

Obesity rises up the agenda in Coventry

A new service in Coventry aims to address obesity in the local area. **Matthew Wright** speaks to those involved in the pharmacy pilot

Obesity is an important risk factor for a number of chronic diseases such as heart disease, stroke, some cancers and type 2 diabetes; it is responsible for more than 9,000 premature deaths per year in England. The Department of Health says that dealing with obesity is a Government-wide priority.

In Coventry obesity is being tackled with some foresight and innovation. A new pilot study, launched last week by Coventry Teaching Primary Care Trust (*PJ*, 13 January, p40), is using the skills of pharmacists to offer lifestyle advice for people to manage their weight over the long term. Laurence Tressler, deputy head of medicines management and community pharmacy clinical governance facilitator at the PCT, says that it was a priority for the trust to look at the local obesity problem.

The scheme, "Management of obesity with associated risk factors", provides an individualised, pharmacist-led service for patients with a body mass index of 30 to 35, with at least one diagnosed or established risk factor, such as hypertension, type 2 diabetes, raised total cholesterol or waist circumference greater than 102cm for men and 88cm for women. Ten pharmacies have been chosen to take part in the study, each taking on 15 patients — 150 patients in total are expected to be involved.

Local need

Coventry has a population of over 300,000 and over half of the adult population is overweight, says Mr Tressler. "For Coventry, we're looking at around over 51,000 obese adults and over 11,000 obese children. It is a big problem nationally and a big problem locally," he adds.

He says: "Looking at some of the data that are available, 10 per cent weight loss can reduce blood pressure by 10mmHg, fasting blood glucose by up to 50 per cent and total cholesterol by 10 per cent. There's the possibility that some of these patients are going to require less medication for treating their conditions in the future."

A pharmacy contract implementation team (pCIT) — set up by the PCT to co-ordinate implementation of the community pharmacy contract — was involved with much of the early planning. The team, chaired by Mr Tressler, consists of members of the PCT (public health, medicines management, best practice support, health promotion and finance departments, as well as locality managers), the professional executive committee (PEC) pharmacist and three representatives from the local pharmaceutical committee. Mr Tressler emphasises that willing co-operation between all of the parties involved has made the project happen.

The professional services team at UniChem has also played a role. The company designed

many of the service-related materials (with input from the PCT), co-ordinated the acquisition of monitoring equipment from various suppliers and liaised with the DoH to secure funding for the scheme — an initial £7,500 was contributed, followed by a second £7,500 amount, the DoH has confirmed.

Mr Tressler says that there was no problem in motivating pharmacists to become involved. He says: "Over half of the pharmacies in Coventry wanted to take part and we had to use a robust selection technique to obtain just 10."

Providing the service

Pharmacists have started to recruit patients to the service. John Goes, pharmacist member of the trust's PEC and owner of Goes Pharmacy, has been involved with setting up the scheme and is one of the 10 pharmacists taking part. He says that he has already recruited two patients and knows that one of the other pharmacists has also taken on a patient.

According to Mr Goes, pharmacists are reimbursed £20 for the initial consultation (as well as the cost of an MUR, if one is undertaken) and £15 for each consultation thereafter.

People are recruited to the service through the following routes:

- Client's own interest in losing weight
- Referral from GP
- Self referral having seen promotional material in the pharmacy
- Pharmacist's suggestion as part of a medicines use review (MUR)
- Pharmacist's suggestion from a conversation in the pharmacy

"We've been in touch with all the GP practices in Coventry, telling them about the project, and asking them if they thought that they had a patient that would benefit from such a scheme that they should recommend them to go," Mr Goes explains. He says that pharmacists will recruit patients that they believe will be highly committed to the programme.

Each client has 11 appointments with the pharmacist over the length of the 12-month pilot. Mr Tressler elaborates: "Patients have an initial meeting with the pharmacist to discuss what's involved and they get the chance to go away, think about it and see whether or not they want to be part of it."

Mr Goes says: "There is quite a lot of paperwork because the pharmacists have to record everything that they do — this is very much like a research project". He explains that, as well as obtaining patient consent, the pharmacist is responsible for monitoring and recording certain health parameters — body mass index, waist circumference, blood pressure, blood glucose (for people without dia-

betes, HbA_{1c} (for people with diabetes) and total cholesterol — initially for baseline measurements and then for progress thereafter.

However, Mr Tressler highlights: "I think the thing that's more important is that they are going to be offered practical guidance for support, tailored to their own individual needs, in relation to lifestyle management." He explains that the scheme focuses on concordance — setting achievable goals that lead to small sustainable changes. "Clients aim to lose 5 per cent of body weight as opposed to losing a huge amount of weight in a relatively short period, where it just goes straight back on again," he points out.

Mr Goes adds: "The study is based on the idea that we work in partnership with the patient to make small lifestyle changes. We are not trying to say to them that you must give up everything that you are eating, because that never works. As soon as you mention exercise to some people, they shy away. So what we are trying to do is encourage them in smaller ways: simpler ideas like walking for 20 or 30 minutes three to four times per week — not saying, 'you need to go to the gym'."

Moving forward

Mr Tressler points out that, under the new contract, pharmacies have a greater responsibility for delivering the promotion of healthy lifestyles. "This has largely been interpreted and implemented as leaflets and poster campaigns," he says. "There is nothing at all wrong with these but this project demonstrates that with a bit of lateral thinking there are more exciting — and possibly effective — opportunities out there."

He acknowledges the need to start small, prove that it works and prove its value. "It would definitely be an ambition that, if we can make it work on a small scale, we'd be looking to roll it out locally and hopefully roll it out nationally. If you look at the way the advanced service is developing with medicines use reviews, I can see the way that this could fit quite comfortably into this sort of model."

Barbara Parsons, head of pharmacy practice, Pharmaceutical Services Negotiating Committee, comments: "Obesity and obesity-linked diabetes are rapidly growing public health problems and major Government priorities. A commissioned diabetes targeted obesity service was identified by the PSNC at its November planning meeting as one area in which community pharmacies can play an effective part in tackling this problem, and we will be seeking to develop a service within the NHS community pharmacy advanced tier.

"We have been involved with the Coventry service development from the outset and will be following its progress with interest," she adds.