Patient perspectives of the CHANGES weight management service.

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Executive summary

This study involved interviews which described the views of patients who had participated in CHANGES in the last three years.

Twenty one interviews were carried out in total.

Three main themes emerged from analysis of the resulting data:

1. Past struggles with obesity
2. Experiences of CHANGES
3. Experiences of linked services

CHANGES is considered to be a friendly, flexible and informative service by their patients.

Patients often have different psychological and physical needs and felt that these should be taken into account by CHANGES staff.

CHANGES is considered good value for money by its patients and this is supported by reductions in co-morbidities.

Cognitive Behavioural Therapy (CBT) is thought to be an extremely important part of CHANGES by those patients who feel they require CBT.

Contents

1. Introduction

Obesity is defined as abnormal or excessive fat accumulation that may impair health, and studies suggest that without intervention reversal of obesity is uncommon (Colquitt et al, 2009). Whilst adult obesity in Knowsley is slightly lower than the national average, levels have increased from 14.1% in 2001 to 20% in 2006. Furthermore, 18.2% of Knowsley's Year 6 pupils are obese which is higher than the national average (Knowsley Public Health Intelligence Team, 2008). The evidence that obese adolescents remain obese into adulthood (Gordon-Larsen et al, 2004), together with the predictions of rising obesity rates in England suggest that Knowsley's adult obesity rates are set to increase.

According to Picot et al (2009), for a standard Primary Care Trust (PCT) population of 250,000, there would be 5,250 cases of morbid obesity (Body Mass Index (BMI) ≥40). For NHS Knowsley, which is responsible for approximately 151,000 residents, based on the overall 2006 population value for England of 2.1% morbid obesity, this figure translates to 3,171 cases.

The National Institute for Health and Clinical Excellence (NICE, 2006) recommends that the components of a planned weight-management programme should be tailored to the individual's preferences, initial fitness, health status and lifestyle and should offer a care pathway which includes diet, physical activity, behavioural interventions, drug therapy and surgery.

Referrals to the NHS Knowsley CHANGES weight management service are made by health professionals such as the patient's GP, practice nurse, lifestyle services, Allied Health Professionals, community nurses or hospital consultants. CHANGES is considered a level three specialist weight management service. To enter the service patients must be over the age of 16 years and have a BMI greater than 30 kg/m^2 or 27 kg/m^2 with co-morbidities. Patients either receive one to one sessions with a dietician / dietetic assistant or they join group sessions. Patients can stay on the service for up to two years (depending on their complexity) and can also access cognitive behavioural therapy (CBT) sessions if deemed necessary. Linked in with CHANGES are several community run services including Measure Up, Activity for Life and Community Cooks which patient's can also access.

NHS Knowsley commissioned an independent study of CHANGES by Liverpool John Moores University, to evaluate the effectiveness of the service.

1.1. Aims

The main aim of the present study, which forms one part of the overall evaluation of CHANGES, was to explore the effectiveness and impact of CHANGES from a patient perspective.

2. Method

A qualitative approach to data collection and analysis was taken, the aim of which was to understand the views of a sample of patients who had been on the CHANGES programme within the past 3 years.

2.1. Data collection

Data collection took place between September 2011 and February 2012. Nineteen interviews were completed in total and were conducted either face to face or by telephone. A semi-structured interview schedule was designed (Table 1). The purpose was to elicit the perceived strengths and limitations of CHANGES. Suggestions for improvement were also invited. In addition patients who had dropped out of CHANGES were also interviewed (n=2) and asked to discuss the reasons behind leaving the CHANGES programme.

Table 1. Interview schedule

1. Can you tell me about your experience of CHANGES?
2. Can you tell me about the weight you lost at each stage of CHANGES?
3. Can you tell me about how long you were on CHANGES and what sped up or slowed down your progress at each stage of the pathway?
4. In what ways did CHANGES affect your health and health care?
5. Can you tell me about how you were involved in decisions about the treatment options you received whilst on CHANGES?
6. Can you tell me what do you think was good about CHANGES?
7. Can you tell me what do you think was NOT so good about CHANGES?
8. What do you think could be done to make CHANGES better for patients?
9. Can you tell me whether you think CHANGES represents good value for money

2.2. Data analysis

Data were analysed using a framework analysis approach to identify emergent patterns and themes (Ritchie and Spencer 1994). This five stage process involved familiarisation with the data; the generation of a thematic framework; indexing of all transcripts; charting data and mapping data extracts to the framework; followed by a process of interpretation.

Two researchers undertook the initial framework generation during which a selection of transcripts were scrutinised independently and an index of the key issues, concepts and themes was devised. These drew on *a priori* issues linked to the aims and objectives of the study and on issues expressed by the participants. Findings were compared and a final framework agreed; indexing, charting and mapping processes were then completed and an audit trail was completed by a third researcher to ensure that all relevant data featured in the framework and that the final map represented the data that were derived from each of the individual transcripts.

2.3. Ethical approval

The protocol was presented to Northwest 12 Lancaster Ethics Committee (NHS REC) who deemed the work a service review and advised that NHS REC approval was not required in this case. Subsequently, ethical approval for this research was granted by Liverpool John Moores University Research Ethics Committee.

Confidentiality/anonymity

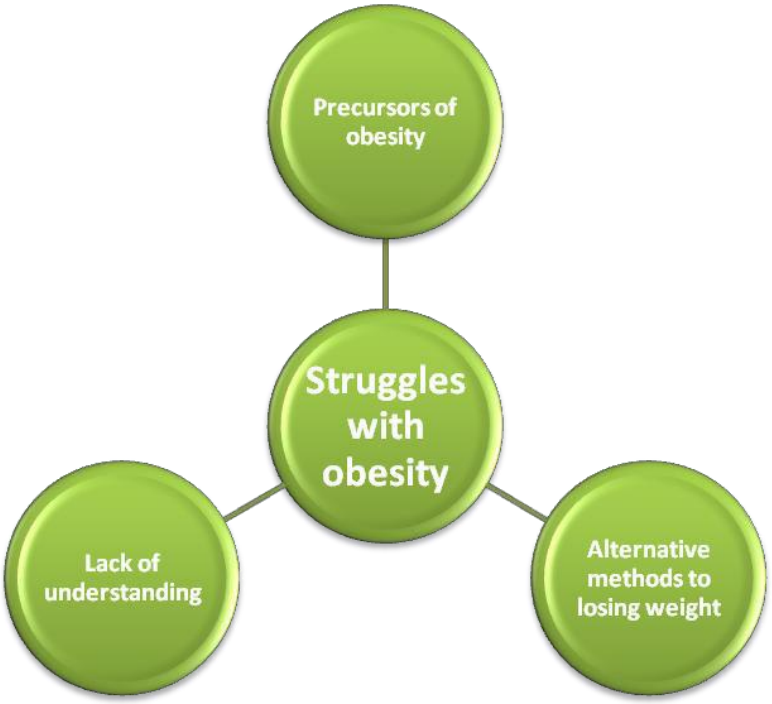
To preserve anonymity, a code was allocated to each participant and was used on all recordings and ensuing documentation. The list of master codes was known only to the research team. The master codes and corresponding names were kept in a locked filing cabinet and on a password protected university PC, accessible only by the research team. Interview recordings were available and listened to only by the researchers and when not in use stored in a password protected PC and destroyed after transcription. All interview transcripts were securely stored in locked filing cabinets and in University password protected computers. According to Liverpool John Moores University guidelines, research data will be stored for ten years and personal data will be destroyed on completion of the study.

3. Results

Analyses of the data elicited three main themes each with a number of subthemes:

1. Past struggles with obesity
2. Experiences of CHANGES
3. Experiences of linked services

3.1 Theme 1: Past struggles with obesity



Precursors of obesity

Many of those interviewed had experienced problems with their weight for most of their lives and often were aware of reasons behind why their weight had increased. Patients discussed the ways in which they were brought up, bearing children, illness and restrictions in movement, e.g. back problems which had all contributed to their increases in weight.

Yeah I've always been a bit overweight yeah I would say that. Not all my life, sort of like after having my children. (R1).

When I was a child my parents were always in the frame of mind everything had to be eaten off the plate 'cause they were post war babies you know how it was, when there was starvation, so that was passed on to us. (R2).

I would say I was a large child. As a child I wasn't overweight, I'd have been at the top end but I was always the tallest in the class, taller than the boys by the time I left junior school. And then I think through high school, I was never really fat. I did PE and I enjoyed my sports, I was just big, big more than anything. (R5).

I think it was then I started putting on weight, I was about 30. I was optimum weight but I was very active then, climbing and doing the TA. I was very active then. Gradually once I got married and had children the activities calmed down a bit. (R7).

*At 42 [years of age] I had a heart attack and I was playing football the night before so I used to be like that *gesture to indicate they were thin+. After that I had another two heart attacks…I used to exercise…I just couldn't do it anymore. (R3).*

[Started putting weight on in] early 30s when I finished playing rugby. (R8).

Since I've had the heart attack I've put four stone on. I was always fit so it's just piled on and piled on. (R18).

Alternative methods to losing weight

Prior to starting CHANGES almost all patients had tried alternative ways to lose weight. This included commercial weight loss groups such as Weight Watchers and Slimming World and weight loss drugs such as Orlistat. In many instances participants had lost weight whilst on these programmes but most had been unable to maintain the weight loss.

Once I went to Weight Watchers. (R3).

I did Silhouette about 1976. I've done Weight Watchers, I've done Slimming World, gone back to Weight Watchers, gone back to Slimming World, tried them all really… The first one I did Silhouette, I went down to eight and a half stone, that was thirty years ago. The second time I did Weight Watchers again I went down to eight and a half stone and then about the third time I did Weight Watchers or Slimming world, I can't remember which one it was, after twelve months I was exactly the same weight as when I started. So I know it is down to me. (R4).

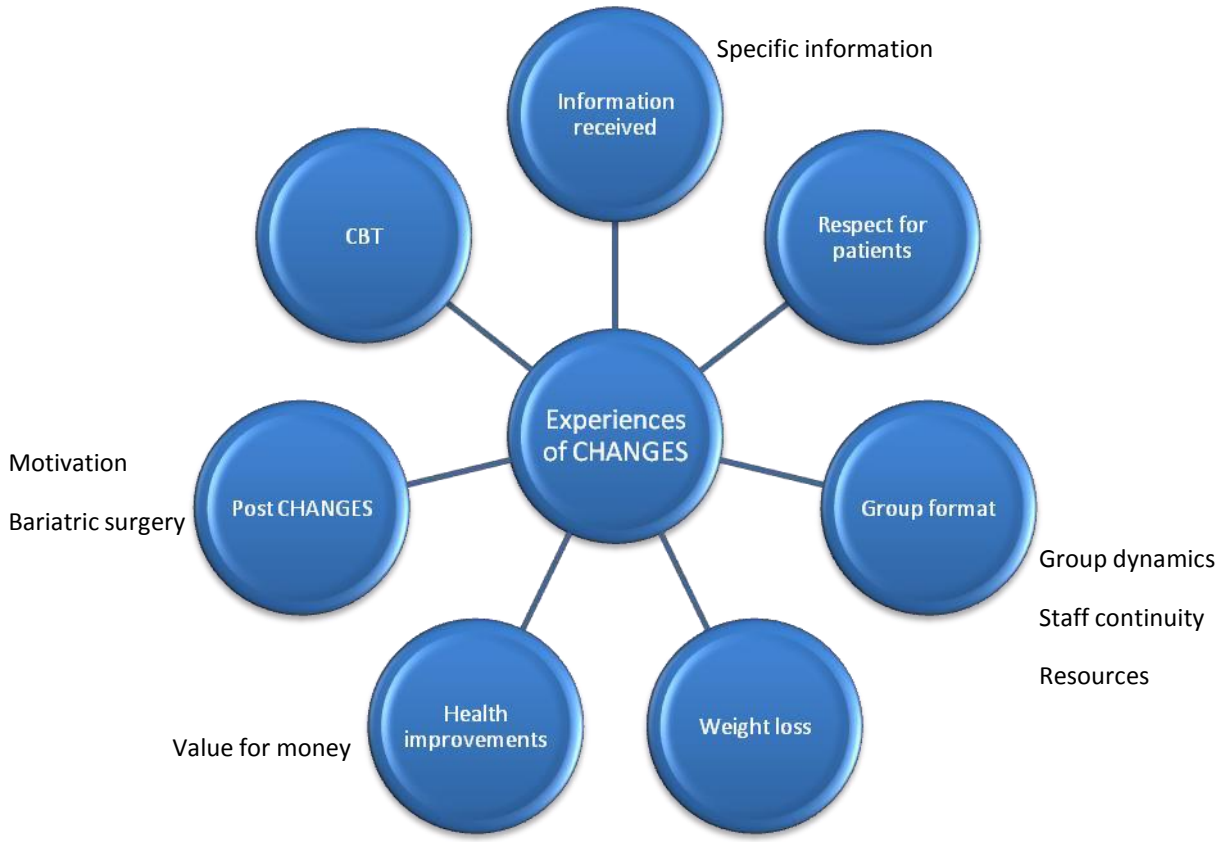
I had a go on tablets, the Orlistat, I was working at the time then as well. It was quite good but since then other things have happened. They didn't agree with me 'cause of the side effects. (R8).

Lack of understanding

Many patients felt that due to a lack of understanding, people prejudged them and criticised them about being overweight. CHANGES offered them support that they had previously been unable to access with staff who were understanding, encouraging and helpful.

Yeah, you look at the telly, the people who are overweight now and its costing the NHS, and if you smoke you get patches, if you take drugs they give you morphine but if you're over weight it's [CHANGES] just something to help. People say it's what you take in, well some people they don't understand it….people criticise, go oh he's fat, they don't understand the person, they don't know why he's like that or why she's like that. (R3).

3.2 Theme 2: Experiences of CHANGES.



Information received

Patients were on the whole complimentary regarding the information they received from dieticians during group / one to one sessions. During interviews patients discussed how they had learnt about different food groups, portion sizes and nutritional values. Many patients had not received advice on nutrition prior to completing CHANGES however for patients who had some knowledge on nutrition

or were quick to learn they found the group sessions frustrating as they were often waiting for other group members to catch up.[1]

I'm not saying it's perfect but you'd go a long way to improve it you know? (R3).

I enjoyed doing the weight and the classes that you did you know learning about the different foods and what's in them…it was very much like Weight Watchers but it was better because they told you more about the food, what was in each different type of food. (R6).

The classes that they gave you when we first started, telling you about all the nutrients and everything, the carbohydrates, proteins, things like that. How much you could have, what was in what food. A lot of things like that, which people of my age ... when we were at school we never got taught that and it never came into it as we got older. (R5).

Yeah it was a way of planning your meals and you know your plate size and things you know. I found doing that I was losing weight and only buying what you needed. You know plan your meals and only buy what you need. (R3).

This provided knowledge and education in an interesting way. The talks that they did, like at Weight Watchers or Silhouette you basically get the woman that's lost four stone or whatever stand up and telling you how wonderful it is and how it worked for her, whereas these girls weren't really about…they didn't call it dieting and they weren't interested in calorie counting it was all about healthy eating. It's basically the calories you take in, calories burnt (R5).

The weight management course highlighted the amount of sugars in food, what types of food to eat which was very good. (R7).

I used to find it a bit frustrating because you could be in a room of between 8 and 10 people sometimes and sometimes people just didn't get it so it would be quite frustrating. (R12).

Patients praised the staff running the CHANGES sessions, saying they would always answer questions and if they didn't know the answer or needed to discuss the issue with a more senior member of staff they would find out for the next session. Patients also felt comfortable contacting CHANGES between sessions and found the staff friendly and helpful. Furthermore, patients agreed that

[1] Recently however, CHANGES has started to provide patients with information on portion sizes at their first assessment so all patients will have a level of knowledge prior to beginning the group sessions. Furthermore extra support is available for those patients who struggle to understand advice.

CHANGES had changed the way they thought about food and techniques such as keeping a food diary helped them to plan their meals around often busy schedules. One patient reported that they were not a very good speller yet they still felt comfortable keeping a food diary and showing it to CHANGES staff which indicated a good staff patient relationship.

You could ask questions and if she couldn't answer them there and then she would find out for you and bring the answer the next week. I found it really, really helpful. (R14).

If you didn't understand them you could just ask them questions and then they'd answer you in a simpler way but the same, yeah so it was brilliant. (R17).

That was another good thing keeping the diary of what you ate each day and when, 'cause sometimes I'd be going out to work at four o' clock, I wasn't coming in till 10 o' clock well if I'd not had tea, I'd go and have a tea when I come in. You know that was wrong and she told me how to /cope with that. So that part was fantastic. (R5).

The best bit on it was the fact you could phone them up, that was the good thing and even when you asked them a question they didn't, you didn't feel as though it was a stupid question or the fact that they hadn't got time for you, they had and that was good. It did help loads of people and I think that is good. (R11).

No it was the food diary that was, when you done it, you read it that week you know, if you don't put something down you're only cheating yourself aren't you? But when you were there, I'm not a very good speller and I'd write all this, it didn't matter. (R3).

They didn't give us diet sheets on [CHANGES] but it was always recipes. If you wanted to tell them everything you'd eaten all week they'd go through it with you then you can see where you've gone wrong but they were definitely very supportive weren't they? (R5).

Specific Information

Many patients who are referred to CHANGES have a number of co-morbidities associated with obesity such as type II diabetes, hypertension and raised lipids which need to be taken into consideration when tailoring a diet to their needs. Patients discussed how CHANGES took this into

consideration and tailored their diet plans accordingly. However, some patients felt that the group format did not meet their needs as the information provided was generic rather than specific. [2]

Helped more about the diabetic side of it than anything because I was thinking what I was eating was alright and some of it weren't good for me because of the sugars and the other things they put in when they take the sugar out. It was like I couldn't eat sugar free but I could eat low fat. (R1).

Yeah it was a healthy eating course anyway and I brought along what we call the blue book which has got everything, all the dietary information for diabetics and it was very, very close to what they were saying anyway. (R15).

I've got medical problems but I found if you discussed it with them they were very good. I thought all our group you know if they had, I mean everybody had something wrong with them I think medically and the dietician discussed it. (R16).

Yeah I think so I think then I could have related a lot better to it if I of had half an hour with her [dietician] and she... all I ever wanted and I never actually got was someone to sit down and say to me these are the things you can eat, these are the things you don't eat and this is a portion size. And do you know till this day I still haven't got that you know. (R11). [3]

Respect for patients

CHANGES advertises itself as a non judgemental service that does not criticise their patients. The interviews with patients supported this as patients did not feel they were being judged by the dieticians. Furthermore, patients praised the way CHANGES staff handled the 'weigh in' commenting that it was done privately and away from other group members. According to patients, CHANGES does not have target weights for their patients unlike commercial weight loss services. Patients felt this took pressure off them and meant they didn't experience feelings of guilt if they did not reach their target each week. However, some patients did feel that CHANGES was not strict enough with patients, who were eating the wrong foods and subsequently putting weight on.

[2] Over 20% clients go onto the one to one pathway, in addition all clients in groups have a chance to also see dietitians one to one in clinic during the group programme. Patients with diabetes will also see a community dietician for up to six appointments to deal with diabetes specifically.

[3] Patients are now provided with a portion size booklet at assessment. Furthermore, there is a specific group sessions on portions and food and portions are discussed throughout the group programme. However many patients do not attend all sessions. In addition, CHANGE have dietetic assistants who can provide support to people with portions, menu planning and shopping on a one to one basis in the patients home.

I find if I go there I get treated with respect…I think they're marvelous. (R7).

When you got weighed it was like a one to one, though the class was there you went over on your own and she'd say what have you done today…what have you done this week. And you could say well I've done this or I've done that or I've changed my diet. (R6).

They never judged you, they don't give you targets which, that bugged me you know like Weight Watchers, they give you targets and they never did that to you, you didn't feel guilty when you went on the scales, you had good weeks bad weeks. (R2).

If I had a criticism I would say in the group activity they sometimes weren't strict enough. I think if somebody would have said to me well you should have done it, you know what I mean. 'Cause I noticed a few times one of the ladies in our group all she did was eat chocolate and she [Group leader] never once told her that she shouldn't [eat chocolate]. (R10).

Certainly, they didn't pressure you, what was there was what I put up myself you know, I've got to lose weight, that's the way it felt, I've got to do it. (R3).

When you got weighed, there was about three weeks where you were sort of, you got weighed and then were taken to the other side of the room and you discussed it one on one with [name of dieticians] and nobody else could hear what you were saying. (R5).

Patients also felt that CHANGES was flexible, for example if a patient could not attend sessions due to other commitments or ill health CHANGES would allow them to attend different groups or extend the sessions so they could catch up. This flexibility allowed patients to complete the course rather than just leaving with incomplete knowledge. Furthermore, one patient commented that she was registered blind and CHANGES went out of their way to assist her in any way they could.

I went into the group sessions but unfortunately I couldn't do one week after another because I lost my aunt and my husbands' uncle he died so it was just, it was at the wrong time shall we say. But they were very good, 'cause if you miss a couple of sessions you're off the programme but because of what it was they were really good and the ones that I'd had to miss, they rang me and told me 'cause it's in a sequence isn't it so the ones id missed they rang me and said we're doing that next week, come in, so I did. So it took longer than the usual 12 weeks but that was because of my circumstances. (R10).

I'm also registered blind you see as well so one of the things on the course was at least although they had the normal formula for documentation, they went out of their way to produce documents that I could use. (R15).

Group format

All patients interviewed had attended group sessions rather than one-to-one and viewed the sessions as a very positive experience.

You've got peers with you, people like yourself. And it's not a competition, you feel good 'cause you're in with the same people as yourself, who've got the same problems. (R8).

Group dynamics

On the whole patients were complimentary about the group format and found it useful being with other people in similar situations. Patients also described how group members started at different times so those in the groups longer would help and support newer members of the group. Patients felt that being in groups added an element of competition to weight loss and helped to keep them motivated.

They didn't start all [of] the group together on the same day, I mean I came in and there were girls [who had] been on it eight weeks or six weeks or four weeks or they were finishing that week. That was good because they also helped you along like - You might feel like this now but just wait until such and such a week, its great. (R6).

It was good because you got feedback off somebody else who struggling with their weight as well, different sizes of people wanting to change. And in a way it was good because everybody would say yeah I'll try that you know. (R2).

It was good you know when you'd go in groups, you're fighting them you know trying to beat them. (R3).

However patients often expressed irritation towards group members who were not motivated to lose weight and did not seem to want to be in the sessions. Patients explained that non motivated members often brought negativity to the group and could be disruptive. Furthermore, they felt that CHANGES should take a more active role in speaking to those patients who were disruptive, although it was recognised that they were often only negative comments when the dietician was not present. One interviewee suggested the idea of a feedback box to allow patients to post comments on how the sessions had gone and potentially highlight to CHANGES any negativity within the group.

*That annoyed me with some of the men *who would say+ "What the hell am here for?" and you'd say to them Look at the size of you, look what's wrong with you, wouldn't you like to get that cleared up. (R6).*

That [making staff aware through feedback box] would be very helpful 'cause then when they gave the talk maybe the following week they could then bring in something, or a week or so later then that they could bring this up. (R6).

There was one woman there that was very negative, she was having a chunky Kit-Kat every night no matter what anybody said to her… But we didn't let her negativity spread, you know to the rest of the group. Once she sort of started having a moan, somebody would say oh give over, behave. (R5).

There was one man, I don't know his name, he contradicted everything the dietician said. (R16).

Patients who attend CHANGES are mostly female (70-75%). The idea of 'male only' groups was mentioned in a previous report which captured the views of CHANGES' stakeholders (Brizell, Stuart, McVeigh and Irvine, 2011). The premise being that males may not always feel comfortable being in a mostly female environment and that males were not always interested in in-depth nutritional information but rather what they could fit into their current lifestyle. This notion was suggested to patients and the feedback was mixed. Some patients felt that males could be intimidated being in predominately female groups but most felt it was not an issue. Of the males asked, the majority did not consider mixed sex groups an issue.

Yeah there was one man on the course and nine women. (R5).

Maybe they felt intimidated with the women there because maybe their wives have been getting on at them or something. So maybe it would be best a male and female group. (R6)

I'm quite happy with the mix. (R7).

I don't mind mixed sex groups. (R13).

I think it's fine having the mixed groups because you're not talking about anything personal, you're only talking about food so I don't think there's any need for separate groups. (R14).

Staff continuity

In group sessions patients reported seeing different dieticians or dietetic assistants from week to week. The majority of patients thought this was a good way of running the sessions as different dieticians brought with them different advice, techniques and ways of looking at things. However a few patients did comment that they would prefer to see the same dietician each week.

It was someone different and that was good that 'cause you got different people opinions. To me that was really good, 'cause not everybody has the same opinion about things or the same delivery. So it always kept it fresh. (R6).

Continuity helps but I don't think with it being a course like that it'd matter to me if we had different people. Gives you different perspectives, different people. Or someone might specialise more in one thing than another person. Different people can be a good thing sometimes. Not always bad, wouldn't bother me different people. (R13).

Would have preferred the same one (dietician throughout the course). (R16).

Resources

Most patients felt that the group sessions were well planned and the venue was ideal. However, some patients had issues with the rooms provided for the sessions. On occasions patients said they felt there was too many in their group for the space allocated. Furthermore, patients commented that they had their sessions moved from one location to another which was an inconvenience for them. However overall most group sessions remain at the same venue, and the average number attending at any one time is approximately seven clients, even though there is capacity for up to 15 per session in the vast majority of venues.

It was the planning of the room really, it was a big group... it was over crowded. It wasn't their fault, someone had over booked the room…that was the only trouble we had. (R2).

Weight loss

All patients interviewed had lost some weight whilst on the CHANGES programme and many were very happy with the weight lost, in some cases citing three or four stone. However other patients were disappointed with how much weight they lost suggesting that some patients did not have realistic expectation set out for them prior to starting the CHANGES programme.[4]

I lost quite a bit of weight, about three or four stone I think. (R6).

[4] Patients are now given targets at first assessment – usually set at between 5% and 10%

Not as much as I'd wanted to but enough, a little, it was better than before… it was less than a stone I think I lost, not much but in them weeks it was about less than a stone I lost. (R2).

I was over nineteen stone when I started, I don't know what I was when I finished. It was eighteen [stone] something. (R1).

I think it was getting on for 18 when I finished, I lost around a stone. (R7).

Health and wellbeing improvements

Obesity is linked to a number of co-morbidities such as type II diabetes, hypertension and raised lipids. Many patients had noticed that since being on the CHANGES programme they felt healthier and were able to do more exercise without getting out of breath. Furthermore, some patients experienced marked differences in their health, for example lower blood pressure and reduced medication for diabetes. However this was not found in all patients.

I could feel the energy coming back…What I'd started to do with going to CHANGES I used to take myself off to [name of park] and I would walk you know where the road takes you from the car park all the way round and then come onto the grass verge. I was doing virtually the full circle of the park. I started that with just sticking to the road, that was great and then I thought I could do more. And then I sort of took it wider and come across the field. Then I took it wider and went the full thing so the amount of walking distance was getting bigger and bigger and bigger and that was helping with my weight and me health. (R6).

My blood pressure was high at one point and then with losing weight and everything, my blood pressure came down to normal so where I was on tablets I come off them. (R6).

The sugars stared to drop a little bit, they did 'cause I was looking back at my sugars… up to now touch wood, keep my fingers crossed I've had to not take my medication since July. (R2).

I've not reduced any in tablet form [for diabetes]. (R3).

I've got high cholesterol so I wanted to follow a low fat diet but I didn't achieve that so I ended up on the medication. (R4).

I was on a thing for cholesterol but I'm not now. (R10).

Value for money

Patients on the whole felt that CHANGES represented good value for money. Patients acknowledged that by losing weight they would save the NHS money in the long run by reduction of co-morbidities. Furthermore, patients often felt more able to work and were aware that if they had not lost the weight they potentially would have had to leave their employment. Some patients did feel it would be beneficial for the CHANGES programme to be longer in length thus allowing patients more time with the dietician and potentially losing more weight. However, it should be recognised that this would be an added cost to CHANGES and patients can still receive support from dieticians and dietetic assistants for up to two years. Patients also felt that CHANGES represented good value for money in that it is a free service to access and joining a commercial weight loss programme would cost them money.

Twelve weeks [error by patient – the course is ten weeks] is a bit short to lose weight and you can go back to your old habits too quickly. (R8).

If you're thinking about people going into hospital due to diabetes and things like that, heart, stroke, one thing or another. If I could carry on longer [on CHANGES], yes that would be fantastic and it would save the NHS a hell of a lot of money in the long run. (R6).

If I carried on the way I was doing I think it would have done, end up with a hip replacement, time off sick and then they would have got rid of you. (R2).

Yeah, I don't know how much these Weight Watchers are now but to pay that sort of money, I mean it's a few bob and they have all these books, you seem to buy into it. (R3).

So therefore in theory less people are going to have health problems whether it's the heart attacks or the high blood pressure, diabetes so they're going to take up less NHS time. (R4).

Post CHANGES

Once the weekly group/one to one sessions have finished, patients can still receive support from CHANGES and attend the weekly sessions for the weigh in. Several patients interviewed reported doing this and found it an excellent way to keep their motivation going. However, some patients did not realise this option was available to them.[5] In these instances patients found it difficult to keep up the motivation to lose weight. Some patients also mentioned that they would have

[5] However this option is available to everyone so this could be due to patients not being able to attend the sessions

preferred having two shorter sessions each week rather than one 1 hour class as they found they needed more frequent support. Other patients felt abandoned once the CHANGES programme had ended and often felt like their motivation was slipping. However, if CHANGES were to extend the programme this would be at an extra cost (see value for money) but patients should be made aware that they can still receive support from CHANGES and could possibly also be referred into community services. Furthermore many patients were aware that they had to take responsibility for their own weight loss and understood that CHANGES could only offer so much and the rest was up to them.

Now what I was a little disappointed in was that the weight, afterwards when you finished that they didn't have enough people coming to get weighed. That was, I was keeping an eye on it, I even bought myself a set of scales but I've not been on them for about three months, that shows you how much I even weigh myself. But that, because it was there I had to go, I had to be weighed. It was great, it was bringing the weight down and that was smashing. (R6).

I found going once a week for an hour, it didn't sort of help you…I could say not long enough; maybe say twice a week because you forget a lot you know when you've got a week, from one session then you've got a week to the next for another hour, like you say retaining that momentum. (R13).

It was good, but when I stopped going I sort of like fell off, you know. (R3).

I mean I do think at the end of the day it's down to yourself no matter where you go or what support you get, at the end of the day it is down to yourself. (R4).

Bariatric Surgery

Referrals for bariatric surgery in Knowsley are made via CHANGES; bariatric surgery providers do not accept referrals directly from GPs or other health care providers (Brizell, Stuart, McVeigh and Irvine, 2011). Therefore all patients who are referred for bariatric surgery in Knowsley will have to go through the CHANGES programme. Some patients interviewed felt that members of their group were only attending CHANGES so they could get surgery and they weren't really interested in learning anything from the dieticians or dietetic assistants.

That was the pathway you had to follow, you had to go on that weight programme. It took two years before I could get on for the operation altogether and I went through the weight lifestyle programme first. (R2).

When they found out they could get [bariatric surgery] that then they thought "Oh right I'll keep coming then I'll get it then," but why keep going? If you can lose the weight yourself before the end of the course, surely to God that's a bigger incentive then going getting an operation. I mean she did turn round and say to me we can give you a gastric band and I said no thanks.[6] (R6).

Only a small proportion of patients interviewed had undergone bariatric surgery. In these instances patients reported a high level of success with weight loss and reported feeling much happier with themselves. There were some issues however surrounding the support received post surgery and how well prepared patients were for the side effects of bariatric surgery, which is an issue for the surgery provider

I wasn't prepared for the excess skin[7] no, they didn't even hit on that you know. As I say the care in there was fantastic, the aftercare is a lot to be desired. Compared to another friend of mine had it done in [Hospital], she got booklets telling her everything, I got nothing. This doctor goes through each and everything with her, the dietician's with her every time. I went a couple of months ago and I said look my hair is thin, it's falling out and I'm stressing and he [doctor] said well you won't be Kojak. (R11).

Cognitive Behavioural Therapy

Around half of those interviewed had been referred for cognitive behavioural therapy and found it extremely useful in helping them uncover reasons behind their overeating and weight gain. Patients were also very aware of whether they felt that they needed cognitive behavioural therapy or not, for example whilst some patients felt that there were underlying reasons behind their weight gain others felt it was just them eating the wrong foods at the wrong times.

I felt the benefit of it [CBT] the first time 'cause I felt a bit of a lift, 'cause I suffer with depression and a lot of that is to do with my weight. So I tried diets, I tried this, but she sort of listened to me about certain things…I feel the only bit of comfort I've got is food now. I don't drink, I don't smoke, I don't do nothing else, I don't go here, I don't do that, I feel like I get up in the morning thinking what I'm going to have for my breakfast, thinking what I'm gonna [going to] have for my dinner, thinking what time my tea will be done. Everything's focused about food. (R9).

I've gone a bit more depressed, I've had counselling now, and they've put me through to CBT so I start that Monday actually. (R8).

[6] Potentially a misunderstanding by the patient. CHANGES explain at the start the need to engage and maintain changes prior to referral for bariatric surgery

[7] Excess skin should be discussed prior to referral for bariatric surgery

No I would have declined that because in my own mind I know why I'm overweight. But I could see people on that course could not understand why they never lose weight…so I think its them people that need the counselling. (R7).

Because I was quite sensible and knew what the problems were and everything and I knew what I had to do so I would have really been wasting her time [CBT therapist]. (R10).

3.3 Theme 3: Experiences of linked services

Activity for Life

Activity for Life is a twelve week activity programme which patients can access free of charge. Patients can join group based activities, use fitness suites, go swimming and join aqua-aerobics. Whilst Activity for Life is not run by the CHANGES team, the two programmes are linked with patients referred into both programmes at the same time. Therefore it is important that patients report good experiences of linked programmes as well as CHANGES.

On the whole patients who attended Activity for Life reported positive experiences and found learning about exercise complemented the advice they received on nutrition.

*Activity for Life, now that's very good. I started this Monday, it's at *leisure centre+, I'm very pleased with that. (R7).*

Some patients felt Activity for Life was not suited to them due to health issues, levels of mobility and age. Therefore often patients felt disheartened to find that they couldn't take part in many of the activities available. However other patients felt that Activity for Life was very accommodating with patients for whom mobility was an issue.[8]

I was then put on to the activity one in [name of leisure centre], there wasn't much I could do. The only thing I could go on in the gym part was the treadmill. Now I couldn't do that for very long because of my back and my legs sort of thing. I couldn't go on the bike 'cause I couldn't get my knee to go over it, in the end the instructor said to me there's only the treadmill you can go on. (R6).

I mean I'm 75 now, I was about 72 when I did that and you know the exercise on the machines and that I did find a bit tiring. (R16).

There's some people that, they're on walking sticks and they're trying to get their legs moving, they can do too much and there's someone there to look after you. I think that's marvellous. (R7).

Furthermore some patients found that they could not fit Activity for Life sessions around their own schedules, in some instances having to miss out on attending at all.

The aqua aerobics, the time they put that on 'cause that another thing I enjoyed doing… I was working that day and couldn't get a changeover.[9] But I mean I would have enjoyed doing that as well you know. (R6).

Initially I was a bit disappointed because when I started most of the activities were during the day and during the morning when I'm at work so what I did was I saved my holidays up and I would have Friday off every week because you have to do so many activities to stay on the course. (R12).

[8] For example by encouraging low impact exercise
[9] Activity for Life now offer more availability at weekends and evenings

Community Cooks

Community Cooks run a four week course which shows patients how to prepare easy and healthy recipes. The majority of patients interviewed had not heard about Community Cooks and this was not something that they felt they needed. [10]

I don't cook anyway, my husband does. I used to do all the cooking but as I say the last few years with the pressures of the job and everything else I just didn't get the time. (R10).

I'm, not a brilliant cook but I can do basic things…I'm cooking healthy for myself. (R16).

The patients who had been on the Community Cooks course or knew someone who had found the course useful and practical.

She found it helpful not that she sticks to it 'cause she loves crisps as well but at least she's got some basic knowledge now of how to cook healthy chicken and things. They did a lovely soup one day 'cause she used to bring things in, I used to taste them, some of the things were lovely. (R12).

3.4 Drop outs

CHANGES experience a relatively high number of drop outs during the length of the programme, although 79% of engaged patients do complete the first three months of CHANGES (Figures provided by NHS Knowsley). Patients who had completed the programme were asked their views on why others may drop out of CHANGES. Many did not know why CHANGES experienced drop outs but some suggestions were made. These included work commitments, not meeting expectations and patients not wanting to be told what to do.

I did find [that] throughout the 10 weeks there were a number of people who started and dropped out week by week you know and I don't why that happened maybe they were going somewhere else. If you put that on a par with say the likes of what I've heard of Slimming World programmes I'd prefer to do it the way it was done. I know one girl dropped out because of work commitments. She was working nights at the [name of organisation] and she found it hard to juggle the Mondays so she dropped out for that. But I don't know why, I think a third of them dropped out throughout the course. (R15)

Because some people don't like to be told or advised what to eat or how to eat if you know what I mean and I think they expect too much too soon. I think that might be it. (R14)

[10] In addition, CHANGES have dietetic assistants who can provide support to people with portions, menu planning and shopping on a one to one basis in the patients home

I think it's the individual people. I was disappointed a couple of times, you only lost half a pound and you thought you'd been so good, things like that. You get a bit down but you've just got to carry on and I think people got too depressed about it (R16)

In addition two patients who had dropped out of CHANGES were interviewed. One patient had missed sessions due to ill health and had then dropped out. However this patient, once they are over their sickness, does want to be referred back into CHANGES if possible. The second patient had enjoyed the parts of the programme they attended and still made use of the information but the location was not easily accessible for them.

Well I think when I told them that I was sick and everything but they didn't think I was dropping out 'cause I never really said I'm not coming back or whatever so I don't know whether if I phone up again they will allow me to [come back]. (R18)

It wasn't a case of the programme, it was accessibility to where it was, that's the only reason it was 6 miles away from where I live…I actually went and spoke to the dietician and she gave me a list and everything and I actually done it by myself with what she'd told me to do. (R19)

4. Discussion

Interviews with patients indicated that on the whole they considered CHANGES to be an informative, flexible and non-judgmental service with approachable and friendly staff. In particular patients were complimentary about the respect they were shown by dieticians and dietetic assistants during group sessions, e.g. private weigh in. Some patients felt that CHANGES did not address their specific needs; however this was not the consensus. Furthermore some of those interviewed felt unhappy about the amount of weight they had lost during the CHANGES programme. This may suggest that patients did not have clear realistic goals set out for them in the early stages of the programme and this should be considered both by those delivering the service and those referring into it.

All of the patients interviewed attended group sessions rather than one to one. Group sessions are the crux of CHANGES and involve working with patients in order to improve their eating habits and make lifestyle changes. On the whole patients enjoyed the group sessions and many commented that the additional support of other group members helped to keep them motivated. However, some patients did experience disruptive members, which altered the group dynamic. Although group sessions will inevitably include mixed personalities and differences of opinions, those who are disruptive should not impact on those patients who are engaging with the CHANGES programme. CHANGES staff would aim to tackle disruptive members in the most appropriate way, if this was not

resolved the individual would be offered one-to-one sessions instead. It was unclear in interviews however if effective action was taken by NHS Knowsley to address this issue.

In addition to CHANGES, some patients attended linked services such as Activity for Life or Community Cooks and received information on physical activity and cooking. Patients were generally positive about these services. However, there were instances when patients could not attend sessions due to personal / work commitments. In these instances patients would have welcomed more flexible session times. Patients who had attended CBT felt that this had been very useful for them and had helped reduce issues such as depression. Those patients who had not received CBT simply felt it was not something that was needed for them.

Of those patients who had bariatric surgery, all felt that they had not received adequate support post surgery. Patients should receive support from their bariatric surgery provider for two years post surgery, yet patients felt "abandoned" after surgery. As previously discussed in the stakeholder report (Brizell, Stuart, McVeigh and Irvine, 2011), whilst it is not in CHANGES remit to take referrals from bariatric surgery patients, the lack of support both emotional and practical, means that patients are thought to be suffering and this should be considered by commissioners of the weight management service as a whole.

In terms of value for money, patients felt that reducing patients' weight would have a positive financial impact on the NHS in the long term through the lessening of co-morbidities. Some patients felt that CHANGES would have more of an impact if it was delivered over a longer period however this would have cost implication for the weight management service. Patients should be made aware of other community services that they could join which may help patients in the transitional period of leaving the CHANGES programme. Patients are also encouraged to attend the weekly drop-ins for at least one year and CHANGES is encouraging the use of patient champions and peer support to facilitate long term support.

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