

Supporting healthcare Professionals to help Parents address Overweight in children (SUPPORT) study

How the health care system in England can support primary care and community healthcare professionals to conduct healthier weight conversations with parents of primary school age children

EXECUTIVE SUMMARY

Background

The role of General Practitioners and other primary care and community healthcare professionals (HCPs) in prevention and health promotion is recognised as important but previous research has identified that undertaking these activities presents a variety of challenges. With the high prevalence of childhood obesity, primary and community HCPs are potentially well placed to have conversations with parents about their child's weight, and to support them in helping their child achieve a healthier weight. However, barriers to having these conversations that have been previously identified include lack of: knowledge; confidence; time; easy access to meaningful data on weight status in children; and clear referral pathways. There is also concern that patient-professional relationships may be harmed. There is a need to further understand these challenges, identify factors that can facilitate these conversations, and use these data to develop effective and achievable strategies to support HCPs in undertaking these activities. Given that there is a well-established system of routine BMI data collection from primary school-aged children through the National Child Measurement Programme (NCMP), there is also a need to understand how this existing system may support the health promotion activities of HCPs to address excess weight in children.

This study aimed to explore with General Practitioners, Primary Care Practice Nurses and School Nurses their experiences of addressing overweight/obesity in children with parents. We sought to identify barriers and potential facilitators, their views on their support needs, the potential use of NCMP data, and their awareness of and access to relevant training opportunities to support conversations with parents. The resulting data will be used to develop recommendations within healthcare delivery systems and HCP training.

Methods

A qualitative study with the three HCP groups was undertaken. We purposefully sampled General Practitioners (GPs) and Primary Care Practice Nurses (PNs) from primary care establishments across England, targeting those serving areas with large Black, Asian and Minority Ethnic (BAME) populations (incorporating those from South Asian, African, Caribbean and East European communities) and high socioeconomic disadvantage. School Nurses (SNs) were recruited from Birmingham Community Healthcare NHS Foundation Trust, which provides School Nursing services across Birmingham; a city with high socioeconomic disadvantage and a large BAME population. GPs and PNs took part in one-to-one interviews with a researcher, and SNs took part in focus groups facilitated by two researchers. Topic guides relating to the study objectives were developed and used to guide the interviews. Interviews and focus groups were audio-recorded, transcribed and

thematically analysed. The resulting data were used to identify areas for discussion that key stakeholders can shape into recommendations for actions to support HCPs in having conversations with parents about achieving a healthier child weight.

Results

In total, 40 HCPs from the East and West Midlands participated in this study (13 GPs, 7 Primary care Practice Nurses, and 20 School Nurses). While primary care practitioners and school nurses all recognise that tackling childhood obesity is part of their remit, they express some confusion about their particular role addressing the issue.

HCPs perceive several barriers, which relate to initiating opportunistic conversations with parents about their child's weight. Prominent barriers were: restricted time and capacity; not being commissioned to undertake this activity; limited (and limited knowledge of) available services for onward referral and signposting; HCPs' fear (mainly relating to the anticipated parental reaction); cultural issues (cultural beliefs relating to weight and language barriers); and challenging family social situations.

HCPs perceived that there were several facilitators to having these conversations with parents. The most prominent facilitators were: effective communication and developing a rapport with a parent; raising the issue of child weight by linking it to the presenting complaint; supporting behaviour change in families and providing advice on diet and physical activity; making additional dedicated appointments to discuss the issue; awareness of childhood obesity and its health consequences; knowledge of childhood obesity care pathways; use of objective measures of childhood obesity to start conversations with parents (including NCMP data); awareness of cultural beliefs; and joined up systems (including closer links with schools and access to child health data).

Several areas were identified where HCPs could be better supported in having healthier weight conversations with parents. These included: supporting the use of BMI centiles to assess excess weight in children; supporting a joined up approach that enables HCPs to view notes added by others caring for the child such as health visitors, paediatricians, dietitians; increasing awareness of and access to NCMP data; and supporting HCPs to signpost and refer to services, and provide appropriate resources to families. Clarification of the roles of different HCP groups in childhood obesity prevention and management was also identified as important. The value of training to support HCPs in this area was recognised and participants identified key general skills that they found helpful when having healthier child weight conversations with parents. However, they identified several barriers to attending specific training courses (time and funding). Despite this, HCPs expressed an interest in CPD activities that enabled colleagues to share their learning in this area.

Stakeholder group discussion points

To overcome the barriers identified across all three HCP groups, support structures should be introduced to enable these HCPs to: dedicate time to having healthier weight conversations with parents; access data relating to child weight; provide resources which are appropriate for a culturally diverse population; and have clarity around local care pathways for child obesity including up to date information on local services across public, private and voluntary sectors. Further consultation with

key stakeholders and professional bodies is required to explore potential support structures. The key discussion areas are:

- Advice about healthier diets, physical activity and weight management
Increase awareness of resources available to order or access online. Develop a resource pack (which may include collating resources that are already available) in a range of formats (e.g. print, online) for HCPs to give to families (or signpost to) to supplement brief advice. The content of the materials should address cultural diversity within the population.
- Signposting, referral and care pathways
Develop a process to keep HCPs informed of available local healthy weight services and resources provided by public, voluntary and third sectors, and embed updated care pathways into the local healthcare system so that HCPs can easily refer and signpost families during consultations.
- Role of HCP
National government, professional bodies and NHS to work together to *further* define and communicate the remit of General Practitioners, Primary Care Practice Nurses and School Nurses in child obesity prevention and management, including follow up arising from the NCMP. Ensure HCPs' remit is reflected in their commissioning/contracting structures. HCPs who are undertaking interventions to address child excess weight need dedicated appointments with families. Enable communication between primary care and schools to support families with child weight management.
- NCMP & data
 - a) Explore the content of the NCMP feedback letter with parents to identify upsetting elements to inform further adaptation of the letter. Ensure Local Authorities include content on where and how to seek further information and help within the NCMP letter.
 - b) Explore the feasibility of sending a copy of the NCMP feedback letter to all GPs.
 - c) Enable the health care system to allow GPs and Practice Nurses to access NCMP data.
 - d) Enable a joined-up data sharing system where HCPs can access longitudinal data on child weight (from birth and including NCMP data) and previous referrals/access to services from all agencies across all sectors.
- Enhancement of core training
Work with Health Education England, professional bodies and universities to further enhance GP and nurse postgraduate/speciality training by adding or strengthening elements relating to: child obesity (and communication with parents); lifestyle medicine; opportunistic health promotion intervention; cultural awareness (including the impact of different cultures on the acceptance of excess weight in children); BMI centiles (the use and interpretation of, advantages and limitations, to ensure that healthcare professionals have an accurate understanding of the validity, strengths and limitations of these measures); and evidence on how excess weight affects a range of common conditions in children (enabling HCPs to link to presenting complaints).

- CPD opportunities
Work with professional bodies to create multi-agency continuing professional development opportunities to facilitate sharing of experiences of supporting families of children with excess weight across different HCP groups.
- Evaluation
Ensure that future actions to address the above areas have an accompanying comprehensive programme of evaluation.

Policy implications

The areas identified for potential action through this study align closely with current policy. The Government's Childhood Obesity Plan prioritises enabling HCPs to support families to achieve a healthier weight¹. This study has identified several ways in which HCPs may be supported to be able to offer this help to families through: improved structures and systems relating to data, NCMP, weight management services and care pathways; clarity on the HCP role and a recognition of this within commissioning and contracting structures; additions to postgraduate professional training and CPD opportunities; and provision of resource packs. Consultation with key stakeholders is required to develop the areas identified into recommendations for action within the health care system in England so that primary care and community healthcare professionals are better supported to conduct healthier weight conversations with parents of primary school age children.

Enhancing the current professional training is also in line with the NHS Long Term Plan² and the Healthier Weight Competency framework (to be published in late 2020). These recommend the inclusion of lifestyle medicine education within professional training, which will help to achieve the aim of ensuring that there is a greater emphasis on nutrition training³. Recommendations relating to the NCMP data (enhancing awareness, understanding and access to) is in line with previous research⁴ and the Governments' Green Paper 'Advancing our health: prevention in the 2020s'⁵, which commits to exploring how NCMP data may be linked to digital child health records, a policy further supported by the Digital Health Child Health Strategy⁶.

¹ HM Government. Childhood obesity: a plan for action. 2018. Available at: www.gov.uk/government/publications/childhood-obesity-a-plan-for-action. Accessed on 26th March 2020.

² NHS England. NHS Long Term Plan. 2019. Available at: www.longtermplan.nhs.uk/publication/nhs-long-term-plan. Accessed on 26th March 2020.

³ Public Health England. Consensus Statement: supporting professionals to have healthier weight conversations. 2019. Available at: <https://www.gov.uk/government/publications/healthier-weight-conversations-support-for-professionals>. Accessed on 26th March 2020.

⁴ Viner RM, Stiglic N, Williams Z, Pryke R, Saxena S. Understanding and improving general practitioner (GP) use of childhood BMI surveillance data from the National Child Measurement Programme (NCMP). Public Health England; 2017.

⁵ HM Government. Advancing our health: prevention in the 2020s 2019. Available at: <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s>. Accessed on 26th March 2020.

⁶ NHS England. Children's Health Digital Strategy. 2015. Available at: <https://www.england.nhs.uk/digitaltechnology/wp-content/uploads/sites/31/2015/12/CHIS-Digital-Strategy-2016-v6-FS-edit-with-alt-txt-2.pdf>. Accessed on 26th March 2020.