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Remote and Digital Interventions for Weight Management in the NHS:

A Qualitative Evaluation & Service delivery applications

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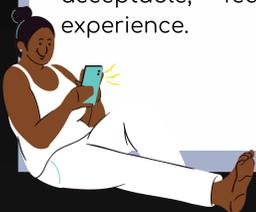


Context

Remote weight management services (RWMS) have proliferated in recent years, accelerated by the COVID-19 pandemic, and championed as a way of achieving long term sustainability of health and social care in the UK (NHS England, 2022).

The aim of the present study was to write recommendations for best practice when conducting digital consultations for weight management with patients living with obesity, and accessing Tier 3 Weight Management Services in the NHS.

We investigated experiences of patients with particular emphasis on examining the perceived benefits and limitations of digital consultations, and also the patient and practitioner attributes, and behaviours, which contributed to an acceptable, feasible, and successful experience.



Method

Design: The study was co-designed with patient representatives and uses a mixed method approach.

Participants: Patients from Tier 3 NHS weight management services across two Midlands based trusts.

Study 1: 16 patients were interviewed (8 male, 8 female) who had accessed both in-person and digital consultations with dietitians in Tier 3 services. Interviews were analysed using Thematic Analysis.

Study 2: 63 patients (male n = 9; female n = 54; mean age 47, sd=13.86) completed an online survey asking about competencies for accessing digital consultations for weight management. The competencies were coded and verified and a frequency count was made of the appearance of each within the responses. From this, sixteen screening tool items (inset below) were derived and reviewed by dietitians (n=3) and patients (n=2).

Study 3: Will trial and validate the Confidence Accessing Digital-consultations for weight management screening tool (CAM-WM) to identify patients who would benefit from more support when accessing healthcare consultations on a digital platform.

Results

Interviews formed three themes:

Technology Acceptability: Whilst there was anxiety around using online services, uncertainty, and fear of making mistakes, benefits included greater asynchronous communication with practitioners. This afforded easier updating/informal check-ins, agenda setting and ease of scheduling.

Treatment acceptability: Patients described feeling like they were in a 'safe space' and more relaxed at home. Some felt more able to 'open up' on digital consultations.

Benefits included: saving time, less likely to cancel due to ease of access, less anxiety, less experience of stigma/judgement.

Treatment efficacy: Treatment works best when patients know what to expect in digital consultations. Patient attributes of setting 'goals', 'accountability', 'attention during session', 'honesty', 'motivation', and 'understanding' were fundamental treatment efficacy. Practitioner's being non-judgemental, and supportive, and able to assess non-verbal and emotion cues on a digital platform (interpersonal skills) were noted as important.



Recommendations

"[it] immediately takes the first part of the anxiety away if you have been sent a picture or a video of who you are going to be speaking to"

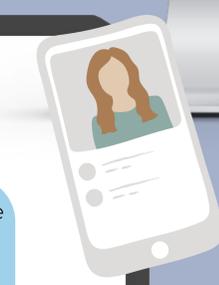
We will send an official photo of practitioners or links to short introductory videos (approximately 20-30 seconds) to aid rapport building and put you at your ease.

"...once in a while you go to face-to-face, so they know what is happening. Because when you go, they weigh you, but if you don't do face-to-face, nobodys going to weigh you. I can weigh myself and lie..."

We will use onsite appointments purposefully when it is right for the patient. Things like weighing in are best done in person. Some people like to be in -person if they are feeling emotional. Others prefer to talk about their emotions from the comfort of their home. Tell us what works for you.

"The fact that you can choose where you are going to have that meeting... is so important... choosing where you'll feel safe, where you can be honest"

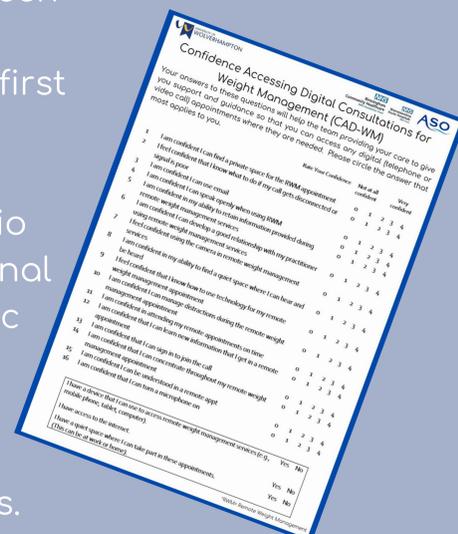
It is a myth that online meetings are formal and you need to be sitting at a desk. You take a call where you are comfortable and safe; patients can take calls in the carpark, in meeting rooms at work, or in their own home.



APPLICATIONS TO PRACTICE

This research will shape how future group sessions are offered by Worcestershire Tier 3 service.

- Digital consultations, support groups to start GLP-1 analogue (Saxenda), and drop in sessions pre- bariatric surgery have been introduced.
- Patients are offered a choice for their first appointment in Tier 3 (phone/video).
- Online video resources are shared to support advice given. E.g., videos, audio links to mindful eating, include emotional eating models, information on bariatric surgery.
- Frequency of follow up has been more realistic with digital consultations.
- Interpreters easily added to video calls.
- Rapport developed with clinician as barrier of the telephone removed.



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