

COMPARE-PHC Forum Sydney 8th Oct 2015

Key comments from the Knowledge Exchange Discussion Tables.

Topic 5: Management of obesity in general practice.

(Includes counterweight, BMWGP, referral study and PEP analysis)

Table 1.

NSW Health – Obesity is one of three health priority areas for their Social Impact Investment Policy, which aims to get private investors to fund interventions with payments (by government) for results, e.g. patients losing weight. This could be relevant for both commercial weight providers and Counterweight.

Need to emphasise and recognise the cumulative importance of small changes. Greater engagement of people in weight loss may lead to larger changes, such as greater engagement and push back against obesogenic environments.

Need to keep reinforcing key messages – define key messages and repeat whenever possible. Government need to lead by example, e.g. hospitals in the UK must develop a hospital food and drink strategy, which can inform similar strategies in other areas.

Table 2.

Referral/care pathways

- Need to be able to provide clear, up to date information regarding the services and providers in the local region in order to facilitate referrals. Long term issues around knowing what services (NGO services, allied health, etc.) are available in the region both for Medicare Locals (in the past) and to GPs.

The Canterbury Model [HealthPathways Canterbury] was suggested as a way to address this. This is cloud based software which provides local pathways for care. Pathways are developed locally by GPs and local health services and are updated regularly. Requires funding to maintain and keep up to date. Has a companion site with information for patients. [For further information and HealthPathways.pdf see (accessed on 16 Oct 2015 at)]
www.cdhb.health.nz/Hospitals-Services/Health-Professionals/Pages/Health-Pathways.aspx

- Additional issues regarding communication and feedback to GPs regarding referrals e.g. attendance, treatment and outcomes.

PEP study

- Need to imbedding regular weight measures into care, even if normal/overweight to enable early intervention (e.g. weight gain of 2kg).

Need to engage all primary health care, not just GPs. Not everyone you want to engage with is presenting to the GP and there is a need to explore where else patients may be presenting to access weight management e.g. pharmacy.