

Adult weight management groups: Patient experience

Objectives

- Improve accessibility to Psychology
- Increase Dietetic group sessions
- Upskill Dietetics in psychological aspects of weight management

What we did

- Swapped Dietetic and Psychology group sessions to Dietetic led
- Created new Psychology groups (previously individual consultation only)

Feedback from dietetic-led sessions:

The food diaries helped a lot, writing it all down and planning my meals out

I was comfort eating a lot and it was helpful to train my mind to think about when I am eating

I enjoyed the sessions and the interaction

The resources were good and very clear explaining what they needed. It was helpful having a pack to prepare for the next session

You were never judged or blamed

Feedback from psychology-led sessions:

I have tried to lose weight for years and this has helped my relationship with food

We talked about going swimming and the first time I went in the baths I felt buzzing when I got out

I've lost half a stone. Nothing has been off limits. Mindfulness for me has been a big thing

I'm thinking in a different way, the idea of not being on a diet. I'm thinking more about what I'm actually doing with food

Very welcoming. I liked the honesty, no vague abstract terms and no stigma. That's good coming from someone like me who has faced stigma from healthcare professionals



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About the service

- ❖ Tier 3 non-surgical weight management service consisting of psychology and dietetics
- ❖ Patient group = BMI 40+; most with physical and psychological co-morbidities
- ❖ Service aim is for sustained, healthy weight reduction through advising appropriate dietary regimens and addressing psychological barriers to unhealthy relationships with food

Why we engaged patients

- ❖ Long waiting lists for 1:1 psychology appointments, therefore needed to improve access to psychology.
- ❖ Evidence base that groups in weight management are an effective method of service delivery and helpful source of peer support for patients
- ❖ Recognised need for extra dietetic sessions in the weight loss programme, which would also improve use of dietetic staffing
- ❖ Opportunity to upskill dietetics in psychological aspects of weight management
- ❖ Evaluation of the service

How we engaged patients

- ❖ Variety of methods: Online and F2F focus groups; 1:1 telephone calls; Patient Experience Questionnaires
- ❖ Facilitated by assistant psychologists
- ❖ All patients who attended a dietetic group or psychology group were invited to provide feedback
- ❖ Approx. 65% gave feedback
- ❖ Data collection over 9 months

Results of feedback and reflections

- ❖ Development of new psychology groups which we will continue
- ❖ Led to a change in the content of the weight management programme
- ❖ Led to increase in number of dietetic groups provided
- ❖ Continue to seek feedback from patients as a way of informing service development especially when trialling something new
- ❖ Some patients willing to provide personal testimonies in the future
- ❖ Feedback can be used for commissioning purposes in a service that is constantly evolving

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