



All-Party
Parliamentary
Group on
Obesity

ICS Forum: Patient Pathway Inquiry

Overview

The All-Party Parliamentary Group (APPG) is a cross-party group of MPs and peers calling on Government to take a new approach to obesity strategy from prevention through to treatment.

The APPG on Obesity recently conducted an inquiry that heard from ICS leads, directors and programme managers to discuss obesity services in Integrated Care Systems, and to understand how we can best support people living with obesity through the patient pathway.

During the APPG's 2022 inquiry 'The role of ICSs in supporting people living with obesity', it became clear that there are gaps in provision, meaning that services are not able to ensure that people living with obesity are effectively signposted through the healthcare system. Given the scope of ICSs, and their importance on shaping the health and wellbeing of people across the country, this series was aimed at assessing their progress in delivering obesity pathways, and what further action was needed to ensure consistent services across the NHS to deliver positive outcomes for patients.

Context

ICSs have been statutory bodies for over a year, and although they have integrated health and care services well in some areas, and for some condition specific services, they are still broadly in the early stages of integration. The Hewitt Review has made a number of recommendations to ensure that ICSs are empowered to tackle health and care challenges in their areas effectively; but to date, the roll out of integration of services has been slow in many areas.

There remains inconsistencies in how obesity services are delivered across England, and although each ICS must shape its services to meet the needs of its own population, unwarranted variation in care can lead to poorer outcomes for patients across the country, particularly within those areas with high deprivation and socio-economic disadvantage.

It is vital that ICSs are given the appropriate framework to deliver obesity services effectively within each area.

This report aims to provide insights into the challenges being faced by patients in accessing the pathway, and by ICSs in the development and deployment of obesity prevention and treatment services.

The APPG ran a number of virtual consultations with stakeholders from obesity services from a range of ICSs across the country, to gather evidence and case studies of good practice, and to examine the challenges that they are facing in developing and delivering obesity pathways for patients.

The APPG on Obesity also submitted a range of Freedom of Information (FOI) requests to all ICSs to assess the development of obesity pathways and strategies across England.

These findings have been collated and analysed, and the APPG has made a number of recommendations for Government, the NHS and ICSs to help shape effective obesity strategies and pathways; standardise pathways and ensure equitable access for all patients; and ensure patients are informed of the options available to them in treatment.

Recommendations

For Government

- 1) Review the tiering system within obesity services to rationalise and simplify the pathways for treatment for patients across the country.
- 2) Ensure obesity is included as a distinct category within the Major Conditions Strategy, to ensure it is given sufficient priority, due to its impact on other conditions.
- 3) Embed prevention as a major pillar of all policy-making in relation to obesity.

NHS England

- 1) Ensure accountability of ICSs to ensure equitable access to treatments for patients across the country.
- 2) Provide ring-fenced funding for the prevention of and treatment for obesity services at ICS level.
- 3) Provide training for clinicians on the options for preventing and treating obesity, as well as compassionate care, so that they can provide patients with the best level of care at all stages of the pathway.

For ICSs

- 1) Align the policies of each CCG within the ICS structure to ensure consistent access to treatment within ICSs for all patients.
- 2) Ensure proper signposting of services for patients at all stages of the pathway, to ensure patients are fully aware of all treatment options available to them.
- 3) Provide a senior accountable officer at Executive Director level to ensure prevention of and treatments for obesity are prioritised within every area.

“The APPG has made a number of recommendations for Government, the NHS and ICSs to help shape effective obesity strategies and pathways.”



Key themes identified within this series

The APPG on Obesity ran a series of evidence sessions with key stakeholders from ICSs to gather information on how services are planned, shaped, managed and delivered across the country.

The evidence sessions looked at:

- **clinician awareness of available health and care options.**
- **stigma and triaging patients in primary care services.**
- **the economic argument for supporting signposting in obesity services.**

Through these sessions, and through the FOI requests submitted to ICSs, the APPG discovered a range of issues which are impacting on how services are delivered in each area.

Key themes identified across this series are:

1. Complexity and variation in pathways

- There is a variation in service availability across England and within Integrated Care Systems (ICSs).
- There are gaps in services when moving from paediatric to adult care, and within tiered services.
- This variation is further compounded by demographic inequalities.

2. Inconsistent referrals for patients

- The current pathways in place for patients are complex and do not allow for patients to move in between tiers easily, or to access services from the point of referral to the correct tier.
- Services have become overlapped, or no longer exist. This leaves clinicians unaware of service provision and therefore unable to refer patients to the appropriate care and treatment options.
- Not all ICSs have all tiered services available. Many patients drop off from referral due to the tiered system being too difficult to navigate.

3. Lack of patient awareness

- People living with overweight or obesity often do not access the health and care system for care and treatment due to this lack of awareness, but also due to the stigma associated with receiving care and treatment.
- Despite the integration of health and care services, gaps remain within clinician awareness in some areas regarding the patient pathway for healthy weight, and for patients living with obesity.

4. Low prioritisation and lack of strategic planning

- Healthy weight services are often not a high priority for integrated care systems, in developing new commissioning policies. However, there are areas where they have prioritised healthy weight services and have plans in place to ensure joined up services across the area.
- There is also a lack of focus on prevention within places, and there remains a need to address obesity through the development of long-term commissioning policies.

The Key Challenges

1. Complexity in service post-ICS creation

The integration of health and care services across the country has had the potential to ensure joined up services for patients. However, the creation of ICSs, in some places, has increased the complexity of the services they provide, including in obesity and healthy weight services.

It was highlighted throughout this series that since the introduction of Integrated Care Systems, the patient pathway for obesity has become increasingly complex, and the system harder to navigate for commissioners, clinicians and patients. Because of this, it is not always clear for the healthcare professional making the referral about which service to refer people to.

Through this forum, it was found that the differences in services offered by different CCGs has prevented cohesive integration of services and resulted in fragmentation of providers and of tiering systems as each tier is often commissioned in separate siloes.

There are many examples of this complexity in ICSs across the country. Through Freedom of Information (FOI) requests, the APPG has found that North East and North Cumbria does not have a consistent policy for pathways. Each 'place' within the ICB has a Community Health Pathway system which includes a pathway for weight management in overweight policy.

There is an opportunity for ICSs to develop a holistic view of obesity services, that covers all elements of the pathway including prevention. However, it is imperative that Government and the NHS develops a pathway system which is coherent and meets the needs of patients.

Insights from ICS Forum Inquiry and FOIs

Nottingham and Nottinghamshire ICS does not have an obesity treatment pathway; but has access to obesity services through the Local Authorities, as well as NHS Digital Weight Management, Low Calorie Diets for people living with diabetes and Tier 3 and 4 services.

In Sussex, Tier 1 is commissioned by the UK Office for Health Improvement and Disparities; Tier 2 by Local Authorities and NHS England; Tier 3 by multi-disciplinary teams within the ICS; with Tier 4 commissioned by NHS Sussex and through specialised complex service provided at St Richard's Hospital.

"ICSs should be a good vehicle to deliver effective obesity services, but we need somebody to pull all of this together, to identify what work needs to be done where? Where is the consistency of Tier 4 bariatric surgery provision at a regional level, and social prescribing at local level?"

ICS Forum Inquiry participant.

2. Inconsistent referrals for patients and variation in pathways

Through the research conducted by the APPG, including in the evidence sessions, there were a range of examples of inconsistent referrals and variation in how patients were signposted as part of the pathway.

This was particularly acute when patients moved between the tiers of obesity services, and where they did not fit directly into the criteria for specific pathways, meaning that they could not access the most appropriate treatment at the most appropriate time. In some instances, by the time the patient had met the criteria for treatment, the care and treatment options available were less effective in achieving healthy outcomes.

Data gathered from Freedom of Information (FOI) requests has shown a variation in the development and delivery of pathways across the country. The below map shows the variation in provision of each Tier of the patient pathway for healthy weight.

Insights from ICS Forum Inquiry and FOIs

NHS Cheshire and Merseyside ICS does not have a specific obesity treatment pathway for patients, whilst Frimley ICS offers weight management across the recognised tiers of treatment from one to four, with distinct pathways for pharmacological interventions to treat obesity.

The APPG also found that there are gaps in service for 16–18-year-olds, because they don't consistently fit into paediatric or adult services, and that treatment options were inconsistent when moving between paediatric and adult care pathways. This has the potential to impact on patient outcomes from childhood into adulthood.

This research discovered that this variation in service caused patients to disengage with the pathway and treatment. This was particularly acute in areas of high deprivation, where ICSs noted that it was incredibly difficult to engage patients with their services. Third sector representatives involved in the series also noted that they often struggle to refer and signpost patients into healthcare services due to difficulties navigating the complex and inconsistent services available.

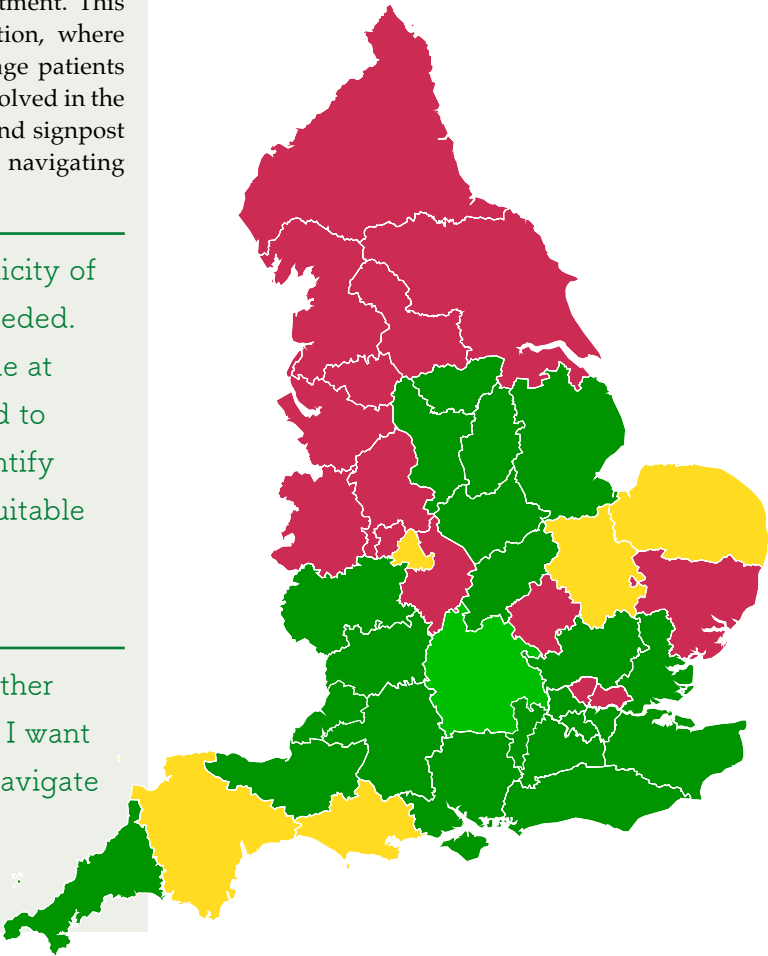
“We need increased awareness and simplicity of the pathway, and of what referrals are needed. Currently, the number of options available at different tiers are too confusing. We need to map the services available clearly, to identify where there are gaps and develop an equitable pathway that ensures access for all.”

ICS Forum Inquiry participant.

“The system is complex to navigate, whether you are a patient or provider of services. I want to be able to make the system easier to navigate for patients and clinicians.”

ICS Forum Inquiry participant.

Tiered Service Provision	Number of ICSs.
All services available with commissioning for Tier 1 and 2 via NHS England and Local Authorities.	24
Tier 3 Services only.	2
Tier 4 Services only.	2
No services currently commissioned.	5
Awaiting responses past deadline.	9



3. Lack of patient awareness and compassionate engagement

This series highlighted the lack of understanding for both clinicians and patients as to how to navigate the system. It also found that many patients try to get help but fail, due to a lack of understanding about pathways and how they work.

Patients also face barriers to accessing appropriate care through the treatment that they receive during the pathway, including through a lack of compassion in conversations with clinicians. It was noted that there was a lack of understanding of the “why” people suffer from obesity, and a lack of understanding of the behavioural and psychological issues which can lead to obesity and overweight.

Insights from ICS Forum Inquiry and FOIs

There needs to be more compassionate and holistic conversations with patients about the options available to them at all parts of the pathway, with options for accessing multiple treatments at the same time – including social prescribing. There also needs to be enhanced contact, monitoring and reviewing of patients through the pathway and following clinical engagement to ensure patients have consistent and appropriate support.

Those who attended the series also suggested that programmes could be widened out into educational environments, and could have real benefit in terms of prevention, particularly in areas of high deprivation.

“If NHSE can help with anything, we need a strategy around trauma informed approaches. This comes down to having a compassionate approach to obesity and healthy weight. People living with obesity need to be included in the conversation, and we need coproduction – asking people living with obesity how we can help.”

ICS Forum Inquiry participant.



4. Low prioritisation

Despite the integration of health and care services through ICSs, the findings and outcomes from this series show that obesity prevention and treatment remain low priorities with commissioners, resulting in poorer outcomes for patients, particularly in areas of high deprivation.

The table below shows the number of ICSs who have a Senior Responsible Officer for obesity services, discovered through Freedom of Information (FOI) requests. Although many ICSs have an SRO for obesity services, they are rarely, if ever, dedicated to obesity services, and hold the role alongside one another within the ICS.

Senior Responsible Officer (SRO)	Number of ICSs (of those who responded)
Obesity Specific SRO.	0
Non-Specific SRO.	25
No SRO currently appointed.	8

This lack of prioritisation from commissioners can lead to challenges when developing programmes of work, particularly in the prevention space.

Insights from ICS Forum Inquiry and FOIs

One ICS who gave evidence to the Inquiry developed a programme for prevention, which included health care professionals, local authorities and public health staff. Although it eventually got support from commissioners within the ICS, it was initially difficult to win buy-in due to obesity not being seen as an essential area of work, given the other frontline challenges being faced with the area.

The inquiry also found that although the economic argument for prevention and greater investment in obesity services is robust for delivering long-term change for patients, there is little integration within strategies around planning, how areas are configured to support the prevention of obesity, and food environments; and wider issues around Government prioritisation of obesity (including the failure to implement the Obesity Strategy in full) impacts on the ability of ICSs to develop and deliver effective prevention and treatment plans.

The lack of long-term, ring-fenced funding for prevention and treatment of obesity is also a barrier to progress, resulting in poorer outcomes for patients, particularly those in deprived areas.

“We are working with health economists to provide evidence of the positive impact of obesity interventions, including cost of interventions in relation to long-term savings. The challenge is that this will not provide instant results, so there is work to do to turn the dial on the long-term impact of economic investment into weight management services.” ICS Forum Inquiry participant.

“There is a need to remove barriers for people. If we can understand why people make the choices they do, we can develop long term strategies, and deliver better pathways to provide better patient outcomes.” ICS Forum Inquiry participant.

“Data which connects patients and interventions to outcomes would be useful in terms of providing evidence of the efficacy of interventions. There should be a nationally curated dataset, which can provide a picture of national activities and outcomes.” ICS Forum Inquiry participant.