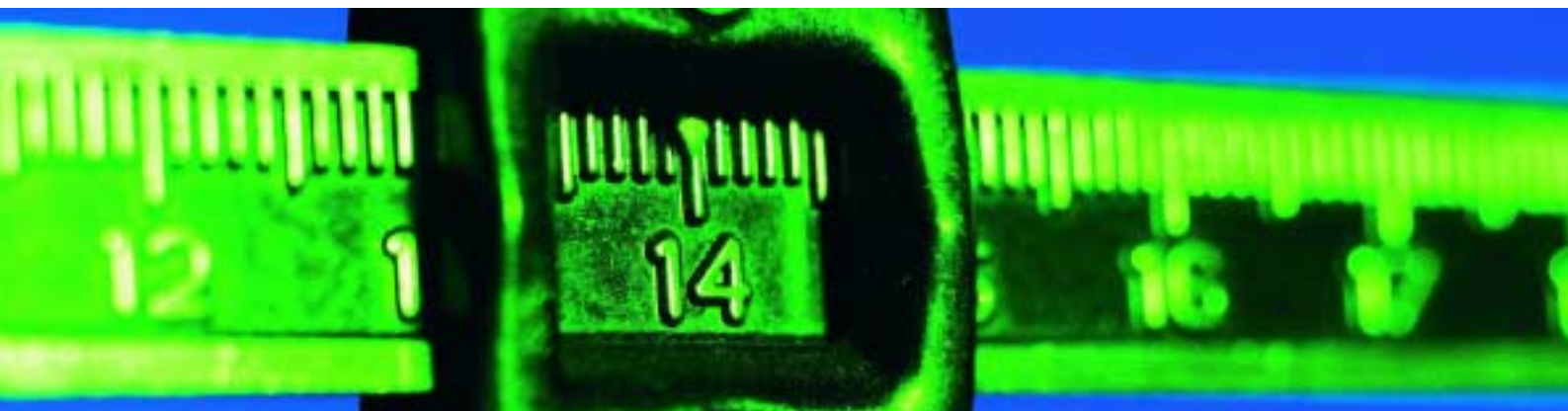


Tackling Obesity in England



REPORT BY THE COMPTROLLER AND AUDITOR GENERAL
HC 220 Session 2000-2001: 15 February 2001

executive summary & recommendations

- 1 Obesity occurs when a person puts on weight to the point that it seriously endangers health. Some people are more susceptible to weight gain for genetic reasons, but the fundamental cause of obesity is consuming more calories than are expended in daily life.
- 2 In 1980, eight per cent of women in England were classified as obese, compared to six per cent of men. By 1998, the prevalence of obesity had nearly trebled to 21 per cent of women and 17 per cent of men¹ and there is no sign that the upward trend is moderating. Currently, over half of women and about two thirds of men are either overweight or obese. The growth of obesity in England reflects a world-wide trend which is most marked in, though not restricted to, developed countries. Most evidence suggests that the main reason for the rising prevalence is a combination of less active lifestyles and changes in eating patterns.
- 3 Obesity has a substantial human cost by contributing to the onset of disease and premature mortality. It also has serious financial consequences for the National Health Service (NHS) and for the economy. Though there are inherent uncertainties in quantifying the link between obesity and associated disease, we estimate that it costs at least £½ billion a year in treatment costs to the NHS, and possibly in excess of £2 billion to the wider economy (Figure 1 and Appendix 6).

1 Key facts about obesity in England

- 1 in 5 adults is obese
- The number has trebled over the last 20 years
- Nearly two thirds of men and over half of women are overweight or obese

The four most common problems linked to obesity:

- Heart disease
- Type 2 diabetes
- High blood pressure
- Osteoarthritis

The estimated human cost:

- 18 million sick days a year
- 30,000 deaths a year, resulting in 40,000 lost years of working life
- Deaths linked to obesity shorten life by 9 years on average

The estimated financial cost:

- £½ billion a year in treatment costs to the NHS
- Possibly £2 billion a year impact on the economy


- 4 Obesity is not an easy problem to tackle, though even modest weight loss confers significant medical benefits. Against a background of rising prevalence, halting the upward trend presents a major challenge. Part of the solution lies in preventing people from becoming overweight and then obese, as much as helping those who are already obese. As a lifestyle issue, the scope for policy to effect such changes in a direct way is very limited. The Department of Health cannot by itself be expected to be able to 'cure' the problem.

- 5 The Government believes, however, that prevention is important. The Department of Health has prioritised the reduction of coronary heart disease and cancers, and is developing preventive strategies to improve diet and physical activity. The NHS provides management of obesity, ranging from general advice on diet and exercise to onward referral for specialist help. Other Government departments have an influence through school education and the promotion of healthy eating and physically active travel and recreation.
- 6 We examined the way in which the NHS manages the problem of obesity. We found that many health authorities reflected the problem in their local health planning, and some had dedicated strategies to address it. The National Service Framework for coronary heart disease, published in March 2000, signals the Department of Health's intention to ensure that, in future, all NHS bodies, working closely with local authorities, will develop and implement effective policies for reducing overweight and obesity.
- 7 Within the NHS, most contact with overweight and obese people occurs in general practice. We surveyed general practitioners and practice nurses and found that many provided valuable services in identifying those at risk from weight gain and offering advice and support. But this was not universally the case, and there is scope to clarify the role of the primary care team and spread good practice. There is uncertainty about which interventions are effective in preventing and treating obesity, and our survey identified a widespread feeling amongst general practitioners that they need more information on how to address weight issues effectively, and that guidance would be valuable.
- 8 We also assessed how well the various public sector agencies combine to influence the prevalence of obesity. We found that while Government departments are working closely together, particularly to encourage healthy lifestyles amongst schoolchildren, there are opportunities to build further on the success of joint working to date.
- 9 One function of this report is to stimulate wider debate, and contribute to the development of longer term changes in which individuals are aware of the problems of obesity. We view this in the same light as another lifestyle issue - smoking - where education and time have brought about significant changes for the better. Our detailed findings and recommendations follow.

Main findings and recommendations on the management of obesity in the NHS

- 10 We found that while significant health benefits could be achieved through interventions that help people to lose excess weight, the management of overweight and obese patients within the NHS was patchy. Local strategies to address obesity had been developed in some areas, but not in the majority.
- 11 At the time of our research in Summer 1999, there were no national guidelines for health authorities on how their plans should address obesity. A large majority of health authorities (83 per cent) had identified obesity as a public health risk in their Health Improvement Programme, but far fewer (28 per cent) had taken action to address it. About 50 per cent of health authorities told us that, though they did not have a dedicated obesity strategy, their plans would help to prevent weight gain and obesity by promoting healthy eating and physical activity as part of coronary heart disease or cancer prevention programmes. Health authorities' future plans are expected to take account of guidance on effective strategies to address overweight and obesity, published in September 2000 by the Health Development Agency in its report on implementing the preventive aspects of the National Service Framework for coronary heart disease.



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- 12 Within general practice, there is a wide range of different methods which general practitioners and practice nurses use for managing overweight and obese patients, and many remain uncertain about which interventions are the most effective. Whilst drug therapy, for example, was used by about 40 per cent of general practitioners in our survey, most of those we interviewed had reservations about its effectiveness, despite recognising that it could be a useful aid to accelerating weight loss for some patients. The National Institute for Clinical Excellence is currently undertaking an examination of anti-obesity drugs to enable it to advise on their clinical and cost effectiveness.
 - 13 We also found some confusion over roles and responsibilities, and evidence of a lack of 'buy in' by general practitioners for helping overweight and obese patients to control their weight. There are wide divergences between practices over aspects of management, including their use of health promotion on weight control, diet and physical activity, and the extent to which they try to assess which patients are at risk from excessive weight gain. Only a small minority of practices were using a protocol for the management of obese patients, but the majority said that they would find a national protocol or guidelines useful.
 - 14 In general, there is little NHS activity related to the management of obesity outside general practice. Some hospitals provide a valuable service by screening pre-operative patients for obesity, and referring those who might benefit from weight management to their general practitioner for advice and treatment. There are also a number of specialist centres for the treatment of obesity, normally offering drug therapy, and about 200 surgical interventions for cases of extreme obesity each year. Resource constraints prevent specialist centres from treating more than a small minority of those obese patients who seek help from the NHS. There may be scope for more patients to benefit from such specialist treatments, although to date there is only limited evidence of their long term effectiveness.
 - 15 We conclude that the NHS has a key role in assessing the risks from obesity at the national and local levels, and devising appropriate strategies to reduce its impact. But work is needed at the local level to develop and implement effective policies to prevent overweight and obesity, and to tackle the wider health impacts of obesity through effective treatment programmes. In particular, the NHS needs to focus on identifying and helping those who are at high risk of obesity. This would include targeting interventions at the large proportion of the population already in the "overweight" category, and at those groups where the prevalence of obesity is highest, such as Black Caribbean and Pakistani women.
 - 16 General practitioners and their teams can play a key role in assessing the risk to patients, providing health promotion, and providing individual advice and onward referral to relevant specialists. However, these activities need to be undertaken on a more consistent basis across general practice than is currently the case. There are opportunities for identifying and spreading good practice more widely.
 - 17 We recommend in particular that:
 - in devising local strategies to reduce overweight and obesity, health authorities must have regard to the Health Development Agency's guidance on which interventions have proved most effective;
 - health authorities should ensure that they set realistic milestones and targets for improving nutrition and diet, for promoting physical activity and for arresting the rising trends in the prevalence of overweight and obesity. They should also develop indicators of progress in reducing health inequalities through initiatives that target the population groups at highest risk;

- the Department of Health should commission an appraisal of the effectiveness of interventions for treating overweight and obese people, both within general practice and through onward referral. This review should include the potential role hospitals and specialist weight loss clinics can play in assessment and treatment, and whether access to such services should be broadened;
- the Department of Health should build on the plan in the National Service Framework for coronary heart disease for a full assessment of risk factors to be carried out in general practice. The Department should work with its partners and the professional bodies to clarify the responsibilities of general practitioners and the wider primary care team for identifying people at risk from excess weight;
- the Department of Health should liaise with the National Institute for Clinical Excellence to draw together and ensure the effective dissemination of guidelines for the management of overweight and obese patients in primary care. This report provides an initial guide of what general practices would find useful.

Main findings and recommendations on cross-Government initiatives to prevent obesity

- 18** We found a substantial amount of cross-departmental work in the areas that are central to addressing the rising prevalence of obesity - principally education, physical activity and diet. Much of this activity is targeted at schoolchildren. This promotes healthier lifestyles subsequently throughout adult life, and addresses a section of the population for which obesity is becoming an increasing problem.
- 19** We conclude that there is a need for the departments involved in this joint working to build on their successes and to involve other partners at the national and local level to develop and implement cohesive strategies for prevention, which encompass adults as well as young people. At the national level, this is taking place to an increasing extent, and departments should develop joint objectives and performance targets relating to aspects of physical activity and diet to ensure that this progress is consolidated. At the local level, health authorities are well placed to trigger such activity by developing Health Improvement Programmes that involve a wide range of other partners in schemes to increase cycling, walking and physical recreation and to improve diet, such as through increased consumption of fruit and vegetables.



20 We recommend in particular that:

- the Department of Health should reinforce existing joint working over the commissioning of relevant surveys and research by establishing a cross-departmental advisory group to co-ordinate all research on obesity and measures to prevent it;
- the Department of Health should lead the development of a new cross-Government strategy to promote the health benefits of physical activity. This should include work to develop and support alternative approaches for groups where there are specific barriers to physical activity, such as those imposed by poverty, cultural beliefs or fears about personal safety;
- the Department of Health and the Department of the Environment, Transport and the Regions should continue to encourage other potential partners, in particular local authorities and health authorities, to adopt local targets for cycling and walking which provide clear incentives to support healthy modes of travel. They should also put in place arrangements to monitor centrally progress towards achieving these targets;
- based on the work of the School Transport Advisory Group, the Department of the Environment, Transport and the Regions, the Department of Health and the Department for Education and Employment should work with local agencies to help them develop targets to increase the number of school journeys undertaken by bicycle, on foot or on public transport;
- the Department of Health and the Department for Culture, Media and Sport should consider the adoption of joint performance targets for increasing the number of people participating in sport and physically active leisure activities. This should build on the strategic target set by the Department for Culture, Media and Sport to raise significantly, year on year, the average time spent on sport and physical activity by those aged 5 to 16;
- the Department for Education and Employment should continue to encourage all schools to achieve the stated aspiration of at least two hours physical activity a week for all pupils. This aspiration should remain a core aspect of the expectations set out in the National Healthy School Standard, and the Department for Education and Employment and the Department of Health should continue to develop ways in which the Standard can be used to reinforce and strengthen physical activity in schools;



- a joint advisory and co-ordinating group, such as the School Sport Alliance, should monitor the success of initiatives to increase physical activity in schools. The group should include representation from the Department for Education and Employment, the Department of Health, the Department for Culture, Media and Sport, and Sport England. It should evaluate work carried out to date and develop ways to build on progress already made;
- the Department of Health should give a high priority to implementing the initiatives on nutrition listed in the NHS Plan, working with the food industry, including manufacturers and caterers, to improve the balance of diet;
- the Department of Health and the Department for Education and Employment should work together, seeking the technical advice and support of the Food Standards Agency where appropriate, to establish ways to monitor the overall impact of initiatives to improve the nutritional quality of food provided in school. They should consider developing a performance target for achieving an increase in the quantity of fruit and vegetables consumed in school;
- the Department for Education and Employment should work with the National Consumer Council to strengthen guidance to schools on commercial sponsorship to ensure that they take full account of the potential disadvantages of participating in schemes that might promote behaviours contrary to key messages on healthy eating.

