

Written Evidence Submitted by Miss Alaw Davies at Royal College of General Practitioners (FWM0066)

- 1. Why are existing policies relating to food and diet seemingly not succeeding in reducing rates of obesity, and what should the Government learn from this, or do differently, when designing and implementing policy in future?**

As members of the Obesity Health Alliance (OHA), we believe they are well placed to provide detailed insight into policy effectiveness and food system reform.

- 2. Which public health interventions have been the most effective, either domestically or internationally, at reducing obesity or consumption of less healthy foods? What should the Government learn from them?**

- 1. Where should the balance lie between voluntary and mandatory policies, and between tax and incentive?**

We recommend deferring to the OHA's expertise in this area.

- 3. What action could be the most effective in reducing ethnic and social disparities relating to rates of obesity, and how could any barriers to implementation be addressed?**

As repeatedly proven by research, access to healthcare has proved elusive for those who need it the most across the UK. Health inequalities have worsened further in recent years and tackling them has become one of the key challenges our health systems face now. GPs have a pivotal role to play in addressing health inequalities as they witness first-hand, the health and social issues experienced by the most socioeconomically deprived communities. Deprived parts of the UK are significantly under-doctored, with practices in areas with the highest levels of income deprivation having on average more patients per fully qualified GP than practices with the lowest levels of income deprivation. This is compounded by the fact that after accounting for the increased workload associated with greater health needs in more deprived areas, GPs in deprived parts of England received 7% less funding per need-adjusted patient than GPs in affluent areas. (RCGP, 2024 [Breaking the inverse care law in UK general practice](#))

As a result, GPs have fewer resources, less time, and fewer referral options. These challenges limit a GPs ability to intervene early or offer effective weight management support to patients, particularly those from marginalised communities.

UK Coastal communities have been identified as having a unique set of challenges that contribute to increased obesity and poorer health outcomes. This was highlighted in the Chief Medical Officer report in 2021 'Health in Coastal Communities', linking to four factors: High levels of deprivation, Ageing Populations, Access to healthcare and a 'Coastal effect' (a combination of factors).

We believe, effective actions to reduce disparities should ensure:

- *Weight management services are distributed proportionally according to population needs across the country.*
- *Weight management services are designed taking into consideration different ethnic groups. Using a one size fits all approach for patients can often lead to missing early signs of risk in some populations. Tailoring thresholds can make prevention more effective and equitable.*
- *Weight management services are accessible to individuals with diverse needs, including those from different ethnic backgrounds, those with disabilities, and those with varying levels of digital literacy.*
- *Funding is allocated for place-based models that reflect local population needs and integrate with primary care.*

The following are the barriers to implementation and our recommended approaches for addressing them:

- *Ethnic minority groups may have low trust in these services. Building trust and engagement could be achieved by co-producing these services to reflect their needs, languages and preferences.*
- *Individuals living in deprived areas often lack access to affordable health food options or safe environments for physical activity. Introducing initiatives in these areas such as subsidised food schemes, school meal programmes and physical activity groups e.g. walking groups could be beneficial in encouraging and stressing the importance of healthier eating and physical activity in the area.*
- *The lack of long-term investment in these areas limits the ability of meaningful change. The allocation of sustained funding could contribute to effective public health system and patient outcomes.*
- *Identification of populations who have a biological or genetic predisposition to Obesity. Certain ethnic backgrounds e.g. South Asian population have a predisposition to central obesity increasing risks of health issues such as Type 2 Diabetes earlier in life.*

4. What more should the Government and/or the food industry do to address disparities and deliver on the Government's Food Strategy aim of improving "access to affordable, healthy food"?

We would like to defer to the OHA on this question, given their expertise in this area.

5. What challenges and opportunities do weight loss medications like Wegovy and Mounjaro present to the NHS and to individuals?

The use of weight loss medications is becoming increasingly popular. While the College recognises the potential benefits of weight loss drugs, there are significant challenges in their safety, sustainability and risk of relapse on cessation. Adequate support and specialist input is

needed with close monitoring for these medications. For further information, we have included our policy page on [weight loss drugs](#) (see [Appendix 1](#)).

It is very important to recognise that obesity can mask malnutrition and although weight loss drugs can be effective in the management of obesity, there are risks of neglecting more serious nutritional issues. Weight loss drugs like Wegovy and Mounjaro suppress appetite leading to low calorie intake but pose a new risk of malnutrition through reduced food intake, risk of loss of lean muscle mass, gastrointestinal side effects and drug interactions. There is also a risk of worsening sarcopenia a condition relating to low muscle mass in older people which has the potential to increase the risk of falls and serious injury.

1. Are weight loss injections cost-effective to the NHS and how does this compare with other treatments?

NICE has demonstrated that these weight loss drugs are cost effective. However, the roll out of these new medicines only the cost of the drugs themselves, not the costs associated with the wrap around care which includes the work of general practice.

Additionally, it is positive that NHS England are taking a phased approach to the roll-out of Mounjaro as a treatment for weight loss. However, it is important that the roll-out of any weight loss medications in the NHS is consistently evaluated to ensure that there is evidence that these prescriptions are of long-term benefit to patients. As and when this roll-out is escalated, appropriate resourcing for general practice and training for GPs must follow to ensure it can be delivered safely.

6. How well are weight management services functioning in the NHS and are they providing equitable access to treatment?

We believe the access to weight management services across the country is highly variable and inequitable. Community services often have very limited capacity to deliver non-surgical weight loss treatment to the populations that require them. Additionally, adequate wrap-around services which work alongside these medicines are often not available or provided as part of an integrated approach.

We believe that GPs are ideally placed as expert generalists and can play a central role in weight management, often capitalising on opportunities to provide targeted patient education and discuss lifestyle changes. However, with a declining GP workforce, increase in patient demand, resulting in an increase in workload, there is a reduced capacity to provide comprehensive weight management care, particularly within the constraints of a standard 10-minute consultation. Additionally, these challenges are further compounded by referral pathways that are often unclear or overly restrictive, making it harder for patients to access the care and support they need.

The College has been developing our clinical priority for 2024-27, Preventive Medicine. As part of our work on this, we are advocating for more investment and resources to support the

critical role for GPs in delivering better health outcomes for patients, including those living with obesity.

1. What changes might be needed to services, or additional support from Government, to ensure they are able to provide equitable access and take advantage of innovations in treatment?

We believe that there is an urgent need for:

- *Increased and sustained investment in community-based weight management services, especially in deprived areas. These services should be better integrated with primary and social care to provide coordinated, localised and equitable support to patients who require these services.*
- *Enabling GPs to play a more active role in prevention and early intervention. This would also include, longer consultations times, an expanded GP workforce and training support to deliver weight management interventions.*
- *Clear, streamlined and funded referral pathways so that patients are able to access appropriate care without any unnecessary delays or barriers.*
- *Development of digital infrastructure to support continuity of care, enable remote support, and allow for robust data to be collected, improving patient outcomes and system efficiency.*
- *Weight management services should be culturally appropriate, inclusive and accessible to patients from diverse backgrounds to ensure they can benefit from the support and treatments available.*
- *Identification of nutritional deficiencies and access to specialist nutrition advice and services.*

Appendix 1 - Weight loss drugs

The RCGP has been closely monitoring and engaging with the expansion of weight loss drugs across the NHS in England.

Background to weight loss

While the College recognises the potential benefits of weight loss drugs being prescribed in line with NICE guidance, these medications must not be seen as a ‘silver bullet’ to aid weight loss or come at the expense of other weight loss services. There is no one-size fits all approach to tackling obesity- what works for one patient will not work for another, and it is important to be able to offer a range of interventions to find the right one. More importantly, there is an urgent need to focus on prevention, stopping people becoming overweight in the first place so they don’t require a medical intervention later. It is also important to recognise the role of good nutrition in overall health, and that individuals who are overweight can still be malnourished, a condition that is often overlooked.

Weight loss drugs and safety

As with any medication, weight loss drugs do have side effects which can range in seriousness, this is why it’s important that these drugs are prescribed for the right population and acquired through authorised sources and taken with proper medical oversight and prior medical evaluation. There is growing concern that many patients are choosing to acquire these drugs privately, and GPs may only find themselves the first port of call for patients if they are experiencing issues with these treatments. The College is also concerned by reports of people buying weight loss drugs online without prescription, which poses significant safety risks.

Roll-out into general practice

The College, and many GPs, share concerns about the implications of the rollout of weight loss drugs into general practice, both in terms of workload and training to appropriately initiate and manage these treatments. It is positive that NHS England are taking a phased approach to the roll-out of Mounjaro as a treatment for weight loss (commencing Monday 23rd June 2025). As part of this, it is important that the roll-out of any weight loss medications in the NHS is consistently evaluated to ensure that there is evidence that these prescriptions are of long-term benefit to patients. As and when this roll-out is escalated, appropriate resourcing for general practice and training for GPs must follow to ensure it can be delivered safely.

There is a potential role for GPs in supporting different delivery models but what’s vital is that GPs are communicated with and guidance updated as more patients become eligible for this treatment. Similarly, GPs need to be provided with appropriate training to ensure clinical safety in the use of this new medication, to address sustaining weight loss and monitoring arrangements, and to promote a holistic approach that considers lifestyle and simple nutrition advice. Additionally, services need to be integrated, with a seamless pathway into more specialised care when complex issues need to be addressed.

For detailed information, our clinical consultation responses on obesity medications can be found [here](#). Additionally, our press comments on this topic can be found [here](#).