



United Kingdom

Obesity Health System Country Report Card

Economic Classification

High income¹

The United Kingdom (UK) is considered to have one of the largest economies in the world. It is a G7 member, G7 being a group of seven majorly advanced nations.

Health System Summary

The UK's health system was established in 1948, one of the country's major reforms following the second world war. 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 & 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 79.4% of health expenditure with out-of-pocket expenditure accounting for 15.1%². Cost-sharing tends to be for specific services only, notably pharmaceuticals, dental care and social services (dependent on nation).

The UK is considered to have made slow improvements in terms of the availability of obesity treatment and services. There are long waiting lists and the availability of treatment is considered to vary widely across the country.

Overall summary

Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'?	●
(●: Defined as disease, ●: Partial, ●: No, ●: Not known)	
Where is your country's <u>healthcare provider</u> in the journey towards defining 'Obesity as a disease'?	●
(●: Defined as disease, ●: Partial, ●: No, ●: Not known)	
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care.	●
(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Not known)	
At what level of obesity are people usually eligible to access healthcare?	●
(●: BMI ≥30, ●: ≥ 35, ●: ≥35 + co-morbidities or ≥ 40 kg/m ² , ●: not defined or not known)	

¹ World Bank economic classification by GNI per capita (June 2018)

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups> (last accessed 09.11.2018)

²<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/ukhealthaccounts/2016> (last accessed 04.12.18)

Is there a system for training health professionals to recognise, treat and manage obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●

Findings from stakeholders³

Overview of stakeholder feedback

It was broadly felt that neither the UK government nor its healthcare financing mechanisms currently recognised 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 demanding and proactive to receive treatment, disadvantaging the lower socioeconomic groups, the uneducated, 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 pointed out that that obesity treatment was funded mostly 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 patient respondent agreed with much of what was reported by the other stakeholders. They highlighted the importance of free management and treatment opportunities and noted that it was difficult to engage with services and programmes if they were in working hours. They also noted that

³ Note that this section is based on interviews and/or survey returns from 7 stakeholders.

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'.

The extensive work being done around diabetes in the UK was recognised to be helping the obesity agenda. There was particular reference to the National diabetes programme. There was also acknowledgement of the work of Weightwatchers and Slimming World and their apps.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the UK⁴:

1. Obesity is not recognised as a disease
2. Stigma and bias
3. Inadequate training of health professionals
4. Obesogenic environment
5. Lack of awareness of the extent of the problem
6. Reluctance of health professionals to engage with patients
7. Inadequate funding and lack of services and resources
8. Poor service integration
9. Lack of available treatments for severe obesity

⁴ In no particular order