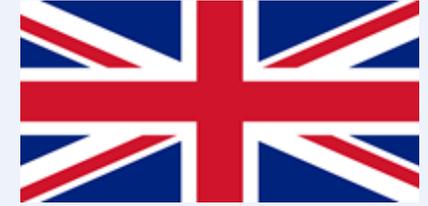


United Kingdom: Obesity Health System



Economic classification



High Income¹

Health system summary

The UK's National Health Service was established in 1948. Since 1997, responsibility for the financing and organisation of health services in the UK has been devolved to the four nations (England, Northern Ireland, Scotland and Wales). Despite devolution, all nations have maintained a national health service that provides universal health coverage to most residents. The health systems are predominately financed by general taxation and is mostly free at the point of service. In 2016, government expenditure accounted for 79% of health expenditure with out-of-pocket expenditure accounting for 16%.² Cost-sharing tends to be for specific services only, notably pharmaceuticals, dental care and social services (dependent on nation).

Does the United Kingdom's government define 'Obesity as a disease'?



Does the United Kingdom's healthcare provider(s) define 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



Are there any obesity-specific treatment recommendations or guidelines published for adults?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?



Are there any obesity-specific treatment recommendations or guidelines published for children?



United Kingdom: Obesity Health System



Obesity prevalence

29.0%	26.0%
Women	Men
14.8%	17.1%
Girls	Boys

Overweight prevalence

30.0%	41.0%
Women	Men
12.4%	13.8%
Girls	Boys

Key prevention policies

- ⇒ Front of package traffic light labelling
- ⇒ Soft drinks industry levy on sugary drinks
- ⇒ Mandatory nutrition standards for food served in schools
- ⇒ Restrictions on advertising unhealthy foods

Summary of stakeholder feedback*

It is broadly felt that neither the UK government nor its healthcare financing mechanisms currently recognise obesity as a disease. However, it was acknowledged that there is activity in this space, including lobbying by clinicians and the existence of an all parliamentary group on obesity. Not all stakeholders felt that obesity should be classified as a disease.

Stakeholders reported that people with obesity tended to enter the system via their general practitioner. There it seemed height, weight and BMI was generally not recorded (except in Scotland), with discussions about unhealthy BMI not taking place for a number of reasons. It was felt that people had to be persistent and proactive to receive treatment, disadvantaging those from lower socioeconomic groups, those with less education, men and the housebound. When there were referrals, uptake was noted to be low and this was felt to be where most fell out of the system. It was considered important for uptake that programmes were available in the evening and weekends.

Despite noting that the UK health system was mostly government funded, at least two stakeholders and one patient pointed out that obesity treatment was mostly funded out of pocket. Government funding into obesity was widely recognised to be inadequate but there was disagreement over whether this was improving. Some felt investment was improving, while another pointed to data that suggests that there is in fact dis-investment into weight management services at every tier of intervention.

The patients agreed with much of what was reported by the other stakeholders. They highlighted the importance of free at point of service management and treatment and noted that it was difficult to engage with services and programmes if they were during working hours. They also noted that they had to actively push to receive help, otherwise they would have fallen out of the system. Receiving treatment in the UK was said to be a 'postcode lottery'.

**Based on interviews/survey returns from 11 stakeholders*

Perceived barriers to treatment

Lack of training for healthcare professionals

Lack of financial investment and funding for coverage

Lack of treatment facilities

Stigma

Lack of political will, interest and action

Obesity not recognised as a disease

Obesogenic environment

Failure at primary care level

Failure to recognise all treatment options

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.19)
2. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/ukhealthaccounts/2017> (last accessed 21.04.20)

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