



Royal College of
General Practitioners

Collaborative Working Project Outcomes Report

The GP Leadership in Obesity and Weight Management (GLOW) Programme is a collaborative working project that has been developed and funded by and between Novo Nordisk and the Royal College of General Practitioners.

Project title	GP Leadership in Obesity and Weight Management (GLOW) Programme 2022
Organisations involved	<p>The organisations responsible for the delivery of this project were Novo Nordisk UK and the Royal College of General Practitioners (RCGP).</p> <p>An Expert Faculty oversaw the management of the project, comprising of UK healthcare professionals with expertise in obesity and one representative from Novo Nordisk UK who is also a GMC-registered healthcare professional. The RCGP GLOW clinical lead chaired this group.</p>
Aim of the project	<p>The aim of this project was to enhance care for people with obesity by creating leaders in the management of obesity in primary care. 20 General Practitioners (GPs) were enrolled into the GLOW programme; 19 completed the programme. Following successful completion of the programme, it is anticipated that delegates will provide leadership and clinical guidance to their colleagues and primary care networks, thereby ensuring that their key learnings and insights drive improvements in the management of obesity across the country and enhance patient outcomes.</p>
Time period of programme	January 2022-September 2022
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Outcomes from the GLOW programme

The GLOW programme provided an opportunity for 20 General Practitioners (GPs) to undertake high quality training in leadership and improve their knowledge on obesity through peer-to-peer learning, expert mentoring and reflection.

At the beginning of the programme, participants were required to complete a baseline survey, followed by a post-programme closure survey, at the end of the 9 month programme. The closure survey drew on their experiences of the programme and how they had progressed against their goals for taking part in GLOW.

These findings are presented below, with the second half of the report focussing on outcomes, barriers and solutions identified following a review of the cohort's end of programme assignments. The assignment was titled 'Improving the management of obesity in primary care in the UK' and was a 3000 word reflective, personal experience summary report. The summary provided is therefore the personal viewpoints from the 19 GPs who had completed the GLOW programme themed at a high level, rather than peer reviewed research or being evidence based.

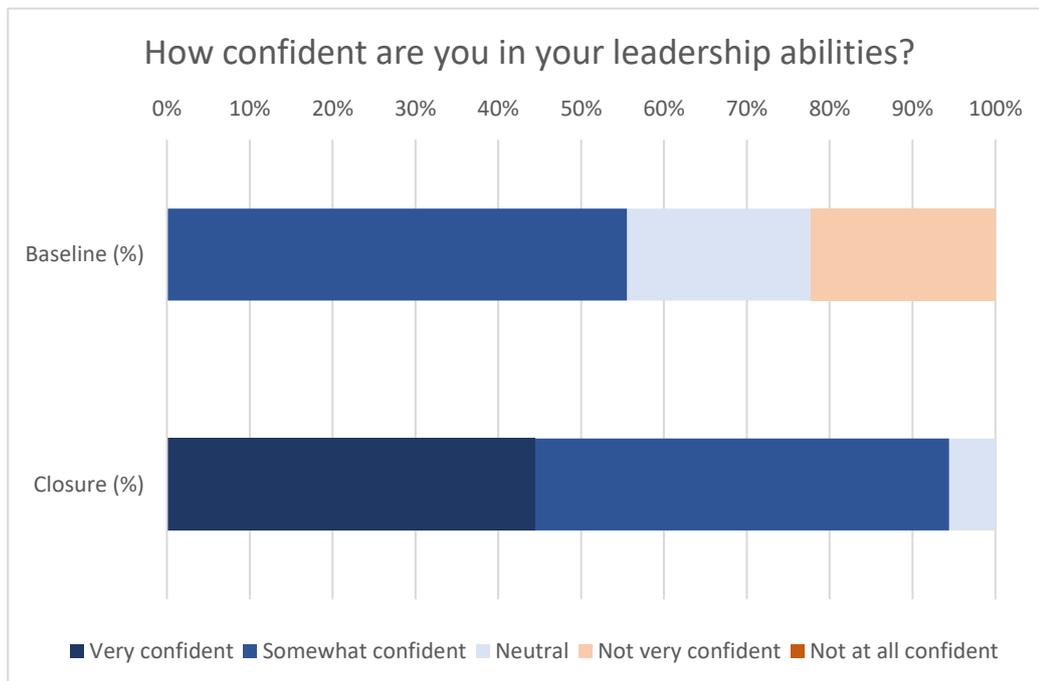
Key findings

The results presented below compare the baseline and closure surveys completed by 18 respondents (from a cohort of 19 GP delegates who completed the programme). Questions within the surveys were based on the key aims of the programme including leadership development, development of obesity knowledge, relationship and network building, and perception of barriers to effective obesity care.

Where relevant, excerpts are also included from the final event held in September 2022, where the cohort discussed outcomes in small groups.

Leadership Development

All data based on 18 respondents.



Cohort confidence increased throughout the programme, with a 44% increase in those who felt 'very confident' having completed the programme. 94% of respondents felt 'very confident' or 'confident' overall.

Furthermore, at least 83% of respondents said they were making progress against the leadership skills they wanted to focus on

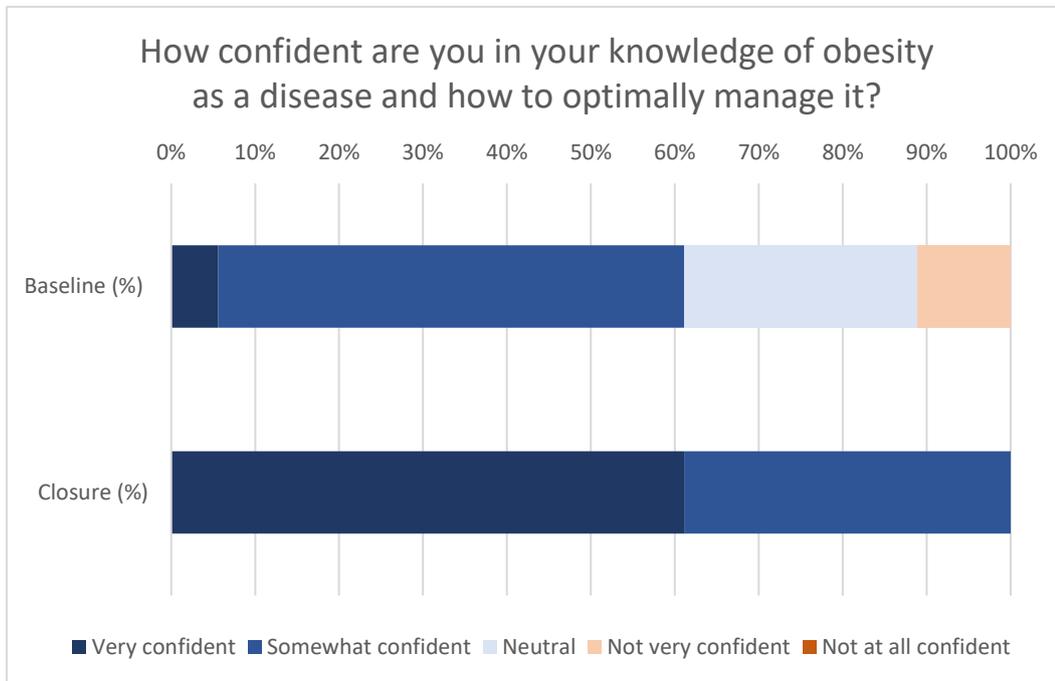
by being part of the programme.

At the final event, the cohort also reported that the programme had given them credibility to start conversations locally, and increasingly they felt able to influence decision making. At the same event, it was also reported that the cohort felt more comfortable managing, and learning from conflict, as a result of the programme. Individuals reported:

- *[they have] 'received positive responses in discussions with representatives from the local health board.'*
- *[they have been given] 'confidence to reach out and proactively seek opportunities'*
- *'I have developed increased awareness of my strengths, my areas for development, my preferences and as a result of this knowledge, this has allowed me to challenge myself out of my comfort zone and to network and connect with people from all walks of life with enhanced confidence.'*

Obesity and weight management knowledge

All data based on 18 respondents.



Of 18 respondents, there was a positive shift of 10 (55%) in people who felt 'very confident' in their obesity and weight management knowledge having completed the programme.

Furthermore, all 18 respondents stated they felt 'very confident' or 'confident' at the end of the programme. The

GP cohort were recruited on the basis they had a demonstrable interest in obesity so this was particularly positive.

Related, 100% of participants reported that their expectations around increasing their knowledge and understanding of obesity and the underpinning science had been met by completing the programme.

Relationship and network building

All data based on 18 respondents.

In the programme closure survey, 100% of respondents stated they had been able to build relationships through participation in the programme. At the final event, the cohort discussed that they had 'drawn inspiration' from the group, including both their peers and mentors. Some felt it was 'a real strength of the programme', and a 'key benefit'. One cohort member said 'while it was a great platform to enhance my leadership skills (and) knowledge base, it gave me immense opportunity for networking and building relationships.'

Perception of barriers and driving change

All data based on 18 respondents.

95% of the respondents to the closure survey stated the barriers to driving change in obesity and weight management had become clearer through their participation in GLOW. Identified barriers were discussed in the final assignment and three main barriers identified can be summarised:

1. Lack of funding to implement change, including where to source funding from and the current financial crisis in the NHS and UK.
2. Stigma, including re-educating patients and colleagues that obesity is a disease and treating it as such.
3. A complex and evolving primary care and political landscape.

Cohort assignment reflections

Personal Learning Outcomes

The main points from the reflective, personal experience summary reports produced by the cohort at the end of the programme are included below. The summary is not intended to be viewed as peer reviewed academic research.

Obesity as a disease

Many of the cohort discussed that their learning around the pathophysiology of obesity had improved, including a greater knowledge of metabolism, endocrine regulation of fat storage, body composition and appetite, the role of genetics and epigenetics including the difference between the biological sexes, the concept of obesity throughout the lifespan including while in utero, effects of gut health and the microbiome on body weight, and effects like working hours, night shift work etc on body weight.

The concept of a physiological set point was new to many, and the idea of obesity as a bio-psycho-social disease rather than simply requiring management by maintaining a negative energy balance in the long term. Some commented that they now understand more about the comorbidities related to obesity and also its sequelae.

Patient management

It was generally recognised that patients living with obesity present with diverse needs, and this does not always include a desire to lose weight, so the importance of exploring ideas, concerns and expectations was key.

The limitations of body mass index was frequently discussed, and the cohort tended to favour the Edmonton Obesity Staging System. The critical nature of a detailed history and appropriate physical examination was noted by many.

The fact that the primary care setting is most often the first point of access for patients when they want to discuss their weight was acknowledged, with an associated acknowledgement of the responsibility of

primary care based health care providers to seek to create an environment where these discussions are made as easy as possible, and acted upon appropriately.

Therapeutic options

The importance of the various pharmaceutical options were discussed, and many commented that their knowledge and understanding of the value of metabolic surgery had increased by the programme, specifically that it was more effective, safer and more cost effective than they had previously believed.

Challenges of Leadership

One of the key areas of learning for the cohort was in the area of leadership. Many commented that they had perceived this to be their weakest area before starting the programme.

Other areas included the need for introspection and a keen understanding of one's own personality traits and natural leadership style, and therefore how best to contribute to a complex problem with no obvious single solution. Many also learned the importance of individual resilience and the need for conflict resolution skills when implementing change.

Appreciation of the multidisciplinary or wider organisational team and an ability to influence stakeholders, often without a position of authority, were also learning points that were frequently mentioned.

Future Focus Areas for Obesity Care

The reflections from the cohort related to weight management, particularly in the primary care setting, were also many and varied; in part, this is likely to be explained by local variation, but a number of main themes emerged from their personal reflections: environmental factors, patient factors, healthcare provider factors and systemic factors.

Environmental Factors

Our obesogenic environment, including our food and built environment together with sedentary jobs and hobbies was one key theme. Health inequality as a main driver of obesity was frequently mentioned, and there was overall acknowledgement that more emphasis needs to be placed upon the societal rather than individual causes of obesity.

Patient Factors

The cohort assignments identified that one of the main factors is that many patients still perceive that obesity is a matter of individual responsibility and so sometimes believe that there is nothing that their healthcare provider can do for them, or that they may receive judgement or criticism rather than something that can help, if they do raise the subject. A degree of learned helplessness and low self-esteem related to body image and body weight could contribute to this.

Patients also face significant socioeconomic barriers to weight loss, and these must be taken into account when discussing weight management with them. There is often a large psychological component to

disordered eating which results in weight gain and impedes weight loss, and this is not usually within the scope of practice in the primary care setting.

Healthcare Provider Factors

Education needs of GPs was frequently identified, specifically related to the concept of obesity as a complex disease and societal rather than individual problem, and also the benefits of obesity pharmacology and surgery. One of the main barriers to effective obesity management was a lack of communication skills in this area. Also, a greater understanding of the importance of stigma/weight bias was the most commonly mentioned theme in relation to health care providers.

It was noted by some of the cohort that healthcare providers who are personally living with overweight or obesity can be more reluctant to discuss body weight with patients, and that this can be a significant barrier to effective consultation.

Other concerns related to workload; weight management consultations are perceived to be onerous and time consuming, and there may be pressures from senior members of the practice to devote time to other areas deemed more urgent or important, or that generate more practice income.

GP surgeries may also not be adequately equipped with easily accessible large blood pressure cuffs, suitable chairs and scales that accurately record higher body weights.

Systematic/NHS Factors

There is a perceived inconsistent provision of obesity management services and insufficient access to tier 3 and 4 services in different areas and therefore lack of effective pharmacotherapy and metabolic surgery.

The GP cohort noted that improving the volume of education in schools around obesity may help to reduce the prevalence of childhood obesity.

Government policies do not always support a healthy food and built environment. This is politically sensitive as policies need to have a certain level of popularity in order to be enforced.

Possible Solutions

Education for primary care colleagues

There exists an educational need for GPs and other primary care health care professionals around many aspects of obesity management. These can be met by identifying the specific educational needs and signposting to existing resources to meet those needs, and also to educational resources aimed at patients rather than colleagues.

Widening existing networks relating to obesity management will help to disseminate educational material further. The GLOW network that continues to exist after the end of the programme is a key example of this.

The increased expertise, as a result of GLOW, can be used both to improve existing projects and to create new ones.

Improved processes

A key factor identified by the cohort is the need for improved communication between primary and secondary care; very often services exist but GPs are not made aware of them, or of their referral processes.

Effective guidelines are important, so positively influencing existing guidelines and creating new ones where needed will help to improve obesity management.

Improved engagement with third/private sector

Another way of improving obesity management would be through engagement with existing third sector and private providers.

Royal College Support

The importance of each of the relevant Medical Royal Colleges being proactive in promoting obesity management was noted.

Section Summary

The GLOW programme delivered high quality training and mentorship to GPs who have in turn, identified areas where they can improve their practice, champion change locally and across their widening networks for the improvement of patients and primary care colleagues. Through the identification of focus areas and possible solutions, improvements can continue to be made where possible. One of the key outcomes was the creation of a network of GPs who share a common goal to improve the lives of people with obesity. GLOW provided a platform for them to share ideas and inspire each other to implement the changes previously described, and who intend to continue this in the long term.

Report Summary

The GLOW programme produced a network of 19 passionate, developing primary care leaders in the field of obesity and weight management. Each will contribute to the ongoing conversations in primary care about how to tackle obesity as a disease for the improvement of patients and ultimately, for the NHS. The obstacles identified are not small, but as the network grows, the GPs who have undertaken the GLOW programme will contribute to an ongoing step change in this area of medicine. The programme aimed to train participants to become leaders in obesity and improve their knowledge of the management of obesity, which would enable them to drive change in primary care. At the end of the programme, 94% of respondents said they felt 'very confident' or 'confident' about their leadership abilities and 100% of respondents reported feeling 'very confident' or 'confident' about their ability to management obesity.