Background

The Royal College of General Practitioners (RCGP) is the professional membership body for GPs in the UK. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice.

We support GPs through all stages of their career, from medical students considering general practice, through training, qualified years and into retirement. In addition, we set the standards for competency through our examination process.

RCGPNI represents more than 1,500 GPs, more than 75% of GPs in Northern Ireland.

Consultation response

We understand that there are two separate consultations out for comments; on the Strategic Framework to prevent the harm caused by obesity and the proposed Regional Obesity Management Service (ROMS) for Northern Ireland. We did not feel it was necessary for us to respond separately and therefore, this response will cover both consultations.

We will make reference first to the new Strategic Framework for Obesity: Healthy Futures. We welcome the draft vision statement for this new strategy which states the aim is to: '*to create the conditions in Northern Ireland which enable and support people to improve their diet and participate in more physical activity and reduce the risk of related harm for those living with overweight and obesity'*. We also welcome the proposed themes of; healthy policies, health places and settings, healthy people and making it happen collaboration. We agree that the issue of obesity is complex and multifaceted and resultantly, a whole system approach is necessary.

RCGPNI supports the vision of the Healthy Futures framework to create the conditions in Northern Ireland which enable and support people to improve their diet and participate in more physical activity and reduce the risk of related harm for those living with obesity.

We welcome and endorse the need for a whole-system, outcomes-based approach to preventing harms related to obesity. This includes the need for alignment with broader policy areas influencing the social determinants of health including socio-economic, cultural and environmental factors. Any population health approach to tackling obesity must recognise the interactions between the environment and the individual, and the need for cross-departmental policy interventions to reduce inequalities in relation to these social factors.

The College agrees with health outcomes of the Healthy Futures framework, including reducing the percentage of people in Northern Ireland living with obesity, improving the population's diet and nutrition, increasing the percentage of population participating in regular physical activity, and reducing the prevalence of overweight and obesity-related non-communicable diseases.

Given the impact of the cost-of-living crisis and rising levels of food poverty, it is important that any legislative interventions around the obesogenic environment (e.g. restriction of multi-buy

price promotions) do not adversely impact upon the poorest in society, inadvertently worsening health inequalities.

We note that general practice is only mentioned once throughout this consultation, under the theme of healthy places and settings. As you will be aware, general practitioners play an important role in supporting people to keep well and provide 95% of the care a patient will need throughout their lifetime. General practice in Northern Ireland is in crisis as practices battle to keep their doors open in the context of rising demand and rising costs. It is vital that there is cognisance of these pressures, and any expectations of primary care are properly planned, resourced and agreed.

While support is needed in primary care to manage and care for patients living with obesity, it is also vital the Regional Obesity Management Service is properly planned for and resourced at a secondary care level to ensure that it does not become yet another service which is out of reach for most patients in Northern Ireland due to lengthy waiting times from point of referral.

We note with concern the assertion that “these multidisciplinary teams already exist in primary care but have not yet been set up or trained to treat and manage obesity effectively." This is not an accurate statement, and we would urge that this is clarified. In actuality, only one out of the seventeen GP Federation areas has a full complement of the multidisciplinary team model and the vast majority of practices do not have full access. Only approximately 170,000 patients across Northern Ireland have access to a full multidisciplinary team. Until this model is fully rolled out, which is a key priority for RCGPNI, it cannot be relied on to provide access to services on an equitable basis. This must be clarified and an alternative approach considered. It is also important to note that the main function of the MDT model was to reduce pressure on primary care and that MDT teams, once fully functioning, must fulfil their main envisaged functions before additional activities are added. The current proposed Model, of enhanced nursing, first contact physiotherapist, social worker and mental health practitioner, was not designed with the expectation that such a team embedded within primary care would be in a position to take on or support a ROMS.

As previously mentioned, general practice is in crisis and practices across Northern Ireland are working far beyond capacity. It is simply not credible for any more work to go into general practice without resource. While we are cognisant of and support the benefits for patients, any decision to commission a community facing arm to the ROMS be that level 2 or level 3 that might involve GPs or indeed GP federations as providers must be matched with sufficient resource and funding to account for the increased workload, staffing and infrastructure required to support this.

Provision of locally-commissioned specialist obesity care, including bariatric surgery, could be transformative for patients living with obesity in Northern Ireland, preventing tragedies and adverse health outcomes seen in our community in recent years as a result of bariatric surgery tourism. There are also issues regarding provision of aftercare for patients from Northern Ireland who have travelled for surgery, many who have become acutely unwell or require post operative follow up, which has fallen on GP practices to manage. While we recognise the aim that a ROM service will significantly reduce the need for people to travel for bariatric care, in the interim the Department of Health must consider a public information campaign to ensure people are aware of the risks such surgery poses.

In summary, we welcome the opportunity to respond to this consultation and we are hopeful that progress will be made and collectively we can better support patients living with obesity.