involved designed and delivered projects which aimed to get staff and/or patients more active, in their GP placement practices, as per PAL statement. King’s have expressed an interest to repeat with future year groups and share with other medical schools in the hope that this could become part an optional part of the curriculum for students.

b. **PHE Physical Activity Champions:** Emma Pimlott explained about the regional PA champions; she has an enhanced role in the N West, combined with clinical lecturer to
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undergrads to increase PA in the curriculum, as well as being a GP. See [https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day](https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day) for more info on physical activity resources for professionals.

6. **Multimorbidity Spotlight project**
   RP made a successful proposal for RCGP to run a 12 month Spotlight project on Multimorbidity and has just been appointed to lead the programme, having found funding from Nutricia. One aim will be to look at efficiency elements when caring for patients with an array of co-morbidities that all share the same risk factors. It will closely align with the work of both the current PALs programme and the previous nutrition programme and GPING.
   We discussed a specific output that I hope the Spotlight project will develop in partnership with GPING – a set of ‘Clinical Conversation Cases’ to convey core nutrition concepts and flag up key resources to signpost towards. It is hoped these may appear in InnovAiT journal, to improve skills in discussing nutritional topics, (rather than diseases). RJ has been asked to set up a meeting with RP and staff at InnovAiT to explore this. The format will depend on the house-style of the accepting journal, but in essence, will be brief and focused. Volunteer authors included PB, SK and CH. RP will follow this up after preliminary journal discussions.
   Suggestions included
   - how to do a brief dietary assessment and use a 3 day food diary;
   - giving dietary fibre advice;
   - conveying eating behaviour principles;
   - advising on micronutrients;
   - using MUST screening tool and food boosting advice;
   - understanding vegan diets;
   - conveying salt recommendations;
   - using motivational techniques when giving brief physical activity advice
   **Action RP and RJ**

7. **Nutrition training – Association for Nutrition and Nutritank.**
   The recent Radio 4 Food Programme [https://www.bbc.co.uk/programmes/b09wr9q9](https://www.bbc.co.uk/programmes/b09wr9q9) highlighted an array of emerging groups pushing for better nutrition awareness and training. Nutritank is an expanding network in UK medical schools, which raised the questions of who was responsible for setting standards and shaping an evidence-based curriculum. The Association for Nutrition AfN have been asked to take over this role, led by Leonie Milliner, who informed me:-
   a. AfN took responsibility for the Academy of Medical Royal Colleges nutrition group and undergraduate nutrition curriculum last month, and one of the reasons were keen to assume responsibility was to ensure appropriate oversight and quality assurance in medical schools- with the intention of working closely with the GMC and Medical Schools’ Council.
   b. AfN have been funded in the past by PHE to develop standards and quality assurance procedures to improve nutrition knowledge and confidence for the healthcare team. They aim to develop wide membership of their 'Nutrition Inter-professional Group' (working title) which will replace the AOMRC ANG, including inviting representation from PHE and RCGP to be members. First meeting now planned for June 25th. RCGP will have representation.
We discussed issues around quality assurance of RCGP-accredited courses, particularly in the rapidly expanding ‘lifestyle medicine’ area. Currently it is not clear how courses would indicate whether their content contained core EB messages or whether personal agendas or controversial viewpoints with a less robust evidence base would feature. Clarity through the endorsement/accreditation process would be useful for potential delegates. RP to write to Hon Sec / accreditation team within RCGP to explore this. RCGP have already engaged with AfN’s forthcoming meeting on June 25th by agreeing to support a rep. SK has kindly agreed to attend on behalf of RCGP in addition to representing BSLM. Thanks Sue!

**Action RP**

8. **Social Media to reach new audiences**
   a. SK very kindly set up the GPING members Facebook page last year. We have a slowly growing number in the group, although RP confessed to being sluggish re posting updates (!) and still uses email as the main mechanism for communicating with GPING. However, dinosaur attitudes are not the way forward – Twitter is!
   b. Sue has now set up a Twitter account for GPING - we are @GPINGnutrition (lots of other options were taken). Sue suggests #GPING when talking about things. To log on and tweet as GPINGnutrition you’ll need an email address and password, so she’s set one up from an old unused email address

   **Email address:** suekenneally3@btinternet.com
   **Password:** #gping

   Tweet away everyone! We’ve already #AdEnough on Twitter, but there’s lots to do, eg adding the mission statement (now attached below) etc. The group must decide who is going to tweet on behalf of GPING, and how we are going to agree what they tweet. Suggestions to RP and SK please. And thanks Sue!

   **Action All**

9. **Wales update from Sue Kenneally**

Wales continues to lag behind England with respect to obesity service provision; we have three or possibly four tier 3 clinics and two bariatric surgeons who performed just over 100 operations last year. The service is continuing to grow, and the tier three clinic closest to me has been asked to double its capacity over the next year. A number of obesity health professionals met with Welsh Assembly Government earlier this week and we had a very constructive conversation about where the service is lacking, and how to develop it in accordance with the Welsh Obesity Pathway.

There is also a growing interest in lifestyle medicine, and British Society of Lifestyle Medicine (BSLM) has decided that its annual conference next year will be held in Cardiff. You can sign up for the BSLM newsletter and find out about the BSLM diploma at [https://bslm.org.uk/](https://bslm.org.uk/)

**Action All**

10. **Scotland update – report from David Blane**

   A. **Obesity Action Scotland (OAS)** – DB continues to represent RCGP Scotland on this interdisciplinary advocacy group, established in 2015. [http://obesityactionscotland.org/about-us/](http://obesityactionscotland.org/about-us/)

   a. The group has been very active with campaigns and commentary around changing the obesogenic environment, including:

   i. Scotland’s ambitious new ‘Diet and Obesity Strategy’:

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- Regulation to tackle price promotions on unhealthy foods
- Restricting advertising and sponsorship associated with unhealthy food
- Action to tackle portion size in the places where we eat out


B. There are plans to set up an Obesity Alliance in Scotland, which OAS would be closely involved in: [http://obesityactionscotland.org/blog-items/creating-an-obesity-alliance-in-scotland/](http://obesityactionscotland.org/blog-items/creating-an-obesity-alliance-in-scotland/)

C. DB presented at a recent Scotland Policy Conferences event on the theme “Policy priorities for tackling obesity in Scotland”, at which the Minister for Public Health and Sport in Scotland, Aileen Campbell MSP, was speaking (PDF of slides attached for interest).

Finally, David said he feels he could do a better job at connecting with other GPs interested in nutrition (and obesity in particular) in Scotland, for instance, a few GP colleagues who have been on recent ‘Lifestyle Medicine’ courses. Feel free to contact him to find out more about the work of OAS. David.blane@glasgow.ac.uk

11. ASO update

a. CH explained about ASO COMS, the ASO’s network for people working in Tier 2, 3 and 4 services, to facilitate communication and promote improved multidisciplinary collaboration and research. Those working in Tier 3 are encouraged to join as centres, as membership indicates a quality marker. Details and how to join at [https://www.aso.org.uk/research-practice/centres-for-obesity-management/](https://www.aso.org.uk/research-practice/centres-for-obesity-management/). Despite the success of last year’s GP symposium, a primary care symposium bid was not successful for this year’s conference. Several GPING members are planning to attend UKCO conference, Sept 6th and 7th, Newcastle University – ever popular for the latest obesity research and a very friendly atmosphere. [https://www.aso.org.uk/events/ukco/](https://www.aso.org.uk/events/ukco/)

b. World Obesity / SCOPE training CH and RP both sit on the World Obesity Clinical Care committee, helping with development of obesity-related educational resources. [https://www.worldobesity.org/scope/](https://www.worldobesity.org/scope/) We are promoting an introductory e-learning session ‘Primary Care weight management’ suitable for primary care staff, and which can introduce the SCOPE core learning pathway. [http://www.scope-elearning.org/catalog/courses/272593](http://www.scope-elearning.org/catalog/courses/272593)

12. Malnutrition events
The emerging Multimorbidity Spotlight project will take a renewed focus on aspects of malnutrition and chronic disease, which remains a central topic in the RCGP Tackling Chronic Diseases through Lifestyle behaviour Changes course, next being held in Birmingham on June 15th.


Since the Spring meeting, Anita Nathan has been in touch with researchers at Manchester University, who are requesting help with a survey on research questions through James Lind Alliance Priority Setting Partnerships - on nutrition screening and malnutrition. I have agreed to circulate their survey to GPING contacts which is likely to be in early June. I have attached their explanatory invitation letter for information.

13. BOMSS have recently published revised commissioning guidance on Weight Assessment and Management http://www.bomss.org.uk/commissioning-guide-weight-assessment-and-management-clinics-tier-3/ This includes revised guidance on post bariatric surgery care with an expanded GP section, which includes advice on identifying, raising the topic, scales, and referral pathways. RCGP are soon to launch a ‘Five Minutes to Change Your Practice’ module highlighting the primary care-relevant aspects.

14. Culinary Medicine UK were represented by Dr Sumi Baruah. Sumi explained that culinary medicine is one branch of lifestyle medicine, aiming to teach health professionals the foundations of nutrition and how to cook. It includes how to tweak recipes to become healthier. They link with commissioned e-learning modules from the USA – course delegates are expected to complete e-learning before attending a practical course. This includes case-based discussions on giving diet advice and mindful eating. Their next course is on 9th June at Kingsway College. They have sought accreditation from RCGP.

http://www.culinarymedicineuk.org/

Rupy Aujla’s work links in to this organisation.

Following the meeting, Sumi confirmed a few points that arose from the GPING discussion:

I asked the culinary medicine UK team including our lead Dietician Elaine MacAninch the question you posed: “How will culinary medicine UK provide nutritional education into brief intervention guidance, in particular for those GPs who are not interested in this area?”

• Culinary Med is all about MECC and brief interventions. The questions were rewritten with this in mind. How to start a conversation, barriers such as time/ confidence, signposting options etc. In addition we are adding in a practical element to practice basic motivational interviewing brief interventions. Elaine is really happy GPING are on the same page with this and also the importance of language to avoid bias/ feeling of judgement.

• Elaine is happy to discuss this further with GPING team....but in short CM ticks seems to tick all the boxes

• Regarding how to engage GPs not interested - for now we focus on interested GPs. As momentum grows interested GPs will increase anyway.

• Marketing towards those GPs who may not be interested will be a strategy for the future

• Dr Katie Parker is a clinical psychologist on our team and working to support effective GP-patient communications and behaviour change interventions, including development of motivational interviewing tools, and collation of course feedback on behavioural elements to help formulate some actionable recommendations.

We will circulate further culinary medicine developments in due course to the GPING network.
15. **Thriva** – Vishal Shah attended to explain more about his innovative work on near-patient testing. Contact Vishal if you would like more information about his projects Vishal Shah

[a]. Introduction to Thriva: Our aim is to build a high-value preventative health service. We are a digital health platform that provides fingerprick capillary blood sampling kits to consumers for remote testing. Thriva GPs provide a written interpretation of the test results with actionable lifestyle advice that clients can access through their online portal. By encouraging our clients to regularly track their health data, we are empowering them to take positive steps to prevent ill health. Our platform can also be used by specialists to request tests for their patients. We have started working with an NHS trust who are piloting our product for outpatient monitoring of patients with cystic fibrosis.

[b]. Behavioural Change platform: I am currently developing a behavioural change platform which aims at promoting weight loss and maintenance of weight via digital coaching. The group discussed some of the evident challenges inherent in direct patient access to tests. This included some of the ethical dilemmas likely to arise from remote testing, including insurance issues and how deprivation and equity of access might be considered. The service is not yet CQC-registered and so not yet linked to NHS provision. Challenges around demonstrating long-term benefits from personal health-data tracking were also discussed.

Vishal explained about the [NHS Innovation Accelerator](https://www.england.nhs.uk/ourwork/innovation/nia/) that can support new innovations.

16. Dates for diaries. (NB Circulating event information does not reflect any endorsement process by GPING)

[a]. Nutrition by the Experts Thursday 31st May 2018, University College London. [https://www.eventbrite.co.uk/e/nutrition-by-the-experts-tickets-44959067782](https://www.eventbrite.co.uk/e/nutrition-by-the-experts-tickets-44959067782)


[e]. UKCO Newcastle 6–7th September 2018 [https://www.aso.org.uk/events/ukco/](https://www.aso.org.uk/events/ukco/)

[f]. Lifestyle Medicine Conference, Leeds 8th Sept, led by Angela Goyal who sent the following information: The National Lifestyle Medicine Conference [https://www.inspiredmedics.co.uk/lifestyle-medicine](https://www.inspiredmedics.co.uk/lifestyle-medicine) promises to be an exciting, transformational day with fantastic speakers. 6 CPD hours will be available about using Lifestyle Interventions in clinical practice. The actual programme will be released in a few weeks. We are collaborating with other organizations in this field: The conference will count towards The British Society of Lifestyle Medicine diploma course so any learning from this day will count towards the diploma. The Public Health Collaboration will be represented and exhibiting. We wish to inspire healthcare professionals on the coal face and healthcare leaders in our conference so we can make practical steps to solving the chronic disease crisis. Both big and small steps.
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Please also do share widely on social media: Tag us on @inspiredmedics on twitter/ fb/ Instagram and use #InspireMED #LifestyleMedicine

g. RCGP conference 4-6th October 2018 Glasgow http://www.rcgpac.org.uk/ Come and join GPING at the Friday lunchtime symposium and/or at the GPING/World Obesity stand in the exhibition hall. We may have a GPING Autumn get-together linked to this event. Details to follow.

17. Finances and future of GPING
 RP
 I would like to extend my thanks to Nutricia for continuing to support GPING, through the Multimorbidity Spotlight programme during 2018-2019. There will be funding to support ongoing activity, including a small autumn meeting which will be linked to one of the autumn events, plus a Spring meeting in early 2019. I will send round a Doodle-poll later in the summer to find out which event/date would be most suitable. Please let me know if you are planning to attend either UKCO or RCGP conference.

18. Any other business. Primary Care Society for Gastroenterology
 a. GPING member Kevin Barrett is also chair of PCSG. Kevin sent the following information in view of the significant areas of interest overlap between GPING and PCSG.

PCSG, an organisation was established in 1985. Whilst the slogan “We are the voice of primary care gastroenterology” still holds true, we wish to broaden this to facilitate engagement with a wide range of organisations, and therefore our new purpose is “Improving Gut Health for Everyone”. As a society that is authoritative, collaborative and innovative, we will be building relationships with charities, Royal Colleges and other key national organisations to deliver a range of activities that meet this purpose.

We have a strong history of providing a range of activities that promote the role of primary care in the field of gastroenterology; the annual scientific meetings, the production of guidelines, The Digest journal, and the Guts and Glory Award.

To join the society (free) simply go here http://www.pcsg.org.uk/become-a-member/ and fill in the simple form including confirming applicant is a healthcare professional.

b. I had an email giving details of Cardiff Motivational Interviewing courses, led by Stephen Rollnick:

MI: INTERMEDIATE WORKSHOP: Monday 16th & Tuesday 17th July 2018. Led by Stephen Rollnick

Places are still available. This workshop will provide an overview of the foundations of MI and its spirit and core skills. The main focus will be on practicing and reflecting with colleagues in a supportive and enjoyable atmosphere. Attention will also focus on how our emotional state impacts the process and outcome of change conversations. On-line registration http://www.micardiff.co.uk/registration.php

MI INTRODUCTION: Tuesday 16th October, 2018. Led by Stephen Rollnick

This workshop will major on the recognisable and familiar foundations of MI well known to people involved in helping others to change. I’ll then turn to MI, with lots of opportunity to observe demonstrations, discuss issues as they arise, and practice some of the core skills. I’ll also deal with hot topics like advice-giving, culture change, brief conversations, and rapid engagement.
GPING Mission Statement

(GPs with an Interest in Nutrition Group)

GPING is a virtual network of GPs that evolved from the RCGP Nutrition for Health Clinical Priority Programme, established in 2013, and is chaired by Dr Rachel Pryke.

Our aim

GPING aims to support general practitioners and other healthcare professionals in helping patients with nutritional problems, including obesity and malnutrition, and to increase physical activity in our patients. We aim to connect front-line GPs, academics, commissioners and those working on policy matters in order to drive improvements across the spectrum of lifestyle risk factors.

Our objectives

- To provide a collective voice on obesity, physical activity, malnutrition and nutritional issues to RCGP council and RCGP officers
- To ensure active GP representation on behalf of RCGP and/or primary care at relevant meetings and committees. E.g. providing RCGP representation at Obesity Health Alliance
- To respond to requests for reviewing relevant documents, e.g NICE guidance and RCGP endorsement requests
- To debate emerging issues to ensure we are able to convey a clear and representative GP perspective
- To support the translation of academic findings into feasible and evidence-based practice
- To develop training materials and events and to facilitate local networks, particularly with regard to
  - Raising the topic of weight and lifestyle appropriately
  - Explaining the impact of weight, activity and nutrition on health and chronic disease
  - Increasing confidence in using behaviour change and motivational approaches
  - Ensuring there is a balance between prevention approaches and treatment options
  - Gearing up to convey both brief intervention messages plus more structured advice and signposting where a first line approach has been insufficient.

All enquiries or requests to be included in the GPING virtual network should be sent to rachelgpyke@btinternet.com

Please note: Being included on this list does not imply any expectation of active involvement by group members. Contact details of group members will not be shared with outside parties unless prior permission has been sought.
GPING outputs (updated 2018)

- RCGP Position statement on Obesity and Malnutrition
- Introductory Certificate in Obesity Malnutrition and Health – free training materials, including slide sets and interactive workbook, to support cascade training within non-specialist groups, e.g. VTS group teaching or tutorials. [http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/nutrition.aspx](http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/nutrition.aspx)
- Delivery of tailored Introductory Certificate training courses
- Guidance leaflets
- Audit tool to monitor post bariatric care in primary care – on Obesity webpage
- Co-author Managing Malnutrition in the Community guidance document [http://www.malnutritionpathway.co.uk/](http://www.malnutritionpathway.co.uk/)
- Malnutrition Consensus Panel rep (Anita Nathan) co-author 2016 Managing Malnutrition in COPD guidance
- Member involvement in NICE Obesity guideline CG189 (Carly Hughes)
- Member involvement in NICE NAFLD guideline NG49 and NICE Quality Standard on Liver Disease (Rachel Pryke)
- Contributor to Commissioning Guidance for Tier 3 Weight Management services update and to PHE Toolkit for Commissioning Tier 2 and Tier 3 Weight Management Services (CH)
- RCGP representation at
  - Obesity Health Alliance (RP, SM, AG)
  - RCP Advisory Group on Weight and Health (RP CH)
  - RCP Nutrition Committee (RP)
  - PHE Obesity Prevention Priority Board (RP)
  - NCMP Board (RP)
  - RCP Joint Specialty Committee for Endocrinology and Diabetes Mellitus (HP)
  - Obesity Action Campaign (ZW)
  - World Obesity Clinical Care and Education Committee (RP and CH)
- Data recording of child BMI centile on GP IT systems – now included as action point in NHSE Child Obesity Plan. We are collaborating with RCPCH, NHSE and NHS Digital to push this forward.
- RCGP Nutrition webpages
  - Obesity [http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/nutrition/obesity.aspx](http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/nutrition/obesity.aspx)