ScotPHN report

Scottish Obesity Action Resource - Update

A project by the Scottish Public Health Network (ScotPHN) undertaken by the SOAR2 Project Working Group

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September 2012

FOREWORD

In 2007 the Scottish Public Health Network produced a Scottish Obesity Action Resource to aid NHS Boards take actions to address the rising prevalence of obesity in the Scottish population. Five years on, it was timely to review these actions and consider new evidence and developments, in particular the Obesity Route Map published by Scottish Government in 2011. A review of new evidence was commissioned and this accompanies the report. It not only summarises new evidence but maps the strength of evidence to possible actions in different policy settings.

The main review revisited the responses of NHS Boards, broadening the scope from the first SOAR report. The main finding has been that overall NHS Boards are tackling the challenge of obesity in their populations in innovative and practical ways. An area where the scope of SOAR2 has widened is through its assessment of the contribution by community pharmacists to addressing obesity. Community pharmacy represents a new and important setting for engaging the public around actions to improve health. Though a small sample, not covering all NHS Boards and predominantly in urban areas, the report found community pharmacy to have a capacity to extend the reach of programmes to the population.

It has not been the report's intention to attribute the effectiveness of NHS Board initiatives as a whole or the part played by a particular programme. Research literature demonstrates that rising prevalence of obesity in a population is affected by multiple changes in the way people live today. The term 'obesogenic environment' has been coined to encapsulate the many small effects that contribute to rising obesity in a society.

Prevalence of obesity has continued to rise, with the most pessimistic projections estimating the rise will continue until 2030. In the 5 years since the first SOAR report there have been considerable constraints within the Scottish public sector as a consequence of the economic circumstances. Responses from NHS Boards demonstrate an aptitude to maximise opportunities to address the challenge through

redesign of services, and refocusing the priorities of key services. The responses also demonstrate that NHS Boards are tackling the wider determinants of rising obesity with their community planning partners building on community assets. Practitioners based in NHS Boards and community pharmacies are encouraged to use this report in support of their own work and to share with others. The coming integration of health and social care around adult services represents an opportunity to engage our partners in tackling one of the most serious public health problems of our time.

This report demonstrates the wide and diverse range of programmes and activities being carried out in NHS Boards to address the obesogenic environment, however, the challenge will be that these are robustly evaluated both as individual interventions and for the contribution they make to overall levels of obesity.

Edward Coyle
Director of Public Health
NHS Fife
Chair of Project Group

ACKNOWLEDGEMENTS

SOAR 2 is an update of first Scottish Obesity Action Resource published in 2007. It demonstrates the continuous effort made by a huge number of partners in tackling obesity on many levels. I am indebted to all those who co-ordinated and contributed to completing the NHS Board and the pharmacy questionnaires and I would particularly like to acknowledge all those front line workers who supplied information to the NHS Board co-ordinators. I would like to thank Community Pharmacy Scotland and the Directors of Pharmacy who arranged for the distribution of pharmacy questionnaires to a sample of community pharmacies.

SOAR 2 would not have happened without the guidance of the Project Group. Edward Coyle, Director of Public Health in Fife, who sponsored this work on behalf of the Scottish Directors of Public Health, steered the process with wisdom and good humour. Ann Conacher, ScotPHN's co-ordinator, kept the PWG and myself on track as the work competed with many other demands on our time. Gillian McCartney and Marie Kerrigan, ScotPHN's senior administrators provided invaluable administrative support, without which, this report would not have been written. Drew Millard, previously ScotPHN researcher, undertook the background work including a literature review, revision and piloting of the tools.

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EXECUTIVE SUMMARY

The Scottish Public Health Network conceived of the Scottish Obesity Action Resource as a means of precipitating action locally on the prevention and treatment of obesity through sharing good practice within NHS Board areas. Since its publication in 2007, two key policy drivers *Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight (2010)*[1] and the impact of the *Healthy Weight Communities* programme completed in 2011[2] have impacted on local activity. As a consequence ScotPHN has sought to update the 2007 resource through:

- An updated collation of current practice in relation to prevention and treatment of obesity activities within NHS Board areas
- A qualitative survey of community pharmacy on treatment and prevention activity

Key Findings

NHS Board area activity

The policy landscape has changed since 2007 as demonstrated through a number of key programmes such as Active Schools[3], Child Healthy Weight, Counterweight, Go Smart, and Healthy Weight Communities. NHS Boards and local authority partners are undertaking a wide range of activities in response.

Evaluation and monitoring of individual projects is being undertaken.

Community Pharmacy

As in 2007, there were only a small number of responses to the community pharmacy questionnaire. However, from the responses received it can be seen that community pharmacy is providing a useful means of engaging with the public on the treatment and prevention of obesity.

GLOSSARY OF TERMS

BMI	Body Mass Index
CEL	Chief Executive Letter
CHP	Community Health Partnership
EPODE	Ensemble, Prévenons l'obésité des enfants (Together, let's prevent childhood obesity) A French based community development approach to tackling obesity
HWL	Healthy Working Lives
HSE	Health Survey for England
ISD	Information Services Division
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
PGD	Patient Group Directive: an agreed legal authority for administration of medicine to a group of patients under defined conditions
PWG	Project Working Group
ScotPHN	Scottish Public Health Network
SIGN	Scottish Intercollegiate Guidelines Network
SIMD	Scottish Index Multiple Deprivation
SOAR	Scottish Obesity Action Resource (2007)
SOAR 2	Update of Scottish Obesity Action Resource (2012)
UNICEF	United Nations Children's Fund
WC	Waist circumference
WHO	World Health Organisation
WHR	Waist Hip Ratio

SECTION 1: BACKGROUND TO SOAR2

Introduction

The Scottish Obesity Action Resource (SOAR) project was conceived as a means of stimulating action across Scotland to improve the prevention and treatment of obesity. Obesity affects a considerable proportion of people living in Scotland, and impacts on their risk of chronic disease. The SOAR report was published in 2007. Details of SOAR, including aims, objectives and methodology, are to be found on the ScotPHN website:
http://www.scotphn.net/projects/current_projects/scottish_obesity_action_resource_update_soar2

SOAR2 updates the information from the 14 NHS Board areas and provides a commentary on how the landscape has changed. It also includes information from a small sample of community based pharmacies about the type of obesity management services they provide. It is intended to be an update of the original SOAR and **not** a repeat of the SOAR process.

Methodology

A small Project Working Group (PWG) (Appendix 1) was set up by ScotPHN and consisted of a project sponsor and chair, lead author, and project manager. ScotPHN's researcher undertook an updated prevalence and literature review in 2011 which accompanies this report: http://www.scotphn.net/projects/current_projects/scottish_obesity_action_resource_update_soar2]

The PWG:

- identified a local contact (Appendix 2) for each NHS Board area. This tended to be a senior health improvement/promotion specialist
- piloted mapping questionnaires to be used as data collection tools in the NHS Board area and in community pharmacy
- sought co-operation of local stakeholders via a letter from the local Director of Public Health

- disseminated the mapping questionnaires and followed up on any information gaps
- targeted questionnaires at community pharmacists which were developed on the advice of a number of pharmacy colleagues through Community Pharmacy Scotland and the Directors of Pharmacy
- ensured that the data were analysed and key issues and themes highlighted
- made recommendations about the next steps that should be taken
- ensured dissemination of the findings including placing the SOAR 2 NHS Board level report on the ScotPHN website and reporting to key national groups such as the Directors of Public Health and Scottish Health Promotion Mangers Group

The completed SOAR2 questionnaires have been published in full on the ScotPHN website so that the full breadth of the range of activities is available http://www.scotphn.net/projects/previous_projects/scottish_obesity_action_resource_update_soar2. Completion of these was co-ordinated by local contacts. Collecting and collating such a wealth of information inevitably has its challenges and the PWG was faced by a continually changing landscape and that the position in each NHS Board at the time of publication is likely to be different from that captured on the published questionnaires. Examples (or 'gems' as they will be referred to in this report) from all NHS Boards have been given throughout the report to give a snap shot of the diversity of work across Scotland. All partners reading these reports are encouraged to contact the individual Boards directly if they have questions or requests for further information.

Who completed SOAR 2?

All 14 territorial NHS Boards returned a questionnaire showing a great diversity of strategy, policy development, programmes and projects.

The SOAR 2 questionnaires were completed by professionals working in the NHS Boards from either a dietetics or nutritional background or from a public health and health improvement background. It is clear, however, that numerous other individuals and partners within the NHS Board areas were asked to contribute

information in order to complete the questionnaires. Information has been gathered from the NHS, the local authority, third and independent sectors.

The pharmacy questionnaires were completed by twenty eight community pharmacies representing seven NHS Board areas.

SECTION 2: WHAT HAS CHANGED SINCE SOAR?

It is not possible to report comprehensively on all the changes that may have had an impact on obesity within Scotland since 2007, therefore, this report will focus on the differences resulting from the key policy drivers *'Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight' (2010)*[1] and the impact of the *Healthy Weight Communities* programme completed in 2011[2].

However, the PWG notes the wide ranging policy landscape that currently influences local prevention and treatment of obesity. Those referred to within this report are listed below:

Active Schools,sportscotland
Equally Well Implementation Plan (2008)
Getting it Right for Every Child
Healthy Weight Communities (2009-12)
HEAT target for Child Healthy Weight
Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight (2011)
Schools Health Promotion and Nutrition Act (2007)
Smarter Choices Smarter Places (2008-11)
UNICEF Baby Friendly (UK) programme
CEL 36: Nutrition of Women of Childbearing age, pregnant women and children and children under five in disadvantaged areas – funding allocation 2008-2011
Health at Work, Scottish Centre for Healthy Working Lives
Healthy Weight Communities Evaluation Report by Rocket Science (2011)
Obesity Prevalence Report Scottish Health Survey (1995-2009)

Throughout the report it has been assumed that actions taken by NHS Boards / key stakeholders across Scotland have been informed by the appropriate research evidence and clinical guidelines eg SIGN 115 (Management of Obesity: a national guideline, 2010).[4]

SECTION 3: INDIVIDUAL MAPPING REPORTS AND COMMENTARY

As previously stated, the completed questionnaire responses can be found at: http://www.scotphn.net/projects/previous_projects/scottish_obesity_action_resource_update_soar2

The questionnaire can be found in Appendix 3. Details of the local contacts for each NHS Board at the time of the collation are also available on the ScotPHN website.

Food

Question 1: Are there any local plans or activities to improve engagement with healthy food. If not please state the barriers.

Within this question NHS Boards were asked about implementation of national policy and having a local strategic plan in place. Good progress has been made in this area of work with most NHS Boards reporting some level of strategy or policy development or that the Route Map had become a key driver. It was encouraging to note that most NHS Boards reported improved access to healthy food in deprived areas for example through community education. A number of NHS Boards commented that many of the actions are the remit of the Scottish Government. No NHS Board reported any major barriers.

Board gem: Fife Council Catering & Cleaning Services run vans in a number of schools which offer healthy choices to school pupils and which 'compete' with local street traders.

Economic environment

Question 2: Are there any local plans or activities to change the local economic environment?

The Schools Health Promotion and Nutrition Act (2007)[5] was cited by all NHS Boards as a driver for the regulation of vending machines in schools. Few other examples were cited although NHS Lanarkshire reported that they are supporting

food co-operatives across the NHS Board area. No NHS Board reported any major barriers.

Board gem: NHS Lanarkshire has piloted the subsidising of food at leisure outlets for over two years to favourably price healthy food and this had impacted positively on choices for the duration of the funding.

Socio-cultural environment

Question 3: Are there any local plans or activities to change the socio-cultural environment?

In 2008-09 the NHS HEAT target for Child Healthy Weight[5] was introduced for the age range 5-15 years. This required NHS Boards to achieve a set number of interventions for overweight children depending on their population size. Most NHS Boards cited this as a key driver in response to reducing television viewing. Active Schools[3] and Play@Home were also reported as ways of changing the socio-cultural environment for younger children.

For the adult population most NHS Boards had engaged with:

- Counterweight, a general practice weight management programme, to deliver weight management services; and
- exercise by referral usually in partnership with sports and leisure.

2 NHS Boards mention social prescribing; NHS Tayside and NHS Grampian reported that they are carrying out pilots in general practice.

From the questionnaires it was difficult to gauge how effective or uniform these services are across Scotland. The emergence of social prescribing to tackling obesity is fairly new and the evaluations should be of interest in shaping future services. This work has the potential to link with third sector and independent providers.

Board gem: In Dumfries & Galloway 63 of 103 primary schools now have 20 mph speed limits, with 84% of primary children attending these schools. 11 of 16

secondary schools have 20 mph speed limits with 64% of secondary children attending these schools. This therefore is making the areas around these schools safer and therefore encouraging and facilitating more active travel.

Physical Activity

Question 4: Are there any local plans or activities to increase physical activity levels for children, adults and adults in later life?

Responses to this question elicited a wealth of information about ways to increase physical activity levels.

The key drivers cited were:

'*Smarter Choices, Smarter Places*[67]' was a transport Scotland project that ran from May 2008 to March 2011. 7 areas were funded throughout Scotland and were tasked to improve local travel arrangements including active travel opportunities.

Healthy Weight Communities[2] was based on the French EPODE (Ensemble, Prévenons l'obésité des enfants/Together let's prevent childhood obesity)[7] programme and aimed to address obesity issues for local families, communities and younger people through shared health and wellbeing outcomes. The successful projects were asked to utilise social marketing to help promote and deliver the projects. There were eight funded projects in total across Scotland that ran from May 2009 to March 2012.

Active Schools[3] is a national programme supported by every local authority in Scotland. It is part of the Scottish Government's Healthier Scotland Campaign, funded and supported by sportscotland. The goal is to get more children, more active, more often. As expected a plethora of structures and activities were reported by the NHS Boards under this heading.

Board gem: The Habost growing project, on the Isle of Lewis the Western Isles, is now self sufficient, after 3 years, and grows crops in 2 large polytunnels, which provide their local shop with fresh, affordable, local produce. The produce is also

sold at a mini market on the site, which is run at the height of the season. The project is run by volunteers and the local school visits once a week.

Early Years

Question 5: Are there any local plans or activities to reduce obesity/establish obesity preventing behaviours in infants and young children?

Most NHS Boards reported that they have a strategic plan in place or being developed for children and young people; in many cases this is part of an NHS Board wide healthy weight strategy or obesity strategy. Since SOAR a number of NHS Boards have progressed work to include maternal obesity and have developed specific pathways (eg NHS Highland and NHS Western Isles) and NHS Forth Valley has developed resources to be used by midwives. Breastfeeding rates are no longer a HEAT health improvement target nevertheless all NHS Boards reported that they continue to support breast feeding programmes. A number of NHS Boards described engagement with the UNICEF Baby Friendly[8] accreditation programme. The CEL 36[9] 2008–11 programme, *Nutrition of women of childbearing age, pregnant women and children under five in disadvantaged areas*, had been used to fund or part fund these interventions.

The Active Schools programme and Active School[3] co-coordinators were mentioned by almost all NHS Boards as a mechanism for reducing obesity in young children. Links were described to the 'Child Healthy Weight' programme and more than half the NHS Boards reported work in nurseries.

Question 6: Are there any local plans or activities happening around obesity prevention in local workplaces? If not, please state the barriers.

Inevitably Healthy Working Lives (HWLs) and the Healthy Living Award were reported as key engagement tools with workplaces. Health at Work was also cited as the main strategic driver and in most cases as part of an overall obesity or healthy weight strategy. NHS Boards were asked how public health and healthy weight management partnerships were being developed and responded by citing Counterweight and Scottish Slimmers as two key organisations delivering services.

Given this is Olympic and Paralympic year and that the Commonwealth Games will be held in 2014 in Glasgow, NHS Boards were asked how they were utilising 'Active Nation'. Most NHS Boards reported some activity and were using the branding as a means of engagement. (NB As at publication Active Nation has been superceded by a Games Legacy for Scotland http://gameslegacyscotland.org/) Other engagement tools such as Paths to Health and British Heart Foundation walks were also cited.

A myriad of good practice examples were described by NHS Boards demonstrating the breadth of partnerships. Opportunities had been developed as a result of CEL 36[9] funding, the Go Smart[10] travel programme and in partnership with sports and leisure services.

Board gem: Health at Work have developed 'Weigh in at Work', a new weight management resource pack to support the independent delivery of healthy weight management groups in workplaces throughout Greater Glasgow and Clyde. The pack consists of healthy eating and physical activity information and signposting for associated advice and support. It is designed for use by identified workplace 'champions' who could facilitate informal, in-house weight management groups.

Question 7: Has anything else happened on obesity prevention activity in the local health board area since mid 2007?

In response to this question a number of NHS Boards gave examples of project based work such as Healthy Weight Communities[2] Most NHS Boards did not answer this question probably because they had responded elsewhere. The impact of Child Healthy Weight[11] and Healthy Weight Communities[2] were cited as key drivers by two NHS Boards. The issue of whose responsibility it is to raise the issue of child healthy weight was highlighted by one NHS Board (NHS Shetland) as an ongoing issue.

Board gem: Healthy **North Ayrshire** delivered a community based, gender specific weight management programme for three years called Slimmin' Withoot Wimmin and Slimmin' Fir Wimmin. This successful programme ended in March 2011 at the end of its short-term funding.

Question 8: How do you evaluate the effectiveness of local interventions?

NHS Boards reported that most of the evaluations were small scale and carried out by individual projects. The national evaluations for Healthy Weight Communities carried out by Rocket Science[1212] and for Counterweight were cited most often. The challenge of evaluating the overall impact of numerous projects and programmes at NHS Board level remains and is being tackled in different ways. NHS Greater Glasgow and Clyde, for example, reported the development of a performance management framework against the Route Map for the whole NHS Board area.

NHS Boards were also asked how they monitored the impact of obesity. Using data from the Scottish Healthy Survey was cited and also the requirement to measure Children's BMI (Primary 1) within the school setting as part of the Child Healthy Weight programme. BMI measurements through Jumpstart, Jumpstart Choices and Healthy Weight Communities were also reported. NHS Shetland recorded that their Senior Planning and Information Officer is currently looking into pulling data from all health centres to gain a true picture of obesity status.

Gem: The final reports from those areas that established Health Weight Communities can be found on the Scottish Government Healthy Weight Communities web page:
http://www.scotland.gov.uk/Topics/Health/health/healthyweight/healthyweight

Conclusions

The landscape has changed since 2007 as demonstrated through a number of key programmes such as Active Schools[3], Child Healthy Weight, Counterweight, Go Smart, and Healthy Weight Communities. There is a great wealth of ongoing activity contributing to an evidence base of what is working and what is not. The question arises about how much difference this has made to obesity levels in Scotland?

Data from the Scottish Health Survey (1995-2009)[13] shows that overall obesity continues to rise with some differences by gender and age group. For men aged 25-34, between 2008-2009, the numbers remain the same and for the 55-64 year age group there is a slight fall. For women numbers of obesity continue to rise with the exceptions of the 16-24 and 55-64 age groups. The 45-54 age group 2008-2009 has remained the same. The updated prevalence report shows higher levels of obesity for men and women in areas of most deprivation.

This myriad of activity, at an individual level, is undoubtedly contributing to health and wellbeing and valuable for individual projects or programmes. It is also at this level where tailored support can be given that will address issues of health inequalities. A range of evaluations are ongoing, however, without an impact evaluation of the totality of interventions for a sustained amount of time it is difficult to assess changes to obesity. Partnership agreements using agreed outcomes (such as the Single Outcome Agreement) and where appropriate contributing to national evaluations are also important in showing overall trends.

The activity outlined also provide examples of 'preventative' spend in action ie how prevention of obesity 'upstream' could result in longer term acute costs.

Finally, the Board's responses show that obesity is being tackled within a context of the wider determinants of health with excellent examples of building on community assets and partnership working. More robust evaluations at project, board and national level are required to shape decision making.

Recommendations:

- Where evidence exists for the management of obesity and maintenance of healthy weight it should be utilised.
- Building on individual and community assets approaches should continue and be further developed.
- Shared agreements ie Single Outcome Agreements should continue to be vehicles for addressing obesity and the maintenance of healthy weight.
- Lead organisations (NHS Boards and local authorities) should ensure impact evaluations of whole systems and not just individual projects or programmes.
- Evaluation should consider the ‘preventative’ aspect of activity undertaken as part of a cycle of continuous improvement.

SECTION 4: COMMUNITY PHARMACY

Analysis of Pharmacy Questionnaire - April 2012

The questionnaire used can be found in Appendix 4.

Overall a small sample of 3-4 community pharmacies were approached per NHS Board area. This is statistically a very small number of pharmacies compared to the number of pharmacies operating as businesses within Scotland (approximately 1,200). As a consequence the information summarised in this report should be viewed as a snapshot of activity only and interpreted with a degree of caution.

Who completed the questionnaires? (Questions 1 and 2)

The following table shows the number of community pharmacy questionnaires returned from the different NHS Board areas.

Table 1: NHS Board Area

NHS Board area	Numbers of questionnaires returned
Borders	2
Fife	8
Forth Valley	1
Grampian	5
Greater Glasgow and Clyde	5
Highland	3
Lanarkshire	1
Lothian	1
Tayside	2
Total	**28**

All responses provided were from mainly urban areas.

The pharmacies ranged from small independent businesses to being part of a larger chain such as Boots, the Co-op and Lloyds. They all employed between 1 and 2.5 whole time equivalent pharmacists.

Question 3: Who would refer patients to the pharmacy for obesity management or reduction interventions?

Table 2: Referral Pathway

Referral Pathway	Numbers
Self Referral	11
General Practice	3
Other (Well nurse X 1; Counterweight/Keep Well x1; Exercise by Referral X 1; Social Work team X 1 and runs own weight management classes X1)	6

Pharmacies reported that self referral for weight management was the most common pathway into pharmacy. A range of other pathways were reported including a Keep Well nurse and the Counterweight service reflecting both the open access policy of pharmacies and also the direction of policy relating to obesity and weight management.

Question 4: Is the pharmacy offering any obesity prevention/weight management interventions that can be seen as example(s) of good practice?

Of those who responded 18 said 'yes' and 9 said 'no'. Due to resource limitations there has been no attempt to verify whether the programme is based on evidence or not. Below is a list of programmes and or products that the pharmacies offer to their customers.

- AAH (pharmaceutical wholesalers) 10 week course
- Celebrity Slim and Quick Trim medical replacement – pay for products only
- Counterweight (referred from primary care and agreed feedback mechanism)
- Healthy Weight programme X12 weeks – with cost. £10 first visit and £3.00 thereafter
- Keep Well (NHS programme)
- Lifestyle advice with optional weekly weigh in and Unotrim meal replacement
- The Tony Ferguson Plan
- Numark Weight Management Service (non NHS)
- Alli and Optislim offered to customers
- Lipotrim offered to customers

- Staff trained in healthy living messages and products; weighing scales for use by the public
- Weekly weigh / advice

It is clear that pharmacies are offering a range of weight management services to their customers dependent on how they operate as a business. In larger settlements customers will be able to shop around and choose from a range of products, a set programme such as the Tony Ferguson Plan or a NHS service such as Keep Well. Pharmacies are, to some extent, committed to products that the parent company/organisation promotes.

Question 5: Are there any barriers to the pharmacy in offering obesity prevention?

A number of barriers were identified and are listed in table 3.

Table 3: Barriers identified by the pharmacy to offering obesity prevention services

Barrier to pharmacies in offering obesity prevention	Numbers
Cost of Alli (Orlistat) Cost of products put patients off	2
Contraindication	1
Funding to support developments	1
Lack of resources – equipment for weight height measurement; no local exercise class to refer too	3
Lack of public awareness about the services	1
Lack of staff training	3
Raising the issue – difficult for staff	1
Time constraints	8
Private space	3

Pharmacies reported that time constraints, no private space and lack of resources were the main barriers to providing obesity prevention services. A lack of resources to train staff was also cited as a barrier. Looking at the barriers from a customer's perspective, the cost of products (pharmaceuticals and slimming aids) and lack of awareness about what services are available were reported.

Question 6: Does the pharmacy have referral criteria for accepting patients for obesity management or reduction?

13 pharmacies reported 'yes' and 14 reported 'no' to having referral criteria. High BMI alone or high BMI and co-morbidities were used as criteria. 2 pharmacies cited that they used Keep Well criteria and one pharmacy cited that they accepted referrals from either GPs or nurses.

Assuming that this question was completed those pharmacies with no referral criteria in place may be losing an opportunity to develop a service for customers and also a business opportunity.

Question 7: What measurement is regarded a high BMI?

BMI = body weight (Kg)/(height (m))^2. **BMI** classifications are:

- Underweight = <18.5
- Normal weight = 18.5–24.9
- Overweight = 25–29.9
- Obesity = BMI of 30 or greater

The responses to this question were collected from a menu relating to the BMI classification. 6 pharmacies regarded a high BMI as over 25; 10 selected over a BMI over 30 and 2 pharmacies cited a BMI over 27. One pharmacy, did not answer this question because they took referrals from general practice and one pharmacy reported that they did not know what the levels were.

The responses to this question show that pharmacies are aware of the BMI measurement system relating to overweight and obesity.

Question 8: Would the pharmacy raise the topic of obesity with a customer?

22 pharmacies responded to this question; 11 reported 'yes' and 11 reported 'no'. Further analysis of the responses showed that pharmacies experience this as a difficult issue to raise and some worry about offending the customer. One pharmacy cited they would be worried about losing a customer. Lack of private space and not wishing to raise the issue in a public place were also cited as reasons for not raising

the topic of obesity. 7 pharmacies reported that they would raise the topic if appropriate within a wider conversation, for example, if the customer was buying diet related products ore taking health promotion materials. The launch of the product Alli was given as an example of an opportunity to discuss obesity with customers. One pharmacy made the point that it was easier where they knew their customers and gave the example of rural areas.

Question 9: Would the pharmacy raise the topic of child obesity with a parent?

3 pharmacies replied that they would raise the question of childhood obesity with a parent and 24 said they would not. Of those who would raise the issue they gave caveats about the importance of being parent initiated or being asked about related conditions such as asthma or diabetes. Concerns reported related to doing harm such as the consequences of lack of expertise and not wishing to stigmatise the child.

There were different views reported:

> *"Have not encountered this topic - cannot think of any instances where I have thought I should have." (Community Pharmacist in mainly urban area.)*

> *"No - not unless the patient specifically expressed concern/wished to discuss it with pharmacist (however I do feel this is an area we need to expand on - perhaps with healthy advice leaflets designed specifically for children?)" (Community Pharmacist in mainly urban area.)*

Question 10: Is the customer given opportunities to ask for obesity prevention/reduction advice?

18 pharmacies responded 'yes' and 4 responded 'no' to this question. The opportunities given to customers were mostly related to traditional communication methods of information and promotions. There were links made to the sale of specific weight management products such as the Numark programme. Below is an example of how one pharmacy encourages customers to ask questions:

> *"We have several weight management products available displayed*

attractively throughout the store - our branch also displays the slogans "happy to help", "caring for you and your family" and "ask our friendly, trained staff for advice." (Community Pharmacist in mainly urban area.)

A number of pharmacies reported that staff were trained to answer questions from the public about weight management. Responses were clearly linked to the working environment such as a lack of private space.

Question 11: What interventions can the pharmacy offer for obesity reduction?

11a: Assessment

Pharmacies were asked how they assessed obesity see table 4.

Most pharmacies offered some type of assessment linking it to either a weight management programme or weight management products. Again the working environment, lack of space or privacy, was cited as a limitation to offering this type of service. One pharmacy reported that they were unsure of the standards and another questioned the value of using a BMI measure rather than a waist circumference measure.

Table 4: Assessment

Intervention	Numbers
Weight measurement	26
Calculation of BMI	26
Education about obesity levels	22
Measurement of waist	25
Education about waist circumference standards	22
Estimation of body fat	10
No intervention	1

One pharmacy reported:

"We took the initiative to purchase a weighing machine that also provides the patient's BMI on a print out but not all pharmacies may have the space or want to pay for the equipment." (Community Pharmacist in mainly urban area.)

11b: Education

Table 5: Education

Intervention	Numbers
Advice on low fat or healthy eating diets	26
Advice on energy reduced (low calorie) diets	22
Advice on physical activity for weight control	24
Assessment of co-morbidities associated with obesity eg blood pressure, type 2 diabetes	22
No intervention	0

Most pharmacies provide an educational intervention. Numbers are slightly lower if the intervention requires specialist input such as knowledge about the co-morbidities associated with obesity. One respondent reported that they use their local NHS Board resource centre as a source of information and leaflets. Another respondent wrote that it would be useful to be able to obtain leaflets from the NHS Board.

11c: Drug Therapy

Table 6: Drug therapy intervention

Intervention	Numbers
Advice on or review of anti-obesity/weight loss drugs	24
Prescription of anti-obesity/weight loss drugs	12
No intervention	3

Pharmacies are involved in dispensing and/or selling weight management drug therapy and 24 reported that they gave advice on or reviewed anti-obesity weight loss drugs. 12 pharmacies reported that they were involved in the prescribing of anti-obesity weight loss drugs. 3 pharmacies reported that they provided no intervention.

Pharmacies were asked to comment on drug therapy issues. 4 pharmacies commented that they would refer to the GP if they felt it appropriate. Pharmacies are able to sell weight loss drugs over the counter but commented that these could be

obtained through GP prescription (GP10) which would not occur cost to the customer; *Alli* was given as a specific example. One pharmacy said they were willing to prescribe weight management drugs and provide advice. 2 pharmacies commented on the current difficulty in obtaining *Orlistat*.

No pharmacies commented on the evidence or science behind the effectiveness of using drugs in weight management. One pharmacy responded that behavioural change is the best way to help patients make changes to their lifestyle to manage their obesity.

11d: One to One Therapy

Table 7: One to One Therapy

Intervention	**Numbers**
Weight management consultation with pharmacist	19
Weight management consultation with member of staff	22
Please specify other staff role involved applicable	Technician (4), trained health care assis pre-registration pharmacists, dispensers

Pharmacies were asked to comment on the issues in providing a one to one service. Time was mentioned as a limiting factor in providing a pharmacist led weight management one to one service and in order to meet the customer's needs other members of staff had been trained. The following comment illustrates this point:

> *"As consultations can be time consuming, it was decided to train our pharmacy technician to deliver the counter weight programme with the possibility of the Pharmacists' intervention in the harder to manage patients." (Community Pharmacist in mainly urban area.)*

11e: Other interventions Two other comments were made; one related to seeking the advice of the dietician service and the other to the *Lipotrim* diet (a total food replacement programme).

Question 12: How are these interventions resourced?

In some circumstances pharmacies charge patients for products and/or for weight management classes. One pharmacy reported that they used the pharmacy prescribing allocation to support weight management services. Partnerships with the Keep Well programme and the local dietetics services were cited as funding sources.

Question 13: What training do the pharmacy staff have on obesity prevention for overweight or obese clients?

Pharmacies were asked about what type of training they receive.

Table 8: Type of training received by pharmacy staff

Type of training received by pharmacy staff	Numbers
Giving dietary advice	19
Giving physical activity advice	17
Supporting behavioural change for weight management	18

Most of the pharmacies reported that they received training about dietary advice, physical activity and to support behaviour change.

Pharmacies were asked to comment on training issues. Responses show that training was provided for a number of weight management interventions such as: the Alli, the Tony Ferguson programme, the Numark programme, the Celebrity Slim programme and the Quick Trim programme. Two pharmacies reported that they had received training from their local smoking cessation service and two from their local Counterweight service.

The evidence from these questionnaires show that most of the training received by pharmacy staff about weight management programmes arises from the companies who supply the weight management products.

Question 14: Why does the pharmacy provide obesity prevention interventions?

The respondents were asked if altruism was one of the reasons for providing obesity prevention interventions and there were 12 positive responses. Some pharmacies saw it fitting in with the ethos of pharmacy work as illustrated by the following '*improving the health of the community' (Community Pharmacist in mainly urban area.).*

As expected pharmacies saw the business opportunities in weight management services and recognised that they increase their income by selling a range of products. Reflective of local economic circumstances one pharmacist wrote *'A new form of income with the downturn in profit margins and reduced counter sales lost to supermarkets' (Community Pharmacist in mainly urban area.).* However, one pharmacy wrote that they would require NHS Board funding because a weight management service was not profitable once staff time had been taken into account. In addition an issue of patient safety was identified; pharmacies can provide a controlled environment to prevent the abuse of product eg *Lipotrim*.

Clearly pharmacies must strike a balance between providing a quality service for patients and meeting costs. Weight management products and services are important to pharmacies in delivering a service to their existing customers and attracting new custom.

Question 15: What are the resource needs for obesity prevention or treatment interventions to be carried out through pharmacies?

In response to this question pharmacies made a number of suggestions broadly covering operational and contractual requirements. Understandably pharmacists said they needed private space, weighing machines, equipment to calculate BMI, educational materials, provision for the supply of *Orlisat* and trained staff to provide the service. Some of the respondents suggested that a weight management service should become part of the public health part of the pharmacy contracts supported by adequate finance. One respondent wrote they would like to use the Counterweight service.

Where pharmacies supplied a particular type of weight management product they recognised that the customer paid for the service through the purchase of the product.

Question 16: Are there any other ways the pharmacy engages with local community organisations about obesity prevention?

8 pharmacies replied ‘yes’ and 13 replied ‘no’. Pharmacies were asked to describe how they engaged with local communities and a range of educational approaches were reported including talks to community groups, care centres, colleges, gyms and sports centres. Displaying posters for local communities and use of television advertisements was also mentioned. One pharmacy reported working with a dietician to engage with local communities.

Pharmacists were not asked specifically about how they would measure impact of such interventions and in order to support effective ways of working this is potentially an area of work for the future.

Key differences from SOAR

It was not appropriate to make a direct comparison between the responses to SOAR and SOAR2 due to the differences in the questionnaire used. The small number of returns also made statistical analysis difficult. However, there are some areas where the overall 'direction of travel' may be inferred, provided that care is taken to avoid over interpreting or drawing too firm a conclusion from the contrasts presented. Where possible both the percentage and actual number is given.

In 2007 it was reported that few pharmacies were providing obesity assessment services, for example 20% measured waist circumference. In 2012 this had increased to 93% (25) of pharmacies who had returned the questionnaire. Similarly pharmacists reported offering weight measurement 96% (26) and calculation of body mass index services 96% (26).

In 2007 half the pharmacies were delivering advice on healthy eating and physical activity to overweight or obese patients. In 2012 pharmacies this number had risen to 96% (26) in relation to healthy eating and low fat diets and 92% (24) in relation to physical activity for weight control. The number of pharmacy staff trained had risen from 20% in 2007 to 73% in 2012. 67% (18) of pharmacies reported that they offered behaviour change training to their staff.

In 2007 34% of pharmacies reviewed patients on anti-obesity drugs and in 2012 this had increased to 89%.

In 2007 16% of pharmacies offered one to one support from a pharmacist and this had increased to 70% (19) in 2012. In 2007 7% offered consultations with another member of staff and in 2012 this had increased to 81% (22).

In 2007 of those offering formal one to one consultations most said they had no formal criteria in place. In 2012 70% (19) of pharmacies reported that they were offering consultations with pharmacists 81% (22) with other trained staff.

Conclusion

The snapshot of work being carried out in pharmacies is based on a small sample of responses. However, a number of useful points have been raised and should be considered further. First and foremost pharmacies are operating as businesses within a competitive world and this shapes the services they provide, for example, the type of obesity management products marketed to the customer. Secondly, pharmacies all work in different environments and there were many comments relating to lack of space or being unable to provide a confidential space in order to provide a service. Thirdly, there is no national arrangement for providing obesity services. Some pharmacies have partnerships with NHS services such as Counterweight, Keep Well and smoking cessation. Pharmacies also reported that they used local information resource services for leaflets. These partnerships have come about because of national policy direction and are all reliant on NHS funding. Fourthly, raising the issue of obesity or weight management with adults or parents/guardians of children was perceived as difficult or sensitive. Fifthly, the numbers for the self referral pathway are evidence that this is a service that the public uses and therefore demonstrates a value to members of the public. Finally, in comparison to the information collected in 2007 it is probable that pharmacies are offering an increase in weight management services and that more staff are trained to deliver these services. Furthermore it is of interest that 66% of pharmacies had trained staff in behaviour change; a departure from using a health education model.

Points for consideration:

- Explore the potential for pharmacies in the management of obesity building on partnerships with local communities, local business and the NHS
- Explore the utilisation of behaviour change approaches within a pharmacy setting
- Explore how information technology might support obesity programmes within the pharmacy setting
- Appraise the effectiveness of various weight management programmes within the pharmacy setting

- Consider the role of pharmacies in obesity management from a whole systems approach

SECTION 5: NEXT STEPS

SOAR 2 and associated documents will be available on the ScotPHN website (www.scotphn.net). It will be disseminated widely to stakeholders as part of the ScotPHN publication process. It is also hoped that the findings written up for journal publication.

Making the most of SOAR2

SOAR2 has been a unique opportunity to understand some of the differences that have unfolded since the publication of the first obesity action resource. Both qualitative and quantitative data have been collected and analysed on this important health issue facing Scotland. For a number of reasons it was not possible to make direct comparisons between SOAR and SOAR2 nevertheless the report will be a useful resource for different sectors within society. Suggestions for further use are given below:

Scottish Government

SOAR2 data could be used to:

- Inform national strategies that have the potential to impact on obesity
- Address, through strategy, inequalities in health
- Identify good practice in prevention, treatment and evaluation
- Locate NHS Boards and local authorities with experiences that could be shared more widely

NHS Boards and Local Authorities

SOAR 2 data could be used to:

- Create, inform or contribute to updating local strategies, action plans and evaluation that impact on obesity
- Assist in horizon scanning to meet the challenges of an integrated health and social care agenda
- Address health inequalities
- Identify good practice in prevention and treatment that could be rolled out more widely

- Identify gaps in treatment, prevention or evaluation
- Identify stakeholders that could contribute to the creation or implementation of local strategies

Health professionals

SOAR2 data could be used to:

- Identify gaps in practice or policy eg assessment, referral criteria, treatment options
- Identify health inequalities
- Help lobby for more training and resources particularly around evaluation
- Identify initiatives and practices used by health professionals in other areas
- Provide ideas and information to local pharmacy, community development and primary care about partnership working

Researchers

SOAR2 data could be used:

- To inform the development of policy
- As a resource for further analysis, research and evaluation
- To help design, and generate funding for more research into obesity prevention and treatment.

The public

SOAR2 data could be used to:

- Find out what is happening across Scotland with respect to obesity prevention and treatment
- Find out what is happening in a specific area

Further information about obesity

Examples of relevant published resources and links are given in Appendix 5.

SECTION 6: APPENDICES

Appendix 1

Project Working Group

Edward Coyle: Director of Public Health, NHS Fife (Chair and project sponsor)

Elisabeth Smart: Consultant in Public Health, NHS Dumfries & Galloway

Ann Conacher: ScotPHN Co-ordinator

Appendix 2: Local Contacts

NHS Board	Name	Designation
NHS Ayrshire & Arran	Ruth Campbell	Consultant Dietitian in Public Health Nutrition
NHS Borders	Allyson McCollam	Joint Head of Health Improvement
NHS Dumfries & Galloway	Linda McFarlane	Health and Wellbeing Specialist
NHS Fife	Lyndsay Clark	Senior Health Promotion Officer (Food and Health)
NHS Forth Valley	Anne Clarke Oliver Harding	Public Health Dietitian Consultant in Public Health Medicine
NHS Grampian	Caroline Comerford	Nutrition Co-ordinator
NHS Greater Glasgow & Clyde	Anné Gebbie-Dibén	Health Improvement Lead
NHS Highland	Fiona Clark	Senior Health Promotion Specialist
NHS Lanarkshire	Maria Reid	Assistant Health Promotion Manager
NHS Lothian	Graham Mackenzie	Consultant in Public Health Medicine
NHS Orkney	Ken Black	Consultant in Public Health Medicine
NHS Shetland	Nicola Blance Elizabeth Robinson	Health Improvement Practitioner Health Improvement Manager
NHS Tayside	Joyce Thompson	Dietetic Consultant - Public Health Nutrition
NHS Western Isles	Colin Gilmour Karen France	Health Improvement Manager Nutrition and Dietetic Manager

Appendix 3: Stakeholder mapping questionnaire

OBESITY INTERVIEW SCHEDULE FOR LOCAL CONTACTS

Since the Scottish Obesity Action Resource 2007 (SOAR)[1] was published there have been new policy developments in the field of obesity prevention, notably in the Obesity Route Map 2010.[2] The questions for this update for the period from 2007 to date are designed to cover the main new policy areas and progress with existing activities.

As the main aim of the resource is to provide a way of sharing good practice and ways around barriers to implementation, it would be really valuable if you could list all the barriers encountered locally, and describe them and any efforts to counter them in full. It would also be particularly useful to receive examples of good practice from each area for each topic, so that other areas can see what they could do.

Please use an X to check the cell applying for each question. Please ensure 'no plans' or 'not applicable' (N/A) is checked if no other response is given.

A copy of local SOAR 2007 report for your health board area is available for your perusal on the ScotPHN website (address below)

http://www.scotphn.net/projects/previous_projects/scottish_obesity_action_resource_soar

The Obesity Route Map can be found on http://www.scotland.gov.uk/Publications/2010/02/17140721/0

Thank you for agreeing to be a local obesity prevention information contact in 2012.

Please could you supply the following:

Name:_____

[1] http://www.scotphn.net/projects/previous_projects/scottish_obesity_action_resource_soar/

[2] http://www.scotland.gov.uk/Publications/2010/02/17140721/0

Role:_____

NHS Board area:_____

Date of completion:_____

Food

Question 1: Are there any local plans or activities to improve engagement with healthy food? If not, please state the barriers. For example:

	In place	In progress	Planned	No Plans	N/A	Details and Comments on response
I. Implementation of national policy (route map 2010) by (e.g.) environmental health?						
II. Implementing nutritional standards for the vulnerable elderly in care settings?						
III. Action on the Scottish Grocers Federation Healthy living Programme?						
IV. Award of Healthy Living awards?						
V. Working with small and medium sized food enterprises to find high impact interventions?						
VI. Improving access to healthy food in deprived areas, for example through community education?						
VII. Community growing or retailing their own food projects?						
III. Fast food near schools?						

IX. Does your health board area have a strategic plan for healthy food? (please if possible include a copy with your response)						
X. Anything else?						

Please give an example of good practice in improving engagement with healthy food for obesity prevention from your health board area below:

Economic environment

Question 2: Are there any local plans or activities to change the local economic environment? If not, please state the barriers. For example:

	In place	In progress	Planned	No Plans	N/A	Details and Comments on response
I. Vending machines in schools? (Please state the issues if there are any differences in the policies for staff and for children)						
II. Any Action on the local economic environment in Public buildings (not just vending machines)?						
III. Any Action on the local economic environment in Workplaces (not just vending machines)?						

	In place	In progress	Planned	No Plans	N/A	Details and Comments on response
IV. Implementation of national policy (by, for example, food standards officers)?						
○ labelling clearly identifies ingredients (and is there a traffic light system)?						
○ Reformulation?						
○ portion sizes?						
V. Anything else?						

Please give an example of good practice in changing the local economic environment for obesity prevention from your health board area below:

Socio-cultural environment

Question 3: Are there any local plans or activities to change the socio-cultural environment? If not, please state the barriers. For example:

	In place	In progress	Planned	No Plans	N/A	Details and Comments on response
I. Reducing television viewing? (because of marketing of unhealthy food, sedentary time and snacking opportunity),						
II. Media and educational campaigns to encourage physical activity – including mass events?						
III. Implementation of exercise referral schemes?						

	In place	In progress	Planned	No Plans	N/A	Details and Comments on response
IV. Implementation of social prescribing schemes?						
V. Roll out of counterweight programmes?						
VI. Action on promoting active travel?						
VII. Healthy diet?						
VIII. Anything else?						

Please give an example of good practice changing the socio-cultural environment for obesity prevention from your health board area below:

Physical activity

Question 4: Are there any local plans or activities to increase physical activity levels for children, adults and adults in later life? If not, please state the barriers. For example:

	In place	In progress	Planned	No Plans	N/A	Details and Comments on response
I. Are integrated impact assessments built in to planning procedures around improvements to cycling and walking routes?						
II. Is active travel prioritised in planning?						

	In place	In progress	Planned	No Plans	N/A	Details and Comments on response
III. Has there been any action locally to progress the delivery of the cycle action plan for Scotland?						
IV. Has there been action on making green space other than play areas safe so as to encourage its use for physical activity?						
V. Has there been any action on the creation of pathways connecting the encouragement of the use of local leisure services by children at school to their continued use after they leave school and by the wider community?						
VI. Have there been any Institute for Sport, Parks and Leisure (ISPAL) physical activity accreditation awards						
VII. Have you implemented a healthy Weight Community Project?***** (Please comment on your sustainability plan)						
VIII. Any involvement with 'Paths to health'?						
IX. Any involvement with 'Jog Scotland'?						
X. Any involvement with 'Living streets'?						
XI. 'Active schools'? XII.						
XII. 'Play@home'?						

*****HWC based on the EPODE model and piloted by the Scottish Government ending March 2012

XIII. Any involvement with BTCV led 'Green						

	In place	In progress	Planned	No Plans	N/A	Details and Comments on response
Gyms' programme?						
XIV. Other action on:						
a. local transport plans						
b. school travel plans						
c. facilities for children to be active						
d. supporting young women and families to be active?						
XV. Does your health board area have a strategic plan for physical activity? (please if possible include a copy with your response)						

Please give an example of good practice to increase physical activity levels for children, adults and adults in later life from your health board area below:

Early years

Question 5: Are there any local plans or activities to reduce obesity/establish obesity preventing behaviours in infants and young children? If not, please state the barriers. For example, has there been any local action on:

	In place	In progress	Planned	No Plans	N/A	Details and Comments on response
I. maternal obesity?						

	In place	In progress	Planned	No Plans	N/A	Details and Comments on response
II. encouraging breastfeeding?						
III. parental education about healthy diets and exercise for children?						
IV. Broadening tastes in the early years? (including from nursery years onwards)						
V. Food education 'from plough to plate'?						
VI. Child healthy weight intervention programmes?						
VII. 'Active schools'?						
VIII. 'Cooking buses'?						
IX. 'Play@home'?						
X. Does your health board area have a strategic plan for obesity prevention in children and young people? (please if possible include a copy with your response)						

Please give an example of good practice in obesity prevention in infants or young children from your health board area below:

Working lives

Question 6: Are there any local plans or activities happening around obesity prevention in local workplaces? If not, please state the barriers. For example:

	In place	In progress	Planned	No Plans	N/A	Details and Comments on response
I. How is participation in the Healthy Living Award being encouraged locally?						
II. Are public health and occupational health encouraging healthy weight management partnerships?						
III. How is access to public sector land being encouraged locally for walking and cycling?						
IV. How are local businesses being encouraged to support employees' participation in 'Active Nation'?						
V. Are interactive employee-use weight tracking tools in use in any local workplace?						
VI. Does your health board area have a strategic plan for obesity prevention in local workplaces? (please if possible include a copy with your response)						

Please give an example of good practice in obesity prevention obesity prevention in local workplaces from your health board area below:

Other activity updates

Question 7: What other local obesity prevention plans or activities are there in the health board area? If not, please state the barriers.

	In place	In progress	Planned	No Plans	N/A	Details and Comments on response

Has any existing obesity prevention activity mentioned in the local health board area in the response to SOAR 2007 progressed further or ceased? Please refer to the response from your board to be found on the weblink below, naming each changed activity in a separate row within the relevant one of the five sections from the 2007 questionnaire below, and giving the new status. Please add rows within each section as necessary.						
7.1 Prevention in schools?						
7.2 Prevention in nurseries?						
7.3 Prevention in the community?						
7.4 Prevention in public buildings and workplaces?						
7.5 Prevention in other workplaces?						
7.6 Has anything else happened on obesity prevention activity in the local health board area since mid 2007?						
8. Is there anything else you would like to tell us about?						

Monitoring and Evaluation

Question 8: Please describe how you:

a) evaluate the effect of local obesity interventions?	
b) monitor obesity?	

A copy of local SOAR 2007 report for your NHS board area is available for your perusal on the SOAR website (address below) http://www.scotphn.net/projects/previous_projects/scottish_obesity_action_resource_soar

Thank you for your help in answering these questions. Please save your response and return completed questionnaires to nhs.healthscotland-scotphn@nhs.net . If you have any questions, please contact Ann Conacher, ScotPHN Co-ordinator (0141 354 2979 / ann.conacher@nhs.net)

Appendix 4: Stakeholder pharmacy questionnaire

Pharmacy questionnaire

Aim

To find examples of best practice in obesity prevention from community pharmacies, for update of the Scottish Obesity Action Resource (SOAR)

Obesity interview schedule for pharmacies

Since the Scottish Obesity Action Resource 2007 (SOAR)[143] was published there have been new policy developments in the field of obesity prevention, notably in the Obesity Route Map 2010.[4] The questions for this update for the period from 2007 to date are designed to cover the main new policy areas and progress with existing activities.

As the main aim of the resource is to provide a way of sharing good practice and ways around barriers to implementation, it would be really valuable if you could list all the barriers encountered locally, and describe them and any efforts to counter them in full. It would also be particularly useful to receive examples of good practice from each area for each topic, so that other areas can see what they could do.

Please use an X to check the cell applying for each question.

A copy of local SOAR 2007 report for your health board area is available for your perusal on the ScotPHN website (address below)

http://www.scotphn.net/projects/previous_projects/scottish_obesity_action_resource_soar

The Obesity Route Map can be found on

http://www.scotland.gov.uk/Publications/2010/02/17140721/0

Thank you for agreeing to respond to this questionnaire. Completed questionnaires should be returned to Community Pharmacy Scotland (FAO: Christine McKinlay) by 30 March 2012.

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[3] http://www.scotphn.net/projects/previous_projects/scottish_obesity_action_resource_soar/

[4] http://www.scotland.gov.uk/Publications/2010/02/17140721/0

Please could you supply the following:

Pharmacy Name:_____

Contact Name:_____

NHS Board area:_____

Date of completion:_____

1. Community served? (please tick one)	Mainly rural	
	Mainly urban	
	About equally both	

2. What is the full time equivalent number of Pharmacists – employed at the Pharmacy?	

3. Who would refer patients to the Pharmacy for obesity management or reduction interventions? (Tick any)	GP	
	Self referral	
	Other (please specify)	

4. Is the pharmacy offering any obesity prevention/weight management interventions that can be seen as example(s) of good practice?	**Yes**	**No**
If 'Yes', please describe the intervention(s)		

5. Are there any barriers to the pharmacy in offering obesity prevention?	**Yes**	**No**
If 'Yes', please describe the barrier(s)		

6. Does the pharmacy have referral criteria for accepting patients for	**Yes**	**No**

obesity management or reduction?		
If 'Yes', what criteria are used? (Please tick any) If 'No', please go to Question 9	High BMI alone	
	High BMI and BMI-related co-morbidity	
	Other (please specify)	

7. What measurement is regarded a high BMI? (Please tick one)	>25	
	>30	
	>35	
	>40	
	Other	
	N/A – no level used	

8. Would the pharmacy raise the topic of obesity with a customer?	**Yes**	**No**
Comments on raising obesity with a client issues for pharmacies		

9. Would the pharmacy raise the topic of child obesity with a parent?	**Yes**	**No**
If 'Yes', in what circumstances and how?		

10. Is the customer given opportunities to ask for obesity prevention/reduction advice?	**Yes**	**No**
If 'Yes', how?		

11. WHAT INTERVENTIONS CAN THE PHARMACY OFFER FOR OBESITY REDUCTION?		
11a. ASSESSMENT (Please tick any)	Weight measurement	
	Calculation of BMI	
	Education about obesity levels	
	Measurement of waist	
	Education about waist circumference standards	
	Estimation of body fat	
	No intervention	
Please use this box to comment on ASSESSMENT issues in pharmacies:		
11b. EDUCATION (Please tick any)	Advice on low fat or healthy eating diets	
	Advice on energy reduced (low calorie) diets	
	Advice on physical activity for weight control	
	Assessment of co-morbidities associated with	

	obesity eg blood pressure, type 2 diabetes	
	No intervention	
Please use this box to comment on EDUCATION issues in pharmacies:		
11c. DRUG THERAPY (Please tick any)	Advice on or review of anti-obesity / weight loss drugs	
	Prescription of anti-obesity / weight loss drugs	
	No intervention	
Please use this box below to comment on DRUG THERAPY issues in pharmacies:		
11d. ONE TO ONE THERAPY (Please tick any)	1:1 weight management consultation with pharmacist	
	1:1 weight management consultation with other member of staff	
	Please specify other staff role involved if applicable	
Please use the box below to comment on 1:1 THERAPY issues in pharmacies:		
11e. Any other INTERVENTION not mentioned above?		
Please describe:		

12. How are these interventions	

resourced (What is the immediate source of the funds)?	

13. What training do the pharmacy staff have on obesity prevention for overweight or obese clients? (Please tick any)	Giving dietary advice	
	Giving physical activity advice	
	Supporting behavioural change for weight management	
Please comment on any training issues for pharmacies:		

14. Why does the pharmacy provide obesity prevention interventions? (Please tick any)	Altruism	
	Business reason – Please specify	
	Funding from other external source - Please specify	

15. What are the resource needs for obesity prevention or treatment interventions to be carried out through Pharmacies?

16. Are there any other ways the Pharmacy engages with local community	**Yes**	**No**

organisations about obesity prevention?		
If 'Yes', please describe:		

If you have any queries about the questionnaire, please call Ann Conacher, ScotPHN Co-ordinator on 0141 354 2979.

Many Thanks.

Appendix 5: Useful links and resources

These links and resources are provided for interest only and are not endorsed or recommended by the Scottish Public Health Network.

Aberdeen Centre for Energy Regulation and Obesity	http://www.abdn.ac.uk/acero/
Counterweight	http://www.counterweight.org/
Cycling Scotland	http://www.cyclingscotland.org/
Foresight tackling obesities: Future choices project	http://www.bis.gov.uk/assets/foresight/docs/obesity/07.pdf
Food and Drink Federation	http://www.fdf.org.uk/
Healthy Weight Communities	http://www.scotland.gov.uk/Topics/Health/health/healthyweight/healthyweight
HEAT target for Child Healthy Weight[115] Scottish Government (website)	http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets/
International Obesity Taskforce	http://www.iaso.org/iotf/
National Obesity Forum This independent body has produced guidelines for the management of adult obesity and a low-cost training CD ROM for health professionals.	http://www.nationalobesityforum.org.uk/
Scottish Government – health topics and health inequalities	http://www.scotland.gov.uk/Topics/Health/health/Inequalities
Scottish Public Health Network	http://www.scotphn.net/
Scottish Public Health Observatory	http://www.scotphn.net/
sportscotland	http://www.sportscotland.org.uk/
World Health Organisation (WHO) obesity website	http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/obesity
WHO Global database on Body Mass Index	http://apps.who.int/bmi/index.jsp

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ScotPHN report

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